Implementing Routine Delirium Screening and Initial Management in a Critical Care Setting

Delirium screening tools are:

1. Delirium Guidelines helps to manage recognition and management of delirium
2. Routine daily delirium screening was introduced in our Critical Care Program to improve our delirium management
3. Effective in identifying delirium in critical care patients
4. Enables clinicians to detect delirium at the bedside when supporting education is given
5. An interdisciplinary ICU Delirium Working Group was created in our Critical Care setting to improve our recognition and management of delirium

Background

Routine daily delirium screening was introduced in our combined Medical Surgical and Cardiac Surgery ICUs.

We wanted to understand nurses’ perceptions of delirium screening and management before and after implementation of the delirium management guidelines

Methods

ICDSC

- ICU nurses (n=200) were invited to complete an e-linked pre-implementation survey to assess existing knowledge of delirium assessment and treatment
- Education about delirium, the ICDSC, and the Delirium Guidelines was delivered to nurses during bedside education sessions, and the PowerPoint used was made accessible to all nurses on the unit website
- Ongoing support and an educational refresher was provided to all nurses
- Chart audits assessed screening compliance
- ICU nurses (n>200) were invited to complete an e-mail linked post-implementation survey at 12 months

Survey Results

Nurses’ perceptions of ICDSC score use in physician decision making

Pre-implementation: “Physicians will use my assessment in their decision making...”

Post-implementation: “ICU consultants use the ICDSC score in their decision making...”

Use of the Delirium Guidelines

- “I have read and used the Delirium Guidelines.”
  YES: 64% NO: 36%
- “I have encouraged the ICU resident/fellow to use the Delirium Guidelines.”
  YES: 44% NO: 56%
- “The Delirium Guidelines helps to manage delirium.”
  AGREE: 57.8% DISAGREE: 4.4% NEUTRAL: 37.8%

Reasons for not completing the ICDSC

Responses given (n=80):
- “forgot” (31)
- “too busy/high patient acuity” (19)
- “not applicable to my patient/not necessary” (12)
- “too much other paperwork to do” (6)
- “tool is too vague” (5)
- “nobody looks at them” (3)

Discussion

Delirium identification and management are complex issues. This project sought to improve delirium identification in ICU patients while providing a tool to guide management. It is challenging to change clinical practice. Ongoing education and front-line RN engagement contributed to the success of this quality improvement initiative.

Successes of this initiative included nurses readily adopting routine use of the ICDSC and feeling confident in their ability to identify delirious patients when using the screening tool. However, the post-implementation survey showed that nurses’ confidence that screening would help them provide better care diminished slightly. The reasons for this are unknown.

Nurses identified barriers to this quality improvement project including forgetting to use the ICDSC, being too busy to screen, high patient acuity, and frustration with the lack of impact the ICDSC score had on the management of the delirious patient. Nurses felt that physicians did not use the ICDSC score when making decisions. They also reported the score was infrequently (51%) or never (24%) discussed during twice daily rounds.

Next steps in this QI initiative

Aim for 100% compliance with daily screening

• RN education, targeting the need to score every patient on every shift
• Implement strategies to remind nurses to complete ICDSC (inclusion on ICU Daily Record, work sheet, overhead announcement prior to afternoon rounds)

Improvement communication of ICDSC score to the medical team

• RN education focused on communicating ICDSC scores to medical staff during rounds and prn
• Adjust ICDSC form to include a spot to record the time the RN reported a positive score to the medical team (increasing practitioner accountability)

Improvement use of Delirium Guidelines

• Educate RN’s about the importance of collaboration with MD’s on the plan of care using the Delirium Guidelines
• Educate MD’s about use of the ICDSC score as a trigger to utilize the Delirium Guidelines, and to improve awareness and use of these tools

A follow up survey at the 24 month mark and ongoing chart audits will evaluate the success of these steps.

References