Stop the Confusion: Developing a Delirium Clinical Care Pathway to Improve Patient Outcomes and Safety

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Background

Delirium is preventable but associated with poor outcomes and prolonged stays. A standardized pathway can enhance early recognition, prevention, and management. The Perioperative Clinical Practice Council(PCPC) noted the need to improve post-operative delirium management. For care continuity, implementation deferred until the house- wide Delirium Task Force developed a Clinical Care Pathway.

Objectives of Project

To implement a perianesthesia delirium Clinical Care Pathway in collaboration with house-wide endeavors.

Methods

PCPC joined a multidisciplinary team developing a care pathway. Key components included:

* Risk assessment: Implementing validated tools to identify patients at high risk: AWOL for risk screening; Nursing Delirium Assessment Screen (NuDeSc) and Confusion Assessment Method for the ICU (CAM-ICU) for actual occurrence assessment

* Early detection: Adult patient screening for risk at first point of contact: Pre anesthesia testing, and pre-operative. High risk patients are evaluated in PACU and Phase 2 through NuDeSc.

* Prevention strategies: Implementing interventions to reduce delirium risk factors, such as hydration, sleep, and medication management. A sunrise / sunset protocol and a quiet menu of non-pharmacologic nursing interventions was embedded. Education was done from August to September 2023 for all staff. A community page is a repository of resources for Delirium Care. Patient education brochures, care notes and the organization's website content were developed to facilitate patient and family education.

* Management: Providing guidelines for the treatment of delirium, including environmental modifications, pharmacotherapy, and supportive care. Delirium order sets were developed for the medical management of active delirium.

* Monitoring and evaluation: Continuously monitoring the effectiveness of the pathway and making adjustments. Collaboration with informatics and the Quality Department is being done to evaluate compliance and clinical outcomes.

Statement of Successful Practice

The delirium pathway resulted in a standardized approach to delirium prevention, diagnosis, and management which can improve patient outcomes by reducing delirium incidence , shortening stays, and improving functional recovery. It can enhance communication among healthcare providers and ensure consistent care.

Results

The development of a delirium care pathway resulted in a standardized approach to the prevention, diagnosis, and management of delirium. This pathway can improve patient outcomes by reducing the incidence of delirium, shortening hospital stays, and improving functional recovery. Additionally, it can enhance communication among healthcare providers and ensure consistent care across the organization. Continued collaboration with the Quality Department and Clinical Informatics is needed to obtain data on process and outcome measures that will support future work on the pathway. As education of staff was an integral piece of implementation, the program went live with 95% of the nursing staff having attended the delirium in person class and physicians having participated in one of two classes held by the physician champions.

The pathway went live in October 2023, and Figures 1 and 2 show outcomes on process measures reflecting consistent use of the delirium order sets and delirium screening assessment documentation screens. In March 2024, a Delirium Awareness Day communication, verification of AWOL screening during pre-admission testing, and a follow-up survey from education has led to a marked increase in risk screening. The stability in ongoing surveillance and order set usage from this period may also point to a standardization of the delirium care pathway in the workflow.

Figure 1

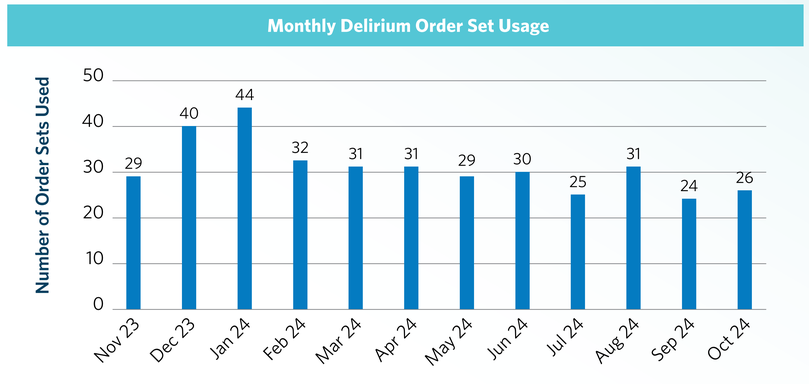
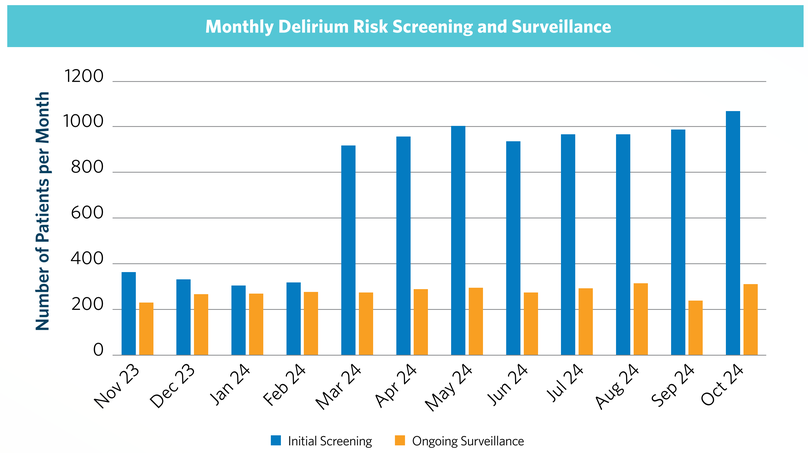


Figure 2



We developed a 3-question survey (see Table 1) to assess nurses' confidence surrounding delirium care, which was administered at baseline (before the course or pre-course), immediately after (post-course), and 6 months after the delirium education class. The survey was on a Likert Scale of 1-10, with "1" being least confident and "10" being fully confident. Compared to the mean baseline scores of 5.6, 6.2, and 5.8 for questions 1, 2, and 3, respectively, results immediately post-class increased to a mean of 8.7 for all three questions. At 6 months post-course, scores dropped to 7.2, 7.0, and 7.6 for questions 1, 2, and 3, respectively (see Figures 3, 4, and 5). Respondents also had the opportunity to enter responses in an open comment section. In the open comments, respondents mentioned not having sufficient hands-on practice with caring for a patient who is in active delirium. This lack of consistent exposure to these patients may be one of the reasons why scores dropped at 6 months after the education.

Table 1

Confidence Survey Questions
1. How confident are you assessing the risk level for delirium?
2. How confident are you in assessing for active delirium?
3. How confident are you in implementing interventions to decrease the risk of active delirium?

Figure 3

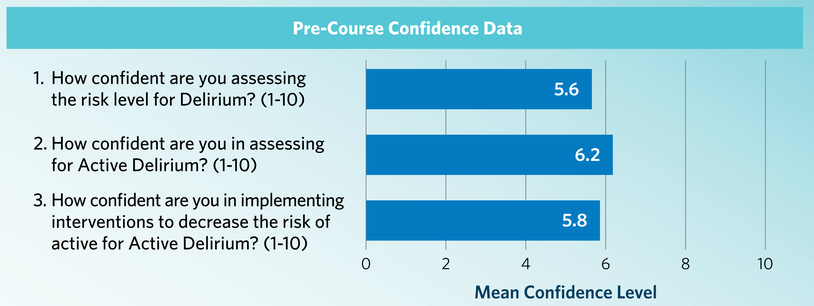


Figure 4

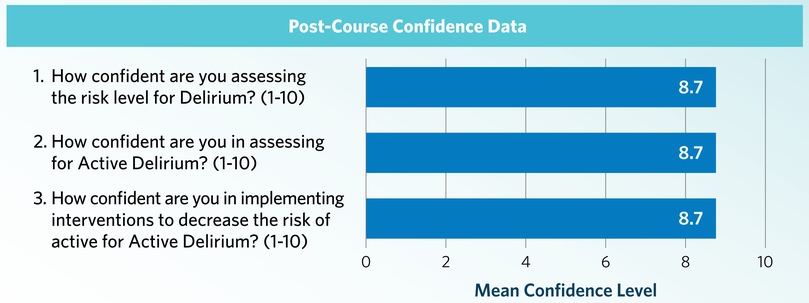
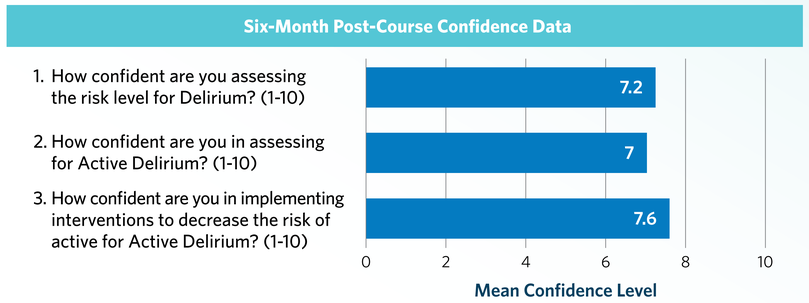


Figure 5



Implications for Advancing the Practice of Perianesthesia Nursing

Implementing a delirium clinical care pathway is essential for improving patient outcomes and safety. By providing a structured approach to the prevention, diagnosis, and management of delirium, healthcare organizations can enhance the quality of care for patients at risk. By enacting a pathway, a systematic approach to the prevention, early detection, and management of delirium had multiple benefits. Early detection improves patient outcomes through timely interventions, which leads to shorter hospital stays, improved clinical metrics, and enhanced patient comfort and quality of life. Validated assessment tools improves efficient care coordination, allowing staff to feel more capable of managing a frequently occurring clinical condition, especially with specific patient populations and care settings. A limitation of this initiative was that we could not reliably compare pre- and post-intervention outcomes related to the delirium pathway implementation thus limiting our ability to demonstrate the impact of the delirium pathway on patient-level outcomes.

References

Scan here for the full literature review