An Interprofessional Approach to Delirium

Maralynne Mitcham Fellowship 2017-2018

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Goals

To improve the care of our delirious patients by enhancing our interprofessional approach
To foster an interprofessional delirium work group and research group
To attend and participate in interprofessional meetings and scholastic activities
To enhance my interprofessional communication skills
Outcomes

DIETITIAN and SLP: Silver Spoons feeding assistance program

PT and OT: Emphasis on early mobility and ambulation

NURSING: Screen every adult patient twice daily
      - Initiate Acute Confusion Care Plan, emphasizing non-pharmacologic strategy

PHYSICIANS: Modify medical and pharmacologic treatment. Education to all treatment teams

VOLUNTEERS: Assist with Silver Spoons feeding program and early mobility program and provide companionship

Roll out timeline

- Pilot on 8E: December 2016
- Re-educate ICU staff on CAM-ICU: June 2017
- Silver Spoons volunteer feeding program: October 2017
- Complete hospital wide rollout: August 2018

- Compiling data on patient falls, restraints and CAM positive patients
- Educating residents and faculty physicians

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<table>
<thead>
<tr>
<th></th>
<th>FY17 (Pre)</th>
<th>FY18 (Post)</th>
<th>%Change</th>
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<tbody>
<tr>
<td>Falls</td>
<td>182</td>
<td>150</td>
<td>-18%</td>
</tr>
<tr>
<td>Restraints</td>
<td>430</td>
<td>380</td>
<td>-12%</td>
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Delirium at an Academic Hospital: An Interprofessional Approach

Delirium is a multifaceted neurological condition that results in a wide range of mental status alterations. Also known as “acute confusional state,” delirium is characterized by fluctuating levels of consciousness, disorientation, and a constellation of perceptual disturbances. Delirium is a common problem that affects nearly every hospitalized patient, particularly the elderly. While the incidence of delirium varies widely among studies, it is estimated that up to 50% of older adults admitted to the hospital experience delirium at some point during their stay. Delirium can lead to significant morbidity and mortality, including increased mortality, longer hospital stays, and higher rates of post-discharge hospitalization.

Our Interprofessional Approach

- **DIETITIAN and SLP**
  - Speech therapy feeding assessment program
- **NURSING**
  - Confusion Care Plan (CCP)
  - Medication and pharmacology strategy
- **PHYSICIANS**
  - Hospital-wide phosphorus treatment program and early intervention program and protocol compliance
- **VOLUNTEERS**
  - Volunteer feeding program and early intervention program and protocol compliance

**RESULTS**

- Initiation of delirium screening and implementation of multidisciplinary team plan was well received by staff and welcomed.
- The team worked together to create the Silver Spoon feeding program which empowered interventions to assist in feeding our delirium patients.

**REFERENCES**

- June 2018 National Academies of Practice, April 2018
- Department of Medicine Research Day, Feb 2018
- American Delirium Society, June 2018

American Delirium Society, June 2018

Department of Medicine Research Day, Feb 2018

Delirium Screening as a Tool to Reduce Falls and Mechanical Restraint Use in Hospitalized Patients

**BACKGROUND**

Delirium is a common problem that affects nearly every hospitalized patient, particularly the elderly. Delirium is associated with increased mortality, morbidity, and hospital costs. Delirium is a common problem that affects nearly every hospitalized patient, particularly the elderly. Delirium is associated with increased mortality, morbidity, and hospital costs.

**METHODS**

Data were collected from hospital records of patients admitted to the hospital between January 1, 2017, and December 31, 2017. The study was approved by the institutional review board. Data were collected on all patients admitted to the hospital during the study period. The primary outcome was the rate of delirium in patients admitted to the hospital. The secondary outcomes were the rate of falls, the rate of mechanical restraint use, and the rate of delirium in patients admitted to the hospital.

**CONCLUSIONS**

Delirium screening was associated with a decrease in the rate of falls and mechanical restraint use in hospitalized patients. Delirium screening was associated with a decrease in the rate of falls and mechanical restraint use in hospitalized patients. Delirium screening was associated with a decrease in the rate of falls and mechanical restraint use in hospitalized patients.
What else the fellowship has allowed me to do:

Help fund co-investigator, Kristine Harper to travel and speak at the American Delirium Society

Sponsor and abstract competition to facilitate interprofessional research

Create clinical and educational tools
Goals for the future

Continue to participate in IP Day and other IP initiatives here at MUSC

Continued involvement in National Academies of Practice, Academy of Medicine

Expand and internally audit our screening program

Improve hospital wide, interprofessional education programs

Further study our patients with retrospective analysis and grow our delirium research efforts

Submit a manuscript to further disseminate our IP approach to this common problem

Create a simulation/standardized patient educational experience