Evidence-based Person Centered Interventions for Delirium Prevention, Mitigation and Recovery

Welcome!

- All lines are muted, so please ask your questions in Q&A.
- For technical issues, initiate chat with the Technical Support panelist.
- Please actively participate in polling questions that will appear on the lower right-hand side of your screen.

We will get started shortly!

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Evidence-based Person-Centered Interventions for Delirium Prevention, Mitigation and Recovery

April 19, 2022

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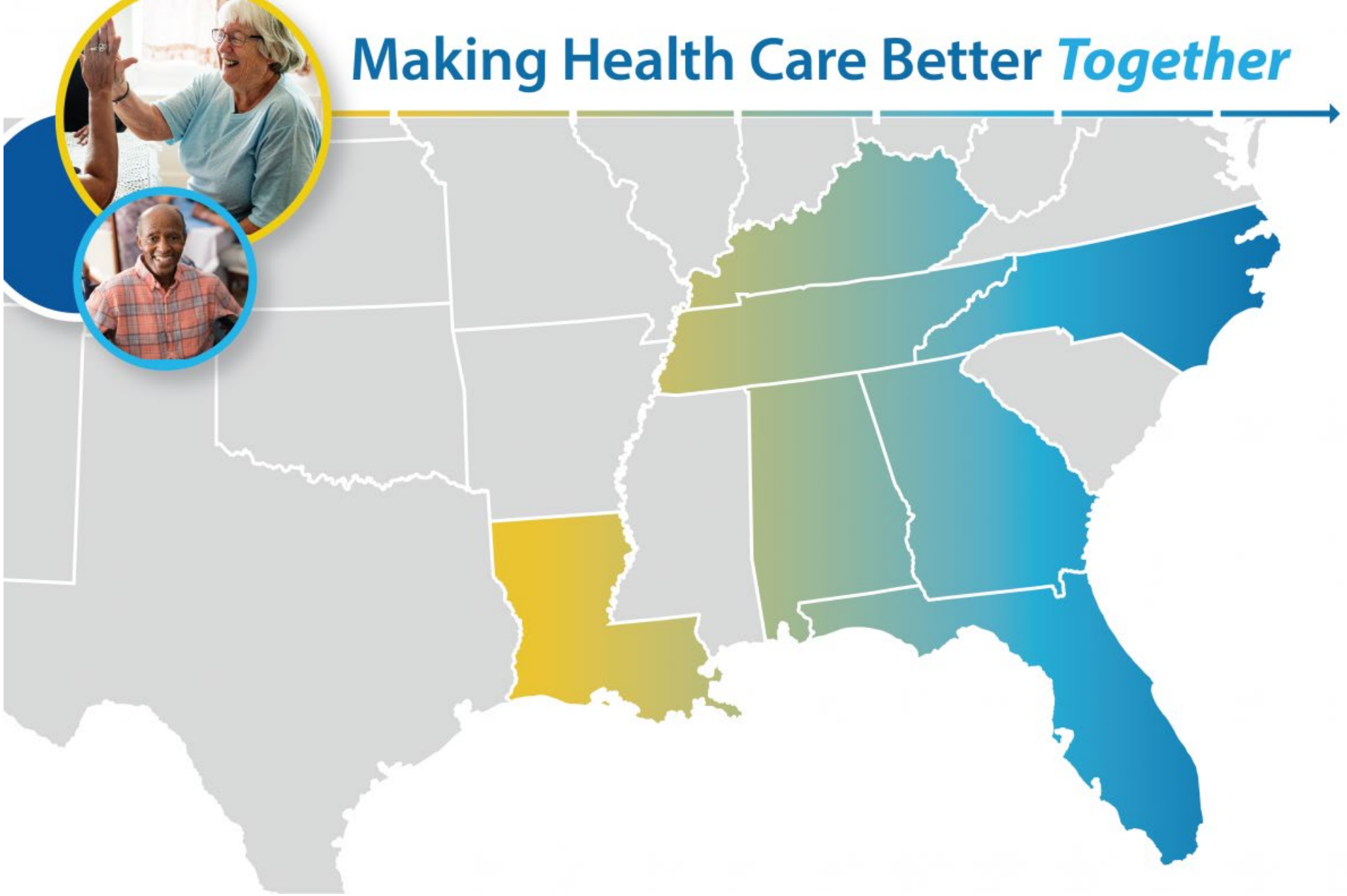
Making Health Care Better *Together*



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Carolyn Kazdan, MHSA, NHA

SENIOR DIRECTOR, CARE COORDINATION AND NURSING HOME

Ms. Kazdan is the director of health care quality improvement for IPRO, the Medicare Quality Improvement Organization for New York State. Ms. Kazdan leads IPRO's work with Project ECHO® and serves as the care transitions lead for Alliant Health Solutions. Ms. Kazdan previously led the IPRO's work with the NYS Partnership for Patients and the Centers for Medicare & Medicaid Services (CMS) Special Innovation Project on Transforming End of Life Care in Nassau and Suffolk counties of New York State. Before joining IPRO, Ms. Kazdan was a licensed nursing home administrator and the interim regional director of operations in skilled nursing facilities and continuing care retirement communities in New York, Pennsylvania, Ohio and Maryland. Ms. Kazdan has served as a senior examiner for the American Healthcare Association's National Quality Award Program and currently serves on the MOLST Statewide Implementation Team and Executive Committee. Ms. Kazdan earned a master's degree in health services administration at The George Washington University.

Carolyn enjoys visiting her grandchildren, photography, crocheting, needlepoint, reading and being at the beach!

"I don't have to chase extraordinary moments to find happiness - it's right in front of me if I'm paying attention and practicing gratitude"
– Brene Brown

Contact: ckazdan@ipro.org

Christine Waszynski, DNP, APRN, GNP-BCFAAN

COORDINATOR OF INPATIENT GERIATRIC SERVICES HARTFORD HOSPITAL
HARTFORD, CT

Christine is the coordinator of Inpatient Geriatric Services, Actions for Delirium Assessment, Prevention and Treatment (ADAPT), Age-Friendly Health Systems Inpatient Project, the Hartford HealthCare System-Wide Fall Prevention Committee and Nurses Improving Care for Health System Elders (NICHE) programs at Hartford Hospital in Hartford, Conn., where she serves as a geriatric nurse practitioner and clinical nurse specialist. Christine has received several awards for her innovative work in gerontological nursing and has published a book and numerous articles.

She is the principal investigator or co-investigator of several research studies focusing on interventions to improve the care of hospitalized older adults.

In addition, she is a sought-after presenter on geriatric nursing, delirium and fall prevention. Also, she is the immediate past president of the American Delirium Society and serves on their governance committee and board of directors.

Contact: Christine.Waszynski@hhchealth.org

Objectives

Learn Today:

- Identify strategies to determine appropriate interventions for individual patients and families at risk for or experiencing delirium.
- Describe approaches to implement a program to provide non-pharmacological interventions to prevent or mitigate delirium.

Use Tomorrow:

- Implement a mechanism to integrate non-pharmacological, person- centered interventions into daily care of vulnerable populations.

Contact Information:

Christine Waszynski DNP, APRN, GNP-BC, FAAN

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Hartford, Conn.

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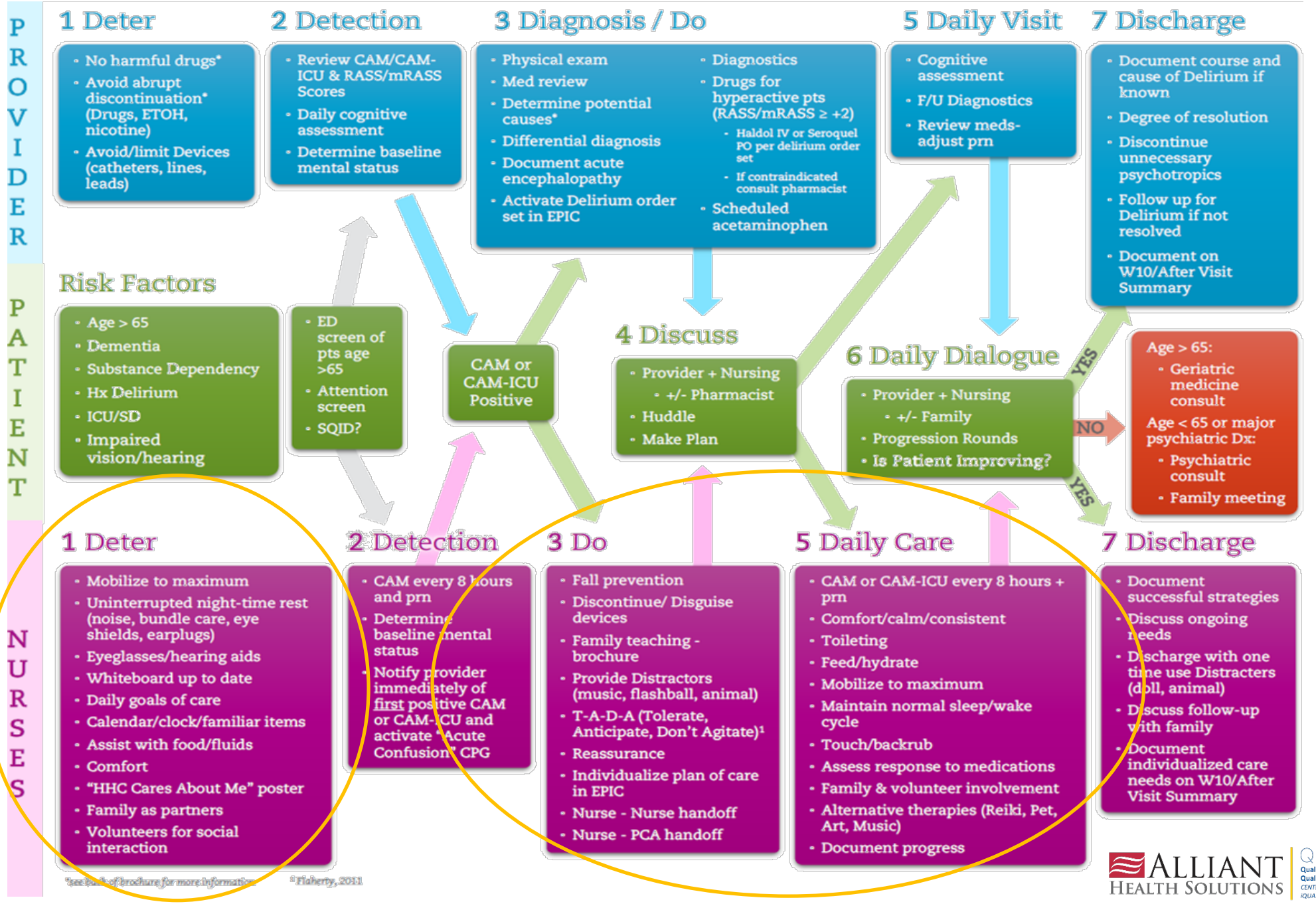
Where's the Evidence?

- Current evidence does not support the use of medications to prevent or treat delirium.
- Selected patients with severe symptoms of hyperactive delirium may benefit from short-term, low-dose antipsychotic therapy.
- Non-pharmacological measures should be tried first and then in combination with medications to decrease distress.

Many studies have demonstrated positive outcomes (delirium prevention/ decreased distress in patients experiencing delirium) from implementing a multi-component, individualized set of non-pharmacological interventions.



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T-A-D-A Approach to Care (Flaherty, 2011)

Tolerate: Patient wants to sleep with hat on.

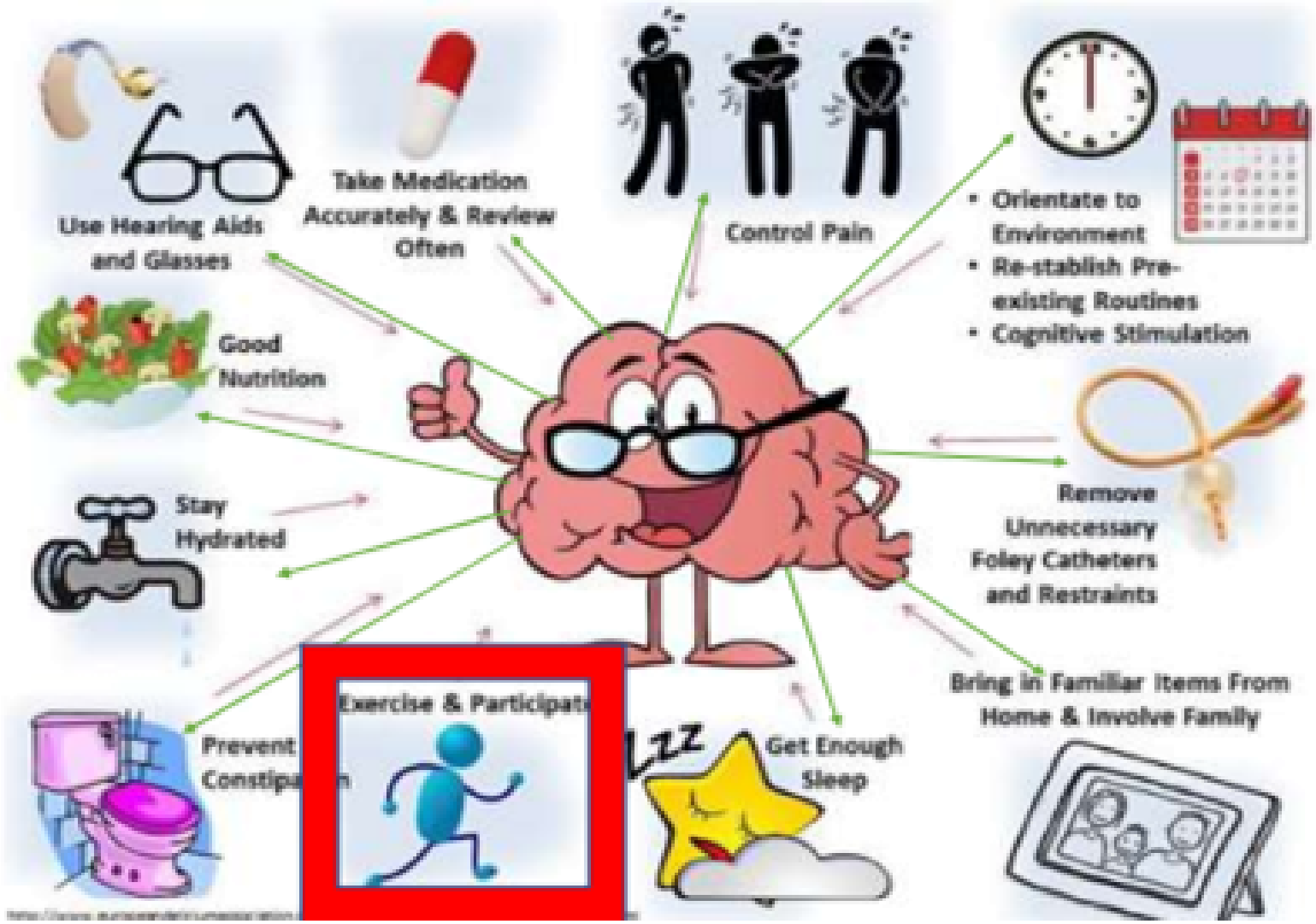
Anticipate: Patient may be scared when family leaves.

Don't **A**gitate: Help patient to get out of bed to meet his need if restless instead of insisting he lie back down.

The response of the staff can "make or break" the situation.

- Gather information to get to know the patient as a person (what matters).
- Activity of choice based on patient's interest and ability

Delirium: Non-pharmacological strategies for prevention/treatment



Sleep Enhancement/Rest/Relaxation

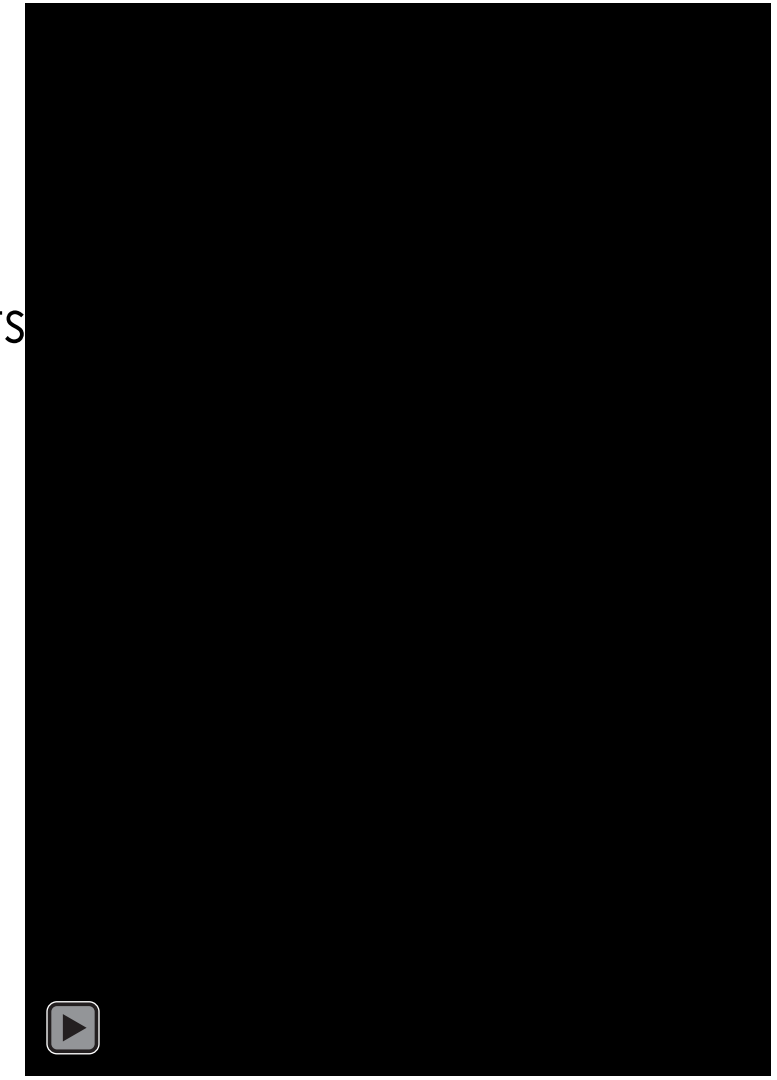
- Eye shields
- Ear plugs
- Minimize nighttime interruptions (vital signs, blood draws) by bundling care
- Shades up during the day
- Dim lights at night
- Noise control
- White noise
- Nature sounds
- Personalized music
- Back rub
- Reiki
- Imagery
- Meditation

Sensory Enhancement

- Eye glasses
- Hearing aids/amplification
- Virtual reality glasses
- Costume jewelry
- Sand
- Putty/clay
- Squishy balls
- Snow globe
- Bubble tubes

Orientation/Cognitive stimulation

- Clocks
- Calendars
- Schedules/routines
- Computerized activities
- Reminiscing (visual prompts
- Card games
- Adult coloring
- Art therapy
- Word search
- Crosswords
- Chess/checkers
- Jigsaw puzzles
- Pipe tree
- Play musical instruments

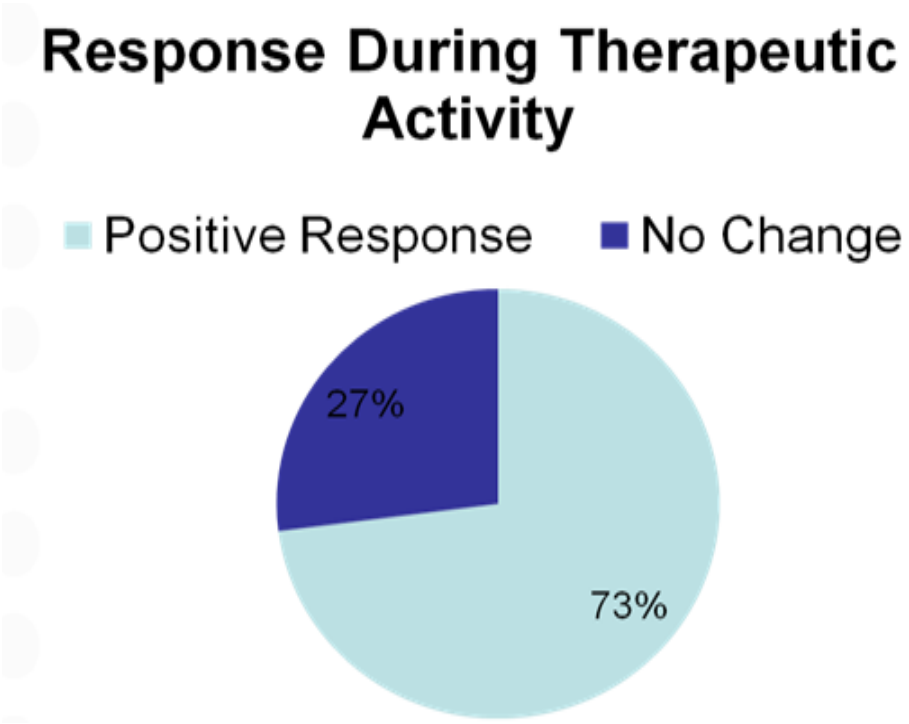


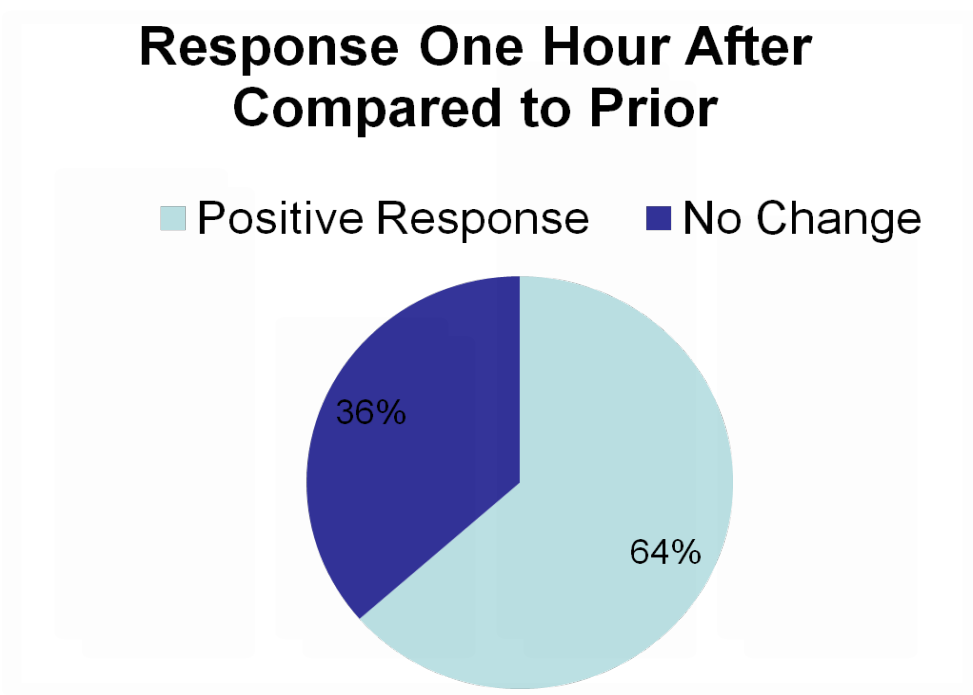
Physical and Emotional Comfort

- Environmental temperature control
- Positioning
- Massage
- Reiki
- Stuffed animal
- Doll therapy
- Pet therapy
- Family photos (tablet slideshow)
- Familiar items
- Soothing scenes

Personalized Activities for Patients With Cognitive Impairment Who Had Continuous Supervision During Hospitalization (Waszynski et al, 2013)

Observations were made on 74 agitated patients over a 6 month period.





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Mobilization

The Hospital Elder Life Program (HELP)(CoCare https://help.agscocare.org/)

- A multi-component program to prevent delirium, a risk factor for hospital falls
- **Volunteer-based walking and mobility activities**
- Enhances mobility while decreasing falls
- **Decreases delirium, cognitive and functional decline, length of stay, hospital costs and institutionalization**

Brown et al, randomized, controlled trial of hospitalized older adults assigned to a **structured, progressive mobility protocol (2016):**

- **Maintained their pre-hospitalization community mobility one month following *discharge***

Devlin JW et al. (2018) Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU:

- Found e**arly mobility in the ICU improved cognitive and physical outcomes; found mobilization of ICU patients to be safe**

Safe Mobilization

Modified Dionne's Egress Test ™

Hartford Hospital
A Hartford HealthCare Partner

Maneuvers to test patient's ability to move away from the bed safely

Test 1

- Rise sit-to-stand
  1. From sitting position, feet flat on floor, able to stand with minimal/moderate assistance of one person
  2. Remain standing

Test 2

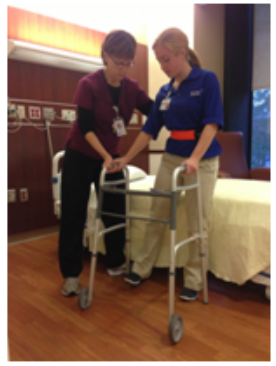
- Step in place
  1. Three steps in place with each foot. Must clear the floor without buckling of the supporting leg
  2. May use an assistive device
  3. Stay standing after last step

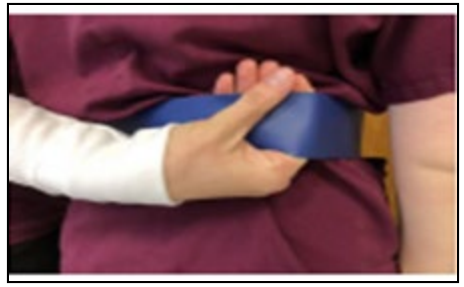
Test 3

- Step forward
  1. From comfortable stance width, advance and retreat each foot
  2. May use assistive device
  3. Heel must advance past toes of other stance foot without buckling of stance leg

Test 4

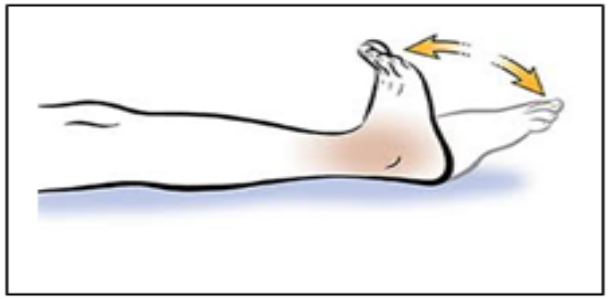
- Step to the Side
  1. Standing with legs in contact with edge of bed.
  2. Take 3 side steps to left and right. (If knees buckle, patient is not safe for stepping transfer to chair)

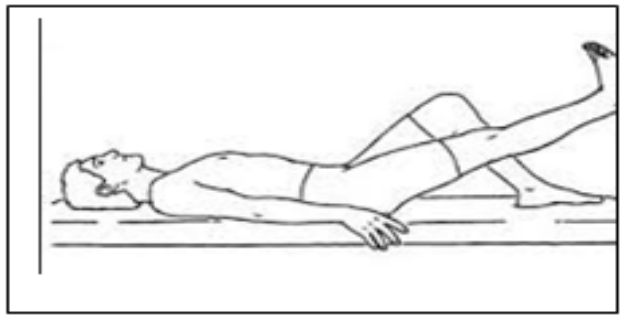


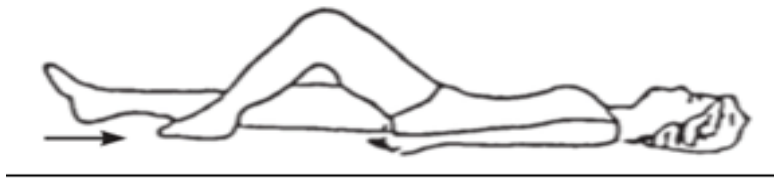


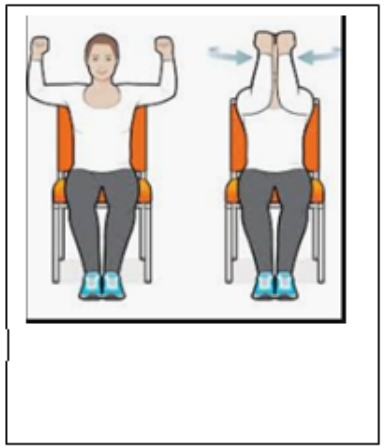
- Mobility volunteers since 2011 (PT or other health profession students)
- 17,500 mobility episodes

Exercises









Mobility Interventions

1 lb. weights

Pedal bike

Patient Mobility Score Card

Things you can do

- Tell the staff what your baseline mobility is
- Ask staff to make sure you are safe to get up out of bed
- Ask to get out of bed to a chair
- Perform bed/chair exercises
- Avoid sitting on the edge of the bed alone
- Discuss toileting plan with staff in the morning
- Ask the nurse about the fall prevention protocols

Activity	7-11am	11am-3pm	3pm-7pm	7pm-11pm
Walk				
Bed exercises				
Out of bed to chair				
Chair exercises				

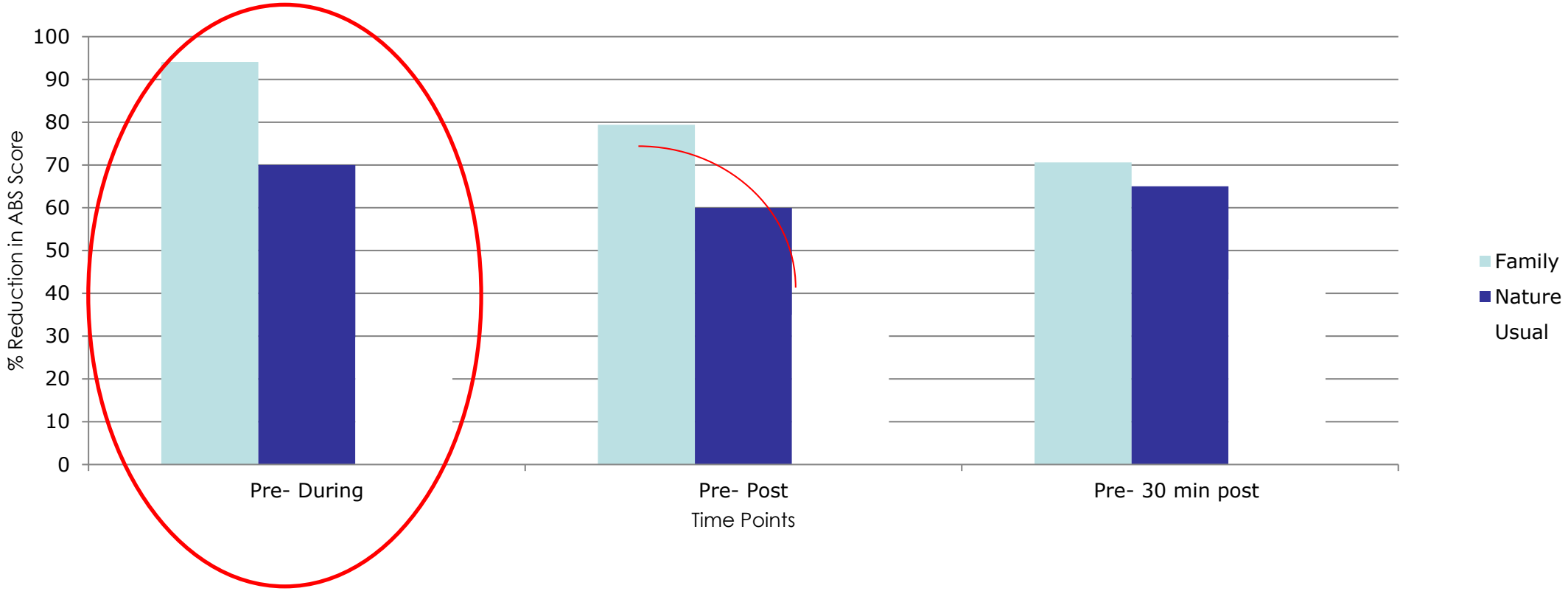
Nutrition/Hydration/Elimination

- Assure food consistent with ability and preference
- Consider giving medications with supplement drinks
- Assist with meals as needed
- Provide fluids at each encounter
- Up in chair for meals
- Congregate dining (when possible)
- Monitor for urinary retention
- Eliminate in normal position (standing with urinal for men; toilet or commode)
- Toileting regimen for bowel and bladder

Socialization/Family Engagement

- Family presence
- Simulated family presence
- Family and trained volunteer involvement in non-pharmacological interventions

% of Participants Experiencing a Decrease in Agitation R/T Family Video Messaging (Waszynski, 2019)



Remove or Conceal Tethers or Devices
Use a Substitute Object for Distraction

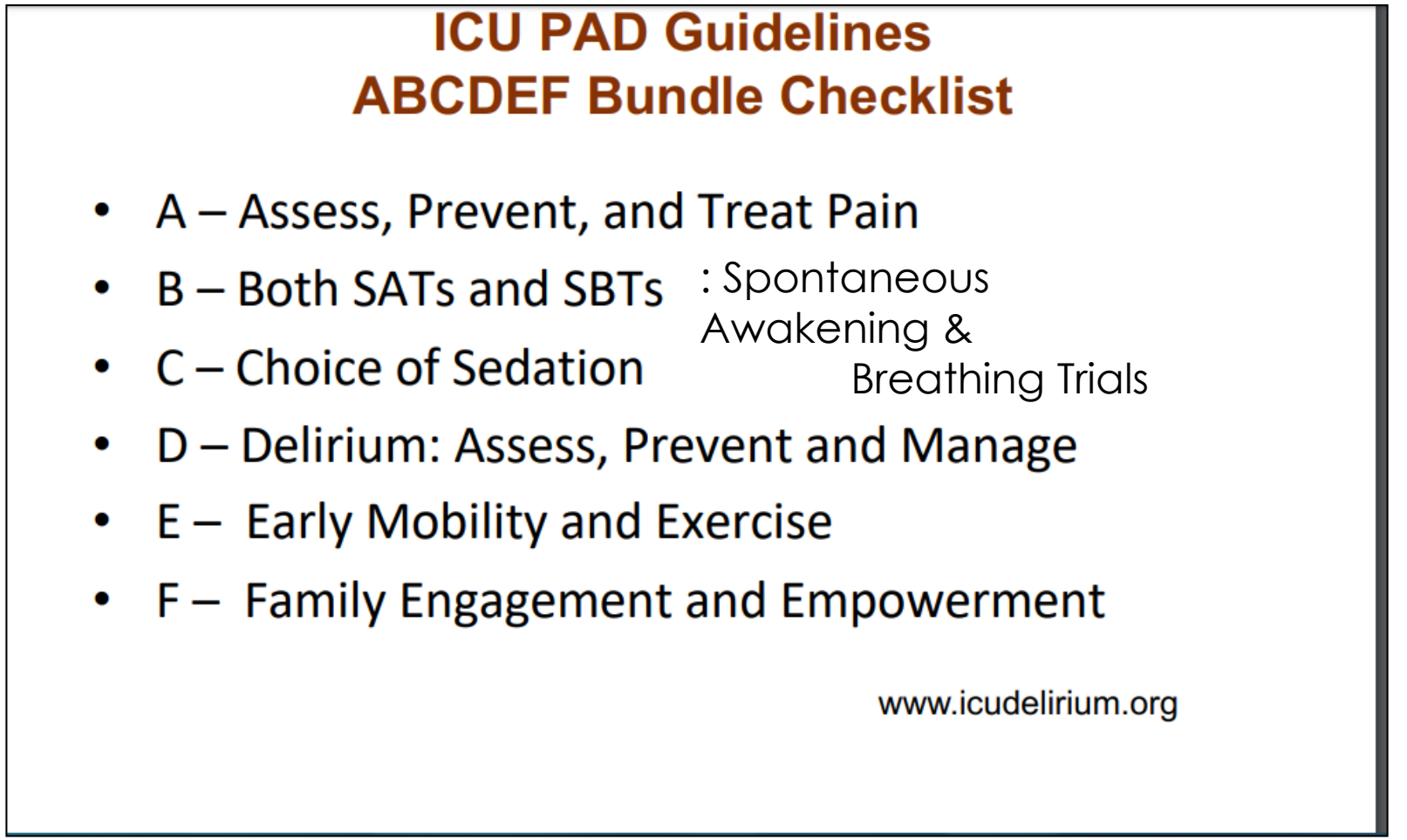
Alternatives

Skin Sleeves

Busy apron

Pajama bottoms (can be found in unit linen closet or cart)

ABCDEF Bundle (Devlin 2018)



ABCDEF Bundle Outcomes (Pun, 2018)

Conclusions

- Complete ABCDEF bundle performance was associated with lower likelihood of hospital death, next day mechanical ventilation, coma, delirium, physical restraint use, ICU readmission, and discharge to facility other than home
- Consistent dose-response relationship between higher proportional bundle performance and improvement in the above outcomes

Potential Volunteer Roles/Programs

- Socialization
- Reminiscence
- Meal assistance
- Mobility assistance
- Activities (access to and assistance)

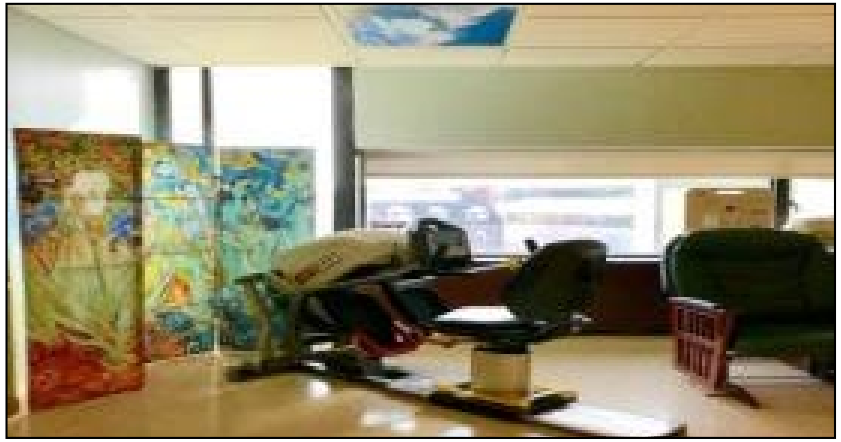
The Therapeutic HUB

Healing
Understanding
Belief in patient as person

https://vimeo.com/266874016/f693ff3a99

The Therapeutic HUB Multi-Sensory Stimulation Environment

Patients May Feel Safer and More "Normalized" in a Controlled, Multisensory Environment Compared to a Clinical, Hospital Room



Therapeutic HUB 2018-2000

- Approximately 400 patients worked with a nurse in the HUB
- Most have altered mentation (dementia/delirium/both)

- Agitated patients become more calm
- Withdrawn patient become more engaged
- Improved eating
- Improved mobilization
- Improved mood

- Families express increased satisfaction
- Opportunities for education

- Staff implement bedside activities
- Items brought to bedside for those who can not visit the HUB

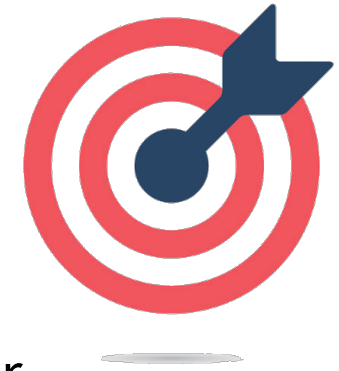
Qualitative data: "Feels like home"
"I feel more normal"

Pilot study suggests the HUB improves cognition and normalizes arousal levels. RCT in process of analysis

References

- T-A-D-A method
  - https://www.youtube.com/watch?v=D70oGWJqPkI
- American Delirium Society conference
  - https://americandeliriumsociety.org/events/ads-2022-indianapolis-in/
- More Delirium resources can be found on the Alliant Health Solutions website
  - https://quality.allianthealth.org/

Objectives Check-In



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- Describe approaches to implement a program to provide non-pharmacological interventions to prevent or mitigate delirium.

Use Tomorrow:

- Implement a mechanism to integrate non-pharmacological, person-centered interventions into daily care of vulnerable populations.

How will this change what you do? Please tell us in the poll.

Closing Survey

Help Us Help You!

- Please turn your attention to the poll that has appeared in the lower right-hand side of your screen.
- Completion of this survey will help us ensure our topics cater to your needs.

CMS 12th SOW Goals

Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings

Chronic Disease Self-Management

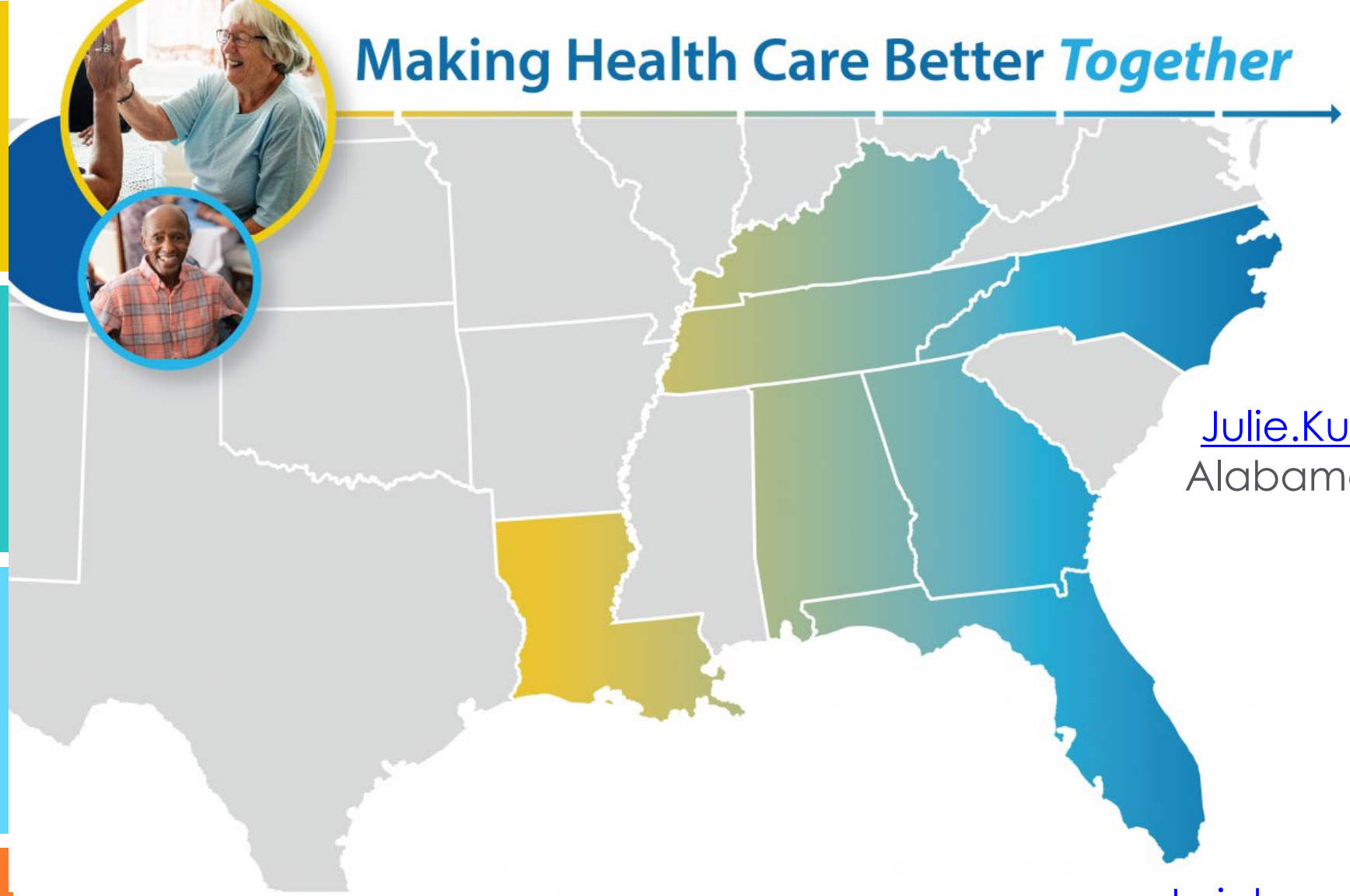
- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes

Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for health care related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents



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