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

April 19, 2022
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

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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:

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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.
1 Deter
- No harmful drugs
- Avoid abrupt discontinuation (Drugs, ETOH, nicotine)
- Avoid/limit Devices (catheters, lines, leads)

2 Detection
- Review CAM/CAM-ICU & RASS/mRASS Scores
- Daily cognitive assessment
- Determine baseline mental status

3 Diagnosis / Do
- Physical exam
- Med review
- Determine potential causes
- Differential diagnosis
- Document acute encephalopathy
- Activate Delirium order set in EPIC
- Diagnostics
- Drugs for hyperactive pts (RASS/mRASS ≥ +2)
- Hold Haloperidol IV or Serquel PO per Delirium order set
- If contraindicated consult pharmacist
- Scheduled acetaminophen

4 Discuss
- Provider + Nursing
- +/- Pharmacist
- Huddle
- Make Plan

5 Daily Visit
- Cognitive assessment
- F/U Diagnostics
- Review meds-adjust prn

6 Daily Dialogue
- Provider + Nursing
- +/- Family
- Progression Rounds
- Is Patient Improving?

7 Discharge
- Document course and cause of Delirium if known
- Degree of resolution
- Discontinue unnecessary psychotropics
- Follow up for Delirium if not resolved
- Document on W10/After Visit Summary

Risk Factors
- Age > 65
- Dementia
- Substance Dependency
- Hx Delirium
- ICU/SD
- Impaired vision/hearing

CAM or CAM-ICU Positive

4 Discuss

6 Daily Dialogue

7 Discharge

1 Deter
- Mobilize to maximum
- Uninterrupted night-time rest (noise, bundle care, eye shields, earplugs)
- Eyeglasses/hearing aids
- Whiteboard up to date
- Daily goals of care
- Calendar/clock/familiar items
- Assist with food/fluids
- Comfort
- "HHC Cares About Me" poster
- Family as partners
- Volunteers for social interaction

2 Detection
- CAM every 8 hours and prn
- Determine baseline mental status
- Notify provider immediately of first positive CAM or CAM-ICU and activate Acute Confusion CPG

3 Do
- Fall prevention
- Discontinue/Disguise devices
- Family teaching - brochure
- Provide Distractors (music, flashball, animal)
- T-A-D-A (Tolerate, Anticipate, Don’t Agitate)¹
- Reassurance
- Individualize plan of care in EPIC
- Nurse - Nurse handoff
- Nurse - PCA handoff

5 Daily Care
- CAM or CAM-ICU every 8 hours + prn
- Comfort/calm/consistent
- Toileting
- Feed/hydrate
- Mobilize to maximum
- Maintain normal sleep/wake cycle
- Touch/backrub
- Assess response to medications
- Family & volunteer involvement
- Alternative therapies (Relid, Pet, Art, Music)
- Document progress

7 Discharge
- Document successful strategies
- Discuss ongoing needs
- Discharge with one time use Distractors (doll, animal)
- Discuss follow-up with family
- Document individualized care needs on W10/After Visit Summary

¹T-A-D-A (Tolerate, Anticipate, Don’t Agitate): This is a mnemonic proposed by Dr. Prof. Dr. Jane R. Nordstrom to help manage delirium in elderly patients. It suggests three strategies: Tolerate the delirium, Anticipate the need for interventions, and Don’t Agitate the patient.
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 Agitate:** 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

- Use Hearing Aids and Glasses
- Take Medication Accurately & Review Often
- Control Pain
- Orientate to Environment
- Re-establish Pre-existing Routines
- Cognitive Stimulation
- Remove Unnecessary Foley Catheters and Restraints
- Exercise & Participate
- Prevent Constipation
- Get Enough Sleep
- Bring in Familiar Items From Home & Involve Family

Nutrition,
Stay Hydrated

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.
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

- Found early mobility in the ICU improved cognitive and physical outcomes; found mobilization of ICU patients to be safe
Safe Mobilization

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

Seated Knee Lifts

Knee Extensions
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>7-11am</th>
<th>11am-3pm</th>
<th>3pm-7pm</th>
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<tr>
<td>Walk</td>
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<td>Bed exercises</td>
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<tr>
<td>Out of bed to chair</td>
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<tr>
<td>Chair exercises</td>
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</table>
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)

ICU PAD Guidelines
ABCDEF Bundle Checklist

- A – Assess, Prevent, and Treat Pain
- B – Both SATs and SBTs: Spontaneous Awakening & Breathing Trials
- C – Choice of Sedation
- D – Delirium: Assess, Prevent and Manage
- E – Early Mobility and Exercise
- F – Family Engagement and Empowerment

www.icudelirium.org
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 patients 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 cannot visit the HUB

Qualitative data: “Feels like home”
“Better engaged, 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=D70oGWJqPkl

• 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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Use Tomorrow:

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How will this change what you do? Please tell us in the poll.
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.
<table>
<thead>
<tr>
<th>CMS 12th SOW Goals</th>
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<tbody>
<tr>
<td><strong>Behavioral Health Outcomes &amp; Opioid Misuse</strong></td>
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<tr>
<td>✓ Promote opioid best practices</td>
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<tr>
<td>✓ Decrease high dose opioid prescribing and opioid adverse events in all settings</td>
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<tr>
<td>✓ Increase access to behavioral health services</td>
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<tr>
<td><strong>Patient Safety</strong></td>
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<tr>
<td>✓ Reduce risky medication combinations</td>
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<tr>
<td>✓ Reduce adverse drug events</td>
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<tr>
<td>✓ Reduce C. diff in all settings</td>
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<tr>
<td><strong>Chronic Disease Self-Management</strong></td>
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<tr>
<td>✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)</td>
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<tr>
<td>✓ Identify patients at high-risk for developing kidney disease &amp; improve outcomes</td>
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<tr>
<td>✓ Identify patients at high risk for diabetes-related complications &amp; improve outcomes</td>
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<tr>
<td><strong>Quality of Care Transitions</strong></td>
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<tr>
<td>✓ Convene community coalitions</td>
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<tr>
<td>✓ Identify and promote optical care for super utilizers</td>
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<tr>
<td>✓ Reduce community-based adverse drug events</td>
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<td><strong>Nursing Home Quality</strong></td>
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<tr>
<td>✓ Improve the mean total quality score</td>
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<tr>
<td>✓ Develop national baselines for health care related infections in nursing homes</td>
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<tr>
<td>✓ Reduce emergency department visits and readmissions of short stay residents</td>
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</table>
Making Health Care Better Together

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