

Patient Safety Initiatives



DELIRIUM AT HHS

Delirium is characterized by a relatively sudden (developing over hours to days) decline in attention-focus, perception, and cognition, often misinterpreted as 'confusion'. It is different from Dementia and is generally reversible. It is a common, often unrecognized, potentially life-threatening and preventable condition affecting about 15-60% of hospitalized patients over the age of 65 years. If missed or not managed, it can lead to potentially avoidable behavioural challenges, functional decline, falls, increased institutionalization or even death.

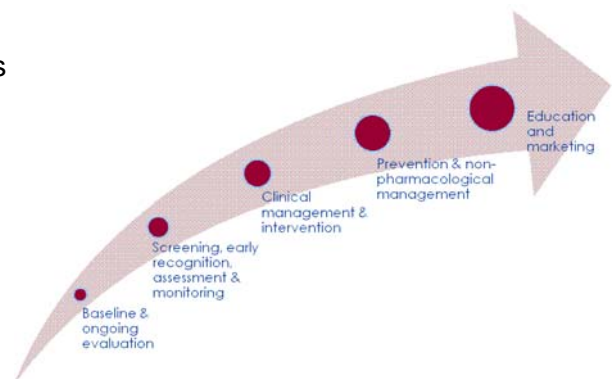
In 2007, an project team consisting of members from many different professional groups was established at Oakville-Trafalgar Memorial Hospital to create and implement a strategy to prevent and reduce the prevalence of delirium in high-risk older hospitalized patients. The team provides leadership, education and evidence-based practice tools for our staff and physicians to support prevention, early recognition, assessment and management of delirium.

Program Components

Five Specific Goals

Five specific goals have been identified to guide the project team. Many initiatives are underway that address enhancements in each of the targeted areas/goals. These goals include:

- Baseline and ongoing evaluation
- Screening, early recognition, assessment and monitoring
- Clinical management and intervention
- Prevention and non-pharmacological management
- Education and marketing



Some Early Achievements (by fall 2008)

- Development and launch of an information brochure for families is anticipated in the fall, 2008
- New physician 'delirium consultant' role implemented
- Extensive education on delirium prevention and treatment provided for clinical staff
- Development of new tools for clinicians to use that support their practice
- Comprehensive coordination of clinical care, especially for patients with fractured hips - these patients are followed from admission through the full continuum of care until discharge. This has resulted in the prevention, early identification and management of delirium episodes, decreased length of stay and earlier admission to acute rehabilitation, with the majority of patients able to return home.

DELIRIUM

The work being achieved through this initiative has also heightened organizational awareness about the need to enhance and improve safety for hospitalized older adults in general and has initiated a wide-spread interdisciplinary review of practices.

Tips for patients & families

Help your loved one get to know their new location

- It is reassuring for people with delirium to see familiar people
- Try to be with your loved one as much as possible, maximum 1-2 visitors at a time (visiting hours can be changed if need be)
- Give calm and clear instructions (one at a time)
- Avoid arguing (do not take hurtful comments personally. Change the subject if necessary)
- Help your loved one get to know their new location by telling them the time of day and place and give a simple reason for why they are in the hospital
- Write the day, month, year and a simple phrase such as “You are in Oakville Hospital” on the patient’s white board
- Make sure hearing aids are working and are worn
- Make sure glasses are clean and are worn
- Consider hiring a “sitter” from an agency to be there when you cannot
- Ask about our activity items that can be used to help the patient’s mind be active

Rest and sleep

- Help to provide a quiet and calm environment by reducing noise and distractions (loud voices, loud radios, loud TV)
- Provide comfort with pillows, blankets and familiar items from home (e.g. pictures)
- Give a back rub and a warm cup of milk or noncaffeinated tea at bedtime to promote a healthy sleep (if able to take)
- Encourage your loved one to be awake during the day, open the blinds or turn on lights to make the room bright

Physical activity

- Help with sitting and or walking if considered safe by staff
- Eating and drinking: Ask staff for any special instructions regarding food and fluid intake and if it is safe for your loved one
- Encourage and help with meals and offer fluids often (caffeine-free drinks at dinner and bedtime)