

RNAO Advanced Clinical/Practice Fellowship
Fellow: Lisa Ervine ACPF ID 30-15-10
Sponsor Organization: Lakeridge Health
Executive Summary

The purpose of this report is to briefly summarize my fellowship experience of leading and sustaining the spread of an organizational initiative. The initiative was delirium screening using the Confusion Assessment Tool, (CAM). Lakeridge Health was midpoint in a pilot project testing the indicators related to delirium on two units when my fellowship began. Our Acute Care Elder medical unit was not doing well utilizing the tool. So this is where I began. I studied this unit first by doing chart audits and secondly by formal and informal staff surveys. It became apparent that staff lacked the education piece of this initiative and barriers existed because of staff's misconceptions of what the CAM tool really was. From this information I moved forward by condensing our existing 3 D's education to just delirium screening. The education had to be short because it was going to be given during the nurse's shift. I felt this unit also needed convincing to "buy into" this new initiative. I had to make an impact in short time, so I appealed to the nurse's feelings by using the short video, "This is Not My Mom." Education sessions were small, one to two people; I found this encouraged more conversation between the nurse and myself. My goal was to at the very least to have each nurse know the difference between delirium and dementia, and to begin using the CAM screen daily in their assessments. To increase compliance, several electronic and verbal reminders were required. The unit's progress was audited daily and graphed on the unit's process improvement quality board. Success was acknowledged to the unit, as well as individual recognition. To sustain my work, I developed an implementation package that will be used by the remaining units in our medical program. This unit's completion rate has gone from 20% to 72% in six weeks.

My original plan was to spread this initiative throughout Lakeridge Health, but this initiative required revision before further implementation. However, I did meet all my learning goals. This fellowship was an amazing opportunity that has spurred my professional and personal growth and development. I have recently joined the Canadian Gerontological Nurses Association and I plan to continue with my degree in nursing. This experience has broadened my view of formal and informal leadership. I believe I will be a valuable informal leader and geriatric resource for my colleagues when I return to my unit.