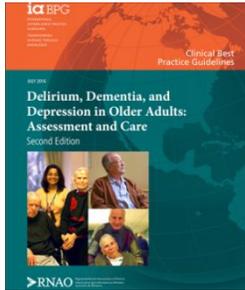


RNAO Best Practices: Evidence Booster

Impact of best practice guideline implementation on managing delirium in older adults

Delirium, Dementia, and Depression in Older Adults: Assessment and Care (Second Edition, 2016)



The purpose of RNAO's best practice guideline (BPG) *Delirium, Dementia and Depression in Older Adults: Assessment and Care (Second Edition, 2016)* is to enhance the quality of nursing practices pertaining to delirium, dementia, and depression in older adults, thereby ultimately optimizing clinical outcomes through the use of evidence-based practices.



Background

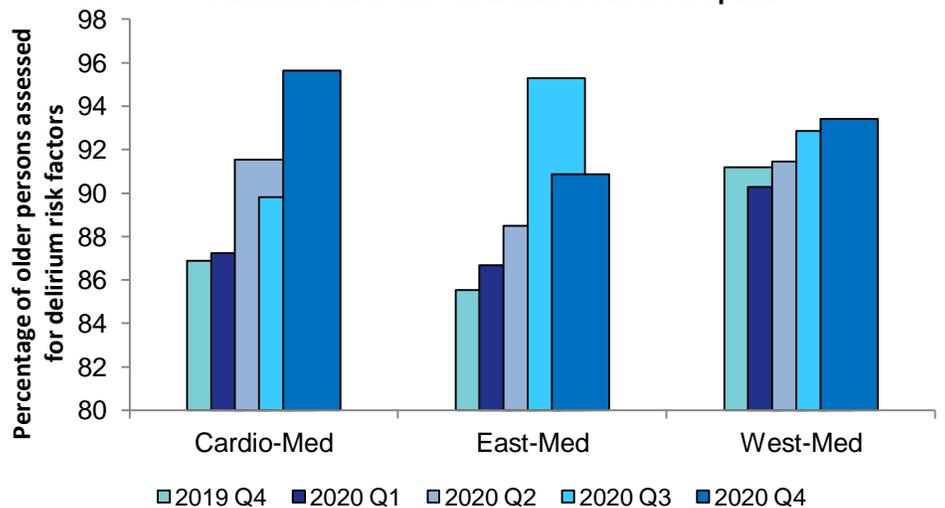
Humber River Hospital is one of the largest, fully digital community acute care hospitals in Canada, located within the Greater Toronto Area. This BPSO hospital provides comprehensive seniors care and mental health services that support persons with delirium. HRH implemented the *Delirium, Dementia, and Depression in Older Adults: Assessment and Care* BPG across ten medical and surgical units. During the COVID-19 pandemic, HRH enhanced the seniors care program to assess and provide services to elderly patients with COVID-19 experiencing delirium.

Aim: To examine changes in care processes and outcomes associated with the implementation of RNAO's BPG, *Delirium, Dementia, and Depression in Older Adults: Assessment and Care (Second Edition, 2016)* at Humber River Hospital (HRH), an Ontario Best Practice Spotlight Organization® (BPSO®).

Measure: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine the percentage of older persons assessed for delirium risk factors upon care initiation and rate of delirium occurrences in older persons per 1,000 care days/care visits.

Clinical improvement: Noted as an increase in the percentage of older persons assessed for delirium and a decrease in the rate of delirium occurrences.

Figure 1: Percentage of older persons assessed for delirium risk factors on initiation of care at Humber River Hospital



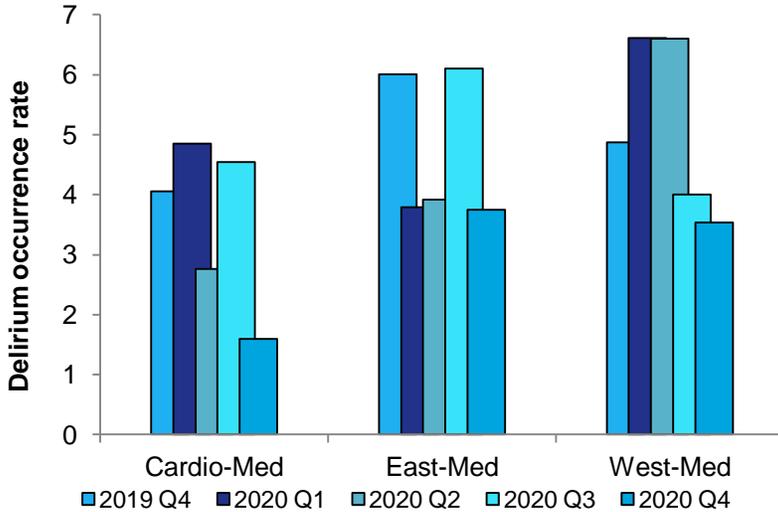
Impact: There was an increase in the percentage of older persons assessed for delirium risk factors upon admission within the three implementation sites. In November 2020, the cardiology/medicine unit conducted 100 per cent of delirium risk factor assessments.

Practice changes

HRH implemented the confusion assessment method (CAM), an enhanced screening and assessment of all persons for delirium upon admission. HRH also implemented cognition, hydration, agitation, sleep and mobilization (CHASM) interventions. Champion and staff education programs were implemented to increase awareness around CAM and CHASM by providing education resources about delirium upon admission, change in condition and discharge. Staff were evaluated on assessing and documenting interventions for delirium screening. Assessment data was retrieved from Meditech documentation, CAM results and CHASM interventions.

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Figure 2: Rate of delirium occurrences in older persons per 1,000 care days/care visits at Humber River Hospital



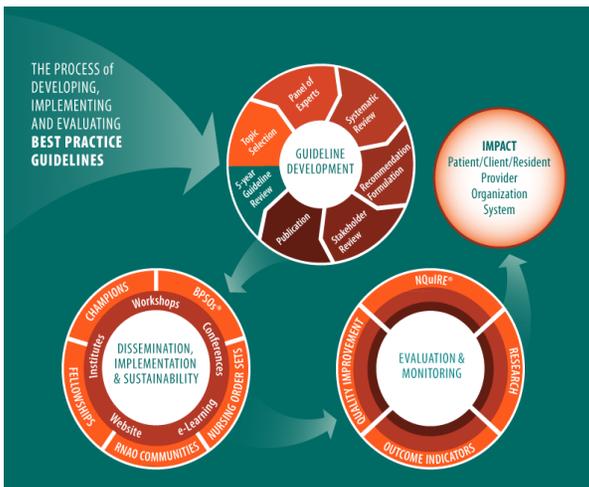
Impact: A quarterly average was calculated, which showed a decrease in the rate of delirium occurrences in three implementation units. The cardiology/medicine unit achieved the lowest monthly delirium occurrence rate of 1.25 in December 2020.

Practice changes

The following changes were piloted on units serving elderly persons:

- Delirium Stewardship Project Working Group reviewed delirium policy/procedure changes.
- Staff education bundle created.
- Person/family education embedded into discharge assessments.
- Engaged persons/families in prevention strategies.
- Enhanced delirium discussions during daily rounds.
- Leveraged technology (e.g. order sets) to provide seamless care.
- Command Centre displayed overdue assessments and guided resource allocation.
- Command Centre alerted staff of persons who were CAM positive.
- Completed chart audits and case reviews.
- Shared quarterly reports with leads/champions.

Conclusion: These analyses demonstrate an increased completion of delirium assessments for older adults and a significant reduction in delirium occurrence rates by implementing the RNAO BPG: *Delirium, Dementia, and Depression in Older Adults: Assessment and Care (Second Edition, 2016)* at HRH.



RNAO launched the BPG Program in 1999¹ with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes².

NQUIRE³, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQUIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact: NQUIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg.

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- 2 VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQUIRE. *Nursing Leadership*, 25(2): 26-37.