Delirium Prevention in Hospitalized Urology Cancer Patients 65 and Older: A Pilot Project

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SIGNIFICANCE & BACKGROUND

- Delirium is a common, serious medical problem that is often missed by healthcare providers and can lead to poorer outcomes, including:
    - functional decline
    - greater morbidity and mortality
    - increased nursing home placements
    - longer lengths of stay (LOS)
    - higher healthcare costs[1-3]
- According to the American Psychiatric Association, delirium affects 51% of post-operative patients and 10% to 40% of hospitalized patients. [4]

METHODS & EVALUATIONS

Urology Delirium 4W Project
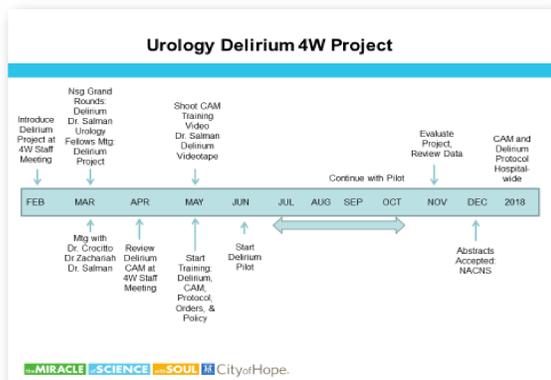
Goals

⬆ Use of CAM Tool

⬆ Delirium Protocol

⬆ Delirium Order Sets

Nursing Knowledge Survey Results:

- Pre/post survey of nurses' knowledge of the Confusion Assessment Method (CAM) screening tool and prevention intervention protocol was administered.
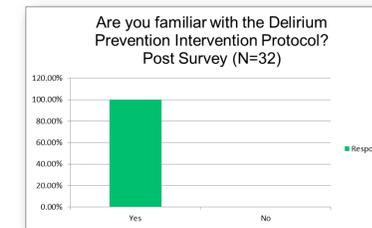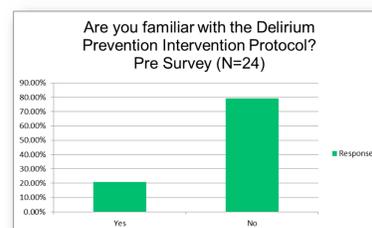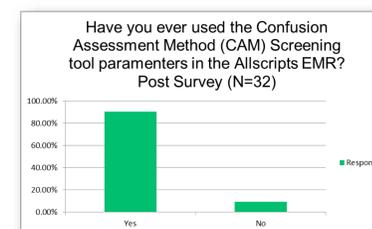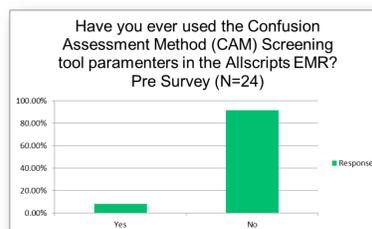
Nursing Education:

- Nurses on an oncology medical surgical unit were trained on the use of the CAM tool and interventions to improve recognition and management of delirium in the older adult (OA) via in-services, assigned online education, reference pocket card, and resource binder.
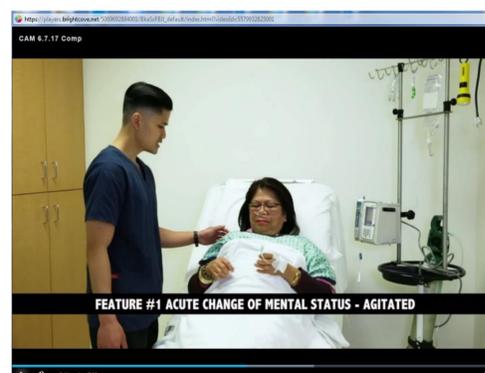
Graphs/Charts:

- Recognition and prevention of delirium in the OA who had undergone urological surgery by implementing the protocol, which included initiation and documentation of the CAM screening tool, delirium prevention parameters, and use of delirium order sets.
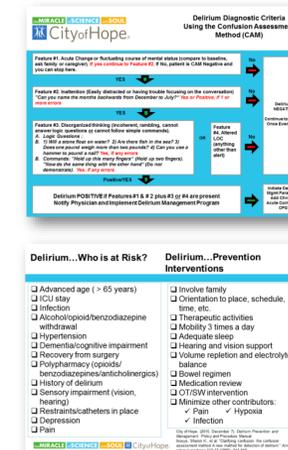
OUTCOMES

Nurses' Knowledge Survey Results

Have you ever used the Confusion Assessment Method (CAM) Screening tool parameters in the Allscripts EMR? Pre Survey (N=24)

Have you ever used the Confusion Assessment Method (CAM) Screening tool parameters in the Allscripts EMR? Post Survey (N=32)

Are you familiar with the Delirium Prevention Intervention Protocol? Pre Survey (N=24)

Are you familiar with the Delirium Prevention Intervention Protocol? Post Survey (N=32)
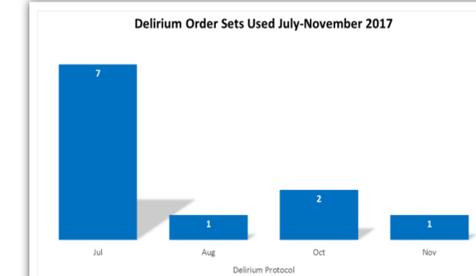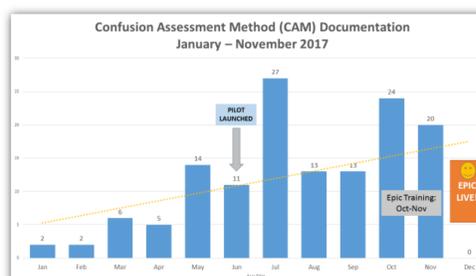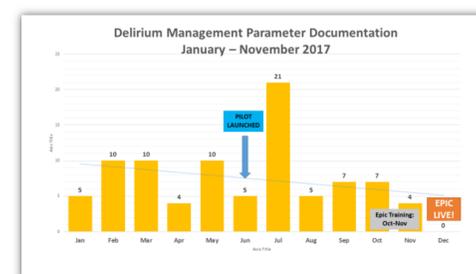
Nursing Ed: CAM Video Education Assigned 73.97% (n=37) Completed Assignment)

FEATURE #1 ACUTE CHANGE OF MENTAL STATUS - AGITATED

Nursing Ed: Quick Reference Card

Graphs/Charts

4 West Age Demographics January – November 2017

- *Avg Age = 60
- *Min Age = 7
- *Max Age = 92

Delirium Management Parameter Documentation January – November 2017

Confusion Assessment Method (CAM) Documentation January – November 2017

Delirium Order Sets Used July-November 2017
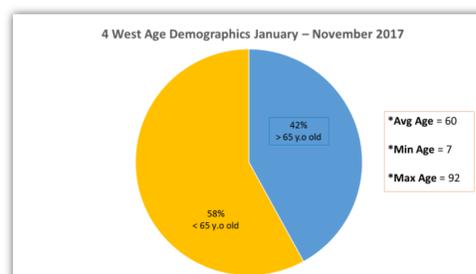
IMPLICATONS

- Nurses are in a key position to recognize risk factors and signs of delirium and can assess their patients and intervene early.[5]
- Assess nursing knowledge related to CAM and Delirium Prevention strategies to gauge effectiveness of education tools and/or interventions used.
- The pilot was intended for urology patients, but it also prompted recognition of delirium screening in other post-operative surgical patients on the unit.
- Sustainability during a new electronic healthcare record conversion to Epic may have decreased compliance with project goals.
- Improvement of Delirium Order sets use may require ongoing education of staff.
- Maximize use of nursing education tools such as videos and pocket cards for house-wide initiative to implement CAM screening in first quarter 2018.

REFERENCES

1. Inouye SK, Viscoli CM, Horwitz RI, Hurst LD, Tinetti ME. A predictive model for delirium in hospitalized elderly medical patients based on admission characteristics. Annals of internal medicine. 1993;119(6):474-481.
2. Leslie DL, Inouye SK. The importance of delirium: economic and societal costs. Journal of the American Geriatrics Society. 2011;59 Suppl 2:S241-243.
3. Burhenn P. Delirium. In: Dahlin C, Coyne PJ, Ferrell BR, eds. Advanced Practice Palliative Nursing: Oxford University Press; 2016:311-320.
4. Cofer, M.J. (2005). Unwelcome companion to older patients. Nursing. 35(1). doi:10.1097/00152193-200501000-000295.
5. Tullmann D, Fletcher K, Foreman M. Delirium. In: Boltz M, ed. Evidence-based geriatric nursing protocols for best practice. 4th ed. New York: Springer Pub. Co.; 2012:186-199.