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9C

Post-Operative Delirium in Elderly Veterans: RN education module to improve patient outcomes



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- The contents of this presentation do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.

BACKGROUND

- Delirium: a common complication in elderly hospitalized persons. It is defined as “an acute and fluctuating alteration of attention and awareness that is accompanied by a change in cognition” (American Psychological Association, 2013)
- Costs the United States \$164 billion per year (Mulkey et al., 2019)
- One-half of patients remain delirious at discharge; one-fifth continue to be delirious at six months after hospitalization (Mulkey et al., 2019)
- Delirium is associated with increased length of stay, extended rehabilitation times and mortality (Grealish et al., 2019).

9C SPECIFICS

- 26 bed Medical-Surgical ward
- Staffed with 6 RNs and 3 CNAs per shift
- Pre-intervention data collected by fellows shows the average length of stay for patient's with a positive CAM (Cognitive Assessment Method) score is 18.9 days vs. 5.5 days on 9C in general.

PICO(T) QUESTION

In elderly patients with post-operative delirium (P), will an RN/CNA education module and post-operative delirium intervention bundle (I) reduce the number of documented CAM positive shifts (O) compared to the pre-intervention data.

Evidence Retrieved

(# / Quality per JHNEBP Criteria)

| Research Evidence | | | | |
|-----------------------|---------------------------------------|------------------------------|-----------------------|----------------------------------|
| Non-experimental | Quasi-experimental | Experimental | Systematic Reviews | Meta-analysis/ Meta-synthesis |
| 0 | 2 good | 1 high | 2 high, 2 good, 1 low | 0 |
| Non-Research Evidence | | | | |
| Expert Opinion | Organizational (QI/financial data) | Clinical Practice Guidelines | | |
| 2 good | | 1 good | | |

- Databases searched: Ebscohost and Pubmed CINAHL Complete
- Key words used: post-operative, delirium, intervention, education module, prevention.
- Limits used (e.g., years, human, age): 2010-2020, peer-reviewed, full text

Evidence Summary

- The evidence shows that sometimes delirium cannot be prevented or changed with nursing interventions, about 30% of adults over 65 years will experience some level of delirium during their hospital stay (Wand et al., 2014).
- The best interventions for delirium are non-pharmacological nursing interventions (Hsueh et al., 2015).
- Our biggest obstacle is inconsistency in the implementation of the intervention (Wand et al., 2014) .
- Nursing education and care “bundles” are the best way to improve patient outcomes (Resar et al., 2012).

ACTION PLAN

- 9C is a medical-surgical unit caring for Veterans of all ages. All Veterans with at least one positive CAM score were included in the pre-data.
- Interventions (introduced during a monthly staff meeting)
 - Delirium education module
 - CAM Assessment Tool – assessment and documentation of post-operative delirium
 - Post-Op delirium (POD) care bundle
 - Standardize care provided
- Use of POD Bundle evaluated over a 3 month period
 - Measured using all-or-none measurement of completion

Limitations

- Covid-19
 - Stress and anxiety related to global pandemic
 - Social Distancing
 - Change in charting
 - Education overload



QUESTIONS & DISCUSSION