

Implementing the NEECHAM Confusion Scale and Delirium Protocol for Hospitalized Patients

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Learning Objectives

- The learner will...
 - describe how the NEECHAM confusion scale was implemented at Salem Hospital
 - state one patient outcome of the delirium protocol and NEECHAM scale implementation at Salem Hospital

Case Study

- Mr. Hunt, 78 years old- 2 days post hip fracture repair
- Sleeps frequently and has difficulty maintaining attention
- Speech at times is incoherent and increasingly agitated
- Has removed IV site twice

What is happening with this patient?

Delirium

What is Delirium?

An acute decline in attention and cognition, often fluctuating in course with disorganized thinking and/ or altered level of consciousness present



Importance of Delirium Education

Caring for a patient with delirium begins with early identification of the signs and symptoms and implementing interventions

14-56% of hospitalized elders experience delirium

Delirium is a common syndrome in the ICU with incidences ranging from 11-87% and 1/3 of these cases goes unrecognized

Consequences of Delirium & Surgery

Elderly + Postoperative + Delirium =

Prolonged length of stay

Increased risk of complications

Increased costs

Risk of long-term disability

Salem Health Delirium Task Force

- Identified need to increase staff knowledge of signs and symptoms, prevention, and management of delirium
- Interdisciplinary workgroup members
 - Nursing
 - Pharmacy
 - Physicians
 - Dietetics
 - Clinical Education
 - Patient Education
 - Clinical Informatics

Task Force's Purpose

- To adopt a protocol and the NEECHAM Confusion scale for the non-intubated patient across care units on the hospital campus addressing barriers such as knowledge attitudes and/or behaviors

Methods

- Chose an assessment tool- NEECHAM
- Developed of a delirium protocol
- Designed computer-based learning modules for RNs & CNAs
- Created a physician order set
- Worked with EPIC experts to create:
 - Delirium Risk Assessment (NEECHAM)
 - RN Best Practice Alert
 - MD Best Practice Alert

Trial Implementation- Orthopedic Unit

- Orthopedics chosen as pilot unit
- Staff meetings to educate RNs and CNAs
 - Conducted by Orthopedic RN
- Select physician's patients chosen for pilot
- Paper documentation
- Successful trial

Full Scale Launch

- Computer based training modules for RNs and CNAs
- Staff meetings
- Communication flyers to physicians
- Order set implementation
- Best Practice Alert

Hyperspace - Salem Health PLAY - 4S - SARAH L.

Smith, Justin
 Male, 55 y.o.
 Unit and Room: 4S 4101
 SNI: None

MRN: 2196607
 CSN: 10935
 Allergies: Apap (Acetaminophe...)

Code: FULL
 Advanced Directives on File: YES [1]
 Isolation: None

HEIGHT - LAST: 6' (1.829 m)
 WEIGHT - LAST: 165 lb 5.5 oz (75...
 BMI: 22.42 kg/m²
 RX BSA: 1.95 m²

Attending
 David M. Tate, MD
 PCP
 TATE, DAVID M.

Active Orders

Patient Summary

Chart Review
 Results Review
 History
 Notes
 Medications
 Allergies
 Order Entry
 Order Mgmt
 Immunizations
 MAR
 Intake/Output
 Doc Flowsheets
 Care Plan
 Patient Education
 Demographics
 Summary Window
 Request Outside R...

Smith, Justin MRN: 2196607 (CSN: 10935) (55 y.o. M) (Adm: 03/21/12) Inpatient 4S-4101A

Attending Provider: David M. Tate, MD

Allergies: Apap, Shellfish
 Allergy

Isolation: (none)
 Service: GENERAL MEDI

Ht: 6' (1.829 m)
 Wt: 165 lb 5.5 oz (75 kg)
 Admission Wt: 165 lb 5.5 oz (75 kg)

Principal Problem: None
 BMI: 22.42 kg/m²
 BSA: 1.95 m²

Diagnosis

Admission Dx
 INCISIONAL PAIN [369912] Free Text Dx

Physician Communication [Add/Edit comment]

Staff Communication [Add/Edit comment]

BestPractice Advisories [Comment]

Display Text	Additional Information	Order Set
This patient has been identified for being at an increased risk for confusion. Please notify MD of score and ask for activation of Adult Delirium Management Order set.	SH DELIRIUM [240]	None

Orders to be Acknowledged For
 None

Pended Orders
 None

Nursing, Vitals (Through next 48h) [Hide]

Start	Order	Ordered
03/21/12 1341	VITAL SIGNS ONGOING, Routine [Complete] [Discontinue]	03/21/12 1407
03/21/12 1341	CONTINUOUS PULSE OXIMETRY ONGOING, Routine [Complete] [Discontinue]	03/21/12 1407

Nursing, Treatments (Through next 48h) [Collapse] [Hide]

Start	Order	Ordered
03/21/12 1339	INDWELLING URINARY CATHETER TO GRAVITY ONCE, URGENT [Complete] [Discontinue]	03/21/12 1407
03/21/12 1339	NURSE TO START SALINE LOCK #1 ONCE, URGENT [Complete] [Discontinue]	03/21/12 1407
03/21/12 1339	NURSE TO START SALINE LOCK #2 ONCE, URGENT [Complete] [Discontinue]	03/21/12 1407
03/21/12 1339	APPLY SEQUENTIAL COMPRESSION DEVICE (SCD) ONCE, Routine [Complete] [Discontinue] Comments: (caprini score > 1 - PLEASE DO NOT DELETE) Process Instructions: Ordered SCDs What needs to be ordered, SCD Machine, Sleeves or Both? * SCDs Machine (Epic) * Sleeve Type and Size (Epic)	03/21/12 1407

Nursing Activity I&O (Through next 48h) [Collapse] [Hide]

Start	Order	Ordered
03/21/12 1341	TRANSEUSE CROSSMATCHED BRCS ONCE, Routine [Complete] [Discontinue]	03/21/12 1407

SARAH L. 2:12 PM

Start | Inbox - Microsoft O... | Inbox - Microsoft O... | Delirium Education | Microsoft PowerPoi... | Citrix XenApp - App... | Hyperspace - Sale... | 2:12 PM

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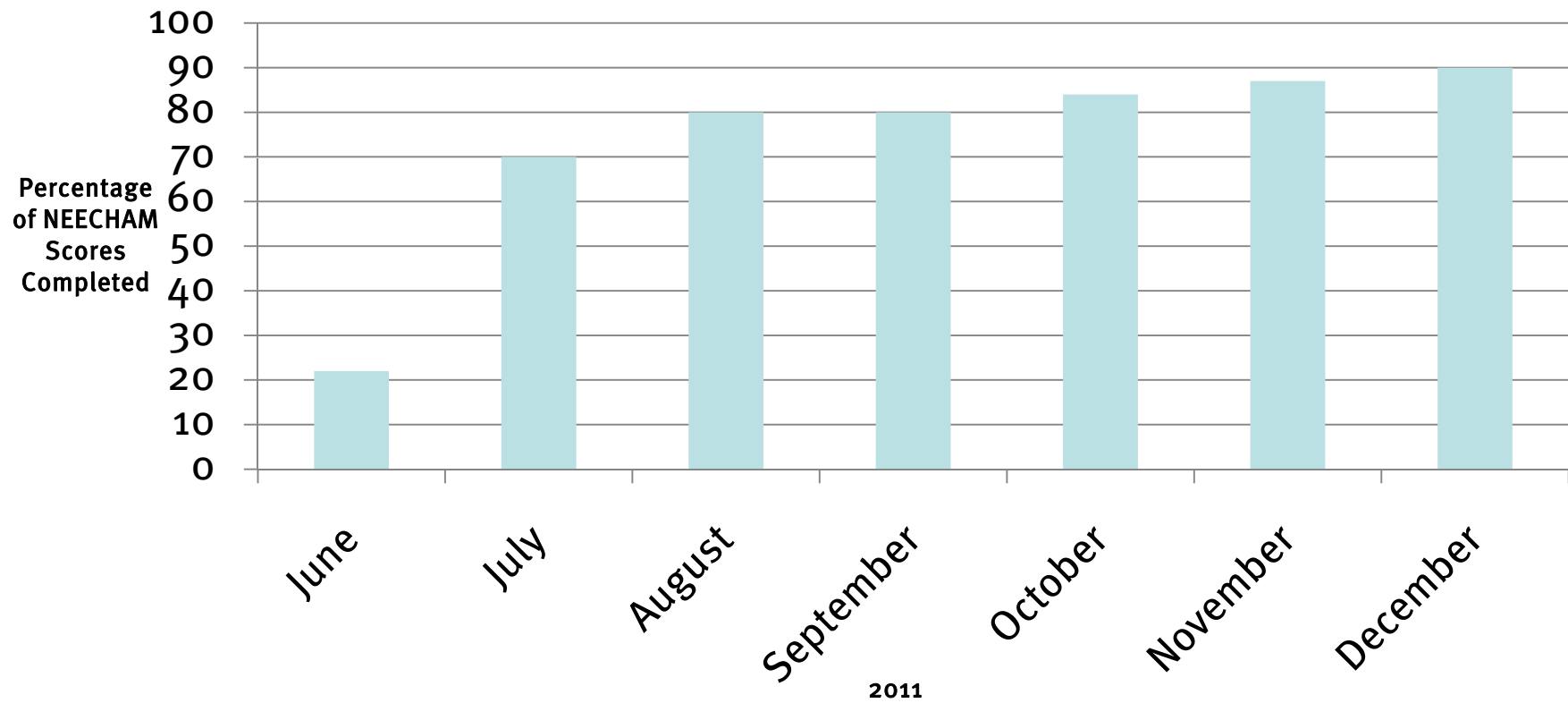
Job aids

- Posters
- Reminders on computer screens

“Have you completed your NEECHAM scale today?”

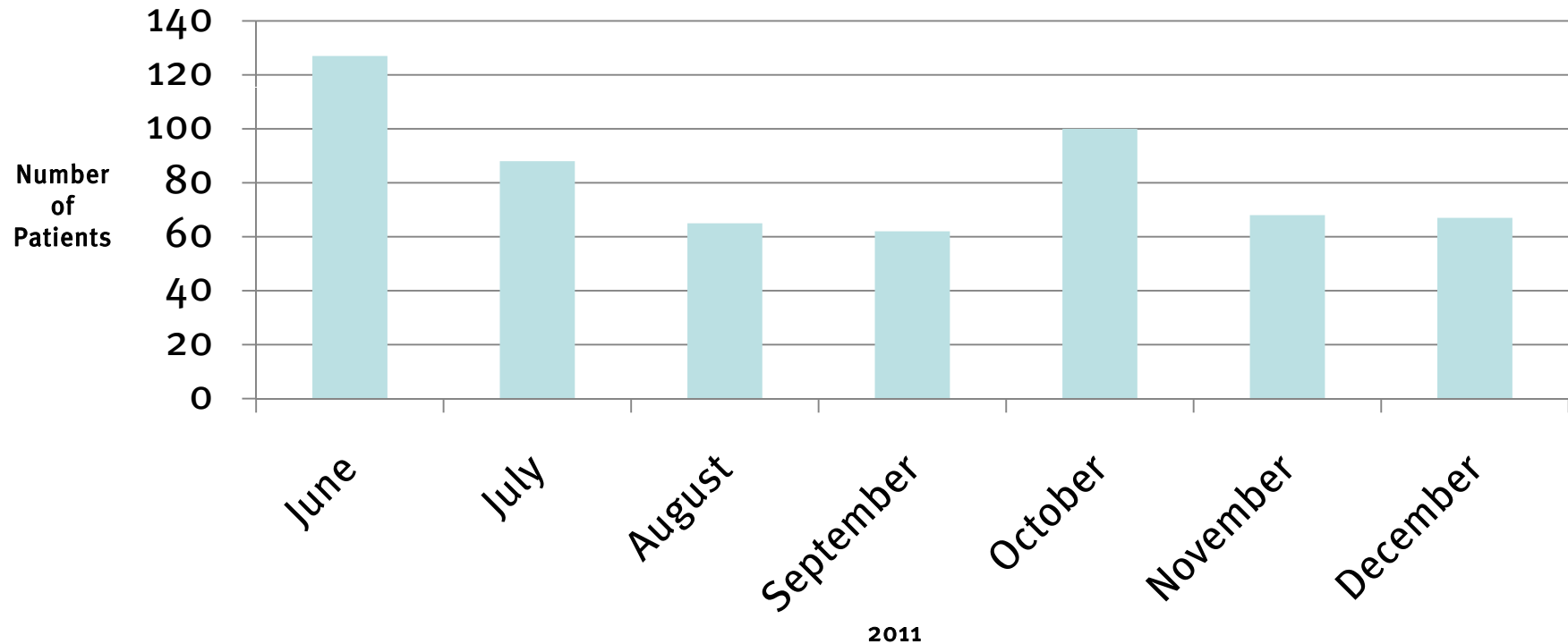
Outcomes

Increase in documented NEECHAM scores



Outcomes

Number of Patients Discharged with ICD 9 Code of Acute Delirium



Outcomes

- Patient & family educational handouts produced and placed in KRAMES- On- Demand
- Lorazepam usage decreased in patients 65 years of age by 148 doses from the same time frame the previous year

Conclusion

- Adoption of an evidence- based practice protocol is possible as interdisciplinary groups address and overcome barriers



References

Salem Health Protocol (2011). Protocol for Prevention, Recognition and Management of Delirium

<http://www.emedicine.medscape.com/article/288890-overview>

Van Rompaey, M.J. Schuurmans, L. M. Shortridge-Baggett, Truijen, S., Elseviers, M. & Bossaert, L. (2009). Long term outcome after delirium in the intensive care unit. *Journal of Clinical Nursing*, 18(23), 3349-3357.

Sendelback, S. & Guthrie, P. F. (2009). Evidence-based guidelines acute confusion/delirium identification, assessment, treatment, and prevention. *Journal of Gerontological Nursing*, 35(11), 11-18.

<http://www.merckmanuals.com/professional/sec16/ch213/ch213a.html>

Thank you!

Contact Information

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