

# Using Technology to Support Bedside Nurses for Delirium

**Julie Michaelson, RN, Christine Waszynski, RN, MSN, GNP-BC**

*Hartford HealthCare, Hartford Hospital, Hartford Connecticut*

## Introduction

Finding ways to support clinical staff in the identification, treatment and management of delirium is critical to a successful hospital program. Hartford Hospital created an interdisciplinary team called ADAPT (Action for Delirium Assessment, Prevention and Treatment) to collaborate and design standardized effective delirium care throughout the optimization of our electronic tools. This group utilized and leveraged the electronic tools (Allscripts, Sunrise Clinical Manager SCM 5.5 and the Interdisciplinary Patient Care Model using KBC Knowledge Based Charting KBC 2.5) to support the bedside nurses at the point of care to improve the identification of delirium through the accuracy of assessments, documentation, timely notification to providers, and the use of automation.

## Methods

Partnering with our IT EHR Team was very successful in aligning practice methodology with functionality. We created several electronic processes that would significantly change the way we evaluate, assess, and treat for delirium. The journey began with capturing the baseline mental status upon admission through soft mandatory fields in a structured note that must be completed within 24 hrs. When the nurse assesses the patient's cognitive / perceptual / neuro status and documents WDL (within defined limits), automation of a negative CAM is generated. If the patient displays an exception then a "documentation reminder" alerts them to do a CAM assessment daily. If during the daily CAM assessment the patient has a positive CAM, and it's the first one within a 72 hour window, a documentation reminder alerts the nurse to contact provider immediately and a CAM Assessment nursing order is generated. Using logic and orders to flowsheet functionality we then auto-generate the Acute Confusion Clinical Practice Guideline (CPG) to the patient Plan of Care. After documentation of 9 consecutive CAM negative assessments, the Acute Confusion CPG becomes inactive and the CAM Assessments every shift get discontinued. This complex electronic process will repeat itself when the patient has the first positive CAM assessment within 72 hours again. Lastly we were able to configure the additional reference data to the CAM tool that assisted the nurses with the accuracy of their assessments in order to support the automation in clinical decision support.

## Results

- The ability to perform a comparison of baseline mental status to current mental status
- Captured patient in the beginning stages of Delirium for quicker treatment
- Decreased the lag time in notifying providers for evaluations and treatment
- Automatic updating of the patient's individualized plan of care
- Increased compliance with accurate assessments & interventions for prevention
- Provider clarity with a new Provider Delirium Note and communication alerts

## Discussion

Moving forward as we partner practice with technology and make it part of our fabric within the threads of the organization, we are achieving a greater satisfaction among the bedside nurses when solutions are created that not only align with their workflow but standardize documentation, supports best practice and overall increases compliance.