

Innovations in Inpatient Care

Older patients

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A teaching hospital of
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2009

- “Eliminate Preventable Harm”
- 15 bed Geri unit
- 10+/year falls with injury
- Delirium factor



- Delirium:
- 20% of patients ≥ 65
 - 50% of high risk patients
 - Risk of death at 1 year 30-50%
 - Preventable
 - Treatable
 - * Underrecognized *



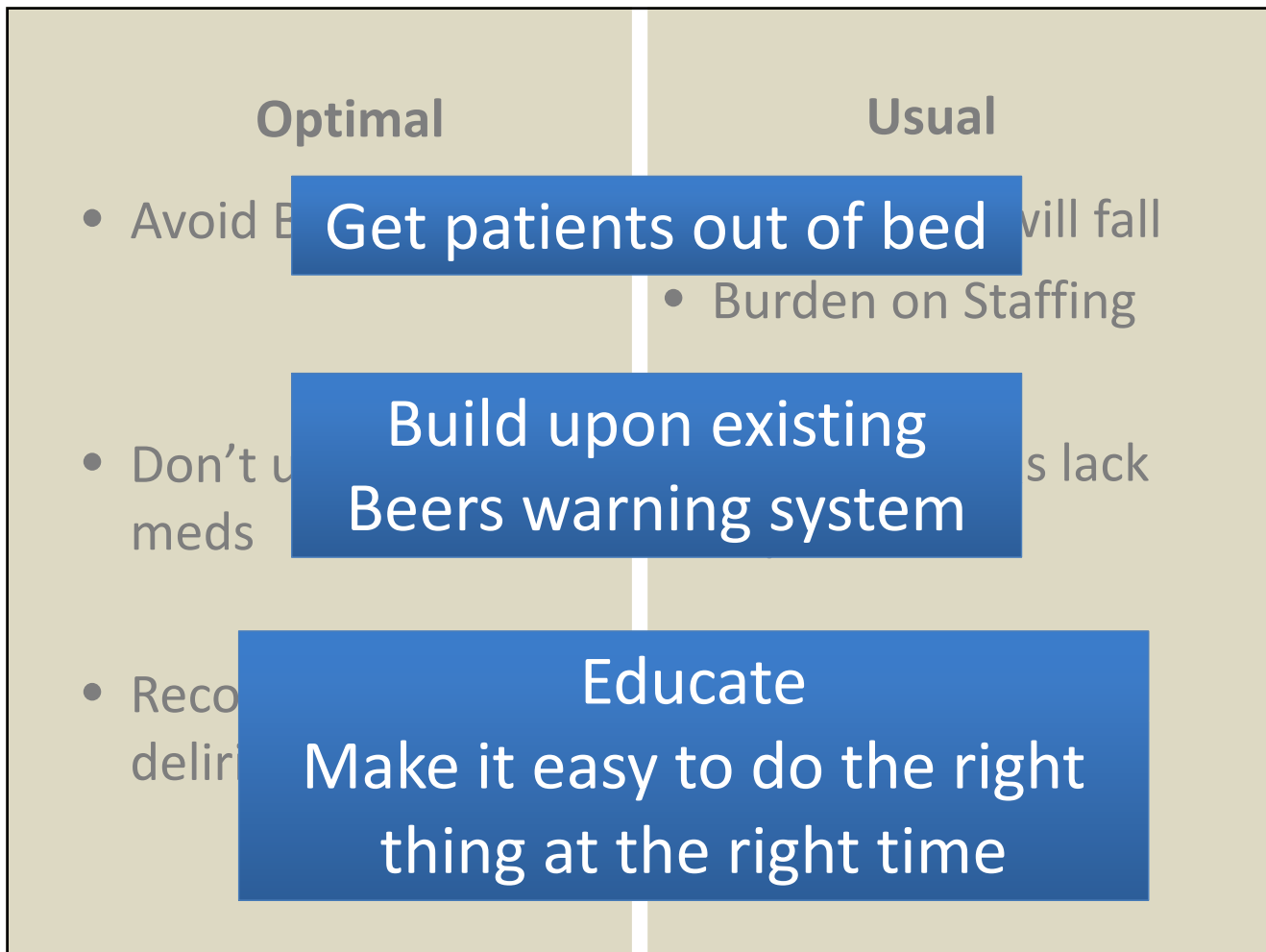
1. Identify and prevent delirium
 2. Prevent functional decline
- Multidisciplinary**
- Standardized**
- Broadly Supported**

Optimal

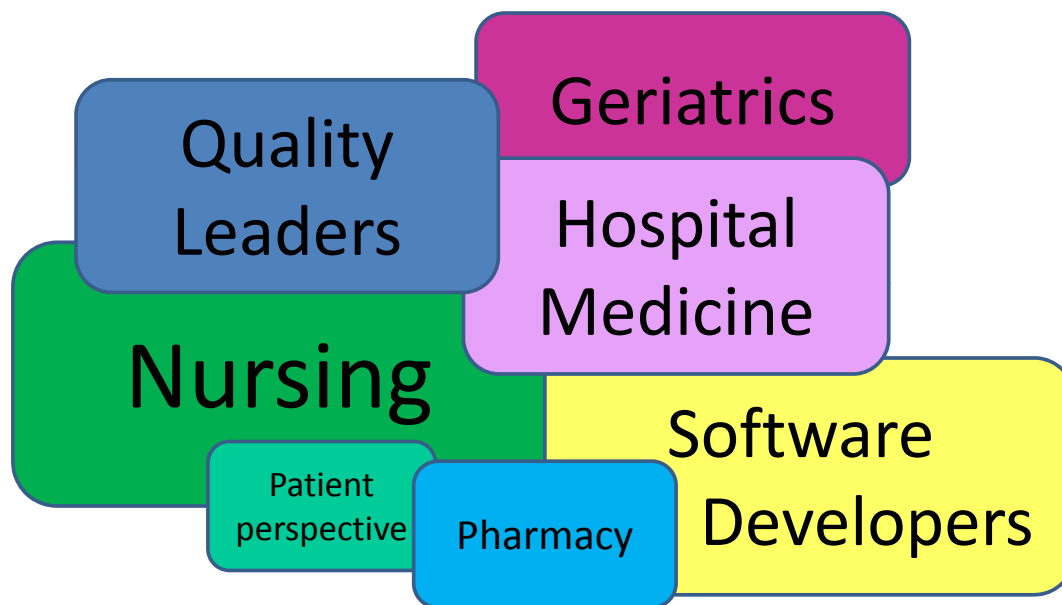
- Avoid Bed Rest
- Don't use "bad" meds
- Recognize delirium

Usual

- Fear patient will fall
- Burden on Staffing
- Many MD/RNs lack expertise
- Tough to recognize
- Confusion just happens



2009 – Inclusive Planning for GRACE-AC

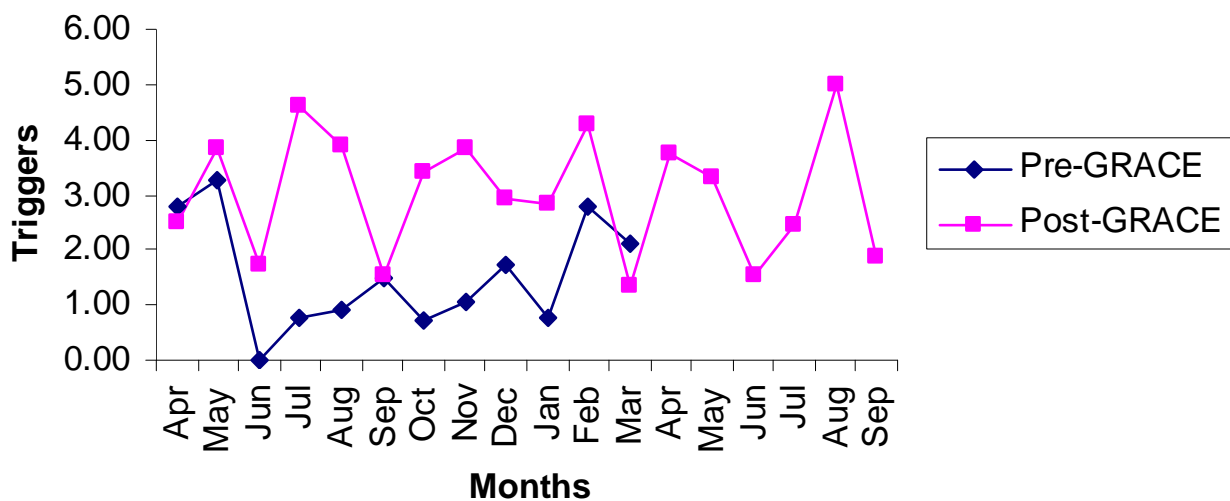


GRACE-AC – What is it, really?

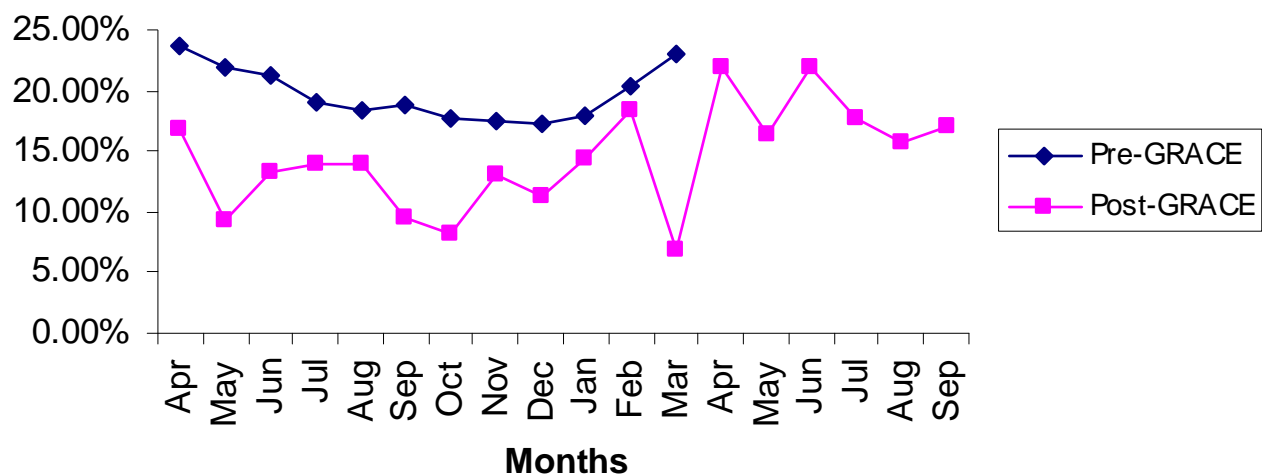
- Multiple changes to computer systems with embedded decision support
 - CPOE - default orders, analgesic/antipsychotic screens
 - Nursing Initial Patient Assessment (IPA) - care plan, delirium screen
 - Unit Dashboard - Green G, prompts/reminders
- Bedside checklist
 - Prompts for delirium screening every 24 hours
 - Reminders for delirium prevention strategies

Outcome indicators (patients ≥ 80 yrs)	Mean pre-GRACE (SD)	Mean post-GRACE (SD)	P-value
Overall Triggers (per 1000 pt days)	22.53(3.60)	24.4(4.10)	0.207
Triggers for acute change in consciousness (per 1000 pt days)	1.53 (1.01)	3.03(1.13)	0.01*
30-day Readmission	19.73 (2.25)	14.42 (4.32)	<0.005*
LOS	3.7 (0.20)	3.7 (0.21)	0.588
% Antipsychotic use	11.25 (2.07)	10.12 (1.66)	0.129
Falls (per 1000 pt days)	3.03 (1.91)	3.19 (1.96)	0.810

Triggers for acute change in consciousness per 1000 pt days in elderly pts aged 80 yrs and above



30 day readmission rate in elderly patients aged 80 yrs and above



Ongoing Challenges

- Knowledge gap: Delirium may be recognized yet MDs don't know how to respond or underestimate the importance
- Incorporating bedside checklist into routine care
- Understanding true impact with number of other initiatives that are ongoing to improve care of patients hospital-wide



HULTON/GETTY

Parachutes reduce the risk of injury after gravitational challenge, but their effectiveness has not been proved with randomised controlled trials