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Nurse-driven delirium care optimizes outcomes in the hospitalized elderly

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Delirium is an acute decline in cognitive functioning which may result from multiple factors such as side effects of medication, dehydration, acute illness or infection, or an acute neurologic event. As an independent predictor of poor outcomes, delirium is associated with increased risks in mortality dementia, institutionalization, increased length of stay, and higher healthcare costs. Delirium is the most frequent complication affecting as much as 50% of hospitalized elderly, at a cost of more than \$164 Billion per year in the United States. However, up to 40% of delirium cases can be classified as a preventable complication. Delirium in the hospitalized elderly patient is a significant public health issue as it ranks in the top three conditions in need of quality care improvement for the elderly. In fact, delirium in the elderly is a quality of care and patient safety marker. Although delirium prevention remains the most effective strategy to improve outcomes, routine assessment of cognition can greatly improve early delirium recognition, leading to faster and more effective interventions. Recognition is best accomplished by a brief cognitive screening and astute clinical observation. Patient orientation is insufficient to adequately screen patients for delirium. With the bedside nurse as the driver, we implemented a multitude of innovative strategies to proactively identify at-risk patients and then initiate prompt interventions for optimized patient outcomes. Initiatives include creative educational strategies, professional advancement options, interprofessional communication tools, technology enhancements, evidence-based interventions, and patient-centric safety protocols. By leading the initiative to bring innovation and evidence-based practice to the bedside, we are demonstrating the impact of nursing and exemplifying the Institute of Medicine's directive for nurses to practice to the full extent of their training and to act as a "critical factor in determining the quality of care in hospitals and the nature of patient outcomes". As leaders and drivers of change in the health care environment, nurses can and do achieve optimal outcomes because we are well positioned "on the front lines" to promptly recognize alarming signs and to respond quickly and effectively in various situations. Delirium in the older adult is one such scenario. As direct results of our nurse-driven delirium Initiative we have demonstrated a reduction in falls, high-risk delirium medications, and an increased number of at-risk patients are being discharged home.

Biography

Shannan K Hamlin is the Program Director for Nursing Research and EBP at Houston Methodist Hospital. She earned her Bachelor of Science in Nursing degree from Houston Baptist University, her Master of Science degree with a specialization in Acute Care Nurse Practitioner and her PhD at the University of Texas Health Science Center Houston. She is certified by the American Nurses Credentialing Center as an Acute Care Nurse Practitioner and Adult-Gerontology Acute Care Nurse Practitioner. She has received over \$236,000 in funding and published numerous articles in peer-reviewed journals. She is a frequent speaker at national and international conferences.

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