Screening for delirium in acute care oncology patients: an evidenced based project to impact patient outcomes

Cassandra Vonnes, DNP, ARNP, GNP-BC, AOCNP, FAHA

Purpose

This evidenced based practice project implemented routine screening for delirium in all inpatient units in a major cancer center with a consistent instrument and the adoption of an interprofessional plan of care for delirium based on national guidelines.

Background

- Delirium is a serious iatrogenic potential complication of inpatient cancer care.
- Within the last 2 years 17-38% of discharges from Moffitt Cancer Center experienced at least one episode of delirium during their hospitalization.
- Adequate identification can lead to improved long term patient outcomes.
- Routine screening by nurses with a valid and reliable instrument allows early targeted interventions.
- Strong evidence supports regular screening and a comprehensive plan of care to restore baseline cognitive status.
- Utilizing the same screening tool across all nursing units promotes communication and enhances the handoff process.

Conceptual Framework

The Iowa Model of Evidenced Based Practice-Revised (2017) provides a pathway to implement and evaluate evidence based practice initiatives in the Moffitt Cancer Center nursing department.

Measurement and Evaluation

Outcome Measures:
- Reduce the number of falls with injury by 5%
- Reduce the LOS of patients with delirium by 0.5 day

Data source: Weekly reports

Process Measures:
- Screen 95% patients for delirium Q shift
- Institute Delirium Interprofessional Plan of Care in 100% of patients screened + for delirium

Data source: EHR review

Balancing Measure:
- Increase the utilization of the decision tree for remote visual monitoring and one to one observation

Data source: Daily Bed Summary reports

Driver Diagram

Results

- Identification of delirium with routine screening
- Nursing screening + provider diagnosis
- Implementation of Delirium IPOC may have contributed to modest initial in LOS in patients screening positive for delirium
- 31% to 49% of delirium patients ≥ 65 years of age
- No change in # falls with injury

Limitations

At the time of publication, only one data point post implementation was available for review. Ongoing evaluation will include monthly reporting of incidence of delirium (single patient cases + delirium screening/patient days). LOS of patients with delirium, monitoring of implementation of the delirium IPOC, and fall with injury.

Discussions

Older adults with cancer were found to be a significant proportion of the delirious patients. The unit based geriatric resource nurse can function as delirium experts. Implementing routine screening identifies the oncology patient with delirium allowing early interventions during hospitalization. Next steps include identifying the potential oncology inpatient at risk for the development of delirium and implementing best practice interventions to prevent delirium.

Acknowledgements

Many thanks to Dr. Cindy Tofthagen, USF faculty supervisor and to Sheila Ferrall, Senior Nursing Director at Moffitt Cancer Center. Thanks also to Dr. Debra Friedman and to Dr. Melanie Michaels for their persistent encouragement. I am grateful to the Geriatric Resource Nurse Delirium Champions, Filiberto Gonzalez and Nancy Piper for clinical informatics support and to Paula Lanning for her expertise at data extraction.

References


doi:10.1111/wvn.12223