Background

St John Providence Health System consists of 5 hospitals and over 125 medical facilities in southeast Michigan. As a ministry of Ascension Health, we provide spiritually centered, holistic care that addresses the body, mind, spirit and emotions of those we serve. St John Hospital & Medical Center became a member of NICHE in 2003 and opened an ACE unit in July 2008. St John Macomb-Oakland, St John Providence and Providence Park Hospital joined in June 2012.

In May 2012, the ministry formed an interdisciplinary team to oversee care of the geriatric patient population. One of the first projects was delirium in the adult medical surgical population as there was no standard approach to caring for these patients.

“Delirium is a common syndrome in hospitalized older adults.”

D. Tullmann, L. Mion, K. Fletcher, and M. Foreman
Evidence-Based Geriatric Nursing Protocols for Best Practice, Third Edition

Project Goals

- To develop a standard method to manage actual or suspected delirium in adult patients in non-ICU settings across all hospitals within the ministry.
- To utilize evidence based practice to identify and manage delirium.
- To create a comprehensive, holistic plan of care utilizing medical treatment and integrative modalities.
- To provide each site within the ministry the required education and skills to implement the entire protocol.

Our Journey

- In 2010 St John Hospital & Medical Center developed a Behavioral Health Rapid Response Team (BHRRT) and began holistic nursing education for geriatric nursing staff.
- In 2011, a delirium order set was developed and piloted for 2 months at St John Providence Hospital.
- May 2012, St John Providence Health System formed an interdisciplinary Geriatric Advisory Team comprised of nursing, physicians, pharmacy, quality, and informational technology (IT). This team was chartered to promote standardization of best practices in the care of geriatric patients across the health ministry to improve overall outcomes and quality of care.
- Current practice was evaluated compared with evidence and gaps were identified. The Confusion Assessment Method (CAM ©) was selected for assessment of delirium.
- Two order sets for management of delirium were developed. One manages newly admitted patients and the second addresses new onset of delirium in existing patients.
- Our foundation of Holistic nursing practice and Caring Science Theory creates healing environments through therapeutic presence and the use of integrative practices such as clinical aromatherapy, music therapy, and environmental modifications. This foundation is essential to the delirium protocol and nursing plan of care.
- Pharmacy, Internal Medicine, Care Design, and Clinical Advisory groups have completed their review and approval.

Next Steps

- Continued education of rotating topics so that each site develops a skill set in each aspect of the protocol (i.e. some sites have not had holistic nursing education, some sites have not used the order set, not all sites have the BHRRT implemented).
- Conversion of the order sets from paper into the electronic medical record.
- Development of education for physicians, mid-level providers and nursing.

Evaluation

- Success will be measured by decreased Behavioral Rapid Responses, increased use of protocol, and increased number of geriatric consults for delirium.
- The team feels great pride in coming together as a system, using the best practices from each site to develop a comprehensive approach to care of patients with delirium. Overall teamwork and associate relations have improved through this project.

Conflict of Interest: No authors have any conflict of interest for this presentation.

Developing An Order Set for Management of Delirium With an Interdisciplinary Team

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