A Guide for Success: Implementing the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU)
Objectives

1. Discuss the challenges to implementing use of a Delirium Assessment Tool.
2. Discuss methods for implementing an effective educational plan for delirium assessment.
Introduction

Quick Facts:

• Delirium is experienced by 50%–80% of mechanically ventilated patients and 20%–50% of non-vented patients.

• Delirium results in:
  ✓ prolonged hospitalization,
  ✓ increased mortality
  ✓ increased cost
  ✓ increased risk of long-term cognitive impairment
Introduction

1990 – Delirium in the geriatric population and neuropsychology field seen in publications

2002 – Society of Critical Care Medicine (SCCM) publishes guidelines for management of pain, anxiety, delirium in critically ill

✓ Advocated for standard protocols for pain and sedation
✓ CAM-ICU tool published

2013 – SCCM pain, agitation, delirium guidelines (PAD) recognizes CAM- ICU and ICDSC as most valid and reliable tools for delirium monitoring in ICU patient
Background – Initial Implementation at WMC

2010 – 2011:
✓ Recognized need to implement use of valid and reliable tool to assess for the presence of delirium
✓ Educational roll-out of CAM-ICU tool to select ICU’s

2016: Focus
✓ Delirium prevalence in critically ill ventilated patients
✓ Appropriate use of CAM-ICU tool

2017: Focus
✓ Educational roll-out to all ICU’s – delirium assessment
✓ Implementation of comprehensive plan for the assessment, prevention, management of delirium
Key to Successful Implementation for Delirium Assessment, Prevention, and Management

• Comprehensive program for assessment / monitoring, prevention and management
  ✓ Physicians and nurses must be on the same page
  ✓ Team approach
  ✓ Use of a valid and reliable assessment tool
  ✓ Standardized protocols for pain, sedation, agitation

• Comprehensive educational roll-out plan for the team

Lesson Learned – educating only one part of the team results in inconsistent care
Ensuring that the assessment for the presence of, and ongoing monitoring of delirium is key to early recognition and management.

How do we ensure that assessments are reliable?
Implementing the Education Plan

Seven-step Approach:
1. Identify, train, and educate your experts
2. Putting the CAM-ICU in context
3. Define the features
4. Discuss “tough cases”
5. Performing the assessment
6. Documenting the assessment
7. Re-iteration; repetitive practice; monitoring

Modified from Nelson, L. Crit Care Nurs Q. 2009;32(2):137-143
Step 1: Identify, Train, Educate Experts

Identification of experts who will educate and train the team is an essential first step:

• Experts need to understand what delirium is, it’s effects, and most importantly how to perform the delirium assessment.
• Create one “script” for educators/trainers
• Provide adequate time for practice
• Do a “dry run”
• Build simulations

Lessons Learned:

1. Proceed with educating the masses only after ensuring experts are proficient
2. Include LIP’s in the expert pool
Step 2: Putting the CAM-ICU in Context

• Present the CAM-ICU tool as an extension of the neurological assessment

• All patients routinely assessed on admission for baseline mental status

• The normal routine shift assessment
  ✓ Is the patient awake, alert, oriented
  ✓ Is the patient calm or agitated
Step 3: Defining the Features

• Begin with RASS score to determine baseline level of consciousness

Lesson Learned - ensure understanding of RASS and baseline mental status

• Proceed to Features 2
  ✓ Staff practice the “script” with each other in simulated setting

• Move on to Feature 3 to determine if level of consciousness is altered
  ✓ RASS again – if anything other than ‘0’ STOP

• Proceed to Feature 4 – Disorganized Thinking
  ✓ Not required if step 3 is anything other than ‘0’
Step 4: Discussion of the Tough Cases

• Patients with RASS of -4 or -5 are automatically excluded
• What about patients with traumatic brain injury, Alzheimer's or dementia?
• How do you establish baseline mental status if there is not family or someone who knows the patient available?
Step 4: Performing the Assessment

REITERATION
PRACTICE, PRACTICE, and more PRACTICE
IMMEDIATE FEEDBACK

Lesson Learned – trainers need to practice too. . .
Step 5: Communicating the Findings
Documenting the Assessment

• 3 possible outcomes
  ✓ Delirium present
  ✓ Delirium absent
  ✓ Unable to assess

• Communicate with the team
• Search for the causes
• Alter the treatment plan
Step 5: Continue to Discuss and Monitor

• Expert Spot Checker:
  ✓ Routinely monitor assessments
  ✓ Expert and primary RN perform assessment within same time frame but independently
  ✓ Follow with immediate feedback and discussion

Lesson Learned – continue to “spot check” and monitor compliance with use of tool; provide staff with feedback on performance
Spot Check Form

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<tr>
<th>MR #</th>
<th>Date</th>
<th>Shift</th>
<th>Expert Spot-checker</th>
<th>Bedside RN</th>
<th>Comments</th>
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CAM-ICU options: Yes / No / UTA (unable to assess) / NA (not assessed)
In Conclusion

• Take time to plan
• Take a team approach
• Implement a comprehensive education plan
  ✓ Reiteration
  ✓ Practice
  ✓ Immediate feedback
• Ongoing “spot checks” and monitoring