Background/Significance: The development of delirium is associated with higher mortality, increased length of stay, disposition to an institutional setting, and cognitive impairment at hospital discharge. Currently, our organization does not have a program in place for early identification, management, and prevention of hospital acquired delirium.

Purpose of the Study/Project: The purpose of this quality improvement project is to identify, manage, and prevent hospital acquired delirium through the implementation of evidence based guidelines. Specific project aims include: Improve RN identification of delirium using Confusion Assessment Method (CAM and CAM-ICU) tool, ensure documentation of delirium in the medical record, increase awareness of delirium risk factors, and increase communication among the multidisciplinary team to assure an appropriate delirium management plan of care is implemented.

Conceptual Framework: The Plan, Do, Study, Act (PDSA) was the framework used for this quality improvement project. PDSA guides multiple tests of change in clinical settings and provides an action-oriented approach.

Sample Description/Population: All adult hospitalized patients (at least 18 years old) at risk for the development of hospital acquired delirium.

Setting: Inpatient units in a 500 bed academic level one trauma center.

Method/Design & Procedure: A multidisciplinary team was assembled to strategize the best way to implement the National Institute for Health and Clinical Excellence (NICE) guidelines for delirium prevention. The team developed a program with a 2 phased approach: delirium identification through the use of the CAM/CAM-ICU tools for delirium identification and management, followed by implementation of the NICE guidelines for delirium prevention.

Results/Outcomes: Metrics tracked before, during and after implementation of the delirium prevention program include: CAM/CAM-ICU completion rates, length of time individual patients remain CAM positive, frequency of delirium order set use, utilization of prevention guidelines, delirium rates, hospital length of stay (LOS), falls, restraint usage, frequency of Patient Safety Attendants (PSA), and rate of deliriogenic medication prescriptions.

Conclusions/Implications: Early identification and prevention of delirium in at risk patients can improve the overall quality of care patients receive. Fewer delirium days may decrease hospital mortality and potentially decrease costs associated with increased length of stay and untoward complications of delirium, such as falls and the need for patient safety attendants at the bedside.