Critical Care Strategic Clinical Network
Provincial Delirium Framework

PAD Care Bundles: ABCDEF	**Provincial Recommendations for Standards of Care:** (Selected from evidence based best practice guidelines for enhancing standards of care)	**Clinical Practice Expectations** (Provincial recommendations translated into clinical practice activities that need to be implemented)	Does the current practice on your unit reflect the Clinical Practice Expectation? (Y/N)	**Provincial Performance Targets:** (Expectations for how often the implemented practice needs to be completed)	Based on available data or impression from team discussion, is the current performance on your unit similar to or progressing towards the provincial target? (Y/N)	**Menu of Indicators** **Key Performance of Indicators (KPIs)** (Process and outcome measures that indicate the progression of adoption of best practices
A: Assess, Prevent & Manage Pain	Pain assessed and documentation using validated tool (CPOT and NRS) Self Reporting of pain is the gold standard	Assess and document q4h and prn Critical Care Pain Observation Tool (CPOT) is to be used for patients not able to verbalize; and Numeric Rating Scale (NRS) to be used for patients able to verbalize.		100% of patients assessed for pain and documented q4h		% of compliance with q4hr documented pain assessment % of pain assessment where ICU patients are in significant pain (NRS ≥4 or CPOT ≥3)
	Unit specific pain management guideline to align with SCCM PAD recommendation	Each unit/zone must establish a pain management guideline and/or protocol		By Sept 2017 a unit specific pain management guideline is developed		Unit specific pain management guideline developed (audit)
	Pain management guideline should emphasize: a) treat pain before sedation b) the importance of having a pre-procedural pain management therapy c) consider using non-pharmacological pain management strategies as an adjunctive therapy	Pain management is in accordance with developed unit based pain management protocol and/or guidelines		100% compliance with unit specific pain management and/or protocol		% time unit specific pain management guideline consistently followed (compliance)
		Pain and pain management should be reviewed daily within multidisciplinary team		100% of the time pain and pain management will be discussed and communicated daily		% of time pain was discussed daily (paper audit)

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B: Both Spontaneous Awakening Trials (SAT) and Spontaneous Breathing Trials (SBT)	Depth and quality of sedation should be routinely assessed and documented on all ICU patients daily using validated tool Richmond agitation-sedation scale (RASS)	Assess and document agitation (RASS) and sedation q4hr & PRN		100% patients will have RASS assessed and documented Q4hr		% of compliance with q4hr documented RASS assessment
		Unless contraindicated aim for Goal RASS of -2 to +2		100% time ICU patients will meet target RASS -2 to +2 unless contraindicated		% time ICU patients meet, exceed, or below target RASS
	Set daily targeted level of sedation for each patient at least once per day	Discuss and document targeted level of sedation at least once per day		100% of eligible patients will have target level of sedation ordered and documented daily		% time targeted sedation and goal RASS ordered and documented daily
	Target the lightest possible sedation and/or use daily SAT Goal of light sedation is to adequately sedate patients, and still be able to adequately assess pain	Assess, discuss, and perform SATs daily on eligible patients		100% of patients eligible for SAT will have SAT completed within 12 hours of eligibility		% ot patients eligible for SAT % of patients assessed for SAT % of patients with SATs completed within 12 hours of eligibility
	Unit specific sedation & agitation management guideline to align with SCCM and PAD recommendations	Each unit must establish and utilize a pain and sedation management guideline and/or protocol		By Sept 2017 a unit specific and sedation management guideline and/or protocol is developed		Unit specific sedation management guideline and/or protocol is developed
	Sedation management guideline should emphasize: a) analgesia before sedation b) titrate to targeted level of sedation c) Minimal use of benzodiazepines	Sedation management is in accordance with established unit based sedation management guideline and/or protocol		100% compliance with unit specific sedation management guideline and/or protocol (audit)		% of time unit specific sedation management guideline and/or protocol is followed
	Establish a unit specific SBT pathway and/or protocol	Unit specific SBT guideline and/or protocol is developed		By Sept 2017 a unit specific SBT guideline and/or protocol is developed		Unit specific SBT guideline and/or protocol is developed
	SBT eligibility discussed daily on all ventilated patients and document whether eligibility criteria met or not	SBT is assessed and performed in accordance with established unit based SBT guideline and/or protocol		100% compliance with unit specific SBT guideline and/or protocol (audit)		% of time SBT guideline and /or protocol is followed
	SBT ordered and completed on all ventilated patients daily	SBT eligibility assessed and documented daily on all ventilated patients		100% of ventilated patients will have SBT eligibility assessed and documented daily.		% of ventilated patients that have SBT eligibility assessed and documented daily.
	After successful SBT, potential for extubation is discussed	Q-daily SBT performed on eligible patients and documented daily		100% of patients eligible for SBT had SBT performed daily and documented		% of SBTs performed on patients eligible for SBT # patients eligible for SBT # of successful SBTs
		Target extubation within 2 hours after successful SBT unless contraindicated		100% of patients who pass SBT are extubated within 2 hours unless contraindicated		%of patients that meet criteria for extubation % of extubations performed on patients eligible for extubation Duration of mechanical ventilation days % unintended extubations

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C: Choice of Analgesia & Sedation	Determine target RASS daily	Assess and document agitation (RASS) and sedation Q4hr and PRN		100% of patients will have RASS assessed and documented q4h		% compliance with q4h documented RASS assessment
	Have a standardized guideline for treatment of pain and sedation. The guideline should emphasize:	Pain assessed and documented q4h and PRN		100% patients assessed for pain and documented q4h		% of compliance with q4hr documented pain assessment
	a) Assessment and treatment pain first	Pain and pain management should be reviewed daily with interdisciplinary team		100% of time pain and pain management will be discussed and communicated daily		% of time pain was discussed daily
	b) Use of pre-emptive pain management strategies	Each unit must establish and utilize a pain and sedation management guideline and/or protocol		By Sept 2017 each unit must establish and utilize a standardized guideline for the treatment of pain and sedation		Unit specific sedation management guideline and/or protocol is established (paper audit)
	c) Consider PRN management of analgesic and/or sedation prior to using infusions					100% of time pain management guideline consistently followed
	d) Target the lightest possible sedation			100% compliance with unit specific pain and sedation management guideline and/or protocol (audit)		100% of time sedation management guideline consistently followed
	e) Benzodiazepines should be avoided unless specifically indicated (example: ETOH or benzodiazepine withdrawal)					% of patients on analgesic /sedative infusion
	Recommend Bundle A Clinical Practice Expectations are accomplished before or congruently with Bundle C where approporiate (Items replicated from Bundle A identified here in peach colour)			100% of eligible patients (i.e. on continuous infusion) will have target level of sedation assessed and documented		% of patients on sedative infusions without analgesia ordered
						% of patients receiving benzodiazepines

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D: Delirium: Assess, Prevent & Manage	Delirium is assessed and documented using a validated tool (ICDSC)	Assess delirium using intensive care delirium screening checklist (ICDSC) Q 12 hrs & PRN		100% of patients have assessed and documented ICDSC q12h		# of ICDSC assessments completed
	Routinely discuss ICDSC score & risk factors with multidisciplinary team	Daily discussion of ICDSC score, risk factors, and prevention and delirium management strategies within multidisciplinary team		100% of time delirium score will be discussed and communicated daily		# of ICDSC assessments completed vs # of eligible assessments (ICDSC performance rate)
	Collaboratively implement appropriate delirium prevention and/or management strategies					# of episodes eligible for ICDSC
						# of coma episodes (RASS of -4, -5)
	Have a standardized delirium prevention and management guideline that aligns with SCCM PAD recommendations, and should emphasize:	Each unit must establish and utilize a delirium prevention and management guideline		By Sept 2017 each unit must establish and utilize a delirium prevention and management guideline		Unit specific delirium prevention and management guideline developed
	a) early mobility					EVER-NEVER Delirium vs Eligible ICU patients (Delirium incidence)
	b) sleep promotion					ICU length of stay of delirium patients
						% of patient days where patients experience delirium in the ICU (EVER-DELIRIUM)
	c) sedation and analgesia					Hospital length of stay of delirium patients
	d) early discussion of and proactive approach to all patients at risk of delirium					Use of mechanical restraints
						# of unique ICU patients

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E: Early Mobility & Exercise	A mobility protocol or guideline should be established, recognized and endorsed by all members of the inter-professional team	By Sept 2017 A unit specific mobility protocol or guideline should be established, recognized and endorsed by all members of the inter-professional team		100% compliance with unit specific mobility protocol or guideline		A unit specific mobility protocol or guideline is established (audit)
	Consistent approach/assessment of patient's ability to mobilize	Each unit should establish their own specific relative and absolute contraindications				
	Patients should receive appropriate mobility (mobility events should be appropriate for patient's ability and acuity)	Patient's current level of mobility, attempts at progression and barriers to mobilization should be discussed each day at rounds		100% of patients will have established daily mobility plan/goal		% time mobility plan is discussed daily (audit)
						% of patients with first mobility assessment completed within 12 hrs of admission
	Early mobilization should start on first day of admission unless there are absolute contradictions to doing so	Default activity for patients should be AAT unless otherwise ordered		100% of patients will have mobility assessment completed and documented q12h		% of patients with a q12hr mobility assessment done
						% of patients receiving first mobility event within 6,12,18,24 hrs of admission
	Daily Assessment - patient's ability to mobilize is assessed and reassessed continuously throughout the ICU stay to maximize progression					% of patients eligible for "out of bed" mobility
						% of patients eligible for "in bed" mobility only
	Patients should receive multiple mobility events everyday (Day definition 24 hour period)	Target 3 mobility events/24hrs; two mobility events ideally should occur during the daytime and one in late evening		100% of eligible patients will receive 3 mobility events each day		% of patients eligible for "out-of-bed" mobility who received "out of bed" 3 times in 24 hrs
	Recognize All Barriers to Mobility Early and Address					% of patients eligible for "in-bed" mobility and received, PROM, AROM or chair bed 0,1,2 and 3 or greater times in 24 hrs
						% of patients with 0,1,2 &3 or greater mobility events in 24 hrs

References:

Barr J., Fraser G., Puntillo K., Wesley E., et al. Clinical practice guidelines for the management of pain, agitation, and delirium in adult patients in the intensive care unit. Journal of Critical Care Medicine. 2013; 41(1):264-306.

www.icudelirium.org

American Association of Critical Care Nursing

Society of Critical Care Medicine

Yellow Box: Mandatory Metric as decided Nov 9/2016

Gray Box: Recommend not selecting as a unit specific performance indicator at this time for building scorecard.