



A Little (ICU Delirium) is a Dangerous Thing...

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Our Culture



**“Doing Common Things
Uncommonly Well”**



Our Team





Our Goal





Our Question

Can we reduce adverse events by implementing an active team approach to sedation, extubation, and delirium management?



Tests & What we Learned

- Daily sedation **AWAKENING** and **BREATHING** trials in **COORDINATION** (via nursing and respiratory therapy)
 - Selecting dexmedetomidine or propofol over benzodiazepines
 - Daily ventilator rounds with goal of extubation
- Active **DELIRIUM** screening
- Early **EXERCISE** assessment for every patient (via PT/OT)



Barriers & How we Resolved

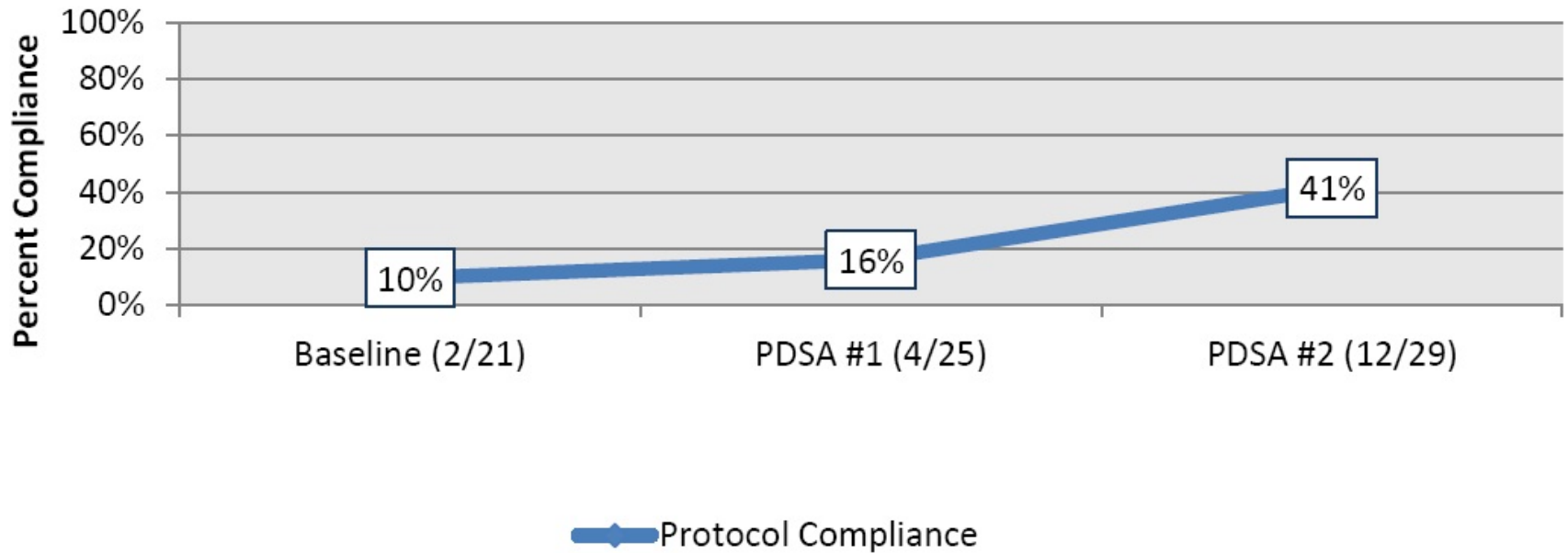
- Inertia
- Staffing
- Skeptical doctors
- Antiquated charting
- Data gathering
- EBM and education
- Engage managers
- Invite participation
- Simplify work flow
- Showcase results





Measures – What & How

Completion of Flowsheet



Advice for others

- Don't try everything at once
- Culture beats strategy
- Engaged leaders
- Put front line workers in charge
- Data collection is not easy





Wrap Up & Next Steps

- Step 1: Find the evidence of efficacy
- Step 2: Find a champion
- Step 3: Engage the team
- Step 4: Small tests of change
- Step 5: Rapid cycle improvement—don't expect perfection
- Step 6: Share and build on your successes
- Step 7: Lather, rinse repeat



Feel Free to Contact Us

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