Reducing Patient Harm from Immobility, Sedation, and Delirium

Samaritan Hospital, Troy, NY

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Interdisciplinary staff presentation on new patient care philosophy; reducing patient harm from immobility, sedation, and delirium

Key Group consisted of Critical Care MD and staff RN (who attended conference), the Critical Care director, Quality Improvement Manager and a Hospitalist.

- Immobility Work Group: RN, RT, PT
- Sedation Work Group: MD, Pharmacist, RN
- Delirium Work Group: Psychiatrist, Pharmacist, RN

• Groups were given a deadline to submit their recommendations and draft order sheets to the Key Group for analysis and approval
Implementing Changes

- Whiteboard was hung with regular updates on groups’ progress
- Educating staff about CAM and RASS through handouts and whiteboard
- Met with IT staff to make minor changes in our computer programs
- Signs were hung in all patient’s rooms and Portable CAM and RASS cards were distributed to staff for reminders
- Multidisciplinary rounding was started which includes the patient and their families to discuss their case and plan daily goals
- Cultural shift from continuous sedation to intermittent sedation and mobility was started
Improving Mobility

- Physical therapy is now a foremost component of the patient care program (important change from previous culture)
- Physical Therapist attended IHI meeting (Nov. 2011) and is key member of the team
- Plans and schedules out of bed and ambulating activities closely with respiratory therapy for ventilator patients
- All Critical Care Patients are benefitting from a more rigorous mobilization philosophy