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Volunteer Cognitive Stimulation & Delirium Program

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Today's Presenters

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Agenda

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- Who we are
- Missiou and Vision

Program Phases

- Program why
- Program how
- Collaboration Framework
- Program Implementation

Outcomes

- Metrics That matter
- Lessons Learned

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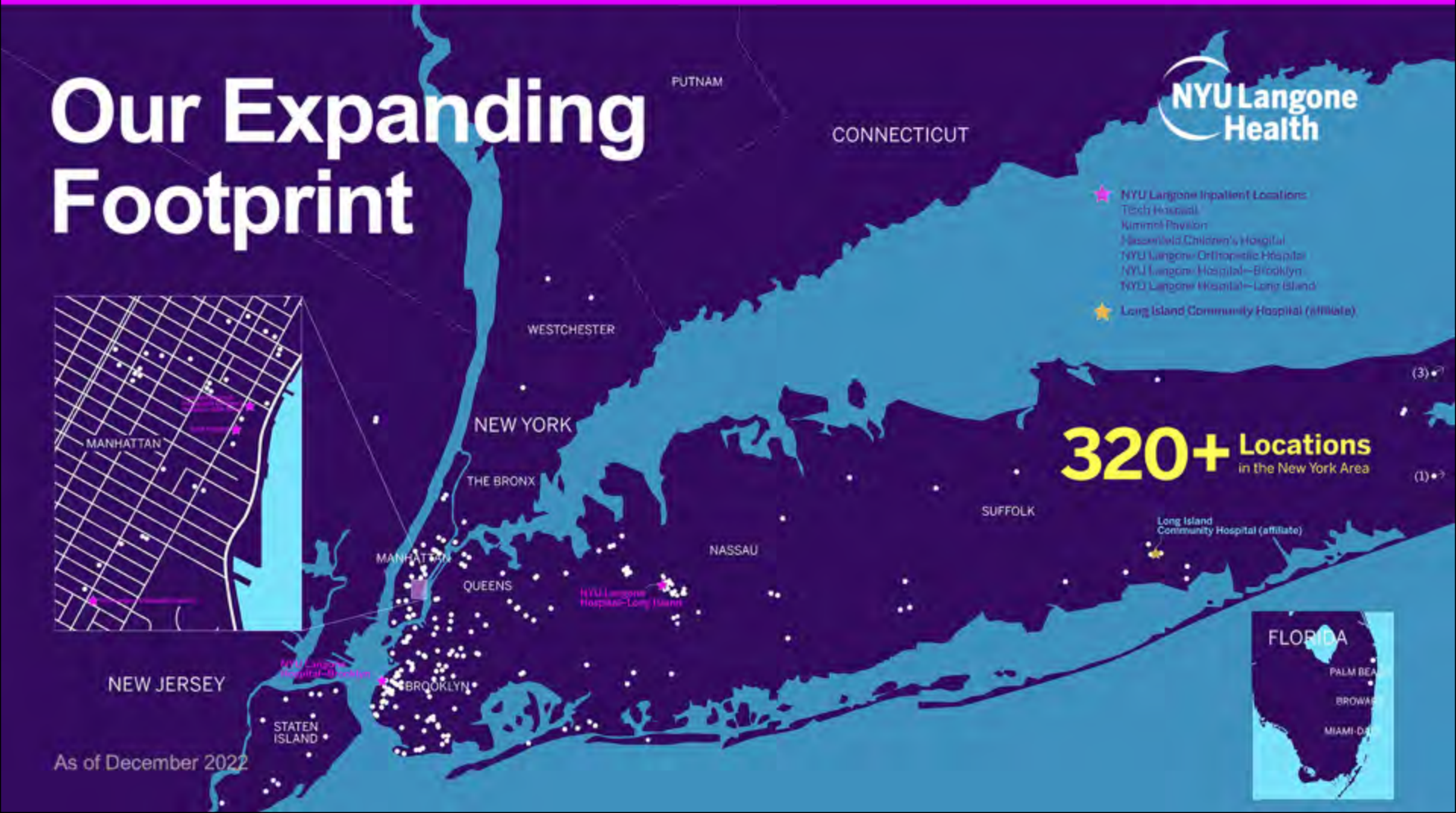
Our Expanding Footprint



As of December 2022

Facts and Figures

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Rankings & Honors

Five-Star Quality Rating
by the Centers for Medicare & Medicaid Services (CMS)

#1 Hospital in New York, #3 in the Nation, and Nationally Ranked in 14 Adult Specialties
by *U.S. News & World Report*

Vizient's Bernard A. Birnbaum, MD, Quality Leadership Award
Ranked #1 Out of 107 Participating Comprehensive Academic Medical Centers for Quality

Vizient's Ambulatory Care Quality and Accountability Award
Ranked #1 Out of 55 Networks for Demonstrating Excellence in Delivering High-Quality Outpatient Care

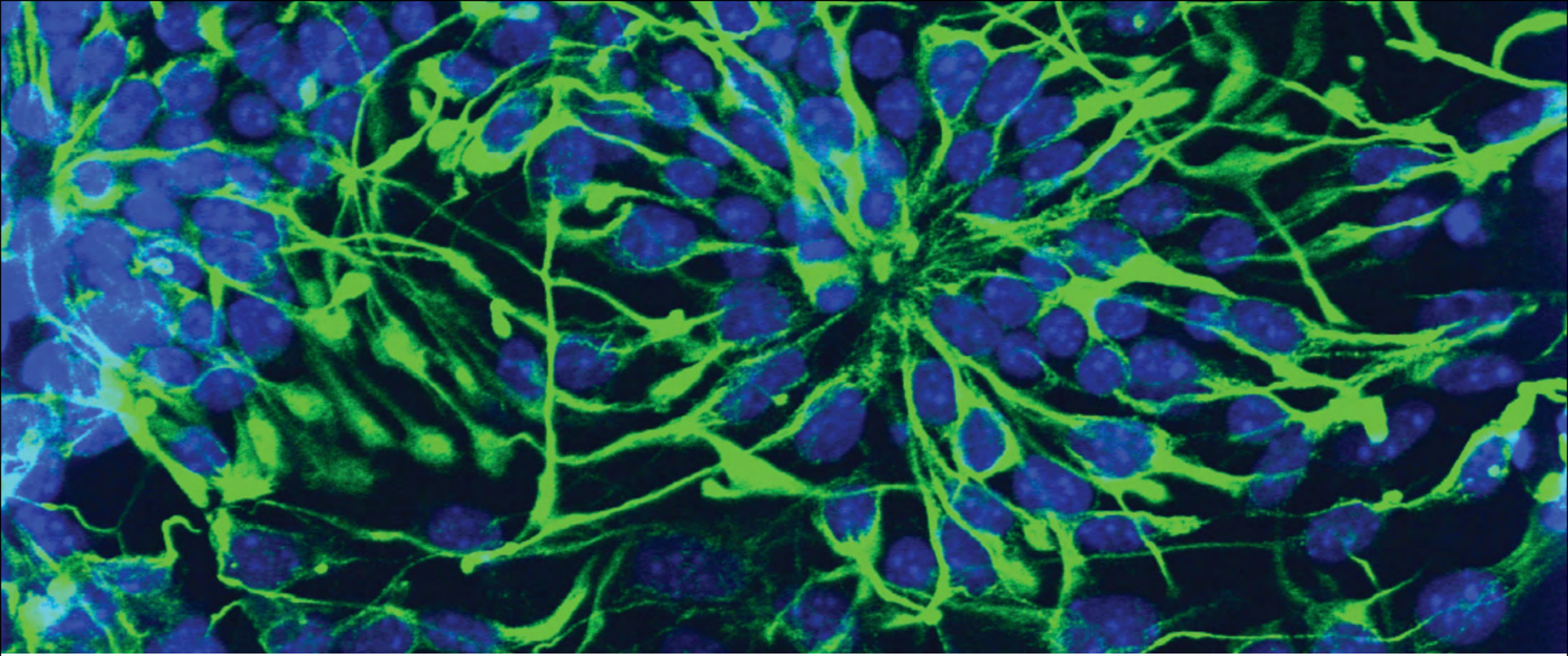
Magnet Designation
The Only Health System* in New York to Earn Magnet® Recognition Across All Its Hospitals

Grade A Leapfrog Hospital Safety Grade
Straight A's for Safety at Our Hospitals in Manhattan, Brooklyn, and Long Island

The Gold Seal of Approval®
by The Joint Commission
Reflects a Commitment to Continuous Improvement and Delivering Safe, High-Quality Care

As of November 2022

*Refers to multi-specialty and multi-site hospital organizations



Program Why

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Objectives

- To provide an understanding of delirium and why it is important to undertake delirium prevention programs in the acute care setting.
- How volunteers can be an important tool in preventing and the treatment of delirium in hospitalized patients.

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What is Delirium?

- Delirium is an acute neurological condition that affects the consciousness, attention, and cognition of the hospitalized patient.
- Elderly people with predisposing medical or surgical conditions are more susceptible to delirium. Delirium can range from 29% to 64% of patients in the acute care setting. (Cerejeira & Mukaetova-Ladinska, 2011)
- If left untreated or not recognized early, it can lead to long-term cognitive damage, prolonged hospital stay, and increased morbidity and mortality." (Collier, 2011)

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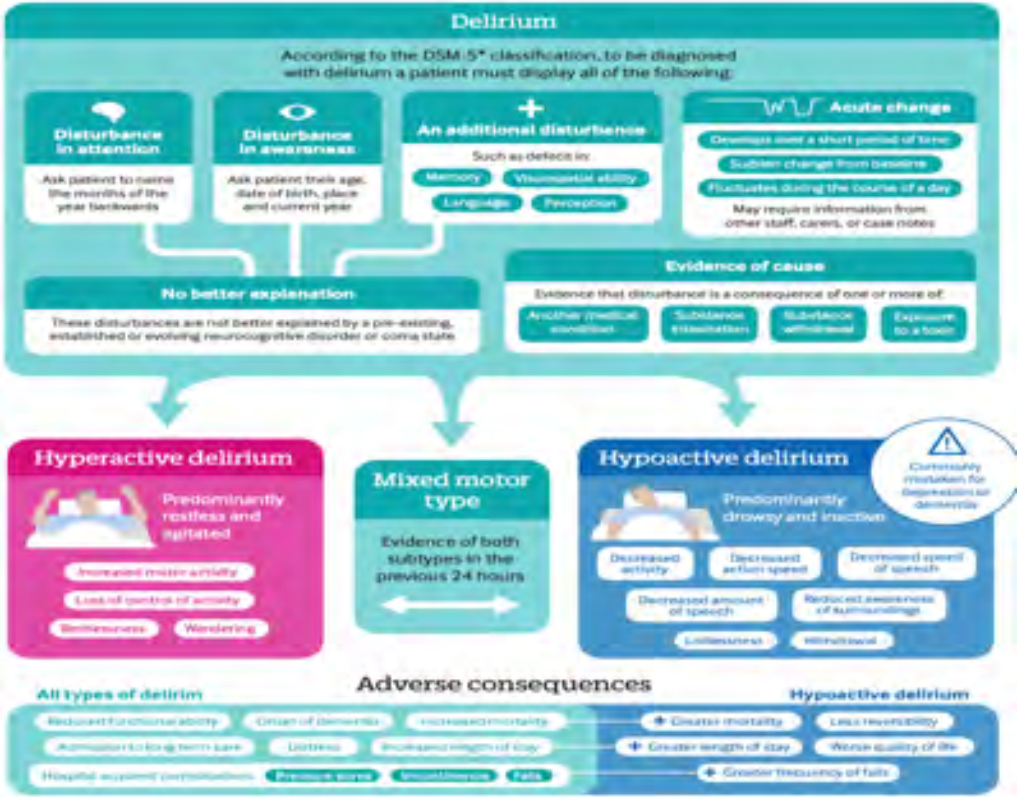
How is HAD diagnosed?



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Early Recognition Screening

Who is screened?

- Inpatients age 65 and older

Who performs the screening?

- Acute inpatient RN

When is the screening performed?

- On admission and every shift until positive

What tool is used to do the screening?

- UB CAM

What interventions are completed if screen is positive?

- Notify primary provider (launch Delirium order set)
- Implement Delirium Care plan interventions every shift
- Conduct Delirium education every shift

Who is screened?

- All patients

Who performs the screening?

- Critical Care inpatient RN

When is the screening performed?

- On admission and every shift until positive

What tool is used to do the screening?

- CAM-ICU

What interventions are completed if screen is positive?

- Notify primary provider (launch Delirium order set)
- Implement Delirium Care plan interventions every shift
- Conduct Delirium education every shift

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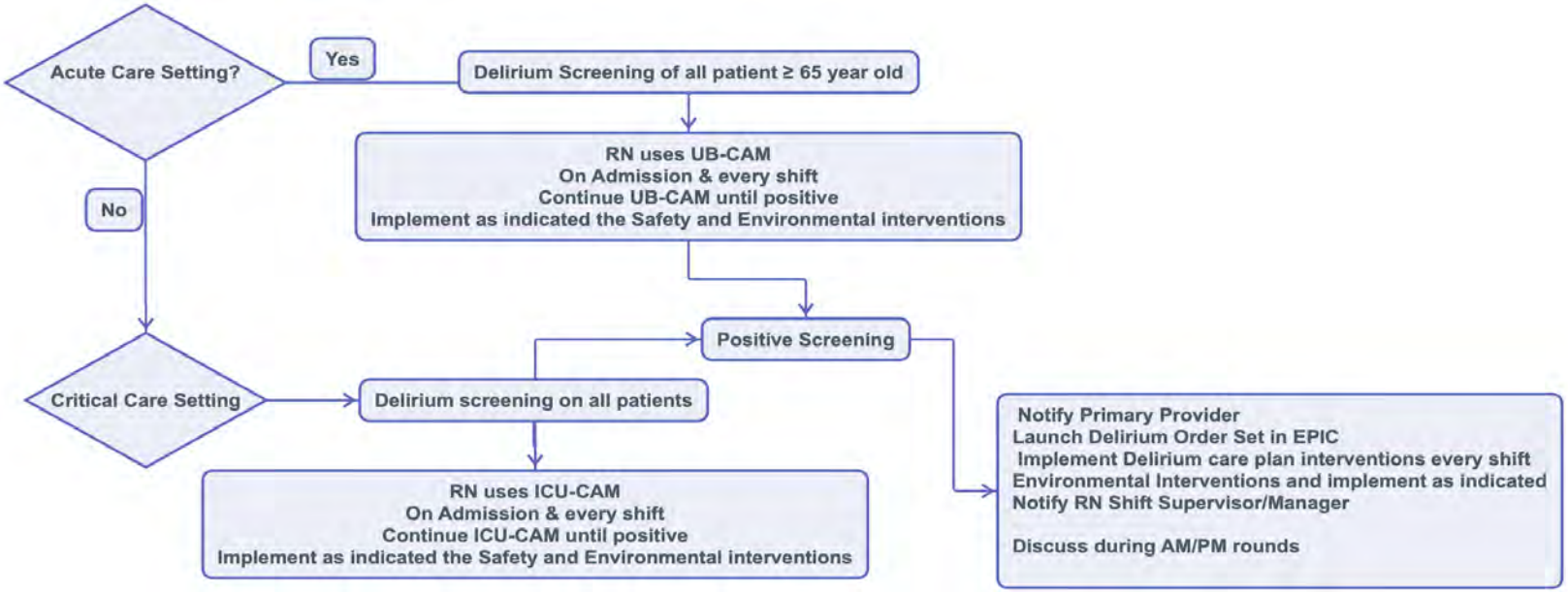
Delirium Screening Flowsheet



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The UB (Ultra Brief) CAM Asssement tool

The UB-CAM will be used as a screening tool that will pull in the CAM as appropriate.

If a patient scores positive, the nurses will inform the medical team to activate the delirium order set. The nurse will activate the delirium care plan and associated education.

Nurses will be administering the UB-CAM on acute patients ≥65 years old, **however** therapists should continue screening all patients as indicated above.

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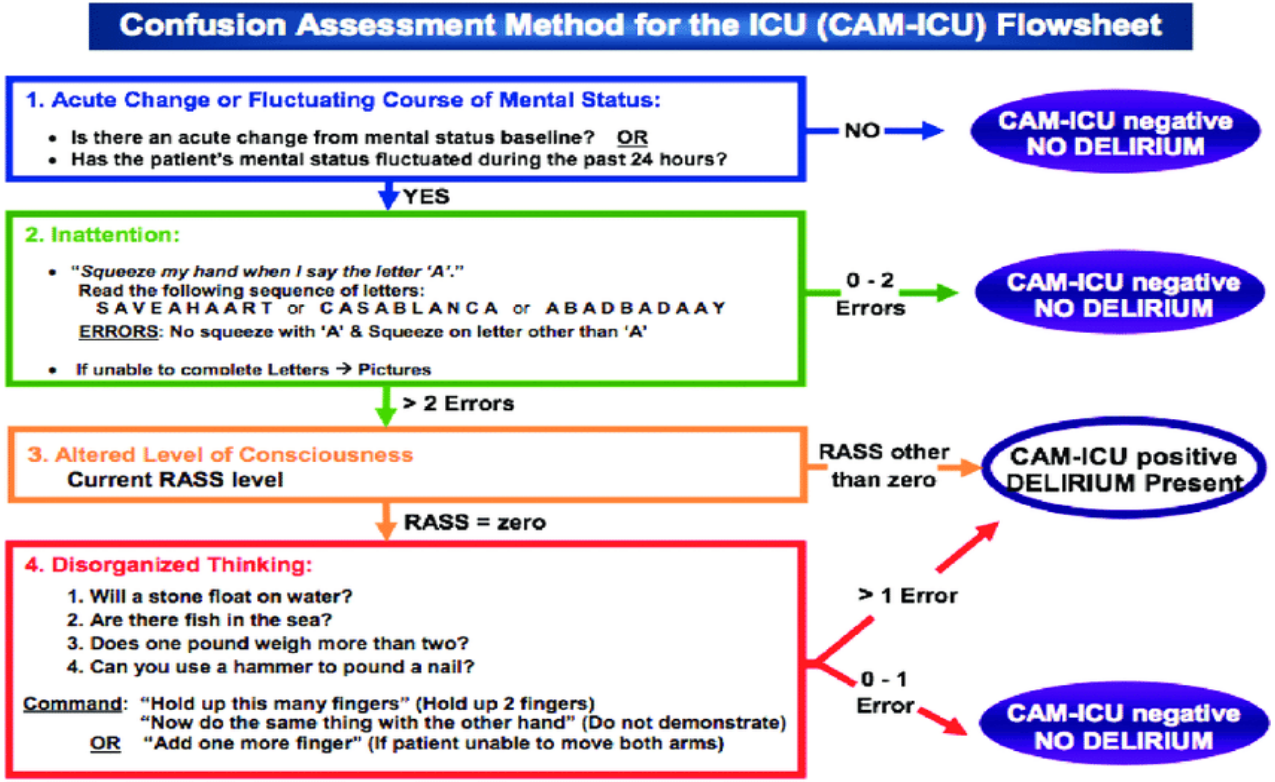
The CAM-ICU Assessment Tool.



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Treating Hospital Acquired Delirium

DELIRIUM MANAGMENT ALGORITHM

Assess

Intensive Care Unit (ICU) - **CAM-ICU**

Medical Surgical Unit/ED - **Ultra Brief CAM**

↓

NON-PHARMACOLOGIC (ACE) INTERVENTION

↓

DELIRIUM PERSISTS?

NO → NON-PHARMACOLOGIC (ACE) INTERVENTION

YES ↓

ACE INTERVENTION + CONSIDER PHARMACOLOGIC INTERVENTION

↓

- Avoid/Minimize Use of Benzodiazepines/Anticholinergics/Opiates
- Use Acetaminophen PO/IV for Pain if Feasible
- Use Melatonin for Sleep Phase Regulation
- Judicious Use of Low Dose Antipsychotics for Agitation/Psychosis*

ACTIVITY

EARLY AMBULATION

- ☐ PT/OT Consult
- ☐ Out-of-Bed to Chair
- ☐ Proactive Line Removal (Foley/NGT/Leads)

COGNITIVE STIMULATION

- ☐ **Basic:**
  - ☐ Introductory Script
    - *good (morning/evening/afternoon).*
    - *my name is (your name).*
    - *you are in (unit and hospital name) for treatment of (illness) and*
    - *today is (day and date).*
    - *I am here to (your visit purpose).*
- ☐ **Medium**
  - ☐ Mandala/Mindfulness Activities
- ☐ **Advanced**
  - ☐ Puzzles (Crossword/Sudoku)
  - ☐ Board/Card Games

COMFORT

SENSORY CORRECTION/COMMUNICATION

- ☐ Hearing Aid
- ☐ Glasses
- ☐ Interpreter Services/Communication Board to Overcome Language Barrier
- ☐ Temperature and Bedding Adjustment

FEEDING/ELIMINATION

- ☐ Nutrition Consult
- ☐ Ensure Dentures/Dental Comfort
- ☐ Reassess NPO/Dietary Restrictions Daily
- ☐ Assist with Feeding During Meal Times
- ☐ Record Food Intake
- ☐ Encourage Fluid Intake Unless Restricted
- ☐ Every 2 Hour Toileting (Except Quiet Hours)
- ☐ Bladder Scan if No Urine In 8-Hour Period

ENVIRONMENT

SLEEP HYGIENE

Daytime

- ☐ Exposure to Natural Daylight
- ☐ Avoid Caffeinated Drinks After 2PM

Nighttime

Quiet Hours (10PM - 6AM)

- ☐ Turn Off Lights and Media
- ☐ Use Eye Shades
- ☐ Minimize Noise
- ☐ No Non-Urgent Tests/Meds
- ☐ Night Time Vent Settings

FAMILIAR STIMULUS

- ☐ Clock, Updated White Board Every Shift
- ☐ Family Presence if Possible
- ☐ Family Photos
- ☐ Personal Items from Home
- ☐ Personalized Music

LOW DOSE ANTIPSYCHOTIC FOR AGITATION/PSYCHOSIS*

GENERIC NAME	USUAL DOSE RANGE (MG/DAY)	ROUTE	CAUTIONS TO BE OBSERVED		
			[illegible]	[illegible]	[illegible]
HALOPERIDOL	0.25 - 4	PO/IM/IV	+++	++ (more with IV use)	+
QUETIAPINE	12.5 - 100	PO	+/-	+++	+++
RISPERIDONE	0.25 - 2	PO/ODT	++	+	++

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Interventions for Delirium

Optimal Coping	• Validate feelings & patient response • Monitor for signs of anxiety/depression • Support family & caregivers		• Allow patients to express feelings & response to current situation
Minimize Safety Risk	• Active listening & nonverbal communication • Offer choices & alternatives • Evaluate environment & elopement risk		• Waving is an effective way to establish a therapeutic presence
Agitation Management	• Minimize stimulation & quiet environment • View each interaction as new encounter • Avoid/hide medical devices when possible		• Introduce yourself upon each encounter and reorient the patient as needed
Cognitive Function	• Promote early mobilization • Use of glasses & hearing aides • Encourage consistent routine		• Assist the patient OOB for meals & engaging diversionary activities
Improved Sleep	• Minimize sleep disruption overnight • Limit daytime napping & optimize activity • Provide natural light in day time		• Strategize for uninterrupted sleep by avoiding overnight medication administration

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Treatment Goals

With a treatment goal of reducing the length of stay, morbidity, and mortality in HAD.

- Delirium can be treated with a combination of **pharmacological** interventions and **nonpharmacological** interventions (Family, PT, OT, Nutrition, Volunteers)

In a recent systematic review and meta-analysis of the literature related to pharmacological interventions to treat delirium.

- It was found that Current evidence does not support the use of antipsychotics for the prevention or treatment of delirium. (Cerejeira & Mukaetova-Ladinska, 2011)

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Rehabilitation Service Intervention with Delirium

Occupational and Physical Therapy are taking more of an initiative in treating patients who suffer from new problems with delirium.

What initiatives are taking place at this time?

- Providers have been educated to place an Occupational Therapy consult to evaluate the need for cognitive intervention to improve independence with activities of daily living.
- Occupational Therapists are conducting the Ultra Brief CAM (Confusion assessment method) or CAM ICU for any patient over the age of 65 years old during initial evaluation to see if Delirium is present and intervention is indicated.
- Occupational Therapy documentation reports these findings, and a plan of care is established addressing cognition and the impact of activity of daily living independence. Goals are created as appropriate addressing these needs.
- Rehabilitation Services management communicates with the Director of Volunteer Services to identify patients who may benefit from a visit with a Delirium Prevention volunteer.

Why Are Volunteers an Important Tool in the Prevention and Treatment of HAD?

Assist	Assist	Assist	Provide
Assist in educating staff and other volunteers about delirium and how to recognize it.	Assist in reducing the need for medications to treat their hyperactive delirium which can have side effect or cause further altered mental status changes.	Assist in training other volunteers in nonpharmacological interventions.	Provide support to caregivers and family members who are dealing with the effects of delirium.

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Why Volunteers

Non-pharmacological interventions for delirium have shown to be more effective in treating delirium than pharmacological interventions.

- Volunteers can play an important role in preventing and the treatment of delirium.
- Volunteers can help keep patients oriented to their environment, provide companionship, and help with activities of daily living. Volunteers can also provide comfort measures such as reading, music and coloring.

Program Design

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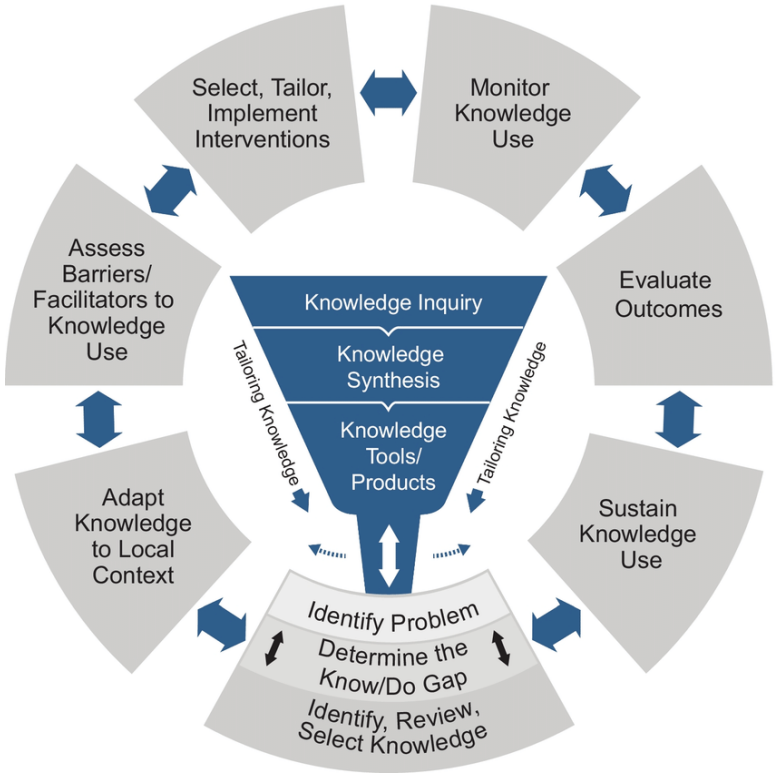
- Literature Review
- Translational Science Model: Knowledge to Action



(Graham et al., 2006)

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Purpose

To provide emotional support and practical assistance to vulnerable patients with dementia and delirium or those patients with identified risk factors for delirium and reduce their risk of adverse outcomes.

Volunteers provide individualized social interaction and attention—engaging patients in a more personal way than might otherwise be possible.

Engaging in interpersonal communication; activities appropriate for patients' cognitive and physical needs and abilities to promoting cognitive stimulation.

Objectives

To provide companionship, therapeutic activities and conversation to socially and mentally stimulate appropriate patients.

To spend quality time visiting with patients and visitors to promote excellent service delivery.

To provide non-medical or non-pharmacologic interventions in an effort to identify, manage, and reduce delirium in patients at risk; and to help with managing active delirium cases.

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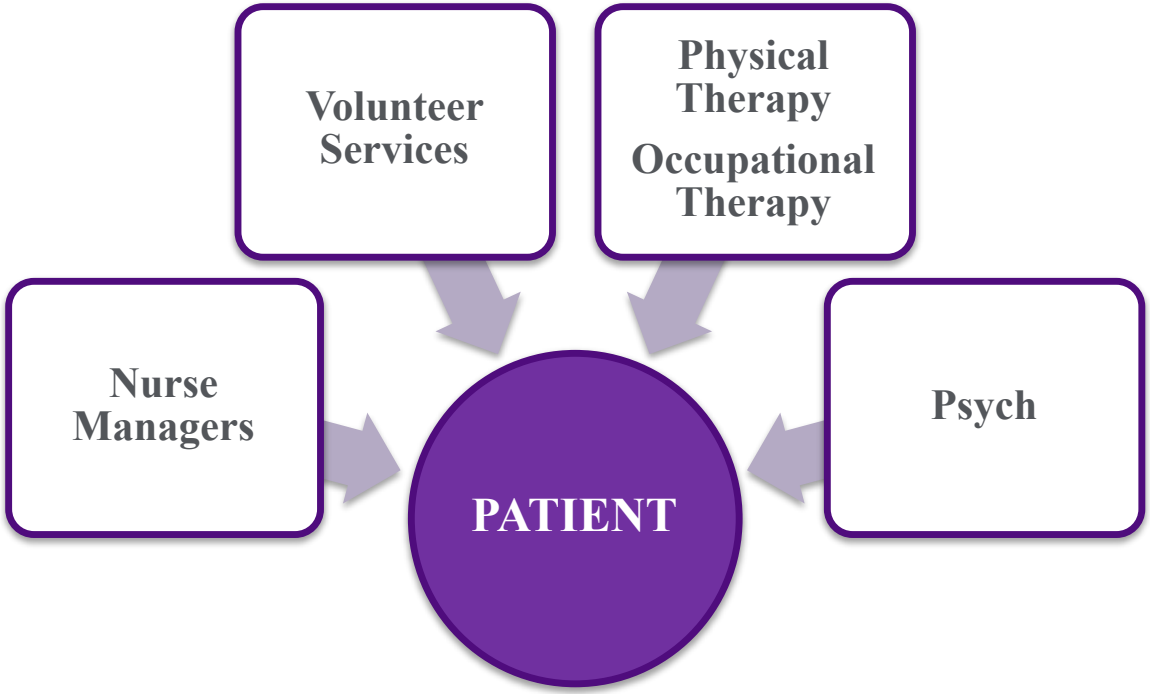
Interdisciplinary Partnership



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Training

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Service Description

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Volunteer Service Description

Position: Delirium Program	**Department: Volunteer Services**
Location: Hospital Wide	**Supervisor: E. jean Zebroski**

Position Overview

The Delirium Program is a volunteer-based support program that works with older identified patients who are at an increased risk of developing delirium or at risk of functional decline during their hospital stay. Volunteers provide empathetic support, companionship, and information for older patients and families coping with acute illness and hospitalization

Department Functions

Develops volunteer programs and and onboards volunteers as required. Performs all human resources functions for the volunteers.

Qualifications/Skills Required

- Demonstrate good judgement skills
- Be able to work independently but request help when required
- Work with high degree of accuracy
- Possess interpersonal skills to interact appropriately with a variety of people
- Be able to work alone and in a team environment
- Possess good time management skills
- Use appropriate telephone manners

Tasks Performed

- Review patient 1:1 Safety Watch Lists at the beginning of each shift check-in with the Charge/Primary Nurse for individual visits and for any important patient updates (change in status, isolation, etc.).

Physical/Emotional Demands

- May on occasion be faced with the challenge of dealing with an upset or distressed patient/family/visitor. Escalate a situation. Seek support and assistance from staff

Hours/Time Commitment

- Monday – Sunday 9:00am-7:00pm
- Volunteer Shifts: Schedule to be coordinated with supervisor
- Year Round Commitment: minimum of 9 Months for one-four hours shift. Summer-Commitment: 3 Months

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Expectation of Volunteers

- Respect guidelines and duties for role of volunteers; do not infringe on role of staff or become involved in duties for which you have not received training.
  - Volunteers are the "friendly face" of NYU Langone Hospital—Long Island . Therefore, please remember that it is not your role to enforce policies – this could put you in a compromising situation –please defer to staff.
- Confidentiality of patient information must be always maintained.
- Seek assistance from hospital staff if patients have questions.

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Volunteer Services Orientation

- General Hospital Overview
- Fire Safety
- Compliance / HIPAA
- Infection Prevention
- Patient Experience
- Workplace Harassment

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Typical Volunteer Visit

Easy Tasks for cognitive stimulation

- Name three objects in the room
- What did you eat for breakfast (if morning)
- Can you count backwards from 10 for me?

Ground Patients in the Present

- Begin with asking what year, season, then day of week, date
- Ask if they know where they are
- Ask for current president

Moderate Tasks for Cognitive Stimulation

- Name objects/ animals on flash cards
- Coloring mandalas
- Celebrity recognition activity
- Word Search

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Unit Level "Buy-In"

- 3 Main is a 26-bed Medical Surgical/Telemetry unit
- Of the 26 beds, there are two rooms allotted as the safety watch rooms, each room consists of 4 beds
- Due to their heightened state of confusion or delirium, these 8 particular patients are provided additional support and oversight in these rooms
- This unit was selected to pilot the program due to its high number of confused or delirious patients
- Once the purpose of the volunteer program was explained to staff in detail, getting "buy-in" was not difficult
- Staff huddles and interdisciplinary rounds were the key means of building awareness of the program
- Staff appreciate having the volunteers to help keep these individuals occupied for a period of time, as well as having the Sunflower tool completed with information that can be used as a point of reference for the bedside nursing staff and medical providers
- The staff took pride in being the pilot unit for this initiative

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Doorway Signage

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Sunflower Tool

Sunflower Champion

Staff RN dedicated to the maintenance of the delirium volunteer program on the unit level

- Ensures Sunflower doorway icons are posted outside of the rooms of patients identified as having delirium or confusion
- Maintains the delirium volunteer binder stored at the nurse's station
- Helps keep the message going about the delirium volunteer program, its purpose, and benefits to both the patients and staff
- Acts as a point person for the volunteers when they arrive at the unit

Sunflowers are known as "happy" flowers- the perfect gift to bring joy to someone's day

3 Main's

Sunflower Champion

Sakina

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Resources

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Metrics

Delirium Program						
Volunteer (print name)	Date	Units Visited	# of Patients Visited	# of Patient Interacted with	Comments	Follow up Needed

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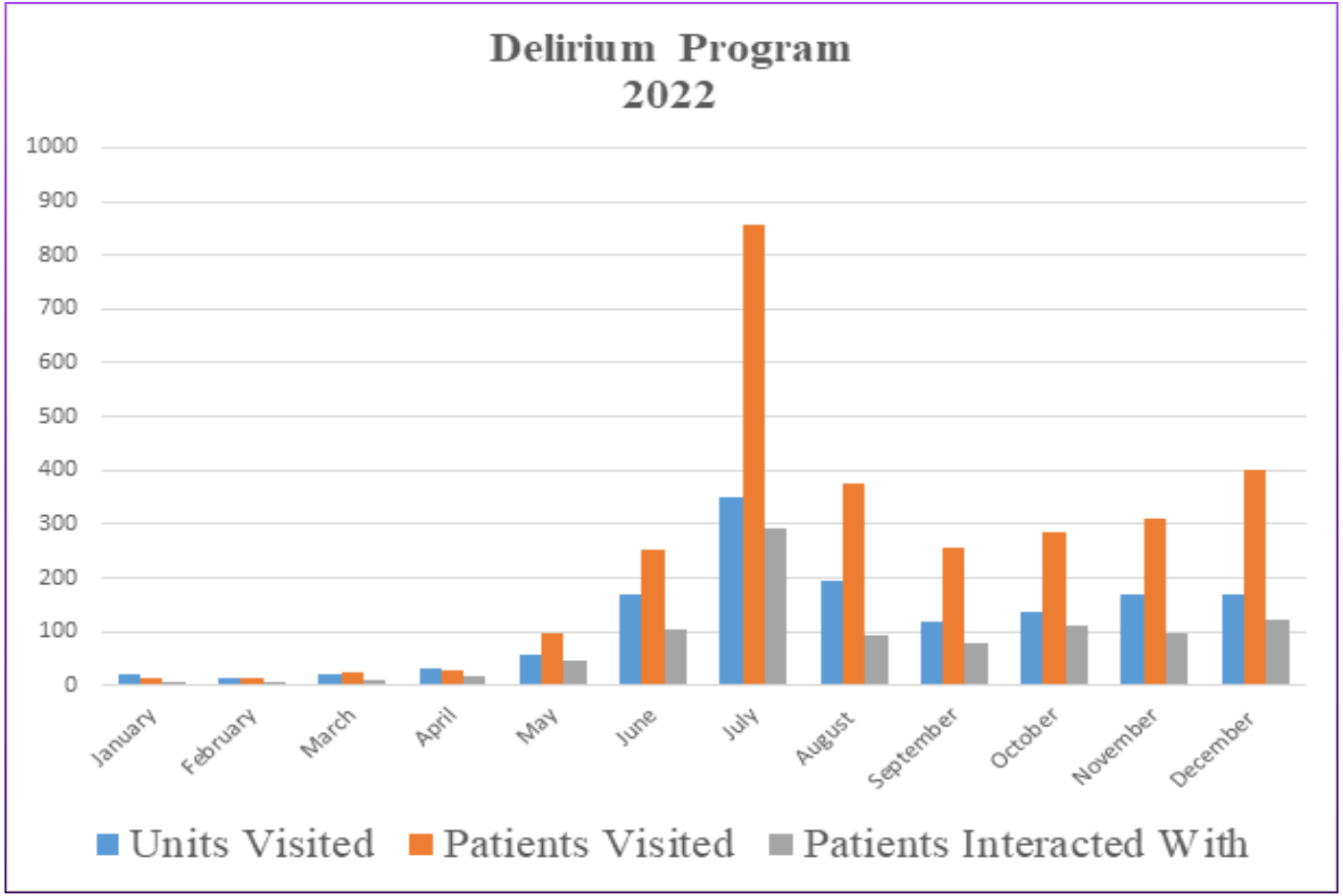

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FEEDBACK

VOLUNTEERS

- Interaction with patients help them feel like they are making a difference.

PATIENTS & FAMILY

- Extra attention provides peace-of-mind.
- Volunteers provide distraction for patients.
- The patient's mother of wanted to thank the Volunteers for coming to her son, talking with him, and listening.

STAFF

- Volunteers help to improve communication with patients.
- Would like consistent Volunteer visits.

- Communication continues to be an essential component for the success of this program thus far
- Communication helps provide consistency and ongoing education for both the unit staff and program volunteers
- Keeping track of patients if they move out of the safety watch rooms, making sure the sunflower doorway icon travels with them

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Next Steps

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Thank You Team!

We would like to sincerely thank:

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