

Corporate Delirium Steering Committee at Queensway Carleton Hospital

- **Organization:** Queensway Carleton Hospital
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Overview

The Queensway Carleton Hospital (QCH) launched a Corporate Delirium Steering Committee to oversee and guide its delirium-related quality improvement efforts. This advisory group was tasked with aligning initiatives to QCH's strategic goals, ensuring timely and budget-conscious delivery, and resolving complex issues around delirium prevention and management. Using structured problem-solving and evidence-based practices, the committee aimed to reduce hospital-acquired delirium and enhance both patient and staff experiences. The initiative focused on improving patient safety, staff experience, and overall quality of care. Key indicators included the rate of delirium onset during hospitalization, compliance with Confusion Assessment Method (CAM) documentation, staff training rates, and patient/family satisfaction with delirium education.

Key Elements of Initiative

Change Ideas Tested or Implemented

- Developed and implemented a corporate delirium policy with standardized protocols integrated into the EMR.
- Delivered staff education on delirium prevention, early recognition, and evidence-based management.
- Conducted quarterly chart audits to monitor CAM screening and documentation compliance.
- Created educational resources for patients and families to raise awareness of delirium risks and prevention.
- Launched a dedicated SharePoint resource page for tools, protocols, and reference materials.

Teams Involved

- Multidisciplinary team including Geriatrics, Surgery, Clinical Leadership, Pharmacy, Allied Health, Nursing, Physicians, Patient and Family Advisory Committee members, Administrative and IT staff.

Target Population

- Older adult surgical patients at high risk of delirium and the staff caring for them.

Objective of Change Ideas

- Enhance staff knowledge, confidence, and skills in delirium management.
- Ensure consistent screening and documentation.
- Empower patients and families to participate in prevention and early intervention.

Measurement Progress

- Staff training completion rates.
- SharePoint page visits and downloads.
- CAM documentation compliance via chart audits.
- Baseline and follow-up delirium rates in targeted units.
- Qualitative feedback from staff and families.

Implementation Experience: Successes & Challenges

Results/Early Wins

- Increased recognition of hospital-acquired delirium.
- CAM-positive identification rose from 11.8% to 65.22%.
- Staff reported improved awareness and confidence in recognizing delirium.

Enabling Factors:

- Strong executive sponsorship and prioritization of delirium.
- Engaged frontline staff and clinical leaders advocating for change.
- Inclusive education for all staff, starting at corporate orientation.

- EMR integration of protocols to streamline workflows.
- Dedicated resources for education and materials.
- Patient and Family Advisor involvement for patient-centred planning.

Challenges:

- Competing priorities and workload pressures delayed progress.

Advice for Other Teams

- Engage stakeholders early and build a multidisciplinary team.
- Integrate changes into existing systems and workflows.
- Use data to demonstrate impact and celebrate early wins.
- Include patient and family voices in planning.
- Recognize that culture change requires time and ongoing reinforcement.

Future Steps & Sustainability

Next Steps

- Expand initiative to Day Surgery Unit, PACU, and inpatient Medicine units.
- Focus on high-risk diagnoses for delirium.
- Increase family and care partner education.
- Review medication prescribing practices.
- Prepare for Epic EMR implementation in Fall 2026 and assess workflow impacts.

Sustainability Measures:

- Embedded delirium protocols in corporate policy and EMR.
- Ongoing training integrated into Geriatrics and Nursing education plans.
- Routine chart audits with results shared in unit huddles and leadership meetings.

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