Delirium Risk Identification and Prevention Across Sunnybrook Showcase Units

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Overview

Sunnybrook Health Sciences Centre launched a quality improvement initiative across four acute medicine and transitional care showcase units to strengthen delirium prevention for older adults. The project combines standardized risk identification, early screening, individualized prevention bundles, Healthy Stay Volunteer visits and preoperative education. Beginning in December 2026, two units will also pilot the GEMINI-developed artificial intelligence model to identify patients at highest risk and target prevention efforts. The initiative addresses safety, access and flow, patient and caregiver experience, and provider experience, with the primary outcome focused on reducing hospital-acquired delirium among patients aged 65 and older.

Key Elements of Initiative

Change Ideas Tested or Implemented

Standardized risk-flagging checklist and rounding question; tailored CHASM prevention bundles; Healthy Stay Volunteer support; Behavioural Support Specialist consultation; 4AT screening pilot; preoperative delirium education; and planned GEMINI AI risk prediction.

Objective of Change Ideas

Identify risk earlier, improve documentation consistency, deliver timely prevention measures, and reduce delirium incidence, severity and related complications.

Team Members Involved

Unit leaders; nursing, allied health and geriatrics staff; the Senior Friendly Team; a patient partner; Healthy Stay Volunteers; the GEMINI AI development team; the Regional Geriatric Team; and Quality and Patient Safety.

Target Population

- Adults aged 65 years and older, with a particular focus on patients identified as being at increased risk for delirium.

Measurement Progress

Percentage of at-risk patients with documented prevention bundles; percentage of eligible patients enrolled in Healthy Stay; percentage of surgical patients receiving education; completion of the 4AT pilot and presentation of findings; and the percentage of patients over 65 who develop delirium during hospitalization.

Implementation Experience: Successes & Challenges

Results/Early Wins

- Early use of the risk checklist improved consistency across units. Staff reported clearer workflows and greater confidence identifying delirium risk. Healthy Stay enrollment increased quickly on pilot units, families provided positive feedback, and participating patients responded well to preoperative education.

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Enablers of Success

- Strong leadership and accountability; engaged clinical teams willing to test new processes; access to CHASM resources and volunteers; and anticipation of the GEMINI AI launch, which encouraged early workflow alignment.

Challenges and Solutions

- Documentation variation was addressed with standardized templates and quick-reference guides. Workload concerns were reduced through a streamlined rounding question and simplified checklist. Limited familiarity with the delirium screening and algorithms were addressed through targeted education and microlearning. Volunteer availability was managed through scheduling redesign and cross-unit coordination.
- **Advice for Other Teams:** Begin with simple standardized tools before adding advanced digital solutions; engage interprofessional staff early in workflow co-design; use small Plan-Do-Study-Act cycles; and build partnerships with volunteer programs and patient education teams.

Future Steps & Sustainability

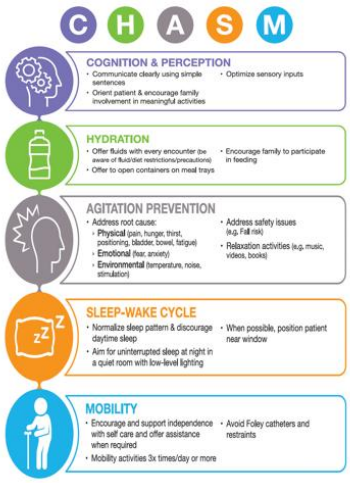
Next Steps and Embedding into Practice

- Launch and evaluate the GEMINI AI model on two pilot units; spread standardized delirium workflows to additional inpatient units; incorporate risk flagging and screening into Health Information System design; and expand Healthy Stay capacity through volunteer recruitment.
- **Embedding into Practice:** Risk flagging is incorporated into admission workflows, while prevention bundles are built into daily rounds and documentation templates. Protocols prioritize patients for Behavioural Support Specialist and Healthy Stay Volunteer involvement, supported by orientation, annual refreshers and ongoing microlearning.

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The Data



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