RESIDENT QI PROJECT 2018-2019

Post-operative delirium (POD) is a complication that can occur in patients of any age and is associated with increased mortality, hospital length of stay, cognitive decline, and discharge to skilled nursing facilities.

Patients at risk for POD can be predicted by the AWOL-S score, which is calculated from

A: age
W: inability to spell WORLD backward
O: not being oriented to city, state, county, hospital
L: severity of illness (ASA class)
S: surgery-specific risk

The goal of this project is to identify patients with an AWOL-S predicted risk of delirium $\geq 5\%$ and then order a set of non-pharmacologic PACU nursing care orders for those found to be at high risk.

The specific steps that we're asking providers to follow are:

1) Look up the patient's AWOL-S peri-operative delirium risk, which can be found in the Anesthesia Caution tab, or in the Comprehensive flowsheet (under Neuro/Pain/Seda.)

Where do I look in APeX?

Option 1: Anesthesia Caution in patient banner
Where do I look in APeX?

**Option 2: Summary→**Comprehensive Flowsheet (Neuro/Pain/Sed.)

2) For patients at *HIGH* risk, the provider should order the *Delirium Prevention Interventions (for Adults)* sub-orderset in the standard PACU orders.

**How do I order this?**

THAT’S ALL YOU HAVE TO DO for the QI project, but we are also suggesting anesthesia providers try to adopt other recommended best practices for preventing peri-operative delirium, including avoiding...
deliriogenic medications (e.g., anticholinergics, benzodiazepines), discussing delirium risk at time-out, and signing out delirium risk to PACU nurses and the surgical team.

At baseline, the department was successfully placing these orders for only ~12% of high-risk patients. Our goal is to increase compliance to 50% of all annual, cumulative cases for the 2018-2019 academic year. (This is all residents, CRNAs, and faculty cases.)