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Learning Session #3:

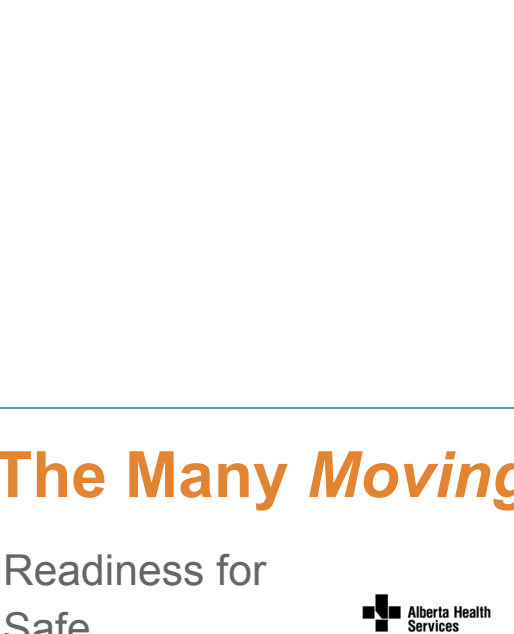
Nov 29th in Calgary, AB

Learning opportunities at LS#3 will include:

- Readiness for Safe Mobilization Tool: An Introduction
- Networking and Poster Presentations: Sharing Learning
- Tips for Effective Teamwork and Quality Improvement

Who attends the Learning Sessions?

May 2017 snapshot:



October is National Occupational Therapy Month!

Did you know?

That OTs play a major role in helping people recover from illness and injury?

That OTs empower and enable people of all ages to push through limitations in their daily lives – physically, emotionally, cognitively and spiritually – so they can do more and live better?

Occupational therapy can help individuals to engage in meaningful occupations such as self-care, leisure, mobility, community living skills, employment or school.

The Many Moving Parts

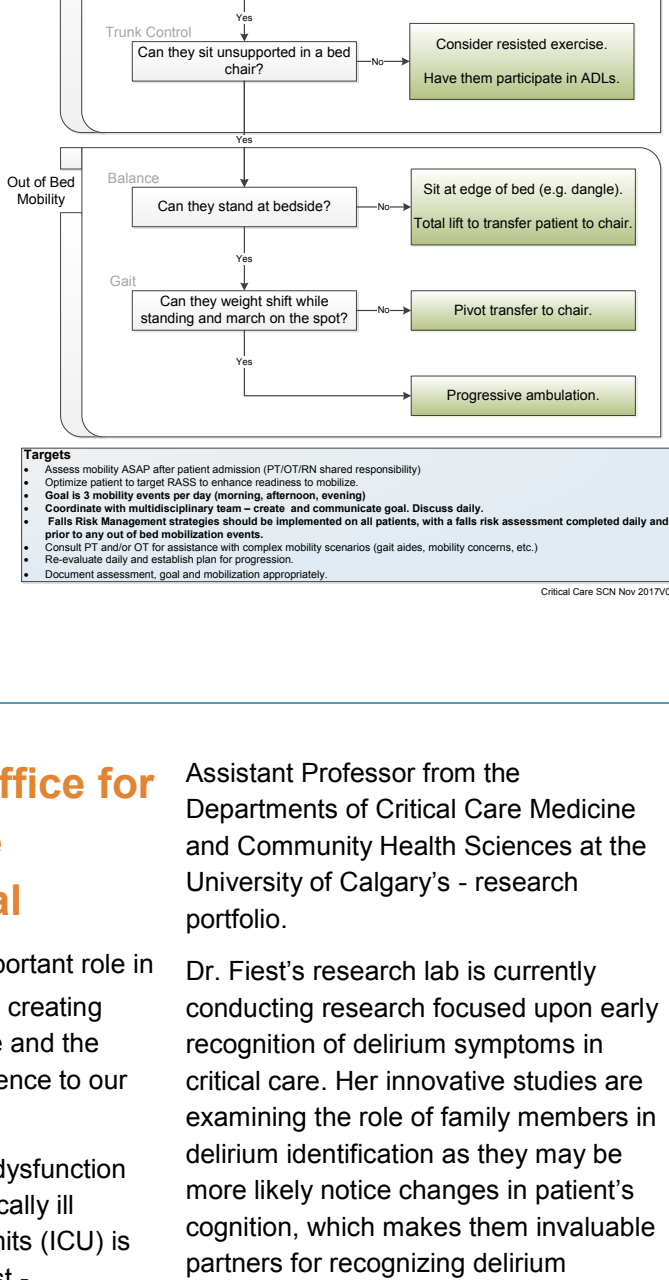
Readiness for Safe Mobilization Assessment tool

Goal: Aim to standardize the steps to assessing your patient for early mobility

Lead: Provincial Mobility Working Group

This newly developed tool was developed out of a need for a standardized way to assess our ICU patients for mobility.

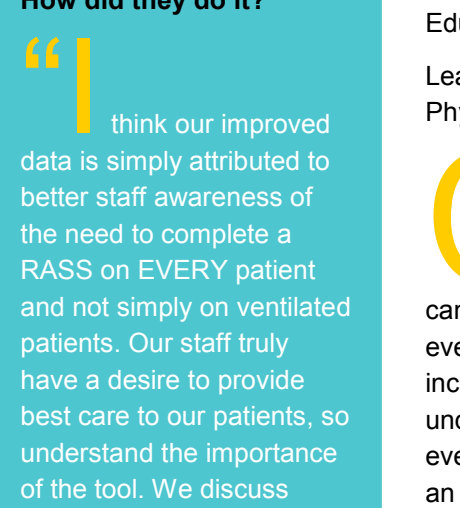
Currently undergoing trials at several Alberta ICUs, the tool will be evaluated and will eventually inform the changes to the adult mobility documentation in MetaVision.



The Scientific Office for the Critical Care Strategic Clinical Network

plays an important role in generating new knowledge, creating capacity for new knowledge and the translation of scientific evidence to our critical care community.

Delirium - an acute organ dysfunction affecting nearly 50% of critically ill patients in intensive care units (ICU) is the focus of Dr. Kirsten Fiest -



Assistant Professor from the Departments of Critical Care Medicine and Community Health Sciences at the University of Calgary's - research portfolio.

Dr. Fiest's research lab is currently conducting research focused upon early recognition of delirium symptoms in critical care. Her innovative studies are examining the role of family members in delirium identification as they may be more likely notice changes in patient's cognition, which makes them invaluable partners for recognizing delirium symptoms.

Unit Success Stories

Lethbridge ICU (Chinook Health) RASS Assessment and Documentation

Goal: Improve RASS screening compliance
Strategy: Staff Education

RASS screening compliance is up from 12% (Sept-Nov, 2016) to 73% in July 2017.

How did they do it?

"I think our improved data is simply attributed to better staff awareness of the need to complete a RASS on EVERY patient and not simply on ventilated patients. Our staff truly have a desire to provide best care to our patients, so understand the importance of the tool. We discuss RASS daily, thereby highlighted the importance of maintaining target scores. Also MetaVision makes the entry of a RASS score straightforward."

Kathy Sassa
Clinical Educator

Foothills Hospital ICU (Calgary) Early Mobilization

Goal: Promote progression of mobility
Strategy: Staff Education In-service

Lead: Dr. Chris Grant, Physiatrist

Critical illness can be a life altering event. There is an increasing understanding that events that occur within an ICU can have profound and long-lasting impacts. Delirium is a good case-in-point.

Delirium is a short-lived, transient, disruption in attention and cognition, but new research is showing that it is associated with profound, medium-term outcomes ranging from increased in-hospital mortality to more modest but still important effects such as anxiety when a person returns home.

In his talk to FMC ICU Dr. Grant makes the case for a renewed focus on whole-person care for the critically ill patients in our units. The ICU Liberation's ABCDEF bundle, and early progressive mobility in particular, are some modest steps that we can take to help our patients recover.

Who attended: Target was FMC ICU RNs & staff. Dr. Grant's talk was repeated 8 times on afternoons in June &

Misericordia ICU (Edmonton) Delirium Communication

Goal: Share knowledge and success
Strategy: Utilize hospital communication to "get the word out"

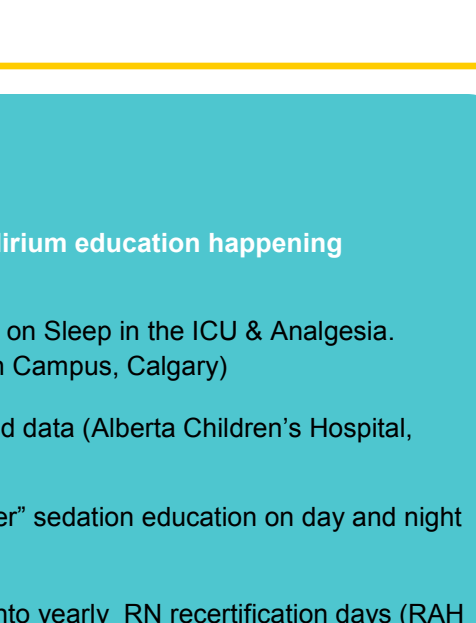
Lead: Patricia O'Toole, Patient Care Manager

"It affects everyone that comes into the ICU," says Trish. "We used to think [delirium] was limited to just our older patients, but that's not true. It's all patients."

Ask the ICU team at the Misericordia, and they will tell you their journey with ICU delirium. Their unit participated in the Canadian National PAD Collaborative in 2009 and have been noticing the changes.

"We're putting in measures to intervene as much as we can," says Trish. "Reducing light and noise are simple ways to help patients sleep better. We're also asked manufacturers to introduce a night mode to our monitors so they automatically quiet at 22:00h. We still hear the alarms but it's less disruptive to patients".

The staff have also found sharing the patient story plays an important role in recognizing delirium as having long-term effects on patient quality of life.



Did you know?

There's a whole lot of pain/agitation/delirium education happening provincially!

Monthly Academic Lunch Rounds focusing on Sleep in the ICU & Analgesia. Hosted by Dr. Juan Posadas (South Health Campus, Calgary)

Quality Boards: posting regular updates and data (Alberta Children's Hospital, Calgary)

Delirium Champions delivering "peer to peer" sedation education on day and night shifts (UAH GSCICU, Edmonton)

Incorporating Delirium ABCDEF teaching into yearly RN recertification days (RAH ICU, Edmonton)

Drop-in PAD afternoon Socials (Stollery Hospital, Edmonton) including Child Life specialists and family advisors sharing stories about delirium

Provincial critical Care education (OPACCA) is being re-vamped to include teaching about pain, agitation, and delirium

Ask a Physiotherapist

Dear William,

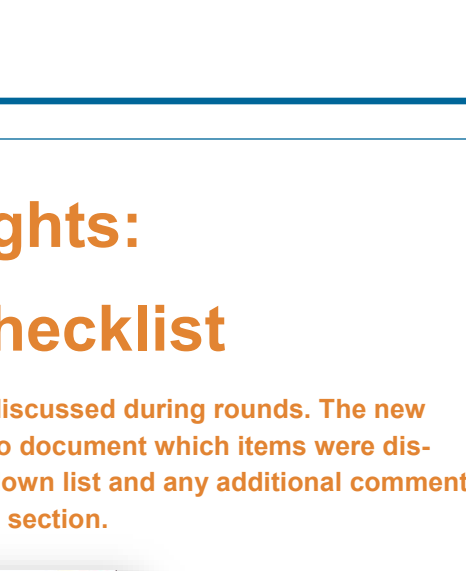
I am already busy doing patient care. How do I fit mobility into my busy ICU day?

"Try to incorporate mobility into the things you do during your regular patient care – making mobility *meaningful and purposeful*," states William Tung, Physiotherapy Practice Lead at the Royal Alexandra Hospital in Edmonton.

"There is no recipe... a [mobility] guideline can challenge your patient. If I cannot do it now, what else can I do on the next shift or tomorrow? There is no failure – there is a learning opportunity" William states.

Try having a goal of having your patient up in a chair for arm rounds.

Promote a daily routine of getting up at lunch time. A *movement break* stimulates motor memory, and familiar actions can help with cognition stimulation.



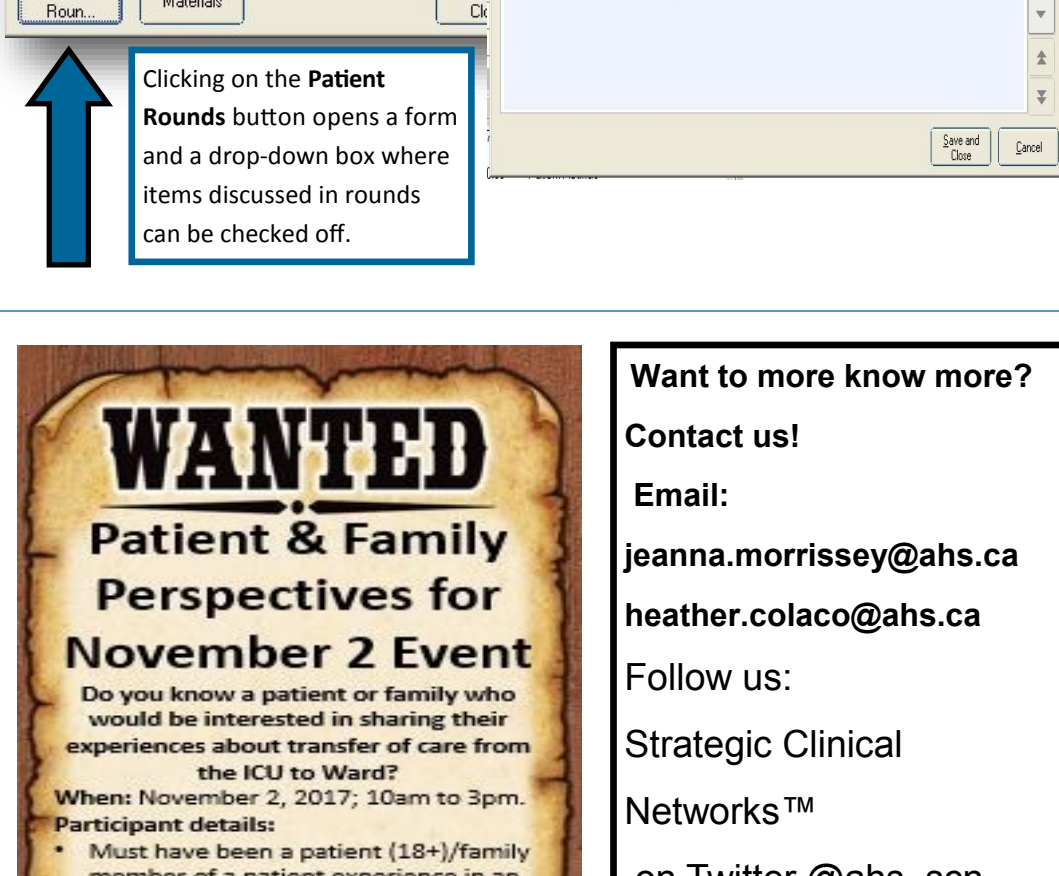
Nighttime routine could involve performing evening care while sitting at the side of the bed.

If your patient can't get out of bed mobility, what kinds of things can you do to promote functional strength?

- Resistance bands to promote arm strength and ROM
- Allow your patient to assist with repositioning in bed
- Routine patient care (brushing hair, teeth, washing)
- While in a chair, crosswords, a newspaper, or interaction with family can be a helpful to mimic normal daily activity at home.

MetaVision Highlights: Patient Rounds Checklist

Units are improving how we chart what is discussed during rounds. The new "Patient Rounds" checklist allows the RN to document which items were discussed. Just "tick" the item from the dropdown list and any additional comments can be added with free text in the comment section.



WANTED

Patient & Family Perspectives for November 2 Event

Do you know a patient or family who would be interested in sharing their experiences about transfer of care from the ICU to Ward?

When: November 2, 2017, 10am to 3pm.

Participant details:

- Must have been a patient (18+)/family member of a patient experience in an Alberta adult Intensive Care Unit.
- Travel to Calgary & Parking will be covered
- All participants will be offered lunch and coffee.

Please contact Danielle Demiantschuk by October 26 2017
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Want to more know more?

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