Post-Operative Delirium Prevention Presentation in South Korea

Dr. Sheda Heidarian Invited to Share Eisenhower Findings

By: Pat Whiteman

Dr. Heidarian

In July, Eisenhower Medical Center Primary Care Physician Sheda Heidarian, MD, Board Certified in Internal Medicine and Geriatrics, presented at the 20th International Association of Gerontology and Geriatrics World Congress of Gerontology and Geriatrics in Seoul, South Korea. Held every four years, the meeting attracts leading geriatrics scholars, gerontologists, policy decision makers and researchers to share recent discoveries and study results.

Dr. Heidarian was invited to present her findings from a quality improvement project entitled Post-Operative Delirium Prevention in the Elderly Population with Hip Fracture, which she completed with colleagues at Eisenhower Medical Center, most notably Sue Effinger, RN, MSN/ MHA, Director, Neurological Care Unit.

Post-operative delirium is very common in elderly patients, especially in hip fracture patients. Once it develops, morbidity and mortality increase.

“As a geriatrician, I am very aware of delirium and its impact on patient outcomes. Often, delirium is either misdiagnosed or completely undiagnosed. I wanted to establish protocols to raise awareness and to help us prevent post-operative delirium in our patients,” says Dr. Heidarian. “Once diagnosed, delirium is associated with increased risk for death, postoperative complications, longer hospital stays and functional decline. Prevention is key.”

A team was created at Eisenhower to identify patients who might develop post-operative delirium. Led by Dr. Heidarian, the multidisciplinary team included orthopedics, anesthesiology, pharmacy and several nursing directors. The group developed a series of alerts and created a protocol to identify at-risk patients with the ultimate goal of prevention.

Also vital to the team’s efforts was Eric Peterson, EdM, Vice President, Grant Development and Educational Strategy, Annenberg Center for Health Sciences at Eisenhower, who secured a grant to help fund the project and was supportive throughout the team’s development.

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Sue Effinger, RN, MSN/MHA

Effinger was part of the project from the early stages. “Our goal was to develop a best practice for a community such as ours that has a significant elderly population,” explains Effinger. “It was a complicated process. We educated the nurses on normal aging — what is expected and what is abnormal, as well as the complications of delirium. We then began collecting data. Ultimately, we found that simple interventions make a big difference. Also, the patient’s care must be a team approach involving the patient, family, physicians, nurses, pharmacy and social services.”

The newly developed Care Alert/Criteria System notified all members of the team if a patient met the criteria for certain indicators for potential delirium. Basic criteria included: being 70 years of age or older, malnutrition and/or dehydration, baseline cognitive impairment and the use of certain medications.

“Once a patient at risk was identified, a care plan was implemented incorporating strategies for prevention and detection of early symptoms,” adds Dr. Heidarian. “Our project showed that through identification and intervention the incidence of post-operative delirium was reduced by half.”

This fall, the team plans to take the project into a second phase which will include general surgery patients. The eventual goal is to have every geriatric patient assessed for delirium risk regardless of their diagnosis or reason for admission.

“The project illustrates that through education, teamwork, an awareness of delirium and early intervention, we can prevent post-operative delirium, thereby decreasing mortality and morbidity,” says Dr. Heidarian.

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