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Reducing Overnight Vital Signs

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CENTRACARE

★ St. Cloud Hospital



Reducing Overnight Vital Signs

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Plan

- As delirium has been identified to increase functional decline, cost per patient day of hospitalization, and length of stay, previous delirium work has been completed at St. Cloud Hospital.¹ Changes in sleep pattern and sleep environment have been identified as a cause of delirium.^{2,3,4}
- The purpose of this project is to change frequency of vital signs on Med 1, Med 2, and Medical and Oncology, allowing for increased uninterrupted periods of sleep to help reduce delirium rates; in turn reducing average length and cost of stay.

Do

One to one education provided to Med 1, Med 2, and Medical and Oncology RN, LPN. PCA staff.

Policy and practice change:

- Vital signs will be completed on admission, upon transfer, and every four hours for the first 24 after admission (00, 08, 12, 16, 20)
- After the first 24 hours vital signs will be completed
 - Four times per day (08, 12, 16, 20)
 - Per physician order, per policy guidelines, as indicated in the Patient Outcomes Standards, and as clinically indicated.

Check

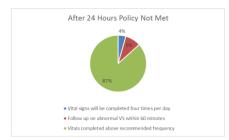
Vital signs (VS) in the first 24 hours

 Of the 43 sets of VS not completed according to policy it was recognized at least seventeen times, VS were not completed according to policy as they were not done in the every four hour time frame, but were done within one hour of the current standard of care guideline.



Vital signs after 24 hours

- No trends were noted in the nursing staff completing VS above frequency
- There were also no trends identified such as increased number of VS being completed above recommended frequency at the initiation of the new policy, they were scattered throughout the weeks of audits



Additional Data

- Current delirium data not currently available as report being changed to ICD 10 coding
- No increase in ARTs or Code Blues since policy change has gone into effect

Act

Based on data analysis the following recommendations were given

- Update policy to add statement of "Vital signs may be completed up to one hour before or after set time"
- Update policy to state "per provider order" vs "per physician order"
- As not all quarterly data available at time of report, continue to monitor the following quarterly
 - Delirium rates
 - ART calls/Code Blues
 - Patient satisfaction
- Continue monitoring compliance until 90% compliance is achieved for 2 consecutive quarters
- Continue to follow up with staff in regards to vital signs being completed above recommended frequency without apparent indication

References

Burris, J., & Roske, J. (2015). Reducing delirium in progressive care units using CAM assessment. Powerpoint presentation at the meeting of CentraCare Health Quality and Innovation Council, St. Cloud, Minnesota

²Faught, D. (2014). Delirium: The nurse's role in prevention, diagnosis, and treatment. *MEDSURG Nursing*, 23(5), 301-305.

³Gillis, A., MacDonald, B. (2006). Unmasking delirium. *Canadian Nurse*, *102*(9), 19-24.

⁴Missildine, K., Bergstrom, N., Meininger, J., Richards, K, & Foreman, M. (2010). Case studies: Is sleep of hospitalized elders related to delirium? *MEDSURG Nursing*, 19(1), 39-46.

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