Table. Quality Improvement Timeline

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| Date | Event | Focus |
| 2011 | CAM implemented | Screen patients for delirium in the hospital setting |
| February, 2012 | Kaizen Event (KE): Delirium - what is it and why do we care? | Every patient admitted is screened for delirium risk, information visual in electronic health record, educational packet for patients and staff |
| May, 2012 | Rapid Process Improvement Workshop (RPIW): Improving the care of the alcohol withdrawal patient | Every patient admitted is screened for alcohol use, information visual in electronic health record, educational brochure developed  |
|  May, 2012 | KE: CAM accuracy |  |
| October, 2012 | RPIW: Standardizing the care of patient with delirium | Development of standard medication and non-pharmacologic interventions for delirium |
| November, 2012 | Delirium order set | Creation of electronic order set |
| January, 2013 | Falls associated with delirium added to metrics | Weekly review of data, seeking root cause of fall |
| July, 2013 | Alcohol withdrawal order set | Revision of electronic order set |
| July, 2013 | Delirium education toolkit | Unit-based education |
| September, 2013 | CAM accuracy audit training, “Language of Delirium” tool | Shared language, improving staff ability to use the CAM or CAM-ICU in flow |
| November, 2013 | Nursing documentation form includes standard prevention strategies | Visual control regarding standard work to prevent delirium |
| February, 2014 | Quarterly CAM accuracy audits | Using data to improve delirium screening |
| March, 2014 | Unit based triads: RN, unit leadership and educational staff | Reinforcement of unit-based education through rounding |

Timeline of quality improvement interventions, initiatives, and events that describe the history of the delirium program at our organization.