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The Development of a Delirium Care Path Guide

Purpose/Significance: The Delirium Care Path Project sought to create an evidence-based document for all acute care hospital and outpatient providers on the identification, assessment, prevention and treatment of delirium. Delirium is an acute brain dysfunction that, if unrecognized and unaddressed, can lead to long-term cognitive impairment and mental health disorders, which is a largely under-appreciated public health issue. Delirium has primarily been studied in Intensive Care Unit (ICU) Settings, and the goal of this Care Path is to encourage delirium monitoring in all hospitalized patients regardless of their level of care.

Methods: The Population Health department at VHAN formed and led a multidisciplinary team to develop this project. This team included experts in the field of delirium from multiple backgrounds such as: physicians, nurses, physical therapists, pharmacists, hospital finance, patient education and marketing. The first goal of this team was to write the Care Path Guide for Delirium. The second goal is to distribute the Care Path guide to VHAN providers and hospitals and implement regular delirium monitoring at each VHAN institution.

Outcome: The multidisciplinary group wrote a comprehensive practice management guideline, known as the Delirium Care Path, which will be distributed to all VHAN hospitals and providers. Educational modules via QuizTime to help with understanding and retention of the salient points of the Care Path Guide will be used in order to help with provider awareness.

Conclusion: The creation of an evidence-based practice management Care Path Guide is an important step in the standardization of how clinicians approach and treat patients with delirium, in order to improve the immediate in-hospital and post-acute care of patients with delirium and hopefully mitigate the long-term public health consequences of delirium such as physical and cognitive disability, emotional health disorders, loss of work, and need for long-term care.