We’ve P.I.T.C.H.E.D it all back to basic’s.

Organisation Name: The Prince Charles Hospital, Brisbane.
Presenter(s): Wendy Austin

HRT 1520 Innovations Workshops and Awards
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Caring for patients with delirium -
We’ve let ourselves get distracted from the basic’s:

Main causes of delirium
Drugs, Infection, Constipation, Dehydration, Malnutrition, Pain, Environmental factors.

Consequences of delirium:
• The cost to the patient and the organisation are the same.
• Extended LOS, possible (significant) harm, potential for complaints.

Use of humour (cartoons & a catchy acronym) to remind people what we all actually know already.

Implement changes to the way we do physical assessment, documentation and clinical handover – incorporating PITCHED.
Recent nursing interviews have had applicants quoting PITCHED in their responses to clinical questions.
Admitting medical staff in acute areas are now ordering abdo xrays as routine
Key Problem

• We had allowed ourselves to get too distracted by technology and processes, and had forgotten the basic skills that we have all been taught.

• There is endless research already published that supports the fact that there are 7 main culprits that cause delirium (Pain, infection, dehydration, malnutrition, constipation, environment & drugs.)

• Delirium is well known to be responsible responsible for increased risk of significant harm & even death, and definitely prolonged LOS in hospital.
Aim of this innovation

• Get the causes of delirium recognized and treated earlier
  – ie, chronic pain & constipation in the elderly or cognitively impaired.

• Remind ourselves, and our colleagues, to remember the basics, using humour in the form of a catchy acronym & cartoon’s

• Give the delirium culprits a face & a name.
Current Situation

• Development of the PITCHED concept & acronym

Pain    Infection    Thirst    Constipation    Hunger    Environment    Drugs

• Launched at April No Falls – 2014
  – Statewide video presentation
  – Winner of TPCH ward decorations

• Introduction to medical program, then across hospital
• Presentation at Falls Injury Prevention Committee (FIPC) TPCH
• Incorporation into standard assessment, documentation & clinical handover
• Poster presentation Oct 2014 ANZ Falls Prevention Conference, Sydney
Outcomes so far

• Improved quality of physical assessments.
• Improved content of documentation & clinical handover within CAM Unit
• Registrars/RMO’s in acute wards starting to order abdo x-rays as routine part of organic screens.
• Nursing applicants for recent recruitment process at TPCH used PITCHED in their responses to clinical scenario’s.
New assessment tools

PITCHED PROCESS PORTFOLIO

PAIN MANAGEMENT
PALLIATIVE PORTFOLIO
SPIRITUAL NURSING
Karen and Jake

INFECTION CONTROL
WOUND MANAGEMENT
PRESSURE INJURY PREVENTION
FIONA, ALMA

NUTRITION AND FLUID MANAGEMENT (WT. LOSS
MONITORING
CONSTIPATION MANAGEMENT
DOROTHY
SUE
CHRIS
JANELLE

SEXUALITY IN DEMENTIA
CLUTTER AUDITOR
EQUIPMENT NURSE
OHS
AJAKE
VICKY
ROSITA
THESS

MEDICATION SAFETY
DT ACTIVITY
Fely
Owers
CHARMAINE

PITCHED PROCESS CHECKLIST

□ Non pharmacological management for pain
□ Appropriate pain assessment form
□ Pharmacological intervention
□ Pain history
□ Evaluation of pain management
□ Referral

□ Wound management
□ History of infection
□ Infection control precaution
□ M.S.U / Urine test
□ Skin integrity

□ Fluid and food balance chart
□ Oedema
□ Routine for fluid intake and supplements
□ Toileting program

□ High dietary fibre diet / fluids
□ Perients or stool softener
□ Regular exercise
□ Daily bowel monitoring
□ Stool softeners

□ Regular monitoring of weight
□ Allied health review (dietician/speech path.)
□ Toileting assessment and program
□ Individual food preference
□ Oral care assessment and program
□ Nutritional plan and management

□ Patient profile/history (spiritual/cultural)
□ ADLS routine
□ Divertional activity plan (includes nap/rest time)
□ Environmental modification (low stimulation/ clutter reduction)
□ Detailed Falls injury prevention strategy

□ Pharmacological management
□ Regular Medication review
□ Non pharmacological management
Lessons Learnt

• It’s easier to improve the level of engagement in improving practise when you use humour.
• We get in trouble when we forget the basic’s.
Contact for this Innovation

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