Reducing Postoperative Delirium in Veterans with Substance Abuse
Novelette G. Prosper, MEd, MS, RN
Ralph H. Johnson VA Medical Center
Charlene Pope, Clara E. Dismuke, Gregory Gilbert, Mark Lockett, Donald Countryman,
Donald Hugh Myrick, Robert Friedman

Problem: The persistent appearance of postoperative surgical delirium (PSD), defined as altered mental status, agitation or delirium in Veterans with substance use disorders (SUD), involves health professionals across specialty areas and results in increased complications, morbidity and hospitalization. Over 12% of Veterans have SUD, accounting for 25% of the Veterans Affairs (VA) budget. Review of the literature revealed few interventions tested to improve outcomes or define the scope of the problem.

Evidence: SUD contributes to PSD and responds to structured routine screening, referral for abstinence, withdrawal or treatment, and effective pain treatment across the 72-hour postoperative period. Though an interdisciplinary protocol is needed, the scope of PSD for Veterans with SUD is undefined as is the effect of a structured set of guidelines on outcomes.

Strategy: Representatives of multiple disciplines were convened as a (1) community of practice to develop an interdisciplinary (2) care pathway, dual strategies that improve interprofessional communication. The third strategy will use secondary analysis from VA electronic records to identify the scope of the problem for evaluating quality improvement.

Practice Change: Convening a community of practice with defined lines of communication led to a secondary analysis of 5 years of VA data with health service researchers to identify a baseline of PSD in Veterans receiving inpatient surgeries and subsequent outcomes (ventilator events (VE), length of stay, postoperative infections). This data created benchmarks for a team-developed care pathway for quality improvement to screen, refer, monitor, and treat those at risk.

Evaluation: The PARiHS framework was used to build the interprofessional team, engage the participants, create the secondary analysis as an interdisciplinary project, set benchmarks, and develop the care pathway for implementation.

Recommendations: Implementation should improve surgical care and quality of life for Veterans with SUD and mental health needs.

Lessons Learned: Lessons learned about facilitators and barriers have implications across the VA system.
Bibliography:


