ADAPT Model of Care:

Universal Strategies for Preventing Delirium in Hospitalized Seniors

Background and Context for Change:

Delirium occurs in up to 82% of hospitalized seniors and significantly contributes to hospital mortality. Hospital-acquired delirium has been linked to longer lengths of stay, higher discharge rates to long-term care, increased hospital complications, persistent cognitive decline, and death. With 70% of our inpatients classified as seniors, reducing delirium rates aligns directly with our mission of relentlessly improving care to create healthier communities.

A group of 14 interprofessional individuals came together with the goal to reduce delirium by developing a prevention model of care based on universal nursing strategies, clinical guidelines, best practice guidelines, and research that promote senior focused care.

ADAPT is a structured delirium prevention model with eight interconnected categories, developed at Mackenzie Health to help nurses implement individualized, proactive strategies targeting modifiable risk factors.

ADAPT stands for:
Acknowledge
Delirium
Assess for delirium in a timely manner
Prevent delirium whenever possible through proactive strategies
Treat delirium promptly if it develops

Aim Statement:

To reduce hospital-acquired delirium by implementing prevention-focused strategies that address modifiable risk factors. By the end of fiscal year 2025/2026, 80% of patients admitted to Medicine, Continuing Care, and Stroke programs will have ADAPT Model of Care strategies implemented during every shift.

Family of Measures:

Outcome measures
Acute length of stay
Documented hospital-acquired delirium
CAM (Confusion Assessment Method) screenings negative within 24 hours of admission that became positive during hospitalization

Process measures
% of CAM screenings completed within 24 hours of admission
% of eligible patients with ADAPT interventions completed each shift
Translation services usage
Pull-up usage

Balancing measures
Pressure injuries
Falls with injuries

Problem Characterizations:

With seniors located throughout the organization, it was time to be innovative and develop strategies that can be universally implemented to decrease the risk of adverse events for seniors. A working group composed of Program Directors, Patient Care Managers, Clinical Nurse Educators, a Patient Care Coordinator, a Clinical Nurse Specialist, a Nurse Practitioner, a Quality & Patient Safety Specialist, a Professional Practice and Education Leader, an Occupational Therapist, and a Pharmacy Clinical Coordinator spent 12 months creating a model of care focusing on proactive strategies that can be put in place to prevent hospital acquired delirium from developing.

The ADAPT model of care allowed for a structured and proactive approach to guide nurses to implement strategies that address modifiable delirium risk factors. This structured approach encourages nurses to implement customized individualized strategies specific to the patient's delirium-based behaviours. The model was piloted on four units across three sites in two programs, Medicine and Complex Continuing Care. Because hospital-acquired delirium occurs throughout the care continuum, program- and unit-specific nuances were incorporated into the model's development. After successful completion of the pilot, ADAPT was subsequently rolled out to the remaining 17 units (including unconventional spaces) within the two programs.

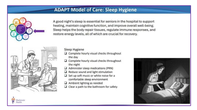
"ADAPT has strengthened my ability to think critically about delirium prevention by helping me assess risk factors early and tailor interventions to each patient's needs. By integrating strategies like environmental modifications, mobility support, and cognitive engagement, I can provide more effective, individualized care and improve patient outcomes. This proactive approach not only enhances patient safety but also supports a smoother patient recovery process."

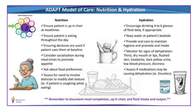
M.Mascarenhas, RPN

Intervention:

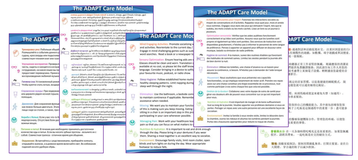
A GAP analysis identified delirium as a corporate priority requiring a multipronged prevention strategy. ADAPT aligns with both our organizational strategy and new Ontario Health directives for preventing and treating hospital acquired delirium.

The rollout engaged all team members on pilot units—from unit clerks monitoring supplies to nurses, allied health staff, physicians, and leadership. Tools included EMR optimizations, **lanyard cards** and **category posters** to reinforce ADAPT practices.





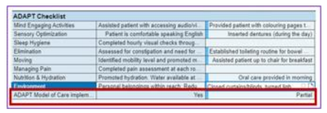
A confidential patient and family survey was conducted to determine how patients and families felt about the implemented strategies. A patient partner was engaged as part of the development process for creating patient and family education that was subsequently translated into the top 7 languages spoken in the home of York Region seniors.



EPIC Optimization:

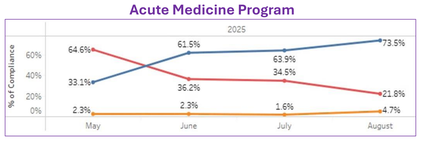
The **ADAPT Checklist flowsheet** was developed as an end-of-shift record for nurses to document strategies used. Each category includes pre-populated quick-select options and a free-text field. To support completion, EPIC tasks appear on the brain at 0500 and 1700 as reminders. The bottom row, "ADAPT Model of Care implemented," auto-populates with Yes, Partial, or blank depending on documentation, with the goal of recording at least one strategy per category per shift.

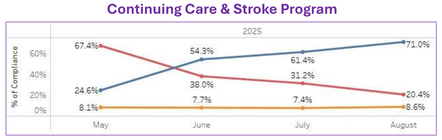
Unit leadership can quickly determine the patients that have had ADAPT implemented during the current shift, previous shift, and second previous shift to provide real-time coaching opportunities.



Project Results:

May 13th, 2025, the ADAPT model of care rolled out across the inpatient medicine, continuing care, and stroke programs. A target of 80% compliance was chosen for the 2025/2026 fiscal year.





3,075

Discharged patients across 11 units

392

Discharged patients across 6 units

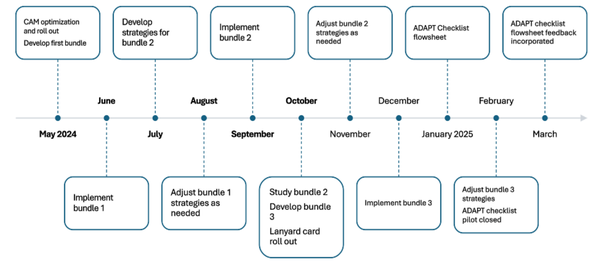
Hospital Acquired Delirium Rate for 65 years and greater:

May 3.59% → **June** 2.89% → **July** 2.65%

Implementation:

Phase 1: May 2024 – March 2025

- Develop and piloted the 8 categories on four separate units
- Creation of educational posters for each category
- Targeted rounding on pilot units, solicitating feedback from frontline users
- Lanyard cards developed and distributed on pilot units
- EPIC optimizations: ADAPT Checklist flowsheet created
- Feedback survey developed for ADAPT Checklist flowsheet and sent to pilot unit staff
- Feedback incorporated into ADAPT Checklist flowsheet
- Mind Engaging Activities resources curated and disseminated to pilot units



Phase 2: April 2025 – July 2025

- ADAPT Model of Care expanded to remaining Medicine and Post Acute Care units
- Appropriate committees endorsed ADAPT Checklist flowsheet (required to expand beyond pilot units)
- Mind Engaging Activities resource binders and consumables provided to remaining Medicine and Post Acute Care units, including unconventional spaces and temporary surge units
- Lanyard cards provided
- Patient and family feedback survey created and disseminated
- ADAPT reminder added to the EPIC brain as a task at 0500 & 1700

Phase 3: August 2025 and beyond

- Collection of metrics (Acute length of stay, hospital acquired delirium, falls with injury, pressure injuries, translation services, pull ups, patient satisfaction)
- Potential to expand in Critical Care, Emergency, Mental Health, and Surgery programs

Conclusions:

Shifting the mindset

- Shifting the mindset of frontline staff from reactive to proactive
- Involved unit rounding and huddles
- Sharing experiences and storytelling
- Emphasized delirium's impact on nursing workload and patient's recovery
- Units with lower compliance rates were targeted
- Feedback from frontline users was collected using anonymous surveys and verbal responses
- Educational materials created for patients and families and translated into 6 different languages

Accurately identifying delirium

- Delirium order set created to support ordering providers
- Delirium screening, assessment & non-pharmacological management policy created
- New onset/worsening confusion discussed at bullet rounds
- Optimized EMR to create specific order for Patient Care Coordinators to queue
- Games and scenarios created and shared during unit huddles

Managing consumables

- Process improvement cycle
- Engaged stakeholders to develop a sustainable process
- Resources accessible for all staff to access

Expanding ADAPT organizationally

- Work is beginning to broaden ADAPT's reach into specialty inpatient programs, including critical care, mental health, emergency, and surgery
- Each program has their own nuances and opportunities

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