Assessing Delirium

A Quality Improvement Initiative at The Royal
Our Aim

Consistent delirium screening of all patients over the age of 65 admitted to The Royal using the modified CAM

Our Goal

To attain 85% screening rate by September 30th, 2016
Currently

Inconsistent CAM screening throughout the hospital for persons 65 years and over

No set times for CAM completion shift to shift

Lack of baseline CAM prior to admission

Staff training module on delirium detection not currently available electronically

Lack of formal review process for data

Need for timely intervention process once delirium identified
Electronic Medical Records (EMR)

Consistent standards of care implemented June 2015 with initiation of EMR in Geriatrics

Able to illustrate changes to allow for earlier detection and intervention

Goal of improved outcomes for patients
Standards of Care (SOC)

SOCs are different across the Areas of Care at The Royal

SOCs are different across the services within the Areas of Care
Plan-Do-Study-Act
Plan

To implement CAM screening on Geriatric In-Patient Unit with the introduction of EMR in June 2015

Our prediction is that this will improve the timeliness of delirium identification and treatment
Do

CAM screening completed q-shift by Nursing staff

Our observations indicate that CAMs are being completed at a variety of times
Study

Audit of CAM screening indicates 95% completion for Day/Evening/Night shifts on Geriatric in-Patient Unit

No CAMs completed for Patient’s 65 and older in other Areas of Care

No CAM screening currently being conducted in Geriatric Day Hospital or Outreach
Act

Develop a system to review CAM data in a timely fashion

Determine most appropriate time interval to conduct CAMs

Integrate CAM screening into SOC for all Patients over the age of 65 in other Areas of Care
Number of Patients Admitted to the ROH Between 1 July 2015-15 October 2015

- Geriatrics: 6
- Other programs: 58
Number of CAM Assessments Completed Within 72 Hours of Admission

- Geriatrics:
  - Admissions: 58
  - CAM <24 hrs: 55
  - CAM <72 hrs: 56

- Other programs:
  - CAM <24 hrs: 6
  - CAM <72 hrs: 0
Delirium

Delirium

Menu
1. Instructions
2. Acknowledgement
3. Learning Objectives
4. What is Delirium?
5. Delirium Facts...
6. Subtypes of Delirium
7. Did you know?
8. Knowledge Check
9. Assessing Delirium
10. Assess Risk Factors
11. Assess Symptoms
12. Apply CAM
13. Look for Cause
14. Did you know?
15. Knowledge Check
16. Assess and Treat
17. Apply Intervention Strategies
18. Did you know?
19. More about Delirium...
20. Knowledge Check
21. Outcomes
22. Summary
23. Questions?
EMR-Geriatrics Standards of Care Cheat Sheet

In addition to the regular standards of care that are done qshift (Suicide Risk Assessment, Mental Health Assessment & ADL’s)

<table>
<thead>
<tr>
<th>Assessment/Scale</th>
<th>Patient Diagnosis</th>
<th>Assessment Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion Assessment Scale (CAMS)</td>
<td>All</td>
<td>Qshift (Days/Eves/Nights)</td>
</tr>
<tr>
<td>Aggressive Incident Scale (AIS)</td>
<td>Non-dementia</td>
<td>Qshift (Days/Eves/Nights)</td>
</tr>
<tr>
<td>Dementia Observation Scale (DOS)</td>
<td>Dementia</td>
<td>Qshift (Days/Eves/Nights)</td>
</tr>
<tr>
<td>Falls Risk Assessment</td>
<td>All</td>
<td>Upon admission &amp; when there’s a change in patient’s status &amp; post falls</td>
</tr>
<tr>
<td>Cohen-Mansfield Agitation Inventory (CMAI)</td>
<td>Dementia</td>
<td>Days/Eves 2wks after admission and then q2wks after</td>
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