What’s CAM Got To Do (Got To Do With It): Improving Delirium Screening and Diagnosis at WDMH

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SENIOR FRIENDLY HOSPITAL
ACCELERATING CHANGE
TOGETHER IN ONTARIO

• Training program available to hospitals in Ontario
• Enabling hospitals to achieve Senior-Friendly initiatives by building knowledge, skills, and expertise in staff
• Knowledge sharing through mentorship, webinars, conference, expert speakers
• Education re: change initiatives, how to make meaningful change at an organizational level, quality improvement strategies
90% of patients 65 and older will be screened for delirium using the Confusion Assessment Method (CAM) in Med-Surg Unit by January 2016.
RESULTS: Of All Admissions Age 65+, CAM Completed Correctly

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<th>4 of 6</th>
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RESULTS: Of All Admissions 65+, CAM Positive

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siH Action
Accelerating Change Together in Ontario
REVISED AIM STATEMENT

70% of patients who are screened as CAM positive will have delirium either diagnosed or ruled out by physician.
MEASURES

• Outcome Measure: number of patients with delirium acknowledged (either diagnosed or ruled out) by physician/total number of patients on Med-Surg Unit who screened positive on CAM

• Process Measure: Time between CAM completed by nursing and acknowledgement of CAM (delirium identified/ruled out) by physician

• Balancing Measure: Staff survey indicating whether CAM completion is negatively impacting their workload
NEXT STEPS

• We are working with physicians and nursing staff to provide education on importance of formalizing diagnosis of delirium and the interventions that assist in resolving delirium.

• We are working with our CIS team on building the CAM into the Nursing documentation in the EMR.

• We are in the process of developing a Delirium Protocol Package to be completed when a patient ≥ 65 years of age screen CAM positive.
NEXT STEPS

Example of Chart Note

Draft of Pre-Printed Orders
KEY CHALLENGES

• Teamwork makes the dream work – changes in team composition lead to a slow start for our project, but provided opportunity to refocus and determine a positive direction for our project that meets the needs of our patients

• Biting off more than we can chew – we are an ambitious group and at times took on too much change at once; resolved this by breaking goals into smaller, more attainable action steps

• Foreseen future challenge – working with CIS to build CAM tool in EMR in a way that is compatible with workflow and practical daily use by staff
LESSONS LEARNED

• Importance of knowing if what you’re implementing is fixing what’s broken – our initial aim statement may not have captured our true issue – though it did point us in the right direction.

• Recognizing importance of input from all levels – front line staff, CIS for EMR architecture, etc. ensuring reason for implementation of new process is understood and that we working towards the same goal.