Assessing Delirium

A Quality Improvement Initiative at The Royal

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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

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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

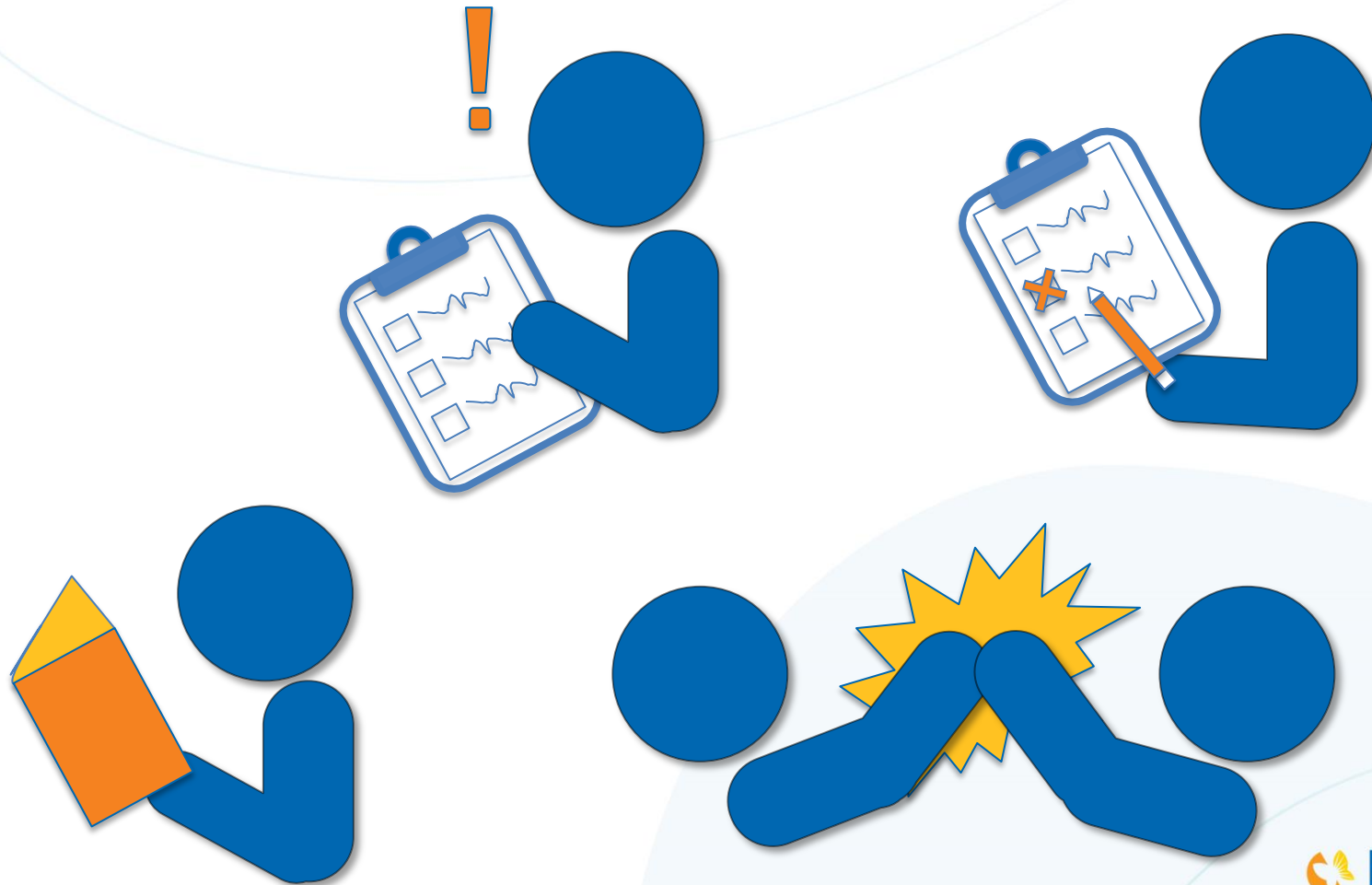Able to illustrate changes to allow for earlier detection and intervention

Goal of improved outcomes for patients

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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
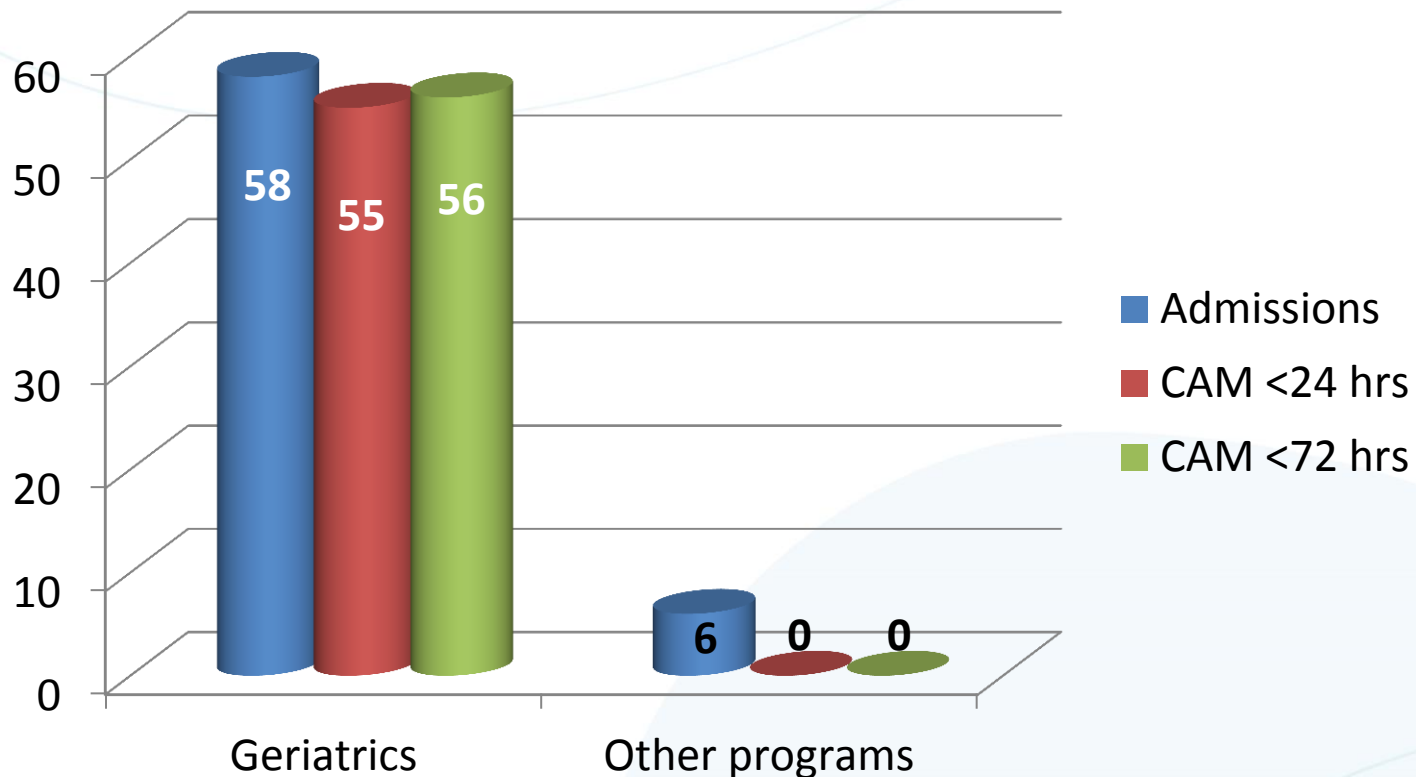
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Number of Patients Admitted to the ROH Between 1 July 2015-15 October 2015

6

58

Geriatrics

Other programs

Number of CAM Assessments Completed Within 72 Hours of Admission

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)

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

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