



Winchester  
District  
Memorial  
Hospital



# Winchester District Memorial Hospital

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

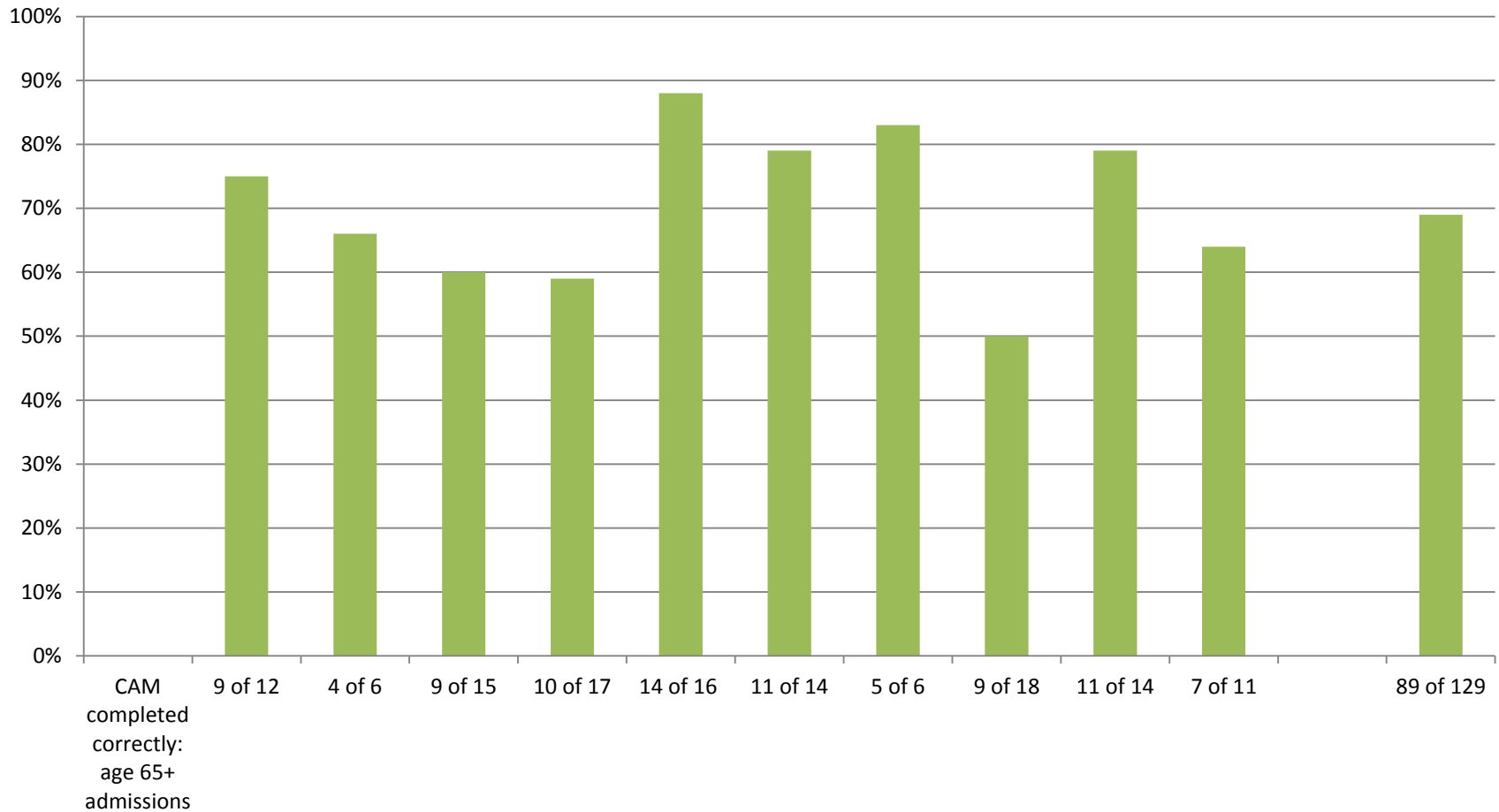


- Training program available to hospitals in Ontario
- Enabling hospitals to achieve Senior-Friendly initiatives by building knowledge, skills, and expertise in staff
- Knowledge sharing through mentorship, webinars, conference, expert speakers
- Education re: change initiatives, how to make meaningful change at an organizational level, quality improvement strategies

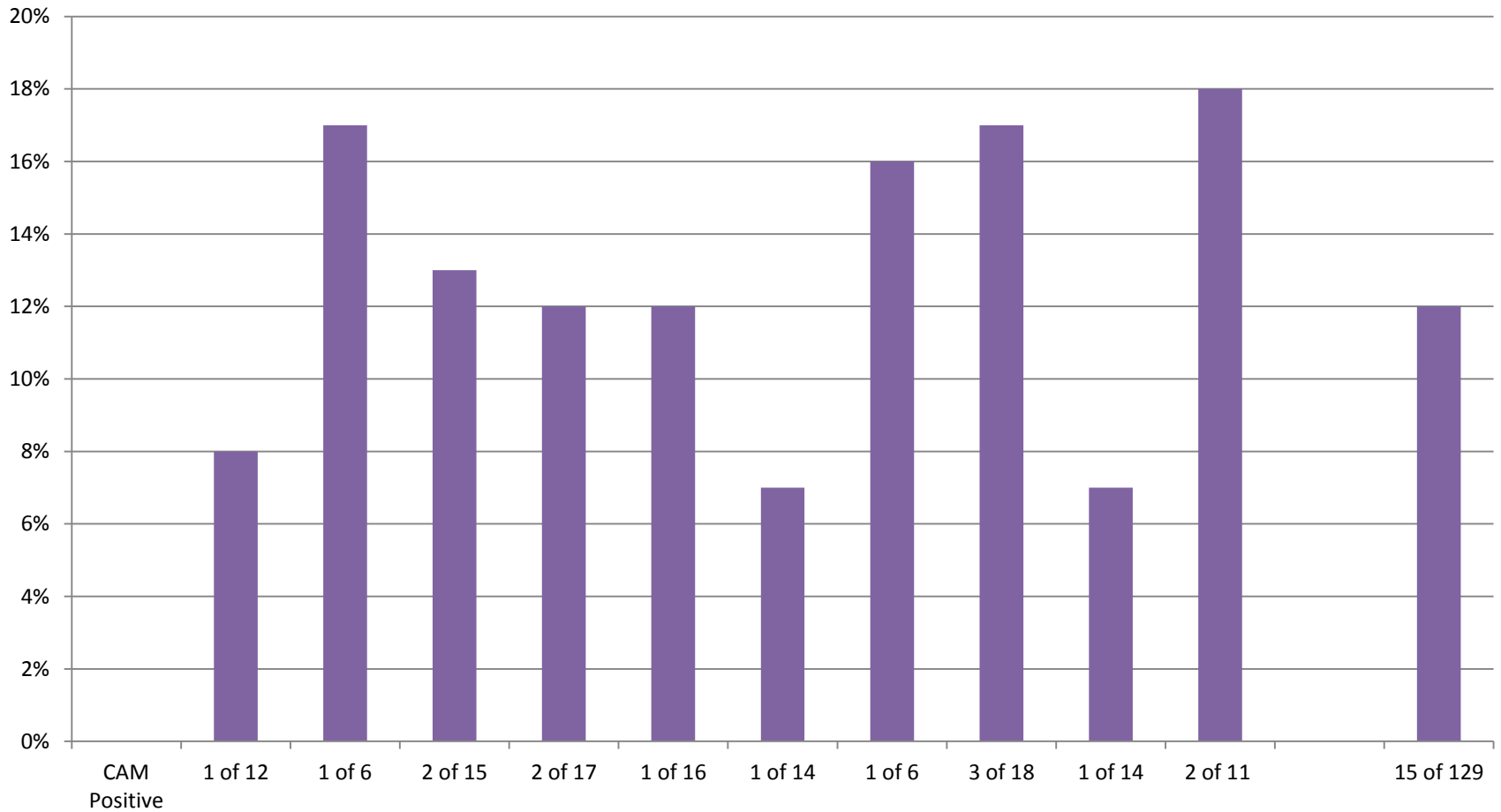
# ORIGINAL AIM STATEMENT

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



# RESULTS: Of All Admissions 65+, CAM Positive



# 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  $\geq 65$  years of age screen CAM positive





# 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