



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



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

Winchester		Mouse, Mickey DOB: Nov 18, 1928
District Memorial Hospital		PCP: Dr. W. Disney
	der Sheet and Progress N	otes ATD: Dr. W.Disney
ALLERGIES DAY TIME	PHYSICIAN'S ORDERS	PROGRESS NOTES
Dec 15/15	THISICIAN S ORDERS	FROGRESS NOTES
		Pt. CAM +VE
		Consider Dx of Denifitini
		Completed by S.Burnett 1
 		

Draft of Pre-Printed Orders

Memorial Delirium Inpatient Pre-Printed Orde	DRUG ORDERS	
NON-DRUG ORDERS Activity: W the bearing status	Bowels: Bisacodyl suppository 10mg PR PRN if no results in AM after receiving senokot. Analgesiss: acetaminophen (Tylenol) 325-650 mg PO/PR (max 4 g/day) q4h PRN for fever or mild pain Opiods: Morphine Smg PO q4h PRN for Pain OR Morphine 2.5mg Subcut OR V q4h PRN for Pain OR HYDROmorphone 1mg PO q4h PRN for Pain OR HYDROmorphone 0.4mg Subcut OR V q4h PRN for Pain PRN for Pain MR AND MORENA SAFER DOS HOLD AND MOTEY M0**	
Glucose monitoring by POCT Ins & outs Consults:	Sedation: Discontinue ALL Benzodiazapines if applicable	
Y Pharmacy Your Start	Trazadone 25-50mg PO qhs PRN FOR SEVERE AGGITATION ONLY Option 1: Avoid Haloperidal In Parkinsons patients Haloperidal 0.Smg PO/IM BID and reassess in 24hrs OR Haloperidal Img PO/IM BID and reassess in 24hrs Option 2: Risperidone 0.25mg PO q_hs PRN for severe agitation (do not exceed Img/24h) reasses in 24hrs Option 3: Profered alternative if Parkinsonian symptoms are preser Ouetiapine 12.5mg PO q_h PRN for sever agitation (do not exceed Smg/24h) reasses in 24hrs Option 4: Option 2: Smg PO q_h PRN for sever agitation (do not exceed Smg/24h) reasses in 24hrs Option 4: Option 4: Option 5: Proference PO q_h PRN for sever agitation (do not exceed Smg/24h) reasses in 24hrs	
Troponin X1 Urinalysis and C&S Blood cultures Other	Olarizapine 2.5mg PO q_ h PRN for severe agitation (do not exceed 7.5mg/24h) reassess in 24hrs ENVIRONMENTAL ORDERS	
Clearnoid:: ✓ EGG ✓ Chest X-Ray □ PA & LAT □ Portable ⊂ Thead	Environment: Remove Foley if applicable Avoid room changes if possible Orientation Protocol Monitor environment for sensory deprivation or sensory overlo Encourage tarmily to bring in familiar objects and belongings F.cnourage use of glass and hearing aids if applicable Keep bedside area clare of clarter	
Date: Time: Physician nam	e (printed): Physician signature:	



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

