HOSPITAL: The Royal
PROJECT TITLE: Assessing Delirium at the Royal

TEAM MEMBERS:
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The | Le Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

AIM STATEMENT

- Consistent delirium screening of all patients over the age of 65 admitted to The Royal's Geriatric In-patient Unit using the modified CAM to attain an 85% screening rate by September 2016

MEASURES

Outcome:

- Increased detection and identification of patient delirium to improve patient outcomes

Process:

- Registered staff compliance with completion of modified CAM screening for delirium of Geriatric in-patients on Day & Evening shifts of = or > 85%

Balancing:

- Feedback from clinical staff using the CAM and staff participating in safety huddles to determine its usefulness

In the beginning…

Initially:

- 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
- Inconsistent staff training on delirium detection/CAM tool
- 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
- Data available 24/7 for review
- Able to illustrate changes to allow for earlier detection and intervention
- Goal of improved outcomes for patients

In the beginning…

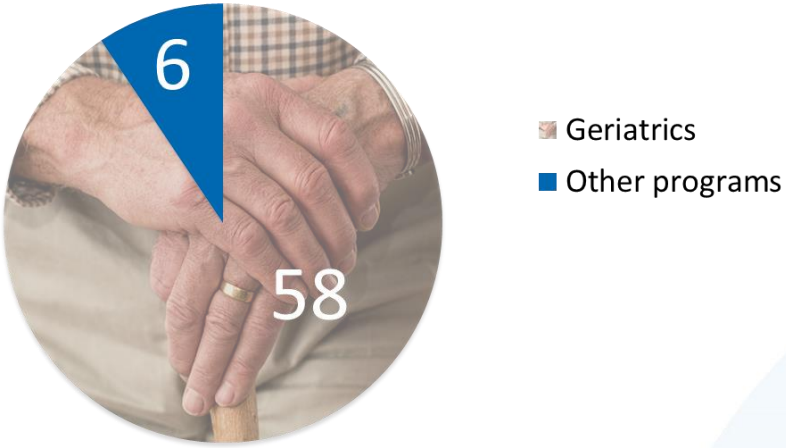
Standards of Care (SOC):

- SOCs differed across Areas of Care and from Service Areas within programs
- EMR-Geriatrics SOC Cheat Sheet:
- In addition to the regular standards of care that are done q-shift (Suicide Risk Assessment, Mental Health Assessment & ADL's)

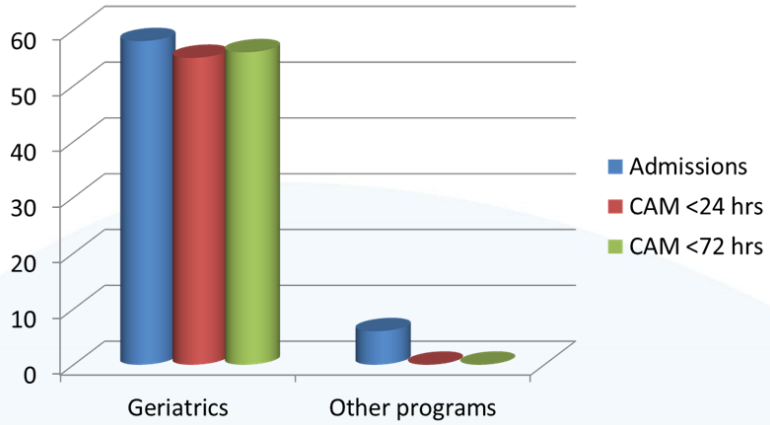
Assessment/Scale	Patient Diagnosis	Assessment Frequency
Confusion Assessment Scale (CAMS)	All	Qshift (Days/Eves/Nights)
Aggressive Incident Scale (AIS)	Non-dementia	Qshift (Days/Eves/Nights)
Dementia Observation Scale (DOS)	Dementia	Qshift (Days/Eves/Nights)
Falls Risk Assessment	All	Upon admission & 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

In the beginning…

Number of Patients admitted to the hospital Between 1 July 2015 and 15 October 2015



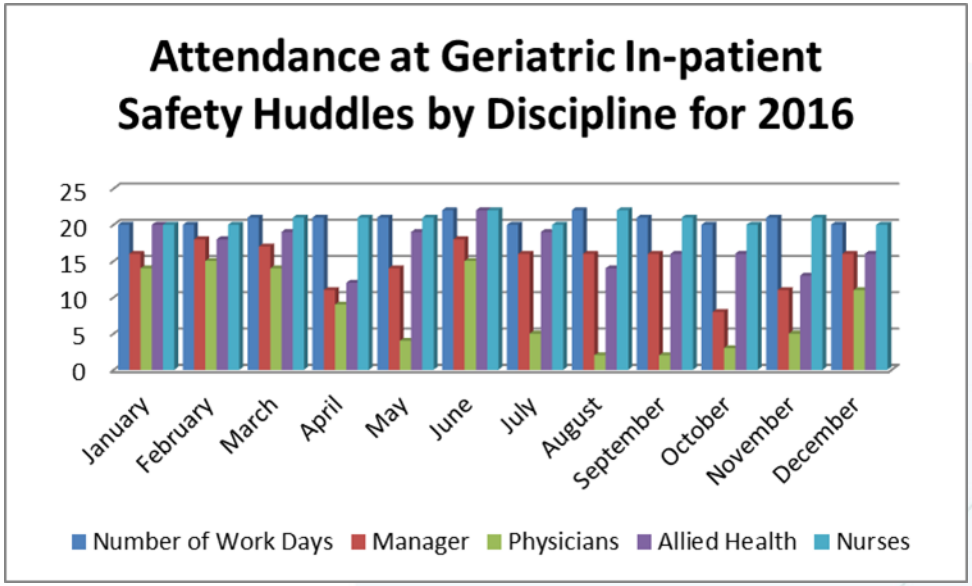
Number of CAM assessments completed within 72 hours of admission



RESULTS

Safety Huddles:

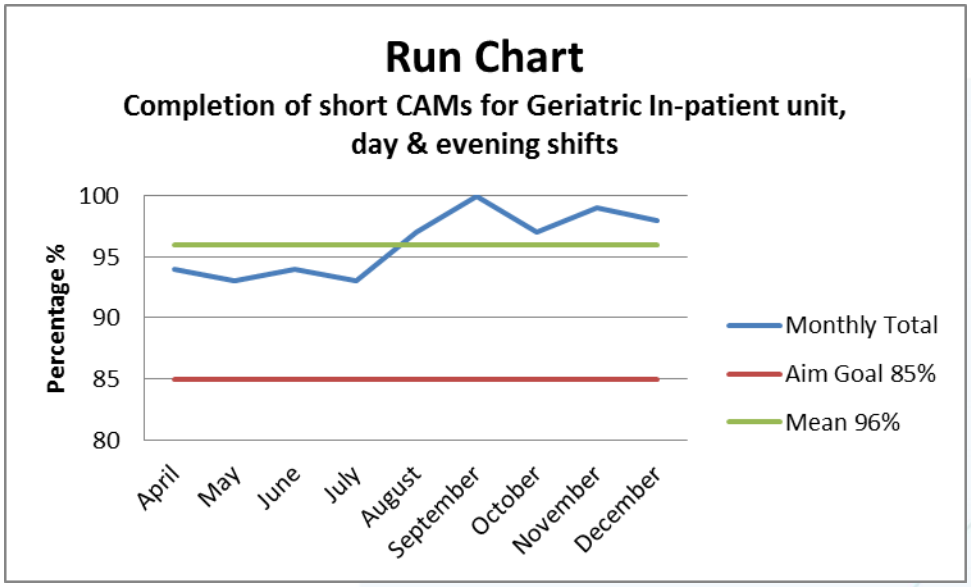
- Initiated in November 2015, safety huddles are daily, unit based, hospital-wide in-patient unit interdisciplinary meetings lasting 15 minutes or less to communicate safety hazards and promote staff safety (addressing patient and environmental factors) including: admissions, discharges, transfers, code whites; the Geriatric in-patient unit also includes: falls and incident reports
- In March 2016 positive CAMS, aggressive/highly responsive patients and sick patients were also added to the safety huddle discussions



RESULTS

Completed CAMs:

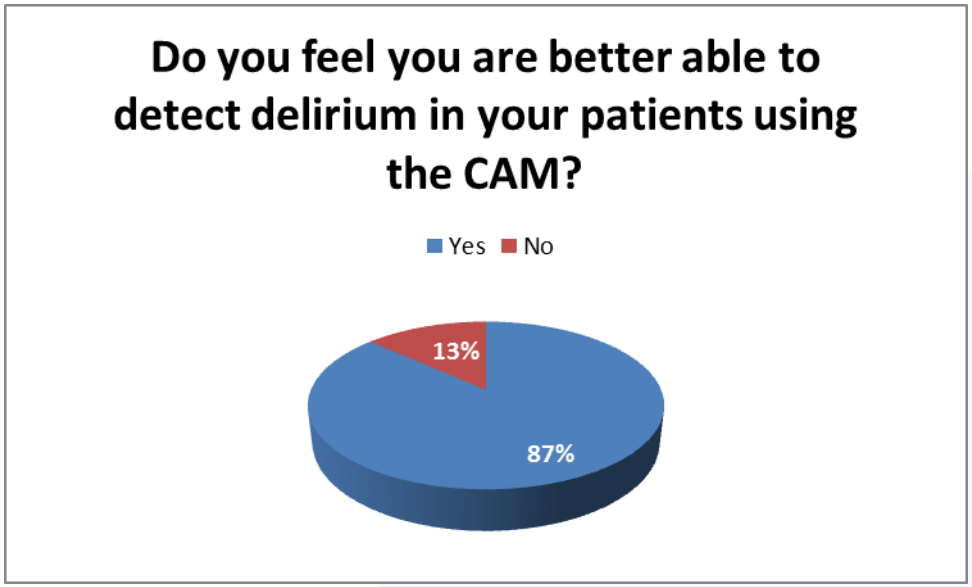
- Beginning in April 2016 data audits were conducted to assess the number of completed short CAMs for the Geriatric In-Patient unit for both day & evening shifts



RESULTS

Staff Feedback Survey:

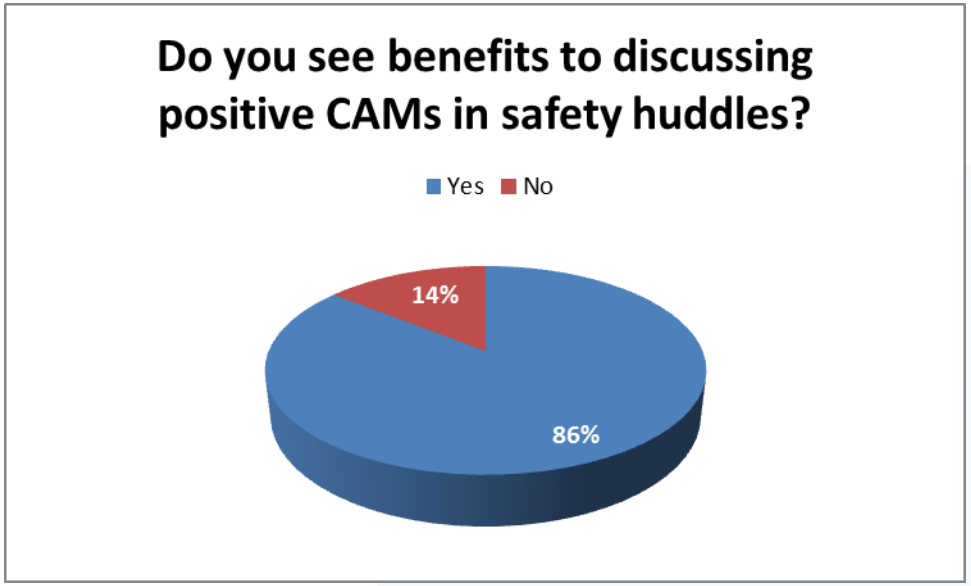
- 87% of staff felt that CAM screening leads to better detection of delirium



RESULTS

Staff Feedback:

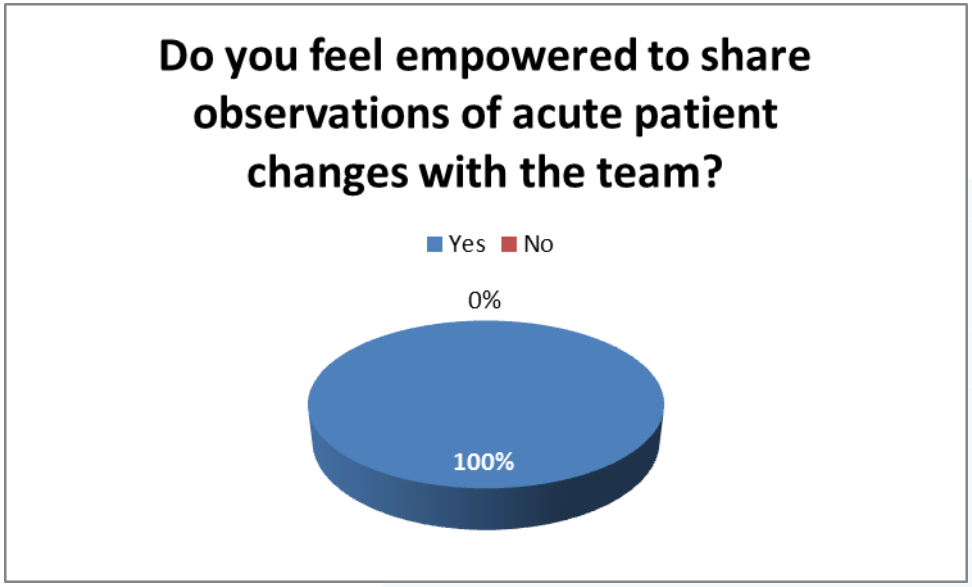
- 86% of staff see benefits in discussing positive CAM's in the safety huddle



RESULTS

Staff Feedback:

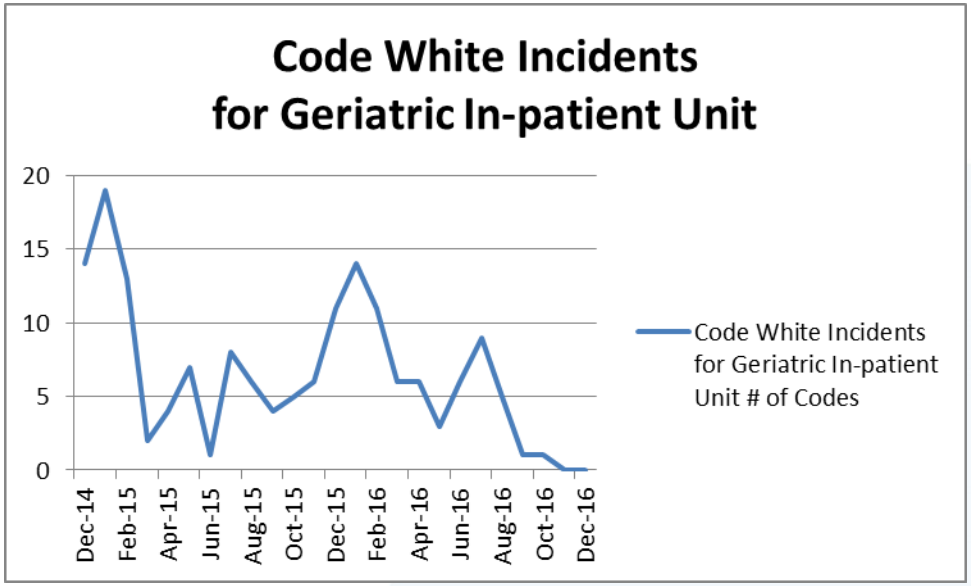
- 100% of staff feel empowered to share observations of acute patient changes



RESULTS

Code White:

- Psychiatric/Behavioral Emergency
- In March 2016 positive CAMS, aggressive/highly responsive patients and sick patients were also added to the safety huddle discussions



CHANGES

Adapted:

- Revised CAM screening tool in EMR to combine #1a and 1b as one question, added “Vigilant” option to “altered level of consciousness”
- Discussion of positive CAM’s in daily safety huddles
- Ongoing monthly auditing of CAM screening
- Feedback from stakeholders
- CAM screening changed to completion on day and evening shifts only

Adopted:

- Changes to CAM screening tool EMR – implementation time frame adjusted to accommodate all changes.
- CAM screening tool is part of the nursing standards of care on the geriatric in-patient unit.
- CAM screening focus to the geriatric north and south in-patient units only.

Abandoned:

- CAM screening across the Hospital for persons over 65. No buy in to introduce the CAM into their standards of care for persons aged 65 or older on their units. No process in EMR to flag CAM screening when working with a person over 65 years of age in other programs across the hospital.
- Less focus on the time of completion of daily CAM screening at the beginning of the project, future project

NEXT STEPS

- Develop strategies to improve consistent physician attendance in safety huddles
- Education on daily times of CAM completion to optimize data to more accurately capture patient condition
- In-service/discussion on identifying delirium in persons with dementia; review online delirium module in groups to promote discussion and learning
- Once positive CAM has been identified and discussed in safety huddles, formalize process to determine cause of the delirium
- Meet with medical MD, in-patient clinical lead and pharmacy to develop a checklist to follow when a delirium or positive CAM is identified

LESSONS LEARNED

- Challenging to engage directors from other programs to see the value in CAM screening for patients over 65 on their in-patient units and implement CAM screening as a part of their standards of care
- EMR changes are slow to implement because of competing priorities within the organization to make changes to the EMR
- Results of safety huddles not necessarily reviewed with evening and night shift nursing staff, therefore they may not always be aware of positive CAM and possible delirium in their patients
- Improved communication with interdisciplinary staff in safety huddles and awareness of patient acuity and/ or possible delirium based on CAM screening.
- Challenging to consistently engage the physician staff to regularly attend the safety huddles
- Challenging to engage managers and directors of other programs within the hospital to see the value of CAM screening
- EMR challenges to be able to set up a system where the short CAM screening tool is automatically populated into the EMR for persons 65 years of age and older

KEY CHALLENGES

- Competing priorities for team members to fully engage in the project
- Attracting others to participate
- Competing priorities in organization with multiple quality initiatives & projects of equal importance for same resources
- Maintaining momentum on the project throughout the summer months and holiday periods
- Completion of audits and deliverables during holidays times, summer months and with variable work schedules
- Losing a member of the QI team
- Engaging stakeholders outside of the geriatric program - they don't necessarily see the value in CAM screening and it may not be as important on their units because clients are considered to be medically stable when admitted
- Getting buy-in from physicians to participate in the study and assist with determining next steps once delirium is identified
- Regular attendance of physicians at daily safety huddles to inform of +CAM's
- Keeping on task and not getting ahead of ourselves with great ideas that can be implemented at a later date
- Finding time to meet regularly as a group to work on the project and to make sure our deliverables are submitted on time

TIPS FOR OTHER TEAMS

- Set regular meeting times to work on the project and make these meetings a priority
- Engage stakeholders early to obtain feedback and provide suggestions
- Form an interdisciplinary team – this provides multiple perspectives aids in generating discussion and ideas to help improve your project

DATA COLLECTION

April 2016

- EMR CAM completion times collected and plotted by data points prior to formal standardized time frames for 5 randomized patients selected from Geriatric in-patient North & South units separately for the period of 14th – 27th April 2016

June 2016

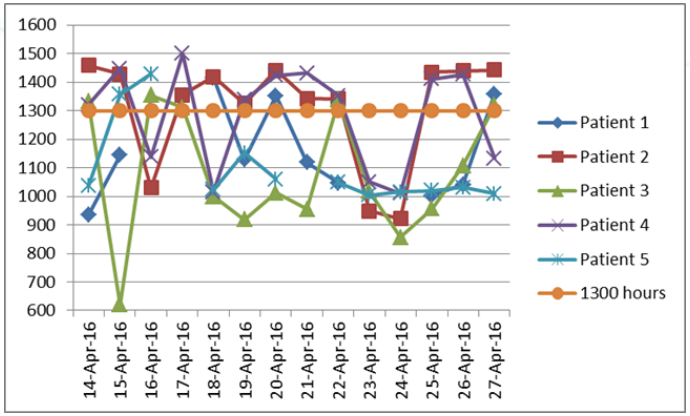
- EMR CAM completion data collected and plotted by totals for 5 randomized patients selected from Geriatric in-patient North & South units separately for the period of 1st – 14th & 15th – 28th June 2016

November 2016

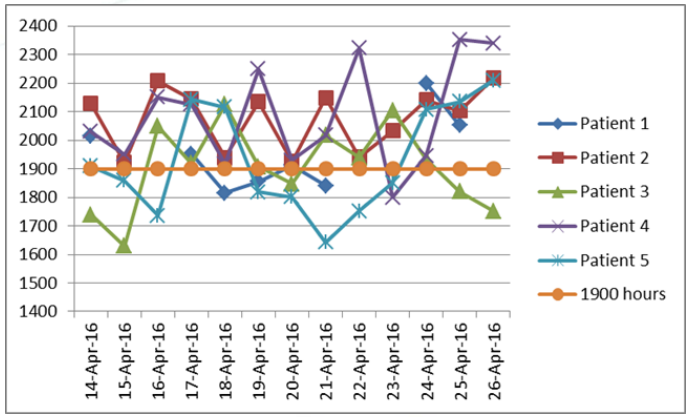
- EMR CAM completion data collected and plotted by totals for 10 randomized patients selected from Geriatric in-patient North & South units combined for the period of 1st – 14th & 15th – 28th November 2016

DATA EVOLUTION – APRIL 2016

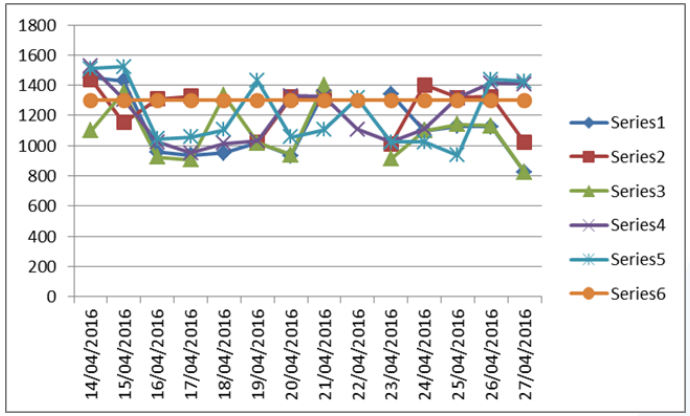
CAM Completion Times DAY Shift Geriatric North



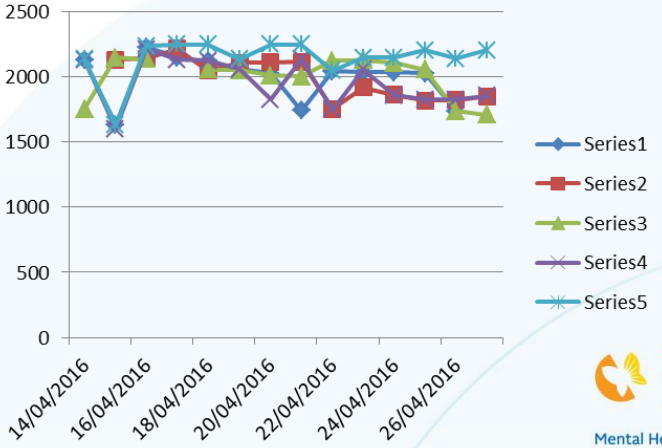
CAM Completion Times EVES Shift Geriatric North



CAM Completion Times DAY Shift Geriatric South



CAM Completion Day & Eve Geriatric South



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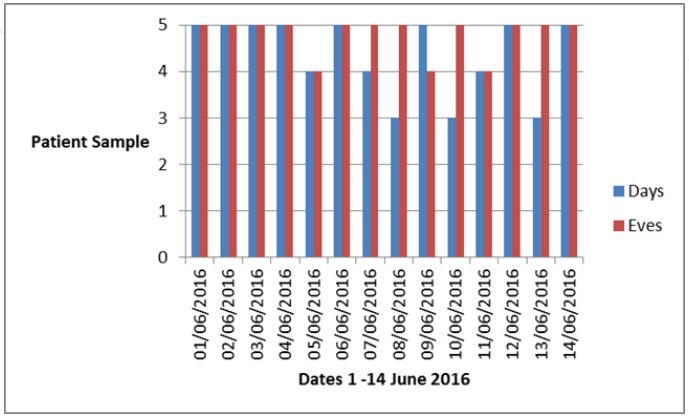
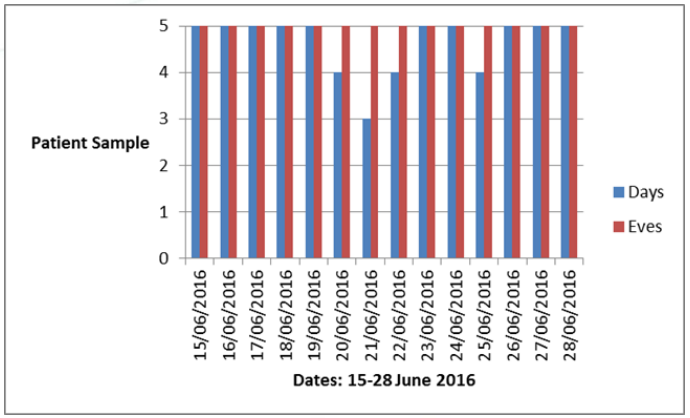
DATA EVOLUTION – JUNE 2016

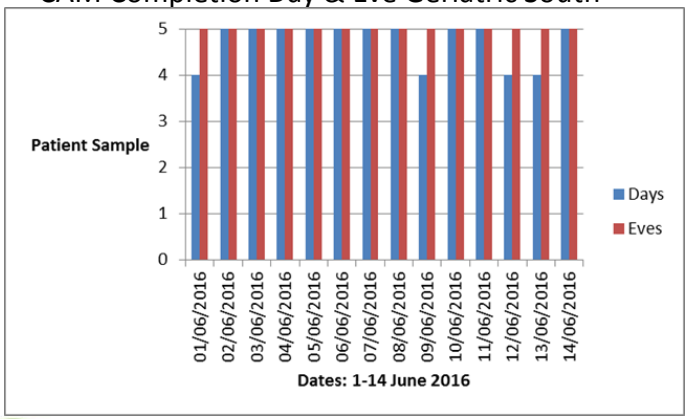
CAM Completion Day & Eve Geriatric North



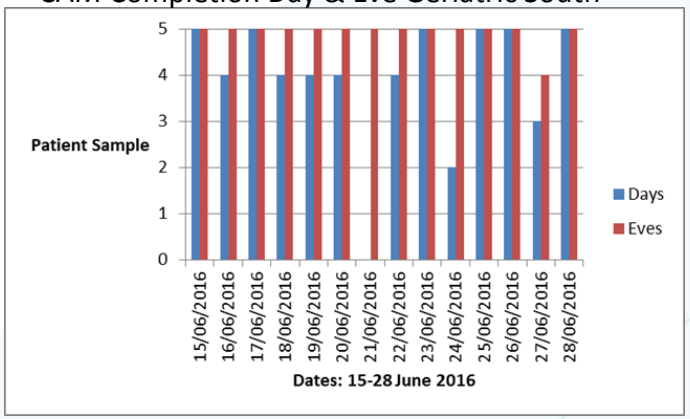
CAM Completion Day & Eve Geriatric North



CAM Completion Day & Eve Geriatric South

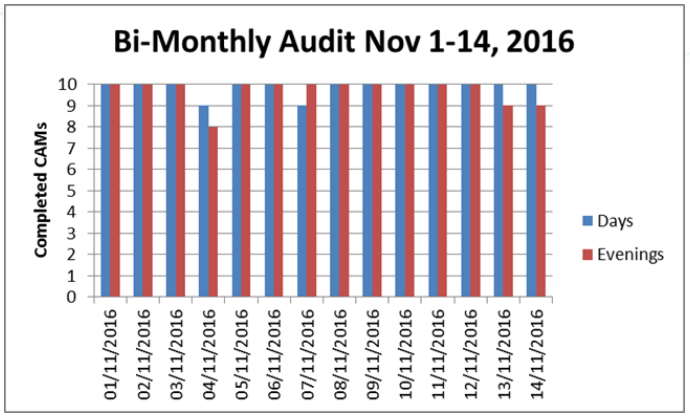


CAM Completion Day & Eve Geriatric South



DATA EVOLUTION – NOVEMBER 2016

CAM Completion Geriatric In-patient



CAM Completion Geriatric In-patient