

Background

Problem Statement:

- Delirium is associated with increased complications, mortality, and length of stay¹
- Despite its widespread use, Confusion Assessment Method (CAM) has been found challenging to perform²
- A prior study at our institution found an incongruence between CAM positive scores and diagnosis of delirium³

Project AIMS:

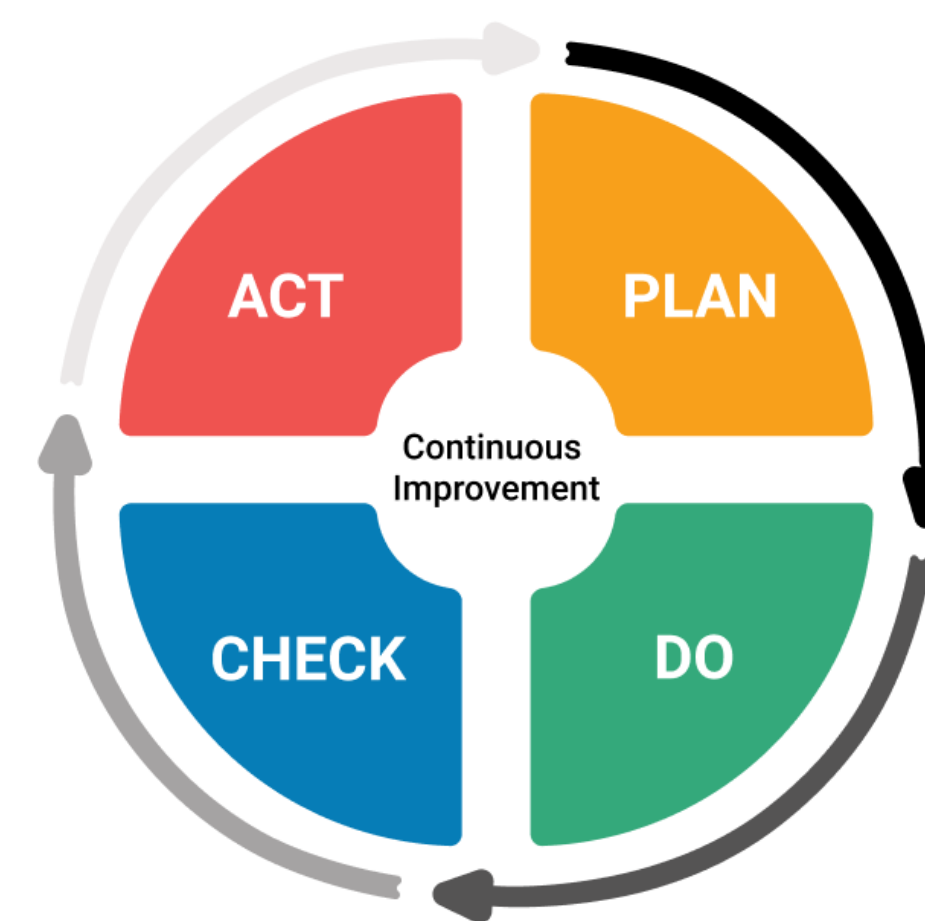
- Evaluate the need for reeducation efforts on CAM
- Increase CAM use, comfort and knowledge

Baseline Metrics

- Electronic Medical Record data analysis: TJUH admissions September - December 2019
 - CAM+ patients: 7.7%
 - Delirium diagnosis in CAM+ patients: 8%
- TJUH Delirium Committee interviews on barriers to CAM use
 - Nursing:** lack of consistency in training protocol, lack of knowledge of what to do with positive CAM
 - Providers:** don't know where to look for CAM score, not regularly tracking, can't see what intervention nursing has taken after change in CAM

Interventions

- Nursing staff from two pilot units (7W, 7C) and house staff physicians (Family Medicine residents) were targeted to evaluate current CAM practices
- Surveys:** Anonymous, on comfort, knowledge and barriers using CAM
 - Initial needs assessment
 - Post education
- Interventions**
 - Nursing:
 - CAM training
 - Providers:
 - Resident didactics on Delirium & CAM
 - Delirium pocket card
- Descriptive analyses of survey outcomes before and after the interventions



Challenges and Lessons Learned

Lessons learned:

- Providers and nursing staff identified a need for CAM education
- Nurses feel confident in performing CAM, accurately identify the 4 CAM features, but had difficulty with nuances of scoring
- Nursing often not sure of next steps for CAM positive patients
- Providers were unfamiliar with and had limited knowledge of CAM; did not know where to locate CAM results in EMR
- Barriers to diagnose delirium for providers include unclear patient baseline and attributing signs to acute illness
- Education for nursing staff and providers creates a positive trend in overall knowledge on CAM for diagnosis of delirium

Challenges:

- Lack of congruence between pre and post participants
- COVID delayed nursing education

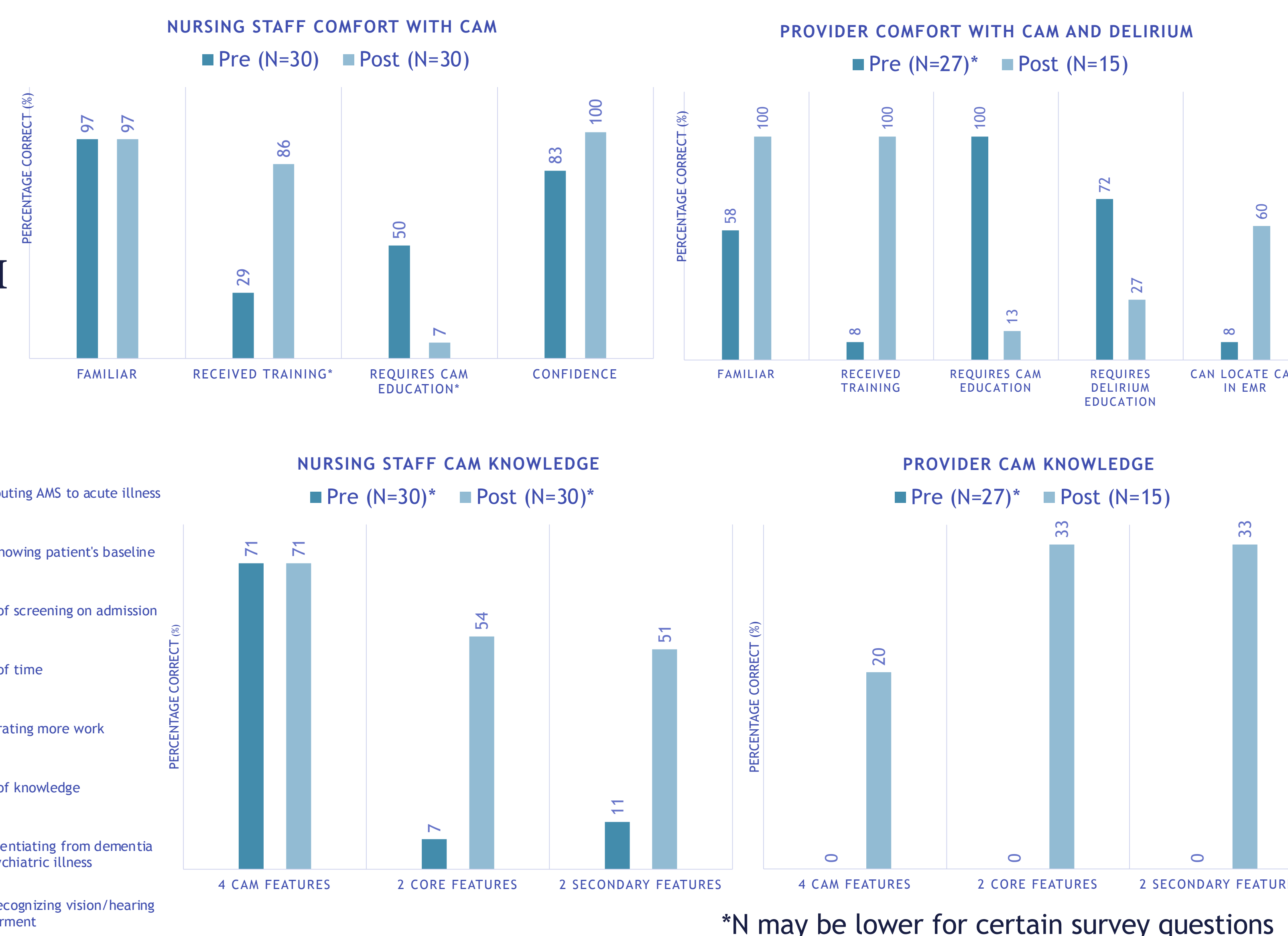
Future Directions

- Implement standardized education session for nursing staff
- Improve and implement delirium workflows
- Implement 'Delirium Order Set' in EMR
- Ultimately improve documentation of delirium for CAM+ patients

Linkage to Healthcare Disparities

- Dementia, increased medical comorbidity and reduced functional status are risk factors for delirium. Patients who reside in disadvantaged neighborhoods experience increased delirium and delirium severity.⁴
- This QI project focused on need for education on diagnosis delirium. Earlier recognition and management will lead to better health outcomes for vulnerable older adults.
- Using JAGS' SDOH framework for delirium in older adults⁴, future specific delirium interventions could be focused on patient demographics, social and economic factors.

Results



Nursing Staff Barriers to Using CAM

Provider Barriers to Diagnosing Delirium

