Geriatric Emergency Department
Quality Improvement Initiatives

The GED participates in quality improvement initiatives to monitor the use of the geriatric screening tools and guidelines, and to assess the effectiveness of these tools.

QI initiatives are established by the Geriatric Medical Director and the Geriatric Nurse Practitioner/Geriatric Coordinator and are reported monthly to the ED QI committee, and on a quarterly basis to the Hospital- wide Healthy Aging Program.

CAM (Delirium) Screening

When: Patients are screened for delirium by the nurse completing the patient's comprehensive triage, using the CAM screening tool (see below), as per the GED guidelines.
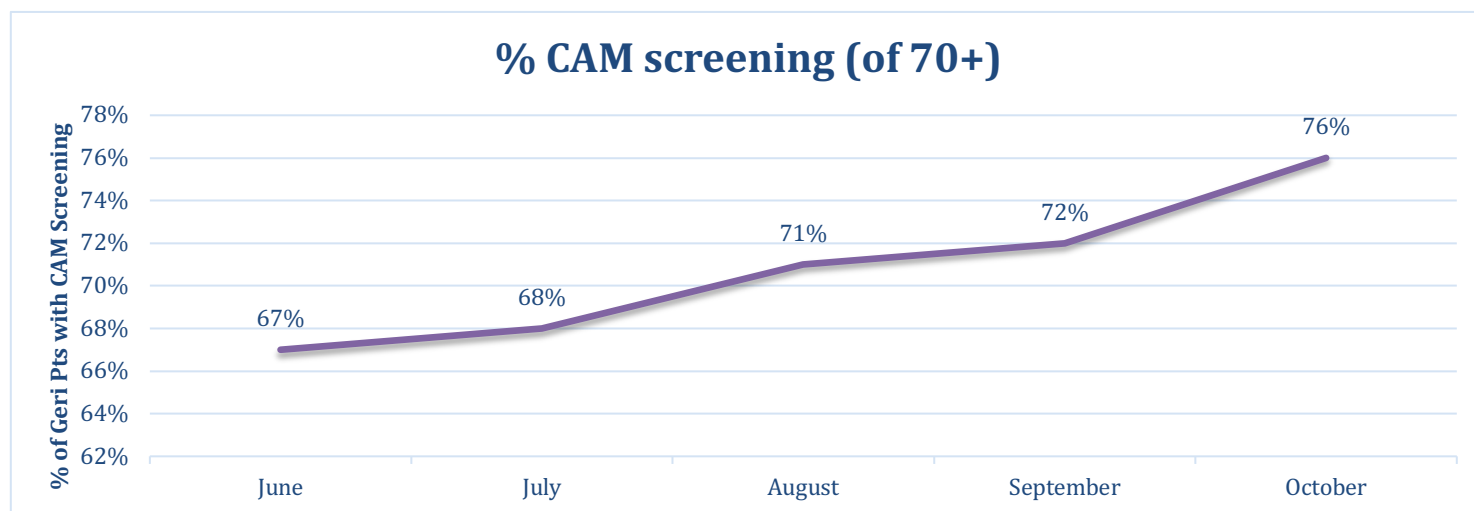
Chart audits: The use of the CAM screening tool is audited monthly and staff who fail to document the assessment will receive additional education. Chart audits are noted in Table 1 below

How: The CAM screening is documented in the EHR initially in the triage process. When a patient has a positive result for delirium this is noted on the ED dashboard for additional follow up by a multidisciplinary team. Patients who are positive for delirium must also have a plan of care in place that follows the delirium guidelines.
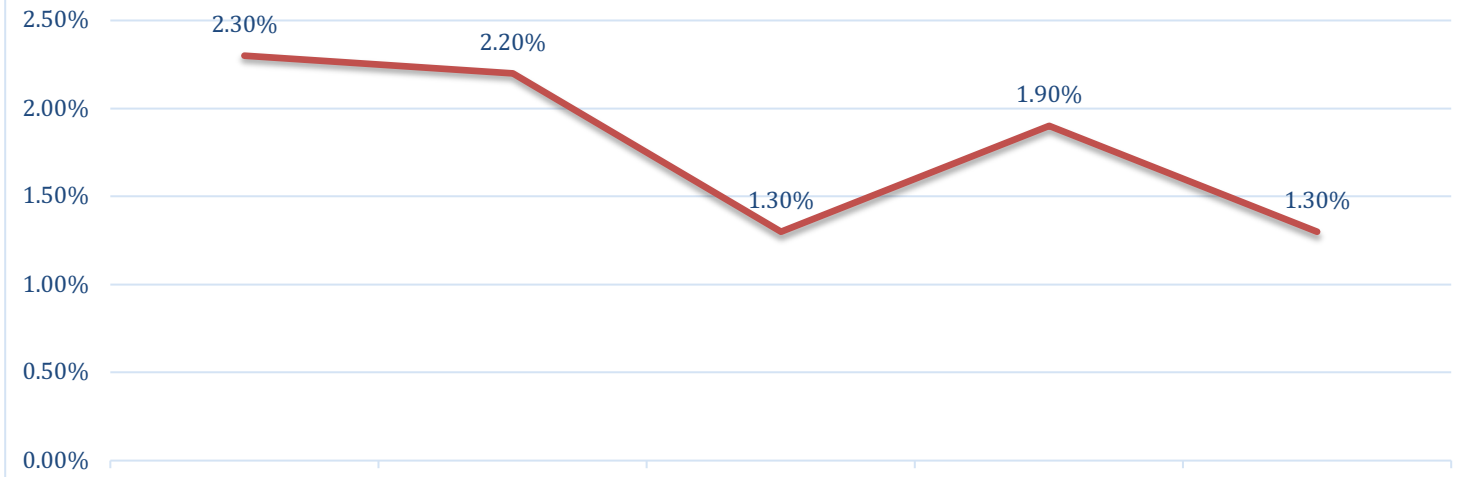
Reviewed policy: The guideline on delirium screening is reviewed by the medical director and geriatric coordinator on a yearly basis and adjustments are made to ensure it remains a useful tool in identifying those patients most at risk from hospitalization.

Measurement: The audit results are reviewed and discussed by the QI committee at their monthly meeting and a plan of action is initiated to increase use of the tool by the ED nurses.

In June 2018 our hospital switched the EHR to EPIC and since then it has been a challenge to increase the usage of this screening tool, possibly because of its location in the chart.

	June	July	August	September	October
% CAM screening (of 70+)	67%	68%	71%	72%	76%
% Positive for delirium (of 70+)	2.30%	2.20%	1.30%	1.90%	1.30%

% CAM screening (of 70+)

% Positive for delirium (of 70+)

2.50%

2.30%

2.20%

2.00%

1.90%

1.50%

1.30%

1.30%

1.00%

0.50%

0.00%

CAM (Delirium) Screening

✓ Confusion Assessment Method (CAM)

| Acute Onset (1A) | Yes   No |
| | No taken today |

| Fluctuating Course (1B) | Yes   No |
| | No taken today |

| Inattention (2) | Yes   No |
| | No taken today |

| Disorganized Thinking (3) | Yes   No |
| | No taken today |

Rate Patient's Level of Consciousness (4)	Alert (Normal), No
	Vigilant (Hyperalert), Yes
	Lethargic (Drowsy, easily aroused)...
	Stupor (Difficult to arouse), Yes
	Coma (Unarousable), Yes
	Alert (Normal), No taken today

| CAM Score | |