

Finding Delirium in High Risk ED Admissions

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Background

Burnaby Hospital is a 314-bed community hospital located in Burnaby, British Columbia. The hospital provides a full range of acute and specialized care services to more than 1.8 million people living in the city of Burnaby and its surrounding communities.

Older patients make up a significant portion of Emergency Department (ED) patients and they often present with or develop, delirium or agitation in the ED. There is high morbidity and mortality with delirium and the benefit to screening elderly patients admitted from the ED for delirium include earlier diagnosis, evaluating for underlying causes and providing optimal treatment. The Confusion Assessment Method (CAM) or Brief Confusion Assessment Method (BCAM) are used to identify patients who have delirium. Our older patients have not regularly received assessment when walking into the ED and the opportunity to identify them early in their patient journey is ultimately missed.

Burnaby Hospital receives more than 85,000 patients in the ED yearly with more than 17% being elderly. Of those patients, 70% will require admission. Delirium is a patient safety priority in Fraser Health Authority and we see an opportunity to improve patient outcomes by earlier identification of delirium from the ED.

AIM: Increase the identification of pre-admission delirium by 25% in patients admitted from the ED by March 31, 2020.

Increase Awareness

- Delirium is highlighted as a patient safety priority to hospital and medical staff.

Increase
Desire

- Provide the story of patients in our ED who have delirium and what happens to them

Increase Knowledge:

- What is delirium? What is Confusion Assessment Method (CAM)?

Foster Ability:

- Provide education on how to do the CAM. Show examples in real-time.

Reinforce:

- Sharing weekly Results from Audits

Next Steps

Delirium is a complex medical issue and there is still a lot of work that needs to be done. Early identification of patients with delirium enables us to assess and improve care and management of our patients plans in areas such as:

1. Reducing time in the ED with earlier transfer to inpatient wards
2. Providing the appropriate analgesics
3. Execute a more effective plan by treating the underlying causes and avoiding exacerbating medications such as sedatives and anti-psychotics that can be addressed.

Changes Tested

1. **EDUCATION:** Delirium presentations at HQOMC meeting, site Grand Rounds, Medical Staff Department Meetings, CNE meeting; SQUID posters in the ED and discussions during ED morning huddles
2. **CAM Screening:** CNE teaching sessions; EP support; Posting weekly results; PCC support; embedding CAM into nursing flowsheet in surgical units
3. **Improve DOCUMENTATION:** Informatics review; using the term Delirium not Confusion; document delirium on MRP admission problem list and discharge summary
4. Test and Implement **“Orange Dot”** Delirium screening/detection system

Lessons Learned

Delirium is an important patient safety priority for Fraser Health Authority. Addressing patient safety priorities through Quality improvement projects can help teams at each hospital site work together to break down complex processes and improve outcomes for patients.

Results

1. *Fig (1)* Improved use of CAM score for ED admitted elderly patients to 93% (January, 2020).

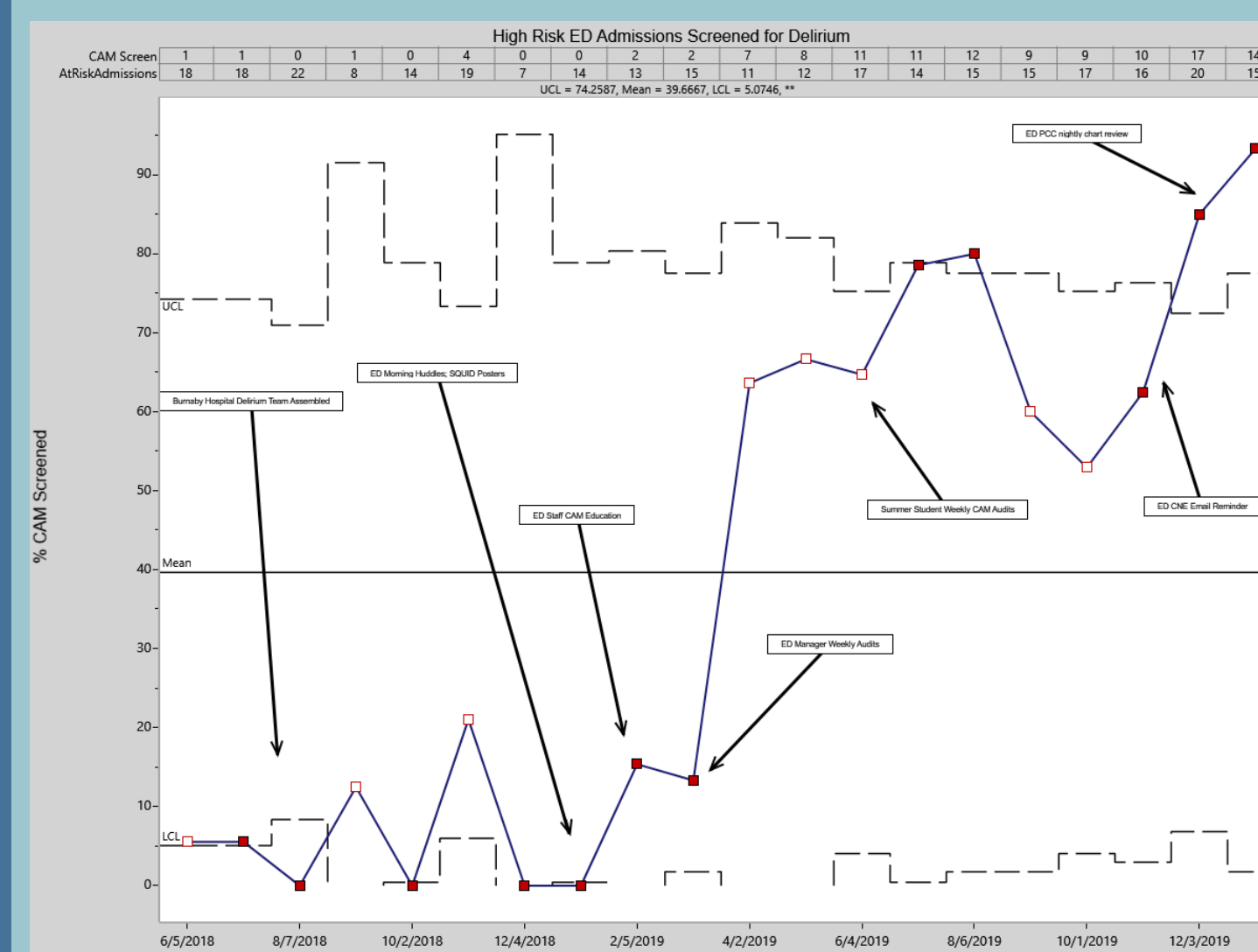


Fig (1)

2. *Fig (2)* Positive trending of the number of eligible patients diagnosed with delirium pre-admission. We continue auditing to confirm sustainment of improvement.

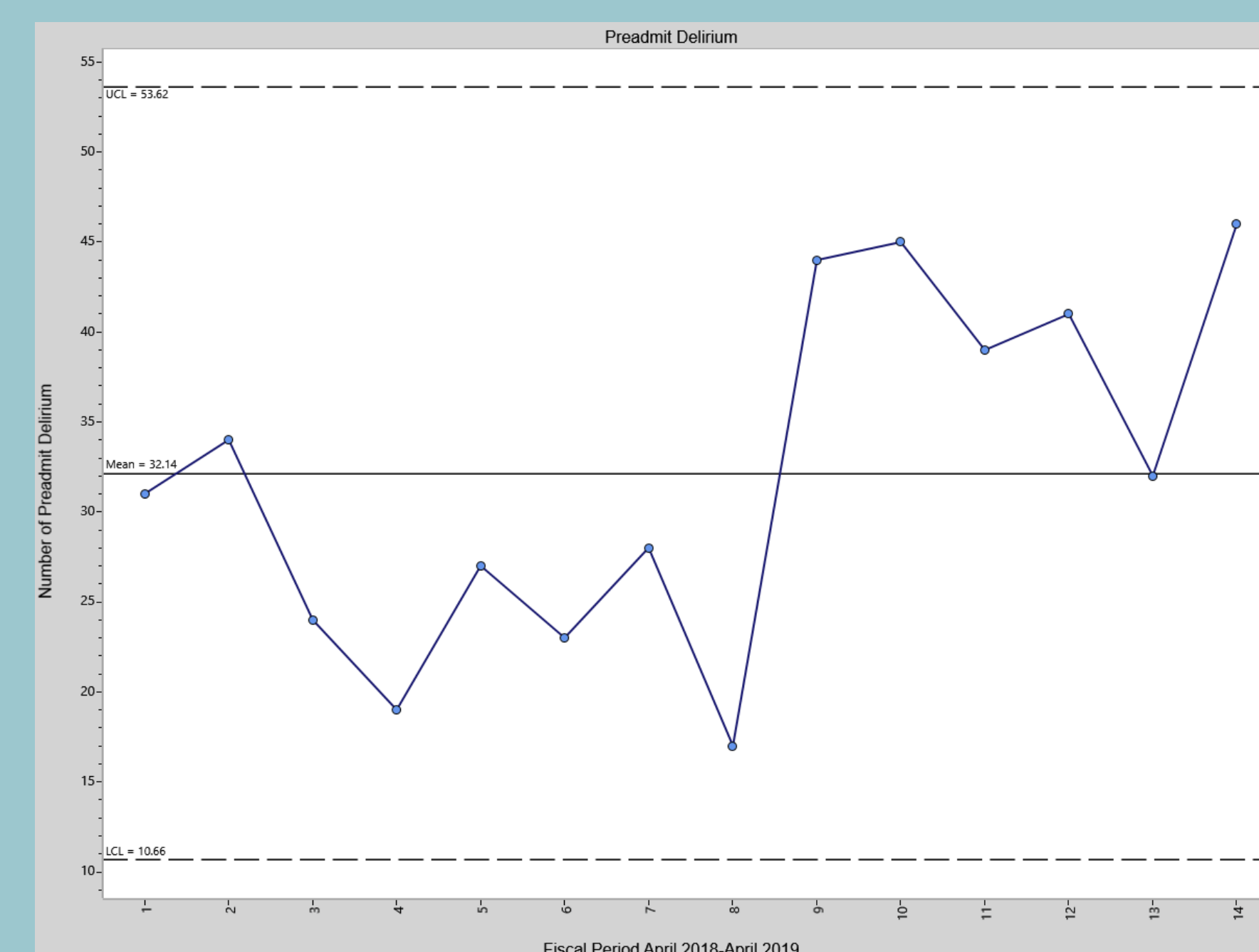


Fig (2)

- ### 3. Improved use of Delirium Pre-printed Orders allowing for earlier management of patients with delirium.