Fresh Eyes on a Chronic Problem: Using Chart Audits to Understand the Current State of Delirium Care and Inform Quality Improvement Activities

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Background

What did we know already?

• Delirium is a common, serious, and under-recognized issue for hospitalized older adults
• Several best practice guidelines (BPGs) outline recommendations for delirium care, which include:
  • Structured screening processes to detect delirium
  • Inter-professional multicomponent management strategies

What did we want to find out?

• How effective was our delirium screening?
• Was delirium detection and management being delivered according to BPG recommendations?
• What gaps in best practice existed to guide continuous quality improvement?

How did we investigate?

• Research Ethics Board approval was obtained
• Chart audits of 186 surgical and medical patients (all patients admitted to one medical and one surgical unit in February 2012)

Results

What did we learn?

• 17 patients (9.1%) had a physician-documented diagnosis of delirium
• 148 (79.6%) had no delirium diagnosis noted
• 21 additional (11.3%) patients were identified by the reviewer as likely having undiagnosed delirium based on nursing and/or physician documentation of acute mental status change
• Only 4 (2.2%) patients had their baseline cognition noted

Nursing Role in Delirium Detection

• Despite established standards*, RN Confusion Assessment Method (CAM) screening for delirium was absent for 13 patients (7.0%) throughout their admission
• Of patients with a physician diagnosis of delirium:
  • 35% had negative nursing CAM screens throughout their admission
  • 29% had no delirium symptoms documented by nurses

Delirium Management

Of the 17 patients with an MD diagnosis of delirium the following management strategies appeared in the chart review:

<table>
<thead>
<tr>
<th>Management Strategy</th>
<th>Number receiving (%)</th>
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</thead>
<tbody>
<tr>
<td>Workup of causes</td>
<td>14 (82.3%)</td>
</tr>
<tr>
<td>Environmental strategies</td>
<td>5 (29.4%)</td>
</tr>
<tr>
<td>documented</td>
<td></td>
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<tr>
<td>Medication review</td>
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<tr>
<td>Neureleptic treatment</td>
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*Established standards required CAM screening to be completed every shift for all medical and surgical patients over age 65, and with any change in mental status

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Discussion

What do the results tell us?

• Delirium is often missed by both nurses and physicians, which is consistent with literature findings of non-detection rates as high as 69%2
• Similar to literature reports3, 4, accurate and complete CAM screening was detected as a barrier to best practice delirium care
• Inaccurate or incomplete determination of a patient’s baseline is a key barrier to accurate CAM completion given that the presence or absence of an acute change from baseline is a key symptom of delirium
• CAM completion rates require improvement to guide effective delirium care
• Delirium is not consistently managed according to BPG recommendations

How did we use this information to guide delirium care?

• This information was used to guide targeted improvement strategies
• Chart audit data was used for constructive performance feedback
• Data was used to engage nurses and health informatics in collaborative problem-solving regarding assessment and documented patient baseline information
• Notably, a key identified barrier to nursing completion of CAM screening was the experience/perception that identifying a patient as CAM positive did not trigger further interventions
• Prioritized POST-CHART AUDIT interventions:
  • Standardized workflow for baseline assessment and documentation
  • Standardized nursing care plans and order sets to target delirium once detected

References


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