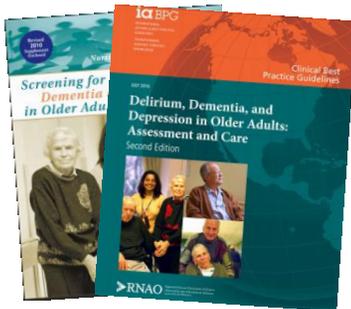## RNAO Best Practices: Evidence Booster

Screening for Delirium, Dementia, and Depression in Older Adults

Delirium, Dementia, and Depression in Older Adults: Assessment and Care, Second Edition (2016) **and** *Screening for Delirium, Dementia and Depression in Older Adults (2010)*

The RNAO best practice guideline (BPG) *Delirium, Dementia and Depression in Older Adults: Assessment and Care Second Edition(2016)* is intended to update and replace the BPG *Screening for Delirium, Dementia and Depression in Older Adults (2010).* The purpose of this guideline is to enhance the quality of evidence-based practices pertaining to delirium, dementia, and depression in older adults.

In 2011, the Alzheimer Society of Canada reported that 747,000 older Canadians (almost 15 per cent of the population) were living with dementia; by 2031, this number is projected to reach 1.4 million[1]. The World Health Organization (WHO) reports that the prevalence of dementia increases with age, and appears to double every five years after age 65[2].

Aim: To examine changes in care processes associated with the implementation of the RNAO BPG *Screening for Delirium, Dementia and Depression in Older Adults (2010)* in two Ontario hospital Best Practice Spotlight Organizations® (BPSO®).

Measure: Indicators from the Nursing Quality Indicators for Reporting and Evaluation ® (NQuIRE®) data system were used to determine the percentage of persons, 65 years of age and older, who were screened for cognitive, functional, behavioural and mood disorders on initial assessment using a standardized tool.

Clinical improvement: Determined as an increase in the percentage of people screened for cognitive, functional, behavioural and mood disorders.

Figure 1: Percentage of people screened for cognitive, functional behavioural and mood disorders in an Ontario hospital BPSO (2015-2017)
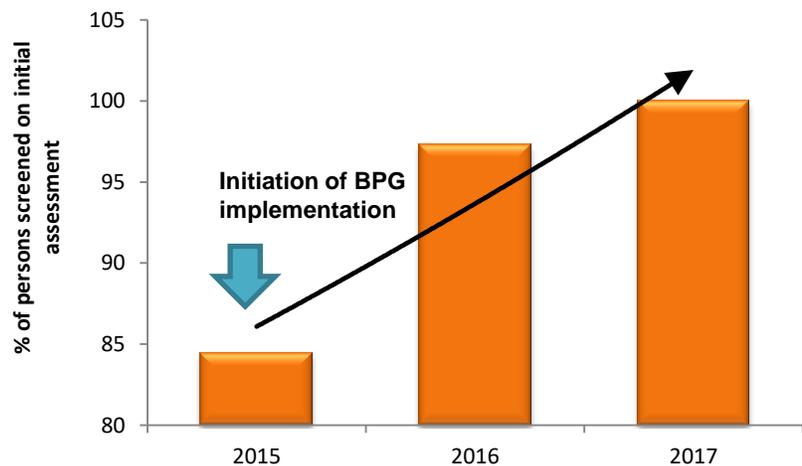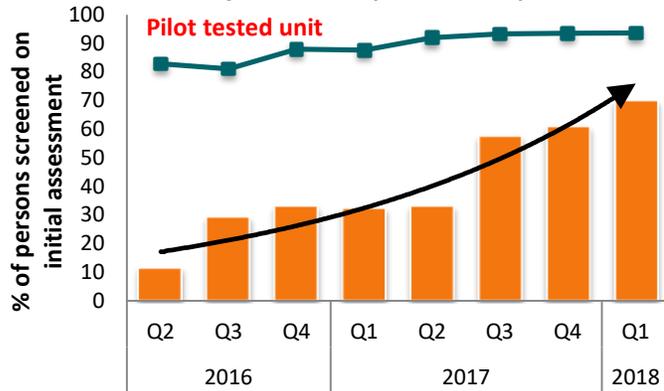

Impact: A 16% increase in the percentage of persons screened on initial assessment for cognitive, functional, behavioural and mood disorders in one Ontario hospital BPSO from 2015 to 2017.

Practice changes

The Confusion Assessment Method[3] (CAM) instrument was added to all admission packages for persons over the age of 65. The CAM was also completed when there was a sudden change in a person's mental status. Delirium care plans were developed to provide care guidance for nursing staff if the CAM returned a positive screen. Other resources were developed to support the use of the screening tool in practice, such as family education fact sheets, pocket cards, and orientation packages for nursing staff.

RNAO Best Practices: Evidence Booster

Figure 2: Percentage of people screened for cognitive, functional behavioral and mood disorders in an Ontario hospital BPSO (2016 - 2018)


Impact: A 58% increase in the percentage of persons screened on initial assessment for cognitive, functional, behavioural and mood disorders in an Ontario hospital BPSO.

Practice changes

In this Ontario hospital BPSO, the guideline was piloted on a single unit (reached sustainability) and then, rolled out organization wide. Several strategies were adopted to support the practice change of screening using a standardized tool:

• The CAM was embedded within the electronic documentation system

• Staff education was provided on the BPG and the importance of screening using the CAM

• Nursing staff received electronic notification when persons had not received the CAM screening

• An education care pamphlet was developed for persons receiving care

• A physician package was created to communicate the implementation of the BPG and the associated organizational changes.

Conclusion: This analysis demonstrates an increase in the percentage of persons, 65 years of age and older, screened for cognitive, functional, behavioural and mood disorders on initial assessment using a standardized tool in two different Ontario hospital BPSOs that implemented RNAO's BPG *Screening for Delirium, Dementia and Depression in Older Adults (2010)*.
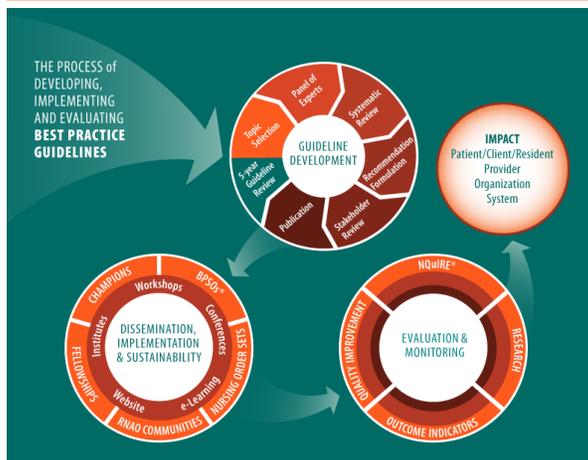
RNAO launched the BPG Program in 1999[4] with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health-care and academic organizations that implement and evaluate these BPGs. Currently, there are 132 BPSOs across Canada and around the globe, representing more than 700 implementation sites.

NQuIRE[5], a unique nursing data system housed in the International Affairs & Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators.

References

[1] Alzheimer Society of Canada. (2015a). *Dementia numbers in Canada.* Retrieved from http://www.alzheimer.ca/en/About-dementia/What-is-dementia/Dementia-numbers

[2] World Health Organization. (2012). Dementia: A public health priority. Retrieved from http://www.who.int/mental_health/publications/dementia_report_2012/en/

[3] Inouye, S. K., Van Dyck, C. H., Alessi, C. A., Balkin, S., Siegal, A. P., & Horwitz, R. I. (1990). Clarifying confusion: The confusion assessment method—A new method for detection of delirium. *Annals of Internal Medicine, 113*(12), 941–948

[4] Grinspun, D., Virani, T., & Bajnok, I. (2002). Nursing best practice guidelines: The RNAO (Registered Nurses' Association of Ontario) project. *Hospital Quarterly,* 5(2), 56-60.

[5] VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQuIRE. *Nursing Leadership*, 25(2): 26-37.

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Autumn 2018