Working Towards an Age-Friendly Health System: A Quality Improvement Project Based in a Long-Term Care Setting

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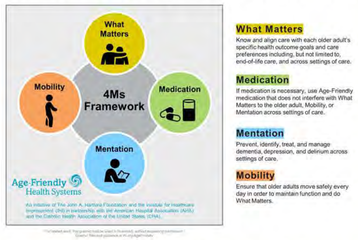
Background

Age-Friendly Health Systems is a collaboration between the Institute for Healthcare Improvement and the John A Hartford Foundation. It is a set of evidence-based practices aimed at improving healthcare for older adults across a variety of settings. The practices are divided into the 4Ms: what matters, medication, mentation, and mobility.[1]



Included in the mentation category is screening for depression, dementia, and delirium.

Purpose

- Determine current processes in place for depression, dementia, and delirium screening.
- Evaluate the use of delirium screening tools by nurses caring for residents in long-term care.
- Develop recommendations that align with Age-Friendly Health Systems guidelines.

Methods

Setting

- This project took place at a long-term care (LTC) facility in Portland. The post-acute skilled nursing department was excluded from this initial phase.
- Residents of the LTC facility included:
  - 13 permanent residents in memory care
  - 11 permanent residents in non-memory care
  - Average age 88

Intervention

Depression
- Review of evidence-based guidelines for depression screening for people with dementia or mild cognitive impairment.
- Complete chart review to assess depression screening practices.

Delirium
- Create process maps of current process for evaluating delirium.
- Administer survey to nurses to evaluate barriers to using a delirium screening tool, confidence in evaluating suspected delirium, and interest in using a screening tool.

Dementia
- Complete chart review to assess current dementia screening practices.

Discussion

Duplicate Work

- Chart review showed that while screening for depression and delirium are being completed by social services for federal requirements, this information is not shared via the EHR.
- This results in two people completing each required screening, but makes it difficult to trend findings across systems.

Delirium Assessment

- Process maps revealed that recognizing and evaluating for changes in mental status relies heavily on nursing assessment.
- Literature on delirium screening shows the importance of combining nurse observations with a screening tool. This can be done with the CAM or CAM-Short.[5]

Screening for Residents with Dementia

- The majority of residents have a diagnosis of dementia.
- Specific tools which screen for depression and delirium in people with dementia is an important component of an accurate assessment.

Recommendations

The following recommendations are designed specifically for the LTC facility and align with Age-Friendly Health Systems requirements.

Depression	Delirium	Dementia
• Continue using PHQ-9 for residents with no or mild cognitive impairment • Consider switching to GDS long or short version • Use CSDD for residents with dementia • Screen at admission, annually, and with a change in condition • Document screening results in EHR flowsheet	• CAM at admission, quarterly, and with a change in mental status • Integrate CAM into EHR • Consider CAM-Short • Provide training in administering CAM through American Geriatrics Society [6]	• Continue using MoCA or SLUMS • Screen at admission, annually, and with a change in condition • Coordinate with therapy services to ensure proper documentation in EHR • Include score in geriatric ROS

Findings

Depression

- No residents had an annual depression screening documented in EHR
- While a PHQ-9 is used to screen residents, this information is not included in the EHR
- Use of the Cornell Scale for Depression in Dementia (CSDD) is validated across range of cognitive impairment.[2]
- Geriatric Depression Scale (GDS) short form performed similarly in people with mild cognitive impairment compared to those without cognitive impairment.[3, 4]

Delirium

- 93.3% survey response rate (14 of 15 nurses)
- Confident in ability to identify cognitive change in residents with and without dementia
- 64.3% never use a screening tool
- All respondents were interested in using one
  - 10 strongly interested
  - 4 somewhat interested
- Barriers to use:
  - Not integrated into EHR, lack of familiarity, not required, not necessary, provider onsite
- Social services completes CAM-Short at admission and quarterly

Dementia

- 22 of 25 residents have a diagnosis of dementia
- 80% of eligible residents had an annual MoCA or SLUMS screening

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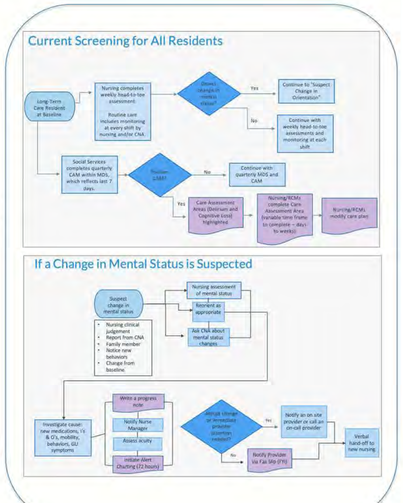

Next Steps

In February 2021, this LTC facility was invited to participate in an Age-Friendly Health Systems pilot group with other LTC facilities across the United States. The goal of this pilot program is to build an understanding of how Age-Friendly Health Systems can be implemented consistently across LTC facilities. Participation in this group will allow staff and residents to shape Age-Friendly care. Additionally, Age-Friendly Health Systems practices could be expanded to post-acute skilled nursing or to additional LTC facilities.[7]

School of NURSING

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