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Confusion Assessment Method Compliance and Importance

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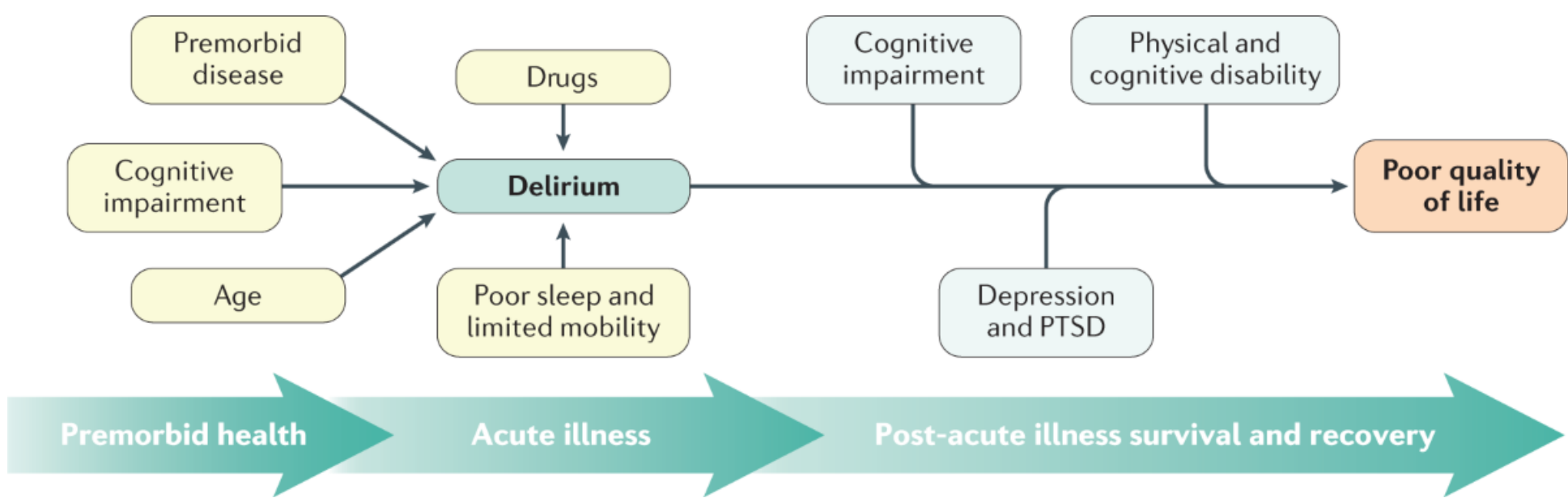
Confusion Assessment Method Compliance and Importance

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Background

- Daly 6A, an Acute Care for Elderly (ACE) and Nurses Improving Care for the Healthsystem Elderly (NICHE) unit, admits 59% of patients who meet ACE criteria. The inclusion criteria includes patients over 65 years old who are community-dwelling and do not require intensive care.
- Patients at an increased risk for developing delirium include those experiencing lack of sleep, hospitalization, inadequate nutrition, being aged 65 or older, immobility, lack of light, and a history of delirium (NICHE, n.d.). Experiencing delirium increases the risk of older adults developing dementia later and raises the risk of mortality (NICHE, n.d.).
- Baystate Health automatically populates a Confusion Assessment Method (CAM) task twice a day (06:00 and 18:00) for all patients aged 65 and older. CAM assesses alertness, thinking patterns, attention, and changes in mental status.



Purpose

- The purpose of this project is to identify compliance in the early identification and treatment of delirium by evaluating current state documentation of CAM in CIS.

Goals/Objectives

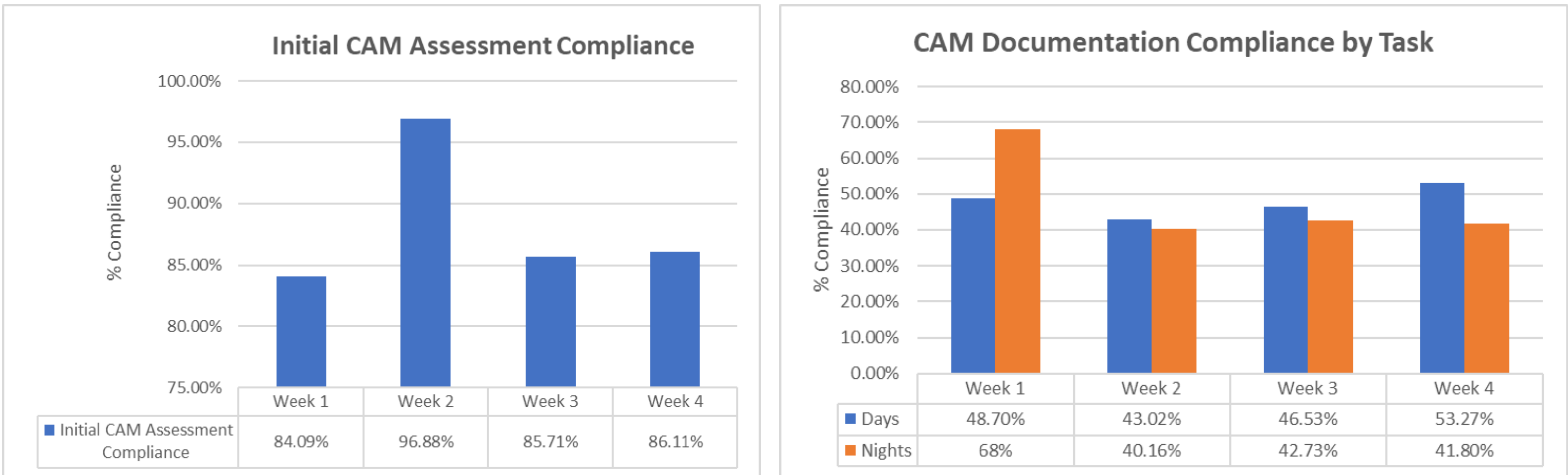
- Goal 1:** Identify the rate of compliance of the Confusion Assessment Method (CAM) documentation.
 - Objective 1: Compare the rate of compliance of CAM documentation between day shift and night shift.
 - Objective 2: Identify the rate of compliance of an initial CAM within 24 hours of admission.
- Goal 2:** Assess staff understanding of the accuracy and purpose of CAM.
 - Objective 1: Develop education for staff on delirium and CAM importance.
 - Objective 2: Develop, distribute, and evaluate CAM knowledge through a brief 6-10 question quiz.

Methodology

- Retrospective chart reviews on CAM documentation were collected for four consecutive weeks from 07/22/2024-08/15/2024.
- A total of 140 charts were evaluated and a total of 913 CAM assessments.
- CAM chart audits included:
 - Compliance of CAM assessment within two hours of task firing.
 - Initial CAM documented within 24 hours of admission.
 - Day shift and night shift CAM documentation compliance.
- The results were categorized based on the compliance of the entire Daly 6A unit, and further divided into day shift and night shift. Patients who required intervention (e.g., those with a positive CAM score) were excluded from further data analysis.
- Additionally, staff were given a knowledge test with 6 (support staff) - 10 (nurse) questions on CAM.

Outcomes

- A total of 51 staff took the CAM knowledge test. The overall score on the test was 78.6%.
- The data demonstrates better overall CAM documentation compliance with initial CAM Assessment on admission.
- There is a decrease in compliance of CAM documentation for both day shift and night shift with an improvement of day shift documentation over the 4 weeks.



Conclusions

- Overall, there is poor CAM compliance on Daly 6A after admission.
- A contributing factor to poor CAM compliance could be knowledge deficit as evident by the initial CAM quiz average result of 80% for nurses and 76.6% for support staff. Most incorrect questions were:
 - Is the CAM task asking about changes from admission or previous shift?*
 - What are risk factors for delirium?*
- Limitations to the study include not accounting for patient transfers from another unit, not accounting for transfer time up to unit from the emergency department (ED), and not differentiating between acute CAM and ICU CAM.
- The next phase of this project includes continuing with CAM/Delirium education from 08/19/2024-09/13/2024 and then doing another retrospective chart review on CAM compliance from 09/23/2023-10/18/2024 to evaluate effectiveness of education.

References

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