The Royal College of Emergency Medicine

Assessing for Cognitive Impairment in Older People'

QUALITY IMPROVEMENT PROJECT 2019/20

National Results

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Contents

- This presentation shows how EDs are performing against the standards and variation over the QIP period.

- For further information please see the national report at www.rcem.ac.uk/audits.

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QIP Objectives

- To identify current performance in EDs against clinical standards and show the results in comparison with performance nationally and in the ED's country in order to facilitate quality improvement.

- To empower and encourage EDs to run quality improvement (QI) initiatives based on the data collected and assess the impact of the QI initiative on their weekly performance data.

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Standards

Standard	Standard type
STANDARD 1: **There should be written evidence that patients have had an assessment for cognitive impairment during their visit to the ED using a validated national or locally developed tool.**	**Developmental**
STANDARD 2: **Whenever cognitive impairment has been identified, there should be documented evidence that the patient was assessed using a delirium bundle.**	**Fundamental**
STANDARD 3: **Whenever cognitive impairment has been identified, there should be documented evidence that this information was included in the ED discharge letter.**	**Aspirational**

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Performance summary

- This section shows the national performance against standards for this QIP
- You will see the mean for the QIP period, as well as the variation each week on an SPC chart.
- ↑ Higher scores (e.g. 100%) indicate higher compliance with the standards and better performance.

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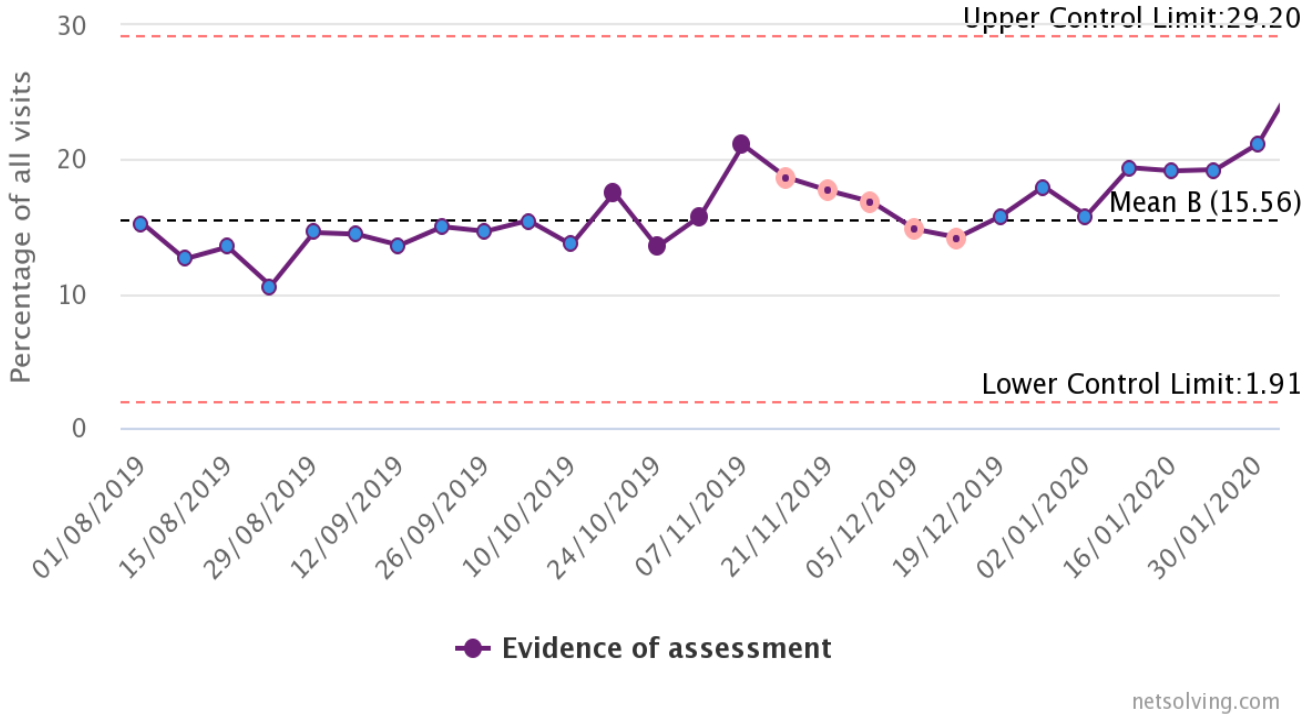
Clinical findings

STANDARD 1:
Fundamental
There should be written evidence that patients have had an assessment for cognitive impairment during their visit to the ED using a validated national or locally developed tool.



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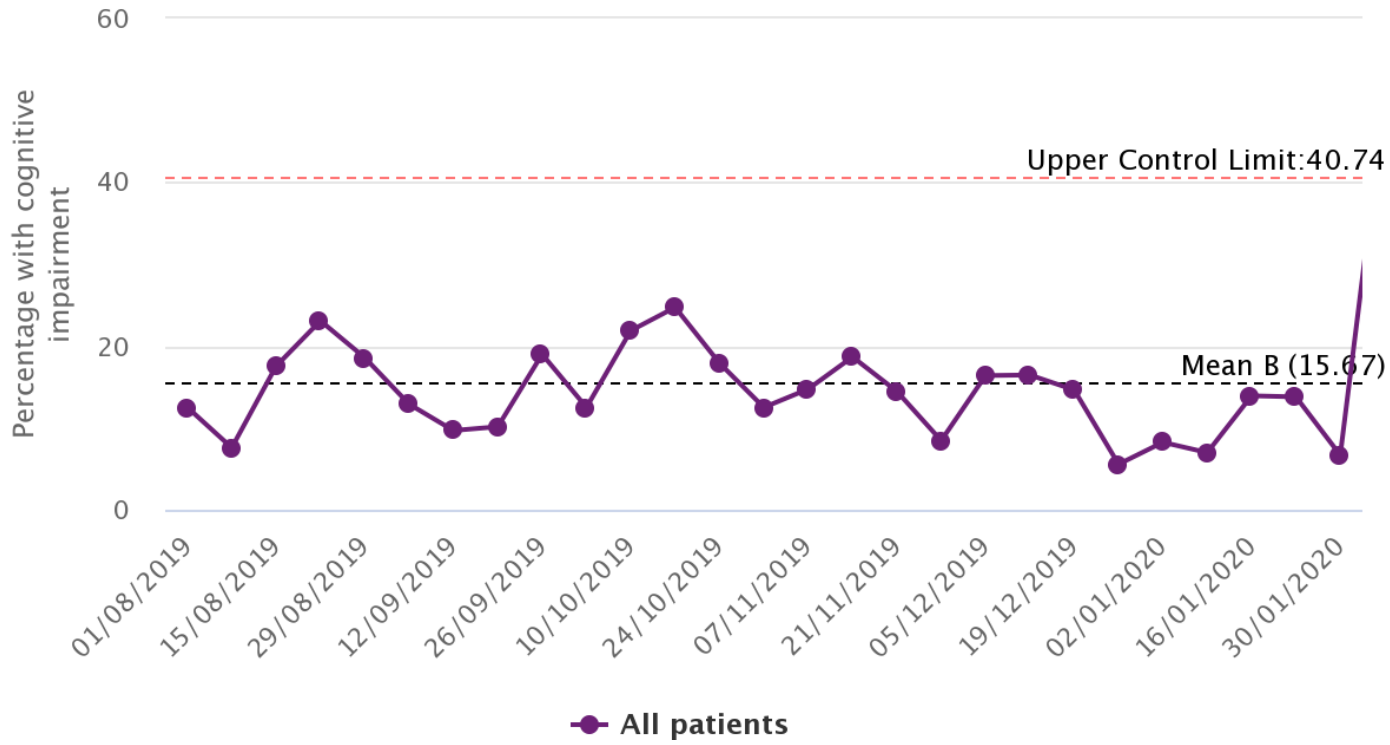
Clinical findings

STANDARD 2:
Aspirational
Whenever cognitive impairment has been identified, there should be documented evidence that the patient was assessed using a delirium bundle.



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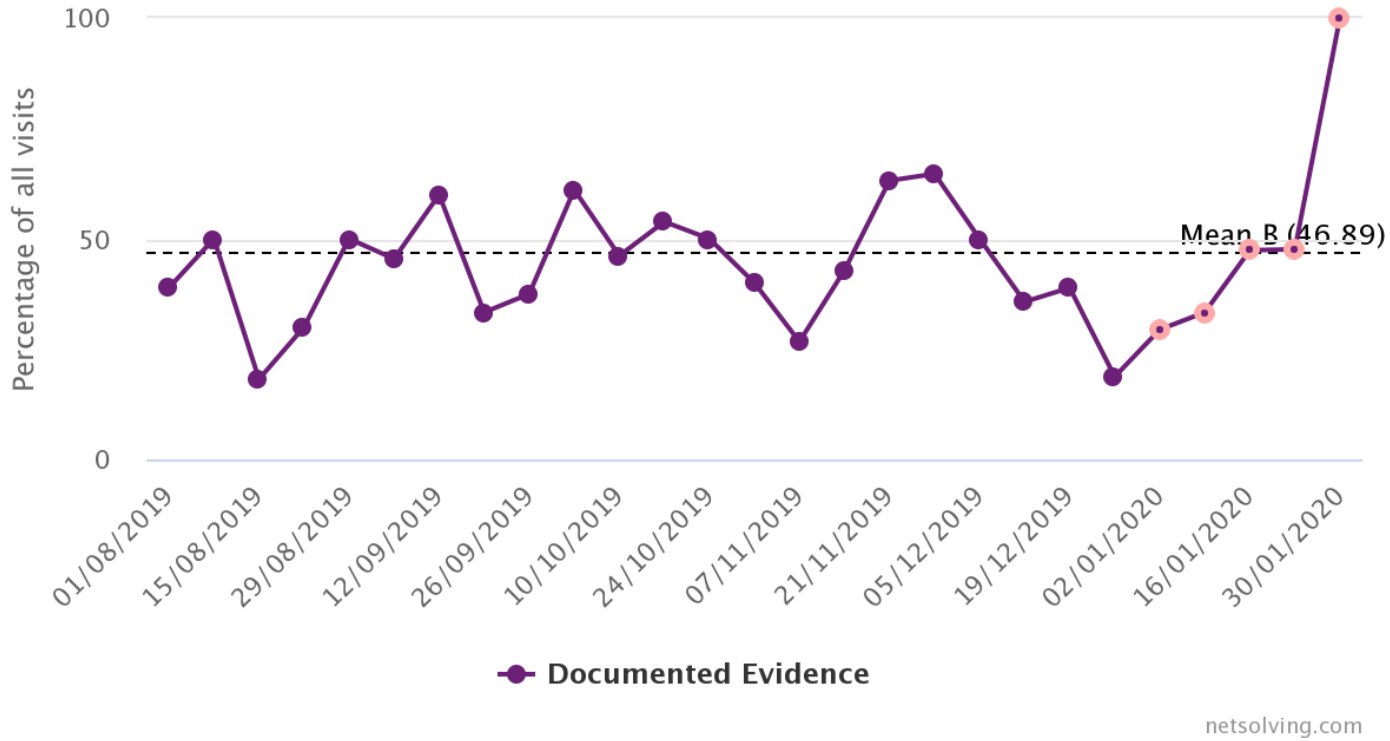
Clinical findings

STANDARD 3:
Developmental
Whenever cognitive impairment has been identified, there should be documented evidence that this information was included in the ED discharge letter.



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Recommendations

A cognitive assessment of patients ≥75 years using a validated tool whilst in the ED should be routine.

A cognitive assessment with a validated tool should be considered in those aged 65-74 presenting with a non-minor injury complaint.

The 4AT should be used to assess for both cognitive impairment and delirium.

There must be clear documentation of identified cognitive impairment and/or delirium to aid transfer of patient care.

The current 'Silver Book (2012)' recommendations should be reviewed and updated.

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Next steps

- Read the full report at www.rcem.ac.uk/audits
- Action planning
- Rapid cycle quality improvement
- Contact other EDs for tips & solutions