

STANFORD EMERGENCY DEPARTMENT'S CLINICAL DECISION UNIT AND THE NURSES' ROLE TO DETECT COGNITIVE IMPAIRMENT

BY TERRY DAVIS RN, BSN, MFA

NICHE 2017 AUSTIN TX



Background: The Stanford Hospital Emergency Department is a teaching hospital that saw in FY 2016 -71,500 patients. According to NICHE statistics our aging adult population accounts for 50% of hospital admissions and many arrive through the Emergency Department (ED). After initial triage and treatment in our ED patients that meet criteria, not needing ICU admission are transferred to our Clinical Decision Unit (CDU); a 24 hour observation unit for Adult patients. Following medical evaluation, half of these patients are discharged, the remaining are admitted or transferred to other healthcare facilities the next day. Elderly patients come in as a result of a fall, altered level of consciousness, infection, pain or complications from existing illnesses. It is not unusual to suspect levels of cognitive impairment or dementia not yet detected. As part of our CDU assessment for our elder patients we would like to implement a proven and simple tool that would detect cognitive impairment (CI) and assist in treatment and referral to the appropriate Gerontological services offered at Stanford Healthcare.

Problem: In my personal and professional life as an RN, I have experienced elders in my family, amongst friends and in my community who lose their ability to remember even the simplest tasks as they age. Their levels of memory loss vary and often are missed by one's own family members including their own spouse. Many end up patients in my emergency department. Sadly in our initial triage, physical assessment, secondary and CDU assessments the ability to detect cognitive impairment is not a delineated area to assess. Our job in the ED is to first care for the physical problem as "task masters saving lives", other issues can be dealt with later in the hospitalization process. Since there are relatively few emergency departments that have ED areas catering solely to the Geriatric population, an elder's cognitive impairment can be missed, at worst dismissed. Furthermore with the uncertainty of Medicare and the rising costs of insurance premiums this poses threat. Hospital stays are shorter, and for our elders and their family members, care can be daunting as they may not have the resources or ability to seek outpatient help when their loved ones present with signs of dementia or the onset of Alzheimers disease.

Solution/ Implementation: As a NICHE hospital and delegate for our Emergency Department I consulted our Gerontology CNS Astrid Block RN, MSN and with her help I am conducting a pilot study in my area of the ED CDU. Using the Six-Item Screener (SIS) I will try to identify CI based on the study: a "Six-Item Screener to Identify Cognitive Impairment among Potential Subjects for Clinical Research" 2002 URL <http://www.jstor.org/stable/3768143>. Our plan was to collect data over a two week period in the CDU, find validity in the use of the SIS tool and implement it's use on other units at Stanford Hospital. Thus cognitively impaired elders would receive appropriate referrals to our Geriatric and Aging Adult Services Departments for further assessment as inpatients and with optimal follow up as outpatients, realizing the need to safeguard the patient at home thus lowering re-admissions to the ED.

Issues/ Implementation: 1) As politicians scrutinize the Affordable Care Act and Medicare, healthcare is being impacted nation-wide. As my hospital also faces budget constraints, one cost-saving measure taken was to cancel all nursing committee meetings including NICHE meetings. NICHE was my support group for this study. 2) The ability to obtain initial approval for the my pilot study as a "staff nurse" met more resistance than I planned and required support from my CNS collaborator to talk to Nursing managers, researchers and educators whose approval was granted after three weeks time. 3) Help from nurse colleagues to collect data was not feasible, as staff felt overloaded with their existing responsibilities of patient care in the ED. 4) My study sample included all patients in the CDU over 65 yo and there were two times during the shift that I could collect data. In the morning was ideal because I could incorporate the SIS questions into my nursing head-to-toe assessments. Second in the afternoon with the typical next wave of patients who would arrive and needed their initial CDU assessment. I usually serve as charge nurse in the afternoons and realized that with those added responsibilities e.g. staffing and rooming despite working 12h shifts three times a week, data collection was not easy. My pilot study timeline of two weeks has now taken over a month and I have been unable to collect my goal sample (n= 25-30 patients).

Outcome: Despite these hurdles, I have worked closely with our medical team to identify those geriatric patients with cognitive needs as a result of my findings. Nursing Case Managers have reviewed each case. Gerontology and Aging Adult Services have seen these patients sooner so further CI consultation can be implemented. Educational materials have been given with discharge paperwork to those patients/families who might benefit from these services in the future. At this point I will continue to incorporate this practice as I collect data to reach the "n=25 goal". Collaborating with my Gerontology CNS we will look closely at all data and demographics. If conclusive it will enable us to advocate for a standardized cognitive assessment tool in the CDU incorporated into the EPIC medical record. Hopefully it can be used hospital wide as other units have stated interest in a cognitive assessment tool. Our goal is to ensure that all geriatric patients, families and caregivers have the resources to cope with the complexities of their illness prior to discharge so that can return to a safer home environment.

SIX ITEM SCREENER TO IDENTIFY COGNITIVE IMPAIRMENT

Reference: Callahan, C et al (2002). *Medical Care Volume 40, No. 9, pp 771-781. Available to SHC under a Creative Commons-Non Commercial Derivatives 4.0 International License.*

Circle a "Yes" or "no" for each response. Total number of "No's" for Summary at the end to calculate score.

A score of 2 or more missed indicates a need for further screening and diagnostic testing.

Please use this tool during CDU assessment with patients 65 years old and over. Return to the **Terry Davis RN** envelope at the CDU Nurses station when complete. These results will be used to identify patients that may need further cognitive assessments and or referral to other Geriatric & Aging Adult Services offered at Stanford Hospital. If you have any questions I am available. Thank you!

RN SCRIPT:

I would like to ask you some questions that ask you to use your memory.

I am going to name 3 objects.

Please wait until I say all 3 words, then repeat them.

Remember what the 3 objects are because I am going to ask you to name them again later.

- | | | |
|----------|-------------|----|
| 1. APPLE | Recall: Yes | No |
| 2. TABLE | Recall: Yes | No |
| 3. PENNY | Recall: Yes | No |

Now I'm going to ask you a few basic questions

- | | | |
|------------------------------|--------------|----|
| What is the year? | Correct: Yes | No |
| What is the month? | Correct: Yes | No |
| What is the day of the week? | Correct: Yes | No |

****Use an additional set of questions such as verifying: name, address and phone number as a distractor. Or use this time for other aspects of your nursing assessment. Allow 3 minutes to pass before asking for recall.*

What are the 3 objects I asked you to remember?

- | | | |
|----------|-------------|----|
| 1. APPLE | Recall: Yes | No |
| 2. TABLE | Recall: Yes | No |
| 3. PENNY | Recall: Yes | No |

Scoring: What were the number of objects missed? Circle one number only : 0 1 2 3 4 5 6