ACEP Geriatric Emergency Department Accreditation

Quality Improvement Example Level 1

Description: Standardized Delirium Screening Protocol

Policy/ Procedure Name: *Confusion Assessment Method (CAM), C-14*

How is this implemented for older adults in the geriatric ED?

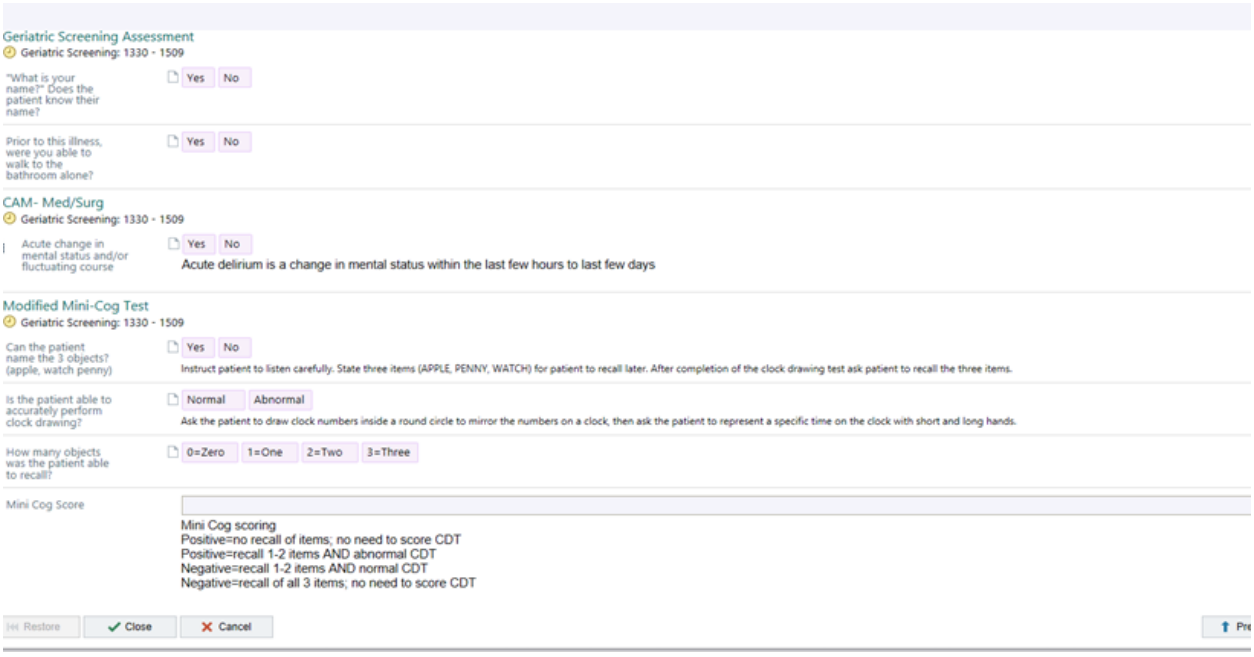
When any geriatric patient arrives to the Emergency Department he or she is screened for delirium in secondary triage by the primary RN using the Confusion Assessment Method. The CAM score is documented in the patient chart every shift until it is negative. The policy also refers to the RN Delirium Checklist guide which helps guide the RN with factors that may contribute to a positive score. The policy also highlights appropriate interventions that are nurse driven for the patient with positive CAM.

Who: The primary RN will complete the CAM Assessment.

When: The CAM will initially be completed during the patient's secondary triage. The patient will continue to get assessed daily if the initial assessment is negative or every shift until it turns negative.

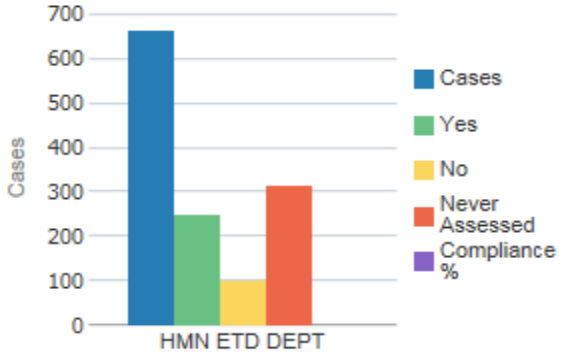
Monitoring Strategy: We currently have an automated report that is run by Business Intelligence that retrospectively looks at compliance on various measures. These charts are audited on a monthly basis to determine if the Mini-Cog was completed. A "yes" score indicates that a patient was fully screened, a "no" response means the screening tool was partially completed, and a "never" indicates that the assessment was not completed within the 24 hour timeframe. The report gives the team the ability to drill down on the charts to include age, sex, ED arrival time, assessment time, the entry user, and if the chart was compliant. If there is a variance, the Nurse Educator will conduct 1:1 coaching with the staff member.

ACEP Geriatric
Emergency Department Accreditation



CAM Med/Surg Assessment Compliance

-CAM Med-Surg Assessment is Compliant:
When initial enquiry was conducted and documented <=24hrs
and the number of flowsheet cells documented was = 5



Nursing Station	Cases	Yes	No	Never Assessed	Compliance %
HMN ETD DEPT	663	250	100	313	37.71%
Grand Total	663	250	100	313	37.71%

Refresh - Export

ACEP Geriatric Emergency Department Accreditation

Quality Improvement Example Level 1

Description: A guideline to define criteria for access to Geriatric Emergency Department Care from ED triage

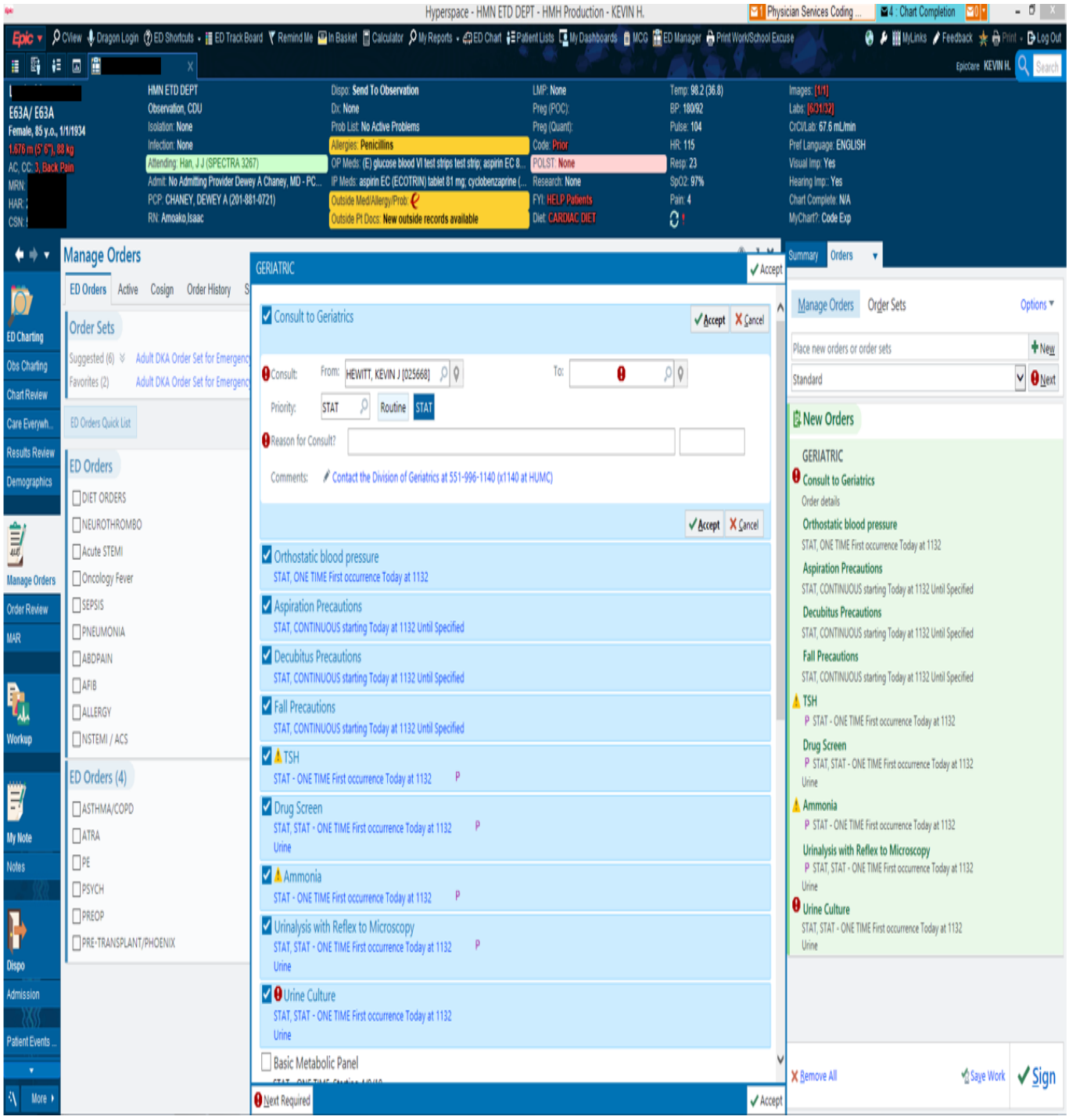
Policy/ Procedure Name: Utilization of a Geriatric Preference List

How is this implemented for older adults in the geriatric ED?

As an institution we have decided to look at patients who arrive in the Emergency Department who have been screened as an ESI Level 3. When a patient has been triaged and it has been determined that he or she meets this criteria the provider will then open the preference list A preference list is a group of orders at are put together. They encompass labs, imagining, medications, and referrals. At this juncture, many ED providers rely on a preference list and while we are waiting on the extensive process of getting an order set approved we have determined this would be the best step in the interim, as it is a workflow that already exists and used by many ED providers. This Preference List has been creating using the framework of IHI's 4 M Model along with the frame work of GEDA's Geriatric Emergency Department Level One criteria. The team has also reviewed the most current literature for best practices to determine what should be incorporated in this Preference List.

Who: This preference list will be available to all ED providers. We will encourage the usage for patients that are 65 years of age and older that are an ESI level 3.

When: We have been educating providers on this tool since 4/25/2019.

Monitoring Strategy: At this juncture, a chart audit will be conducted to determine how often and how comprehensively the Geriatric Preference List has been utilized. We will also look at utilization in relation to outcomes. Our hypothesis is that there will be a correlation between positive usage and improved outcomes.

ACEP Geriatric
Emergency Department Accreditation