Incorporating CAM Assessment in Nursing IPASS Handoff to Improve Sensitivity of Delirium Recognition in Geriatric Surgery Patients

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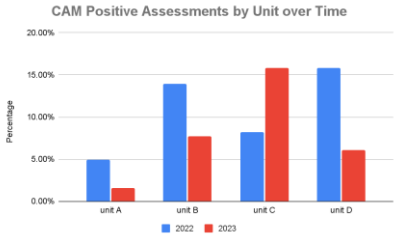
BACKGROUND

- Perioperative delirium is often underdiagnosed and associated with negative surgical outcomes in the older adult population
- It is unclear if RNs lack confidence or knowledge in delirium recognition and utilizing the CAM Med/Surg assessment
- Project objectives: Improving recognition of postoperative delirium using the CAM-Med/Surg assessment

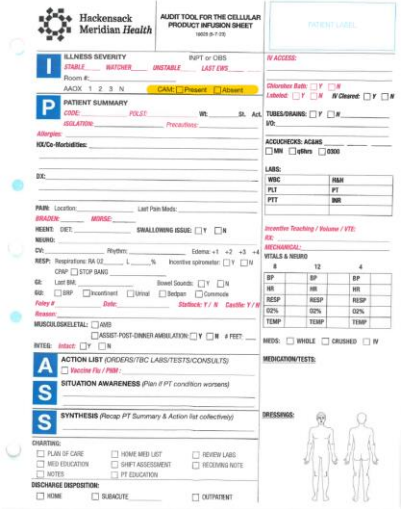
METHODS

- **Design:** PDCA
- **Setting:** Four inpatient units identified as geriatric surgery floors
- **Intervention:** implement education sessions during team member staff meetings, daily huddles, unit newsletters, equipment fairs, and modification of IPASS report sheet on one unit
- **Main outcome measures:** Improved recognition of perioperative delirium with increase of "Present" value utilizing CAM Med/Surg assessment
- **Analysis:** Data obtained pre-implementation from 2022, during implementation phase, and post-implementation in 2023 to assess CAM/Medsurg scores

RESULTS



- No improvement in delirium recognition using the CAM Med/Surg assessment on Units A, B, and D where education alone was implemented
- Unit C where the IPASS was modified to include CAM Med/Surg assessment in shift handoff saw a **92.7%** improvement in CAM Med/Surg assessment sensitivity



LIMITATIONS

- Educational methods varied based on the needs and workflow of the unit
- No data available prior to 2022

CONCLUSIONS

- Our study provided preliminary data that incorporating CAM results in the nursing handoff in addition to nursing education may increase detection rate of perioperative delirium. Improving sensitivity of perioperative delirium will lead to faster identification and treatment in our GSV population improving overall outcomes

NEXT STEPS

- Refocusing QI projects on remaining three units to incorporate the CAM Med/Surg assessment into handoff
- Implementation of "delirium bundle" to treat and prevent perioperative delirium

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