

Connections

A PUBLICATION FOR BAYSTATE HEALTH TEAM MEMBERS

New Screening Tool Highlights Unique Needs of Geriatric Patients, Leads to Better Outcomes



In November 2021, Baystate Noble Hospital's Emergency Department received a Learning Health Systems grant to facilitate their ongoing innovations with geriatric medicine. This led to a team creating a new process for screening patients over the age of 65 for delirium during their care in the Emergency Department. Their focus is on screening patients upon triage, during their ED stay, and upon transitions in care.

Delirium commonly affects elderly patients in the hospital setting. Delirium develops over a short period of time, can fluctuate, and is characterized by reduced awareness, inability to focus, distractibility, and change in cognition.

Baystate Noble spent nine months developing the delirium screening using a rigorous quality improvement process. A team of providers including Dr. Sundeep Shukla, RNs Jenn Goebel,

Allie Rzasa, and Diane Scott, and PCT Courtney Kazierad created a prototype used in triaging patients to determine their risk for delirium. The geriatric team met regularly to review and adjust in order to have a process that's easy to use within the Emergency Department environment.

The screening process starts with a Delirium Triage Screening (DTS), originally developed by Vanderbilt University for a rapid (less than two-minute) delirium screening. If a patient screens positive, team members use a more intensive screening process, the Confusion Assessment Method (CAM) to confirm delirium. Utilizing these two tools is a recognized American College of Emergency Physicians (ACEP) screening method with a 90 percent accuracy or better.

This important work at Baystate Noble Hospital helped Baystate Health meet the new Massachusetts state requirements for Emergency Department delirium screening by October 2022.

"Implementing the delirium screening process creates a renewed focus on the unique needs of the aging-adult population and creates better patient outcomes," says Jennifer Goebel, BSN, RN, GERO-BC, assistant nurse manager, Emergency Department. "The delirium screening process will be adopted health system-wide and will help to continue our focus as an age-friendly health system."

In photo (L-R) are a few the BNH team members who helped develop the delirium screening: Courtney Kazierad PCT, Allie Rzasa, RN, and Diane Scott, RN.