DEMENTIA TAB: AUDIT: DOES A COMPUTER-BASED PROMPT INCREASE ACCURATE SCREENING FOR AND ASSESSMENT OF COGNITIVE IMPAIRMENT?

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Evidence-base: The prevalence of dementia and delirium in acute admissions to hospital and their impact on patient outcomes is substantial (E. Sampson, BJP 2009, 195:61-66). On two general medical wards, we audited the accuracy of responses to a new computer-based prompt, the 'Dementia Tab', aimed at increasing the screening, assessment and appropriate referral of patients aged 75 years and above for memory problems. We reviewed responses to the Dementia Tab as well as clinical notes for evidence of cognitive impairment. The Dementia Tab was often answered inaccurately with 31% of patients who had 'no' or 'unknown' as the response to the screening question having evidence of cognitive impairment.

Change strategies: Responses to the Dementia Tab have been monitored. Junior doctors with low positive response rates to the screening question have been ‘flagged’ and invited to a meeting with two consultants to identify and address any possible learning needs.

Change effects: A repeat audit has shown the Dementia Tab frequently continues to be completed inaccurately (36% of patients with 'no' or 'unknown' to the screening question had evidence of previous or current cognitive impairment). However, the percentage of patients receiving no cognitive assessment had fallen from 30% to 16%.

Conclusion: An increase in basic cognitive assessment was seen. Reasons for this are unclear, but could be linked to the increased profile of dementia and delirium amongst hospital staff. The accuracy of responses was, however, not improved. This information is being used to support proposals to changes in the computer system to help increase the accuracy of responses. Work aimed at clarifying the usefulness of ‘screening’ programmes like this, and education of medical students and doctors in all specialties regarding the prevalence and importance of cognitive decline on patient outcomes, is needed.