Pathway Pearls

Cognitive Screening in Heart Failure & COPD Patients

Interactive discussion with rehab teams

2018Jun13

Alberta Health Services
Strategic Clinical Networks

Learning Objectives

- Review recommendations
- Describe the difference between screen vs assessment
- What might cognitive screening look like in acute care?
- Identify healthcare providers who could complete cognitive screening
- Share site implementation strategies
- Identify 2 Pathway Pearls to assist implementation

Outline

- Recommendations
- Cognitive Screening in Acute Care

  Cherie Henderson, OT

  Professional Practice Lead – Royal Alexandra Hospital

  Shahiza Hudda, OT

  Pulmonary Unit, Royal Alexandra Hospital
- Group Discussion:

  - How it works in your setting

  - Challenges / solutions

  Wrap Up

2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure

We recommend that patients with known or suspected HF should be assessed for multimorbidity, frailty, **cognitive impairment, dementia, and depression**, all of which might affect treatment, adherence to therapy, follow-up, or prognosis (Strong Recommendation; High-Quality Evidence).

2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure

- Screening, prevention, and management of delirium is a standard of care for all acutely ill older patients, including those with HF.
- Cognitive impairment, even when mild, might interfere with HF self-care.
- Patients older than the age of 65 years with HF should be screened for cognitive impairment.
- If cognitive impairment is identified, a capable substitute decision-maker should be designated.

Cognitive impairment, which is more common among patients with HF, is associated with impaired self-care capacity and greater risks of functional decline, rehospitalization, and mortality.

Presentation

Cognitive Screening In Acute Care

Cherie Henderson,
RAH Profession Practice Lead,
Occupational Therapist

Shahiza Hudda,
Occupational Therapist
RAH

Screening

A brief process that indicates whether the individual is likely to have a disorder. Identify whether further assessment is indicated.

Assessment

Occurs after screening and consists of gathering key information to :

- Establish (or rule out) presence/absence of a disorder or condition.
- Identify the individual's strengths or problem areas
- Begin the development of an appropriate recommendations or treatment

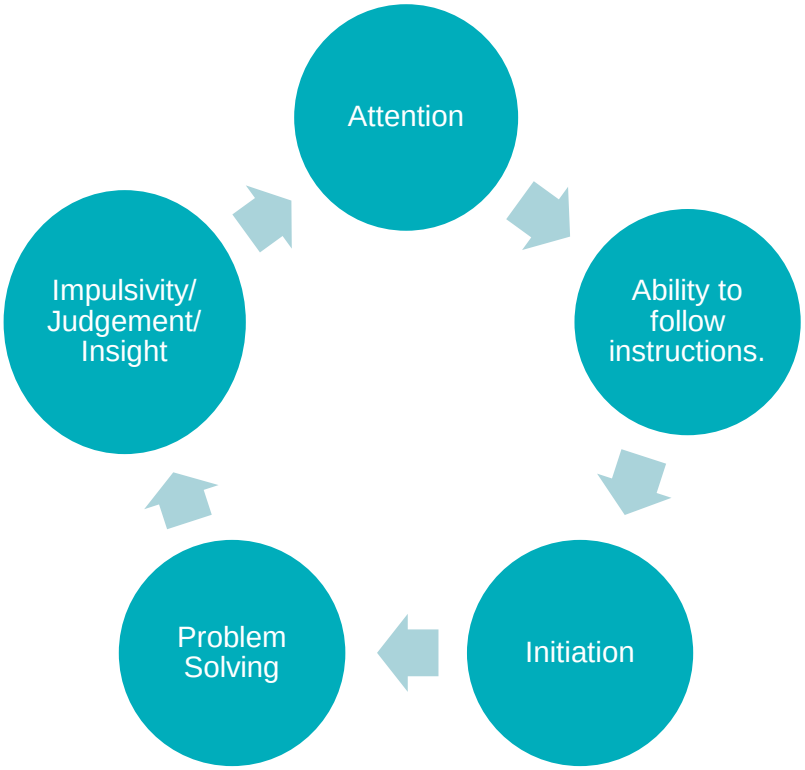
Screening

- Interprofessional team can be contribute.

Assessment

- Typically done by professional with expertise in cognitive disorders such as **Occupational Therapy** or Psychology.

Cognitive Screening in Acute Care



- Nursing
- Rehab
- Social Work
- Pharmacy
- Respiratory
- Physicians
- Dietician
- Everyone!!

Consider the effect of:

Communication, Sensory, Mood/Anxiety

Delirium (CAM)

A diagnosis of delirium requires the presence of features 1, 2, and either 3 or 4

(1) Acute onset and fluctuating course

- *Is there an acute change baseline; come and go over time, increase or decrease in severity over time?*

(2) Inattention

- *difficulty focusing (count back from 10, recite months of year backward)*

(3) Disorganized thinking

- *rambling or incoherent speech; unpredictably switch subjects*

(4) Altered level of consciousness

- *agitated, drowsy, stuporous or comatose?*

What to do with a “Positive” screen?

Is a referral to OT needed? Talk to your team about when to trigger an OT referral!

- Cognitive problems impacting ability to self-manage
- Functional cognitive problem impacting discharge
- Complex patient (unsure of effect of sensory, communication, anxiety or mood on cognition)

What other team members can support?

Cognitive Assessment in Acute Care

Standardized

- MoCA
- MMSE
- Other

Non-standardized

During course of other assessments.

Function task observation

- Morning care
- Medication intake
- Filling out menu

Documentation – Cognitive Screen

Transition to Community Care

Chronic Obstructive Pulmonary Disease (COPD) Transition to Community Care

Affix patient label within this box

Select orders by replacing a (✓) in the associated box

For more information, see Clinical Knowledge Topic ***Chronic Obstructive Pulmonary Disease***
http://insite.albertahealthservices.ca/13198.asp

Date *(yyyy-Mon-dd)*	**Time** *(hh:mm)*

Consultations (For all consultations, utilize the most appropriate/available health care provider(s) at your site to deliver services)

- ☑ Ambulate - Early Mobilization *(done within 48 hours)*
- ☐ Dietitian Referral to assess and treat if food intake is poor
- ☐ Respiratory Therapy Referral to assess Home Oxygen requirements
- ☑ Pharmacy Consult to optimize respiratory medication therapy
- ☑ Physiotherapy and/or Occupational Therapy Referral to screen for the following as necessary
  - ▪ Frailty
  - ▪ Cognitive status

b) Inhaler Technique				
c) COPD: Learning to Breathe Easier				
d) COPD: Avoiding Your Triggers				
e) Pneumococcal / Influenza Vaccines				
f) Tobacco use; assess, provide brief intervention, and tobacco cessation support resources.				
Patient Demonstration				
2. Patient demonstrates adequate inhaler technique				
Prior to Discharge *Review results, where relevant, and ensure appropriate follow-up*				
3. Early mobilization *(done within 48 hours by any discipline)*				
4. Review and optimize respiratory medication				
5. Respiratory assessment for home oxygen requirements				
6. Frailty screen				
7. Cognitive screen				
8. Transition/Discharge services assessment				
At Discharge				
9. Complete discharge medication reconciliation				
10. Complete 'LACE Index Scoring Worksheet' to identify risk of hospital readmission; circle result on Discharge Management Plan				

Admission to Discharge Checklist

Implementation

- How RAH is managing
- Collaborative screening

Pathway Pearls:

1. Cognitive impairment impacts self-care capacity and increases risk of functional decline, rehospitalization, and mortality.
2. Consistent screening and communication about cognitive status can identify patients who require further cognitive assessment in acute care.

Discussion

Pathway Pearls: Cognitive Screening

Participants are encouraged to participate in session talks.

If you would like to email your question, please send to:

hfpathway@ahs.ca