Empowering
Partnership Network
Transforming the Experience of Living with Dementia

A Pathway to Detection of Dementia in the Emergency Department & Referral for a Cognitive Evaluation in an Outpatient Clinic

An Empowering Partnership Network
Appreciative Inquiry Workshop
Sponsored
By

LiveWell

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Welcome to the Empowering Partnership Network Appreciative Inquiry Workshop!

What is the Empowering Partnership Network?

The Empowering Partnership Network is a diverse peer network of partners:
- Leading a 'dementia positive' movement
- Promoting cognitive health
- Transforming the experience of living with dementia

The vision of this network is to make impact that matters through:
- Research
- Policy
- Practice

By participating in this workshop today, you have joined this movement by:
- Changing how research is traditionally done
- Becoming a partner in research
- Lending your voice and contributions to advance how a research intervention is designed and implemented

What is an Appreciative Inquiry Workshop?

An Appreciative Inquiry Workshop is created for a diverse group of people who care, to come together to:

- Address *important questions* to make positive change
- Design something better and more meaningful
- Propel curiosity, confidence, and hope

What is an Appreciative Inquiry Workshop?

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Appreciative Question: *How might we create a strength-based measurement tool that can be utilized for care planning?*

We will address this topic and question through the Appreciative Inquiry Process that entails the **4 steps of DISCOVERY, DREAM, DESIGN, DESTINY:**
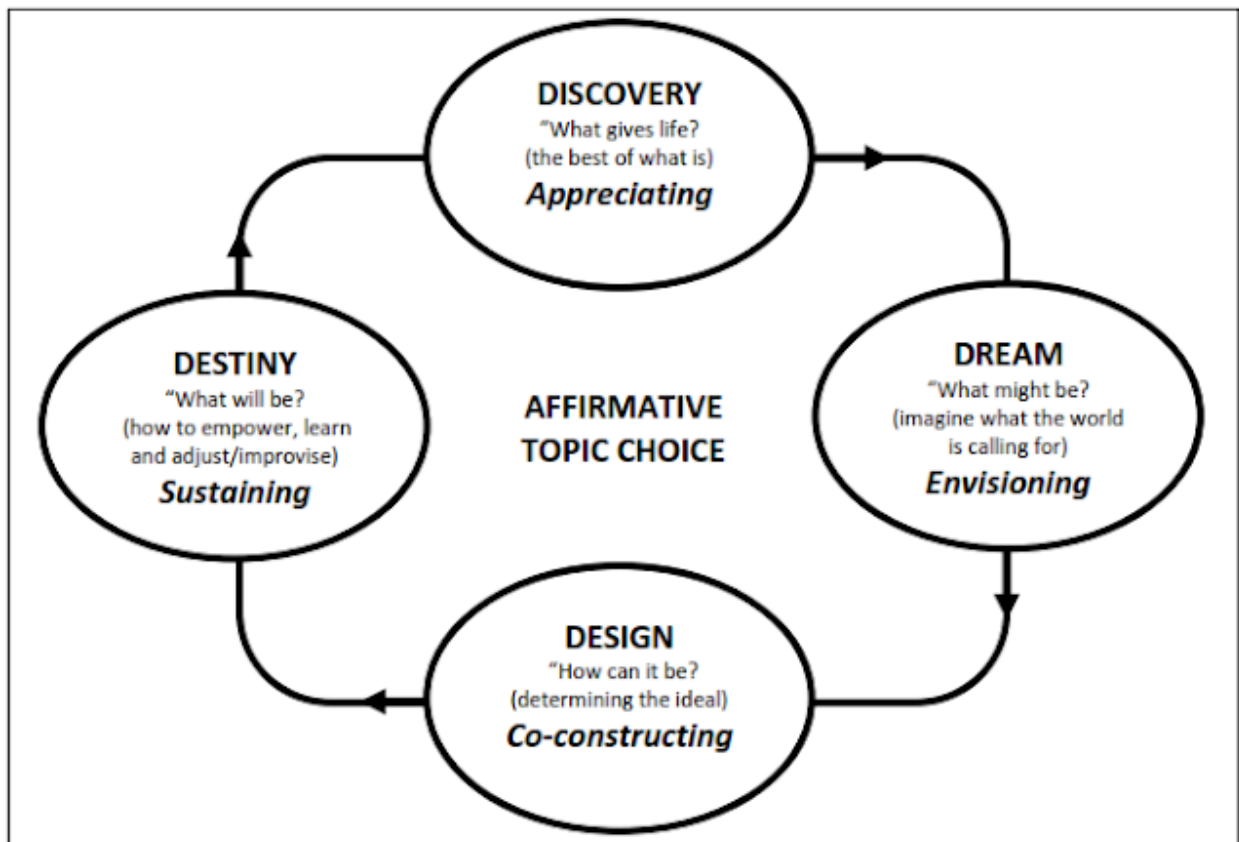
Introductions and Seeing Strengths

In pairs at your table, introduce yourself.

Think of a time when you made a difference in the life of another person. Tell your partner a two-minute story.

Be specific. What happened? Why is this experience important or meaningful for you?

Partners listen and write down two strengths, values, or skills they hear in the story.

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Guiding Principles for Our Time Together: How can we help each other be at our BEST?

Recommendations provided by person living with dementia (PLWD) have included:

• Empowering the person with dementia to respond first

• Resisting the urge to speak on behalf of people living with dementia

• Giving people living with dementia extra time to process and respond to questions (20- 90 seconds)

• Ensuring that when someone was speaking, that there not be side conversations

• Speaking clearly and projecting one's voice

• Paying attention to the speed with which people speak

Please share other recommendations with the full group.
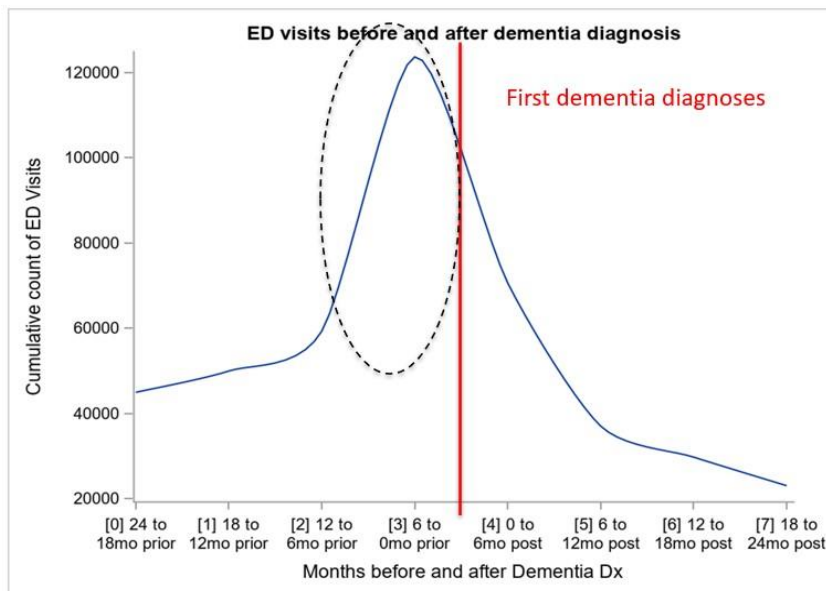
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Background

- "*The ED visit rate was highest for infants under age 1 year followed by adults aged 75 and over (52 per 100 persons)(1 in 2 older adults).*"
(National Center for Health Statistics, 3/9/21)

- Persons with dementia with higher rates of ED utilization and revisits.
(Lamantia et.al. Alzheimer's Dementia, 2016)

- Recognizing undiagnosed cognitive impairment in the ED has public health implications – safety, guide patient care, potential to improve health outcomes, but…

- Dementia is not assessed in the ED

OPPORTUNITY!!!

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Seidenfeld et.al AEM 2023

ED visits before and after dementia diagnosis

First dementia diagnoses

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Background

- In the ED, must first recognize *DELIRIUM ("brain attack")*
- *Delirium missed >75% of the time in the ED*(Han et.al. Acad Emerg Med, 2009)

Challenge: Can we get ED clinicians to screen for…

<u>Delirium</u>   +

<u>Dementia</u>   +

<u>Refer</u> for outpatient testing

as part of routine care?

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Goals of this project

- ***Can the Emergency Department recognize patients with undiagnosed cognitive impairment?***
- ***Can they refer patients for diagnostic testing?***
- ***Will patients go?***
- ***How accurate is the ED in recognizing dementia or cognitive impairment?***

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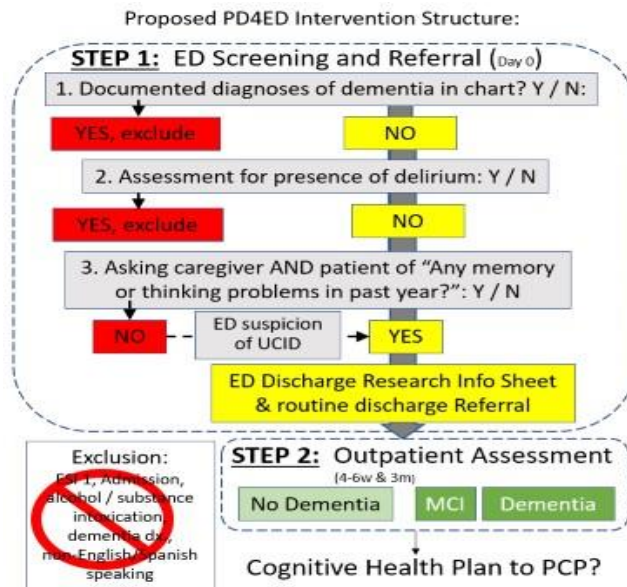
Design of Pilot

- **Two Health Systems:** Yale & Northwestern

- **Two Settings:** Emergency Department (ED) & Outpatient Clinic

- **Population:** *ED patients, 65+ years age, discharged from ED*

- **Intervention:**
  ### Step 1: Screen in the ED (Day 0)
  ### Step 2: Outpatient Assessment (4-6 weeks)
  - Evaluating Cognitive Impairment

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Proposed PD4ED Intervention Structure:

STEP 1: ED Screening and Referral (Day 0)

1. Documented diagnoses of dementia in chart? Y / N:

YES, exclude   NO

2. Assessment for presence of delirium: Y / N

YES, exclude   NO

3. Asking caregiver AND patient of "Any memory or thinking problems in past year?": Y / N

NO --- ED suspicion of UCID → YES

ED Discharge Research Info Sheet & routine discharge Referral

Exclusion: ESI 1, Admission, alcohol / substance intoxication, dementia dx, non-English/Spanish speaking

STEP 2: Outpatient Assessment (4-6w & 3m)

No Dementia   MCI   Dementia

Cognitive Health Plan to PCP?

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Step 1: Emergency Department Screening and Referral

Patient and Caregiver Question:
Have you had any memory or thinking problems within the last year?

IF YES...

⬇

Discharge Referral to Outpatient Clinic
for Evaluation

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Step 2: Follow up with Outpatient Clinic

Outpatient Clinic Appointment

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-
Cognitive Impairment Assessment and Evaluation 46 weeks following Emergency Department Visit

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Results

Pathway to Detecting and Differentiating Delirium and Dementia in the ED pilot (March 2021- April 2022):

- 100 subjects at 2 EDs screened & referred for outpatient follow-up
  - *25% scheduled appointment*
  - *16% completed appointment*
- 94% ED screened and referred patients with confirmed cognitive impairment diagnoses

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How can we improve the whole process?

- Is there a better screening process?
- How can we increase referral rates?
- What do patients need to increase acceptability of referral?
- What can we do to make things easier for patients? For their family members?

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DREAM: IMAGINE WHAT MIGHT BE!

STEP 1: The ideal experience in the Emergency Department

What will give you the highest level of confidence to share information about your memory and/or thinking concerns?

What will give you the highest level of motivation to follow through with evaluation at an outpatient clinic?

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STEP 2: The ideal process for follow up evaluation in the Outpatient Clinic

What is happening to maintain your confidence to share information about your memory and/or thinking concerns?

What is happening to maintain your motivation to follow through with an evaluation at an outpatient clinic?

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DESIGN: DETERMINE WHAT SHOULD BE!

SCREENING:

What do the conversations about my memory and thinking changes look like and feel like?

What questions are important to ask me?

What information is important to discover?

MATERIALS/INFORMATION:

What materials are being provided in the Emergency Department? How are they presented?

How will I understand why a follow up visit to the outpatient clinic is important?

What will happen when I go for an evaluation?

REFERRAL & OUTPATIENT CLINIC EVALUATION

What is important about the steps and process for getting an appointment? Is there someone that is following up to assist me?

What are the barriers to following up that need to be overcome?

What information should I continue to gather to share with clinicians?

NOTES:

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DESTINY: CREATE WHAT WILL BE!

Why is it important that researchers and persons with lived experiences collaborated in the design of this research intervention?

How might we stay involved in the design and implementation of this research intervention? What are the next steps?

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Kate Swaffer

Thank you, Volume 2, 2016

Two simple words

So often forgotten

Stalwart of my youth

For fear of tongue lashing

Seemingly less important

Today than then

But just as meaningful

And worthwhile

A smile and a thank you

Fills others' hearts with goodwill

Just a bucket full of love

To complete the wonder

Our deepest appreciation for participating in and joining the Empowering Partnership Network movement!