Evaluation Tools

A pre and post evaluation was conducted of a five-month pilot implementation of a new Best Practice Guideline on Screening for Delirium, Dementia and Depression in Older Adults. The evaluation consisted of a chart audit. The sample included all patients 65 years of age and older who were discharged in the two months prior to the implementation phase for the pre-evaluation and for the two months afterwards for the post-implementation.

Please note: This client data collection tool was developed for the evaluation of the implementation draft of the RNAO Best Practice Guideline, "Screening for Delirium, Dementia and Depression in the Older Adults". Acknowledgment of the use of adaptation of this tool is required. The recommended citation is:

Edwards, N., Davies, B., Dobbins, M., Griffin, P., Ploeg, J., Skelly, J. (2003). RNAO Evaluation Team — Nursing Best Practice Guideline Project, Cycle 3.

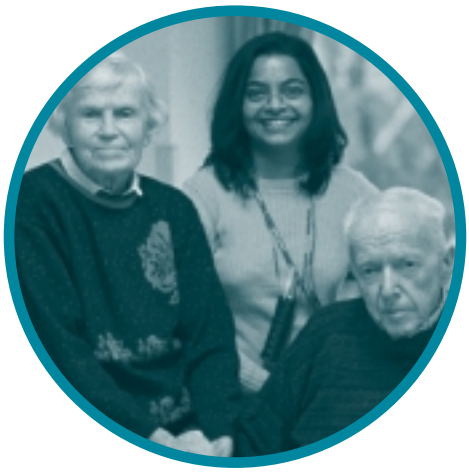

CHART AUDIT

Best Practice Guideline Name and Code: **Delirium, Dementia, Depression (DDD)**

Patient ID #: _____

Agency/Site #: _____

Date Data Collected: _____(day)_____(month) _____(year)

Data Collector's Initials: _____

Client Eligibility Criteria (all eligibility criteria must be met to proceed)

- Age 65 or over

Note: The information for the following sections should be collected from the patient's chart for the current admission, from the admission form, progress notes and the discharge summary.

1. **Primary Diagnosis on Admission:** _____
2. **Other Diagnosis on Admission:** _____
3. **Diagnosis on Discharge:** _____
4. **Other Diagnoses on Discharge:** _____
5. **Patient's Date of Birth:** _____(day) _____(month) _____(year)
6. **Patient's Sex:** ❑ male ❑ female
7. **Length of Stay in:**
   a) Facility _____ days ❑ not applicable
   b) Day Hospital Program _____ weeks ❑ not applicable

8. Was patient's status assessed at admission for:

a) memory problems or problem understanding (cognition) ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

b) acute changes in behaviour ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

c) mood (depression) ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

9. Was the patient assessed or diagnosed during their stay for:

a) memory problems or problem understanding (cognition) ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

b) acute changes in behaviour ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

c) mood (depression) ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

10. Were any Standard Neurological Behavioural Tests recorded or done?

a) Mini Mental State Exam (MMSE) ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

b) Clock Drawing Test ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

c) CAM (Confusion Assessment Method) ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

d) Sig: E CAPS for depression ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

e) Other, specify _____ ❑ yes ❑ no

If yes, who did the assessment?
❑ nurse
❑ physician
❑ other, specify _____

11. **During his/her stay was the patient referred to a specialist or program:**

a) Geriatric assessment	❑ yes	❑ no
b) Psychiatric assessment	❑ yes	❑ no
c) CNS/Nurse Practitioner	❑ yes	❑ no
d) Other, specify	❑ yes	❑ no

12. **Was the patient assessed at admission or during his/her stay with the following:**

a) delirium	❑ yes	❑ no
b) dementia	❑ yes	❑ no
c) depression	❑ yes	❑ no

13. **Was the patient diagnosed at admission or during their stay with the following:**

a) delirium	❑ yes	❑ no
b) dementia	❑ yes	❑ no
c) depression	❑ yes	❑ no

14. **Comments** _____