

Gaps in Pre-Operative Screening for Cognitive Impairment

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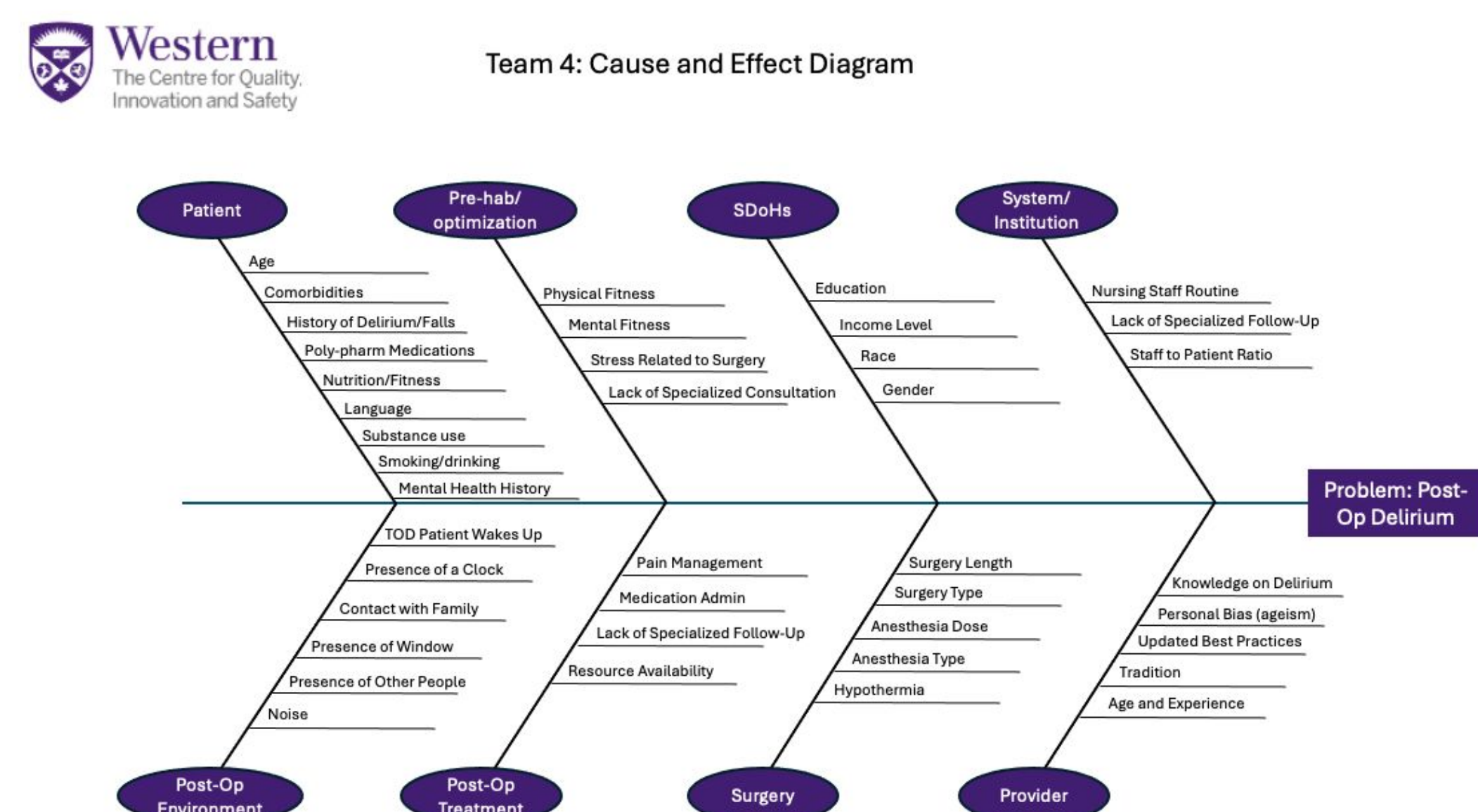
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AIM Statement: By September 2025, for patients receiving surgery at LHSC, reduce the proportion of post-operative cases of delirium to 276 patients from a baseline 333 patients in FY23-24.

PROBLEM DEFINITION

Delirium is a serious **change in mental abilities**. It results in **confused thinking** and a **lack of awareness** of someone's surroundings. This fast onset of symptoms following surgery impacts the patient and provider, putting strain on the healthcare system

ROOT CAUSE ANALYSIS



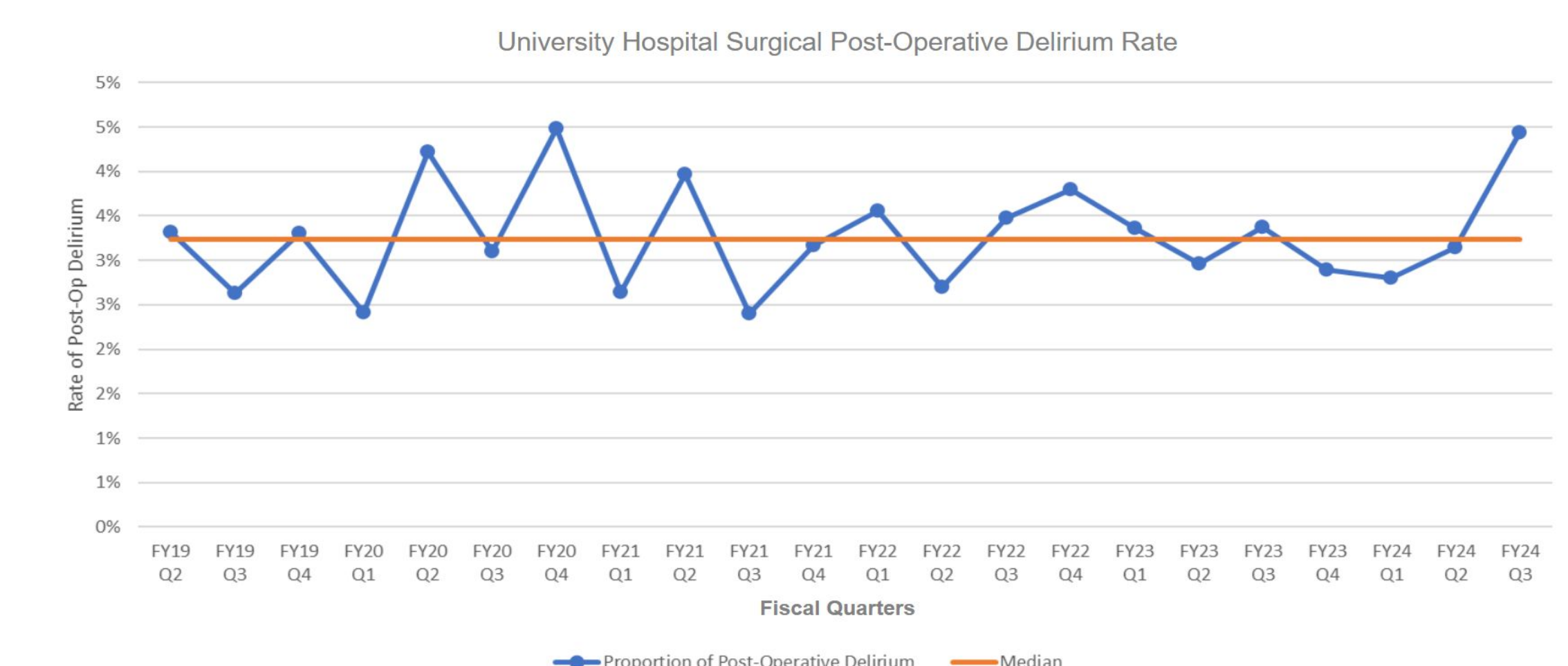
After speaking with clinical leads Eduardo and Arria, we determined eight main factors that are involved in the incidence and treatment of post-op delirium: patients, surgery, pre-hab, SDoHs, institutions, post-op environment, post-op treatment, surgery, health care providers. **Bias among providers** and **physical environments** (location of patient, room with windows, single room) were specific topics highlighted the discussion as contributing factors.

The hesitation to implement delirium-specific screeners was due to assessment fatigue (# of screeners already administered).

IMPLEMENTATION

Due to challenges encountered with the implementation of a screener for Delirium (minimal baseline data, REB approval and assessment fatigue), we opted to instead analyze patient charts to determine whether delirium related questions are asked in existing screeners, or how we can leverage this information.

MEASUREMENT & RESULTS



Process measure: The proportion of delirium cases that are predicted effectively by the screening tool
Balancing measure: Will the survey results impact the care or options they receive?

SUSTAINABILITY

1. Anesthesia department as process owner
2. Pilot and validate
3. Audit and feedback loop

