



Pathway to Detection & Differentiation of Delirium & Dementia in the Emergency Department



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“Laying the groundwork for referring emergency department patients with cognitive impairment to outpatient evaluation.”

RATIONALE: Vulnerable older adults often seek care in emergency departments (EDs). Although assessment for dementia is not traditionally performed in the ED, detection and recognition of unidentified Alzheimer’s disease and related dementias at this point of contact may provide a pathway for improved care delivery and outcomes in this population.

OBJECTIVE: To pilot test and establish the feasibility of a conducting a pragmatic clinical trial to test an effectiveness intervention that embeds cognitive impairment screening into the routine care of older patients in the ED setting and refers those identified as needing formal cognitive evaluation for outpatient assessment.

SETTING: Two academic health care systems in Chicago and New York City, their EDs and outpatient Geriatrics clinic and outpatient Neuropsychiatry clinics.

POPULATION: Community-dwelling patients age over 65, discharged from the ED.

INTERVENTION: The intervention will be embedded into the clinical flow of the ED and consists of: 1. routinized cognitive assessment of subjects by ED clinicians, and when appropriate, 2. referral of older patients with unrecognized cognitive impairment and dementia (UCID) for formal outpatient cognitive evaluation within the health care system network.

OUTCOMES: By leveraging the electronic medical records in the two health care systems, the pilot study will establish the feasibility of collecting the primary clinical outcome defined as the rate of referred ED patients who complete an outpatient cognitive evaluation. Secondary outcomes will include measures of feasibility of subject enrollment, validation of ED cognitive assessment, acceptability of the workflow among ED providers, and disposition of targeted subjects after ED evaluation.

IMPACT: This pilot study will inform and strengthen the design of a large-scale, multicenter embedded pragmatic trial implemented in the Geriatric Emergency Department Collaborative network of hospitals. Effective cognitive screening and referral from the ED setting could improve detection and subsequent community-based care and assistance with treatment planning for patients with unrecognized cognitive impairment and dementia.