

## Evaluating and Monitoring This Guideline

As you implement the recommendations in this Guideline, we ask you to consider how you will monitor and evaluate its implementation and impact.

Table 10 is based on a framework outlined in RNAO's (2012b) *Toolkit: Implementation of Best Practice Guidelines* and illustrates some specific indicators for monitoring and evaluating implementation of this Guideline.

**Table 10: Structure, Process, and Outcome Indicators**

STRUCTURE	TYPE OF INDICATOR	
	PROCESS	OUTCOME
These indicators refer to the supports and resources required by a health system, health service organization, or academic institution to enable the successful implementation of the <i>Guideline Delirium, Dementia, and Depression in Older Adults: Assessment and Care</i> .	These indicators evaluate whether best practices directed at the education, training, and practice of health-care professionals to improve the assessment and care of older adults with delirium, dementia, and depression have been implemented.	These indicators evaluate the impact of implementing the Guideline recommendations on health-care organizations, health-care professionals, and client outcomes.
	<b>Health-care-provider education- and training-specific process indicators</b>	<b>Health-care-provider-specific outcome indicators</b>
Establishment of a system-level committee to review best practices related to the assessment and care of older adults with delirium, dementia, and depression.	Percentage of students who receive training on delirium, dementia, and depression in entry-level health-care programs.	Percentage of new graduates (nurses and/or other health-care providers) who report satisfaction with education and training received on assessing and caring for older adults with delirium, dementia, and depression.
System-wide integration of policies consistent with best practices and Guideline recommendations for supporting older adults with delirium, dementia, and depression.	Percentage of students who participate in clinical/practical opportunities related to care of older adults with delirium, dementia, and depression.	Percentage of new graduates (nurses and/or other health-care providers) who demonstrate novice-level knowledge and skills for the assessment and care of older adults with delirium, dementia, and depression using a person and family-centred care approach.
Organizations establish the assessment and care of older adults with delirium, dementia, and depression as a strategic clinical priority.	Percentage of nurses and other health-care providers who attend orientation, continuing education, or training sessions related to the care of older adults with delirium, dementia, and depression.	Percentage of nurses and/or other health-care providers who report increased confidence in effectively assessing and caring for older adults with delirium, dementia, and depression as a result of organizational education programs.
Availability of adequate financial resources to support and implement Guideline recommendations.	Percentage of nurses or other health-care providers who complete an annual performance review that includes an assessment of competencies for delirium, dementia, and depression.	
Organizations adopt and implement evidence-based policies and procedures that support assessment and care of older adults with delirium, dementia, and depression.		

TYPE OF INDICATOR		
STRUCTURE	PROCESS	OUTCOME
<p>Organizational programs that care for older adults with delirium, dementia, and depression integrate principles of person- and family-centred care, collaborative interprofessional care, and healthy work environments.</p> <p>Organizational availability of educational resources for nurses and other health-care providers related to the assessment and care of older adults with delirium, dementia, and depression prior to, during, and after Guideline implementation.</p> <p>Organizations provide professional development activities related to the assessment and care of older adults with delirium, dementia, and depression (e.g., in-services, clinical training/orientation, development of policies and procedures, development of documentation forms).</p> <p>Organizations adopt and provide appropriate documentation protocols/standards/tools that support assessment and care of older adults with delirium, dementia, and depression, including: screening and assessment processes, interventions, referrals, care planning, and evaluation/follow-up.</p> <p>Organizations establish processes to communicate and coordinate care for older adults with delirium, dementia, and depression.</p> <p>Units, programs, services, or teams implement appropriate tools to screen and/or assess older adults for delirium, dementia, and depression.</p> <p>Units, programs, services, or teams provide training programs on delirium, dementia, and depression for nurses and other health-care providers.</p>		

TYPE OF INDICATOR		
STRUCTURE	PROCESS	OUTCOME
<p>Performance reviews for nurses and other health-care providers are conducted annually. These emphasize the importance of reflective practice and ongoing professional development with regard to the assessment and care of older adults with delirium, dementia, and depression.</p> <p>Availability of educational resources for undergraduate nursing and other health-care-provider programs that are consistent with best practices for the assessment and care of older adults with delirium, dementia, and depression.</p> <p>Incorporation of clinical/practical opportunities related to the assessment and care of older adults with delirium, dementia, and depression into basic and interprofessional curricula for nurses and other health-care providers.</p> <p>Availability of champions and clinical experts to assist nurses and other health-care providers to adopt best practices in the assessment and care of older adults with delirium, dementia, and depression.</p> <p>Availability of skilled educators to develop/strengthen and evaluate educational programs for nurses and other health-care providers on delirium, dementia, and depression so that these align with best practices.</p>		

TYPE OF INDICATOR		
	PERSON-SPECIFIC PROCESS INDICATORS	PERSON-SPECIFIC OUTCOME INDICATORS
	<p>Percentage of older adults referred for assessment, diagnosis, and follow-up when assessments indicate possible delirium, dementia, and/or depression.</p> <p>Percentage of older adults who are suspected of delirium, dementia, and/or depression with documentation of a comprehensive assessment or a referral for a comprehensive assessment.</p> <p>Percentage of older adults (and/or families/care partners, as appropriate) who are provided education about delirium, dementia, and/or depression.</p> <p>Delirium:</p> <p>Percentage of older adults assessed for delirium risk factors upon first contact (e.g., admission or initiation of care).</p> <p>Percentage of older adults at risk for delirium with an established delirium prevention plan.</p> <p>Percentage of older adults at risk for delirium who are assessed for the presence of delirium using an appropriate tool.</p> <p>Percentage of older adults with a documented assessment of the underlying causes of delirium.</p> <p>Percentage of older adults with an individualized plan of care to manage delirium.</p>	<p>Percentage of older adults with delirium, dementia, and/or depression (and/or their families, as appropriate) who have participated in developing an individualized plan of care.</p> <p>Percentage of older adults with delirium, dementia, and/or depression (and/or their families, as appropriate) reporting that plans of care for delirium, dementia, and/or depression are person- and family-centred and individualized.</p> <p>Percentage of older adults with delirium, dementia, and/or depression (and/or their families, as appropriate) who report that nurses and/or other health-care providers communicate effectively (e.g., use therapeutic communication and apply communication strategies effective for people with impaired cognition).</p> <p>Delirium:</p> <p>Percentage of older adults whose screening/assessments are positive for delirium.</p> <p>Incidence of delirium in older adults (over the course of the admission).</p> <p>Prevalence of delirium in older adults.</p> <p>Average length of stay in hospital for older adults with delirium.</p>

RECOMMENDATIONS

TYPE OF INDICATOR		
	PERSON-SPECIFIC PROCESS INDICATORS	PERSON-SPECIFIC OUTCOME INDICATORS
	<p>Dementia:</p> <p>Percentage of older adults with a documented assessment of the underlying causes/unmet needs contributing to behavioural and psychological symptoms of dementia.</p> <p>Percentage of older adults with dementia who have been assessed for pain.</p> <p>Depression:</p> <p>Percentage of older adults who have been assessed for depression when risk factors or signs and symptoms of depression are documented.</p> <p>Percentage of older adults at risk for depression who have been assessed for suicide risk.</p> <p>Percentage of older adults at risk for suicide who receive urgent medical attention.</p>	<p>Dementia:</p> <p>Prevalence of dementia in older adults.</p> <p>Percentage of older adults with non-pharmacological interventions established to manage behavioural and psychological symptoms of dementia.</p> <p>Percentage of older adults with dementia who are prescribed psychotropic medication.</p> <p>Percentage of older adults with behavioural and psychological symptoms of dementia who are physically restrained.</p> <p>Depression:</p> <p>Prevalence of depression in older adults.</p> <p>Percentage of older adults identified as at risk for depression with suicidal ideation on admission or initiation of care.</p> <p>Percentage of older adults at risk for suicide (either with suspected or confirmed diagnosis of depression).</p>

Other RNAO resources for the evaluation and monitoring of Best Practice Guidelines:

- Nursing Quality Indicators for Reporting and Evaluation<sup>®</sup> (NQuIRE<sup>®</sup>) were designed for RNAO’s Best Practice Spotlight Organizations<sup>®</sup> (BPSO<sup>®</sup>) to systematically monitor the progress and evaluate the outcomes of implementing RNAO best practice guidelines in their organizations. NQuIRE is the first international quality improvement initiative of its kind consisting of a database of quality indicators derived from recommendations of selected RNAO clinical Best Practice Guidelines. Please visit [www.RNAO.ca/bpg/initiatives/nquire](http://www.RNAO.ca/bpg/initiatives/nquire) for more information.
- Nursing order sets embedded within electronic medical records provide a mechanism for electronic data capture of process indicators. The ability to link structure and process indicators with specific client outcome indicators aids in determining the impact of BPG implementation on specific client health outcomes. Please visit [www.RNAO.ca/ehealth/nursingordersets](http://www.RNAO.ca/ehealth/nursingordersets) for more information.