

Impact of a system-wide multicomponent intervention on administrative diagnostic coding for delirium and other cognitive frailty syndromes: Observational prospective study

Clerking Proforma

Space for Patient Information Sticker

Assessment date/time
Consultant/team
Assessing doctor
GP/ED/other referral

Cognitive screen

Complete on **ALL** patients ≥ 70 yrs and < 70 yrs if confusion/altered behaviour, alcohol hx or brain disease e.g. stroke, PD, MS.

1. Does the patient have a known diagnosis of dementia? Y N uncertain

Age	Recognise 2 people	1. Acute onset &/or fluctuating confusion/altered behaviour 2. Inattention e.g. unable to do 20 - 1 or distractable 3. Altered conscious level e.g. agitated or sleepy 4. Disordered thinking (e.g. rambling) CAM: Delirium = 1+2+(3 or 4) OR clinical diagnosis
Time (nearest hr)	DOB	
Recall (42 West Street)	WW2 (start or end year)	
Year	Monarch	
Location	20 to 1 backwards	

2. AMTS Total= /10.
 AMTS not done Reason:

3. Does the patient have delirium? Y N uncertain

Fig S1. Cognitive screen delivered via the paper clerking proforma piloted in 2010 and rolled out in 2012 to acute medicine, geratology and acute ambulatory services. The cognitive screen is mandatory for patients aged ≥ 70 years with unplanned admission and younger patients with brain at-risk (eg stroke, Parkinson's disease, multiple sclerosis, alcohol excess) or altered behaviour.

Cognitive Screen - ZZZXXBERENDT, ANTHONY

*Performed on: 05/07/2013 1749 BST By: Berendt, Anthony Robert

Cognitive Screen

Is AMTS feasible? Yes No Reason AMTS not done

Age Yes No Too unwell
 Uncooperative
 Dysphasic
 Language barrier
 Other:

Year Yes No Date of birth Yes No

Time (nearest hour) Yes No Year of 2nd WW (start or end) Yes No

Now ask patient to remember this address: 42 West Street Monarch Yes No

Location Yes No Count backwards (from 20 to 1) Yes No

Recognise 2 people (eg doctor, nurse) Yes No Recall 42 west Street Yes No

AMTS score 10

Does the patient have a known diagnosis of dementia? Yes No Uncertain

Aid to identify delirium (CAM)

1. Acute onset and/or fluctuating confusion/ altered behaviour
 2. Inattention (unable to do 20-1 or distractable)
 3. Altered conscious level (agitated or sleepy)
 4. Disordered thinking (rambling)

Delirium exists if patient satisfies conditions: 1 + 2 + (3 or 4)
 but note that CAM sensitivity is not 100% particularly for hypoactive (SLEEPY) delirium, so if patient has clinical diagnosis of delirium, even if CAM negative, select "yes".

Does the patient have delirium? Yes No Uncertain

Forgetfulness in the last 12 months Yes No Not assessable

Have you/has the patient been more forgetful in the past 12 months to the extent that it has significantly affected you/their daily life?

In Progress

Fig S2. Cognitive screen delivered via the electronic patient record (EPR) rolled out trust-wide in 2015 replacing the paper proforma. The cognitive screen is mandatory for patients aged ≥ 70 years with unplanned admission and for younger patients with brain at-risk (eg stroke, Parkinson's disease, multiple sclerosis, alcohol excess) or altered behaviour.