

MINI-COG SCREENING: AN EARLY RECOGNITION TOOL TO IMPROVE COGNITIVE OUTCOMES

Team Members

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Introduction

The Villages VA Outpatient Clinic (TVOPC) manages the care of approximately 15,012 Veterans and among those, 322 or .02% have a diagnosis of dementia.

TVOPC nurses discussed and researched a way to increase the screening for patients with a cognitive impairment. According to the Alzheimer’s Association, early diagnosis can improve the overall outcome of a patient’s disease progression. The patient can better participate in their health care, legal, and financial planning all while their decision-making capacity is intact. In addition, the overuse of expensive medical resources can be prevented.

Plan

Background: Veterans presenting with subtle symptoms are currently missing the opportunity for early diagnosis and treatment. Early diagnosis allows for treatment of reversible types of dementia while improving quality of life for other dementias. Symptoms are less manageable as the disease progresses.

- Currently the standards for cognitive screening are for social worker to conduct a SLUMS (Saint Louis University Mental Screen).

Strategy: Primary care can complete warranted cognitive testing to assist in promoting these outcomes and improving the quality of life. Primary intervention for a cognitive condition proves invaluable for quality of life and to decrease the strain on health care required intervention.

- LPN/HT: Prompted by a reminder to screen for cognitive deficit within CPRS. If warranted, a Mini-Cog is completed. They alert PACT RN for review and to enter a consult to the social work (SW), if applicable.
- RN: Completes a Mini-Cog, if warranted. They will order a consult to the SW for further testing (SLUMS).
- SW: Completes further prompted examination with the SLUMS. Based on the score they will alert the PACT team provider with recommendations for follow up.
- PCP: Responsible for ordering a neuropsychology consult

Objectives: Establish a cognitive screening process in the primary care setting. Educate and assist in the implementation of the screening process in the outpatient clinic setting.

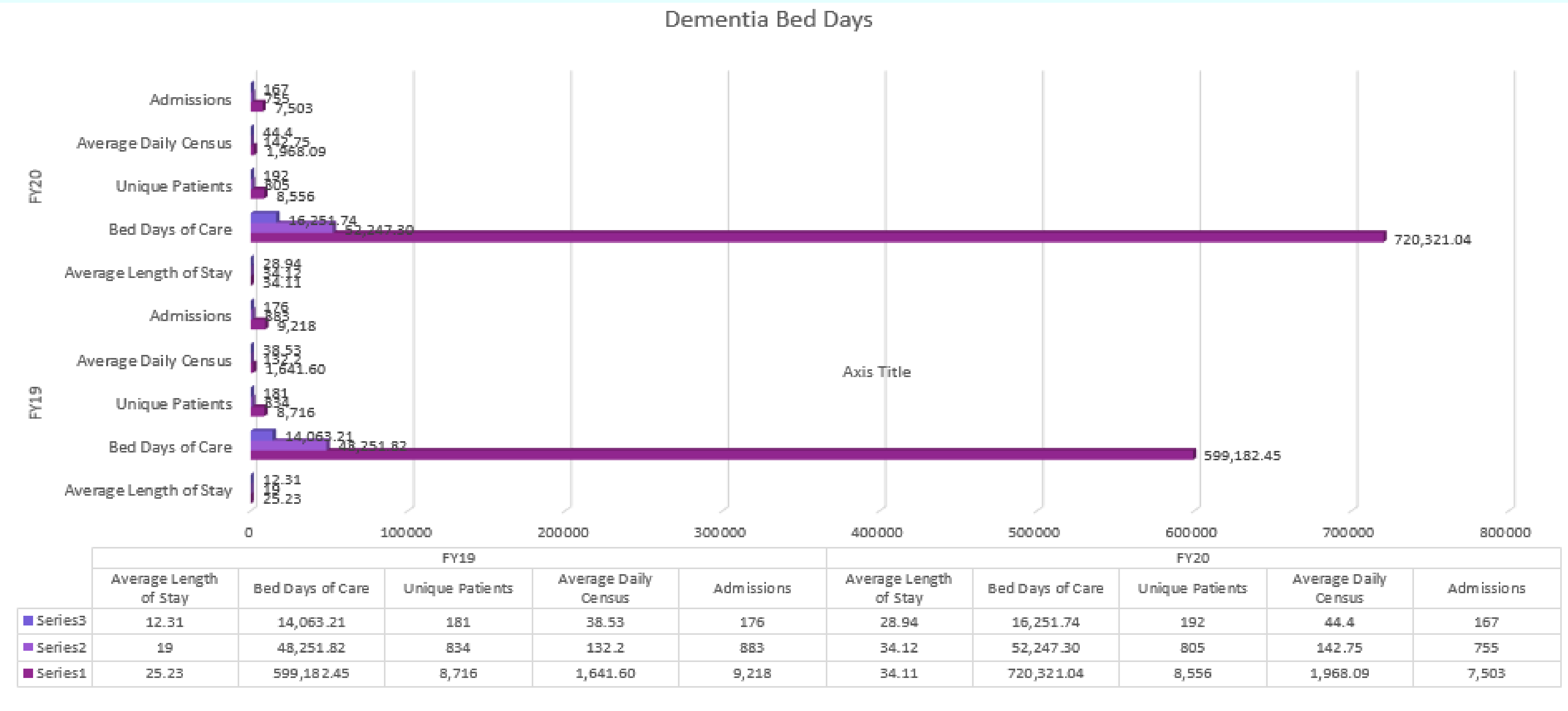
Do

Phase 1: Four RNs piloted the Mini-cog in their respective teams. A total of 2,366 veterans were seen among the four provider panels. Of those 104 (4%) were screened. Of that [104] total, 30 (29%) Veteran’s failed; 13 of those Veteran’s were seen by the Neuropsychologist and 8 (27%) were diagnosed with some form of dementia.

Phase 2: During the COVID-19 pandemic the project was implemented clinic-wide and 8,338 Veterans were seen (including VVC). Of those only 15 (0.1%) Veterans were screened with the Mini-Cog. Out of those 15, 11 (73%) failed the screening. Three (3) of those 11 where assessed by Neuropsychology and all three (3), or 27% were diagnosed with a cognitive deficit.

Check

Currently primary care does not have a protocol for quickly screening Veterans with mild symptoms of cognitive decline. This can be straining on the health care system, as depicted in the fiscal year findings from 2019 and 2020.



*Series1: All of VA, Series2: VISN08, Series3: GNV (VISN08)

Act

A keynote in improving these outcomes is early recognition of dementia. Educating primary care clinicians on the implementation of the Mini-Cog will reduce negative outcomes related to cognitive decline.

The Mini-cog is a quick, easy to administer, and reliable screening for the detection of cognitive decline. When used as part of a multidisciplinary effort to increase early diagnosis and treatment of dementia, it has been shown to improve patient outcome without significantly increasing workload for the healthcare team. Additionally, it is believed that implementation throughout the Department of Veterans Affairs will ultimately result in the decreased cost of treatment for those patients with dementia.

Conclusion

TVOPC has improved the process of cognitive screening by promoting awareness to the clinical staff and patients of the symptoms of cognitive deficits. Once these symptoms are recognized, clinical staff can perform the Mini-Cog screening tool in order to capture these patients early in the disease process. Early diagnosis of cognitive deficits can lead to early access to resources, medication and treatment, and decision-making for life planning and involvement in healthcare decisions. This process has also resulted in a multidisciplinary approach, leading to a more accurate diagnosis and management of this disease process.

