

Implementation and Evaluation of an Inpatient Comprehensive Dementia Screening Approach

Nabeel Qureshi, PhD, MPH; Pamela Roberts, PhD; Nancy Sicotte, MD; Anubhav Chandla, BS; Mitzi Gonzales, PhD; Sarah Kremen, MD; John Mafi, MD, MPH; Zaldy Tan, MD, MPH

Cedars Sinai Medical Center, Los Angeles

Background

- Dementia and cognitive impairment are common among hospitalized older adults yet frequently go unrecognized, contributing to poorer outcomes and disparities in care
- Systematic inpatient cognitive screening remains rare in U.S. hospitals

Objectives

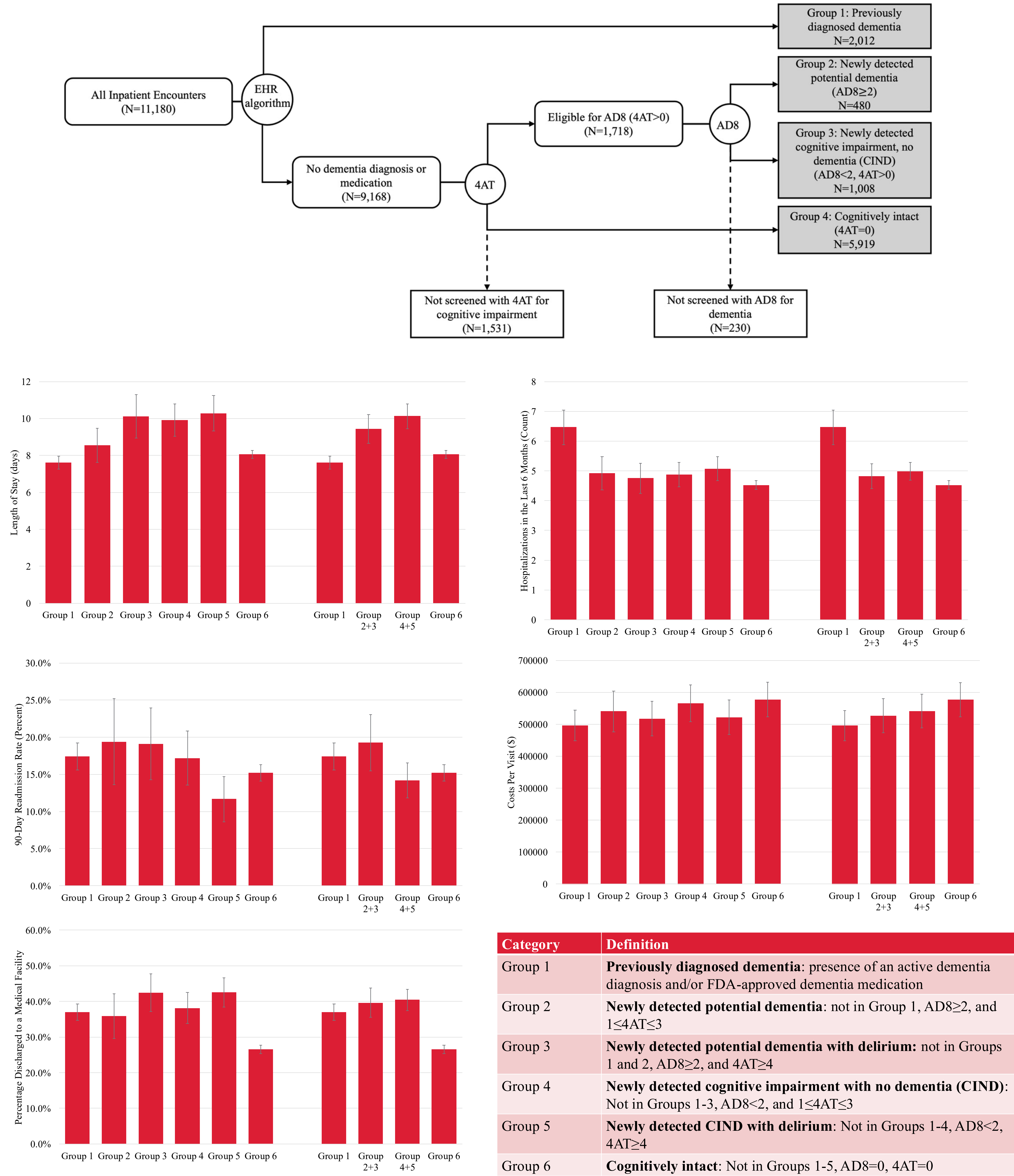
- To evaluate the feasibility, reach, and screening outcomes of a hospital-wide, multicomponent inpatient cognitive screening program integrating an electronic health record (EHR) dementia diagnosis algorithm with nurse-administered brief cognitive assessments (4AT and AD8) among adults aged ≥ 65 years

Materials and Methods

We conducted an observational study across eight inpatient medical and surgical units in a large academic medical center, implementing systematic screening for previously diagnosed dementia and newly detected cognitive impairment from June 2023 to November 2024

- Screening activity and screening positivity were assessed overall and across sociodemographic and clinical subgroups;
- Logistic regression models examined factors associated with screening completion and positive findings.
- Poisson, logistic, and generalized linear regressions models examined differences between groups and those with no signs of dementia and cognitive impairment differences in length of stay (LOS), readmission rate, and previous inpatient hospitalizations

Tables and Figures



Results

- Among 11,180 hospitalizations between June 2023 and August 2024, 83.3% were screened; 18.0% had previous dementia diagnoses, 4.3% screened positive for potential dementia, and 9.0% for cognitive impairment;
- Older adults (age 85+) and Black patients (37.5% vs. 26.7%) were more likely to screen positive for potential dementia than younger or White patients;
- Screening completion rates were high and largely consistent across demographic groups, with minimal evidence of new disparities introduced by the screening process.
- Compared to those with no dementia or cognitive impairment, those with diagnosed dementia had lower LOS (7.5 vs. 8.3, p<0.001), while those with undiagnosed cognitive impairment had higher LOS (9.6 vs. 8.3, p<0.001).
- Those with diagnosed dementia had higher probability of 90-day readmission (17.5% vs. 15.1%, p<0.05).
- Those with diagnosed dementia (6.5 vs. 4.5, p<0.001) and those with potential cognitive impairment but no delirium (5.1 vs. 4.5, p<0.01) had more inpatient hospitalizations in the past 6 months

Conclusions

- Inpatient cognitive screening is feasible and increases detection of potential dementia.
- This approach promotes more consistent detection in dementia diagnosis and can potentially improve hospital care and outcomes for older adults with dementia or cognitive impairment

Tan ZS, Qureshi N, Sicotte NL, Hirsch D, Escovedo C, Spivack E, Nasmyth MC, Gonzales M, Kremen SA, Nuckols TK, Mafi J, McFadden J, Roberts PR. A Multicomponent Approach to Screening for Dementia in Older Hospitalized Patients. J Am Geriatr Soc. 2026 Apr 1. doi: 10.1111/jgs.70420. Epub ahead of print. PMID: 41919357.

