Can an automated electronic health record (EHR) report be used to identify patients eligible for the Hospital Elder Life Program (HELP)?

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Background

• The screening process in the HELP delirium prevention model identifies older patients with risk factors for delirium and those who are not eligible for the model of care.
• Screening is a labor intensive effort which typically involves a nurse reviewing multiple areas in the EHR of each older patient on multiple nursing units.
• This screening process may take the staff away from implementation of the model.
• Screening precedes the bedside enrollment of patients in the program.
• We programmed patient risk factors for delirium to be listed within a previously existing ACE Tracker daily EHR report. Could this EHR report be used to screen patients for HELP?

Methods

• Four inpatient units in a large tertiary hospital were included in this project.
• The ACE Tracker was reviewed each weekday from July 1- Sept. 30, 2015.
• Exclusion variables reported on the ACE Tracker were:
  – Length of stay (LOS) > 3 days
  – Delirium symptoms
  – Delirium medication
  – Use of a sitter or physical restraints.
• Eligibility variables reported on the ACE Tracker were:
  – Cognitive impairment
  – Hearing/vision problems
  – BUN/Creatinine ratio ≥ 20
  – Functional impairment
  – Sleep difficulty
• Quality improvement project

Results

• 679 older patients received care on four inpatient units during the three month period.
• 76% (n=518) of the patients had one or more delirium risk factors required for HELP enrollment.
• Vision (92%, n=479) and hearing (91%,n=475) impairments were the most frequently identified.
• Sleep difficulty was the least frequently identified (4%, n=21).

Conclusion

• An automated EHR report can aid in the screening process of determining eligibility for HELP.
• The ACE Tracker report identifies patients who have multiple risk factors for delirium.
• A bedside assessment by HELP staff is still required to determine patient eligibility.
• A concern identified is the high number of patients with delirium risk factors who are not enrolled in HELP.
• Revisions to our EHR tool could define which patients have more specific exclusions to HELP, allowing elder life specialists more time to work with patients at risk.