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

The research reported on this abstract was not supported by a grant. The authors retain full independence in the conduct of this QI project.

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 $\geq$ 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.

Of patients with no exclusion criteria and with one or more risk factors, 23% (n=118) patients were enrolled in HELP.