A116: 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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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 week day from July 1st to 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.

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