

Abstract

Purpose: The purpose of this quality improvement project was to implement and evaluate an EPIC 65 and older nursing care plan intervention to increase nursing compliance with delirium screening and decrease the incidence of delirium in patients aged 65 and older in an acute care setting.

Methods: The sample population consisted of all hospitalized patients aged 65 or older admitted to a 33 bed acute care medical floor. The brief confusion assessment method (bCAM) was added to an EPIC care plan that auto-drops delirium screening into daily flowsheets for all patients 65 and older. This was a retrospective chart review of patients at baseline and 3 post intervention follow ups.

Results: In the month of September (baseline) the Delirium screening rate was 1%. Post implementation, the screening rate was 31%(November) , 6%(December) and 10% (January). There was a statistically significant difference in the number of patients screened in November ($p=.000$), December ($p=.004$) and January ($p=.000$) when compared to baseline by chi square analysis. In the month of September (baseline) the Delirium positivity rate was 0%. Post implementation, the positivity rate was .9%(November), .4% (December) and .1%(January). There no statistically significant difference in the number of patients that screened positive for delirium in November ($p=.424$), December ($p=.361$) and January ($p=.112$) when compared to baseline by chi square analysis.

Implications: Implementing the 65 and older care plan resulted in a clinically and statistically significant increase in the number of patients 65 and older that were screened for delirium and received interventions for delirium prevention, however there was no clinical or statistical difference in the incidence rates of delirium after the care plan intervention. The project was limited by the COVID-19 epidemic resulting in significant nursing staff changes. This project implemented a practice change that is sustainable by integrating features already available in the EMR (confusion assessment method) into a required part of daily work flow (careplan). Priorities in future endeavors should focus on barriers and attitudes towards delirium screening that differ between units