The prevalence of delirium is estimated to be up to 42% of hospitalized elders (Kukreja, Gunther & Popp, 2015).

Fifty-five percent of all patients hospitalized at project site in fiscal year 2019 were 65 or older, as compared to an average of 46% across all hospitals in the state of Maryland (Maryland health services cost review commission, 2019).

Delirium is potentially reversible with early detection if the identified precipitants are treatable (Bush et al., 2017).

A large number of cases of delirium are missed or misdiagnosed due to under recognition of the syndrome and lack of routine effective screening practices in health care settings (Bush et al., 2017).

Best evidence supports the use of the CAM (Wong, 2010). The CAM is the most widely used method worldwide, used in over 5,000 original studies and was developed to be used by non-psychiatrically trained clinicians and researchers (Inouye, 2016).

Delirium is highly prevalent in patients aged 65 and older; yet nursing use of screening tools in this population is lower on acute care floors that care for patients of all ages as compared to the ACE unit, which exclusively cares for only patients 65 and older.

The purpose of this quality improvement project is to implement and evaluate an EPIC 65 and older nursing care plan intervention to increase nursing delirium screening and decrease the incidence rate of delirium in patients aged 65 and older on 4 Medical.

A large number of cases of delirium are missed or misdiagnosed due to under recognition of the syndrome and lack of routine effective screening practices in health care settings (Bush et al., 2017).}

**Findings for Aim 1**

In the month of September (baseline) the Delirium screening rate was 1%. In November, after implementation the screening rate was 31%. In December, the screening rate was 6% and in January the screening rate was 10%. There was a statistically significant difference in the number of patients screened in November (\(p=0.000\)), December (\(p=0.004\)) and January (\(p=0.000\)) when compared to baseline by chi square analysis.

In the month of September (baseline) the Delirium positivity rate was 0%. In November, after implementation the positivity rate was 9%. In December, the positivity rate was 4% and in January the positivity rate was 1%. There was no statistically significant difference in the number of patients that screened positive for delirium in November (\(p=0.424\)), December (\(p=0.361\)) and January (\(p=0.12\)) when compared to baseline by chi square analysis.

**Limitations**

Unfortunately, the project was limited by the COVID-19 epidemic resulting in significant nursing staff (travelers and floaters not part of education) and bed changes on the unit to allow for a large number of COVID-19 patients in the middle of the project implementation.

**Conclusions and Dissemination**

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. Project design Aim 2/2 was not well constructed, as measuring a true delirium incidence rate proved to be very difficult because not every patient was screened. Moving forward, the project can be sustained by continuing to educate new staff on the importance of delirium screening, early interventions and the reasoning behind including screening in the daily careplan. Future initiatives could examine nursing staff knowledge and attitudes concerning delirium screening as well as potential barriers to screening that differ between units. There is large potential to achieve clinical significance in future endeavors when not hindered by competing priorities like COVID-19. The results were shared at this project site via the annual Nursing Grand Rounds. This conference meeting was held virtually and had over 80 attendees. Additional consideration is being given to journal publication.