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Abstract Title:	Use Of Tailored Feedback Improves Accuracy Of Delirium Documentaton In The BICU: Results Of A PI Initiative
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Objective:	<ol style="list-style-type: none">1) The learner will understand the importance of nursing delirium documentation accuracy.2) The learner will gain knowledge of how to implement a delirium documentation audit in their unit.
Abstract:	<p>Introduction: The standard of care for delirium assessment in burn intensive care units (BICUs) is the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU), but some providers struggle with this instrument. Previous group didactic sessions in our academic, ABA-verified burn unit proved to be ineffective in improving the rates at which the CAM-ICU was correctly conducted and documented by bedside nurses. This performance improvement project was undertaken to assess the impact that routine chart audits with individual, tailored feedback would have on documentation accuracy.</p> <p>Methods: An accuracy goal for delirium documentation of 90% or greater was set by the burn leadership at our academic, ABA-verified burn center. The PI conducted group didactic sessions on March 1, 2017 and June 5, 2017 in which the CAM-ICU exam and its documentation were explained to the overall pool of 43 BICU registered nurses (RNs). For the pre-correctional feedback (PRE-CFB) time period of September 1, 2017 to December 31, 2017 the CAM-ICU assessment from every nurse’s shift was reviewed for accuracy by the PI with accuracy being scored as a binary “yes/no”. On January 1, 2018 an intervention was put in place in which every CAM-ICU’s incorrect performance or documentation resulted in the PI sending the offending RN feedback in the form of an email with a snapshot of their documentation, and an explanation of why it was incorrect. The post-correctional feedback (POST-CFB) time period consisted of January 1, 2018 to September 1, 2018. A Poisson regression with robust standard errors was used to compare the proportions of correct CAM-ICU documentation for the PRE-CFB and POST-CFB cohorts.</p> <p>Results: The overall rates of correct CAM-ICU documentation in the PRE-CFB cohort were 49.15% (SD=31.86), 95% confidence interval (CI): 36.43-66.31. A significant increase was seen in the rates of correct CAM-ICU documentation for the POST-CFB group [91.47% (SD=8.28), 95% CI: 87.45-95.67], p=0.0001. Notably, in the 4 months prior to the</p>

	<p>commencement of corrective feedback with every incident of incorrect documentation 0 out of 5 (0%) audits reached the 90% goal of accurate delirium documentation. In the 8 months in which corrective feedback was being given, 9 out of 15 (60%) audits reached the compliance goal set by leadership.</p> <p>Conclusion: Using corrective feedback improves the accuracy of nursing delirium documentation. Further work remains to assess whether this effect will be sustainable over time or subject to decay once corrective feedback is suspended.</p> <p>Applicability of Research to Practice: The ability of a burn unit to rely on the accuracy of their nursing documentation is essential when evaluating interventions to reduce delirium. If the nursing documentation is not accurate, the team will be unable to discern if their incidence of delirium has changed.</p> <p>External Funding: N/A</p>
Disclosures:	<p>Stephanie Campbell – No relevant financial relationships to disclose Herb Phelan – No relevant financial relationships to disclose Paul Nakonezny – No relevant financial relationships to disclose</p>



