

Hospital Elder Life Program (HELP) at KGH

Hospital Elder Life Program



HELP

**Helping to Maintain
Cognitive, Physical,
and Emotional Well-
being in Hospitalized
Elderly Patients**

What Is the Hospital Elder Life Program?

- A comprehensive program of care for hospitalized elderly patients, designed to **PREVENT delirium and functional/cognitive decline**
- Based upon an award winning trial at Yale Univ. that demonstrated clinical effectiveness
- Demonstrated cost-effectiveness through lower resource use during hospitalization
- Target patients = >65 year olds with LOS > 3 days

HELP Program Goals

- Maintain physical and cognitive functioning throughout hospitalization (through daily interventions)
- Maximize independence at discharge
- Input into the appropriate transition from hospital to home ,retirement home or rehabilitation
- Geriatric patient care education for frontline staff

Key Interventions of the Program

- Daily visitor program with structured cognitive orientation (white board)
- Therapeutic activities program
- Early mobilization/Range of motion exercises
- Hearing and vision protocols
- Meal assistance



Innovative Staffing Model

- Utilizes a small team, our team consists of two “Elder Life Nurse Specialist” (ELNS), an “Elder Life Specialist” (ELS), two HELP PCA walkers and support from other disciplines
- Uses a structured program with detailed orientation and practice to engage a VOLUNTEER force of 47+ individuals to provide 2-3 shifts, 7 day/week coverage

How Are Volunteers Utilized?

- Volunteers attend 6 hours of classroom training, followed by supervised practice. They participate in periodic retraining and a formal quality assurance process (competency checklists)
- Volunteers are scheduled for one 2 1/2 hour shift per week, with 2-3 shifts/day
- Each volunteer works with 4-6 patients per shift, carrying out assigned interventions and documenting activities



What Really Happens?

- Program focused on internal medicine only at present
- Patients ≥ 65 with expected LOS > 2 are screened by the ELS/ELNS
- ELNS/ELS do an initial patient baseline needs assessment and build a plan using volunteer interventions based on HELP protocols

Patient Enrollment Criteria Inclusions

- Inclusion criteria = age >65 years and at least one risk factor for cognitive or functional decline.
- Risk factors include:
 - i) cognitive impairment
 - ii) any mobility or ADL impairment
 - iii) vision or hearing impairment
 - iv) dehydration



What the Patient Experiences

- Lots of attention, encouragement and support to actively participate in getting better
- Predictable cycle each day with access to “someone who can listen”
- Volunteers can help identify patient needs and communicate with staff. Volunteers do not discuss clinical issues with patients
- Consistent support for orientation, mobility, and therapeutic activities



What Interdisciplinary Staff Experiences

- Non-clinical needs of patient are effectively met by volunteers and ELS, reducing interruptions and demands on frontline staff
- In-services on geriatric topics
- ELNS assists frontline staff in identifying geriatric needs and facilitating care plans and discharge plans
- Reduced rates of delirium and fewer associated complications



What Results Can Be Expected?

- Clinical trial documented a drop in onset of delirium from 15% of cases to 9.9%
 - Improved quality of care!
 - Reduced complications and resource costs
 - Less need for patient restraints
- Increased scores on cognitive functioning tests
- Input into patient discharge plan, fewer re-admissions

Ways the Program Fits Our Needs

- Very consistent with quality initiatives to potentially reduce falls, prevent cognitive/functional decline and increase patient and family satisfaction
- Responsive to patient and family needs for more consistent patient support (often for non-clinical tasks)
- Best management of patient care in our elderly medical admissions which may reduce LOS and influence readmission rates



Additional Benefits

- The use of well trained and supervised volunteers delivers patient care in a cost-effective manner
- ELS and ELNS supplement the skilled care provided by frontline staff. The consistency of coverage may improve staff morale and retention
- The use of well trained PCA's that provide a daily mobility program for all patients over 65yrs within the medicine program



Summary: The HELP Program

HELP is an organized, focused intervention with proven results

It reduces the incidence of delirium in hospitalized elderly patients

It maximizes independence at discharge

Given the demographics of our population, the special needs and risk factors of the elderly, and aging in place initiatives, this program is timely and appropriate!

“Too often we under estimate the power of a touch, a smile, a kind word, a listening ear, or the smallest act of caring, all of which have the potential to turn a life around”

-Leo Buscaglia



QUESTIONS

?