# Successful Integration of Hospital Elder Life Program (HELP)

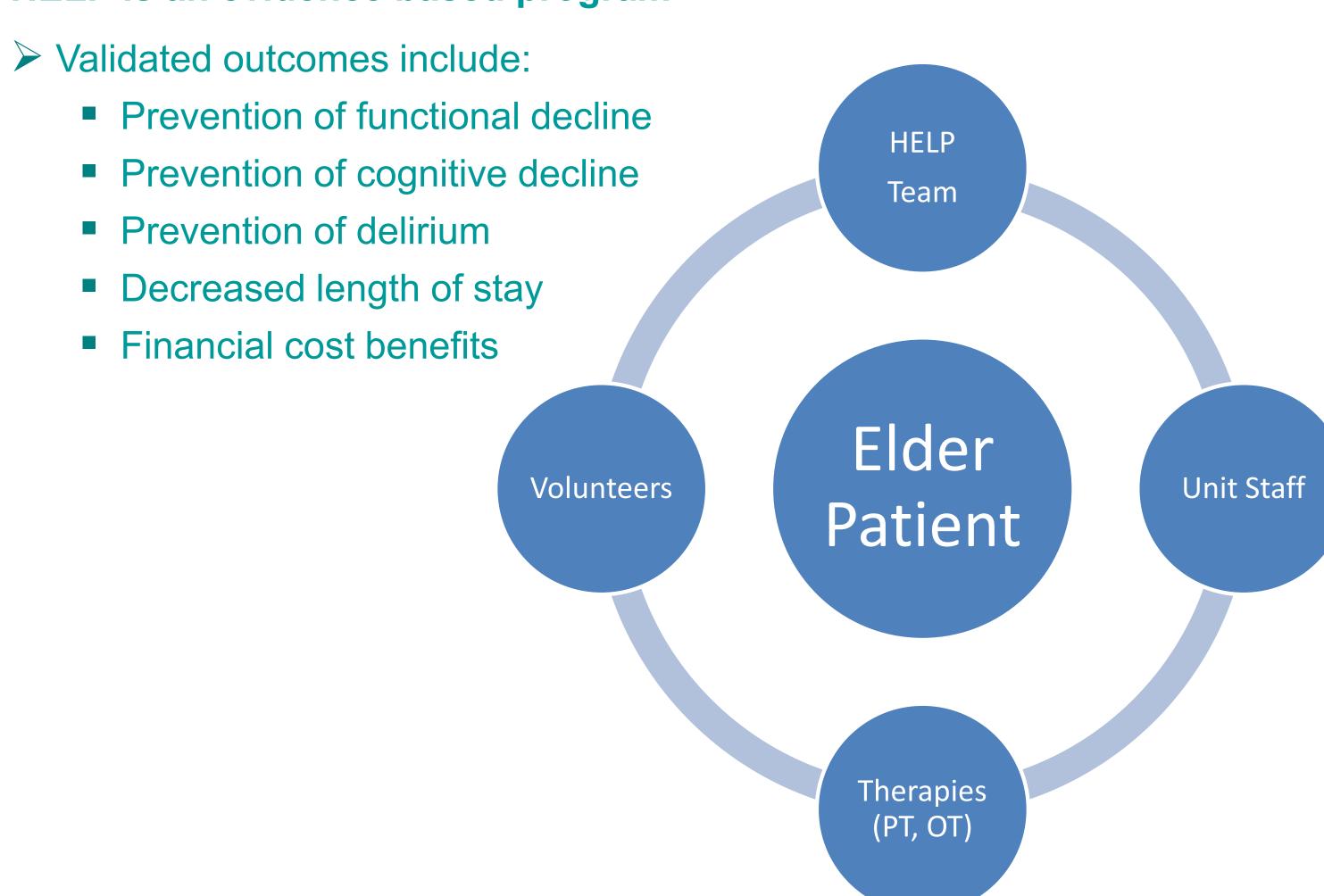
Christine Wallis MS, RN, ACNS-BC, CCRN; Lindsay Pederson BSN, RN-BC Aurora St. Luke's Medical Center Milwaukee, WI Contact Information: christine.wallis@aurora.org

### Background

- > Delirium and functional decline are complications plaguing hospitalized elders. Delirium is a common, costly problem with rates ranging up to 50% in the hospitalized elder (Inouye, 2014).
- ➤ Up to 30-40% of delirium cases are believed to be preventable. Functional decline affects 34-50% of hospitalized elders (Inouye, 2000).
- > Increased length of stay, falls, and mortality are all complications of delirium and functional decline.

## Current Knowledge

#### HELP is an evidence based program



#### Aim

To integrate the HELP program into everyday care of vulnerable elders.

### Population

#### Elders 65 years or greater meeting inclusion criteria

- At least one risk factor for cognitive or functional decline
- Cognitive impairment
- Any mobility or ADL impairment
- Vision and or hearing impairment
- Dehydration: Elevated BUN/Cr ratio
- Ability to communicate verbally or in writing

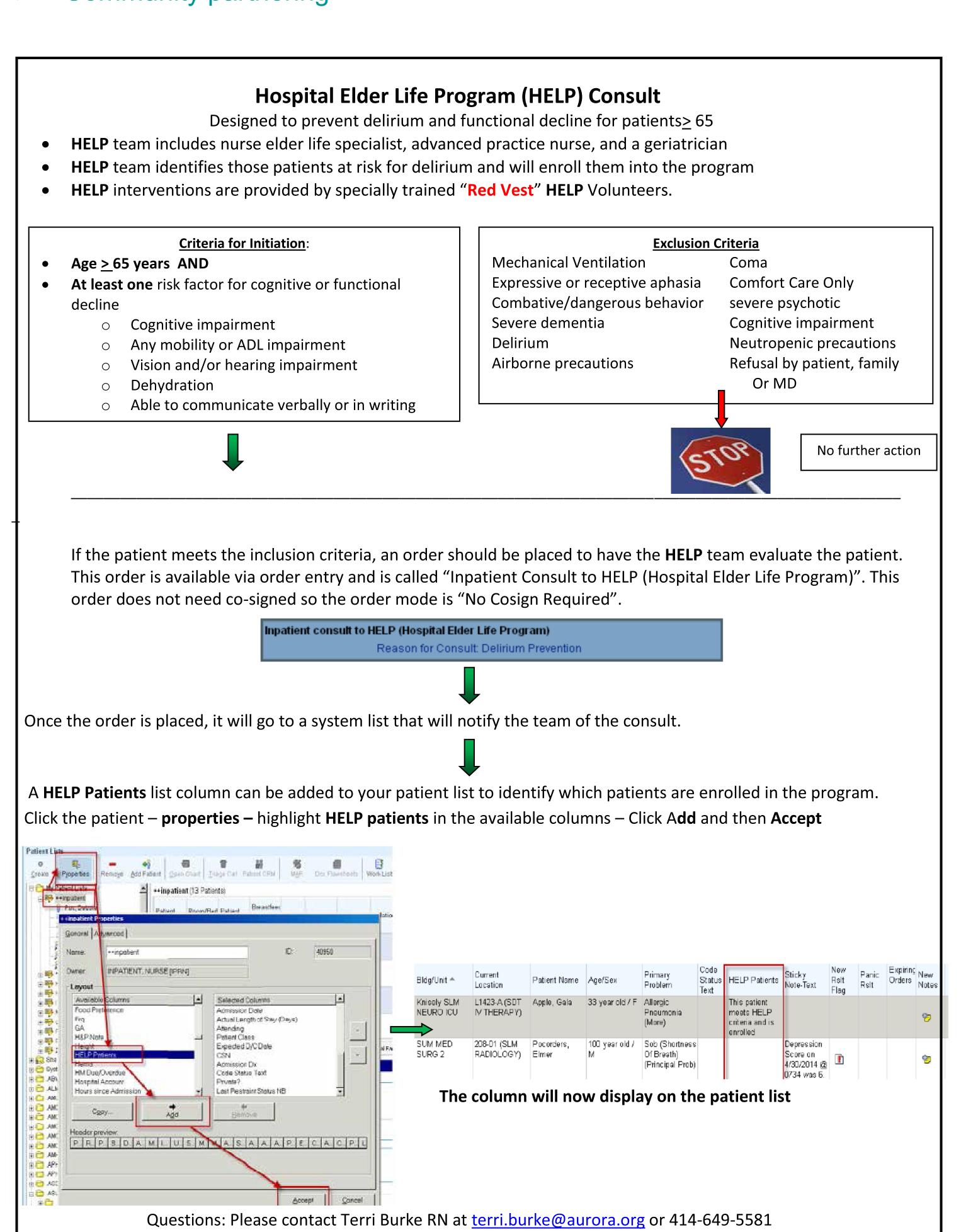
# Aurora St. Luke's Medical Center® of Aurora Health Care Metro, Inc.

## Setting

- > 622 bed 4th designated Midwestern Quaternary Magnet hospital
- 26 bed medical telemetry unit (pilot)
- Acute Care of the Elderly (ACE) unit
- Nurses Improving Care for Healthsystem Elders (NICHE) unit

#### Methods

- Development of HELP Advisory team
- Collaborative implementation using unit shared governance
- Multidisciplinary training of HELP volunteers
- I-Spy bottles: a visual and cognitive activity (see photo)
- HELP tools for RNs
- RN initiated HELP consults
- HELP program replicated on 3 more units
- Community partnering



HELP ©1999, Hospitalized Elder Life Program, LLC

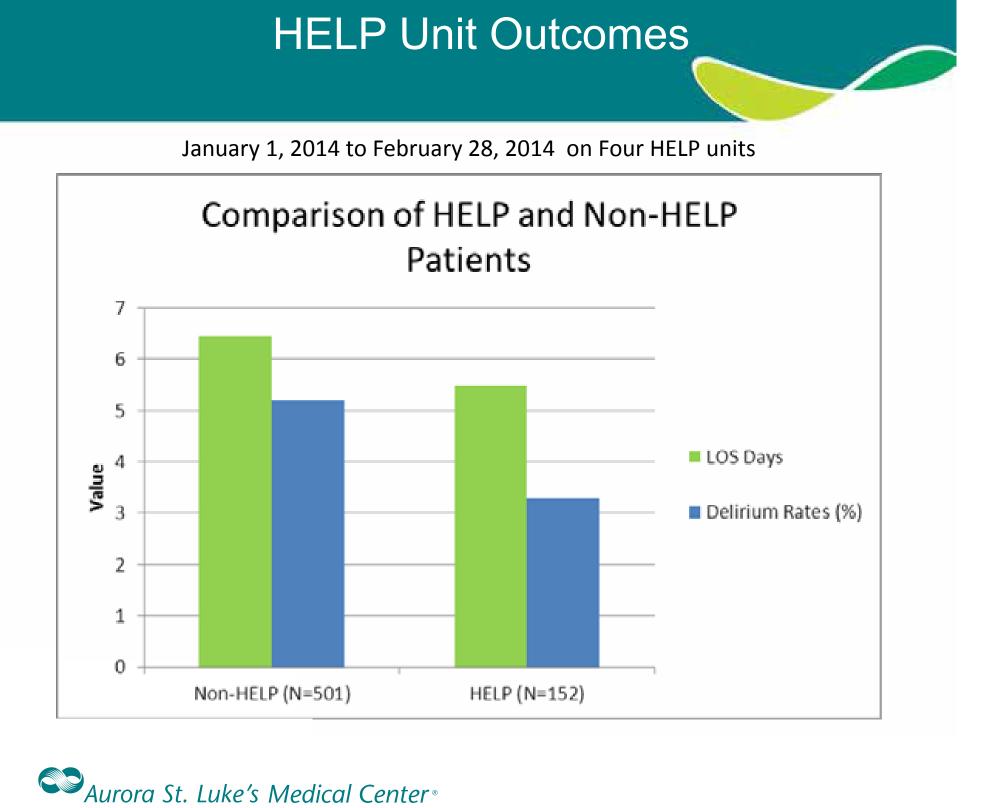


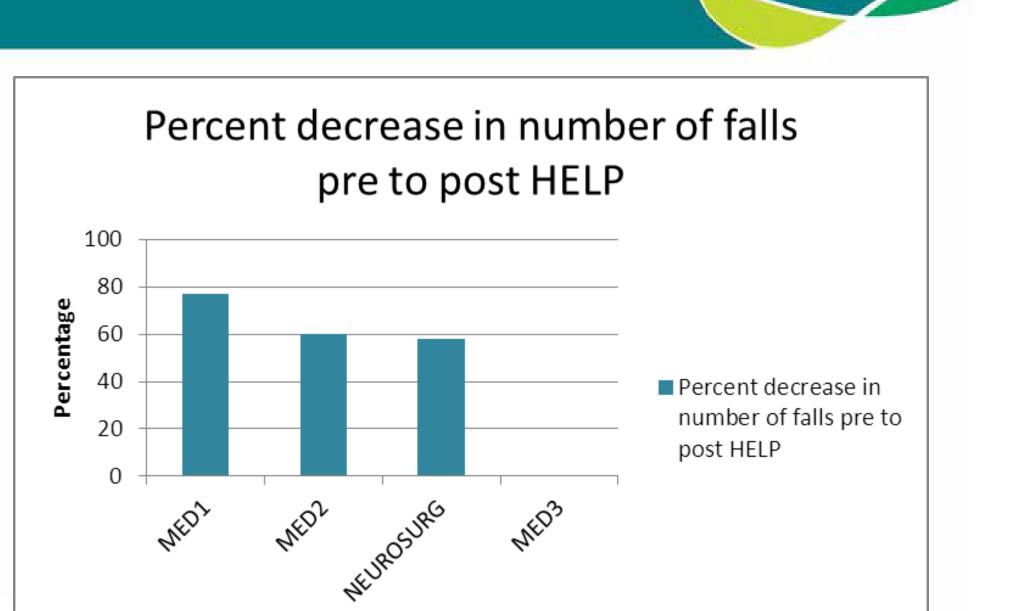




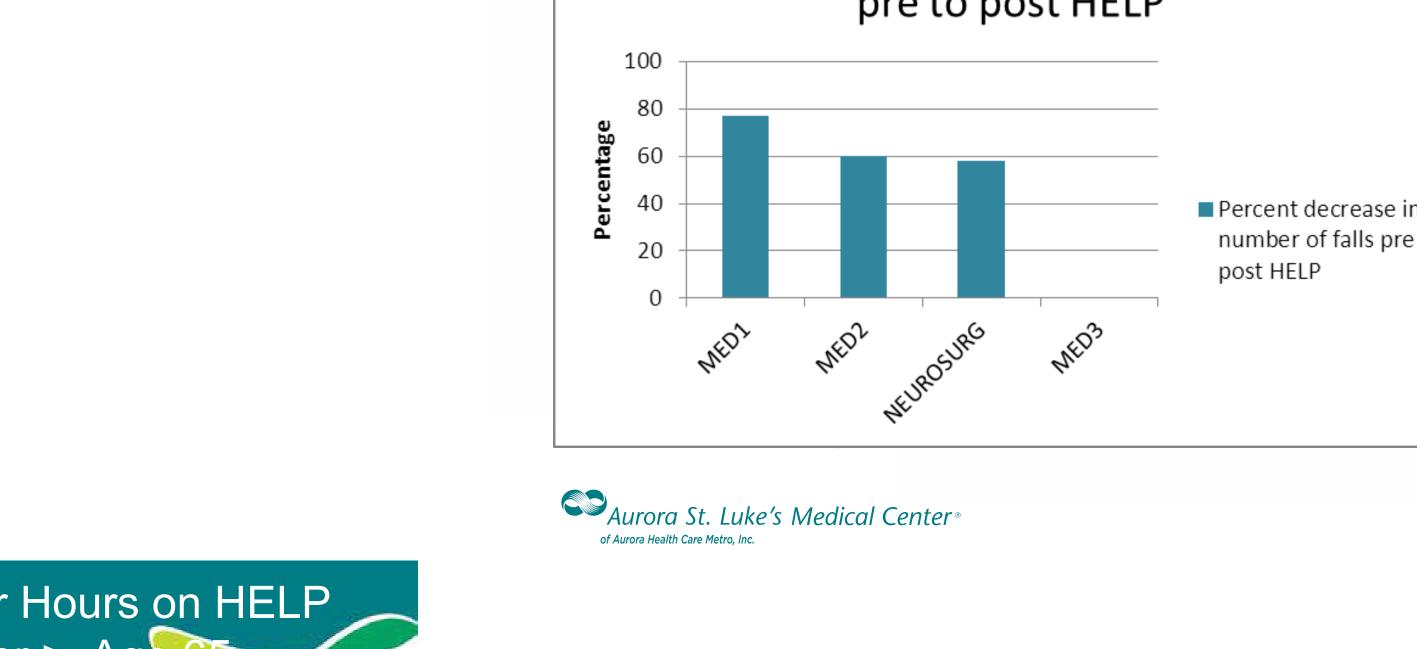
I-Spy Containers: A visual and cognitive stimulation activity created by unit staff and community partners

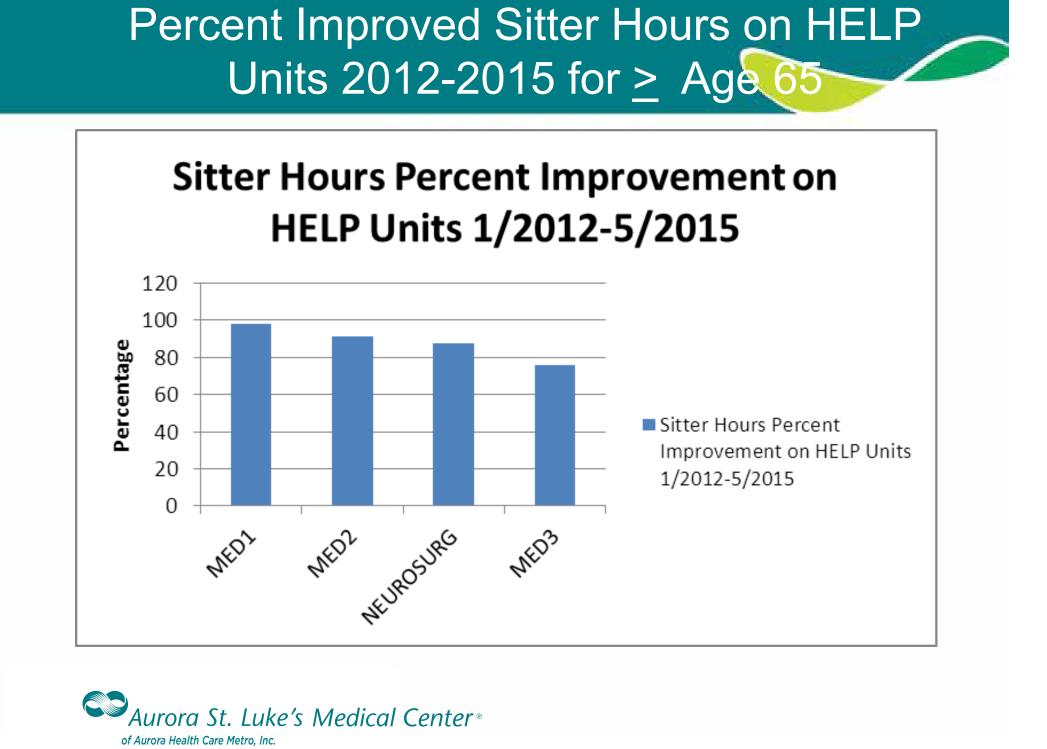
## Results

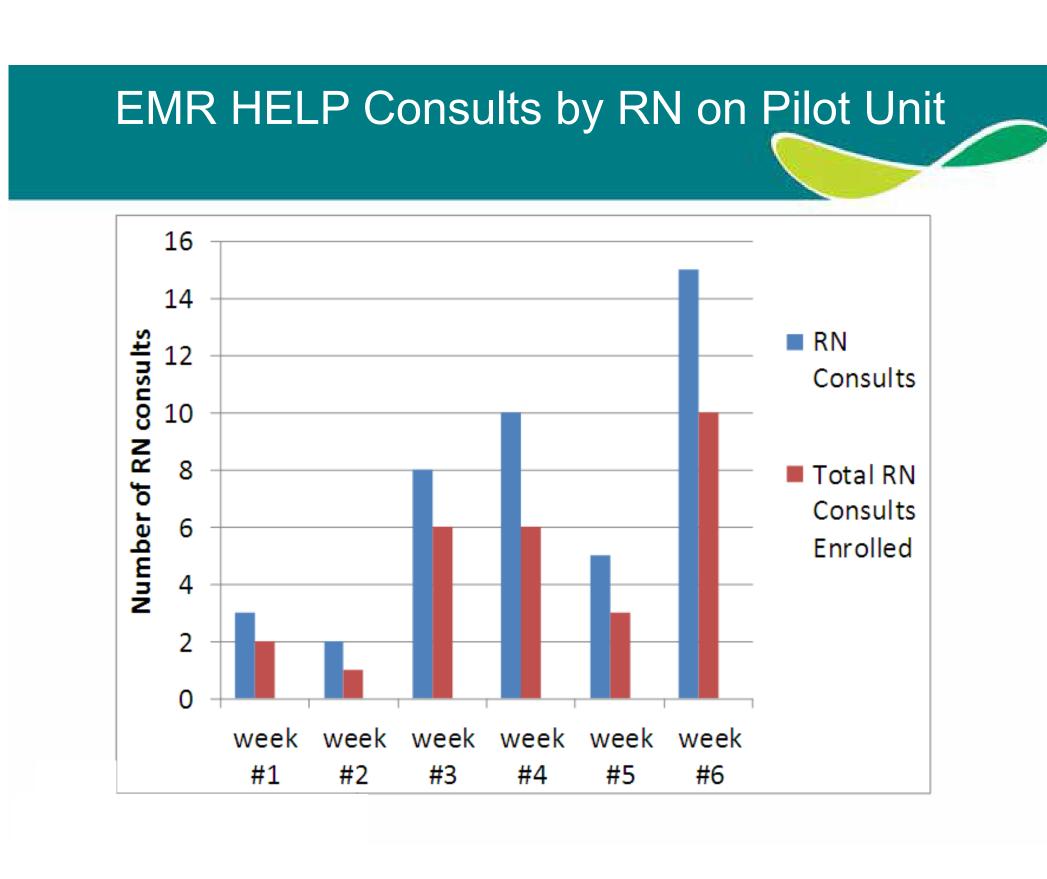




HELP Unit Falls Data > Age 65







Aurora St. Luke's Medical Center®

#### Conclusions

HELP integration can improve outcomes for the vulnerable hospitalized elder through:

- Decreased delirium
- Decreased length of stay by .95 days (LOS)
- Cost savings based on decreased LOS
- Decreased falls of elders 65 years and greater
- Decreased sitter use
- ➤ Electronic RN initiated consults increases number of patients receiving HELP interventions
- Partnering with a community group to create I-Spy bottles, has provided a service connection and a supply of visual/cognitive stimulation activities to use across 4 HELP

#### References

Ahmed, S., Leurent, B., & Sampson, E. L. (2014). Risk factors for incident delirium among older people in acute hospital medical units: A systematic review and meta-analysis. Age and Ageing, 43, 326-

Conedera, F., & Kingston, L. (2013). Therapeutic activity kits. Retrieved from http://consultgerirn.org/uploads/File/trythis/try\_this\_d4.pdf

Inouye, S. K. (2014). The Hospital Elder Life Program. Retrieved from http://www.hospitalelderlifeprogram.org/for-clinicians/why-delirium-is-important/

Inouye S. K., Bogardus Jr S. T., Baker D. I., Leo-Summers L., Cooney L. M. Jr. (2000). The Hospital Elder Life Program: A model of care to prevent cognitive and functional decline in older hospitalized patients. Hospital Elder Life Program. Journal of the American Geriatrics Society 48, 1697-1706.

Inouye S. K., Bogardus Jr. S. T., Charpentier P. A., Leo-Summers L., Acampora D., Holford T. R., et al. England Journal of Medicine, 340(9), 669-76.

Inouye, S. K., Brown, C. J., & Tinetti, M. E. (2009). Medicare nonpayment, hospital falls, and unintended consequences. The New England Journal of Medicine, 360(23), 2390-2393.

Inouye, S. K., Westendorp, R. G. J., & Saczynski, J. S. (2014). Delirium in elderly people. Lancet, 383,

Rubin, F. H., Williams, J. T., Lescisin, D. A., Mook, W. J., Hassan, S., & Inouye, S. K. (2006). Replicating the Hospital Elder Life Program in a community hospital and demonstrating effectiveness using quality improvement methodology. Journal of the American Geriatrics Society, 54(6), 969-974...

Waszunski, C., Veronneau, P., Therrien, K., Brousseau, M., Massa, A., & Levick, S. (2013). Decreasing patient agitation using individualized therapeutic activities: A nurse-led quality improvement project yields promising results. American Journal of Nursing, 113(10), 32-39.

## Acknowledgements

#### >HELP team

- Terri Burke Elder Life Specialist
- Dr. Macias
- Dr. Malone
- Anita Steglia NP
- HELP Volunteers

#### ➤ All staff on 4EF

- Coleen Dusold PCM
- Unit Area Coordinating Council



