Successful Integration of Hospital Elder Life Program (HELP)

**Background**
- Declines in functional decline are complications plaguing hospitalized elders. Decline is a common, costly problem with rates ranging up to 50% in the hospitalized elder (Inouye, 2014).
- Up to 30% of all deaths are believed to be preventable. Functional decline affects 43% of hospitalized elders (Inouye, 2000).
- Uprooted length of stay, falls, and mortality are all complications of palliative and functional decline.

**Current Knowledge**
HELP is an evidence-based program
- Validated outcomes include:
  - Prevention of functional decline
  - Prevention of cognitive decline
  - Prevention of delirium
  - Decreased length of stay
  - Decreased costs

**Setting**
- E2Z 1st floor designated (Western Gateway) Magnet hospital
- 25 bed medical telemetry unit (COPD)
- 15 bed rehab/med/surgical unit (med/surg)
- Acute Care of the Elderly (ACE) Unit
- Acute Care of the Frail Elderly (ACFE) Unit
- Nurses Improving Care for Healthsystem Elders (NICE)

**Methods**
- Development of HELP Advisory team
- Collaborative implementation using unit-based stewardship
- Multidisciplinary testing of HELP elements
- Elderly-specific visual and cognitive activity (see photos)
- HELP tools for Medicare
- RN-led HELP consults
- HELP program recertified in 3 more areas
- Community partnering

**Results**
- HELP Unit Outcomes
  - Elderly patients (65+)
  - Inpatient stays
  - Falls data
  - Recruitment

**Conclusions**
HELP integration can improve outcomes for the vulnerable hospitalized elder through:
- Decreased delirium
- Decreased length of stay by >35 days (p<0.05)
- Cost savings based on decreased LOS
- Decreased falls of a rate 65 years and greater
- Decreased after-care
- Electronic RN helath consults increases number of patients receiving HELP
- Partnering with a community group to create utility bundles, has provided a service connection and a supply of nutritious/functional snacks to use across 4 HELP units

**References**

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