



BUILDING LOCAL SUPPORT

Myth: Since HELP is a cost-effective program with a proven track record, it will be welcomed with open arms by my hospital.

Reality: Successful implementation of HELP requires building local support through patience, hard work, and strategy.

Introduction: Winning Friends for HELP and Influencing Hospital Practice

You are excited about starting a HELP program at your hospital, but you are wondering what you will need to do to successfully launch the program at your hospital. Read on! As much as we would like to think that a good program will be adopted just because it is good, it is crucial to have a **business plan** in order to successfully incubate HELP at a new site. Although the HELP program has proven very successful in hospitals across the country (and around the world) and has been shown to result in large savings, establishing the program in a new location requires local support. This support must be created, and will require a great deal of hard work, patience and a strategizing on your part. The purpose of this document is to introduce the key elements of local support and, based on past experiences of HELP, to give you some practical suggestions about how to gain that support.

Part of the difficulty in launching a new HELP site is that a shift in thinking is required for HELP to be accepted. It is not something that you can expect people to just get intuitively. One reason for this is that hospitals were designed when the hospitalized population was much younger on average than they are today. Many of the risks and functional problems that affect elderly patients were not as large of a problem in the past. Addressing these changes in order to alleviate the problem of delirium is the purpose for which HELP was created.

A **business plan** is needed because:

- 1) **Significant start-up and/or dedicated funds are required.** You must do what it takes to convince hospital administrators that the long-term savings make the program worth the initial investments.
- 2) **Dedicated staff are required.** You will need to work to identify and develop dedicated members of the staff.
- 3) **Significant changes in organizational structure are required.** HELP requires specific changes in organizational culture and procedure that affects many areas of a hospital. For the program to succeed, key players must be helped to understand the problem, convinced of the efficacy of the approach you are proposing and willing, therefore, to support your efforts and do their part to implement change.

In sum, people need to be shown the long-term benefits in a way that they can understand and accept the inconvenience and newness of short-term changes, from budget expenditures to the presence of Elder Life staff who have the authority to make specific interventions on behalf of patients.

Be Realistic!

From working with sites that have implemented HELP we have gleaned a series of lessons that may spare you the exercise of reinventing the flat tire:

Be aware: starting a new HELP site is a much bigger coordinating task than many people expect! Also, know that problems arise if a program is begun with an unrealistic timeline. Unless they are superhuman, one or two staff *cannot* transform geriatric care at a large hospital in six months (and although the HELP staff we have met often seem superhuman, as far as we know, none of them actually are).

Focus and Take Your Time to get it Right

Although it may be tempting to implement the program in many hospital units at once, **HELP should be phased in**, starting first with one unit, covering as many shifts as feasible and slowly expanding from there as resources are developed. While enthusiasm of HELP staff and supporters is an essential ingredient in the success of HELP programs, in our experience, programs that try to expand too quickly are much more likely to fail than those that develop more cautiously and gradually.

Another key element of the program is **targeting**. While it may seem that the kind of assistance offered by HELP should be given to all elderly patients, that simply is not realistic or cost-effective. It is important to understand and explain to others that the care offered in a hospital is meeting the needs of most people. However it is the role of HELP staff to identify the subgroup within the population that is at high risk of delirium. It is appropriate and worthwhile to have HELP to target interventions to the high-risk group.

So we look across the population of patients and identify those at risk. We suggest beginning by providing as many interventions as feasible/possible to each enrolled patient. Resist the temptation to provide a few interventions to more patients vs. concentrating resources to provide many interventions to fewer patients. Delirium is multifactorial; each at risk patient requires attention to multiple risks if outcomes are to be improved. Spread too thin the interventions don't work and the staff becomes exhausted.

Following we discuss some key issues and strategies based on the experience of existing HELP sites. There are a number of areas that are key to building support:

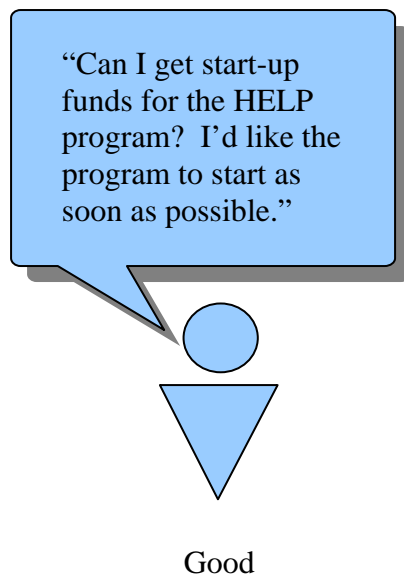
- HOSPITAL ADMINISTRATION
- COLLABORATIVE DEPARTMENTS
- HOSPITAL STAFF
- THE COMMUNITY

Building Support in the Hospital Administration: Making Friends in High Places

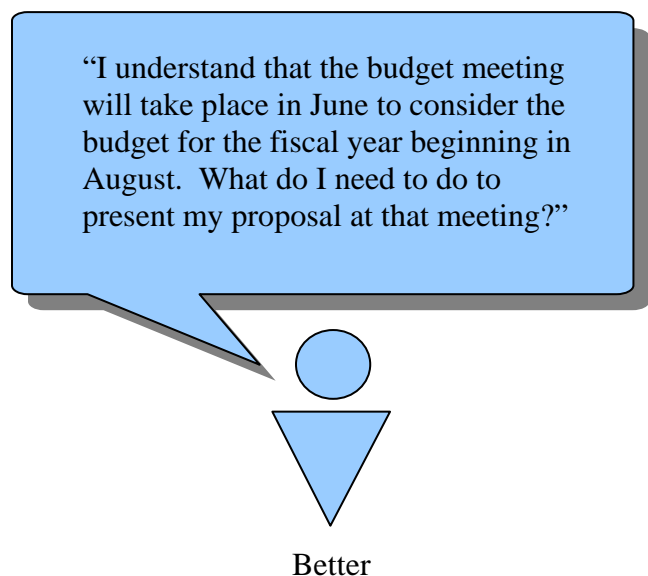
Get support as high up in the administration as you can; a high-level ally is crucial.

Once you arrange a meeting with an administrator, make sure that you **prepare** for your meeting. You should be sure to review the mission statement and strategic plan of the hospital, find out what you can about the long-term and short-term goals, and also brush up on the organizational structure. For example, you should know when the hospital's **fiscal year** starts, and also the time frame for budget requests and decisions for new proposals. You don't need to know everything, but armed with this basic information, you can present a realistic proposal in a timely way and should be ready to ask intelligent questions. For example:

With no preparation:



With a little bit of background research:



Here is a list of things to accomplish in the first meeting with a top administrator:

- **Explain** why you want to begin HELP at the hospital.
- **Explain** which unit in the hospital you plan to start and why.
- **Clarify** this administrator's vision of the long-term and short-term goals of the hospital.
- **Explain** how HELP fits with the administration's long-term goals and the hospital mission.
- **Explain** how HELP fits with the administrations short-term and annual goals.
- **Ask** what kind of data they need to convince them that the program is worthwhile.
- **Ask** who in the hospital can help you to get that data and ask them to put you in touch with that person.
- **Ask** if they can help you to arrange meetings with other hospital administrators. (Specific groups to target would include Quality Assurance, administrators of nursing, Chief of Staff, New Program Development committee, etc.)

Don't be shy. Remember, HELP has been proven to be good for hospitals. A program that makes the hospital better, gets rave reviews from patients *and* staff and saves money at the same time is going to make the administrator look good. If you can get them to see the big picture, they might just transform from skeptics to die-hard supporters of HELP before your very eyes. (Also, please be patient with them—skepticism *is* part of their job, after all.)

As you prepare to launch your program, you will most likely need to present a **hospital business plan** using an approved format. Find out what format the hospital uses.

Also, most hospitals like to see **data** to support the value of the program. Of course, there is published data available on HELP programs, but what they will *really* like to see is data that shows the expected savings at *your* hospital. Fortunately, your hospital will have people who can help you to generate this data using the HELP business tools. Along with many others, their work is very important to the success of HELP. Make sure to let them know how valuable their assistance is.

Effective Program Implementers* Tell Tales

No, not *tall* tales, *true* tales. The **hospital board** is another group that will need to be approached. When reaching out to the board, **do not underestimate the power of stories**. The Board are lay people who themselves will almost certainly have their own (unfortunately, negative) experiences with elderly family members who may have been

TIP: The HELP Business Planning Tools, available for purchase, include a pre-made PowerPoint presentation that can easily be adapted for presentations at your hospital.

hospitalized and will respond to positive stories of people who were aided and about suffering that was avoided by HELP. This may not be hard to do, because when it comes down to it, you may find that you are happy that the hospital will save money and that statistics show that HELP works, but the reason you are excited about HELP is likely to be because of bad stories you want to avoid repeating and good stories that you want to see come to life in your hospital.

The stories touch you, and will touch others, because they are about real people, not budgets or quality reports.

As with administrators, it is important to **emphasize to the board the ways in which HELP contributes to the specific priorities and goals of the hospital**, both directly and indirectly. Here it is also possible to use stories (in this case they may be hypothetical.) For example, if the hospital is seeking to develop the Marilyn A. Best Cancer Treatment Center in the Tri-state Region, then they can expect many of their cancer patients to be elderly and at risk for delirium. Moreover, it is easy to imagine a scenario where a woman with breast cancer may choose to come to the Best Cancer Center because she had a positive experience with her mother who was well treated in another department of the hospital in the past. Everything is related—it is your job to help people to connect the dots.

* That's you!

Patient feedback is very important for building support with the hospital administration. If patients like the program and ask what they can do, urge them to write a letter. Patient surveys are also very important. It is best to get the questions added to the hospital's standard survey if possible, as they will take this more seriously than a separate survey.

Building Support among Hospital Staff

Choosing a Departmental Home for HELP

Having HELP placed in a powerful department is important. Internal medicine (or general medicine) is the most common choice. Similarly, it is very important to gain support of powerful leaders within the hospital's departments. Unfortunately, a good program based in a weak department is likely to fail.

Although HELP operates across departments, **it is also important that a particular department takes ownership of it.** If HELP exists across programs without a strong tie to any in particular, there is a risk that no department will take/feel responsibility for it. When no department considers HELP their own, they are more likely to cut the program from their budget in times of belt tightening. Even though departments may feel that it is a great program, they may feel they have no choice but to cut it or will not be as likely to fight for its survival unless they see it as theirs.

Along with a strong department to house HELP, it is essential to pull together a working group from many supporting departments that are critical to implementing HELP (see list at right). You will need to work to make sure that everyone is on board while at the same time making sure that at least one department takes HELP under its protective wing. **If the core department is powerful, then it will have more ability to secure HELP's success, and more able to use its leverage to make sure everyone does their part.** Your task is to use your knowledge of your own hospital to gain cooperation from all of these departments.

HELP's Cast of Supporting Departments:

- **Chaplaincy**
- **Dietary/Nutritional**
- **Medical informatics**
- **Nursing**
- **Pharmacy**
- **Rehabilitation**
- **Volunteer Services**


Load the experiment for success. Select the initial unit that will implement HELP by identifying where almost **everyone within that unit is on board**, including nurses and physicians. It is essential to hold meetings with all shifts to explain the program to nurses and solicit their suggestions. Posters and handouts can be used to describe the program, program staff, delirium, and the role of volunteers. All physicians who admit patients on the floor will also need to be briefed through mailings, news articles and presentations. Many will be more than happy to work with HELP, but only if they know about it, feel their input was solicited and heard and understand how it will have a positive impact on their work while improving patient outcomes.

Because **volunteer staff** are a core part of the HELP program, regular meetings with the director of volunteer services will be necessary both to establish and to maintain the program. Keep in mind that a new breed of volunteer is needed for this program to succeed. They must be actively able to engage patients, and some must be physically able to help patients get to the bathroom, walk, etc. The hospital will need to recruit volunteers with this in mind. While Volunteer Services can help, most HELP sites find

that they must initiate their own community outreach efforts to recruit and retain volunteers.

Even after the program is started, **it is important to continually remind departments of the value of HELP.** You should work to have budget projections for departments that include costs with and without HELP to remind them that HELP saves more money than it costs. Once HELP is successfully integrated into the budgets, there is a danger that people will see the costs of HELP and, forgetting the resulting savings, see it as something that can be cut in a pinch to balance their budget. Unfortunately, the temptation to grasp at an easy solution will often completely obscure any of the complexities of the bigger picture. This does not work to anyone's best interest in the long run—not the hospitals, the patients or individual departments.

Remind people at every opportunity—in reports, articles, posters, budgets, conversations, presentations, email signatures, etc. —that HELP is taking good care of patients and saving money:



"Hello, you have reached the voice mail of Wanda Factor, Director of the Hospital Elder Life Program. We saved Springfield General over \$300,000 last year, please leave a message after the tone..."

Maybe you don't need to go THIS far, but you get the idea.

Publicity

Try to generate awareness and support throughout the hospital. Some suggestions:

- Have HELP affiliated staff take the message back to their departments via presentations at in-services and medical grand rounds
- Present at staff meetings
- Send out an informational letter to all physicians
- Place ads and success stories in the hospital newsletter
- Ask Public Relations Department to issue press releases
- Cooperate with reporters
 - Be available for interviews
 - Respond promptly to reasonable requests for information
- Cooperate if you are nominated for an award
- Take photos and keep on hand for articles, presentations, ads, etc.
- Plan and publicize activities to recognize volunteers for their service. Track hours of donated care and translate into dollars, for example.
- Plan a high profile events corresponding to National Health Observances: May is Older Americans month; April is National Volunteerism Month.

Building Support in the Community

Focus Groups

Another critical area for support is the **community**. Our experience indicates that you will find that people in the community who are eager to talk to the hospital. One very good way to reach out to the community is to hold **focus groups**. In a focus group, you can learn from the community experience of hospitalization and have a chance to explain how HELP will address some of those concerns.

Community Advisory Board

A **Community Advisory Board** should be formed and is very valuable to set program goals and generate community awareness about HELP. Your area's Agency on Aging can help suggest members. Possibilities include leaders specializing in eldercare from nursing homes, home care agencies, elderly transportation and housing providers, meals-on-wheels, and so on. Representatives of these groups can explain problems they see and can recommend solutions. For example, one Board member reported a problem of patients being released from the hospital at night returning to their residences without forewarning to caregivers. The Board can also recommend sources of volunteers and student interns for HELP.

Talks

Another way to reach out to the community is to give **talks** to community organizations. Talks can be given at senior centers, churches, volunteer organizations, synagogues, service organizations, AARP and elsewhere. These groups can also be told about volunteer opportunities. HELP fliers are available that can be customized and used to publicize the program for your hospital.



TIP: Most communities have local newspapers and other media where you can place free ads about events. You can also run community service announcements on TV. The ads themselves will also raise awareness of the program.

Volunteer Trainings

Quarterly volunteer trainings should be run. When the program has been underway for awhile, experienced volunteers can assist with orientation. A booth can be set up at volunteer fairs at nearby universities, and free ads can be placed to recruit volunteers (see box at right). Some hospitals have found it more useful to have a system of orienting new volunteers individually.

Annual Report

It is a good idea to issue an **annual report** of the program, with a summary of the program, numbers of patients and volunteers enrolled, statistics, feedback from the patient-family survey, letters sent by patients and families, and a summary of the money saved. This report can then be circulated to key people such as the Hospital administration, collaborating departments and the Community Advisory Board.

Building community ties is very important. If you are valuable to your community, you will also be valuable to your hospital.

The HELP Business Planning Tools will provide detailed information about how to set up the HELP program organizationally. They include:

- Executive Summary
- Power Point Presentation
- Data Collection Questionnaire
- Excel Worksheet Tools

