DEAR HELP COMMUNITY,

Many thanks to our conference attendees for making the Fourteenth International HELP Conference in Pittsburgh our best conference ever! This year, we broke our attendance record, with more than 82 people attending from 37 HELP sites across 22 states and four countries. We were especially delighted to welcome attendees from Germany, Japan, and Canada!

Our focus this year was “Addressing the Interface of Delirium and Dementia” and we had fascinating presentations, workshops, and a panel discussion on strategies for delirium prevention and management in persons with dementia. Our heartfelt thanks to UPMC, our fantastic speakers, and everyone else who made this conference such a great event! We hope you enjoyed it as much as we do every year, and we are looking forward to the next HELP International Conference on April 6-8, 2017.

For those who were not able to attend this year, we have included summaries of the conference presentations on pages 3-5. You can also access the presentations on the HELP website (www.hospitalelderlifeprogram.org).

And finally, exciting things are on the horizon at HELP Central! We are especially thrilled to share that we are developing a series of e-learning tools and interactive modules that will be launched in 2017.

Thank you for everything you do. You are our inspiration!

Sincerely,
Sharon K. Inouye, MD, MPH

WANTED: HELP Website Beta Testers

We are actively seeking beta testers to review our e-learning modules. As a tester, you would have the privilege of reviewing the latest delirium curriculum and tools on implementing HELP. Learn more about this unparalleled opportunity by emailing elderlife@hsrl.harvard.edu.

“In you want to go fast, go alone. If you want to go far, go together.”
-African proverb

Lynn Spragens
Learn about the latest strategies for HELP implementation and sustainability PAGE 3

Donna Fick
Learn about delirium prevention strategies for persons with Dementia PAGE 3

Fred Rubin
Congratulations to Dr. Fred Rubin! PAGE 2
UPDATE ON HELP

• We successfully launched the “Hospital Elder Life Program (HELP): Taking to Scale” project in the fall of 2015 through a grant from the John A. Hartford Foundation. The goal of this project is to refine and implement a dissemination approach that will ultimately result in a self-sustaining model for HELP dissemination. We are currently developing:
  o Online multimedia educational modules
  o HELP University structure with online education, training, and peer-to-peer support for sites
  o HELP Tier System for recognition of sites
  o A mentor-trainer model to support new sites

• HELP Central received a new grant from the Donaghue Foundation to upgrade the HELP website. The grant will allow us to upgrade search capabilities and password access and implement other formatting improvements.

HELP Special Interest Group at the 2016 American Geriatrics Society Annual Scientific Meeting

The 2016 Special Interest Group (SIG) at the American Geriatrics Society (AGS) conference was chaired by Dr. Jonny Macias Tejada and guest co-chair Dr. Heidi Wierman on May 20th in Long Beach, CA. Talks included:

• Delirium Quality Improvement (QI) Project in a Coronary Care Unit (CCU): Dr. Corina Freitas, Aultman Hospital
• One-Year Outcomes of an Adapted Hospital Elder Life Program to Prevent Delirium in Long-term Care: Drs. Haini Liao and Kenneth Boockvar, Brookdale Department of Geriatrics and Palliative Care
• Reducing Delirium Length and Hospital Stay in Hospitalized Elders: A Randomized, Controlled Trial: Dr. Gonzalo Navarrete, University of Chile
• Can an Automated Electronic Health Record (EHR) Report Be Used to Identify Patients Eligible for the Hospital Elder Life Program (HELP): Dr. Michael Malone, Aurora Health Care / University of Wisconsin School of Medicine and Public Health

Congratulations to Dr. Fred Rubin!

Dr. Fred Rubin received the Richard E. Deitrick Humanity in Medicine Award from the Allegheny County Medical Society in 2016. This award honors a physician who has improved the lives of patients by caring for them with integrity, honesty, and respect. Dr. Rubin established HELP at UPMC in 2002 and successfully reproduced the results obtained at Yale-New Haven. In Dr. Rubin’s words, “Our total delirium rate went down from a baseline of 41% to only about 19%. Our incident delirium rate for patients enrolled in HELP is only 3%.” We are honored that Dr. Rubin is a member of our HELP community.
HELP CONFERENCE

Program Planning for HELP Implementation, Sustainability, and Expansion

Lynn Spragens, MBA; Fred Rubin, MD

The implementation, sustainability, and expansion of HELP are critical for the development of the program across multiple institutions. In addition to maintaining high standards of patient care, it is important to build organizational support and establish financial viability for the program because hospital administrations ultimately make decisions based on financial outcomes. Thus, the “business angle” requires a convincing and cost-effective description of HELP in financial terms, with emphasis on the metrics most important to the hospital. Moreover, regularly sharing data with the hospital administration—e.g. publications, outcome data, and patient stories—is critical in obtaining sustained administrative support. Other helpful sustaining efforts can include participation in hospital quality improvement events, brochures for families, and articles in the local and national media.

Once HELP is established within an organization, expansion of the HELP program is possible. However, before doing so, a needs assessment is recommended to prevent bottlenecks and to outline a strategy that concords with both the administration’s bottom line and the HELP mission.

Take-home message:
- Gather support from all stakeholders
- Identify important metrics for administration, including length of stay, patient/family satisfaction, nursing satisfaction, and costs, and start small (such as one unit), with plans for future expansion
- Needs Assessment Strategy: think about what matters; who makes decisions; what problems keep people up at night; who can fund; baseline data regarding gaps and opportunities; and your process for evaluation of plans

Delirium Prevention Strategies in Persons with Dementia: A Person-Centered Approach

Donna Fick, PhD, GCNS-BC, FGSA, FAAN

Delirium Superimposed on Dementia (DSD) is a costly, deadly, and distressing condition for older patients. Over half of hospitalized older adults with dementia will develop delirium, and it is unclear whether this progression is preventable. However, there is evidence to indicate that person-centered treatment for older adults with DSD may improve their condition during hospitalization. Dr. Fick's work has demonstrated that person-centered care can help to improve the behaviors of patients with DSD and identify appropriate non-drug interventions.

Importantly, however—solid evidence indicates that the person-centered approach is effective only if delirium is diagnosed early and the underlying cause is treated.

Take-home messages:
- Strongest evidence is for the prevention of delirium before it starts
- Individualized, person-centered, non-drug approaches should be the first line of treatment
- Limit the use of pharmacological approaches to patients who pose a risk of injury to themselves or others, or to those with severe distress due to symptoms
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Panel: Hospital Interventions for Patients with Dementia
Rebekah Larter, R/TRO; Kaitlin King, CTRS; Rita Leinheiser, MA

Patients exhibiting restless or anxious behavior are often problematic for the hospital staff who, in many cases, have few resources to appropriately manage the patient. However, senior-friendly “simple pleasures” activity kits can provide meaningful activities, reduce responsive behavior, and facilitate productive visits in the hospital setting. These reusable kits can include laminated books and activity aprons with numerous pockets, ties, and zippers and should be kept on each inpatient unit for use by the nurses, family members, or volunteers.

In addition to senior-friendly “simple pleasures” kits, the hospital staff can better understand the experience of persons with delirium in a hospital setting via the Virtual Dementia Tour. In order to simulate a delirium patient’s sense of disorientation and altered perception of the hospital environment, hospital staff are asked to complete a series of challenging tasks in a resident’s room while wearing darkened glasses and headphones and exposed to flashing lights. The more than 400 people who participated in the Virtual Dementia Tour reported helplessness, frustration, and fear. Thus, the Virtual Dementia Tour appears to achieve its goal: enabling staff and caregivers to better empathize with their patients.

Take-home messages:
- Hospital staff often have difficulty redirecting patients’ behavior, or lack the resources to appropriately manage patients who are restless or anxious
- Senior-friendly activities and “simple pleasures” kits provide meaningful activities and reduce inappropriate or agitated behaviors
- A Virtual Dementia Tour helps to increase awareness and guide staff and caregivers to employ a more empathetic approach, demonstrate more understanding and patience, and use more effective communication approaches (e.g. give one instruction at a time, go more slowly)

Caregiving for Persons with Dementia: Health Effects, Treatments, and Future Directions
Richard Schulz, PhD

17.7 million individuals in the U.S. provide support to older adults and 8.5 million individuals provide care for the cognitively impaired. In aggregate, the estimated value of informal care is $250-450 billion dollars. Yet this informal care comes at a tremendous cost to caregivers, who suffer physical and psychological strain along with secondary stress that affects multiple life domains. For example, witnessing the suffering of domestic partners can generate enough stress to cause cardiovascular disease. However, intervention options like shared caregiving, reinforcement of positive beliefs, engaging in pleasant events, and accepting one’s own limitations in improving the condition of the care recipient can help to prevent the caregiver from developing health issues.

Still, challenges in the field of caregiving remain, such as increased longevity with extended periods of disability, fewer children to provide care, and unsustainable health care costs. Thus, caregiving is an important research platform to develop new interventions.

Take-home messages:
- The exposure of caregivers to constant psychological and physical stress is an important social problem affecting both individuals and society
- This pervasive problem incorporates numerous transitions of interest to psychologists (e.g. increasing/decreasing levels of demand/chronic stress, bereavement, institutionalization)
- Caregiving is an important research platform to understand the individual and societal tolls of caregiving
Delirium and Complications of Acute Illness in Nursing Home Residents
Kenneth Boockvar, MD, MS

Nursing home residents are affected by delirium risk factors like cognitive impairment, immobility, sensory impairment, and medication use. Moreover, studies indicate that incidence of delirium in nursing home residents is significant, particularly in individuals with acute health problems such as urinary infections. Thus, the HELP-LTC study aimed to adapt the HELP program for the use in long-term care nursing homes and to describe the implementation processes and outcomes.

In this study, long-term care residents who developed an acute health problem received the following intervention components: orientation and cognitive activity, physical activity, fluid and food assistance, relaxation and non-pharmacologic sleep aids, and medications checked against the Beers List. Overall, this intervention was well-received by the residents and unit staff and HELP-LTC showed the potential to be cost-effective and reduce delirium and hospital transfer. Further steps will evaluate the HELP-LTC intervention in a randomized controlled design with blinded assessors.

Take-home messages:
- Hospital Elder Life Program in Long-term Care (HELP-LTC) was well-received by residents and unit-staff, met enrollment and measurement goals, and demonstrated good adherence to intervention
- HELP-LTC has the potential to be cost-effective and reduce delirium and hospital transfer
- The HELP-LTC will be tested in a randomized, controlled design

Recent HELP Publications
HELP Newsletter Spring/Summer 2016

And, finally, tremendous thanks and kudos to our wonderful HELP Advisory Board!

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Visit our website at www.hospitalelderlifeprogram.org  
Newsletter Editorial Team: Penelope Reichenhall, Asha Albuquerque, and Markus Wuebbeler

HELP 2016 Award Winners

Kenneth Boockvar (speaker)
Donna Fick (speaker)
Carol Greco (speaker)
Miwako Honda (distance traveler award)
Kaitlin King (speaker)
Rebekah Larter (speaker)
Rita Leinheiser (speaker)
Jonny Macias (speaker)
Krystal Moore (CME Organizer)
Fred Rubin (host and speaker)
Richard Schulz (speaker)
Lynn Spragens (speaker)
Markus Wuebbeler (HELP Fellow)