


UPDATE ON HELP

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Hospital Elder Life Program

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Overview of the Schedule


Thursday, April 6, 2017

Time	Event
8:15 am	Welcome - Fred Rubin, MD
8:30 am	Update on HELP - Sharon Inouye, MD, MPH
9:30 am	Update on HELP Website/E-Learning Modules - Sarah Dowal, LICSW, MPH
10:30 am	A Demonstration of How to Work with HELP Patients - Heidi Wierman, MD, Susan Heisey, MSW, LCSW, ASW, Miriam Beattie, DNP, GNP-BC
11:50 am	Lunch
1:00 pm	Update on Frailty in the Elderly - Stephanie Studenski, MD
2:00 pm	Update on Dementia - Eric Rodriguez, MD
2:35 pm	Update on Stroke - Lawrence Wechsler, MD
3:30 pm	Delirium and Palliative Care - Sharon Inouye, MD, MPH
4:05 pm	Parkinson's Disease - Houman Homayoun, MD, PhD
4:40 pm	Positive Approach to Dementia - Rollin Wright, MD, MS, MPH
6:00 pm	Dinner Symposium: The Future of Geriatric Medicine - William B. Applegate, MD, MPH, MACP

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Overview of the Schedule


Friday, April 7, 2017

Time	Event
8:30 am	Breakout Sessions: Introductions and Q & A Panel for New Sites Heidi Wierman, MD, Susan Heisey, MSW, LCSW, ASW, Miriam Beattie, DNP, GNP-BC Guide to Writing Annual Reports (Established Sites) Sarah Dowal, LICSW, MPH
9:45 am	Program Planning for HELP - Lynn Spragens, MBA
10:30 am	The HELP Volunteer Perspective - Moderator: Sarah Dowal, LICSW, MPH HELP Volunteers from UPMC, Maine Medical Center and University of Utah Hospital
11:30 am	HELP Photo and Awards/Recognition
11:50 am	Lunch and Networking
1:00 pm	Closing Keynote: Mobility Balance and Aging - Stephanie Studenski, MD, MPH
2:00 pm	Farewell and Closing Remarks - Sharon K. Inouye, MD, MPH

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Welcome and Introduction

- We are delighted to welcome all of you to the **15th annual HELP conference**
- This meeting has evolved to become an important opportunity for education, networking, and collaboration among sites
- Take advantage of the chance to meet COEs and other HELP sites for mentorship and collaboration, for rejuvenation

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What is HELP?

- HELP is a...
 - Program for delirium prevention
 - Philosophy of how to care for older persons
 - Principles and protocols for optimizing care
 - An interdisciplinary community of like-minded individuals dedicated to improvement of care for vulnerable older persons

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The Hospital Elder Life Program (HELP)

A Model of Care to Prevent Delirium and Functional Decline in Hospitalized Older Patients

Ref: Inouye SK, et al. J Am Geriatric Soc. 2000;48:1697-1706.

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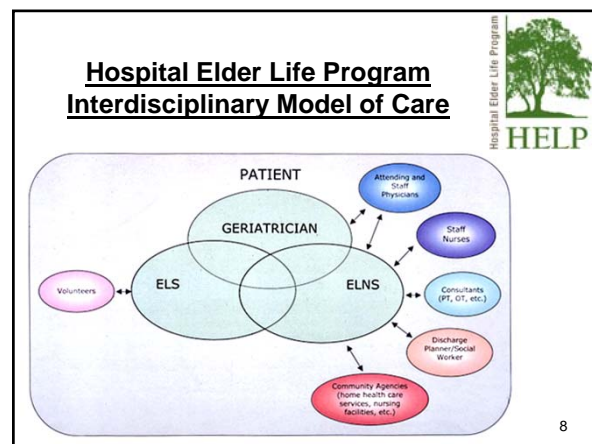
Hospital Elder Life Program Goals

An innovative approach to improving hospital care for older patients, with primary goals of:

- Maintaining physical and cognitive functioning throughout hospitalization
- Maximizing independence at discharge
- Assisting with the transition from hospital to home
- Preventing unplanned readmission




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Hospital Elder Life Program Interventions

<u>Risk Factors</u>	<u>Intervention</u>
Cognitive Impairment.....	Reality orientation Therapeutic Activities Program
Vision/Hearing Impairment.....	Vision/Hearing Aids Adaptive Equipment
Immobilization.....	Early Mobilization Minimizing immobilizing equipment
Psychoactive Medication Use.....	Nonpharmacologic approaches to sleep/anxiety Restricted use of sleeping medications
Dehydration.....	Early recognition Volume repletion
Sleep Deprivation.....	Noise reduction strategies Sleep enhancement program



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- ### Other Hospital Elder Life Program Interventions
- Geriatric nursing assessment and intervention
 - Interdisciplinary rounds
 - Geriatrician consultation
 - Interdisciplinary consultation
 - Provider education program
 - Community linkages and telephone follow-up
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- ### Intervention Process
- Screening: all patients ≥ 70 years are screened
 - Inclusion: as inclusive as possible, must have at least one risk factor for cognitive/functional decline
 - Exclusion: minimized, mainly inability to participate in interventions
 - Assignment: after screening, patients assigned to interventions based on their risk factors by Elder Life Specialists. Individualized menu of interventions
 - Adherence: completion of all interventions tracked daily by Elder Life Specialists
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- ### Volunteers
- Unique role: Hands-on
 - Selection criteria: Responsibility, caring, and respect for older persons
 - Commitment: Minimum of one 4 hour shift/week for 6 months
 - Training: Intensive, 16 hours didactic group, followed by 16 hours one-on-one training with patients
 - Quality checks: Quarterly competency-based checklists
 - Volunteer retention: Daily staff communication, quarterly educational/support session, monthly newsletter, and incentive awards
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HELP Impact on Outcomes

Reference	No. of Patients	Rate in HELP	Rate in Controls	Improvement with HELP
PREVENTION OF DELIRIUM				
Rubin 2011	>7,000	18%	41%	23%
Chen 2011	179	0%	17%	17%
Caplan 2007	37	6%	38%	32%
Rubin 2006	704	26%	41%	15%
Inouye 1999	852	10%	19%	5%
REDUCED COGNITIVE DECLINE (MMSE decline by 2+ points)				
Inouye 2000	1,507	8%	26%	18%
REDUCED FUNCTIONAL DECLINE (ADL decline by 2+ points)				
Inouye 2000	1,507	14%	33%	19%
DECREASED HOSPITAL LENGTH OF STAY				
Rubin 2011	>7,000	5.3 days	6.0 days	0.7 days
Caplan 2007	37	22.5 days	26.8 days	4.3 days
Rubin 2006	704	---	---	0.3 days
REDUCED INSTITUTIONALIZATION				
Caplan 2007	37	25%	48%	23%
DECREASED FALLS				
Inouye 2009	--	2%	4%	2%
Inouye 2009	--	3.8/1000 p-y	11.4/1000 p-y	7.6/1000 p-y
Inouye 2009	--	1.2/1000 p-y	4.7/1000 p-y	3.5/1000 p-y
Caplan 2007	37	6%	19%	13%
DECREASED SITTER USE				
Caplan 2007	37	330 hours	644 hours	314 hours




HELP Impact on Costs


Reference	No. of Patients	Impact on Cost
Rubin 2011	>7,000	>\$7.3 million per year savings in hospital costs (> \$1000 savings per patient)
Rizzo 2001	852	\$831 cost savings per person-yr in hospital costs
Leslie 2005	801	\$9,446 savings per person-yr in long-term nursing home costs
Caplan 2007	111	\$121,425 per year savings in sitter costs




- ### Announcements
- Remember to visit posters!
 - Welcome to Elvy Ickowicz, VP at AGS and Lynn Spragens, MBA
 - Victor Wang Demonstration of HELP Avatar-before lunch today
 - Dr. Jirong Yue and team from China to present poster tomorrow
 - Sarah Dowal, LICSW, MPH-HELP Coordinator
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HELP Updates



- ### HELP Special Interest Groups
- Held each year at AGS and GSA—active and vibrant
 - Now chaired by Jonny Macias Tejada, M.D.
 - Upcoming AGS SIG will be co-chaired by Susan Heisey
 - At each Special Interest Group:
 - Introduction to HELP for new sites—ultra brief
 - Update on HELP with input from current sites and COEs
 - Presentations related to HELP/delirium studies presented at that meeting, as well as other meetings or publications
 - Strong encouragement for **all HELP sites** at the meeting to attend the SIGs. Encourage scholarship, innovation, and collaboration!
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- ### HELP Website
- Donaghue Foundation grant enabled us to upgrade our website
 - Access to three sections of website for HELP, Delirium Instruments and HELP University
 - Streamlined process for finding materials
 - Other formatting improvements
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HELP WEBSITE
<http://www.hospitalelderlifeprogram.org/>

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HELP in the News

- Multiple articles published about HELP over the past few months:
 - Forbes March 2017
 - Next Avenue March 2017
 - Wall Street Journal February 2017
 - New York1 January 2017
 - The Hospitalist December 2016

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Research Publications on HELP

- Steunenberg B, van der Mast RC, Srijbos MJ, Inouye SK, Schuurmans MJ. **How trained volunteers can improve the quality of hospital care for older patients. A qualitative evaluation within the Hospital Elder Life Program (HELP).** Geriatr Nurs. 2016. Epub ahead of print
- Boockvar KS, Teresi JA, Inouye SK. Preliminary Data: **An Adapted Hospital Elder Life Program to Prevent Delirium and Reduce Complications of Acute Illness in Long Term Care (HELP-LTC) Delivered by Certified Nursing Assistants.** J Am Geriatr Soc. 2016; 64:1108-1113.
- Mudge AM, Banks MD, Barnett AG, Blackberry J, Graves N, Green T, Harvey G, Hubbard RE, Inouye SK, Kurrie S, Lim K, McRae P, Peel NM, Suna J, Young AM. **CHERISH (Collaboration for hospitalized elders reducing the impact of stays in hospital): protocol for a multi-site improvement program to reduce geriatric syndromes in older inpatients.** BMC Geriatrics. 2017;17:11 (HELP adaptation)

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Abstracts on HELP

- Rubin FH, Urda K, Bilderback A, Inouye SK. The Hospital Elder Life Program (HELP) can reduce the Rate of Readmissions. American Geriatrics Society, Annual Meeting, 2016. Long Beach, CA.
- Liao H, Teresi JA, Inouye SK, Boockvar KS. One-year outcomes of an adapted Hospital Elder Life Program to prevent delirium in long-term care. American Geriatrics Society Annual Meeting, 2016. Long Beach, CA. (Received Best Paper Award for Best Practices in Nursing Homes and Hospitals).
- Green J, on behalf of the POD Study Investigators. A cluster, randomised feasibility study of the Prevention of Delirium (POD) Programme for elderly patients admitted to hospital. British Geriatrics Society, Spring Meeting, 2016. Liverpool, UK.
- Boockvar KS, Teresi JA, Inouye SK. An adapted Hospital Elder Life Program to prevent delirium and reduce complications of acute illness in long term care (HELP-LTC). Older Americans Independence Centers, Annual Meeting, 2016. Arlington, VA.
- Young J, Collinson M, Farrin A, Fletcher M, Green J, Hartley S, Inouye S, Santorelli G, Smith J, Teale E. A cluster, randomised, feasibility study of the Prevention of Delirium (POD) Programme for elderly patients admitted to hospital. Bradford Institute for Health Research, Annual Exhibition, 2016. Bradford, UK. (HELP adaptation)
- Young J, Collinson M, Farrin A, Fletcher M, Green J, Hartley S, Inouye S, Santorelli G, Smith J, Teale E. A cluster, randomised, feasibility study of the Prevention of Delirium (POD) Programme for elderly patients admitted to hospital. European Delirium Association, 2016. Vilamoura, Portugal.
- Smith J, Brooker D, Cheater F, Collinson M, Farrin A, Fletcher M, Green J, Hartley S, Inouye S, Siddiqi N, Young J. Assessment of intervention fidelity in a cluster randomized feasibility study of the Prevention of Delirium (POD) Programme. European Delirium Association, 2016. Vilamoura, Portugal

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HELP and 30-day Readmissions
(Rubin FH et al, AGS Abstract 2016)

- **Aim:** To compare rates of 30 day readmission in 4,794 patients on HELP units vs. 2,834 usual care units during one year period 2013-14
- **Design:** Administrative data-base study (pragmatic trial using hospital data)
- **Results:** Using multivariable models, controlling for age, race, Charlson, APR DRG weight, service, and length of stay, adjusted risk of readmission:
 - 0.83 (95% CI 0.73-0.94) for all HELP patients
 - 0.74 (95% CI 0.63-0.87) for HELP patients DC to home

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HELP and Readmissions (cont)

- HELP has already been proven cost-effective for the hospitalization
- Now, those benefits extend beyond discharge—very important as CMS focuses on episode-based care
- Thus, HELP achieves the triple aim: improving quality, improving outcomes, and decreasing costs
- Let your hospitals know!!!

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NICHE Annual Meeting 2017 [25th Anniversary]



- **NICHE Conference:** April 19-22, 2017, JW Marriott, Austin TX
- **Keynote Speaker:** Dr. Sharon Inouye
- **HELP Symposium:** Presentations from Maine Medical Center and Abington Hospital on joint initiatives between NICHE and HELP
- **Special Interest Group:** Anyone attending NICHE who is interested—please attend

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AGS 2017 Symposium: Adaptations and Outcomes of the Hospital Elder Life Program: Implementation and Spread



- **AGS 2017 Annual Scientific Meeting:** May 18-20, Henry B. Gonzalez Convention Center, San Antonio, TX
- **Moderator:** Dr. Ariba Khan (Aurora Health Care, WI) **Discussant:** Dr. Sharon Inouye
- **Talk 1:** Dr. Fred Rubin (UPMC) will discuss volunteer and EMR adaptations
- **Talk 2:** Dr. Mark Supiano (University of Utah) will discuss the impact of HELP on hospital readmission rate and mobility
- **Talk 3:** Dr. Cheryl Chen (Taiwan University) will discuss an adapted HELP program in Taiwan that does not use volunteers
- **Talk 4:** Dr. Kenneth Boockvar (James J Peters VA Medical Center, NY) will discuss the adaptation of HELP to the long-term care setting


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Annual Meetings 2017

Meeting	Event
NICHE	Symposium: HELP and NICHE; Dr. Sharon Inouye, Rhonda Babine (Maine Medical Center) and Rita Leinheiser (Abington Hospital)
NICHE	Keynote Address: Delirium Prevention: An Overview of What You Can Do: Dr. Sharon Inouye
AGS	Panel Discussion: Adaptation and Outcomes of HELP: Implementation and Spread: Dr. Fred Rubin (UPMC, Dr. Kenneth Boockvar (James J. Peters VA Medical Center), Dr. Mark Supiano (University of Utah), Dr. Cheryl Chen (Taiwan University), Dr. Ariba Khan (Aurora), Dr. Sharon Inouye (HSL)
AGS	Abstract Presentation: Simpson MR, Malone ML, Weeks R, Shockley A, J. Macias J. The Impact of a Bundled Hospital Elder Life Program® (HELP and HELP at Home) on Outcomes of Care- Preliminary Data. American Geriatrics Society, Annual Meeting, 2017. San Antonio, TX.
AGS	HELP Special Interest Group Session
IAGG	Symposium: Advancing Hospital Care for Older Adults: Science, Policy and Practice from Four Global Partners: Dr. Alison Mudge, Dr. Ken Wong, Dr. Ken Covinsky, and Dr. Hebert Habets
IAGG	HELP Special Interest Group Session

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Health and Aging Policy Fellowship



- Dr. Sharon Inouye is a Health Aging Policy Fellow and has been working with CMS/CMMI on a mobility initiative as part of her fellowship
 - Informational webinar conducted on March 23, 2017
 - Follow-up Action Group will be formed, with twice-monthly calls with hospitals over 4 months
 - Change Packet and Tool Kit developed for participating hospitals to help them in their local initiatives to increase patient mobility
 - Mobility initiative utilizes principles of HELP Early Mobilization protocol, and may ultimately help to increase interest in the HELP model

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Hospital Elder Life Program (HELP): Taking to Scale



- **Background:** Funded by John A. Hartford Foundation
- **Goal:**
 - Refine and implement a dissemination approach that will ultimately result in a self-sustaining model for HELP dissemination
 - Creation of HELP University!

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Taking to Scale: Proposed Approaches



- On-line multimedia educational modules: Have spent bulk of grant period developing 14 educational modules, and Sarah will preview some of them shortly
- HELP University: Online education, training, and peer-to-peer support for sites
- HELP Tier System for recognition of sites
- Mentor-trainer model to support new sites
- Collaboration with related organizations

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HELP and AGS

- New collaboration with AGS
- Goals:
 - Wider dissemination, marketing of HELP
 - Gain structure and better tracking of sites
 - Provide additional resources to sites
 - Establish a mechanism for site recognition
 - Create even more COEs and opportunities for sites



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Benefits of Partnership

- AGS has strong membership base
- AGS website is set up for running webinars or housing e-learning modules
- Both AGS and HELP support the improvement of care of hospitalized elders and providing resources for hospitals to provide gold standard of care
- HELP Central will continue to create content and provide mentorship and guidance to sites



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HELP Progress to Date

- Exciting time and many opportunities
- New Collaboration: HELP and AGS
- Over the next year, we anticipate:
 - Finalization of educational modules this Spring
 - Beta testing of modules with your help
 - Begin working with AGS on integration
- Thanks to all for being a part of the process!



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