Introduction

The Hospital Elder Life Program (HELP) is model of care for older hospitalized patients. HELP's goal is to prevent cognitive and functional decline during hospitalization by preventing hospital-acquired delirium.

Delirium, or acute confusion, is an acute decline in attention and cognition that leads to:
- Increased morbidity and mortality
- Increased healthcare costs
- Increased discharge to skilled care

Pathophysiology of delirium
- Poorly understood
- Functional rather than structural lesion
- Final common pathway of many pathogenic mechanisms resulting in a failure of cholinergic transmission

Presentation of delirium
- Hyperactive – confused, restless/agitated
- Hypoactive – confused, lethargic
- Mixed - features of both

Diagnosis of delirium
- Confusion Assessment Method (CAM) requires the presence of 1 and 2 + either 3 or 4.
  1. Acute onset and fluctuating course
  2. Inattention
  3. Disorganized thinking
  4. Altered level of consciousness

Prevention of delirium
- Avoid anticholinergics, sedative-hypnotics, narcotics
- Address electrolyte disturbance and metabolic problems
- Monitor for dehydration and malnutrition
- Discontinue unnecessary bladder catheters
- Heart monitors, and restraints
- Mobilize patients

The Methods

In 2001, Shadyside Hospital piloted HELP as a quality improvement (QI) program. A QI model was chosen to promote growth and ensure sustainability. During the six-month pilot, HELP demonstrated a significant reduction in the occurrence of delirium and a significant cost savings to the facility.

Since then, the program has expanded to seven units and serves between 80 – 100 older patients daily.

HELP staff assess all new patients ages 70 and over with the goal of identifying six risk factors (RF) known to contribute to delirium.

- Cognition
- Hearing and Vision
- Dehydration
- Mobility
- Drug or alcohol withdrawal

Each RF has a corresponding intervention that staff assigns for volunteers to carry out when visiting HELP patients. For example, when vision RF is present, volunteers can clean glasses, offer a magnifier, or help patients to bring in glasses, or read the newspaper for patient.

Also, HELP staff and volunteers address patient concerns by collaborating with:
- Nursing
- Medicine and Geri Psych
- Physical, Occupational, and Speech Therapies
- Medical Ethics, Palliative Care, and Hospice
- Discharge planning and Social Work

Additionally, HELP nursing staff provide delirium education for:
- Patients and their families
- Hospital nursing staff
- University and hospital-based nursing schools
- Geriatric nursing certification course
- Community Groups

The Magic

The real magic of HELP happens at the patient's bedside and involves interaction between HELP volunteers and older patients.

Volunteers from surrounding universities and colleges, work with patients 8 AM – 8 PM, seven days a week. Volunteers undergo specialized training designed to target the specific delirium RF.

During interactions, patients are oriented, menus are completed, meals are prepared, and patient needs are addressed.

209,229 Volunteer Interventions since 2008

The Results

Sustained Growth

Elderly Patients Served Per Year

Low Incident Delirium Rate

Money Saved

Rubin 2011 > $7.3 million per year savings

Bibliography