

Hospital Elder Life Program (HELP)

Extra care and evaluation for hospitalized elder patients



THE HOSPITAL ELDER LIFE PROGRAM

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HELP Background

- Developed by Dr. Sharon Inouye at Yale to prevent delirium and functional decline in hospitalized older adults.
- Patients enrolled receive up to 6 practical interventions directed at the known risk factors for delirium and functional decline.
- Interventions are delivered by educated volunteers.
- Implemented in over 200 hospitals, nationwide
- Has demonstrated notable reduction in delirium and functional decline at hospital discharge



HELP is a comprehensive patient-care program that ensures optimal care for older adults in the hospital.

The HELP team at Meriter:

Carrie Bennett – Elder Life Nurse/HELP manager

Rick Dahl – HELP Coordinator

Nurses/CNAs/Therapists/Physicians

Educated Volunteers!!

Funding from Meriter Foundation and Friends of Meriter to support supplies and materials for the program.

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Delirium (acute confusion)

- A sudden change in mental status, or sudden confusion, which develops over hours or days.
- Sometimes called “acute brain failure” because of its sudden, dramatic onset.
- Generally a short-term condition
- Precipitated by several stressors or risk factors
- Elders are most vulnerable population
- Different from dementia, which is a chronic, progressive loss of memory



Risk Factors for Delirium and Indicators for Enrollment in HELP

- **70 years old and older.** Increased age and related aging changes predispose people to be at risk for delirium
- **Cognitive impairment** – A person with Alzheimer's disease or other dementia is at increased risk for delirium



Risk Factors for Delirium and Indicators for Enrollment in HELP

- **Hearing or Vision impairment-** This makes it difficult to make sense of the world and is an added stressor to the brain.
- **Poor Nutrition and Dehydration**
- **Mobility or ADL impairment**
- **Sleep difficulties**



Delirium Precipitates- Stressors on Body and Brain

- **Illness**(UTI, Pneumonia, GI Illness) or **Injury**(Hip Fracture, Head Trauma)
- **Changes in Medications** (Pain medications, medications for sleep or anxiety)
- **Metabolic Changes**
- **Untreated Pain**
- **Unfamiliar environment and routines**



HELP Interventions for Delirium Prevention

- HELP interventions are carried out by educated volunteers.
- Volunteers see enrolled patients up to 3 times daily.
- Interventions can also be used by family and friends to support hospitalized elders.

Daily Visitor Program: Cognitive orientation, communication and social support

Therapeutic Activities Program: Engaging patients in activities for enjoyment, relaxation and cognitive stimulation.

Early Mobilization: Encouragement and assistance in walking and exercising. If a patient was walking prior to hospitalization and living independently the goal would be to walk 3 times daily unless medically contradicted.

Feeding Assistance and Oral Volume Repletion- assistance and companionship during meals

Hearing and Vision Protocol- hearing and vision adaptations and equipment

Non-Pharmacological Sleep Protocol: promotes relaxation and sleep

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Therapeutic Activities

- Engage Elders in enjoyable and normal activities
- Share interests with hospital staff



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Meal assistance

- Encourage and assist with meals, snacks and fluids according to dietary recommendations.
- Share food likes and dislikes with dietary staff or order meals ahead of time with family assistance
- Encourage eating items that are high in nutrition first
 - Sometimes you need something sweet to stimulate your appetite.



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Daily Visitor

- Visitors in general should keep patients engaged during the day. Familiar faces can provide comfort and reduce stress.
- Family or close friends should assist patient to communicate to hospital staff normal abilities preferences and routines.



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Exercise and Walking

- Early in hospital stay, ask staff to assist with walking.
- If any deficits or weakness ask for PT and OT consult
- Ask to be up to chair for meals.



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Comments/ Questions



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