

HELPING PATIENTS NEVER GETS OLD

By Doug Carlson

It's long been known that older patients may be prone to episodes of delirium during hospitalization. And like many others around the country, Tallahassee Memorial Hospital has seen an increase in the number of older patients admitted in recent years, meaning the potential for more cases of delirium.

People experiencing delirium, which includes mental confusion and disorientation, have increased confusion along with trouble focusing their thoughts and paying attention.

"It can have a serious impact in the recovery process," said Geri Forbes, regional development administrator at TMH. "It adds a danger of the patient falling and adds complexity to the delivery of care provided by the nursing and medical staff.

"Delirium generally increases the likelihood of a longer hospital stay and may lead to the patient needing to go to a skilled care facility prior to going home."

Unlike dementia, delirium is caused by external factors, such as the disruption in daily routine that comes with a hospitalization. And in most cases delirium appears to be preventable.

Working with the College of Medicine, TMH has found a simple and effective way to significantly reduce cases of delirium in its older patients. The medical school introduced the Hospital Elder Life Program (HELP), which has nearly eliminated delirium among older patients who participate.

Hospital volunteers, many of them younger men and women interested in a career in medicine, spend quality time with selected older hospitalized patients. In addition to engaging in conversation, the volunteers assist with therapeutic and range-of-motion activities and take patients for walks when possible.

While it sounds simple, the extra attention appears to produce dramatic results in helping an older patient maintain normal cognitive functioning.

During a four-year period in which the HELP program at TMH was underwritten by the College of Medicine's Donald W. Reynolds Foundation grant, the results were remarkable. Of 512 patients participating, only two exhibited signs of delirium. In total, more than 1,600 patients have taken part through June.

As part of the Reynolds grant, patients were selected based on criteria predicting who might be vulnerable to delirium during a hospital stay. The patients were 70 years or older, able to communicate orally and in writing and had at least one known risk factor for cognitive or functional decline.



Identified patients who agreed to participate completed a baseline cognitive and functional skills assessment. The assessment was repeated at the end of the hospital stay for comparison.

Even when patients initially resist visits from HELP volunteers, and they sometimes do, the program has produced noteworthy results.

"Some didn't want a visitor. You learn how to present this not as being a charity, but as companionship," said Chris Kovacs, 25, a former HELP volunteer.

"I think for most, their initial reaction was that they expected it to be something contrived. I think they were surprised that it wasn't that way at all. We were genuinely interested in speaking with them and could give them the time to make it a meaningful visit.

"You end up learning a lot about their lives. I met one gentleman who had been there at Pearl Harbor during his time in the Navy, and had later constructed radar stations in Alaska to protect us from the Russians. I learned all these fascinating stories."

Without the visits, statistical averages say as many as 154 of those patients might reasonably have been expected to experience some delirium during their stay.

HELP was developed at Yale University School of Medicine and is gaining acceptance nationwide as a tool for improving outcomes for older patients during hospital stays. The College of Medicine-TMH partnership fostered HELP's introduction in Tallahassee.

An interesting side effect of the program centers on the volunteers. Many of them have gone on to attend medical school or have chosen another path into a health career.

Kovacs now is a first-year student at the Northwestern University Feinberg School of Medicine. Another volunteer, Natalie Voithofer, now is a first-year student at the Florida State University College of Medicine.

“Volunteering made me want to be the one going in there treating them,” said Voithofer, who worked with one female patient who spoke of meeting Hitler when she lived in Germany. “It was great talking with them and helping them,” Voithofer added, “but it also reinforced my desire to become a doctor.”

In total, six HELP volunteers have gone on to medical school, three to nursing school and six to pursue advanced degrees in other healthcare fields.

Dr. Ken Brummel-Smith, professor and chair of the Department of Geriatrics at the College of Medicine, is proud of how the medical school has helped influence better health outcomes for older patients.

“Studies that have looked at medical care in the past have shown that whereas we are very good at treating the admissions reason, people generally leave the hospital



Natalie Voithofer

more disabled than when they came in, because we treat the medical problem, not the whole function of the person,” Brummel-Smith said.

“Our patients in HELP had the opposite experience, and the results are impressive: They maintained their activities of daily living throughout the entire

hospital stay and didn’t lose function.”

Although the medical school’s Reynolds grant funding has expired, Forbes said TMH is committed to continuing HELP as a way of seeking the best outcomes for older patients.

“With the trend of baby boomers moving into older age, we knew we’d continue to see more elderly patients admitted,” Forbes said. “We were being anticipatory about how to provide the best care, and HELP fits perfectly with that goal. The results have been fabulous.”

