



# Using Hospitalists Instead of Geriatricians in Hospital Elder Life Program (HELP) Intervention

Ken Brummel-Smith, MD; Faye Tinson, ARNP-BC; Lisa Granville, MD; Kym Holcomb, BSW

Florida State University College of Medicine Department of Geriatrics & Tallahassee Memorial Hospital ❖ Tallahassee, Florida

The research reported on this poster was supported by the D.W. Reynolds Foundation. The investigators retained full independence I the conduct of this research.

## ABSTRACT

**Purpose & Background:** The Hospital Elder Life Program (HELP) utilizes a geriatric care team and trained volunteers to provide a multifactorial intervention to prevent delirium. Traditionally the HELP approach uses a geriatrician to provide medical oversight. However, hospital-based geriatricians are uncommon in most hospitals. This is the first study of HELP using hospitalists to provide the medical oversight.

**Methods:** A study geriatrician provided training to two hospitalist groups (Family Medicine Residency faculty and private hospitalist group) operating in a 770-bed community hospital. The geriatrician is not involved in direct patient assessment or care. Patients are screened using standard HELP criteria: >70 years, able to communicate, and at least one risk factor for cognitive decline. Patients meeting inclusion criteria are enrolled in the HELP program after giving informed consent. Baseline cognitive and functional assessments are performed. Patients receive daily interventions by trained volunteers, including mental and physical stimulation; companionship and assistance at meals; assistance with walking and exercises; relaxation exercises; and non-pharmacologic sleep enhancements.

**Results:** In the first 3 months forty-three (n=43) patients were enrolled. Forty-two of these have been discharged and one patient remains hospitalized. The mean LOS is 4.7 days, the median is 3 days (1 - 23). Our hospital's average LOS for patients 60 years and over at the time of review was 5 days. All patients maintained or improved their MMSE score from admission to discharge. Additionally, 97% percent had the same or improved their ADL score and only 1 patient (3%) showed a decline of 3+ points. No patient has developed delirium. The discharge destination for HELP patients included, home without paid services n=16 (38.1%), home with paid services n=6 (14.3%), rehabilitation in long term care facility n=11 (26.2%), chronic care/long term care facility/residential care facility n=2 (4.8%), assisted living n=2 (4.8%), transferred to another unit due to medical condition n= 5 (11.9%).

**Conclusion:** The HELP intervention is an effective method for preventing delirium in hospitalized elders and hospitalists can deliver the medical care component of the intervention with additional training in delirium management.



## HELP PROGRAM PRIMARY OBJECTIVES

1. Delirium Prevention in the hospital setting for selected patients over 70
2. Decrease decline in activities of daily Living
3. Decrease decline in Mini-Mental State Examination scores

## PATIENT INCLUSION CRITERIA

- ◆ Age 70 years or older
- ◆ Able to communicate verbally and in writing
- ◆ At least one risk factor for cognitive or functional decline
  - ◆ Cognitive impairment
  - ◆ Any mobility or ADL impairment
  - ◆ Vision impairment
  - ◆ Hearing impairment
  - ◆ Dehydration

## METHODS

### CORE PERSONNEL INCLUDE:

- ◆ Program Director (.78 FTE)
- ◆ Elder Life Nurse Specialist (.78 FTE)
- ◆ Volunteers
- ◆ Hospitalists and nurses at Tallahassee Memorial Hospital round out the project personnel by providing support via awareness raising and referrals

## RESULTS

Total patients enrolled = 43

Average LOS = 4.7 days

hospital's average los for < 60 years old — 5.0 days

### MMSE Score

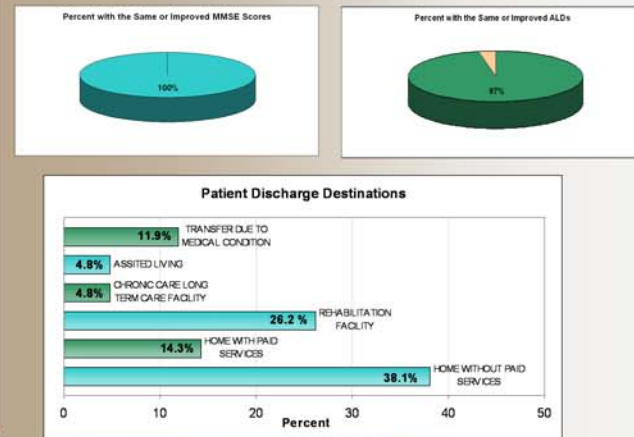
Same or improved = 42 (100%)

### ADL Status

Same or Improved= 41 (97%)

Declined= 1 (3%)

## PATIENT OUTCOMES



## PATIENT COMMENTS

- “This is a great program”
- “My husband is more positive about being hospitalized since the volunteers visited”
- “I really enjoyed the volunteers spending time with me”
- “The volunteers were an interruption to my day”
- “The back rubs in the evening were most helpful”
- “The program is great and I have received great care here”

## CONCLUSIONS

The HELP program was successful in preventing functional and cognitive decline. Hospitalists have been able to adopt geriatric principles through the program. Further research on larger numbers will be needed to test whether the program's success can be maintained and if the program will be sustained by hospital administration.

### References:

- Inouye SK, Bohardus ST, Charpentier PA, et al. A multicomponent intervention to prevent delirium in hospitalized older adults. *N Eng J Med* 340:669-676, 1999
- Rubin EH, Williams JT, Lescisin DA, et al. Replicating the Hospital Elder Life Program in a community hospital and demonstrating effectiveness using quality improvement methodology. *J Am Geriatr Soc* 54: 969-974, 2006
- Bradley EH, Webster TR, Baker D, et al. After adoption: Sustaining the innovation. A case study of disseminating the Hospital Elder Life Program. *J Am Geriatr Soc* 53:1455-1461, 2005.