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Abigail Holt

Mid Coast Parkview Hospital, MaineHealth, Abigail.Holt@mainehealth.org

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HELP Programs Impact on Delirium

Abigail Holt, BSN, RN
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Background

Delirium is a condition that affects 1/3 of patients in the hospital. It is a condition that is preventable and reversible. Patients over the age of 70 are at the highest risk. This condition is identified by a new sudden onset of confusion accompanied by lethargy, agitation, and/or anxiety. As hospitals are seeing more long term care patients awaiting placement due to lack of available beds and an overall aging population. The HELP program is implemented at other Mainehealth facilities and is a useful tool for delirium prevention in our older adults.

Problem

In older adult patients how does the use of HELP programs compared to no intervention impact delirium in hospital stays?

Review of Literature

Title: Effect of hospital elder life program on the incidence of delirium: A systematic review and meta-analysis of clinical trials.
Purpose: This study looked at the HELP programs effect on delirium, length of hospital stay, and incidence of falls.
Method: Meta-analysis of four databases for randomized control trials (RCTs). Independent researchers performed quality assessment, literature review, and data extraction.
Results: 9 RCTs with total of 2583 patients. 1377 in experimental group, 1206 in control group. Reduced hospital stay ($P < 0.001$) and incidence of delirium ($P < 0.001$). No reduction of incidence of falls ($P = 0.710$).
Conclusion and Evidence level: The HELP program was found to significantly reduce hospital stays and the incidence of delirium but had no effect on the reduction of falls. This is a level 1 evidence level.

Title: The modified hospital elder life program (HELP) in geriatric hospitalized patients in internal wards: A double-blind randomized control trial.
Purpose: This study used a modified HELP program to reduce the incidence of delirium on inpatient floors due to the lack of long term care facilities.
Method: Double-blind RCT with 195 participants ≥ 70 . Control group with 11 patients, 84 in the experimental group. Nursing students implemented interventions based on mobility, feeding/hydration, cognitive function, sleep, vision/hearing.
Results: CAM was used to assess for delirium. The incidence of delirium was reduced in the experimental group ($P = 0.05$).
Conclusion and Evidence level: Using the HELP program was statistically significant for reducing delirium on inpatient floors. This is a level 2 evidence level.

Title: The modified and extended hospital elder life program: A remote model of care to expand delirium prevention.
Purpose: The study used a Modified and extended HELP-ME program to facilitate delirium prevention in remote and physically distanced patients. During COVID delirium was prevalent in >25-65% of multiple studies.
Method: HELP-ME was implemented at 4 experienced AGS CoCare HELP sites, including Maine Medical Center (Portland, ME). 106 patients enrolled with data collected over 214 days.
Results: Adherence to the program was 82%. Nursing delirium protocols (96%), medication review (96%), vision (89%), hearing (87%), orientation (88%), fluid repletion (64%), ROM (55%). Participants recommended an optimal approach would be hybrid.
Conclusion and Evidence level: A modified hybrid approach to the HELP program would be beneficial in reducing delirium rather than fully virtual. This is a level 3 evidence level.

Future Implications

- Implement HELP at Midcoast Hospital
- Encourage more nursing programs to have students participate in a HELP clinical at local hospitals
- Education with patient families on the importance of staying connected - virtual/in-person
- More accessibility to functional devices (reading glasses, large-print, illuminated call bells)

References

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