Implementation of a Volunteer-Based Hospital Visitation Program for Older Adults

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Introduction

Multi-faceted, volunteer-led, hospital-based programs have shown to reduce the incidence of delirium, length of stay, and hospital costs.

Data from the pilot of a small volunteer program showed it is feasible to implement a program with limited resources.

This research aims to further investigate the impact of the program.

Methods

This was a multi-method study using volunteer surveys and chart reviews over 18 months at a large, urban academic medical center. Volunteers were trained to complete 3 structured activities based on the Hospital Elder Life Program (HELP).

A chart review was completed for markers of delirium and stratified by time spent during volunteer visit (<5 min, 5-30 min, and >30 min):

• Antipsychotic orders after volunteer visit
• Benzodiazepine orders after volunteer visit
• Restraint orders after volunteer visit
• 1:1 observation orders after volunteer visit

A cohort of 725 patients hospitalized during a similar period with a diagnosis of delirium and not seen by the volunteers was identified for comparison, and the following outcomes were compared:

• Length of stay
• 30-day readmission rate
• Complication rate

The patients who had the longest visits with volunteers (visits >30 min) had the lowest rate of antipsychotics, benzodiazepines, restraints, and 1:1 observation orders after the volunteer visit compared to patients who had visits that were <30 min.

This research suggests that a volunteer program has a positive impact on hospital delirium, with longer visits having more effect.

Results

The patients seen by volunteers had shorter length of stay, fewer, complications, and lower 30-day readmission rates compared to patients with delirium that were not seen by volunteers.