Background

- Hospital Elder Life Program (HELP): a multi-faceted, volunteer-led, hospital-based program has been shown to:
  - Reduce the incidence of delirium
  - Decrease length of stay
  - Reduce hospital costs
- Implementation of such a program requires upfront investment.
- A smaller, volunteer-based visitation program for older adults was started to provide support for the allocation of hospital resources in delirium prevention and establishment of HELP in this institution.
- This research aims to investigate the program’s implementation and impact on delirium specific outcomes.

Methods

- This was a multi-method study that included analysis of volunteer questionnaires and a chart review of patients seen by volunteers.
- Analysis of volunteer questionnaires:
  - Volunteers were trained to complete structured activities based on HELP.
  - Patients were referred by unit nurses and physicians.
  - Volunteers completed a written questionnaire about each patient visit.
  - Data from the questionnaires were compiled, including quantitative and qualitative measures.
  - Data were collected from 11/13/17 to 11/18/18.
- Chart review of patients seen by volunteers:
  - A list of 69 patients identified by the volunteer questionnaires were selected.
  - A chart review was done examining the following variables that were picked as markers for delirium:
    - Antipsychotic order after the volunteer visit
    - Benzodiazepine order after the volunteer visit
    - Restraint order after the volunteer visit
    - 1:1 Observation order after the volunteer visit
  - A cohort of 696 patients hospitalized during a similar period with a diagnosis of delirium and not seen by the volunteers was identified for comparison.
  - The following outcomes were compared:
    - Length of stay
    - 30 day readmission rate
    - Complication rate

Results

- 56 volunteers were trained.
- A total of 1157 visits attempted, 1033 completed.
- 15% of patients were seen more than once.
- 78% of attempted visits were less than 30 minutes.
- Orientation and conversation-based activities accounted for 69% of activities performed.
- Patient demographics:
  - Average age: 72 years
  - 81% of patients were older than 65 years
  - Rate of delirium for the 69 patients seen by volunteers: zero

This table compares the outcomes of patients with delirium to those seen by volunteers.

<table>
<thead>
<tr>
<th>Complication Rate</th>
<th>30 Day Readmission Rate</th>
<th>Length of Stay (Day)</th>
<th>Case Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>12%</td>
<td>69</td>
<td></td>
</tr>
</tbody>
</table>

This table shows hospital orders for the 69 patients after they were seen by volunteers. The orders selected serve as markers for delirium.

Limitations

- Small sample size.
- Cohort group was not adjusted for age and comorbidities.
- Incomplete data set.

Conclusion

- Comparing hospitalized patients with delirium to patients seen by the volunteers, the patients seen by volunteers had:
  - Shorter length of stay
  - Fewer complications
  - Nearly the same percentage of 30 day readmission rates
- For patients seen by volunteers, there was a low rate of orders commonly associated with delirium and no patients developed delirium after the volunteer visit.
- This research provides ongoing evidence that it is feasible to implement a volunteer-based visitation program at our hospital and outcomes suggest a positive impact on hospital delirium.
- Data trends indicate that important health outcomes were influenced by the intervention.
- This research would benefit from a prospective study to further investigate the effects of the program.
- Future efforts would be to utilize data to support program expansion.

References