The Hospital Elder Life Program is an evidence-based program designed to maintain physical and cognitive function in hospitalized older adults. The strategy of HELP is to target the major risk factors for cognitive and functional decline in hospitalized older adults and deploy six core protocols that target these risk factors (orientation, sleep, enhancement, early mobilization, vision/hearing optimization, oral volume repletion). This quality improvement program describes a strategy to integrate the rehab aides into the HELP program.

Rehab aides improved the fidelity of this program’s implementation. The collaboration between two programs increased the number of delirium prevention interventions deployed by the HELP staff. Use of rehab aides is a very efficient and effective way to increase early mobilization and to minimize functional impairment. Rehab aide use can bolster HELP intervention adherence. The delirium rates remained low during this strategy.

Limited availability of rehab aides to work with the patients enrolled in HELP due to the increased needs of the rehab department in other units. High acuity of patients enrolled in HELP on this particular unit. Low number of patients enrolled in HELP mobilization protocol that are able to ambulate with the rehab aides or HELP volunteers.

We compared the fidelity of the HELP program for the three months prior to and the three-month after the implementation of the rehab aides. We cared for 54 patients during the three months prior to the program and 21 patients in the one month after the program. The full deployment of the ambulation protocol occurred in 9% (5/54) of the patients prior to and 57% (12/21) of the patients after the implementation of the rehab aides program. No patient required a physical restraint in this program, before or after the intervention. The rate of development of new delirium during hospital care was low before the intervention and remained low after the intervention. No falls were documented before or after the intervention.