

# Implementation of the Hospital Elder Life Program in a Coronary Intensive Care Unit: Preliminary Results of a Quality Improvement Project

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## Background:

–Delirium is a common geriatric syndrome in older adults receiving care in an intensive care unit. The Hospital Elder Life Program (HELP) is an evidence-based program designed to prevent delirium and functional decline in hospitalized older adults. HELP is generally deployed on general med-surg units. We proposed the deployment of HELP in a Coronary Intensive Care Unit (CICU).

## Methods:

- A quality improvement study of patients  $\geq 65$  years of age who were admitted to the CICU at a large tertiary Wisconsin community teaching hospital during October 2019-December 2019.
- This hospital has previously implemented HELP in multiple medical surgical units since 2013.
- Our team received direction from a HELP Center of Excellence and ICU Team to deploy HELP in the CICU.
- The HELP team provided educational sessions to critical care nursing staff to assist the HELP team identifying older adults at risk to develop delirium.
- Critical care nurses collaborated with the HELP team to deploy specific nonpharmacologic delirium prevention strategies.
- We used the ACE Tracker report to determine rates of delirium on the entire nursing unit prior to and after the implementation of HELP in the CICU.

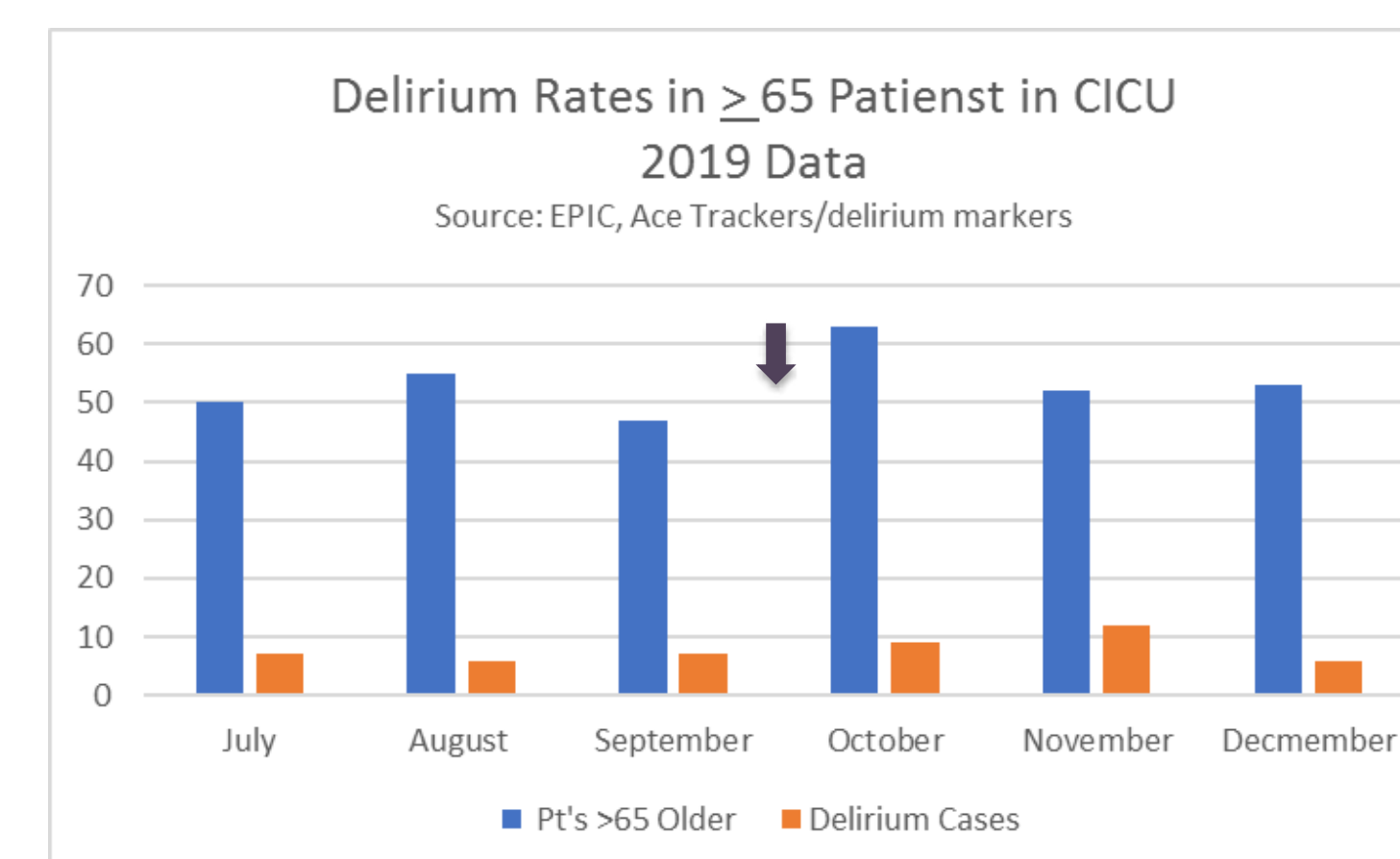
## Results:

- We enrolled 42 older patients in the HELP program during the three-month period reaching 25% (42/168) of older patients on this unit.
- Seventy-Six percent (32/42) of these patients had an admitting diagnosis related to cardiovascular diseases.
- Volunteers provided 168 HELP visits and 539 HELP interventions.
- The most common delirium prevention protocols deployed were: 171 therapeutic activities, 168 orientation activities and 127 hearing and vision protocols.
- Mobility and range of motion protocols were not deployed by HELP.
- The HELP team worked with nursing staff to deploy the early mobilization protocol, ordering proactively physical therapy, occupational therapy and cardiac rehabilitation 83% (35/42).

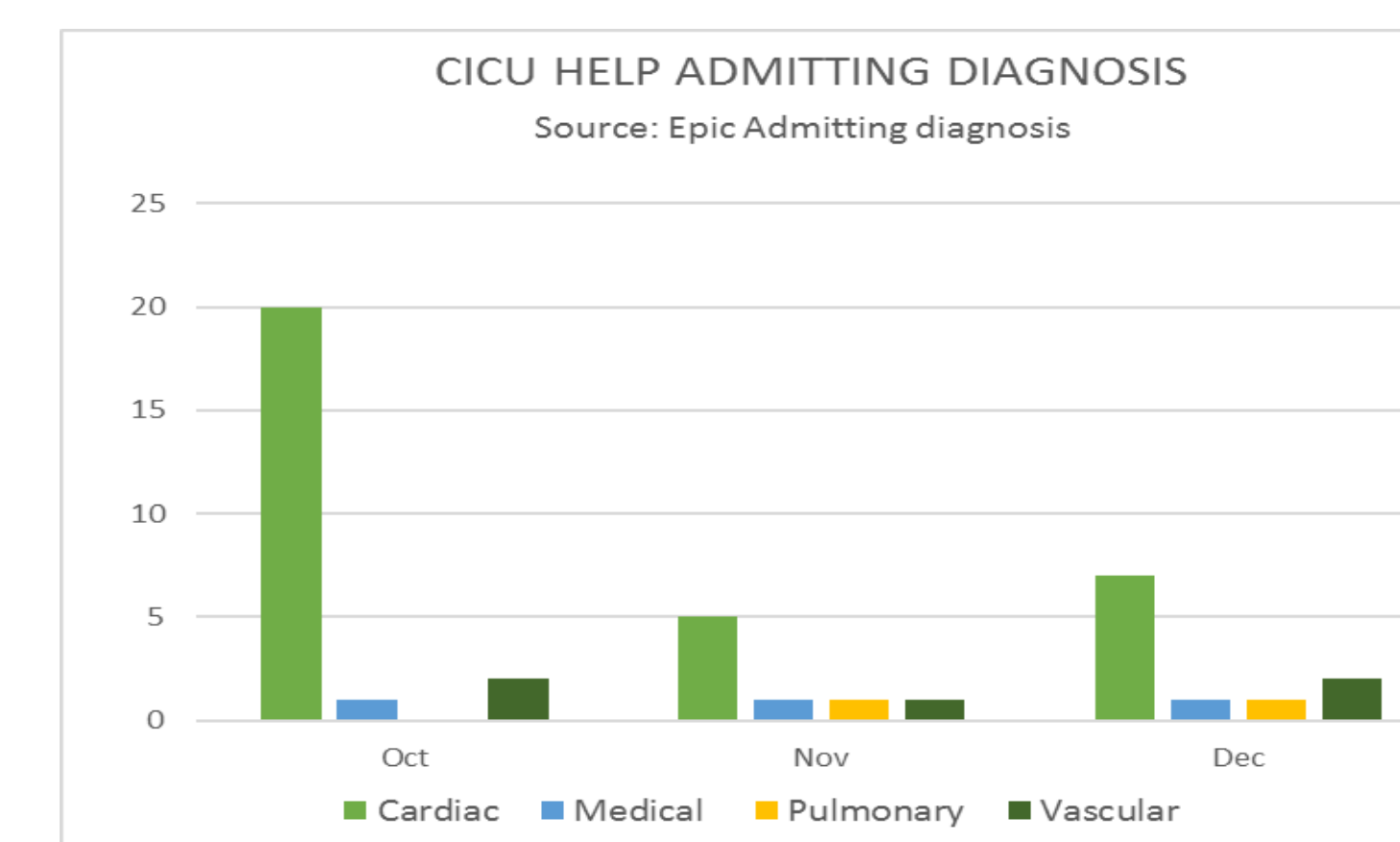
## Results:

- We compared the delirium rates 3 months prior to and 3 months after the deployment of HELP in the CICU.
- Delirium rates noted in nursing documentation among all older CICU patients increased slightly when comparing three - month pre-implementation compared to three months after implementation 20/152, 13%, vs. 27/168, 16%.
- One patient developed delirium in the group of patients enrolled in HELP.
- Sitter hours per unit were also monitored during the three months of implementation of HELP in the CICU and preliminary data revealed that HELP can potentially decrease sitter use in the CICU.

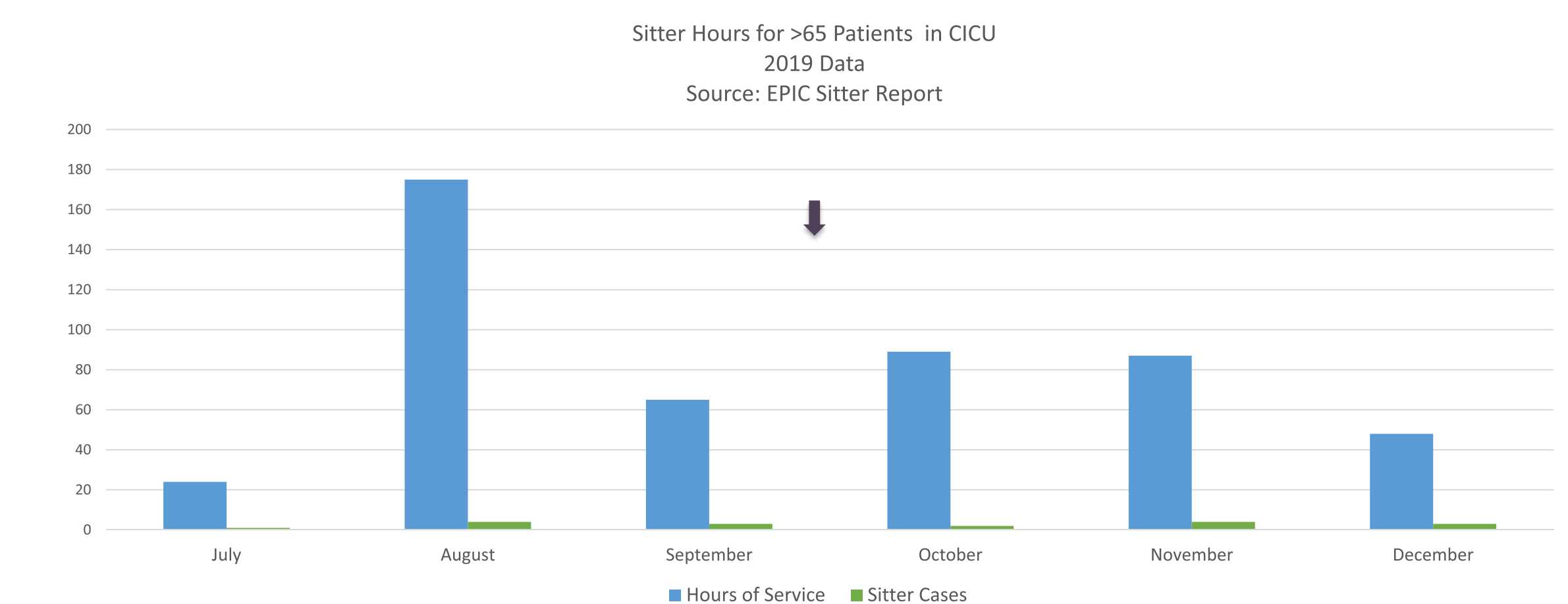
## CICU Unit Delirium Rates / Delirium Marker



## Admitting Diagnosis



## Patients with Sitters and Sitter Hours in the CICU



## Conclusions:

- We implemented HELP in about a fourth of older patients admitted to the CICU during a three month period. High acuity and complexity of patients admitted to the CICU was a limiting factor.
- The HELP Delirium prevention program is a feasible intervention in the CICU.
- The most common diagnosis in patients enrolled in HELP were related to Cardiovascular Diseases.
- This preliminary report reminds us that the greatest challenge to delirium prevention in seriously ill older adults is immobility.
- The HELP team can effectively collaborate with the CICU nursing staff to deploy non-pharmacologic strategies to prevent delirium.