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 65+ years of age who were admitted to the CICU at a large tertiary Wisconsin community teaching hospital during October 2015 to December 2016.
- 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 non-pharmacologic 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 186 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 proactive physical therapy, occupational therapy and cardiac rehabilitation 83% (35/42).

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 mobility.
- The HELP team can effectively collaborate with the CICU nursing staff to deploy non-pharmacologic strategies to prevent delirium.