The HELP program goes virtual!

It is difficult to understate the abrupt and widespread chaos caused by 2019 novel coronavirus which was first identified late last year. COVID-19 changed the way people interact, almost overnight.

Because HELP relies on volunteers to engage older adults, the program was one of the first to be affected by the progressive restrictions placed upon hospital visitors to ensure the safety and wellbeing of everyone in the hospital. Volunteers were asked to temporarily end face to face visits, and soon, the hospital shut its doors to all visitors. This was a necessary precaution to ensure the flattening of the curve, and it is a testament to the hospital’s commitment to patient and employee safety.

During this uncertainty and fear, the HELP team knew that there were still at-risk older adults who were admitted in the hospital and more isolated than ever. The need of this population was higher than ever, but patient engagement had ceased. The only option to continue to deliver life-saving interventions to those at risk for delirium was to connect with these patients virtually.

Jumping into action, the HELP team acquired over 70 iPads, necessary iPad accessories, and campus space to provide for volunteers. Through the team’s and volunteers’ dedication and commitment, HELP is now live in ten hospital units, and set to expand. Volunteers are scheduled to come in on a staggered schedule and are separated into their own classrooms with HELP resources to ensure adequate social distancing and sanitation.

Volunteers can engage older adults virtually by video call, providing opportunities for reminiscence, current events, and instruct range of motion exercises. Additionally, patients with a HELP iPad can access various games, music, and entertainment through iPad apps. They can also contact family, friends, and loved ones via video call when they aren’t visiting with a HELP volunteer.

The program has currently changed, but this is “the new normal.” HELP’s commitment to reducing incidence of delirium in hospitalized older adults endures despite the havoc that COVID-19 wreaked on the community, country, and the world. It must be said that none of this would have been possible without the hard work, dedication, and care of HELP volunteers.
HELP Cornerstone of Age-Friendly Health System at the University of Utah Hospital

For the second year the University of Utah Hospital has been recognized as one of 131 Age-Friendly System participants, demonstrating its commitment to providing excellent care to all older adults. This national recognition is based in part on the success of the Hospital Elder Life Program (HELP), implemented at our hospital in 2010. The Age-Friendly Health Systems program is a nationwide initiative to shift the emphasis of care for older adults in the hospital to a framework based on the “4Ms” of geriatrics—What Matters, Medication, Mentation, and Mobility. To be recognized as a participant, a health system must formally commit to putting the 4Ms into practice.

HELP volunteers supported by the HELP clinical team deliver the 4Ms to HELP patients. Volunteers engage patients with music, a hand or foot rub, puzzles, games, conversation, early mobilization for appropriate patients, and sleep enhancement in the evening. The HELP clinical team review each patient’s record and write up recommendations based on a patient’s delirium risk factors. The evidence-based backbone of the Hospital Elder Life Program perfectly synchronizes with the priorities of the Age-Friendly Health System. “HELP is a prevention program, but it delivers the 4Ms to all enrolled patients,” says HELP director Mark Supiano, MD. He hopes to eventually expand what HELP offers to all patients in the University Hospital system, including Huntsman Cancer Institute.

The Age-Friendly Health System movement is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association (CHA). The goal of this nationwide initiative is to spread the 4Ms framework to 20 percent of U.S. health systems by the end of the year.
Program Welcomes Alijana Kahrman, New Elder Life Specialist

Amidst COVID-19 and virtual visits, HELP welcomed its new Elder Life Specialist this May. Alijana Kahrman is excited to dive into the position and learn more about the Hospital Elder Life Program as well as getting to meet the volunteers and team members that make it a success. She graduated from the University of Utah with a B.A. in Human Development & Family Studies and then continued to earn her Master’s degree in Gerontology.

While working at the University of Utah after graduating, Alijana has been looking for a career path that felt right to her. “I wanted to work somewhere where I felt fulfilled about my daily work, somewhere where I connected with the overall mission of my job, and somewhere where I knew I would be able to help make a positive contribution to the lives of older adults,” she says. “This position was all of that!”

Alijana is Bosnian and has lived in Salt Lake City since she and her family moved here from Rothenburg, Germany as refugees when she was five years old. In addition to her passion for older adults, Alijana has two dogs whom she spends all of her time with, and she enjoys traveling, hiking, canyoneering and “basically anything outside.”

Her presence has already proved invaluable to the program thanks to her fresh perspective, problem solving ideas, and her ability to speak Bosnian. Current volunteer Kaitlyn Child is excited to see Alijana embrace her new role. “She has already helped the program successfully implement the virtual visits - a job that becomes more challenging every day,” says Kaitlyn. “I know that the volunteers, HELP patients, and HELP team members are in good hands!”

Anyone wishing to reach Alijana with comments, inquiries, or feedback on HELP, can reach out to her by email, alijana.kahrman@hsc.utah.edu

Hospital Elder Life Program Enters Its Tenth Year at University of Utah Hospital

Originally created by Dr. Sharon Inouye, the Hospital Elder Life Program is an evidence-based model of hospital care designed to prevent incidences of delirium and reduce functional decline. Dr. Inouye’s research into delirium prevention began in the 1990s. HELP was first implemented at the University of Utah Hospital in July 2010 - a decade ago!

Since its inception, the Hospital Elder Life Program, housed in the Division of Geriatrics in the basement of the School of Medicine, has been providing innovative and effective interventions to older adults who meet the criteria to be at-risk for delirium. Over 300 volunteers have provided therapeutic activities, range of motion exercises, and care for countless patients.

Recently, the American Geriatrics Society recognized the University of Utah Hospital as one of four AGS CoCare: HELP Centers of Excellence. These centers are recognized for their “expert implementation” of the HELP protocols. According to the AGS CoCare HELP website, “they have demonstrated success in improving the care for hospitalized older adult patients and leading-edge knowledge and competency of the program model.” We thank you all for the wonderful ten years of HELP and look forward to our future!