Good afternoon everyone and thanks for choosing Across the Fence. I am Will Mikell in this afternoon for Judy Simpson. Our focus today is on health and hospitalization. As you grow older the odds increase that we may need to stay in the hospital. To improve care and safety for hospitalized older adults at Fletcher Allen Health Care, they use the Hospital Elder Life Program also known as HELP. To find out more I'm joined by Shelly Barton. Shelly is a registered nurse at Fletcher Allen as well as a geriatric nurse clinician. Welcome Shelly, a pleasure to have you with us.

Shelly.: Thank you very much, I appreciate it.

Will.: It goes without saying that hospitals have well-trained caring health professionals but the hospital setting isn't necessarily the best place for an older adult. Why is that?

Shelly.: Because as you age even if you're healthy aging person as you age you have less reserve so if I was ill and went to the hospital I have a lot of reserve I can bounce back with those are all the procedures have and bounced back pretty quickly and be able to recuperate. As I age it's less likely that I can do that as quickly so I end up staying in the hospital for longer periods of time and I have all sorts of things occur. All sorts of procedures new medications all sorts of insults to my body even though they're done intentionally for the welfare of the patient it certainly puts a lot of stress on the patient and they have to recuperate from that. And it's much more difficult as you age.

Will.: Those situations that we maybe haven't been in, in particular bed rest, medication or the combination of the two. And you told me before we got started it leads to a certain condition is that the right word?

Shelly.: Yes it certainly can, it can lead to delirium. and anybody can become delirious the problem is if you are aging you have less reserve, you're not able to bounce back as quickly so delirium is when you have the sudden onset of confusion and it's brought on by all sorts of things. If you come into the hospital and you already are aging, you already have some medical conditions behind you, it's much more likely with all those insults that we do that you would become delirious.

Will.: I'm jumping in because we see the medical definition and one of the key things in that first sentence is sudden onset. This isn't dementia or Alzheimer's or is it?
Shelly.: No it isn't. That's a really good point it's very, very different. People with dementia can become delirious and they are actually at higher risk it's a very different thing. Delirium is a quick onset that's the thing you need to look for. If you have a loved one even if they have confusion at their baseline normal everyday life if it becomes suddenly worse than I would be worried. If they can't attend to what you're saying if they become really sleepy or very very hyper those are other signs that they may be delirious and it's a very serious thing that needs to be taken very seriously.

Will.: Can you give us a sense of how common delirium is?

Shelly.: Again anyone can become delirious, but as you age you are much more likely. As you can see, especially when you're in the hospital, it's up to a third or even more of the patients who come in that can become delirious while they are hospitalized. Even before you get there, there's quite a large percentage, up to 15%, that can already be delirious when they get to the hospital.

Will.: One of your percentages that jump out at me is the third one down, hip surgery patients average that out have to be about 50%. Is there reason for that that you're aware of?

Shelly.: There are a lot of potential complications that can go on and certainly hip surgery is a very serious surgery. You can certainly look at blood clots and other types of medication that we give you. The bed rest that occurs can definitely be a cause of delirium. If we can't get you up and moving that decreased mobility certainly increases your likelihood as well.

Will.: At the beginning I noted healthcare professionals are highly trained and Shelly you are one of those people. Through Fletcher Allen you've been part of a team and developed a bit of an approach. How does Fletcher Allen Health Care address the issue of delirium?

Shelly.: What we've chosen to do is adopt a program called HELP as you mentioned earlier the Hospital Elder Life Program which is actually a program that was created quite a few years ago by Sharon Inouye, she's a physician that works out of Yale and her passion when she became a doctor was to look at the delirium and say we're not approaching this correctly, we need to look at it and we need to say delirium is serious we need to jump on it. Through her work, through her research, she's discovered about what we need to do is prevent it from reoccurring. Her work has been geared for its prevention and our work has been geared towards prevention and one of the programs that we do is the HELP program.

Will.: This is what we call evidence-based?

Shelly.: Absolutely.

Will.: Somebody coming up with a trial this Dr. Inouye, I believe you referred to from Yale, based on a lot of experience so open that up a little bit more. What did she develop and what do you do at Fletcher Allen Health Care?

Shelly.: The HELP program has some very specific goals and again it steered towards elders and the goals are that we want to maintain people's function as much as we can. Both their mental function and their physical function it's so one of the things we need to know when somebody comes to the hospital is what were they like before they came. That's where family comes into play. Where were they that's where we want them to be when they leave. If we can keep their functioning as high as we can our goal is to send them back where they were. We don't want to send them to a nursing home for acute rehab or some acute rehab. If that's the case then certainly it's appropriate at times but our ultimate goal is to get them back home and functioning as highly as they can.
Will.: I'm guessing there are specific ways that first line about maintaining cognitive ability. I will use the word tricks but there are methods you can employ to do that and maybe pull it back a little bit. What is an idea we could do there?

Shelly.: Actually that's what she did, she took the goals and then she said how do we meet these goals. And there are six for a specific interventions that she's come up with to actually do that very thing. There are a couple of focus on

Will.: You call these in interventions.

Shelly.: Interventions yes and there are couple that actually focus on what you were just mentioning. Providing orientation to people is very very important, that the person stays oriented again as much as they were when they came in. We do that through a series of many many things. We have people that come in and will actually visit with a person. They'll watch TV with the person they'll watch you and try to orient themselves through the news through newspapers through memory books that we have many many different ways that we can help them orient themselves.

Will.: One of the things I noted is as simple as meal assistance.

Shelly.: Absolutely.

Will.: It reminds me in the same way we would invite a young person to the kitchen to get them involved we can stay active as we see down in the corner meal assistance.

Shelly.: Absolutely one of the things that occurs oftentimes as you get ill is you don't feel like eating. When you're older you do not have the same sense of thirst as the average person or younger person does. What we do is we really encourage that. We make sure that we provide that assistance as needed. If they use any kind of specific device at home to eat we will make sure that we provide that. We actually have people the volunteers that we have will come in and sit with a person and sometimes even share their meal with them. Sharing a meal with somebody is a very social thing to do so they're much more likely to eat more food if they do that.

Will.: You mention volunteers, I've mentioned healthcare professionals. Is this the team approach that provides these interventions?

Shelly.: Exactly. What I do is as head of the health program I will make suggestions on the interventions for each person and specifically how the nurses and other professionals should approach it in addition to that we have a whole team of volunteers and as you can see there are some right there for you. What they do is sometimes work in teams and sometimes they work individually and they provide those six interventions at the bedside individually one on one with a person. Sometimes they spend two or more hours with one specific person each day doing all six of those interventions that we were shown.

Will.: That's on the healthcare professional side. What are steps that families or patients themselves can take reducing the risk?

Shelly.: There are absolutely steps.

Will.: Because there are a lot particularly in Vermont a lot of family caregivers. People providing support so here some of the things and maybe you can walk us through. Some basic, some more advanced?
Shelly: It's all very very important I want to make that point even the simplest thing can make a huge difference with this situation. Bringing a list of all medications I really want to stress all because what oftentimes occurs is people will bring a list but they don't realize it's actually a partial list because what they don't do is they don't add over the counter medications that they take or herbal remedies or other things that they've chosen to do and that can really really affect the outcome so we need to have a complete list and a list of all the health care providers so an information sheet. If you're going through our four different doctors and you come in and only tell us about one we can provide the best care. I cannot stress enough please bring your glasses hearing aids dentures if you wear them. Family oftentimes can bring them home and they think that's a good idea because it's keeping them safe so when the patient is discharged they have them but what we're doing is we actually are depriving them of sensory aids. We need to make sure they can see us they can hear us they can understand what's going on that they can chew their food.

Will.: The same thing we do every day. This was a top 10 list so there's a page two. You said each of these are a part of the whole; no one is more important than the other?

Shelly: Absolutely. If you have a family member that is elderly that is hospitalized please visit them it's extremely important it will help orient them and touch we don't touch each other enough in a gentle caring way. If you are in the hospital and you are frightened and things are going on and you are overwhelmed. Sometimes the simple holding of each other's hands or massaging hands rubbing shoulders letting them know that you're there and you care. Talking to them very simply don't make things overwhelming if you're having a conversation with them. Make it as simple as possible. And please make sure that you do visit the person and you visit as much as you can because it really makes a difference when you're at the bedside.

Will.: We've been talking about the hospital a setting there are also interventions that people or families can do at home and you have again some tips about some of those things.

Shelly: Absolutely I want to stress again that really prevention is the key if we can prevent people from becoming confused they are much more likely to have a better outcome. Once they become confused we are in trouble so when you're at home if you focus on these areas you can help to prevent the confusion before the person is even admitted. The first one is the vision and hearing and we talked about that already make sure that everything is all set picture you have your annual checkups. Hydration again extremely important people as they age do not have that sense of thirst so if you have a loved one please encourage them to drink or if you are the elderly person really make sure you focus on that. Toileting it sounds like an odd one but it's extremely important as you age more people are more likely to have urinary tract infections. With a urinary tract infection often you have delirium so if we can prevent that are drinking enough and using the toilet on a frequent basis getting up and going before you get the urge. What happens is people wait to the last minute they end up getting up they end up rushing they fall they break a hip and here we are and it's this vicious cycle so do that ahead of time. And the last thing and mobility again I can't stress that enough to get up move. You can't get up and walk around you can move your arms you can move your legs you can move your feet around. Whatever you need to do to keep the body moving because that's what going to keep you strong. In the very last one the medication we talked about carrying a list that's the one thing I didn't mention is please make sure that you go to one pharmacy only. If you use several different pharmacies we're in trouble. If one doesn't know what's happening at the other one, you can really be in trouble with that.

Will.: Shelly we have just a couple minutes left and I do want to make sure that I pass along a website with details on the HELP program. You can get more information by going to:
that website is designed for family and friends who are caring for older adults. There's a separate section also specifically for clinicians so again that website is hospitalelderlifeprogram.org. With just a little bit of time aiming to ask what are the rewards that you take away professionally? It seems like in some ways this is a downer. I've talked to you before we got started and expressions you gave to me about the rewards you took away are frankly quite moving.

Shell.: I think I have a perfect example of that. Just recently we have a gentleman who had dementia so we came and he was already confused and we really want to make sure that it did not become delirious slip a lot of care and time into his plan. What I did was every day I went up and introduced a volunteer to him and they did all the interventions and one day I was walking down the hallway and he saw me and as I was walking down the hallway he went and he was so excited to see me and I took that away and it made my day. He got it he understood that I was going to be a positive force in his day and I can't imagine anything better than something like that happening.

Will.: I suspect I'd be in good hands with you at Fletcher Allen and the Hospital Elder Life Care program Shelly Barton thank you very much for being with us.

Shell.: Thank you, I appreciate it.

Will.: We know you have choices so thanks for choosing us. I am Will Mikell inviting you to join us back here each weekday afternoon for another visit Across the Fence.

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