

## Hospital Elder Life Program (HELP)

### What is HELP?

Inova Health System is implementing the AGS CoCare: HELP™ Program to improve the hospital experience of Older Adults. Coping with the stress of illness and the disruption of normal routines can prolong hospital stays. HELP staff and volunteers offer assistance and activities that keep patients mentally and physically active. This extra attention enhances patient comfort and helps maintain independence while hospitalized. Services are offered at no cost that includes: Daily Visitor Program, Meal Assistance, Physical Activity, Therapeutic Activities and Sleep/Stress Management.

### Who are we?

The program provides targeted interventions implemented by a skilled interdisciplinary team (including specially trained Elder Life Specialists, trained volunteers, geriatric nurse specialist and a geriatrician. This team works with hospital staff to meet each older patient's individual needs.

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**[inova.org/help](http://inova.org/help) • <https://help.agscocare.org>**

AGS CoCare: HELP™ is a Hospital Elder Life Program provided by Inova Health System to improve the hospital experience of older patients.

## Inova Fair Oaks Hospital

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## Why?

Being in the hospital often upsets normal routines. Coping with these changes and the stress of illness can slow patient recovery. HELP staff and volunteers offer assistance and activities that keep patients mentally and physically active. This extra attention increases patient comfort and helps them maintain their independence while hospitalized.

## What do we do?

HELP provides the following services free of charge as part of hospital care. Volunteers visit three times a day, seven days a week. Anyone age 70 or older who has risk factors for delirium and functional decline can be evaluated for admission into the program. HELP includes:

- **Daily visits** – Designed to keep patients active and engaged with assistive devices that assist with hearing and vision
- **Feeding assistance** – Provides assistance with meals as needed
- **Early mobilization** – Provides daily assistance with walking and exercises
- **Therapeutic activities** – Provides stimulating and enjoyable activities to help keep the mind and body active
- **Sleep enhancement** – Designed to assist with sleep without the use of sleep medications

## Patients, Families and Caregivers

These handouts are designed specifically with the needs of patients and family members in mind. They include suggestions for things patients, family members and caregivers can do to prevent delirium.

- Orientation and social support
- Mental stimulation and socialization
- Exercise and walking assistance
- Sleep enhancement
- Relaxation exercises
- Enhancing hearing and vision
- Eating, drinking and companionship during meals
- Active range of motion exercises

These materials adapt HELP's fundamental principles and activities for use by nonprofessionals. These protocols are intended to be used with the guidance and supervision of a healthcare professional involved in HELP. When provided for a patient, family member or caregiver, they should be guided through the protocol by a HELP professional.

## Orientation and Social Support

Older persons who show no signs of confusion at home may become quite disoriented or forgetful in the hospital or in an unfamiliar environment. In fact, this is quite common. Those who suffer from Alzheimer's disease or dementia (chronic confused state) can become even more confused. Illness, an unfamiliar environment and new medications can all take a toll on the body and the mind.

### Purpose

To prevent confusion from developing. Orientation refers to a person's knowledge about where they are, what the date is, who family members are, etc. This technique is designed to provide the person with the information the person needs to stay mentally aware of reality.

### Techniques

#### Orienting Communication

Communication of this information should be provided both verbally and in writing.

- When talking to the person, include useful, specific reminders of time and place in conversation. For example, the day of the week or the month.
- A dry-erase or chalk board placed near the bed can be updated daily with information such as:
  - Day of the week, month, date and year
  - Name of the doctors, nurse and aide for the shift, if in the hospital
  - Meal times
  - Important activities planned for that day
  - Tests or procedures scheduled, and approximate times, if in the hospital
- It is important that the person is able to both hear and see the information being given. To make this easier, take the following steps:
  - Make sure glasses and hearing aides are in place, if worn, and that they are clean and working correctly
  - Turn off the TV and radio if talking with the person, and turn your face so that the person can see your lips
  - Print information large enough on the dry-erase or chalk board so that it may be read from the bed

#### Orienting Environment

- In the home, try to minimize the number of changes made to the person's physical environment if at home. Physical landmarks are important.
- If in the hospital, it is critical that a person's eyeglasses, hearing aids and dentures be available at all times. It may be helpful to create a comfortable, familiar environment by:
  - Posting cards and drawings
  - Making sure a clock with the correct time is visible
  - Arranging flowers, gifts and plants in sight
  - Bringing in items from home, such as religious objects, family photos, favorite clothing or a blanket

## Mental Stimulation and Socialization

Recreational or leisure activity provides balance during the many hours an older person spends working toward recovery.

### Purpose

These activities are meant to boost self-esteem, encourage socialization and provide mental stimulation, all of which prevent mental deterioration and lead to a faster recovery. They also refresh the spirit and help boost energy.

### What You Need:

- Newspapers or news magazines
- “Life Stories – Memories” card set, if available, or old photos and magazines

### What You Should Do:

- **Discussing current events:**

This activity can help provide orientation and keep the person mentally involved in the world outside. The general principal is to initiate conversation about news events to engage and stimulate the person, while providing orientation to time, place, people and events.

- Review the main articles on the front page of each section of the paper and summarize important points
- Encourage discussion and actively listen
- Try to use questions that do not require “yes” or “no” as an answer, thereby encouraging more conversation

- **Reminiscence:**

This is a great way to get to understand a person’s experiences, encourage them to take inventory of their life, values and abilities, and to identify shared ideas. To reminisce is “to talk about the good old days.” This activity is a useful way to help people open up and feel more comfortable in stressful situations. The reminiscence activities should be used to link the past with the present, and to provide orientation and cognitive stimulation.

- Use the “Life Stories – Memories Life History Review “ card set or old photos/magazines, if available, to talk about things from the past and how they differ from today.
- Always try to link the past recollection to the present, to provide orientation

## Exercise and Walking Assistance

Bedrest interferes with the function of major organs and leads to loss of muscle strength, balance and endurance. Keeping older people upright, moving and walking regularly can prevent serious complications.

### Purpose

The goal of the early mobilization program is to keep older patients physically moving while they are in the hospital. For patients who are able, walking assistance three times a day is recommended. For those who are unable to walk, simple exercise movements, called active range of motion exercises (ROM), should be performed three times a day. Walking at least two or three times a day is essential for physical and mental well-being. Walking helps to prevent loss of muscle mass and flexibility, which happens very quickly when older adults are confined to bed.

### Procedure:

1. Check with nurse to ensure patient is able to get out of bed and walk. The nurse may need to fix IV lines, foley and O2 lines (if any) for walking.
2. Lower the bed to lowest possible position, raise head of bed and lower side rails.
3. Assist patient to sitting position:
  - a. Ask patient to roll onto side, slide legs to edge of bed and then lower legs over edge of bed.
  - b. Ask patient to push up to the sitting position by pushing the elbow of one arm and palm of the other into the bed.
  - c. Allow patient to sit at edge of bed for a few minutes to prevent dizziness. Encourage patient to pump ankles up and down to stimulate circulation.
4. Help patient put on nonskid slippers or non-slip socks
5. Assist patient to standing position:
  - a. Ask patient to slide or scoot to the edge of the bed.
  - b. Have patient position feet flat on floor, directly under knees.
  - c. Have cane/walker readily available, if needed.
  - d. Allow patient to stand for a few minutes to gain balance. Encourage patient to stand erect with head up, shoulders back and back straight.
6. Assist the patient to walk:
  - a. If needed, support with your arm behind patient's waist.
  - b. Follow, walking behind and to one side.
  - c. Encourage patient to walk normally; do not rush. Stay with patient at all times.
  - d. Walk only as far as patient feels comfortable. Remember to start the return trip before patient is fatigued.
  - e. Return patient immediately if patient begins to feel weak or dizzy.
7. Return patient to bed:
  - a. Have patient stand at side of bed, near the top of the bed so their head can easily reach the pillow.
  - b. Ask the patient to back up to the bed until they feel the backs of their legs reach the side of the bed.
  - c. Ask the patient to reach back one hand at a time to edge of the bed.
  - d. Bend waist, hips and knees and lower slowly to a sitting position.
  - e. Have patient scoot buttocks back so patient is firmly seated away from the edge of mattress.
  - f. Once safely seated, remove slippers and have patient swing legs back up onto bed.
8. Put call bell within reach

## Sleep Enhancement for Older Persons

A noisy environment and disruptive schedule can make it difficult for older people to get a restful night's sleep. These guidelines can be used in the hospital and at home.

### Purpose

To promote sleep without the use of medication. Sleep medication side effects can be harmful to older patients by causing increased confusion, falls, daytime drowsiness and difficulty urinating. Research has shown that many patients can sleep without having to use medicine if they are helped to relax, using the following procedures:

### What You Need:

- Lotion
- Choice of herbal tea or warm milk
- Relaxation tapes or music
- CD player or other music player

### What You Should Do:

- Wash hands
- Reduce noise by turning off TV and pulling curtain or door closed
- Offer the use of the bathroom
- Speak in a low tone, slowly, clearly and firmly
- Encourage teeth brushing; store dentures in cup on bedside table
- Make sure bed linens are clean, dry and straightened
- Help remove hearing aids and turn off; store hearing aids in bedside table
- If in the hospital, ask nurse that any medications be given and vital signs taken before proceeding with relaxation activities
- Ask that hall lights be dimmed and intercom not be used after 9 p.m.
- Get the person in a comfortable position
- Turn off or dim the lights
- Offer herbal tea or milk
- Put music on softly
- Say a quiet "good night"
- Wash hands
- Quietly leave the room

## Relaxation Exercises

### Purpose

To decrease anxiety and stress by encouraging relaxation through exercises. Relaxation exercises can reduce the need for sedative medications, which can have serious side effects in older patients, including confusion and oversedation.

### What You Need:

- Relaxation music
- CD player or other music player

### What You Should Do:

- Help person to lie down or sit in a comfortable position
- Quiet the room – turn off TV and close door to shut out noise
- Turn the lights off
- Turn on relaxation music
- Help person to identify the most relaxing setting the person has ever experienced; ask for a brief description for later
- Help person establish a breathing pattern by saying:
  - Breathe in through your nose slowly
  - Hold...two...three
  - Breathe out through your mouth completely
  - Repeat multiple times until breathing is stabilized at a slow, rhythmic rate
- Begin relaxation by saying:
  - Visualize the stress floating away as you concentrate on each body section.
  - Starting at your toes: contract and release (repeat three to five times)
  - Feel the stress leave your toes
  - Next travel to your ankles: flex and release (repeat three to five times)
  - Feel the stress leave your ankles
  - Follow up to your knees, and feel the stress leave your knees
  - Stress is draining from your body: knees, ankles, toes
  - Travel up to your buttocks: contract and release (repeat three to five times)
  - Next is your spine: arch, then straighten and stretch (repeat three to five times)

*Continued on back .*



- Feel the stress leaving your back
- Move on to your shoulders: shrug and release (repeat three to five times)
- Slide over to your neck: drop your chin to your chest, then lift it to the ceiling (repeat three times)
- Now side to side, turning your chin first to one shoulder, then the other (repeat three times)
- Concentrate on breathing again, taking cleansing breaths with your eyes closed
- Help with visualization by saying:
  - All the stress has now left your body
  - You are feeling calm and relaxed
  - Now visualize or picture yourself in the special place you enjoy, the one we talked about earlier
  - Talk the person through an experience of this place, using specific, refreshing, descriptive terms in a slow, quiet tone
  - Pause for three to five minutes of quiet while person relaxes in the special place
  - Now, come back from this special place feeling relaxed and refreshed
- Slowly go back through the body, waking up each part:
  - Wiggle your toes to wake them up
  - Turn your ankles to wake them up
  - Shake your legs to wake them up
  - Wiggle your buttocks to wake them up
  - Stretch your back to wake it up
  - Shrug your shoulders to wake them up
  - Move your head from side to side to wake it up
  - Take one more cleansing breath
- Take a brief moment of quiet
- Close by saying:
  - Wasn't that refreshing?
  - How do you feel now?
  - Did that help?
- Try these relaxation exercises whenever you are feeling anxious, stressed or in pain

## Enhancing Hearing and Vision

### To Enhance Hearing

- Create a quiet, private environment by pulling the curtain in the room and closing the door. Turn off the TV or radio
- If the person wears hearing aides, make sure they are being used, and are clean and operating. Adjust if needed. Make sure batteries are working. If the person does not wear hearing aides, use an amplified hearing device whenever possible.
- Pull up a chair and sit down at eye level within 1-1/2 feet of the person. Be sure to capture their attention and keep eye contact.
- Ask the person if they hear better in one ear than the other. Direct conversation to the “better” ear.
- Speak slowly, in a firm, medium-loud, low-pitched voice. Use short, clear sentences.
- Ask the person to repeat the main points in their own words so you can assess if they have understood the conversation.
- Reinforce your speech with gestures, pointing, touch, etc.

### To Maximize Vision

- Check if person wears glasses or contacts. If so, make sure they are clean, in place and properly fitted.
- Make sure there is adequate lighting for the person to see.
- Use large-type printed materials and instructions.
- If the person cannot read, read the information out loud. Also consider using tape-recorded information or books.
- Check to make sure the person understands information by asking the person to repeat the main points.
- Make sure personal items are nearby and that person can either see items or is familiar with where they are placed.

## Eating, Drinking and Companionship During Meals

Maintaining good nutrition is essential to fighting infection and healing tissues. It can also help prevent confusion in older persons. Appetite or interest in food/fluids often decreases when older persons are ill, and it may be difficult for them to maintain good nutrition. They may be unable to feed themselves or drink independently as well.

Family and friends can play a vital role by encouraging adequate intake and providing companionship, social contact and stimulation during meals.

### Special Considerations

- If the person wears glasses, be sure the glasses are worn during the meal. Seeing the food helps patients eat better.
- If the person has very poor vision or is blind and cannot see what the food is, describe the food that is being served and tell the person where the items are located. Placing the food in a “clock setup” is helpful, e.g., “The mashed potatoes are at 2 o’clock, the steak is at 6 o’clock, and the green beans are at 10 o’clock.”
- If the person uses dentures to eat, encourage their use. If the person has forgotten the dentures or is having difficulty eating, softer foods should be obtained.
- Assist the person to sit as upright as possible, whether in a chair or bed. This improves the ability to swallow and minimizes the risk of choking.

### Providing Assistance

The majority of older persons are able to feed themselves. However, there are some reasons why they may need help. Weakness, injury, confusion or restrictions on activities or positions may prevent people from feeding themselves.

- Position your chair to face the person and engage the person in pleasant conversation.
- If needed, cut food into small pieces and spread butter on bread.
- Make sure the napkin and utensils are within easy reach.
- Stay with the person for the meal, encouraging food and fluid intake. Offer and provide assistance as needed, while encouraging the person to self-feed as much as possible.
- Keep the person focused on the task of eating by verbal reminders and the use of touch. Do not ask questions that require a response or cause laughter while swallowing, due to risk of choking.
- Dehydration in older persons is a common problem. Encourage fluid intake throughout the meal. It is not necessary for the person to consume an entire 8 oz. glass of liquid all at once. A few swallows taken frequently will help.

## Active Range of Motion Exercises

### Purpose

The goal of early mobilization is to keep older patients physically moving while they are in the hospital. For those who are unable to walk, simple exercise movements, called active range of motion exercises, should be performed three times a day. When a patient is confined to bed, active range of motion exercises are particularly important to prevent complications such as loss of muscle tone and loss of muscle and joint flexibility. These exercises are simply moving muscles and joints. They are not intended to be strenuous in any way.

### Pointers:

- Patients should not be holding their breath during the exercise routine. Ask patients to count out loud with each repetition. By doing this, they keep breathing properly.
- Each exercise should be repeated five to 10 times. Stop for complaints of fatigue, breathlessness or pain.
- For patients who get dizzy moving from lying or sitting to standing, have them perform the ankle bend exercises before getting up.
- Have patients sit up straight in a chair or lie as flat as is comfortable in bed.
- Ensure privacy by pulling the curtain or shutting the door. Make sure patients are covered enough to preserve modesty but that clothing is loose enough to permit easy motions.
- Refer to the attached exercise cards for each joint.

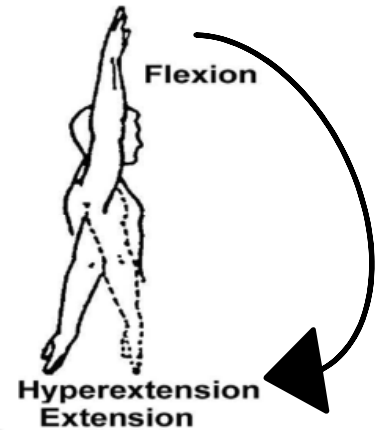
## Active Range of Motion Exercises

Caution: Avoid performing exercises on limbs that have an IV

### Arm Lift

- Instruct the patient to:
  - Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable
  - Place an arm at side with palm down
  - Keep elbow straight and slowly lift arm as far overhead as is comfortable
  - Slowly lower arm back to side

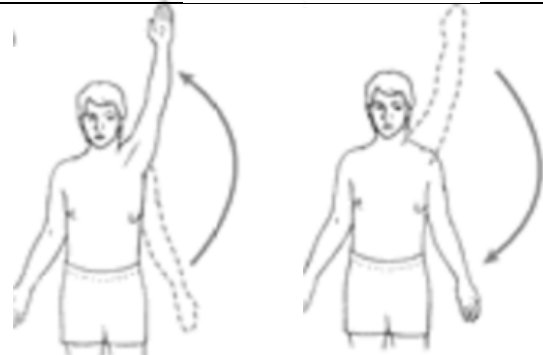
**\*\*Avoid if patient recently had a procedure on the heart**



### Arm Slide

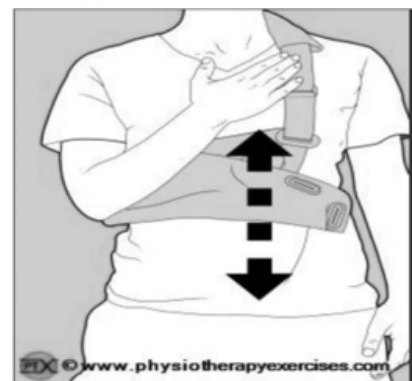
- Instruct the patient to:
  - Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable
  - Place arm at side, turn palm up, keep elbow straight
  - Move arm away from body and overhead as high as is comfortable

**\*\*Avoid if patient recently had a procedure on the heart**



### Arm Over and Out

- Instruct the patient to:
  - Sit up straight in a firm chair or, if necessary, lie on back as flat as is necessary.
  - Hold arm straight out from side at shoulder level
  - Bend at the elbow and move hand across body to touch opposite shoulder
  - Straighten elbow and move hand back out to starting position



### Shoulder Roll

- Instruct the patient to:
  - Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable
  - Arm at side, raise elbow to shoulder
  - Roll at the shoulder to raise hands so fingers point overhead, then slowly roll shoulder so hand lowers and fingers point toward toes



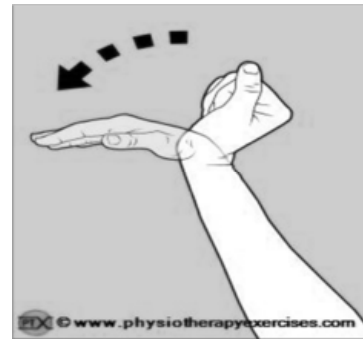
## Elbow Bends

- Instruct the patient to:
  - Sit up straight in a firm chair or, if necessary, lie on back as flat as comfortable.
  - With arms at side, bend at elbow so hand touches shoulder and then fully straighten the elbow



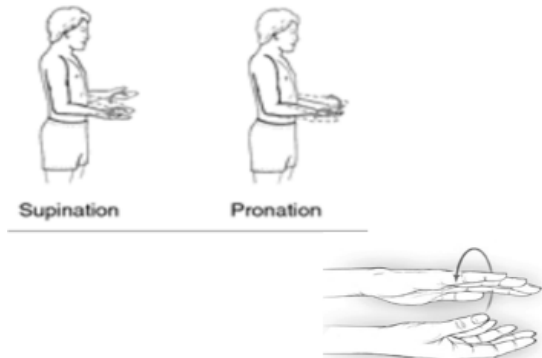
## Wrist Bends

- Instruct the patient to:
  - Sit up Straight in a firm chair or, if necessary, lie on back as flat as is comfortable
  - Holding the rest of the arm still, bend wrist back and forth as far as is comfortable



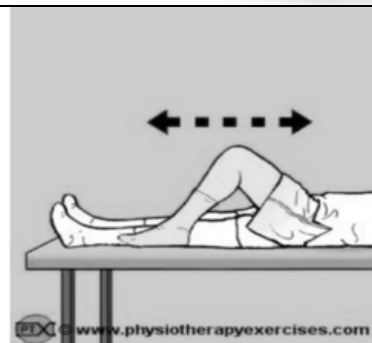
## Palm Up and Down

- Instruct the patient to:
  - Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable
  - Tuck bent elbow close to the waist
  - Roll wrist to move the hand of the palm up and down



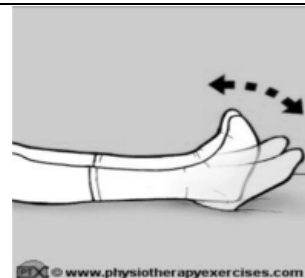
## Heel Slides

- Instruct the patient to:
  - Lie on back as flat as is comfortable with toes pointing to the ceiling
  - Bend one knee and hip, sliding foot up the bed and as close to buttocks as is comfortable
  - Straighten knee and hip, moving foot back down the bed



## Ankle Bends

- Instruct the patient to:
  - Lie on back as flat as is comfortable with toes pointing to the ceiling
  - Keeping the rest of the leg still, bend ankle back and forth as far as is comfortable.



## How You Can Help

We have thoroughly enjoyed the time we have spent with you in the **Hospital Elder Life Program** and value your thoughts and opinions. If you would like to assist in enhancing our program or share with others your experience, we have the following options. These letters and surveys are vitally important to both improving our program and ensuring that we may continue to help those geriatric patients in need.

### Letters of Appreciation

Please send letters of appreciation to:

Susan Heisey, MSW, LCSW, ASW-G, HELP Program Manager  
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[Susan.Heisey@inova.org](mailto:Susan.Heisey@inova.org)

### Completion of HELP Survey

The HELP survey is provided at the end of this packet or can also be requested from a HELP volunteer. Please complete this survey and return it to a HELP volunteer or your nurse.

### Donations

Community donations are vital to the continued success of the program. If you would like to make a donation, we offer the following options for your convenience. We greatly appreciate your continued support.

#### Online:

**Visit:** [www.foundation.inova.org](http://www.foundation.inova.org)

Once online, under “Additional Comments,” note that your gift is for **Inova’s HELP program/Fund #721**.

#### By Mail:

Please mail checks to the address below:

**Inova Health Foundation**  
8110 Gatehouse Rd., Suite 200E  
Falls Church, VA. 22042

Checks should be made payable to Inova Health Foundation. On the memo portion of the check or a small note accompanying the donation, please specify that the donation should benefit the **HELP Program/Fund #721**.

#### By Phone:

**Call: 703.289.2072**, Monday through Friday from 9 a.m. to 5 p.m. A member of the Gift Administration Team will be available to speak with you. Please indicate the **HELP Program/Fund #721**.

**Legacy Giving:**

Making Inova a beneficiary of your estate can be the ultimate means of saying thank you to those who helped you or a loved at a crucial time in your life. In addition, deciding to include Inova in your will can be a powerful means of giving life and health to others.

Visit our our expanded Planned Giving Guide at [www.inova.plannedgiving.org](http://www.inova.plannedgiving.org). If you have any additional questions please contact Patricia Bowen, Senior Philanthropy Officer at [Patricia.Bowen@inova.org](mailto:Patricia.Bowen@inova.org) or **703.289.2056**.



# Hospital Elder Life Program (HELP)

## Patient And Family Satisfaction Survey

To our patients and family members: While you were in the hospital, the **Hospital Elder Life Program** provided you with some extra care to help you recover, and to keep your body and mind active. It is important to the program to get comments from **patients and families**. Please take the time to complete the following **anonymous** survey and leave the completed survey with your nurse or HELP Volunteer.

Hospital/Unit _____					
Date _____					
Name <i>(Optional)</i> _____					
1. How would you rate the HELP Volunteer assisting you with meals and/or trays?					
3. How would you rate the HELP Volunteer assisting you with vision/hearing? (i.e. provide/clean glasses, pocket talkers)					
4. How would you rate the HELP Volunteer assisting you with relaxation/stress management? (i.e. music, hand massages)					
5. Content of the information provided from the library (if applicable)					
6. Would you say the HELP Program improved your hospital stay overall?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Would the HELP Program increase your decision to choose Inova Hospital again?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Please use this space if there is anything else you wish to share about your experience with the HELP Program: