

Introduction

Multi-faceted, volunteer-led, hospital-based programs have shown to reduce the incidence of delirium, length of stay, and hospital costs.

Data from the pilot of a small volunteer program showed it is feasible to implement a program with limited resources.

This research aims to further investigate the impact of the program.

Methods

This was a multi-method study using volunteer surveys and chart reviews over 18 months at a large, urban academic medical center. Volunteers were trained to complete 3 structured activities based on the Hospital Elder Life Program (HELP).

A chart review was completed for markers of delirium and stratified by time spent during volunteer visit (<5 min, 5-30 min, and >30 min):

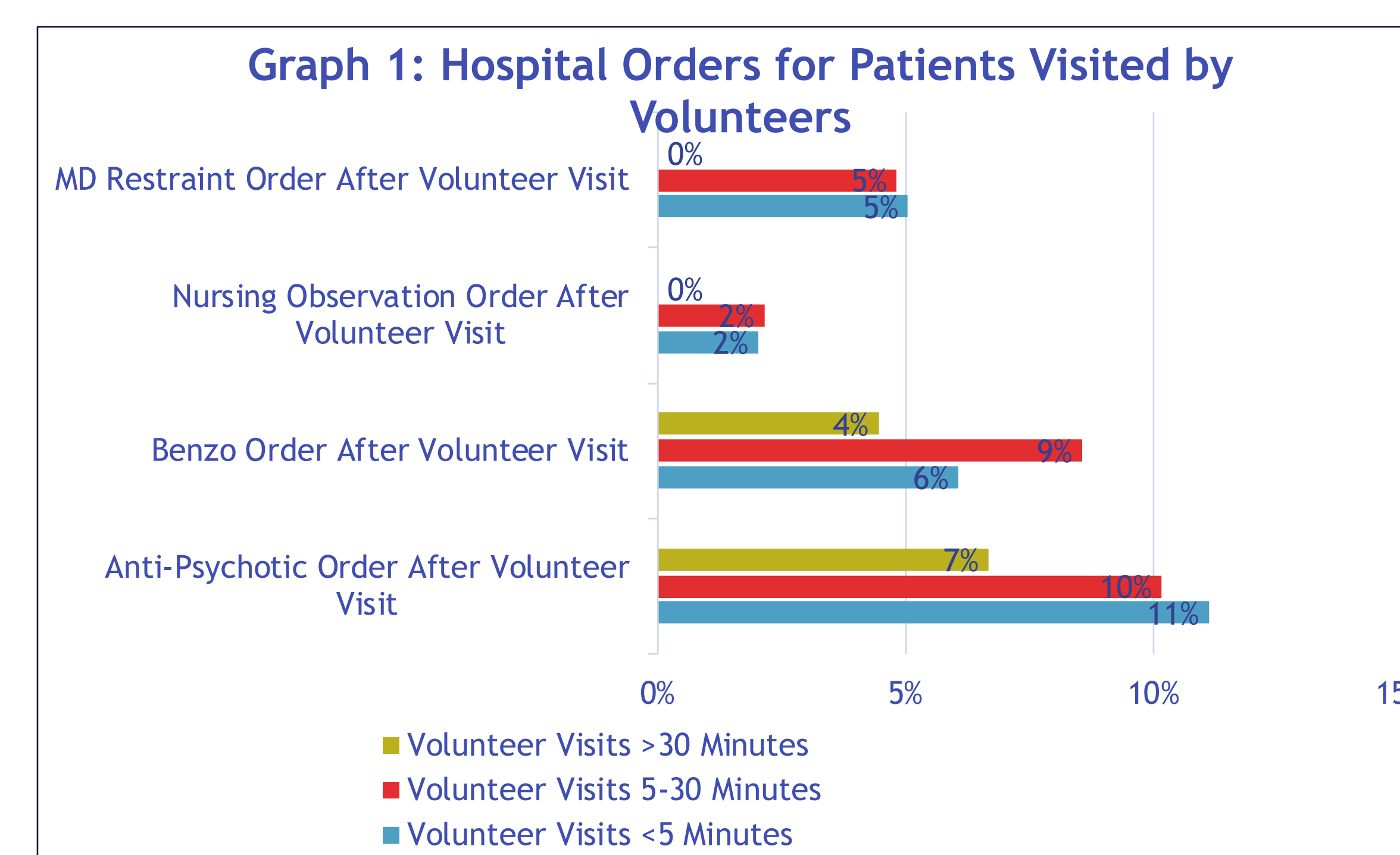
- Antipsychotic orders after volunteer visit
- Benzodiazepine orders after volunteer visit
- Restraint orders after volunteer visit
- 1:1 observation orders after volunteer visit

A cohort of 725 patients hospitalized during a similar period with a diagnosis of delirium and not seen by the volunteers was identified for comparison, and the following outcomes were compared:

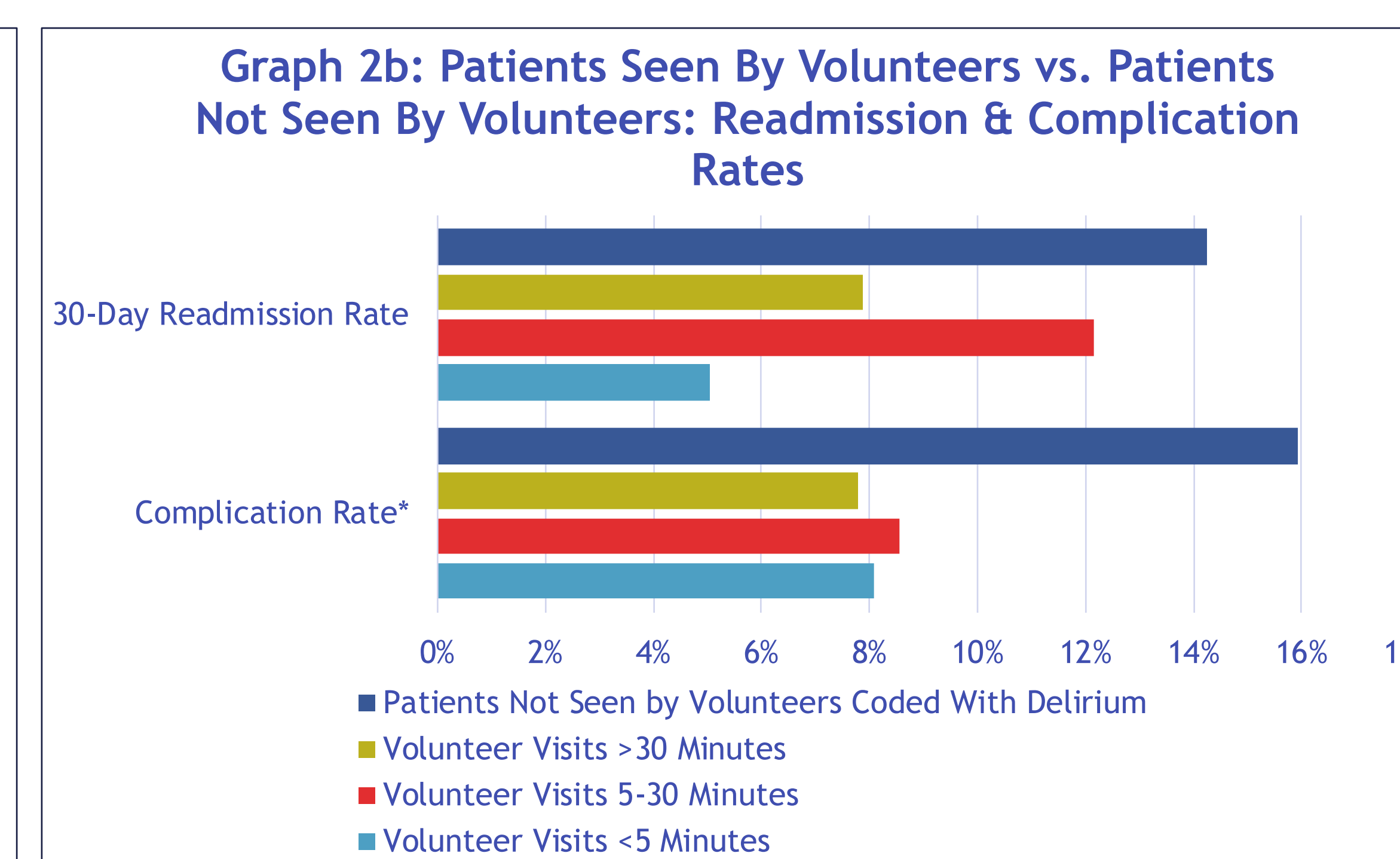
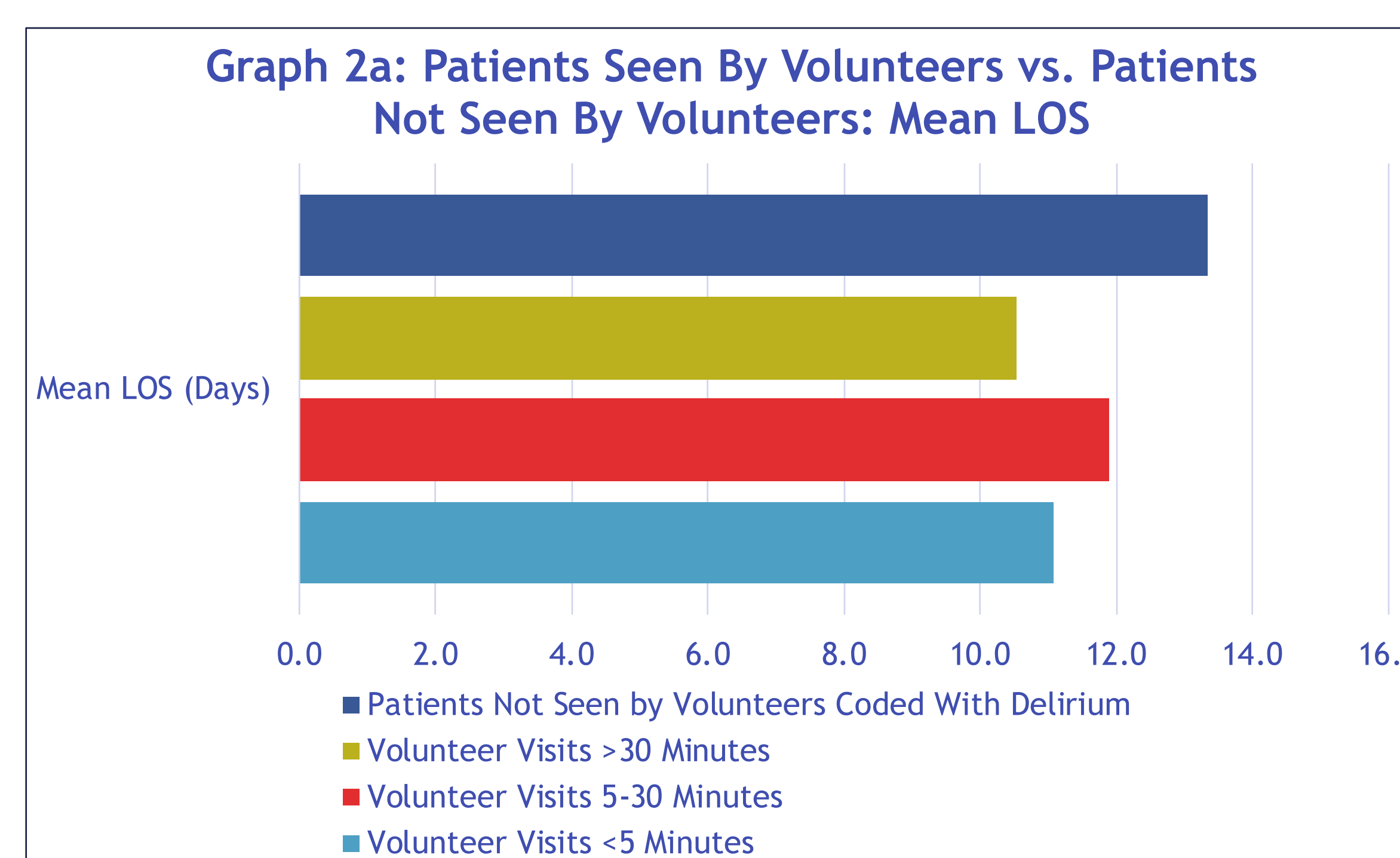
- Length of stay
- 30-day readmission rate
- Complication rate

Results

The patients who had the longest visits with volunteers (visits >30 min) had the lowest rate of antipsychotics, benzodiazepines, restraints, and 1:1 observation orders after the volunteer visit compared to patients who had visits that were <30 min.



The patients seen by volunteers had shorter length of stay, fewer complications, and lower 30-day readmission rates compared to patients with delirium that were not seen by volunteers.



*Complications include: In-hospital stroke, aspiration pneumonia, GI hemorrhage prevention, hospital acquired acute myocardial infarction, adverse events due to anesthesia, post-operative infection, infection/inflammation due to internal device, implant, graft, post-operative shock, hospital acquired c-diff enteritis, readmission for infection due to previous care, readmission for other complications of internal device, implant, graft, readmission for post-operative hemorrhage, hematoma or seroma, readmissions for other surgical wound complications, perioperative pulmonary embolism or deep vein thrombosis, postoperative sepsis, perioperative hemorrhage or hematoma, pressure ulcer, postoperative respiratory failure, postoperative acute kidney injury requiring dialysis, iatrogenic pneumothorax, unrecognized abdominopelvic accidental puncture/laceration

This research suggests that a volunteer program has a positive impact on hospital delirium, with longer visits having more effect.