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Hospital Elder Life Program: Systematic Review and Meta-analysis of Effectiveness

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Highlights

- Of 43 final articles included, 14 were included in the meta-analysis for effectiveness, and 30 were included for examining cost-effectiveness, adherence and adaptations, role of volunteers, successes and barriers, and issues in sustainability. The results for delirium incidence, falls, length of stay, and institutionalization were pooled for meta-analyses
- Overall, 14 studies demonstrated significant reductions in delirium incidence (odds ratio [OR], 0.47; 95% CI, 0.37-0.59)
- The rate of falls was reduced by 42% among intervention patients in three comparative studies (OR, 0.58; 95% CI, 0.35-0.95).
- In 9 studies of cost-effectiveness, the program saved \$1600-3800 per patient for hospital costs and over \$16,000 per person-year for long-term care costs in the year following delirium.
- Adherence to HELP interventions was examined in 13 studies; adaptations were examined in 12 studies. The role of volunteers was examined in 6 studies. Successes and barriers to implementation were examined in 6 studies, and sustainability was examined in 10 studies.
- The Hospital Elder Life Program is effective in reducing incidence of delirium and rate of falls, with a trend toward decreasing length of stay and preventing institutionalization. With ongoing efforts in continuous program improvement, implementation, adaptations, and sustainability, HELP has emerged as a reference standard model to improve the quality and effectiveness of hospital care for older persons worldwide.

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