

# Hospital Elder Life Program (HELP) lowers 30-day readmission rates

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The Hospital Elder Life Program, or HELP, is an evidence-based treatment plan developed in the 1990s to prevent hospitalized older adults from developing delirium (the medical term for sudden confusion). Delirium can cause people to be either aggressive and agitated or sleepy and inactive—sometimes even a combination of the two. Delirium is also the most common complication older adults experience after surgery.

Delirium has many causes, including infection, excess time in bed, and an imbalance in electrolytes (important minerals dissolved in bodily fluids). Older [adults](#) with [delirium](#) have longer hospital stays, higher care costs, and increased rates of death and institutionalization.

In a new study published in the *Journal of the American Geriatrics Society*, researchers examined the HELP program. They wanted to learn how effective it was at preventing older people from being readmitted to the hospital within 30 days, which is often harmful for patients and costly for hospitals.

HELP consists of one or more in-hospital teams, which include an Elder Life Specialist, an Elder Life Nurse Specialist, a geriatrician, and trained volunteers. The team works together to reduce an older person's risk of developing delirium through simple strategies that target specific risk factors. For example, team members help keep patients moving and orient them as to where they are and what the time and day is. The team members engage the older adults socially, and provide eyeglasses and

hearing assistance as needed. HELP units also use alternatives to medication to ease insomnia and anxiety, and to make sure that older adults who might be at risk for developing delirium eat well and stay hydrated. Since it was developed, HELP has now been implemented in more than 200 hospitals across the United States and around the world.

The research team studied eight medical and surgical units with HELP programs at the University of Pittsburgh Medical Center Shadyside. During the study period (2013 to 2014), the HELP units had 4,794 patients over the age of 70. Researchers compared these [older people](#) to 2,834 similar individuals who were cared for in non-HELP units during the same period.

The researchers learned that the differences in hospital readmission rates between the HELP units and non-HELP units translated into 100 fewer readmissions during the year-long study.

The researchers said that on a national scale, HELP could potentially reduce [hospital](#) readmissions for [older adults](#) by 40,000 cases each year, potentially saving nearly \$500 million dollars annually.

**More information:** Fred H. Rubin et al, Effect of the Hospital Elder Life Program on Risk of 30-Day Readmission, *Journal of the American Geriatrics Society* (2017). [DOI: 10.1111/jgs.15132](https://doi.org/10.1111/jgs.15132)

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