

# With AGS Cocare, HELP, AGS expands reach of seminal delirium prevention program

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A seminal program for preventing delirium (the medical term for abrupt, rapid-onset confusion or altered mental state, affecting millions of older

adults annually) and loss of function for hospitalized older adults stands poised for a major expansion thanks to the American Geriatrics Society (AGS). As the soon-to-be newest addition to the AGS "CoCare" portfolio, a suite of programs helping embed geriatrics expertise in broader care for older adults, AGS CoCare: HELP represents a new step forward for a program that has already taken significant strides.

"Empowering [health systems](#) to recognize, manage, and prevent [delirium](#) is one of the hallmarks of geriatrics, one that put the specialty on the map," notes Sharon K. Inouye, MD, MPH, who developed the original Hospital Elder Life Program (HELP), now known as AGS CoCare: HELP. "With this critical expansion of a key program that made delirium prevention possible, we now have bandwidth through the AGS to demonstrate to more [health](#) systems than ever before how collaborating with geriatrics leads to improved health, safety, and independence for us all," Dr. Inouye concluded.

Through AGS CoCare: HELP (which will launch later this year at [help.agscocare.org](http://help.agscocare.org)), more health systems than ever before will have access to tools and hands-on guidance for making delirium prevention actionable locally and for individual patients. Institutional subscriptions offer access to a comprehensive implementation toolkit, an online educational curriculum for HELP staff and volunteers, a certification program, scheduling for routine coaching calls, and access to an online community available 24-7.

Perhaps more importantly, they also help standardize best practices while supporting work to keep these practices at the cutting-edge of delirium-prevention science. The program ultimately promotes a growing trend toward "age-friendly health systems" in the U.S.—so named because they help promote unique expertise on geriatrics focal points, such as care for the mind, medications, mobility, and what "matters most" to patients as people.

And behind it all is an evidence-based program with decades of experience and proven results improving the health and care of hospitalized [older adults](#).

For millions of older adults, HELP has made health systems safer—and health care more effective. Delirium affects more than 2.6 million older adults per year in the U.S., accounting for more than \$164 billion annually in excess Medicare expenditures. HELP set out to change that—and did so with resounding success. On average, delirium cases dropped by more than 30 percent among the more than 200 hospitals employing HELP, which also reduced costs by more than \$7 million annually at participating hospitals (a savings of more than \$1,000 per patient).

According to Dr. Inouye, HELP's success rests on its streamlined, stepwise approach, particularly when it comes to embedding fundamental geriatrics principles into the fabric of existing care structures.

"To the untrained eye, delirium can happen without warning—but there are tell-tale signs that point to risk, and proven interventions to reduce its likelihood," Dr. Inouye observes. "Health systems just need to know how, which is where HELP offers critical assistance."

HELP does so by providing an organized system to manage markers of delirium and delirium prevention—from maintaining physical and cognitive function to maximizing independence in the transition from hospital to home. This system includes training to understand the value and practical implementation of daily patient visits, therapeutic activities, early mobilization programs, protocols to optimize sleep and hearing/vision, and opportunities for smoothing transitions between care settings. Using comprehensive HELP resources and training, whole health systems can implement delirium prevention protocols, provider

education, and audio-visual tools, while individual HELP staff and a network of specially trained volunteers can work with patients one-on-one to reduce personal risks and prevent lengthier stays.

Soon to be available 24-7 at [help.agscocare.org](http://help.agscocare.org), AGS CoCare: HELP joins an established roster of AGS programs to increase collaboration between geriatrics experts and their colleagues. AGS CoCare: Ortho, the first in the AGS CoCare series, for example, has been implemented at health systems across the U.S. to improve health outcomes for older adults hospitalized with hip fractures.

**More information:** For more information, visit [AmericanGeriatrics.org/Programs/AGS-CoCare-HELPTM](http://AmericanGeriatrics.org/Programs/AGS-CoCare-HELPTM).

Provided by American Geriatrics Society

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