



# HELP

The Hospital Elder Life Program

Welcome, Susan Preston

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The HELP Program

About Delirium

The HELP Team

HELP At Your Site

MyHELP

## Register for more information about HELP

Thank you for your interest in the Hospital Elder Life Program (HELP). You have made an important step to address the most common complication among the elderly, delirium. By completing this information requested below, you will be allowed access to further information about HELP to support your efforts and will facilitate communication with the Dissemination Team.

### Your Hospital

Hospital Name	<input type="text" value="Elmwood Community Medical Center"/>
Org. Type	<input type="text" value="Skilled Nursing Facility"/>
Country	<input type="text" value="United States of America"/>
Mailing Address	<input type="text" value="8100 Washington Street Suite 210"/>
City	<input type="text" value="Elmwood"/>
State/Province	<input type="text" value="Massachusetts"/>
Postal Code	<input type="text" value="01000"/>

If you are part of a multi-hospital system and are investigating starting a HELP site at more than one hospital within your system, then you will have to complete a separate page for each hospital. After you register this institution, find the "register another institution" link on your MyHELP page.

### Your Contact Information

First Name	<input type="text" value="Susan"/>
Last Name	<input type="text" value="Preston"/>
Degrees	<input type="text" value="MD, PhD"/>
Title	<input type="text" value="Director of Quality Improvement"/>
Country	<input type="text" value="United States of America"/>
Mailing Address	<input type="text" value="8100 Washington Street Suite 210"/>
City	<input type="text" value="Elmwood"/>
State/Province	<input type="text" value="Massachusetts"/>
Postal Code	<input type="text" value="01000"/>
Telephone	<input type="text" value="857-210-1234"/>
Fax	<input type="text" value="857-210-4321"/>

Please complete all of the fields with your contact information. The mailing address should be related to the hospital and not be your residential address. Degrees should be abbreviated with multiple degrees separated by a comma.

### Your Login Details

E-mail Address	<input type="text" value="susan.preston@ecmc.org"/>
Password	<input type="text" value="*****"/>
Repeat Password	<input type="text" value="*****"/>

Your login name will be your e-mail address and your password must be at least six characters. We ask that you use your hospital/institutional e-mail address rather than a personal e-mail.



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## Log In

Please enter your e-mail address and password to access secure resources in the MyHELP Dashboard. If you are not registered, please [create an account](#).

E-mail

Password

[Log In](#)

[Forgot your password?](#)

### HELP: The Hospital Elder Life Program

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*Supported by grant G08LM08085 from the National Library of Medicine, and by the Claude D. Pepper Older Americans Independence Center at Yale.*

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## Select a site

Your account is associated with multiple sites. Please choose one to continue.

[Elmwood Community Medical Center](#)

Elmwood, MA

[Elmwood Home for the Aged](#)

Elmwood, MA

[Roth-Sidman Geriatric Care](#)

Springfield, MA

**HELP: The Hospital Elder Life Program**

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## MyHELP Dashboard

### Elmwood Community Medical Center

Welcome to your HELP page! As you will notice, it will identify your current status with the program including any outstanding tasks. It will also allow you to communicate directly with the HELP team and other HELP sites, to review selected videos, access resources, and securely exchange documents with the HELP team.

APPLY TO BECOME A HELP SITE

How can we HELP? [Contact Us](#)

Invite another user to your dashboard

1 > Learn

2 > Apply

3 > Business Planning

4 > Contracting

5 > Implementation

#### VIDEO CLIPS



#### [HELP Overview](#)

The Hospital Elder Life Program is an innovative model designed to improve the hospital experience of older patients. Often times, hospitalization for an older person means a decline in physical and mental abilities, making it difficult to recover from illness and return to their previous level of functioning.

#### [Feeding Assistance](#)

For older patients, maintaining good nutrition is essential...

#### [Early Mobilization Program](#)

Bed rest interferes with the function of major body organs...

#### [Therapeutic Recreation](#)

Recreational or leisure activity provides a balance to refresh...

#### TASKS

Review videos & resources

[Link to additional information](#)



An additional task to consider

[Link to additional information](#)

I DID IT

This is an activity you should perform

[Link to additional information](#)

I DID IT

#### RESOURCES



#### [Organizational and procedural manual](#)

A comprehensive administrative overview of the program. The manual covers: program goals; establishing facility support; setting up the program; administrative structure; quality assurance procedures; strategies to improve adherence; and the volunteer component.



#### [Frequently Asked Questions](#)

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#### [An additional resource](#)

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#### DOCUMENT EXCHANGE

Upload a new document »



#### [Contract Version 1](#)

Uploaded by Kerry Fenlon  
Thursday, September 3, 2009



#### [Contract Version 2](#)

Uploaded by Susan Preston  
Monday, September 7, 2009



#### [Business Plan v3](#)

Uploaded by Susan Preston  
Monday, September 7, 2009

## Displayed post-application

#### IMPORTANT LINKS

- [HELP Google Group](#)

## Displayed at regular intervals

#### Copyright Reminder

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CONFIRM

## User associated with single site

### **MyHELP Dashboard**

#### **Elmwood Community Medical Center**

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## User associated with multiple sites

### **MyHELP Dashboard**

#### **Elmwood Community Medical Center** [select another](#)

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## Upload a new document

To upload a new document to be reviewed by Dissemination Team, please enter a title (choose a title that will clearly identify the document) and click on the browse button to attach the document. Once you have successfully uploaded the document, it will appear on your institution's dashboard.

Document title

File to upload



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## Invite another user to your dashboard

If there is another person in your organization who you would like to allow access to the institution's page then complete the required fields below.

Name

E-mail address



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## Apply to become a HELP site

Thank you for your interest in becoming a HELP site. We have a structured process for becoming a HELP site to ensure that prospective sites are well positioned for the successful implementation of HELP. This occurs during a 3 stage process: business planning, contracting/implementation and certification.

### Elmwood Community Medical Center

How many staffed beds are there in this hospital?

How many licensed beds are there in this hospital?

What is the average daily census?

Average number of patients 70 and older?

Average number of patients 80 and older?

Is this a teaching hospital?  Yes  No

Does this hospital have geriatric nursing?  Yes  No

Please describe below:

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Pellentesque pretium, lectus in dignissim adipiscing, magna velit vulputate urna, nec tincidunt dui.

Does the hospital have a special unit devoted to the care of the elderly (e.g., ACE)?  Yes  No

Please describe below:

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Pellentesque pretium, lectus in dignissim adipiscing, magna velit vulputate urna, nec tincidunt dui.

Does the hospital have a geriatrician or other physician with advanced geriatric training available for consultation?  Yes  No

Does this hospital have a volunteer service?  Yes  No

How many active volunteers does the hospital have?

Please try to accurately represent the key data regarding your institution. You may need administrative support to complete some of the questions. This information will be used to assist us in projecting staffing resources needed, patient volume and economic indicators. Averages (daily census, number of patients 70 and older and number of patients 80 and older) are daily averages. Use only whole numbers and do not use percentages.

### Hospital Ownership

What is the ownership status of this hospital?  for-profit  non-profit  unknown

Is this hospital part of a multi-hospital system?  Yes  No

How many hospitals are in the system?

Primary state in which you operate?

Additional states or provinces?

Please accurately represent the ownership status. This will assist us as we continue to evaluate your institution and make program changes.

[Submit](#)





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## Submit your baseline site data

Please accurately represent your baseline data. This will be critical as you implement the program and evaluate outcomes over time. The baseline data will allow us to track your progress in regard to key outcomes data and will assist us with further program development. We will ask you to update this data annually so that we will be able to assist you with tracking outcomes.

### In the last six months at your facility...

- What was the rate of delirium?
- What was the average length of stay?
- What was the fall rate?
- How many pressure ulcers occurred?
- How many urinary tract infections occurred?
- What was the nursing staff turnover rate?
- What is the cash-equivalent value of one volunteer hour at your hospital?

Submit



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**SUBMIT YOUR 6-MONTH DATA**

Last submitted June 2008

How can we HELP? [Contact Us](#)

### VIDEO CLIPS



#### [HELP Overview](#)

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#### [Feeding Assistance](#)

For older patients, maintaining good nutrition is essential...

#### [Early Mobilization Program](#)

Bed rest interferes with the function of major body organs...

#### [Therapeutic Recreation](#)

Recreational or leisure activity provides a balance to refresh...

### TASKS

Submit your 6-month data

[Data submission form](#)



An additional task to consider

[Link to additional information](#)

I DID IT

This is an activity you should perform

[Link to additional information](#)

I DID IT

### RESOURCES



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#### [Frequently Asked Questions](#)

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#### [Frequently Asked Questions](#)

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### IMPORTANT LINKS

- [HELP Google Group](#)
- [Announcements & Newsletters](#)
- [Benchmarks](#)
- [HELP Conference 2010](#)

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## Submit your six-month outcomes data

Please complete the fields below with the data collected since you last submitted data. If you are unable to evaluate data over the full time period, then please adjust what the time period was for data collection.

### In the last six months at your facility...

How many units used HELP?	<input type="text" value="4"/>
How many patients participated in HELP?	<input type="text"/>
What was the rate of delirium?	<input type="text"/>
What was the average length of stay?	<input type="text"/>
What was the fall rate?	<input type="text"/>
How many pressure ulcers occurred?	<input type="text"/>
How many urinary tract infections occurred?	<input type="text"/>
How many active volunteers participated?	<input type="text"/>
How many total volunteers hours?	<input type="text"/>
What was the nursing staff turnover rate?	<input type="text"/>

[Submit](#)