A new approach to hospitalization:
Acute Care of the Elderly

Nix Senior Health Care
ACE w/o walls - Inpatient coordinator:
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  Cindy Alford PhD
Why a new approach?
An Aging America

Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050

Note: Data for 2010-2050 are projections of the population. Reference population: These data refer to the resident population. Source: U.S. Census Bureau, Decennial Census and Projections.
Complications from Hospitalization for Frail Elderly Patients

- Functional Decline
- Delirium
- Fall with Possible Fracture
- Nosocomial Infection
- Medication
- Surgical Complication
What is the Acute Care of the Elderly approach?

An evidence-based system of care shown to improve outcomes for hospitalized elders.

What makes the ACE unit unique in the world of medical/surgical units lies in a team approach to providing multidisciplinary care for the old and oldest old.
Acute Care for Elders (ACE) Unit

- Specialized environment
- Patient-centered care emphasizing independence
- Prevention protocols (nurse driven): minimized functional decline
- Interdisciplinary team rounds/comprehensive assessment addressing all disorders
- Discharge planning from day of admission

Counsell et al, JAGS, 2000
ACE Principles

Specialized Environment

- non-slip floors
- accessible bathrooms, rails
- low beds, safety alarms
- white board for orientation
ACE Principles

Patient Centered

• Friendly, home-like environment
• Space for family to stay over
• Pets
• Central “living room” area
ACE Principles

Minimize functional decline

- non chemical behavior management
- Identify delirium risk
- Medication management
- Reduce nosocomial infections
- Avoid pressure sores, falls
- Maximize physical activity, recreation
ACE Principles

Interdisciplinary team

- Admitting physician/
  Geriatrician
- Nursing
- Nutrition
- Pharmacy

- SW
- Pastoral care
- PT
- OT
- RT
ACE Principles

Comprehensive Geriatric Assessment (CGA)

- Functional status (ADLs, IADLs)
- Comorbidities
- Cognition
- Depression/Mood disorders
- Nutritional status
ACE Principles

Comprehensive Geriatric Assessment (CGA) contd

- Polypharmacy
- Gait/Mobility/ Falls
- Social situation/Caregiver stress
- Osteoporosis
- Pressure sores
- Incontinence
Multidisciplinary assessments have been shown to:
- Reduce hospital and NH admissions
- Decrease costs
- Reduce number of medications
- Preserve functional independence
- Reduce falls
- Reduce incident delirium in hospitalized patients
- Improved quality of life

Age alone does not tell the whole story
Small improvements in functional, psychological, or cognitive abilities may provide substantial benefits in quality of life

ACE Principles

Discharge planning starts at admittance

- Placement? Change in living situation?
- Timely referrals
- Initial evaluation within one working day
ACE Principles

Family/Caregiver Involvement

- Family meetings for decision making
- Resources for care giver burden/stress
- Community resources
ACE w/o walls  at NIX

- Rounds will be at 12 to 12:30 Daily on 17 floor. You will meet the case manager, social workers, nurses, pharmacist, therapy team, nutritionist and chaplain.
- We use an ACE tracker (see next slide)
- We have Ace cards (see next slides)
- We use the CHAMP curriculum for learning: http://champ.bsd.uchicago.edu/CourseResults/diss_emination.html
ACE cards

- ACE cards cover 28 topics in acute hospital care of elders
- Great resource for bedside teaching, learning
- Great resource to tailor the recommendations for the consults
- Great resource to teach at the IDT meetings
# ACE Cards®
**Check List to Improve the Hospital Care of the Elderly**

**Acute Care for the Elderly (ACE) Program**  
Aurora Sinai Medical Center/UW Medical School

### Prevent Problems:
- Critically review the necessity of all tests/procedures.

### Pressure Ulcers:
- Ambulate; avoid “bed rest” order.
- Correct nutrition restrictions.
- Turn q 2 hrs. if bedridden.

### Delirium:
- Assess cognitive function.
- Bring in glasses/hearing aide/items from home.
- Keep hydrated p.o.

### Immobility/Falls:
- Prescribe assist device; physical therapy.
- Order acute rehab therapy consult.
- Walk with assist.
  (Else, consider DVT prophylaxis.)

### Functional Decline:
- Define baseline ADLs.
- Increase activity level.
- Avoid restraint and catheters.

### Constipation:
- Provide prune juice/power pudding.
- Provide stool softener.

### Undernutrition:
- Review serum albumin.
- Consider nutrition consult; supplement.
- Could medications contribute to anorexia?

### Depersonalization:
- Music, pictures, food from home.
- Encourage visitors, stuffed animals.
- Chaplain visit (hospice care).

### History:
- Collaborate data with family; nursing staff.
- Define goals of care.
- Define Advanced Directives.
- Assess for pain.
- Define baseline functional status ADLs.

### Physical Exam:
- Assess for delirium.
- Assess risk for pressure ulcer.
- Is patient out of bed?
- Can urine catheter, IV line be removed?
- Avoid restraints.

### Data Collection:
- Review vital signs, intake/output, daily weight, diet intake, bowel movement.
- Review the medication cardex:
  - How does it compare to Rx prior to admit?
  - Could problems be caused by the Rx?
  - Should any Rx be stopped?
  - Add multiple vitamin.
- Review therapy notes (PT/OT/speech).
- Review social service note  
  (living situation/support).
- Review dietitian notes; lab data changes.

### Communicate:
- Talk with the nurse to assess status; discuss goals and anticipated discharge.
- Update family of anticipated discharge plans or change in status.

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Michael Malone, MD & Ellen Danto-Nocton, MD - 03/03  
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Interdisciplinary Team (IDT)

- Geriatrician, hospitalist, pharmacist, nurse, PT/OT/ST, dietician, SW, Chaplain, case workers.
- Discuss all older adults
- Identify obstacles in pt’s care, find solutions using team work
- Facilitate communications among each other, decrease errors and hazard of hospitalization
- Early discharge planning
ACE tracker

- Used as quality indicator for hospitalized elderly
- Focus on geriatric syndromes regardless of primary diagnosis
- Protocol driven process to prevent complications from hospitalization
- Decrease length of stay and increase quality of care
## TO IMPROVE CARE OF HOSPITALIZED SENIORS

### PATIENT INFORMATION

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<th>PATIENT</th>
<th>ROOM/BED</th>
<th>AGE</th>
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### Patients Totals

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### Total Number of Patients

- 8