Establishing an Acute Care of the Elderly (ACE) Unit: Challenges and Successes

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Learning Objectives

• Recognize importance of specialized care for older hospitalized patients
• List goals that an ACE Unit aims to achieve
• Discuss how ACE Unit care differs from usual care
• Identify successes and challenges of establishing an ACE Unit at CPMC
Why do older patients need specialized care?

- 49.2 Million Americans 65 years or older in 2016
- This represents 1 in 7 Americans or 1 in 3 hospitalized patients in this age group
- By 2020, there will be 56.4 million Americans 65 years or older
- Fastest growing population is those aged 85 years and older
Why do older patients need specialized care?

Inouye, SK et al. JAGS. May 2007.
What is an ACE unit?

- A specialized unit for older adults over 70 years old
- Focus on preventing functional decline and improving the patient experience
- Continuous review of iatrogenic problems that occur frequently with the acutely ill elderly population
- It is NOT a SNF
Our Vision Statement

• Through patient centered care by trained and compassionate professionals, we aim to maintain and promote functional independence of elderly patients during hospitalization.
  – In order to achieve this, we commit to developing the members of CPMC Mission-Bernal campus so we are:
    • A center of excellence for geriatric care and a provider of choice for our patients.
    • The partner of choice for our physicians in the development of elderly care initiatives.
    • A provider that caters to the unique holistic needs of elderly patients and their families.
    • A unit of choice for employees that provides opportunities for growth, leadership and prestige.
Have ACE Units “Worked” in the Past?

- Shorter length of stay
- Reduced 30 day readmissions
- Reduced costs
- Increased patient satisfaction
- Increased retention of functional capacity

References 4-8.
Goals and Priorities

• Reduce Falls
• Improve Patient Satisfaction
• Improve LOS and Readmission rates
• Decrease Delirium
• Decrease use of Restraints and psychotropics
How does ACE care differ from usual care?

**Physical Space**
- MBC’s 5th floor is specifically designed for the needs of the elderly
- Specialized Gym for PT/OT provides rehab space
- Activity room allows clients to have shared meals and activities

**Specialized Staff**
- RNs, CNAs, and support staff have undergone NICHE training
- Activities Coordinator
- Elder Life Nursing Specialist
- Geriatric-trained Leadership Team
How does ACE care differ from usual care?

The Physical Space
Mission Bernal
Campus 5th Floor
ACE Unit
34 beds, all of which have telemetry capability
MBC 5th Floor ACE unit rooms

• Large text clocks and white boards
• Low beds are available
• Specialty Mattresses
• Lifts in each room
• Railings in hallways
• Enhanced lighting
• Proximity to resources
The Activities Room

• Music therapy
• Medical clowning
• Integrative Healing Arts

In the near future:
• Mindfulness
• Dance
• Group Meals
Supplies

- iPod with interpreter services
- Pocket talkers, hearing aid batteries
- Tilt in space wheelchairs
- Instruments
- Reading glasses
- Magazine and large print newspaper subscriptions
- Essential oils
How does ACE care differ from usual care?

Specialized Staff
NICHE = Nurses Improving Care for Healthsystem Elders

• This is a nursing education and consultation program designed to improve care of older patients.

• NICHE provides our e-learning modules.
ACE Unit: NICHE Training

- The leadership team went through a 6 week training program.
- ACE Unit RNs went through an introductory seminar and a 21 hour online course.
  - ED RNs were offered a 4 hour online course.
  - ALL RNs are encouraged to pursue Geriatric Certification through the ANCC.
- ACE Unit CNAs went through an introductory seminar and an 11 hour online course.
- All Ancillary staff were offered an introductory seminar and a 4 hour online course.
ACE Unit: Specialized Staff

Our advanced practice RN is our ELNS (Elder Life Nurse Specialist). She is the hub of the ACE unit. The ELNS:

- Helps run interdisciplinary rounds
- Provides on the fly teaching for all staff as well as structured learning on monthly basis and in preparation for Geriatric Certification
- Serves as a consult for good geriatric inpatient care
- Serves as a liaison to our community partners
- Collects and analyzes data to show our strengths and areas in need of improvement
HELP (Hospital Elder Life Program)

- A program designed to decrease delirium in older hospitalized adults
- Since its inception at PAC in 2011 and Davies in 2014, has shown decreased length of stay, 30 day readmission rate, and falls
- Comprised of army of intensely trained volunteers that assist with cognitively stimulating activities, reorientation, music therapy, guided imagery and early mobilization (among many other things).
What they do...

Core Interventions

- Daily visitors
- Frequent orientation
- Cognitively therapeutic exercises
- Personal feeding program
- Early and frequent mobilization
- Non-pharmacologic sleep protocol
- Review of medications
- Assessment of cognitive status
ACE Unit: Day to Day Operations

Daily Interdisciplinary Rounds

Generally, participants include:

- Medical Director
- CNS
- Charge RN
- Assigned MD and RN
- Case management and social work
- Therapy (PT, OT, speech)
- Home health liaisons
- Pharmacy
- Dietary
- Palliative Care
Interdisciplinary Patient Rounds

SPICES tool – daily report out

- Sleep issues
- Problems eating
- Incontinence
- Confusion
- Evidence of falls
- Skin Breakdown
Sleep Promotion

- No wake times 12am-6am
- Unless absolutely necessary:
  - No Vitals
  - No meds
  - No labs
Community Partners

- **SF Village**
  - Support groups bringing functional older people together, guide through health care processes
  - For patients that qualify, Sutter sponsors them for 3 months
- **30th Street Senior Center**
  - Exchange of information to our mutual population
- **Dolby Brain Health Center**
  - Referrals for patients with cognitive impairment that appears to extend beyond hospitalization
- **Long Term Care Coordinating Council**
Successes

• Quality, Patient-Centric Care
• Culture Change
• Community Partnerships
• Attention to and Innovative Resources for an Underserved Population
• Staff and Family Education
• Philanthropic Support
Challenges

• No dedicated case manager and social worker
• Changes within our hospital system resulting in an unexpectedly high census
• Lack of dedicated research team
• Posting positions funded by philanthropic funds
Mission:

We, as a team, will provide a safe and healing place for older individuals by continuously developing our specialized practice.
References


Questions?