A Twist on a Traditional Acute Care for Elders (ACE) Unit: Multiple Organization Interprofessional Collaboration

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BACKGROUND

Acute Care for Elders (ACE) Units have been utilized in hospitals for many years with great success. While ACE units are not novelties in the healthcare environment, this one is uniquely innovative due to the extensive collaboration between two major health systems that created the unit. By combining an interprofessional staff and frail older adult patients from both large systems, the UM/SJMH ACE unit is able to reduce iatrogenic complications, improve quality of life for older patients and increase staff satisfaction.

In early 2012, Trinity Health - Michigan, the parent company of St. Joseph Mercy Health System (SJMHS), and the University of Michigan Health System (UMHS) entered into an affiliation agreement designed to "pave the way for closer collaborations in clinical care, research and medical education" (University of Michigan Health System, 2012). In April 2012, after considering the increasing number of elders with complex care needs admitted to acute care hospitals in the Ann Arbor, Michigan region, an ACE Unit collaboration between SJMHS and UMHS was proposed.

Research shows that many older patients experience a cognitive or functional decline associated with the hospital stay, such as disorientation and lack of mobility (Fox et al., 2013). Considering the aging demographic of the Ann Arbor area, where the population >65 years is projected to increase from 13% to 20% in 10 years, it seemed like an opportunity for both health systems to impact the health and quality of care for many elders and their families.

AIMS / GOALS

- **"UM has the patients, SJH has the space"**
  - UM ED had patients aged 70+ waiting 5-15 hours for a bed after being identified as meeting criteria for admission
  - SJH had a new Patient Tower with an empty floor
- **Both health systems want to promote quality geriatric care.**
  - Both institutions wanted to align with the goals of the Pioneer ACO partners to improve quality and cost of care for Medicare patients
  - Both institutions wanted to pilot research into best practices for Elder Care
  - SJMH had no inpatient geriatrics, but had a successful Geriatric ED

(Hall, 2013)

ACHIEVEMENTS

- Every employee of the unit self-selected to work with the Geriatric population
  - -All nurses are NICHE certified GRNs, completed during their orientation period
  - -Patient Care Techs (PCTs) also complete NICHE training modules during orientation
  - -Unit Pharmacist, Social Worker, Dietician have extensive experience working with elders
- All admissions are approved by a "Gatekeeper" - the geriatrician on service
  - -Maintains the integrity of the ACE concept and prevents bed-spacing on the unit
- Geriatricians and Nurse Practitioner are dedicated staff, based in the unit, not consultants
- Every day IDT rounds with RN, geriatrician, NP, social work, pharmacy, dietician, charge RN
  - -Discharge planning starts on admission with input from entire team, plus patient and family
- Created a process for physicians from both systems to receive information regarding their patient's hospitalization
- Created a workflow for images and documents to be shared automatically between EMRs
  - -UM sends XR & CT results to SJMH, and documents are autopopulated to UM Epic on D/C
- Granted preliminary NICHE Exemplar designation December 2014

PLANNING AND IMPLEMENTATION

Committees Involved In Planning ACE Unit

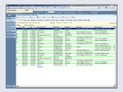
Support Readiness - All physical renovations and improvements to unit

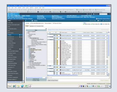
Bed Management - Compiling and comparing insurances accepted by both facilities

Patient Communication- How to present transfer to patient & families, process for obtaining patient agreement to transfer

Patient Advocacy and Volunteer Services - Focus on patient experience

- Financial/Legal - Negotiated all income agreements between systems, including salaries, profit splits,
- Case Identification and Patient Flow to ACE - Propose inclusion and exclusion criteria, process of physical transfer
- IT/Electronic Medical Record - Responsible for obtaining EMR access for both Epic and Cerner and processes for sharing data between facilities





Executive Oversight - Oversees all progress and troubleshoots integration

Steering - All staffing planning, including nursing staff grid, clinical support, physician needs, APN role

Clinical Readiness - Schedules, hiring, training, support staff

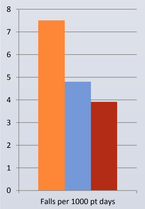
After Unit opens

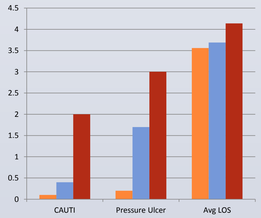
Governing Board - Oversees all decisions, Financial, Legal matters. Holds quarterly meetings with a chairman that alternated between health systems yearly

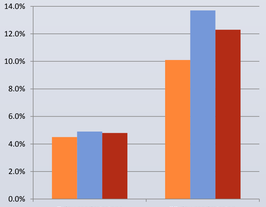
ACE Unit Meetings - Monthly progress meeting with evolving agendas per unit needs

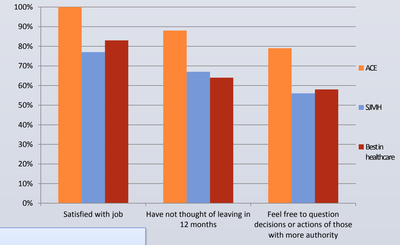
RESULTS AND OUTCOMES

- The collaborative efforts of SJMHS, UMHS & IHA have resulted in an ACE Unit that is successful in:
- Reducing functional decline, LOS, delirium, restraint use, BEERS list meds, polypharmacy, readmission rate compared to demographically similar unit (4 North) and SJMH as a whole
- Increasing patient, family, staff & provider satisfaction









Quotes from Patients and Families:

"My mother received excellent, personal care & attention"

"The floor was very quiet, unlike other hospital stays I've had"

"I felt that everyone was very supportive and caring"

"Having one provider throughout my stay improved communication and I think I got more personal attention"

CHALLENGES AND OPPORTUNITIES

- Staff turnover occurred within the first 9 months due to low census days
  - -Nurses and PCTs were cancelled or pulled more than they worked on the unit
- Currently advocating for PT presence on unit - Dedicated PT would make maintaining mobility easier
- Fall rate is higher than expected, due to staffing model at low census combined with high acuity
  - -No tech for less than 7 patients, so RNs may have 3-4 confused patients with no assistive staff
  - -Average daily census was over 7 for the first time in Dec 2014
  - -More than half of the falls involved confused and impulsive patients
- Awareness of the unit has been low throughout both systems and the community, despite publicity
  - -Improving with more patient experiences
- Unit requires a culture shift for both systems
  - -Different workflow, processes, procedures, use of specialists, "extra steps" to admission
- HCAPS scores aren't great, mostly due to low "N" or number of responses
  - -Some months only have one response, so just one negative creates a very low score

- RNs and PCTs are incorporating "Fluid and Mobility Rounds" to Purposeful Hourly Rounding already being performed
  - -Opportunity to prevent falls
- When RNs are pulled to other floors, they use their Geriatric training to advocate for patients
- Opportunities for research on best care practices for hospitalized elders
- Model for future collaborations between UM and SJMH
- Additionally, provides a model for other health systems to collaborate and create joint units

CONCLUSIONS

The UM-SJMH ACE Unit has made some improvements over the standard care for hospitalized elders in the Ann Arbor area. While the unit is still small, and has not yet reached its maximum capacity, systems are in place for growth and continued development. The interprofessional team concept has worked well not only on the unit, but between the two health systems. The impact of the unit is perhaps best described by the following unsolicited testimonial from a patient's family member:

"I just wanted to let you know that one of my students here at Chelsea today, had both of her parents in the ACE unit. She couldn't say enough about how wonderful the unit was. She talked about the nurses communication style, the deliberate, focused explanations & communication techniques they used with the older patient. She raved about the calmer, subtler environment. She is a seasoned social worker with years of VA hospital experience and lots of geriatric experience." (V. Moore, personal communication, September 2, 2014).

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April 2012
- UM & SJMH begin discussions about creating a joint ACE unit

May 2012
- Dr. Karen Hall named Medical Director of ACE

September 2012
- Many committees formed to negotiate unit details

November 2012
- Physician Agreements reached

February 2013
- Recruiting and hiring staff for ACE Unit begins

May 2013
- Final contracts between UM and SJMH signed

May 28, 2013
- ACE Unit opens

May 2014
- Start admitting Observation patients

September 2014
- SJMH increases patient commitment from 2 per day to 5.

December 2014
- Average census reaches 9 patients

April 2015
- All up-front costs should be paid in full