Implementing an Acute Care for The Elderly Service in an Urban Safety Net Hospital


**Introduction:** Older adults who are hospitalized are prone to Geriatric Syndromes resulting in institutionalization, and readmission to the hospital after discharge. With the current health care reform, incentives and penalties are being offered to hospital systems in an effort to reduce medical complications related to care for older adults, also known as “never events.” Geriatric-focused models of inpatient care offer effective ways to transform inpatient care for older adults and have been shown to improve outcomes. The role of these models of care in urban safety net hospitals has not been reported. We sought to determine the effectiveness of an Acute Care for the Elderly Service at our safety net hospital.

**Methods**

**Project Setting -** 953 Bed academically affiliated safety net hospital.

**Participants** - Older adults 75yrs and older or patients 65 years and older identified to have 1 or more geriatric syndromes.

**Procedure** - All patients who met criteria above were admitted to the ACE Service run by an interdisciplinary team. Team members reviewed the patients and made recommendations regarding the patient’s care, focusing on cognition, mood, functional status, nutrition, medication safety, skin care, transitions of care. A team of volunteers from our Senior Services Division focused on congregate functional and cognitive activities to help preserve cognition and functional status. Community Health Workers provided care coordination immediately pre-discharge and in the discharge care setting for a period of 6 months post discharge for patients meeting criteria.

**Results**

Initial data show a significant improvement in delirium and cognition scores as measured by the Nudesc and Six Item screen scores, at baseline admission compared to discharge. There was also significant improvement in mobility scores for patients pre ACE intervention and post intervention though there was some decline in the Katz and Lawton functional scores. There was also a positive response by the primary hospital teams in reducing the number of medications that the patient was taking.

**Discussion**

An ACE service with its care processes is a useful mechanism to improve cognition, mobility and medication safety in hospitalized older adults in a safety net hospital.

**Acknowledgments**

A Special Thanks to 11A Unit Staff and Unit Director, Ms. Tabitha Dumas for being patient with us and allowing an ACE pilot on their Unit and a Thanks to EPIC for creating all of our EMR tools for the ACE Program.

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