Starting an Acute Care for Elders (ACE) Unit in 2025

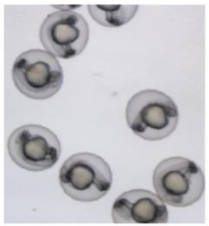
National ACE Conference
November 8, 2024

Kellie L. Flood, MD
Professor, Division of Gerontology, Geriatrics, and Palliative Care
University of Alabama at Birmingham

UAB MEDICINE








Financial Disclosures

No financial conflicts of interest.

A Huge, Heartfelt Thank You To These ACE Unit Pioneers

Dr. Robert Palmer

Pioneer

Definition: a person or group that originate or helps open up a new line of thought or activity

Synonyms: Trailblazer, Pathfinder, Explorer

Dr. Michael Malone

UAB MEDICINE

Learning Objectives

1. Describe what will be different in systems-based practice in 2025 for the care of older adults who are acutely ill or injured.

2. Describe ACE principles which are effective in addressing the unique needs of vulnerable older adults.

3. Outline lessons learned in the past three decades of starting and sustaining ACE.

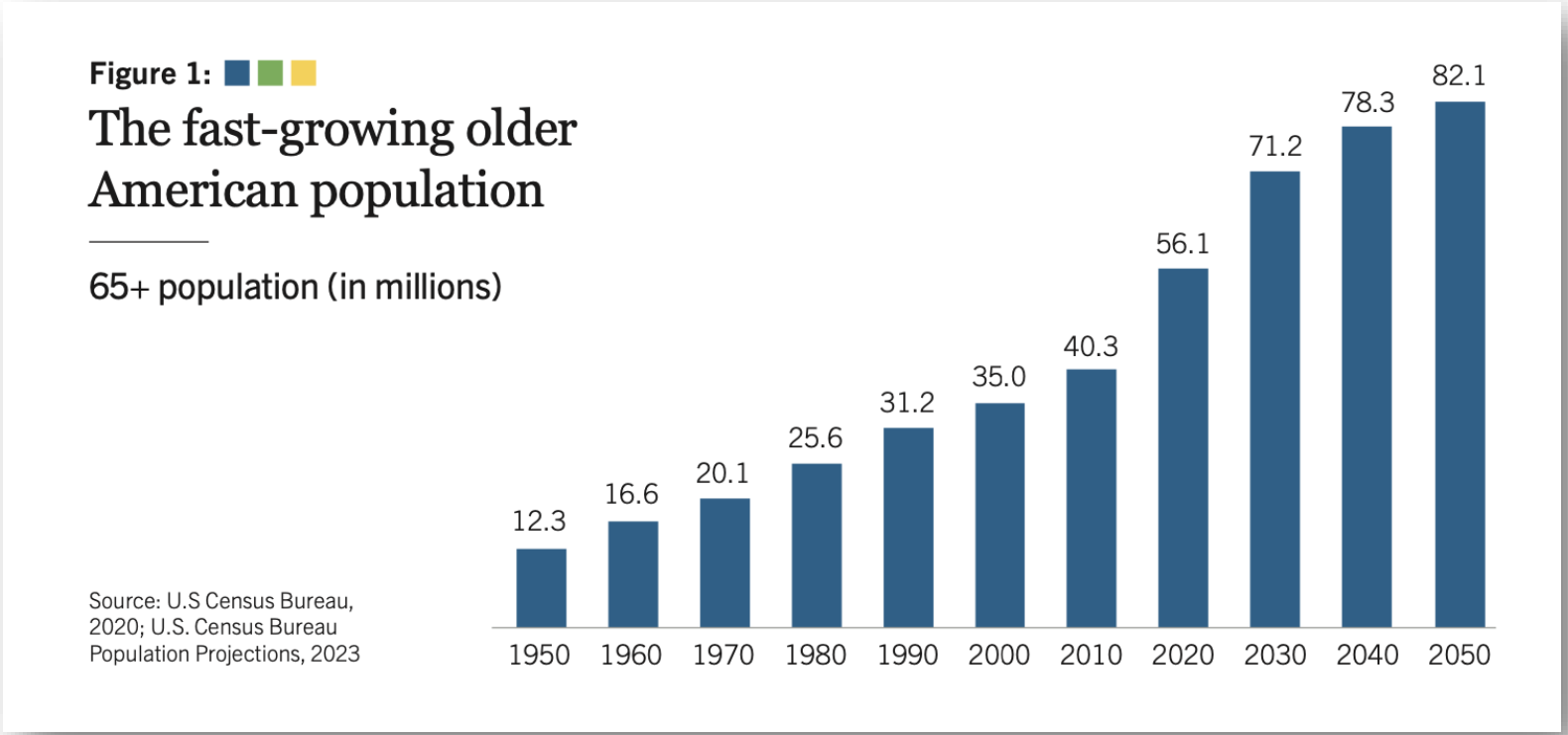
What's New?

What Matters to Older Adults Has Robust Data We Can Use

- National Project conducted by *AgeWave* on behalf of The John A. Hartford Foundation and in partnership with The Harris Poll
- Surveyed > 5,000 Americans (2,516 persons age ≥ 65) about Age-Friendly Care and the 4Ms
- Results released September 2024

https://www.johnahartford.org/crossroads

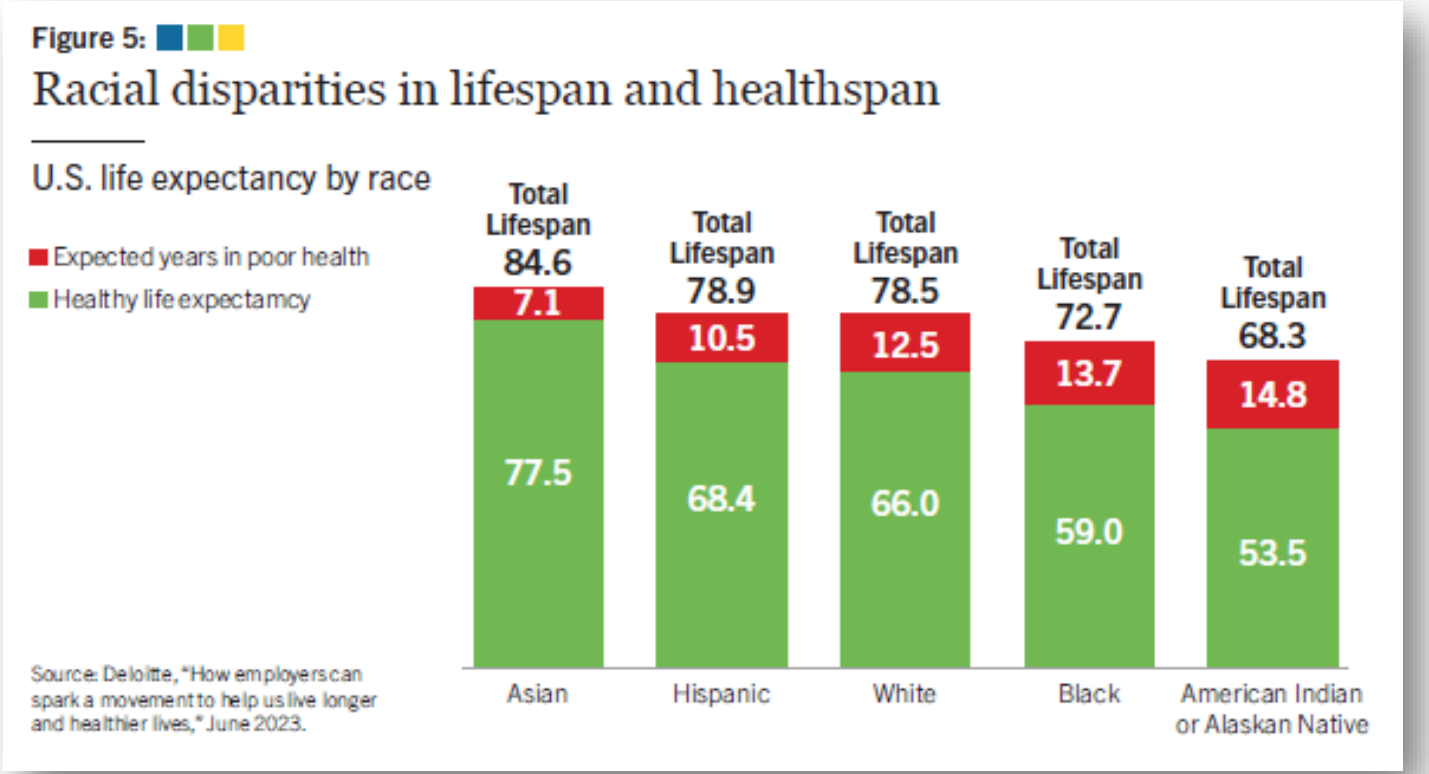
Current State of Age-Friendly Care in the US



https://www.johnahartford.org/crossroads

UAB MEDICINE

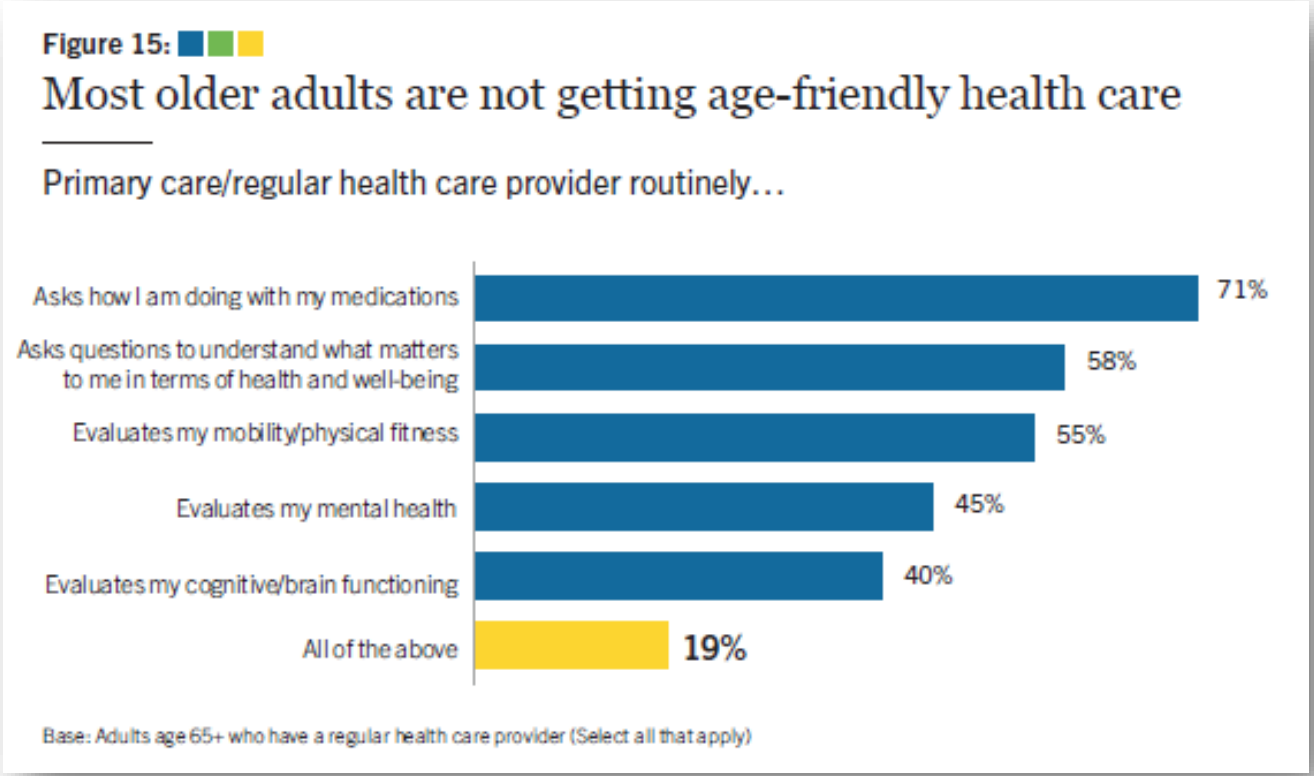
Current State of Age-Friendly Care in the US



https://www.johnahartford.org/crossroads

UAB MEDICINE

Current State of Age-Friendly Care in the US



https://www.johnahartford.org/crossroads

Current State of Age-Friendly Care in the US

Only 10%
of medical schools require geriatric rotations

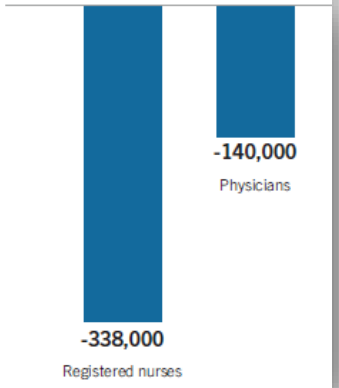
96%
require pediatric rotations

87%
of nursing homes report staff shortages

Only 11%
of older adults give the overall health care system a grade of A

Figure 6:
The supply of health care workers will fall short of demand as the population ages

Projected shortages by 2036



Source: National Center for Health Workforce Analysis, 2023

https://www.johnahartford.org/crossroads

UAB MEDICINE

What's New? HUGE OPPORTUNITY

CMS Age-Friendly Hospital Measure: Measurement Begins 2025

The CMS Age Friendly Hospital Measure will evaluate hospitals' progress toward improving care for patients aged 65 and above across various settings, including hospital wards, operating rooms, and emergency departments. The measure is structured into five domains:

1. **Eliciting Patient Healthcare Goals:** Ensures patient health-related goals and treatment preferences are obtained to inform shared decision-making.
2. **Responsible Medication Management:** Optimizes medication management by monitoring pharmacological records to avoid inappropriate drugs for older adults.
3. **Frailty Screening and Intervention:** Screens for cognitive impairment (including delirium), mobility, and malnutrition, allowing for early detection and intervention.
4. **Social Vulnerability:** Recognizes and addresses social issues impacting older adults as part of the care plan such as social isolation, economic insecurity, ageism, caregiver stress, limited access to healthcare, and elder abuse.
5. **Age-Friendly Care Leadership:** Identifies an age-friendly champion or committee in the hospital to ensure compliance with all components of the measure.

https://www.facs.org/quality-programs/accreditation-and-verification/geriatric-surgery-verification/faqs/; https://public-inspection.federalregister.gov/2024-17021.pdf (pg1424)

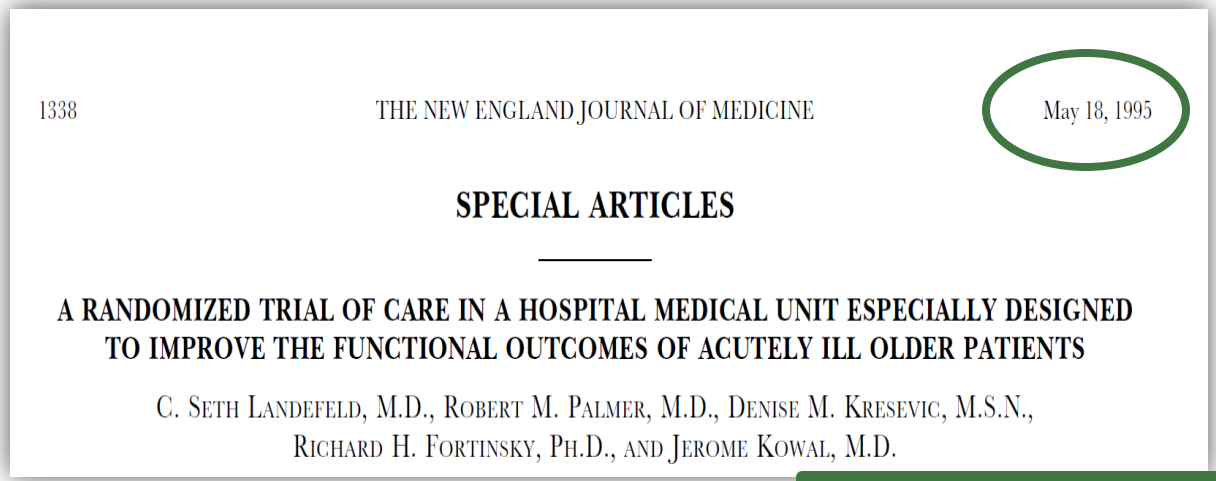
Learning Objectives

1. Describe what will be different in systems-based practice in 2025 for the care of older adults who are acutely ill or injured.

2. Describe ACE principles which are effective in addressing the unique needs of vulnerable older adults.

3. Outline lessons learned in the past three decades of starting and sustaining ACE.

ACE Units Deliver Age-Friendly Care



1338 THE NEW ENGLAND JOURNAL OF MEDICINE May 18, 1995

SPECIAL ARTICLES

A RANDOMIZED TRIAL OF CARE IN A HOSPITAL MEDICAL UNIT ESPECIALLY DESIGNED TO IMPROVE THE FUNCTIONAL OUTCOMES OF ACUTELY ILL OLDER PATIENTS

C. SETH LANDEFELD, M.D., ROBERT M. PALMER, M.D., DENISE M. KRESEVIC, M.S.N., RICHARD H. FORTINSKY, PH.D., AND JEROME KOWAL, M.D.

Core Domains Addressed:

✓ Mentation

✓ Mobility/Function

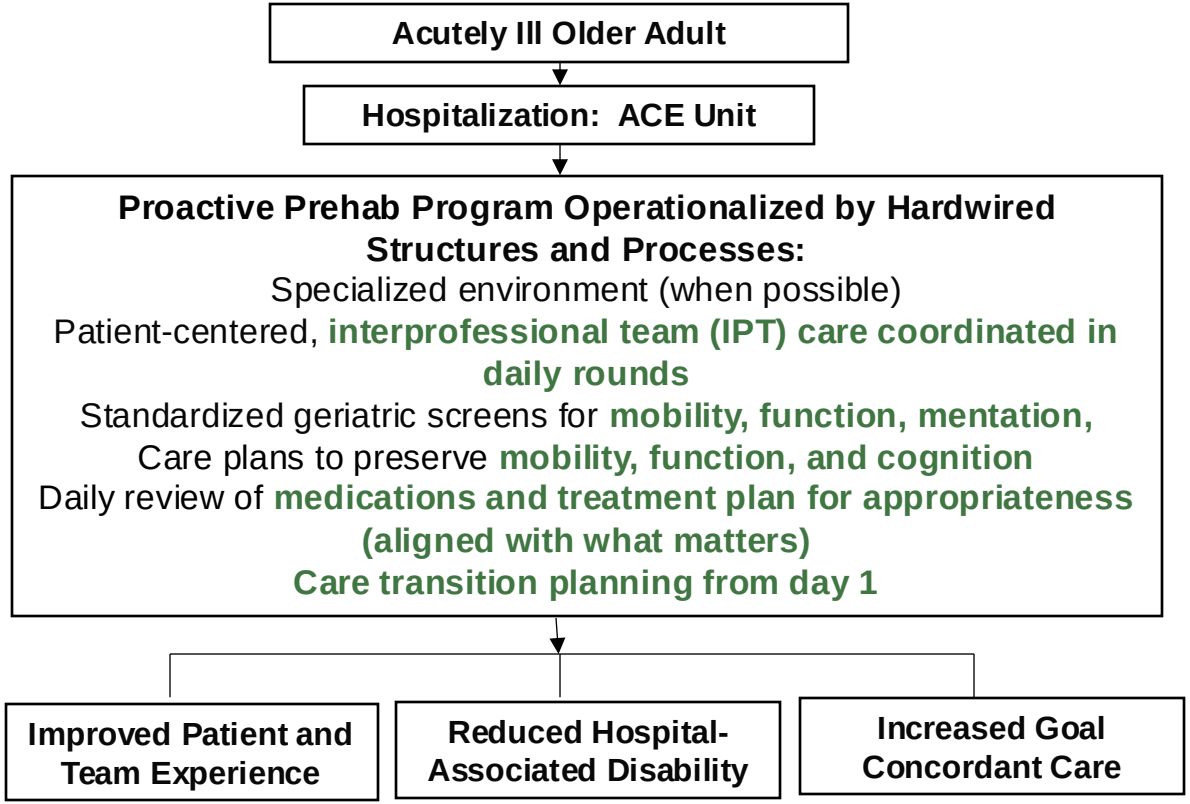
✓ Medication Appropriateness

✓ Alignment with What Matters to Patients

Landefeld et al, NEJM 1995

UAB MEDICINE

Acute Care for Elders (ACE) Model Delivers Age-Friendly Care



Adapted from slide by SUMMA Health Care

Rogers et al, J Am Geriatr Soc 2022; 70(10):3012-3020

UAB MEDICINE

Acute Care for Elders (ACE) Model Delivers Age-Friendly Care

Acutely Ill Older Adult

↓

Hospitalization: ACE Unit

↓

Proactive Prehab Program Operationalized by Hardwired Structures and Processes:

Specialized environment (when possible)

Patient-centered, **interprofessional team (IPT) care coordinated in daily rounds**

Standardized geriatric screens for **mobility, function, mentation,**

Care plans to preserve **mobility, function, and cognition**

Daily review of **medications and treatment plan for appropriateness (aligned with what matters)**

Care transition planning from day 1

↓

- **Improved Patient and Team Experience**
- **Reduced Hospital-Associated Disability**
- **Increased Goal Concordant Care**

Adapted from slide by SUMMA Health Care

Rogers et al, J Am Geriatr Soc 2022; 70(10):3012-3020

UAB MEDICINE

Acute Care for Elders (ACE) Model Delivers Age-Friendly Care

Acutely Ill Older Adult

↓

Hospitalization: ACE Unit

↓

Proactive Prehab Program Operationalized by Hardwired Structures and Processes:

Specialized environment (when possible)

Patient-centered, **interprofessional team (IPT) care coordinated in daily rounds**

Standardized geriatric screens for **mobility, function, mentation,**

Care plans to preserve **mobility, function, and cognition**

Daily review of **medications and treatment plan for appropriateness (aligned with what matters)**

Care transition planning from day 1

↓

- **Improved Patient and Team Experience**
- **Reduced Hospital-Associated Disability**
- **Increased Goal Concordant Care**

Adapted from slide by SUMMA Health Care

Rogers et al, J Am Geriatr Soc 2022; 70(10):3012-3020

UAB MEDICINE

Acute Care for Elders (ACE) Model Delivers Age-Friendly Care

Acutely Ill Older Adult

↓

Hospitalization: ACE Unit

↓

Proactive Prehab Program Operationalized by Hardwired Structures and Processes:

Specialized environment (when possible)

Patient-centered, **interprofessional team (IPT) care coordinated in daily rounds**

Standardized geriatric screens for **mobility, function, mentation,**

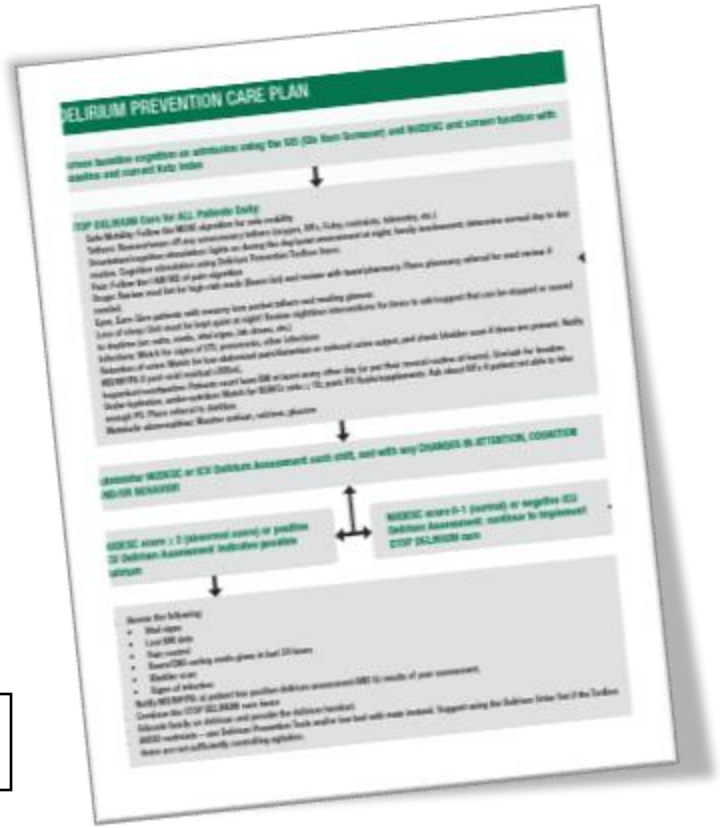
Care plans to preserve **mobility, function, and cognition**

Daily review of **medications and treatment plan for appropriateness (aligned with what matters)**

Care transition planning from day 1

↓

- **Improved Patient and Team Experience**
- **Reduced Hospital-Associated Disability**
- **Increased Goal Concordant Care**



Adapted from slide by SUMMA Health Care

Rogers et al, J Am Geriatr Soc 2022; 70(10):3012-3020

UAB MEDICINE

Acute Care for Elders (ACE) Model Delivers Age-Friendly Care

Acutely Ill Older Adult

↓

Hospitalization: ACE Unit

↓

Proactive Prehab Program Operationalized by Hardwired Structures and Processes:

Specialized environment (when possible)

Patient-centered, **interprofessional team (IPT) care coordinated in daily rounds**

Standardized geriatric screens for **mobility, function, mentation,**

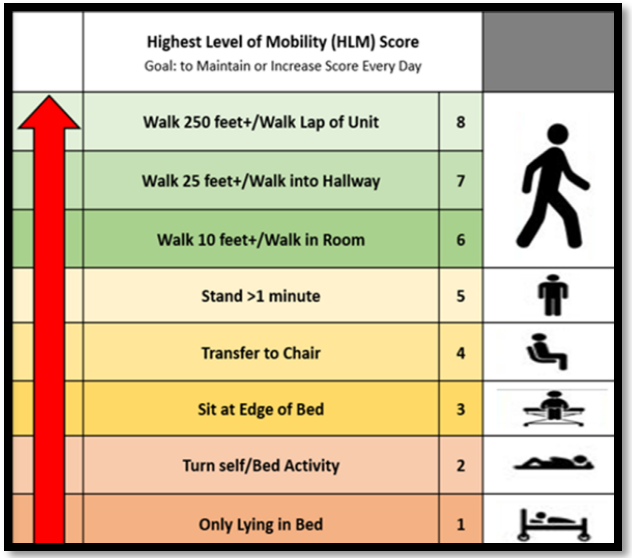
Care plans to preserve **mobility, function, and cognition**

Daily review of **medications and treatment plan for appropriateness (aligned with what matters)**

Care transition planning from day 1

↓

- **Improved Patient and Team Experience**
- **Reduced Hospital-Associated Disability**
- **Increased Goal Concordant Care**



Adapted from slide by SUMMA Health Care

Rogers et al, J Am Geriatr Soc 2022; 70(10):3012-3020

UAB MEDICINE

Acute Care for Elders (ACE) Model Delivers Age-Friendly Care

Acutely Ill Older Adult

↓

Hospitalization: ACE Unit

↓

Proactive Prehab Program Operationalized by Hardwired Structures and Processes:

Specialized environment (when possible)

Patient-centered, **interprofessional team (IPT) care coordinated in daily rounds**

Standardized geriatric screens for **mobility, function, mentation,**

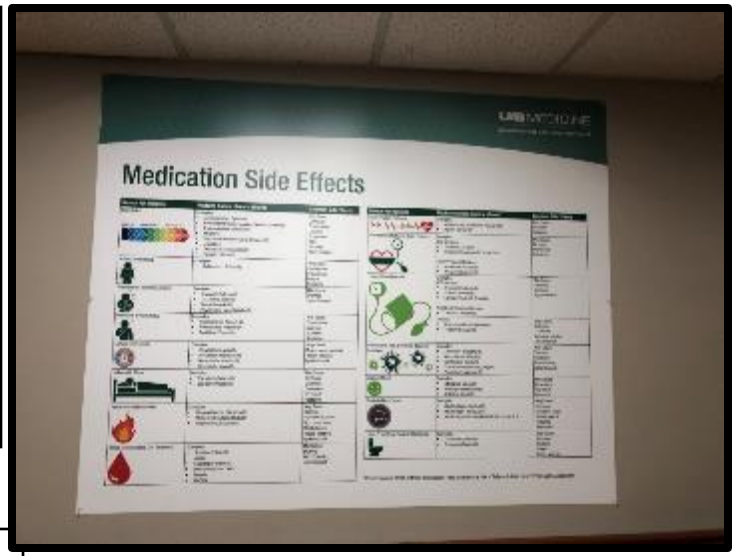
Care plans to preserve **mobility, function, and cognition**

Daily review of **medications and treatment plan for appropriateness (aligned with what matters)**

Care transition planning from day 1

↓

- **Improved Patient and Team Experience**
- **Reduced Hospital-Associated Disability**
- **Increased Goal Concordant Care**



Adapted from slide by SUMMA Health Care

Rogers et al, J Am Geriatr Soc 2022; 70(10):3012-3020

UAB MEDICINE

ACE Units Have Been Shown To:

INCREASE

- Adherence to geriatric care processes
- Recognition of geriatric syndromes
- Functional status at discharge
- Likelihood of living at home after discharge
- Patient, provider, and nurse satisfaction

REDUCE

- High risk medication use
- Restraint use
- Length of stay
- Health care utilization costs
- 30-day readmissions

Landefeld et al, N Engl J Med 1995; Counsell et al, JAGS 2000; Jayadevappa et al, Value in Health, 2006; Flood et al, Crit Rev Onc/Heme 2010; Flood, et al, Am J Geriatr Pharmacother 2009; Baztan et al, BMJ 2009; Flood et al, JAMA Int Med 2013.

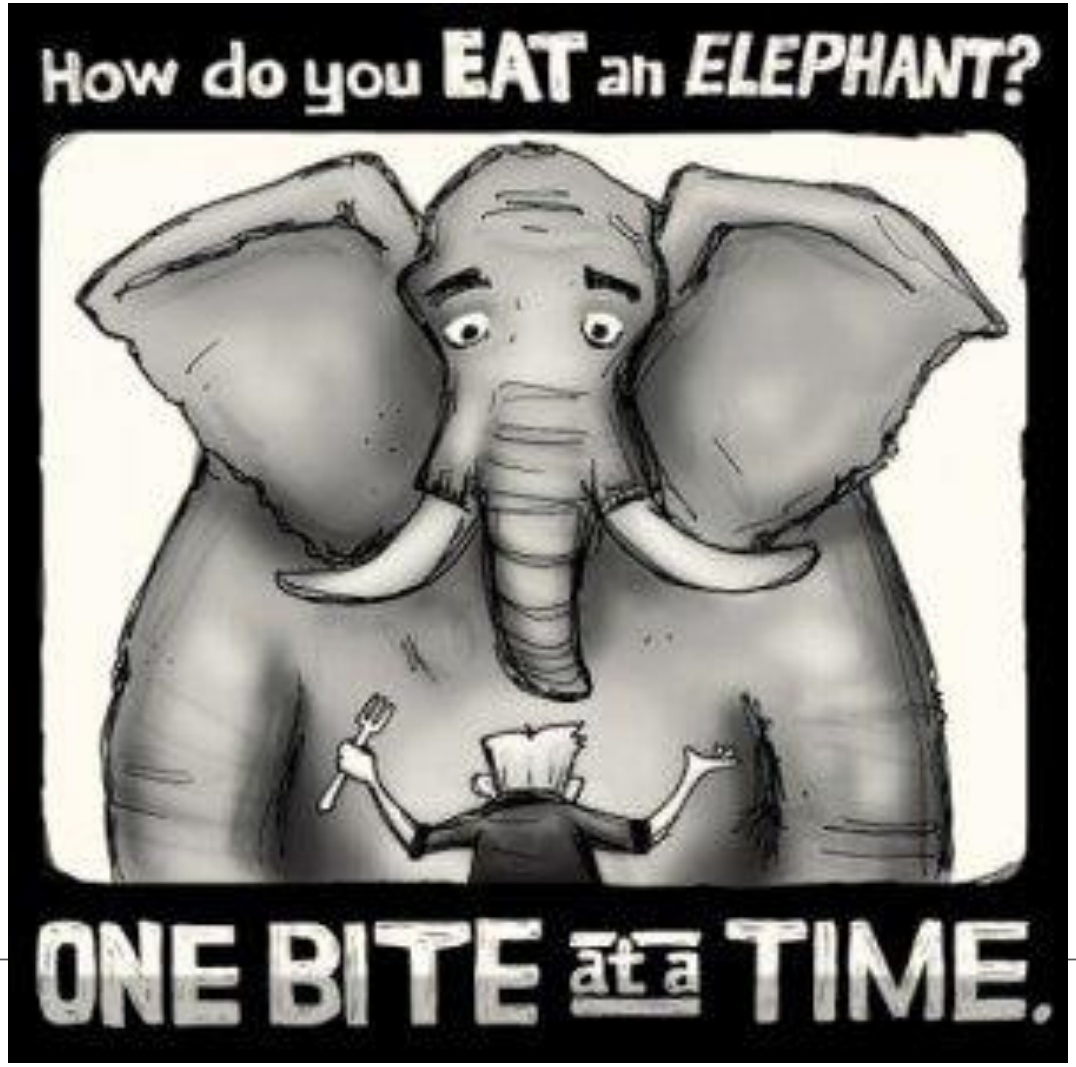
VAB MEDICINE

Learning Objectives

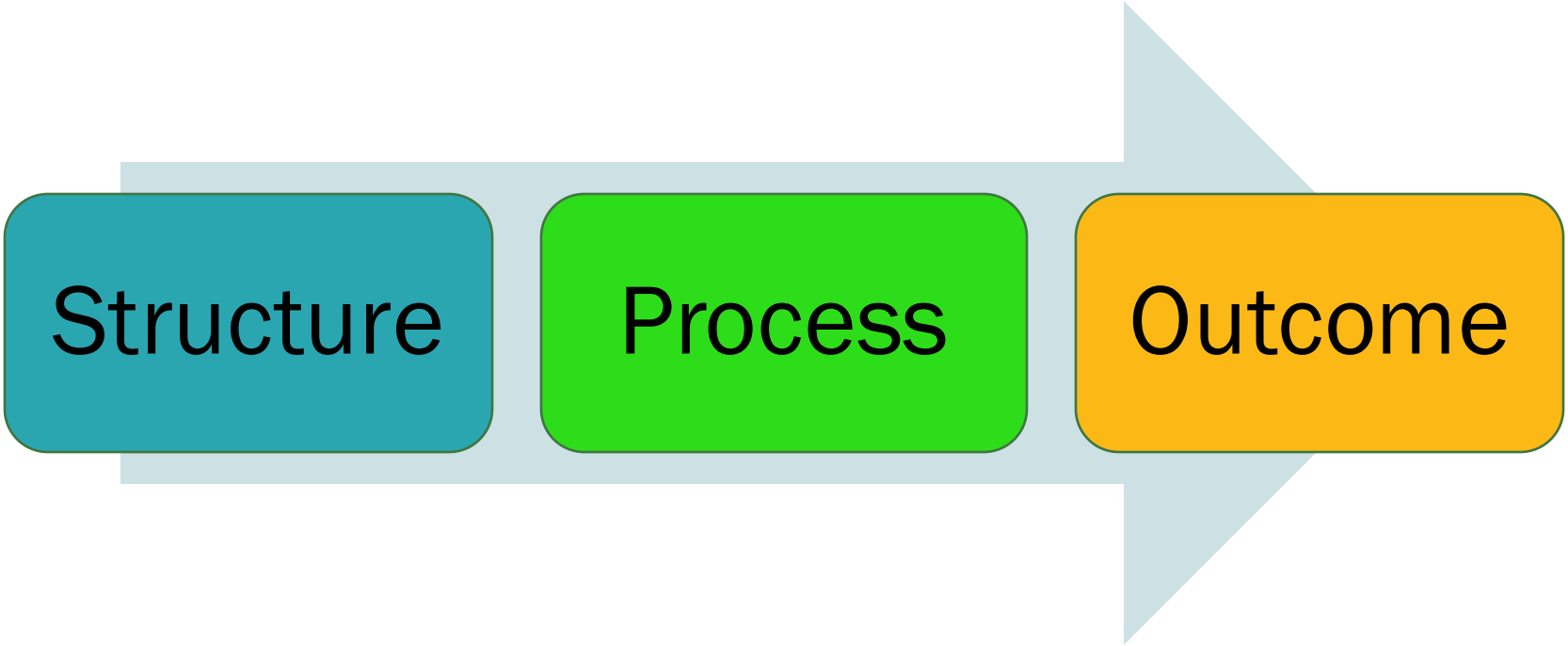
1. Describe what will be different in systems-based practice in 2025 for the care of older adults who are acutely ill or injured.

2. Describe ACE principles which are effective in addressing the unique needs of vulnerable older adults.

3. Outline lessons learned in the past three decades of starting and sustaining ACE.

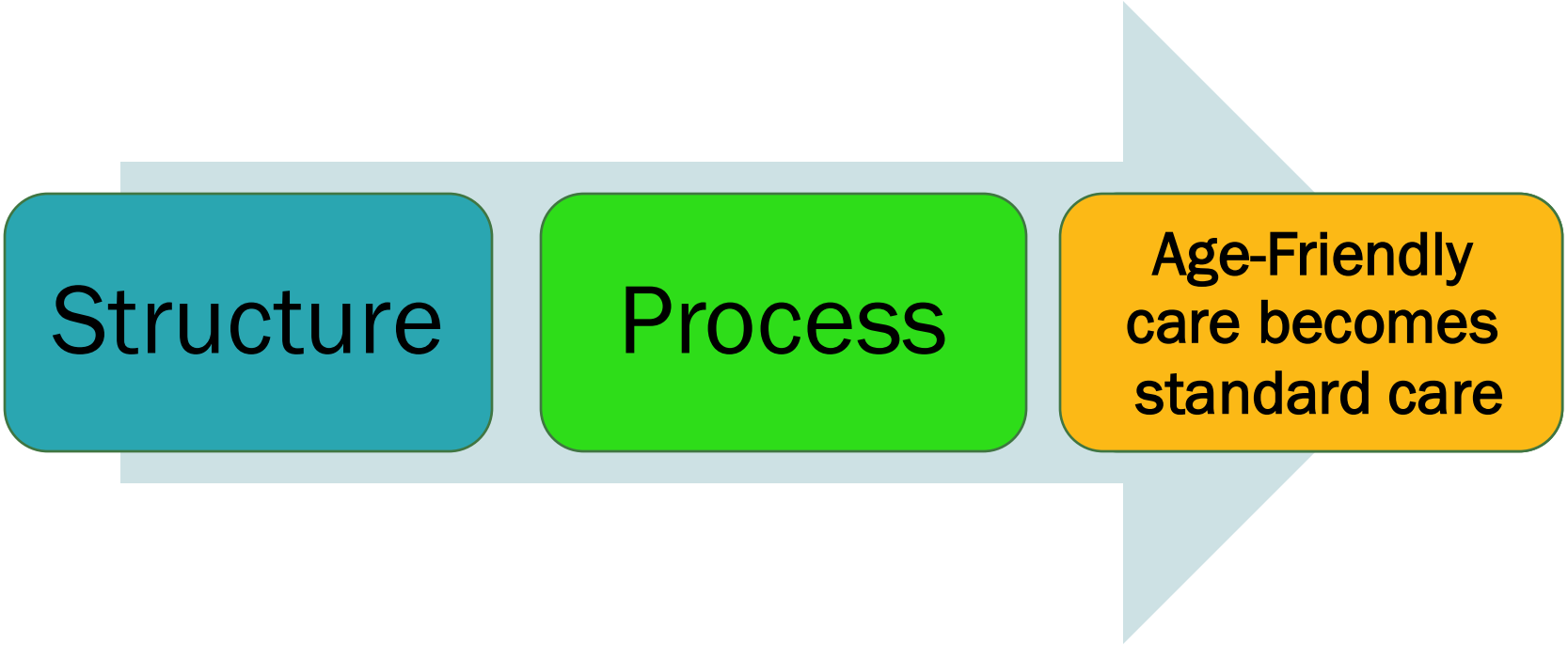

How do you EAT an ELEPHANT?
ONE BITE at a TIME.

“ Every system is perfectly designed to get the results it gets.”



Donabedian, A. (2005). Evaluating the Quality of Medical Care. Milbank Quarterly, 83(4), 691-729.

“ Every system is perfectly designed to get the results it gets.”

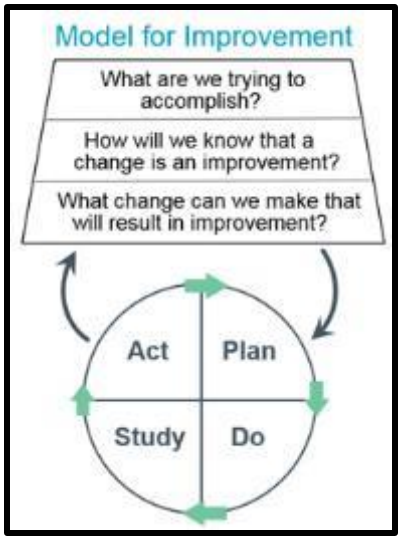


Donabedian, A. (2005). Evaluating the Quality of Medical Care. Milbank Quarterly, 83(4), 691-729.

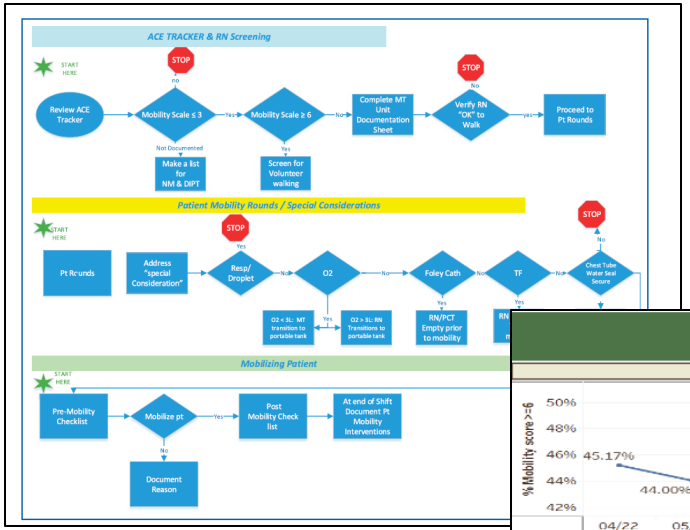
UAB MEDICINE

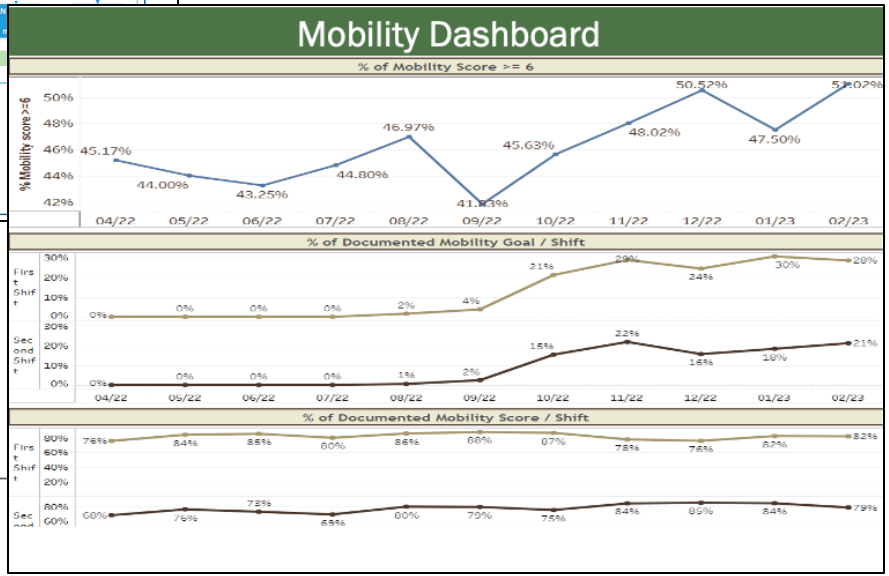
Quality Improvement + Change Management→ Implementation

IHI Improvement Model: Plan-Do-Study-Act



Process Mapping/Quality Assurance Dashboards

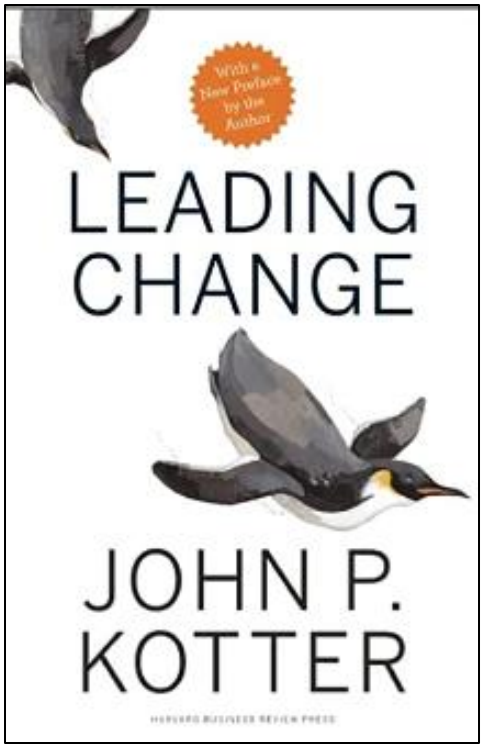




James et al, J Healthcare Qual 2022;44(6):363-372

Quality Improvement + Change Management → Implementation

Kotter's Eight Steps for Leading Change	
1. Create a sense of urgency	**Unfreeze**
2. Create the guiding coalition	
3. Develop a vision and strategy	
4. Communicate the change vision	
5. Empower broad-based action	**Change**
6. Generate short-term wins	**Refreeze (Hardwire the new processes in the system so they stick!)**
7. Consolidate gains and produce more change	
8. Anchor new approaches in the culture	



Kotter, JP. Leading Change. Boston, MA: Harvad Business Review Press; 2012.

Continuous Journey

Interprofessional team(s): program development/oversight, process improvement

Report progress, ROI, and celebrate wins at all levels

Continuous quality improvement via rapid-cycle change methodology

UAB MEDICINE

Engaging Stakeholders: A Continuous Listening/Learning Tour

- **Who are your stakeholders?**
  - For C-Suite: What departments/services fall in their bucket?
  - For Frontline: What does their day look like?

- **Stakeholders are people too.**
  - They have a story, goals, pressures, barriers like you do
  - Invite to meet over coffee
  - Join relevant committees/teams/task forces and be helpful
  - Invite a stakeholder to shadow you or you shadow them

We're all on the same team

- **What matters most to them?**
  - Challenges/pain points/priorities?
  - Where do their priorities (sense of urgency) come from?
  - What language do they use to describe what matters most to them?

Engaging Stakeholders: A Continuous Listening/Learning Tour

- **Be outward focused; Enter into the world of the other person**
  - Utilize humble inquiry/interview them
    - "What's the most challenging thing about being a _____?"
    - "What keeps you up at night?"

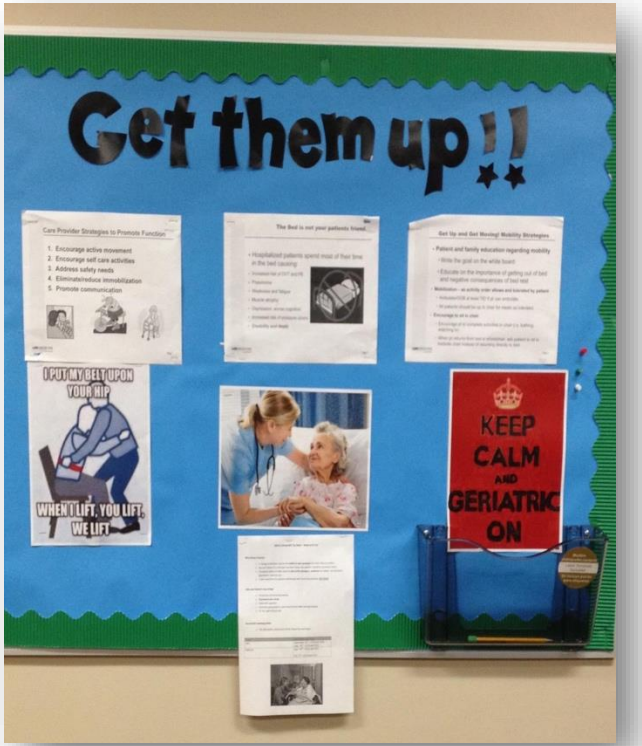
"True humility is not thinking less of yourself; it is thinking of yourself less."
-- C.S. Lewis

- **Key words at key times**
  - *"I really like what you said about….."*
  - *"What I hear you saying is that sitter costs are a big challenge. There is a program proven to reduce the need for sitters and save a ton of money by reducing delirium. I'd love to share more about that program with you and your team if you think that could be helpful."*

Stakeholder Engagement: Creating Urgency

"By far the biggest mistake people make when trying to change organizations is to plunge ahead without establishing a high enough sense of urgency in fellow managers and employees"

--Leading Change, JP Kotter



UAB MEDICINE

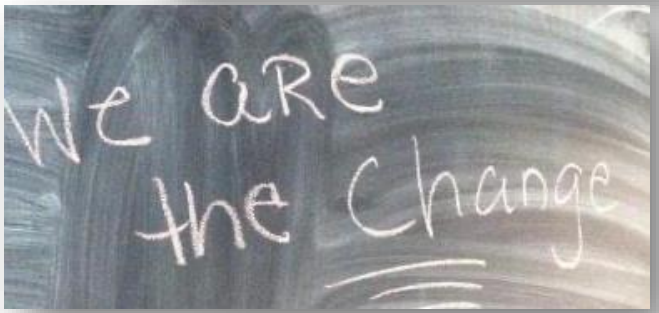
Creating Urgency: C-Suite and Frontlines

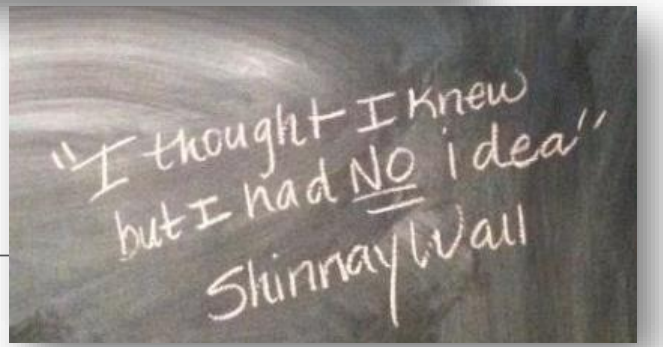
C-Suite

- Start meetings/projects with a real case (ideal and opportunities)
- Data
  - Clinical outcomes
  - Financial

Frontlines

- Address the workflow barriers
- Create a vision for the “WOW” factor
- Build urgency and empowerment into all training to get ownership





Two-Day Workshop: Team Building, Empowering, and Creating Urgency

Topics:

- Uncommon Excellence, Uncommon Compassion
- Building an Age-Friendly Health System
- Age Related Changes
- Sensory Impairment Activity
- Function/Mobility
- Delirium
- Dementia, including Communication
- Therapies, including Music
- Age-Friendly Care is a Team Sport

Teaching Methods:

- Geropardy
- Reflective Journaling
- Concept Mapping
- Interviewing caregivers
- Videos
- Hands-On Practice
- Case-Based Interprofessional Team Exercises

Two-Day Workshop: Team Building, Empowering, and Creating Urgency

Topics:

- Uncommon Excellence, Uncommon Compassion
- Building an Age-Friendly Health System
- Age Related Changes
- Sensory Impairment Activity
- Function/Mobility
- Delirium
- Dementia, including Communication
- Therapies, including Music
- Age-Friendly Care is a Team Sport

Teaching Methods:

- Geropardy
- Reflective Journaling
- Concept Mapping
- Interviewing caregivers
- Videos
- Hands-On Practice
- Case-Based Interprofessional Team Exercises

Two-Day Workshop: Team Building, Empowering, and Creating Urgency

Topics:

- Uncommon Excellence, Uncommon Compassion
- Building an Age-Friendly Health System
- Age Related Changes
- Sensory Impairment Activity
- Function/Mobility
- Delirium
- Dementia, including Communication
- Therapies, including Music
- Age-Friendly Care is a Team Sport

Teaching Methods:

- Geropardy
- Reflective Journaling
- Concept Mapping
- Interviewing caregivers
- Videos
- Hands-On Practice
- Case-Based Interprofessional Team Exercises

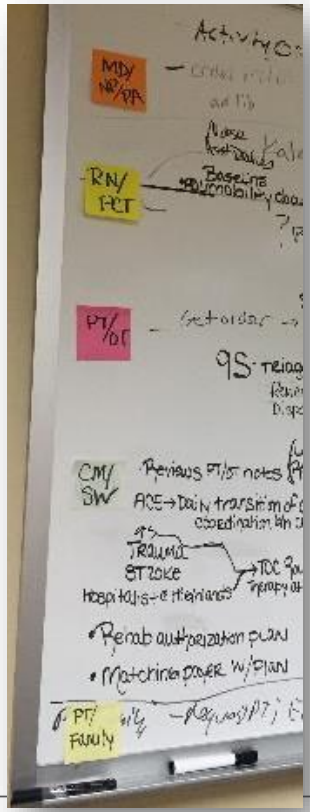
UAB MEDICINE


DEMENTIA
GERIATRIC
JEOPARDY


Sometimes we need to allow ourselves to be comfortable with being uncomfortable.

Frontline Level Interprofessional Program Development/Process Improvement Team

RNs, PCTs, PTs, OTs, CCs, MDs process map current and future state for mobilizing patients



UAB MEDICINE

C-Suite Level Interprofessional Program Development→ Oversight Team

- Leadership from:
  - Senior clinical operations (business owner)
  - Interprofessional clinical departments
  - Physicians
  - Quality
  - Finance
  - Data and electronic health record
  - Patient, caregiver, and/or community representatives
  - Frontline team members
  - Geriatric expertise
  - Others as relevant
- Formalizes process for bidirectional communication to:
  - Maintain oversight and alignment
  - Receive progress/ROI reports
  - Resource efforts
  - Address barriers

Gap Analysis

Institutional Priorities: Current State

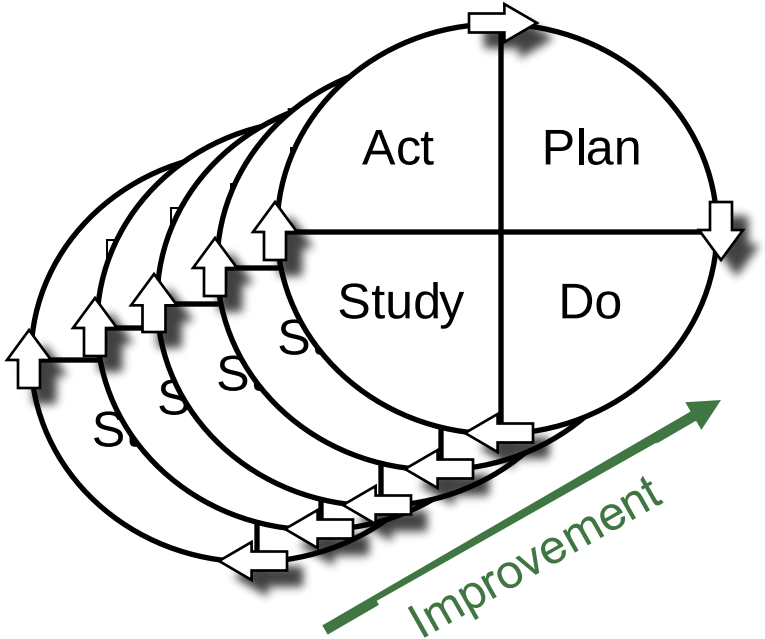
- LOS
- Readmissions
- Cost Avoidance
- Staff Burnout
- CMS Age-Friendly Hospital Measures
- Falls
- Post-Operative Delirium
- Other

Institutional Priorities: Goals/Target Metrics

- LOS
- Readmissions
- Cost Avoidance
- Staff Burnout
- CMS Age-Friendly Hospital Measures
- Falls
- Post-Operative Delirium
- Other

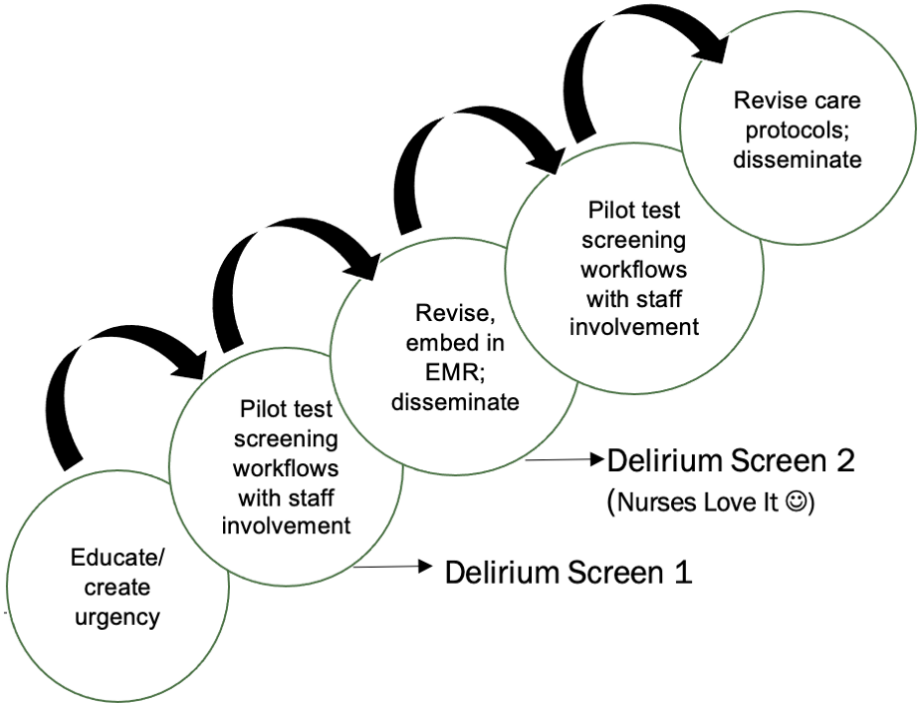
Rapid-Cycle Change Methodology for System-Wide Implementation of Geriatric Care Processes

- ✓ Dare to think small
- ✓ Sustained solutions require breaking big goals into several small goals..then Build on Each Change
- ✓ Allows for repeated cycles of Kotter's steps and process improvement
- ✓ Celebrate progress at each step



Rapid-Cycle Change Methodology for System-Wide Implementation of Geriatric Care Processes

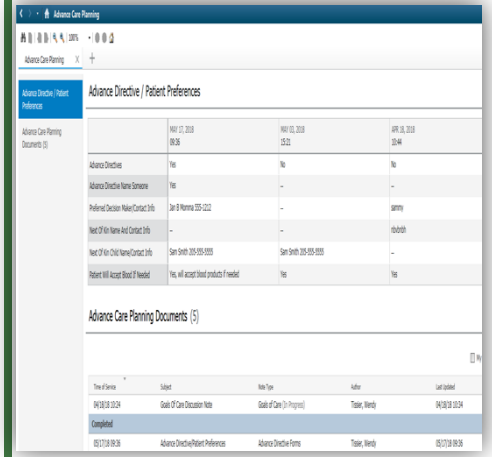
- ✓ Dare to think small
- ✓ Sustained solutions require breaking big goals into several small goals..then Build on Each Change
- ✓ Allows for repeated cycles of Kotter's steps and process improvement
- ✓ Celebrate progress at each step



A Decade of PDSA Cycles Building on Each Change

What Matters

- Interprofessional What Matters Advisory Committee
- Pilot testing documenting What Matters in EHR
- Standardized assessment/documentation of surrogate decision-maker and advance directive status

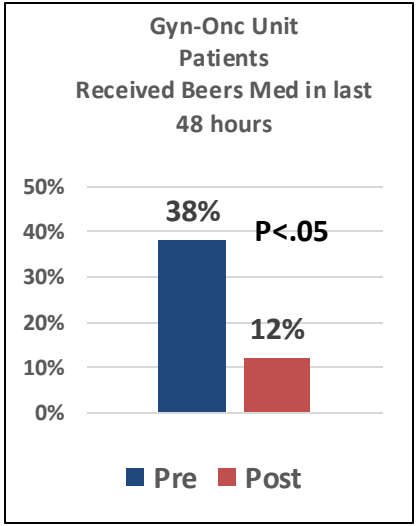


Mentation

- Screens for cognition and delirium
- Delirium Prevention/Management care pathways
- HELP Program
- Delirium Prevention Toolkits

Medications

- Geriatric friendly order sets
- Geriatric scholars embedded in medication related committees (Opioid Stewardship, Sleep Hygiene)



Mobility

- Screens for ADLs and Mobility
- Safe Mobility Program and care pathway
- Mobility Techs

Return on Investment (ROI) Takes Many Forms

- **Financial**
  - Cost savings
  - New revenue
- **Advancement of Knowledge**
  - Those you train and how many they train
- **Evidence-based geriatric care processes**
- **New geriatric models of care/programs**
- **Clinical outcomes**
- **Enhanced institutional reputation**
- **And more…**

You Won't Know Unless You Track and Measure It

Stakeholder Engagement For Reporting ROI, Gratitude, Stewardship, Sustainability, and Growth

- **Proactive progress/outcomes reports**
  - Let them know what they purchased

- **A picture is worth a thousand words**
  - Snap photos of progress in action (with permission)

- **Send hand-written Thank You notes along the way**

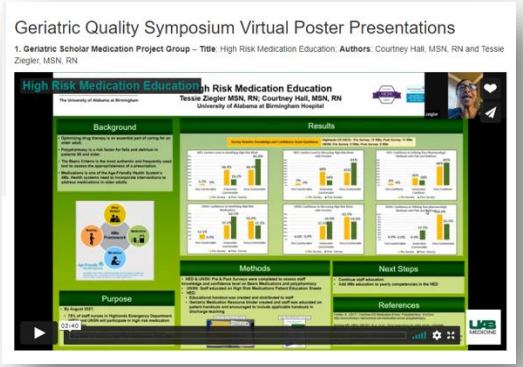
Throw Parties (even virtual ones): A Fun Way to Report Outcomes and Garner Ongoing Support

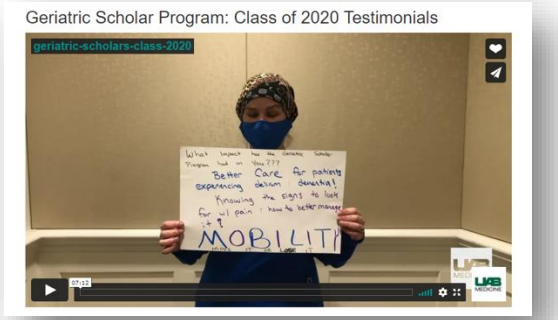
Annual UAB Age-Friendly Quality Symposium and Scholar Graduation

- Attendees include Health System Leaders, Staff from all Departments, Volunteers and Community Supporters

2020 and 2021: Virtual UAB Age-Friendly Quality Symposium and Scholar Graduation

- Virtual Poster Presentations, Scholar Testimonials, and Formal Program

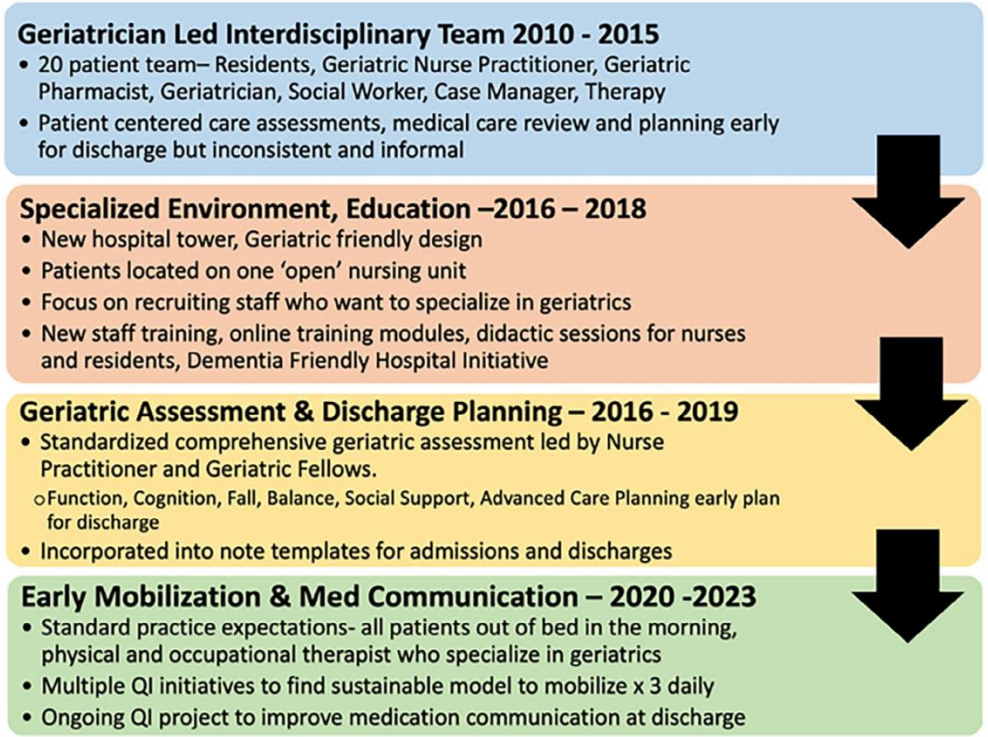




UAB MEDICINE

UNC Chapel Hill Iterative Process in Establishing and Sustaining an ACE Unit

"…we have found success in working with hospital leadership to identify the greatest needs and then highlighting the metrics your team specifically hopes to address… Starting small with achievable goals to meet those metrics is crucial to future expansion."

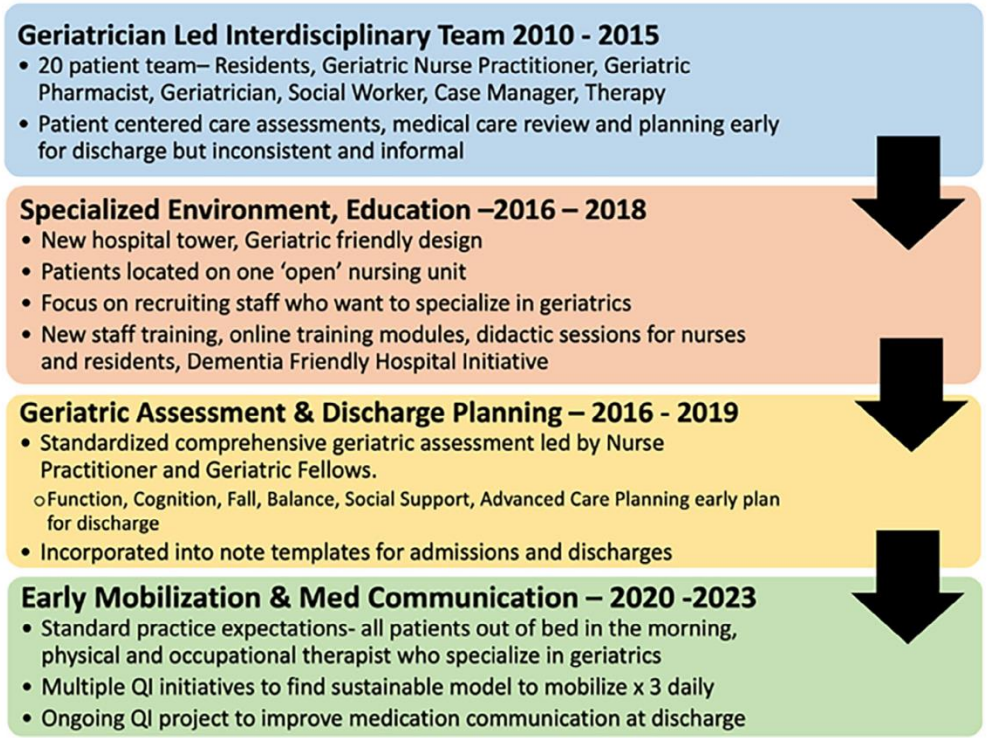


Lynch et al, J Am Geriatr Soc 2023;71:3031-3039

UAB MEDICINE

UNC Chapel Hill Iterative Process in Establishing and Sustaining an ACE Unit

"We also tie our initiatives to institutional priorities …Linking to institutional priorities can provide extra resources (e.g., quality improvement analysis) while continuing to provide evidence to the health system of the benefits of your work."

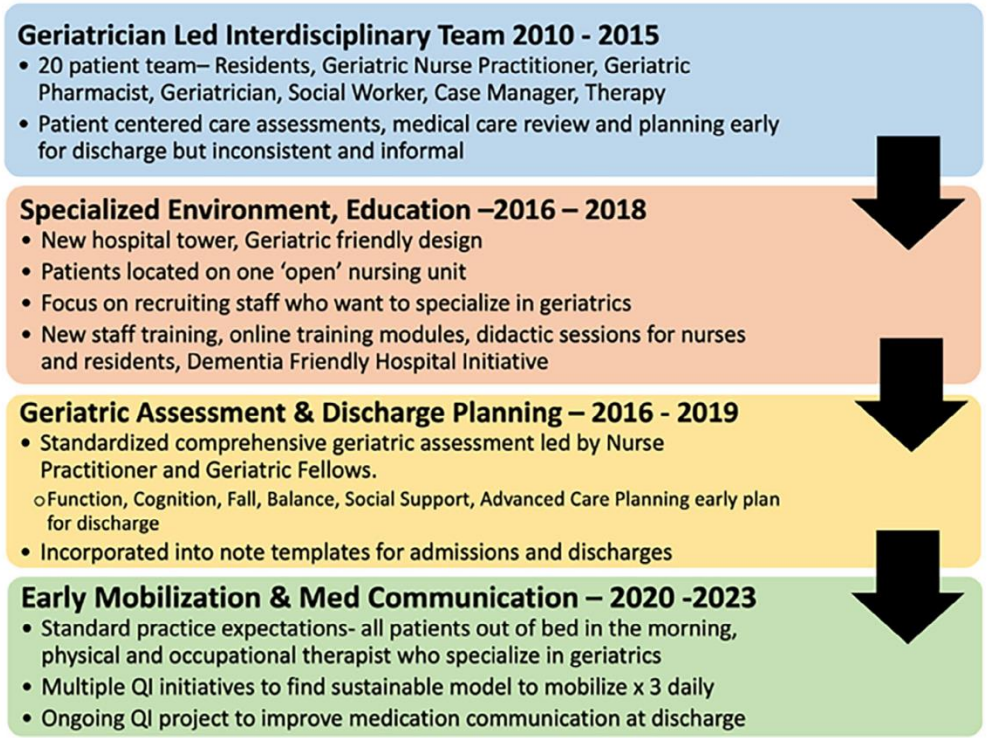


Lynch et al, J Am Geriatr Soc 2023;71:3031-3039

UAB MEDICINE

UNC Chapel Hill Iterative Process in Establishing and Sustaining an ACE Unit

"In summary, the goal is to identify how geriatrics can help to address a clinical need at your hospital. We recommend starting small, knowing that you will have the opportunity to build if your targeted first initiative is a success."



Lynch et al, J Am Geriatr Soc 2023;71:3031-3039

UAB MEDICINE

It's a marathon, not a sprint.

Institute for Healthcare Improvement

Age-Friendly Health Systems

Nurses Improving Care for Health System Elders

NICHE

GEDC | THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

ACCREDITATION & VERIFICATION

Geriatric Surgery Verification

Advancing care of older adult patients

UAB MEDICINE

Learning Objectives

1. Describe what will be different in systems-based practice in 2025 for the care of older adults who are acutely ill or injured.

2. Describe ACE principles which are effective in addressing the unique needs of vulnerable older adults.

3. Outline lessons learned in the past three decades of starting and sustaining ACE.

Thank You For The Opportunity to Spend Time With You Today

Birmingham, AL

kflood@uabmc.edu

@KellieLFlood

UAB MEDICINE