

IU GERIATRICS

NEWS FROM THE INDIANA UNIVERSITY GERIATRICS PROGRAM & THE INDIANA UNIVERSITY CENTER FOR AGING RESEARCH

Improving Hospital Care of Older Adults ACE UNIT OPENS AT WISHARD

WINTER, 2002

Hospitalization is common, and while often necessary for optimal treatment of acute illness, may pose particular hazards for older patients. By the time of discharge from the hospital, approximately 35% of patients aged 70 or older will lose independence in one or more of the activities of daily living needed for self-care: bathing, dressing, toileting, transfer from bed to chair, and eating.



This may in part be related to various aspects of hospital care such as prolonged bed rest and immobility,

inadequate nutrition, adverse effects of medications, and a hostile physical environment.¹ Functional decline with an acute illness and hospitalization is associated not only with increased hospital length of stay and costs, but often results in long-term disability and nursing home placement.

WHAT IS ACE?

The ACE, or Acute Care for Elders, model of care was developed specifically to combat the functional decline that may occur as a result of an acute illness and hospitalization. Created by investigators at University Hospitals of Cleveland and Case Western Reserve University School of Medicine, the ACE program consists of four key elements as outlined below. The ACE interdisciplinary team, including a geriatrician and gerontological clinical nurse specialist, works in collaboration with the attending physician and medical team

to address functional and psychosocial issues concomitant with treatment of the acute illness. ACE has been shown by Cleveland investigators to improve functional outcomes and prevent new nursing home placements in medical patients aged 70 or older.²

ACE VERSUS USUAL CARE

Dr. Steven Counsell, Director of Geriatrics at the IU School of Medicine, conducted a similar randomized controlled trial of ACE in a community teaching hospital in Akron, Ohio.³ He found that ACE, as compared to usual hospital care, not only prevented functional decline and nursing home placement but also increased physical therapy consults, decreased restraint use, prevented the prescription of specific "high risk" medications, and improved recognition of geriatric syndromes such as depression. Physicians and nurses rated

Continued on page 2

KEY ELEMENTS OF ACE

- Specially designed environment, for example, with carpeting and uncluttered hallways
- Patient-centered care, including nursing care plans for rehabilitation and prevention of disability
- Planning for patient discharge to go home
- Review of medical care to prevent iatrogenic illnesses



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ACE Unit Opens at Wishard

ACE much higher than usual care for providing quality care to seniors, and patient satisfaction was better in ACE patients compared with usual care patients.

ACE AT WISHARD

ACE concepts and the geriatrics interdisciplinary team approach were first implemented at Wishard Memorial Hospital in 1998 under the leadership of Dr. Counsell and former Nursing Director for Senior Care, Mary Katsaropoulos, RN, MSN. Planned hospital renovations allowed for customizing one of the inpatient units to be specially designed for seniors.

The 24-bed ACE Unit at Wishard officially opened in May 2001 and includes several features conducive to helping older patients maintain or regain func-



The ACE Unit provides a convenient and safe setting for physical therapy.



The ACE team holds daily patient conferences. Team members include a geriatrician, clinical nurse specialist, social worker, dietician, physical therapist, occupational therapist, and pharmacist.

tional independence. The home-like environment has carpeting, improved lighting, window treatments, textured wall coverings, clocks with large numbers, and a dining and activity area to encourage getting out of bed and socialization. Physical therapy is provided on the floor and is an integral component of hospitalization even for patients admitted for pneumonia or CHF.

The Medical Director for Wishard's new ACE Unit is IU faculty geriatrician and assistant professor of clinical medicine, Amna Buttar, MD, MS. Dr. Buttar will work with Karen Bowers, RN, Nursing Director for Senior Care at Wishard, to further the application

of ACE concepts not only on the new unit but throughout the hospital. This includes the Emergency Department where acute care is most often initiated for older patients being admitted to the hospital.

TRAINING

The ACE Unit serves as an important training site for physicians and other health care professionals for whom geriatrics curriculum is of increasing priority due to the aging of our population. Internal medicine housestaff and the geriatric medicine fellows consistently rank ACE as the best site for learning clinical geriatrics and gaining experience in interdisciplinary team care.

References

1. Creditor MC. Hazards of hospitalization of the elderly. *Ann Intern Med.* 1993 Feb 1;118(3):219-23.
2. Landefeld CS, Palmer RM, Kresevic DM, et al. A randomized trial of care in a hospital medical unit especially designed to improve the functional outcomes of acutely ill older patients. *N Engl J Med.* 1995 May 18;332(20):1338-44.
3. Counsell S, Holder C, Liebenauer L, et al. Effects of a multi-component intervention on functional outcomes and process of care in hospitalized older patients: a randomized controlled trial of Acute Care for Elders (ACE) in a community hospital. *J Am Geriatr Soc.* 2000 Dec;48(12):1572-81.



Geriatric Medicine Fellows, left to right, Dr. Ameesh Garg and Dr. Youcef Sennour receive valuable clinical experience while working on the ACE Unit.

PREVENT Provides Collaborative Care for Dementia

In a 1995 study published in the *Annals of Internal Medicine*, Dr. Chris Callahan and colleagues found that 75% of primary care patients with moderate to severe cognitive impairment had not been diagnosed with a dementing disorder and the majority of these patients had not received a standard dementia evaluation.

Armed with these findings, Callahan began plans for a randomized trial that would test a comprehensive dementia screening, diagnosis and management program for older adults with Alzheimer Disease. With funding from the Agency for Healthcare Research and Quality, in 2001 Callahan began PREVENT—Providing Resources Early to Vulnerable Elders Needing Treatment for memory loss. All adults aged 65 and older are screened for dementia at the time of routine visits to their primary care physicians at two Wishard Community Health Centers. Patients with evidence of dementia who enroll in the PREVENT trial then complete a comprehensive clinical assessment designed to diagnose the specific form of dementia.

Literature suggests that successful interventions to improve treatment of chronic conditions need to alter the primary care practice environment to



PREVENT study team members, left to right, are research assistants Javana Durham, Kevin Clay, Carla Anderson; project coordinator Bridget Fultz, MA; PI Chris Callahan, MD; geriatric nurse practitioner Cora Hartwell, ANP, RN.

enable primary care physicians to provide better care. Callahan's trial provides a geriatric nurse practitioner to collaborate with the physician in coordinating guideline-level care for patients with Alzheimer Disease.

Although no current treatments for Alzheimer Disease have been demonstrated to reverse the course of the disease, providing educational materials and emotional support to family caregivers can improve the functional outcomes of both patients and caregivers. PREVENT provides a tailored patient and caregiver educa-

tion and support program. A tracking program of objective measures of process and outcomes are fed back to the collaborative care team to facilitate appropriate changes in therapy over an extended period of time.

Compared to usual care, the PREVENT program may result in a reduction in psychopathology and disruptive behavior among patients, a reduction in stress and depression among caregivers, a reduction in use of skilled nursing home services, and an improvement in satisfaction with care.

PREVENT co-investigators are Mary Guerriero Austrom, PhD, Steven Counsell, MD, Teresa Damush, PhD, Hugh Hendrie, MB, ChB, Siu Hui, PhD, and Bill Tierney, MD. PREVENT is a research collaboration of the Indiana University Center for Aging Research, Regenstrief Institute for Health Care, and Wishard Community Health Centers.

Faculty and Fellows Join Geriatrics Program

The IU Geriatrics Program has welcomed several newcomers during the current academic year. **Youcef Sennour, MD and Ameesh Garg, MD** joined the Division of General Internal Medicine and Geriatrics as **Geriatric Medicine Fellows**.

Dr. Sennour was a clinical assistant at Austin Allergy & Asthma Center and Austin Medical Center and was a clinical research associate for PPD Pharmaco, in Austin, Texas prior to joining the IU fellowship program. Sennour completed internship and residency programs at Northeastern Pennsylvania Hospitals Program in Wilkes-Barre.

Dr. Garg was a house staff physician

for the Department of Gastroenterology at the G. B. Pant Hospital, in New Delhi, India. He completed internship and residency programs at the University of Pittsburgh Medical Center, Shadyside Hospital, Pittsburgh, Pennsylvania.

Colleen McHorney, PhD has joined the **Center for Aging Research** as Director of Research. She has an extensive background in psychometric evaluation and health outcomes measurement, with particular focus on quality of life and quality of care assessment.

Usha Subramanian, MD, MS, Ann Marie Hake, MD, and

Wendy Morrison, PhD have joined the **Center for Aging Research as Affiliated Scientists**.

Dr. Subramanian's research interests are in systolic and diastolic heart failure, ischemic heart disease, and telemedicine in home care.

Dr. Hake's research involves the causes, diagnosis, treatment and prevention of dementia.

Dr. Morrison is an economist with research focusing on the methods of economic evaluation, from both a theoretical and empirical perspective, with particular attention to evaluating health related quality of life.

HOUSE CALLS MILESTONE



Over 200 new patients have participated in **House Calls for Seniors** since the program started in November, 1999. The House Calls team—a geriatrician, nurse practitioner, and social worker—provides primary care services at home to frail seniors who have great difficulty accessing medical care because of physical or psychosocial limitations.

The nurse practitioner and social worker also provide Bridge House Calls to patients discharged from the hospital or skilled nursing facility. The goal is to safely “bridge” patients back to their primary care physicians for ongoing care.

In addition to achieving this milestone, House Calls for Seniors has received monetary donations from private benefactors to support the program’s growth.

IU Geriatrics

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IU GERIATRICS CONFERENCES

Wishard T2008 A&B, 7:30 – 8:30am

- Feb 20 ***The Acute Abdomen in Older Adults***, James Madura, MD, PhD
Professor of Surgery & Director of General Surgery Section
- Mar 6 ***Hearing Changes in Older Adults***, Michael Wynne, PhD
Assoc Prof, Dept of Otolaryngology – Head & Neck Surgery
- Mar 20 ***Osteoporosis Detection & Treatment***, Ann Zerr, MD
Assoc Prof of Clinical Medicine
- Apr 10 ***Erectile Dysfunction in Older Adults***, Tom Gardner, MD
Asst Prof of Urology, Microbiology & Immunology
- Apr 17 ***Substance Abuse in Older Adults***, Chris Suelzer, MD
Chief of Internal Medicine, Roudebush VA Medical Center
- May 15 ***Preoperative Assessment in Older Adults***
Michael Ryan, MD, Assoc Prof of Medicine

CME credit is given for attending the conferences.

To confirm speaker topics and dates, call Kathy Frank at 630-8183.
