



KEY POINT SUMMARY

OBJECTIVES

This study intended to examine the impacts of the innovation in the pilot design on older patients' outcome.

Innovation Pilot Study: Acute Care for Elderly (ACE) Unit--Promoting Patient-Centric Care

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Key Concepts/Context

Older patients have different needs: cognitive impairment, chronic health issues, caregiver burden, and maintenance of functional level. These issues present challenges to healthcare organizations when caring for this population on a general medical-surgical unit. A pilot design of a six-bed Acute Care for Elderly (ACE) unit situated within a 33-bed medical-surgical unit was designed to meet the unique needs of the older patient population. Both the ACE model and the Geriatric Resource Nurse Model (GRN) model were implemented in the pilot unit.

Methods

A transdisciplinary team was created to design this innovative pilot to include staffing patterns, nurse-driven admission criteria, physician and nurse education, and resource mobilization. Metrics on patient outcomes were compared between patients in the ACE and patients in the general med-surgical unit.

Findings

Three-month outcomes of the pilot unit demonstrated decreased fall rates, improved functional levels, the absence of pressure ulcers and urinary tract infections, minimal restraint use, and decreased length of stay. Patient, family, and nurse satisfaction were found to improve during the pilot study. Older patients need individualized care planning by staff competent in elder care and a specialty unit to address their specific needs.

Design Implications

- Older patients need individualized care planning by staff competent in elder care and a specialty unit to address their specific needs.



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- To promote a safe environment, the following should be provided: low beds with exit alarms; raised toilet seats with grab bars in all bathrooms; and supplies in close proximity to promote caregiver presence and constant observation.
- Provide space in the ACE unit for staff to communicate and have respite break.

Limitations

Some limitations identified by the authors include:

- Limitations of Katz ADL approach were that data were captured with paper documentation, and comparison group results were not available.

Other limitations:

- Several changes have happened together in the innovation pilot unit. It is hard to differentiate which factor contributed to better patient outcomes.
- Patients in the ACE might have more severe conditions compared to patients in the general med-surg unit, which might lead to biased results.