Making the Transition: Converting a General Internal Medicine Ward into An Acute Care for Elders Unit

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Background

Traditional hospital care has long failed to take into account the unique needs of older patients. To address this gap, Acute Care for Elder (ACE) units were developed to improve how care is delivered. In 2010, Mount Sinai Hospital Toronto, Canada, as part of its broader strategic direction to improve geriatric care, embarked on an ambitious organizational plan that led to the development of an Acute Care for Elders Unit.

This unit was developed in a response to the following MSH realities:
- 472 Bed Academic/Tertiary Care Centre
- 1/3 of all admissions are 65 years or older
- 20% of medical inpatients are over 85 years
- 3 General Acute Medical units (80 beds) @100% capacity
- Realization of increased risk of hazards of hospitalization in older patients and potential for poor outcomes
- Significant opportunity to improve outcomes for older patients

Realization of increased risk of hazards of hospitalization in older patients and potential for poor outcomes

What Is An ACE Unit?
- A model of care developed by Drs. R. Palmer and S. Landefeld
- A specialized medical unit that recognizes and takes into consideration the unique needs of acutely ill older patients
- Strong and deliberate focus on understanding and evaluating baseline and current physical, cognitive and social needs
- Philosophy of unit is driven by 4 key principles:
  1. Patient and Family Centered Care
  2. Inter professional Collaboration
  3. Comprehensive Discharge Planning
  4. Prepared Environment
- Strong emphasis on promotion, prevention and rehabilitation of physical and cognitive functioning
- Focus on common geriatric syndromes (pain, mobility, falls, urinary tract infections, incontinence and pressure ulcers)
- Use of evidence-based, best practice protocols and tools to guide practice

Overall Organizational Strategy

Determining Resources

- "Health Force Ontario Grant" - provided opportunity to evaluate and identify gaps in current services
- Site visit to ACE Unit at Vancouver Coastal Health, BC, CANADA
- Collaboration with hospital’s Foundation to secure donor support
- Review existing human resources and structures that support ACE philosophy and development

Enabling Resources:
- Geriatric Emergency Management (GEM) Advanced Practice Nurses
- Geriatric Medicine and Geriatric Psychiatry Consultation Services
- Established Inpatient Volunteer Program (MACHE - Maximizing Aging Using Volunteer Engagement)
- MACHE designated site - existing resources to assist in managing geriatric syndromes
- Geriatric Resource Nurse curriculum to build IP-staff capacity
- Information Technology - admission order-set, tracking of patients across organizations, tracking of education module completion

Developing Processes and Policies

Program Development for MSH ACE Unit

A five month planning process was undertaken to convert an existing 28-bed General Internal Medicine (GIM) unit into an ACE unit.

Five Key Focus Areas:
1. Preparing the environment
2. Programmes and Engaging Staff
3. Determining Resources
4. Developing Policies and Processes
5. Establishing Monitoring and Evaluating Processes

Preparing the Environment and Staff Engagement

Declaring the location and make modifications to the environment
- Determining the location: Selecting from 1 of 3 GIM units
- Staff engagement: multiple methods of communication; repeat messaging
- Address myths and misconceptions of ACE
- Staff engagement; multiple methods of communication; repeat messaging
- Equipment and furniture inventory
- De-clutter rooms, hallways and walls; large font signage
- Non-glare floors; handrails in hallways

Enabling Resources:

Financial Resources:

- Equipment
- Volunteer engagement
- Staff engagement, multiple methods of communication
- Repeat messaging
- Information Technology - admission order-set, tracking of patients across organizations, tracking of education module completion

Monitoring and Evaluation

Admission criteria
- Geriatric-friendly admission order set
- Daily tracking report of number of and location of ACE patients

Developing Processes and Policies

Core Curriculum

Geriatric Resource Nurse Core Curriculum

Acute Care for Elders Unit (ACE Unit)

ACE Unit Planning and Implementation Process

Succesess and Challenges

Succesess:
- Transforming lay and team building
- Positive cultural change
- High education module completion
- Staff satisfaction with opportunities to increase knowledge and skill
- Increased awareness in the complexity of older patients
- Improved communication amongst disciplines
- Improved comfort in assessing and managing the care of older adults
- Increased awareness of inter-disciplinary roles, perspectives and expertise
- Increased recognition of gaps in practice and need for standards of care

Challenges:
- Potential time for ongoing program development
- Competing priorities within the organization
- Sustainability of knowledge/advanced development

References

Canadian Geriatrics Society, 6, 77-186.
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Social Work:
- Acute Care Staff RN, Senior Director of Urgent and Critical Care
- Dr. Samir Sinha, Director of Geriatrics
- Members of Geriatric, Aging and ING Committees
- Geriatric Emergency Management (GEM)
- Directors of allied health disciplines, Nursing Unit Managers and Volunteer Services
- Nursing and interprofessional staff for the ACE unit