

Special care for aging patients:

CRESTWOOD'S ACUTE CARE FOR THE ELDERLY (ACE) UNIT



Crestwood Medical Center's ACE Unit: from left, Kathy Vining, RN; Jeanie Booth, RN; Dr. Zaheer Khan; Brittany Lawson, RN; and Tammy Hill, RN. *Dr. Khan is an independent member of the medical staff at Crestwood.

Photo by Dave Dieter

While arriving at an ER or at the hospital might make anyone anxious, it is a situation that can be especially upsetting for an elderly patient.

by Kimberly Ballard

“Coming to the hospital is stressful enough,” says Tammy Hill, nursing manager of Crestwood’s Acute Care for the Elderly (ACE) Unit, “but imagine having your eyeglasses taken away so you cannot see. If you were brought in through the emergency room, you may not be wearing your dentures, so you cannot eat or speak clearly. Medical tests, x-rays, MRIs, etc., often require removing aesthetic items like jewelry and makeup, stripping you of things that are familiar, and that offer comfort and security. Even the height of the hospital bed and being asked to take pills can be confusing.”

According to Hill, over 30 percent of elderly patients admitted to the hospital arrive in a heightened state of anxiety.

“In most hospitals, the staff is not trained to recognize the traumatic effect these things have on an aging patient,” she says. “Many times, rather than suffering from what family members think is dementia, they are actually experiencing delirium.”

In an effort to provide its elderly patients with the highest level of quality care, Crestwood Medical Center has opened an innovative new Acute Care for the Elderly (ACE) Unit.

ACE promises to change how patients over age 65 experience health-care at Crestwood Medical Center by taking a completely different approach to treating and diagnosing these patients when they come into the emergency room or enter the hospital.

Just over a year ago, Dr. Zaheer Khan, board certified gerontologist, pioneered the ACE Unit and became its medical director. ACE fills a void in specialized multidisciplinary elderly care in North Alabama by building upon progressive concepts put forth by the Hartford Institute for Geriatric Nursing's NICHE (Nurses Improving Care for Healthsystem Elders) Network at New York University's College for Nursing. Crestwood's ACE Unit is one of only three NICHE-trained and certified facilities in the state.

Dr. Khan spent eight years studying geriatric medicine abroad before joining the staff at the University of Alabama in Birmingham's (UAB) Center for Aging. During his more than 30 years of practice, Dr. Khan found a distinct lack of medical professionals trained solely in diagnosing and treating elderly patients.

An even larger divide separates emergency room technicians and nursing personnel from knowing how to handle people over age 65.

"This segment of our population is dealing with unique problems," Khan explains. "Their bodies react and respond much differently, slower than someone in their 40s and even 50s. No matter how good is their health, at over 65, they will have some build-up of plaque in their arteries that makes them different from younger patients.

"NICHE-certified medical professionals take an evidence-based medicine approach to what may be wrong. They treat and eliminate step by step the



Wheeler Hardy and his son Chip Hardy spend time together at Redstone Village. Photo by Eric Schultz

COMFORT AND CARE

Wheeler Hardy, 91, a retired teacher, suffers from the chronic condition non-obstructive paralytic ileus, meaning that if something upsets his system, such as a simple fall or injury, his digestion system stops functioning correctly. As a result of this condition, Wheeler has been a patient in Crestwood's ACE Unit 10 times since his first visit in December 2008.

Chip Hardy, Wheeler's son, says he is comfortable with his dad receiving care in this Unit because of the staff's unique training in geriatric care.

"The nursing staff has been well trained to work with elderly patients, and there has been very little turnover with the staff, so it's good for my dad to not have to change hands all the time."

One of the ACE Unit features that Chip appreciates is that the staff tries to let the patient be independent whenever possible.

"They have the Therapy team come by and they do a good job about encouraging him to regain his mobility," he says.

Chip is also comfortable with the room setup and says it is nice to have the luxury of the private, furnished room when he or his wife stays with Wheeler.

common health conditions prevalent in all older people.”

With Geriatric Syndrome, patients over age 65 tend to experience a loss of functionality, impaired cognition such as delirium, and immobility or instability walking or standing when admitted to the hospital. These conditions in the older population, however, do not necessarily imply a primary diagnosis of the usual suspects: stroke, diabetes, Alzheimer’s, dementia.

“Aging patients do not necessarily run fevers, and yet they may be suffering from a fever-like delirium,” says Jeanie Booth,

Clinical Nurse III for Crestwood’s ACE Unit. “They may not feel pain or exhibit the symptoms commonly related to ailments in a younger patient. They may be registering alarmingly high blood sugar levels, but it may not be related to insulin. Instead, it could be due to anxiety (from) sitting in the emergency room with no food or drink for over an hour.”

Training is the key to Crestwood Medical Center’s successful NICHE-certified ACE Unit. According to Hill, the ACE Unit encourages nurses, doctors and medical technicians throughout the Crestwood facility to apply for their

NICHE certification and attend ACE training classes.

The center distributes a Geriatric Institutional Assessment Profile (GIAP) survey to all medical personnel to assess attitudes and best practices concerning elder patient care, and to evaluate the staff’s existing knowledge concerning geriatric syndromes and institutional guidelines for elderly care.

Because there can be a social stigma attached to working with the elderly, Hill says extensive training in that area helps break down barriers and misconceptions some medical professionals may have

DELIRIUM vs DEMENTIA

DELIRIUM is a disturbance of the consciousness with impaired attention and disorganized thinking that develops rapidly and tends to fluctuate with a variable course. With delirium, there is evidence of an underlying physiologic or medical condition.

DEMENTIA is a clinical syndrome of cognitive deficits that involve memory impairment and a disturbance in at least one other area of cognition. Dementia is associated with a gradual decline in function and changes in mood and behavior.

PARAMETER	DELIRIUM	DEMENTIA	EXAMPLE OF DELIRIUM	EXAMPLE OF DEMENTIA
Onset	Short, rapid, hours, days	Insidious, and gradual	Seeing objects that are not there	Decreased ability to retain information
Presentation	Disoriented, fluctuating moods	Vague symptoms loss of intellect, agitated, aggressive	Seems to be fine then starts babbling incoherently	Each day patient may become more and more forgetful
Course	Hours, weeks, or longer	Slow and continuous	Patient comes to hospital with a fever and is very fearful and aggressive, after infection is gone patient returns to previous mental state	Patient loses the ability to swallow and no treatment will reverse this
Sleep/Wake	Worse at night in darkness and on awakening	Worse in the evening; sun downing; and reversed sleep	Temporary until underlying problem is resolved	Continues to regress
Duration	Hours to < month	Month to years		
Affect	Fear, panic, euphoria and disturbed, lethargic	Easily distracted, inappropriate anxiety, apathy	Improved with treatment	Continued loss of mental function

Source: NICHE Training materials

“We have a dream,” Hill says, “to build this Unit so that Crestwood Medical Center is recognized as the best medical facility in the world for Acute Care for the Elderly.”

about working in a geriatric ward.

ACE Clinical Nurse II Brian Buel is one of the Unit’s recruits.

“It is the simple things that make the difference,” Buel explains. “According to Dr. Kahn, depression causes the average geriatric patient to lose functionality at a rate of five percent per day. We are trained to get them out of the ER and into our Unit in 10 minutes. Within the hour, we have them in a bed. We rarely use restraints. We return eyeglasses, dentures and any other personal items to them as soon as we can. Family involvement in elder care is critical so we make sure we engage the patient’s loved ones. We make rounds beginning at 7 a.m., seven days a week. We always address them by name, visit with them, engaging them in conversation or in occupational therapy, which includes letting them brush their own teeth, brush their hair, open their own cereal box...all daily tasks that keep them active and decrease their feeling of helplessness.”

The ACE Unit is currently comprised of 12 beds utilizing space on the 3rd floor, but the ACE team has big aspirations for its continued growth. They meet every two weeks to discuss how they can expand in terms of personnel, equipment, and beds; how to continually improve on specialized elder care; and to share their professional experiences among other ACE team members.

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