FOR MEDICAL PROFESSIONALS

Acute Care for Elders

MEDICAL CARE DESIGNED TO PRESERVE INDEPENDENCE AND FUNCTION

Sacred Heart Medical Center, University District in Eugene offers specialty care for elderly hospitalized patients in the Acute Care for Elders (ACE) unit. In the ACE unit, a multidisciplinary geriatric team helps older adults maintain their independence and prevent physical and mental decline during treatment for acute illnesses, with the goal of quickly returning patients to their normal living situations and routines.

Research has shown that about 25 percent of frail elderly patients who are hospitalized for common acute illnesses never return to their pre-hospitalization living situation due to unmet care needs.

The ACE Model of Care Includes:

- Daily multidisciplinary rounds with specialized ACE team whose members review risk factors for decline and make recommendations to minimize such risks.
- Discharge planning that begins upon admission, with a geriatric order set that provides a uniform starting point for all patients.
- Proven geriatric care principles used to monitor the functional needs of each patient on a daily basis via comprehensive assessments addressing all disorders.
  - Admissions assessment, including upfront discharge planning
  - Emotional, nutritional and memory assessments
  - Mobility assessment to determine the need for assistance and to create rehabilitation plan
  - Review of medications to ensure proper dose and avoid complications
- Collaboration with Sacred Heart’s Behavioral Health staff to care for patients experiencing delirium or agitated dementia.

Patients Ideally Suited for ACE Unit Care

- Any adult patient can be admitted to the Acute Care for Elders Unit at Sacred Heart, University District, although most patients are elderly adults at risk of losing the ability to care for themselves.
- The typical patient may have pneumonia, cellulitis or UTI, and be at risk for loss of function or have associated delirium or dementia.
- The ideal patient would not require surgical consultation.
- The ACE unit complements the services available at Sacred Heart at RiverBend, but does not duplicate them.

Patient Benefits

- Improved quality of care
- Improved ADL function
- Decreased use of restraints
- Decreased discharge to long-term care
- Reduction of falls
- Reduction of pressure ulcers
- Reduction of medication-related adverse effects
- More family/caregiver involvement
Under the guidance of Sacred Heart’s nationally recognized Gerontology Institute, the ACE Unit addresses the needs of vulnerable patients with patient-centered care emphasizing independence, early discharge planning and medical care review in a specialized environment that encourages mobility over prolonged bed rest.

**ACUTE CARE FOR ELDERS (ACE) INTERDISCIPLINARY TEAM**

A key factor in the ACE care model is the collaborative, patient-centered work of the ACE team, which assesses each patient by carefully reviewing the individual’s condition, problems and progress. Our care team includes:

- Hospitalist
- Geriatric Nurse Practitioner
- Geriatrician
- Social Worker
- Physical Therapist
- Occupational Therapist
- Charge Nurse
- Psychiatric Nurse Practitioner
- Registered Dietitian
- Psychologist
- Registered Nurse Care Manager
- Pharmacist
- Pastoral Care Representative
- Medicaid Representative

**ADMITTING A PATIENT**

Adults who meet the criteria for admission may be directly admitted to Sacred Heart Medical Center, University District through the Emergency Department or by their primary care physician. To refer a patient, please call the Patient Placement Center at (541) 222-3000.

**FOR MEDICAL PROFESSIONALS**

Learn more about our referral services, important contact information and CME offerings at www.peacehealth.org/medpro.

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Evidence-Based Care for the Elderly

The ACE Unit at Sacred Heart, University District, is one of approximately 90 such units in the country. The first ACE unit was created in 1989 at the University Hospitals in Cleveland, which pioneered the care model still in use today.

A randomized controlled trial of 1,531 independent adults age 70 and older found that the ACE care model decreases the likelihood of decline in patients’ ability to perform activities of daily living and the likelihood of nursing home placement both at hospital discharge and at 12 months, without an increase in hospital length of stay or hospital costs¹.


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**Acute Care for Elders**
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