DON'T HURT ME.
HEAL ME.
BE NICE TO ME.

What patients want in acute care & how Geriatric Medicine can get us there.

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ACUTE CARE & GERIATRICS

- Objectives
  - Review hospital risks for elderly patients
  - Review hospitalist benefits
  - Discuss geriatric principles relevant to acute care
  - Learn methods for reducing complications of acute care

HOSPITAL GERIATRICS

- Why Care?
  - Elderly population is rapidly growing compared with other age groups:
    - In 2000:
      - 13% of the US population
      - 35% of all hospital admits
      - 49% of all hospital days / 50% of all hospital beds
    - 2010:
      - Baby Boomers exponentially increase > 65 yrs old
      - 1 Baby Boomer > 65 yrs every 7 seconds
    - 2030:
      - > 20% of population will be > 65 yrs old
**HOSPITAL GERIATRICS**

**Why Care?**

- Homeostasis
- Stress
- Hospital Associated Complications

**Hospitil Associated Complications**

- Frailty
- Age
- Association
- Path
- Norm
- Aging
- Physiology Age
- Reseed

**Patient Wish List**

- Patients want to know what’s going on.
- Patients hate continuously filling out forms.
- Patients want extraordinary customer service.
- Patients want a better understanding of hospital charges/costs.
- Patients want to know where and whom to go for questions.

- Not to be harmed.
- To be treated nice.
- To be healed.

**ACUTE CARE & GERIATRICS**

**Risks of Hospitalization**

- Functional Decline
- Immobility
- Delirium
- Adverse Drug Reactions / Polypharmacy
- Nosocomial Infections
- Incontinence
- Malnutrition
- Dehydration
- Pressure ulcers
- Falls

**HOSPITAL GERIATRICS**

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HOSPITAL GERIATRICS

- Costs of Hospital Associated Events in Elderly
  - 33% of all hospitalized elders are discharged with a new impairment in functional status *
  - 12-66% of discharged elders are readmitted within 6 months *
- Additional financial cost *
  - Prolonged length of stay (LOS)
  - Treatment for iatrogenic conditions (not covered by Medicare = "never events")
  - Intermediate/Rehab care costs

HAZARDS OF BED REST AND HOSPITALIZATION

NURSING HOME

ACUTE CARE & GERIATRICS

- How do we get there?
  - Translate GERIATRICS
  - Hospitalist
  - Primary docs
  - Sub-specialists
Hospitalist Outcomes

- Hospitalist quality assurance measures
  - better outcomes
  - Fewer complications
  - Shorter LOS
  - Lower hospital cost

- Offset: higher post-discharge cost
  - Less likely to be d/c home

Geriatric Principles & Outcomes

- Using “Geriatric” principles of care can decrease & prevent unwanted events
  - Geriatrics = \( \downarrow \) Adverse / “never” events
  - Geriatrics = \( \downarrow \) Length of stay
  - Geriatrics = \( \uparrow \) Improved patient & family / staff satisfaction
  - Geriatrics = \( \downarrow \) Cost of care

Geriatrics = “Good Care” = better care for all patients
How do we get there?

Models

- Consultative Service
- Floating Geriatric Team
- ACE (Acute Care for Elders Model) – Geriatrician led Interdisciplinary Team
- Geriatrics
- RN / NP
- Geriatric Pharm D
- Social worker
- Therapists: PT / OT / ST
- Wound RN
- Chaplain

Geriatric Care is “Good” Care for Everyone!

References

References


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