

**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 groups¹
- In 2000:
 - + 13% of the US population
 - + 35% of all hospital admits
 - + 49% of all hospital days² / 50% of all hospital beds³
- 2010
 - + Baby Boomers exponentially increase > 65 yrs old⁴
 - + **1 Baby Boomers → 65 yo every 7 seconds**
- 2030
 - + > 20 % of population will be > 65 yrs old²

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HOSPITAL GERIATRICS

■ Why Care?

The diagram illustrates the concept of frailty. On the left, a funnel contains three circles: 'Age Assoc Path', 'Norm Aging', and 'Frailty'. An arrow points from the 'Frailty' circle to 'Hospital Associated Complications 5-7'. To the right, a graph shows 'Fxn Reserve' on the y-axis and 'Physiologic Age' on the x-axis. A red line shows a sharp decline in reserve as physiologic age increases, with a point labeled 'Frailty'. Below the graph, a balance scale is shown with 'Homeostasis' on the left and 'Stress' on the right, with a downward arrow on the Homeostasis side and an upward arrow on the Stress side.

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■ Patient Wish List 19

- 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.*

A photograph showing an elderly woman with glasses being embraced from behind by a caregiver in a green uniform. The woman is smiling and looking towards the camera.

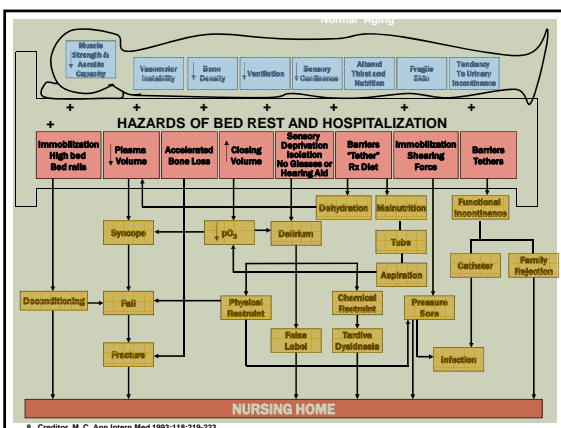
HOSPITAL GERIATRICS

■ Risks of Hospitalization 7-18

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

HOSPITAL GERIATRICS

- Costs of Hospital Associated Events in Elderly
 - 33% of all hospitalized elders are discharged with a new impairment in functional status.⁵
 - 12-66% of discharged elders are readmitted within 6 months.⁶
 - Additional financial cost.⁶
 - Prolonged length of stay (LOS)
 - Treatment for iatrogenic conditions (not covered by Medicare = "never events")
 - Intermediate/Rehab care costs





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



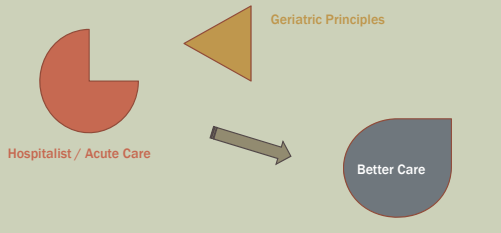

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- Hospitalist Outcomes
- Hospitalist quality assurance measures
 - better outcomes
 - Fewer complications
 - Shorter LOS
 - Lower hospital cost
- Offset: higher post-discharge cost
 - Less likely to be d/c home



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- Hospitalist Outcomes



Hospitalist / Acute Care

Geriatric Principles

Better Care

HOSPITAL GERIATRICS

- Geriatric Principles & Outcomes
 - Using "Geriatric" principles of care can decrease & prevent unwanted events
 - Geriatrics = ↓ Adverse / "never" events
 - Geriatrics = ↓ Length of stay
 - Geriatrics = ↓ Improved patient & family / staff satisfaction
 - Geriatrics = ↓ Cost of care

Geriatrics = "Good Care" = better care for all patients

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- How do we get there?
- Models
 - Consultative Service ²³
 - Floating Geriatric Team ²⁴
 - ACE (Acute Care for Elders Model) – Geriatrician led Interdisciplinary Team
 - Geriatrician
 - RN / NP
 - Geriatric Pharm D
 - Social worker
 - Therapists : PT / OT / ST
 - Wound RN
 - Chaplain





Disclaimer


HOSPITAL GERIATRICS

- Geriatric Care is “Good” Care for Everyone!





LOS
“Never” Events
Fxn Loss
Costs



Satisfaction
Improved outcomes



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