Background: The “Graying of America” is a term that has been used for the past decade to describe the aging of the U.S. population, one of the major public health challenges of this century. Improved medical care and prevention programs have increased our life expectancy, however, with this improvement has come a significant increase in the burden of care associated with chronic disease and the need to take proactive approaches for the future of healthcare delivery to our elderly.

Objectives: The goal of the ACE unit is to achieve optimal independence in ADLs (activities of daily living) and IADLs (instrumental activities of daily living), while decreasing never events and geriatric syndromes.

Method of Implementation: With the use of screening tools, potential patients are identified in the Emergency Department, and admitted to the ACE unit. Specialty trained staff and volunteers perform interventions focused on geriatric specific care.

By aligning itself with the Nurses Improving Care of the Healthcare Elderly (NICHE) program out of Hartford Institute, the facility was able to create an ACE unit within the facility. Screening tools, IDT rounds reports and protocols are utilized by the IDT.

While the overall goal of an ACE unit is to improve patient outcomes, a secondary outcome has become evident; an increase in staff satisfaction, especially through the development of an advocacy program, where volunteers spend additional time with the patients assisting with a variety of activities, interviews and companionship, ultimately leading to the clinical staff being able to concentrate on the clinical aspects of the patients well being.

Implications: Delivering care in an area that focuses on geriatrics as a specialty promotes positive feedback from patients, family members, and staff alike, while yielding a reduction in overall length of stay and adjusted cost per admission, and improving or maintaining the patients’ functional abilities throughout hospitalization.

The facility will continue to strive to give the geriatric population access to acute care while improving communication, patient flow and hand-off, through the utilization of tools, processes and a team specializing on the geriatric patients and their needs.