Acute Care for the Elderly Unit (ACE)

Key Points

ACE Units are general medical units specifically for older adults. ACE units typically have the following components:

- **An interprofessional team** – physician, advance practice nurse, physician assistant, physical therapist, occupational therapist, speech therapist, nutritionist, social worker, pharmacist and nurses.
- **Focus on functional ability**
- **Discharge planning** begins on admission day with goal of returning to the community.
- A thorough **pharmaceutical review** - usually in conjunction with a pharmacist - to check dosages, therapeutic levels, side effects, and drug interactions
- **Specially designed hospital environment** to facilitate physical and cognitive function – large clocks and calendars, handrails, raised toilet seats, and other environmental modification to assist the older patient.

Evidenced-based research demonstrates:

1. Clinical and cost-effective benefits include:
   a. Fewer medications at discharge
   b. Reduced prevalence and duration of delirium
   c. Decreased length of stay
   d. Decreased re-admission rate
   e. Decreased nursing home placement
   f. Better functional capacity including improved ambulation and ability to perform instruments of daily living
   g. Better pain satisfaction scores
2. Cost savings are realized by increased discharges to home versus long-term care, decreased length of stay, and decreased readmissions.

References


