



ACE Unit 

1. Context

2. Frail Elderly.....Cathie Gray MN RN GNC(c)

3. ACE Unit DesignRobert Boraks.

Principal, Parkin Architects

4. Program Successes.....Glenn Hay BSc. Author, Family &

Volunteer Integration Program

5. Lessons Learned..... .Peter Thompson BArch MBA





Development History

- Established 1976
- Catchment 400.000 +
- Referral centre for valley hospitals
- Fastest Growing & Aging
- Busiest Emergency incl children
- Substantial redevelopment during the past 15 years





The James Beach Health Care Centre



ACE Level 3 Shell



Health Care and the Elderly

- Elderly are disproportionate users of the health care system
- Health care utilization rises dramatically in the last year(s) of life
- Unrecognized conditions contribute significantly to disability
- Delivery of care should reflect the special needs of the elderly



Elderly at Risk

Chief drivers of risk:

- Number of co-morbid conditions
- Extent of cognitive impairment
- Degree of functional disability
- Degree of social support



Frailty

- Loss of skeletal mass (Sarcopenia)
- Abnormal expression of inflammatory and neuroendocrine factors
- Homeostenosis: decreased ability in the body's ability to maintain homeostasis
- A product of “excess stress imposed on reduced capacity”



Box 1: The CSHA Clinical Frailty Scale

- 1 *Very fit* — robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age
- 2 *Well* — without active disease, but less fit than people in category 1
- 3 *Well, with treated comorbid disease* — disease symptoms are well controlled compared with those in category 4
- 4 *Apparently vulnerable* — although not frankly dependent, these people commonly complain of being “slowed up” or have disease symptoms
- 5 *Mildly frail* — with limited dependence on others for instrumental activities of daily living
- 6 *Moderately frail* — help is needed with both instrumental and non-instrumental activities of daily living
- 7 *Severely frail* — completely dependent on others for the activities of daily living, or terminally ill

Note: CSHA = Canadian Study of Health and Aging.



Goals of Early Assessment

- Shortened length of stay
- Improved function at time of discharge
- Decreased risk of readmission
- Earlier referral to more comprehensive geriatric assessment
- Referral to appropriate outpatient resources



Decline in cognitive function
Loss of muscle mass & mobility
Social isolation
Incontinence
Delirium



ACE Specific Processes of Care

- Patient-centered care and goal-setting
- Frequent medical review
- Early rehabilitation to prevent functional decline
- Interprofessional team with specialized geriatric knowledge and working collaboratively
- Early and comprehensive discharge planning



Physical Environment

- ACE unit will incorporate Senior Friendly design principles promoting accessibility, adapted environments and communal spaces for therapeutic socialization and family/group education



Processes

- Criteria for admission, patient flow from ED
- Review care pathways, care plans, pre-printed orders, etc, with senior friendly lens
- Review/establish discharge planning and post discharge activities
- Review/establish logistical processes – materials management, medication management, food services, etc.
- Build/strengthen internal/external partnerships e.g. physicians, volunteers, CCAC, regional geriatric services, etc.
- Develop communication materials for patients, families, staff, broader hospital, organizational partners, community
- Continuous Performance Improvement system



Expected ACE Unit Outcomes

- Improved patient and family satisfaction
- Improved clinical outcomes
- Reduced LOS
- Return to pre-admission location
- Reduced readmission rates within 30 days
- Reduced ALC utilization
- Avoidance / delayed institutionalization
- Improved staff satisfaction
- Demonstration Unit for clinical excellence



Evaluation

- Establish mechanisms for measuring patient/family satisfaction
- Staff satisfaction
- Develop metrics to monitor and evaluate processes and outcomes
- Develop partnerships with academic organizations for training medical, nursing, and allied health students





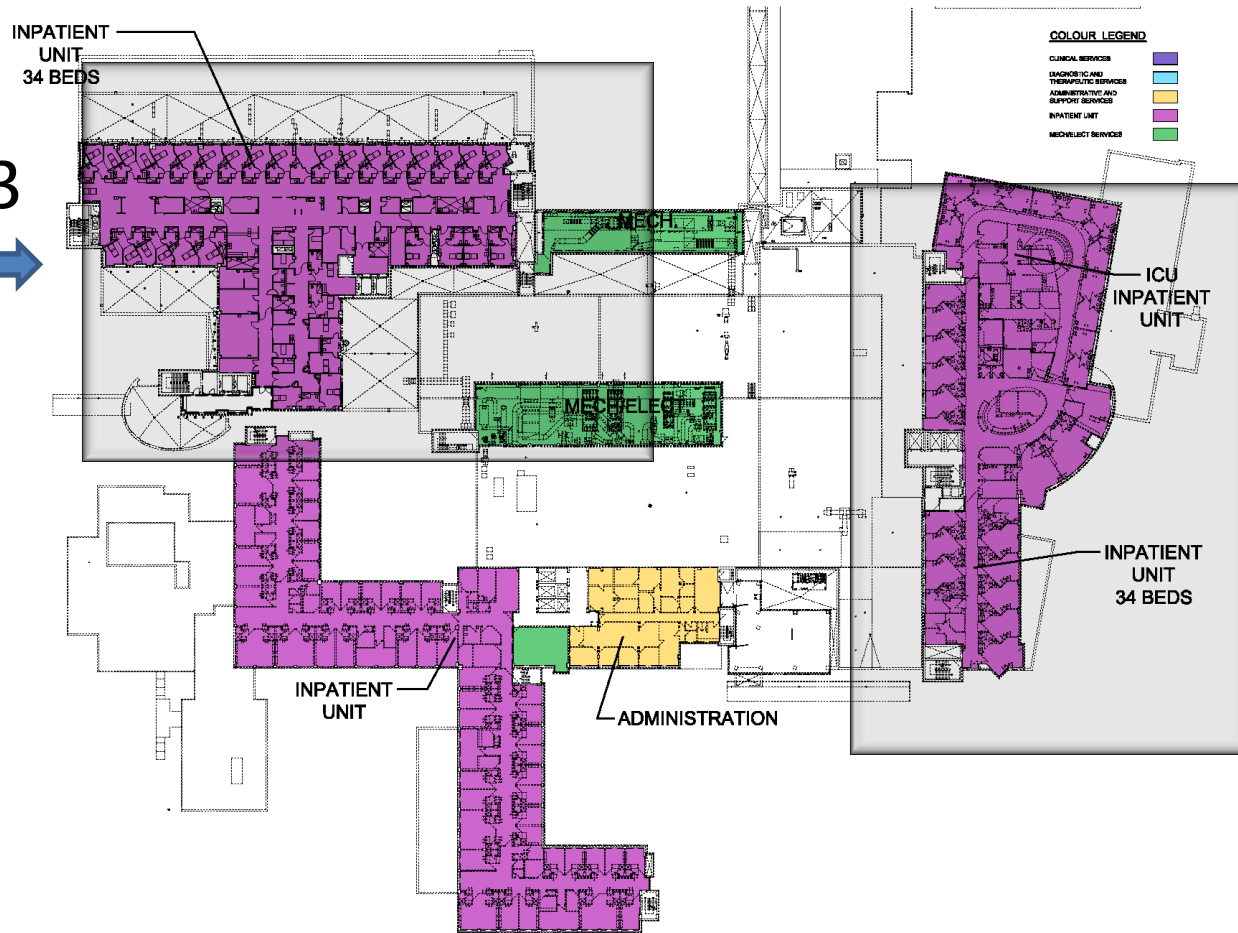
Ace Unit

Acute Care for the Elderly

- Completed November 2016
- Purpose Designed for the Elderly
- 34,000 sq ft
- Neergaard dual corridor system
- 2 Stage Delivery – Shell/Fitup
- \$9.7 Million Project Cost
- Stipulated Sum Delivery
- 6.2% CO cost



Part 3

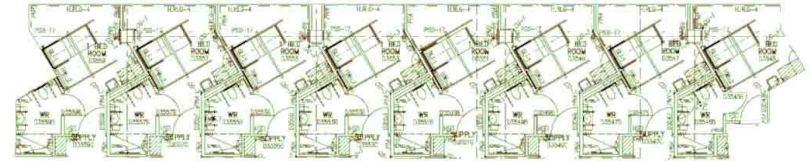
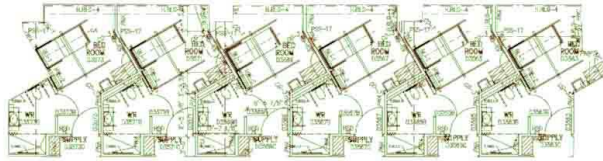


Part 2



Context





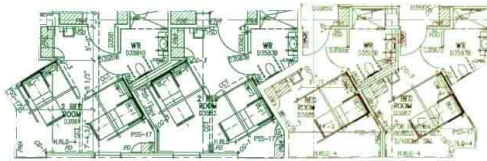
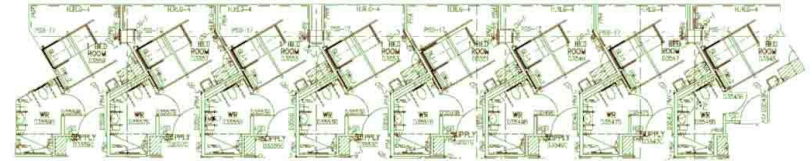
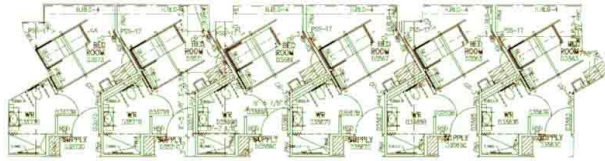
16 Private



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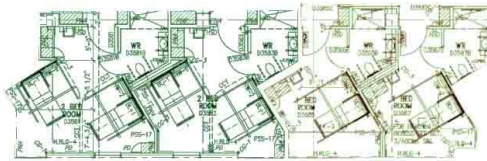
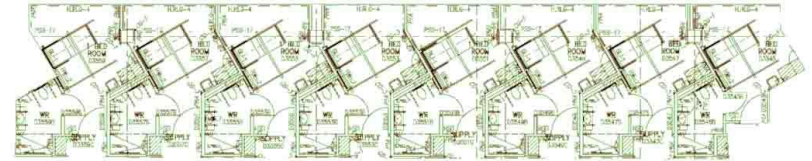
16 Private
4 Semi-private



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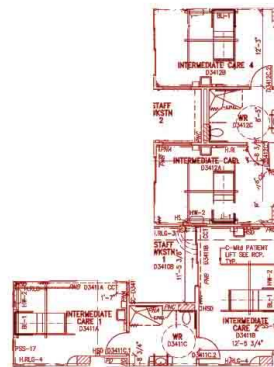
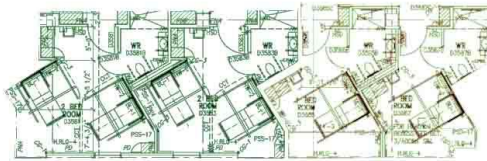
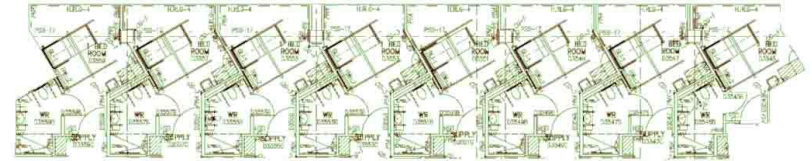
16 Private
4 Semi-private
4 Ward



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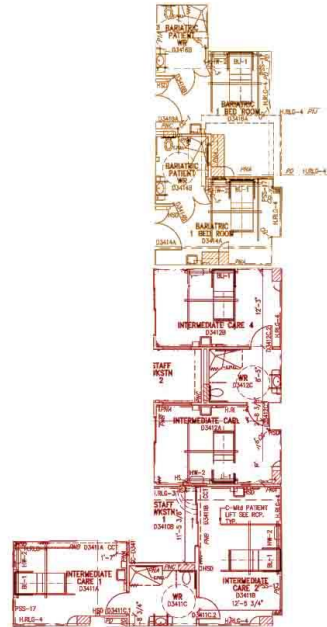
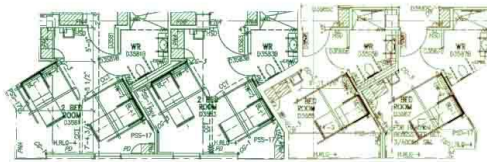
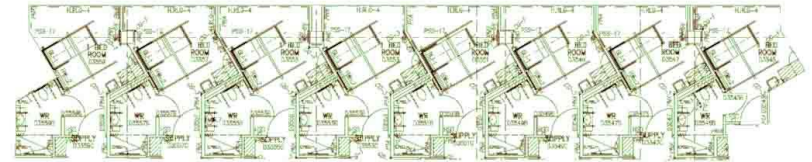
16 Private
4 Semi-private
4 Ward
4 Intermediate Care



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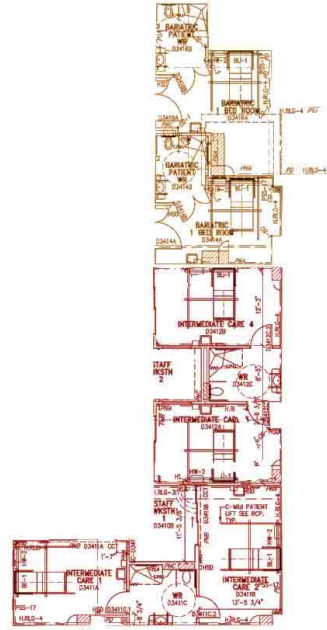
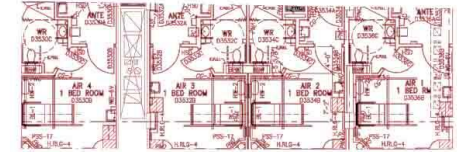
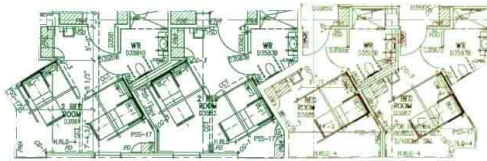
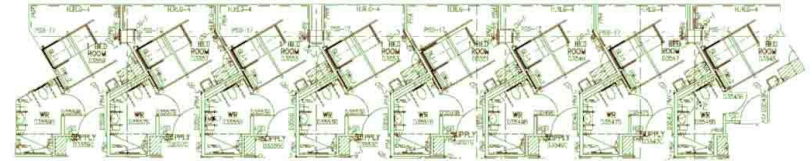


16 Private
4 Semi-private
4 Ward
4 Intermediate Care
2 Bariatric



The James Beach Health Care Centre

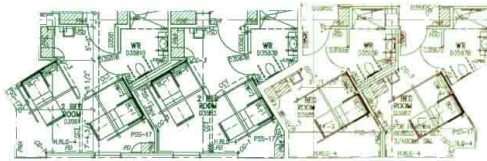




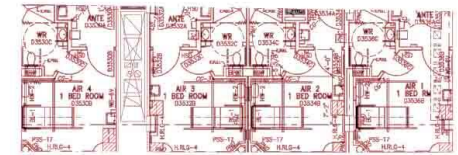
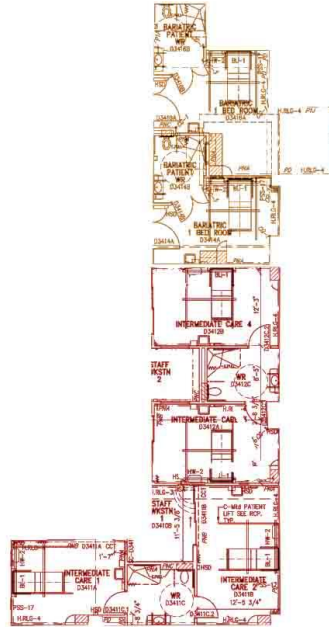
16 Private
 4 Semi-private
 4 Ward
 4 Intermediate Care
 2 Bariatric
 4 Isolation
34

The James Beach Health Care Centre





Family lounge &
Multi-purpose
Room



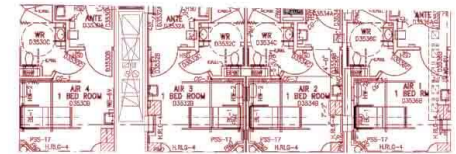
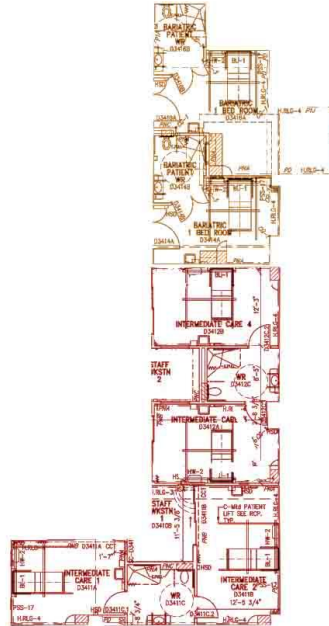
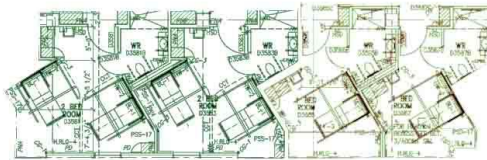
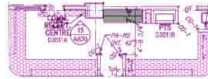
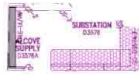
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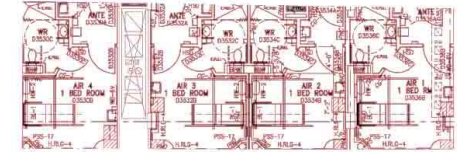
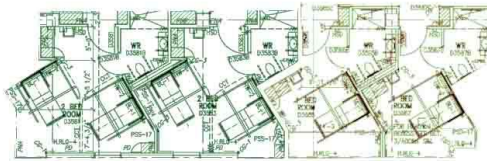
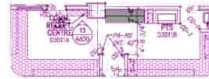


Multiple
Collaborative
Planning &
Teaching areas

16 Private
4 Semi-private
4 Ward
4 Intermediate Care
2 Bariatric
4 Isolation
34

The James Beach Health Care Centre





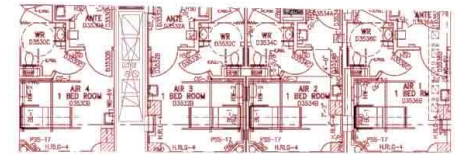
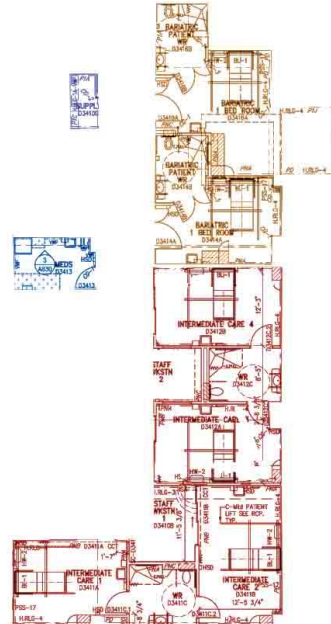
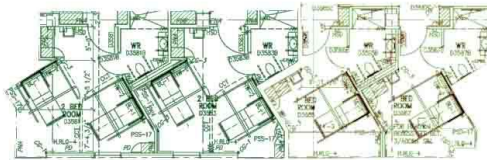
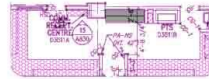
Multiple
Medication
Rooms

16 Private
4 Semi-private
4 Ward
4 Intermediate Care
2 Bariatric
4 Isolation
34



The James Beach Health Care Centre





Distributed Clean
Supply Rooms

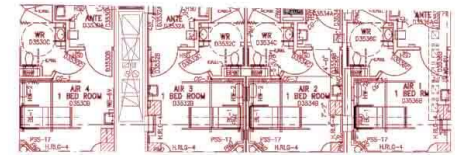
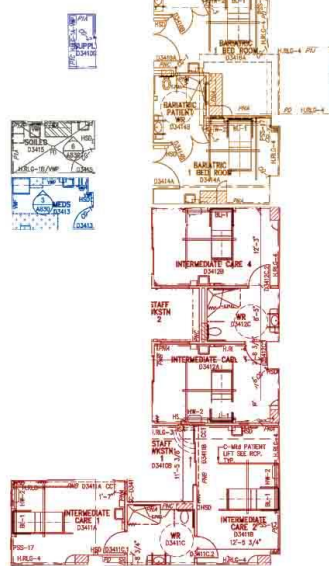
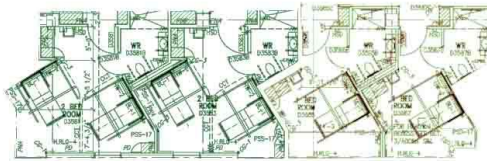
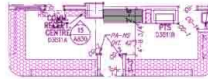
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The James Beach Health Care Centre



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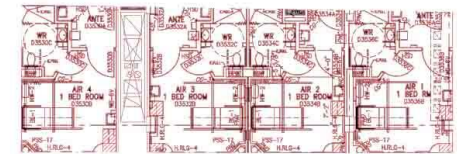
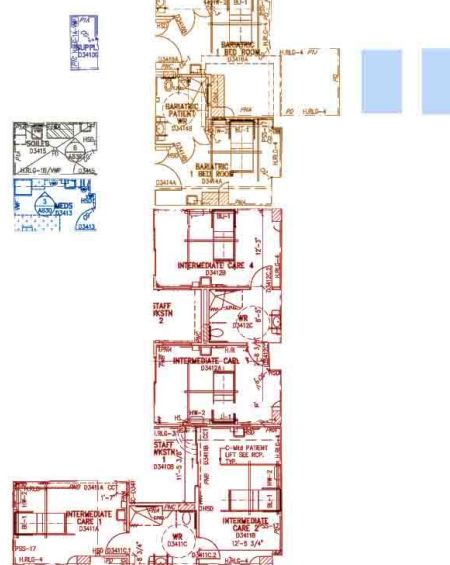
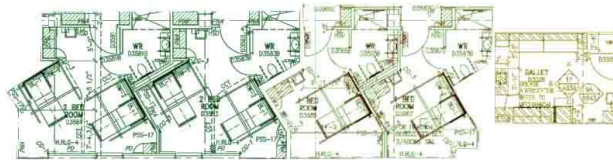
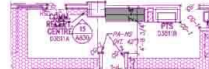
Multiple Soiled
rooms

16 Private
4 Semi-private
4 Ward
4 Intermediate Care
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4 Isolation
34



The James Beach Health Care Centre





SOHFI Kitchen
Public & Service
Elevators

16 Private
4 Semi-private
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4 Intermediate Care
2 Bariatric
4 Isolation
34



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The James Beach Health Care Centre



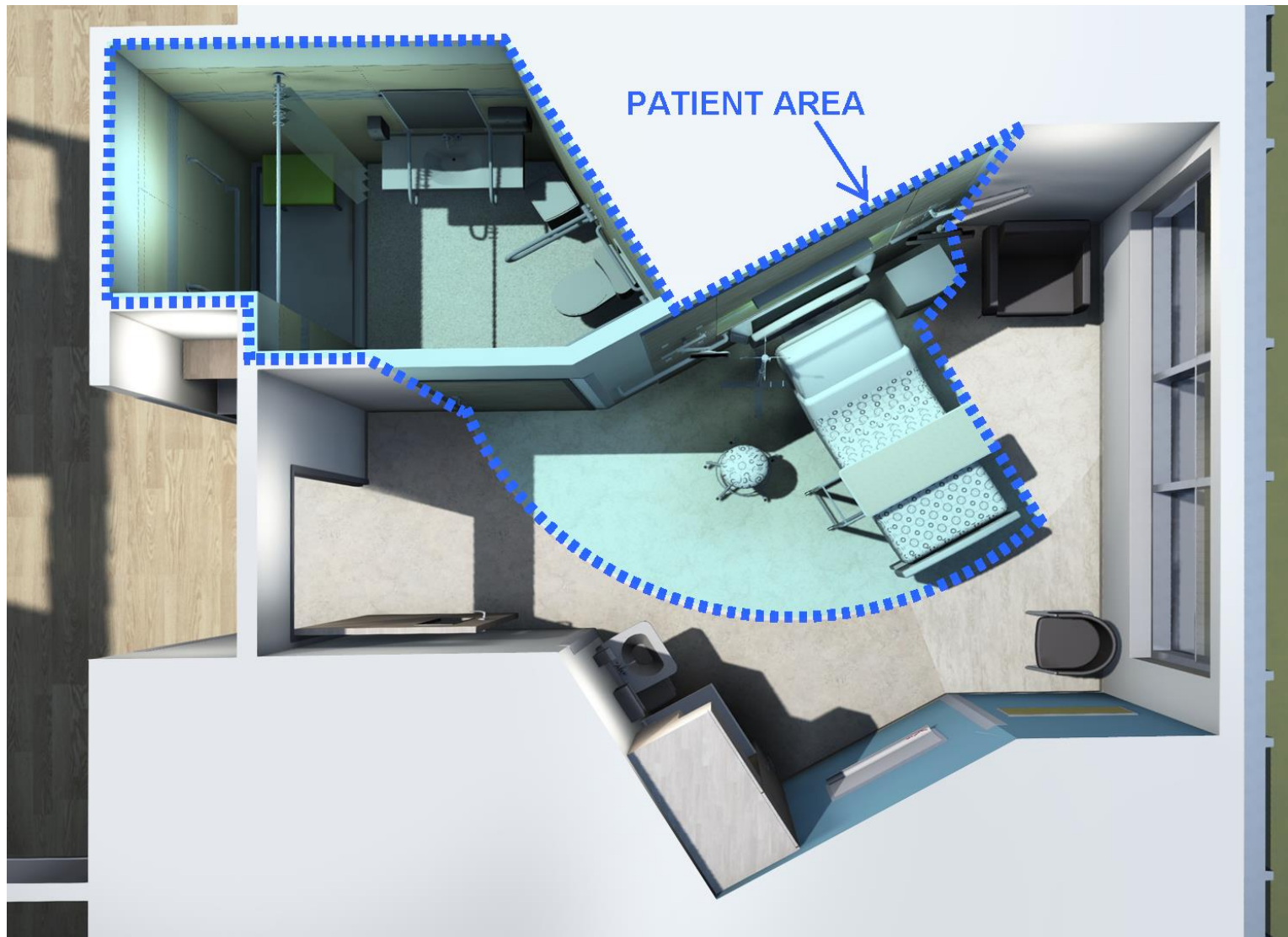


Bedroom Zone



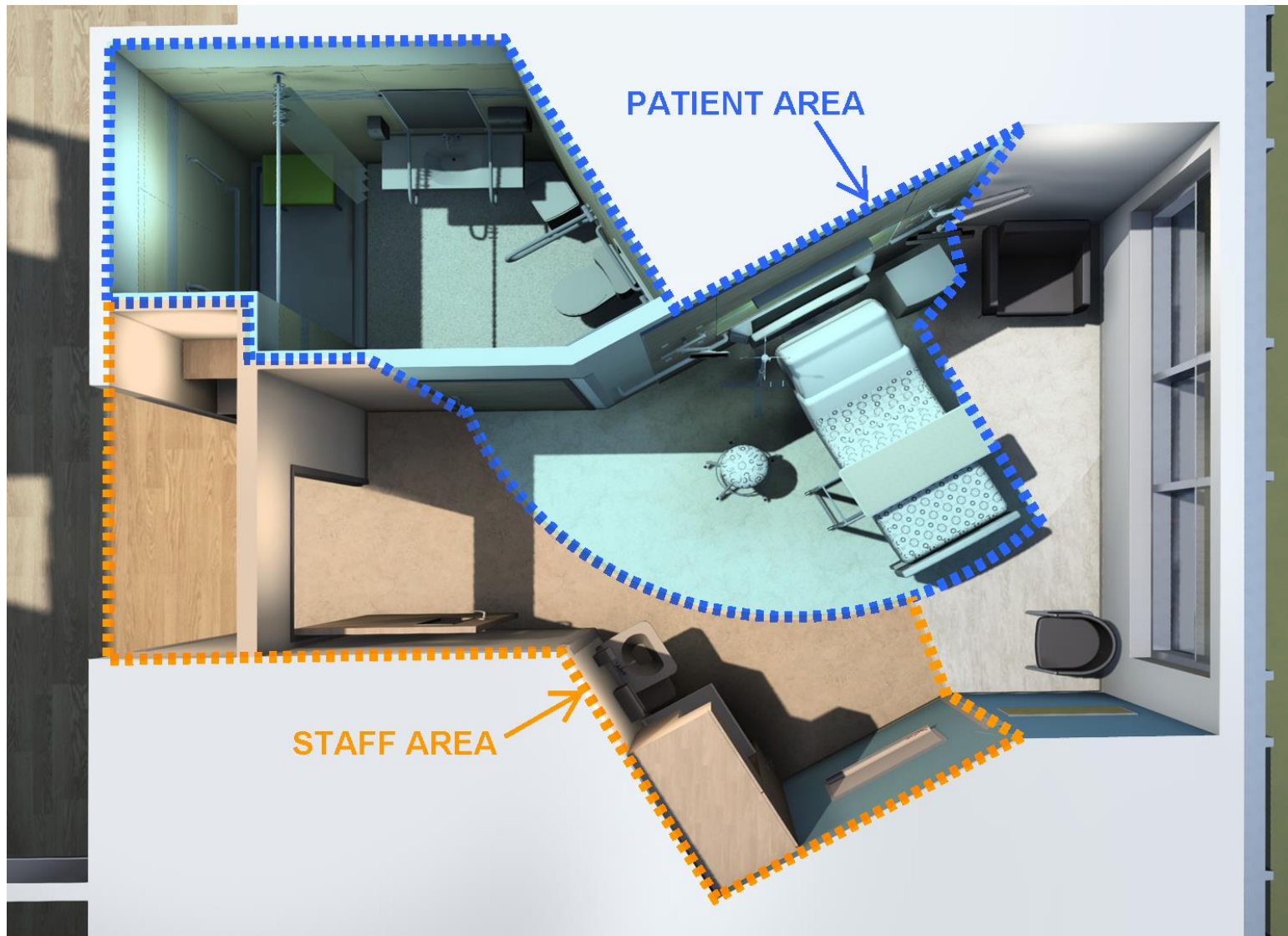
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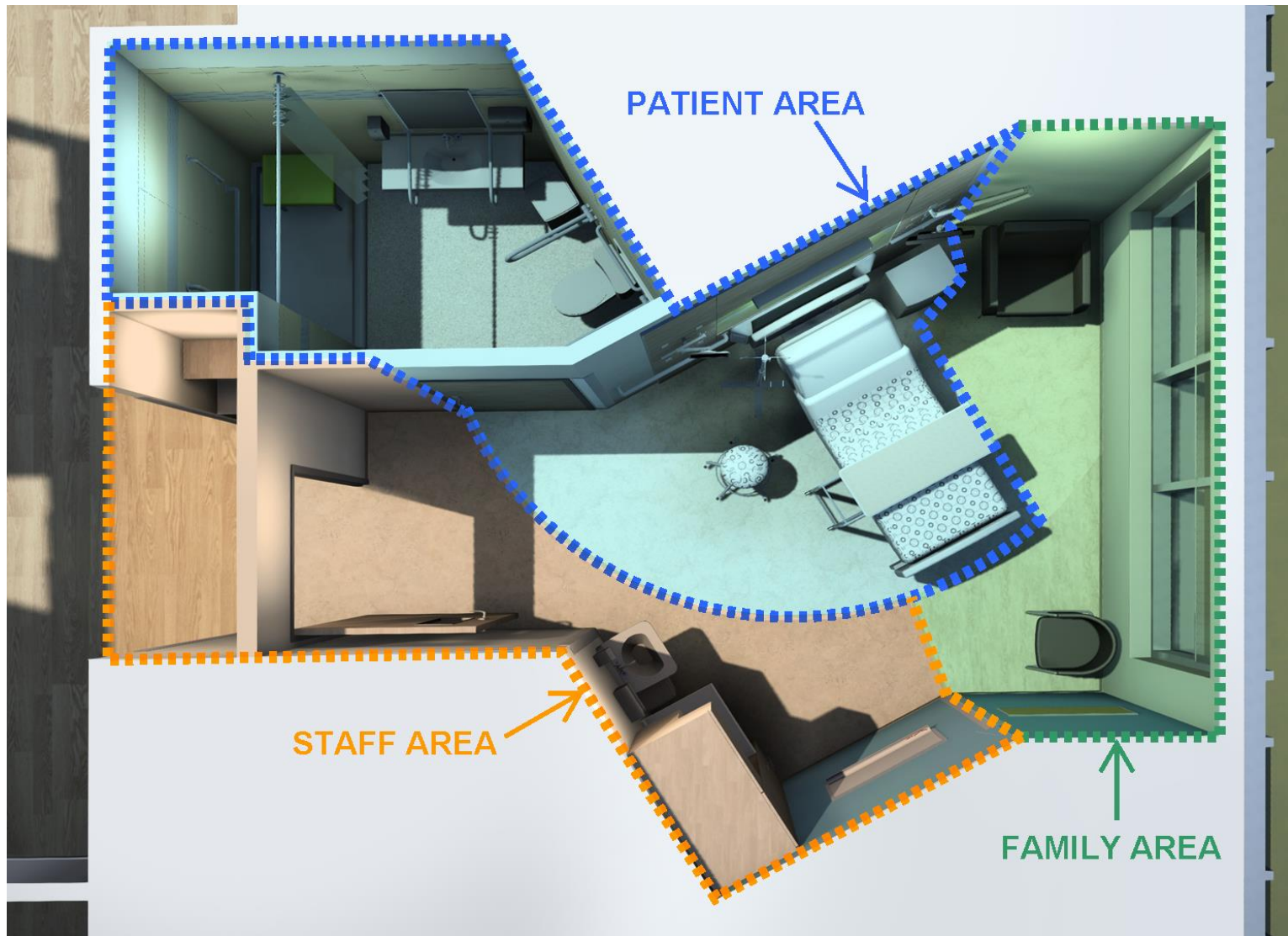
Bedroom Zone





Bedroom Zone





Bedroom Zone





Bedroom Zone



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Bedroom Zone



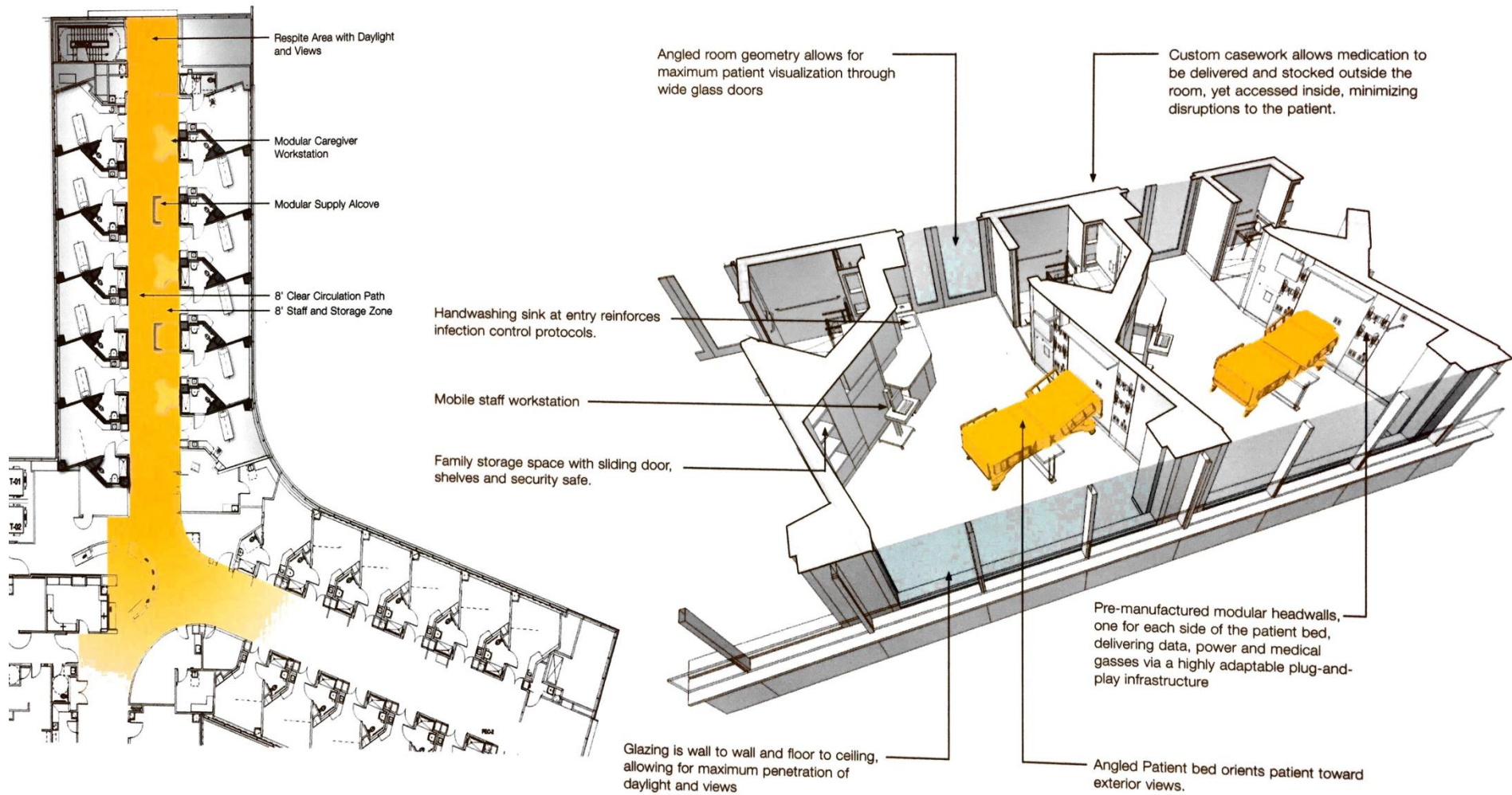


Bedroom Zone



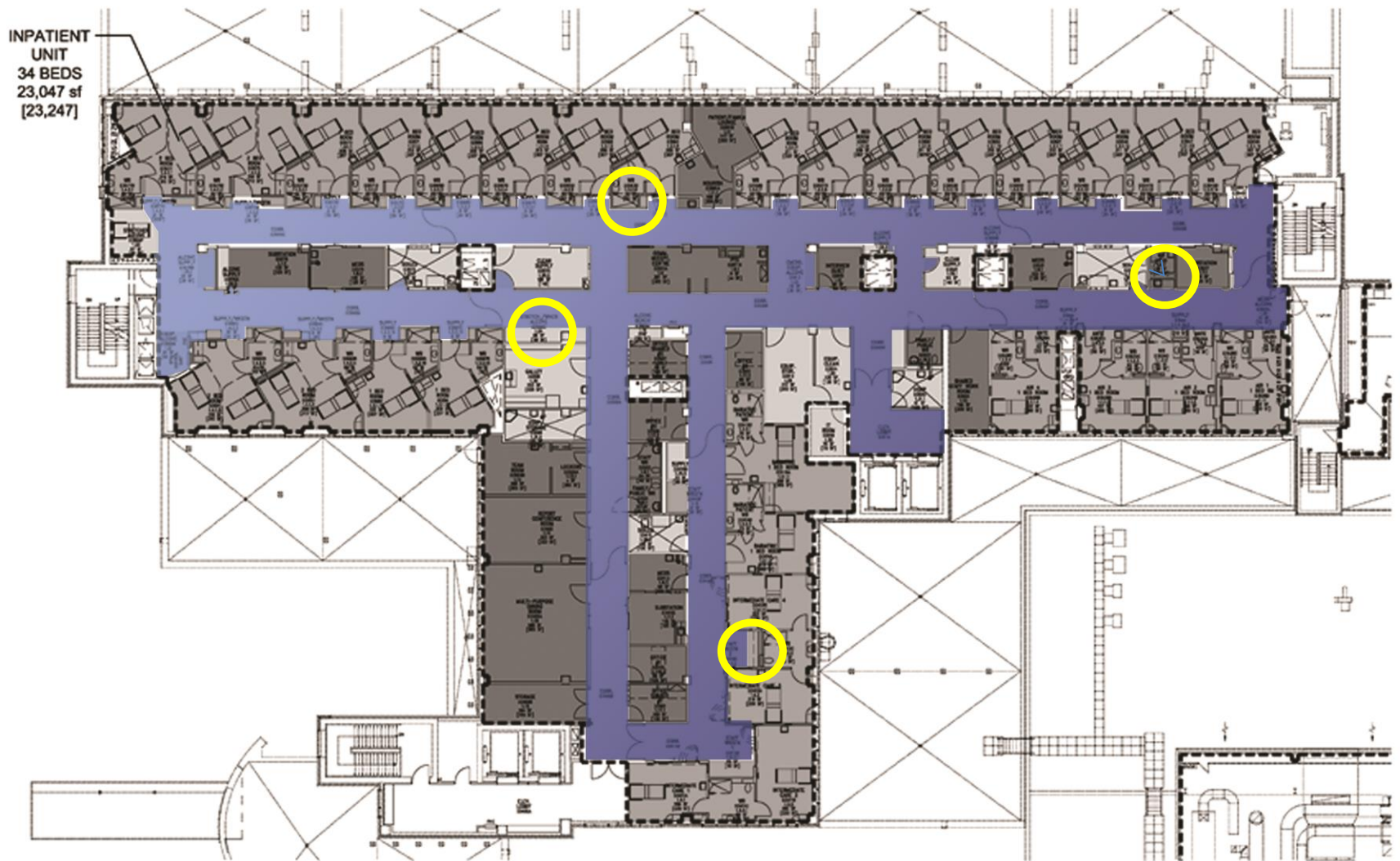
Bedroom Zone

Miami Valley Hospital
Architect: nbj



Bedroom Zone – Case Study





Circulation





Circulation



7

Circulation - Rest Areas





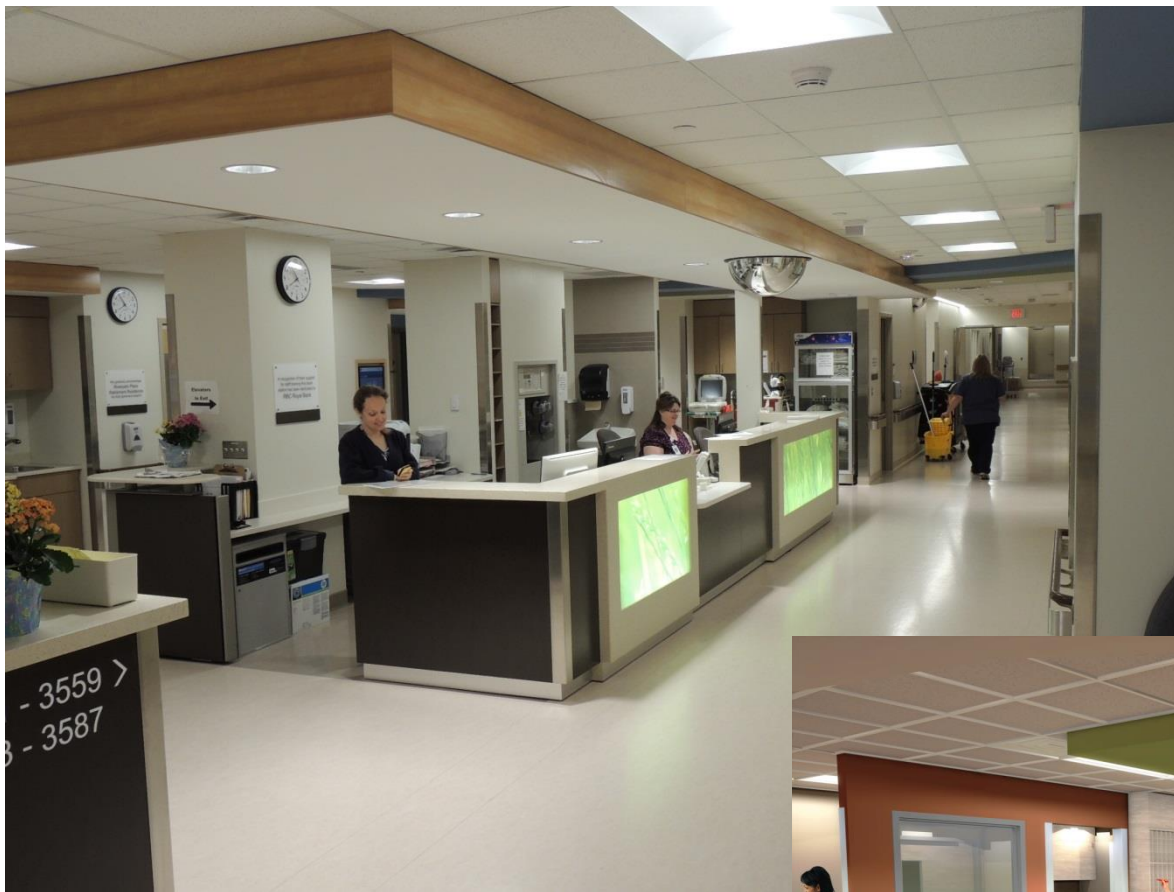
Considerations in senior care:

- Vision Deficiency
- Way finding
- Land marking
- Atmosphere

Thoughtful use of color in design can help bring comfort and care to the elderly in healthcare settings.



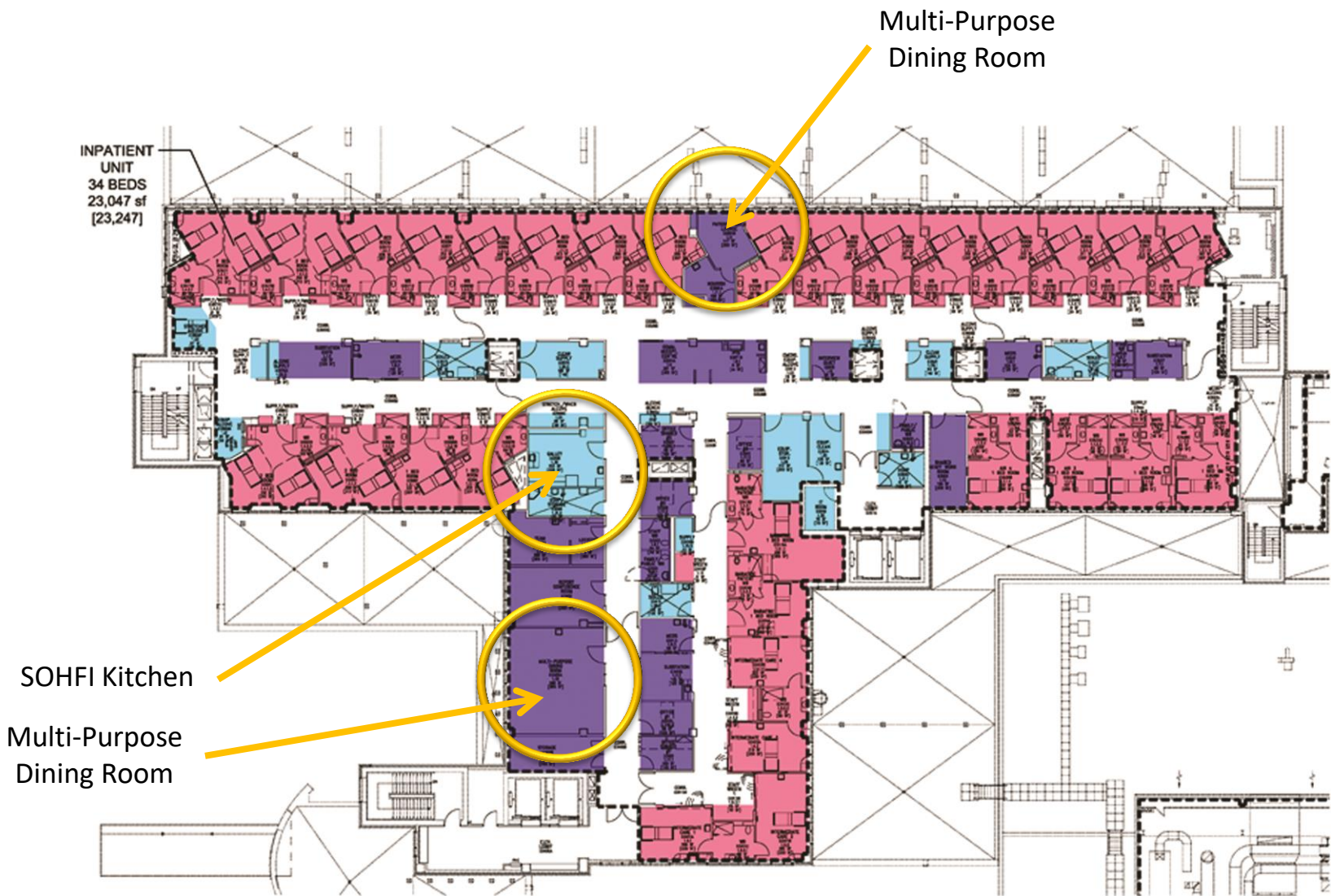
Finishes - Colour and Senior Care



Finishes - Colour and Senior Care



Finishes - Colour and Senior Care



Patient Activity Zone



Patient Activity Zone



Patient Activity Zone





Construction Process

ACE Volunteer Model

New Opportunities



Opportunities To Contribute

- Traditional
- Mealtime Assistance
- Physical Activities
- Cognitive Activities

Volunteer Mealtime Assistance

- Goal: promote hospital mealtime as a pleasant and social experience
- How?
 - Hand Hygiene
 - Encourage intake
 - Socialization

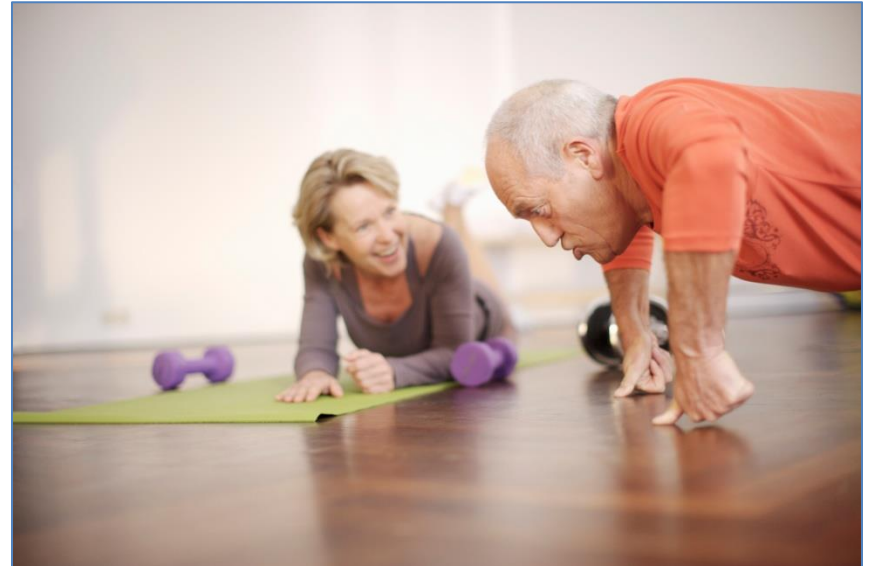


Physical Activities Where We May Contribute

Going For A Walk:



Physiotherapy Video:



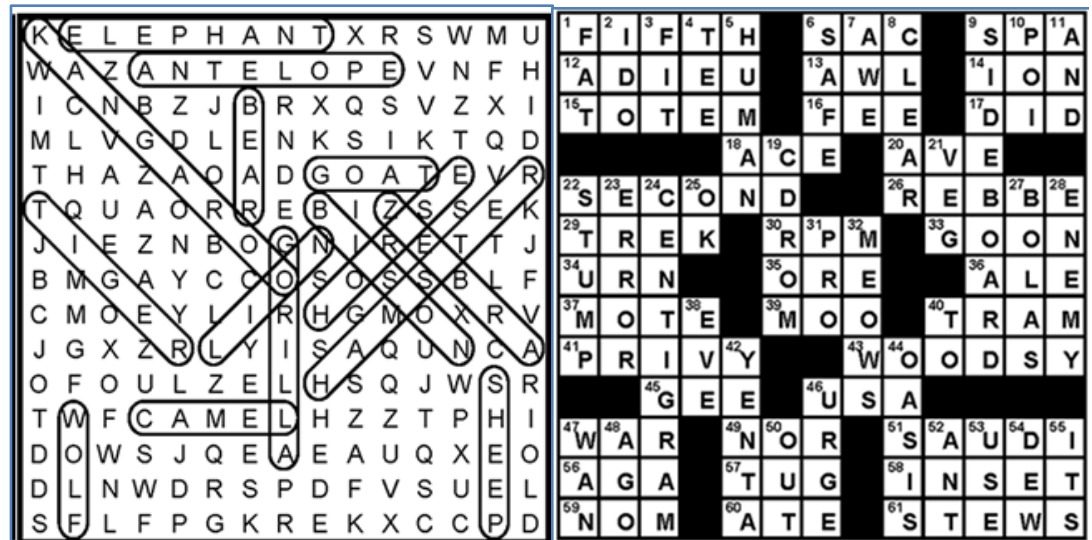


Cognitive Activities We May Offer

- Specific activities that require engagement from the patients

- Individual

– Group



Group



Sports Game on TV

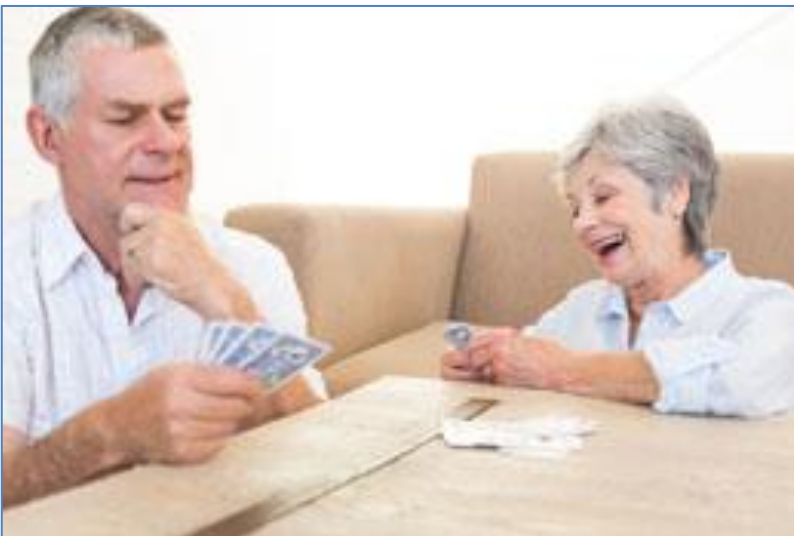
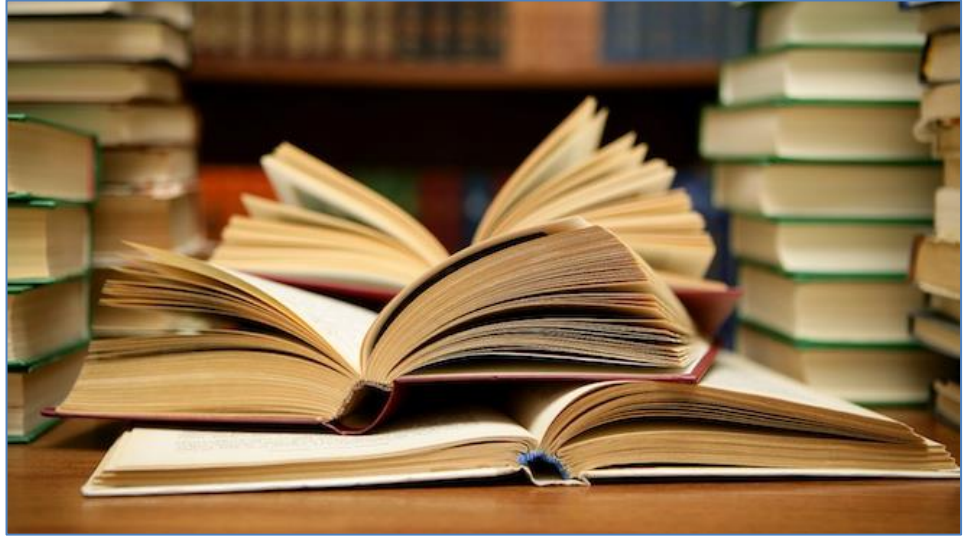
Activities Brought From Home

- Chosen by the patient, not chosen for them
- Connection to familiar routine
- Supported by family and Volunteers

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Activities Brought From Home



Volunteer Enablers

- Secure Storage
 - Make-up and Mirror
 - Dentures & Hearing Aids
 - Purses & wallets
 - Own Meds



Volunteer Enablers

- Card Access
 - Storage of activities
 - 42 volunteers that need access

Volunteer Enablers

- Family Room
 - Public area
 - Tea and Coffee
 - Refrigerator
 - Card Table
 - Sofa



Volunteer Enablers

- Multi-purpose Room
 - Public area
 - Refrigerator (food from home)
 - TV
 - Seats 26 for meals

Volunteer Enablers

- “All About Me” boards
 - I prefer to be called...
 - Food preferences
 - Activity preferences

Volunteer Enablers

- Windows and Orientation
 - Conversation starter
 - Connection to outside world
 - Sense of time

Volunteer Enablers

- Room Flags
 - Royal Blue flag is to notify volunteers of patients that staff have okayed to be seen by volunteers
 - Red flag is to notify volunteers of patients that will be going to the Dining Room for meals

Volunteer Enablers

- Buddy Phones
 - No over-the-head pages
 - Less disruptive
 - Makes staff easily accessible and approachable

Planning is legitimately complex



Whos, Whats & Whys



Firmness.....Codes

**Commodity.....Standards,
Best Practices,
Evidence-based Examples**

Delight.....



Lessons Learned

1. Strong client understanding essential
2. Community / Foundation support
3. Evidence based strategies are not sufficient
4. Be irreverent
5. Explore emerging technologies & new partnerships
6. Risk

