

SERVICES FOR SENIORS

A Case Study on the Impact of Aging at the University Medical Center of Princeton, Plainsboro, NJ

INSIDE YOU WILL LEARN ABOUT:

How UMCPP accommodates the unique needs of senior citizens through a special ED unit.

Design features that were included to help older patients and their families better navigate the space.

The hospital's Acute Care for the Elderly (ACE) unit, and why it is configured to transition senior ED patients for an inpatient stay in the most supportive environment.

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THE QUESTION

To make the senior ED program and ACE unit most effective, can the built environment be configured to keep patients fully engaged and ensure their safety?

THE GOAL

UMCPP wanted to make it easier for seniors to access emergency medical care and inpatient services by tailoring the special ED and ACE units to better support their needs.

State-of-the-Art Medical Center Provides Senior Services Designed to Accommodate an Aging Population

University Medical Center of Princeton, Plainsboro, NJ

Objective

Geriatric patients who come to the University Medical Center of Princeton at Plainsboro (UMCPP) receive specialized care through two designated programs: a specific emergency department (ED) program for geriatric patients, and an Acute Care for the Elderly (ACE) unit. Part of the broader Senior Service line that specifically focuses on the unique needs of seniors, these units are seamlessly incorporated into UMCPP's state-of-the-art replacement facility, which opened in 2012 on 171 acres in Plainsboro, New Jersey. While the ACE unit was first launched in the original facility, the ED unit for seniors was created in the new facility after the hospital noticed a spike in emergency services for older patients.

Both senior programs rely on the built environment, along with strategic design and operations elements, to keep older patients comfortable and safe, explains Daphne Berei, MSN, RN-C, Senior Nurse Manager, Senior Services/ACE at UMCPP.

She explains that the ED program for seniors is a distinct six-bed unit accessed through the main emergency room, offering patients over age 65 a quieter and more peaceful space away from the busy general ER. Older patients, who may require a longer stay in the emergency setting than their younger counterparts, are directed to the senior ED based on complaint and acuity. The rooms also provide private toilet areas and enough space for families to stay alongside patients.

When the patients do leave the ED space, most of them are transitioned to an inpatient bed in the ACE. This is a 24-bed unit staffed with nurses who are nationally certified in geriatrics, as well as a board-certified geriatrician. The unit contains large single rooms set up to accommodate the needs of seniors and their families. They can also support multidisciplinary teams' rounding, along with support services and rehabilitation therapy right in the room.



KEY FINDINGS

- The special ED unit helps meet senior-specific needs and provides a more seamless transition to an inpatient stay in the ACE unit.
- 2 Safety measures are in place to help the staff ensure the best outcomes, in both the ED and inpatient units.
- Both the ED and ACE units are configured to encourage families to take an active role on the treatment team.
- The rooms on the ACE unit are designed to support a range of programs and activities to prevent patient isolation.

The Challenge

"One of the biggest challenges with geriatric patients who are in the hospital is that this population is not used to living alone," Berei says. "Many of them grew up during the depression, sharing bedrooms and living with multiple people in

small spaces." Since the hospital features all private rooms, the staff is challenged in meeting older patients' need for stimulation while preventing them from feeling isolated, which can lead to poorer health outcomes.

Some of the strategies to avoid isolation in the ED include a large-screen TV in each room, along with a large-faced clock visible from patient beds. A window helps bring the outdoors in and acclimates patients to the time of day.

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When patients are moved to the ACE unit, they will find sofa beds in their rooms to allow families to spend the night and take an active role in their medical team. The respite room on the ACE floor is also designed to be very open, with no doors and a large dining table where patients can meet with visitors, interact with other patients, or engage in special programs such as art therapy.

Another challenge for the ACE unit nurses, all of whom have completed the Nurses Improving Care for Healthsystem Elders (NICHE) program, is keeping older patients safe. Berei says that one safety measure is an alarm system on beds and chairs that alerts nurses if patients try to get out of bed on their own. The nurses can then come to the room to provide assistance.

Results

The well-thought-out design elements incorporated throughout the senior hospital units help to meet these and other challenges, and to support the comfort and safety of older patients, Berei says. For instance, the senior ED unit features permanent beds, rather than stretchers, for optimal comfort. The beds in both the ED and ACE are low-profile, with pressure-relieving mattresses to prevent bed sores. They also feature alarms and built-in scales. The ED rooms



include grab bars in the toilet areas, while the ACE rooms have bars that lead from the bed to the toilet area.

There are also low-level lighting and non-skid flooring in all of the patient and ED rooms. "We spent some time selecting the flooring, since we wanted to be sure it supports the patients and helps to prevent slip-and-fall injuries," Berei says.

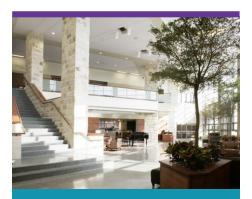


Senior Care Emergency Department Patient Room

There is also a physical therapy gym right in the ACE unit so patients don't have to travel far. "We encourage patients and family members to come and use the ACE respite room, and we try to keep people moving around in the unit," she adds.

The built environment also supports a range of social programming by providing plenty of space to move around in both patient rooms and public areas. The ACE unit offers pet therapy, high school students visit to play music, volunteers round a few times a week, and root beer floats are distributed on a weekly basis. The staff also takes turns doing purposeful rounding every hour to check in with patients and meet any needs that arise.





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Conclusion

To make the best use of the senior programs and to best meet patient needs, UMCPP staff is trained in working with geriatric patients efficiently and safely. This includes specialized training for nurses and nursing assistants on the ACE unit, as well as general geriatrics training for all staff, since elderly patients can be located not just in designated senior programs but on any floor of the hospital. Interdisciplinary rounds are also held on the ACE unit three times a week to look at each patient's needs and create a discharge plan.

"For so long, we have focused on the special needs of pediatric patients, which is warranted," Berei points out. "Now, it is time that we do the same thing for geriatric patients." The ED program and the ACE unit allow UMCPP staff to care for patients in a more customized manner. By improving the patient experience for the aging population, UMCPP is working to achieve shorter stays and better outcomes.

Design Team

Architecture/Design Firms: HOK/Hillier