

Caring for vulnerable populations



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ACE Acute Care for the Elderly

70 and older, do not require ICU-level care, at risk for loss of function

- delirium or dementia
- infections, dehydration
- falls, Parkinson's disease
- failure to thrive, polypharmacy
- post-orthopedic surgery patients



ACE Acute Care for the Elderly - 3 main ingredients

Interdisciplinary care team



SPICES



HELP

Interdisciplinary care team

- Geriatrician/geriatric hospitalist
- Geriatric nurse practitioner
- RN
- Social worker
- Case manager
- Pharmacist
- Physical therapist
- Occupational therapist
- Volunteers specially trained to assist in ADLs
- Activities therapist
- Registered dietitian

SPICES - a snapshot of a patient's overall health and the quality of care

Sleep problems

Problems with eating, feeding

Incontinence

Confusion

Evidence of falls

Skin breakdown



HELP - Hospital Elder Life Program

- Daily Visitor Program
- Therapeutic Activities
- Early Mobilization
- Non-Pharmacologic Sleep Protocol
- Oral Volume Repletion and Feeding Assistance



Takeaways

- ACE units reduce the number of days in the hospital, reduce readmission rates, and improve the functional abilities of older patients.
- By building resilience and maximizing momentum as people age, we all win.





The idea is to die
young... as late as
possible.

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