ACE Units Expand Upon National Model for Interdisciplinary Geriatric Care

Upon admission to the hospital, older adults face several hazards, which, unless otherwise avoided, can lead to swift decline. According to the American Geriatrics Society, those ≥65 years old comprise 1/3 of all hospital admissions, which often lead to longer stays, increased risk of dying during hospitalization, and general functional decline. In fact, many aging patients never regain their pre-admission functional status once admitted to the hospital; these patients often experience decline in cognitive and physical function, increased falls, re-hospitalization, and/or nursing home placement. Unfavorable circumstances in the hospital (e.g., depersonalization, patient immobility, and inappropriate care or medication management) contribute to these risks.

According to Covinsky (JAMA 2011; 306 (16):1782-1793), 30% of hospitalized adults ≥70 years old are discharged without the ability to perform at least one ADL independently. It is also reported that the risk of new ADL disabilities developing after an elderly patient is discharged from the hospital increases; Covinsky found that in patients ≥85 years old, more than 50% will develop a new ADL disability after leaving the hospital. Once an older adult is admitted to the hospital, odds of readmission greatly increase.

The first Acute Care of the Elderly (ACE) Unit opened in 1989 and was established to address these hospitalization issues that affect the aging population. The University Hospitals in Cleveland pioneered the model, which is still in use today. The design of the ACE Unit is specifically intended to facilitate problem-free, peaceful hospital stays of minimal length, safe discharges, and a reduced rate of readmissions by providing patient-centered, interdisciplinary care specifically targeted to the older adult. Today, there are approximately 100 ACE Units in the U.S. that practice this model for improving patient care and outcomes. Dedicated ACE Units address the specific needs of the elderly patient to ensure the preservation of their cognitive and physical function and emphasize dignity, comfort, and preference, while minimizing stress and maintaining a clear line of communication between all parties involved (e.g., interdisciplinary team members, patients, families, etc.). Baztan reports (BMJ 2009;338:b50) that patients in ACE Units are more likely to be discharged to home than those elderly patients admitted to a regular hospital ward.

In October 2011, Kennedy Health System in Stratford, NJ opened a brand new ACE Unit, which now holds 14 beds on the third floor of the hospital. The ACE Unit provides a variety of services, including daily care planning and clear follow-up treatment planning upon discharge, in order to help patients regain and maintain functionality. Kennedy has a process for direct-admitting patients into the unit, saving ACE patients from long and oftentimes difficult waits in the ED. Daily morning rounds are conducted with all members of the interdisciplinary care team; at Kennedy, the team consists of: the Medical Director (geriatrician), social worker, case manager, physical and occupational therapists, nutritionist, nurse,
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pharmacist, and any medical students, interns, residents, and fellows on rotation. As a result of improvements in patient outcomes and overall satisfaction, Kennedy will be expanding the ACE Unit to reach 20 beds in the near future.

Kennedy Health System is the core teaching affiliate of UMDNJ-SOM, so SOM graduate and undergraduate medical students reap the benefit of Kennedy’s ACE Unit, as well. Trainees have the opportunity to apply their theoretical knowledge to practical patient care experience, working under the guidance of Terrie Beth Ginsberg, DO, FACOI, Medical Director of the ACE Unit and nationally known physician and educator. The NJISA’s Geriatric Fellows are assigned to the ACE Unit for a total of 6 weeks each year, with the ability to add additional hours, if desired. Dr. Ginsberg assigns the fellows patients that they follow and care for while in the hospital; the fellows act as junior attendings, assuming a leadership role with trainees while in the ACE Unit.

During a time when the country is experiencing drastic growth in the aging population (forecasts predict >70 million older adults by 2030), there is a significant focus on improving overall health care of the elderly. Accordingly, medical and health care professionals are lobbying for better hospital care for their aging patients, and it is apparent that the ACE Unit model will be at the forefront of many future interventions.

NJISA Fellowship Transitions: Graduation & the Incoming Class

As one academic year comes to a close and another begins, the NJISA’s Fellowship Program is full of exciting developments. Among such experiences are the following:

- Christian White, DO (Geriatric Psychiatry), graduated with the NJISA’s Fellowship Class of 2012. At this year’s fellowship commencement dinner, Dr. White received the 2012 “Excellence in Teaching in Geriatrics and Gerontology” award. Upon graduation, Dr. White joined the NJISA as a full-time clinical faculty member.

- Wendy Cheng, DO (Geriatric Internal Medicine) has been named Chief Fellow, entering into her 2nd year of training. Dr. Cheng will graduate with the Fellowship Class of 2013.

- Peter Yeh, DO, NJISA Geriatric Family Medicine Fellow, began the fellowship program in July 2012, and will graduate with the Class of 2014.

- Sam Zwetchkenbaum, DDS, NJISA Geriatric Dentistry Fellow, began the fellowship program in July 2012, and will graduate with the Class of 2014.

A Message from the Fellowship Directors...

**Please explain your favorite role as a Clinical Director of the NJISA’s Geriatric Fellowship Program.**

“My favorite role as Clinical Director of the Geriatric Internal Medicine Fellowship is having the opportunity to closely mentor the upcoming fellows to be great leaders in the field of geriatrics. It is their time to develop and shine.”

-Terrie Ginsberg, DO, FACOI, Director of the Geriatric Internal Medicine Fellowship

“My favorite role is as a mentor. Watching the fellow grow as an academic educator is perhaps one of the greatest joys of my role. The difference between day one and graduation is remarkable and it always brings a smile to my face.”

-Stephen M. Scheinthal, DO, FACP, Director of the Geriatric Psychiatry Fellowship

“My favorite role as Clinical Director of the NJISA’s Geriatric Dentistry Fellowship Program is to manage and plan how oral health services are delivered to the geriatric patient and contribute to the process of fellowship program planning and training, influencing and responding to the unique patient care needs of this population.”

-Jill York, DDS, MAS, Director of the Geriatric Dentistry Fellowship

“My favorite role as Clinical Director of the Geriatric Family Medicine Fellowship is witnessing the fellow develop into an educator who is fully capable and skilled to instruct health care facility staff and physicians in the management of multiple medical conditions to maximize function and quality of life.”

-Kevin Overbeek, DO, Director of the Geriatric Family Medicine Fellowship
Leading the Field of Geriatric Dentistry

The Tale of a Former Fellow

Dr. Jill York has always been eager to take on a challenge, and, as a leader in the field of geriatric dentistry, she has been perfectly placed to forge the way for development and advancement in this medically complex realm. Since childhood, even before attending Georgetown University’s School of Dentistry, Dr. York has been focused on making a difference; when she was offered a position in the NJISA’s Geriatric Dental Fellowship program, upon completion of an Advanced Education in General Dentistry program at the State University of New York at Stony Brook, she was thrilled by the opportunity. The limited number of dentists trained in geriatrics, along with the interdisciplinary, multi-focused training approach to geriatric dentistry, is what most attracted her to the NJISA’s fellowship. “I liked all four of the areas [clinical, administration, education, research], and I knew that administration was really my forte with the next being teaching and then clinical.” Yet her proudest accomplishment during her fellowship training was receiving the “Outstanding Achievement and Dedication to Research in Geriatrics and Gerontology” award at graduation. “I think the research area is what I came in not knowing the most...and I left with a great skill set. The ‘Research Award’ was special to me because it’s something that, coming in, I never would have expected.” During her fellowship training, Dr. York not only completed the program’s mandatory research project, but she worked on a research project for HRSA on interdisciplinary training amongst the geriatric fellowship programs throughout the United States. With the array of influential mentors and resources available during her time with the NJISA, Dr. York was able to gain the specialized skill and experience that helped catapult her to the top of her game upon graduation. “If I had gone somewhere else, I don’t know if I would be where I am today.”

In November 2011, Dr. York was appointed to the prestigious role of Assistant Dean for Extramural Clinics at the UMDNJ-New Jersey Dental School. In this role, she oversees the operational, administrative, clinical and educational components of the New Jersey Dental School (NJDS) statewide extramural programs. Originally developed in response to community needs and to fulfill the school’s education and service mission, the Statewide Network’s mission is to, “create a network of community-based facilities providing oral health care to the underserved, uninsured and underrepresented residents of New Jersey.” Dr. York also oversees a valuable pre- and postdoctoral student precepting experience and serves as one of the mentors for this community-based dentistry program. Drawing upon her strong sense of social responsibility, Dr. York served as co-investigator for the Community-Based Dental Partnership Program 5-year grant of the HRSA-HIV/AIDS Bureau, from when the grant was originally awarded in 2002 to 2005. In 2005, Dr. York was named P.I. of the grant, and as stated by Dr. Mayhar Mofidi, Chief Dental Officer for the HRSA-HIV/AIDS Bureau, “Since assuming the role of project director in 2005, Dr. York has worked tirelessly to build a model program that is now one of the strongest in the nation. She deeply cares about ways to improve and grow her Partnership program.” The grant builds upon her interdisciplinary training in the fellowship, incorporating an interdisciplinary model of dentists, physicians, social workers, and nutritionists to increase access to oral health care for underserved and underserved rural and urban HIV-positive populations; the NJDS is one of only twelve dental schools in the United States to have this funding.

Dr. York is a national leader in dentistry, and channels her skills and expertise along additional avenues; she participates on several different task forces, including the Interprofessional Task Force on the UMDNJ-Stratford campus, and as the appointed Chair of Accreditation for the entire New Jersey Dental School, among other things. Another monument in her career, Dr. York was recently appointed as a Consultant for the HRSA-National Quality Center, which deals with quality assurance in HRSA programs. Dr. York was also selected by HRSA to review their grant applications; she was recommended to this position by Dean Thomas A. Cavalieri, UMDNJ-SOM. Further, Dr. York has come full circle, serving as the Program Director of the NJISA’s Geriatric Dentistry Fellowship, the very program from which she herself graduated. As Program Director, she provides oversight, leadership, and mentorship for the fellows throughout their training to ensure integrated learning and exemplary care of elderly patients in varied settings.

With regards to her recent appointment to Assistant Dean and her other numerous accolades, Dr. York emphatically exclaims that the catalyst for her impressive career was graduating from the NJISA’s geriatric dentistry fellowship training; it helped to clarify her career vision and vitalized her to pursue her ideal position in academic community dentistry. “I think that I can attribute many of the skills I have because of going to the fellowship...it helped open a door.” Soon after she graduated from the fellowship program, Dr. York overcame stiff competition for a Robert Wood Johnson Advanced Community Oral Health Fellowship; following the completion of this second fellowship, she had already secured a job as an Assistant Professor, forging the way for her career in clinical administration, education, and community dentistry which she enjoys today.

When asked if she has any advice to offer new fellows entering the NJISA’s program, Dr. York encourages them to, “take advantage of the resources and benefits of the program, and make what you want of it...there always room for growth.” She adds, “What you put into something is what you get out.” She also emphasizes the importance of patient-focused care, especially in a world with an ever-expanding aging population. “Dentists need to continue to look for better ways of handling the disease presentations they find in this population...because it’s all about the patient.” Dr. York shares that she is always enthused to come to work each day, and thinks the philosopher Confucius said it best: “Choose a job you love, and you will never have to work a day in your life.”

“I think that I can attribute many of the skills I have because of going to the fellowship...it helped open a door.”

Jill York, DDS, MAS, Assistant Dean for Extramural Clinics, New Jersey Dental School, UMDNJ
The mission of the New Jersey Institute for Successful Aging (NJISA) is to promote successful aging and improve the quality of life of older adults and their families. The institute includes physicians, psychiatrists, dentists, nurses and behavioral health professionals who provide quality clinical geriatric care, teach other health care professionals and students, and demonstrate leadership in aging research. Trained faculty and staff also provide community education on successful aging and advocate for seniors on health care policy issues and standards, as the NJISA continues to be a pioneer in the field of geriatrics.

Geriatrics—Did You Know?

- In 2012, the American Geriatrics Society presented updated Beers Criteria, intended to reduce and eliminate potentially inappropriate medication use in older adults age 65 years or older. A link to the article/criteria in JAGS: [http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf](http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf)


- The U.S. DHHS have come out with their *Healthy People 2020* goals and objectives for health promotion and disease prevention; “Older Adults” is a new topic area for the 2020 report.

- On the heels of their groundbreaking Alzheimer’s discovery, Dr. Robert Nagele and his research team published the February 2012 article “Diagnosis of Parkinson’s Disease Based on Disease-Specific Autoantibody Profiles in Human Sera” in *Plos One*. A link to the article: [http://www.plosone.org/article/info%3Adoajournal%2FPlosOne%2F2012%2F02%2FP1‐0032383](http://www.plosone.org/article/info%3Adoajournal%2FPlosOne%2F2012%2F02%2FP1‐0032383)


- Graduates of the NJISA’s Geriatric Fellowship program have assumed directorship positions in osteopathic medical schools, fellowship programs, and geriatric clinical facilities around the country, gaining recognition at both the national level and in their respective fields of expertise.

Are you interested in a geriatric medicine, psychiatry, or dentistry fellowship position, to start July 1, 2013? Contact Susan Huff for more information, 856-566-6124; huffsm@umdnj.edu; or visit [http://njisa.edu/education/fellowship/index.htm](http://njisa.edu/education/fellowship/index.htm).