



ISQua's 39th International Conference

27th- 30th August | COEX Seoul



Acute Care for the Elderly model of care is used to improve the delayed disability of pre-frail elderly in orthopedic ward

393

Chiu Yu-Fen* ¹, ZHOU YU-HUA ¹
1 nursing , En Chu Kong Hospital, New Taipei City, Taiwan

INTRODUCTION

Prevention of functional decline of the elderly in hospital is a very important issue in the elderly society. It is very important to find out a care model suitable for the elderly in clinical practice, because if it can be identified early, intervention measures can be provided as soon as possible, helping to delay or avoid the deterioration of disability and improve the quality of life of the elderly.

AIM

The purpose of this study is to investigate the effectiveness of the ACE model of care for delayed disability care for pre-acute hospitalized patients with debilitating conditions.

METHOD

In this study, a one-group pretest-posttest design was used to assess the SOF scale for elderly patients aged >65 years who were admitted to the outpatient clinic from November 21, 2019 to October 19, 2020. The team will provide individualized referrals and interventions according to the needs of the cases, including reminder visits to assist with medical appointments, medication integration, nutritional assessment and health education, regular telephone care guidance, outpatient visits to accompany the cases, arrangement for participation in rehabilitation activities, and referral to the community, and provide 12 sessions of rehabilitation activities, after which a comparison of basic information and thorough assessment of the cases will be conducted..

CONCLUSIONS

This study showed that the ACE model of intervention for pre-frail elderly in hospital clearly improved the indicators of recovery, frailty, cognitive testing and simple nutritional assessment of the cases, some of which did not reach significant differences, but with long-term follow-up, it is not difficult to predict better results.

RESULTS

A total of 891 elderly inpatients over 65 were screened in this study, and a total of 86 cases were collected after comprehensive evaluation to assess the urgency and willingness of the case, of which 3 were lost during the collection process.

1. Basic statistics of cases: the gender of women is more than that of men, accounting for 65.1%, the age group is 65-74, accounting for 40.7%, and the educational background distribution is primary school, accounting for 38 (44.2%).
2. Pre-test and post-test analysis of comprehensive evaluation: Timed Up and Go Test (TUG): 30.69 seconds and 16.69 seconds (- 14.00 seconds) on average; Chair rise test: 4.82 times and 8.17 times (+3.35 times) on average before and after intervention; Kihon Checklist (KCL): the average value before and after intervention was 9.0 points and 8.3 points (- 0.7 points) respectively; MMSE: before and after the intervention, the average of 33 [this fund is paid by the Minister of Health and Welfare according to the service development fund] is 21 and 24.5 points (+3.5), and the CDT is 2 and 3 points (+1) respectively; Mini Nutritional Assessment (MNA) measurement: the case was 21.10 and 24.12 points (+3.02 points) before and after the test intervention, which was between 17-23 points of potential malnutrition risk.

According to the results of the pre-test and post-test: in order to have significant differences in the TUG, CDT, MMSE and MNA evaluation results, others, although not significant differences, have made slight progress in terms of individuality, which is effective for the elderly care. It is suggested that long-term follow-up and intervention can achieve better results. Early intervention measures from the inpatient end can help to delay the disability of the elderly.

Table1 Results of intervention measures for inpatient closure cases

Variable	Before (N=86)		After (N=83)		M±SD	P-value
	Average	SD	Average	SD		
BMI	25.73	5.06	25.50	5.04	5.05	0.80
TUG	30.69	25.36	16.69	8.93	20.57	0.00*
Chair rise test	4.82	2.52	8.17	3.86	3.65	1.99
ADL	72.7	26.11	82.8	20.21	24.71	1.98
Kihon	9.0	6.18	8.3	4.99	5.82	0.11
GDS	3.0	3.24	3.0	2.88	3.12	0.14
CDT	2	1.55	3	1.55	1.67	0.00*
MMSE	21.0	8.53	24.5	6.33	7.98	0.01*
MNA	21.1	5.80	24.12	3.34	5.29	0.00*

ACKNOWLEDGEMENT

We are grateful for the research-related resources provided by En Chu-Kong Hospital, and at the same time, we would like to thank Director Zhan Biduan of the Nursing Department for his guidance.

REFERENCES

Sanon, M., Hwang, U., Abraham, G., Goldhirsch, S., Richardson, L. D., & GEDI WISE Investigators. (2019). ACE model for older adults in ED. Geriatrics, 4(1), 24.

Flood, K. L., Booth, K., Vickers, J., Simmons, E., James, D. H., Biswal, S., ... & Bowman, E. H. (2018). Acute Care for Elders (ACE) team model of care: a clinical overview. Geriatrics, 3(3), 50.

CONTACT INFORMATION

Name : Chiu Yu-Fen
E-mail Adress : chiu10295@gmail.com