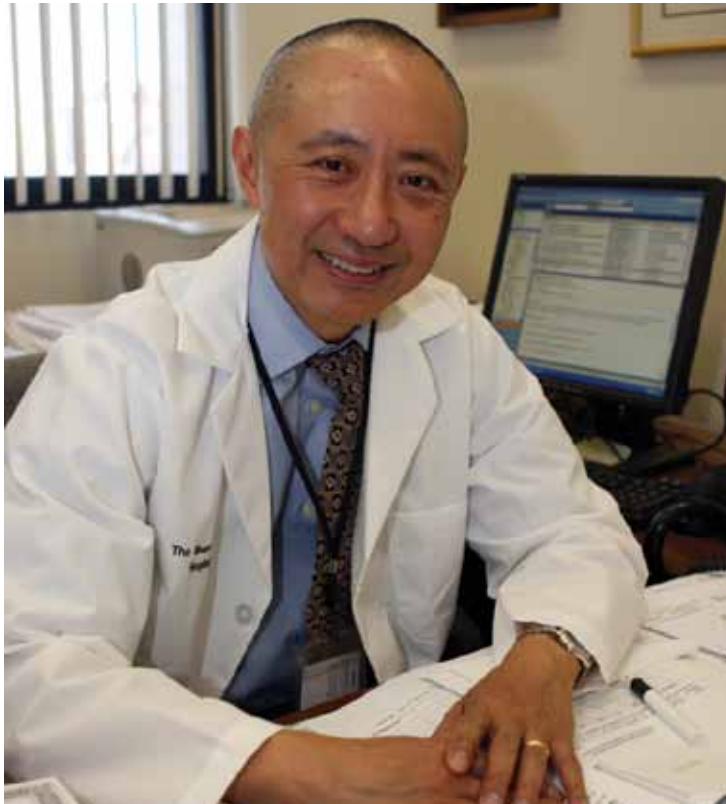


# Mount Sinai inside



Albert Siu, MD, created an innovative model of care for elderly patients.

## Mount Sinai Pioneers Model Of Care For Elderly

An innovative model of care for the elderly that was pioneered by the Department of Geriatrics at The Mount Sinai Medical Center reduces the cost and length of hospital stay for patients, while maintaining a high level of care, according to a new study in the July/August issue of the *Journal of Hospital Medicine*.

The model, called the Mobile Acute Care for the Elderly Unit (MACE), was created by Albert Siu, MD, Ellen and Howard C. Katz Chairman's Chair, Department of Geriatrics and Palliative Medicine, and practices out of the Martha Stewart Center for Living. It brings a coordinated, patient-centered team approach to caring for older patients in the hospital. The team consists of an attending geriatrician, geriatrics fellow, nurse coordinator, and social worker who see patients daily throughout their stay. The nurse coordinator also provides follow-up phone calls after the patients are released.

Using the MACE approach, elderly patients spent an average of 5.6 days in the hospital compared to 7.2 days under the traditional model of care, and Mount Sinai saved \$4,943 per patient, according to the study.

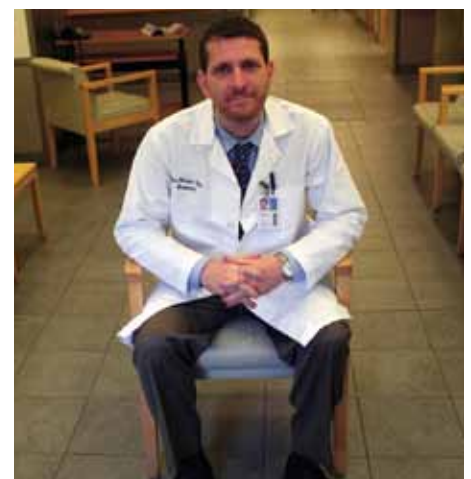
"This is the first such model of its kind, and our study was the first opportunity to look at outcomes," says Jeffrey I. Farber, MD, Director of the MACE service, and Assistant Professor of Geriatrics, who led the study. "The results are very promising."

The findings are particularly significant in light of the increasing number of older adults entering the hospital with multiple medical conditions, higher rates of cognitive impairment, and increased risk of adverse outcomes. The elderly represent the fastest growing segment of the U.S. population.

A more comprehensive prospective study by William Hung, MD, Assistant Professor of Geriatrics and Palliative Medicine, is under way to analyze other issues, such as patients' functionality. In addition, Dr. Farber is examining whether the service has had any effect on the number of readmissions.

"There are other places in the hospital where this model of care can be replicated," says Dr. Farber. "There's very little cost of entry. The teams use existing resources with the exception of adding a nurse coordinator who focuses on care transition."

In newly released rankings of the nation's best hospitals by *U.S. News & World Report*, Mount Sinai's Brookdale Department of Geriatrics and Palliative Medicine was No. 1 for the second consecutive year.



Jeffrey I. Farber, MD, will next examine MACE's impact on readmissions.