CHAPTER 1

INTRODUCTION AND OVERVIEW

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Approximately one in three hospitalized adults in the United States is over 65 years of age [1]. With multiple comorbidities and limited physiological and functional reserve, hospitalization inherently represents a period of heightened vulnerability for this population [2]. The risks are clear: falls, delirium, healthcare-associated infections, and adverse effects of drug–drug interactions are common. Even a relatively short period of bed rest can result in profound deconditioning and loss of muscle mass. Between admission and discharge, more than a third of older hospitalized patients experience a decline in activities of daily living (ADLs). Overall, about a quarter of older adults require post-acute care due to loss of independence in basic ADLs and impaired mobility, and a remarkable one-third are rehospitalized within 90 days of discharge [3].

While the risks associated with hospitalization among older patients have been recognized for some time, in recent years significant progress has been made in identifying older patients at highest risk for adverse outcomes, and in structuring interventions to avoid or ameliorate morbidity. Although there is a paucity of research surrounding interventions that improve outcomes in older patients hospitalized on general wards, there is much information from trials among special hospital units (acute care of the elderly, or ACE units), geriatric assessment programs, as well as through intervention programs directed at specific outcomes, such as falls and delirium. A primary purpose of this text is to summarize recent research among hospitalized older patients in a single source, to facilitate incorporation of these findings into hospital practice.

The field of Hospital Medicine has experienced unprecedented growth over the last decade, and hospitalists now provide care for a substantial portion of all hospitalized patients [4]. Although hospitalists treat older

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patients routinely, most have received little or no specific training in the care of older adults. This book attempts to present relevant scientific information about the care of older adults in a way that will be useful to a practicing hospitalist.

INTENDED AUDIENCE AND USE

This book is written for hospitalists—busy clinicians caring for acutely ill patients who need practical, evidence-based information and recommendations to improve the care of the vulnerable elderly. However, we believe other healthcare providers, including nurses, pharmacists, nutrition counselors, and physical and occupational therapists, will find several chapters germane to their work as well.

We also envision this book as a teaching tool, for use especially by hospitalists, medical students, and house officers seeking deeper and more comprehensive assessment and care plans for individual patients, and then embedding new practices into their daily routine.

Each chapter is intended to summarize "best practices"—that is, to provide concise, practical recommendations to hospitalists in the assessment and care of older hospitalized patients based on the most recent scientific evidence. In areas where evidence is scant, authors were encouraged to give practical advice based on their own experience. Topics were selected that addressed areas of high morbidity (e.g., falls, delirium, and medications), controversy (e.g., psychopharmacy and nutrition), or that are particularly difficult to "get right" in a busy hospital practice (e.g., informed decision-making and caring for patients with limited prognosis). Topics for which information and practice recommendations are readily available through other sources, such as management of medical conditions common among older hospitalized patients (e.g., atrial fibrillation, congestive heart failure, and pneumonia) were not included.

We hope hospitalists will use the text in several ways:

- *To build a systematic approach to older patients.* Chapters 2 (Communication and Physical Examination), 3 (Geriatric Assessment for the Hospitalist), 5 (Informed Decision Making), and 13 (Transitional Care Planning) address issues relevant to virtually all older patients, and are applicable in any clinical context.
- *To improve practice in specific contexts.* Many of the chapters address specific clinical contexts (Chapter 9 Hip Fracture, Chapter 10 Falls, and Chapter 11 Pressure Ulcers), and help inform the care of specific types of patients.

- *As a teaching resource.* The chapters in this book are up-to-date, and written by experts in their fields. They are a good starting point for clinical teaching on these topics, and they provide key references that can be used to foster additional reading and discussions.
- *To improve work flow among healthcare team members.* Although our primary audience is hospitalists, in order to be effective, many (if not most) of the recommended practices described in the book require collaborative interactions among physicians, nurses, pharmacists, therapists, social workers, and others. The practice recommendations offered readily lend themselves as a basis to review and redesign local practice with other health team members. Hospitalists who are already involved in quality improvement activities are encouraged to look for specific ideas and practice recommendations to discuss with administrators and other healthcare providers that are most relevant to their own practice environment.

As editors, we learned much from the many talented authors who willingly provided their time and insights to bring this book to fruition. We hope hospitalists and other hospital-based health care providers and administrators will find it equally valuable.

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