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PACE's Team Approach Keeps Elders Independent Longer



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By Debra Wood, RN, contributor

As America's older population ages and becomes frailer, additional challenges to independent living present themselves, as providers struggle to deliver cost-effective care. The Program of All-Inclusive Care for the Elderly (PACE) model delivers all needed medical and supportive services to keep chronically ill elders in their own homes for as long as possible.

"This is the best program I have ever seen for comprehensive care for the elderly," said Mary Ann Busch, RN, clinic manager of TriHealth SeniorLink in Cincinnati, Ohio, and a nurse with 37-years experience. "Most participants will tell you they wouldn't be where they are today without the program. ... It has restored my faith in what nurses really do and what they can do for people."



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The PACE model dates back to the early 1970s in San Francisco, when On Lok SeniorHealth Services pioneered a British day-hospital system of care that combines housing, medical and social services. Federal legislation expanded the concept to 10 additional organizations in 1986, and the Robert Wood Johnson Foundation, the John A. Hartford Foundation and the Retirement Research Foundation funded a second site.

Medicare and Medicaid began paying for PACE programs in 1990, and the Balanced Budget Act of 1997 established the PACE model as a permanent provider type. The University of Pennsylvania began Living Independently for Elders (LIFE), a practice of Penn Nursing, in 1998, following the PACE model.

"Quality outcomes, meaning staying as functional as one can be, not developing complications and also satisfaction with life, are improved if your care is not fragmented and is coordinated and comprehensive with a continuous team of providers," said Eileen Sullivan-Marx, PhD, RN, FAAN, associate dean for practice and community affairs for the University of Pennsylvania School of Nursing.

PACE programs, known as LIFE in Pennsylvania, receive funding from Medicare and Medicaid.



The model draws on the knowledge and talents of an interdisciplinary team to develop, and update as needed, care plans for older participants, who would otherwise qualify for nursing home placement. Each PACE/LIFE program operates slightly differently depending on the elders it serves.

For instance, some PACE programs deliver much of the care in the home, while others transport participants to a day health center for primary care, socialization, lunch and, possibly, personal care.

At the University of Pennsylvania's LIFE center, nurses coordinate and manage the system, which has 320 members. Nurse practitioners provide primary health care, and registered nurses coordinate care, educate patients to promote healthy habits and case manage.

"Nurses love the model," Sullivan-Marx said. "When you identify there's a need. You are empowered as a full member of the team to speak up about what is needed for the member and something gets done about it. You have a higher level of accountability and responsibility."

Students at U Penn's school of nursing spend some time at the LIFE program, in direct care, in developing and completing projects, or in conducting

research. Students from other disciplines, including social work and psychology, also participate.

TriHealth's 400 participants are placed on one of nine teams, which meet weekly to discuss any problems and review plans of care. The nurse on each team is responsible for initial assessments, regularly evaluating and coordinating care for 55 elders. Most nurses see patients at least once per month. One team provides only home care. The others work out of three centers.

"We ask our participants to report every little thing to the nurse. We want the nurse to know if they fall, have vomiting or diarrhea, or are getting cold symptoms," Busch said. "Consequently, they know if participants are in trouble early on."

The participant would then see the doctor or nurse practitioner that day and, typically, receive a prescription, intravenous fluids or other interventions to bring the situation under control. PACE pharmacies dispense medications.

TriHealth places the medications in a plastic pill box. Pharmacists will notify the nurse if the participant returns it with medications left in one of the compartments.

"We are really very proactive

here, and I think that's what keeps our participants functioning outside of the hospital or nursing home," Busch said. "We wrap all the services around them."

At the Center for Senior Independence in Detroit, Donna Kennedy-Williams, NP, diagnoses and treats patients in collaboration with physicians. The PACE team at this center meets every morning to discuss the pros and cons of interventions to address ongoing issues or new problems, either with a participant's health or living situation.

"It's a phenomenal model," Kennedy-Williams said. "The level of frailty is challenging. We are keeping sicker people home a lot longer. To be proactive is the biggest key, to be on top of things, so they don't get away from you. If we can nip dehydration before someone goes into kidney failure and goes into the hospital, we are doing our job."

Nurses at the center are responsible for assessments and completing treatments, such as colostomy care, nebulizer therapy, dressing changes or disimpactions.

PACE nursing is different and learning to function as a part of a interdisciplinary team may take some adjustment. However, the benefits of

contributing to helping an older adult remain independent for as long as possible brings its own rewards.

“You have an opportunity to develop relationships with your patients and an opportunity to see your successes,” Busch said. “That’s something nurses often don’t experience anymore.”

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