

Conference Learnings

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CONFERENCE LEARNINGS

16th Annual NICHE Conference
Philadelphia, PA
April 2013



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- First, I would like to encourage my colleagues to attend a conference. I found the NICHE conference to be both informative and inspiring in the area of caring for our elderly.



Conference Topics

- Affordable Care Act
- Palliative Care
- Delirium
- Dementia
- Fall prevention
- Mobility

My Three Pearls of Wisdom

1. There was much discussion in regards to the Affordable Care Act and the affects it will have on skilled nursing facilities and hospitals. Hospitals nationwide are looking at ways they can reduce the 30-day readmission rate. El Camino Hospital located in California presented their “3Cs” approach. The “3Cs” include Collaboration, Communication, and Competency of staff between the hospital and SNF personnel. Hospitals nationwide are reaching beyond their own doors to reduce readmissions. Improving communications with SNFs, homecare, and family/caregivers is essential. As nurses, we have the ability to impact and reduce readmission rates.

2. Betty Ferrell, the Director and Professor at City of Hope National Medical Center presented “Palliative Care for Geriatric Patients.” She defined “Dying Well” and “A Good Death.” In caring for our elderly, there are tremendous opportunities for growth at the End Of Life. Allowing for a “Good Death” is hard work. As nurses we need to help our elderly achieve life’s closure and receive care consistent with one’s beliefs, wishes, and values. As bedside nurses, we can ensure a “Good Death.”

3. Delirium and dementia were discussed at length. Delirium is often misdiagnosed as dementia. “We cannot manage delirium or decrease its complications unless we recognize it.”

While delirium is a bedside diagnosis; studies have showed that 32-66% of delirium cases are unrecognized by physicians. The Confusion Assessment Method (CAM) is the most widely used standard tool used nationally and internationally in recognizing and diagnosing delirium. Understanding delirium, knowing who’s at risk, and prevention is key to managing delirium.

Learning to Consider for LVHN

- I feel we should educate staff on the effects of inactivity. Inactivity in itself has an impact on patient outcomes, rehabilitation, and length of stay. In doing so, I feel we should revisit the ambulation protocol and look at an OOB for meals protocol.