

JOURNAL HIGHLIGHTS

JAMDA

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Residents' Knowledge

Internal medicine residents have common knowledge gaps in post-acute care (PAC) services and inconsistencies in communicating when referring patients for these services, according to a multi-site study.

Led by Julia Limes, MD, of the University of Colorado, researchers conducted a 36-question cross-sectional survey of internal medicine residents about discharging patients to skilled nursing facilities and home health care. The researchers received 236 responses, including 206 complete responses.

The survey asked about residents' perceived knowledge of PAC services, including the frequency of therapy, nursing, and physician services; knowledge of general PAC transition procedures and orders required by inpatient providers; and knowledge of patient outcomes after a transition to PAC.

"Suboptimal discharge communication with skilled nursing facilities and home healthcare services may contribute to readmissions in this population," the researchers said. "Lack of knowledge about PAC capabilities among hospital providers may also be a factor in these unsafe transitions and lead to inadequate communication with patients. The COVID-19 pandemic has highlighted the importance of optimizing the use of PAC resources and improving the transition between the acute care and PAC settings."

Even so, most internal medicine residency training programs do not provide training in discharge planning, nor do they educate residents about PAC, they added.

While 83% of the residents felt confident in their ability to effectively transition patients to skilled nursing facilities, only 31% knew how much physical, occupational, or speech therapy these facilities provided, and only 23% knew how frequently they provided nursing services. However, 56% of residents who had done a rotation in a skilled nursing facility knew the frequency of therapy services versus 21% of those who had not done a rotation; 48% of those who had done a rotation knew the frequency of nursing services compared with 11% of those who had not.

While 79% of the residents responding said the discharge summary was their main method of communicating care, only 55% said they always complete one before discharging the patient to a skilled nursing facility. Only 27% usually or always provide the skilled nursing facility with a telephone or pager number, and only 14% and 36% always

include management plans for indwelling urinary catheters and central lines, respectively.

"This study is significant because it improves the understanding of resident knowledge, attitudes, and current practices with discharging patients to PAC settings," the researchers said. "It adds to the literature that suggests inpatient care providers do not have a clear understanding of the care provided in PAC settings and underscores that communication practices can be improved."

To improve knowledge and practice of discharging patients the researchers recommended exposure to PAC environments and development of focused curricula.

Source: Limes J, et al. *A Cross-Sectional Survey of Internal Medicine Residents' Knowledge, Attitudes, and Current Practices Regarding Patient Transitions to Post-Acute Care* [published online ahead of print March 19, 2021]. *J Am Med Dir Assoc*. DOI: <https://doi.org/10.1016/j.jamda.2021.02.011>.

Younger Residents

The percentage of nursing home residents aged 18 to 64 has increased from 13% to 16% in the United States, according to data from the Centers for Medicare & Medicaid Services.

Led by doctoral student Bianca Shieu, BSN, of the University of North Carolina at Chapel Hill, researchers conducted a scoping review of five databases, ultimately choosing 13 studies. The studies showed that younger residents:

- Described feeling trapped, depressed, and anxious due to a lack of opportunity to explore life outside the nursing home and a lack of control in many aspects of their daily lives, including mealtimes, food choices, and social activities.
- Desired opportunities to socialize with people of the same age and/or with the external community, immediate family, friends, and significant others.
- Felt they lacked privacy in such areas as hygiene, routines, and intimate relationships.
- Reported difficulty living with residents who were terminally ill or had dementia and then dealing with losing these individuals.
- Felt they lacked belonging, personhood, and a sense of empowerment.
- Considered privacy, autonomy, identity, socialization, and appropriateness of accommodation to be the most important criteria for determining their quality of life.

Possible strategies for improving the quality of life for younger residents include increasing autonomy, providing same-age socialization opportunities and age-appropriate activities, and training nursing home staff to care for younger residents, the researchers said.

Source: Shieu BM, et al. *Younger Nursing Home Residents: A Scoping Review of Their Lived Experiences, Needs, and Quality of Life* [published online ahead of print July 12, 2021]. *J Am Med Dir Assoc*. DOI: <https://doi.org/10.1016/j.jamda.2021.06.016>.

Orthostatic Hypotension

Older adults who have orthostatic hypotension at 30 seconds or three minutes after standing have a greater risk of falling within 12 months, a longitudinal study in Western Finland found.

Led by Ulla Hohtari-Kivimäki, MHS, of the University of Turku, researchers measured blood pressure at 30 seconds and three minutes after standing in 561 individuals participating in the multifactorial fall prevention intervention. Individuals who experienced a reduction of 20 mm Hg or more of systolic blood pressure or 10 mm Hg or more of diastolic within three minutes of standing were considered to have orthostatic hypotension.

Among the 561 individuals, 131 (23.4%) had orthostatic hypotension using the 30-second measurement compared with 41 (7.3%) when using the three-minute measurement. With the 30-second measurement, the incidence of falls was 1.0 among those who had orthostatic hypertension, which was significantly higher than 0.75 among those who did not. With the 3-minute measurement, the incidence was 1.14 in those who had orthostatic hypotension versus 0.77 in those who did not.

"The 30-second blood pressure measurement is more reliable to detect the risk [of falling] than the 3-minute measurement," the researchers said.

Given the prevalence of orthostatic hypotension and its asymptomatic nature, the researchers recommend measurements as part of routine care.

Source: Hohtari-Kivimäki U, et al. *Orthostatic Hypotension is a Risk Factor for Falls Among Older Adults: 3-Year Follow-Up* [published online ahead of print August 9, 2021]. *J Am Med Dir Assoc*. DOI: <https://doi.org/10.1016/j.jamda.2021.07.010>.

Jeffrey S. Eisenberg, a freelance writer in the Philadelphia area, compiled this report.

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