American Association for Respiratory Care's

Subacute Care Bulletin

January / February 2003

Notes from the Editor

by George Gaebler, MS Ed, RRT, FAARC

As 2002 came to an end, I accepted the responsibility of serving as editor of the "Subacute Care Section Bulletin" for 2003.

Beginning with this issue, the Bulletin will be published on a quarterly basis, rather than bimonthly. At the same time, members will begin receiving monthly e-mail newsletters with timely news and information. Due to the publication change, new deadlines for submitting articles to the Bulletin are being posted to the section e-mail list to remind those of you writing articles or those of you considering authoring an article of the upcoming due dates. I will also be contacting many of you directly - particularly those of you who have spoken at the Congress or been heard to discuss interesting programs and projects - about writing for the Bulletin. I hope you will agree to submit an article when asked.

As our profession has aged from a very young profession (when I entered in 1972) to a much more mature profession, we are seeing many of the same folks contributing year after year. One of my primary tasks as editor will be to procure some new folks with great programs and ideas to get new blood into the mainstream writings of the profession's publications.

It is well known that the subacute arena has suffered from reimbursement cuts and definitions that have decreased the number of individuals employed as respiratory therapists during the last few years. That said, many RTs are still successfully impacting their organizations and demonstrating their value, as evidenced by their continued employment regardless of the reimbursement issues. Many facilities, including organizations that have cut positions, need to hear from those of you who continue to be successfully employed because you have the

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Section Connection

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Why They Fall

The National Safety Council says falls are the leading cause of accidental death among people over the age of 75 and the second leading cause for those aged 45 to 75. About half of falls in the over 75 age group will result in either death or institutionalization, and costs from hip fractures alone are expected to rise to between $20 and $50 billion by 2020.

Knowing the consequences of falls, however, does little to prevent them. A scientist from Virginia Tech hopes to change all that. Working in his Locomotion Research Laboratory, Thurmon Lockhart is suiting up young and old volunteers in a harness and a network of sensors that test musculoskeletal and neuromuscular changes and biomechanical responses during slips and recoveries to determine why falls occur and what can be done to avoid them.

As a test subject walks back and forth along an experimental platform in Lockhart's lab, the sensors monitor muscle and joint activities in the feet, ankles, legs, hips, and arms. At a randomly chosen moment in the test, an assistant stealthily pours a slippery solution of liquid detergent and water behind the subject. On the way back, the subject slips and goes through the motions of recovery (an actual fall is prevented by the harness).

All the data from the monitoring sensors is fed into a computer model, providing information to the researchers about the subject's gait while walking and the body motions involved during slipping and recovery. The tests are being run on a group of 60 volunteers divided into three age groups - 18 to 35, 40 to 55, and over 65 to find out how gait and balance changes brought about by aging may be putting older people at increased risk for falls. Says Lockhart, "We may take slower and shorter steps (as we age), making a higher velocity contact impact with our heels - which in turn seems to make slipping more likely." Sensory factors such as vision, inner ear, and touch sensitivity decline with age as well. Lockhart says, "These changes make us less able to detect that we're slipping until it's too late."

Lockhart hopes to use these findings to develop intervention strategies to assist people in avoiding falls. "For example, after our modeling helps us understand the mechanics of falling, we might be able to develop special shoes, strength training routines, or environmental and flooring designs that will help prevent falls among the elderly."

The study is being supported by a grant from the Centers for Disease Control and Prevention and the National Institutes of Health. ◆

Misinterpreted Data?

The nursing home industry has come under fire recently with reports in *Time* magazine and other publications suggesting increased government payments have gone into the pockets of providers instead of into better care for residents. Now a new General Accounting Office (GAO) study adds fuel to the fire with an analysis showing that nursing staff time did not rise significantly after the increase to the nursing component of the Medicare payment. The GAO is advising Congress to consider its findings when deciding whether or not to reinstate the increase to the nursing component of the SNF rate that expired last October.

But not so fast, says the American Health Care Association (AHCA), which represents nursing homes nationwide. According to the AHCA, the GAO's analysis is flawed because it examined data collected between May and December of 2001, before facilities began receiving adequate funding from the add-on. New data collected in 2002, continues the industry group, suggest nearly 90% of SNFs did increase their average direct care staff time by 4.8 minutes per resident per day. The additional minutes translate to about one new full-time caregiver per 100 nursing home beds. ◆

Nasal Spray Flu Vaccine Not for the Elderly

Elderly people most at risk for complications due to influenza aren't likely to be good candidates for the newly developed FluMist vaccine. Food and Drug Administration (FDA) advisors have endorsed the nasal spray vaccine only for healthy people between the ages of five and 49.

According to the advisors, there is currently not enough medical evidence showing the vaccine protects older people - particularly those with chronic diseases such as asthma or COPD - from the flu. Given the restrictions, health officials question whether the vaccine will be available for anyone in time for this fall's flu season, noting the FDA may balk at approving a vaccine with such limited use.

The vaccine was originally developed to provide an easier vaccination route to toddlers but won't be used in that age group because studies have shown it increases the risk of asthma attacks. Health officials also note the vaccine, which is made from a weakened but live flu virus, hasn't been adequately compared for efficacy with standard flu shots, made from killed viruses. ◆

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Nursing Crises Continues

A new study from the New York Times Job Market suggests nursing shortages in the nation's skilled facilities are still in full swing. But the need is not as great as in acute care hospitals. According to the report, 86% of long-term care facilities are actively recruiting nurses, compared to 93% of hospitals. Both hospitals and nursing homes are more likely than other settings to go outside of their immediate geographical areas to look for nurses to fill their openings.

As to why nurses leave their places of employment, the study finds low salaries to be the primary cause. Slightly over half of nurses who say they are seeking a new position cite poor pay as the reason. ◆

Another Reason They Should Quit

A new study finds postmenopausal women who quit smoking or significantly reduce the number of cigarettes smoked can lower levels of two proteins involved in bone loss. A hormone-binding protein called SHBG and a marker of bone loss called NTx dropped by 8% and 5%, respectively, in women who quit or cut back on their cigarette intake over a six week period. By contrast, SHBG and NTx levels rose within a control group of women who maintained their smoking habits during the same time period.

"This may partly explain how smoking contributes to osteoporosis in postmenopausal women," says Cheryl Oncken, MD, MPH, who authored the study in Nicotine & Tobacco Research along with colleagues from the University of Connecticut School of Medicine. They believe future research should focus on whether longer periods of reduction or abstinence might produce more significant declines in these or other bone loss proteins, and whether these changes result in stronger bones and less fractures over time. ◆

High Quality Providers Deserve High Quality Pay

If you're doing a good job, they should pay you more, right?

That's certainly the conclusion of a new report commissioned by Congress to look at strategies to improve care in the nation's health care facilities. According to the Institute of Medicine analysis, government health programs should establish standards for high quality health care delivery and then reward those facilities - including nursing homes - that meet or exceed them. Among the programs that could benefit from such a system: Medicare, Medicaid, CHIP, the Defense Department's Tricare program, the veterans health program, and the Indian Health Service. Together these programs serve about 100 million people in America.

Specific recommendations include:

- Issuance of standards within the next two years to evaluate the treatment of 15 common health conditions, including asthma and other respiratory-related diagnoses.
- Require health providers participating in the government programs to submit quality data on the treatment of the 15 conditions by 2007.
- Require each of the government programs to publicly report quality findings by 2008.
- Increase payments to health care providers that receive "exemplary levels of performance" ratings by 5 to 15% over standard rates.
- Facilitate quality evaluations by requiring government health care providers to computerized their medical records.
- Pass legislation in Congress encouraging the creation of a "national health information system" funded through tax credits, subsidized loans, or grants. ◆

Pain Management Standards Touted in Study

A recently completed study by a University of Rhode Island nursing professor finds research-based pain management standards help home care patients feel better and their family caregivers feel less burdened.

The study involved 164 patients and their caregivers. Seventy-five individuals were part of the experimental group, which included interventions based on improved standards of care, while the control group of 89 received the usual care. The new research-based standards addressed specific interventions in four problematic areas of care, including assessment and monitoring, patient and family education, drug side effect management, and the use of complementary methods to enhance drug therapy.

Lead author Marlene Dufault, professor of nursing at the university, hypothesized that by involving clinicians, academic scientists, and students in developing research-based pain management standards of care, patients would experience decreased severity of pain, greater satisfaction with pain management, and less impact on quality of life. She also theorized that there would be a reduced burden on family caregivers.

In fall 2001, the standards were drafted and training began in home care agencies. Then in January, Dufault began measuring the effects of the standards on the patients in the experimental group and comparing them with similar measures in the control group. Subjects in the control and experimental groups were surveyed three times during the course of study, before the first visit, and after the third and last visits. About 44,000 bits of data were analyzed to prepare the findings.

Before visit 1, each group reported on a scale of 1 to 10 an average pain level of 4. After visit 3, the experimental group reported a drop in average pain level to a ranking of 3, while the control group increased to an average of 4.5. By the end of the study, participants in the intervention group reported a pain level rank of 2.5, while the control group reported a pain ranking of 5.

In a survey of how pain was affecting the patients' quality of life, the study found patients in the experimental group went from a ranking of 5 at the beginning of the study down to ranking of about 2.5. The control group ranked 6 throughout the life of the study. Patients in the intervention group also reported less pain at its worst level and, on average, greater relief from the interventions.

Family caregivers whose loved ones were in the experimental group reported several important improvements, including reductions in sleep disturbances from the patient's pain, overwhelming financial strain, family adjustment, upsetting symptoms, changes to personal plans caused by pain, time demands caused by pain, and feelings of confinement. On average, patients receiving treatment under the new standards reported decreased severity of pain, decreased interference of pain, increased satisfaction with interventions and caregiver responsiveness, and decreased family caregiver burden. ◆

It's Official

A new government study confirms what most RTs have known all along: smokers with diagnosed chronic conditions continue to smoke despite their health problems.

According to the Agency for Healthcare Research and Quality (AHRQ), about 38% of those with emphysema, 25% of those with asthma, 20% of those with hypertension or cardiovascular disease, and 19% of those with diabetes reported being current smokers in 2000. Three out of five of this group also said their doctors had advised them to quit smoking in the past year.

The new data come from a self-administered questionnaire added to the AHRQ's Medical Expenditure Panel Survey (MEPS) in late 2000/early 2001 to collect information on health care quality and satisfaction with health care. The data on smoking in the United States were derived by combining the results of the new questionnaire with demographic, chronic condition, and preventive care information collected by MEPS's nationally representative survey of people over the age of 18 who are not in the military or living in institutions. More than 15,600 people responded to the survey questions. ◆

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NOTES FROM THE EDITOR

testimonies and programs that have proven cost-effective regardless of the reimbursement climate. By sharing your stories in this publication, you'll be helping to get the word out about the positive impact RTs can make in this setting. Although these facilities may not receive the Bulletin directly, good articles about good programs that result in good outcomes and cost-effective care have a way of making it into the right hands.

Please consider contributing articles for the next issue, which has a closing date for submissions of March 1. You can contact me at (315) 464-4490 or send me an e-mail at gaeblerg@upstate.edu to discuss your topic(s). As editor, I am more than willing to help you write or structure your thoughts and experiences into articles if this is your first time contributing to AARC publications. Extensive editorial assistance is also available to us through the AARC Executive Office, further simplifying the process. ◆

Resident Hostility on the Rise in SNFs

Resident-on-resident violence is on the upswing in the nation's nursing homes, reports the Associated Press. In an article appearing late last year, the AP said the number of complaints of resident altercations filed with state long-term care ombudsman programs climbed from 2500 in 1996 to more than 3000 in 2000. While many of the incidents were minor in nature, health officials are concerned the attacks may be posing undue risks for the elderly, many of whom are frail and easily prone to injury. ◆

Lung Profiler to Assist COPDers

The American Lung Association has launched a “COPD Lung Profiler” on its web site to help COPD patients learn more about their disease and the specific treatments which may help them live healthier lives. The Internet-based support tool is being billed as a user-friendly activity that “confidentially matches an individual's clinical information to a carefully selected group of peer-reviewed clinical studies.” From this information, the tool provides patients with “personalized information about treatment options and side effects relevant to their condition, along with helpful questions to discuss with their doctors.”

You can check out the profiler by visiting www.lungusa.org and clicking on the COPD Lung Profiler icon. ◆

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