

Welcome to mosAIC's Regular Reads*

Updated:
January 2017

.....
This list contains links to free journal articles on:

- ▶ Geriatric Nursing
- ▶ Infection Control
- ▶ Palliative Care

Do also check out our other
Regular Reads on:

- Integrated Care/Management Skills/Quality Improvement/Technology
- Geriatric Rehabilitation



at <http://www.aic.sg/mosaic/regular-reads>

Be sure to read journal articles from previous years in our "Online Regular Reads Archives" section at the link above.

***Regular Reads** is a supplement of **mosAIC**, the Agency for Integrated Care's publication for the Community Care sector. Filled with information such as programmes, good practices, book and journal summaries as well as stories from the sector, **mosAIC** is available free for Community Care staff. For more information, visit <http://www.aic.sg/mosaic>



Table of Contents

Person-centered care and resident choice: Giving elders a voice

NEW!

Pg 3

» **Person-centered care and resident choice: Giving elders a voice**

NEW!

Person-centred care puts considerable value on an individual's right to make decisions concerning every aspect of his or her life. However, nursing home staff might be apprehensive about the potential legal liability and regulatory exposure if residents suffer injuries. This article details "A Proposed Process for Care Planning for Resident Choices" developed by the Rothschild Person-Centered Care Planning Task Force that details how the care community can accommodate residents' preferences when their action/activity/behaviour is seen as having some potential risk for negative outcomes. It lists the following steps: identifying and clarifying the resident's choice; discussing the choice and options with the resident; determining how to honour the choice; making a care plan; monitoring and making revisions to the plan; and quality assurance and performance improvement.

Brush, J. (2015, December 2). Person-centered care and resident choice: Giving elders a voice. Long-Term Living Magazine.

Search for the full-text article at www.ltlmagazine.com/magazine-issue/januaryfebruary-2016



Table of Contents

Causes, burden, and prevention of Clostridium difficile infection	NEW!	<i>Pg 5</i>
The core elements of antibiotic stewardship for nursing homes	NEW!	<i>Pg 5</i>
Infection control assessment tool for long-term care facilities	NEW!	<i>Pg 5</i>



» Causes, burden, and prevention of Clostridium difficile infection

NEW!

Clostridium difficile (CDI) is a type of bacteria and a serious, potentially life-threatening cause of diarrhoea. Its spores can persist on any surface, device or material, thus allowing the infection to spread easily. Although CDI is mostly a hospital-acquired infection, 75 per cent of the cases are now diagnosed outside of hospitals in the United States. The Centers for Disease Control and Prevention (CDC) identify six key components to prevent the disease: careful prescription and use of antibiotics; early and reliable diagnosis; immediate isolation of infected patients; wearing gloves and gowns for those who are in contact with the patient and patient care environment; adequate cleaning of the patient care environment; and effective communication about the CDI status when patients are transferred between healthcare facilities.

Gould, C., File, T. & McDonald, C. (2015, November). Causes, burden, and prevention of Clostridium difficile infection. Infectious Diseases in Clinical Practice. 23(6): 281-288.

Search for the full-text article at <http://journals.lww.com>

» The core elements of antibiotic stewardship for nursing homes

NEW!

The Centers for Disease Control and Prevention (CDC) released this guidance to assist nursing homes in implementing an antibiotic stewardship programme. It seeks to improve antibiotic prescribing practices and reduce their inappropriate use. To keep nursing home residents safe from superbugs, it is important that antibiotics are prescribed appropriately. To develop a successful antibiotic stewardship, there must be leadership commitment; accountability; drug expertise, including experience or training in improving antibiotic use; and tracking, reporting and ongoing education to inform families, residents and staff about antibiotic resistance and how to reduce the risk of acquiring antibiotic-resistant infections such as Clostridium difficile.

The core elements of antibiotic stewardship for nursing homes. (2015, September 22). Centers for Disease Control and Prevention.

Search for the full-text article at www.cdc.gov

» Infection control assessment tool for long-term care facilities

NEW!

This tool aims to help in the assessment of infection control programmes and practices in nursing homes and other long-term care facilities. It comprises four sections of questionnaires: facility demographics; infection control programme and infrastructure; direct observation of facility practices; and infection control guidelines and other resources. It also provides infection control guidelines for gap assessment covering: infection control programmes and infrastructure; healthcare personnel and resident safety; surveillance and disease reporting; hand hygiene; personal protective equipment; respiratory/cough etiquette; antibiotic stewardship; injection safety and point of care testing; and environmental cleaning.

Infection control assessment tool for long-term care facilities. (2015, November). Centers for Disease Control and Prevention.

Search for the full-text article at www.cdc.gov



Table of Contents

Nurses respond to patients' psychosocial needs by dealing, ducking, diverting and deferring: An observational study of a hospice ward	NEW!	Pg 7
Evaluating the systematic implementation of the 'Let Me Decide' advance care planning programme in long term care through focus groups: Staff perspectives	NEW!	Pg 7
Better endings: Right care, right place, right time	NEW!	Pg 7



» **Nurses respond to patients' psychosocial needs by dealing, ducking, diverting and deferring: An observational study of a hospice ward**

NEW!

While psychological support is a key component of nursing care, it is not clear how it is implemented in practice. This study examines how psychological needs of patients in a hospice are expressed and met. It found that nurses responded in four ways to the expressed psychological needs: dealing (44.2 per cent); deferring (14.8 per cent); diverting (10.3 per cent); and ducking (30.7 per cent). Many psychological needs were expressed at the same time and usually when the patient was interacting with nurses for another reason. These made the provision of psychological support challenging.

Hill, H., Evans, J. & Forbat, L. (2015, November 17). Nurses respond to patients' psychosocial needs by dealing, ducking, diverting and deferring: An observational study of a hospice ward. BMC Nursing.

Search for the full-text article at www.biomedcentral.com

» **Evaluating the systematic implementation of the 'Let Me Decide' advance care planning programme in long term care through focus groups: Staff perspectives**

NEW!

The 'Let Me Decide' Advance Care Planning (LMD-ACP) programme offers a structured approach to end-of-life care planning in long-term care for residents with and without capacity to complete an advance care directive/plan. This paper presents a review of the implementation of the programme in three nursing homes in the South of Ireland, based on focus groups and a semi-structured topic guide. It found that the key benefits of the programme included: enhanced communication; change in the care culture; preference-based care; and the avoidance of crisis decision-making. The challenges encountered were: establishing of capacity among residents and indecision. On the whole, the programme improved the delivery of care and created an open and positive care environment.

Cornally, N., McGlade, C., Weathers, E., Daly, E., Fitzgerald, C., O'Caoimh, R., ... Molloy, D. (2015, November 3). Evaluating the systematic implementation of the 'Let Me Decide' advance care planning programme in long term care through focus groups: staff perspectives. BMC Palliative Care.

Search for the full-text article at www.biomedcentral.com

» **Better endings: Right care, right place, right time**

NEW!

This themed review focuses on the quality and organisation of care. It highlights examples of service innovations in end-of-life care in different parts of the United Kingdom. Its aim is to help those delivering, planning or using end-of-life services to ensure that the right care is delivered in the right place at the right time. It examines what end-of-life care means for an individual; why such a service matters; the right care provided by general staff, specialist palliative care providers and for dementia and elderly patients; the right place for living and dying; and the right time for getting care and making the right decisions.

Better endings: Right care, right place, right time. (2015, December). National Institute for Health Research.

Search for the full-text article at www.dc.nihr.ac.uk