Barriers to Better Care

In what is believed to be the first interview-style qualitative study of its kind among health care providers, a team led by a Johns Hopkins geriatrician has further documented barriers to better care of older adults as they are transferred from hospital to rehabilitation center to home. Using comments and concerns drawn from in-depth interviews of 18 physicians and two home health care agency administrators, the researchers created a framework for evaluating what actions and programs might improve care.

The researchers caution that strategies already planned or in use to improve coordination (e.g., pay-for-performance targets, educational interventions) need to be further studied to determine their value and any unintended consequences. Published in the Journal on Quality and Patient Safety, the investigators noted the persistent “mixed reviews” of the impact of tying compensation to quality of care. As the ranks of older adults grow and their numerous illnesses require more drugs, specialists, and facilities, poor transitional care frequently leads to rehospitalizations and complications.

Playing Catch Prevents Older Adults from Falling

The simple training exercise of catching a weighted medicine ball can improve balance and may help prevent falls for older adults, according to research published in Electromyography and Kinesiology and Experimental Brain Research.

When an individual is jostled by a bump or stumble, the brain uses two strategies to maintain balance and prevent a fall: (a) activating muscles in anticipation of the jolt, and (b) engaging muscles after the perturbation to prevent losing balance, which might involve taking an extra step or changing body position.

As individuals age, anticipatory postural control (i.e., the ability to ready oneself to maintain balance) is lost. As a result, there is no preparatory activation of muscles, leaving only compensatory action. In effect, resources for maintaining balance become more limited, and individuals become less stable and more prone to falls.

In the new study, a group of healthy young adults were asked to stand and catch a medicine ball. A group of healthy older adults were then asked to do the same. The researchers measured the electrical activity of leg and trunk muscles to look for differences in the two age groups’ ability to generate anticipatory postural adjustments before and after the single, short training session.

Training-related improvements were seen in both groups.

and providing training and hands-on experience for providers to facilitate care transitions.


Barriers to Discussing End-of-Life Care

A study published in JAMA found that hospital-based clinicians perceive factors related to patients and their family members as the most important obstacles to discussing goals of health care being provided. Those factors include:

- Family members’ or patients’ difficulty accepting a poor prognosis.
- Family members’ or patients’ difficulty understanding limitations and complications of life-sustaining treatments.
- Disagreement among family members about goals of care.
- Patients’ incapacity to make decisions about goals of care.

The findings are from a Canadian multi-site survey of more than 1,200 hospital-based clinicians about barriers to end-of-life discussions with hospitalized patients with serious illness and their family members.

Goals of care discussions should focus on making more concrete decisions about patients’ care plans in hospitals, including decisions about use or non-use of life-sustaining treatments during an episode of serious illness.


More Older Adults Falling

According to a new nationally representative study published in JAMA, the prevalence of self-reported falls among older adults appeared to be on the rise over a 12-year period.


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Improving Cognitive Function by Learning a New Skill

Older adults who learn a new, mentally demanding skill can improve their cognitive function, according to new research. From 2009-2011, researchers randomly assigned 221 adults (between the ages of 60 and 90) to engage in a particular type of activity for 15 hours per week over the course of 3 months. Some participants were assigned to learn a new skill (e.g., digital photography, quilting, or both), which required active engagement, tapped working and long-term memory, and other high-level cognitive processes.

Other participants were asked to participate in more familiar activities (e.g., crossword puzzles, watch documentaries, listen to classical music). To account for the possible influence of social contact, some participants were assigned to a group that included field trips and entertainment. Only those who learned a new skill grew their memory skill. Next steps for further research include potential methods for improving psychological function for older adults.