Health Information Exchange to Improve Patient Outcomes

When older adults transfer between nursing homes and hospitals, inefficient and unclear communication between the organizations can hinder patient care. A team of researchers is currently working to improve patients’ health outcomes by increasing efficient, secure communication between nursing homes and hospitals using an electronic communication system: health information exchange (HIE).

Researchers assessed the HIE readiness of 16 nursing homes, which involved evaluating wireless Internet capabilities and other existing infrastructure, such as computers, scanners, and copiers. With funding from the U.S. Centers for Medicare and Medicaid Services, the researchers helped the facilities purchase the infrastructure they lacked so they would be ready to implement the technology. The researchers then conducted 32 hours of clinical observation, 68 site visits, and 230 interviews to study how staff integrated the technology and HIE into their workflow.

The researchers found that all of the nursing homes used technology to support patient care, whether through tracking dietary needs and medications or to complete other administrative activities; however, most of the technology was used to communicate patients’ information within the nursing home rather than with external units, such as hospitals or off-site pharmacies.

In the next phase of the project, the researchers will evaluate whether HIE implementation improves communication about resident care and how clinicians and other staff feel about integrating it into their workflow. The researchers hope to provide a mech-
anism for nursing homes and hospitals to share patient information and medical documents securely.


Keeping Active May Not Prevent Alzheimer’s Disease

Although participating in physical (e.g., bike riding, dancing, walking, gardening) and mentally stimulating (e.g., crossword puzzles, reading) activities may reduce the risk of Alzheimer’s disease, they may not do so by affecting the underlying markers for the disease, according to a study published in Neurology.

The study involved 186 individuals (mean age = 74 years) who did not have memory and thinking problems. Participants reported their physical and mental activity levels as well as current mental activities. They also wore pedometers for 7 days to track current physical activity. Participants had positron emission tomography and magnetic resonance imaging scans to measure the amount of amyloid-beta deposits in the brain. The scans also measured the brain’s metabolism and whether the hippocampus was shrinking. In addition, participants took tests to measure their thinking and mental abilities.

The study found that participants who took part in stimulating cognitive activities had significantly higher IQs and better cognitive performance compared with those who did not take part in mentally stimulating activities often. No relationship existed between frequent mental or physical activity and any of the markers of Alzheimer’s disease in the brain.

Studies following individuals’ activities over time are needed to further test the findings.


Helping Older Adults With Low Vision

The American Academy of Ophthalmology declared July “Celebrate Senior Independence Month” and provided tips to help older adults with low vision enhance the use of their remaining sight and maintain self-sufficiency at home. A significant obstacle for maintaining self-reliance for older adults is low vision, which can make everyday activities seem impossible, require the assistance of loved ones and caregivers, and increase the risk of falls and mental health issues. By definition, low vision occurs when an individual only has partial sight that cannot be corrected by glasses, contact lenses, medicine, or surgery.

Tips from the Academy include setting the scene (i.e., with furniture placement), increasing contrast and color (i.e., with colored accessories), making it bright (i.e., with brighter lighting), embracing technology (i.e., by using helpful smartphone applications), getting rid of hazards (i.e., using nonglare products), and keeping up with eye examinations.