ORGANIZZARE UNA NURSING HOME PER L'ASSISTENZA ALLA PERSONA AD ALTA COMPLESSITA'

CPSI Silvia Morra- CO118 ASL CN1 - Mondovì
Dott.ssa Cecilia Deiana Inf dirig SC MeCAU – Ospedale Gradenigo - Torino

… a volte le idee nascono per esperienze personali che ci portano a ridefinire e ripensare «mondi» e «spazi» di azione

NURSING HOME

Che cosa sono?

Chi ne può beneficiare?

Chi ha la professionalità gestionale?

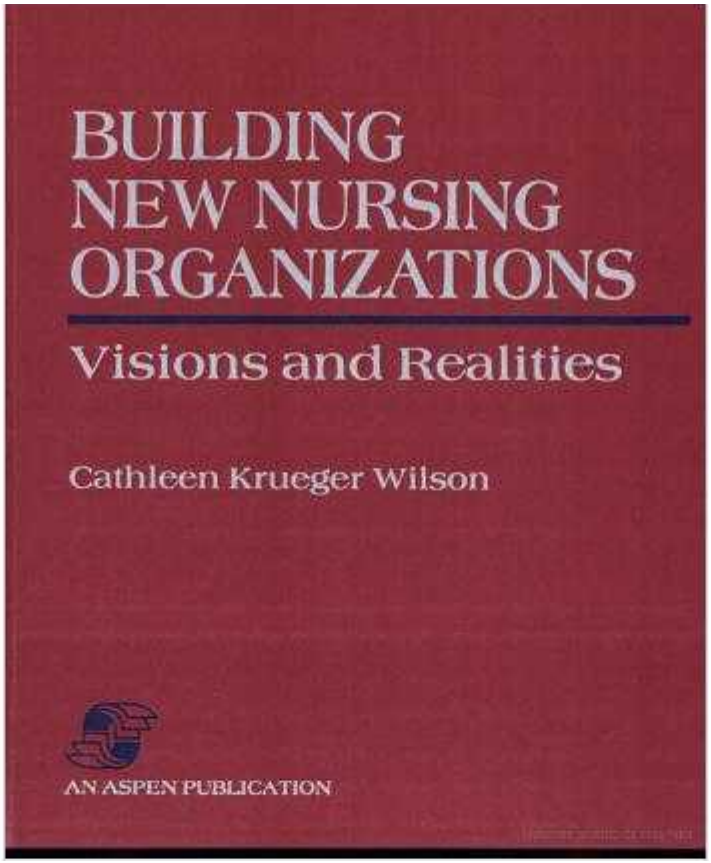
Quando?

Dove?

STRUTTURE DEPUTATE AD ACCOGLIERE PAZIENTI CON DIFFERENTI BISOGNI non solo SANITARI.

Foust (2007), “Discharge planning is a multidisciplinary responsibility that focuses on coordination across the continuum of care”

Shahina Sabza Ali Pirani, BScN, Prevention of Delay in the Patient Discharge Process **Journal for Nurses in Staff Development** Volume 26, Number 4, *2010 Wolters Kluwer Health | Lippincott Williams & Wilkins*

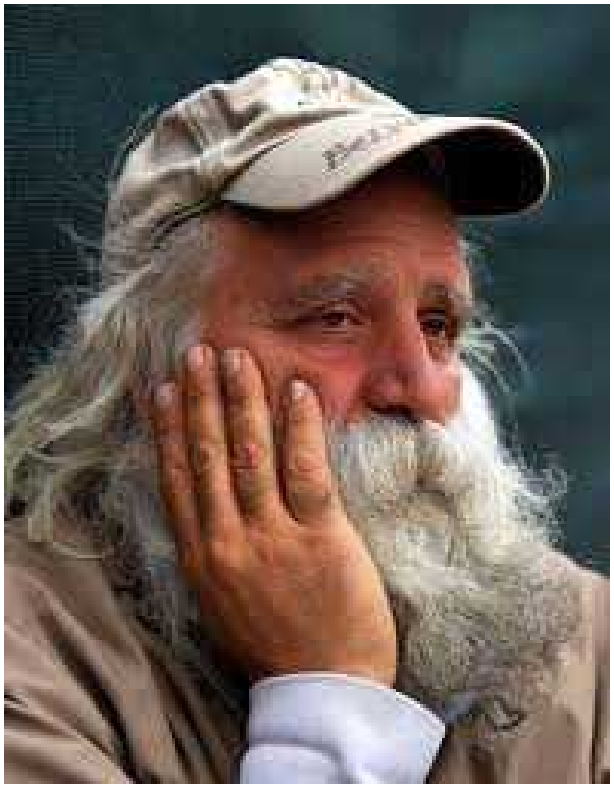

BUILDING
NEW NURSING
ORGANIZATIONS
Visions and Realities
Cathleen Krueger Wilson
AN ASPEN PUBLICATION

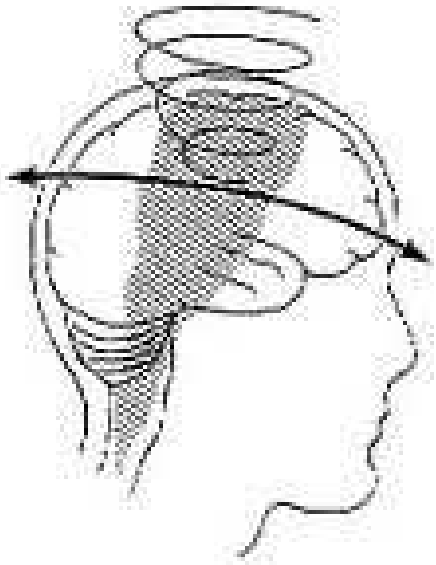
1992

Strutture intermedie

OSPEDALE PER INTENSITA'

TERRITORIO PER INTENSITA'





PERSONE DIMESSE DALLE STRUTTURE OSPEDALIERE PER ACUTI
CHE NECESSITANO DI RISPOSTE INTEGRATE
CHE NON POSSONO ESSERE EROGATE A DOMICILIO:

- ECCESSIVO CARICO EMOTIVO ED ASSISTENZIALE PER LA FAMIGLIA
- AMBIENTE ATTIVO ED IN GRADO DI STIMOLARE LE RESIDUALITA' COGNITIVE ED O MANUALI
- CONTINUITA' «TERAPEUTICA»
- INTEGRAZIONE FAMIGLIA E ASSISTENZA
- …

PRENDERSI IN CARICO DEI BISOGNI ASSISTENZIALI

LA PALLIAZIONE NON E' SOLO ONCOLOGICA

L’Associazione europea di cure palliative (EAPC) definisce come palliazione:

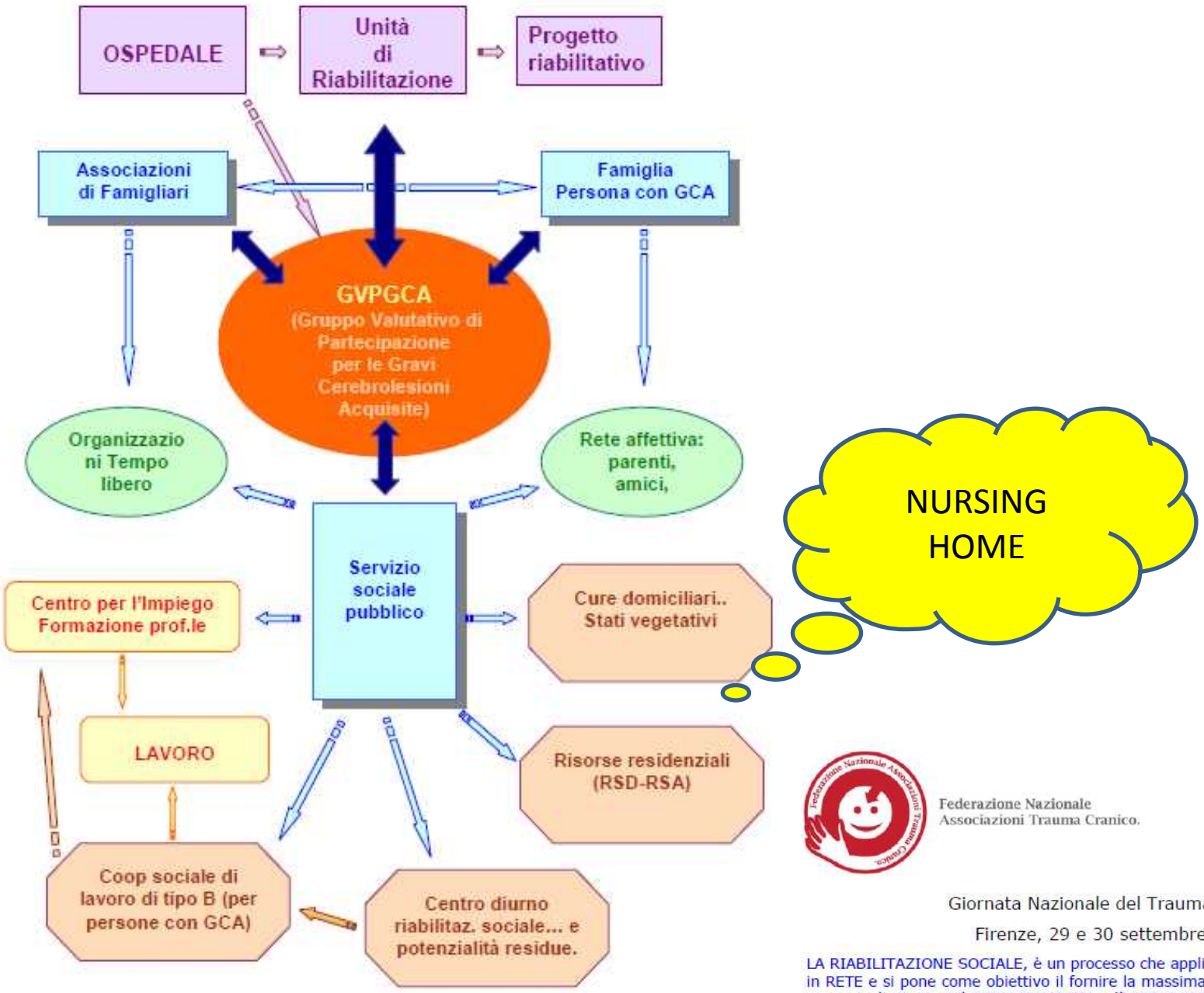
“Complessivamente lo scopo delle cura palliative è dare al paziente e ai suoi familiari una migliore qualità di vita. Le cure palliative danno importanza al sollievo dal dolore e da altri sintomi, integrano gli aspetti fisici, psicologici e spirituali della cura del paziente, offrono un sistema di assistenza al malato perché possa vivere in modo attivo fino alla morte, ed un sistema di sostegno alle famiglie per aiutarle ad affrontare la malattia e il lutto.”

Le Cure Palliative sono una serie di interventi terapeutici ed assistenziali finalizzati alla cura attiva e totale di malati, la cui malattia di base non risponde più a trattamenti specifici.
Fondamentale è il controllo del dolore e degli altri sintomi ed, in generale, dei problemi psicologici, sociali e spirituali dei malati stessi. L'obiettivo delle cure palliative è il raggiungimento della migliore qualità di vita possibile per i malati e per le loro famiglie. (OMS)

Obiettivi di una nursing home

- Riabilitativi
- Mantenimento /miglioramento delle abilità residuali
- Preventivi
- Palliativi

Ipotesi di percorso integrato per il reinserimento sociale della persona con Grave Cerebrolesione Acquisita



Federazione Nazionale
Associazioni Trauma Cranico.

Giornata Nazionale del Trauma Cranico

Firenze, 29 e 30 settembre 2006

LA RIABILITAZIONE SOCIALE, è un processo che applica come metodologia il lavoro in RETE e si pone come obiettivo il fornire la massima AUTONOMIA possibile, ed ha come risultati attesi il REINSERIMENTO e l'INTEGRAZIONE delle Persone con Esiti di GCA.

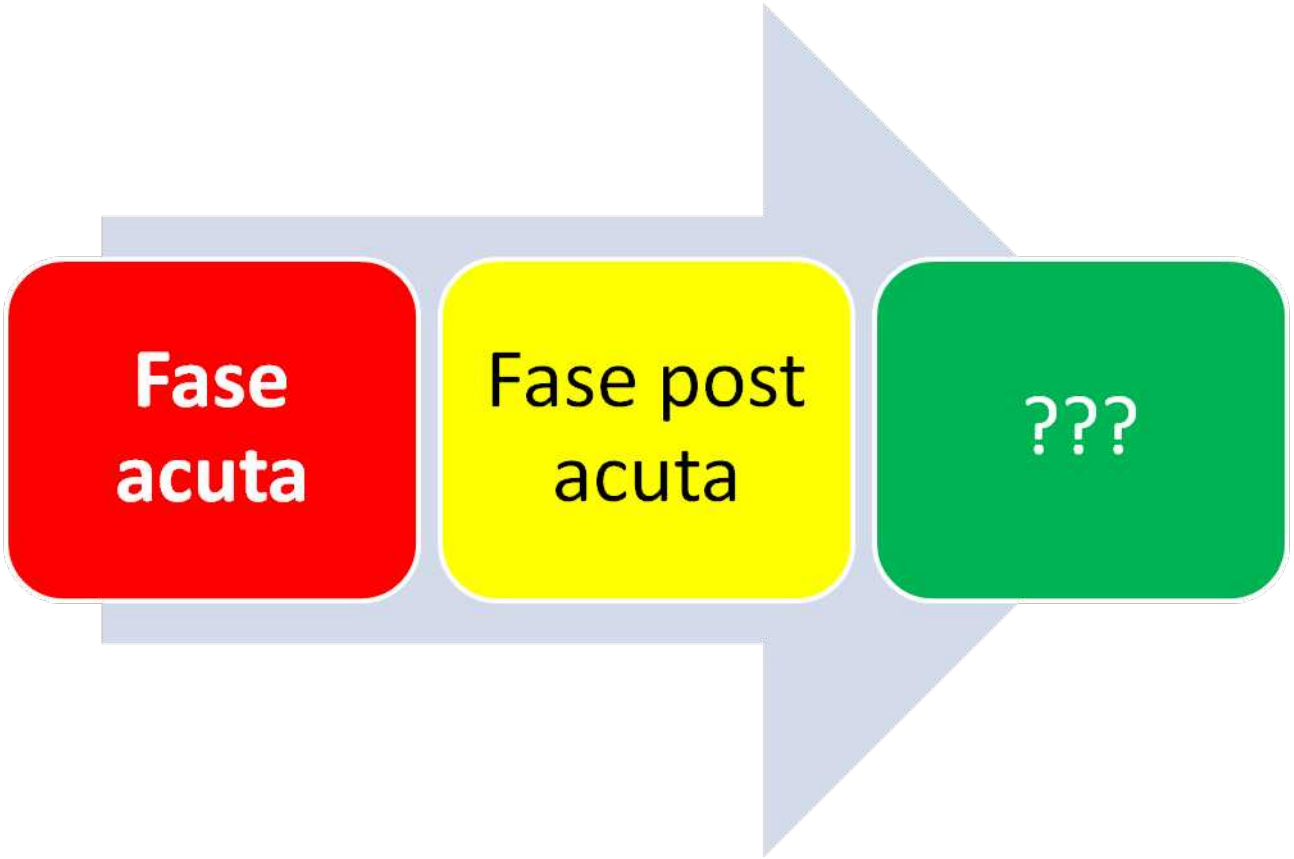
Complessità Intensità

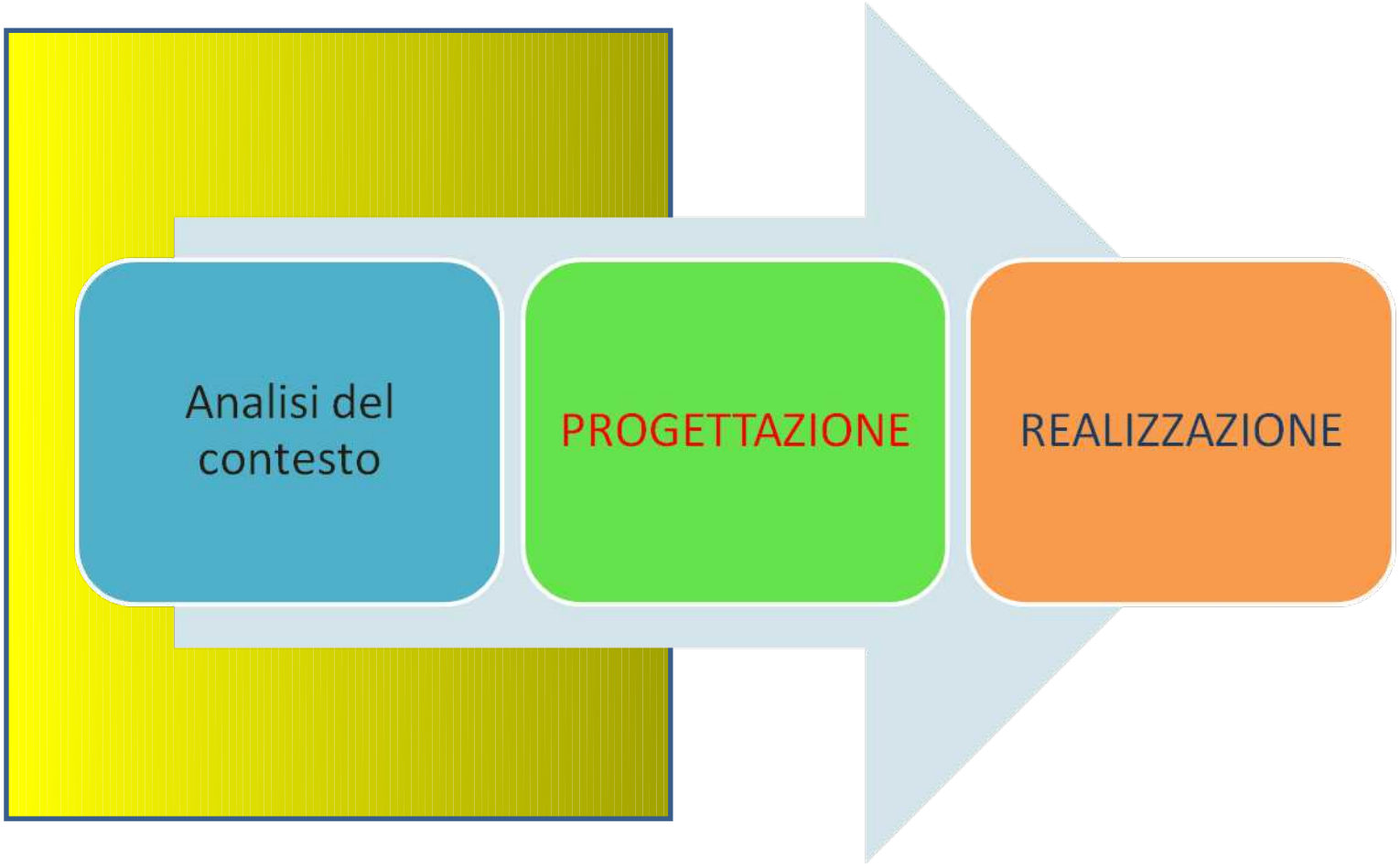
Complessità

Intensità

Obiettivi di una nursing home

- Riabilitativi
- Mantenimento /miglioramento delle abilità residuali
- Preventivi
- Palliativi


Fase acuta
Fase post acuta
???


Analisi del contesto
PROGETTAZIONE
REALIZZAZIONE

SWOT ANALISI

Analisi di supporto alle scelte che consente di razionalizzare i processi decisionali.

PUNTI DI FORZA

- PRESA IN CARICO DELLA PA
- CONDIVISIONE CON STAKEHOLDER
- RICONOSCIMENTO PROFESSIONALITA'
- UTILIZZO DI EDIFICI DISMESSI

PUNTI DI DEBOLEZZA

- ZONA GRIGIA TRA CLINICA ED ASSISTENZA
- ASSUNZIONE RESPONSABILITA' /FORMAZIONE
- INVESTIMENTI ECONOMICI E STRUTTURALI (FINANZIAMENTO)

OPPORTUNITA'

- RISPONDERE AI BISOGNI DELLE PA IN MODO DIFFERENZIATO
- GARANTIRE CONTINUITA' E TRASVERSALITA' DI APPROCCIO

MINACCE

- DIVENTARE STRUTTURE IBRIDE SENZA DIFFERENZIAZIONE CON ALTRE MODALITA' DI RISPOSTA TERRITORIALE

Brain Inj. 2009 Jan;23(1):22-9.

Injury severity and disability in the selection of next level of care following acute medical treatment for traumatic brain injury.

Malec JF, Mandrekar JN, Brown AW, Moessner AM.

Rehabilitation Hospital of Indiana, Indianapolis, IN 46254, USA. jmalec@rhin.com

Abstract

PRIMARY OBJECTIVE: To evaluate the association of demographic factors, post-traumatic amnesia (PTA) and a standardized measure of ability limitations with clinical decisions for Next Level of Care following acute hospital treatment for moderate-severe traumatic brain injury (TBI).

RESEARCH DESIGN: A TBI Clinical Nurse specialist recorded PTA for 212 individuals and rated 159 on the Ability and Adjustment Indices of the Mayo-Portland Adaptability Inventory (MPAI-4) for comparison with clinical decisions.

MAIN OUTCOMES AND RESULTS: Multivariate logistic regression analyses revealed that independent ratings on the MPAI-4 Ability Index and PTA were associated with the clinical decision to admit to Inpatient Rehabilitation vs discharge to Home in 92.7% of the sample; ratings on the Ability Index alone were associated with this decision in 92.2% of cases. Age over 65 was the only variable associated with discharge to a Skilled Nursing Facility, correctly predicting this decision in 64% of cases.

CONCLUSIONS: Use of a standardized measure of ability limitations appears feasible to provide supportive documentation and potentially improve the consistency of decision-making in recommending Inpatient Rehabilitation vs discharge to Home. Although age is a significant factor in the decision to discharge to a Skilled Nursing Facility, this decision appears complex and merits further study.

Can J Neurosci Nurs. 2010;32(3):25-35.

The needs of family members of severe traumatic brain injured patients during critical and acute care: a qualitative study.

Keenan A, Joseph L.

Trauma Program, The Ottawa Hospital, Ontario. akeenan@ottawahospital.on.ca

Abstract

Traumatic brain injury (TBI) is a devastating injury for both patients and their family members. The goal of this study is to identify the needs expressed by family members, as patients with severe brain injury progress through their recovery. A qualitative study was undertaken with 25 family members who were associated with 15 injured relatives. Data are reported from 44 interviews conducted at two time periods: discharge from ICLI (Time 1) and discharge from acute care facility to home or rehabilitation (Time 2). The findings are part of a larger mixed method study of both qualitative and quantitative data collected over three time periods. Family members identified a variety of need during the acute hospitalization period. Thematic analysis at 1 identified four main themes that described the trajectory of the families' experiences: getting the news, uncertainty, making sense of the news and moving on. At Time 2, themes of the family experience included uncertainty, looking for progress, transition and letting go/building a new connection. Themes that identified the needs of families included managing life, involvement in care, and holding on to hope. Support required by the family included the need for information, professional support and community support. Families had intensive needs in the acute phase of the injury and their needs changed over time. Findings of the study will assist neuroscience nurses in understanding their role in providing for the needs of families of TBI patients.

AACN Clin Issues. 2001 Aug;12(3):438-46.

Comprehensive trauma patient care by nonphysician providers.

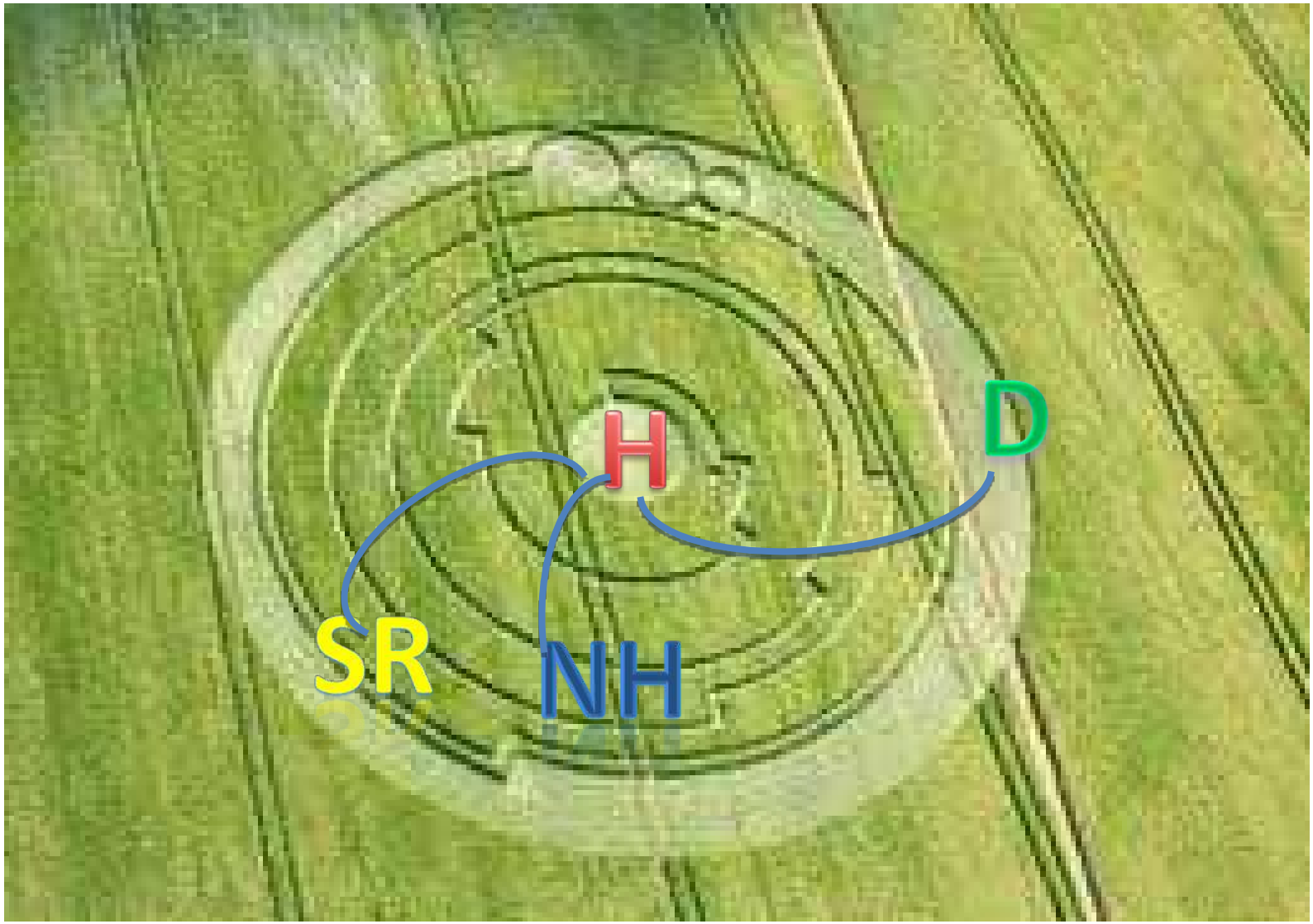
Sole ML, Hunkar-Huie AM, Schiller JS, Cheatham ML.

University of Central Florida School of Nursing, USA. msole@mail.ucf.edu

Abstract

Nonphysician providers are being increasingly used to care for trauma patients. As these complex patients recover, they require meticulous medical management and time-consuming psychosocial care. A retrospective evaluation of a unique patient care service staffed by nonphysician providers is presented. The Intermediate Care Service is designed to facilitate the management and long-term placement of trauma patients who no longer require intensive care while recovering from their injuries. The new diagnoses, physician order changes, and disposition of 93 patients cared for during a 6-month period are described. Most patients were admitted with neurologic injury. The most common new diagnosis was constipation; the most frequent new orders related to medications, including bowel management, and rehabilitation consultations. All patients were discharged from the hospital. The Intermediate Care Service represents a unique and valuable model for the collaborative management of complex trauma patients.

PMID: 11759361 [PubMed - indexed for MEDLINE]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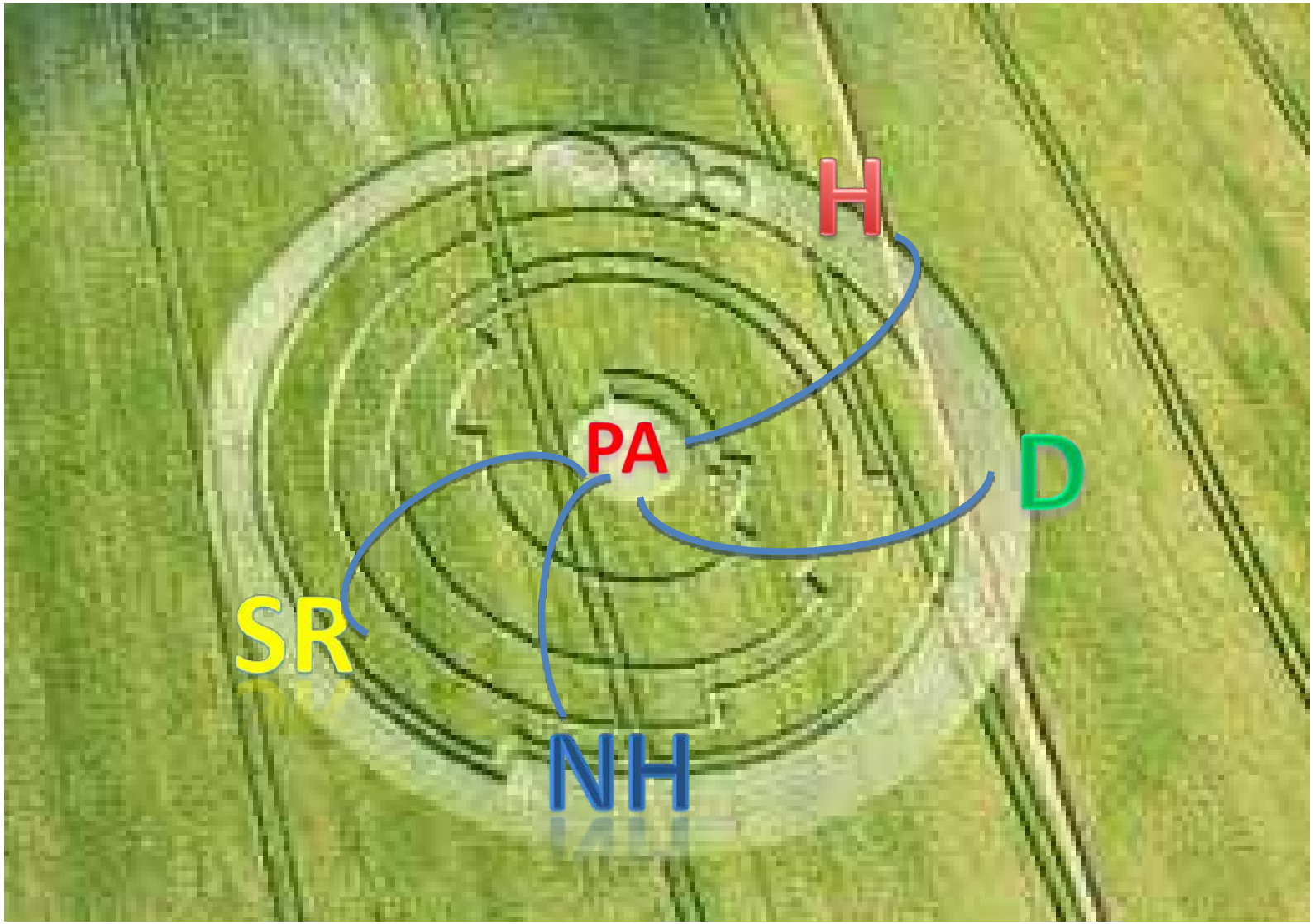
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NURSING HOME

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Grazie