



AALTCN  
Changing the Culture of Long Term Care Nursing  
Together we ALL Can

### **Nursing's Long-Term Limbo: A call by some for new RN grads to work in long-term care goes largely unanswered.**

A recent article in *Advance for Nurses* describes challenges for new nursing grads in seeking employment in nursing homes. AALTCN Executive Director Charlotte Eliopoulos is interviewed in the article and describes the complexities and rewards of LTC nursing, as well as the steps AALTCN has taken to help enhance nursing competencies in this specialty (e.g., development of core competencies, standards, etc.). To read the full article and interesting reader feedback to it visit: <http://nursing.advanceweb.com/Features/Top-Story/Nursings-Long-Term-Limbo.aspx?cid=xem-emc-nd>

### **New Immunization Guidelines**

The National Guidelines Clearinghouse has published revised immunization recommendations for adults. To view the complete recommendations for adult immunizations visit: [http://www.guideline.gov/summary/summary.aspx?view\\_id=1&doc\\_id=15493](http://www.guideline.gov/summary/summary.aspx?view_id=1&doc_id=15493)

### **Preventable Emergency Department Visits**

The National Center for Health Statistics has reported their most recent survey data showing that older adults, particularly nursing home residents, comprise a large and growing percentage of those visiting the ED. Fever, chest pain, heart disease (mainly heart failure), mental status changes, gastrointestinal bleeding, urinary tract infections, metabolic disturbances, pneumonia, diseases of the skin, and injuries due to falls have been identified as reasons for potentially preventable visits to an ED. Researchers argue that some of these conditions, such as urinary tract infections, could be more appropriately treated in the nursing home. Other conditions prompting ED visits, such as those related to falls or pneumonia, may have been avoided by preventing the adverse health event itself. Decreasing potentially preventable visits to EDs may reduce health care costs, lessen trauma or complications resulting from medical treatment for nursing home residents, and improve quality of care. This report presents the only national information on potentially preventable ED use among U.S. nursing home residents; to view the full report visit: <http://www.cdc.gov/nchs/data/databriefs/db33.htm>

### **Relief for Chronic Skin Problems in Long Term Care**

Anyone who has worked in a Long Term Care setting knows that there are multitudes of chronic skin conditions afflicting residents. Xerosis (dry skin) and pruritis (itchiness) are the most common and are frequently due to environmental conditions such as heating and air conditioning in buildings which dry the air and therefore dry the skin. Other common conditions in long term care (and the general public for that matter) that can cause problems for skin include diabetes, peripheral vascular/arterial disease, eczema, psoriasis, dermatitis, incontinence, chronic pressure or friction, renal dialysis, steroid use, and history of radiation treatments, just to name a few. Fortunately, there is a product now available in the United States that can help combat many of these problems. **P.O.L.<sup>®</sup> Cream** is a topical cream that was first introduced in Europe over 20 years ago in long term care facilities and home health care. It was and still is used in Europe primarily for care and prevention of pressure ulcers, diabetic skin care, and as a moisture barrier for the incontinent patient. The Pure Omental Lipids formulation delivers the proven benefits of phospholipids—powerful antioxidants and protective moisturizers. These phospholipids quickly and deeply penetrate the skin and have the unique ability to bind water and oil, thus resulting in immediately effective moisturizing and protection. Researchers are now reporting advances in the treatment of various skin problems by identifying biochemicals that are found naturally in the skin, such as phosphatidylcholine, and studying their role in healing. This work suggests that using a topical cream to supplement these natural biochemicals may be helpful. Other ingredients of interest are ceramides and glycolipids. **P.O.L. Cream** uses its unique omental delivery

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system to deliver phosphatidylcholine directly to the deeper layers of the skin, along with ceramides and glycolipids. **P.O.L. Cream** is a patented formula and the only cream world-wide that contains Pure Omental Lipids. It is safe and effective to use and best of all for long term care, it is completely non-medicated and therefore does not require an MD order in most health care settings. For more information on **P.O.L. Cream**, please visit [www.cabotprotectives.com](http://www.cabotprotectives.com). We thank the authors of this article Jim Greene, M.S and Denise Skinner, RN, BSN, WCC for sharing this information.

### **The Changing Face of Motivation**

Once upon a time it was believed that workers would perform their jobs just because they were getting paid and needed to be thankful for that. Then, management discovered that people were motivated by rewards and the avoidance of punishment, and developed systems of manipulating carrots and sticks to get employees to do their jobs. Now, we are learning that people are motivated just as much by intrinsic factors such as joy and purpose, as extrinsic factors like raises and promotions. This is the message of Daniel Pink in his book, *Drive: The Surprising Truth About What Motivates Us*.

Pink bases his work on current research that affirms that people work best when motivated from within and when they have control over their work. Punitive measures and holding people to budget targets or time standards for tasks are demoralizing and do not contribute to a company's best outcomes. People do better when they have autonomy and control over their activities.

Seems like the empowerment of employees promoted with culture change is right on target!

### **Recent Articles of Interest**

**Stressful but Vital: Picking a Nursing Home** (featuring AAHSA's Larry Minnix!)

(By Walecia Konrad, The New York Times, March 18, 2010)

<http://www.nytimes.com/2010/03/20/health/20patient.html>

**Advance Care Planning Improves End of Life Care and Reduces Stress for Relatives**

(By Emma Dickenson, British Medical Journal via EurekAlert!, March 23, 2010)

[http://www.eurekalert.org/pub\\_releases/2010-03/bmj-acp032210.php](http://www.eurekalert.org/pub_releases/2010-03/bmj-acp032210.php)

**Numerous Factors Weighed When Patients Cannot Make Their Own Decisions**

(By Cindy Fox Aisen, Indiana University School of Medicine via EurekAlert!, March 22, 2010)

[http://www.eurekalert.org/pub\\_releases/2010-03/iuso-nfw032210.php](http://www.eurekalert.org/pub_releases/2010-03/iuso-nfw032210.php)

### **Pilates and Osteoporosis: A Dangerous Combination**

With more than 44 million Americans age 50 and older having osteoporosis or its precursor, osteopenia, interest in an exercise to promote bone health is welcomed with open arms. Thus, reports that Pilates strengthens bones, has caught the interest of those with these conditions. Pilates promotes alignment of the body and good posture—elongating the spine and aligning it with the pelvis, hips, legs, feet, shoulders and head. And like most exercises, Pilates enhances breathing and movement in general. However, traditional Pilates, especially when done in a mat class (on the floor) involves an excess of motion for the spine that can actually induce spinal fractures. In fact, these types of Pilates exercises are contraindicated for people with osteoporosis and osteopenia. It isn't that Pilates in any form shouldn't be done by people with these conditions; just that the rolling exercises or exercises that involve front or side bending and rotation of the spine should be avoided. Also, lifting the head while lying on the floor is not advised. With these modifications the benefits of Pilates can be enjoyed without the risk of fracture.

Source: Rotstein, R. (2009). Osteoporosis and Pilates. <http://www.drweil.com/drw/u/id/ART02834>

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