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Management Skills

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*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 www.aic.sg/mosaic
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mosAIC’s Regular Reads aims to bring to community care providers’ attention knowledge that may be relevant and useful to their operations. This section features journal articles that highlight latest research findings as well as good, evidence-based and innovative practices. While the articles aim to keep community care providers informed of current developments in the sector, the views and opinions expressed or implied do not necessarily reflect those of the Agency for Integrated Care (AIC), its directors or editorial staff.

Updated in January 2016

Texas Team Action Coalition to prepare 400 nurses to serve on boards

A year-long training programme, Nurses On Board, was launched by Texas Team Action Coalition. It will impart skills and knowledge to prepare nurse leaders to pursue positions on boards of directors of hospital, community and state-wide governing bodies that address health care issues. The workshops will be held in eight regions in Texas and prepare approximately 400 nurses state-wide to serve on boards of directors. Nurses who participated in the inaugural workshop will be invited to become trainers for future workshops.


Search for the full-text article at www.nwif.org

Four industry trends driving talent management process improvement

The healthcare sector in the United States is facing a talent shortage. It is striving to increase workforce supply and capabilities, develop workforce diversity and strengthen professional areas where supply is weak. There is a need to bridge this widening skills gap as healthcare employment is projected to increase from 16.4 million in 2010 to 22 million in 2020. This article lists four industry trends that are likely to drive the increase in talent needed in post-acute care. They include: increasing numbers of high-acuity patients and residents; the increasing popularity of “ageing in place” and facilitating a continuum of care; an increased focus on person-centred care; and the adoption of new technology.


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

Train to retain

The healthcare sector in the United States has undergone a number of changes with the implementation of healthcare reforms, other significant regulatory changes, disruptive advances in technology, and the New York state mandate for Medicaid patients needing LTC services for managed care plans. This article looks at how CenterLight Health System, a New York non-profit provider of rehabilitation and short- and long-term health care services introduced sustainable improvements to address the opportunities and challenges they faced. It addressed three goals: to improve training and coaching; to drive a performance-based culture; and to develop more career paths for employees and reduce the need to seek skilled employees
from outside the organisation. It trained team leaders, pursued sustainable performance, trained to retain and adopted continuous learning.

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

Updated in September 2015

**Volunteers – the charitable solution for improving the lives of care home residents**

The National Council for Voluntary Organisations, the umbrella body for the voluntary and community sector in England, is spearheading a three-year project until 2016, which aims to improve the quality of residents’ lives through the use of volunteers and develop the links care homes have with the community. It is funded by the Department of Health. It hopes to match between 350 and 400 volunteers across Britain to home care residents to give them the support that they want. In the process, they hope to establish best practices and draw up a tool kit on recruiting and establishing the right sort of volunteers. Volunteers help in a range of activities from simple acts of kindness such as taking an elderly shopping to more specialised tasks such as gardening. Earlier volunteers tended to be middle-aged persons but today they include much younger people.

Search for the full-text article at www.carehome.co.uk/news/features.cfm

**Pay, conditions and care quality in residential, nursing and domiciliary services**

Residential, nursing and domiciliary care service workers tend to do demanding work for low pay, and social care services are being delivered in an increasingly challenging environment while expectations about service quality, care workers’ skills and attributes are increasing. In this regard, this report seeks to ascertain if there is a relationship between pay and conditions for these workers and the quality of care they provide. No conclusive evidence exists to show that increased salary will lead to improved care quality. However, it is found that it is important that staff feel valued; have chances for career progression; are given managerial support and proportional human resource management; there is a need to address the low social standing of care workers and motivate them; and that it is important to retain employees in this sector.

Search for the full-text article at www.jrf.org.uk

Updated in April 2015

**Is excessive paperwork in care homes undermining care for older people?**

This report explores whether the burden placed upon British care home staff to produce paperwork is having a positive or detrimental effect on the quality of care. It uses desk-based review of paperwork, interviews, focus groups and observations with care home staff, residents and carers to look at: the function of paperwork and who decides it; how paperwork is used in
care homes; whether paperwork contributes to what residents value; and the implications on the quality of care residents receive. The study found that residents, rather than being the beneficiaries, were at the mercy of regulatory regimes. Paperwork had an adverse effect on leadership, value of care, vocation, co-operation and professional autonomy. It concludes with short-term and long-term recommendations to streamline paperwork.


Search for the full-text article at www.jrf.org.uk

Community services: How they can transform care

This paper examines the changes needed to realise the full potential of community services for transforming care. The Transform Community Services policy, launched in 2008 in the United Kingdom, focused on moving care closer to homes and resulted in some reductions in length of hospital stay. This paper focuses on the bigger issue of how services need to change to fundamentally transform care. The key changes needed are: simplifying services and creating larger multidisciplinary teams; rapid and accessible response by the community services; new ways to contract and pay for services; and community services harnessing the wider community to support people in their own homes, combat social isolation and create healthier communities.


Search for the full-text article at www.kingsfund.org.uk

Managing medicines in care homes

This guideline provides recommendations for good practice on the systems and processes for managing medicines in care homes. It looks at prescribing, handling and administering medicines to residents living in care homes and the provision of care or services related to medicines in care homes. Some of the recommendations include those that pertain to the development and review of policies for the safe and effective use of medicines; identifying, reporting and reviewing problems that are related to medicines; ordering medicines; helping residents in self-administration of medicines; and care home staff administering medicines to residents or giving medicines to them without their knowledge. It also discusses the legal framework for this guideline and the evidence and recommendations on this topic. A discussion as to how the guideline was developed is also available.


Search for the full-text article at www.nice.org.uk

Updated in October 2014

Long-term care services in the United States: 2013 overview

This report presents the results of the first wave of the National Study of Long-Term Care Providers (NSLTC). It provides a national picture of providers and users of long-term care services in the United States. It provides information on the supply, organisational characteristics, staffing and services offered by providers of long-term care services. It details the demographic, health and functional composition of users of these services such as nursing home residents, residential care community...
residents, patients of home health agencies and hospice, and participants of adult day services centres. It found that in 2012, about 58,500 long-term care services providers served about eight million people in the United States. Provider sectors differed in ownership, size, nursing staffing levels, use of social workers and services offered. Users of long-term care services varied in their demographics, health characteristics and functional status.


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

Recruiting to reduce turnover in LTC

Employee turnover rate in the healthcare sector is very high. This could be due to the stressful nature of the job or ample opportunities available within the sector due to the chronic labour shortage. This article discusses successful recruiting and selection strategy. The process of recruiting involves recognising that some recruiting sources deliver employees with higher retention rates than others; analysing different recruiting sources for retention; and using realistic job previews during recruitment. The two proven ways for improving the selection process are behavioural assessments and structured interviews. The second part of the article “Recruiting, retention and onboarding” provides strategies to ensure that the chosen employee stays.


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

Focus on enforcement regulatory reviews: Adult care homes sector

This document discusses the views of adult home care providers with regard to the regulation of the sector. Among the points raised were that while no significant challenges were mounted against the current regulations, concerns were raised by the sector about enforcement of regulations and how commissioning roles are exercised. Providers also spoke of a lack of coordination between the Care Quality Commission and commissioners of places in homes contributing to burdens imposed on providers. Besides, the sector feels that current pass/fail approach to assessing and reporting compliance has serious limitations.


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

Updated in July 2014

Commission on long-term care: Report to Congress

This report provides an in-depth assessment of the challenges facing the current U.S. long-term care system and offers a broad range of potential solutions based on public opinion and views of 15 experts in the field. One of the recommendations is to eliminate Medicare's three-night hospital inpatient requirement to qualify for post-acute coverage. Rather than providing best ideas related to financing for long-term services and supports, the report offers two different approaches as the commissioners...
were divided on their views. In response to this report, five members of the Congressional Commission on Long-Term Care released a report providing an alternative view.


Search for the full-text article at http://ltccommission.org

5 keys to finding and retaining resident-centered employees

This article provides long-term care organisations with five key insights on cultivating a team or relationship-focused employees: select candidates who value service and relationships; create a culture that gives employees permission to develop relationships; hold managers accountable for inspiring employees; realise the power of public recognition; and assess relationship-building skills via performance evaluations and resident satisfaction surveys. It highlights that organisations that identify employees who are self-motivated and who have design systems and processes to keep employees in touch with the workplace are more likely to hire and retain employees who are engaged with residents.


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

The future of county nursing homes in New York State

This report examines the future of New York State county nursing homes based on the consequences of previous decisions to shift nursing homes from the public to the private sector. It does not include homes in New York City. It found that county homes are losing market share to non-public homes, particularly to for-profit providers. While planning the future of county nursing homes, leaders must do due diligence that includes ways of reducing internal costs, enhancing revenues, and weighing the potential conditions for selling homes. The government should consider the following variables: number of other nursing homes in the country; surplus or shortage of nursing home beds; projection of the future aged population; availability of long-term care services other than nursing homes to country residents; among others.


Search for the full-text article at www.cgr.org

Pathways to progress in planning for long-term care

This research examines the reasons why Americans aged 40 and older plan too little and too late for their long-term care needs as they grow older. It analyses individual planning behaviour based on age; confidence in finding information; socioeconomic status; retirement; avoidance; experience with long-term care; parents of minor children; health status; likelihood of needing long-term care; and other predictors. It looks at perceived extent of planning, confidence in finding ageing information, predictors of avoidance, experience providing long-term care and group differences in concerns about ageing. It found that Americans underestimate their long-term care needs and take few steps to prepare for it.


Search for the full-text article at www.thescanfoundation.org
Updated in April 2014

**Better practice guide to complaint handling in aged care services**

This booklet provides guidance on creating an effective resolution-focused complaint system in aged care services or ways to enhance the existing process. It encourages a positive, blame-free culture around complaint handling by presenting how complaints help to improve the quality of aged care services in Australia. It lists the various stages of complaint handling: acknowledgement; assessment and assigning priority; planning; investigation; response; and follow up. It also documents complaint handling policies and procedures; the need for effective communication skills; making complaints accessible; continuous improvement to improve service quality; and the legal rights and obligations for service providers and care recipients.


Search for the full-text article at [www.health.gov.au](http://www.health.gov.au)

**Improving the financial accountability of nursing facilities**

Nursing facility expenditures have increased over time but so have their profit margins. The United States Government is the primary source of funds. However, profit margins that come at the expense of direct care services will have an adverse impact on the quality of care. The authors contend that these facilities have problems meeting federal quality standards and that low nurse staffing levels are associated with many quality problems. This report looks at nursing facility financing, expenditures and profit margins in California. It also explores two financial policy options designed to control nursing facility costs and improve financial accountability while promoting expenditures on services likely to improve care quality: reimbursement by cost category; and a standard medical loss ratio (MLR).


Search for the full-text article at [https://kaiserfamilyfoundation.files.wordpress.com](https://kaiserfamilyfoundation.files.wordpress.com)

**Medicare hospice: Use of general inpatient care**

Hospice care is intended to be short-term. It is also the second-most expensive type of care. In the United States, hospice general inpatient care (GIP) is provided either in Medicare-certified hospice inpatient unit, a hospital, or a skilled nursing facility (SNF). However, concerns have been raised regarding the possibility of abuse of the GIP system, such as billing for services not provided or long lengths of stay. This study analyses the claims data to identify care GIP recipients in 2011, the number of days they were cared for and the setting where they received the care. It ascertained that the system was abused and called for a review to prevent such abuses and called on the Centers for Medicare and Medicaid Services (CMS) to put in place quality measures regarding the ability of hospices to provide all hospice services.


Search for the full-text article at [https://oig.hhs.gov](https://oig.hhs.gov)
Updated in January 2014

Administrator turnover and quality of care in nursing homes

This report examines the impact that the turnover of nursing home administrators has on the quality of care at long-term care facilities in Iowa. It studied 151 facilities and found that administrators have a significant impact on the quality of care at LTC facilities as they heavily influence overall facility operations. They manage the budget; implement and oversee staff training; decide on care practices and their implementation; address issues raised in meetings; communicate with staff; resolve facility and staff problems; and initiate quality assurance projects.


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

Care Update – Issue 2: March 2013

This update provides an overview of the performance of care services in England from April to December 2012. It finds that the health and social care sector are struggling to care adequately for those with dementia. People with dementia living in care homes are more likely than those without dementia to go into hospital with avoidable conditions such as urinary infections, dehydration and pressure sores. The system also faces the challenge of integrating care across hospitals and care homes. While care homes showed improvement in training and supervision of care workers, assessing the needs of their residents, delivering personalised care and support, and detecting and preventing abuse, the progress needs to be much quicker. There was no real change in the number of nursing homes registered but the number of nursing home beds increased by 1.4 percent.


Search for the full-text article at www.cqc.org.uk

Premium-only aged residential care facilities and stand-down provisions for mixed facilities: Discussion document

This document discusses whether aged residential care facilities in New Zealand should be allowed to be “premium-only”. “Premium-only” facilities, where residents pay an additional fee, will encourage greater private sector investment in aged residential care facilities. It will provide residents with a choice of facilities and give providers greater freedom to design and operate their facilities. However, this needs to be balanced with sufficient standard rooms within the facility to give prospective residents a real choice of facility without necessarily having to pay extra. This document seeks the views of those involved in the industry as consumers and providers.


Search for the full-text article at www.health.govt.nz
Updated in September 2013

Moving into 2013: Major issues facing long-term care providers

This report highlights that 2013 is expected to be an even more turbulent year for the long-term care sector in the United States as it is getting closer to the implementation of major provisions of the Affordable Care Act, scheduled to occur in 2014. This year, it expects to focus on four areas: insurance expansion preparation, reimbursement changes, expansion of accountable outcomes and increased use of electronic health record (EHRs). This article provides a review of the events that happened in 2012 to understand where the healthcare environment is heading and outlines the four major impact areas for LTC providers.


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

The aged care workforce 2012: Final report

This report provides detailed information about the workforce that delivers aged care to older Australians in both residential and community care. It looks at the total employment and main workforce characteristics; the main characteristics of work; career paths; experiences of working in residential aged care and community aged care; work-related injury and illness; work and non-work responsibilities; cultural and linguistic diversity. It also details interviews conducted with direct care workers. It concludes by exploring ways to retain existing workers and recruit new ones.


Search for the full-text article at http://apo.org.au

The effect of foot massage on long-term care staff working with older people with dementia: A pilot, parallel group, randomized controlled trial

Caring for dementia sufferers can have a detrimental effect on the physical and emotional well-being of long-term care facility staff, with many experiencing increased stress levels and burnout. Massage has been shown to be one way of helping nurses manage stress. This article seeks to establish the effectiveness of massage for care staff looking after the elderly who are afflicted with dementia in long-term care facilities.


Search for the full-text article at www.biomedcentral.com
A new tool for rapid geriatric assessment in the elderly

This research aims to assess the design, application, validity and reliability of a new tool for rapid geriatric assessment in the elderly. It measured activities of daily living scores using a new tool compared with a well-known tool in a population study of 90 elderly subjects in four long-term care departments of a governmental geriatric centre. Results showed that there was a good correlation between the two tools as demonstrated by the correlation curve. The new tool for rapid geriatric assessment was able to evaluate the same and additional parameters measured by traditional tests and did so in much less time with equivalent validity and reliability.


Search for the full-text article at http://www.ima.org.il/ENG/Default.aspx

Older patients' attitudes towards and experiences of patient-physician end-of-life communication: A secondary analysis of interviews from British, Dutch and Belgian patients

This study examines older patients’ attitudes towards and experiences of, patient-physician end-of-life (EoL) communication in three European countries. A secondary analysis of interviews from British, Dutch and Belgian patients over the age of 60 with a progressive terminal illness was conducted. Confidence and trust were reinforced by physicians’ availability, time and genuine attention and hindered by misdiagnoses and poor communication style. Most participants preferred full disclosure, though some wished to be deliberately ill-informed to avoid distress. Patients expressed a variety of preferences for and experiences of involvement in medical EoL decision-making and a few complained that information was only provided about the physician’s preferred treatment.


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

End of Life Care Facilitator Competency Framework

The framework is designed to support the development of End of Life Care Facilitators by identifying the extent of knowledge and skill required for that level of practitioner. It recognises that to be effective, practitioners must be competent to fulfill the functions of their role. In addition, it is essential that facilitators expand their area of competence by developing the breadth and depth of their knowledge, and their skill and expertise. It sets out key components for the following core competency areas: communication, facilitation, audit; and learning and development. It includes a template to negotiate a learning and development plan, as well as a template to undertake reflective practice based on the competency framework.


Search for the full-text article at http://www.nhsiq.nhs.uk/media/2361601/eolc_facilitators_competency_framework_form.pdf
Medication incident reporting in residential aged care facilities: Limitations and risks to residents' safety

Medication incident reporting (MIR) is a key safety critical care process in residential aged care facilities (RACFs). This study undertook an in-depth exploration of the information exchange process involved in MIR and identified factors that inhibited the collection of meaningful information in RACFs. The study was undertaken in three RACFs in New South Wales, Australia. Study results emphasised the need to: design MIR artefacts that facilitated identification of the root causes of medication incidents; integrate the MIR process within existing information systems to overcome key gaps in information exchange execution; and support exchange of information that can facilitate a multi-disciplinary approach to medication incident management in RACFs.


Search for the full-text article at biomedcentral.com

Read a complete summary of this article in http://www.aic.sg/newsletter/mosAIC/Jun2013/index.html#14.

Updated in March 2013

After you: Conversations between patients and healthcare professionals in planning for end of life care

This study provides insights into the complexities surrounding the initiation of Advance Care Planning involving conversations about end of life care preferences with patients who are identified as having palliative care needs. It adopted an exploratory case study design using qualitative interviews across five services delivering palliative care to cancer and non-cancer patients within an urban and rural English region. The study found that patients demonstrated varying degrees of reticence, evasion or reluctance to initiate any conversations about end of life care preferences. Most assumed that staff would initiate such conversations, while staff were often hesitant to do so.


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

Case management the panacea for aged care?

This study seeks to evaluate the influence of case management on family member or other care-giver involvement in residential aged care settings, staff-family relationships and family satisfaction with residential care. A controlled before and after study involving pre and post intervention testing and comparison between intervention and control groups was conducted. The Family Involvement Questionnaire and the Family Perception of Care Tool was used pre and post intervention to determine the level of family involvement and their perception of care provided. Although there were no statistically significant results due to the sample size, there were positive changes at the intervention site. The study concludes that case management is a potentially suitable model of care in the aged care setting.
Updated in December 2012

**Care home sweet home: Care home of the future**

This ‘Futures’ report looks at the challenges and trends residential care homes will face in the next 20 years and how they will need to change to respond to the changing world. It explores issues such as changes in the workforce, resident care, technology and environment and suggests potential responses. It encourages looking at policy and practice initiatives that focus on recruitment and retention of care home staff, engaging communities, implementation of new technology, finding sustainable funding models for care, creating an informed care consumer, protecting vulnerable adults, sustainability of the environment and tackling societal ageism.


Search for the full-text article at [www.ilcuk.org.uk](http://www.ilcuk.org.uk)

Read a complete summary of this article in mosAIC. ([www.aic.sg/newsletter/mosaic/mar2013/#/14](http://www.aic.sg/newsletter/mosaic/mar2013/#/14))

**Job satisfaction of Australian nurses and midwives: A descriptive research study**

This paper describes the development and implementation of a questionnaire to provide information and insight into sources of stress for Australian nurses and midwives, and their impact on job satisfaction. The five main subscales used for the questionnaire were work environment, psychosocial effects of stress, job satisfaction, exhaustion, and pressure and motivation. Questionnaire returns found that the majority (96 percent) of nurses and midwives were moderately or highly satisfied with their work and the major contributory factors for their job satisfaction were the enjoyment of the work and perceiving themselves as well-suited to it. The questionnaire also found that experiencing moderate amounts of work-related stress did not diminish job satisfaction. This finding is important because it challenges the existing belief that stress may be a cause of job dissatisfaction.


Search for the full-text article at [www.ajan.com.au](http://www.ajan.com.au)

**Newfoundland and Labrador: 80/20 staffing model pilot in a long-term care facility**

This paper describes a project in Canada that set out to increase capacity for registered nurse leadership, training and support and to enhance the profile of long-term care (LTC) as a place to work. The project implemented an 80/20 staffing model, which allowed nurse participants 20 percent of their paid time pursuing a professional development activity instead of providing direct patient care, at a long-term care facility in Canada. The positive outcomes from the project suggest that staffing plans such as the 80/20 model are an effective means to improve work life in the LTC setting. However, the 80/20 model is not perceived to
be sustainable from a financial and human resource perspective. Alternative models being explored include an 85/15 or a 90/10 format that could be offered to a limited number of nurses.


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

Updated in October 2012

Advanced care planning in care homes for older people: A qualitative study of the views of care staff and families

The aim of this study was to explore views on advance care planning (ACP) in care homes for older people. The study undertook a qualitative exploration of views from care home staff and the family of residents in care homes for older people in all care homes for the elderly in two London Boroughs. Staff (care managers, nurses and care assistants), community nurses and families participated in the study comprising individual semi-structured interviews. The results revealed that staff and family voiced positive opinions towards advance care planning. Staff felt that it provided choice for residents and encouraged better planning. However, staff and families perceived residents as reluctant to discuss advance care planning. Some care assistants were reluctant to be involved.


Search for the full-text article at http://ageing.oxfordjournals.org

The fundamentals of hospice compliance: What is it and what are the implications for the future? An overview for hospice clinicians, Part 1

Part 1 of this article provides an overview of the current Medicare compliance climate in the United States of America and outlines the implications for hospice providers. It explores the seven areas of a comprehensive compliance framework outlined in the 1999 Compliance Guidance for Hospice by the Health and Human Services Office of the Inspector General. These include implementing written policies, procedures and standards of conduct; designating a compliance officer and committee; conducting effective training and education; developing effective lines of communication; enforcing standards through well-publicised disciplinary guidelines; conducting internal monitoring and auditing; and responding promptly to detected offenses and developing corrective action. The article also provides a case example to set the stage for Part 2 of the article that explores hospice-specific risk areas and specific risk-reduction strategies.


Search for the full-text article at www.journals.lww.com
» What is case management in palliative care? An expert panel study

This paper provides insights into the aims and characteristics of case management in palliative care in the Netherlands. The expert panel reviewing this issue was made up of 76 healthcare professionals, researchers and policy makers. Case management is a heterogeneous concept of care that consists of assessment, planning, implementing, coordinating, monitoring and evaluating the options and services required to meet the clients’ health and service needs. The panel agreed on nine out of the ten aims of case management. There was disagreement on the characteristics of case management that included hands-on nursing care by the case manager, target group of case management, performance of other tasks besides case management and accessibility of the case manager. Case management in palliative care varies in implementation choices.


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

Updated in August 2012

» Caring for older Australians: Productivity Commission draft report

This report provides in-depth information of the Australian governments’ understanding on aged care. It outlines the existing aged care system highlighting the care and support services, financing, regulations and social policies on aged care. It anticipates the future demand for such services and provides a framework for assessing aged care using indicators such as access, continuity and choice; pricing, subsidies and co-contributions; regulatory burdens; and reforms needed. Reaching out to diverse groups, developing age-friendly housing and retirement villages, and workforce issues are also covered. It indicates the implementation of a reform framework and sees its implication for the elderly and their service providers.


Search for the full text article at www.pc.gov.au

» Job satisfaction among health professionals of Home Hospice for Children of Lodz Region

This report studies the job satisfaction of the team working in Home Hospice for Children of Lodz Region in Poland. The questionnaire administered covered evaluation of self-abilities; evaluation of job responsibility; relationships within the team; relationships with patients and their families; work organisation and social conditions and general work evaluation. The study found that the staff experienced highest satisfaction in their relationship with patients and their families and lowest satisfaction in their relationship within the team and general work evaluation.


Search for the full text article at http://czasopisma.viamedica.pl
Urgent care in the nursing home: Aligning the incentives

This article states that more incentives need to be introduced to raise the level of clinical services especially when it comes to providing urgent care to a nursing home resident. Currently sending the resident to another facility or the hospital for treatment reduces the workload of the nursing staff, who then does not need to complete an assessment, obtain tests and treatments. However, it increases the healthcare costs related to acute hospitalisation and adds to the emotional trauma of the resident and family. This article talks about aligning incentives in order to reduce costs and provide appropriate care during times of limited healthcare resources.


Search for the full text article at www.annalsoflongtermcare.com

Free registration required.