ACUTE CONFUSION IN PORTUGUESE HOSPITAL

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Introduction: Acute confusion has relations with age and worse outcomes. Its characteristics difficults diagnosis, contributing to economic and social disruption. The management of the problem continues to be built on the experience and knowledge of each professional.

Objective: For three years, we conducted an action research in a unit of medical care for acute patients to examine the patient with confusion and nursing action. Our purpose was to identify a model that supports the conception of nursing care.

Methods: We performed training, nurses’ interviews and field notes, used the Strauss & Corbin method to generate a Grounded Theory, appealing to N Vivo 7 application for organizing the content analysis and SPSS version 18.0 for statistical analysis of global data. Neecham confusion scale was applied at the patients’ admission.

Results: An algorithm of care for patients with confusion emerged from the data obtained. It is composed by conditions that include nursing diagnosis associated with confusion, agitation and fall. These findings led to the introduction of a Decision Support System for nurses at the SAPE application. This documentation system associates diagnostic activities, diagnosis and nursing interventions.

Conclusions: After six months of implementing we obtain these results: a) Reduction of underdiagnosis of acute confusion; b) Reduced incidence of acute confusion - 4.3%; c) The nurses focus interventions in patients with mild confusion; d) Confused patients are hospitalized on average five days more than non-confused; and e) The diagnose efficacy of the risk of falls increased from 0% to 50%.


THE INFORMATION SYSTEMS INTEGRATION FOR A BETTER CARING AND CHRONIC PATIENTS’ EMPOWERMENT.

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Introduction: The technology innovation (TI) in the health system has been confirmed as the best format to share information and to facilitate the communication between all the actors involved in the chronic patients’ care.

Objective: To explore primary health care professionals’ experience on information and communications technology (ICT) use in the chronic patients’ holistic care, about how the ICT facilitates the information exchange and how it helps in the patients’ empowerment and training process.

Methods: A qualitative study was performed in the primary health setting, in a Spanish regional health service in 2013. Data were collected through participant observation, in-depth interviews and discussion group with health professionals selected by intentional sampling. The data were analysed following Taylor and Bogdan theoretical frame.

Results: Although main themes emerged in the analysis, we observed that ICT resources are old-fashion and incompatible between them. This makes difficult the referral of patients and the interprofessional communication. The participants positively valued the efforts made to improve the communication between health care levels to improve health care coordination and patient self-care.

Conclusions: Health administrators should pay attention to ICT updating to meet the needs of users and professionals. Compatible technology would help to get a more efficient health system, to avoid inequities in the access to health services and information, and to facilitate the feedback in the communication in the health care continuum.