

## RURAL HOSPITALS FACE MONEY CRISIS

Inadequate reimbursement under Medicare's Prospective Payment System (PPS) has forced many rural hospitals to fold and brought others to the brink of closing, according to the Senate Special Committee on Aging in Washington, D.C.

The chairman of the committee, Senator John Melcher (D-Mont.), says that since the elderly make up a large and growing percentage of the rural population, a reduction in the number of rural hospitals could jeopardize their access to quality medical care.

From 1983, when PPS was adopted, to 1986, more than 83 percent of the hospitals that lost money under Medicare were in rural areas. Since 1980, adds Melcher, 161 rural hospitals have been forced to shut down and more than 600 are on the verge of folding.

Congress mandated lower reimbursement rates for rural hospitals on the theory that they would have lower costs. But, say committee staffers, many rural hospitals are small, have older patients, and can't absorb the high costs of treating very sick people. Small rural hospitals also

can't afford to pay health professionals what urban hospitals can afford. More than half of the rural hospitals that have lost money under Medicare have fewer than 50 beds, reports the committee.

## A NEW VIEW ON CREATININE CLEARANCE ESTIMATES

Creatinine clearance, the most common measure of renal function, is generally estimated by Jelliffe or Cockcroft and Gault equations. But now there's evidence that those estimates may be inaccurate for some debilitated elderly patients.

In a recent study of elderly female nursing-home patients with indwelling urethral catheters, George L. Drusano, M.D., and fellow researchers at the University of Maryland School of Medicine in Baltimore found that half of the estimates calculated by the two standard equations were higher by 20 percent or more than the actual measured value. That magnitude of error can have serious clinical consequences—for example, in determining the correct dosing regimen for aminoglycoside antibiotics.

Until new regression relationships can be developed for estimating creatinine clearance in old, debilitated patients, Drusano suggests, eight-hour timed collections of urine should be used for more accurate estimates.

*Source: "Commonly Used Methods of Estimating Creatinine Clearance Are Inadequate for Elderly Debilitated Nursing Home Patients," Journal of the American Geriatrics Society, May 1988*

## OLDER REFUGEES AT HEALTH RISK

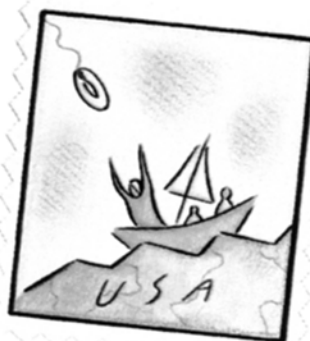
Older refugees in the U.S. are the forgotten needy and are at

high risk of physical and mental health problems. So said a report from the Refugee Policy Group and speakers at a subsequent symposium on older refugees held last June at Georgetown University in Washington, D.C.

Symposium speakers noted that older refugees may suffer not only a loss of homeland, family, and jobs but also a loss of status. In their own countries elderly people are often revered for their wisdom, but in the U.S. they may have no specific role and may be unable to learn English.

The report, "Older Refugees in the United States: From Dignity to Despair" (April 1988), which focuses mainly on Southeast Asian immigrants, notes that health professionals must be prepared to deal with the following obstacles:

- Because mental health problems are considered shameful in the native countries of many refugees, immigrants are reluctant to express psychological troubles.
- Many elderly refugees are fearful of clinics and hospitals.



- American medical care can differ radically from what older refugees knew in their own countries.

- Some older refugees would prefer traditional healers such as acupuncturists or herbalists to professionals in Western medicine.

To overcome the obstacles in helping the approximately 28,000 refugees over age 55 in

the U.S., the speakers urged health professionals to take time to learn about a hesitant patient's culture and to spend time putting the patient at ease before beginning a medical test or procedure.

You can write or call the Refugee Policy Group for more assistance: 1424 16th St. N.W., Suite 401, Washington, D.C. 20036; 202-387-3051.

## CERVICAL CANCER SCREENING FOR ELDERLY WOMEN

There were 16,000 new cases of invasive cervical cancer and 6,800 potentially avoidable deaths from the disease in the U.S. in 1984. Elderly women accounted for one-fourth of that incidence and 40 percent of the deaths, according to Jeanne S. Mandelblatt, M.D., of Montefiore Medical Center and Albert Einstein College of Medicine in the Bronx, New York, and Marianne C. Fahs, Ph.D., of Mount Sinai School of Medicine in New York City.

Based on their study of 1,542 low-income elderly women who were receiving routine care at an urban hospital outpatient clinic, Mandelblatt and Fahs believe that offering Pap test screening to high-risk older populations is a cost-effective way to decrease morbidity and mortality from cervical cancer.

Of the women studied, one-fourth reported that they had never had a Pap test. A total of 816 women agreed to be screened, and 11 were found to have abnormal (malignant or premalignant) Pap results.

The total direct medical cost of the testing program—screening, diagnosis, treatment, and follow-up—was \$59,733. However, the authors calculate that early detection of cervical neoplasia saved 3.72 years of life for

every 100 Pap tests performed and \$5,907 in medical costs.

Source: "The Cost-Effectiveness of Cervical Cancer Screening for Low-Income Elderly Women," *Journal of the American Medical Association*, April 1988

## SCREENING OF URINE SPECIMENS: A QUICK METHOD

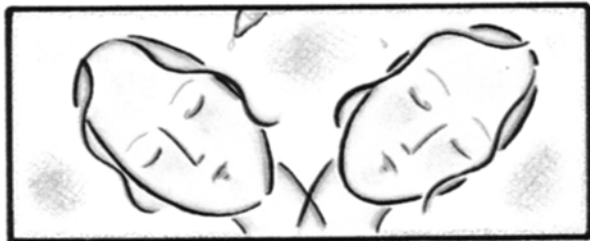
Since the majority of urine specimens test negative for bacteriuria, it's timesaving and cost-effective to screen samples before sending them for culture or automated analysis. In a study of 198 male inpatients aged 45 to 98, by the Danville (Illinois) Veterans Administration Medical Center, S. M. Gelbart, Ph.D., and M. M. Prabhudesai, M.D., successfully employed the Chemstrip LN dipstick (Biodynamics Corporation, Indianapolis) for that kind of bacteriologic screening.

The Chemstrip LN uses a combination of two pads: a leukocyte esterase indicator and a nitrite indicator. Both pads must be negative for the test to be negative. Any positive reaction on either pad is considered positive.

In Gelbart and Prabhudesai's elderly population, the Chemstrip LN had a negative predictive value—that is, the accurate identification of culture-negative specimens—of 96 percent.

Many of the patients studied had underlying diseases, and most had indwelling catheters that caused them to have significant numbers of white cells in their urine. Since the Chemstrip LN detects white cells even in the absence of bacteriuria, it registered many false positives. Use of certain antibiotics or medications that dye the urine also interfered with accuracy in some cases.

Source: "Evaluation of Chemstrip LN in a Male Geriatric Population," *Journal of the American Geriatrics Society*, April 1988



## EASIER EYEDROP APPLICATION

If a patient's involuntary blinking makes it hard for you to apply eyedrops, try this suggestion from Julian Melamed, M.D., and his associates at Massachusetts General Hospital in Boston. (Melamed is now assistant director of the Glaucoma Consultation Service at Massachusetts Eye and Ear Infirmary, Boston.)

Have the patient lie down. To instill drops in the left eye, rotate his head 45 degrees to

the right and ask him to close his eyes. Then instill the drops on the eye's inner canthus. Next, tell the patient to move his head slowly toward the left side as he blinks several times. The drops will be drawn into the conjunctival sac by gravity and surface tension.

To instill drops in the right eye, reverse the procedure.

Source: "Instilling Eyedrops in the Involuntary Blinker," *New England Journal of Medicine*, January 1988

## VOLUNTEERS REACH OUT TO RURAL ELDERLY

Shortages of funding and of trained personnel have led to an inadequate supply of professional in-home health services for the rural elderly. And even when such services are available, they're often underused because of residents' suspicion, independence, and reliance on family, friends, and neighbors.

Rather than fighting the traditional grass-roots social networks, health-care providers can make use of them to better serve the rural elderly and their families, says Burton P. Halpert, Ph.D., an associate professor at the Center on Aging Studies at the University of Missouri in Kansas City.

In a recent demonstration of that concept, Halpert helped establish a Volunteer Information Provider Program (VIP) in five rural Missouri counties. Sixty-three volunteers were recruited by the Cooperative Extension Services from the Extension



Homemaker Clubs. The "VIPs" received three days of learn-by-doing training, which focused on communication skills, stress management, personal-care activities (transfer, lifting, bathing, dressing, incontinence care), and other skills they could teach to nonprofessional caregivers.

In a 14-month period after the training, the VIPs provided assistance to more than 1,100 caregivers. Based on that successful demonstration, the VIPP is now being used in 24 states.

Source: "Volunteer Information Provider Program: A Strategy to Reach and Help Rural Family Caregivers," *The Gerontologist*, April 1988

## PRESSURE SORES: TIPS ON MEASUREMENT AND TREATMENT

The irregular surfaces and three-dimensional extension of pressure sores make objective measurement difficult.

Charlotte S. Resch, M.D., (now in private practice) and her colleagues at Wayne State University School of Medicine in Detroit have designed an ingenious solution to the measurement problem. The group made molds (castings) of pressure sores using Jeltrate, an alginate material designed for taking dental impressions. All that's needed is a bowl and spatula to mix the compound with water; the mixture is then spread on the sore.

Once set, the material is flexible enough to be removed easily from the wound. The finished mold is then weighed, and the weight is converted to an accurate volume measurement.

Treatment of pressure sores is also improving, according to Mary L. Shannon, RN, Ed.D., of the University of Tennessee College of Nursing in Memphis and Beverly M. Miller, RN, M.S.N., of the Memphis Veterans Administration Medical Center. In a pilot study published in May, they found that a quickly applied, self-adherent, impermeable hydrocolloid dressing (DuoDERM) promoted faster healing and reduced the risk of infection, compared with standard gauze dressings.

Because hydrocolloid dressings can be left in place for up to seven days, their use also provides significant savings in money and nursing time, Shannon and Miller report.

Sources: "Pressure Sore Volume Measurement: A Technique to Document and Record Wound Healing," *Journal of the American Geriatrics Society*, May 1988; "Pressure Sore Treatment: A Case in Point," *Geriatric Nursing*, May/June 1988

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