911: Card Sorts Help "Unpack" Clinician Perspectives on Patient Condition and Treatment Priorities.

Pamplin J., Murray S., Mann-Salinas E., Serio-Melvin M., Huzar T., Wolf S., Nemeth C.,
THE SIGNIFICANCE OF THE TREATMENT FOR THE ELDERLY EMERGENCY PATIENTS REQUIRING INTENSIVE CARE

Kiyohiro Oshima1, Shuichi Hagiwara2, Masato Murata1, Minoru Kaneko1, Makoto Aoki1, Masahiko Kanbe1, Fumio Kunimoto1; Gunma University Graduate School of Medicine, Maebashi, Gunma, 2N/A, Maebashi, Japan, 3Department of Emergency Medicine, Gunma University, Maebashi, Japan, 4Gunma University Hospital, Maebashi, Japan.

Learning Objectives: The number of emergency ambulance dispatches of the elderly people is increasing in Japan with aging of the Japanese people. However, there are no established guidelines whether how much we should care for elderly people. In addition, the effect of the intensive care for the elderly emergency patients is still controversial. We hypothesize that the length of hospital stay is long, the prognosis is poor and the total treatment cost is expensive in the elderly patients who admitted to intensive care unit (ICU) through emergency room (ER). Methods: Patients who were admitted to ICU directly or after operation through emergency room in our hospital in 2013 were analyzed (both of intrinsic and extrinsic causes were included), and patients removed from ICU within 24 hours were excluded. Patients were divided into two groups; patients who were less than 75 years old (A group) and those aged 75 and older (B group, because the medical administration system is different in patients aged 75 years and older in Japan). The duration of ICU stay, the total hospital days, the prognosis and the total treatment costs were compared between the two groups. Results: In the total of 688 patients admitted to ICU in 2013, 139 patients were analyzed. There were 98 cases in the A group and 41 in the B group, respectively. There was no significant difference in the duration of ICU stay (mean: 5.5 days in the A group, 6.2 days in the B group, p=0.375). The total hospital day was longer in the A group (mean: 26.2 days) than in the B group (20.5 days) without a significant difference (p=0.181), and the total treatment cost was significantly (p<0.05) higher in the A group (mean: $25,720, exchanging 1 as 101 yen) than in the B group ($18,789). However, the hospital mortality was significantly (p<0.05) higher in the B group (11/41, 26.8%) than in the A group (12/98, 12.3%). Conclusions: The effect of the medical treatments is poorer in the elderly patients requiring the admission to ICU through ER compared with the younger patients.

NURSE AND PATIENT INTERACTION BEHAVIORS AND NURSING CARE QUALITY OF CRITICALLY ILL, OLDER ADULTS

Marc Nilsen1, Susan Sereika1, Mary Beth Happ1; 1University of Pittsburgh School of Nursing, Pittsburgh, PA, 2University of Pittsburgh, Pittsburgh, PA, 3The Ohio State University College of Nursing, Columbus, OH.

Learning Objectives: The purpose of this study is to: 1) to assess the individual interaction behaviors over observation sessions and ICU’s and 2) explore the association between specific nurse and patient interaction behaviors and nursing care quality indicator (restraint use, pain management, sedation use and level). Methods: We conducted an expanded secondary analysis on a subset of 38 mechanically ventilated, critically ill older adults (+60 years of age) and their nurse (N=24) from the Study of Patient-Nurse Effectiveness with Communication Strategies (SPEACS). Each nurse-patient dyad had four video-recorded observation sessions. Twenty-nine interaction behaviors were coded from the video-recordings using the Communication Interaction Behaviors Instrument (CIBI). Demographic, clinical characteristics and quality indicators were obtained from the SPEACS dataset and medical chart abstraction. Data were analyzed using descriptive statistics and repeated measures analysis. Results: Between unit analysis demonstrates that nurse’s use of smiling differed significantly between sessions (p<0.03). In unit A, nurse smiling increased from session 1 to 4. In comparison, the occurrence of nurse smiling in unit B was lower in session 4 than in session 1. Nurse use of augmenting verbal message with gesture or visual aids varied significantly across sessions (p<0.04). Session 4 had the greatest number of occurrences of nurse augmenting. There was no significant difference in patient behaviors across the sessions or units. The patient’s use of visual contact was significantly associated with absence of reported pain (p=0.028). Patients were more likely to be calm in the presence of physical contact by the nurse (p=0.043). Patients who utilized the positive behaviors of acceptance, visual contact, request, and maintaining attention were also more likely to be calm (p-values <0.05). Conclusions: This study provides unique descriptive information on nurse and patient interaction behaviors in the ICU setting and shows beginning evidence potentially linking specific interaction behaviors to patient pain and sedation states.