



QRC: 2650

Price

One Day : \$451 inc. GST

Two Days: \$561 inc. GST

Date

09 - 10 May 2016

Venue

Mercure Hotel Brisbane

85-87 North Quay , Brisbane, QL, 4003

CPD Hours

10 Hours | 45 Mins

Nursing Older Adults in Acute Care - Brisbane 2016

A Conference for Nurses

Need for Program

The number of adults aged 65 and over who are admitted to hospital has increased significantly over the past five years. The increase in hospitalisation of adults over 85 compared to the general population in this age group is of particular concern. The fast-paced, high-pressured environment of hospital presents a challenge to nurses to ensure older adults receive safe quality care. While a number of patients of this age are agile and cognitively intact, which may suit acute hospital processes, many vary in their abilities and cognition. To prevent poor outcomes and deconditioning, bridging the gaps between specialist nursing practice in acute care and the special needs of older people is essential.

Purpose of Program

The purpose of this conference is to provide nurses who work in acute care settings with evidence-based ways to deliver care to older adults so that desired outcomes are achieved and unplanned re-hospitalisation is reduced.

Learning Outcomes

At the conclusion of this program it is expected that the participants will be able to:

- Nurse older adults in a positive manner that critically reflects on the negative impact some attitudes and assumptions can have on their health and healing
- Older patients in your acute care setting will have a care plan that is based on an appropriate comprehensive assessment which evaluates physical abilities, cognitive function, and social support
- Improve the health outcomes of acutely ill older adults as a result of the integration of principles of gerontic nursing care in your practice

- Nursing care of an older adult patient with a common chronic condition will be based on best available evidence

Program Schedule

Day One

8:30AM Registration for Day One

9:00

Tara Quirke

Putting the Ageing Process into Assessment

One of the most effective tools for appropriate nursing care is a comprehensive assessment. With hospital admissions for older adults rising rapidly, assessing for age-related changes is essential. However, assessment of the older adult is not just common sense and can be tricky. In this practical session using case scenarios we will explore:

- What is a normal age-related change?
- What are the physiological changes related to the ageing process that we can expect?
- Why are common clues indicating an underlying problem often missed in the assessment of older adults?
- What is an age-appropriate assessment?
- When short of time, what should you not exclude in your assessment?

10:00

Dr Ruth Hubbard

Frailty in Older Adults - What Nurses Need to Know

The concept of frailty has been the focus of considerable research over the last 10 years. Yet while the definition of frailty is agreed (as a state of vulnerability associated with an increased risk of adverse outcomes), many questions remain unanswered. This session will explore the following key issues:

- Are there different ways to measure frailty? Have they been validated in the hospital setting?
- How can frailty be conceptualised as the failure of a complex system?
- Why do frail older people have falls or delirium?
- What are essential practices for acute care nurses to reduce complications resulting from frailty caring for?

10:45 Morning Tea

11:15

Darren Smith

Diminishing Returns? An Introduction to Lung Spirometry

Acute illness can trigger an array of physiological responses that have the potential to diminish the respiratory response. This session includes looks at what happens when declining lung function

converges with acute illness. Includes:

- What do the parameters mean/definition - FEV1, FVC etc.?
- How to perform a spirometry
- Normal lung function decline with age
- Interpretation - how to tell a poor test from a disease process
- Case studies

12:00

Tara Quirke

The Cascade to Unintended Disablement

The treatment that older adults are subjected to when admitted to hospital can contribute to reasonably independent people becoming disabled. Not only is there a risk being exposed to a range of complications, but they are also at risk of losing their level of functioning as a result of non-specific geriatric care. Using a case study, this session will look at:

- The cascade of events in care which can lead to unwanted outcomes and adverse events
- What has mobility got to do with it?
- Is routine insertion of a urinary catheter really necessary?
- Is recovery or disablement influenced by length of stay?
- Dehydration and malnutrition

1:00PM Lunch Break

2:00

Dale Long

Pain Assessment in the Acutely Ill Older Adult

The older adult who is acutely ill is likely to be vulnerable to experiencing pain, as a direct effect of their critical illness or because of multiple co-morbidities. There are a range of factors in the older adult that can prove to be challenging when assessing pain. This session looks at best practice pain assessment for acutely ill older adults and considers:

- Pathophysiology of pain - what's actually happening in the older adult?
- Breaking down barriers - assessment of pain in patients with cognitive impairment and other communication challenges
- Assessment tools and Guidelines recommended by evidence

3:00 Afternoon Tea

3:15

Dale Long

Managing Pain in the Acutely Ill Older Adult

Evidence suggests that good pain management is intrinsically tied to improved patient outcomes such as reduced de-conditioning and rates of hospitalisation. However, the complex nature of an older adult means that managing pain, particularly in acutely ill patients requires nurses to be well informed. This session will build on the previous session and detail evidence-based nursing management of pain in the older adult. Includes:

- Interpreting and acting on your assessment findings to ensure optimal pain management
- Complexities of pain management in the older adult
- Balancing act - which pharmacological agents are safe for use in an older person and how does acute illness effect selection?
- Non-pharmacological nursing management strategies

4:15 Close of Day One of Program

Day Two

9:00AM Commencement of Day Two

9:00

Tara Quirke

The Delirium Problem: Can it be Prevented?

Delirium is a common syndrome in hospitalised older adults and is associated with increased mortality, hospital costs and long-term cognitive and functional impairment. With symptoms of delirium being shared by dementia, it can easily go unrecognised. In this session, using case scenarios, your ability to identify delirium vulnerability within an acute care setting will be tested. Includes:

- What are the greatest risks for the onset of delirium for older people admitted to hospital?
- Can you differentiate between the signs and symptoms of delirium and dementia?
- Recognition of risk factors and routine screening for delirium: the 6th vital sign
- How can delirium be prevented? The multi-component evidence for nursing management
- The undesired outcomes of delirium

10:00

Karen Matthews

Constipation: You Get What You Give

While constipation is prevalent in older adults, it is not a side effect of the ageing process. However, hospitalised older adults run a high risk of developing the problem, especially after surgery. Often underdiagnosed and poorly managed, constipation increases the chance of morbidity and longer hospital stays. Not only is it distressing, but it also has cost implications. This session looks at:

- What are the risk factors for constipation in older adults in acute care?
- What are the complications of constipation which increase morbidity and poor outcomes?
- The team and holistic approach to managing constipation

10:45 Morning Tea

11:15

Tara Quirke

Perspective is Everything: The Case of the Older Adult

If 90-year-old Catherine Hamlin was admitted to your area in considerable pain with a fractured NoF, and was unable to articulate clearly, how would you approach her as an older woman? Would

your approach change if you knew she had just been nominated for the Nobel Peace Prize? One of the key factors that can impact on the treatment people receive in acute care is assumptions about age. In this session, the persistence of negative societal attitudes towards older people will be explored.

- Why is 60 still considered 'old' if 80 is the new 60?
- Terminology - the master of perspective?
- Why are some older patients more acceptable in acute hospital settings than others?
- Does the health system contribute to ageism?

12:00

Dr Treasure McGuire

Medicines, Risk and Safety - Long-Term Prescribing for Older Adults - Is It Always Necessary?

According to NPS Medicinewise, 1 in 3 of all unplanned hospital admissions relate in some way to medicines. In addition, many people are prescribed new medicines whilst they are in hospital which they may or may not need to stay on when discharged. This session looks at common medicines and the impact they have on people when prescribed for long periods of time. Includes:

- Which medicine types cause particular concerns when administered over a long period of time?
- Which medicines should never be abruptly ceased?
- De-prescribing strategies to minimise risk
- Prescribing and monitoring medication in transitions of care

1:00PM Lunch Break

1:30

Hugh Carter

Advocacy and The Locus of Control

As the locus of control in healthcare shifts from the provider to the person experiencing healthcare, advocacy must be a concept that is understood, promoted and embraced by nurses working with older adults. This session will provide you with a detailed insight into what advocacy means and how you can support it in your patients.

2:30 Afternoon Tea

2:45

Denise Simmons

Teaching an Older Adult How to Leave Hospital, Stay Home and Live a Long Life

Many older adults are keen to improve their health status and often cry out for correct information on discharge from hospital. Nurses are in the prime position at this stage to impart new knowledge to their patients. However, for a range of reasons this may not always be possible. This final session looks at ways to give new knowledge to older adults that is retained and useful. Includes:

- What is the connection between poor discharge information and bouncing back to hospital?

- What type of information is most likely to help an older adult in regard to illness prevention?
- When is the best time for a person to be given new information?
- Tips on teaching a person over the age of 80 years

3:30 Close of Day Two of Program

Presenters

Tara Quirke

Tara Quirke is a registered nurse with over 40 years' nursing experience. She has held several senior management and educational positions, both in Australia and South Africa. For the past 20 years, she has specialised in aged and dementia care. She is particularly passionate about ensuring people living with dementia have their personal, civil, and legal rights upheld. Tara is an aged care quality surveyor and is also the Queensland environmental design consultant for Dementia Training Australia. She is a member of the Advisory Panel for the Australian Journal of Dementia Care, and she is an active consumer advocate for many Dementia Australia and Cognitive Decline Partnership Centre research projects co-funded through the NHMRC. Tara has two master's degrees (clinical nursing - gerontology, and mental health), and she holds additional qualifications in education, management, midwifery, and community nursing. Tara was the primary carer for her dad who was diagnosed with dementia at 68 years old. More recently, Tara lost her beloved husband of 44 years to CJD (Creutzfeldt-Jakob disease) one of the most rapid forms of dementia. This has inspired her more than ever to search for ways to improve dementia care and education.

Ruth Hubbard

Dr Ruth Hubbard is an Associate Professor in Geriatric Medicine at the University of Queensland and Consultant Physician in Geriatric Medicine at the Princess Alexandra Hospital in Brisbane. As a clinical academic, she has always combined hospital practice with research and teaching. While training as a physician and geriatrician in Cardiff, Wales, she completed an Masters of Science in Medical Education and an Masters Degree on pathophysiological changes in frail older people. She has published widely on the inflammatory aetiology of frailty, the difficulties of measuring frailty in clinical practice and the relationships between frailty and obesity, smoking, socioeconomic status and exercise. Along with colleagues at the Centre for Research in Geriatric Medicine, she is working hard to promote academic geriatrics among Advanced Trainees, students and Allied Health colleagues.

Treasure McGuire

Dr Treasure McGuire is a medicines information pharmacist, pharmacologist, educator, and researcher. As assistant director of pharmacy, Mater Health Services, she manages their academic practice unit. She is also a senior conjoint lecturer in the School of Pharmacy, University of Queensland and associate professor of pharmacology, Faculty of Health Sciences & Medicine, Bond University, where she lectures on complementary medicines, reproductive health, medication safety, and communicable diseases. In recognition of her services to medicines information, she received the Lilly International Fellowship in Hospital Pharmacy and the Bowl of Hygeia of the Pharmaceutical Society of Australia.

Denise Simmons

Denise Simmons works on the Sunshine Coast as a Nurse Practitioner: chronic disease. The object of her service is to prevent re-admission to hospital, by providing advanced clinical service and monitoring symptoms while in the home. Denise celebrated 50 years of nursing in 2017. Her past experiences are extensive and include rural and remote, juvenile justice, ICU, accident and emergency, and palliative care. Denise has lectured at a number of universities and TAFEs throughout QLD and has worked as a hospital executive for many years.

Karen Matthews

Karen Matthews is a Continence Nurse Advisor and the manager of Blue Care Continence Advisory Service, Brisbane. She assists people with complex continence needs and provides continence care education for health care workers as well as service providers and community groups. Karen facilitates the Blue Care Continence Advisory Course and organises continence education as required for health professionals. She has a Certificate IV in Workplace Training and Assessment. Karen is an active member of Continence Nurses Society Australia Queensland Branch and is the current Queensland representative on the Management Committee of Continence Nurses Society Australia. She is the immediate past President of Continence Foundation Australia, Queensland Branch. Karen has attended numerous National CFA Conferences on Incontinence as well as International Continence Society annual meetings. The promotion of continence is her passion.

Darren Smith

Darren Smith is a Senior Respiratory Scientist at The Prince Charles Hospital, Brisbane. Darren has 20 year's experience in clinical pulmonary physiology service delivery and is a senior lecturer in Respiratory Physiology at Griffith University. Darren is committed to training the next generation of Respiratory Scientists and receives students from Queensland Universities. Darren has been an invited guest speaker at several Respiratory and General Practitioner conferences. darren_smith Along with his hospital clinical workload, Darren, a Jagera descendant, is heavily involved with improving Indigenous health, particularly as a member of the Indigenous Respiratory Outreach Care (IROC) Program. Darren is very passionate about Indigenous health, personally experiencing the tragic effects of ill health on many members of the Indigenous side of his family. As part of the IROC Program, Darren provides his clinical expertise at regular outreach clinics, including Thursday Island in the Torres Strait, at community events as well as providing spirometry training to health workers. He has also trained healthcare workers in East Arnhem Land on behalf of the National Asthma Council.

Hugh Carter

Barrister at Law and Lecturer at the Queensland University of Technology, Hugh has a special interest and expertise in human rights and civil liberties and is well known by health professionals as a knowledgeable and impressive teacher of health law issues.

Dale Long

Dale Long is a Registered Nurse who has worked in various cancer care, palliative care, and pain management roles in inpatient and domiciliary settings for the past 25 years in both Victoria and Queensland. She is an experienced presenter with a strong commitment to educating nurses to improve the quality of pain management delivered to patients. Dale is a member of the Australian Pain Society.

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