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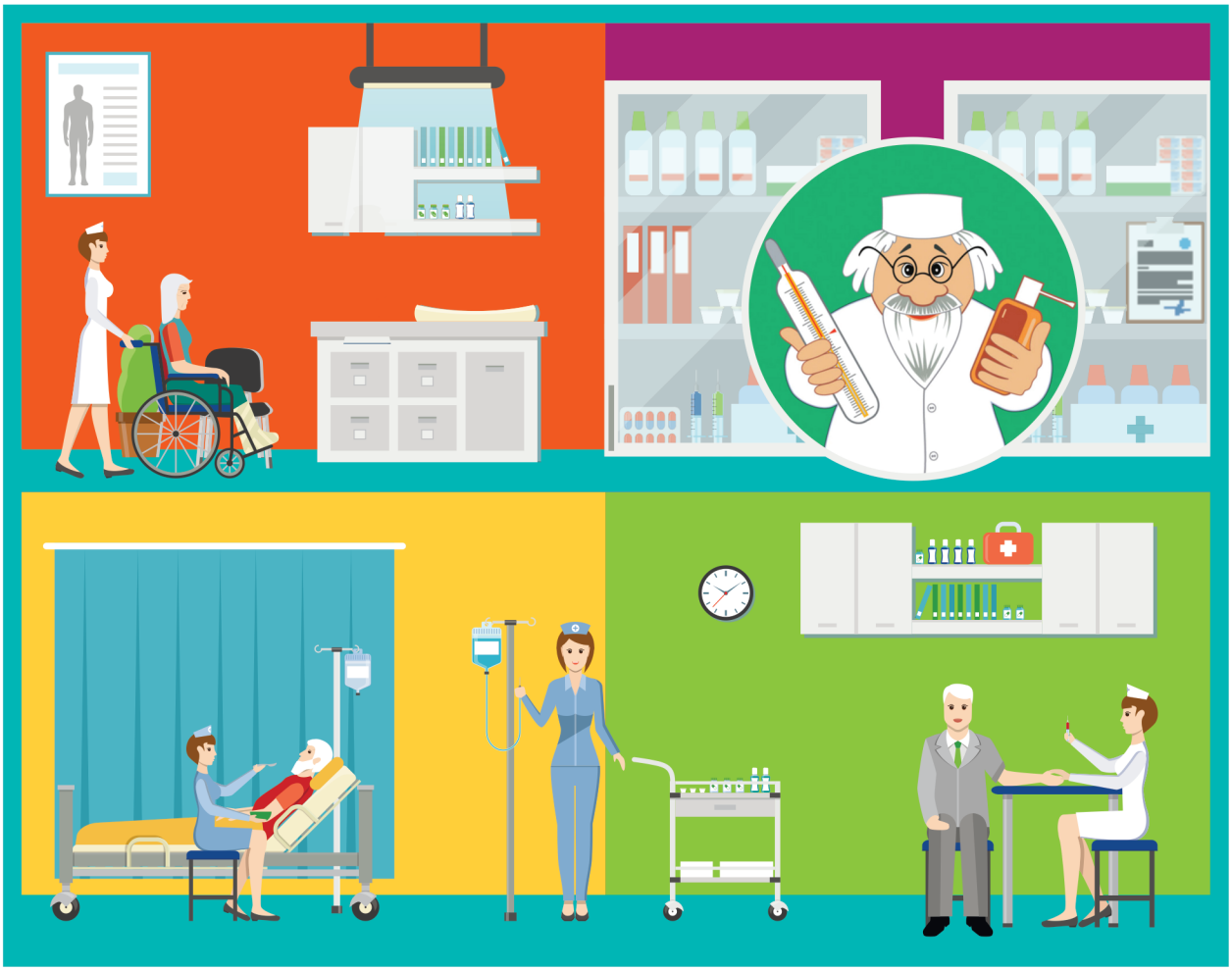

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научный и информационно-аналитический журнал для врачей, провизоров и фармацевтов

НАЦИОНАЛЬНЫЙ ЦЕНТР ЭКСПЕРТИЗЫ лекарственных средств, изделий медицинского назначения и медицинской техники

ФАРМАЦИЯ КАЗАХСТАНА

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Адрес редакции:
050004, РК, г. Алматы.
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KUPENSHEEVA D.I.[1],
[1]*Kazakh Medical university of continuing education, Almaty, Kazakhstan*

NURSING CARE MODELS
IN THE AGEING WORLD

The managing of healthy ageing of the population represents one of the main actual problems of the national health care systems around the world as the aged population is increasing, so, for instance, it is estimated that there will be over 2 billion people worldwide over the age of 65 by the year 2050 [7]. This article outlines briefly a few models of nursing care in geriatrics in the world suggesting possible future strategy to improve the quality of life of the patients in our country.

ABSTRACT

According to the 2001 United Nations Report World Population Ageing 1950-2050, the number of aged population in the world will reach the number of the young by 2050, the trend that is taking place from 1998 in the developed world [20]. The proportion of aged people was 8% in 1950, 10% in 2000, 11% in 2012 and is projected to reach 22% or 2 billion people by 2050 [20]. Moreover, the proportion of people aged 80 years will increase from 14% in 2012 to 20% in 2050 [21]. It is becoming a general trend that older people are representing the majority of the health-care user, but there are few specialists choose this area as the specialty in the profession. For those who did, that specialty generally led to a path of segregation. Gerontological and geriatric nurses rightly claimed care for frail older people, most living in residential facilities. This article outlines briefly a few models of nursing care in geriatrics in the world suggesting possible future strategy to improve the quality of life of the patients in our country.

Keywords: ageing, nursing models, social problems, health care systems.

INTRODUCTION

According to the 2001 United Nations Report World Population Ageing 1950-2050, the number of aged population in the world will reach the number of the young by 2050, the trend that is taking place from 1998 in the developed world [20]. The proportion of aged people was 8% in 1950, 10% in 2000, 11% in 2012 and is projected to reach 22% or 2 billion people by 2050 [20]. Moreover, the proportion of people aged 80 years will increase from 14% in 2012 to 20% in 2050 [21]. The report World Population Ageing 1950-2050 argues that the modern population aging underlies proper practical application of “intergenerational and intragenerational equity and solidarity that are the foundations of society”, “economic growth, savings, investment and consumption, labour markets, pensions, taxation and intergenerational transfers”, “health

and health care, family composition and living arrangements, housing and migration" and "voting patterns and representation" [6,19]. The last century has seen a significant rise in life expectancy not only in industrialized world but also in developing countries as people, on average, live longer compared to prior generations. Longer life has also led to corresponding increases in chronic, non-communicable diseases such as cancer, diabetes, neurological disorders and other age-related pathologies [17]. Countries have aged, the rate of age-related chronic diseases and frailty has also risen to epidemic proportions, so that in the U.S. only, 80% of those over 65 have at least one chronic condition, while 50% have more than two chronic conditions [16]. In particular, the age-related neurological disease such as dementia, cancer, many neurodegenerative diseases such as Parkinson Disease (PD) has seen a dramatic increase in international prevalence. Projections suggest that the neurodegenerative diseases like PD will surpass cancer as the leading cause of death by the year 2040 [1]; thus presenting an ever-growing challenge to more effectively diagnosis, treat and manage symptoms while maintaining an optimal quality of life of the patients. The managing of healthy ageing of the population represents one of the main actual problems of the national health care systems around the world as the aged population is increasing, so, for instance, it is estimated that there will be over 2 billion people worldwide over the age of 65 by the year 2050 [7]. Historically, health organizations focused on prevention of infectious diseases, whereas, at the time being the agenda of the day becomes not ageing by itself but rather the quality of life of aged and ageing nations. In particular, a disproportionate health care need for the nation's aging population, and a declining birth rate has contributing to fewer nurses replacing those who are of retirement age or older. medical and social care about patients with chronic disabling conditions. This article outlines briefly a few models of nursing care in geriatrics in the world suggesting possible future strategy to improve the quality of life of the patients in our country.

Frailty represents one of the main geriatric syndromes which are commonly encountered with increasing age, such that management of these syndromes becomes crucial. From one hand, there is a decreasing trend in incidence of common chronic diseases such as ischaemic heart disease and osteoporosis, but there is an increasing trend for increasing frailty in successive cohorts [27,28]. Older people living with frailty are at risk of marked changes in physical and mental health after minor events which challenge their health, commonly leading to falls, disability, hospitalization, institutionalization, and mortality [11]. There is a concomitant increase in caregiving burden and healthcare expenditures. So that, frailty "guides" to a certain extent further development of health policies in geriatrics [26] The importance of healthy ageing was emphasized as a public health priority, with the implementation to be based on a sustainable and evidence based policy response [2]. This strategy complements existing initiatives relating to ageing populations such as age-friendly cities and communities with the developed integrated care dealing with age-associated disorders as well as providing palliative care [25]. The public health framework for healthy ageing promoted by the WHO calls for four key areas of action by governments on healthy ageing: aligning health systems to the needs of the older populations they now serve; developing systems to provide long term care; ensuring everyone can grow old in an age-friendly environment; and improving measurement, monitoring, and understanding. [3]

It should be stated, that in addition to many chronic diseases, there is a great amount of psychological problems in ageing and aged people. In particular, there is a high prevalence of depressive symptoms among older people aged 70 years and over (30% in men and 40% in women), while suicide rates are among the highest in the older age groups [7,22]. Psychological well-being among older people in Hong Kong ranked 79 out of 97 countries in the Global AgeWatch Index in 2015, with respondents scoring poorly in eudaemonic wellbeing [9]. Loneliness, a psychological state that predisposes people to various chronic diseases is also commonly encountered among older people [14,18, 24, 29]. It is becoming a general trend that older people are representing the majority of the healthcare user, but there are few specialists choose this area as the specialty in the profession. For those who did, that specialty generally led to a path of segregation. Gerontological and geriatric nurses rightly claimed care for frail older people, most living in residential facilities. Older people less frail and living in other communities commonly received healthcare designed for young people from nurses who knew only basics about aging and care for older people. The same remains true today. Older people are certainly the primary population in most settings, whereas most healthcare remains modeled on a youthful norm where older people constitute a specialty population. Moreover, shortages of nurses prepared to care for older people continue unabated, and that it is very obvious all geriatric care models require significant nursing input. At the time being, nursing is largely unprepared to lead in healthcare in the ageing and aged world; nonetheless, there are several nursing models that could provide a qualitative geriatric care, such as NICHE (Nurses Improving Care for Healthsystem Elders) that focuses on the nursing staff's perception of the care environment for geriatric practice [4]. Studies in NICHE hospitals demonstrate that quality geriatric care requires a NPE in which the structure and processes of hospital services focus on specific patient care needs. It is well established that the nurse practice environment (NPE) is essential to nurse satisfaction and subsequently to nursesensitive patient outcomes. Studies exploring the NPE in acute care settings serving specific patient populations such as persons receiving care in AIDS, oncology and critical care units suggest care models focused on population-specific factors have a positive impact on nurses' perceptions of their practice environments [4]. Further, units with specialised

care models focused on older adults, such as Acute Care of the Elderly (ACE) units, have demonstrated better outcomes than units that do not have specialized care models [12]. Older adults currently use a disproportionately higher amount of health services compared with other age groups [5] and are more likely to experience complications (e.g. delirium, functional decline, pressure ulcers) and adverse events (e.g. fall-related injuries) during hospitalization [15]. As the older adult population grows, there will be a significant increase in the demand for health services. The number of older hospitalized patients makes it impractical to consider segregating older adults on specific units; instead, most units in a hospital should adopt ageing-sensitive principles [23]. This implies embedding such principles at the hospital level to ensure that the older adult receives high-quality care throughout their hospital experience, regardless of unit location. The NICHE program facilitates the integration of geriatric care models at the hospital and health system levels to ensure older adults receive the specialized care they need no matter where they are in the hospital or health system.

GERIATRIC MODELS OF CARE

Over the past three decades, numerous geriatric care models were designed and introduced into clinical practice; for instance, Geriatric Consultation Service, the ACE (Acute Care for the Elderly) unit, the NICHE (Nurses Improving Care for Healthsystem Elders) initiative, the Geriatric Resource Nurse (GRN) model and the HELP (Hospital Elder Life Program) [4]. In general, these models target the prevention of complications that occur more commonly in older adults and the hospital factors that contribute to complications by employing evidence-based, ageing-sensitive interventions, promoting interdisciplinary communication and emphasizing discharge planning (Steele 2010). These programs provide ample evidence to demonstrate positive patient and institutional outcomes related to all or most of these objectives [10]. Despite the fact that these models are empirically driven and clinically successful, hospitals are reluctant to adopt them [3] According to the literature review, NICHE is the most frequently implemented model so far. Probably, because this model aims to improve outcomes by positively influencing the geriatric nursing practice environment. Although geriatric models of care differ in their approach, all require significant nursing input; however, only NICHE aligns its approach to nurse involvement in hospital decision-making regarding care of older adults. NICHE principles and resources are congruent with professional nursing practice models [4].

The core components of a system-wide, acute care program designed to meet the needs of older adults are grouped into eight categories (guiding principles, leadership, organizational structures, the physical en-vironment, patient- and family-centered approaches, ageing sensitive practices, geriatric staff competence, and interdisciplinary resources and processes) [2]. Each category is viewed as an important element and, when combined, represents a unified system-wide approach to improving geriatric acute care [3]. These elements, in addition to associated resources, programs and activities, provide a framework for a hospital to use in the planning, implementation and evaluation of an acute care model for older adults. This framework also guides the international NICHE program.

In addition, another promising model is Continuous Care Model that is focused on psychological disorders such as depression, anxiety, and stress (DAS) as the most common health problems in old age. Continuous care and support represent the key element within the framework of the model [12]. A recent study from Iran showed that, following the implementation of the CCM, there was a statistically significant difference in the mean DAS scores between the intervention and control group ($P<0.001$), with the mean age of 63.4±2.96 years [12].

It must be underlined, that continuity of care is an integral part of high-quality health care, particularly in the elderly who suffer from numerous illnesses and problems [23]. Without it, the provided care cannot be clinically efficient, reliable, evidence-based, and affordable [8]. Continuity of care is essential in all age categories, but it becomes more important in older adults. They suffer from various chronic illnesses, comorbidity, and health problems which increases their psychological and social vulnerability [10] Hence research priority in the literature has been focused on improving the continuity of care [12] Nonetheless, a systematic review reported on the scarcity of well-designed experimental studies on continuity of care for the elderly. Given the above, it can be concluded that there is a need to develop geriatric nursing models that would provide not only medical, but social and psychological care for ageing and aged people, which in turn, could improve the quality of life.

CONCLUSION

It is of no doubt that social support would also be of benefit for ageing and elderly people. One example is the growth of adult day-care programs would provide the person with Parkinson's disease with the opportunity to be with others while also receiving medical supervision. A unique model used in the United States is a program in Dexter, Michigan called "Generations Together" which has both an adult and children's day-care within the same facility. For an example, innovative programs such as Connect. Parkinson's is currently undergoing study trials [1]. Programs like this are designed to apply principles of telemedicine and social outreach for those that cannot physically access more traditional social and medical establishments. Because many individuals live outside areas where resources are provided, innovative programs like Connect. Parkinson and others could potentially meet both medical and social needs of aged people. In conclusion, demographic changes in aging are an international phenomenon resulting in common challenges among nations. The treatment and care of aged people requires a firm collaboration among all stakeholders to develop medical

research and programmatic innovations, based on the international collaboration, all these in turn will help to improve the quality of ageing and aged people. Clearly, the ageing of our worldwide population requires a systematic incorporation of evidence-based geriatric principles in healthcare settings serving older adults.

РЕЗЮМЕ

КУПЕНШЕЕВА Д.И.[1],
[1]Казахский медицинский университет последипломного образования, г. Алматы

МОДЕЛИ СЕСТРИНСКОГО УХОДА В РАЗРЕЗЕ ГЛОБАЛЬНОГО СТАРЕНИЯ НАСЕЛЕНИЯ

Согласно постоянно пересматриваемым данным Организации объединенных наций, к 2030 году численность населения мира от 60 лет и старше превысит число детей в возрасте до 10 лет (1,4 против 1,3 млрд), к 2050 – число детей в возрасте до 15 лет (2,09 против 2,07 млрд). Это тенденция, которая наблюдается в развитых странах с 1998 года [20]. В 1950 году доля пожилых людей составляла 8%, в 2000 – 10%, 2012 – 11%. По прогнозам, к 2050 году это будет 22% или 2 млрд человек [20]. Более того, доля людей в возрасте 80 лет увеличится с 14% в 2012 году до 20% в 2050 году [21].

Пожилые люди – самая большая группа граждан, пользующихся услугами геронтологических организаций здравоохранения. Однако врачей – специалистов в этой области – очень мало. Уход за пожилыми пациентами (особенно в домах престарелых) осуществляется, в основном, средним медперсоналом: геронтологическими и гериатрическими медицинскими сестрами.

В статье дан краткий обзор некоторых моделей сестринского ухода в гериатрии, применяемых в разных странах, для разработки современной и эффективной стратегии по улучшению качества жизни пожилых пациентов в Казахстане.

Ключевые слова: старение, сестринское дело, система здравоохранения.

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НОВОСТИ ЗДРАВООХРАНЕНИЯ И ФАРМАЦИИ

Реализация проекта «Безбумажная больница» в Казахстане: первые итоги

Переход в электронный формат в учреждениях здравоохранения Республики Казахстан позволил сократить очереди в 2 раза и сэкономить время врачей и пациентов. Об этом сообщил вице-министр здравоохранения Республики Казахстан Олжас АБИШЕВ.

По словам вице-министра, профильное министерство, во исполнение поручений из Послания главы государства народу Казахстана от 5 октября 2018 г., ведет работу для обеспечения с 1 января 2019 г. полного перехода всех медицинских учреждений на электронный формат работы, а именно на безбумажное ведение первичной медицинской документации.

Задачами медицинских информационных систем являются автоматизация внутренних бизнес-процессов медицинского учреждения, поддержка принятия клинических и управленческих решений, переход к электронному ведению медицинской информации, содействие в повышении качества, безопасности и эффективности медицинских услуг, сокращении количества медицинских ошибок.

«Реализуется процесс цифровизации здравоохранения Республики Казахстан в части перехода организаций здравоохранения на безбумажное ведение медицинской документации и исключения дублирования отчетно-учетных форм на бумажных носителях и медицинских информационных системах в организациях здравоохранения», – проинформировал О. Абишев.

При этом запуск процесса осуществляется поэтапно:

- с 1 января 2018 г. в данном процессе задействованы учреждения здравоохранения трех областей Казахстана в рамках I этапа пилотного проекта
- с 1 апреля прошлого года в рамках II этапа медучреждения еще 4 областей;
- с 1 июля в рамках III этапа все оставшиеся области приступили к ведению медицинской документации в электронном формате.

«В целом, в рамках пилотного проекта «Безбумажная больница» по состоянию на 21 января 2019 г. в 689 из 694 (99,3%) планируемых организаций здравоохранения всех регионов в среднем ведут в электронном виде 103 отчетно-учетные формы первичной медицинской документации из 127 утвержденных министерством здравоохранения», – добавил вице-министр.

О. Абишев также привел примеры социально-экономического эффекта от процесса. В частности, в 2 раза сокращено количество визитов в поликлинику (с 12 до 6 посещений), в 2 раза – живые очереди (с 30 до 15 мин). Отмечена 50-процентная экономия времени врачей и пациентов (доступность информации), в 2,5 раза сокращено время на получение результатов исследований за счет отправки их на смартфоны пациентов (с 5 до 2 ч). На 1,6% оптимизировали количество рабочих мест (2 871 ед.), сэкономлено 3 200 тонн бумаги.

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қазақ және орыс тіліндегі III томы жарыққа шықты

Вышел в свет III том Государственной фармакопеи
Республики Казахстан на казахском и русском языках

Pharmkaz.kz – это достоверная информация о рынке лекарств и медицинских изделий, состоянии фармацевтического рынка Казахстана и других стран, нормативные правовые акты МЗ РК, данные о побочных действиях лекарственных средств и медицинских изделий, рекомендации специалистов, публикация результатов научных исследований казахстанских и зарубежных ученых в области фармации, клинической фармакологии и практической медицины, обсуждение фармакопейных статей, новости фармацевтических компаний, электронные версии журнала «Фармация Казахстана».