TRENDS & Ideas

THE ELDERLY

A Gravitation toward the Arts

With Americans living longer, remaining healthier, and becoming better educated, future generations of the elderly can be expected to increase their involvement with the arts, Donald H. Hoffman writes in *Aging Today*. However, "changes must occur in arts programming for elders and personnel training before the creative needs of aging Americans can be adequately fulfilled," he says.

Exposure to the arts as children—coupled with medical solutions to problems with sensory acuity, memory, mobility, hearing, and vision—have made today's seniors more likely to pursue modern arts activities. Yet we must broaden our approach to art instruction, Hoffman claims, teaching older adults to use their senses and emotions in developing an "arts experience." To understand modern approaches to the arts, he says, older adults must be "encouraged to develop an experimental attitude—the knowledge that every piece of art produced whether musical, visual or kinesthetic may or may not be successful."

Sim Gellman

In the future, Hoffman predicts, training will increase for arts specialists, educators, and therapists. Growing demand will enable them to work together more effectively than they currently do. And a new specialty with certification might emerge to ensure the quality of instruction.

To satisfy their clients, senior centers, nursing homes, and retirement complexes will need to expand their activities to include all kinds of arts, he predicts. "There is likely to be a new era of artistic exploration through computers, video experimentation, photography, multimedia presentations, electronic music, movement and dance, traditional visual arts media and a variety of writing forms," Hoffman says.

To accomplish this, he adds, those serving the elderly will need to find ways to share full-time arts personnel and programs. A central administrative organization could coordinate these activities in different regions, or administrative support could be sought from arts councils, adult educational programs, recreation programs, or Area Agencies on Aging.

COMPUTER RECORDS

It Ain't Necessarily Safe

As healthcare providers merge into integrated networks, the risk of breaches in the confidentiality of computer-based patient records increases greatly. Thus strict policies and protections for accessing and using these records are more critical than ever.

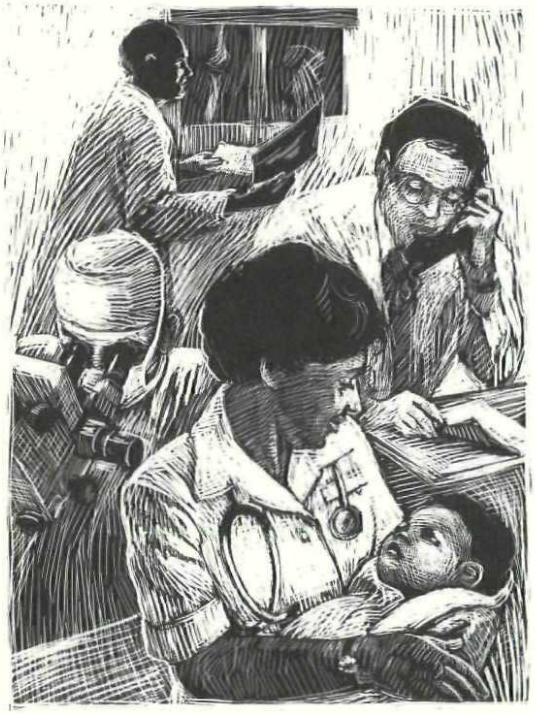
Unfortunately, a recent survey of 260 hospitals nationwide revealed some real weaknesses in how they safeguard patient data bases. The Chicago law firm of Gordon & Glickson found that 28 percent of hospitals surveyed do not have a written policy on the use of patient information; 47 percent wait longer than 24 hours to deny an ex-employee access to patient data; and 19 percent do not require employees or outside consultants to sign confidentiality agreements.

On the plus side, most hospitals use passwords (93 percent), limit access to the system (79 percent), and have automatic computer system log-offs (68 percent). But only 43 percent restrict what patient data can be printed, only 43 percent can track sensitive information to see who is accessing it, and only 17 percent identify patients by number rather than by name on their data bases.

The survey also showed inadequate protections among hospitals using a vendor's system to manage their patient information. For example, only 13 percent have a contract that includes an anti-computer virus warranty, and only 23 percent indicated their contract provided indemnifications for vendor-induced inaccuracies.

CHILDREN

Expert Physicians Target Abuse



In today's violent society, child abuse is growing at alarming rates. Some hospitals are attacking the problem head on, hiring specialists to care for victims and deal with associated legal proceedings.

Oakland [CA] Children's Hospital sees more than 1,000 cases of child abuse a year, Jane Gross reports in the *New York Times*. To cope with the load, the hospital plans to hire a physician specifically to care for those children.

One reason to hire a specialist, she notes, is that many physicians are reluctant to give unequivocal answers to questions regarding abuse or to testify in court. At a small but growing number of medical centers, the head of the child abuse team is both an expert witness and an expert diagnostician.

Diagnosing abuse can be difficult for those unaccustomed to handling such cases. The most reliable indication of abuse, Gross reports, is a flimsy explanation for an injury. "In virtually every case of abuse, parents explain the injury with stories that are inconsistent or improbable, if not outright impossible," she writes.

Diagnosis of abuse has improved significantly in recent years. For example, based on a 1991 study, doctors now know that infants and toddlers do not receive life-threatening injuries unless they fall more than 10 feet. And physicians are aware that some injuries are virtually impossible at certain ages (e.g., a six-week-old is unlikely to break a thigh bone).

Still, abuse cases often require experienced diagnosticians. Shaken-baby syndrome is particularly difficult to detect, Gross points out, since it seldom leaves marks. When physicians at northwestern California hospitals cannot determine why babies are not breathing or are having seizures (two symptoms of the syndrome), they often send them to Oakland Children's Hospital, where physicians order CT scans and long-bone surveys.

"We're trained to think of things generalists don't think of," notes James H. Hanson, an intensive care physician at Oakland Children's Hospital. "When we hear hoof beats, we think zebras, not horses."

AIDS

Catholic Hospitals Treat Increasing Numbers of Patients with AIDS

As the AIDS epidemic rages across the nation, Catholic hospitals, like others, are treating increasing numbers of patients with AIDS or other HIV disease (OHIV).

A 1993 report released by the National Public Health and Hospital Institute documents findings from the U.S. Hospital AIDS/HIV Survey, an ongoing national investigation. According to the institute, in 1991, of 341 Catholic Health Association (CHA)–member hospitals participating in the survey, 239 (70 percent) admitted at least one AIDS patient for treatment, 153 (49 percent) admitted OHIV patients, 19 (6 percent) treated pediatric AIDS patients, and 16 (5 percent) admitted pediatric OHIV patients.

These hospitals treated a total of 5,600 AIDS patients and 2,913 OHIV patients during 1991—an average of 42 AIDS and OHIV patients per hospital. In comparison, a 1988 survey showed that CHA-member hospitals treated an average of 15 AIDS patients per hospital.

In addition, the 1991 and 1988 surveys showed that at CHA-member hospitals:

- Women accounted for 16 percent of the AIDS patients and 26 percent of the OHIV patients in 1991—up from 9 percent of the AIDS patients in 1988.
- The average length of stay has decreased somewhat, from 16.3 days for AIDS patients in 1988 to 15 days and 13 days for AIDS and OHIV patients, respectively, in 1991.
- Regional differences in 1991 caseloads ranged from a high of 57 patients on average in Northeast hospitals to an average of 9 in the Midwest.
- In 1991 Medicaid was the predominant source of funding for AIDS and OHIV patients treated in CHA facilities, accounting for 41 percent of AIDS admissions, 42 percent of OHIV admissions, and 52 percent to 86 percent of pediatric AIDS and OHIV admissions.