

## The Top Clinical News Stories of 2014



U.S. veterans attend the opening of a new VA clinic in Austin, Texas—the largest freestanding VA outpatient clinic in the nation. Photo by Bob Daemrich / Polaris / Newscom.

**Veterans' health finally gets attention.** April's Veterans Administration (VA) scandal inspired federal legislation that allocates more than \$5 billion to hire thousands of new physicians, nurses, and other staff to help the estimated 100,000 veterans still waiting for care.

In the meantime, better screening for risk factors such as depression and posttraumatic stress disorder (PTSD) was identified as a key preventive measure to curb the alarming numbers of suicides among war veterans. A study in *JAMA Psychiatry* (November 12 online) reveals a number of risk factors in an already high-risk group, those with histories of postdischarge psychiatric hospitalization, including male sex, criminal offenses, and prior suicidality. Training resources and PTSD screening tools used by the VA have been adapted for use by

non-VA health care professionals and are available online at no charge (<http://1.usa.gov/1HfwawY>).

The national Joining Forces campaign, which raises awareness of veterans' needs and promotes nursing-specific veteran care resources from a variety of organizations, can be accessed at <http://bit.ly/1yj4UYA>.

### Failures in mental health care.

Although access to mental health care at no cost is a new provision of the Affordable Care Act, finding and accessing that care isn't always easy. In fact, a study in the February 2014 issue of *JAMA Psychiatry* found that only about 55% of psy-

chiatrists accepted private insurance, compared with 89% of other specialists. This could be related to a shortage of providers or to the time commitment involved, or both. Funding for services continues to decline, and the percentage of U.S. adults with some form of mental illness continues to increase, according to the National Survey on Drug Use and Health. And if the number of dedicated psychiatric beds continues to decline, RNs can expect to see more patients with mental health diagnoses in EDs and on medical-surgical and pediatric units in the coming years.

**Treating chronic diseases.** The incidence of diabetes among American adults is rising, but serious diabetes-related complications such as acute myocardial infarction (AMI) and amputations are on the decline (by 68% and 50%,

respectively; see last July's *In the News* for more). However, this is more likely a result of better screening and earlier use of interventions than of preventive health measures or reductions in obesity.

The effectiveness of interdisciplinary care figures prominently in the treatment of patients with chronic conditions. For example, in a study conducted by the Community Preventive Services Task Force, the involvement of nurses, along with pharmacists, on patient care teams improved patients' overall blood pressure control.

Financial penalties levied by the Centers for Medicare and Medicaid Services for unplanned 30-day readmissions of Medicare patients initially hospitalized for a number of conditions—AMI, congestive heart failure, pneumonia, and hip or knee replacements—are likely to continue. Research on the association between nursing care and readmission rates and on the impact of nurse-led programs on readmissions will be increasingly important to the development of effective interventions.

**End-of-life and palliative care still lacking.** Millions of patients eligible for hospice care are missing out because of cuts in Medicare spending for such services or because they're being referred too late to benefit from them. Advocates insist that increased emphasis on training clinicians and increasing the palliative care nursing workforce will improve end-of-life care, a belief that has won support from the Institute of Medicine, which published *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. Among other recommendations, the report calls for required palliative care training for nursing school curricula, professional licensure, and institutional accreditation.—*Sibyl Shalo Wilmont, BSN, RN*