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## The nurse's perception of elderly abuse in Tehran, Iran

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**Introduction:** Elder abuse includes the violence or mistreatment of the elderly. Abuse, quality of life of the elderly endangered and creates painful situations. Therefore, diagnosis and prevention of the abuse can be effective in the quality of life of elderly. The nurses have the most communication with patients as the part of the health care team who are in the best position to evaluate and reporting the violence against the elderly people. Therefore, this study aimed at "Iranian nurses' perception of elderly abuse" has been done.

**Result:** The findings showed the mean age of nurses was  $05/7 \pm 12/40$ . The majority of nurses were female with bachelor's degree (97.5 percent) and 70% of the population had under 10 years working experience. 16% of nurses stated that they had observed the elder abuse in their work place and just 2% of them reported the mistreatment. Results showed a favorable score in the perception of elder financial and sexual abuse in nurses and the emotional, neglect and physical and self-neglect.

**Conclusion:** The nurses spend the most time with elderly rather than the other health care team and they are maybe the first people dealing with patients. By increase in the population of elderly in Iran, the nurses obviously require the training in this context. The nurses have an important role in preventing and recognizing and training the people in elder abuse. Training the nurses can be helpful in increasing nurses' knowledge and understanding of mistreatment and finally it increases the skills of nurses in the intervention on mistreatment.

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## High quality spirometry across the healthcare system

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Extensive deployment of eHealth services is showing enormous potential to generate efficiencies in healthcare. In a previous research, we demonstrated enhanced quality of forced spirometry (FS) in Primary Care (PC). Recently, the Master Plan for Respiratory Diseases in Catalonia has consolidated further developments including different services supported by Information and Communication Technologies aiming at ensuring high quality spirometry (HQS) and interoperability at regional level, namely: i) generation of standards to transfer FS data (HL7-XML) across the system; ii) deployment of web-based support to PC and Community Pharmacists (CPh); and, iii) assessment of an algorithm for automatic Quality Control (QC) of the tests. We explored 1894 subjects from 15 PC and 1456 subjects from 100 CPh. The percentage of HQS in PC increased from 58% to 78% during a follow-up period. Similarly, the CPh study showed on average 70% HQS. Validation of the algorithm for automatic QC was carried out with 778 curves from 291 patients. The score produced by an expert professional and that automatically generated through the algorithm (Sensitivity 96%; Specificity 95%). We conclude that our results foster extensive adoption of strategies to facilitate interoperability of HQS tests at regional level facilitating information sharing across the system that reduce testing duplicities and generate healthcare efficiencies. Currently, the scheme is being generalized to other diagnostic/therapeutic procedures such as management of obstructive sleep apnoea. The study facilitates future strategies addressing early diagnosis, enhanced management and long-term follow-up of chronic respiratory patients.

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