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## Ambient fall detection in aged care: Evaluating the ELSI SmartFloor

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**Practical and/or theoretical implications of this presentation:** Ambient systems are designed to be integrated within the built environment, minimising any obvious human/computer interaction point. While such technologies have great promise, they are often developed without industry input and evaluated outside of real-life environments. This project provides will provide a unique service-provider perspective of ambient technologies.

**Abstract:** Falls are a significant cause of injury and hospital admission in residential aged care settings. Falls in residential aged care are often unwitnessed by care staff, meaning that important information (e.g. time, cause and location) can be difficult to determine. Strategies for managing falls in aged care have typically relied on injury prevention devices (e.g. impact mats, bed rails, hip protectors), sometimes combined with wearable detection devices (e.g. alarm pendants and patch sensors). These approaches are sub-optimal and obtrusive; acceptance and adherence among older adults is poor.

Ambient intelligence technologies are a recent innovation in monitoring systems that are designed to be unobtrusively integrated into the built environment. A large Victorian not-for-profit aged care provider has recently installed one such technology, the ELSI Smart Floor, in an 80-bed residential aged care facility. Using a network of capacitive sensors installed beneath a natural floor surface, ELSI passively monitors human movement and detects falls. The system is able to discriminate between multiple persons and objects, and can be configured to produce the following alerts: falling, getting out of bed, entering the bathroom, entering/exiting the room. The system allows for real-time and retrospective data analysis via an online user interface, with animated event data able to be rewound, fast-forwarded, and retained for review and analysis.

In the context of known underreported and undetected falls, technologies are frequently developed and adopted without rigorous evaluation of their effectiveness in real-world settings. A comprehensive evaluation protocol has been developed to assess the impact of the ELSI Flooring on fall frequency, response times, fear of falling, and staff care practices. In addition, staff and residents' acceptance of the new technology will be evaluated.

## Caregiver Burden: Its impact on caregiver's health and quality of care

Author/s: Abiodun Adewole<sup>1</sup>; Adeyemi Mojinyinola; Kehinde Jacob

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**Practical and/or theoretical implications of this presentation:** The presentation will provide an avenue to present how African culture affects the treatment of dementia.

**Abstract:**

**Introduction:**

Alzheimer's Dementia is a disease that is misunderstood in Nigeria because of the nature and time of onset of the condition. Memory loss associated with Alzheimer's Dementia is assumed to be a normal part of aging while some elderly with this disease are labeled as witches and sometimes stoned to death. The study examined the impact that caregiver burden has on the health of the caregivers and the quality of care they give to dementia patients.

**Methods**

The study was carried out among 80 family caregivers of dementia patients receiving treatment in psychiatric unit of a government hospital. Three research instruments were used to collect relevant data. They are Caregiver Burden Assessment Questionnaire (CBAQ), General Health Evaluation Questionnaire (GHEQ) and Dementia Management Assessment Questionnaire (DMAQ) while two research hypotheses were tested

**Results**

The study established that there was a significant impact of burden of caring for dementia patients on health of the caregivers and quality of care given to them by the caregivers.

**Conclusion**

Based on these findings, it was recommended that caregivers should be given adequate social support, education and training in management of dementia patients in order to enhance their health and improve the quality of care they give.

## Consumers and citizens: The changing, and unchanging, roles of clients

Author/s: [Andrea Petriwskyj<sup>1</sup>](#); [Stephanie Power<sup>1</sup>](#)

<sup>1</sup>*University of Queensland, St Lucia, Queensland, Australia*

**Practical and/or theoretical implications of this presentation:** The findings reported in this presentation have implications both for broader theoretical understandings about clients' roles in care, and for practical approaches to engagement and client participation, including the ways staff support clients in their roles.

**Abstract:** The evolution of the aged care system brings with it changing expectations about the roles of clients and family members in the care space. Increasingly, clients are allowed, and even expected, to take control and become empowered service users. However, there are limits to the extent of this evolution in terms of the client's role. This presentation uses the data from an action research project addressing the development of client engagement in aged care, to explore the roles for clients. Multiple discussions were held with staff in management, strategic, direct care, hospitality, lifestyle, administrative support, case management, and clinical roles from multiple community and residential services in two organisations. Discussions were held over a period of 18 months as part of a process of problem identification, solution implementation, and reflection to develop client engagement practice. The findings show a developing understanding of the client as both empowered service user and consumer, and of the role of staff in supporting and partnering with clients and families. However, the findings also demonstrate the limits of these opportunities for clients, particularly for empowerment and citizenship beyond their own immediate care concerns. These boundaries are delineated both philosophically and practically within the care system and in staff members' own framing of clients and families in their talk about engagement. The implications for clients and families, as well as for service provider organisations, will be discussed.

## Severe Behaviour Response Teams: The international evidence

Author/s: Anita Westera<sup>1</sup>; David Fildes<sup>2</sup>; Pam Grootemaat<sup>2</sup>

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**Practical and/or theoretical implications of this presentation:** The presentation outlines the international evidence that is available to guide the ongoing development of the Severe Behaviours Response Teams (SBRTs), which are funded to assist aged care services better support residents with dementia who may have challenging behaviours.

**Abstract:** The Severe Behaviour Response Teams (SBRTs) are an innovative new approach to help residential aged care services better support people with dementia that experience severe behaviour. A targeted international literature review on service models and best practice was conducted by the Centre for Health Service Development to inform the evaluation strategy. As a new and innovative model of support for this client group, the search was broadened to include sectors where similar ‘flying squad’ models were used, including mental health crisis teams and teams to support older people in emergency departments and acute hospitals. Both academic and ‘grey’ literature were reviewed, revealing several models that comprised an outreach or in-home care service that delivered specialist support via a multidisciplinary team direct to the client’s place of residence.

Five core features were common to all of the models identified:

1. Clear rationale and processes. Each were designed to prevent escalation of the crisis/behaviour which would, in turn, otherwise impact negatively on the client and those around them; and had clear referral, assessment and discharge criteria.
2. A combination of clinical expertise and knowledge translation. The multi-disciplinary teams all delivered an ‘in-reach’ service to provide clinical expertise direct to the client, working collaboratively with key informants in the assessment, care planning and management of care needs. All included explicit component of staff education, as well as access to clinical expertise for a time-limited period.
3. Person-centred philosophy underpinned the models, assisting staff to better understand the client, potential reasons behind the behaviours and tailoring solutions accordingly.
4. Focus on relationships, with clients and their families, care staff and management, and broader support services.
5. Aimed to be generalizable and sustainable i.e., strategies that could be utilised more broadly within the organisation.

This presentation summarises the literature and makes recommendations for future practice.

## A diversity training workshop for community health and aged care

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**Practical and/or theoretical implications of this presentation:** A diversity training workshop for health and aged care workers can assist in meeting the increasing demands for aged care services to deliver more complex care for the diverse needs of older people, potentially enhancing their participation in health care.

**Abstract:** Understanding diversity is a policy priority for Australian Commonwealth Government initiated reforms across the aged care sector. The reforms recognise the diversity of the older Australian population, the importance of placing the person at the centre of the service system; and providing individuals with greater choice and control in directing services. Thus, aged care staff need to be equipped to work with diverse individuals to ensure responsive and equitable health and aged care. An interactive diversity training workshop has been developed for aged care workers, based on a systematic literature review and consultation with experts in the field, addressing key concepts of appropriate engagement and participation in healthcare; inclusion; access and equity in policy and practice; intersectionality; and reduction of bias and prejudice. Instructional designers developed curriculum content through an action mapping and iterative feedback process. Pilot workshops were conducted in Victoria, with training currently being rolled out nationally. A formative evaluation framework has been developed, again based upon the literature, specific to diversity training evaluation. Key concepts integrated into the framework focused on cognitive, affective and skill-based learning outcomes. Evaluation of the pilot workshops included pre and post workshop surveys, semi-structured interviews and data from independent observers. T-test analyses of pre and post workshop data for all three learning outcomes showed no significant differences, yet interview data provided vital feedback relevant to the structure, content and delivery of the workshops. An iterative feedback process is currently underway following delivery of the workshops in each Australian State and Territory, including regional/rural areas, with further evaluation forthcoming.

## Measuring functional performance – Are we doing it right?

Author/s: Benjamin Fox; Tim Henwood; Chris Neville; Justin Keogh

**Practical and/or theoretical implications of this presentation:** If we are not measuring functional performance with the right tools, there is little confidence that we can have that our conclusions are valid interpretations of our measurement of functional performance.

**Abstract:**

**Introduction:**

A lot of attention has been focussed around improving client outcomes through restorative programs in aged care with limited appreciation for the validity and reliability of chosen measures, specific to the population of interest. In particular, functional performance measures for people with dementia have not been the focus of rigorous psychometric assessment.

**Methodology:**

A seven-day test-retest reliability trial was conducted using the Performance Orientated Mobility Assessment, the BERG Balance Scale, the Short Physical Performance Battery, Grip Strength, Functional Reach and Timed Up and Go. Participants were residents of aged care facilities in Queensland with a medical diagnosis of dementia. Intra-class Correlation Coefficient (ICC) was calculated to assess the relative reliability of chosen measures. Standard Error of Measurement (SEM), Minimum Detectable Change (MDC) and Limits of Agreement (LoA) were calculated to assess the absolute reliability of chosen measures.

**Results:**

The majority of measures had ICC values greater than 0.71, which indicates their suitability for measurement at the group level. However, large MDC values and wide LoA limit the applicability of chosen measures at the individual level.

**Discussion:**

There is evidence to suggest that the chosen measures within this study are reliable when measuring at the group level and confidence can be had in group outcomes. However, using the chosen measures to assess individuals and monitor individual performance over time does not appear to be realistically achievable. Large MDC values suggest that to be confident a 'real' change has occurred is greater than the expected change for people with dementia who have low levels of function.

## Achieving timely diagnosis and better care for people with dementia

Author/s: Carol Bennett<sup>1</sup>

<sup>1</sup>*Alzheimer's Australia, Canberra, Australian Capital Territory, Australia*

**Highlight the practical and/or theoretical implications of this presentation:** Dementia is a chronic, progressive, and ultimately terminal disease. However, timely diagnosis can help improve decisions made by the patient, their family, and health professionals, and improve the person's quality of life. It can also facilitate access to support and treatment aimed at maximising functional capacities and slowing disease progression.

**Abstract:** There are more than 353,800 people with dementia in Australia, and many have struggled to get a timely diagnosis. On average, there is a gap of three years between people first noticing symptoms of dementia, and receiving a diagnosis. This delay means that people lack access to early treatment and support, and often experience unnecessary stress due to not knowing what is wrong, and difficulty planning and making decisions about the future.

A literature review and environmental scan has been undertaken to identify factors contributing to delays in diagnosis of dementia in primary care, initiatives undertaken in Australia to improve timely diagnosis, and areas which could be considered for future action.

The recognition and diagnosis of dementia in primary care can be complex and difficult. Our review identified a number of barriers including:

- Practitioner factors, encompassing limited skills in dementia diagnosis and care, doubts about the value of early diagnosis, lack of a consistency in screening, and difficulties communicating with patients about screening and diagnosis.
- Patient factors, including low awareness about symptoms, negative attitudes and fear of stigma leading to delays in raising concerns, and difficulty accessing care and support.
- System factors which include limited clinician time with patients, reimbursement issues, service access issues, and lack of clear pathways of care.

The review identified a number of promising approaches to improving access to timely diagnosis in primary care including:

- Education and information for GPs and other clinicians, adopting inter-professional adult learning approaches; practice-based quality improvement initiatives; and embedding of evidence-based guidelines in clinical information and decision support systems.
- Improved community awareness about dementia, to reduce stigma and alert people to early warning signs and the value of seeking an early diagnosis.
- Systems level strategies including new policy and funding approaches, and improved referral pathways and models of care.

## Are we providing person-centred care for people with dementia? Findings from Direct Patient Observation

Author/s: Joanne Tropea<sup>1,2</sup>; Dina LoGiudice<sup>1,2</sup>; Caroline Brand<sup>1,2,3</sup>; Danny Liew<sup>1,2,3</sup>; Briony Dow<sup>2</sup>; Carol Roberts<sup>1</sup>

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**Practical and/or theoretical implications of this presentation:** Direct observation of staff interactions with hospitalised people with dementia allowed us to identify gaps in current practice, and inform the development of a dementia pathway to improve the care of people with dementia in acute care.

### **Abstract:**

#### **Background:**

In the acute care setting, providing person-centred care for people with dementia can be challenging with high patient turnover and the focus tending to be on the presenting illness. Researchers from The Harvard Medical School and Picker Institute developed 8 principles of patient centred care –factors conducive to a positive patient experience. These are: Respect for patients’ values, preferences and needs; Co-ordination and integration of care; Information, communication and education; Physical comfort; Emotional support and alleviation of fear and anxiety; Involvement of family and friends; Continuity and transition; Access to care.

The purpose of this study was to benchmark current practice in providing person-centred care for people with dementia admitted to an Australian acute care setting against the Picker Institute’s principles. The study was designed to inform development of the Dementia Care Pathway for use in acute care.

#### **Method:**

This qualitative study involved clinical observation of a convenience sample of patients with dementia admitted to the Royal Melbourne Hospital between June and September 2014. A data collection tool was used to gather information about each staff interaction observed.

#### **Results:**

The clinical care of 9 patients with dementia was observed throughout their acute stay, totalling 155.3 hours of observation. Examples of person-centred care covering all eight of the Picker principles of patient-centred care were observed, as well as a number of interactions that did not meet the principles.

#### **Conclusion:**

Direct observation of staff interactions with hospitalised people with dementia allowed us to identify gaps in current practice, and inform the dementia pathway work to improve the care of people with dementia in acute care.

#### **Ref:**

<http://www.pickereurope.org/about-us/principles-of-patient-centred-care/> -Accessed March 2014

## CogChamps – A model of implementing evidence-based care in hospitals

Author/s: Catherine Travers<sup>1</sup>; Frederick Graham; Amanda Henderson; Elizabeth Beattie; Judy McCrow

<sup>1</sup>*Dementia Collaborative Research Centre: Carers and Consumers (DCRC:CC), Queensland University of Technology, Brisbane, Queensland, Australia*

**Practical and/or theoretical implications of this presentation:** This presentation describes those components of CogChamps that were most effective which may usefully inform other practice improvement initiatives in complex healthcare environments.

### **Abstracts:**

#### **Background & Aims:**

Delirium is common in older hospital patients and is associated with a range of serious adverse outcomes. Despite this, and despite delirium often being preventable, it is frequently not recognized in the hospital setting, which may be partly due to hospital nurses not having received adequate education in the recognition or management of delirium or dementia. The aims of this project, conducted in 2015-2017, were to redress this by implementing a raft of practice improvement initiatives for nurses.

#### **Methods:**

Support for the project was obtained from the hospital executive and Cognition Champions were identified (experienced nurses) to become CogChamps (n=38), and received comprehensive education in evidence-based delirium assessment, prevention and management, and practice change management skills. They received regular support from research staff throughout, and delirium assessment and intervention procedures were embedded within existing hospital practices and processes to promote sustainability. Observational data of nurse-patient interactions were collected at multiple time-points throughout the project and nurse's delirium knowledge was assessed both immediately prior to and following the education.

#### **Results:**

While nurses' baseline knowledge of delirium was high (93% correct on true/ false questions), there was little evidence this knowledge was applied in the practice setting at project commencement. For instance, assessment of cognitive functioning was seldom documented in the patient's chart (<50% of the time). Post-intervention data (available in November 2016) will confirm the extent of the project's impact.

#### **Conclusions:**

This presentation describes the implementation and preliminary results of a multi-component intervention in an acute hospital setting to improve the care quality provided to older patients with cognitive impairment. Lessons learnt from this project will inform other initiatives aimed at improving the capacity of the nursing workforce to provide high quality care for older patients with cognitive impairment when they are admitted to an acute hospital.

## Dehydration in older medically ill hospital patients

Author/s: Catherine Travers<sup>1</sup>; Judy Mccrow, Margaret Morton, Eamonn Eeles, Keren Harvey

<sup>1</sup>*Dementia Collaborative Research Centre: Carers and Consumers (DCRC:CC), Queensland University of Technology, Brisbane, Queensland, Australia*

**Practical and/or theoretical implications of this presentation:** Results of this study showed that dehydration is common amongst older medically ill hospitalized patients and that frailty may increase the risk for dehydration in cognitively intact older patients. Hence, older patients should be assessed for dehydration at admission to hospital and throughout their hospital stay.

**Abstract:**

**Aims:**

The aims were to assess the prevalence of dehydration in older patients with and without cognitive impairment (CI) at admission to hospital, assess its course over the first few days of hospitalisation, and examine associations between CI, frailty and dehydration.

**Methods:**

This was a prospective study (n=44) of patients aged ≥60 years admitted to an acute hospital in Queensland, Australia. Dehydration was assessed within 24 hours of admission and at day 4 or at discharge, whichever occurred first (study exit). Assessments included clinical assessments and pathology (serum sodium and osmolality). Patients' cognitive function was assessed using the Rowland Universal Dementia Assessment Scale and frailty using the Clinical Frailty Scale.

**Results:**

Twenty-seven (61%) patients had CI and 61% were frail; 41% (n=18) had CI and were also frail. The overall prevalence of dehydration at admission was 29% (n=12) and 19% (n=6) at study exit. Dehydration status at admission did not differ according to either cognitive status (p=0.66) or frailty status (p=0.94). Within the non-CI group, however, significantly more frail than fit patients were dehydrated at admission (p=0.03).

**Conclusion:**

Results show that the prevalence of dehydration amongst older, acutely unwell hospitalized patients is high, and amongst cognitively intact patients, frail patients had higher rates of dehydration at admission compared to fit patients. This suggests that f

## Re-balancing Policy: informal care relationships underpinning individualised Home Care Packages

Author/s: Cathy Duncan<sup>1</sup>

<sup>1</sup>*Australian Health Services Research Institute (AHSRI), University of Wollongong, Wollongong, New South Wales, Australia*

**Practical and/or theoretical implications of this presentation:** This presentation will focus on current issues for carers; older people; service providers; and policy makers based on the early findings from this research study. Practical solutions for re-balancing the focus of the home care package program on care relationships are provided at policy; assessment; and service provider levels.

**Abstract:** Informal carers provide the majority of care to older Australians and play a key role in the co-ordination of formal care services. The role of carers is not only fundamental to those they care for, but for the functioning of the aged care system as a whole.

The intrinsic nature of care is relational. Care occurs primarily in the context of long-term, pre-existing relationships. Family ties and emotional attachment feature strongly as reasons Australian carers take on the role of primary carer.

The focus of the Home Care Package (HCP) program is on the 'individual' older person who is the 'consumer' directing the care. The older person has 'control' and 'choice' to purchase services from the open market of aged care providers. The HCP Program reform largely ignores the relationship experience, knowledge and key role of unpaid family, friends or neighbours who are providing significant levels of care to maintain the older person in their home.

As demand for home based care increases due to an ageing population and further deinstitutionalisation of aged care services, supply of people willing to take on the role of informal carer is diminishing.

Re-focusing HCP policy on informal care relationships rather than labelling the carer and the care recipient as separate 'individuals' is the key to improving carer wellbeing and the sustainability of the informal care relationships that maintain older people at home.

Based on an international literature review and data from a study of care relationships findings relating to the current 'lived experience' of carers and older people who are HCP recipients will be discussed. The concept of 'informal care networks' will also be explored in relation to the role a range of informal carers play in supporting older relatives / friends to remain at home.

## Diversity training for aged care workers: An interdisciplinary meta-narrative approach

Author/s: Claudia Meyer<sup>1</sup>; Rajna Ogrin<sup>1</sup>; Arti Appanah<sup>1</sup>; Sally McMillan<sup>1</sup>; Elizabeth Barrett<sup>1</sup>; Colette Browning<sup>1</sup>

<sup>1</sup>Royal District Nursing Service, St Kilda, Victoria, Australia

### **Practical and/or theoretical implications of this presentation:**

- Understand the historical storyline of diversity training arising from numerous disciplines, building on a human rights approach, person-centred and culturally competent healthcare
- Conceptualise diversity training for the community aged care sector from the perspective of multiple and intersecting individual characteristics

**Abstract:** A paradigm shift has occurred in global health policy and clinical practice toward person-centred care. Person-centred care focuses on an individual's needs and preferences, drawing on strengths and capabilities to enhance participation in a person's healthcare, allowing for diversity among individuals. Diversity is what makes an individual unique. Addressing diversity within healthcare is increasingly focused on the multiple and intersecting characteristics acknowledging that a particular group is not homogenous or mutually exclusive. This systematic review explores the conceptualisation of diversity training across several decades, as applicable for diversity training for community aged care workers.

A meta-narrative approach, leading to storyline development, was taken (Greenhalgh et al, 2005), with a literature search conducted for recent (2010-present) papers; followed by hand searching of reference lists and grey literature for seminal papers.

Sixty-six full-text papers were retrieved, arising from a broad range of disciplines. The storyline of diversity training revealed progression through: equal opportunity, managing diversity through the promotion of inclusion, and business case for diversity through human resources; alongside the rise of culturally competent healthcare, social determinants of health, and the advent of intersectionality from equity driven analysis.

Providing education and training for community health and aged care workers in this domain is challenging, given the complexity of diversity within individuals. A synthesis of the literature provides a new understanding of diversity training, which is paramount for the provision of responsive and equitable healthcare to the community aged care sector.

Greenhalgh, T., et al. (2005). "Storylines of research in diffusion of innovation: a meta-narrative approach to systematic review." *Social Science & Medicine* 61(2): 417-430.

## Volunteering benefits life satisfaction and cognitive functioning in elderly

Author/s: [Da Jiang<sup>1</sup>](#); [Diane Hosking<sup>1</sup>](#)

<sup>1</sup>*Centre for Research on Ageing, Health, and Wellbeing (CRAHW), Australian National University, Acton, Australian Capital Territory, Australia*

**Practical and/or theoretical implications of this presentation:** Theoretically, these findings illustrate effective motives of volunteering in older adulthood, and the mechanism that explains the positive effects of volunteering on life satisfaction and cognitive functioning. Practically, these findings can be applied to motivate older adults to volunteer by emphasizing on effective motives and its benefits.

**Abstract:** Volunteering benefits mental health and cognitive functioning in older adulthood. However, the mechanism is yet to be clarified. To this end, we examined the motivations that drove older adults to volunteer, whether volunteering was indeed beneficial to life satisfaction and cognitive functioning, and the moderating role of changes on the number of social partners. We used data from the PATH Through Life Study (PATH), a longitudinal population-based survey. A sample of 1591 older adults aged 68 to 72 years (Mean = 70.57, SD= 1.49; 48% female) at baseline were assessed on two measurement occasions with a four-year interval. Consistent with the Socioemotional Selectivity Theory, emotionally meaningful goals (e.g., I volunteered “to do something worthwhile”), not knowledge goals (e.g., I volunteered “to learn new skills”), were positively associated with longer volunteering time per week. Longer volunteering time was associated with a higher level of life satisfaction increase and a lower level of cognitive decrease during the two waves. Changes on the number of friends moderated the relationship between volunteering time and life satisfaction, but not that between volunteering time and cognitive decline. Life satisfaction increased in a greater extent in participants who lost more friends than those who lost fewer friends during the two waves. These findings provide scientific understanding to the motives of volunteering and the mechanisms of the positive effects of volunteering on cognitive functioning and life satisfaction in old age.

## The profile of older frequent attenders to the emergency department

Author/s: Debra Berry<sup>1, 2</sup>; Maryann Street<sup>1, 2, 3</sup>; Julie Considine<sup>1,2,3</sup>

<sup>1</sup>Deakin University, School of Nursing and Midwifery, Geelong, Victoria, Australia

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<sup>3</sup>Deakin University, Centre for Quality and Patient Safety (QPS) Research, Geelong, Victoria, Australia

**Highlight the practical and/or theoretical implications of this presentation: Implications:** The findings of this study will inform emergency care of older people who frequently attend an ED, to enable better planning for the provision of emergency services and improve patient outcomes.

### **Abstract:**

#### **Background:**

Frequent repeat attendance is a common feature of Emergency Department (ED) presentations. Although older people are represented amongst this group, the profile of older people who are frequent ED attenders is under-reported. The aim of this study was to identify the unique characteristics of the older frequent ED attender.

#### **Methods:**

The study population were people aged  $\geq 65$  years, attending an Eastern Health ED in the 2013/2014 financial year. This retrospective cohort study used organisational data linkage at patient level to describe the characteristics of those with four or more ED attendances in 12 months, compared to those who had less than four attendances.

#### **Results:**

In the study period, 21,073 people aged  $\geq 65$  years attended the ED and 1046 (5.0%) had four or more visits, accounting for 5469 (16.9%) attendances. Frequent ED attenders were significantly ( $p < 0.01$ ) older (mean=79.3 years), male (51.8%), living with others (92.6%), who arrived by ambulance (62.2%), and were allocated to emergent (20.4%) or urgent (46.5%) triage categories. The most common diagnostic groups for frequent attenders were cardiac (chest pain), renal colic, gastrointestinal (vomiting) and 'no disease found'. Average stay in ED was longer for frequent attenders (5.88 vs 6.35 hours;  $p < 0.001$ ) and 69.2% were admitted. Frequent attenders who were discharged from ED were less likely to be referred to their Local Medical Officer and more likely to have a scheduled review in ED. Frequent attenders also had more emergency representations to ED within 48 hours and readmissions to hospital within 30 days of discharge. The in-hospital mortality rate for frequent attenders was double that of other older people (3.2% vs 7.0%,  $p < 0.0001$ ).

#### **Conclusions:**

Older people who frequently attend an ED arrived by ambulance, were allocated to emergent and urgent triage categories, required admission and had high mortality rate.

## Enabling wellbeing by providing choice: Negotiating risk in dementia care

Author/s: Dianne Goeman<sup>1,2,3</sup>; Fleur O'Keefe<sup>1</sup>; Marissa Dickins<sup>1</sup>

<sup>1</sup>Royal District Nursing Service, St Kilda, Victoria, Australia

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<sup>3</sup>Central Clinical School, Monash University, Prahran, Victoria, Australia

**Practical and/or theoretical implications of this presentation:** The tool created from this project will facilitate negotiation between people with dementia, carers and health professions on issues relating to risk and safety and will allow people with dementia and carers to be active participants in care decisions while ensuring adequate documentation is maintained by service providers.

**Abstract:** There is now a growing population of people diagnosed with dementia in western societies, many of whom wish to remain in their home. This situation presents a challenge to those with dementia - alongside their carers, family and health professionals – to ensure that they are safe while ensuring their autonomy is maintained. The balance between providing people with dementia with the opportunity to be active partners in their care and ensuring that they are not at risk is a difficult one, however it is imperative that we understand the issues that are important to each older person and act accordingly. Despite this, there is currently very little guidance to assist he

**Underlined authors will be presenting the abstract**

## Models of end-of-life care in nursing homes: Integrative systematic review

Author/s: Elissa Campbell<sup>1</sup>; Heather Lane<sup>2</sup>; Liz Forbat<sup>3</sup>; Michael Chapman<sup>4</sup>

<sup>1</sup>*Department of Rehabilitation and Aged Care, Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia*

<sup>2</sup>*Rockingham General Hospital, Rockingham, Western Australia, Australia*

<sup>3</sup>*Australian Catholic University and Calvary Health Care, Australian Capital Territory, Australia*

<sup>4</sup>*Australian National University and Canberra Hospital, Australian Capital Territory, Australia*

**Practical and/or theoretical implications of this presentation:** End-of-life care is a central component of nursing home care yet the evidence base is of limited quality, and suggests a lack of clear beneficial outcomes. Research challenges of this setting suggest a need for novel approaches to generate and review high quality research.

**Abstract:**

**Context:**

Increasing numbers of older people are dying in nursing homes, yet models of end-of-life care are not well described in this setting.

Objective: Describe the models of end-of-life care in nursing homes, and their effect on symptom management and family satisfaction with care.

**Data sources:**

Systematic review of English articles was undertaken in January 2016 using subject headings and text words related to end-of-life and nursing homes, based on previously validated search strategies from Australian website CareSearch. Databases searched, from earliest records, included MEDLINE, EMBASE, CINAHL, PsychINFO, JBI and Pubmed.

**Methods:**

Studies reporting on models of end-of-life care in nursing homes, that examined outcomes of symptom control or family satisfaction in the last three days of life were reviewed. Data was extracted using predefined data fields. Due to heterogeneity of the study designs, quality and outcome measures, an integrative synthesis was used.

**Results:**

Of 8098 studies retrieved, one randomised control trial, one controlled before-and-after study, one qualitative study, two cross-sectional and eight uncontrolled before-and-after studies met inclusion criteria. Models of end-of-life care included end-of-life care pathways, in-reach hospice services, and specialist palliative care units in the nursing home. Most outcome measures were not validated and overall quality of studies was poor. Few studies showed statistically significant improvements in outcome measures. Models of care shared several common elements, including education, palliative care champions in nursing homes, early identification of end-of-life care needs, and use of end-of-life care pathways.

**Conclusions:**

Models of care identified for end-of-life care in nursing homes shared several common components. Those more complex models of care, containing more components, were included in multiple studies and generally showed more improvements in end-of-life care. The research challenges of this setting suggest a persisting need for novel approaches to generate and review high quality quantitative and qualitative research.

## Good Health Transitions Project: Using technology to enhance customer experience

Author/s: Elizabeth Barnard<sup>1</sup>; Jill Armour; Carolyn Wood; Claire Burke; Jack Derrick

<sup>1</sup>ACH Group, Adelaide, South Australia, Australia

**Practical and/or theoretical implications of this presentation:** The use of technology is being utilised by the GHTP team in order to enhance the customer experience and improve efficiency in health interventions targeting frailty. This project will inform the wider service delivery across all of ACH Group's services and likely other organisations too.

**Abstract:** Over a two-year period ACH Group aims to develop, trial and evaluate a new service delivery model, aimed at providing reablement to older adults living in Metropolitan Adelaide. The project, entitled Good Health Transitions Project (GHTP) has received grant funding to support this process, through the Department of Health, healthy ageing and aged care service improvement funding. GHTP identifies older people who are at risk of or already experiencing frailty symptoms.

The GHTP aims to target older people at critical transition points in level of services required and reduce risk of further decline. Through thorough assessment by skilled allied health professionals utilising a coaching model unique to GHTP, individualised goal-setting and subsequent intervention can be provided. Interventions are tailored to build capacity and improve resilience, reverse the frailty trajectory and reduce the need for higher level needs of care.

In keeping with current contemporary healthcare trends, the GHTP has a key focus regarding the use of technology to assist in individualised interventions to enhance coaching. Partnering with a large technology solutions provider, the GHTP team aim to provide a platform to support customers to manage their chronic conditions, increase independence with monitoring their health indicators, increase uptake of interventions and enhance customer engagement with health services.

Parallel to meeting customer needs, the platform will provide health professionals with improved efficiency in delivering interventions and reduce administration time, to globally improve customer facing experience. The use of technology as a service delivery tool to enhance other behaviour change strategies to reverse the frailty trajectory is combined with the capacity building of staff critical thinking and clinical skills to ensure customers are best equipped for desired uptake of agreed goals and actions. The findings from the GHTP project will influence future service delivery within ACH Group and the wider health community.

## Knowledge and stereotypes of Alzheimer's disease in health professionals

Author/s: [Emma Pretorius<sup>1</sup>](#); Dimity Crisp

<sup>1</sup>*University of Canberra, Bruce, Australian Capital Territory, Australia*

**Practical and/or theoretical implications of this presentation:** Presents possible areas that need improvement in the knowledge base of health professionals in relation to aged care and Alzheimer's disease. Also identifies possible stereotypes and biases held by current and future health professionals.

**Abstract:** There are concerns that health professionals working with people who have Alzheimer's disease may not have an appropriate understanding of the causes, symptoms and treatment of the disease (Nordhus et al., 2012). Concerns have also been raised regarding possible negative stereotypical and biased beliefs held by health professionals, which may influence the quality of treatment (Jackson et al., 2008). These are important factors that may be influencing the under-diagnosis and under-treatment of Alzheimer's disease. Focusing on stereotypical beliefs, the current study examined the knowledge and perceptions of students and professionals working within different areas of health care, and the willingness to work in aged care. Comparisons are made based on level of past experience with Alzheimer's disease. The findings indicate that the perceived advantages of working with older adults include exposure to people with different life experiences, and that it is a meaningful, rewarding and interesting role. The perceived disadvantages include negative experiences with family members, salary rates, and an evocation of sadness. Specific concerns were reported regarding the safety and the possibility of clients dying. The results from this research may aid our understanding of the deficits that exist in literacy around Alzheimer's disease. These findings have important implications for future directions in training for health professionals to ensure high quality care is maintained in this area.

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## Benefits not just risks of UV exposure in older adults

Author/s: [Fiona Wright](#); [Richard B. Weller](#)

**Practical and/or theoretical implications of this presentation:** Older adults should not avoid all sun exposure as there is increasing evidence of harm with inadequate UV exposure irrespective of climate change and the implications for ambient UV levels.

**Abstract:** Public health and advisory bodies currently advise that sun exposure (UV radiation) should be limited based on the associated adverse effects of which the most important is the development of skin cancer.

The risks from excessive UV exposure are well established but benefits on several markers of health are also emerging, in addition to the main effect of cutaneous vitamin D synthesis. The association between vitamin D deficiency and a number of serious non-skeletal conditions is well described in the literature. It is unclear if vitamin D itself is responsible for all these relationships or is a surrogate marker of UV exposure and other mechanisms are implicated. Biological effects of UV separate to Vitamin D photosynthesis are now being explored due to the apparent reduction in all cause mortality in populations with increased UV exposure.

The mortality and morbidity associated with hypertension and vascular disease in the older population far exceeds that of skin cancer and I will review the hypotheses pertaining to the role of UV in blood pressure modulation, cardiovascular disease and stroke. Additional effects of sunlight exposure on cancer incidence, mood, cognition and improved social activity should not be underestimated in the ageing community and aged care dwelling population.

Older adults should adopt a balanced approach to sun exposure. Behavioural recommendations should be tailored to race, skin type and geographical location given the variation in UVR from a latitude perspective. Public health recommendations may evolve to warn of the dangers of inadequate or insufficient UV exposure in addition to excessive exposure.

The objectives of this review are to explore the evidence for the harm and benefit of UV exposure in the older adult population. Some of these benefits will be vitamin D related but we also explore the benefits that may be independent of vitamin D levels.

## Comprehensive geriatric assessment in primary care: Findings from realist review

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<sup>7</sup>*Department of Geriatrics, Radboud University Medical Centre, Nijmegen, Netherlands*

**Practical and/or theoretical implications of this presentation:** Examination of comprehensive health assessment for older people in primary care using a realist review methodology.

**Abstract:** Comprehensive Geriatric Assessment (CGA) is complex health intervention designed to promote healthy ageing. To date, systematic reviews and meta-analyses show inconclusive evidence around the effectiveness of CGA in reducing functional decline, frailty, hospitalisation, mortality or promoting quality of life. Yet CGA continues to be implemented globally to respond to the needs of growing ageing population and the epidemic of chronic diseases. This study aims to examine the use of CGA in primary care using the realist review methodology (1). Our research question was: What is it about CGA that works, for whom, when and in what context? The RAMESES framework was applied (2).

The underlying theoretical bases of CGA were identified and represented as context, mechanism and outcome (CMO) causal pathways. A literature search of primary, secondary and grey literatures on CGA was conducted. Inclusion criteria incorporated CGA interventions originating in primary care including participants aged 65 years plus living in the community. Literature published from 2010 to 2016 in English was included. Using a realist review methodology, a framework analysis based on the theoretical logic model chosen will examine gaps or outcomes associated with the intended actions of CGA. Thematic analysis was used to describe context, mechanism and outcome identified in selected studies, and differences in outcomes were explored in relation to the interactions between contexts and mechanisms according to the theoretical logic model chosen.

There is increasing pressure on the healthcare system to cope with the costs to care for older people to live independently in the community. Our study results will highlight how the elements of CGA work, for whom, when, and in what circumstances. We will discuss the implications of our findings for future research, health care delivery and policy.

1. Pawson R, et al. 2005.
2. Wong G, et al. 2013.

## Service Navigation for Dementia in Rural Communities (SENDER) app

Author/s: Irene Blackberry<sup>1</sup>; Debra Morgan<sup>2</sup>; Catherine Morley<sup>3</sup>; Torab Torabi<sup>4</sup>; Anne-Marie Mahoney<sup>5</sup>; Dan Douglass<sup>6</sup>; Clare Wilding<sup>7</sup>; Jane Farmer<sup>8</sup>

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**Practical and/or theoretical implications of this presentation:** A tailored app has great potential to ease service navigation and connect dementia service providers and users with each other, particularly in rural settings where people tend to be socially isolated and disadvantaged.

**Abstract:** One-third of Australia's older people live in rural regions and have poorer health outcomes than their urban counterparts. Locating appropriate services within our fragmented health system can be challenging and frustrating for rural dementia service users, carers and providers due to lack of knowledge on local services. We aim to pilot and evaluate the feasibility, acceptability and impact of a service navigation and networking app for rural people with dementia, families and service providers in the Rural North West and Heathcote Health services in Victoria. Eligibility criteria include dementia service users/carers/providers, community-dwelling, live in the catchment area, have a smartphone with internet access, and have functional English language. A Research Officer will determine eligibility over the phone, obtain consent, collect baseline data and provide technical support. We also test the feasibility of service users and carers sharing feedback. For example, transportation options, its ease of use, what the journey was like, important amenities nearby the service. Focus groups will explore participants' experience, satisfaction, feasibility and acceptability of the app. We will also track and monitor the use of app on frequency, where and what feedback entered. Evaluation data cover knowledge around dementia services and support networks (health literacy); ease of use; input and output of information (what people used and their feedback); social connectedness using app; general satisfaction with useability; carers burden; and health services use. The use of a tailored app has great potential to ease service navigation and connect dementia service providers and users with each other, particularly in rural settings where people tend to be socially isolated and disadvantaged. This innovative solution is not currently available and our proposal has the potential to bridge the significant gaps in current health service by co-designing and co-producing this app with dementia service users and providers.

## Food Security of Aged Populations in Drought Affected Tharparkar, Pakistan

Author/s: Irfan Ahmed Khan<sup>1</sup>

<sup>1</sup>HANDS (Health and Nutrition Development Society), Karachi, Pakistan

**Practical and/or theoretical implications of this presentation:** Increased vulnerability, including food deprivation of marginalized communities exists in crisis situations. Drought befalls Tharparkar desert in Pakistan since last 3 years where no literature available on food security of old persons. A qualitative research evaluated the food security of the aged in the area and makes remedial recommendations.

**Abstract:** Food insecurity is viewed with great concern worldwide and there is an urgent need to identify means by which food security is achieved in the face of limited resources for older people, especially in adverse climatic conditions.

District Tharparkar, Sindh Pakistan is a marginalized desert area, having lower-than-average rainfall since the last three years. As a result, there is prevalence of a drought situation in the region. Literature reviews reveal no significant research on food insecurity of old persons in Tharparkar. A qualitative research was carried out in order to analyse the food security situation of aged population of Tharparkar.

**Methodology:** Face-to-face in-depth interviews were carried out with community aged persons and food managers of Tharparkar, selected through purposive sampling. After proper consent and ethical considerations, ten community participants aged above 60 years - both men and women in four villages and three public and private sector food managers were interviewed as per prepared and approved semi-structured questions.

The results indicate that old persons have preference for local food, but due the prevailing drought, were not able to cultivate their land or find fodder for livestock. They were generally not getting enough food and the majority suffered from hunger. No separate relief was provided for the aged persons. Food aid provided by the government to enlisted families was insufficient and poorly distributed. The main themes that emerged are (i) food insecurity for all including the aged population (ii) higher incidence of food insecurity with hunger in the aged.

It is recommended that early warning of drought and water preserving techniques be introduced in the area. The government should provide early food aid on equitable basis and on updated census figures. A review is required in 'District Disaster Management Plan of Tharparkar' to include separate benefits for the elderly.

## Culture change made aged care more attractive

Author/s: Jacqueline Kay<sup>1</sup>; Jacinta Baker; Patria Maggs

<sup>1</sup>General Medicine and Aged Care, The Royal Melbourne Hospital, Parkville, Victoria, Australia

**Practical and/or theoretical implications of this presentation:** 1. Junior Physiotherapy staff need increased support in Aged Care rotations, particularly with patients and families who are grieving the loss of function and independence.

2. Junior Physiotherapy staff need guidance and support for discharging patients when intervention is futile.

### Abstract:

#### Background:

Poor culture was identified by the Aged Care (AC) Physiotherapy team leader through observation and informal feedback in February 2012. A staff satisfaction survey was conducted, followed by a team-building planning day. Themes from the feedback indicated lack of support for junior Physiotherapy staff, increasing caseload pressure, decreased access and subsequent poor relationships with the Multidisciplinary ward-based team members, and difficulty with patient transport to gym-based exercises.

#### Methods:

As a result of the identified themes, a multiple strategy approach was undertaken. This included shifting Physiotherapy assessments and treatments from gym-based to ward-based interventions; caseload reallocation to relieve pressure on junior staff; allowing Physiotherapists to discharge patients when intervention is futile and no goals identified; and the allocation of patients with increased complexity to senior staff, or to junior staff with extra support, including senior presence during family meetings.

AC Physiotherapy staff were re-surveyed using the original survey in March 2015. Results were collated with themes analysed. The participants were the AC Physiotherapy team, at a large metropolitan hospital in Melbourne, Australia (approximately fourteen Physiotherapists and Allied Health Assistants).

#### Results:

Surveyed staff listed senior support and teamwork as the best features of working in the AC team. Caseload pressure was not listed as a positive or negative. Overall team culture and the relationship with ward staff has improved. Grade One rotation preferences selecting AC increased over the past three years.

#### Discussion:

By addressing specific issues identified, there has been a positive cultural outcome from implementing changes driven by the AC Physiotherapy team. It is concluded that providing increased support to Junior Physiotherapy staff during AC rotations, particularly with patients and families grieving the loss of function and independence can have a positive impact on team culture.

## Australia's 'Sandwich Generation': Stress, coping and subjective well-being

Author/s: Jade Gillett<sup>1</sup>; Dimity A. Crisp<sup>1</sup>

<sup>1</sup>*University of Canberra, Bruce, Australian Capital Territory, Australia*

**Practical and/or theoretical implications of this presentation:** Available support services that meet the distinct needs and circumstances of the sandwich generation should be considered. Interventions for those experiencing low stress may consider the encouragement of engaging in enjoyable and relaxing activities. Services that promote emotion-focused coping may prove more useful for individuals experiencing higher stress.

**Abstract:** The Sandwiched Generation refers to middle-aged adults who are “sandwiched” between caring for the needs of their children and elderly relatives. The stress experienced by the Sandwich Generation has received considerable focus; however, few studies have investigated the impact of coping on stress and the subjective well-being of this population. The current study examined this association and the moderating effects of problem-focused, emotion-focused, and avoidance-focused coping on the relationship between perceived stress and subjective well-being. The sample comprised 93 participants (80 females and 13 males), aged between 23 and 63 years, residing in the Australian Capital Territory. Participants completed an online self-report survey measuring perceived stress, coping strategies, life satisfaction, and positive and negative affect. Results indicated stress was negatively associated with subjective well-being. While main effects were found for emotion- and problem-focused coping on subjective well-being outcomes, the only moderating effect was found for avoidance-focused coping, such that for those reporting lower stress, avoidance-focused coping was adaptive (i.e., associated with higher positive affect). The present study provides a preliminary understanding of the experience and relationship between stress, coping, and subjective well-being of Australia's Sandwich Generation, a population that is vastly expanding. The current study also demonstrates the effectiveness of coping may in part depend on the context of the situation, highlighting the need to consider variations in the Sandwich Generation in addition to the specific strategies that may buffer the impacts of stress and sustain positive subjective well-being when investigating ways to support this population.

**Underlined authors will be presenting the abstract**

## Coaching for healthy ageing: Recruiting an older population

Author/s: James Wickham<sup>1</sup>; Shona E. Manning<sup>1</sup>; Anne Tiedemann<sup>2</sup>; Kirsten Howard<sup>3</sup>; Chris Rissel<sup>3</sup>; Richard Lindley<sup>4</sup>; Dafna Merom<sup>5</sup>; Allison Tong<sup>3</sup>; Stuart T. Smith<sup>6</sup>; Adrian Bauman<sup>3</sup>; Stephen R. Lord<sup>7</sup>; Constance M. Vogler<sup>4</sup>; Judy Simpson<sup>3</sup>; Catherine Sherrington<sup>2</sup>

<sup>1</sup>*School of Biomedical Science, Charles Sturt University, Orange, NSW, Australia.*

<sup>2</sup>*Musculoskeletal Division, The George Institute for Global Health, Sydney, Australia*

<sup>3</sup>*School of Public Health, University of Sydney*

<sup>4</sup>*Sydney Medical School, University of Sydney*

<sup>5</sup>*School of Science and Health, University of Western Sydney*

<sup>6</sup>*School of Health and Human Sciences, Southern Cross University, Coffs Harbour, NSW*

<sup>7</sup>*Neuroscience Research Australia, Sydney*

**Practical and/or theoretical implications of this presentation:** Recruiting participants individually for research is difficult with low success rates typically encountered. Utilizing a group based recruiting strategy, we have been able to maximize numbers from community-based social groups and it appears to be a useful way to recruit older people to health coaching interventions within a regional centre.

**Abstract:**

**Background:**

The impact of health promotion strategies in research or population health settings is dependent on successful recruitment of participants. There are clear benefits of health coaching for older people but less is known about efficient ways to recruit participants to such programs. We are undertaking the NHMRC-funded Coaching for Healthy Ageing (CHAnGE) trial which aims to recruit 600 older people who are active members of 60 established community-based groups in Orange and Sydney. Groups are randomised to receive trial health coaching, either: a) falls prevention and enhanced physical activity; or b) improving healthy eating.

**Aim:**

To describe recruitment strategies that have been used thus far in the CHAnGE trial and their success rates.

**Methods:**

Community-based groups (e.g. Probus, Rotary, Mens Shed, Womens Shed, Inner Wheel, Bridge Club, Ionian Club, Golf Club groups etc) from Orange, NSW were approached via email, phone or formal/informal presentations by the researchers between September 2015 and February 2016. Posters and flyers were also placed into the community and local media articles were published to generate interest in the trial.

**Results:**

To date we have approached 35 groups that included 150 people who were potentially interested in trial participation and provided their name and phone number for further contact. After withdrawals and eligibility screening, 11 groups containing 114 eligible participants were recruited to the trial, representing a 76% recruitment success rate.

**Discussion:**

A multifaceted approach for recruitment appears effective when approaching community-based groups within a regional centre. The inclusion of a presentation of our research at each group's venue, which often involved an informal chat beforehand, and then spending time talking individually with potential participants after the presentation, appears to be an integral part of the recruitment procedure. The success of these strategies in Sydney will be investigated in the next stage of this project.

## Regional data supporting aged care in a culturally diverse Australia

Author/s: Jenni Joenpera<sup>1</sup>

<sup>1</sup>*Australian Institute of Health and Welfare, Canberra, Australian Capital Territory, Australia*

**Practical and/or theoretical implications of this presentation:** Regional aged care data can help service providers inform culturally appropriate service planning and delivery. Comparing aged care data with population at a regional level helps providers to identify areas of specific need and map the changing population characteristics in any region over time.

**Abstract:** Improving the availability of meaningful data and analysis remains a key objective in service delivery planning. The cultural diversity of older Australians varies by age and geographic location, and aged care data can inform culturally appropriate service planning and delivery at the regional level. A comparison of aged care data with population data can identify areas of greatest need, as well as patterns of change over time, based on the characteristics of a given regional area. This session will showcase the National Aged Care Data Clearinghouse's new Regional Profiles, which provide access to data by aged care planning region and include information such as the proportions of people who identify as Indigenous and come from non-English speaking backgrounds. An overview of what is currently available through the Regional Profiles is presented through specific examples, highlighting the variation between regions and what other data is available through the National Aged Care Data Clearinghouse to inform the planning and delivery of culturally appropriate aged care services. Attendees will also have the opportunity to provide direct feedback on future iterations of the Regional Profiles to inform where we go from here.

## Early insights into older consumer experiences with consumer directed care

Author/s: Jenny Day<sup>1</sup>; Sharyn Hunter<sup>1</sup>; Ann Taylor<sup>2</sup>; Peter Summons<sup>3</sup>; Pamela van der Riet<sup>1</sup>; Sarah Jeong<sup>1</sup>; Margaret Harris<sup>1</sup>; Helen Bellchambers<sup>1</sup>; Sophie Dilworth<sup>1</sup>; Gunilla Haydon<sup>1</sup>; Jane Maguire<sup>1</sup>; Isabel Higgins<sup>1</sup>

<sup>1</sup>*School of Nursing and Midwifery, University of Newcastle, Newcastle, New South Wales, Australia*

<sup>2</sup>*School of Humanities and Social Science, University of Newcastle, Newcastle, New South Wales, Australia*

<sup>3</sup>*School of Design Communication and IT, University of Newcastle, Newcastle, New South Wales, Australia*

**Practical and/or theoretical implications of this presentation:** The findings point to attributes of home care packages preferred by older consumers as well aspects which constrain the exercise of choice by consumers. A need to continue the process of organisational/system re-orientation to CDC is identified.

**Abstract:** Consumer directed care (CDC) was introduced into the Australian home care package program from 1st July 2015. The intent of this change was to ensure home based care was consumer, rather than service provider driven. Inherent in this change was an explicit intent to increase consumer control over how care needs are addressed, promote consumer choice, and enhance care provision flexibility. With an interest in better understanding consumer perspectives on CDC based packaged care services, this study explored older consumer experiences following the introduction of CDC by two non-metropolitan packaged care service providers. Nineteen older consumers, aged 65-95yrs, participated in face-to-face interviews approximately three months after the introduction of CDC. The experiences shared by these older consumers provide early insights into older consumer preferences and choices about their home based care, as well as constraints to the exercise of their preferences and choice. Insight is also gained into progress with implementation of CDC as a service delivery orientation.

## Nursing provision of pain comfort care for older hospitalised persons

Author/s: Joanne Harmon<sup>1</sup>; Isabel Higgins; Sian Maslin-Prothero; Peter Summons; Erica Southgate

<sup>1</sup>University of South Australia, Adelaide, South Australia, Australia

**Practical and/or theoretical implications of this presentation:** This study revealed and provided understanding for the dissonance that exists between the espoused views about what is good pain management and what is actually achieved at point of care.

**Abstract:** This doctoral work explored care to older hospitalised people to determine the ‘cultural congruency’ of nursing pain care provision. Congruency refers to the provision of pain care considered by the older person as ‘beneficial, safe and satisfying’. This focused ethnographic study uncovered practices related to the lack of integration of evidence-based practice (EBP), the cultural climate in which care was delivered and the older person’s experiences of pain care provision.

Findings highlighted nurses’ pain care provision, organisational, and system barriers present for provision of care that was considered by the older person to be not beneficial and respectful of their experiences. Of particular salience was the finding that the older person was often excluded from pain management decision making, and beliefs held that they would not disclose their pain. The older person spoke of not being heard about their pain and having to make a choice about being either a popular or unpopular patient. The system barriers to effective pain management, specifically the focus on auditing was a strong factor that impacted and guided negatively the way the nurses provided pain care provision.

The recommendation is a requirement for explicit, accessible evidence-based guidelines for the management of pain, and organisational quality processes to be supportive of the key goals of nursing care. In summary the work undertaken in this doctoral work has particular relevance not only for the provision of pain care provision for the older person in acute care contexts, but also understanding gained of the issues relating to pain management overall.

## Dementia in emergency department: behavioural symptoms and chemical restraint use

Author/s: Luciana Kelly<sup>1</sup>; Joanne Tropea<sup>2</sup>; Dina LoGiudice<sup>1,3</sup>

<sup>1</sup>Department of Aged Care, Royal Melbourne Hospital, Parkville, Victoria, Australia

<sup>2</sup>Melbourne EpiCentre, Royal Melbourne Hospital and University of Melbourne, Parkville, Victoria, Australia

<sup>3</sup>Department of Medicine, University of Melbourne, Parkville, Victoria, Australia

**Practical and/or theoretical implications of this presentation:** Delirium and behavioural symptoms are common among people with dementia in the emergency department. Among 100 cases, 20% were prescribed chemical restraint and 3% were physically restrained. Higher than recommended doses of psychotropic medications and under-utilisation of analgesia was observed.

### **Abstract:**

#### **Background:**

The care of a people with dementia in the emergency department (ED) is often challenging. The unfamiliar and busy environment along with an acute illness can worsen behavioural symptoms associated with dementia and delirium. Physical and chemical restraint is sometimes used although best practice recommendations advocate for these measures to be implemented only as a last resort.

#### **Objective:**

The aim of this study was to assess the prevalence of delirium and behavioural symptoms associated with dementia and delirium among people with dementia admitted to the ED of a metropolitan teaching hospital. Secondary measures included documentation of behaviour management: non-pharmacological strategies, pharmacological strategies (chemical restraint), physical restraint use, and analgesia use.

#### **Methods:**

A retrospective audit was conducted of 100 ED presentations involving people with a clinical code of dementia. Demographic and clinical data was collected using a structured audit tool. Chemical restraint was defined as prescription of antipsychotic or benzodiazepine medications. Descriptive analysis was conducted.

#### **Results:**

The mean age of the cohort was 83 years, 55% were female and 60% were living in the community. 48% of cases had a limitation of medical treatment order documented and 38% were on antipsychotics as a regular medication prior to the ED presentation. The prevalence of a documented delirium diagnosis was 53%. Behavioural symptoms were documented in 41% of cases. Preliminary findings found nursing 1:1 was administered for 5% of the cohort. The use of chemical restraint was documented in 20% of cases, and category 1 physical restraint was used in 3% of cases, while analgesia was prescribed to 18% of cases. Commencement of chemical restraint often exceeded guideline recommended start low dose.

#### **Conclusion:**

Audit findings reveal the prevalence of delirium and behavioural symptoms was common among people with dementia who present to ED.

## Dished out like hot chips?' Current psychotropic use in aged care

Author/s: Juanita Westbury<sup>1</sup>

<sup>1</sup>*Wicking Dementia Centre for Research and Education at the University of Tasmania, Launceston, Tasmania, Australia*

**Practical and/or theoretical implications of this presentation:** Over the past 5 years there has been increased attention on psychotropic medication use for mental health conditions in aged care residents by the media, government and professional bodies. This presentation will evaluate if these initiatives have impacted psychotropic use in a large national representative sample of aged care homes.

**Abstract:**

**Background:**

Concerns have been raised about excessive psychotropic prescribing in Australian Aged Care Homes, resulting in media attention, government enquiries and professional guidelines. To evaluate if these initiatives have impacted use, we examined the current pattern of psychotropic use in a large national sample of Homes. A secondary aim was to seek associations between psychotropic use and Home characteristics, including location, size and ownership.

Design, setting and participants: Cross-sectional cohort study of residents from 150 Aged Care Homes distributed throughout Australia from April 2014 to October 2015.

Main outcome measures: Proportion of residents taking psychotropic medications on a regular and 'prn', or 'as required', basis.

**Method:**

De-identified prescribing data was mined from pharmacy packing programs as part of the 'Reducing Use of Sedatives' (RedUSE) project. Psychotropic prescribing data was collated into various categories for statistical analysis.

**Results:**

Full prescribing data was available from 11,368 residents. Nearly two thirds (61%) were taking at least one psychotropic medication every day, with 40% of residents prescribed antidepressants. Over half (54%) were prescribed an antipsychotic or benzodiazepine. Specifically, 22% were prescribed antipsychotics every day; likewise, 22% were prescribed anxiolytics/hypnotics daily. In terms of 'prn' use, 30% of residents were listed for 'prn' benzodiazepines, with 11% prescribed 'prn' antipsychotics. The characteristic of state was significantly associated with psychotropic use, but not home size or ownership type.

**Conclusion:**

The overall prevalence of Aged Care Home psychotropic and antipsychotic use has decreased over the past two decades, with a significant increase in the proportion of residents taking anti-depressants. However, the current level of anxiolytic/hypnotic prescribing is almost double that reported in Australia previously and 'prn' use is widespread. Interventions to reduce benzodiazepine and antipsychotic use and promote non-pharmacological management of common mental-health conditions in Australian Aged Care Homes need to be implemented as a matter of priority.

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## Psychotherapeutic skills training for nurses in psychogeriatric inpatient care

Author/s: Julie McGibbon<sup>1</sup>; Sunil S. Bhar<sup>2</sup>; Hemalatha Sivakumaran<sup>3</sup>; Sahaya Crossial<sup>4</sup>

<sup>1</sup>*Faculty of Health, Arts and Design, Swinburne University of Technology, Hawthorn, Victoria, Australia*

<sup>2</sup>*Brain and Psychological Sciences Research Centre, Swinburne University of Technology, Hawthorn, Victoria, Australia*

<sup>3</sup>*Aged Persons Mental Health, Peter James Centre, Eastern Health, Victoria, Australia*

<sup>4</sup>*Aged Persons Mental Health, Peter James Centre, Eastern Health, Victoria, Australia*

**Practical and/or theoretical implications of this presentation:** This study paves the way for future investigations on the extent which specialized psychotherapeutic skills training can be generalized to nursing practices and other settings. It is expected nurses will attain increased confidence and competence in psychotherapeutic skill delivery, and patients plus families will benefit from more sophisticated inpatient care.

### **Abstract:**

#### **Background:**

Nurses face numerous challenges in addressing the mental health care needs of older psychiatric inpatients. This study aimed to develop and evaluate a training program for improving application of essential psychotherapeutic skills within the nursing faculty of one of the largest providers of inpatient gero-psychiatry services in Australia.

#### **Method:**

A sequential mixed-methods design was used. The study involved 3 phases. In phase 1, a focus group was conducted with inpatient psychogeriatric nurses (n = 6); thematic analysis was performed to identify skills required, and challenges experienced by nurses in, providing care to older inpatients. Phase 2 involved the development and piloting of training materials with a small cohort of nurses (n = 8). In phase 3, the training was disseminated across the inpatient service to the rest of the nursing community (n = 20).

#### **Results:**

Mental health nurses identified a range of psychotherapeutic skill gaps such as in engaging with difficult patients, using problem-solving approaches, and employing reminiscence based interventions. Training materials were developed and piloted through face to face workshops. Participants who completed the program reported increased confidence and competence in using psychotherapeutic skills. Such findings were replicated in the larger trial.

#### **Conclusion:**

These results support the value of psychotherapeutic training to address perceived gaps in core practices of nursing staff. Such specialized training when delivered as face to face workshops appear to be feasible and to result in self-reported improvements in confidence and competence. This particular training also helped build a good relationship and understanding between the two disciplines of clinical psychology and nursing.

## Caring for Australians with dementia: Planning for care needs

Author/s: Juliet Butler<sup>1</sup>

<sup>1</sup>*Australian Institute of Health and Welfare, Canberra, Australian Capital Territory, Australia*

**Practical and/or theoretical implications of this presentation:** Meeting the increasing care needs of Australians with dementia is a key service planning challenge for residential aged care providers. A better understanding of the service needs currently utilised by clients with dementia provides insight into what high demand service areas will be for this growing population.

**Abstract:** Dementia care is a significant concern for the service providers and the wider community. As the number of older Australians with dementia grows, the demand for dementia care increases. Residential aged care providers are already delivering a range of services to clients with dementia – by exploring the current service needs of these clients we can improve our understanding of the future needs of this growing population. Analysis will be presented on the length and type of service and level of care needs between people with and without dementia living in permanent residential aged care. Specifically, we compare length of stay, and level and type of care needs (including ACFI domains and specific areas such as incontinence and nutrition). We will also explore trends and usage rates.

## Review: Re-imagining hospital care for people with dementia

Author/s: Kara Cappetta<sup>1</sup>; Lyn Phillipson<sup>2</sup>

<sup>1</sup>*Australian Health Services Research Institute (AHSRI) and the Centre for Health Initiatives (CHI), University of Wollongong, Wollongong, New South Wales, Australia*

<sup>2</sup>*Australian Health Services Research Institute (AHSRI), University of Wollongong, Wollongong, New South Wales, Australia*

**Practical and/or theoretical implications of this presentation:** Implementing a more person-centred approach in hospitals challenges the traditional medical model. To improve care standards, hospitals must effectively engage staff, and include and empower people with dementia to utilise their lived experience in the design of hospital interventions and their own care.

**Abstract:** The risks and complexities associated with the care of people with dementia in the acute hospital setting are wide ranging. Hospitalisations for people with dementia result in high cost of care, high mortality, long hospital stays, and high likelihood of readmission. Adverse effects occur when acute settings fail to provide appropriate services, care, and ongoing support for people with dementia. This can be a result of limited staff knowledge, lack of recognition of dementia, management of challenging behaviours, and the hospital environment. So how might we 're-imagine' hospital care to be more 'dementia-friendly'? A scoping review of grey and academic literature was conducted to understand the features of person-centred or 'dementia friendly' hospital interventions to effective care of people with dementia in acute settings. Review of 38 grey and academic articles revealed that 'dementia friendly' initiatives integrated into care settings had focused on the characteristics of health care staff, training programs, and hospital environments. Research has aligned 'dementia friendly' care with person-centred care, with an understanding and awareness of dementia shown to promote rapport and facilitate interactions between care staff and patients. Studies focusing on the empowerment and positive care experiences of people with dementia have also demonstrated increased engagement, comfort, and inclusion when staff adopt person-centred care. Such studies show that whilst developing high quality dementia care is complex, it is not impossible within clinical practice. It is, however, in the minority, with many studies demonstrating that hospital care workers often fail to take up opportunities for person-centred care, and few incorporate the active involvement of people with dementia. This review highlights that more active involvement of both hospital staff and people with dementia may be what is needed to 're-imagine' hospital care to facilitate both greater uptake and higher care standards for people with dementia.

## Reducing age related cognitive decline and depression through brain training

Author/s: [Karen Murphy<sup>1</sup>](#); [Glenda Andrews<sup>1</sup>](#)

<sup>1</sup>*Menzies Health Institute Queensland and the School of Applied Psychology, Gold Coast campus, Griffith University, Queensland, Australia*

**Practical and/or theoretical implications of this presentation:** This presentation will overview the utility of a brain/cognitive training program for reducing depression and enhancing cognitive skills in older adults.

**Abstract:** Ageing is often associated with decline in one's cognitive skills and increased levels of depression. Studies have shown a link between symptoms of depression and cognitive decline in older adults and a link between depression and dementia, especially Alzheimer's disease. Common structural brain alterations are thought to underlie both depression and cognitive dysfunction. Therefore, it is imperative that methods be developed to combat age related cognitive decline and age related increases in depression. Literature reviews have confirmed the utility of video game or computerised training programs for enhancing cognitive function in older adults. However, typically these studies have not investigated the impact of training on depression. The current research investigated the impact of a short-term computerised cognitive training program on measures of cognition and depression in participants aged 60 years or older. The six training sessions were run over a three-week period and involved the use of a computerised brain training package specifically designed for older adults. The training was targeted at enhancing memory and attention skills. Participants were measured on the MiniCog test (Borson et al., 2000) and the Psychogeriatric Assessment Scale (Jorum & Mackinnon, 1995) prior to training and following completion of the training. The MiniCog test assessed participants' memory and visuospatial skills and the Psychogeriatric Assessment Scale served as a measure of the participants' history of stroke, depression and cognitive impairments. The changes in participants' performance on measures of cognition and depression as a result of the brain training protocol will be discussed. The outcomes from this study have the potential to provide further evidence of the utility of brain training for healthy ageing.

## Evaluating arm swing using wearable cameras during pole walking

Author/s: Ken Yamauchi<sup>1</sup>; Akira Ogita<sup>2</sup>; Ikuo Yanagawa<sup>3</sup>; Tsutomu Ichikawa<sup>4</sup>; Sako Yoshida<sup>5</sup>; Shinro Sugiura<sup>6</sup>; Yuko Ueno<sup>5</sup>

<sup>1</sup>*Keio University, Kanagawa, Japan*

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<sup>4</sup>*Matsuyama Shinonome Junior College, Ehime, Japan*

<sup>5</sup>*Otsuna Woman's University, Tokyo, Japan*

<sup>6</sup>*Japan Pole Walking Association, Kanagawa, Japan*

**Practical and/or theoretical implications of this presentation:** Video taken with a wearable camera is effective for learning correct arm swing movements when walking. Coaching in conjunction with use of the wearable camera is also beneficial for instructing learners regarding proper walking movements.

### **Abstract:**

#### **Purpose:**

Pole walking is a fitness exercise practiced in Japan; its exercise intensity is similar to that of Nordic walking. Pole walking is effective for the improvement of posture and stride, both important in walking. However, effects are diminished if pole walking is performed incorrectly.

Using a moving image when learning correct walking movements is generally helpful; therefore, the wearable camera—worn on the body or placed on exercise equipment—has become popular recently. This study examines the usefulness of videos taken by wearable cameras for learning proper arm swing movements for pole walking.

#### **Method:**

When pole walking, the individual grips a pole with each hand and swings the arms in the manner that typically occurs during brisk walking. The timing for touching the ground with the point of the pole is one of the significant technical points. Swinging each pole symmetrically ensures that there is an appropriate gap between steps and optimizes the long axis turn. The correct swing in pole walking is natural and spontaneous, inducing the right tilt of the upper body, effacement of a shuffle, narrower steps, improved walking speed, stability, and lifting of the line of sight when walking. Researchers selected three videos—taken from the front, side, and by a wearable camera (for a partial body shot)—to provide learners with feedback regarding correct arm swing movements. Researchers also evaluated movements of the elderly using wearable cameras. In this study, older adults responded to a survey and identified which of the videos mentioned above was the easiest to understand.

#### **Results and Discussion:**

The study showed that the video taken with a wearable camera was best for learning correct arm swing movements when walking. The researchers suggest that videos taken with wearable cameras are effective for instructing older adults regarding proper walking movements.

## Diversity of falls characteristics hampers effective prevention strategies

Author/s: Kerrie Sanders<sup>1</sup>; Karen Lim<sup>1</sup>; David Scott<sup>2</sup>; Ashley MacLeod<sup>1</sup>; Geoffrey Nicholson<sup>3</sup>; Lucy Busija<sup>1</sup>

<sup>1</sup>*Institute for Health and Ageing, Australian Catholic University, Melbourne, Victoria, Australia*

<sup>2</sup>*Department of Medicine/ School of Clinical Sciences at Monash Health, Monash University, Clayton, Victoria*

<sup>3</sup>*Rural Clinical School, School of Medicine, The University of Queensland, Toowoomba, Queensland, Australia*

**Practical and/or theoretical implications of this presentation:** Our findings highlight that many falls typically go undetected and there appears to be no dominating precipitant of falling or common environmental feature to effectively target falls prevention strategies.

**Abstract:** Identifying how and where injurious falls occur will help target resources aimed at falls prevention. We documented falls characteristics using data from the placebo group of our RCT where falls/fracture was the primary outcome.

Invitation letters were sent to all community-dwelling women aged 70+ years residing in the Barwon region, Victoria (Australia; latitude 38°S). Falls and fractures were prospectively ascertained by monthly calendars and characteristics of each fall were documented by standardised phone interviews. Hospital admissions and fractures were confirmed but other injuries were self-reported. Fall characteristics were analysed using Chi-square tests and logistic regression.

Of 887 women, 32% had at least one fall per annum (p.a), 12% of women fell more than once p.a and the total number of falls was 1195 over a median follow-up of 1.6 years. The precipitants of falls were: 32% loss of balance, 23% tripping, 23% slipping on obstacle/surface. Almost 2/3rd fell in a forward direction, 20% fell sideways and 19% fell backwards. Approximately equal number of falls occurred inside/outside and only 12% of all falls occurred at night with equal proportion with lights on/off. Almost 40% of falls occurred away from home. Only 31% falls resulted in treatment being sought, 10% of which were non-injurious. 5% of falls resulted in fracture (40% hospitalised) and 5% of all falls resulted in the faller being hospitalised. Falls that resulted in injury did not differ in characteristics from non-injurious injury ( $p>0.05$ ). If an intervention reduced falls by 20% the number needed to treat to prevent either one fracture or one hospital admission is 112 women.

Our findings highlight that many falls typically go undetected and there appears to be no dominating precipitant of falling or common environmental feature to effectively target falls prevention strategies.

## Occupational health and safety in the provision of care

Author/s: Linda Isherwood<sup>1</sup>; Genevieve G. Knight; Lulu L. Sun; Zhang Z. Wei

<sup>1</sup>Karmel Foundation, National Institute of Labour Studies, Flinders University, Adelaide, South Australia, Australia

**Practical and/or theoretical implications of this presentation:** Occupational injury and illness in the personal care services sector results in more days lost than in other care industries. These workers face specific occupational health and safety risks which need to be identified and addressed.

**Abstract:**

**Introduction:**

The health and social assistance sector is one of the fastest growing within the Australian economy. This sector includes workers providing residential and community care services to older people. While these workers may face specific occupational health and safety (OHS) risks, previous research is limited.

**Methods:**

Using South Australian compensation data from Safework SA, we compared the extent of days lost due to occupational injury and illness for direct care staff (N=2,062) in the personal care services industry with workers (N=3,062) in other care industries (such as hospital and community health settings). Logistic regression analysis was used to identify worker and employer factors that influence days lost from work due to occupational injury.

**Results:**

The median number of days lost to occupational injury was twice as high in the personal care services industry than in other care industries. Within the personal care services industry, care workers had a greater risk of days lost than nursing staff. Chronic joint and muscle conditions led to a higher likelihood of days lost than other injury types. No differences were found regarding sex, age and country of birth. Within other care industries, younger and migrant workers were more likely to have time off work due to injury. Relative to chronic joint and muscle conditions, fractures and stress/mental health conditions were more likely to lead to positive days lost. Across all care industries, those working for private employers were more likely than government workers to have days off work.

**Conclusions:**

Workers in the personal care services industry experiencing occupational injury and illness have more time off work compared to those working in other care industries. Implications for policy and practice to reduce OHS risks in this sector are discussed.

## Recruiting people with and without dementia for residential care studies

Author/s: Lua Perimal-Lewis<sup>1,2</sup>; Clare Bradley<sup>1,2</sup>; Rachel Milte<sup>1,2</sup>; Rebecca Bilton<sup>1,2</sup>; Maria Crotty<sup>1,2, 3</sup>

<sup>1</sup>NHMRC Partnership Centre in Cognitive and Functional Decline, Sydney, New South Wales, Australia

<sup>2</sup>Rehabilitation, Aged and Extended Care Flinders University, Adelaide, South Australia, Australia

<sup>3</sup>SA Health, Adelaide, South Australia, Australia

**Practical and/or theoretical implications of this presentation:** It is essential to include people with dementia in research to deliver consumer-directed care. The recruitment, consent and data collection processes are inherently challenging. However, residents were more likely to participate in the study than family members.

**Abstract:** In Australia, older people with dementia live in residential care facilities with people without dementia. It is uncertain whether people with dementia have differing needs to those without, and whether their quality of life is affected by the configurations of care they are provided with. The INSPIRED (INvestigating Services Provided In the Residential care Environment for Dementia) study aims to describe the relationship between consumer preferences, quality of life, clinical care determinants, care configurations and resource utilisation with a focus on people with dementia. It is essential to include people with dementia in research to deliver consumer-directed care.

However, it is challenging and we describe our experience of recruitment and collection of the data. We approached 901 eligible people and successfully recruited 541 participants to our study (consent rate: 61%) from 17 not-for-profit residential aged care facilities in SA, NSW, QLD and WA. Consent was obtained from residents (or where necessary, from their families), and complete data collection on their preferences and quality of life was obtained for 538 participants by Flinders researchers.

Data were also retrieved from the facilities records on the clinical care determinants, care requirements and service provision for these people, and backfill of facility staff was required (\$29,409). Consents were provided by residents (24%,n=129) and families (76%,n=412). Consent rates per facility ranged from 48 - 78% but did not differ by state. Rural (3) and peri-urban sites (3) achieved better consent rates. Although a smaller proportion of the total consents, residents were much more likely to participate in the study (74%) than family (59%). Participants spanned all categories of cognitive impairment; with a mean PAS-Cog score of 13.3. 64% of the participants had a recorded diagnosis of dementia.

Including people with dementia in research is important to inform consumer-directed care but requires allocation of considerable resources.

## Engaging older persons with multi-morbidity in health decisions: Rethinking our approach

Author/s: Lyn Phillipson; Athena Hammond<sup>1</sup>; Andrew Bonney; Judy Mullen; Elizabeth Halcomb

<sup>1</sup>Graduate School of Medicine, University of Wollongong, Wollongong, New South Wales, Australia

**Practical and/or theoretical implications of this presentation:** Innovative qualitative research techniques enhance the exploration of patient experiences and perspectives. Outcomes from such research inform patient-centred approaches to service design and provision. In particular, outcomes from this study can inform models of care that facilitate optimal involvement in health decision making for older persons with multi-morbidity.

**Abstract:**

**Background:**

It is widely acknowledged that patient participation in decision-making is ideal. International research suggests that older patients with multi-morbidity are not adequately supported to engage in health decisions. There is little research exploring this issue in the Australian context. We designed a study to explore this issue using qualitative methods however for older unwell patients, traditional interview techniques may be challenging. The Pictor technique is one approach that may support the exploration of decision-making for older persons with multi-morbidity.

**Aim:**

To describe the use and outcomes of an innovative qualitative interviewing technique with older patients with multi-morbidity, in order to explore their involvement in decision-making in the context of multidisciplinary care.

**Methods:**

A qualitative descriptive study will be conducted with 40 patient participants and 20 of their health care providers. Patients are aged over 65, have two or more chronic conditions and have a team care arrangement in place. Face-to-face interviews will be carried out with each patient participant. During interviews, the Pictor technique is used to elicit information about patient experiences. This includes the construction of a visual chart representing the patient's perspective on their care arrangements. Thematic analysis will be conducted; transcripts and visual charts are linked to create a rich qualitative data set.

**Findings:**

This abstract describes a prospective study; data collection will be completed by August 2016. We anticipate that employing the Pictor technique will support older, unwell patients to describe their experiences of receiving care and participating in decision-making. We are optimistic that the use of this technique will allow us to rethink ways of engaging older patients in research. In addition, the findings will allow us to reimagine models of participation in health decision-making by older Australians.

## Understanding current mealtime care to meet future needs

Author/s: [Michelle Bennett<sup>1</sup>](#)

<sup>1</sup>*Australian Catholic University, North Sydney, New South Wales, Australia*

**Practical and/or theoretical implications of this presentation:** This poster provides key considerations in planning and executing multidisciplinary mealtime care to ensure an older person's medical, nutritional, and psychosocial mealtime needs are adequately and consistently met. Mealtimes will always be intrinsically linked to facilitating quality of life for older people, with mealtime care a common priority across disciplines.

**Abstracts:** Many older people living in permanent residential care experience difficulties during mealtimes. These difficulties can be motor or sensory based, related to symptoms of dementia, or the social, communicative, or physical environment surrounding mealtimes. Management of mealtime difficulties is complex and requires a systematic, coordinated, and consistent multidisciplinary approach.

Mealtimes are critical to quality of life across the lifespan, arguably even more so in our older years where many other vocational and social past times may no longer be a part of our everyday lives. Given the negative medical, nutritional, and psychosocial implications of sub-optimal mealtime care, thorough understanding of current practice and future needs surrounding mealtime care for older Australian's is paramount.

To explore attitudes surrounding mealtime care, and current practice in mealtime care in Australian residential aged care facilities, a series of studies since 2011, have explored perceptions of a range of aged care staff, speech pathologists, residents, and family members using semi-structured interviews and online surveys.

Findings to date indicate high prioritization of and substantial support for best practice mealtime care across stakeholders. However, responses across studies indicate current mealtime care is inconsistent, and hindered by limited time and staffing, restricting more holistic and person-centered mealtime care. In addition, funding to support more comprehensive, individualised, and systematic mealtime care for residents with specific mealtime difficulties remains limited.

With consistent support for best practice mealtime care by care providers across disciplines, and increased legislative push for more person-centered and client-directed mealtime care, there is substantial opportunity for innovation in mealtime care within the current aged care sector.

Identifying current concerns and obtaining a clearer picture of current mealtimes is now shaping the next wave of research, bringing together disciplines and clinicians to facilitate evidence based and consistent service provision that will directly impact daily care.

**Underlined authors will be presenting the abstract**

## Aging with Alzheimer's: Dementia Village Singapore

Author/s: Min Yi Yap<sup>1</sup>; Xin Yi Yap<sup>2</sup>; Samuel T.H Chew<sup>3</sup>

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**Practical and/or theoretical implications of this presentation:** Raising awareness for customised living environment for elderly with dementia allowing them to age gracefully with dignity without being contained by their medical conditions.

An inspiration towards new care for elderly with dementia.

**Abstract:** Rapid development and urbanization in the past century has led to a wave of 'silver tsunami' sweeping across the developed world, with the number of dementia patients expected to double to 75.6 million by 2030. In place of traditional nursing homes, the Netherlands has pioneered the first dementia village in the world, the De Hogeweyk, a 1.5-hectre self-contained model village in Amsterdam. We imagine how a similar-styled village can be built in Singapore, and its feasibility. The principle of the dementia village is to create a safe environment for dementia residents to live in. We want to preserve their freedom, accord them dignity and respect, and maintain a good quality of life. Land scarce Singapore would be the perfect setting for a block of condominium-style apartments, with each flat personalized according to the senior's liking, situated within a gated premise with security cameras for patients' safety. Residents will be given the independence to walk around. The village will be helped by a myriad of healthcare staff who will "live" in the same community. They will patrol the village in street clothes and look after the villagers in a discreet manner. The village will be self-equipped with its own facilities such as grocery store, gym, hair salon, restaurant and a GP clinic. There will also be a community town hall, where villagers can mingle and have classes together. Villagers will manage their own households with the help of staff if they require. Families are strongly encouraged to visit. Residents can participate in the community, be it as gardener, leader in their religious community, or even an assistant cook. A dementia village is a novel concept, which would result in a more active, comprehensive and humane way for dementia patients to live, without being handicapped by their condition, hence successfully aging with Alzheimer's.

## The prevalence of psychotropic drug use in Australian aged care

Author/s: Mitchell McMaster<sup>1</sup>; Elaine L. Fielding<sup>2</sup>; David Lim<sup>2</sup>; Elizabeth R. A. Beattie<sup>2</sup>,  
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<sup>1</sup>Centre for Research on Ageing Health and Wellbeing, Australian National University, Canberra, Australian Capital Territory, Australia

<sup>2</sup>Dementia Collaborative Research Centre- Carers & Consumers, Queensland University of Technology, Brisbane, Queensland, Australia

**Practical and/or theoretical implications of this presentation:** This research confirms that issues around over-prescription of psychotropic medications may also be present in the Australian aged care setting, as is the case internationally. These medications are linked with increased mortality and morbidity and should only be used as a last-line treatment.

**Abstract:** Behaviours and psychological symptoms of dementia (BPSD) are a common problem in residential aged care facilities (RACFs)[1]. Clinical guidelines dictate that first-line treatments for BPSD are psychosocial interventions, if these are unsuccessful psychotropic medications may then be trialled at low doses and their effects monitored[2].

Data from a nationally representative sample of 446 residents from 53 Australian RACFs shows high levels of prescription of psychotropic medications. It was found that 257 (57.6%) residents were prescribed psychotropic medications including: antipsychotics (n =160, 35.9%), benzodiazepines (n = 136, 30.5%), antidepressants (n = 117, 26.2%) and anti-dementia medications (n = 9, 2.0%).

Population based research indicates that psychotropic drugs are related to increases in all-cause mortality in people with dementia[3], yet more than half of the sample were prescribed at least one psychotropic medication. The greatest issues of concern with this data are the high prevalence of antipsychotics, benzodiazepines and tricyclic antidepressants being prescribed.

The rates of prescription seen in this study are indicative of systematic over-prescription of psychotropic medications in Australian RACFs. Future research based on representative samples needs to examine the clinical decision-making process around psychotropic prescriptions.

1. Seitz, D.P., et al., Pharmacological treatments for neuropsychiatric symptoms of dementia in long-term care: A systematic review. International Psychogeriatrics Association, 2013. 25(2): p. 185-203.
2. Gauthier, S., et al., Review: Management of behavioral pro

**Underlined authors will be presenting the abstract**

## The experience of Malaysian occupational therapists in assessing the home

Author/s: Muhammad Hibatullah Romli<sup>1,2</sup>; Lynette Mackenzie<sup>1</sup>; Maw P. Tan<sup>3</sup>; Meryl Lovarini<sup>1</sup>; Lindy Clemson<sup>1</sup>

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<sup>3</sup>*Ageing and Age Associated Disorders Research Group, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia*

**Practical and/or theoretical implications of this presentation:** This study is expected to guide occupational therapy in Malaysia in developing a guideline for conducting home visits. In the short term, this study impacts on the development of academic programs for occupational therapy graduates and training needed for clinical practitioners to prepare for an effective home visit.

### **Abstract:**

#### **Introduction:**

Assessing the home through a home visit can be challenging for clients and for occupational therapists. Given the benefits of home assessment for improving functional capacity and preventing falls for older people, the decreased number of home visits conducted by occupational therapists in international is of concern. In Malaysia, the number of home visits is limited as most occupational therapy services are hospital-based with few occupational therapy services in the community, and it is unclear how home assessment is undertaken by occupational therapists and how findings are valued by the multi-disciplinary team. Therefore, this study aimed to explore the experience of occupational therapists in Malaysia in relation to implementing home assessments and conducting home visits.

#### **Method:**

A focus group discussion was conducted with seven occupational therapists from one teaching hospital in Kuala Lumpur. The session was audio-recorded, transcribed, summarised and analysed using thematic content analysis.

#### **Results:**

Several themes emerged, of which some were consistent with international practice, and some were unique to the Malaysian context. Themes developed were: i) Conflict between what is essential and desirable from the therapists' and clients' perspective, ii) Limited policies and guidelines available, and iii)

Unique construction of identity of the occupational therapists. Specifically, sub-themes for the first theme are: financial issues; cultural and social aspects; client's perception, attitudes and conditions; and type of housing. Sub-themes for the second theme are: administrative issues; multidisciplinary issues; and limited knowledge. Meanwhile, sub-themes for the third theme are: relishing the experience; and building the professional role.

#### **Conclusions:**

The therapists' experiences showed challenges exist in conducting home visits but at the same time provide an invaluable experience. This study finding is hoped to assist the occupational therapy profession to re-shape and re-imagine better service provision to benefit older people in Malaysia.

## Living with and experiencing ageing as an older person

Author/s: Peta Cook<sup>1</sup>

<sup>1</sup>*School of Social Sciences, University of Tasmania, Launceston, Tasmania, Australia*

**Practical and/or theoretical implications of this presentation:** This presentation highlights what ageing means to older people by examining social and personal contexts. In an ageing population, this has practical implications for policy by indicating what older people need to age well and meaningfully, and how they make sense of the ageing process.

**Abstract:** Across the developed world, the population is ageing. Despite this, older age continues to be negatively framed and associated with loss including social isolation and withdrawal (including unproductivity), and a body in decline with malfunctioning or deficit physical, mental and emotional resources (Gullette 2004; Hunt 2005). Significantly, such perceptions of ageing fail to consider, and engage with, what it means to be an older person including having an ageing body. Furthermore, the negativity towards ageing may contribute to, or could be at odds with, how older people experience their ageing. I will explore these issues by drawing on data from my current research project that examines ageing from the perspective of people aged 65 years and over living independently in Greater Launceston (Tasmania, Australia). Through photo elicitation and in-depth interviews, the participants reveal the dynamism of being an older person and having an older body; the beauty, sadness, joy, uncertainty and empowerment that ageing may present. In their experiences of being older people, the participants reveal that ageing is not to be feared, but worth exploring and celebrating.

## Early insights into older consumer experiences with consumer directed care

Author/s: Jenny Day<sup>1</sup>; Sharyn Hunter<sup>1</sup>; Ann Taylor<sup>2</sup>; Peter Summons<sup>3</sup>; Pamela van der riet<sup>1</sup>; Sarah Jeong<sup>1</sup>; Margaret Harris<sup>1</sup>; Helen Bellchambers; Sophie Dilworth<sup>1</sup>; Gunilla Haydon<sup>1</sup>; Jane Maguire<sup>1</sup>; Isabel Higgins<sup>1</sup>

<sup>1</sup>*School of Nursing and Midwifery, University of Newcastle, Newcastle, New South Wales, Australia*

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<sup>3</sup>*School of Design Communication and IT, University of Newcastle, Newcastle, New South Wales, Australia*

**Practical and/or theoretical implications of this presentation:** The findings point to attributes of home care packages preferred by older consumers as well aspects which constrain the exercise of choice by consumers. A need to continue the process of organisational/system re-orientation to CDC is identified.

**Abstract:** Consumer directed care (CDC) was introduced into the Australian home care package program from 1st July 2015. The intent of this change was to ensure home based care was consumer, rather than service provider driven. Inherent in this change was an explicit intent to increase consumer control over how care needs are addressed, promote consumer choice, and enhance care provision flexibility. With an interest in better understanding consumer perspectives on CDC based packaged care services, this study explored older consumer experiences following the introduction of CDC by two non-metropolitan packaged care service providers. Nineteen older consumers, aged 65-95yrs, participated in face-to-face interviews approximately three months after the introduction of CDC. The experiences shared by these older consumers provide early insights into older consumer preferences and choices about their home based care, as well as constraints to the exercise of their preferences and choice. Insight is also gained into progress with implementation of CDC as a service delivery orientation.

## Sexual activity and physical tenderness in older adults

Author/s: Rosanne Freak-Poli<sup>1, 2</sup>

<sup>1</sup>*Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Victoria, Australia*

<sup>2</sup>*Department of Epidemiology, Erasmus MC, Rotterdam, The Netherlands*

**Practical and/or theoretical implications of this presentation:** Sexual health is an important part of healthy ageing and is particularly important now that we are living longer and are capable for longer.

Younger generations, particularly un-partnered females, may be more distressed by reductions in sexual activity and physical tenderness associated with ageing.

**Abstract:**

**Background:**

Despite a common misconception, older adults engage in sexual behaviour. However, there is limited sexual health research in older adults, which is often restricted to small samples and to younger older ages.

**Objectives:**

To assess the prevalence of and characteristics associated with sexual behaviour, incorporating both sexual activity and physical tenderness, in community-dwelling older adults.

**Methods:**

From the Rotterdam Study, sexual activity and physical tenderness was assessed in 2,374 dementia free, community-dwelling, 65+ year olds between 2009 and 2012 in the Netherlands. Analyses were stratified by gender and partner status.

**Results:**

The vast majority of partnered participants had experienced physical tenderness in the past six months (male: n=858, 83.7%; female: n=724, 82.9%) and nearly half had engaged in sexual activity (49.5%, 40.4%).

However, very few un-partnered females engaged in either sexual activity (n=675, 1.3%) or physical tenderness (5.2%), while prevalence rates were slightly higher for un-partnered males (n=117, 13.7%, 17.1%). Engaging in sexual activity and physical tenderness were generally associated with younger age, better socioeconomic position, healthier lifestyle behaviours, and better physical and psychological health.

In contrast, higher glucose and lower high density lipoprotein cholesterol was associated with sexual behaviour in men.

**Conclusions:**

While almost half of partnered older adults engage in sexual activity and over two thirds engage in physical tenderness, very few un-partnered older adults engage in sexual behaviour. In men, the association between sexual behaviour and an unhealthy metabolic profile might be an indicator of healthy survival.

Sexual health is an important aspect of healthy ageing and efforts to maintain sexual health should be expanded to older ages. The low sexual behaviour engagement within older un-partnered females may be improved through change in cultural attitude.

## Quality nutrition: A review of intervention evidence in RAC

Author/s: Skyl Marshall<sup>1</sup>; Ekta Agarwal<sup>2</sup>; Michelle Miller<sup>3</sup>; Elizabeth Isenring<sup>1</sup>

<sup>1</sup>Bond University, Robina, Gold Coast, Queensland, Australia

<sup>2</sup>Queensland University of Technology, Brisbane, Queensland, Australia

<sup>3</sup>Flinders University, Adelaide, South Australia, Australia

**Practical and/or theoretical implications of this presentation:** To promote quality of life and optimal nutrition status, RAC facilities should provide high energy-high protein, liberalised meals, prepared in an environment which aligns with the psychosocial needs of residents. Strategies should be supported by a nutrition policy which addresses staff education and prompt, individualised management of malnutrition.

**Abstract:**

Malnutrition can lead to increased aged care costs and poorer quality of life, and “improving nutrition” is one of the principal research priorities in residential aged care (RAC). A literature review was undertaken in November 2015 to identify effective nutrition interventions in RAC and to suggest future directions for practice and research.

The review found that the provision of high energy-high protein meals was able to prevent malnutrition but was unable to improve nutrition status in malnourished residents unless provided via a method which aligns with the social and environmental needs of residents, such as family style meals. Further research revealed that the removal of restrictive diets was able to improve the quality of life and nutrition status of residents. Preliminary research reveals that these environmental and food-focussed nutrition interventions are cost-effective, through both reduced plate-waste and the prevention and treatment of malnutrition.

The provision of oral nutrition supplements (ONS) in the RAC setting has shown to be effective in promoting weight gain, health-related quality of life and nutrition status in malnourished residents. When combined with physical activity, ONS were found to improve physical function as well as social engagement. Adherence improves with counselling as well as low-volume, nutrient-dense supplements.

Overall, evidence suggests RAC facilities should aim to promote high quality, liberalised meals which are rich in energy and protein; and meals should be prepared and delivered in an environment which aligns with the social, cultural and psychological needs of residents. Strategies utilised by RAC facilities which aim to prevent malnutrition should be supported by a nutrition policy which addresses staff education, monitoring for nutritional risk and prompt and individualised triage for malnourished residents. Further research is needed to examine the cost-efficacy of environmental and food-focussed nutrition interventions in RAC.

## Responsibility and quality of life: Nutrition-related roles of family carers

Author/s: Skye Marshall<sup>1</sup>; Dianne P. Reidlinger<sup>1</sup>; Adrienne Young<sup>2</sup>; Elizabeth Isenring<sup>1</sup>

<sup>1</sup>Bond University, Robina, Queensland, Australia <sup>2</sup>Royal Brisbane and Women's Hospital, Herston, Queensland, Australia

**Practical and/or theoretical implications of this presentation:** This study challenges how care is delivered in rehabilitation facilities for older malnourished patients, by introducing the concept of integrating formal and family nutrition support in the inpatient setting. System changes are required to ensure family carers are properly engaged by rehabilitation nutrition & dietetics services.

**Abstract:** In order to improve patient outcomes and perceived value of nutrition support, this study aimed to determine the nutrition and food-related roles, experiences and support needs of female family carers of community-dwelling malnourished older adults admitted to rehabilitation units in rural NSW, both during admission and following discharge.

Four female family carers of malnourished rehabilitation patients aged ≥65 years were interviewed during their care-recipients' rehabilitation admission and two weeks' post-discharge. The semi-structured interviews were audiotaped, transcribed and analysed reflecting an interpretative phenomenological approach by three researchers. A series of "drivers" relevant to the research question were agreed upon and discussed.

The driver "Responsibility" was related to who assumed responsibility for providing nutrition support and family carer obligation. Carers assumed high responsibility for providing nutrition support to their care-recipients, even during rehabilitation admissions. Although carers recognised eating and nutrition as a problem for their care-recipients, they did not seek assistance from the health service for many reasons. Additionally, it was perceived that care-recipients assumed low responsibility for their own nutrition.

The driver of "Quality of life" was related to the carers' focus upon quality of life and how nutrition support impacted upon carer burden. It was interpreted that carers focussed upon quality of life as an outcome of their nutrition support as opposed to nutritional or medical outcomes. The nutrition support provided by carers was found to impact both positively and negatively between carers but also within carers over time.

Findings challenge the current concept of the nutrition care process and the health professional-patient relationship. Rehabilitation unit staff should recognise and support family carers of malnourished patients as part of usual care in the rehabilitation setting, which may ultimately lead to improved perceived benefit of care and patient outcomes. Interventional research is required to make more robust recommendations for practice.

## Efficacy of prehabilitation in older patients undergoing elective surgery

Author/s: Sook Ting Lee<sup>1</sup>; Heather P. Lane

<sup>1</sup>*Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia*

**Practical and/or theoretical implications of this presentation:** This research demonstrates a lack of evidence to support pre-habilitation interventions to improve post-operative functional outcomes. Study participants were potentially a fitter, healthier cohort which could explain the lack of positive results highlighting a need for further investigation in the frail older population who stand to gain the most.

**Abstract:**

**Background:**

Preoperative function has been related to outcomes postoperatively. “Prehabilitation” is the delivery of interventions aimed to improve exercise tolerance, capacity and function prior to surgery with a view to improving postoperative outcomes.

**Objective:**

This systematic review aimed to identify evidence regarding benefits of whole body prehabilitation interventions in post-operative functional outcomes.

**Methods:**

Four databases (Embase, Cochrane, PEDro, CINAHL) were searched in January 2016. Articles were selected according to prespecified inclusion and exclusion criteria. Due to the variations in outcomes, data synthesis of results was qualitative.

**Results:**

19 randomised control trials were included in the final analysis. There was significant heterogeneity in the interventions and outcome measures used in these studies. Across the majority of studies, exercise interventions did not lead to significant differences in functional outcomes postoperatively compared to controls groups.

**Conclusions:**

There is a lack of evidence to support the delivery of prehabilitation in older patients awaiting elective surgery.

## Frailty amongst community dwelling older people: A national prevalence survey

Author/s: [Stephen Burgess<sup>1, 2, 3</sup>](#); John Burgess<sup>4</sup>

<sup>1</sup>*Benetas, Camberwell, Victoria, Australia*

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<sup>3</sup>*Department of Community Emergency Health and Paramedic Practice, Monash University, Melbourne, Victoria, Australia*

<sup>4</sup>*Centre for Epidemiology and Biostatistics, School of Population and Global Health, University of Melbourne, Parkville, Victoria*

**Practical and/or theoretical implications of this presentation:** This is the first report of a national representative prevalence survey of frailty in Australia using primary respondent data. Frailty is a harbinger of adverse outcomes. Frailty is theoretically remediable; knowing who is frail and how frail they are will allow prioritising of services to whom greatest benefit will accrue.

### **Abstract:**

#### **Background:**

Frailty is a clinical state in which there is an increase in an individual's vulnerability for increased dependency and/or mortality when exposed to a stressor. Reported frailty prevalence in the community varies widely (range 4.0–59.1%) depending on the instrument used and the population measured. The prevalence of frailty amongst older people in Australia has not previously been reported from primary data.

#### **Methods:**

Between February and May, 2016, we undertook a national telephone survey of 3,000 community dwelling Australians aged 65 years and over. The sampling frame is nationally representative of the Australian population in this age range according to the Australian census 2011. We screened for frailty using the FRAIL Questionnaire Screening Tool.

#### **Results:**

Amongst community dwelling Australians aged 65 years and over, overall frailty prevalence was 11%. While frailty prevalence increased with age this was not uniform and was mediated by other factors. We report in detail the variations in frailty by age strata, location, sex, income, domestic status, and other variables.

## Frailty in people seeking aged care with a Victorian provider

Author/s: Stephen Burgess<sup>1, 2, 3</sup>; John Burgess<sup>4</sup>; Jess Shute<sup>1</sup>

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<sup>4</sup>*Centre for Epidemiology and Biostatistics, School of Population and Global Health, University of Melbourne, Parkville, Victoria*

**Practical and/or theoretical implications of this presentation:** As frailty is theoretically able to be remediated, knowing who is frail and how frail they are allows health professionals and service providers to plan and tailor service provision to those at greatest need and to whom greatest benefit will accrue.

### **Abstract:**

#### **Background:**

Frailty is a major concept in supporting the health of older people. Frailty is a clinical state in which there is an increase in an individual's vulnerability for increased dependency and/or mortality when exposed to a stressor. Reported frailty prevalence in the community varies widely (range 4.0–59.1%) depending on the instrument used and the population measured. The prevalence of frailty amongst older people seeking aged care services in Australia is currently unknown.

#### **Methods:**

We identified all records from a large Victorian not-for-profit aged care provider for older people seeking aged care services (service seekers) for other than residential aged care from February 2015 to March 2016. We contacted the service seekers and screened them for frailty using the FRAIL Questionnaire Screening Tool.

#### **Results:**

Amongst community dwelling aged care service seekers, overall frailty prevalence was 50%. Of those surveyed 50% were robust (FRAIL score = 0), 20% were pre-frail (FRAIL score 1-2), 30% were frail (FRAIL score  $\geq 3-5$ ). We report in detail variations in frailty by age strata, sex, income, domestic status, and other variables. Incidental qualitative findings from participants is also reported.

#### **Conclusion:**

Frailty prevalence and severity amongst aged care service seekers is high. While frailty prevalence increases with age this is not uniform and is mediated by other factors.

**Underlined authors will be presenting the abstract**

## Baseline characteristics of carers and recipients in the IMPACCT study

Author/s: Sue Malta<sup>1</sup>; Briony Dow<sup>1</sup>; Ellen Gaffy<sup>1</sup>; David Ames<sup>1</sup>; Nicola Lautenschlager<sup>2</sup>; Keith Hill<sup>3</sup>; Elizabeth Cyarto<sup>1</sup>; Melissa Russell<sup>2</sup>; Kirst en Moore<sup>4</sup>; Samantha Loi<sup>2</sup>; Elizabeth Cyarto<sup>1</sup>; Melissa Russell<sup>2</sup>; Lynette McKenzie<sup>5</sup>; Terence Haines<sup>6</sup>; Sue Williams<sup>1</sup>; Melanie Joosten<sup>1</sup>

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<sup>5</sup>University of Sydney, Lidcombe, New South Wales, Australia

<sup>6</sup>Monash University, Clayton, Victoria, Australia

**Practical and/or theoretical implications of this presentation:** This presentation reiterates the difficulties faced by older carers but also highlights how the caring role provides opportunities for psychological growth. The study also highlights the increasing necessity for interventions to address depression in older carers and for services that will continue to support carers in their caring role.

### **Abstract:**

### **Issues:**

Research shows that informal carers experience higher levels of depression compared to the wider population and that physical activity can reduce depression. The Improving Mood through Physical Activity for Carers and Care recipients Trial (IMPACCT) (NHMRC APP1033828) for the first time asks the question “can a physical activity intervention for older carers help improve mood?”.

### **Aim:**

The aim of the trial is to evaluate the effectiveness of an individualised physical activity program. The primary outcome is reduced depression amongst carers. Secondary outcomes include improving the physical level and functioning of both participants, decreasing carer burden and increasing carer satisfaction. It is anticipated that secondary outcomes will also include a reduction in falls and in health service use, and that the trial is a cost-effective intervention.

### **Results:**

This presentation reports the baseline characteristics of carers (n = 121 carers, 91 care recipients, consisting of 91 dyads, 30 carer only; 212 individual participants), who were predominantly female (81%), aged 55-93, and caring for their husbands/de facto partners. Nearly ¼ of carers provided 84+ care hours per week and 26% had additional caring responsibilities. Based on the Geriatric Depression Scale, the vast majority (82%) were mild-moderately depressed (range 5–10, median 7) and 18% were severely depressed (range 11-14). As would be expected, the majority felt significantly burdened (91% had scores >21 on the Zarit Burden Scale, range 8-79, median 39). Other measures indicated that carers were higher in neuroticism than population norms (NEO-FFI-3), but many derived satisfaction from keeping the person they cared for at home and being able to maintain their dignity (Carer Assessment of Satisfaction Index). Carers were slightly below normative scores on physical measures. Qualitative feedback from participants involved in the physical activity intervention indicated that they enjoyed doing the exercises.

## The ageing dividend: Care workers, end of life and recognition

Author/s: Susan Banks<sup>1, 2</sup>

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**Practical and/or theoretical implications of this presentation:** The application of recognition theory (Honneth, Fraser) to aged care work provides an opportunity to transform models of care such that love, rights and recognition can develop and be maintained for aged care workers and clients. Provider organisations and policy play key roles in enabling recognition.

**Abstract:** The Baby Boomer generation, now starting to enter 'official' old age, has been described as providing a demographic dividend. A surge in labour supply during their working lives created wealth. Now, that dividend presents new opportunities, among them the chance for longer and deeper engagement and connection. It will also mean that communities, families and aged care workers have more brushes with illness, decline and death. The focus of this paper is aged care workers' experiences of working with older people reaching the end of life.

Experiences of illness, decline and death was a strong theme in data from an ethnographic study of meaning and practice in aged care service encounters. Aged care workers spoke of grief and loss, of emotional connection, and of final acts. This was revealed as a site for particular performances in which meaning was paramount, and recognition—being regarded and treated as worthy of love, respect and esteem—could fail or flourish. I argue that this meaning-charged final performance presented opportunities for creating and sustaining recognition and identity for both worker and client. It allowed for connection and the exchange of emotional capital – a distinct sort of ageing dividend. But the dividend relied heavily on resources within and external to the aged care encounter.

## Will CDC help low income older renters age in place?

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**Practical and/or theoretical implications of this presentation:** Stable and appropriate housing is required if community aged care services are to support ageing in place. Housing providers and aged care service providers are well placed to drive a broad-scale programme to develop coordinated packages of service, which could promote healthier and more independent ageing.

**Abstract:** Housing is fundamental to the wellbeing of people of all ages, particularly older people. Community care, social participation and successful ageing policies are premised on the fact that older people's housing is stable and appropriate. While the distribution of older people across tenures has remained relatively stable over the last few decades, the sustainability of home ownership is under threat. Household need projections indicate that over 500,000 older Australians will require rental accommodation by 2028. The decline in public housing dwellings and tight targeting of housing assistance to those with complex requirements means the demand on the rental housing sectors is considerable.

The aged care reforms are expected to deliver increased service flexibility, choice and control for consumers; a greater capacity to age at home is one of the expected impacts. However, little attention has been paid to the consequences for older people with limited control over their home because of their tenure. Rental tenants often have restricted rights to modify or adjust their accommodation, and limited discretionary income. These issues may lead to reduced opportunities to exercise the choice and control envisaged in the aged care reforms. There is limited practical knowledge and awareness about how consumer directed care (CDC) will interact with other parts of the Australian welfare system, including our system of housing supports.

This presentation showcases a project underway which is exploring experiences and preferences of older low income renters with respect to community aged care; and perspectives of housing and community aged care service providers, with respect to the aged care reforms.

The research seeks to optimise outcomes for older people in the context of choice, independence, housing security, participation in community life and wellbeing; and improve older people's futures by ensuring their housing and aged care needs are met in tandem.

## AAG 2016 Conference Poster Presentations – Abstracts

**Underlined authors will be presenting the abstract**

### Let's Connect – Providing social opportunities through technology

Author/s: Wendy Hill<sup>1</sup>; Deb Fraser<sup>1</sup>

<sup>1</sup>*KinCare, Bella Vista, New South Wales, Australia*

**This presentation was selected for the Quality Agency Best Practice Conference this year.**

**Practical and/or theoretical implications of this presentation:** This presentation provides insight into how to successfully enable older adults to engage and connect with technology. We will explore myths and misconceptions about older people and technology, and will discuss the health and well-being benefits technology adoption can provide.

**Abstract:** KinCare started exploring the appetite for social technology in older people in 2014. After a successful pilot, KinCare applied for a grant through the Department of Social Services (now Department of Health) to co-produce a social technology model with our customers.

The aim of KinCare's model was to provide opportunities for older people to meet like-minded people, develop friendships, learn new skills and improve connections with family, friends and community through the use of technology. The result was KinCare's myhome+life - a social technology product with a tablet device, data, social connection platform, coaching and IT support.

KinCare launched its myhome+life model at five successful consumer events in Queensland, attracting 400 KinCare customers and family members. During the individual and group training sessions, KinCare applied continuous improvement strategies to adapt and enhance our products to meet the needs and expectations of customers.

The technology, classes and community events provided the opportunity to bring people together thereby reducing social isolation.

As other aged care providers explore their own technology offerings, it is important to note the principles of customer engagement, partnership and co-production are key to the success of any model. It is also valuable to understand that technology can provide a significant opportunity to bring people together for shared learning and companionship.