

2017 AAG Conference Table Top Conversations – Abstracts

Contents

Belonging in virtual realities: Enhancing empowerment and community through ICT	3
Prospective associations of local greenspace with mental wellbeing	4
Using data analytics to enhance the quality of community care.....	5
Literature review: Carers of older people and consumer directed care	6
Hearing services in aged care: Communication needs of dementia residents.....	7
Integrated model of care for responding to suspected elder abuse	8
BRAIN-TRK: Behavioural resource app for Interventions for neurocognitive disorders - translating research knowledge.....	9
Response to elder abuse in Victoria: Current practice and gaps.....	10
Innovation re-loaded: D3 Digital Challenge #5 people, parks & wellbeing	11
A historical overview of aged care policy development in Australia.....	12
From talking at, to working with; a journey of co-design.....	13
Evaluation of the management of BPSD in Transition Care	14
Short term restorative pilot	15
Implementing cognitive and delirium care in the top end	16
Reducing the burden of chronic disease through digital health.....	17
Dying to talk	18
Follow the Golden Circle to maximise this Golden Opportunity	19
Ageing and resilience in a remote community: Opportunities through volunteerism	20
Design for ageing: Two postgraduate studios in 2017	21
Strategies targeting an ageing workforce to continue working longer	22
Defining “successful ageing” for people living with long-term physical disabilities.....	23
Australasian Journal on Ageing publication: golden opportunity to advance policy	24
Retirees re-engaging with the workforce : Motivation and career adaptability	25
Social engagement instruments and person-centred community aged care services.....	26
Safe Elderly Emergency Discharge (SEED): project findings	27
Has consumer directed care improved quality of life?.....	28
Population growth in adults 70+ years escalates osteoporotic fracture costs.....	29
Verbal repetitiveness in memory clinic patients predicts Alzheimer's disease.....	30
Increasing Social Engagement in Aged Care using a Socialisation Robot	31
Exploring falls prevention capability among patient-sitters in hospitals.....	32
Intersectionality: The complexity of sexuality, ageing and coming out	33
Different perspectives on dental care in aged care.....	34
The importance of memorialisation to the community	35

2017 AAG Conference Table Top Conversations – Abstracts

The impact of the DCHP on hospital acquired complications	36
Beyond vulnerability: Older people as active participants in disaster responses	37
Leisure activities and well-being of older people in residential care	38
Keeping them safe at home: a hospital avoidance collaboration	39
Auditing the hospital environment: Optimising the care of older people	40
Better parks for older people: A golden opportunity for wellbeing	41
The PARIS process: Improving acute care for frail elderly	42
How falls, wounds and hospitalisation are affecting nursing home residents	43
Meta-analysis and taxonomy of cognitive training outcomes and executive functions	44
Multi-disciplinary model of DMCA: A before and after hospital study	45
Active balance: falls prevention training for community activity leaders	46
Victorian retirement village residents experiences of disputes	47
What is your active ageing plan? Consultations in Tasmania	48
Investigating falls and falls risk practice in residential aged care	49
Aged care choice and control: What about the older renters?	50
Association between night-time sleep and successful ageing among Chinese people	51

Belonging in virtual realities: Enhancing empowerment and community through ICT

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Abstract: There is a digital disruption occurring in the aged care sector, as older Australians are discovering that new media can be used to maintain autonomy and participation. There is also an expansion of research globally on how internet and communication technologies (ICTs) can facilitate better care provision for people who are ageing at a distance from members of their support networks. Our research shows how older people are using new media to engage in reciprocal care provision with family members no matter where they are in the world. The key is in equipping older people with the right digital literacy skills. Delivered appropriately, new media education can liberate older people (including those with little or no prior computer or English language experience) and enable them to maintain dignity and mastery of their lives. It also enables them to maintain social engagement with, and support for, distant family and friends.

This paper looks at the experience of an ICT training provider in Perth. Seniors from Culturally and Linguistically Diverse Backgrounds (CaLD) who are living independently attend weekly classes to learn diverse ICT skills that enable them to engage in social and economic life. The program utilises the social learning principles where people learn from each other via observation, imitation, and modelling. The Internet Café isn't just an internet course - it provides a fun and safe environment for the participants to learn, to form new friendships, to share their experiences and to collaboratively work together to solve issues, at times requiring only limited support from staff. This paper explores the lessons learnt in teaching complex new ICT skills to older people in such ways that respect their dignity as intelligent, salient beings and empowers them to continue as contributing members of their social worlds.

Prospective associations of local greenspace with mental wellbeing

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Abstract:

Background/Aim: There is a paucity of longitudinal studies of greenspace and mental wellbeing. This study examined how objective measures and perceptions of greenspace/parks in local neighbourhoods are related to changes in mental wellbeing among middle-to-older aged adults.

Methods: The sample comprised participants (n=4205; aged 40-65 years in 2007) of the HABITAT study in Brisbane. At baseline (T1; 2007), the following objective measures were gathered using a Geographic Information System: greenspace (park area) within 1km Euclidean buffer around participant's home; and walking distance to park. Surveys at T1 measured perceived availability of greenspace and perception of rowdy youths hanging around in parks. Mental wellbeing was self-reported at T2 (2009) and T3 (2013) using the shortened Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Analyses examined associations of WEMWBS at T3 with each greenspace measure, adjusting for WEMWBS at T2 and individual- and area-level covariates. Potential interactions between greenspace measures and age were explored. All participants stayed at the same address from 2007-13.

Results: Mean (SD; range) values for WEMWBS at T2 and T3 were 23.3 (3.6; 9.5-35.0) and 23.8 (3.9; 7.0-35.0), respectively. In multiple linear regression analyses, WEMWBS at T3 was positively associated with reporting a lot of greenspace ($\beta=0.06$; $p<0.001$) and negatively with observing rowdy youths in parks ($\beta=-0.03$; $p=0.019$). No objective measures of greenspace were associated with WEMWBS at T3. There were no significant interactions between greenspace measures and age.

Conclusions: On average, middle-to-older aged study participants improved their mental wellbeing over 4 years. Such changes were associated with perceptions of greenspace but not with objectively-measured greenspace. The associations observed were applicable equally to middle/older age-groups. A positive perception of greenspace may reflect not only the quantity but also quality of local greenspace. Further research should examine whether availability of quality greenspace may be protective against mental health decline among more advanced age groups.

Using data analytics to enhance the quality of community care

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Abstract:

Introduction: Existing evidence about the quality of aged care services has demonstrated a number of deficiencies in the community aged care sector common across many countries. These include: i) the lack of robust evidence about community care and consumer choice options with which to inform and guide policy and decision making; ii) the failure to utilise information technology to promote quality monitoring and enhance service integration and consumer choice; and iii) an overemphasis on measuring structural inputs (e.g., resource utilisation) to the detriment of measures of consumer outcome, satisfaction and quality of life.

Method: The aim of this study is to: a) undertake semi-structured interviews and focus groups to identify the interconnection between communication, information, work practices and performance; and b) carry out a comprehensive review of existing data sources to identify the data linkages required to identify and monitor performance across different dimensions of the quality of care spectrum.

Results: The results from this study provide: a) empirical evidence of the interconnection between communication, information, work practices and performance; and b) identify key and potential data linkages required to monitor performance across different dimensions of the aged care spectrum.

Conclusion: The findings provide a strong foundation for measuring and continuously monitoring key performance and quality metrics including: i) the uptake and utilisation of community care services compared across different locations (e.g., metropolitan, rural and remote); and across different demographic client groupings (e.g., socio-economic groups, gender, culturally and linguistically diverse groups); ii) community aged care client interactions and transitions (with hospitals and other health care providers); iii) quality of life measures (e.g., health and safety status, symptoms of depression and anxiety, social integration and mortality rates).

Literature review: Carers of older people and consumer directed care

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Abstract: This paper presents findings of a 2016 review of international and Australian literature on experiences of carers of older people with consumer-directed care (CDC). The relatively late arrival of CDC in Australia provides opportunities to learn from policy implementation elsewhere. Older Australians having choice of home care package provider from February 2017 poses both challenges and opportunities for carers who bridge the boundary between informal and formal care, enabling their older relatives and friends to access home care services.

Themes included: the extent to which CDC programs provide choice and control for carers; family and friends receiving payment for care; risk and safeguarding; the importance of relationship; articulating different roles and responsibilities of carers; and the nature and adequacy of individualised funding.

The presentation highlights how carers' preferences for and experiences of CDC are shaped by both the nature of their care relationship and available models of consumer-direction. Carer preferences for CDC are strongly influenced by the prospect of greater amounts of formal care provision, especially for people with high support needs. The literature is clear the majority of neither carers nor consumers want to take on all the responsibilities of employing and managing care staff.

Evidence is mixed on the extent to which CDC delivers choice and control for carers. While carers' choices are highly constrained by available care systems, most studies report neutral to positive outcomes for carers compared to more traditional forms of community care. There are reported benefits to carer wellbeing, increased choice in how they spend their time, and improvement to the care relationship. However this is accompanied by stress associated with navigating the system, paperwork and employment responsibility.

The presentation includes recommendations for policy and research based on the six identified themes.

Hearing services in aged care: Communication needs of dementia residents

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Abstract: The presence of both dementia and hearing loss in residents living in aged care homes (ACHs) can result in negative consequences to the individual, family members and care staff. Dementia and hearing loss both impact communication interactions. Individuals with dementia lose the ability to express their thoughts and needs, which in turn impacts social interactions and interpersonal relationships. Furthermore, the decline in functional communication can manifest in problem behaviours and lead to caregiver strain and burden. Untreated hearing loss also negatively impacts communication. Individuals with hearing loss frequently confuse verbal messages which lead to inappropriate responses, misinterpreting conversations and communication breakdowns. Residents of ACHs with both dementia and hearing loss are shown to have lower rates of social engagement compared to residents with dementia and no hearing loss. Older adults living in ACHs who regularly use audiological rehabilitation (hearing aids or assistive listening devices) are shown to have increased social interactions, lower rates of depression and also show slower rates of cognitive decline. Despite these benefits, less than 15% of eligible residents of ACHs adopt audiological rehabilitation. This study aimed to explore the communication needs of residents of ACHs with dementia and hearing loss and their perspectives on current hearing services. Semi-structured, in-depth interviews were conducted with residents with dementia and hearing loss and an accompanying family member as well as aged care staff across multiple ACHs in South East Queensland. Interviews were analysed using thematic analysis. In depth interview findings will identify the communication needs of residents who have dementia and hearing loss and possible audiological options to address these.

Integrated model of care for responding to suspected elder abuse

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Abstract: In response to the findings of the Victorian Royal Commission into Family Violence, the Department of Health and Human Services has co-designed an integrated model of care for responding to suspected elder abuse, to be trialled for 12 months at Victorian health services.

The Royal Commission reported that older people who experience elder abuse are largely invisible to the family violence service system, and do not have their abuse recognised or addressed within broader health sectors. Consequently, elder abuse is under-reported, unrecognised and not adequately responded to across the health, aged care and family violence sectors:

“Family violence against older people tends to be under-reported. Some older people may not recognise their experience as family violence and may regard abusive behaviour as a ‘normal’ part of their intimate partner or family relationships or of ageing” (Vol V, p. 80).

“There is a significant lack of understanding within the community and by service providers of the nature and dynamics of elder abuse, which can create missed opportunities to intervene and provide support to victims. Most existing family violence services and perpetrator interventions are not geared towards the unique dynamics of elder abuse.” (Vol V, p. 67).

The integrated model of care aims to strengthen elder abuse responses and support within Victorian health services, creating multiple entry points for older people and their carers/families to access support services to address suspected elder abuse. The integrated model of care is based on least restrictive, family-inclusive practice, which was also identified in the Royal Commission: “response(s) should be sensitive to choices about family relationships...instead of relying on a criminal justice response” (Vol V, p. 89).

The integrated model of care consists of four key components:

1. Workforce training
2. Counselling and mediation services
3. Liaison Officer – Elder abuse prevention and response
4. An Elder Abuse Prevention Network

BRAIN-TRK: Behavioural resource app for Interventions for neurocognitive disorders - translating research knowledge

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Abstract: BRAIN-TRK is a decision-making tool, designed to help nurses engage in regular screening to monitor behaviours and implement evidence-based strategies for patients with a neurocognitive disorder in acute hospital settings. The BRAIN-TRK App uses mobile technology to support ecological momentary interventions: tailored care activities in real time and in real world settings. Appropriately tailored, multi-faceted and individualised approaches can help reduce symptoms, risk of harm, or complications of behavioural and psychological symptoms (BPS) associated with neurocognitive disorders including dementia and delirium. However, behaviour change approaches used in acute hospitals are frequently inconsistent with best practice recommendations.

In this presentation we describe the BRAIN-TRK App, one component of a knowledge translation strategy to improve care of patients displaying BPS in acute care settings, which is the subject of an ongoing research program. BRAIN-TRK content was derived from best available evidence and practice guidelines, and it was co-produced with experts, researchers, clinical nurses and a consumer representative. During development, BRAIN-TRK was tested and refined with input from nurses using the App when caring for patients with neurocognitive disorders. Located on a point-of-care interactive handheld device (in this study an iPad), BRAIN-TRK guides assessment and provides 'real time' point-of-care recommendations to support decision-making about individualised best practice interventions to address BPS. BRAIN-TRK is recommended for use with patients presenting to hospital with one or more key risk factors for BPS including: 65 years or older, known cognitive impairment, history of delirium, severe medical illness, or altered behaviour patterns. The goal of BRAIN-TRK is to promote and sustain uptake of best practice recommendations at the point-of-care, and help consolidate nurses' knowledge.

Response to elder abuse in Victoria: Current practice and gaps

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Abstract: The recent Victorian Royal Commission into Family Violence established that elder abuse is a form of family violence; it also identified that much needs to be done to achieve better prevention and management of elder abuse in Victoria. Through a comprehensive review of literature and best-practice approaches, survey and focus groups with service organisation staff and consultation with key stakeholders, this project sought to determine what is already being done, where the gaps are, and how these gaps should be filled. This paper will focus on the findings of the survey and focus groups, which aimed to catalogue the current response of service organisations to elder abuse in Victoria. The survey was aimed at staff at all levels of organisations providing health, aged care, legal and other services to older people. Participants were recruited through key stakeholders in the elder abuse field and service organisations supporting older people and their families. Follow up focus groups were conducted with survey respondents to validate the findings of the survey. One hundred and forty six survey responses were received, with 86% of respondents working within a community aged care, health or family violence service. Over one third (38%) agreed to be invited to the focus group. Two focus groups were held in one metropolitan Melbourne and one regional Victoria location. Community awareness, staff training, lack of standardised processes and coordination between services were identified as gaps within the service system across both the survey and the focus groups. The outcomes of the survey have provided a better understanding of how Victorian organisations currently respond to elder abuse and their priorities for changes to policy, practice and community responses. The identified gaps will be prioritized via a Delphi process which will form the basis of an action plan to address elder abuse in Victoria.

Innovation re-loaded: D3 Digital Challenge #5 people, parks & wellbeing

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Abstract: South Australians are living longer than ever before. In 2011, at the time of the last census, more than one third of South Australia's 1.6 million population was aged over 50 years, and 16% were aged over 65 years.

Changing demographics and a diverse ageing population require a shift in concepts of innovation in Ageing. Digital Challenges tackle social issues faced by the community, through connecting those affected with those best placed to design and build innovative digital solutions.

The D3 approach engages and supports South Australian technology start-ups to create co-designed digital solutions for critical government policy issues, bringing together designers with end users. In March 2017, teams of SA's brightest start-up businesses and creative people competed in the D3 Digital Challenge #5 - People, Parks & Wellbeing: Innovation in Ageing, aimed at increasing the number of people aged over 50 years visiting parks to support active and healthy ageing.

Older people played a pivotal role in the project as 'Life experts', assisting the competing teams to develop their ideas in a way that ensures their solutions are viable for older people, with potential to become business ventures. Older digital designers 'myth-busted' the stereotypes!

As a partnership between Office of the Ageing, Office of the Customer, ICT and Digital Transformation, Department of Environment Water and Natural Resources and Public Health, SA Health the project showcased a SA's joined up government approach, working collaboratively across agency boundaries, to impact positively older people's wellbeing.

This presentation demonstrates a transformative approach to tackling social issues in an ageing population, through calling on diverse sectors outside of Ageing, to join with older people and topic experts across the public and private sector, to co-design viable and sustainable solutions.

A historical overview of aged care policy development in Australia

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Abstract: Maintaining health, social care and financial support for older people is central to the government's response to population ageing. Given that Australia is currently going through significant aged care reforms, it is important to understand the legislative and policy journey of aged care provisions as they have developed since Federation.

The nature of caring for older people in colonial and post-colonial Australia has evolved from the compassionate response of religious and charitable organisations to “look after their own”, to the government overseeing care delivery and safeguarding the use of public money through policy and fiscal mechanisms.

Drawing on the academic literature and government publications, including parliamentary debates, and applying a historical framework, this study charts aged care policy development in Australia from Federation to the introduction of the Aged Care (Living Longer Living Better) Act 2013, highlighting the social and political influences that shape significant milestones and junctures in policy directions.

To demonstrate the changing nature of these policy directions, a particular focus will be on the period between the introduction of the Aged Persons Homes Act 1954 and the Living Longer Living Better reforms. The 1954 Act represented a significant policy milestone in that the Commonwealth government took on a more central role in aged care funding structure.

From talking at, to working with; a journey of co-design

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Abstract: In 2015 ECH developed a new strategic plan, which incorporated a new direction of co-design. In the past the organisation had used more formal structures such as retirement village meetings and annual general meetings to talk to users of our services about issues that concerned them. The new directions demonstrated intent to listen more to our clients and to actively engage with them in service design. This began with involving people living with dementia and their carers in designing a new overnight respite centre. People reported an increased sense of self-esteem as a result of being involved. Following this, two co-design projects were developed; one for developing new services for LGBTI communities and the other on increasing social engagement. The objective of this table top presentation is to share the story of this journey including the challenges of cultural change required to increase real participation with clients. We will share the results of the co-design projects and how we are working to incorporate consultation and co-design into the everyday business.

Evaluation of the management of BPSD in Transition Care

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Abstract: The Transition Care Program provides short-term support and management for older people after a hospital episode who require more time and support in a non-hospital environment. A high number of residents admitted to Transition Care have a cognitive impairment. Behavioural symptoms have been reported by care providers and families following care transfer. While behaviour is seen as a meaningful indicator of unmet needs it is associated with negative outcomes for the resident and for their carers. Further, behavioural symptoms put pressure on the individual, community and the health care system. Challenging behaviour is associated with less job satisfaction, emotional and physical stress as well as it can impact on the delivery of care. Challenging behaviour can interrupt facility routines, impact on the delivery of care and may contribute to more challenging and time consuming discharge planning. It is argued that behavioural management techniques are seldom used by nursing staff because of lack of knowledge, skills and resources. The goal of this project is to improve the management of BPSD on a Transition Care Program. It is aimed to identify training needs to better support nurses with the management of BPSD and improve the patient and carers experiences. Initial staff surveys will be used to capture staff perceptions about BPSD, impact of BPSD on staff, to evaluate current practice and to identify training needs of staff members. Quality audits of care plans, behaviour management practice and handover standards will be used to identify any gaps and to identify training needs. It is hoped to improve the management of challenging behaviour, to improve person-centred care and client's experience. Further goals are to increase staff wellbeing, to provide opportunities for a well trained workforce and to reduce incidents related to challenging behaviour.

Short term restorative pilot

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Abstract:

Introduction: The aim of this study was to determine the effectiveness of using the Towards Achieving Realistic Goals in Elders Tool (TARGET) in a health coaching model to achieve consumer directed restorative goals.

Outcomes were assessed using a battery of objective measurements for physical function using standard physiotherapy assessments, Activities of Daily Living Assessments (ADL's) and Quality of Life (QOL) assessments. Challenges applying 'goals as outcomes' in applied research and the interdisciplinary Health Coaching model for allied health and Certificate III community workers is also discussed.

Methods: Ten participants, eight of who were ACAT assessed as suitable for a higher level package (L3/4) took part in this 8 week restorative care PILOT. Primary outcome measures included quality of life, activities of daily living and standardised exercise measures. Applied research methods included a retrospective pre-/post intervention design for review of client directed goals.

Results: Results demonstrate that in this sample of older people receiving predominantly level 2 (two level 4) homecare services that the use of TARGET by Health Coaches with participants led to improved goal identification and increased the scope of goal attainment. There was greater change in physical function measured by Physiotherapy assessments TUG, FTST and Four Stage Balance test. Improvements in ADL's and QOL were measured by Nottingham EADL and EuroQOL.

Conclusion: The current study highlighted the importance of placing older people central to the goal setting process as they often articulated and set goals as desired outcomes. Significant improvements in physical function and ADL's were observed after the eight week period of restorative home care services.

Implementing cognitive and delirium care in the top end

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Abstract: The Top End Health Service (TEHS) Cognitive and Delirium Care in Hospital Project (CDCP) commenced implementation of an 'Integrated Cognitive Care Pathway', for in-patients 16 years and over with cognitive and delirium risks in November 2016. The CDCP is an all-of-hospital approach aiming to improve safety and quality of care and develop needed culturally relevant protocols for a diverse and unique patient cohort.

A mixed methods study design to evaluate staged implementation across 3 hospital sites is being used. Preliminary evaluation and 'proof of concept' commenced at Royal Darwin Hospital (RDH) with subsequent roll-out to 2 regional sites in 2017. Project activities include development of cognition and delirium screening protocols to guide clinical practice, a new TEHS Cognition Screen and use of the Nu-DESC to screen for delirium, provision of information and education, establishing a cross-disciplinary Champion Network, collection of descriptive data from admitted patients with delirium risk criteria, and evaluation of implementation performance. An innovative program for essential prevention care is integral to the project.

Analysis of the TEHS Cognition Screen confirms abnormal cognition screen results however, further evaluation is needed. Data from 932 admissions at RDH is being analysed, with collection underway at the other sites. Preliminary results show that 56% of the study population were Indigenous and the overall mean age 63 years, however there is a wide disparity in age patterns between the two groups.

71% of admissions studied were screened for delirium risk. Of those who had cognition screening (62%), an abnormal cognition screen was found in 25%. A positive Delirium Screen result was found in 1-2 patients per day.

This comprehensive multi-component project is part way through effecting a culture change in the acute hospital setting. Developing new knowledge to improve delivery of culturally relevant cognitive and delirium care is the ultimate outcome.

Reducing the burden of chronic disease through digital health

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Abstract: Chronic diseases are the leading cause of illness, disability and death in Australia (Australian Institute of Health and Welfare [AIHW], 2014). Their most enduring impact, particularly in our older population, is through reduced quality of life and functioning abilities. In addition to these personal costs, chronic conditions also have a large economic burden. In 2008-09, \$27 billion was spent on direct health care of chronic diseases in Australia which is about 36% of all health expenditures (AIHW, 2014).

As Australians live longer, there is increasing demand for aged care services to deliver more complex care in the community for chronic disease management. The Royal District Nursing Service (RDNS) makes more than 2 million visits to over 40,000 clients annually. A large proportion of care is for diabetes, wounds, continence and dementia. The burden of chronic disease threatens to overwhelm the health budget, the capacity of health services and the health workforce. RDNS' reform agenda is addressing health system sustainability pressures by embracing new models of care and enabling technologies. Telehealth solutions provide effective delivery of complex care in a lower-cost model, whilst reorienting the system for supported self-management.

This Tabletop Conversation will showcase RDNS' use of telehealth technologies, leveraging its experience in delivering nursing care with specialised understanding of Information and Communication Technologies. RDNS' telehealth program empowers and enables clients, reduces costs, promotes greater workforce utilisation and allows more services to be delivered to more people. Featured in this presentation, will be RDNS' initiative involving remote specialist consultancy in wound management, diabetes, continence and dementia/aged care using videoconferencing. It is anticipated that building telehealth system capability will deliver 300% more specialist care visits, whilst reducing cost-per-visit by 33%.

Australian Institute of Health and Welfare (2014). Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.

Dying to talk

Author/s: Ms Grace Keyworth, Palliative Care Australia, Australian Capital Territory, Australia

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Abstract: Advance care planning has been demonstrated to improve end of life care and increase patient and family satisfaction as well as reduces stress, anxiety, and depression in surviving relatives. However, many people fail to talk to their family about how they want to be cared for at the end of life, and most don't document an advance care plan.

A national survey was commissioned exploring whether the Australian community had talked to their family about how they wanted to be cared for at the end of their life. In response to the survey results, the Dying to Talk Website and Discussion Starter (www.dyingtotalk.org.au) was launched to help people start those important conversations.

A national survey conducted by Palliative Care Australia in 2016 found that while 82% of Australian felt it was important to talk to their family about how they would want to be cared for at the end of their life, only 28% had done so. Barriers included people feeling they were too young (53%), that they weren't sick (43%), the subject makes them uncomfortable (27%) and they didn't want to upset their loved ones (21%).

The survey also found that 87% of people had not talked to their doctor about their wishes for medical treatment at the end of their lives. Only 4% reported having an Advance Care Plan, and 4% reported having an Advance Health Directive. Survey results will be updated for 2017.

In response to the lack of planning of Australians for their end-of-life care, Palliative Care Australia launched the Dying to Talk website and Discussion Starter. The Discussion Starter walks people through activities to support people's reflection on the kind of care they might want at the end of life from a values perspective, and then provides tips for talking about these preferences with their family.

Follow the Golden Circle to maximise this Golden Opportunity

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Co-author/s: Adam S. Hooper, Aboriginal Community Care SA Mile End SA Australia

Abstract: Aboriginal Community Care SA has been delivering aged care services for the Aboriginal community in Adelaide for over 20 years. In recent years we have expanded our aged care services to now provide the full continuum of aged care services from basic CHSP, HCP and residential aged care. We have also increased our service delivery of CHSP into the very remote APY Lands of SA.

To ensure that our organisation remains relevant in the "Golden Opportunity" that has been presented to the aged care sector by the National Aged Care Reforms, our Board and Management Team refocused our organisations strategic and service delivery methodology.

Using the "Golden Circle" of "why", "how" and "what" - we started with the WHY. We redefined our "purpose" to;

"Aboriginal Community Care SA supports the growth of progressive and prosperous Aboriginal communities that are built on a foundation of respect, self-determination and accountability"

We state that "how" we do this is " By empowering individuals, families and communities through choice and control of their needs, we connect our expertise, knowledge, passion, corporate and governance structures to build sustainable programs".

As an outcome, "what" is achieved is "The lives of our clients are enriched through delivery of culturally appropriate services that are continually improved and represent value for money".

With CDC, choice and control we believe we have a niche service with a competitive advantage, however we cannot just assume that we will be the service provider of choice for the Aboriginal community.

As a culturally appropriate aged care service it was not hard for our staff to refocus, understand and buy into the "why" of our organisation.

By understanding our "why" we have confidence that we can achieve our aspirations of being a state wide aged care service to the Aboriginal community of SA.

Ageing and resilience in a remote community: Opportunities through volunteerism

Author/s: A/Prof Heather Gibb, Northern Institute, Charles Darwin University, Northern Territory, Australia & COTA NT

Abstract:

Introduction and method: The paper reports on a case study of a remote township in northern Australia, which exemplifies the landscape of ageing rural and remote populations. Sixteen older, Non-Indigenous people (retired and over 65 years; 8 were women) were interviewed about what sustained them socially and psychologically, living in a remote community devoid of ageing support services. The study identified common internal resources such as belonging to place and social and occupational connection; and external resources including material sustainability and personal care support. The core determinant that underlay each of these resources was participation of older people in this community, in volunteerism.

Using a grounded theory approach, these core themes of belonging, connection, material sustainability and support/care were then explored with four Indigenous older people in the same town, as well as an Indigenous carer, who was a key informant for the local community.

Analysis and findings: Volunteerism emerged as a tipping point in the resilience of Non-Indigenous older people in this town. It facilitated psychological and social integration at an individual level. At a collective level, volunteerism served to fill the gaps of services that were not there, and supported people collectively to be self-sustaining and receive supportive care when they needed it. Its most limiting factor was that Indigenous older people did not appear to participate in the form of volunteerism that actively engaged most Non-Indigenous older people.

The paper will discuss the relationship between volunteerism and resilience, and the differential impact on those who do and those who do not participate. Suggestions will be made about the development of services 'ground up' that engage volunteerism as a viable community resource, as well as forms of volunteerism that are more likely to engage Indigenous participation.

Design for ageing: Two postgraduate studios in 2017

Author/s: Dr Hing-wah Chau, Melbourne School of Design, The University of Melbourne, Victoria, Australia

Abstract: In 2017, two studios in relation to design for ageing were offered at the University of Melbourne at the postgraduate level. Each one had its specific theme and objective. The first studio lasted for twelve teaching weeks and was in collaboration with the Assisi Centre, a residential aged care service provider for the Italian community in Victoria. The existing facility of the Assisi Centre in Rosanna is planned to expand from 150 beds to 210 beds together with the erection of some retirement apartments within the same site. This development brief became the design task of the studio. Through site analysis and engagement with stakeholders, the sixteen students in this studio gained first-hand experience of aged care design leading to their group master plan of age-friendly living environment and individual architectural designs for seniors living. Compared to the first studio, the second one was a five-day intensive workshop focusing on sustainability and inclusive design. Taking a theoretical site in the campus, the twenty-two students in this studio were required to design sustainable retirement villages. The design outcomes of these two postgraduate studios will be examined and alternative strategies for design for ageing will be discussed.

Strategies targeting an ageing workforce to continue working longer

Author/s: Ms ILonka Guse, Law Education Business and Arts (LEBA), Charles Darwin University, Northern Territory, Australia

Abstract: In the context of a globally ageing population much attention has been directed toward the provision of health, aged and dementia care and the cost to be carried by the tax payer. The concern about a rising number of retirees relying on a pension and the forecast of a possible labour shortage has led governments in developed nations to legislate an increase in official retirement age.

Stage One of this PhD research project investigates the various strategies considered by governments and employers around the world, aimed at ensuring that the ageing workforce stays engaged past conventional retirement age. Research papers on this topic from various international universities were consulted.

My presentation is based on a critical realist literature review and attempts to go beyond reporting on an empirical level about strategies resulting in more or less successful outcomes. Gaining insight into the underlying causal mechanisms within particular social conditions and structures provides explanations - for example - as to why particular strategies attracting senior women in Finland to work longer may not yield the same results in an Australian context. Likewise, an employer's provision of occupational health services on-site during work hours may act as an incentive for some but not for others to continue employment. While various financial benefit strategies acting as carrot are added into this intervention mix, underlying structural ageism in company cultures accompanied by some less overt discriminatory attitudes by managers and colleagues may impact negatively on the ageing worker's decision.

I argue while governments and employers are investigating and trialling strategies to retain an ageing workforce, the unprecedented increase in diversity of the ageing and the implications thereof in terms of capability and capacity have not been considered. This will be further explored in Stage Two of this project.

Defining “successful ageing” for people living with long-term physical disabilities

Author/s: Dr Ivan Molton, Aging and Disability Research Center - Rehabilitation Medicine, University of Washington, , United States

Co-author/s: Amanda E. Smith, Aging and Disability Research Center - Rehabilitation Medicine, University of Washington, Seattle, Washington, USA; Kathryn Yorkston, Aging and Disability Research Center - Rehabilitation Medicine, University of Washington, Seattle, Washington, USA

Abstract:

Introduction: In most western nations, the average age of people living with physical disability acquired early in life is increasing. This cohort is said to be aging with disability, and represents a unique and understudied sub-population among older adults. Given the overlap among aging and disability services, it is critical that models of “successful aging” include and are relevant to people with long-standing mobility and cognitive impairments. However, many widely accepted definitions of successful aging emphasize avoidance of disability and high levels of physical function as necessary to well-being. Further, older individuals with disability have largely been excluded from the evidence base that supports health and wellness interventions for older adults.

Methods: Using a qualitative methodology, we examined perspectives of “successful aging” in 49 middle-aged and older individuals living with spinal cord injury, multiple sclerosis, muscular dystrophy, or post-polio syndrome. Interview transcripts were analyzed using a structured qualitative coding approach and Dedoose indexing software.

Results: Participants ranged in age from 45-80 (M = 62) and had lived with their disability diagnosis for an average of 21 years. Thematic analysis revealed four primary themes of successful aging: resilience/adaptation, autonomy, social connectedness, and physical health (including access to general and specialty healthcare). Each of these are discussed in terms of the unique context of successful aging with disability. We highlight the need for a nuanced understanding of disability issues among those providing services to older adults.

Australasian Journal on Ageing publication: golden opportunity to advance policy

Author/s: Dr Jane Sims, Jane Sims & Associates, Victoria, Australia

Co-author/s: Lynne Parkinson, School of Nursing, Midwifery & Social Sciences, Tertiary Education Division, CQUniversity, Rockhampton Queensland, Australia; Associate Professor Stephen Neville, School of Clinical Sciences, Auckland University of Technology, Auckland, New Zealand; Mr Simon Goudie, John Wiley & Sons Australia Ltd, Cremorne, Victoria, Australia

Abstract:

Introduction: The Australasian Journal on Ageing (AJA) has operated for over three decades. The journal aims to provide access to high quality, multidisciplinary, evidence-based, peer-reviewed articles across the field of gerontology. Published articles highlight the relevance of their findings for policy and practice, informing readers from many disciplines and professions. The objective of the current study is to assess the reach, and impact upon policy, of the AJA's publications internationally, focusing on Australia, New Zealand and the Asia-Pacific region.

Methods: Primary and secondary data is being collected to conduct a preliminary assessment of where AJA content is accessed, cited, and referred to in influential policy documents. Consultation with key stakeholders, namely the developers of policy and disseminators of good practice, is underway. Feedback is obtained from gerontology journal editors, representatives of peak bodies, government instrumentalities and offices relevant to ageing. Stakeholders complete a survey: a subsample will be invited to participate in an interview, discussing domains generated from the survey. Three approaches to assessing the use of AJA content in the policy arena were explored:

- 1) The top cited papers in the 2011-16 period
- 2) Altmetrics data on policy citations
- 3) A desktop review of citations in key national and international documents regarding healthy ageing.

Results: The presentation will focus on the secondary data findings. Downloads have increased over time. In 2016, the average number of downloads per article was 119. Articles were being accessed predominantly in Australia (45%), with a significant uptake in the US, UK (13% and 8% respectively) and elsewhere. Citations were found in outlets ranging from scientific journals to Twitter, on topics ranging from mental health to sexuality and ageing. The primary data will enable us to explore in more detail specific examples of how AJA publications have influenced policy.

Retirees re-engaging with the workforce : Motivation and career adaptability

Author/s: Ms Jennifer Luke, Australian Collaboratory for Career, Employabilty & Learning for Living (ACCELL), University of Southern Queensland, Queensland, Australia

Co-author/s: Peter Mcllveen, Australian Collaboratory for Career, Employabilty & Learning for Living (ACCELL), University of Southern Queensland, Queensland, Australia

Abstract: Australian and overseas policy makers are alarmed by an ageing society with workforce productivity needing an injection of skills from older workers such as retirees. Encore career planning for retirees is a relevant and contemporary issue many career practitioners are now regularly encountering, though has yet to be adequately conceptualised in career development research. This presentation reports on initial research (Luke, Mcllveen & Perera, 2016) into understanding the re-engagement of retirees into the workforce through the lens of the Career Construction Theory (Savickas, 2005) and the relevance of this theory's career adaptability constructs to retirees' career experiences. Exploring the psychological factors that may contribute to a retiree deciding to become actively reengaged within the workforce, the research findings collated from interviews with N=22 retirees will be presented. These interviews explored motivations to return to work as well as the linkage to the required adaptive behaviours needed to be employable in today's multi-generational workforce. An understanding from this presentation will be that the notion of career adaptability can be an important focus of research and development in fostering a retiree's healthy re-engagement with the workforce. Additionally, the presentation will highlight the importance of understanding the psychological factors that motivate a retiree to return to employment and the adaptability required of them to transition successfully into a labour market that must prepare to support the re-integration of this valuable cohort.

Reference:

Luke, J., Mcllveen, P., & Perera, H. N. (2016). A Thematic Analysis of Career Adaptability in Retirees Who Return to Work. *Frontiers in Psychology, 7*, 193. <http://doi.org/10.3389/fpsyg.2016.00193>

Savickas, M. (2005). The theory and practice of career construction. In S. D. Brown & R. W. Lent (Eds.), *Career development and counseling: Putting theory and research to work* (pp. 42-70). Hoboken, NJ: John Wiley & Sons.

Social engagement instruments and person-centred community aged care services

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Co-author/s: Mikaela Jorgensen, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, New South Wales, Australia; Andrew Georgiou, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, NSW, Australia; Mikaela Jorgensen, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, NSW, Australia; Catherine O'Donnell, Uniting, NSW, Australia; Johanna Westbrook, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, NSW, Australia

Abstract:

Introduction: Being socially connected with the community is critical to individual wellbeing, especially in old age. However, community care services tend to focus on meeting specific physical needs of older adults and do not target strategies that can improve social capital (e.g., community participation). Our aim was to measure the feasibility and acceptability of embedding a validated tool, the Australian Community Participation Questionnaire (ACPQ), to plan, measure and enhance social connectedness among older adults living in the community receiving community aged care services.

Method: Two validated tools, the Australian Community Participation Questionnaire (ACPQ) and the ICEpop CAPability Measure for Older Adults (ICECAP-O) were administered to 289 community care clients to plan, measure and enhance social connectedness. These instruments were introduced as an accompaniment to a large aged care provider's regular needs assessment of their community care clients and were embedded in their centralised electronic management system. Semi-structured interviews with 12 support advisors were undertaken to ascertain their perceptions of the process.

Results: Our data confirmed the simplicity of incorporating ACPQ and ICECAP-O into routine use and identified minimal difficulties in gathering and recording client responses. Staff valued the instruments for capturing critical constructs of social engagement and wellbeing to better inform their discussions around care planning on older adults' social needs.

Conclusion: By using person-centred tools to measure social connectedness and wellbeing, this study demonstrates the potential for providers have a better awareness to plan, enhance and optimise the care provision of older adults.

Safe Elderly Emergency Discharge (SEED): project findings

Author/s: Dr Judy Lowthian, RDNS Institute, Royal District Nursing Service, Victoria, Australia & School of Public Health and Preventive Medicine, Monash University

Co-author/s: Lahn Straney, School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria, Australia; De Villiers Smit, Emergency and Trauma Centre, Alfred Health, Melbourne, Victoria, Australia; Harvey Newnham, Acute Medical Services, Alfred Health, Melbourne, Australia; Peter Hunter, Sub-Acute Services, Alfred Health, Melbourne, Victoria, Australia

Abstract: An ED visit is a sentinel event for an older person, with increased likelihood of adverse outcomes post-discharge.

SEED reviewed best practice evidence of emergency care models and determined risk factors for post-discharge adverse outcomes.

(A) SYSTEMATIC REVIEW: We evaluated effectiveness of emergency care models: 9 studies were identified, and 4 included in meta-analysis. There was no appreciable benefit for unplanned 30-day ED re-attendance (OR 1.32, 95% CI 0.99-1.76; N=1389), 30-day unplanned hospital admission (OR 0.90, 95% CI 0.70-1.16; N=1389), or mortality up to 18 months (OR 1.04, 95% CI 0.83-1.29; N=1794). Study variability precluded analysis of impact on functional decline and care home admission.

(B) RISK FACTORS for ADVERSE OUTCOMES: A prospective study of 959 community-dwelling patients aged ≥ 65 years (median age 77) was conducted. Logistic regression identified risk factors associated with unplanned re-presentation and functional decline at 30 days.

15% of patients returned to ED within 30 days: independent risk factors were COPD (OR 1.78, 95% CI 1.02-3.11); moderate cognitive impairment (OR 2.07, 95% CI 1.09-3.90); previous ED visit (OR 2.11, 95% CI 1.43-3.12); and ATS 4 (OR 2.34, 95% CI 1.10-4.99). Aged ≥ 85 years was associated with reduced risk (OR 0.81, 95% CI 0.70-0.93).

At 30 days, 34% had experienced functional decline, comprising 17% becoming more dependent in personal ADL, 17.5% more dependant in instrumental ADL, and 18% suffering deterioration in cognitive function. Independently associated factors were: any level of dependence prior to the visit in personal ADL (OR 3.21, 95% CI 2.26 to 4.53), or in IADL (OR 6.69, 95% CI 4.31 to 10.38). There was a 68% decline in relative odds for those with any dependency in IADL who used an aid for mobility (OR 0.32, 95% CI 0.14 to 0.7).

Older discharged emergency patients had high rates of early re-presentation and functional decline. Early intervention with functional assessments and appropriate implementation of support services could reduce adverse outcomes.

Has consumer directed care improved quality of life?

Author/s: Prof Julie Ratcliffe, Institute for Choice, University of South Australia, South Australia, Australia

Co-author/s: Norma Bulamu [1], Billingsley Kaambwa [1], Emily Lancsar [2], Liz Gill [3], Ian D. Cameron [3], [1] Health Economics Unit, School of Medicine, Flinders University, Adelaide, South Australia, Australia. [2] Centre for Health Economics, Monash University, Melbourne, Victoria, Australia. [3] John Walsh Centre for Rehabilitation Research, Sydney Medical School Northern, The University of Sydney, Sydney, New South Wales, Australia; ; Billingsley Kaambwa, Health Economics Unit, School of Medicine, Flinders University, Adelaide, South Australia, Australia; Emily Lancsar, Centre for Health Economics, Business School, Monash University, Melbourne, Victoria, Australia; Liz Gill, John Walsh Centre for Rehabilitation Research, School of Medicine, University of Sydney, Sydney, New South Wales, Australia

Abstract:

Objectives: To assess the impact of a consumer directed care (CDC) model of community aged care service delivery on the quality of life of older people in Australia and to determine the extent of variation in quality of life according to the length of exposure to CDC.

Methods: Quality of life was assessed using the EuroQoL 5 dimensions 5 level (EQ-5D-5L) health related quality of life instrument and the older people specific capability index (ICECAP-O). The relationships between quality of life, length of time receiving CDC and socio-demographic characteristics were examined using descriptive statistical and multivariate regression analyses.

Results: 484 eligible individuals were approached from five community aged care provider organisations in South Australia and New South Wales of whom 150 (31%) consented to participate. Mean quality of life score were 0.56 (sd=0.26) and 0.76 (sd=0.17) according to the EQ-5D-5L and the ICECAP-O respectively. Sub-group analyses revealed higher quality of life scores for those in receipt of CDC for 12 months [0.54 (0.25) and 0.72 (0.18)], although these differences were not statistically significant. More respondents (58%) in the 0-12 months group reported themselves as being able to do things that made them feel valued ($p=0.014$).

Conclusion: Little variation was found overall in quality of life outcomes according to exposure to CDC for either the EQ-5D-5L or ICECAP-O. However, those recently initiated on a CDC model indicated a stronger capability to do things that made them feel valued. Extended longitudinal follow up is needed at a sector wide level to facilitate a detailed examination of the relationship between the evolution of CDC and its longer term influences on quality of life.

Population growth in adults 70+ years escalates osteoporotic fracture costs

Author/s: Prof Kerrie Sanders, Institute for Health and Ageing, Australian Catholic University, Victoria, Australia

Co-author/s: Karen Lim, Institute for Health and Ageing, Australian Catholic University, Melbourne, Victoria, Australia; Catherine A. Connaughton, Institute for Health and Ageing, Australian Catholic University, Melbourne, Victoria, Australia; Lucy Busija, Institute for Health and Ageing, Australian Catholic University, Melbourne, Victoria, Australia; Jennifer J. Watts, Centre for Population Health Research, School of Health and Social Development, Faculty of Health, Deakin University, Melbourne, Australia

Abstract: Among Australians aged 50 years and over, 66% are estimated to have an increased risk of fracture through poor bone health(1). Hip fractures account for 17% of these fractures but 43% of the costs since treatment averages \$33,400 per hip fracture patient compared to \$8,000 for other fractures (1).

Australian Bureau of Statistics population projections show growth in the 70+ age group varies substantially between states. Those with the highest growth in older persons have substantially higher projected increases in healthcare costs associated with increased hip fracture patients since 87% of hip fractures occur in adults over 70 years(1).

Over the next 5 years (2017 to 2022) we assessed how population growth in the 70+ age group affects the costs of treating these fractures expressed as a cost per 100,000 total population.

The number of osteoporotic fractures in 2017 and 2022 in each state and Northern Territory (NT) was estimated using the method described in our Australian Costing of Fractures report(1). Direct health and social care costs were determined using a bottom-up cost estimation.

Proportional growth of the oldest age group over the next five years is expected to be most rapid in the NT (24% increase) and slowest in WA and Victoria (both 10% increase). Fracture numbers expressed per 100,000 total population, are expected to increase in NT from 380 to 432 between 2017 and 2022 (14% increase) while associated costs are predicted to increase from \$10.7mil to \$13.8mil (29% increase). In Victoria, fracture numbers per 100,000 population, are expected to increase by 5% from 671 to 707 (2017-2022) while costs will increase 16% from \$539mil to \$626mil.

Projected increases in fracture treatment costs vary across states. Healthcare providers need to plan for these differences by implementing appropriate prevention and treatment strategies.

(1)Watts JJ, Abimanyi-Ochom J, Sanders KM

<http://www.osteoporosis.org.au/sites/default/files/files/Burden%20of%20Disease%20Analysis%202012-2022.pdf>:

Verbal repetitiveness in memory clinic patients predicts Alzheimer's disease

Author/s: Dr Kevin Ong, Austin Health, Victoria, Australia & Department of General Medicine, Armadale Kelmscott District Memorial Hospital, Mount Nasura, Western Australia

Co-author/s: Michael Woodward, Aged Care Research, Heidelberg Repatriation Hospital, Heidelberg West, Victoria, Australia

Abstract:

Background: Accurate dementia diagnoses might improve clinical outcomes, yet access to adjunct diagnostic tools like brain MRI and FDG PET varies across healthcare settings. Practice data from tertiary memory clinics might provide best practice evidence for clinicians working in settings with limited access to these tools.

Aims: To compare the predictive utilities of memory related symptoms (MRS) for both clinically probable Alzheimer's disease (AD) and the results of neuroimaging frequently performed, at one tertiary memory clinic that uses brain MRI and FDG PET extensively.

Method: A randomly selected sample of 54 memory clinic patients presenting to the Austin Health Memory Clinic were retrospectively studied. Thirty-two of these patients underwent brain FDG PET on top of a comprehensive cognitive work-up.

Results: Seven most frequently documented MRS in patients' medical records were short term memory loss, verbal repetitiveness, word finding difficulties, forgetting names of familiar persons, getting lost outdoors, leaving heating appliances on, and leaving a water tap on.

Only the verbal repetitiveness MRS predicted AD (sensitivity 67%, specificity 92%, positive predictive value [PPV] 91%, negative predictive value [NPV] 69%, $p < 0.0001$), hippocampal atrophy on MRI (sensitivity 61%, specificity 85%, PPV 79%, NPV 71%, $p < 0.01$), and hypometabolism in the temporal lobes (sensitivity 53%, specificity 93%, PPV 90%, NPV 64%, $p < 0.01$) and posterior cingulate region (sensitivity 60%, specificity 94%, PPV 90%, NPV 73%, $p < 0.01$) on FDG PET.

Conclusion: Not having verbal repetitiveness might increase confidence that cognitive concerns are of non-AD aetiology, while having verbal repetitiveness predicts dysfunction in AD signature cerebral regions. These findings have health economic implications in dementia management.

Increasing Social Engagement in Aged Care using a Socialisation Robot

Author/s: Ms Kylie Pratt, Brightwater Care Group, Western Australia, Australia

Co-author/s: Elly Williams, Brightwater Care Group, Perth, Western Australia, Australia; Karla Seaman, Brightwater Care Group, Perth, Western Australia, Australia; Angelita Martini, Centre for Health Services Research, School of Population and Global Health, University of Western Australia, Crawley, Western Australia, Australia

Abstract: As the use of technology increases within the aged care sector it is important to consider the different ways in which technology can be utilised to better the lives of older adults in residential care and increase staff capacity. The primary objective of this study was to investigate the impact of a socialisation robot on the social engagement of older adults with cognitive decline. The secondary objective was to explore staff attitudes to the use of robot technology.

The socialisation robot used was a Zorabot; an interactive humanoid robot not previously used in residential aged care in Australia. This study was conducted across four facilities. A mixed methods convergent parallel design was utilised and qualitative and quantitative data was collected from residents and staff. The Pool Activity Level tool was used to determine resident engagement in activities to compare standard activity programs with Zorabot activities.

A three way social interaction has been observed throughout the study in which residents engaged with each other, with staff and with Zora. Staff recorded observations each week such as “Resident laughed at the banter between Zora and therapy staff”. Data is still being collected however early findings indicate both residents and staff are increasingly engaged in Zora specific therapy programs. All results will be presented at the conference.

Preliminary results from staff focus groups and staff surveys suggest mixed opinions towards the use of socialisation robot technology in residential aged care. The design of the Zorabot enables all staff to use the tool, irrespective of technology proficiency.

The Zorabot is an innovative therapy tool, offering residents greater choice in therapy programs. This presentation will report on resident engagement in Zorabot activities compared to standard activities, changes in staff attitudes towards robots and Zora will provide a demonstration.

Exploring falls prevention capability among patient-sitters in hospitals

Author/s: Dr Lex D. de Jong, School of Physiotherapy and Exercise Science, Curtin University, Western Australia, Australia

Co-author/s: Anne-Marie Hill, School of Physiotherapy and Exercise Science, Curtin University, Bentley / Perth, Western Australia, Australia; Su Kitchen, Sir Charles Gairdner Hospital, Nedlands, Perth, Western Australia, Australia; Zi Foo, Royal Perth Bentley Group, Bentley Hospital, Bentley, Perth, Western Australia, Australia; Anne-Marie Hill, School of Physiotherapy and Exercise Science, Curtin University, Bentley, Perth, Western Australia, Australia

Abstract:

Introduction: Older patients in hospitals are at high risk of falls. Patient-sitters are sometimes employed to directly observe older patients to prevent them from falling. However, there is scant evidence that this intervention leads to falls reduction. One factor that could explain the lack of effect of patient-sitters in reducing fall rates could be low levels of capability (knowledge, awareness, self-efficacy) of falls management best practice principles. Other factors (such as high workloads) may also act as barriers that prevent patient-sitters from providing effective care.

The primary aim of this study was to explore patient-sitters' falls prevention capability, and identify barriers and enablers that they perceived could influence their ability to care for patients during their sitter shifts. Their feedback was also sought regarding training needs.

Method: A descriptive exploratory pilot survey conducted in two Perth (WA) hospitals.

Results: Thirty-one participants completed the survey. Participants perceived that patient-related risk factors were the primary cause of falls. Participants were not able to identify patient modifying strategies, but instead suggested modifying the hospital environment to keep their patients safe from falling. Participants further reported multiple barriers in keeping their patients safe from falling, particularly patient-related barriers such as difficult behaviours and cognitive impairments. However, participants' ideas about what would enable them to do their work properly were mainly staff-related such as improving handovers and responses to the call bell by nursing staff. Most (84%) participants wanted to receive further training regarding falls prevention.

Conclusion: Results of this survey suggest gaps in the participants' capability of falls management best practice principles and in their ability to address barriers they encounter during their shifts. Patient-sitters may need more training, and their work-practice may need standardising prior to future research into sitter use for hospital falls prevention.

Intersectionality: The complexity of sexuality, ageing and coming out

Author/s: Miss Li-Min Lee, University of Tasmania, Tasmania, Australia

Abstract: Coming out has been identified as an important life transition for lesbian and bisexual (LB) women. The process of coming out is considered as an important stage of sexual identity formation, and is often associated with better well-being. However, most studies neglect to understand heterogeneity between people coming out at an early stage of life and later in life. It is important to explore LB seniors' expectations and decisions to come out later in life and the diverse experiences of coming out. Intersectionality has been used to discuss multiple disadvantages and/or identities that impact on the experiences of coming out. The intersection of sexuality, age, history context, and other social factors should be explored in relation to coming out later in life. This presentation will discuss the early findings of a qualitative study that explores people's experiences of coming out as lesbian, bisexual and genderqueer after they had turned 40. It will focus on what the facilitators of and barriers to people coming out later in life are. Qualitative data were obtained through semi-structured interviews with 21 participants ranging in age from 50 to 76 in Queensland, New South Wales, Victoria, and Western Australia, Australia between 2015 and early 2016. Findings suggest that the experiences of coming out are often intersected with other social factors (e.g., age, civil status, and social context), and it has been identified as an important life transition by the majority of the participants. Recommendations for future research are offered that focus on the diverse experiences of coming out.

Different perspectives on dental care in aged care

Author/s: Prof Linda Slack-Smith, School of Dentistry, University of Western Australian, Western Australia, Australia

Co-author/s: Angela J. Durey, School of Dentistry, University of Western Australia, Crawley, Western Australia, Australia

Abstract:

Background: The oral health needs of older people have become more complex as more people retain their natural dentition. Oral health of older people living in residential aged care facilities (RACFs) has been widely recognised as inadequate. There are a wide range of stakeholders with an interest in this issue. The aim of this study was to review different perceptions, perspectives experiences and cultural understandings of oral care within the aged care setting and how we might move forward with this problem.

Methods: This study based on a series of qualitative studies using semi-structured interviews with medical GPs, dental professionals, residential aged care workers (including CaLD workers), families and residents. Transcripts were analysed for common themes with assistance from NVivo.

Results: While all groups recognised that oral health and access to dental care for residents in residential aged care facilities (RACF) was a problem, there was uncertainty regarding responsibilities, limited knowledge of dental care available and how to access; and little sense of resolve for this issue. Key themes across groups included: the siloed nature of dental care in RACF, issues around cost, dental care being seen as an additional burden, availability of dental care and knowledge of oral health and dental care for the residents of RACF.

Conclusions: The findings of our study will enable policymakers and aged care providers to review the training, procedures and policies regarding oral health in aged care.

Acknowledgements: We acknowledge the staff, students and colleagues who also worked on these projects: Glen Paley, Andrea Lange, Lydia Hearn, Frances Britton, Bola Adebayo, Clair Scrine, Martin O’Grady and Davina French. We acknowledge APHCRI for funding this research with additional support from ADRF.

The importance of memorialisation to the community

Author/s: Mrs Marcia Fearn, Health Promotion Division, National Ageing Research Institute, Victoria, Australia

Co-author/s: Frances Batchelor, Health Promotion Division, National Ageing Research Institute, Parkville, Victoria, Australia; Michelle Blyth, Engagement and Partner Development, Southern Metropolitan Cemeteries Trust, Springvale, Victoria, Australia; Ronda Held, COTA Victoria, Melbourne, Victoria, Australia

Abstract: Memorialisation refers to honouring the memory of someone and may include ritual, ceremony and physical memorial forms. In recent times there has been an increase in the variety of memorialisation options, for example “eco funerals”. However, there is little information about community perceptions, attitudes and knowledge of memorialisation options. In order to explore these issues, we conducted a survey of community dwelling people.

The survey was administered through Survey Monkey. There were three demographic questions, and 12 questions asking about pre-planning, the importance of being able to access records of loved ones’ memorials in the future, awareness of types of memorial options people and knowledge of cremation certificates.

239 people completed the survey. The majority of respondents (81%) indicated that they had not pre-planned their funeral/memorial/burial/cremation, however two thirds of respondents indicated that they intend to pre-plan. There was a significant relationship between whether people intend to pre-plan their funeral or memorial and whether they think it is important that their family is able to find their memorial or records of their funeral/burial/cremation [chi-square(3, N=222)=10.7, p<0.05]. People who reported that they intend to pre-plan were more likely to state that it is important to leave a permanent place for loved ones to visit.

A common theme from the survey responses was that pre-planning is predominantly a concern that older people need to worry about. Ageing, a personal health scare or completing a will or advance care plan were cited as factors that would make someone want to pre-plan.

Further promotion on the importance and benefits of pre-planning memorialisation options is needed, with respondents stating they would be most likely to research options online. Further research could explore the importance of religion or faith in pre-planning, as well as what people consider to be the most desirable memorialisation options.

The impact of the DCHP on hospital acquired complications

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Abstract: The Dementia Care in Hospitals Program (DCHP) is an all-of-hospital cognitive impairment (CI) awareness and communication program supported by cognitive screening of all patients aged 65 years and over and a bedside alert, the Cognitive Impairment Identifier(CII). The CII is an abstract graphic, trademarked to BHS, and endorsed as a national symbol for CI in hospitals by Alzheimer's Australia National. This program aims to change the hospital care paradigm from one where all adults in hospital are expected to manage the complex demands of hospital care, to one where it is recognised that additional support and a change to the hospital processes and environment is needed for those with CI.

Admitted patients 65+ are screened for CI using validated tools. Baseline data shows that 34% of patients 65+ have CI. Screen positive patients have the CII placed over the bed, their families are actively engaged in care and all staff (clinical and nonclinical) use the learned communication strategies during any patient interaction. This multimodal care intervention has been rolled out and evaluated nationally in 4 hospitals in different States to measure its impact on hospital-acquired complications, carer satisfaction, patient quality-of-life and staff satisfaction and practice change. This paper will report the primary outcome of the study: the change in the rate of the combined risk of four hospital-acquired complications: urinary tract infection; pressure injury; pneumonia; and delirium in intervention and control epochs. Data collection closes in May. Data from a single site is encouraging in that that the intervention group who screened positive were 19.6% less likely to have one of the four complications compared to the baseline group who screen positive (p value= 0.01, risk ratio .804(95%CI: 0.672;0.960)). This large national study may have impact on the national policy push for universal screening for CI in all Australian Hospitals.

Beyond vulnerability: Older people as active participants in disaster responses

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Abstract: The 2014 Hazelwood coal mine fire in Australia burned for a 45 day period, resulting in a significant smoke event which impacted the adjacent town of Morwell and nearby communities.

We undertook a study of policy-driven decisions made during the mine fire which explored the impact of the smoke event on older people living in the Morwell community. We were able to gain an understanding of older residents' experiences using a mix of research methodologies. We combined the findings from focus groups with over 90 local older people and interviews with 17 decision-makers and service providers, with reviews of relevant literature and government policies.

It was apparent that the messaging during the event was problematic, with much of the communication being one-way, overly technical, and coming from state-level spokespeople rather than trusted voices within the community. The messaging was seen as potentially alienating to older people, with references to 'vulnerable older people'. While considerable support was provided during the event, much of it was targeted at people already in receipt of services, missing that much larger group of robust older people living independently in the community but who may have benefited from support during the event.

In contrast to the messaging re vulnerable older people, the feedback from older residents and the agencies supporting them, was that older people tended to be more stoic and able to draw upon experiences from previous disasters, with learnings they could share with the wider community.

Rather than seeing older people as passive recipients of support, it was suggested that older people need to be involved in disaster preparation and response. This could include involving older residents in the development of disaster plans, identifying age-relevant spokespeople, and utilising existing community groups to disseminate information and involve the older community in a two-way discussion.

Leisure activities and well-being of older people in residential care

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Abstract:

Background: Despite the importance of engagement in the meaningful activities, many older adults in residential care experiences loneliness, depression, isolation and boredom. Lack of social and family ties is often challenging to the frail older adults and failure to meet the social and emotional needs can lead to passivity. Many studies have highlighted the importance of leisure activities in care centers. However, little has been done to explore the leisure life of older people in residential care centers.

Aim: The main aim of this research is to understand the leisure life and well-being of older people in residential care centers through a qualitative approach.

Method: Thirty-four participants were recruited through Purposive sampling. Participant observation, in-depth interviews with residents and key informant interview with professionals were used to examine the leisure life and well-being of older adults.

Results: Result suggests best practices for the design and implementation of leisure activities in different care facility and underscores the importance of these activities from the residents' perspective. It also highlights the importance of families, social ties and companionship in enhancing the social and emotional well-being.

Conclusion: This research contributes to expansion of opportunities for older adults in residential care by exploring the role of personal history and it also provides guidance to policy makers, as well as the staff and managers of residential care facilities on developing leisure opportunities that respond to the interest and capacities of residents, ultimately improving the quality of life in residential care facility.

Keeping them safe at home: a hospital avoidance collaboration

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Abstract: Keeping them safe at home: a hospital avoidance collaboration between the Geriatric Flying Squad and NSW Ambulance Service

Background: The Geriatric Flying Squad (GFS) is a sub-acute specialised geriatric and multidisciplinary outreach service to community dwelling older persons in the South East Sydney Local Health District (SESLHD). NSW Ambulance, through their Extended Care Paramedics (ECPs), responds to older persons in the community with a multitude of issues e.g. pain, falls. A high proportion of patients are transferred to the emergency department (ED) for ongoing risks at home e.g. lack of supports, repeated falls, and cognitive impairment.

Aim: Using principles of Integrated Care, our aim was to prevent unnecessary ED presentations and improve outcomes for older persons by developing a formalised referral system to a service that could mitigate ongoing risks for patients while remaining within their own home environment. Case studies are presented as well as pilot numbers for the project.

Methods: Planning meetings were held to determine areas of greatest need and scope of practice. A referral pathway was developed and a memorandum of agreement signed off by executives of both services. ECPs have had education as well as placement time within the GFS.

Results: There were six referrals over the 3 month period of November 2016 to January 2017 for falls (4), pain management (2), multidisciplinary review (3), and advanced care planning (1). Four clients were supported at home while two clients were admitted to the Rehabilitation Unit of the War Memorial Hospital for reconditioning and supervised pain management.

Conclusions: All referrals to date have avoided transfer to ED. Although still in its early phase, this collaboration presents a simple, cost-effective, and sustainable solution to improving outcomes for both the older person and LHD.

Auditing the hospital environment: Optimising the care of older people

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Abstract: Older people in hospital are at risk of experiencing functional decline and also falls, under-nutrition, incontinence, pressure injuries and other preventable causes of harm. The environment of the hospital is a contributing factor to a person's risk, and can variously increase it or provide a protective factor. Hospitals have rarely been designed with the current cohort of older patients in mind, particularly those with chronic and multiple co-morbidities. Auditing the hospital environment and making changes accordingly is an effective way of understanding the impact the environment has on older patients and addressing issues.

The 2006 Department of Health and Human Services (DHHS) Victoria resource Improving the environment for older people in health services: An audit tool was developed for this purpose. After more than a decade of use, the evidence, design and functionality of the tool is being reviewed, and the tool updated.

The process of updating the tool has been multipronged. An Advisory Group was established and has provided expert input. A Literature Review was completed focusing on literature that post-dates the 2006 tool. An extensive consultation process was completed that canvassed the views of consumers, hospital staff, hospital engineers and architects via a semi-structured interview process. Additionally, environmental audits were conducted on several wards of a Melbourne hospital using existing audit tools.

This presentation focuses on the process of developing the new tool and how this process has informed a change from being exclusively about the physical environment to incorporating the psychosocial aspects of the environment and the model of care.

Broadening the focus of the tool acknowledges that the conditions that older people and their families encounter influence how they feel and potentially recover, and provides the opportunity to seek ways to maximise their participation in the immediate care environment at every intervention.

Better parks for older people: A golden opportunity for wellbeing

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Abstract: Research has shown that access to well-planned parks as safe sites for leisure, engagement with nature and community activities will improve the health and well-being of older people by supporting two key components of healthy ageing - physical activity and social connections (Maas, Verheijh, Groenewegen, de Vries & Spreeuwenberg, 2006). The World Health Organisation (2007) states that accessible urban parks are an important age-friendly feature. The Better Parks for People project, a collaboration between Charles Sturt University and Albury City Council, is using the views of older people to inform the development of a spatial modelling tool to assist local governments to better plan and locate age-friendly features to support the use of parks by older citizens. The spatial modelling tool will combine data on parks, amenities, demographics, travel networks and indicators of attractiveness to older people to develop scenarios for current and future parks. This paper examines data from an online and paper survey (n. 57) and five focus groups (n. 25) comprising older people plus park usage observations in Albury, NSW which are informing the development of the attractiveness indicators for this tool. Key findings highlight the importance to this cohort of walking as a preferred activity and the paper will explore features that enhance environmental 'walkability' in local parks. This project adds a valuable regional city perspective to the body of research on age friendly environments and the data discussed in this paper adds to understanding of how older people prefer to use parks in their local areas. References: World Health Organisation (2007) *Global age-friendly cities: A guide*. Geneva: World Health Organisation; Maas, J., Verheij, R.A., Groenewegen, P.P., de Vries, S. & Spreeuwenberg, P. (2006) Green space, urbanity, and health: how strong is the relation? *Journal of Epidemiology and Community Health*, 60, pp. 587-592.

The PARIS process: Improving acute care for frail elderly

Author/s: Mrs Rosie Winters, Medical Services, Tauranga Hospital, Bay of Plenty District Health Board, Nger.

Abstract: The PARIS (Patient's At Risk of Increased Stay) Process was developed in response to an identified need to enhance the quality of care and timely access to care for frail and elderly patients presenting acutely to hospital, and to improve patient flow through the hospital for this group of patients.

The PARIS process aims to provide early identification, assessment and intervention for frail and elderly patients presenting to the Emergency Department (ED), or to the Assessment and Planning Unit (APU) within Tauranga Hospital. Prior to November 2016 no frail and elderly patients were screened in the ED or APU, and a traditional multi-disciplinary referral system was in place. This has been replaced with a pro-active, 'live' triage process enabling the inter-professional team to respond rapidly to the needs of the older person in ED or APU.

The PARIS process has had success in reducing inappropriate or duplication of referrals, and in improving communication among the inter-professional team through case-finding, inter-professional team huddles, and the use of a smartphone communication app. The use of a FRAIL screening tool in ED and APU has facilitated a change in staff mind-sets regarding the particular needs and issues faced by the frail and elderly attending hospital. There has been a significant and sustained reduction in the length of stay and time to assessment for frail and elderly patients within ED and APU. As a result of this process opportunities for working differently have extended to the acute medical wards and across teams throughout the hospital, and further work extending into the community is planned.

How falls, wounds and hospitalisation are affecting nursing home residents

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Abstract: Background: Falls, wounds and hospitalisation are serious adverse events that may result in reduced independence and quality of life, and contribute to higher risks of disability and death in nursing homes. For residents to have the ultimate golden opportunity adverse events must be addressed. Objectives: To quantify the prevalence of events (falls, hospital admissions, wounds and deaths) in nursing home residents and to determine if gait speed thresholds can predict these adverse events. Design: A prospective cohort design was used to estimate the incidence and types of adverse events. Setting: Three nursing homes on the Gold Coast/Northern New South Wales, Australia. Participants: 100 nursing home adults consented to participate in this project. Measurements: The primary outcome included the number of adverse events (falls, wounds, hospital admission) accessed through the nursing homes records. We used custom negative binomial regression models adjusted for potential confounders to estimate incident rate ratios of residents falling whilst in nursing home settings. Results: During the six months, there were a total of 73 falls, 45 wounds, 40 hospital admissions and 29 deaths with 12% of the resident having a fall(s), wound, admitted to hospital and dying in the 6-month period. For every additional hospital admission there was a 26.9% increase risk of falling and for every additional wound there was a 6.7% increase risk of falling. Conclusion: The prevalence of adverse events in Australian nursing homes is high, suggesting that continual refinement of assessment, education, awareness and management processes are required to improve resident outcomes. In particular, falls reduction interventions appear important as they would likely reduce the number of hospital admissions and wounds in the nursing home setting. Thus increasing the likelihood of residents having the golden opportunity in their nursing home.

Meta-analysis and taxonomy of cognitive training outcomes and executive functions

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Abstract: The growing prevalence of neurodegenerative disorders with the ageing population has led to growing interest in the development and evaluation of non-pharmacological interventions—such as computerized cognitive training (CCT)—aiming to prevent/slow cognitive decline. However, there exists a lack of consensus across individual studies and meta-analyses regarding the effectiveness of CCT in conferring benefits to the user. We posit that definitional heterogeneity and lack of a theoretically-based taxonomy for the classification of outcome tasks has contributed to this inconsistency, with the issue being particularly evident in the classification and measurement of executive functions (EF). To address this issue, a taxonomy which integrates the Cattell-Horn-Carroll (CHC) taxonomy of broad and narrow cognitive factors (McGrew, 2009), and the Miyake unity/diversity theory of executive functions (Miyake & Friedman, 2012) is proposed (CHC-M). The present study assessed the utility of the CHC-M taxonomy by applying it to the re-analysis of the Lampit, Hallock, and Valenzuela (2014) meta-analysis of 52 studies of CCT in healthy older adults (which found no significant benefit of CT for EF outcomes according to its classification approach), in order to determine whether the CHC-M model produced different findings and/or allowed clarification of the outcomes of CCT on EF. Results suggested: 1) typically-used classification practices conflate EF tasks with fluid intelligence/abstract reasoning (Gf), and long-term memory; and 2) application of CHC-M lead to substantive differences in results and interpretation from the original analysis. A statistically significant benefit of CCT for the EF broad domain (which was driven by benefits to the narrow EF domains of shifting and inhibition) was found, and attributed to the partialling out the confounding non-significant effects of misclassified Gf tasks from the original analysis. Implications of the CHC-M taxonomy for clinical practice and the consideration EF in CCT research for older adults, are discussed.

Multi-disciplinary model of DMCA: A before and after hospital study

Author/s: Mr Shibu John, Social Work Department, Coffs Harbour Health Campus, Mid North Coast Health District (MNCLHD), New South Wales, Australia

Abstract:

Introduction: Australia's ageing population presents a range of challenges for the health care system. Hospital clinicians are challenged with decision making capacity assessments (DMCA) and it is performed in an ad hoc basis.

Objective(s): The aim of this study was to determine the impact of the implementation of a capacity testing procedure (CTP) on the conduct of capacity assessments; and to understand the characteristics of in-patients who lack decision making capacity and who needs guardianship applications.

Methods: This quantitative study used a before and after design.

Results: After implementation of the CTP, there had been statistical significance ($p < 0.05$) between the two groups in having MDT meetings, capacity assessment process documentation and length of stay. There was an increasing trend of valid trigger present for DMCA request, family meetings and liaising with GP documentation. Majority of patients who required guardianship application were over the age of 70, had a medical history of dementia, had over 20 days of admission at the acute hospital, and had no evidence of future care planning.

Conclusion: Implementation of CTP made some positive changes in the conduct of DMCA and guardianship application processes. This standardised multi-disciplinary approach to DMCA could be an effective model for capacity assessment and guardianship applications especially in the regional and rural hospital setting for confused patients. The lack of appropriate future care planning for ageing patients who are confused and need DMCA and guardianship applications poses future challenges for local health districts.

Active balance: falls prevention training for community activity leaders

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Abstract:

Introduction: In 2012, falls were the leading cause of hospitalisations in Western Australia (Hendrie, Miller, Randall, Brameld, & Moorin, 2016). Traditionally, falls prevention exercise training programs have been targeted to upskill health professionals, such as physiotherapists in Western Australia, yet there has been limited training available for community activity leaders, such as fitness instructors and home care workers. Community activity leaders play a key role in reducing risk factors associated with poor balance, through their engagement with older adults and influence on community-based physical activity programs. The Stay On Your Feet® Active Balance program was developed for community activity leaders to increase awareness, knowledge and confidence to implement effective falls prevention strategies related to strength and balance. This presentation will report on the implementation and evaluation of the Stay On Your Feet® Active Balance program.

Methods: The Active Balance training program will be implemented in April 2017. Pre and post surveys will be completed to measure community activity leaders' awareness, knowledge, confidence and behaviour of falls prevention strategies as a result of the Active Balance training. Paired t-test will be used for statistical analysis. Changes in knowledge will be measured with a post training multiple-choice questionnaire. Qualitative feedback will be provided through practical evaluation sessions to measure participant confidence to implement strategies.

Results: The Active Balance program will report changes from pre to post training results of community activity leaders' awareness, knowledge, confidence and behaviour to implement falls prevention strategies. Qualitative feedback will also be provided from the practical evaluation to inform level of confidence in implementing skills.

Conclusions: The results gained will inform further development of the Active Balance program. This will help to positively influence competencies and skills of community activity leaders in reducing falls and falls-related injuries in older people living in Western Australia.

Victorian retirement village residents experiences of disputes

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Co-author/s: Sue Williams, Health Promotion, National Ageing Research Institute, Parkville, Victoria, Australia;
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Abstract:

Introduction: This study aimed to document for the first time in an independent survey, Victorian retirement village residents experiences of disputes, dispute management and dispute resolution processes – questions normally not included within standard industry surveys. In particular, it looked to document resident satisfaction with how disputes were resolved.

Method: A mixed-method survey was distributed to 6500 members of Residents of Retirement Villages Victoria. Returned surveys were analysed using SPSS software. Qualitative responses were subjected to **thematic analysis**.

Results: Responses were received from 1876 residents (29% return rate). Most residents rated life in retirement villages as positive mean (7.9/10), with links between life satisfaction and village management's efficiency in resolving disputes ($r=0.438$, $p<0.001$). Almost 70 per cent of respondents had previously reported issues of concern to management, with most resolved satisfactorily; although 38% were not resolved to residents' satisfaction. Residents indicated management took longer to resolve issues than they would prefer. One-fifth reported they needed to contract regional managers or higher personnel regarding issues affecting them, with two-thirds of these respondents reporting a negative outcome. In addition, 30 per cent of respondents did not know if their villages had dispute resolution processes and whether such processes were currently in place, or whether there were external processes and/or resources available where they might go for assistance.

Conclusion: In line with previous industry surveys, the results of this independent survey found that most residents rated life in retirement villages as positive. However, there were clear links between life satisfaction and village management's efficiency in resolving disputes, as well as a lack of information available to help them make informed decisions. Residents also desired more open communication with staff/management.

What is your active ageing plan? Consultations in Tasmania

Author/s: Mrs Sue Leitch, COTA Tasmania, Tasmania, Australia

Abstract: COTA Tasmania has conducted state wide consultations to inform the development of the Tasmanian Government's Active Ageing Plan to be released mid May in 2017. The Plan will outline how the Tasmanian Government, COTA Tasmania, Tasmanian businesses and community organisations will work with older Tasmanians to create an environment in which positive ageing is supported. COTA Tasmania was funded by the Tasmanian Government to undertake the consultation in 2016 and 2017 and has released an Active Ageing Strategic Directions Paper Part A and the corresponding Background Paper Part B to inform the development of the Plan. The Strategic Directions Paper acknowledges the diversity of older people, and also adopts a life course approach to ageing. Older Tasmanians contributed through focus groups, online surveys, hard copy surveys, through special interest groups and also through innovative storytelling and an arts forum. The Strategic Directions Paper and the Background Paper was also informed by local, national and international research, through literature reviews. Consultation themes included health, lifelong learning, participation and security. COTA asked for older peoples' thoughts on "What does it mean to live a good life as we age?" Further consultation questions were based on what are the best things about growing older in Tasmania and what are the most challenging.

Investigating falls and falls risk practice in residential aged care.

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Abstract:

Introduction: Falls have significant consequences for older adults with fall rates being the greatest in residential aged care facilities (RACFs), at around 1.7 falls per bed per year, resulting in a heavy burden on the older person and the health care system. The importance of front-line nursing staff involvement in falls risk practice in RACFs is significant, as is the importance of the validity and feasibility of fall risk assessment tools (FRATs) and their ability to guide risk reduction interventions. However, this area of front-line nursing staff engagement in falls risk best practice in the RACF setting remains understudied.

Methods: A comprehensive literature review of FRATs tested for predictive validity in RACFs was conducted. A contextual study investigating falls incidence and current falls risk practice in a large Brisbane RACF is in progress.

Results: The literature review showed several FRATs with moderate to good predictive validity. Among these, two are highlighted due to their good feasibility with one being recommended by Australian best practice guidelines for use in RACFs.

Current data from the contextual study show that falls incidence is high and in line with general RACF statistics. Descriptive statistics show results similar to current literature regarding the epidemiology of falls, with most falls occurring in residents' bedrooms and bathrooms. Investigations into current falls risk practice show that a non-evidence based tool is in use with little front-line nursing staff engagement in falls risk practice in this setting.

Discussion: Current findings suggest that falls remain a significant problem in this setting. Although falls risk assessment is in place, there is little engagement with front-line nursing staff who are best placed to implement risk reduction strategies. Further investigation into the use of an evidence based FRAT and nursing staff engagement in falls risk practice using this tool will be discussed.

Aged care choice and control: What about the older renters?

Author/s: Dr Victoria Cornell, Centre for Housing Urban and Regional Planning, School of Social Sciences, The University of Adelaide, South Australia, Australia

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Abstract: The consumer directed care (CDC) model of home based care provision for older Australians aims to deliver increased service flexibility, choice and control for recipients. Recipients will be able to choose service provider, change service provider and, within their package budget, choose the services they receive. A greater capacity to age-at-home is one of the anticipated outcomes. The CDC model of care will most likely be easier to deliver to those older people living in secure and stable housing, such as home owners. To date, little attention has been paid to the suitability and applicability of the model for older renters, particularly those on low incomes and those in the private rental sector.

This presentation will present findings from research that is exploring the implications of the CDC model for low income older renters. Interviews and focus groups have been undertaken with older renters, community aged care service providers and housing service providers. Data shows that all participants have experienced - and indeed foresee further - benefits and challenges with delivery of the CDC model of care. The benefits include an increased level of community engagement, as package funds can be used to pay towards transport and community activities. In terms of the challenges, older renters are worried about their ability to benefit from home modifications that may be eligible under the model of care; and service providers are concerned that older renters may make the wrong trade-offs when choosing their care services, due to constrained budgets and tenancy restrictions.

What policy and programme recommendations can be made to ensure that older renters benefit equally from the choice and control envisaged with the CDC model?

2017 AAG Conference Table Top Conversations – Abstracts

Underlined authors will be presenting the abstract

Association between night-time sleep and successful ageing among Chinese people

Author/s: Dr Xiaoyue Xu, Priority Research Centre for Generational Health and Ageing, School of Medicine and Public Health, University of Newcastle, New South Wales, Australia

Co-author/s: Huaqing Liu, Department of Preventive Medicine, Bengbu Medical College, Anhui, China; Julie E Byles, Priority Research Centre for Gender, Health and Ageing, School of Medicine and Public Health, Hunter Medical Research Institute, University of Newcastle, New South Wales, Australia; Min Zhang, Department of Health Management, Bengbu Medical College, Anhui, China; Xuesen Wu, Department of Preventive Medicine, Bengbu Medical College, Anhui, China

Abstract:

Introduction: This study aims to assess the association between sleep and successful aging among Chinese \geq 60 years of age.

Method: Data were analysed from the baseline survey of the China Health and Retirement Longitudinal Study. Two self-reported questions about sleep quality and duration were examined in the questionnaire. Successful aging was defined following Rowe and Kahn's multidimensional model. Multivariable logistic regression models were applied to assess the adjusted association between sleep and successful aging.

Results: The average number of self-reported hours of sleep was 6.2 ± 2.0 among older Chinese. Successful aging was related to sleep duration, with the proportion of those adults considered to be aging successfully falling into the following sleep duration categories: < 6hrs – 7.8%; 6hrs – 16.3%; 7hrs – 19.1%; 8hrs – 14.7%; and \geq 9hrs – 12.8%. The plots between sleep duration and successful aging were an inverse U-shape. Participants who slept less than 6hrs per day had lower odds ratio of successful aging (Odds Ratio=0.52, 95% CI: 0.40-0.67) relative to those who slept duration of 7hrs per day. Compared with those who reported poor sleep less than once a week, older people who reported poor sleep 5-7 days a week showed a lower odds of successful aging (Odds Ratio=0.29, 95% CI: 0.21-0.39).

Conclusion: Older age, shorter or longer sleep, and poor sleep were related to lower of successful aging. Most Chinese older adults are experiencing insufficient sleep and poor sleep quality, which could be an important influential factor of successful aging.