

# 2018 AAG Conference Table Top Conversation Presentations – Abstracts

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Policy, advocacy and planning:

## A Bespoke Approach to Wellbeing and Independence in the Community

### **Dr Maria Shialis<sup>1</sup>**

<sup>1</sup>*City Of Onkaparinga*

As part of the implementation of Commonwealth Home Support Programme wellness and reablement principles, the question is posed as to how a community development model can best achieve desired outcomes. The City of Onkaparinga's Active Ageing Team has strategically embedded a Wellbeing and Independence framework within its service model, aiming to build capacity and wellness of residents through facilitating opportunities for them to find meaning and purpose through active citizenship. The framework has been instrumental in supporting older people in the community, fostering a holistic culture of 'doing with', and our residents to regaining their independence, control and achieving aspirational goals.

The strategic framework was implemented through establishing a staged bespoke practical approach, with a balance of theory base and active participation, optimising outcomes through a range of programs, such as transport, respite and social connections. A tailored suite of innovative tools and skills development has been established, and as a result a best practice model was initiated for program delivery and working directly with residents. This framework strategy demonstrates the significance of practical application and active engagement through co-production with residents throughout the process.

The presentation will map the journey of embedding the Wellbeing and Independence framework within a community development model, showcase strategies, challenges and outcomes, and present future directions including pre and post measurement strategies that have a regional impact.

Policy, advocacy and planning:

## A journey in progress: from program delivery to achieving wellness

### **Ms Rebecca Woodyatt<sup>1</sup>**

<sup>1</sup>*City of Melbourne*

The City of Melbourne's Ageing and Inclusion team has traditionally delivered a suite of healthy ageing programs within neighbourhood centres and the community. Each program aimed to encourage healthy ageing but was run separately with open access.

Since 2017, we have embarked on a journey to define "healthy ageing" for our community and discover our community's needs. We have investigated which community members access our programs and centres, as well as our programs' impact on our community's ageing journey.

Work to date has included:

- Review of the key determinants of ageing
  - Review of key plans, reports and data sources
  - Engagement with key stakeholders including: colleagues assessing and providing in-home supports for older clients, community groups and community members attending programs and centres
  - Theming our engagement results around key ageing determinants - social isolation and loneliness
  - Updating our team vision to better define our role in improving the wellbeing of our older community by improving social connection and community participation
  - Reviewing the usage of our current programs and neighbourhood centres, with a social justice lens, to determine if vulnerable community groups are participating
  - Determining whether our programs and centres are effective in reducing social isolation and loneliness
  - Identifying program gaps for certain vulnerable older groups who are at greater risk of social isolation and loneliness

As a result, we developed targeted access approaches to our programs and centres to encourage participation by vulnerable community members. We developed programs for LGBTI older people and carers, and we are upgrading our neighbourhood centres to be dementia friendly.

Social engagement and wellness:

## A multinational comparison of diabetes care plans: care facility perspective

**Dr Benjamin Okwuofu-Thomas<sup>1</sup>**

<sup>1</sup>*The Whiddon Group*

The impacts of health co-morbidity including type 2 diabetes in the elderly population are most pronounced amongst residents of aged care facilities (ACFs)<sup>1</sup>. Diabetes mortality amongst susceptible residents of ACFs is expected to increase with heatwaves<sup>2,3</sup>.

This presentation will examine department of health diabetes care plans from countries that are experiencing demographic transition of the ageing population, with particular focus on specific standards for diabetes care relevant to residents of ACFs.

A total of 9 diabetes plans was collected. Six plans included standards for diabetes care relevant for ACFs. Four of the plans were from the UK, two available in Canada, and one each available from Australia, NZ and the USA. Standards for diabetes care found across plans were analysis of emotional and psychological support, healthy diet pattern and physical activity.

Six plans that included standards for diabetes care relevant for ACFs suggest care staff training on diabetes prevention, identification and management. Given that the projections of heatwave and ageing of the population in coming decades could further increase the prevalence of type 2 diabetes in ACFs. A well-coordinated diabetes care plans between the national, state/province, local governments and ACFs may not only transform diabetes care but should improve residents' quality of care and quality of life.

1 Sinclair AJ et al. (2001). Prevalence of Diabetes in Care Home Residents. *Diabetes Care*, 24:1066–1068. 2 Intergovernmental Panel on Climate Change, 2013. *The Physical Science Basis. Contribution of Working Group I to the Fifth Assessment Report*. 3 Foroni M et al. (2007). A Retrospective Study on Heat-Related Mortality in an Elderly Population During the 2003 Heat Wave in Modena, Italy: The Argento Project. *Journal of Gerontology: Medical Sciences*, 62A: 647–651

Policy, advocacy and planning:

## Adopting a dignity of risk approach in residential aged care

**Dr Catherine Joyce**<sup>1,2</sup>, Associate Professor Justin Oakley<sup>2</sup>, Professor Carolina Weller<sup>2</sup>, Associate Professor Lyndal Bugeja<sup>2</sup>, Ms Marta Woolford<sup>2</sup>, Professor Joseph Ibrahim<sup>2</sup>  
<sup>1</sup>Benetas, <sup>2</sup>Monash University

Introduction: 'Dignity of risk' encapsulates the balance between the freedom to engage in activities that one particularly values, and the risks associated with those choices. The element of risk that personal choices may involve is balanced against respect for dignity and autonomy. Dignity and autonomy are in turn central to quality of life. This is particularly important for people who are dependent on others to facilitate their choices, such as those with physical and / or psychological disability or decline.

While support for dignity of risk has a long history in the mental health and disability sectors, the aged care sector is still grappling with how, or even whether, to implement a dignity of risk approach. Traditionally, aged care services have adopted paternalistic approaches which strip freedom of choice from older people, particularly residents of aged care facilities. In addition, the compliance focus that is common in aged care settings makes a dignity of risk approach challenging.

The aim of this study is to identify staff, resident, and family perceptions of the barriers and enablers to adopting a dignity of risk approach with aged care residents.

Method: Semi-structured interviews will be conducted with residential aged care staff (including personal care workers, nurses and managers), residents, and residents' family members, at a multi-site aged care provider in Victoria.

Results: Individual, team, facility, organisational and systemic factors that hinder and facilitate a dignity of risk approach in residential aged care will be presented. Commonalities and divergences in the perspectives of staff, residents, and their family members will be described.

Conclusion: In the context of increasing expectations of consumer choice and control, it has never been more important for aged care providers to understand how to maximise the freedom of choice available to residents, while also meeting their duty of care.

Biography:

Policy, advocacy and planning:

## Ageing Workforce Challenges: Moving toward age neutrality in worker's compensation

**Ms Debra Lewis**<sup>1</sup>, Ms Sue Leitch<sup>1</sup>, Mr John Pauley<sup>1</sup>

<sup>1</sup>*Cota Tasmania*

With Tasmania having the oldest population within Australia, and continuing calls from Government, and the community in general, for workers to continue working beyond the pension age we consider it is very important that older workers have the same access to workers rehabilitation and compensation as all other workers.

Tasmania's Workers Rehabilitation and Compensation Act contains a provision which is highly discriminatory towards older workers. S87 imposes a time limitation on access to the weekly payment provisions for workers once they reach the age at which they can access the Commonwealth Age Pension. Additionally, the Act makes provision for an injured worker, where their employment conditions do not impose a requirement for compulsory retirement at the pension age, to apply to the Tribunal in order to determine their entitlements to access weekly payments when injured at work.

Our presentation covers:

- the actions taken by COTA Tasmania to have these age discriminatory provisions removed;
- the impediments to change we have encountered to date; and
- the successes we have achieved.

Furthermore, as cost pressures increase for older Tasmanians, and workers, particularly female workers, find their benefits under superannuation are limited due to low balances in their superannuation funds more workers are choosing to work beyond the pension age.

Finally, premiums paid in respect of older workers do not exhibit any age discount to reflect the reduced access to the scheme, nor does evidence indicate that older workers have a differing risk, when compared to other workers, in respect to workplace injury.

Environment, design, innovation and technology:

## An explanatory model of abuse of incontinent care dependent elders

**Dr Joan Ostaszkievicz<sup>1</sup>**

<sup>1</sup>*Deakin University*

**Introduction:** The need to contain, conceal and control incontinence are key issues in aged care homes<sup>1</sup>. Managing incontinence is challenging when care-recipients deny incontinence or do not perceive the need for assistance<sup>1</sup>. Personal care work involves breaching social norms about touch and privacy and can be interpreted as a comfort or a threat. There are multiple risk factors for abuse in institutional and health care settings: the risk posed by incontinence and care-dependence warrants further attention.

**Method:** The author synthesised biomedical understandings about incontinence with concepts from sociology, psychology and nursing, and prior qualitative research about providing continence care in aged care homes, i.e. observations of continence care practices and interviews about 'quality continence care' with residents, family members and direct care workers<sup>1</sup>.

**Results:** The synthesis led to the development of an explanatory model of possible associations between incontinence, care-dependence and abuse, termed the 'Model of Attributes to Abuse of Dependent Elders in Continence Care' (MADE-CC)<sup>2</sup>. The model elucidates a range of carer, care-recipient and social factors. Embarrassment and disgust emerged as culturally mediated, powerful human emotions that affect caregiving. Disgust typically evokes distancing responses. Considerable emotional labour is required to conceal and manage embarrassment and disgust.

**Conclusions:** The MADE-CC could be used to improve ethical care of older people. Carers who manage incontinence should be aware of the multiple interrelated factors that contribute to the risk of elder abuse in the caregiving encounter, including the role of emotions.

### References:

1. Ostaszkievicz, J. (2013). Providing continence care in residential aged care facilities: A Grounded theory study. PhD thesis. Deakin University, Melbourne, Australia.
2. Ostaszkievicz J. (2017). A conceptual model of the risk of elder abuse posed by incontinence and care dependence. *Int J Older People Nurs.* pp:1–11. Early view. Dec 2017. doi: 10.1111/opn.12182. Available from: <http://rdcu.be/BcDF>

Service delivery and workforce:

## An intergenerational exercise program to promote wellbeing in aged care

Assoc Prof Annette Raynor<sup>1</sup>, A/Prof Mandy Stanley<sup>1</sup>, **Dr Julie Dare**<sup>1</sup>, Project Manager Jane White<sup>1</sup>

<sup>1</sup>*Edith Cowan University*

The benefits of exercise for maintaining and improving older adults' health and wellbeing are well recognised. Exercise is particularly important when older adults enter residential aged care (RAC), to maintain mobility, prevent falls, and provide them with a level of choice and control. Previously, we investigated the effectiveness of an accredited exercise physiologist (AEP)-led program in RAC that provided new insights into the significant psychosocial benefits to residents. The research also highlighted opportunities to leverage the program to further promote residents' social engagement. In response, the present study aimed to test the feasibility of complementing an AEP-led exercise program with an intergenerational family support component in a RAC facility in Perth, WA. This involved (i) residents participating in an AEP-led exercise program; and (ii) engaging family members (e.g. children, grandchildren or friends) to complete exercise 'homework' with residents. Key objectives were to promote activity beyond formal exercise sessions, and increase residents' participation in facility 'life' (e.g. mealtimes in dining room, lifestyle programs, social interaction). The overarching goal was to enhance residents' wellbeing, by increasing their level of mobility and social engagement with family, other residents and staff.

This mixed methods study recruited 30 residents (15 intervention, 15 control) for the 12 week program, and involved pre-post repeated measures for all residents on frailty, mood, pain, mobility and sleep. The intervention group completed two AEP-led sessions/week (individual and group) and two family-led homework activities/week as prescribed by AEP. Semi-structured interviews were also conducted with participants, family members, and staff (e.g. nurses, personal carers, physiotherapists) to explore perspectives on the intergenerational AEP-led program. While results are pending, the findings will provide valuable information on how exercise can be used as a medium to facilitate residents' connections with others in meaningful ways, in order to promote their health and wellbeing.

Social engagement and wellness:

## Audiological rehabilitation for older adults with comorbid psychological symptoms

**Mrs Emma Laird**<sup>1</sup>, Dr Caitlin Barr<sup>1</sup>, A/Prof. Christina Bryant<sup>1</sup>

<sup>1</sup>*The University Of Melbourne*

Older hearing-impaired individuals often contend with communication difficulties, social breakdown, stigma, fatigue, reduced functional ability and cognitive decline (Cherko, Hickson, & Bhutta, 2016). It is therefore unsurprising that hearing impairment has also been associated with the presence of comorbid psychological symptoms (i.e. depression, anxiety and psychosis) (Hsu et al., 2016; Linszen, Brouwer, Heringa, & Sommer, 2016; Saito et al., 2010).

Despite a move towards biopsychosocial audiological rehabilitation, current practice still focuses heavily on the provision of devices, and services that might address psychological symptoms are rarely offered (Grenness et al., 2015). Outside audiological practice, evidence exists that depression and anxiety can influence rehabilitation success (Hershkovitz et al., 2007), so it is plausible that addressing psychological concerns could contribute to the success of audiological rehabilitation and decrease clients' perceived disability.

This project aims to provide an understanding of the experience of audiological rehabilitation (i.e. the optimisation of hearing function and communication, usually via provision of hearing aids or cochlear implants) for hearing-impaired older adults with comorbid psychological symptoms. Participants (60+ years) completed psychological screening questionnaires; those who screened positively for psychological symptoms were invited to participate in a qualitative interview. Interview data was analysed via thematic analysis guided by descriptive phenomenology. Results collected thus far will be presented and emerging themes will be discussed.

This project forms part of a PhD at The University of Melbourne and is funded by Australian Rotary Health. Results from this study will determine the need for, and scope of, an audiologist-administered, psychologically-informed intervention. Implementation of this intervention may help to decrease psychological symptoms in older adults with hearing impairment and ultimately improve hearing rehabilitation outcomes.

Social engagement and wellness:

## Carer inclusion and support in aged care services

Mr Tom Hinton<sup>1</sup>, **Miss Zoi Triandafilidis**<sup>1</sup>, Ms Sarah Judd-Lam<sup>1</sup>

<sup>1</sup>*Carers NSW*

As aged care services transition to a consumer directed care approach, family and friend carers of older people are learning to navigate a new system that puts the person they care for at the centre. There are many benefits to a more person-centred approach, however it remains to be seen whether carers are being adequately included and supported in this new model.

Drawing on the results of a survey of carers across New South Wales, this presentation reports on the inclusion and support of carers in aged care services and highlights the challenges that carers have experienced in accessing aged care services for the person they care for. While many carers are involved in decision making, limited support is offered to carers.

This presentation examines whether carers' own support needs are being met within the aged care system and makes recommendations about how aged care and carer support policy can improve carer recognition and overall support.

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Service delivery and workforce:

## Carer Recognition in the Home Care Packages Program

**Ms Anna Dowling, Ms Cathy Duncan<sup>1</sup>**

<sup>1</sup>*University Of Wollongong*

This paper presents the preliminary findings from a participatory action research project highlighting the importance of ensuring that family and friend carers remain valued and included in aged care policy and programs.

The research explores the lived experience of carers of Home Care Package recipients. The project investigates the key relational aspects of caring and the impact that the increasingly individualised; market based aged care system in Australia has on carers and care recipients.

In collaboration with carers, care recipients, Carers NSW and aged care service providers, a 'Framework for Carer Recognition in the Home Care Packages Program' has been developed and is being tested through multiple interpretative methods.

Fundamental to the design of this research project is a 'Carer Action Group' (CAG). The ongoing contribution of the carers as research partners is central to the cyclic action and reflection process. Collaborative data creation and interpretation informs the development, testing and refining of the framework.

The strategic partnership between the University of Wollongong and Carers NSW, the peak advocacy and support organisation for carers in NSW, is as a mechanism to facilitate knowledge translation, upskill and empower carers, and embed the Framework into aged care policy and programs.

This paper provides valuable insights for carers, policy makers, researchers and service providers into how research collaborations can be an effective mechanism for providing carers with a 'voice' in the new world of market driven care. This has relevance both internationally and across different policy contexts.

Equipping carers to respond confidently to the challenge posed by a neo-liberal based care system as well as providing policy makers and service providers with a clear Framework for Carer Recognition is seen as a step towards embedding the key role of carers as valued and respected partners in care and equal peers in society.

Health and medical:

## Community-based art: incorporating the input of people living with dementia

Dr Helen Courtney-Pratt<sup>1</sup>, Dr Kathleen Doherty<sup>1</sup>, **Mrs Azam Bazooband**<sup>1</sup>

<sup>1</sup>*Wicking Dementia Research & Education Centre, College of Health and Medicine, University of Tasmania*

Currently, around 70% of people with a diagnosis of dementia live in their community. For this group of people and their family members, maintaining connection to the community is important. One way they might do this is to engage with participatory community arts programmes that have been shown to contribute to overall health and wellbeing. However, to date inclusion of people living with dementia in the design, planning and delivery of such programmes is limited.

The purpose of this presentation is to present a research proposal that aims to explore how all areas of participatory community arts programmes, from planning to evaluation, might take into account the rights, needs and identity of participants with dementia.

The proposed study can serve as a way to learn about unique aspects of participatory arts and to gain insights into participants' perspectives, and experiences of their interactions with community-based art activities. Participants in the study will be older people with dementia, their carers' and those who are involved with the delivery of community arts.

Semi-structured interviews will explore current experiences of participation in community-based art activities and will discuss expectations together with enablers and barriers to engagement of people with dementia in all aspects of community arts programs. The insights gained from this study will be useful to community arts programmes who aspire to include those living with dementia in their communities. As part of the presentation feedback on the proposal will be sought.

Policy, advocacy and planning:

## Country, Family, Compassion Ngurra, Walytja, Kuunyi

**Ms Sarah Brown<sup>1</sup>, Mr Padriac Dicks<sup>1</sup>, Ms Jacqueline Arnold<sup>1</sup>**

<sup>1</sup>*Purple House*

The name of our organization is Western Desert Nganampa Walytja Palyantjaku Tjutaku, which means 'Making all our families well' in the Pintupi Luritja language.

Our organization was started in the 1990's by Pintupi Luritja from the Western Desert who grew concerned about their old people being forced to move away from community to receive treatment for end stage renal failure. Leaving behind their homes and families to access dialysis treatment in Alice Springs the elders experienced isolation and depression, and people worried about the future of their communities without senior Pintupi there to provide leadership and pass on cultural knowledge.

By supporting dialysis patients in Alice Springs and helping them to get safely home to their remote communities our Aged Care Service is contributing to stronger, healthier communities.

In this presentation we will describe the central elements of how our organization works:

- We have a strong model of Indigenous governance (Winner of the Indigenous Governance award Category A 2016) with an all Aboriginal committee who are passionate about their families, culture and country
- Our service delivery model is unique and holistic placing emphasis on the provision of culturally appropriate services and working together with our patients and their families to make sure we are doing things the right way
- We are an innovative mix of philanthropic and self-generated funds, and Territory and Commonwealth Government support

Our story is one of engagement and wellbeing. We would like to share it.

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Social engagement and wellness:

## Deprescribing in a memory clinic setting – is it feasible?

**Mrs Amanda Cross**<sup>1</sup>, Dr Johnson George<sup>1</sup>, A/Prof Michael Woodward<sup>2</sup>, Dr Rohan Elliott<sup>1,3</sup>

<sup>1</sup>Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, <sup>2</sup>Medical and Cognitive Research Unit, Austin Health, <sup>3</sup>Pharmacy Department, Austin Health

Introduction: Medication-related problems and inappropriate medication use are highly prevalent among people attending memory clinics. Pharmacists are not typically part of the memory clinic team and there have been no deprescribing intervention studies in this setting

Aim: To evaluate the feasibility of a pharmacist-led deprescribing intervention in a memory clinic.

Method: The Deprescribing Potentially Inappropriate Medication in Memory clinic patients (DePIMM) study is a single group (pre and post comparison) feasibility study. Patients identified as being at risk of medication-related problems were invited to participate. Participants received a comprehensive pharmacist medication review in their own home, focussed on identifying inappropriate medications and other medication-related problems. The intervention pharmacist then worked with the patient, memory clinic staff, general practitioner and community pharmacist to determine if medications could be ceased, and to help plan withdrawal. Participants are being followed up at three and six months. The primary outcome is the proportion of inappropriate medications reduced/ceased. A number of secondary outcomes will be used to evaluate feasibility, efficacy and acceptability of the intervention.

Baseline results: 50 participants, mean age 77 years, were recruited. At baseline, participants took a mean (SD) of 9.58 (2.95) medications and 54% were taking a medication considered potentially inappropriate for a person with cognitive impairment (PIMcog). Most participants (54%) felt they were taking a large number of medications and 88% reported that they would be willing to stop medication(s) if their doctor said it was possible.

Conclusion: Baseline results suggest recruitment is feasible and that memory clinic patients are open to deprescribing. Participant follow-up is due to be completed in August. If feasible and effective, this intervention could be implemented in memory clinics across Australia and has the potential to improve medication use and health related quality of life for people living with cognitive impairment.

Health and medical:

## Development of an engagement framework to understand information needs

**Mrs Susan Gravier**<sup>1</sup>, Ms Rosie Bonnin<sup>1</sup>, Dr Lauren Miller-Lewis<sup>1</sup>, Dr Katrina Erny-Albrecht<sup>1</sup>, Prof Jennifer Tieman<sup>1</sup>

<sup>1</sup>*Flinders University*

End-of-life care and palliative care are all about ensuring good quality of life for people right to the very end of life.

There is no single approach as the needs and priorities of individuals will differ depending on their condition and circumstances. People providing or receiving end-of-life care often need support and information to understand what is happening and to make decisions about issues suitable care and services. Information might come from family and friends, a doctor, or the media. Sometimes this information is based on traditional thinking or dissimilar experiences, or not based on facts. Research evidence brings together the experiences and outcomes of many people, providing information on the most likely benefits and harms. Access to relevant, up-to-date and reliable information can help people make informed choices and have realistic expectations. This may then reduce distress for families and carers and enhance confidence for those providing care.

CareSearch and palliAGED websites currently provide free online access to evidence-based information in end-of-life and palliative care. Consultation with health care professionals has been a major feature of CareSearch/palliAGED content development.

To better understand what and how the general public and health professionals use, understand and access this information we have launched the Engagement Project. Aged Care is one of the target groups along with Allied Health, and Patients, Carers, and Families.

The goal is to support active communication and involvement in end-of-life decision-making by increasing everyone's awareness and access to reliable, relevant information. Here we report on progress, and how engaging with those who know from experience what information is needed and how it is used is shaping our plans.

Interaction with online health resources is not well understood. It is hoped that development of a framework to capture user perspectives will increase understanding and encourage increased engagement with users.

Policy, advocacy and planning:

## Disruption as point of intervention for end of life care

**Ms Christel Lemmon<sup>1</sup>**, Ms Sue Williams<sup>1</sup>, Ms Natalie James<sup>1</sup>, Ms Anita Panayiotou<sup>1</sup>, Ms Frances Batchelor<sup>1</sup>, Ms Fran Gore<sup>2</sup>, Ms Carol Perich<sup>3</sup>, Mr James Watt<sup>4</sup>, Ms Barbara Hayes<sup>4</sup>, Mr Drew Aras<sup>4</sup>, Ms Sarah O'Leary<sup>5</sup>, Ms Kerrie Cunningham<sup>6</sup>, Ms Jane Newbound<sup>7</sup>, Ms Bianca Brijnath<sup>1</sup>

<sup>1</sup>National Ageing Research Institute, <sup>2</sup>Mercy Health, <sup>3</sup>Western Health, <sup>4</sup>Northern Health, <sup>5</sup>North Western Melbourne Primary Care Network, <sup>6</sup>Banksia Palliative Care Services, <sup>7</sup>Southern Metropolitan Region Palliative Care Consortium

The aim of this presentation is to demonstrate how family dynamics influence advance care planning within families, and what effect such communication or its absence might present for health services.

We draw on video-interviews conducted with eight bereaved family members, who had lost a relative >75 years, to argue that where end-of-life care preferences have not been communicated, significant medical events such as falls or cardiac arrest, become the settings where these discussions commence. Such discussions tend to be ad hoc and emotively charged, and patient and family decision-making influenced by unaddressed family dynamics, such as family conflict and family violence, as well as by the cognitive status and cultural background of the patient themselves. Such family dynamics in turn complicate the communication and care from providers to patients, and between providers and families. In contrast, in families where these issues have been resolved, participants felt there was continuity in care and that they dealt better with their grief.

When medically disruptive events intersect with social disruptions within families, providers have the triple task of additionally managing disruptions as well as initiating discussions around end of life care. Juggling such complex tasks complicates good communication between patients, families, and services, and underscores the importance of improving communication within families around the end-of-life care prior to a crisis event.

Social engagement and wellness:

## Evaluating age-friendly rural communities: from grassroots to policy

**Cecily Fletcher**<sup>2</sup>, Dr Kathleen Brasher<sup>1</sup>, Dr Rachel Winterton<sup>3</sup>

<sup>1</sup>Northeast Health Wangaratta, <sup>2</sup>Department of Health and Human Services, <sup>3</sup>La Trobe University

Measuring progress and monitoring outcomes is a key component of the World Health Organisation Age-Friendly Cities and Communities approach. However, this raises significant theoretical and practical issues when working in small rural communities, who often have limited resources. Given that age-friendly rural initiatives are often based on multi-sectorial partnerships, developing common measurement approaches that meet the needs of all partners can also be challenging. This presentation reports on the experience of developing a local evaluation methodology for a regional age-friendly project in north-east Victoria. In 2017, the Department of Health and Human Services East Division and Northeast Health Wangaratta agreed to sponsor the Age Friendly Ovens & Murray Project. This project aimed to implement a multi-sectorial partnership approach to respond to the opportunities and impacts of population ageing at a systemic level, while enabling local solutions for local areas. This presentation will discuss the core principles and considerations for the design of local evaluation methodologies, while meeting the regional and state policy imperatives to monitor the progress of outcomes at the population health level.

Environment, design, innovation and technology:

## Evaluation of the pilot implementation of the Gerontological Nursing Competencies

**Mrs Nicole Britten**<sup>1</sup>, Professor Victoria Traynor<sup>1</sup>, Professor Lynn Chennoweth<sup>2</sup>, Mrs Tracey Osmond<sup>5</sup>, Mrs Jolan Stokes<sup>4</sup>, Mrs Linda Justin<sup>3</sup>, Mrs Donna Lennon<sup>6</sup>, Mrs Carolyn Bourke<sup>6</sup>, Ms Melissa Jansson<sup>7</sup>, Mrs Mary McConochie<sup>7</sup>

<sup>1</sup>University Of Wollongong, <sup>2</sup>University of New South Wales, <sup>3</sup>Uniting, <sup>4</sup>HammondCare, <sup>5</sup>Scalabrini, <sup>6</sup>BaptistCare, <sup>7</sup>Anglicare

**Introduction:** The paper presents the results of implementing the Gerontological Nursing Competencies (GerNurs Competencies). This research is timely considering the crisis in the care of older people and questions about how to develop a skilled workforce and recruit and retain staff to deliver effective care to older people.

**Methods:** This was a multi-method study undertaken within the five\* organisations of the Nursing in Aged Care Collaborative (NACC). Participants were registered nurses and managers working in residential aged care in NSW and ACT. Participants were mentees (n=32) who used the GersNurs Competencies to develop a portfolio of evidence to demonstrate their competence as gerontological nurses and mentors (n=16) who guided them in the process. The data were online surveys (5 rounds) used during the implementation and focus groups at the end. Descriptive statistics were generated from the surveys and thematic analysis from the focus groups.

**Results:** The mean response rate for the surveys was 65% ( $\pm 21$ ) (Rounds 1-3) (rounds 4-5 available at the conference). The survey demonstrated that the implementation of the GerNurs Competencies was a positive experience for mentees and mentors. There was overwhelming support for the accompanying documentation. Mentees agreed (88%  $\pm 10$ ) that it helped them articulate their gerontological nursing career path and mentors agreed (87%  $\pm 8$ ) that it helped them guide the mentees to focus on their clinical roles. The mentors also reported that it enabled them to guide mentees in their career progression (94%  $\pm 5$ ). Focus group findings will be available at the conference.

**Conclusion:** The implementation of the GersNurs was a success. Next, operation within NACC will participate in interviews to inductively develop a strategic plan for widely implementing the GerNurs Competencies. The GerNurs Competencies will be available on the Ageing and Dementia Health Education and Research (ADHERE) website.

\*: Anglicare, Baptist, HammondCare, Scalabrini and Uniting.

Service delivery and workforce:

## Falls prevention for older adults in emergency departments: Systematic review

**Dr Renata Morello**<sup>1</sup>, Dr Sze-Ee Soh<sup>1</sup>, Dr Darshini Ayton<sup>1</sup>, Miss Kate Behm<sup>1</sup>, Associate Professor Anna Barker<sup>1</sup>

<sup>1</sup>Monash University

**Background:** Falls are the leading cause of emergency department (ED) presentations in older adults, with the majority of fallers re-presenting within six months of discharge. The aim of this systematic review was to determine whether multifactorial falls prevention interventions are effective in preventing falls, fallers, hip fractures and fall-related ED presentations and hospital admissions in this population.

**Methods:** Two independent reviewers searched four health-related electronic databases and the reference lists of included studies. Study quality was assessed using the PEDro scale. Randomised controlled trials of multifactorial falls prevention interventions targeting older adults (60 years) presenting to the ED with a fall and providing quantitative data on at least one of the review endpoints were included.

**Results:** Nine studies involving 3147 participants were eligible for inclusion. Studies were of variable methodological quality (median 7/10). The interventions assessed most commonly included referral to appropriate healthcare services (n=6), education (n=6) and home modifications (n=4). Meta-analysis demonstrated that multifactorial falls prevention programs did not significantly reduce the rate of falls (rate ratio=0.79; 95% CI 0.58-1.09) and fall-related ED presentations (rate ratio=1.00; 95% CI 0.85-1.17), or the number of fallers (risk ratio=0.97; 95% CI 0.83-1.13) or hip fractures (risk ratio=0.82; 95% CI 0.53-1.25). It demonstrated a marginally significant reduction in the rate of fall-related hospital admissions (rate ratio 0.70, 95% CI 0.48, 0.95). The characteristics of successful trials (n=2) were timely access to the intervention, higher intensity of intervention delivery and increased engagement in the intervention by participants.

**Conclusions:** Currently there is limited evidence to support the use of multifactorial falls prevention interventions to prevent falls in this population. Further research is required to investigate the influence of timeliness and intensity of falls intervention and strategies to improve patient participation such as patient centred care approaches.

Social engagement and wellness:

## Forget Me Not: Lessons learnt from a collaborative intergenerational program

**Ms Melissa Hull**<sup>1,2</sup>, Ms Georgina Kamm<sup>1</sup>, Ms Samantha Lai<sup>1</sup>, Dr Rachel Milte<sup>3</sup>, Dr Jess Baker<sup>4</sup>, Dr Hannah Keage<sup>1</sup>, Dr Tobias Loetscher<sup>1</sup>, Dr Ashleigh Smith<sup>1,2</sup>

<sup>1</sup>Cognitive Ageing Impairment Neurosciences, School of Psychology, Social Work and Social Policy, University Of South Australia, <sup>2</sup>Alliance for Research in Exercise, Nutrition and Activity, School of Health Sciences, University of South Australia, <sup>3</sup>Institute for Choice, School of Commerce, University of South Australia, <sup>4</sup>School of Psychiatry, University of New South Wales

Children and adolescents often have limited knowledge and poorer attitudes towards people living with dementia. Intergenerational programs are proposed to bridge this gap by pairing young people with older adults living with dementia. Participants typically meet to undertake a range of activities including art and craft, gardening and storytelling. Whilst popular internationally, there are limited examples of successful programs within Australia.

Based in the City of Unley, a council in suburban Adelaide, an eight-week dementia intergenerational program was conducted in term 1 2018. Entitled Forget-Me-Not, the successful implementation of this project required input and collaboration between four stakeholders: Unley Council, Unley Primary School, ECH (aged care organisation) and researchers from UniSA.

Forget-Me-Not incorporated eight x 45 min educational sessions to 90 year 4/5 students from Unley Primary School. Lessons were developed in consultation with educators and followed the key cross-curricula priority of sustainability. Educational material was modified based on existing resources from the University of New South Wales and Alzheimer's UK. Sessions introduced key topics including introducing dementia as a condition, communication tips, environmental changes, assistive technology, familial experiences, prevention measures and an interactive session with a gerontologist. Two classes also experienced six x 45 minute excursions to an ECH facility where they engaged with persons with dementia in a variety of art and craft, gardening, recreational and music activities.

This discussion will focus on key learnings 'from the coal face' relating to the collaborative experience of conducting such a project with a variety of community stakeholders. Experiences related to coordinating participants, provision and planning of activities will be discussed, as well as reporting feedback taken from participants.

Within the sustainability framework, it is hoped that this program will provide students with education, knowledge and skills to enhance their dementia awareness into the future.

Social engagement and wellness:

## Great expectations – active players in self-managing home care packages

**Dr Carmel Laragy<sup>1</sup>, Anna Millicer<sup>2</sup>, Jacqui Storey<sup>2</sup>**

<sup>1</sup>RMIT University, <sup>2</sup>COTA Australia

COTA Australia, in partnership with RMIT University, is coordinating and evaluating a trial where participants self-manage their home care packages. This ground-breaking trial is funded by the Department of Health. A literature review plus national consultations with service providers and older people and their carers identified that many older people maintain lifelong skills, and they want to self-manage their daily care and personal lifestyle activities either independently or with the support of a family carer. They reported that an unintended consequence of systems being designed to prevent elder abuse was that their opportunities for autonomy and self-determination were restricted. The trial will test a model of self-management designed to identify and develop the knowledge, skills, personal attributes and supports people need. Service providers from across Australia were recruited, along with their interested consumer and carer participants. The project's design includes the use of a debit card linked to the home care subsidy to enable participants to purchase care and services in flexible and autonomous ways. A financial third-party intermediary service manages the accounts. Progress audits throughout the trial monitor participants' experiences and provide information and support designed to assist participants achieve optimal outcomes. The project encourages self-assessment by participants regarding their readiness for self-management, and it provides guides for them to build their consumer capacity. It also provides guides for home care providers with governance and risk mitigation strategies as well as practical steps to integrate high level self-management options into existing service delivery models. This presentation will outline key features of the trial and report on participants' hopes and expectations. Outcomes achieved and challenges faced identified in the evaluation will be available in 2019.

Social engagement and wellness:

## Harnessing the new zeitgeist: bold public conversations to change ageing

### **Ms Marlene Krasovitsky<sup>1</sup>**

<sup>1</sup>*The Benevolent Society*

At the 2017 AAG conference, The Benevolent Society presented a paper entitled 'The morphology of ageism'. That paper presented the findings of a comprehensive research project that interrogated the underlying drivers of ageism and most effective ways of challenging it. It included a literature review as well as original qualitative and quantitative work. The purpose of that research was to provide a sound evidence base on which to build a long term public advocacy campaign with the ambitious goal of shifting social norms and changing the dominant discourse on ageing.

One year on, the public advocacy campaign will have been recently launched (11 October 2018), together with a strong visual identity, slogan and some targeted 'calls to action'. The messages will be beginning to flow into our homes, workplaces, public spaces and the media; even our language.

This presentation will guide participants through some key landmarks to date in building a major evidence based public advocacy campaign which aims to achieve substantial, community-wide behavioural and attitudinal change.

These stages include the foundational research; the establishment of a powerful campaign coalition; and the beginnings of a grassroots movement. They include the development of a campaign identity and key messages; the creation of a strategic roadmap for ongoing action across a range of social, professional and institutional domains; and the high profile media launch. The presentation will also touch on the engagement of two of Australia's pre-eminent behaviour change communication specialists and researchers to develop the messages and visual identity.

The effects of this nation-wide campaign are likely to create a powerful zeitgeist, influencing at some level, every setting in which AAG members and other ageing researchers operate - presenting new research and practice platforms; and new opportunities for improving the experience of ageing through connecting research, policy and practice.

Social engagement and wellness:

## Leadership of Registered Nurses working after-hours in Residential Aged Care

**Mrs Dorika Nhongo**<sup>1</sup>, Dr Joyce Hendricks<sup>2</sup>, Dr Julie Bradshaw<sup>3</sup>, Dr Kasia Bail<sup>4</sup>

<sup>1</sup>CQUniversity, <sup>2</sup>CQUniversity, <sup>3</sup>CQUniversity, <sup>4</sup>Canberra University

Background: Given Australia's ageing population, with increased complexity and comorbidity, the workforce providing their care is of interest. This is particularly important with those individuals living in residential aged care facilities (RACFs) who may be most vulnerable to care fluctuations. Variations in care quality are increasingly being investigated 'after-hours', as this is a key time when there are reduced staffing levels, as well as reduced levels of supervision and support staff. Registered Nurses lead care in RACFs, providing expertise in caring for older people, managing risks and the resident health and safety. RNs utilise a combination of knowledge and experience to work independently and to lead and delegate care to unregulated healthcare workers and Enrolled Nurses (ENs), who then provide clinical and support care to residents. Yet, opportunities for further education and development of RN leadership are known to be limited and the actual confidence and competence of RN leadership skills in Australia is unknown.

Aim: The aim of the research is to explore the leadership competence and confidence of RNs working after-hours in (RACFs).

Methods: This presentation will focus on the one hundred (n=100) participant responses regarding the quantitative survey.

Results: Preliminary results indicate that RNs lack competence and confidence in leadership role in (RACFs) after-hours.

Conclusion: Better quality of care, improved patient outcomes and reduced adverse events are associated with sound leadership. These results highlight the need for further developments in the field to respond to leadership needs of RNs in the support of resident health and safety. Registered nurse leaders require competence and confidence in leadership functions to drive and guide older persons' care. Therefore, there is a need for research to be undertaken to explore the knowledge of RNs in leadership roles, particularly those working in aged care after-hours.

Service delivery and workforce:

## Mapping the Resident's Journey in Aged Care

**Dr Steven Savvas**<sup>1,2</sup>, Assoc Prof Briony Dow<sup>1</sup>, Ms Marie Vaughan<sup>2</sup>, Dr Maho Omori<sup>1</sup>, Assoc Prof Samuel Scherer<sup>1,2</sup>

<sup>1</sup>National Ageing Research Institute, <sup>2</sup>Royal Freemasons Ltd

It can be difficult for residents and families to understand how care needs change in response to a resident's deteriorating physical health or cognitive decline. Families are often ill-prepared when a resident 'transitions' to a substantially different level of care. A pre-emptive understanding of this journey would better equip residents and families to make choices, prepare timely advanced care plans, collaborate with staff in the care of the resident, assist with formulating realistic resident goals, and accept that some treatments may be non-beneficial and should be avoided.

This project addresses these challenges with an enhanced care model called "For You For Life Tapestry". This program is an honest and transparent approach that provides a better sense of each resident's journey and appropriate overarching goals of care. The Tapestry program uses both existing and new tools to also facilitate consistent care and promote collaboration and cohesion amongst all care staff and health clinicians.

This program is being implemented in seven Victorian urban and regional residential aged care facilities and evaluated using mixed methods by the National Ageing Research Institute. We will present an overview of the Tapestry program, existing and newly developed tools specifically designed for the program, and our experiences in implementing this new program.

Social engagement and wellness:

## Opportunities and Constraints: Female Migrant Caregivers in Australia's Aged-Care Industry

**Dr Monika Winarnita**<sup>1</sup>, Professor Irene Blackberry<sup>1</sup>

<sup>1</sup>*La Trobe University*

Within Australia's aged-care industry, opportunities exist for entry-level employment for female migrants, however, the aged care sector's recruitment and retention levels are still rapidly declining with three times the current number of workers needed to meet projected demand (Penham and Geol 2015).

Participants in a South Australian regional study of migrant workers cited discrimination from local staff and management, lack of intercultural understanding, and lack of support, in particular in obtaining further training to gain Australian nursing qualifications (Penham and Geol 2015). Ethnic Community Council of Victoria has provided recommendations that include cultural awareness training for local staff and newcomers that would improve their workforce transition into the Australian system. This paper will discuss a new project that will use anthropological ethnographic methodology (semi-structured interviews, engagement in social activities and focus group discussion) with up to 15 female migrant aged-care workers in Bendigo. Bendigo as a comparative regional fieldwork site has the potential for understanding social resilience factors in the face of discrimination in the workplace among female migrant caregivers based on a Victorian Multicultural Commission report (Rudner 2017:26).

This new research project uses gender, labour and migration analyses to identify constraints and opportunities for these female migrant workers and examine resilience factors such as intercultural skills and training. The findings will be crucial in improving workplace relations and policies targeted at creating a sustainable caregiving industry within the new 2017 Aged Care Diversity framework for an accessible and inclusive aged care system tailored to diverse social, cultural, linguistic, religious, spiritual, medical and care needs.

### References:

- Penham, K. and Geol, J. (2015) 'Employment experiences of immigrant workers in aged care in regional South Australia', *Rural and Remote Health*, 15: 2693. (Online)
- Rudner, J. (2017) 'Social Cohesion in Bendigo', Report for the Victorian Multicultural Commission, Victoria State Government.
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Health and medical:

## Optimising community care services to avoid residential aged care admission

### **Dr Victoria Jane Cornell**

Much of Australia's current aged care policy is focused on ageing in place. This is broadly aligned with the desires of older people, only 1% of whom state a preference for living in residential aged care (RAC)<sup>1</sup>.

However, little is known about the types and arrangement of care and services that most effectively support older people to remain living confidently in the community, until death if this is their preference.

In September 2017, ECH commenced the EnRICH (Enabling Responsive and Individual Care at Home) pilot study. With a rigorous approach, informed by a high level Advisory Panel, the study's aim was to explore the type, quantity and construction of care and services that could support a person at risk of permanent RAC admission to remain living at home, within the relevant Government subsidy currently available.

After random selection, twelve of ECH's existing Home Care Package (HCP) clients with a variety of clinical and social care presentations consented to participate. Aged from 71-91 years, each displayed factors that heightened their likelihood of permanent admission to RAC. Participants were managed by a single EnRICH Care Manager, who enacted broadened care management activity, additional funding (where applicable) and an enhanced service suite under a consumer-directed care framework.

With participants completing active trialling between April – October 2018, key findings will be presented including service composition and cost, objective measures of safety and effectiveness and organisational learning. Implications for more effective delivery of HCP services, including a definition of 'usual care' and workforce skill-sets will be discussed, alongside consideration of the value of this evidence for the construction/funding of a Level 5 HCP and funding agnostic to setting.

1. Productivity Commission 2015. Housing Decisions of Older Australians. Commission Research Paper, Canberra.

Service delivery and workforce:

## Pharmacists' recommendations in medication reviews based on laboratory monitoring

**Ms Vera Buss<sup>1</sup>**, Dr Alison Shield<sup>1</sup>, Dr Sam Kosari<sup>1</sup>, Dr Mark Naunton<sup>1</sup>

<sup>1</sup>*University Of Canberra*

**Background:** Laboratory monitoring can be important for the assessment of pharmacotherapy.<sup>1</sup> The study's aim was to evaluate pharmacists' recommendations regarding laboratory testing in Home Medicines Reviews (HMR), a pharmacist-led medication review program for community-dwelling individuals at risk of medication misadventure.

**Methods:** Nine pharmacists conducted the medication reviews between 2011 and 2015. The HMR reports were obtained directly from one service provider. In a retrospective evaluation of the reports, the prevalence of pathology data provided by general practitioners was assessed. Additionally, the pharmacists' recommendations based on those laboratory data were compared to national and international guidelines.

**Results:** In total, 580 HMR reports were evaluated. Of these, 179 reports did not contain any pathology data. Pharmacists commented on the provided laboratory values in 324 reports and recommended further testing in 473 reports. Not all suggestions were related to previous values or were in line with guidelines. Most recommendations were regarding vitamin D and lipids (69% and 62% of medication review reports, respectively). Particularly, regarding renal impairment, pharmacists used their knowledge to advise on dose adjustments and contraindications. In relation to full blood count, vitamin B12, and thyroid function, often unjustified screening was recommended. In 26% of all reports, the pharmacists requested an array of tests without explaining the necessity for these tests.

**Conclusions:** The results of this study indicate that pharmacists provided useful advice based on the pathology data, which was concordant with national and international guidelines; however, some recommendations were not in distinct alignment with the guidelines. The outcomes of the HMR program might be further enhanced if pharmacists had direct access to the patients' pathology data through the online My Health Record system.

### Reference:

1. Raebel MA, Lyons EE, Andrade SE, et al. Laboratory Monitoring of Drugs at Initiation of Therapy in Ambulatory Care. *J. Gen. Intern. Med.* 2005;20:1120-1126 10.1111/j.1525-1497.2005.0257.x.

Health and medical:

## Predicting discharge destination from acute general medical wards

**Mrs Aruska D'Souza**<sup>1,2</sup>, Dr Catherine Granger<sup>1,2</sup>, Ms Jacqueline Kay<sup>2</sup>, Mr Cameron Patrick<sup>1</sup>,  
A/Prof Catherine Said<sup>1,3</sup>

<sup>1</sup>University of Melbourne, <sup>2</sup>Melbourne Health, <sup>3</sup>Western Health

### Background

Discharge from medical wards may be impacted by medical, social, cognitive and functional issues. This may result in the need for discharge to subacute or residential care rather than directly home from hospital. Thus, the aim of this study was to investigate the association between patient factors (including physical and cognitive function) on hospital admission with discharge destination.

### Method

This was a prospective, single-site observational study of general medical patients referred to physiotherapy. Patients from residential care were excluded. Data collected included demographics (Blaylock Risk Assessment Screening Score, BRASS), co-morbidities (Charlson Comorbidity Index, CCI), pre-morbid physical function, current physical function (de Morton Mobility Index, DEMMI and Alpha Functional Independence Measure, AlphaFIM) and cognition (Rowland Universal Dementia Assessment Scale, RUDAS), all measured within 72 hours of initial Physiotherapy contact.

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### Results

Between July 2016 and August 2017, 417 patients were recruited. Fifty-three percent were female (n = 220) and with a median age of 81 years [Interquartile range 76 – 86]. Two-hundred and forty-five patients were discharged directly home; 172 were not discharged home, of whom 140 were discharged to subacute. Better performance in all assessment tools predicted discharge directly home. Data were partitioned into training, validation and test sets to provide unbiased estimates of sensitivity and specificity. Models that best predicted patients would not be discharged home were “DEMMI, toilet transfers and appropriate behaviour” (Sensitivity 84.6%, Specificity 64.6%) and “AlphaFIM, BRASS and walking independence” (Sensitivity 66.7%, Specificity 78.5%).

### Discussion and Conclusion

Results indicate that assessment tools administered early during hospital admission may predict discharge destination. This allows clinicians to commence discharge planning, including timely referrals to home support services or subacute. This study only included patients referred to physiotherapy, thus results may not be generalisable to the wider population. In addition, these models must be validated in an independent sample.

### Background

Health and medical:

## Public perceptions of dementia and public campaigning: future directions

Prof Simon Biggs<sup>1, 3</sup>, Mr Ashley Carr<sup>3</sup>, **Dr Irja Haapala**<sup>1,2</sup>

<sup>1</sup>University of Melbourne, School of Social and Political Sciences, <sup>2</sup>University of Eastern Finland, Department of Educational Science and Teacher Education, <sup>3</sup>Brotherhood of Saint Laurence

Introduction: Increasing numbers of people living with dementia in community settings require inter-professional and informal support. People with dementia are developing their own presence in the public domain. We know little about the requirements of diverse groups of public health initiatives and how these connect to wider public attitudes. A second factor concerns age specific attitudes toward dementia and campaigning. Each will influence the effectiveness of public interventions.

Purpose. This session promotes interdisciplinary collaboration toward a strengthened and shared view of future directions for public health campaigning and education related to dementia plus the inclusion of the recipients' voice in campaign design.

Overview. We invite those interested in public health campaigning and education who are looking to create new, evidence-based directions for campaigning in relation to dementia. Key findings from our 3-year research project into public perceptions of dementia, 'Dementia in the Public Domain', will be presented. We invite tabletop discussion on future public campaigning and policy initiatives.

The research team: Professor Simon Biggs, Dr Irja Haapala, Mr Ashley Carr and representative(s) from the National Dementia Research Consumer Advisory Group will be available for questions.

Discussion will focus on identifying the contributions of different perspectives (voice and age group) on dementia, implications for interdisciplinary collaboration and campaign design. We will provide participants with a copy of the research brief.

Service delivery and workforce:

## Refeeding syndrome in community - time to advance or retire?

**Miss Shanti Mistry**<sup>1</sup>, Mrs Achamma Joseph<sup>1</sup>

<sup>1</sup>*Townsville Hospital And Health Service*

**Introduction:** Refeeding syndrome (RFS) is an understudied phenomenon associated with malnutrition. It references metabolic derangements, clinical symptoms and fluid imbalance that occur in starved populations being re-fed either orally, enterally or parenterally. Complications from RFS are well documented within hospital settings however, RFS was shown rarely to be an underlying cause of death despite high prevalence of risk factors. Increased risk of malnutrition is associated with increased risk of RFS among older patients. Presently, no evidence-based guidelines exist for community residing patients identified as at risk of RFS.

**Method:** A literature search was undertaken to answer the research question “What is the optimum management of refeeding syndrome in the community by dietitians?” Studies were identified by electronic search of databases from 1990-2018, databases included: Aust Health / Informat, CINAHL complete, Cochrane Library, Embase, ERIC, Health Policy Reference Centre, MEDLINE Complete, PsychInfo and PubMed. The review adhered to PRISMA guidelines.

**Results:** Seven articles met inclusion and exclusion criteria. Articles were excluded due to language, paediatric population, sole-use of parenteral nutrition and enteral nutrition, and full text not being available.

Patients at high RFS risk should be admitted to hospital for diagnosis and management of changes arising when refeeding. Commencing refeeding prior to admission may not allow for time-sensitive monitoring and intervention. Hypophosphatemia may not be a reliable indicator for changes in RFS, particularly in elderly populations. Further research is needed in community settings on how to manage clients identified with, or as at risk of refeeding syndrome, including administration of prophylactic thiamine and phosphate prior to admission.

**Conclusion:**

Majority of evidence for management of RFS is in inpatient settings. No evidence exists to guide community-based management of RFS. Dietitians working in community settings could advance outcomes for vulnerable clients, thus contribute to restoration of health and active ageing.

Service delivery and workforce:

## Stigma regarding dementia in media & culture: a systematic review

**Dr Farah Purwaningrum<sup>1</sup>, Assoc Prof Lee-Fay Low<sup>1</sup>**

<sup>1</sup>*The University of Sydney*

The main aim of this study is to review systematically the nature of, contributors to, and consequences of stigma (attitudes and beliefs, feelings, behaviours) regarding dementia in media and culture. Media and culture shape social perceptions which impact on the realities of everyday lives of people with dementia and their caregivers. Online and print media, and movies could contribute to stigmatising attitudes and beliefs, negative feelings towards people with dementia. Fighting against stigma should start from understanding the unique social and cultural processes that reduce stigma in the lived worlds of the stigmatised (Kleinman and Hall Clifford, 2009). A systematic mixed studies review will be able to provide an understanding of how media and culture may contribute to processes of stigma. Methodically, for this study, a scoping search was first carried out of Scopus as an initial search. This was followed by an analysis of the text words contained in the title and abstract, and of the index terms used to describe articles. A systematic search was carried out of Medline, Scopus, PubMed, Embase, PsycInfo with no year restrictions for key search terms. The terms are as follows: Dementia or Alzheimer's disease, and stigma or attitude or stereotype or prejudice or discrimination or fear or shame or labelling or labelling or "dementia literacy" or knowledge or awareness or "sick role" or belief. We employed the mixed methods appraisal tool which has been designed to be suitable for use in reviews that include qualitative, quantitative and mixed methods studies. The paper will present findings of this systematic mixed studies review.

Keywords: stigma, dementia, Alzheimer's' disease, systematic review, culture, media

Reference: Kleinman, Arthur and Rachel Hall-Clifford (1979) Stigma: a social, cultural and moral process 63(6), pp. 418-419.

Health and medical:

## Supporting People With Dementia Who Have Communication Difficulties

**Ms Luisa Krein**<sup>1</sup>, Professor Yun-Hee Jeon<sup>1</sup>, Dr Amanda Miller Amberber<sup>2</sup>

<sup>1</sup>University Of Sydney, <sup>2</sup>Charles Sturt University

**Introduction:** Effective communication is imperative for fulfilling basic everyday needs and being involved in decision making and negotiation. Communication difficulties in dementia can exist at a word, sentence and conversation level. Currently, specialist communication support is provided on an ad-hoc basis to people living with dementia (PLWD) who have communication difficulties. The aim of this study is to develop and validate a short client-informed needs assessment tool that can facilitate timely identification, referral and management of communication difficulties by health care professionals without speech-specialist qualification in their care of PLWD.

**Method:** Draft items were developed based on a review of currently existing tools for the assessment of speech, language and communication in dementia. Face validity has been established by engaging consumers (PLWD and family caregivers) in one-on-one interviews and focus groups. Content validity will be established with an international expert panel, using a Delphi survey method.

**Results:** Twenty-two consumers (15 carers 7 clients) provided feedback about the tool and its administration methods. Wording of items and the tool's layout were changed according to consumers' feedback. No items were removed and one was added. The adapted version will be provided to the expert panel. Results of the Delphi survey will be available in August 2018. A pilot version of the short tool that can assist in the timely identification of communication difficulties in dementia will be presented.

**Conclusion:** Timely identification of communication difficulties experienced by PLWD and their impact on carers requires a valid, reliable tool that can be readily used by all health care professionals. The development and appropriate implementation of this simple tool has the potential to improve the provision of timely support for PLWD and their carers to maximise effective communication and facilitate increased levels of independence.

Service delivery and workforce:

## Supportive housing features for more liveable communities for older adults

**Dr Meredith Tavener**<sup>1</sup>, Prof Julie Byles<sup>1</sup>, Dr Catherine Chojenta, Ms Frances Chatwin

<sup>1</sup>*University Of Newcastle*

This study aimed to provide a housing decision checklist for older adults based on real-life experiences and expectations of future needs. Taking a co-production approach, researchers worked with members of the community to produce and pilot test the checklist.

Guided by work already conducted which identified how people's homes and surrounding environments could support them to live independently as they aged (the "Housing and Independent Living" project), we took the resulting checklist to older people, via focus group discussions and home visits, to test out the concept, content and how it could best be used.

Researchers and older adults drew on each other's strengths, working to offer end-users a strong voice in the checklist development process, while making the researcher's work more relevant.

People aged 55 years and over were invited from Newcastle (NSW) to discuss their housing needs for independent living, through focus groups and a series of home visits. Real estate and Newcastle City Council representatives were also involved, sharing issues they felt were important for older adults making housing decisions, and how they think a housing decision checklist could be useful.

Key elements to support older adults in their homes included level pathways, easy reach cupboards, wide doorways, adequate lighting, easy care garden and seamless access from car to house.

The co-production approach raised findings such as over-zealous cleaning services leaving floors too slippery, refusals to have grab rails installed, different perceptions about what is 'safe', reliance on neighbourly relations for service information, and insisting on keeping certain furniture even when dangerous.

Often older adults didn't think how their home could support them for longer, until "they need to" but couldn't say "how they would know when that was." Also conceding that change was inevitable, their ability to manage change would be diminished if left "too late."

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Health and medical:

## Tablet-based physical activity for people with Mild Cognitive Impairment

**Dr Lua Perimal-lewis**<sup>1</sup>, Professor Sue Gordon<sup>1</sup>, Professor Jennifer Tieman<sup>1</sup>, Professor Anthony Maeder<sup>1</sup>

<sup>1</sup>*Flinders University*

Abstract: Non-pharmacological interventions including Information Technology based interventions are gaining momentum as alternate treatment avenues for dementia. Physical activity is known as one of the potentially modifiable risk factors for Alzheimer's disease. The chances of developing Alzheimer's disease or dementia are high in people with Mild Cognitive Impairment (MCI). The aim of this study is to deliver a personalised, tablet-based suite of adaptive applications which include physical activity intervention to community dwelling older adults with MCI. Home-based intervention using technology has the potential to empower, raise confidence, promote independence and wellbeing in community dwelling older adults. It removes some of the barriers of a prescribed group program for those who may have reservations to attend a face-to-face session, overcomes transport difficulties for those who are unable to travel easily, removes the need to commit to a set time especially for those who may be struggling with pain and may potentially reduce disengagement for the lack of personalisation. Seventy-five eligible individuals will be enrolled to follow a personalised physical activity program for 12 weeks. The main physical activity outcome measures are adherence rates and feasibility of tablet-based intervention in this population. Other variables of interest that will be collected include intervention acceptability, user experience, user enjoyment and user confidence. Potential confounders such as self-efficacy, perceived belief on the benefit of the intervention and pain level will be collected. In addition, the participants will be undertaking personalised brain training activities for the duration of the study. The paper will discuss an innovative study protocol to measure adherence, compliance, metrics to measure efficacy of the technology-based physical activity intervention and the tablet platform technology. It will also feature discussion on a novel co-design method.

Health and medical:

## Technology for wellbeing

**Ms Sally-ann Warnes<sup>1</sup>, Mrs Vanessa Leane<sup>2</sup>**

*<sup>1</sup>City Of Onkaparinga, <sup>2</sup>University of South Australia*

The cultivation of meaningful engagement with technology in old age represents an underutilised social innovation yet to be optimised, with the potential to improve quality of life. Members of the Southern Services Reform Group, Collaborative Projects SA, made a commitment to bridge a wellbeing gap identified through a review of research, and consultation with service providers, volunteers and older adults. This gap represents the need to influence 'how' family members, companions, volunteers or aged care workers, in the role of a coach, can enable the older adult to express their strengths of character and learning competencies through technology to enhance wellbeing. The outcome of 18 months of collaborative action research, drawing from years of previous innovative development was the construction of an educational, interactive website for potential coaches. <http://techforwellbeing.com.au/>

To the best of our knowledge, this is a world first to integrate key theories including Values in Action, Motivation, Communication, Learning styles, Memory and Wellbeing into one model with a purpose to improve the interaction effect on wellbeing, between the coach, older person and technology. Designed to increase understanding, reflective thinking, attitude and communication skills; training modules encourage the identification of strengths and purpose to construct the best adaptive learning approach, overcoming challenges and sustaining motivation.

As people live longer, the risk of isolation continues to be prevalent. Technology represents an interface which overcomes social and spatial barriers creating a life-line of connection and familial communication, sustaining learning and positive experiences. As rapid advances in technology outpace learning in later life, overcoming psychological barriers and systematic constraints which sever this life line, will translate into a high priority.

This presentation will provide an overview of this remarkable project, enabling our elders to embark on their own journey of discovery of how to enhance their wellbeing through technology.

Health and medical:

## The effects of cognitive stimulation therapy on people with dementia

**Dr Kathy Peri**<sup>1</sup>, Dr Gary Chueng<sup>1</sup>

<sup>1</sup>*University Of Auckland*

Cognitive stimulation therapy is a structured group treatment specifically developed for people with mild to moderate dementia. Studies have shown that the effects of CST appear to be of a comparable size to those reported with the currently available anti-dementia drug therapies.

The aim of this pilot study was to evaluate the feasibility and client outcomes in the adaptation of the CST programme in the New Zealand context. Three CST groups (two in the community and one in an aged residential care facility) were involved in the study.

A mixed methods study design evaluated the intervention. An independent research assistant collected data on a number of outcome measures including; MMSE, ADCOG, Carer Burden, depression and quality of life.

The results of this study showed that depressive symptomatology in the residential care group improved following a course of CST; pre GDS score 12, post GDS 6.7.

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## The efficacy of older driver interventions: a systematic review

Dr Ranmalee Eramudugolla<sup>1</sup>, **Ms Nicole Ee**<sup>1</sup>, Prof Kaarin Anstey<sup>1</sup>, Prof Kaarin Anstey<sup>2</sup>

<sup>1</sup>Neuroscience Research Australia, <sup>2</sup>The University of New South Wales

With population ageing, the proportion of older drivers will drastically increase. Age-related changes such as diminished motor-sensory function and deteriorations in cognition can impact upon older driver ability. The benefit of maintaining older driver skill and safety is two-fold. For older individuals, active driving can scaffold autonomy, social integration and engagement in out-of-home activity. Driving cessation, conversely, has adverse psychosocial outcomes including isolation, diminished perceived control, and depression. On the population level, unsafe older drivers significantly contribute to crash fatality rates and economic costs. Thus, effective interventions that can aid older adults to drive better for longer are imperative.

A systematic appraisal of the literature on older driver intervention efficacy was performed. Published and protocolled trials were included. Driving simulator interventions were excluded due to unsuitability for this population. Interventions were categorised according to the included components (classroom education, on-road lessons, feedback etc.) and data on sample size, trial design, duration of follow-up, outcome measures, and effect size was collated.

Eleven completed or in-progress trials were identified. Six studies which evaluated the classroom education interventions found them to be ineffective at improving on-road safety. All five studies of combined classroom education and on-road lessons interventions demonstrated improved on-road test scores post-intervention. In the single trial which video feedback was independently assessed, on-road errors were reduced by 25%. The majority of samples were small (8 of 11 studies  $n < 100$ ), and follow-ups relatively short (all but one  $\leq 12$  weeks). Further research involving larger samples and longer follow-ups is required to achieve efficacious and accessible older driver interventions that can rolled out on the population level.

Health and medical:

## The need for couple-centred care: practice implications of consumer-directed care

**Ms Alison Rahn<sup>1</sup>**

<sup>1</sup>*University of New England*

What are the practice implications of consumer-directed care for partnered aged care residents? A third of aged care residents are currently married or in de facto relationships and many experience institutional interference with those relationships. It is rare for the relational needs of partnered residents to be assessed upon admission into residential aged care or for couple-sized beds to be offered. A recurrent source of tension is the absence of a clear boundary between couples' needs for private time and rostered staff duties within residents' rooms. In order for providers to rise to the challenge of offering consumer-directed residential aged care for partnered residents, it is pertinent to understand consumers' needs.

However, the aged care sector lacks information about what consumers value. This paper reports on a mixed methods study investigating the anticipated needs of partnered Baby Boomers as future aged care consumers. It identified that the current system is failing the needs of many older couples. Thematic analysis of survey and interview data revealed a disjuncture between what partnered Baby Boomers value and current aged care policies and practices adopted by some establishments in relation to partnered residents. The findings indicated that, in practice, 'person-centred' aged care did not adequately address the needs of couples. What is called for instead is a 'couple-centred' approach, where both partners together are viewed as the 'client'. A conceptual model developed from the data is offered to explain how couples experience residential aged care. This has implications for the aged care sector as a whole and for individual providers, in terms of organisational policies and systems, staff recruitment and training, building design, furnishings and residents' recreational activities. Recommendations offered have the potential to improve staff-resident interactions and create more positive outcomes for partnered aged care residents.

Social Engagement and Wellness:

## Uniting NSW/ ACT Stay Active Stay Strong- 2 years on

**Miss Elodie Williams<sup>1</sup>**, Mr Nathan Hall

<sup>1</sup>*Uniting NSW/ACT*

In 2016 a pilot program (Stay Active, Stay Strong program) was run at Uniting's Ronald Coleman Lodge (RACF) from February to April, the aim of the project was to increase the residents' functional strength and balance via exercise physiology intervention. The popularity of the program with residents it continues on an ongoing basis. The purpose of this report is to present the outcomes that have been collated over the last 2 years since the pilot program was completed.

Functional testing of residents is repeated every 6 months. This includes re-tests of static balance, mobility (Up and Go test), lower limb strength (Sit to stand test and 5 chair rise), upper limb strength (hand grip test) and gait speed.

It was found that there was a statistically significant improvement in the resident's lower limb strength, as measured by the Sit to Stand test over 30 seconds.

Although not statistically significant, there were also improvements in static balance (single leg stance (41%) and tandem stance 28%) and hand grip (13.3%).

Overall, the Stay Active Stay Strong Program has been a success. Improvements in lower limb strength and balance have been maintained over the past the two years and the feedback from residents is extremely complimentary. All residents reported receiving benefits to their physical health or wellbeing or both.

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Environment, design, innovation and technology:

## Use of medications for Atrial Fibrillation among Australian women

**Dr Shazia Abbas**<sup>1</sup>, Prof Julie Byles<sup>1</sup>, Ms Peta Forder<sup>1</sup>, Dr Tazeen Majeed, Professor Kichu Nair<sup>1</sup>

<sup>1</sup>*The University of Newcastle*

Atrial Fibrillation (AF) is an emerging epidemic, with different patterns of disease initiation, progression and outcomes amongst women compared to men. However, little is known about the treatment of AF among older women, especially in the presence of other comorbidities that can affect the risks and benefits of medications. This project aims to determine patterns and combinations of AF medications used by Australian women, and how these relate to other risk and comorbid factors, and to longer term health outcomes including stroke and mortality risk.

The project involves analysis of survey data from the 1921-26 birth cohort of the Australian Longitudinal Study on Women's Health (ALSWH), linked to state-based admission registry (hospital data), and national Pharmaceutical Benefits Scheme data (PBS). The hospital data are used to identify women with AF from relevant ICD-10 AM codes, and PBS data are used to determine medication use. The prevalence of AF among these women increased from 9% in 2002, when the women were aged 76-81 years, to 24% among those who survived to 2012. The stroke risk calculated using CHA2DS2 –VASc (Congestive Heart Failure, Hypertension, Age >75 years, Diabetes, Stroke, Vascular disease, Age >65 years and Female sex) indicates that none of the women with AF had scores  $\leq 2$  and about 13% of the women had scores  $\geq 5$  indicating very high stroke risk. Cluster and Latent Class analysis of PBS data will show different combinations and patterns of use of medications for AF among these women, according to the women's risk profiles and other factors.

This study will examine the major alternative treatment options for AF in the real world, especially in the presence or absence of major comorbidities. This study is an intermediate step towards the development of decision model for the management of AF among older Australian women.

Health and medical:

## Using smartphones to detect pain in people with dementia

**Dr Tom Morris**<sup>1</sup>, Mr Philip Daffas<sup>2</sup>, Dr Meredith Gresham<sup>1</sup>, Ms Marie Alford<sup>1</sup>, Conjoint A/Prof Colm Cunningham<sup>1</sup>

<sup>1</sup>Dementia Centre, <sup>2</sup>PainChek

Pain is very common for people with dementia (PWD) in residential aged care (RAC), with as many as 80% demonstrating some type of chronic or acute pain. Pain is also one of the most frequently implicated factors that lead to severe behaviours in PWD, such as increased aggression and/or anxiety. In many instances, these behaviours become so severe they necessitate the involvement of specialist dementia behaviour management services such as those provided by Dementia Support Australia (DSA). Despite this, pain remains significantly undertreated in PWD, due in part to underreporting of pain by PWD and infrequent and/or inadequate pain assessment.

This tabletop conversation discusses the use and utility of the smartphone application PainChek™ to assist in the detection and management of pain in the provision of behaviour management by DSA. PainChek™ detects pain by utilising automated facial recognition and artificial intelligence. This facilitates assessment by allowing for objective and efficient assessment that does not rely on subjective rating scales or the report of pain by a PWD. In this presentation we will not only provide a hands-on demonstration of the PainChek™ application, but also discuss how this new technology has allowed for improved detection and management of pain in PWD seen by DSA, and the subsequent reduction of pain associated behaviours.

Policy, advocacy and planning:

## Wellbeing matters: are we doing enough in aged care?

### **Ms Jani Goss<sup>1</sup>**

<sup>1</sup>*Jannigoss.com/ National Council of Women WA*

We are all aware of the stress experienced by family carers, staff working in Aged Care and the recipients of their care. With the increasing population of older people and the need for well-trained caring and competent staff, we need to focus on improving the working conditions of staff and their personal wellbeing. We should acknowledge the importance of ensuring optimal care for recipients and attracting suitable staff by providing resources and education for staff to enhance their own wellbeing, motivation and commitment to their profession.

Dr Martin Seligman, father of Positive Psychology, proposes five pillars of wellbeing (PERMA) including:

P Positive emotions - love, gratitude, empathy, kindness, compassion, joy and pleasure

E Engagement with purpose and commitment

R Relationships to connect and reduce isolation

M Meaning and purpose in life

A Accomplishment - acknowledging and celebrating our achievements.

According to neuropsychologist, Dr Rick Hanson, our brains have a negativity bias. However, thanks to neuroplasticity, we can strengthen the positive pathways by 'Taking in the Good'.

During this Tabletop Conversations presentation, we will explore the previous strategies and experience how therapeutic laughter can change the physiology of stress into that of wellbeing. Laughter Yoga provides a dose of medicinal laughter which stimulates the production of 'happy hormones' - dopamine, oxytocin, serotonin and endorphins. Playful laughter exercises provide aerobic exercise, even when the participants are seated, and could potentially benefit both staff and residents.

Audience members will learn strategies for their personal wellbeing which they can share. Additionally, they will experience the benefits of Laughter Yoga which reliably results in participants feeling more awake and alert with improved mood and a positive connection with those around them.

Maybe this is all relevant to improving the experience of wellbeing for staff and the people for whom they care!

Service delivery and workforce: