



Ageing Research Forum – Contemporary issues in acute and RAC settings

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Facts about the health of Australians

- On average, have 11 years of ill health (Productivity Commission, 2017)
- 63% (>11 million) are overweight or obese (ABS, 2015)
- 10 yr gap in life expectancy between non-indigenous and Aboriginal and Torres Strait Island peoples (AIHW, 2015)
- 60% of 15-74 year olds have low health literacy (ABS, 2006)
- Majority of Australians do not eat recommended serves from any of the 5 food groups (AIHW, 2018)

Ageing population

- Increasing age of the Australians is a result of success in public health policy
- But this is associated with increasing challenges in meeting the complex and unique healthcare needs of older people (World Health Organization, 2017)

Facts about people living in RAC

- 53% have complex healthcare needs (Australian Institute of Health & Welfare, 2018)
- 64% have high care needs related to behaviours (AIHW, 2018)
- 59% have high care needs related to performing activities of daily living (AIHW, 2018)
- Just over half have a diagnosis of dementia and over half of all permanent aged care recipients have symptoms of depression (AIHW, 2013)

Challenges

- Changing consumer health profile – complexity, ageing population, increasing prevalence of dementia, chronic disease, mental health issues
- Consumer expectations and experience
- Increasing use of technology by consumers
- Complex, fragmented health and aged care systems and service models – poor integration, models of care

Translation of evidence

- Evidence-based practice leads to better outcomes for older people
- Getting evidence into the hands of the users, and getting them to use it
- About influencing behaviour of care providers
- Strategies to influence behaviour
- Importance of context

Caring for the older person in acute care

- Risk of harm
 - Preventable harms affect more than one in ten hospitalised patients (Duckett, et al., 2018)
 - Older people are among the most vulnerable to harm
- Standards
 - NSQHSS Comprehensive Care Standard (Standard 5) states “care should ensure that risks of harm for patients during health care are prevented and managed through targeted strategies.” (NSQHSS, ACSQHC, 2017)

ORIGINAL ARTICLE

Co-development of “BRAIN-TRK”: Qualitative examination of acceptability, usability and feasibility of an App to support nurses' care for patients with behavioural and psychological symptoms of neurocognitive disorders in hospital

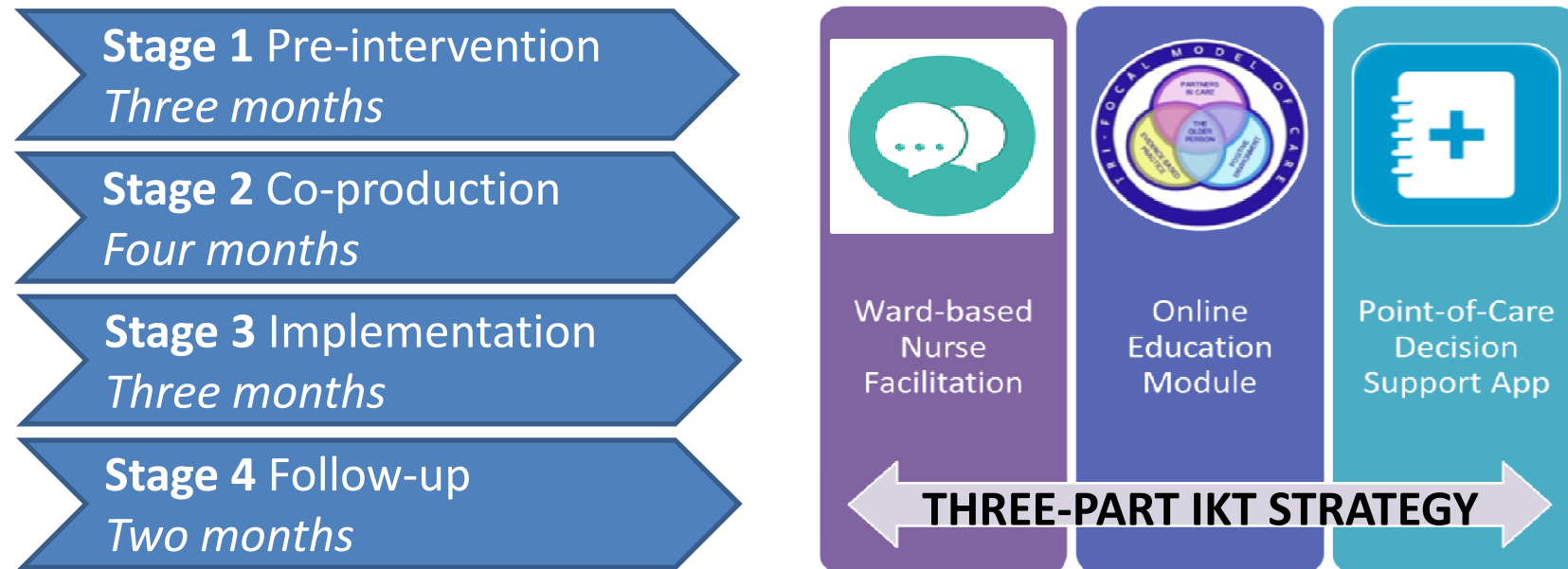
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First published: 02 April 2019 | <https://doi.org/10.1111/jocn.14874>

Funding information:

This project was funded by the Dementia Centre for Research Collaboration as part of an Australian Government Initiative.

Four stage integrated KT design



Redley, B., Richardson, B., Peel, C., Ockerby, C., Rawson, H., Tomlinson, E., & **Hutchinson, A. M.** (2019). Co-development of 'BRAIN-TRK': Qualitative examination of acceptability, usability, and feasibility of an App to support nurses care for patients with behavioural and psychological symptoms of neurocognitive disorders in hospital. *Journal of Clinical Nursing*. 28, 2868-2879.

BRAIN-TRK App



WHY?

Proactively
identify &
implement
strategies
at point of
care

Assess cognition

Risk Assessment

Alertness [More info](#)

Normal (fully alert, but not agitated, throughout assessment)

Mild sleepiness for <10 seconds after waking, then normal

Clearly abnormal

AM4T [More info](#)

No mistakes

1 mistake

2 or more mistakes/untestable

Attention [More info](#)

Achieves 7 months or more correctly

Starts but scores < 7 months / refuses to start

Unstable (cannot start because unwell, drowsy, inattentive)

Acute change or fluctuating course [More info](#)

No

Yes

Plan strategies

Strategies [Done](#)

Therapeutic activities [Learn more](#)

Distracting and diverting activities; relaxing activities/environment. [Learn more](#)

Hourly rounding [Learn more](#)

Proactive hourly rounding covering the 5P's. [Learn more](#)

Regular schedule [Learn more](#)

Implement a regular schedule for medication, tests and checks. [Learn more](#)

Perform physical assessment [Learn more](#)

Regular physical assessments (at least once per shift or if there is change) to identify and respond to clinical deterioration. [Learn more](#)

Noise reduction [Learn more](#)

Promote comfortable noise level in the environment. [Learn more](#)

Offer food or drink [Learn more](#)

Offer food/drink if patient is hungry or thirsty. [Learn more](#)

Monitor changes

General Information

PREFERRED NAME: Test AGE: 99 BED NUMBER: 12

4AT Screening Results [About this graph](#)

Graph showing 4AT Screening Results over time (May 05, 12:21 to May 05, 12:21). The graph shows a single data point at 1.4.

Patient Preferences

LIKES

Dogs:

DISLIKES

Cats:

[Chart](#) [Assess](#) [Export](#)

Results of BRAIN-TRK

- **Changes in strategies suggesting improved patient care:**
 - ✓ Increased engagement with family and carers
 - ✓ Increased use of pain management
 - ✓ More individualised strategies
- Psychosocial strategies remained uncommon, despite being critical to providing person-centred care for ALL patients

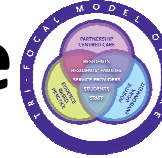
Transitions in care

- Transitions in care are times of high risk for error
- Communication at transition points
- Involvement of key family members, when appropriate

Context of RAC

- Aged Care Quality Standards (Aged Care Quality and Safety Commission, 2019)
- Commonwealth QIs – PIs, physical restraint, unplanned wt loss
- Charter of Aged Care Rights
- Clinical governance framework
- Royal Commission – spotlight on RAC

The Tri-focal Model of Care



Philosophy promotes the principles of:



Partnership-centred care – takes account of interdependent roles and needs of all stakeholders



Evidence-based practice – to provide the best possible care



Positive, healthy work environment – that promotes teamwork, communication, leadership, respect and work satisfaction



NEW MODELS OF CARE IN RESIDENTIAL LONG-TERM CARE

Tri-focal Model of Care Implementation: Perspectives of Residents and Family

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Areas to consider

- Empowering consumers and families
- Achieving truly person-centred care and partnering with consumers and families
- Using data to inform practice
- Consumer reported outcome measures
- Consideration of health literacy
- Promotion of consumer choice – CDC
- Open disclosure
- Reducing psychotropic use

Thank you

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