

Research on Ageing

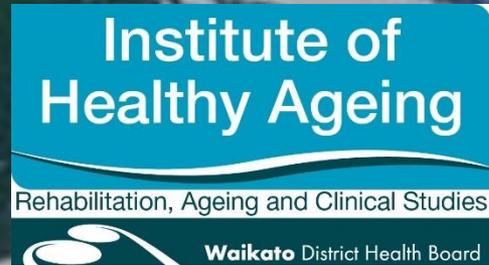


THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND
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Research Work Streams



Rehabilitation
Mental Health of Older People
Community
Workforce
Best Practice

How old will you be in 2050

Age now	Your generation	Age in 2050
13 – 22 (DOB: 1996 – 2005)	Generation Y (1982 to 1995)	45 to 54
23 – 32 (DOB: 1995 – 1986)		55 to 64
33 – 42 (DOB: 1985 – 1976)		65 to 74
43 – 52 (DOB: 1975 – 1966)	Generation X (1961 to 1981)	75 to 84
53 – 62 (DOB: 1965 – 1956)	Baby boomers (1945 to 1960)	85 to 94
63 – 72 (DOB: 1955 – 1946)		95 to 104
73 – 82 (DOB: 1945 – 1936)	Silent generation	105 to 109
83– 92 (DOB: 1935 – 1926)		110 to 119

GOALS AND INDEPENDENCE

Change drivers

WORKFORCE

Nelly Bell, 86...

- Weekly grocery shopping independently using trolley by April 2003
- Make lunch for Helen Clark by March 2003
- Grocery shopping with help of SW by Feb 2003
- Walking to car and getting in independently by Jan 2003
- Walking to cafe (400 metres) by Jan 2003
- Walking to letter box independently by Nov 2003
- Washing and dressing independently by Jan 03
- Walking to front door independently by Oct 02

"I would hate to leave this place and be somewhere where I was surrounded by fences"



COORDINATION & ASSESSMENT / REVIEW

PATHWAYS



Description		4	5	6	7	8
Low disability	A	Support with: Lower body dressing; Bathing				
	B	Support with: Lower body dressing; Bathing; meal prep				
Mod disability	C	Further support with: Lower body dressing; Bathing; meal prep				
	D	Further support with: Lower body dressing; Bathing; meal prep; Minor incontinence				
High disability	E	Further support with: Lower body dressing; Bathing; meal prep; Moderate incontinence				
	F	Significant support with: Upper and lower body dressing and moderate incontinence				
	G	Significant support with: Upper and lower body dressing and major incontinence				
	H	Extensive support with: Upper and lower body dressing				
		Tele-monitoring	Care manager	Navigator		
		Promoting independence where possible	Support packages for carers; Regular carer assessment	Training for workers for carers; Regular assessment for dementia	At risk group; Care and client regular assessments; Workforce development	Intensive rehab program (START / CREST)

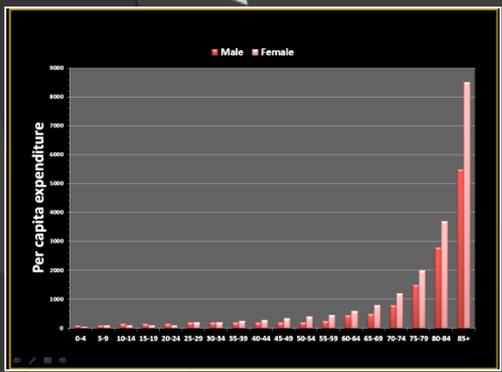
Change drivers



Age-group	2001		2011		Change 2001-11	
	N (000s)	%	N (000s)	%	N (000s)	%
0-4	281	7	258	6	-23	-8
5-14	597	15	564	13	-33	-6
15-24	534	14	640	15	+106	+20
25-34	549	14	522	12	-27	-5
35-44	604	16	586	14	-18	-4
45-54	507	13	613	14	+106	+21
55-64	350	9	489	12	+139	+40
65-74	252	6	314	7	+56	+22
75+	210	5	263	6	+53	+25
TOTAL	3,884	99	4,249	99	+365	+9

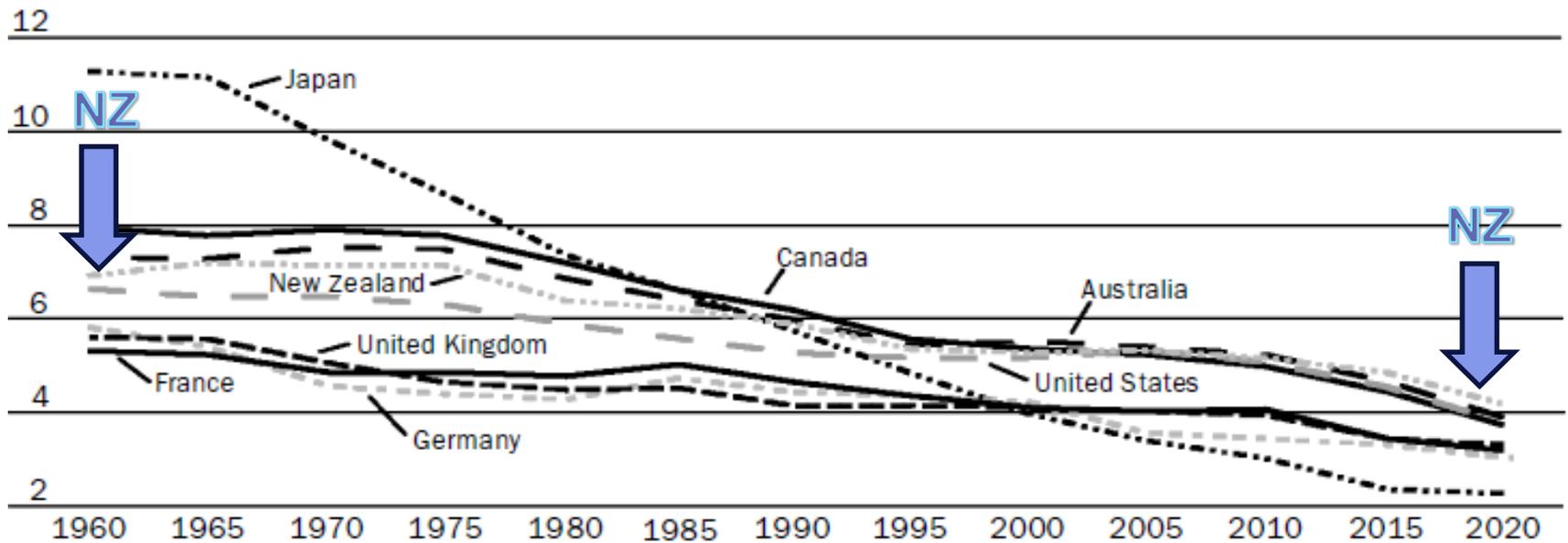


Consumer expectations



Number Of Potential Workers Per Elderly Person In Eight Countries, 1960-2020

Ratio of persons ages 15-64 to persons age 65 and older

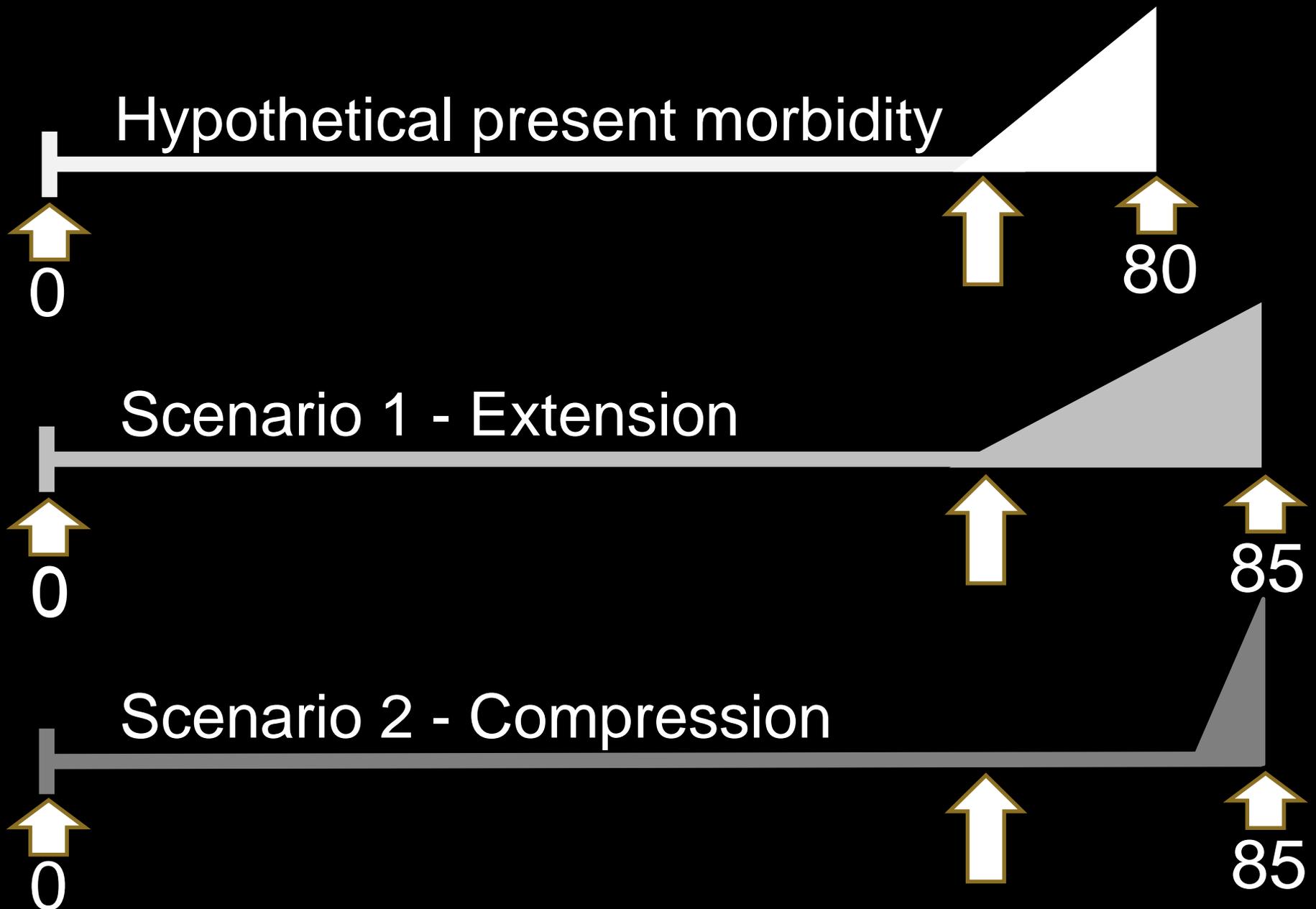


SOURCE: United Nations Demographic Indicators 1950-2050 (data diskette, 1998 revision), medium estimate.

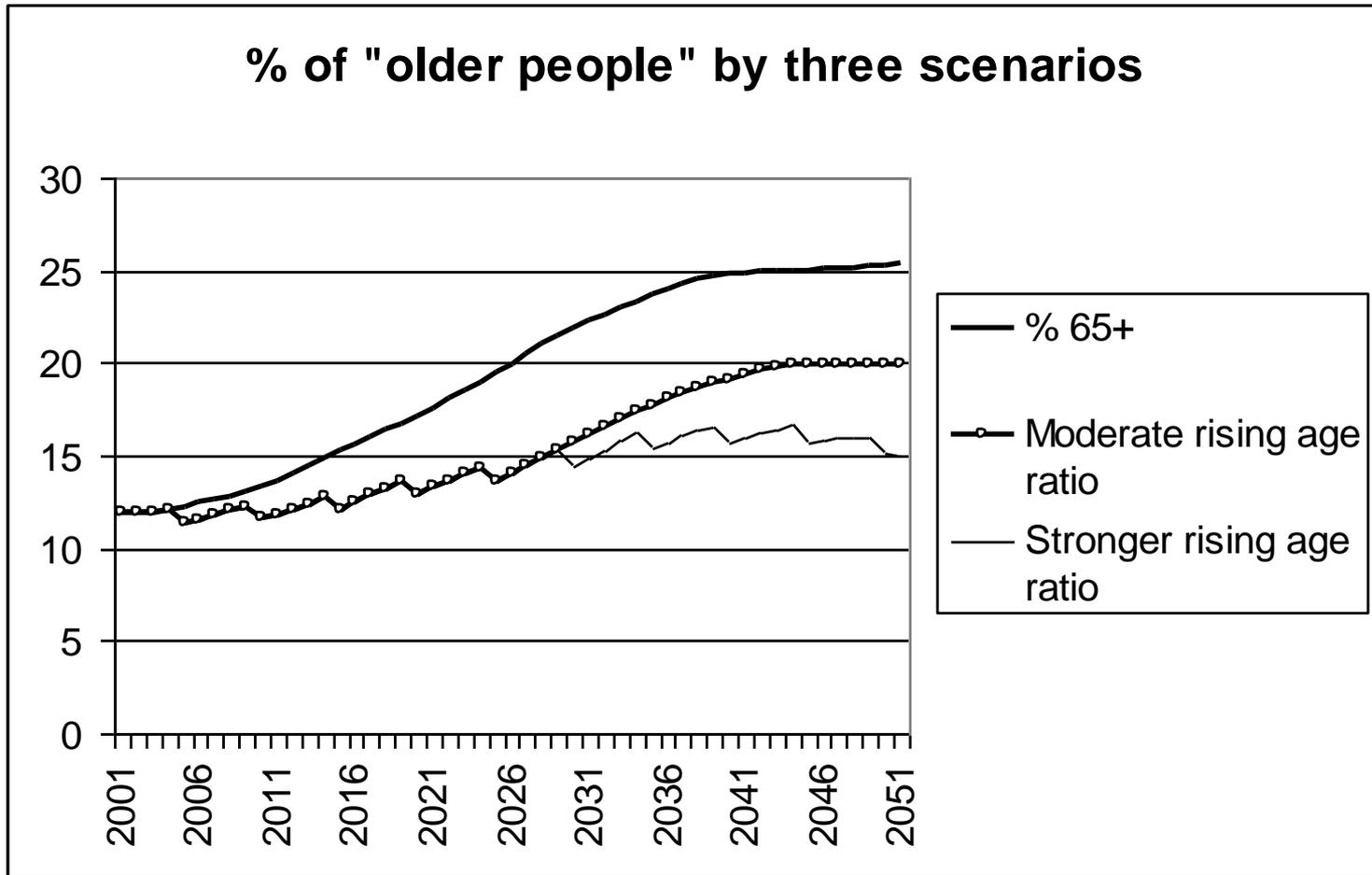
what if we do get it right



Compression of morbidity



Impact of a healthier population



The moderate rising age ratio lifts the 65 year age group by one year every five years through to a cut-off point of 70 and over (2005 66+, 2010 67+ until age 70). The stronger rising age ratio keeps lifting this cut-off point to 75, a point reached in 2050.



more older people

less workers

pressure on costs

significant value age brings

...and potential to get it right



What are we

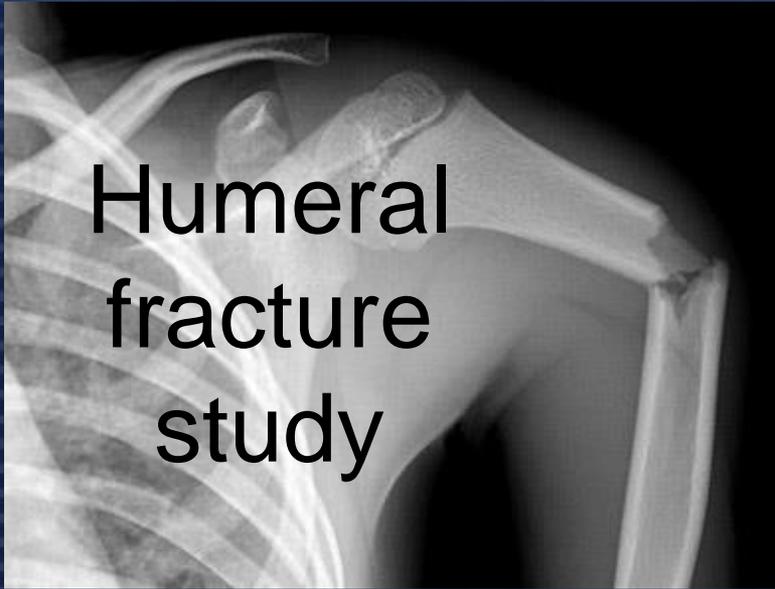
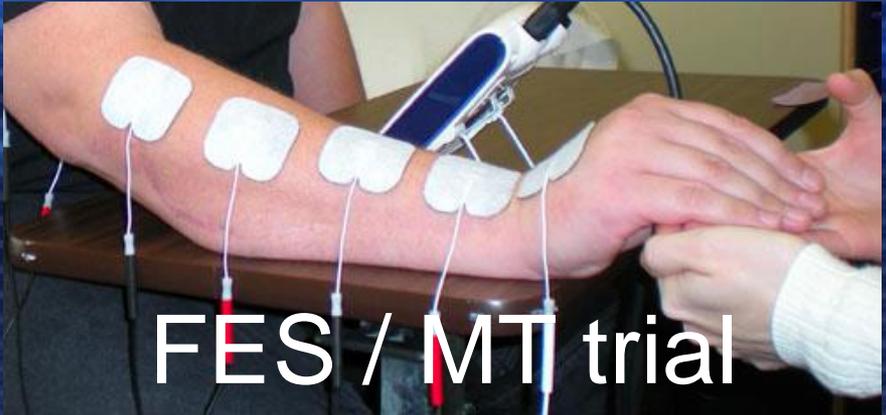
Why bother

What are we doing



rehabilitation

rehabilitation





Supported Discharge Teams in NZ

- Waikato DHB launched START (Supported Transfer & Accelerated Rehabilitation Team), Nov 2010
- Canterbury DHB to introduce supported discharge team in 2013

**DETERIORATION IN
HEALTH / FUNCTION**

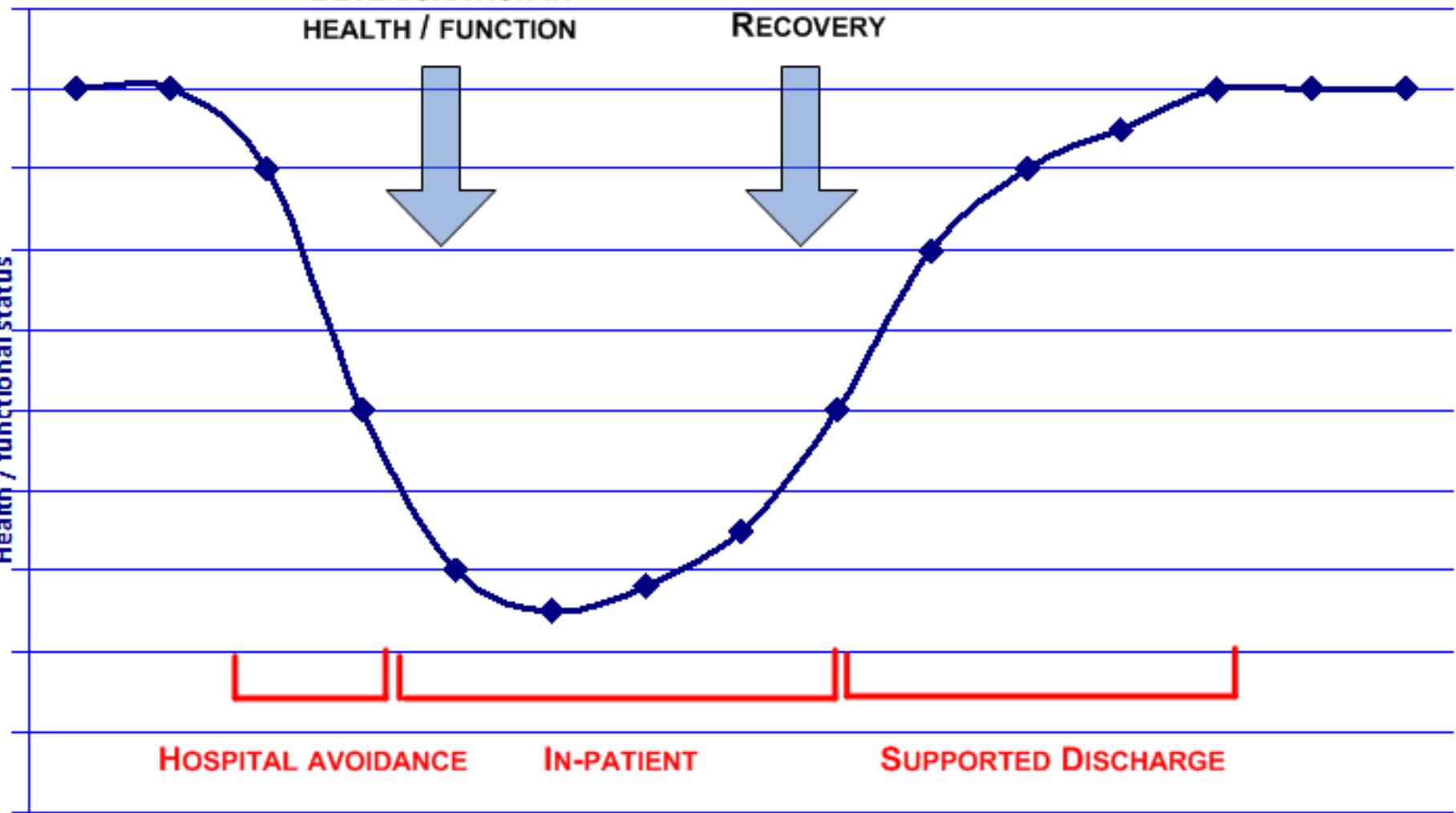
RECOVERY

Health / functional status

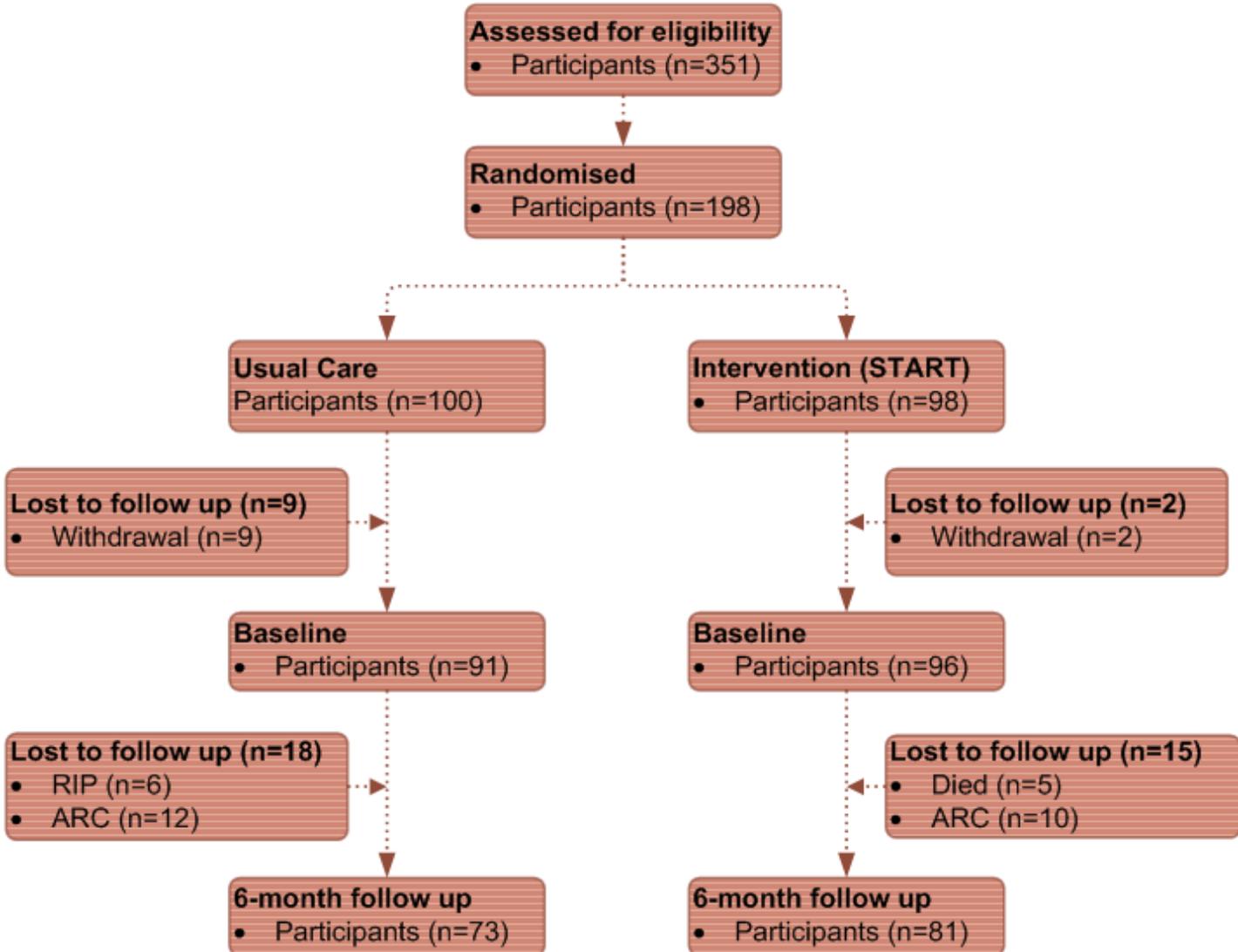
HOSPITAL AVOIDANCE

IN-PATIENT

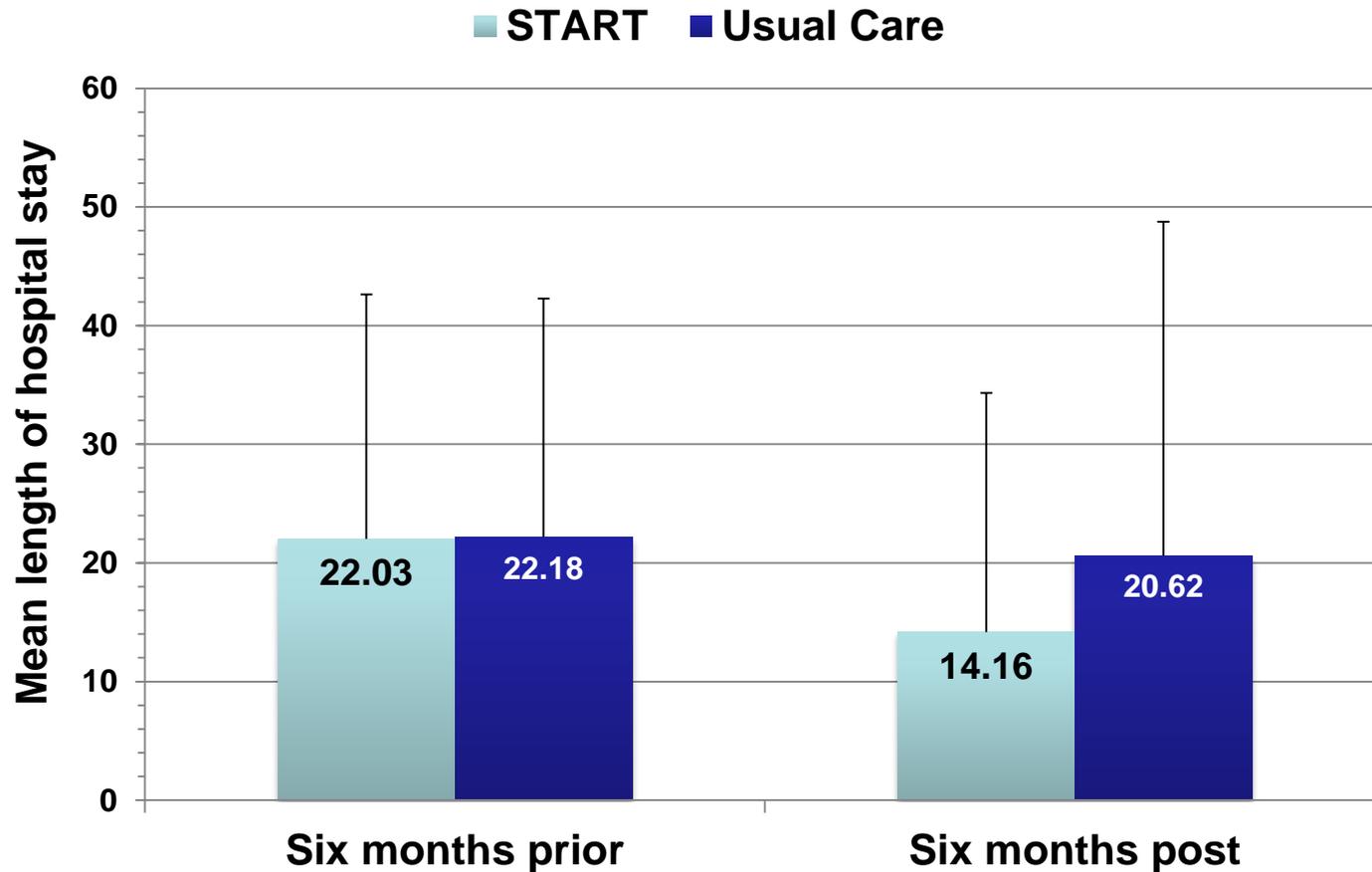
SUPPORTED DISCHARGE



Consort diagram



Inpatient pre and post trial registration

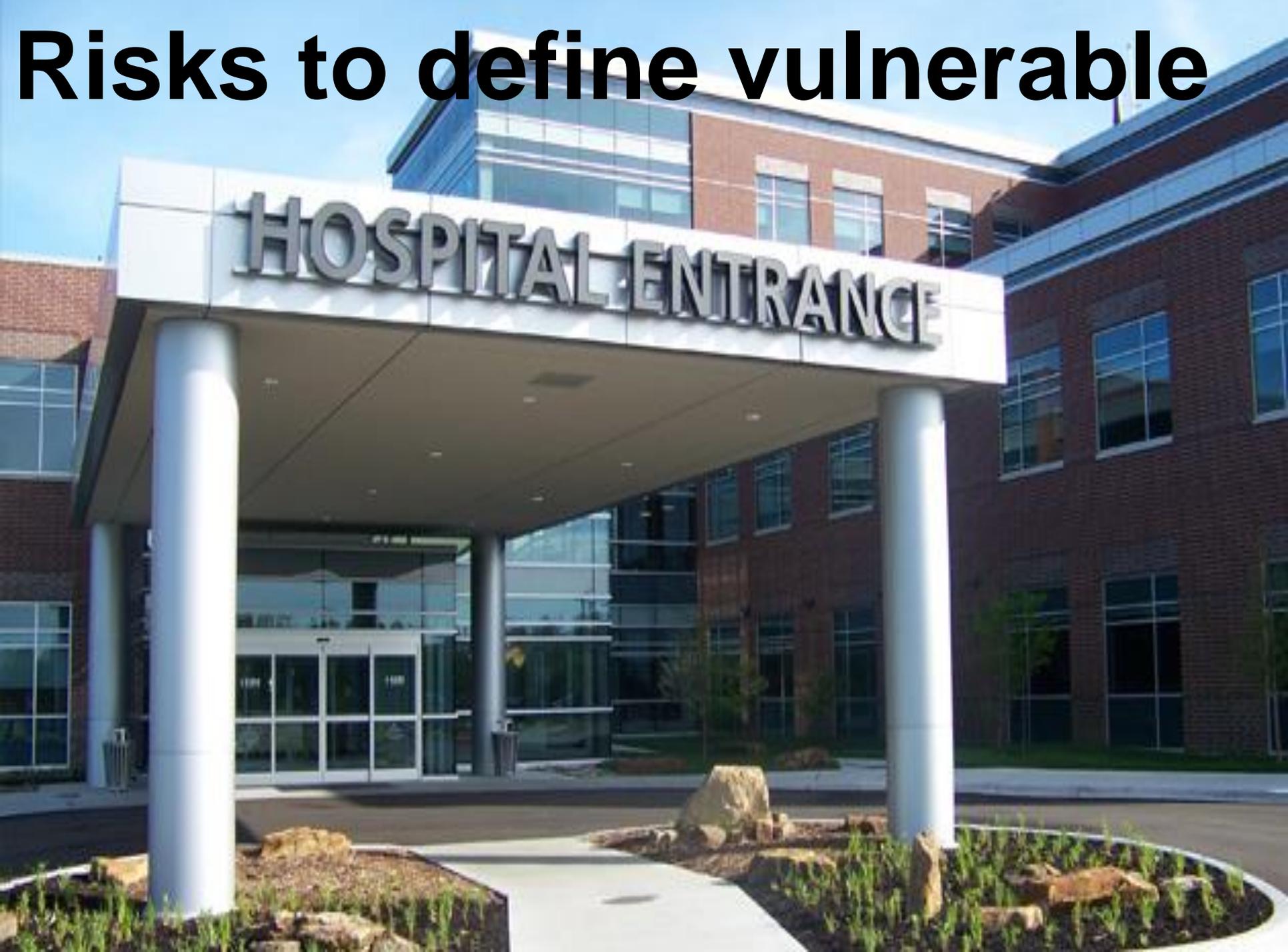


P=0.049, mean reduction of 7.65 days



vulnerability study

Risks to define vulnerable



Risk of entry to residential care

Possible Indicators	Hazard Ratio	Lower CI	Upper CI	p-value
Prevalence of inadequate meals	2.18	1.15	4.13	0.0166
Prevalence of dehydration	1.74	1.04	2.92	0.0347
Prevalence of social isolation	1.86	1.11	3.11	0.0190
Prevalence of delirium	3.65	2.16	6.18	0.0000
Prevalence of negative mood	2.17	1.29	3.65	0.0034
Status of family care using CRA	1.07	1.03	1.11	0.0006
Prevalence of ADL/rehab potential with no therapies	0.38	0.20	0.71	0.0027
Failure to improve/incidence of decline in ADL	11.07	2.57	47.74	0.0013

Risks...

- Combined predictive risk tool (CMDHB) – hospital admission
- Supported discharge teams (Waikato/Canterbury) – hospital readmission
- Falls risks indicators – STRATIFY
- Support needs – CMNZ-II
- Nutritional risk (MNA)
- Carer support risk (CRA)
- Financial risk tool (ERI)

etc etc etc



does high risk define vulnerable



or is something missing

Social care outcomes for older people (Netton et al, 2002)

Old domains

Looking After the Home
Food
Personal Self-Care
Physical Safety
Company

Daytime Activities
Money Management
Autonomy & Choice

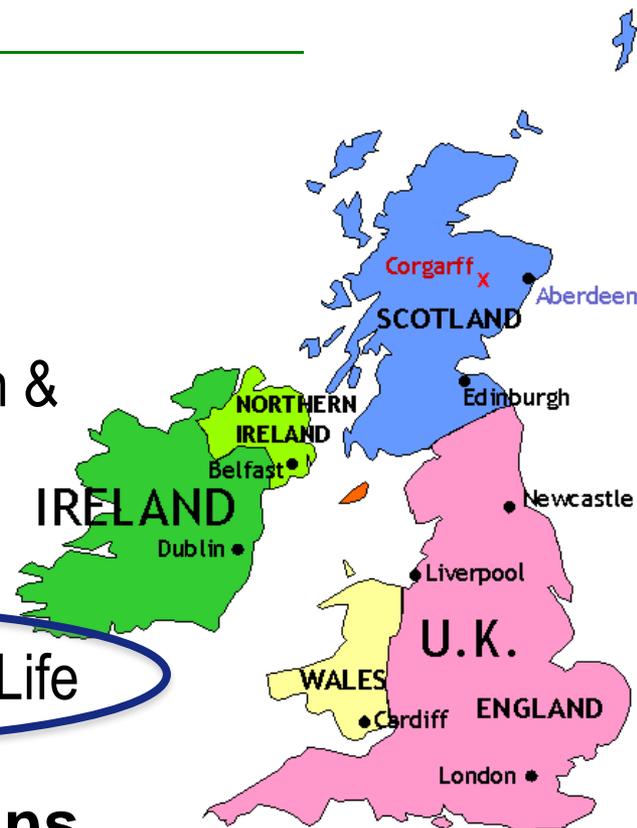
Total: 8 Domains

New domains

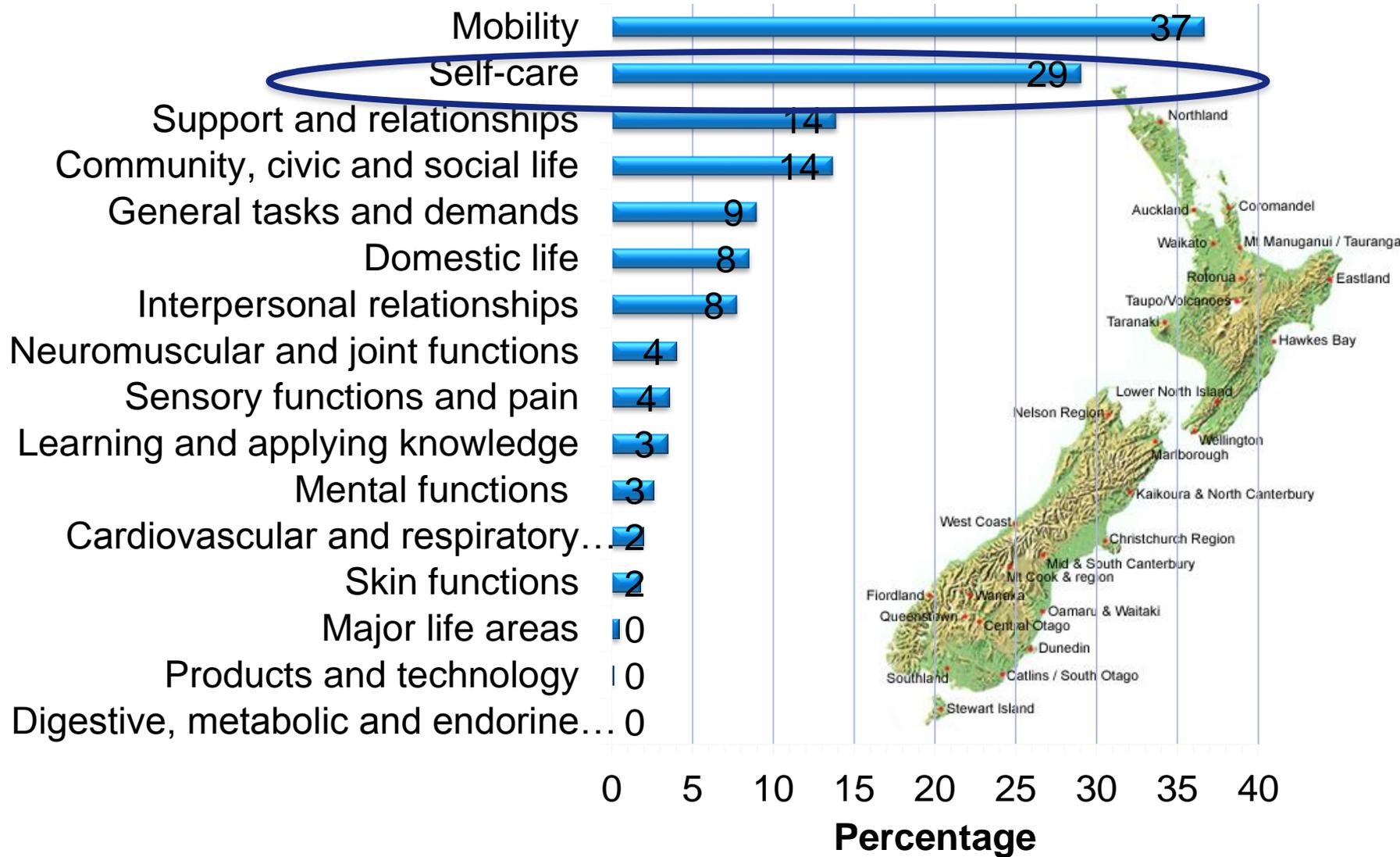
Food & Nutrition
Personal
Safety
Social Participation &
Involvement

Control over Daily Life

Total: 5 Domains



Alignment of older person goals with ICF



A sense of control...

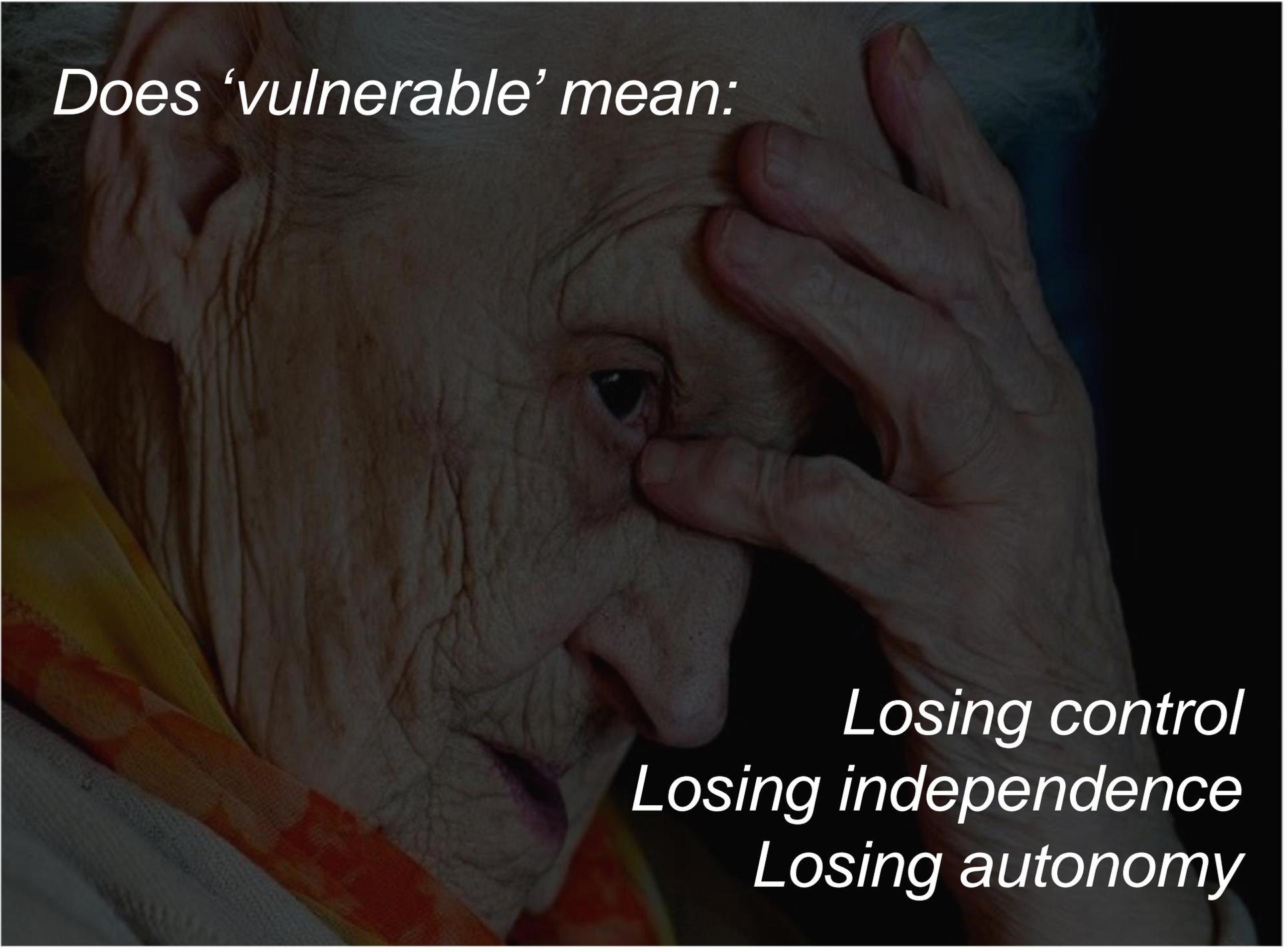
In a US institution (Langer, 1983)

One group received speeches from manager around staff being responsible for their lives

71% deteriorated functionally within 3 weeks

another received speeches from manager around individual responsibility. Encouraged to make decisions and given responsibility for something outside

93% showed improvement in self care, became happier and more active.



Does 'vulnerable' mean:

*Losing control
Losing independence
Losing autonomy*

BEST

PracticE

Non-complex

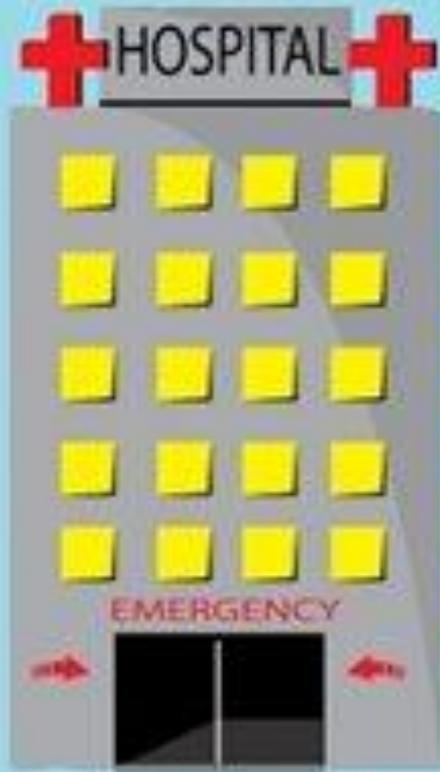
Lead	Description	Sub group	Descriptor	Inputs	Focus
Housework only (1)	<p>Supervision/Assistance/Set-up help required with 'Housework' – includes doing dishes, dusting, making beds, tidying up, laundry</p> <p>Note. Multiple DHBs have discontinued supporting this service. Clients require Community Services Card</p>	A	Stable	? Discontinue	Re-prioritisation of HCSS funds
		B	Enhanced coordination required	Oversight from primary care	Re-prioritisation of HCSS funds
Shopping & Housework (2)	<p>Supervision/assistance with: (i) stairs (how a full flight of 12-14 stairs is managed); OR (ii) Mobility (moving around on one level); OR (iii) preparing meals (planning, assembling, cooking, setting out); OR weekly grocery shopping (compiling lists, transport, purchasing, storage)</p> <p>Note. Clients require Community Services Card</p>	A	Stable, no allied health required	Mean 1.2 hrs SW per week; 3/12 reviews Advanced Support Worker; & RN 12/12 contact assessment	Cost effective delivery whilst identifying changing needs
		B	Unstable conditions OR acutely unwell OR allied health required	Mean 2.2 hrs SW per week; Graduated reduction in SW inputs; 3/12 review by RN/OT/PT	Maximising independence; Discharge or reduce visits
Personal care & Shopping & Housework (3)	<p>Supervision/assistance with showering / bathing – full shower/bath including transfers in/out bath / shower. Includes combing hair, brushing teeth, applying make-up, washing and drying face and hands</p>	A	Stable, no allied health required	Mean 3hs SW per week; 3/12 reviews by Advanced Support Worker; 12/12 review by RN	Cost effective delivery of responsive service
		B	Unstable conditions OR Acutely unwell OR allied health required	Mean 4hs SW per week; 3/12 reviews by RN/OT/PT; Liaison with specialist services	Identifying changing needs and appropriate response

Complex

		Description	4	5	6	7	8
Low disability	A	Support with: Lower body dressing; Bathing	Disability only	Brittle social support and disability	Cognitive impairment and disability	Brittle social support, cognitive impairment and disability	Significant rehabilitation
	B	Support with: Lower body dressing; Bathing; meal prep					
Mod disability	C	Further support with: Lower body dressing; Bathing; meal prep					
	D	Further support with: Lower body dressing; Bathing; meal prep; Minor incontinence					
	E	Further support with: Lower body dressing; Bathing; meal prep; Moderate incontinence					
High disability	F	Significant support with: Upper and lower body dressing and moderate incontinence					
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			<ul style="list-style-type: none"> Promoting independence Recovery where possible 	<ul style="list-style-type: none"> Support packages for carers; Regular carer assessment 	<ul style="list-style-type: none"> Training for workers Carer assessment Clinical assessment Programmes for dementia 	<ul style="list-style-type: none"> At risk group Carer and client regular assessments Workforce development 	<ul style="list-style-type: none"> Intensive rehab programme (START / CREST)



District (Community nursing)



Hospital to home

Research on Older People in NZ

- <https://acaa.aut.ac.nz/current-research>
- <http://gerontology.org.nz/newsevents/>
- <https://www.otago.ac.nz/care/otago689015.pdf>
- <http://www.superseniors.msd.govt.nz/documents/f-msd17567-bibliography-14-fa-web.pdf>
- <https://www.canterbury.ac.nz/engineering/schools/mathematics-statistics/research/nzhealth-ageing/>
- <https://www.mentalhealth.org.nz/assets/Dig-deeper/Ageing-and-Dementia-WDHB-2014.pdf>
- <https://www.waikatodhb.health.nz/learning-and-research/centres-of-learning-and-research/institute-of-healthy-ageing/>
- <https://nzdementia.org/>
- <http://www.alzheimers.org.nz/our-voice/new-zealand-data>
- <https://tearairresearchgroup.org/>

Conclusion

- What research do you want to see done?
- Nurse Wellbeing

