A positive approach to the care of the older person: final report

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A Positive Approach to the Care of the Older Person

Final Report

NORTH COAST AREA HEALTH SERVICE
NSW HEALTH

Southern Cross UNIVERSITY

NSW Institute of Rural Clinical Services and Teaching
I learnt heaps completing these assessments especially the literature review. Until then I was never really sure what Evidence Based Practice was!

A Positive Approach to the Care of the Older Person was the overall winner of the North Coast Area Health Service Quality Awards.

The NCAHS Quality Awards are held annually to acknowledge the many successful projects associated with public health care delivery. According to Chris Crawford, Chief Executive NCAHS, “These awards acknowledge the ‘best of the best’ as well as showcasing the tremendous depth of talent right across the organisation.”

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The academic content and the syllabus was developed in partnership with North Coast Area Health, Southern Cross University, University of Newcastle The College of Nursing as well as the NCAHS Nurse Manager Professional Development and Nurse Practitioner Psychogeriatrics.

The vision of the program was initiated by the Nurse Manager Professional Development and consolidated in consultation with the local expert Nurse Practitioner Psychogeriatrics.

The success of the project would not have been possible without the enthusiasm, commitment and the contribution from all of the participants, mentors and their managers.

The participants support and academic rigour of the program was certified by Dr Christine Alavi from Southern Cross University.

The NCAHS IT Department provided creative direction and artistic flair to the dementia online component of the program. This enhanced the success of the program.

Special acknowledgement must go to Lize Jaunberzins who brought her unique and energetic style to the participants to be able to influence change in the workplace.

About the Authors

Anne Moehead has worked in the speciality of dementia and psychogeriatric nursing for the past sixteen years. In 2006 Anne was successful in achieving authorisation as a Nurse Practitioner in Psychogeriatrics, the first such position in NSW. Anne has a Masters in Psychiatry of Old Age. In 2005 Anne was awarded the Order of Australia Medal for her work in the field of dementia.

_Pictured right: Anne Moehead._

Frances Barraclough has extensive area-wide experience as a coordinator for professional development programs for nurses. Frances has worked in this position in the NCAHS for three years, and in a similar position in the former New England Area health service. Frances has a Masters in Nurse Education and shares a commitment to aged care. Frances has won a previous College of Nursing Scholarship for her work on Assessment of the Older Person in the Acute setting.

_Pictured right: Frances Barraclough._

Christine Alavi is an Associate Professor with Nursing and Health Care Practices at Southern Cross University. She is an internationally acknowledged expert on adult learning, and has worked extensively in nurse education in Australian, British, and New Zealand universities. Christine's PhD was a comparative study of the deinstitutionalisation of the mentally ill. Christine has a strong commitment to practice development and to collaboration between the clinical and higher education sectors.

_Pictured right: Christine Alavi._
Overview of the Program

A Positive Approach to the Care of the Older Person project emerged about two years ago after requests from local Directors of Nursing in the North Coast Area Health Service for aged care training to be a priority. Consultation followed with the area Nurse Manager Professional Development and Nurse Practitioner Psychogeriatrics to develop a sustainable program that would ensure long-term cultural change in the workplace.

The aim was to train aged care participants within each acute care site who would continue to develop and improve the level of care being provided to older people. A focus of the program was to ensure that the knowledge participants gained was applied in the workplace to ensure better outcomes for older patients. The program further wanted to address the lack of Clinical Nurse Specialists in Aged Care throughout the North Coast Area Health Service. Partnerships with academia, residential aged care facilities, and large and small sites across NCAHS were formed to facilitate the program.

A Positive Approach to the Care of the Older Person is a unique and innovative program developed to support and upskill the NCAHS nursing workforce. The program has achieved its initial goal of significantly changing workplace culture about how we care for older people, and has set long-term strategies in place. Thirty nurses completed the program from across the North Coast. These nurses are empowered and competent to make and sustain change in the workplace; have the confidence to challenge how care is provided; and have enormous passion and drive for aged care. Twenty-two clinical practice improvement projects have been delivered in the workplace. This strong network of clinicians piloted, as part of the program, a twelve-week ground breaking online education program on the recognition and management of older people with dementia.

The ten-month program provided skill development, significant and sustainable changes in workplace culture, and excellence in rural/remote nursing services and practice across the NCAHS in the provision of person-centred care for the older person.
Extent of the Problem

The NCAHS has the highest proportion of people aged over 65 years with the highest projected growth for aged care in NSW. Dementia estimates and projections report that the North Coast will experience larger increases in dementia prevalence and incidents than the average for NSW.


Evidence suggests:

“Butter or best practice can only come from multiple evidence-based, creative strategies, partnerships, supportive policies and commitment from all those involved, not only to improve the standard of care but more importantly to the need for attitudinal change.”

(Byles et al, 2004, p.3).

This ten month blended education program demonstrated clear evidence of changes in practice including: face-to-face workshops, clinical exchange, online learning, reflective practice, mentoring, clinical practice improvement projects, research and academic writing. This model successfully merges learning, clinical governance and patient care.

A pre and post workplace Evidence Based Investigation Tool (EBIT) developed by the Department of Human Services Victoria 2003 assessment was undertaken at each site providing a framework to examine facility infrastructure, research and education, protocols and strategies, care practices and interventions. The results identified deficits at the local level and provided direction to the clinical practice improvements that participants undertook.

In 2005 some 200,000 Australians had dementia. Access Economics estimates that by 2050 this will increase to 730,000 people in Australia, and of these 227,000 will live in NSW.

(First Economics, June 2006).

“...For their Sake” 2007 identified the following issues when residents were transferred between aged care facilities and acute care:

- Poor timing of transfer.
- Inadequate discharge.
- Lack of documentation.
- Discrimination against patients with a mental illness.
- Weight loss and nutritional deficiencies.
- Compromised skin integrity.
- Disempowering and distressing relationships with families.
- Medication prescribing inconsistencies.

(First Economics, June 2006).

Both the Access Economics report and “...For their Sake” highlight the extent of the issues in aged care and the future challenges.

A Positive Approach to the Care of the Older Person program has been influenced by the following strategic directions for NSW Health:

- Creation of better experiences for all people using health services.
- Strengthening primary health and continuing care in the community.
- Building regional and other partnerships.
- Being ready for new risks and opportunities.

(NSW State Health Plan Towards 2010).

Overall attitude to older patients; more thorough assessment and documentation in care of older patients; greater understanding of dementia and the pharmacological and non-pharmacological treatments of behaviours of concern.

Pictured above: Professor Helen Bartlett University of Queensland delivering the keynote address ‘Future Challenges in Aged Care’ at the program launch.

The NSW Dementia Action Plan 2007–2009 with its vision of “A better quality of life for people living with dementia, their carers and families” along with the NSW Health Framework for Integrated Support and Management of Older People in the NSW Health Care System 04/06 both support the strategic importance of this program.

The program promotes excellence in rural and remote clinical services by way of:

- Highlighting future challenges in aged care.
- Providing clinical skills in assessment of the older person.
- Influencing change in the workplace.
- Academic writing and research skills.
- Evaluating the quality of care delivered.
- Identifying opportunities for the development of changes in workplace culture and practice.
- Developing a culture of clinical enquiry about practice.
- Engaging clinicians in practice development.
Outcomes

The participants have formed a strong sustainable clinical network that facilitates discussion and debate, reflective practice and interest in aged care.

The NCAHS now has 30 clinical participants with advanced skills and mastery within aged care. Five of the participants are now enrolled in a Masters in Aged Care program as a result of this course. Three of the enrolled nurses who have completed the program have enrolled in an undergraduate Registered Nurse program.

A contract with Palgrave Macmillan has been signed for a book arising from this program. This book will feature best practice aged care delivery in Australia.

This program provides an excellent example of local commitment to progress the aged care agenda within the NCAHS community.

The e-learning component of the program has been so successful that it is currently being rolled out across the state, and enquiries to purchase the program have been received nationally from organisations such as Alzheimer’s Association, Australia, Eastern Australia Dementia Study Centre, the University of Wollongong, Central North Adelaide Health Service Mental Health Doctorate – State-wide Speciality Services Aged Mental Health Service, Residential Aged Care Facilities, and internationally from the National Lead Older Peoples’ Mental Health, UK.

A Positive Approach to the Care of the Older Person is based on clinical excellence and evidence-based care, providing sustainable quality care and competencies to meet the demands of the NCAHS ageing population. It has provided an excellent opportunity to partner and strengthen communication between Southern Cross University, the NSW Department of Health, and the NSW Institute of Rural Clinical Services and Teaching. It has led to the enhancement of networks and partnerships between health professionals, and to collaboration across primary health care, multipurpose services, acute care, and residential aged care facilities across the North Coast.

It is hoped that the program will be replicated across the state through links with the NSW Institute of Rural Clinical Services and Teaching, and that this model will be extended to other areas of practice. It also has the propensity to be made available to Allied Health disciplines.
The Program

The program was conducted over ten months in 2007 from February to November. The program was launched with a one day workshop where participants were introduced to trends in ageing in Australia, a two day workshop on assessment of the older person was facilitated by the College of Nursing, and a one day workshop on academic writing, and research skills. In May a two day follow-up workshop was offered which focussed on implementing change in the workplace and project management.

Participants were also introduced to the Evidence Based Identification Tool which, when applied to their clinical area, would allow them to identify the area’s strengths or deficits in relation to aged care service provision.

The Evidence Based Identification Tool (EBIT)

Before beginning their projects and at the end of the program Participants completed the EBIT. This tool was developed as part of a study funded by the Victorian Government and assists individuals to "identify factors that are judged to be consistent with evidence-based practice" in their workplaces, and particularly relates to aged care.

The tool has a number of sections and these comprise: demographic details; infrastructure; staffing; environmental supports; assessment; communication; and care practices.

The tool is completed by scoring the facility on a scale from 1 to 3, where 3 indicates compliance, 2 indicates partial compliance, and 1 indicates that the facility does not comply.

The use of this tool allowed analysis of the workplace to show where improvements could be made.

The EBIT, completed at the end of the program, identified improvements in the workplace when a comparison was made between these scores and those at the outset of the program. For example, question 4 asks about the environment and the tool is scored on the items: adequate signage, safety, reduced stimuli, and the availability of a day room for occupational or sensory therapies. There had been a significant increase in adequate signage and safety with some increases in the availability of a day room, and reduced stimuli. Question 5 asks about assessment on admission, and for risk. The ratings for both of these showed considerable improvement within participating facilities. Question 6 asks about communication with, and about, the older person with dementia, and the results indicated an improvement within this domain. Question 7 explores care practices, and results indicated that discharge planning had improved considerably.

The EBIT provided the framework and evidence to demonstrate the outcomes of the program in improving person-centred care across the acute facilities of the NCAHS.
Participants and their projects

After completing the EBIT, Participants decided on a workplace issue they wanted to address in their workplace, and developed the strategies they would implement that facilitated improved outcomes for the older person. Some Participants chose to work alone and others in small groups or in pairs. There was a range of interventions, and these were discussed with, and supported by, an assigned mentor, as well as with their manager. A description of the projects which were undertaken is outlined below.

Pictured above: All Participants including Frances Barracough and Professor John Stevens at the program launch.

Ballina
At Ballina Hospital Kay de Mestre RN and Damien Hayes RN chose to explore means of preventing deconditioning in older people in their ward. The project was guided by current research and included the decision of involving the family to assist in keeping their relatives active during their hospital stay. A brochure was produced explaining to relatives the importance of movement and activity in preventing decline in the older person. As well they explored ways of increasing space in their ward so that there was room for walking and other activities. An outside garden area is being planned. Kay is now undertaking an Aged Care Masters program, and Damien plans this for the near future.

Byron Bay
At Byron Bay Hospital Rae Steward RN chose to implement changes which would prevent the cognitive decline in older people while in hospital. The project aimed to provide a secure environment for people with dementia which would reduce anxiety, increase hours of sleep without the use of sedation, and reduce falls and elopements. Rae managed to have the infrastructure changed in one room so that there was a door mat with an alarm; a dimmer switch on the light fitting which provided a low level of light without shadows; and a half barn door to keep the person safe. As well Rae developed protocols for the use of aromatherapy, and created a “Dementia Awareness” board to keep staff up-to-date about the latest trends in dementia care. Rae is now undertaking a Masters in Aged Care at Southern Cross University.

Port Macquarie
At Port Macquarie Hospital Rachael Sydenham RN undertook a staff survey to discover current practices in preventing and treating skin tears in the older person. As a result of this she developed informal education sessions for staff about the risk factors for skin tears such as: the use of steroids; shear effects when moving an older person; the effect of some soaps in changing the skin’s pH, and the latest evidence on the best dressings to use should a skin tear occur. Rachael reinforced the need for accurate documentation of skin tears so that appropriate care could be given and maintained.

Grafton
At Grafton Base Hospital Elizabeth Cooper RN focussed her project on hospital acquired skin tears. She surveyed the staff about their knowledge of why skin tears occur, and what tasks are being undertaken when skin tears occur. She found that the staff identified that skin tears are most common when there is compromised skin integrity, and where there is a lack of communication between nurses about damage to an inpatient’s skin. The tasks which most commonly cause skin tears were related to manual handling, and the equipment used for this.

Elizabeth conducted a medical records audit to establish if admission protocol included a question on skin tears.
As a result of her findings new shower chairs were purchased which had a broader sitting area, and protection around the wheels. Lift sheets were placed on each bed, lotions were supplied for skin care, and information was made available about appropriate dressings and their use. A dietitian was consulted, and special diets were provided to support healing.

Elizabeth argues that the single most important factor in preventing skin tears is awareness and, to this end she is providing educational sessions for the staff. She will conduct a further audit of medical charts to find out if skin tears have been reduced on her ward.

**Mullumbimby**

At Mullumbimby Hospital Julia Hook RN planned and conducted education sessions for staff on dementia and delirium assessment; identified the environmental factors which exacerbate these conditions, and explored ways to modify the environment to better manage delirium and dementia. She also identified barriers to effective care, and explored non-pharmacological interventions.

Julia planned a dementia and delirium awareness week where she collected articles, posters and handouts for staff. A room was then set up in the hospital which provided an example of what would be the ideal setting for an older patient. Staff were encouraged to visit the room and familiarise themselves with the resources and information provided at any time during their shift.

As well Julia organised for the Alzheimer Memory van to spend some time at the hospital, and talked with the Lilac Lady volunteers about organising diversional activities for inpatients. Julia is keen to introduce pets to the hospital. Julia is undertaking a Masters in Aged Care at Southern Cross University. Since completing the program Julia has also been successful in gaining a position as a Director of Nursing at an aged care facility within the area. This is great news for Julia.

**Dorrigo**

At Dorrigo Multipurpose Service Rachael Finnigan RN worked to promote better patient and resident outcomes through improved urinary continence assessment and management. She surveyed her colleagues to ascertain knowledge and attitudes towards continence management in the older person, and offered support and education to initiate positive interventions.

The survey showed that nurses had knowledge about continence management, but that they had limited knowledge about continence assessment.

Rachael's recommendations are for the development of a systematic education program to ensure a sustainable approach to continence management. Such a program should be supported by the use of clinical leadership and should include: the normal physiological changes with ageing; understanding dementia; the different types of urinary incontinence; their causes and assessment; and the development of a comprehensive assessment tool.

**Nimbin**

At Nimbin Health Service Linda Hanna RN, Vicki Hughes EN and Ray Phelps RN identified that "our care was great, but there were huge gaps in our documentation. Things were being missed". This team was interested in developing Baseline Geriatric Assessments which were comprehensive in gathering information about the older persons admitted to their service. They carried out extensive research and formulated an assessment tool which met their criteria for comprehensiveness, and then they applied it to the clinical setting.

The outcomes from using this new assessment tool are that they are able to provide more person-centred care; they can involve the family in the process; and the staff feel much more satisfied that their assessments are capturing all the elements that will lead to more person-centred care. They plan to have all the staff working in the service giving feedback and re-evaluating the tool on a regular basis.

Linda has made enquiries to commence the Masters program at SCU.

"I am much more aware of the problems older patients face, and much better equipped to find strategies to ensure the best possible outcomes."
**Tweed Heads**

At Tweed Heads Hospital Fay Widdows RN was concerned that with increasing numbers of older persons being admitted, unless nursing staff understood the factors which lead to functional decline then unintentional deconditioning could occur whilst their patients were in hospital. Her staff survey showed that about one third of the nursing staff thought that functional decline was an inevitable feature of ageing, and so Fay provided education sessions about the physiology of ageing, and she audited charts to see what assessment was carried out on admission.

Fay devised an assessment chart to be completed when older patients were admitted and as they were discharged. She enlisted the help of the occupational therapist to conduct a functional assessment and implement strategies to prevent functional decline.

**Belligen**

At Belligen Hospital Chris Moore RN explored Behavioural and Psychological Symptoms of Dementia (BPSD) and showed that in the acute ward there were more older people being admitted with dementia: with a subsequent increase in BPSD, which led to more carer stress and the increase of antipsychotics being prescribed. Chris identified the risks of prescribing antipsychotics for the elderly as: postural hypotension, sedation, drug-induced confusion and decline, medication interactions, an increase in weight and blood sugar level, falls, and an increase in mortality from cerebro-vascular accidents, transient ischaemic attacks, pneumonias and heart failure.

The project involved the use of alternatives to antipsychotic medication such as person centred care, and a person centred environment. This would be supported by a chart documenting information from the carer; a challenging behaviour chart, a specific admission procedure for those patients who are cognitively impaired, and an antipsychotic alert for BPSD.

To implement and sustain the project there was a need for: a small part of the ward to be set aside for patients who are cognitively impaired; increased Medical Officer input; pharmacy support and a drug related Incident Information Management System (IIMS); along with staff education about the ward environment.

**Urbenville**

At Urbenville Community Health Service Sandra Reid RN undertook a project on Falls Prevention in the community. A falls assessment tool and checklist were devised and implemented. Community education about how to prevent falls was offered for both individuals and groups. Sandra collected posters and brochures for the service to be given to older clients and their carers. She also enrolled in a course in Tai Chi so that she is able to teach Tai Chi classes in the community.

As a result of her project Falls Assessment is now a part of the standard admission procedure for clients of 65 years or over. Falls education is routinely provided for individuals and groups, and resources continue to be given and Tai Chi classes will be offered in the future. Urbenville has a commitment to provide care to the older person and this is regarded as core business of the Service.

**Macksville**

At Macksville Hospital Annie Schmidt RN and Jenny Taylor RN chose Falls Prevention as their project. They conducted a staff survey to find the level of awareness about falls, and whether staff were keen to address the current rate of falls. The main finding was that a lack of staff was an issue. Jenny and Annie conducted education sessions for the staff, distributed falls prevention booklets to patients and their families; and identified those at risk of falling with an orange armband and by signs above their beds. They organised for 2 new Lo beds to be provided, and introduced continence charts and falls prevention charts.

The outcomes of their project included an increased staff awareness of falls prevention and the importance of regular toileting. A follow-up survey showed that to achieve falls prevention there needed to be a higher staff-patient ratio; there needed to be a diversional therapy program; exercise, and stimulation.

Annie and Jenny’s reflection on their project Underlined that stimulation and toileting should occur every 2 hours, but they were pessimistic about the staff’s resistance to paperwork. Their main conclusion was that older people do not have their needs met in an acute care setting.
Kyogle

At Kyogle Hospital Fay Palmer RN chose to focus on falls because previous quality activities had indicated that the rate of falls was high in the Aged Care Residential Unit. Available literature suggests that exercise and walking activities assist in maintaining strength and balance and reduce the risk of falls for the older person. A multidisciplinary Falls Committee had been formed in 2006 and had been successful in gaining a grant from NCAHS in 2007 to progress falls prevention practices. Funds allowed for individual assessment of each resident by a physiotherapist and the training of appropriate staff to develop a tailored program for each resident. Funds further provided for educational material, portable chair and bed alarms, hip protectors, traction socks and extra staff hours to implement the program. Residents were also assessed for appropriate foot and eye wear and walking aids. Residents who had reported falls also had their medications reviewed by their Medical Officer.

It was decided to set up individual programs conducted by the Physiotherapist Aide for the residents that would benefit most to maintain independence; and group activities conducted by the Activities Officer and Volunteers for those who would only slightly benefit. All Residents were encouraged to participate in the group activities. Those residents assessed as high risk or who had a repeated history of falls were allocated hip protectors, traction socks and bed-chair alarms in an effort to maintain their independence.

Timed Up & Go Testing (TUG) for identified study group of 14 residents.

The project will be sustainable because: the Physiotherapist Aide has had her role expanded to include facilitation and implementation of the individual resident programs. Group walks and exercises have been incorporated in the weekly Activity Program. Nurses encourage residents in a range of movements while attending personal care.

This project was a finalist in the NCAHS quality awards.

Lismore

At Lismore Base Hospital Fran Boston RN undertook a project to improve pressure area care. Fran identified concerns in this area such as poor history taking and assessment of the older person on admission to the ward, for pressure ulcers. The plan was to use a team approach to deliver an educational package which would lead to the implementation of evidence-based care, provision of a resource folder for the ward, and a flow chart to prevent the formation of pressure ulcers as a result of deconditioning and bed rest in older persons.

A team consisting of a nurse, a dietitian, wound care team, manual handling team, and quality care coordinator presented information on age-related changes, admission, care planning, risk tools such as the Pressure Sore Prediction Scale (PSPS), and best practice for prevention. Wound care, manual handling, the use of nutritional supplements, and incident reporting were addressed along with patient education.

A folder containing this information was compiled for the ward, along with a patient and carers’ information booklet.

Fran’s recommendations are that: all staff have mandatory, competency based training and clinical expertise when caring for the older person in acute care. Management and staff need to accept responsibility for the accuracy and quality of documentation that truly reflects the care that the older person receives and to work as a team to achieve this. Fran’s conclusion is that:

“I am only one; I cannot do everything; but still I can do something, and because I cannot do everything, I will not refuse to do the something that I can do.”

Edward Everett Hale.

It is pleasing to note that since completing this program Fran has been successful in obtaining a new position with the Older Persons Mental Health Team. Fran’s passion and dedication to improving care for older people will flourish in this environment! Congratulations, Fran!

“A reminder that the older person needs to be cared for with dignity, I have a much more positive attitude to the care of older people than I had before the course.”
Grafton

At Grafton Base Hospital Jacqueline Wills EN conducted a project into the prevention of hospital acquired pressure area ulcers. After researching sites on the Internet, medical journals, books and articles, it was evident that this problem was not isolated to this facility.

Jacqui researched what preventative measures were in place and if practices used by other facilities could be implemented. She established the strategies needed to obtain a reduction in the incidence of pressure area ulcers acquired in the hospital setting and then offered education sessions to her colleagues.

This knowledge underpinned the importance of continuity of care and communication between staff members: and the priority for a full assessment of the patient’s potential pressure areas to be done within twenty four hours of their arrival on the ward. Following assessment the patient is then put into one of three categories: RED – checked daily, regular Pressure area care, YELLOW – checked every 3 days, and encouraged to change position regularly, and GREEN – check weekly for changes in the patient’s status, and review the patient’s category.

Murwillumbah

At Murwillumbah Community Health Service Georgia Cooney RN focussed on community nurses’ experiences of assisting clients with end of life care planning. Georgia planned to engage community nurses in a collaborative action research study but, realising that this would not be feasible in the ten months of the program, she decided to conduct an audit of charts to see whether the Advanced Care Directive form had been utilised.

Georgia has compiled a research folder with up-to-date information about Advance Care Planning for the staff at the Community Health Centre. Her extensive literature search informed this folder, and she has implemented a ‘Journal club’ for the nursing team.

Lismore

At Lismore Base Hospital Dagmar Duncan RN and Tracey Howden RN set out to explore knowledge about, and the management of, pressure ulcers. Their project involved a questionnaire which identified gaps in their colleagues’ knowledge about the assessment and management of pressure ulcers in older people admitted to the acute unit. They paid particular attention to the use of effective educational strategies to support colleagues to deliver evidence-based practice in the care of pressure ulcers, realising that fear of change is often due to lack of knowledge.

Interventions were deliberately planned to be practice based, and Dagmar and Tracey designed a flow chart with simple step-by-step information about assessment, risk, and management, which they made available on the ward. They made available risk assessment forms for their colleagues’ use, and provided relevant literature to support the use of these tools.

Lismore

At Lismore Base Hospital Bronwyn Hodges RN and Judith Tasker RN were determined to improve the lives of older persons in the acute care setting. Their project focussed on reducing the distress of confused patients. Initially they explored ways to adapt the environment to reduce stimulation, and to improve cueing and signage. They also implemented diversional therapy, such as music, art, movement and reminiscing and put together a diversional therapy trolley, and used aromatherapy to stimulate memories.
Bronwyn and Judith feel that the key to success is to keep all their colleagues informed and to seek feedback for their activities. They have sourced funding to make safety and structural changes to the ward, lobbied to have an alarmed door installed, and to purchase low beds. Stimulation has been reduced for confused patients by relocating a four bed ward away from the main desk area. They have also involved the pharmacy in staff education.

**Grafton**

At Grafton Base Hospital Denice Hendry RN implemented a pain assessment flow chart for cognitively impaired patients. She monitored pain scores, nursing documentation of analgesia administration, and the effectiveness of analgesia, and compared these with published research.

As a result of this Denice offered two in-service sessions in which she discussed with colleagues the limitations of pain assessment tools when used with the severely cognitively impaired, and explored the barriers to effective pain management for this group, and the effects of inadequate pain management.

Denice worked with her colleagues to develop a multi-dimensional pain assessment combining a number of established tools. A flow chart and folder of resource materials was compiled for nursing staff, and Denice plans more in-service sessions to further support her colleagues to maintain and improve their pain assessment skills.

**Grafton**

At Grafton Base Hospital Lisa McKenzie EN and Maria O’Sullivan RN chose to improve older people's mental, physical and spiritual health by implementing diversional therapies on their acute unit. Lisa and Maria used current research to explore the benefits of such activities and introduced music as a way to soothe, calm, and improve breathing; and encouraged social interaction among their patients by encouraging them to eat meals together and cook together.

They introduced newspaper reading groups to stimulate discussion, and social and spatial orientation, as well as board games and cards for fine motor skill maintenance.

Friends and family were encouraged to participate in this project, as were allied health professionals in an attempt to form strategic alliances to provide person-centred care.

Equipment was sourced from within the hospital, or donated by the community, and a room was set aside for diversional activities.
The Clinical Exchange

During the program Participants were given the opportunity to spend two days in another clinical setting of their choice to observe best practice and discover how person-centred care is being provided in another setting. Participants chose to spend their clinical exchange in various settings such as: residential aged care facilities; with an Aged Care Assessment team; in another acute care setting; or in a rehabilitation unit.

Participants found that they gained an insight into the ways in which the older person was assessed, rehabilitated, and cared for in an aged care setting. They found the experience useful and informative, and were able to contextualise the care which they were offering in the acute care setting. As well they were able to see how seamless care might be offered to the older person during and after discharge. The clinical exchange also strengthened the networking opportunities available for the participants.

Written Assessments and Academic Application

During the program Participants completed three pieces of written work. These assessments were assessed at a standard which was equivalent to the Masters of Clinical Science at Southern Cross University.

The first piece of assessment asked Participants to choose a topic relevant to an aged care issue in their workplace/area of practice and ask a question in relation to the topic – it may be an issue on gaps in services, patient assessment documentation, deficits in knowledge, or environmental issues. Participants had to write a proposal on how they planned to address this issue.

The second assessment involved an in-depth literature search related to their project. This literature search supplied evidence-based data which supported the work they planned to undertake in relation to their project.

The third assessment had Participants write up their project detailing their plans and how the project was conducted. This piece of assessment showed how evidence had informed their work, and had had an impact on the outcomes for the older person as a result of their innovation.

It was also expected that Participants would put together a brief PowerPoint presentation that included all the critical elements of their project and this was to be delivered at the end of the program in November.

As a result of undertaking written work, some Participants have gone on to do further study. Three Enrolled Nurses are studying to become RINs, and five Participants are studying for Masters degrees, with others intending to follow this route in the near future. The work undertaken during the project has given the Participants academic writing skills and advanced standing towards this further study, and has significantly raised the profile of aged care in the clinical setting. For some of the Participants this was the first time that they had completed a written assignment and research at an academic level. A word limit was imposed and the use of academic referencing included. Some of the work completed was at an exceptionally high postgraduate level.
Dementia Online Learning

Link: http://elearning.ncahs.health.nsw.gov.au
Username: demo Password: demo

The program showcased online learning as a method to support the Participants and to allow them to support each other all the way throughout the program.

There were twelve modules which Participants worked through in a self-directed way. These modules included text, music, photographs, poetry and interactive materials. One evening every three weeks facilitators worked with Participants facilitating an online discussion which provided an opportunity to share information, answer any questions and update on progress of the workplace projects. The intranet also offered the opportunity for group discussion and sharing via email, for sharing resources, responding to each others’ questions, and gaining support when things were not going well. Participants were also shown how to access research and evidence based practice articles relevant to aged care on the Internet. For some this became an addictive and enjoyable experience and the Participants often shared and posted research articles, current literature, and relevant policies on the site.

Many Participants were initially nervous about online study because of a lack of familiarity with this medium, and with computers in general. One of the incidental benefits was that by the end of the program all the Participants felt comfortable with working, and communicating online, and many of them relished it.

The dementia elearning component of the program has been so successful that it has been rolled out across the state. The ten state Dementia CNCS have been trained to facilitate this program in each area health service. Enquiries to purchase the program have been received nationally from Alzheimer’s Australia, Eastern Australia Dementia Training and Study Centre, and the Aged and Community Services Association. Interest has also been received from the UK.

The elearning component has now been adopted as one of the priorities of the NSW Dementia Action plan.

“Much more knowledgable about dementia; much more person centred approach; aware of the unique problems facing older persons.”
The Celebration Day

At the end of the program all the Participants came together with facilitators and stakeholders for a Celebration Day at Southern Cross University in Coffs Harbour.

This day was inspirational and exciting. Each Participant presented their project with many professional presentations attesting to the successes that Participants had had in influencing practice change in their workplaces. Considering that few of the Participants had ever presented in this way, their presentations were polished and informative.

Pictured above: Graduating 'Aged Care Champions' from the southern sector North Coast Area Health Service at the end of program celebration.

Professor Tracey McDonald presented the outcomes of her recent research "For Their Sake", and spoke about models of care for the Older Person.

The media were present to record the day, and there was a sense of excitement and fulfillment with many participants bringing family members and friends.

Their achievements were acknowledged by a certificate of achievement, a show bag, and a huge celebration cake.

Pictured above: All graduating 'Aged Care Champions' at the end of program celebration.

Ilize summed up what all the facilitators feel when she said:

You've done us proud

What an absolute privilege to share the successes of the graduand group.

What an amazing project and achievement of everyone involved.

This is not only of national significance, but a role model for the world!
Evaluation of the Program

The program was evaluated at completion and again after 4 months.

The first evaluation asked Participants to comment on aspects of the program which supported their learning such as the online learning and the face-to-face workshops.

Participants were asked to comment on the writing tasks; on the ways in which the course had been helpful personally and professionally focusing on attitude change in both themselves and their colleagues, in providing relevant content, in improving client care, and in fostering support networks.

Participants were also asked to comment on the clinical exchange; the support from the course facilitators; the use of the online program, and to identify any topics which would have been useful but which had not been addressed. There was an extensive section for any other comments the Participants wished to make.

Online program

Was the online program easy to navigate?

The majority of the Participants found the program easy to navigate as evidenced by the following comments:

- A rewarding experience to learn more IT skills and terms.
- Very easy to follow and open interest articles attached.
- I found the content easy to understand and well presented.

Was the online program a positive learning tool?

Most participants found the online program positive and enjoyable:

- Allows for positive learning and a good site to refer other colleagues to.
- It was positive for me because it was something new and a challenge, I learnt a great deal from this part of the course.
- It was well organised and fun to go through.
- Plenty of information.
- I loved the lessons, you can go through them a number of times in your pjs. You couldn’t if you were in a lecture room.
Please comment on the two day workshop “Influencing Change” with Ilze

Overall comments about this workshop were very positive:

- Inspiring.
- Fantastic – I would have preferred this workshop earlier in the course to help set the scene.
- Exciting, stimulating and innovatively fresh.
- Wonderful and inspiring workshop. Learnt valuable tools to make change in any situation including personal life.
- Brilliant I left feeling motivated.
- Excellent – motivational.

Please comment on the launch of the program

Statements indicated that the launch had been successful:

- Stimulating and encouraging to start looking at aged care in a better light.
- The launch was great – very positive.
- Very good – I don’t think a lot of people understand how much of an impact an ageing population is going to be and that aged care is a challenge as a nurse.
- Brilliant, loved every bit of it.
- Got some great resource material and the chance to refresh skills I hadn’t used for a while.
- Informative and essential to the course.

Please comment on the three writing assessment tasks

- I enjoyed the challenge.
- An enjoyable learning experience – good to be back in research/writing mode again.
- A great way to practice typing and I’ve really learnt a lot – maybe my sentences are still a bit long. Thanks for positive comments – it gave me the courage to go on.
- Difficult personally but interesting being able to gain more skill in academic writing.
- I learnt heaps completing these assessments especially the literature review. Until then I was never really sure what Evidence Based Practice was! A good way to reflect on the project we were implementing.
- Very appropriate to course – marked assessments were returned in a timely manner.

Please comment on how this course has been helpful

Personally:

- It gave me a huge insight into people’s needs, including information for the family. Made me more aware.
- A huge learning curve – I will be more likely to pursue more education in the future.
- It has given me computer skills ++ and given me more confidence in my skills as a nurse – care giver.
- An opportunity to progress local practice. Academically stimulating.
- It has helped me to stay positive.
- This course has given me more confidence in my ability to care for older patients, and refreshed my academic writing skills.
- This has had a dramatic influence in my care and approach of the older person.
- Heightened my knowledge and understanding of dementia and delirium.
- Enjoyed the course and now feel I could put other projects into action more smoothly and with greater confidence. Overall increased confidence in putting knowledge into practice.
- Furthers my understanding of older person care as after all majority of my patients are in this area.
- Very helpful learning how to implement a project to my ward and satisfying filling a need for positive change.
- I’ve made some great friends, learnt a lot from others and I no longer feel “ALONE” in my enjoyment of caring for the older person and that others share my passion.
- Reignited my willingness/ability to learn – have got very lazy over the past few years. Enriched my work life.

Professionally:

- Built on skills and learned more about aged care nursing.
- Made me realise how poor we are at being advocates for the elderly.
- Fitted well with day to day work and general ways to improve care of elderly.
- Should have chosen more practical subject for better outcomes – but will move on to applying knowledge into practical clinical care.
- Confidence building and bringing to my wards access to pain assessment tools for clients with cognitive impairment.
- All positive.
• Increased confidence – found I COULD stand up in front of people and give education sessions.
• More aware of dementia patients’ needs.
• Encouraged me to learn more.
• I am much more aware of the problems older patients face, and much better equipped to find strategies to ensure the best possible outcomes.
• A sense of achievement and credibility towards my profession and in the field of nursing I have chosen to be in.
• Gained more knowledge, skills and a wider network of colleagues with whom to network.
• More confidence in my nursing skills to challenge ideas or actions and to put my thoughts forward.
• I do feel more confident and able to deliver a more positive level of care.
• More aware of needs of clients.

**In challenging your attitudes**

• Looking at clients more holistically very important.
• I think I am more open to change.
• I think I already had a positive attitude towards the care of older persons.
• A reminder that the older person needs to be cared for with dignity. I have a much more positive attitude to the care of older people than I had before the course.
• I have always treated others as I would wish to be treated. I now realise more can be done.
• New attitude “never know until you try”.

• To be more diligent to effective pain assessment for the elderly cognitively impaired.
• Enjoy aged care nursing and find myself making positive comments to negative ones made by coworkers.
• Made me realise how poor we are at being advocates for the elderly.

**Your colleagues’ attitudes**

• Still working on this.
• Positive change in awareness of care of those clients with cognitive impairment.
• Most are open to change (?2 for next year’s course encouraged by me). Others (small number) never open for change.
• The staff on my ward surveyed had a positive attitude to older people in general, however, dementia patients still seem to be regarded negatively.
• Hoping my work mates will see the older person through the same eyes as I see them.
• Hard to change some attitudes, sometimes felt like you were hitting your head against a brick wall – some were very negative.
• I feel able to encourage more positive thoughts and actions.
• They feel more involved with care of their clients.
In equipping you to go on improving client care

The majority of Participants felt equipped to go on improving client care. Here are some of their comments:

- Now we have a greater awareness and knowledge of issues in relation to aged care.
- New attitude you can achieve anything (well most of the time) ... Absolutely – change continually evolves and is necessary as the population ages.
- Definitely – will develop learning tools – help management to improve things here.
- Client care continually improving – course was a big boost to this.
- Very helpful – there’s much more to do.
- Have many more resources to assist me in helping clients.

In providing relevant content

- All useful.
- Content of on-line course was excellent.
- Very relevant to current needs for improvement in our approach to care of the elderly – person centred.
- Content was relevant to patients at our facility.
- Excellent course content.

In fostering support networks

- Much improved now I know I can contact all sorts of people for assistance.
- The negativity really squashes your enthusiasm though some good support from allied health and community organisations formed.
- Very good networks have been formed.
- Excellent. I’ve met so many like-minded people in the area health service.
- I now get regular updates from NCAHS Falls Prevention Offices!
- New contacts outside my ward, hospital.
- Feel more confident in building contacts.
- Improved ACAT. RACF. SMHOPS. GERIATRICIAN communication all improved.
- Helpful in making contact with colleagues across NCAH.

Please comment on your clinical exchange

- Relevant and useful to my work and project.
- Great 2 days “got to see how the other half live”.
- Very much enjoyed them both as I have worked in one institution for over 20 years and had somewhat limited vision.
- I had a very positive 2 day placement with a nurse in the ACAT team. Gave me a better understanding of the assessment process and the need for Discharge Planning in the acute setting.

Please comment on the support you have received from facilitators

All the comments about support were positive.

- Very helpful and supportive. Anytime.
- Excellent support and encouragement along the way.
- There when I needed them, thank you all.
- Very good. Clearer at time of commencement of course would have been good.

Did you find the Positive Approach email useful?

- The email was seen as invaluable by most participants.
- Very useful and helpful once I figured out how to use it.
- Valuable communication.
- Yes, liked the jokes and the contact with the other positive approachers.
- Interesting when time permitted.
- I liked reading every e-mail posted and looked forward to receiving them, very nervous about using it at first.
- Absolutely brilliant.
Were there topics you would have liked to see which were not addressed?

Some participants identified content that they would have liked to have seen included, but the majority felt that the content was valuable:

- Medications used in dementia for behavioural problems. These are the first line interventions in hospital and I would like to know what side effects etc they have and what the alternatives are.
- How to prevent de-conditioning after admission and once the acute phase is over and the patients are waiting to be discharged.
- I would have liked to see more info on normal aging and how the elderly adapt to the aging process.

What were the best aspects of the course?

Here are examples of what the Participants enjoyed most:

- Opening up my eyes to the complexities of aged care – too many aspects to single out.
- Self directed, an achievement.
- I loved all of it. It opened up a whole new world for me and I have met many lovely people during this course. I enjoyed the variety of presentations of the course, lectures, online learning, own research, carrying all this new knowledge to my ward.
- Learning how to implement change (positive).
- In my opinion the workshops. Having someone to bounce ideas off.
- Learning and listening to other people’s opinions and their preconceptions of the positive care of the older person.
- Ilza day, networking, knowledge gained, self development. The dementia and delirium on-line course was very relevant to our ward and easy to follow for a beginner older student.
- Enjoyed the on-line tutorials.
- Communicating with all the other people going through the programme.
- Getting the proposal together.

Other comments

- Thank you so much for your input and enthusiasm.
- Please run the course again so others can experience the positive aspects of this course and potentially motivate others to make improvements in the way we care for older persons as they are all someone’s mother/father/brother/sister/or family member and have a right to “best practice” care.
- I found this course a very positive experience. I learned a lot, my attitude has changed a lot towards older patients, but I think it’s going to be a long journey to get the rest of the hospital system to see that we need to change the way we do things. Thank you Anne, Frances and Christine for your help and guidance.
- I would like to thank everyone that has been involved in the programme. I hope it has been a success for you but more importantly I hope its success will make a difference on the floor, where the heart of caring for the older person takes place.
- I have found this time hard because of what I felt was lack of support at our facility. Although I found myself wanting to pull out several times I could not let you down after all the hard work you had put in to getting this course off the ground. I wish you all the best for future courses and thank you for the opportunity to be a part of the beginning of something that will make a difference in the workplace.
- I am going to continue the skills and develop more education in the ward, despite the course being completed. I have hopes to further my education in aged care. At the start OF THIS COURSE, I didn’t have an e-mail, I had not used a ‘chat’ programme. Had done my gerontology certificate research sitting on the floor at a library and typewriter. Now I know the world is a great learning place. I would like to thank everyone involved in making it possible and especially the web page – and hope we have made a difference. I have already started to promote that this course be available next year – 1 RN has already voiced interest – maybe some of these topics should be mandatory (clinical assessment for the older person) thanks.
- Thank you for all your hard work and commitment with this course. I am constantly amazed by the brilliant people out there making a real difference and believe in what they do.
- Congratulations on a ground breaking programme. A joy to be part of it.
- Excellent journey with many surprises. The academic was tops – still not comfortable with computers as a learning mode/tool. However, they definitely have their place as a form of communication.
- Even with all the stress of trying to juggle work, family, course, and day to day issues I feel it was a very positive experience. For me this was a very new way of learning, new experiences and new mediums, a very big learning curve.
The Second Evaluation

The second evaluation focussed on outcomes of the project and asked participants to comment on what they had been able to achieve in their projects; what were the barriers and enablers; how had their practice changed as a result of the program.

Were you able to achieve what you set out to do in the project, and if so what helped?

The majority of Participants were able to achieve what they set out to do with the support of colleagues:

- Staff persistence.
- Support of co-workers, Allied Health, and management.
- Support from facilitators, and determination to continue.
- Support from managers, though still waiting for some structural work to be completed.
- Completed and ongoing.
- Indirectly as others took up some of my project outcomes. I left it with them and this was good because it made it more global.
- Persistence and using only the words “trial” programme.
- Form to monitor antipsychotic use for BPSD on acute ward produced.
- A sense of being a part of a group, self motivated to learn and achieve. Initial enthusiasm and willingness to help. Money must have been available for the project.

If no, what were the barriers?

- Lack of time and back up of manager.
- No clinical support.
- Staffing issues on ward, new job secondment.
- Non-compliant staff.
- There were endless supplies of barriers. Mainly staff not wanting to do extra duties.
- On site staffing shortages meant not all aspects of my project could be followed through.

Has the project work been sustained?

If yes, what has supported this?

- NUM, self, Nurse Educator.
- Other staff members.
- Staff willing to follow up on the process.
- Ongoing activities, programmes, and staff.
- Colleagues are using the tools developed.
- Ongoing recognition of the importance of aged care. Ongoing interest in dementia board – comments such as “thank God for stable doors!”
- It remains something that is a current issue so the interest is maintained.
- Continued involvement in this area.
- Ongoing monitoring of antipsychotics use for BPSD on ward; guidance and NUM.
- Constant reminder to staff.
- We incorporated part of the project into standard assessments for older persons.

If no, what are the barriers?

- Staffing issues finally made the project unmanageable as staff classified the project as an extra duty.
- Management.
- Economy, time constraints, not a priority.
- Time to attend to assessments, lack of interest by management.
- No follow through but may happen this year with introduction of Aged Care Funding Instrument.
- Lack of interest by staff.
- Lack of pharmacy support.
Would Participants be willing to undertake a similar program again?

The majority of participants agreed that they would be willing to undertake a similar program:

- Yes, I thoroughly enjoyed the learning of new skills (assignments) and learning about the subject I took.
- Yes, Good to have education that is linked to university to improve rigour.
- Yes, Knowledge gained was/is very valuable to my care of older adults.
- Yes, If clinically relevant. So many courses now are not clinically relevant or based at metropolitan nurses.
- Yes, a lot more needs to be done to improve facilities for aged/dementia patients in the acute setting!
- Yes, I have learned a great deal. I’d forgotten I have a brain! And there’s a lot of support from you guys.
- Maybe. The outcome was positive, but the time and energy spent were considerable.
- Yes, to have further education to assist in Aged Care.
- Yes, and I have recommended it to others.

Other questions focussed on outcomes and asked participants to identify aspects of practice that had changed as a result of the project, and whether they had undertaken further studies as a result of the project work.

Could you identify up to three aspects of your practice that have changed/improved as a result of your project work?

- Participants had clearly made improvements in their practice by having more knowledge and support, and could see the benefits of this in the responses of older patients.
- Much more knowledgeable about dementia; much more person centred approach; aware of the unique problems facing older persons.
- Greater confidence to look at improving my own clinical practice. Took another position to challenge and increase my current scope of practice – (first month bloody hard!!!)
- Overall attitude to older patients; more thorough assessment and documentation in care of older patients; greater understanding of dementia and the pharmacological and non-pharmacological treatments of behaviours of concern.
- Patients are more relaxed; staff more accepting.
- We now have a patient dining/diversional therapy room. Patients enjoy the social interaction of communal dining and it is good to see conversations going around the tables.
- Patients are sleeping better, are busy, smiling, and active, and socialising.
- More awareness of aged care needs; more awareness of families; more aware of the need for education for all staff.

- I have a greater understanding and appreciation of the challenges to older patients. I provide better care for patients with dementia and delirium. I’m looking more at the big picture.
- I see the connection between theory and practice. I recognise the need for education. I use a direct approach.
- I am more aware of resources and experts in aged care. I am more connected to other clinicians across the area. I am able to be a resource within my team.
- Have improved research skills; feel able to support colleagues more; open to learning new ways of doing things.
- Exploration of nonpharmacological interventions for BPSD; review of ward clinical planning review; review of communication process with MOs; increased awareness of antipsychotic medications.
- Understanding of “normal ageing” has helped with delivery of care, what issues are age related and what are not. Better knowledge about delirium and dementia, and how to manage their care in an acute care hospital.
- I am more tolerant and caring, empathetic of older people because of the knowledge gained. Polypharmacy issues in older adults/nutritional needs.

Public speaking; getting back into academic writing; greater awareness of issues related to older persons. As a result of this program have you enrolled for any undergraduate or postgraduate study? What are your reasons?

- Yes, for improvement of my nursing skills with ongoing education.
- Felt encouraged by speaking with staff from Southern Cross University which clarified my thoughts on completing previous enrolled studies. Master of Clinical Science Aged Care – I would like to learn more to become an educator or CNC, or participate in policy-driven changes in health care for our elderly in our acute hospitals.
- To further knowledge.
- Further knowledge in a developing field.

“...In my ward we have moved the beds from near the office to a quieter area, and have replaced door locks with key pads...”
Outcomes

Sixteen sites across NCAHS participated in the program and participants completed a variety of practice development projects related to person-centred care and improving outcomes for patients. For most participants this was their first exposure to practice development, and how to use their learning to improve patient outcomes.

The NCAHS now has thirty clinical nurses with advanced skills and mastery within aged care, with five participants now enrolled in a Master in Aged Care at Southern Cross University, and three enrolled nurses upgrading to registered nurse as a result of this program. Southern Cross, Newcastle, and Wollongong universities have recognised this program, and provide recognition of learning towards further study.

The project has been selected as the overall winner of the NCAHS Quality awards and will be submitted to the NSW Health Baxter Awards, and the NSW Premier's Award. Frances, Anne and Christine will be presenting the project outcomes and evaluation at local, state, and national conferences when the opportunity presents.

Pictured above: Frances Barraclough and Michael Moriarty (IT champion) receiving the NCAHS health award for “Overall Winner” from Iain Graham, SCU. Alongside them Darryl Piper from Bennett Industries and Bernie Maher from Cerner.

Let’s hear what the managers have to say!

- I have a champion for the aged who is willing to share their knowledge with all staff influencing practice change.
- Pet therapy will commence at our facility as a result of the program.
- I will support my Champion to apply for CNS status.
- My Champion is seen as a resource person for staff and a case manager for patient review on admission.
- The clocks on walls really do help with orientation.
- Music is now played for dementia patients including CDs and singing.
- Stable doors have been installed in 3 rooms – we have had no incidents of patients wandering from the hospital since installation.
- Delirium is considered more often by nursing staff and coded as co-morbidity.
- In my ward we have moved the beds from near the office to a quieter area, and have replaced door locks with key pads.
- Thanks to our Participants we have bought a TV/DVD and CD player and we have donations of DVDs.
- Patients have responded well to music and movie therapy initiated by the participants. We have improved security, and patients are more settled away from the main desk.
- We are getting to know our patients and their families better by finding out the patients’ preferred mode of address, what distresses or calms them, and what is helpful when they behave inappropriately.
Recomendations

1. NCAHS commit to deliver the program “A Positive Approach to Care of the Older Person” on a biannual basis and seek financial support to secure ongoing commitment to the program.

2. NCAHS and Southern Cross University build on the success of this program and actively seek future opportunities to jointly deliver similar learning programs.

3. Dementia e-learning be progressed and delivered to a wider audience at the national, state and local level.

4. The Institute of Rural Clinical Services and Teaching commit to making the program available to the audience within its network and beyond.

5. Nurses undertaking future programs are offered simultaneous enrolment in an appropriate undergraduate or postgraduate program.

6. Future learning programs include the components of blended learning applied to the clinical setting within a quality framework.

7. Maintain support for participants that have completed the program and continue to build on their knowledge and skills.

8. Continue the skill development, changes in workplace culture and training of clinical staff across the NCAHS in the provision of person centred care for the older person.

9. Continue to progress the aged care agenda in NCAHS.

10. Continue to build our aged care resources and clinical champions in aged care.

11. Continue to promote the dementia e-learning program to nurses and allied health clinicians.

12. To promote the NCAHS as a centre for excellence in the provision of aged care.

13. Continue to strengthen our partnerships with the residential aged care facilities.

Sustaining Change

The participants have formed a strong, sustainable clinical network demonstrated by regular communication, group emails, sharing of resources and ideas which facilitates discussion and debate; reflective practice; and a determination to improve aged care.

Partnerships with key stakeholders continue to be maintained and strengthened, and extended to other areas and a submission to the Department of Health and Ageing to extend the Dementia e-Learning to residential aged care facilities has been submitted.

Funding has been secured from New South Wales Health to maintain the e-learning site, and make it available to other interested parties on a state-wide and national level. The participants will be supported to facilitate the e-learning program at their local workplace.

Publishing company Palgrave Macmillan has contracted a monograph on the program, highlighting the Australian context of Aged Care service delivery, and using this best practice model.

Those of us involved in offering the program have been amazed and, at times, overwhelmed by what the participants have achieved. We have seen an effective model of practice development which has supported us all to make changes which have, and will continue to promote A Positive Approach to the Care of the Older Person.

References


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