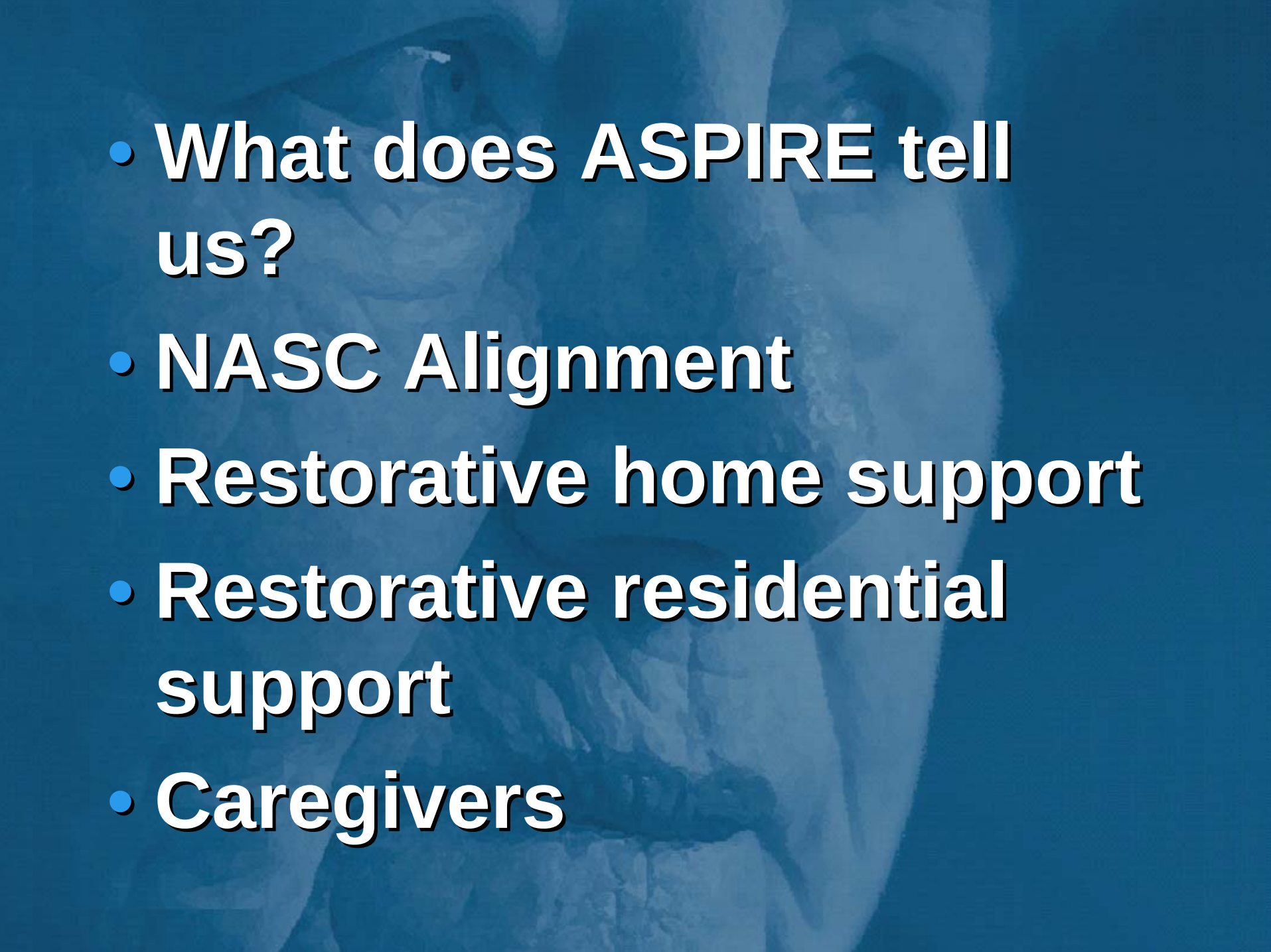


ASPIRE

Assessment of Services Promoting Independence and Recovery in Elders



- 
- **What does ASPIRE tell us?**
 - **NASC Alignment**
 - **Restorative home support**
 - **Restorative residential support**
 - **Caregivers**

ASPIRE

- Prospective meta-analysis of 3 RCTs (COSE, Community FIRST and Masonic PIP)
- Older people assessed with high and very high needs (at risk of residential home entry)
- Commenced Nov 2003, recruitment finished in Nov 2004 and follow-up completed in Nov 2005.
- Sub-study: OPERA
- Minister Hodgson public released last week

ASPIRE design

Canterbury
DHB

Waikato DHB

Hutt Valley
DHB

Older people at risk of residential care (SNL 4 & 5)

Pre
randomisation:
based on older
person's GP
practice

Randomisation by researcher using
central computerised system (using
minimisation method (Disability,
Gender, Ethnicity, Age, living alone))

Exclude at risk older
people (clinical
judgment)

NASC

COSE

Usual
care

Community
FIRST

Usual
care

Masonic PIP
programme

Baseline
assessment

COSE replaces
NASC but other
services are
similar

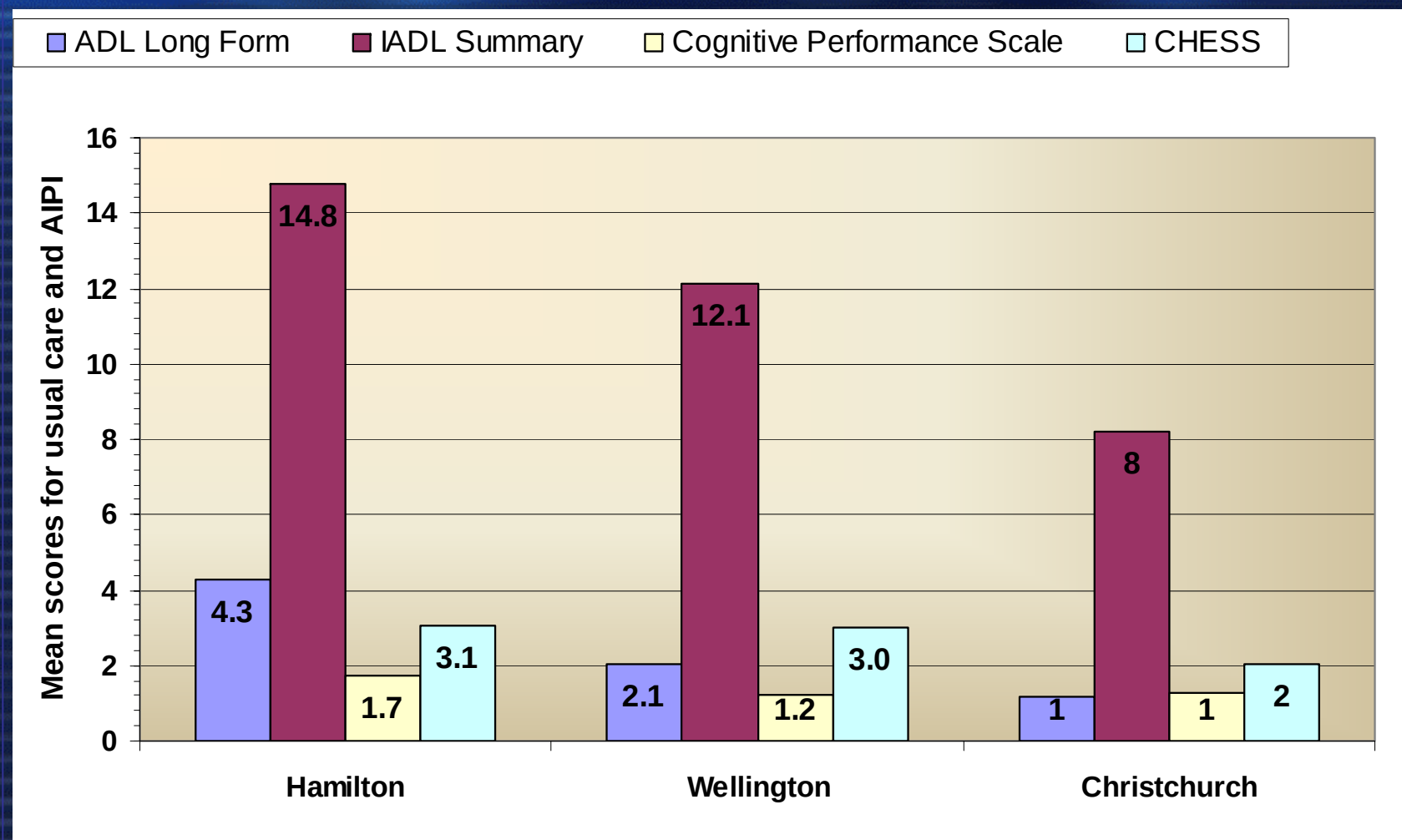
Community
FIRST replaces
home care

PIP provides
additional care
management and
residential
episodic
admissions

3 month
assessment

6, 9, 12, 18 and 24
month assessment

Baseline characteristics



Primary results table

Death Adjusted

Study Centre

Hamilton

Wellington

Christchurch

Overall

28%

16%

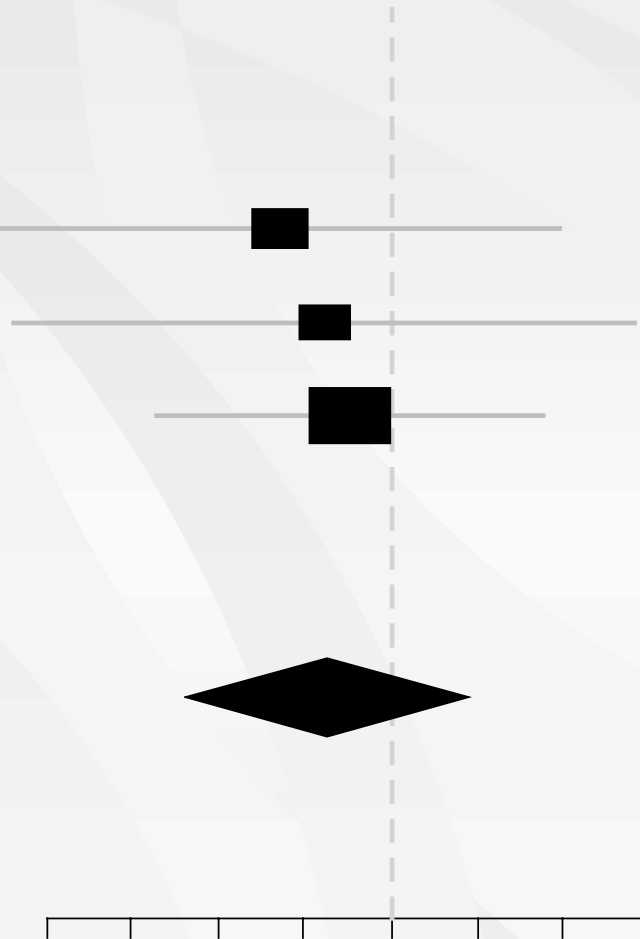
10%

Relative risk reduction

0.40 0.63 1.00 1.58

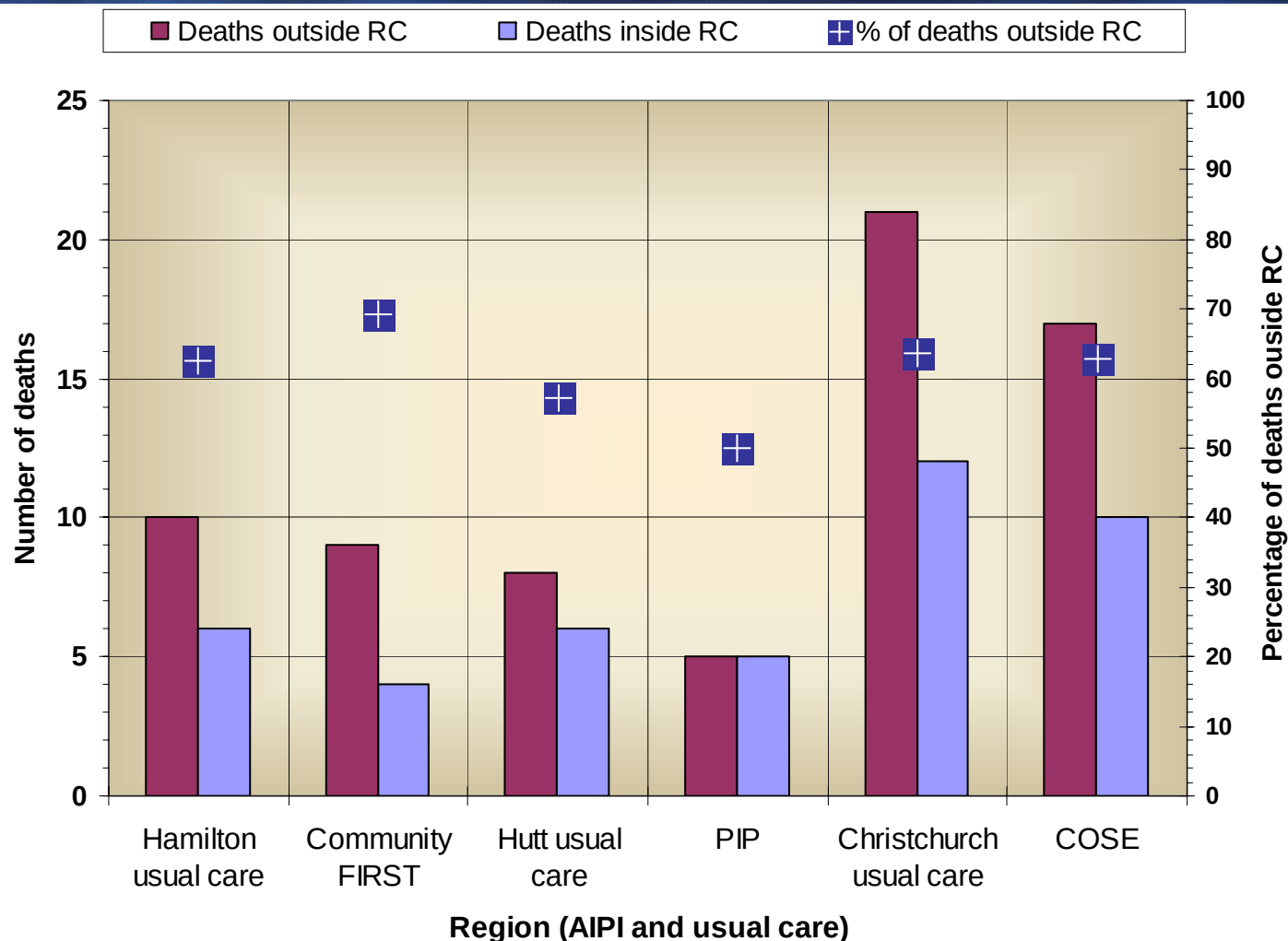
Hazard Ratio

**Adjusted overall treatment effect estimate
(using death as primary endpoint)**

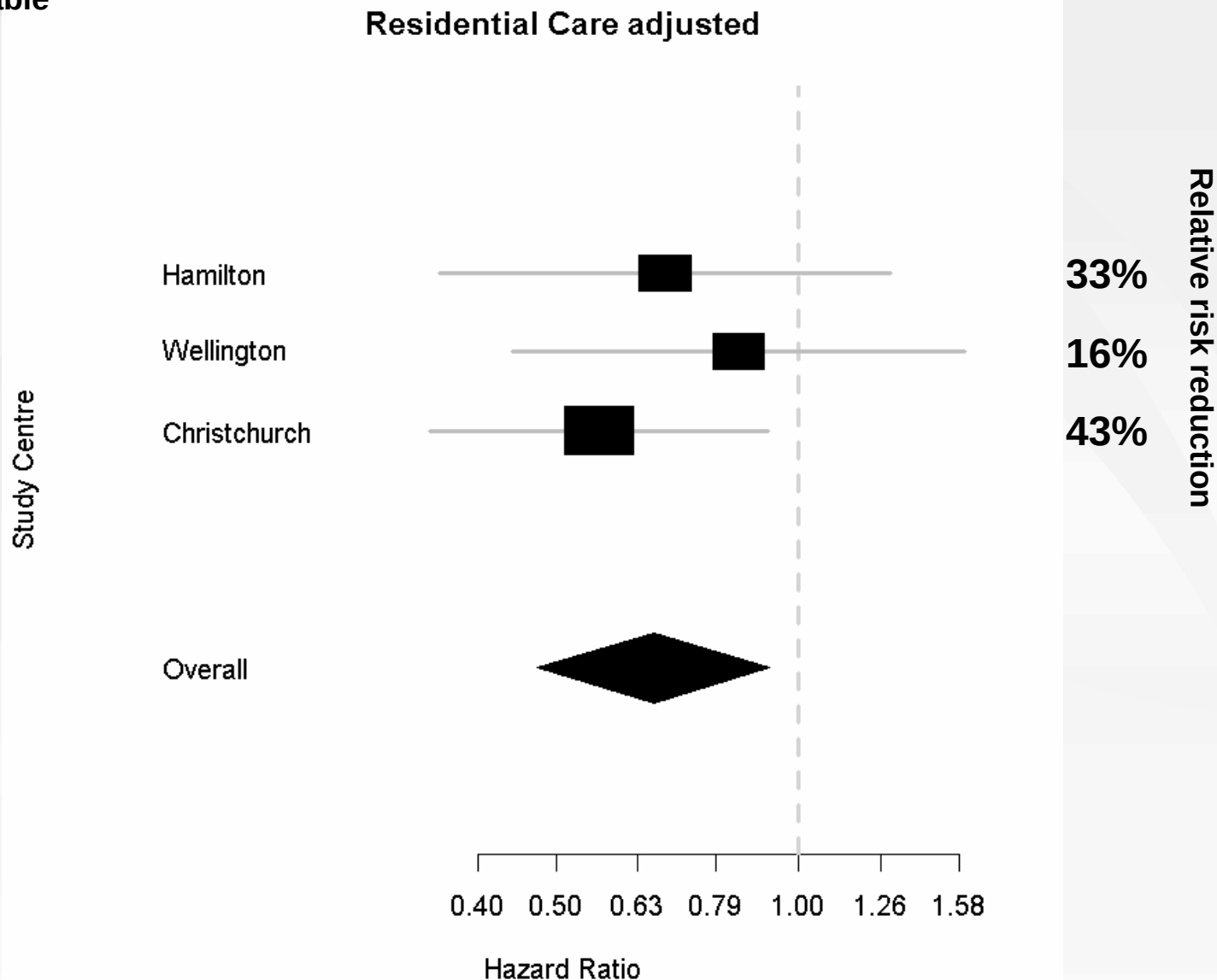


Place of permanent residence at time of death

(Residential care is represented by RC)

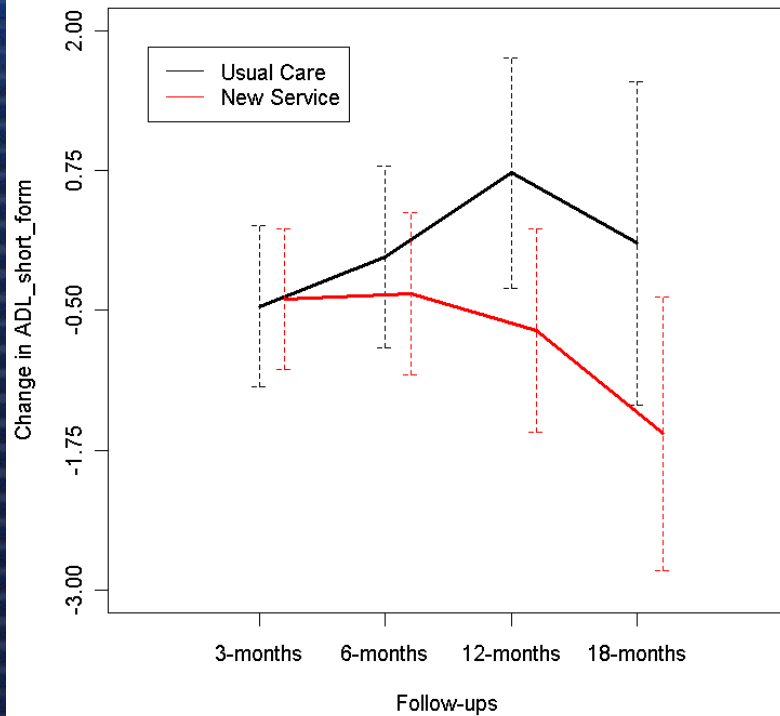


Primary results table

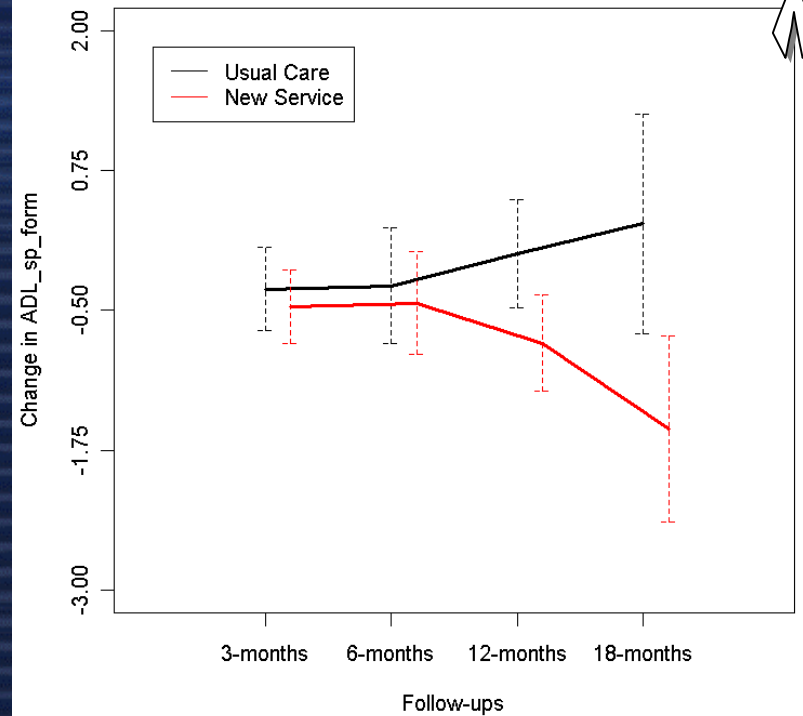


**Adjusted overall treatment effect estimate
(using residential care as primary endpoint)**

Hamilton: ADL

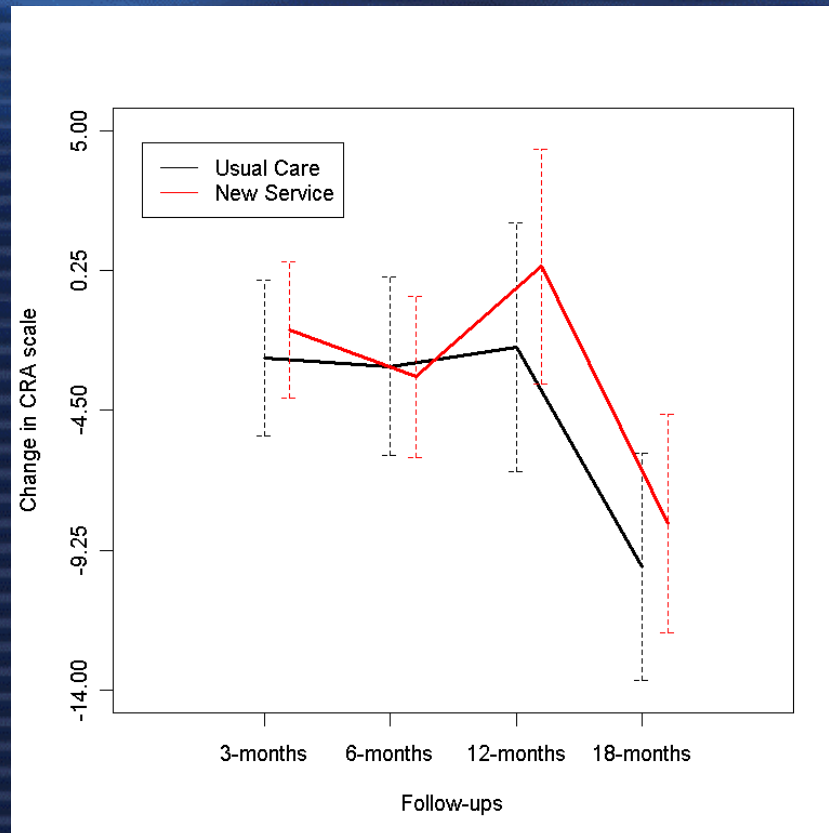


Repeated measures of ADL short form scale in Hamilton



Repeated measures of ADL self-performance scale in Hamilton

Hamilton: Caregiver stress



Repeated measures of CRA in Hamilton

Predictive modelling

- Cox's Hazard Ratio
- Useful in the development of service specifications

Residential care as primary endpoint

Possible Indicators	Hazard Ratio	Lower CI	Upper CI	p-value
Prevalence of inadequate meals	2.18	1.15	4.13	0.0166
Prevalence of weight loss	1.63	0.69	3.85	0.2609
Prevalence of dehydration	1.74	1.04	2.92	0.0347
Prevalence of no medication review	1.23	0.52	2.89	0.6420
Failure to improve/incidence of bladder incontinence	3.39	0.81	14.20	0.0945
Failure to improve/incidence of skin ulcers	0.00	0.00	0.00	0.9975
Prevalence of no assistive devices among clients with mobility difficulties	0.00	0.00	0.00	0.9906
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

Residential care as primary endpoint

Possible Indicators	Hazard Ratio	Lower CI	Upper CI	p-value
Failure to improve/incidence of improve/incidence of impaired mobility at home	1.68	0.38	7.51	0.4961
Prevalence of falls	1.76	0.67	4.58	0.2508
Prevalence of social isolation	1.86	1.11	3.11	0.0190
Failure to improve/incidence of cognitive decline	1.04	0.26	4.27	0.9522
Prevalence of delirium	3.65	2.16	6.18	0.0000
Prevalence of negative mood	2.17	1.29	3.65	0.0034
Failure to improve/incidence of difficulty in communication	0.94	0.23	3.88	0.9307
Prevalence of disruptive or intense daily pain	1.21	0.71	2.08	0.4819
Prevalence of inadequate pain control	1.07	0.50	2.30	0.8670

Residential care as primary endpoint

Possible Indicators	Hazard Ratio	Lower CI	Upper CI	p-value
Prevalence of neglect/abuse	2.41	0.75	7.77	0.1418
Prevalence of injuries	1.55	0.93	2.61	0.0949
Prevalence of not receiving flu vaccinations	-	-	-	-
Prevalence of hospitalization	1.11	0.66	1.85	0.7048
Status of family care using CRA	1.07	1.03	1.11	0.0006
EuroQuol Self-assessment thermometer	1.07	0.97	1.18	0.2048



**Providing
the
answer
now for
the
question**

OPERA

Older People Entering Residential Accommodation

- Two phase qualitative study exploring decision making processes around residential home placement
 - Phase I: In-depth interviews (n=13)
 - Phase II: Interviews (n=131, with follow up at 6 months) with older people, their caregivers and NASC
- Data analysed using a general inductive approach generating themes

Themes: Coping (physical issues)

“It is difficult for me now that my eyesight is so bad. I get letters from my daughter and I can’t read them. I open the letter and kiss it and then wait for my son to come and read it for me” (older person).

“The family wanted me to go in here [residential care].....they thought that I would fall, they have always had that fear that I would fall and no one would hear and I would be left there” (older person).

“The nurse from the rest home came over to my unit [in a retirement village] and said that since I was incontinent that I should not be here, I should be in the rest home” (older person).

Themes: Coping (emotional issues)

“I would have liked to continue in my own home. It still makes me sad when I think about it. One of the saddest things was that I had to leave my cats. I had two lovely cats..... They took my cats away from me, I don't know what has happened to them, and I don't like to ask. They were really my family. ... I do so much miss them. I am still sad about all this and in here I get no sun in my room and just sit here all day.... I guess you could say I am home sick” (older person).

“I wish that I had died when I had my last stroke. I don't have any friends here in this place. I sit at the table with five others and none of them speak. Two are deaf, one just answers in monosyllables and the other sleeps all the time. I just stay in my room and watch television because there is little else that I can do when I have no friends” (older person).

Theme: Support

“I didn’t leave nursing to turn around and look after elderly people again, not even my own mother.” (caregiver).

“She was categorised at hospital level care. She had home help and daily assistance. Her husband called us to say that he was unable to manage her any more, so he suggested rest home” (NASC).

Theme: Decision makers

Older person's report on decision makers

Strength of Influence	Older person n=131	Family doctor	Hospital doctor	General practitioner	Hospital nurse	Social worker	Friends	District nurse	Practice nurse	Physio therapist	NASC	Occupational therapist
	Number of decision makers											
Very strong	100	42	12	7	4	2	3	1	2	1	1	1
strong	13	20	7	4	4	1	1	1	1	0	1	1
some	8	8	7	5	4	3	0	2	0	1	0	0
minimal	5	2	0	0	0	0	2	0	0	1	0	0
none	5	59	105	115	119	125	125	127	128	128	129	129

Caregiver's report on decision makers

Strength of Influence	Older person n=24	Family doctor	Hospital doctor	General practitioner	Hospital nurse	Social worker	Friends	District nurse	Practice nurse	Physio therapist	NASC	Occupational therapist
	Number of decision makers											
Very strong	8	18	2	0	0	0	0	0	0	0	0	0
strong	4	4	1	0	0	0	0	0	0	0	0	0
some	8	0	2	4	1	0	0	1	0	0	0	0
minimal	2	1	0	0	0	0	0	0	0	0	0	0
none	2	1	19	20	23	24	24	23	24	24	24	24

Theme: Decision makers

NASCs report on decision makers

Strength of Influence	Older person n=12	Family doctor	Hospital doctor	General practitioner	Hospital nurse	Social worker	Friends	District nurse	Practice nurse	Physio therapist	NASC	Occupational therapist
	Number of decision makers											
Very strong	2	10	3	3	1	2	0	0	0	0	0	0
strong	2	0	2	0	1	2	0	0	0	0	0	0
some	2	0	1	2	0	1	0	0	0	0	0	0
minimal	5	0	0	0	0	0	0	0	0	0	0	0
none	1	2	6	7	10	9	12	12	12	12	12	12

Older people's decision re. residence



- 
- What does ASPIRE tell us?
 - **NASC Alignment**
 - Restorative home support
 - Restorative residential support
 - Caregivers

The role of NASC

- NASC – a very significant role in assessing needs and brokering services
- COSE an evolution of NASC
 - Linked to GPs
 - Enhanced coordination
 - Geographically based and therefore aware of local community resources and services (both formal and informal)
 - One point of contact for health professionals (GPs), older person and family / whanau

- 
- Changing demographics
 - What does ASPIRE tell us?
 - NASC Alignment
 - **Restorative home support**
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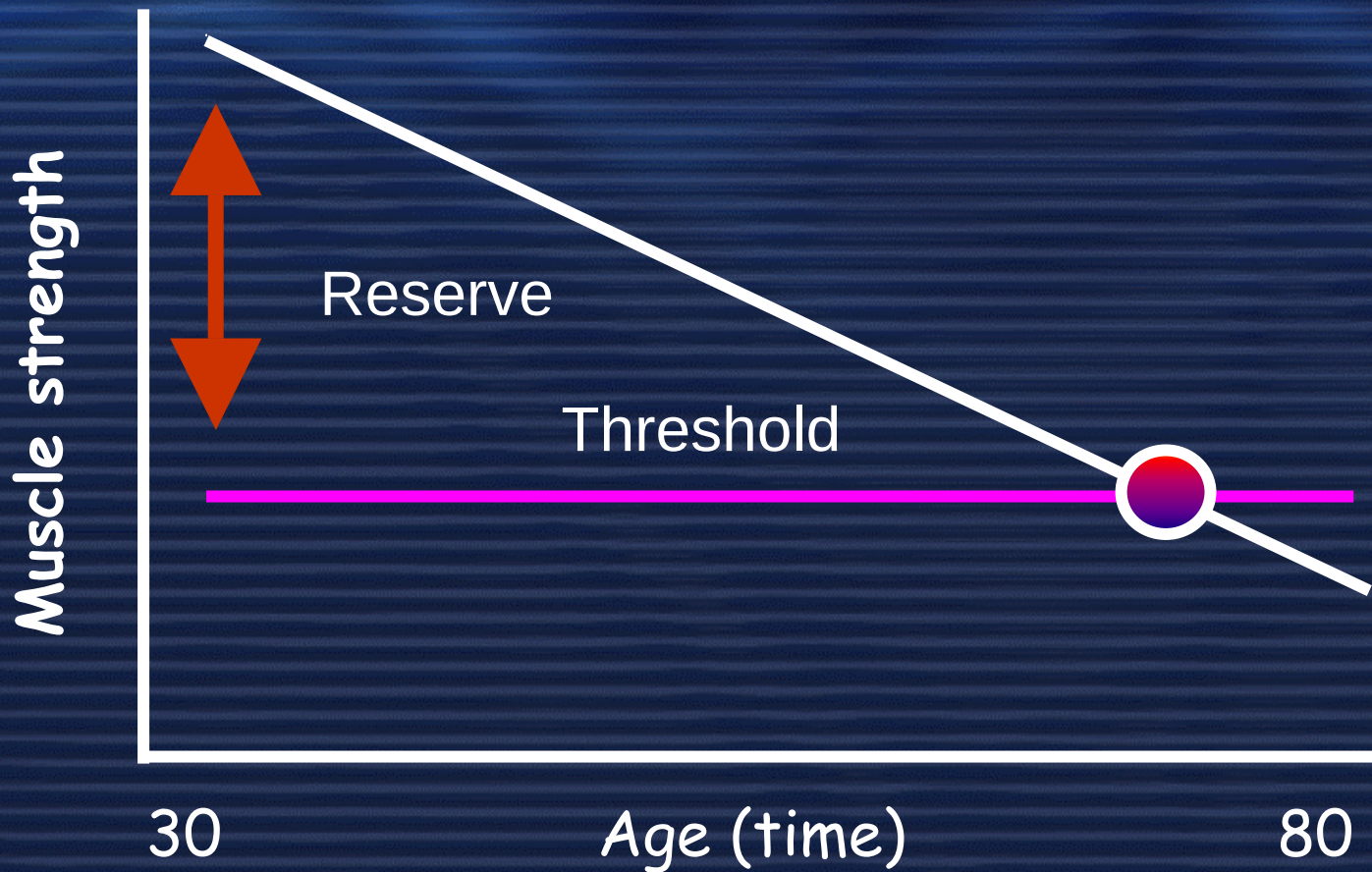
Restorative home support

- Community FIRST is an example of restorative home support for older people with high and complex needs
- Restorative home support key components:
 - Goal setting
 - Repetitive functional exercises incorporated into every day activities
 - Comprehensive assessment and care management
 - Community reintegration

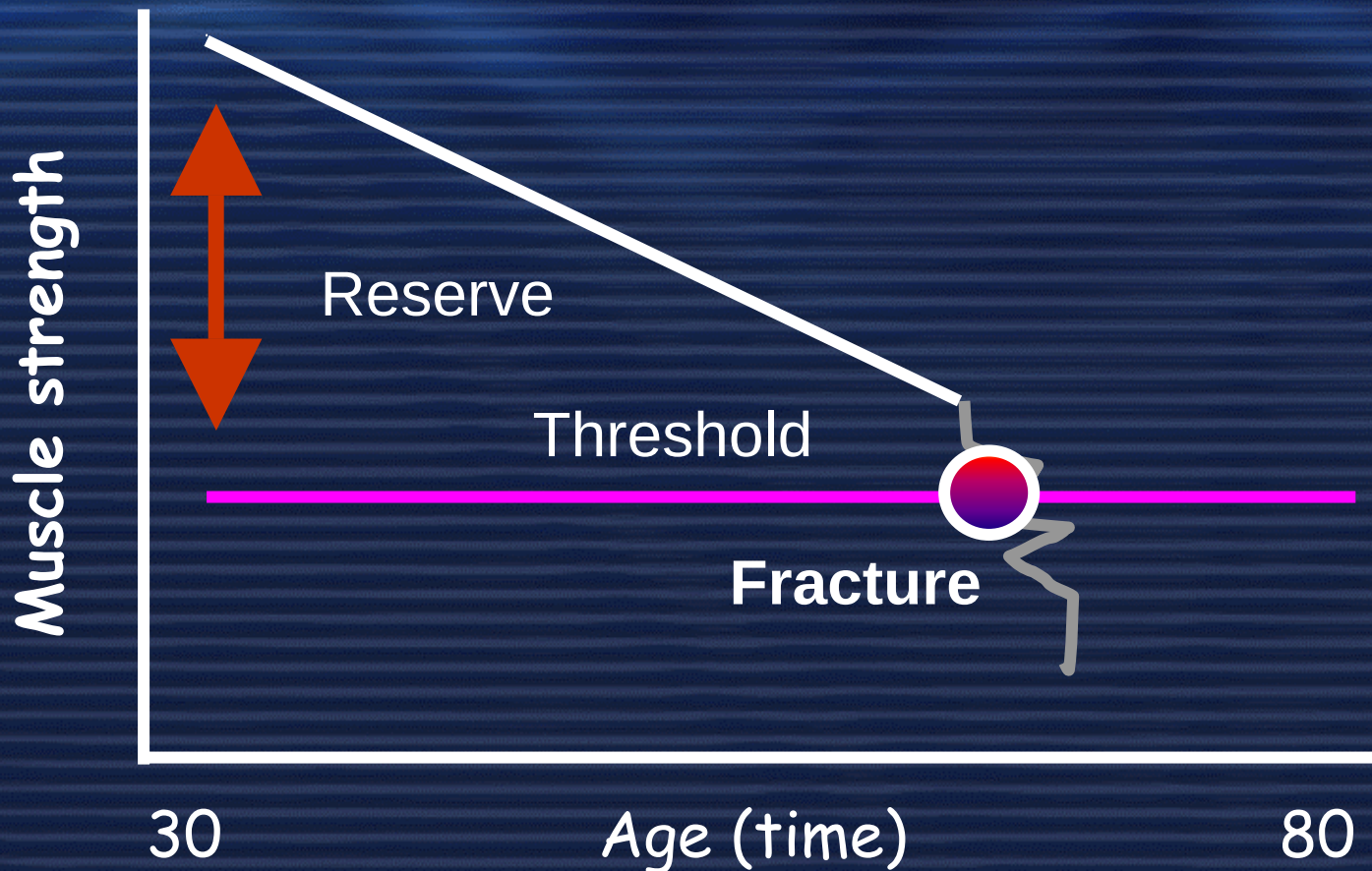
Key concepts:

1. Goal setting
2. Functional task exercises incorporated into everyday activities
3. Care management
4. Comprehensive geriatric assessment
5. Appropriate training for support workers and health professionals
6. Focus on normalised community integration

Functional reserve and thresholds



Functional reserve and thresholds



- 
- Changing demographics
 - What does ASPIRE tell us?
 - NASC Alignment
 - Restorative home support
 - **Restorative residential support**
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Restorative residential support

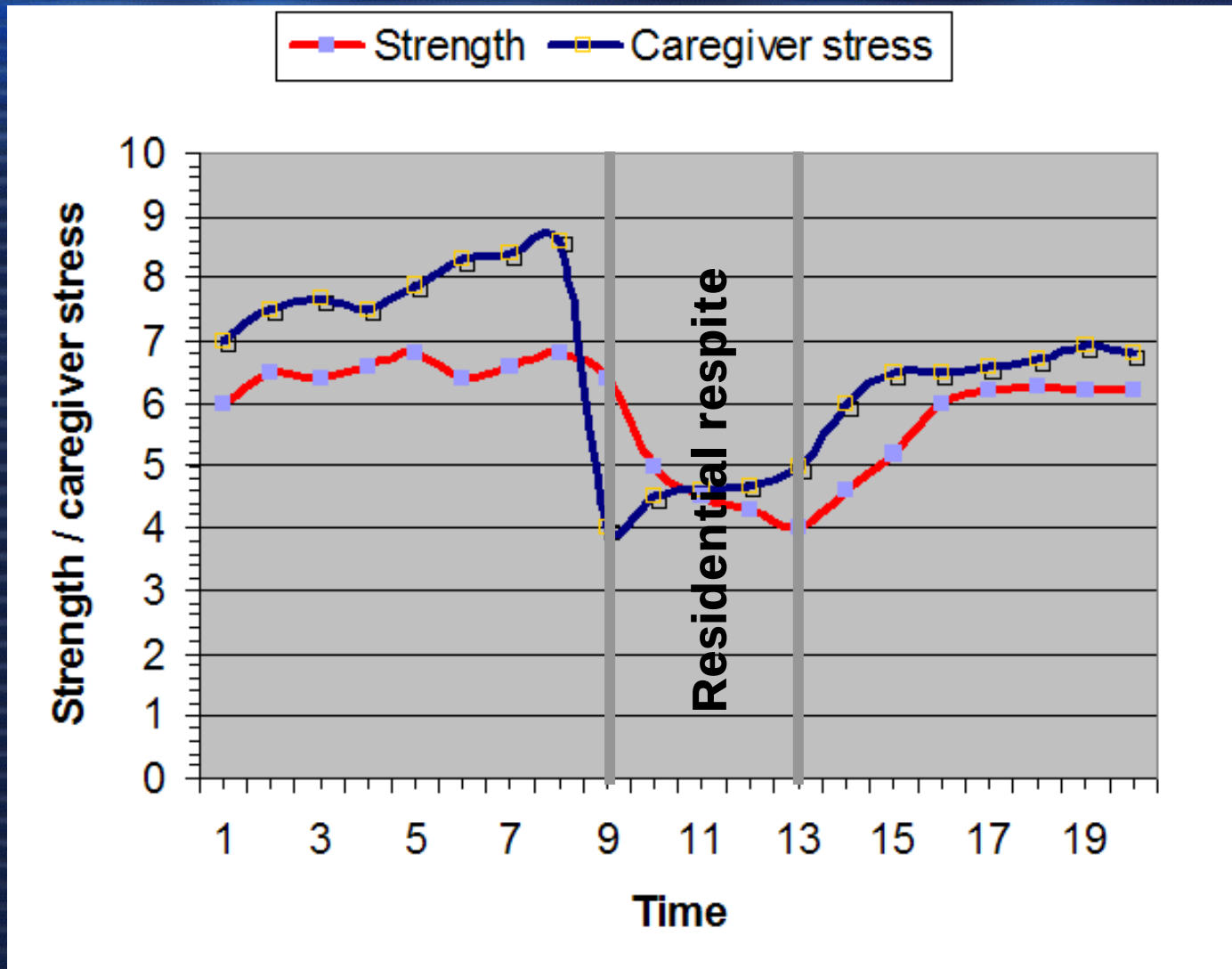
- Masonic PIP and Community FIRST both use residential care in the form of slow stream rehabilitation / transitional care
- Change in the use of residential care – Respite, dementia care, end of life care
- Key aspects of successful input

- 
- Changing demographics
 - What does ASPIRE tell us?
 - NASC Alignment
 - Restorative home support
 - Restorative residential support
 - **Caregivers**

Future national direction

- ASPIRE – CRA correlated with residential care admission
- Residential respite important, but...

Episodes in residential care



Where to from here...

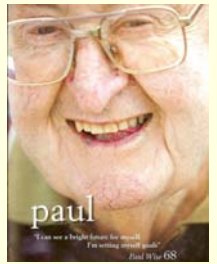
- Three work streams MoH consultation
- Respite work (MSD/MOH)
- interRAI

Enliven Service Model



Presbyterian Support Northern
Presentation
(Date) 2006

Why the shift



Convergence of:-

- Research and review of community care
- Government policy
- Business imperatives to review strategic direction for PSN
- Concern about home care workers' conditions

PSN Strategic Review



- Parallel to work on community based care, PSN reviewed its strategic involvement in all options for older people
- Looked at its aged care sites involving 600 beds and 300 retirement village units, also 1500 home care clients
- Significant financial pressure on facilities
- Industry shift to retirement villages

