



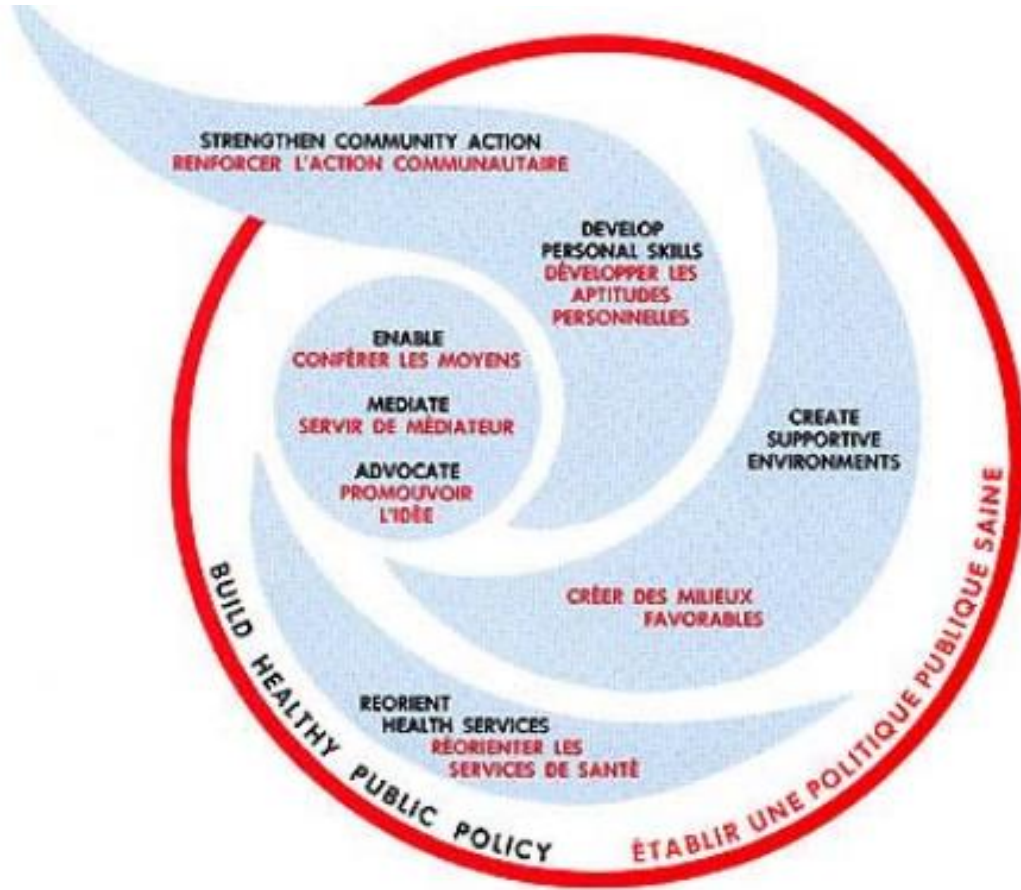
Life gets better at Clayton Church Homes





How do countries compete when it comes to healthy ageing?

Healthy Settings: Origins and Development



“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by...ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.”

WHO (1986) Ottawa Charter



Adrash won three gold medals and one bronze medal

Gold isn't just won on the track—it's forged in dedication, sweat, and an unbreakable spirit!¹⁰⁰

What will it take to be the leader in healthy ageing?



Aged Care in Australia, leading the world in healthy ageing (because)



**TRANSFORMING THE HEALTH
AND CARE FOR OUR AGEING
POPULATION**



- we understand what to do, (just like Kathy & Adrash) and
- forged in dedication,
- grit and
- an unbreakable spirit,
- we will go for gold

This is what Gold
looks like

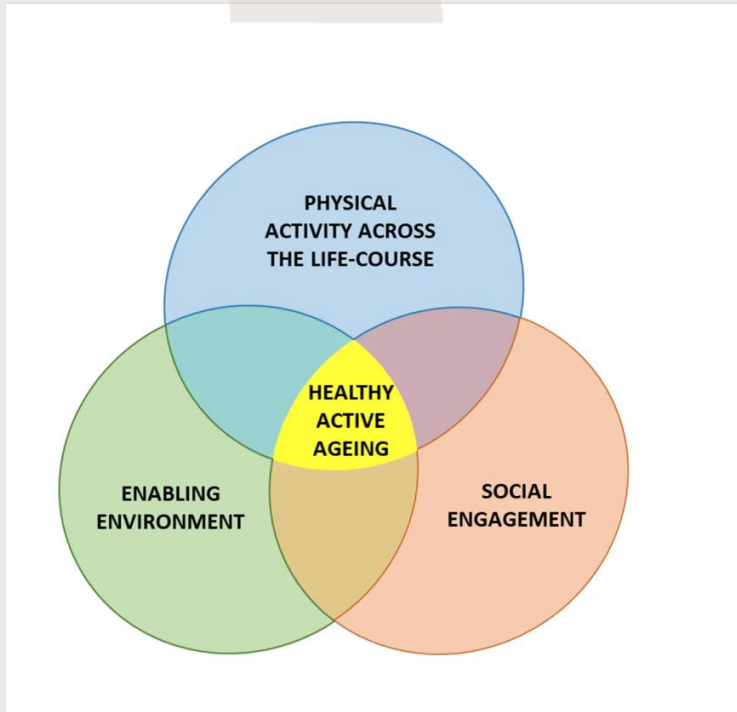




8.7 million
older Australians
by **2056**

What do we need to do
to lead the world in healthy ageing?

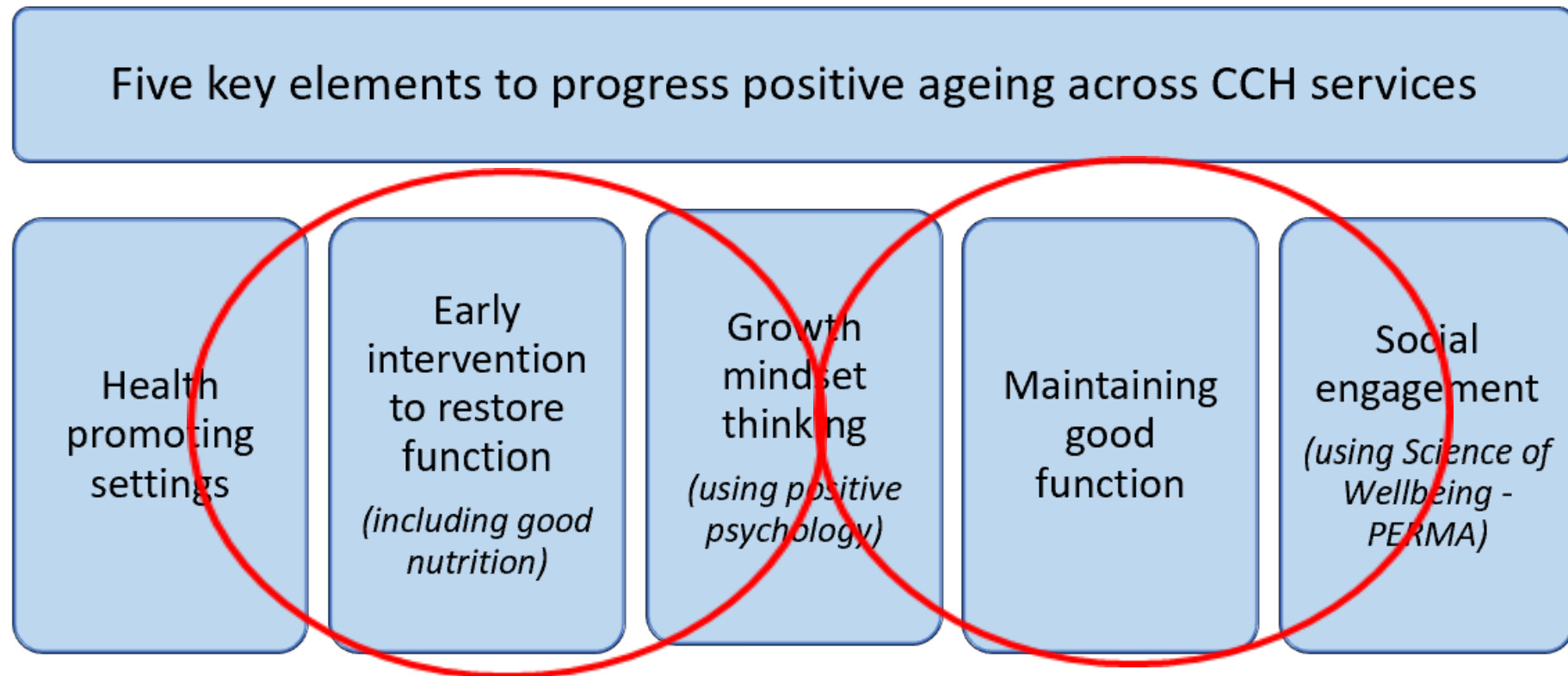
Expansive research & evidence tells us what is needed to do to advance healthy ageing



Key areas:

- Enabling Environments (access to health promoting systems & services)
- Physical activity
- Social engagement

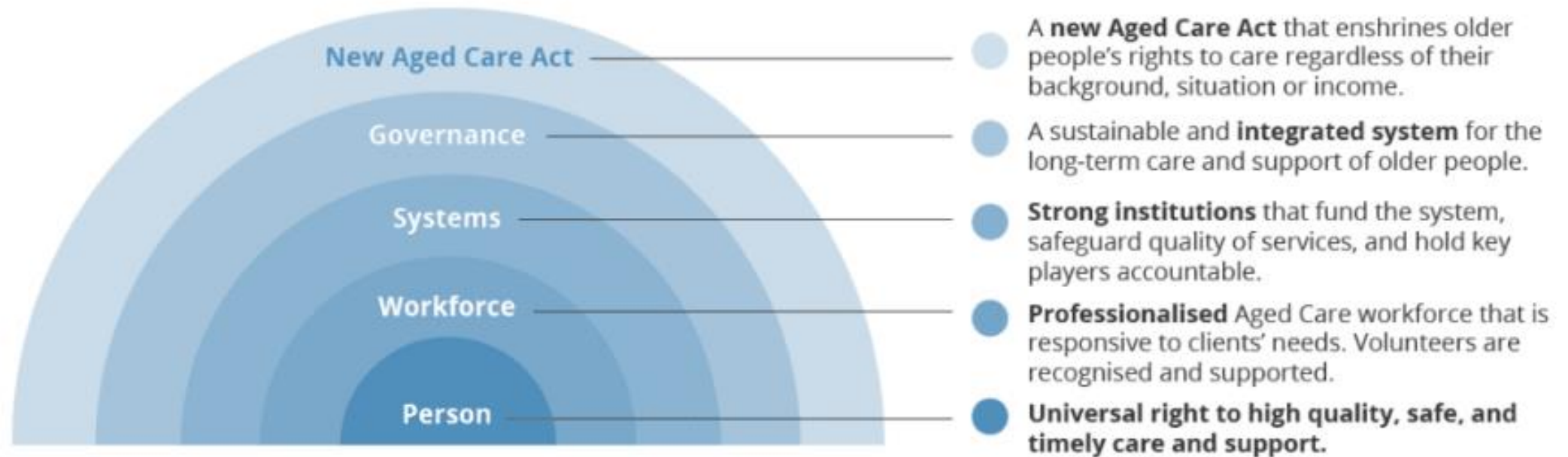
Diagram 1 below, highlights the five key elements of the CCH Partners in Positive Ageing model.



A human rights approach

CCH constantly works to promote a diverse, equitable, and inclusive culture, with a focus on human rights. Human rights in the context of positive ageing are about the dignity, respect and choice to access to the resources that help push back on disability through high quality, safe and timely restorative care reflective of resident needs.

The new Aged Care System: an entitlement to care



Standard 3: The care and services



Outcome 3.1: Assessment and planning

The provider must actively engage with individuals to whom the provider delivers funded aged care services, supporters of individuals (if any) and any other persons involved in the care of individuals in developing and reviewing the individual's care and services plans through ongoing communication.

Care and services plans must describe the current needs, goals and preferences of individuals and include strategies for risk management and preventative care.

The provider must ensure that care and services plans are regularly reviewed and are used by aged care workers to guide the delivery of funded aged care services.

Outcome 3.2: Delivery of funded aged care services

The provider must ensure that individuals receive quality funded aged care services that meet their needs, goals and preferences and optimise their quality of life, reablement and maintenance of function.

The provider must ensure that funded aged care services are delivered in a way that is culturally safe and culturally appropriate for individuals with specific needs and diverse backgrounds.



Outcome 3.3: Communicating for safety and quality

The provider must ensure that critical information relevant to the delivery of funded aged care services to individuals is communicated effectively to the individuals and other persons supporting the individuals and with health professionals involved in the individual's care.

The provider must ensure that risks to individuals, and changes and deterioration in the condition of individuals are escalated and communicated as appropriate.

Outcome 3.4: Planning and coordination of funded aged care services

The provider must ensure that individuals receive funded aged care services that are planned and coordinated, including where multiple health providers and registered providers, supporters of individuals and other persons supporting individuals are involved.

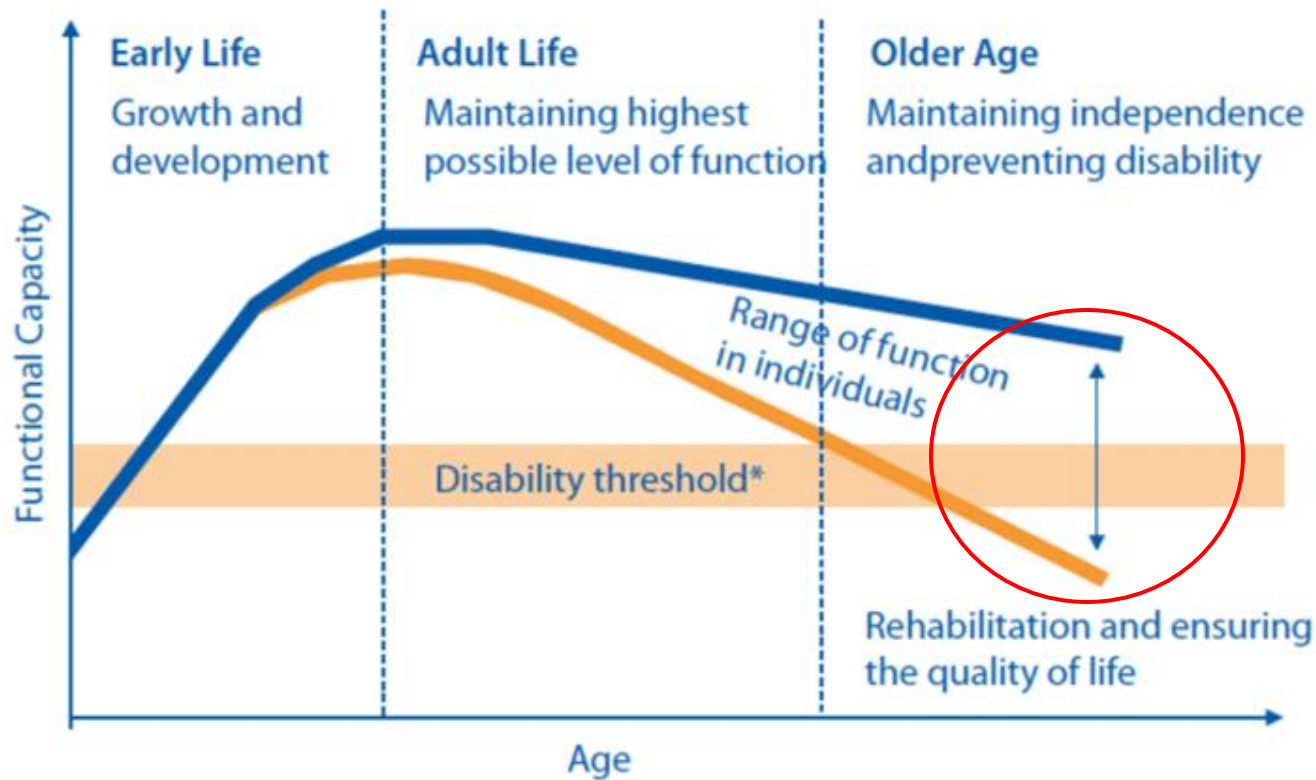




This level of decline is sometimes what I observe in aged care..... and I also see the decline starting in home care.

- is the service responding to their needs?
- was a health promoting pathway the default position, post set back?

Figure 4. Maintaining functional capacity over the life course



Source: Kalache & Kickbusch (12).

Weight loss

Significant overlap with sarcopenia with common features, contributors and treatment

Exhaustion

Weakness

Resistance based physical activity,
Energy intake: 30kcal/kg/day
Protein intake of 1-1.5g/kg/day

Slowness

Low energy expenditure

Work on the fitness gap – with intensive exercise & nutrition

Commence Rehabilitation program

The Repair Stage	The Strength Stage	The Function Stage
<p>The main goal of the Repair Stage is to gently ease the person back to previous level of function (takes 3-5 weeks).</p> <ul style="list-style-type: none">• Range of motion and flexibility exercises (including use of weights and walking along parallel bars).• Walking with our care staff whenever possible (at least 6 times a day) with clear goals for progressing the distances. Ensure adequate pain relief during this period, along with ice/heat treatments.	<p>Start restoring strength. This is a very important stage and can also take 3-5 weeks to improve endurance.</p> <ul style="list-style-type: none">• In this stage the goal is to minimise losses and work back to good levels of muscular strength and endurance with the use of weights, weight machines and strength training.• Including your increased walking distances (6 walks per day).	<p>The final step to a tailored ReABLE program is to work towards restoring function, coordination, change of direction, capability, agility, balance and strategies to prevent falls.</p> <ul style="list-style-type: none">• Once individual has worked with the Exercise Physiologist on these areas, they will have the protective factors to reduce further decline.....however,• individual. will have to keep going to the gym, several times a week and keep walking

Resistance Exercise



Rate of Perceived Exertion

1. Strength Training at least three times a week (Unless CVD risk)
2. Increasing resistance using the RPE scale.
3. Giving paracetamol before the exercise for those with joint or muscle pain can improve outcomes.

Design Good Governance Systems

Clinical Governance Framework – overview of core elements

1	2	3	4	5	6
Positive Leadership & Culture	Strong Resident & Client Partnerships	Robust Organisational Systems Support	Comprehensive Monitoring Reporting	Effective Workforce Systems	Effective Communications & Relationships
Person centred & health promoting leadership drives CCH Positive Ageing commitment and culture	Promote engagement in planning, decision making and review of clinical care, quality, and safe services	CCH Governance Charter, Documentation & Risk Framework guides clinical and organisational practice	Provide clinical quality and safety information to identify trends, emerging issues or risks, areas for improvement	Recruit, train and develop the workforce that supports clinical quality & safety	Are open, respectful and in-line with CCH code of Conduct and Positive Ageing commitment
Respectful, capable, and kind staff, partner with residents and clients to achieve outcomes	Support individual needs, preferences, and ways to improve their health and wellbeing	Planned, proactive & best practice approach to clinical quality and safety for resident / clients and staff	Services Committee assess clinical quality and safety performance, experience of resident / client	Guide staff practice and focus on early risk identification and Positive Ageing	Have good record keeping systems to support clinical quality & safety
A resilient and accountable culture, always seeking ways to improve	Promote feedback about their experience and information is used for improvement	Action contributes to clinical quality & safety and address the risks that exist for resident / client and services,	Enables a rapid review of clinical quality and safety for high-risk issues	Support employed, contracted, and visiting practitioners to have appropriate qualifications and experience to provide	Reduce the risk of harm to residents / clients providing; effective handover & transfers to and from hospital

Partners in Positive Ageing responsibilities and expectation per role			
CM/CN/RN & EN	Positive Ageing Leaders/Assistant	Exercise Physiologist	Personal Care Workers
<ul style="list-style-type: none"> Review/read progress notes daily to monitor any resident's risks – physical decline, refusal of care, refusal of food/fluid, social isolation. 	<ul style="list-style-type: none"> Monitor that everyone is engaged in key PERMA elements – targeting those with physical decline & social isolation (behaviours, refusal of care, falls) 	<ul style="list-style-type: none"> Work with care team to ensure <u>ReABLE</u> program followed to achieve recovery goals. 	<ul style="list-style-type: none"> Ensure that wellbeing activities that are delivered to residents are tasked off at the point of care & any refusal is reported.
<ul style="list-style-type: none"> Be leaders in working with EP/care team to coordinate residents' recovery – ensuring all interventions provided/document in PCS. 	<ul style="list-style-type: none"> Work with care team and EP to ensure all activities (social and physical) are being achieved. 	<ul style="list-style-type: none"> Monitor number of residents attending gym – try and get everyone, if possible, to have a program. 	<ul style="list-style-type: none"> Care staff will encourage residents to engage in activities and report any changes, deterioration & self-isolation or refusal of care to RN.
<ul style="list-style-type: none"> CM/CN/RN/EN must monitor daily that residents are engaged in activities and physical decline, refusal of care, refusal of food/fluid, behaviours or social isolation is investigated and not normalised. 	<ul style="list-style-type: none"> Positive Ageing team will work with EP to ensure each resident has scheduled daily PERMA activities or gym. 	<ul style="list-style-type: none"> Work with care staff/ resident engagement staff to ensure they are attending wellbeing walks & supporting residents to gym – confirm w/resident 	
<ul style="list-style-type: none"> CM/CN/RN/EN are accountable for leading the <u>ReABLE</u> program through the PCW/RE planned care – ensuring attended via PCS / recovery progressing / document. 	<ul style="list-style-type: none"> Positive Ageing team leaders will monitor daily and weekly on PCS if each resident is receiving daily activities. 	<ul style="list-style-type: none"> EP must review all <u>reABLE</u> programs to ensure everyone is playing their role in resident recovery. 	
<ul style="list-style-type: none"> Monthly review residents who were able to walk until they die 	<ul style="list-style-type: none"> Monthly review % of residents engaged in 31 meaningful activities per month – action plan for gaps 	<ul style="list-style-type: none"> Monthly review % of residents engaged in <u>ReABLE</u> programs (more intensive support by EP) 	
<ul style="list-style-type: none"> Monthly review % of residents walking – goal to have over 85% residents walking 		<ul style="list-style-type: none"> Monthly review % of residents engaged in physical activities – action plan for gaps 	

YOU 'CAN'T TEACH AN OLD DOG NEW TRICKS' IF YOU ARE AGEIST.

**OLDER APPLICANTS ARE LESS LIKELY TO BE HIRED AND,
ONCE EMPLOYED, LESS LIKELY TO RECEIVE TRAINING**

We need to change the way we think about ageing.

Find out how at **AgeWithoutLimits.org**



Age Without Limits is a campaign from the Centre for Ageing Better Trust, a registered charity in England and Wales (number 1160158)

#AreYouAgeist

GROWTH MINDSET

Is Freedom

Persevere in the face of failures
Effort is required to build new skills
Find inspiration in others success
Embrace challenges
Accept criticism
Desire to learn
Build abilities

FIXED MINDSET

Is Limiting

Avoid challenges Give up easily
Threatened by others success
Desire to look smart
Effort is fruitless
Ignore feedback
Fixed abilities



Measuring success

- CCH is committed to assessing its effect of the Partners in Positive Ageing model on resident and client outcomes by measuring (each month/quarterly):
 - % of residents walking – goal to have over 85% residents walking
 - Review of residents who were able to walk until they died
 - % of residents engaged in 31 meaningful activities per month
 - % of residents engaged in physical activities
 - % of residents engaged in reABLE programs (more intensive support by EP)
 - % of resident falls each month



EveryAGE
Counts

We pledge

‘We stand for a world without ageism where all people of all ages are valued and respected and their contributions are acknowledged. We commit to speak out and take action to ensure older people can participate on equal terms with others in all aspects of life.’

Whats holding
you back?



Any Questions

