Older people in retirement villages: unidentified need & intervention research

Prof Martin Connolly, Geriatrician

Dr Michal Boyd, Senior Lecturer in Nursing Dr Dale Bramley, CEO Waitemata DHB and Physician Ms Joanna Broad, Epidemiologist Dr Kathy Peri, Nursing Prof Julia Kennedy, Pharmacy Prof Merryn Gott, Dept of Nursing Dr Katherine Bloomfield, Geriatrician Mr Xian Zhang, Statistician Ms Tanya Bish, Gerontology Nurse Practitioner

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Strands: All strands but mainly Strand 1 (Maintain wellness, independence & autonomy) and Strand 4 (Reduce disability and impact of disability)

Key Research Questions

- Hypothesis: RV residents have multiple unmet needs & high healthcare use, and targeted intervention will decrease RAC entry & acute hospitalisation.
- Aims:
- 1) Describe demographic, clinical & functional characteristics, healthcare use, self-rated health & QoL of RV residents.
- 2) Examine residents' 'cohort trajectory' (3 years)
- 3) Assess (Cluster-randomised controlled trial) effect on trajectories of multidisciplinary integrated care package led by GNP for 'high risk' residents with multiple co-morbidity over 3 years
- 4) Extend follow up of (2) and (3) to six years (subject to further funding).

Delivery and Implementation Plans

• Waitemata DHB (WDHB) is a research partner in this project:

- Co-funding \$590
- WDHB CEO is a Co-Investigator
- If the outcome is 'positive', the Intervention will become 'business as usual' within the DHB (track record on this - RACIP/ARCHUS/ARCHIP)
- Together with other similar initiatives (above) it will enable WDHB's structures to become an exemplar for national implementation and further study – add-ons

Health of Older People (HOP) Strategy

- Northern Regional HOP Strategy Group (Connolly/Boyd/Peri)
- Ministerial adoption track record (in residential care palliative care nurses; care guides)
- National Revisions

Linkages with other NSC-AW projects

- Project A: Saville-Smith et al. 'Housing tenure changes'
 - Negotiations ongoing re data sharing (would need further ethics approvals)and some joint staffing (data manager)

- Project G: Jamieson, Keeling. Risk factors for reduced social engagement'
 - Methodological interactions and co-learnings

- Project H: Jamieson. 'Drug Burden Index DBI'
 - Plans for co-collection of pharmacological data and use of DBI (Phase 3 of Villages project – Prof Julia Kennedy)