



Bolton Clarke  
Research Institute Report  
2019

Better Evidence:  
Better Health and Wellbeing



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## From the Chairman

**Bolton Clarke continues to focus on creating a social enterprise that supports the health, wellbeing, independence and quality of life of our clients and residents.**

The work of our multidisciplinary Research Institute is integral to achieving this outcome.

Bringing together research-based innovation with customer-led design and practical solutions ensures that we continue to deliver high quality and responsive clinical care.

Our work to ignite discussion and action to address social isolation and loneliness has been a recent focus area of the Research Institute. I had the privilege of attending the Research Institute's Brisbane Social Connection in Older Age symposium addressing this growing issue. The successful symposia held in Brisbane and Melbourne, brought together researchers, service providers and community members to progress the work being done to build community connection and wellbeing for older people.

We also continue to build on our support of veterans and their families through the delivery of the Veteran Family Mental Wellbeing Series. This initiative came about after research into the unique health needs of veterans identified a demand for greater knowledge and practical resources, not just for veterans and their families, but also for our teams, clinicians and service providers.

This series was developed by the Research Institute in collaboration with our Altura Learning business and incorporates the experiences of our veteran residents, their families, our team members and our partners from veteran organisations.

These are just two examples of the important work being completed by the Research Institute as part of our broader Care, Innovation and Quality team.

I commend the ongoing efforts of our researchers in contributing to innovative and practical health and wellbeing approaches and I look forward to seeing further results supporting positive ageing in Australia.



**Pat McIntosh AM CSC**  
Chairman



## Translating research into care

### Our research informs our investment in new models of care and is grounded by our robust clinical governance framework.

We are uniquely placed to draw on this investment, as the only aged care provider in Australia with a dedicated research institute and the clinical breadth to translate research findings into practice.

Our Senior Clinical Nurse Advisors (SCNA) play an important role in this process. Together with our researchers, their innovative work leads to improvements in the health and wellbeing of not only our residents and clients, but also the broader community. The SCNA team has deep expertise in aged care and dementia, continence and urology, diabetes management, palliative care and wound management. Their well-developed understanding of the ageing process and evidence-based interventions makes a real difference when applied to the acute, chronic and complex care needs of our clients and residents.

Over the last few years we've developed priority research areas that align with our organisation's 2025 Strategic Plan and we are undertaking research that delivers impactful and timely care solutions.

One example of this can be found in a recent initiative we have begun working on with the Queensland University of Technology and other partners. This new program is focused on preventing stressful, and often unnecessary, hospitalisations for residential aged care residents.

Twelve of our Queensland residential aged care communities will host the three-year Early Detection of Deterioration in Elderly Residents (EDDIE+) program which is designed to enhance the skills and confidence of nursing and care employees. It provides additional resources for our communities including clinical equipment and training.

Collaborations like this ensure our research is asking and answering the right questions that bring to life findings for the benefit of older Australians into the future.

It is a privilege to oversee the work of our Research Institute across our services continuum, with the social benefits shared locally, nationally and internationally.

**Wendy Zernike**  
Executive General Manager  
Care, Innovation and Quality



## Our research excellence

### The role of the Research Institute is to enhance community wellbeing by creating and translating evidence into improved health and social care practices, policies and outcomes.

The Research Institute is central to Bolton Clarke's research culture, driving innovative improvements to how we deliver quality care and client, resident and family experience across Bolton Clarke. Ultimately, our research aims to support their ability to lead fuller and more satisfying lives.

Our multidisciplinary team has a wealth of clinical and academic experience, including allied health clinicians who have worked across the health care continuum in the public, private and not-for-profit sectors, epidemiologists and health services researchers. Our projects now extend beyond community nursing, into retirement living and residential aged care.

Our work is defined across four priority areas:

- optimising the health and wellbeing of older people
- combatting loneliness and isolation as we age
- addressing post-traumatic mental health
- evaluating the implementation of assistive technology to support independence.

Over the past two years we have completed several projects across the three arms of the business with a focus on diversity training, improving care of diabetes, foot health, skin health, dementia, medication safety, falls risk and social isolation.

The ultimate goal of any research is to translate the findings and learnings into routine care. This requires close engagement and collaboration with end users and all stakeholders - from co-designing the ideas to be investigated, to designing and conducting the project, through to evaluating and disseminating the outcomes. Collaborating in this way facilitates development of innovative programs and services that are acceptable, valuable, pragmatic and enduring, while being personalised and addressing specific care needs.

We also strategically partner with university and hospital research groups, community service providers, peak bodies and government.

Our team has been in demand, disseminating our research in peer-reviewed literature, industry publications and at conferences across Australia and around the world. At the same time, we have found new ways to create knowledge sharing within our organisation with training and symposia opportunities.

I would like to thank all employees, the Board, the Group CEO, Executive Research Management Committee and Human Research Ethics Committee for their generous support, time and expertise to guide our work. Thanks are also due to my team for their ongoing passion, enthusiasm and 'can do' attitude.

Finally, we thank every client, resident and family member who has participated in our projects and consumer advisory groups, all clinical and care employees, and our funders and donors who continue to support our work.

**Judy Lowthian**  
Principal Research Fellow & Head of Research

# At a glance

## Key principles

Our four principles place people at the centre of our approach:

### Person-centred

ensuring that all care respects and is tailored to the needs, values and preferences of the individual, be it the client, resident, family member, carer or wider community

### Co-design

bringing together the experience of all stakeholders to identify opportunities for improvement and make changes to a service, program, product or system

### Translate research into practice

moving current research and evidence into routine care through knowledge translation and implementation

### National approach

our research program has a national focus across at home support clients, retirement living and residential aged care communities

## Our research priorities

Our research projects concentrate on four key areas that underpin healthy ageing:



### Optimising health and wellbeing

- improving management of common chronic conditions
- identifying, developing and evaluating preventative activities to support people to stay as independent as possible or desired



### Combatting loneliness and isolation

- services and supports identifying, addressing and/or preventing loneliness and isolation in older people



### Addressing post-traumatic mental health

- assisting those experiencing post-traumatic stress disorder, depression, anxiety, alcohol and substance abuse, as well as their family and care providers



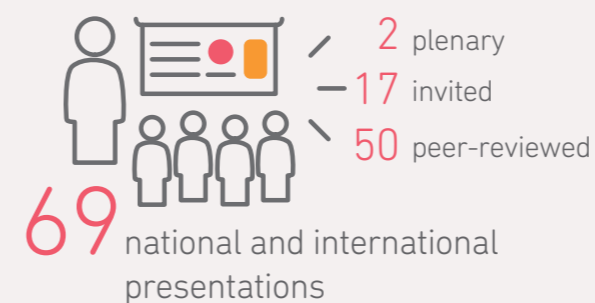
### Evaluating the implementation of assistive technology

- co-designing the implementation and evaluation of technologies to maintain and improve function and independence

Our Research Institute identifies practical solutions to enable greater independence, quality of life and choice about healthcare options for our customers and the wider community.

## Our highlights

During 2017-2019:



# Our projects

## Optimising health and wellbeing

### Completed projects

#### Timely Enhanced Access to Medication Management (TEAMM): Pharmacist workforce model trial

- Researchers:** Cikie Lee, Rohan Elliott, Snezana Kusljic, Judy Lowthian, Robyn Saunders, Ginn Chin, Christine Bellamy, Georgia Major
- Research partners:** Austin Health, Eastern Melbourne Primary Health Network (PHN), University of Melbourne
- Study population:** At home support clients
- Funding support:** Eastern Melbourne PHN, Primary Health Networks Innovation Funding Stream (2016-2018)

This work was commissioned by the Eastern Melbourne PHN to implement and evaluate a home visiting pharmacist service within their catchment area for a period of 12 months. The project was informed by a pilot study conducted by the Research Institute - the Visiting Pharmacist (ViP) project. ViP focused on reducing medication errors and adverse drug events, addressing inaccurate medication lists and polypharmacy. The TEAMM project aimed to replicate and scale up the ViP pilot, evaluate effectiveness of the care model and explore client, carer and health professional experiences.

During the 12-month study, 131 clients received the home-based pharmacist service. The average age of participants was 82 years, with the majority female, and with an average of 12 prescribed medications. A very high proportion (76 per cent) used one or more potentially inappropriate medications at baseline, which reflects complex multi-morbidity.

Clients and their carers reported they felt more confident about their medications, medication management and the support they received through this service. This was related to the education and information provided by the pharmacists, who also simplified dose regimens. Participants reported improvements in medication adherence, symptom management and unwanted side effects.

The nurses reported the pharmacist support increased their knowledge and sometimes led to time savings.

The pharmacists described improved interdisciplinary care and communication between team members comprising prescribers, community pharmacies, nurses, clients and carers. In addition to the home visiting role, the pharmacists addressed nurse requests for medication advice and information, prepared newsletters and provided nurse education sessions.

#### Diabetes and falls prevention

- Researchers:** Claudia Meyer, Anna Chapman, Angela Joe, Duncan Mortimer
- Research partners:** Centre for Health Economics, Monash University
- Study population:** At home support client database
- Funding support:** GW Griffiths Foundation

For an older person, a fall can cause injury, loss of confidence and a reduction in activity and independence. Older people with diabetes have a 67 per cent greater chance of falling than the general community-dwelling older population.

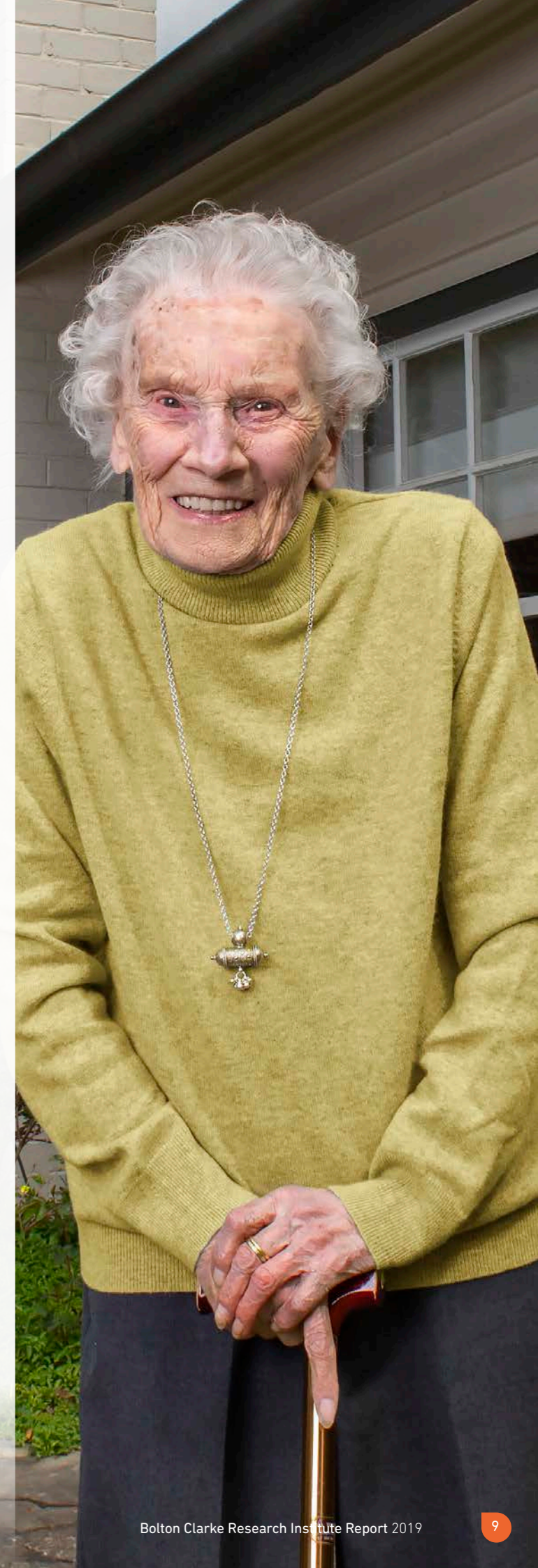
This project profiled older people aged ≥65 years with diabetes who had a history of falls and received home-based nursing services in 2014 with the aim of:

- identifying predictors of their falls risk
- understanding current community health and aged care service provision
- estimating future service needs and associated costs
- developing an education module for community health workers about falls prevention for people with diabetes.

**Profile:** Older people with diabetes receiving at home support services from Bolton Clarke in 2014 had far greater rates of falls than the non-diabetic general older population. They were equally as likely to be male as female, but more likely to have been born outside of Australia. They were more likely to reside in lower socio-economic areas and have multiple health conditions. Falls data was somewhat limited, but of the existing data, over 25 per cent of those people reporting a fall have diabetes. People with diabetes with a history of falls were more likely to have a carer, suggesting they were becoming increasingly frail.

**Cost-benefit analysis:** Our cost-effectiveness analysis estimated the impact of an intensive, supervised exercise program for people with diabetes and peripheral neuropathy. We found the exercise program plus usual care (their usual health and medical care) is costlier, yet more effective than usual care alone. The exercise plus usual care yields an additional 5.33 quality-adjusted life-years (QALYs) per person due to a reduction in falls per person, falls-related hospital admissions and delayed admission to residential aged care.

**Development of an online training module:** In collaboration with our Learning and Organisational Development team, we developed a diabetes and falls online module for community-based nurses, allied health and personal care workers.



## Optimising health and wellbeing cont.

### Non-pharmacological interventions for people with dementia: A review of reviews

**Researchers:** Claudia Meyer, Fleur O'Keefe  
**Study population:** Residential aged care

Aged care services increasingly respond to the needs of people with dementia. Non-pharmacological approaches are preferable to reduce responsive behaviours, improve or maintain functional capacity and reduce emotional disorders. This rapid review of systematic reviews aimed to consolidate the evidence for non-pharmacological interventions for dementia in residential aged care.

This review integrated the evidence and assessed ease of implementation into routine care.

Our findings highlight that no single program or intervention will meet the needs of all residents. Importantly, these interventions need to be viewed alongside individual needs and preferences.

Working collaboratively with the person with dementia using evidence-based interventions will allow aged care providers to truly understand the needs and preferences of their residents, to form a foundation of care that is both person-centred and best practice.

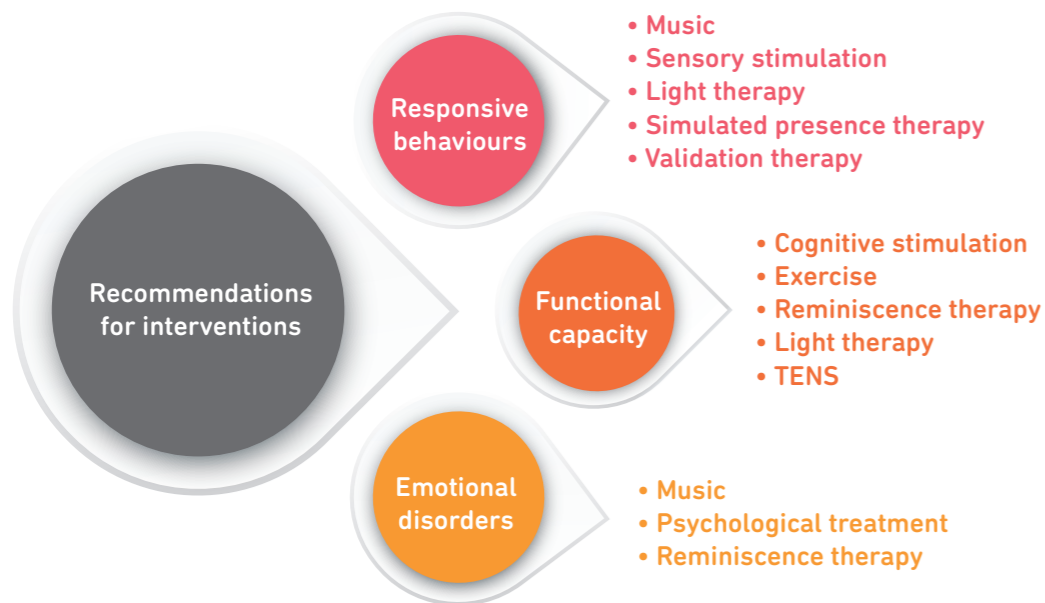


Figure: Recommended interventions for people with dementia (TENS: transcutaneous electrical nerve stimulation)

### National advance care directive prevalence study

**Researchers:** Georgina Johnstone, Leanne Davey  
**Research partners:** Austin Health, Advance Care Planning Australia  
**Study population:** Residential aged care

Bolton Clarke participated in the 2018 National advance care directive (ACD) prevalence study led by Advance Care Planning Australia (based at Austin Health in Victoria). The study involved a health record audit to determine the prevalence, characteristics and accessibility of ACD and associated documents within residential aged care. We undertook the audit at four Bolton Clarke residential aged care communities. We found the overall prevalence of Bolton Clarke residents with ACDs was 65.5 per cent. Interestingly, this figure was almost double the average prevalence rates

at other participating care homes across Australia.

Half of the ACDs of our participants were documents appointing a substitute decision-maker, which is to be expected given the prevalence of dementia in our residents. Results from this study provide inspiration for quality improvement and research activities and affords the opportunity for benchmarking in the future.



### Health and wellbeing survey in retirement living

**Researchers:** Liz Cyarto, Judy Lowthian, Marissa Dickins, Angela Joe  
**Study population:** Retirement living

Currently approximately six per cent of those aged  $\geq 65$  years live in retirement communities and this proportion is predicted to increase in coming years. However, very little is known about the health and wellbeing of these residents. We designed a survey with Bolton Clarke's retirement living service to provide insights into residents' health and wellbeing.

Residents of 14 communities were asked about their health (such as unplanned hospital admissions, pain and medications), wellbeing (such as life satisfaction, social connection and caregiving), independence with everyday living activities (cleaning, meal preparation, receipt of personal care and support services) and mobility (such as moving about within and outside of the community, falls and level of physical activity).

We are now analysing the patterns of health and wellbeing in this group. Findings will be used to inform program and service development to meet residents' current and future needs.

## Optimising health and wellbeing cont.

### Looking ahead

#### Focus on wellness and reablement in at home support and residential aged care

**Researchers:** Kath Paine, Janeen Cato, Claudia Meyer, Liz Cyarto, Judy Lowthian

**Study population:** At home support, retirement living, residential aged care, Bolton Clarke employees

A wellness and reablement approach to care is now mandated by the Federal Government for all home-based and residential aged care services. In line with this reform, services and the workforce need to re-focus the way they work with older people.

We are trialling the implementation of a wellness and reablement approach, spanning our at home support and residential aged care services. We are conducting formal evaluation of the feasibility and acceptability of this approach through a questionnaire and face-to-face interviews.

#### Being Your Best: An innovative approach to frailty and care transitions

**Researchers:** Judy Lowthian, Amber Mills, Liz Cyarto, Claudia Meyer, Marissa Dickins, Lorena Thurgood, Fleur O'Keefe, Julie Byles, Alison Hutchinson, Frances Sutherland, Katie Walker, Lee Boyd, Michael Rose, De Villiers Smit, Harvey Newnham, Peta Forder

**Research partners:** Alfred Health, Cabrini Health, Monash Health, Monash University, Deakin University, University of Newcastle

**Study population:** At home support clients and community members

**Funding support:** Monash Partners Academic Health Science Centre Medical Research Future Fund (MRFF) Rapid Applied Research Translation Fund

Frailty refers to an increased vulnerability to stressors, including ill health and increases susceptibility to further decline. Approximately 50 per cent of Australians  $\geq 65$  years are frail. Frailty worsens with hospital admission and increases risk of hospitalisation. Furthermore, previous hospitalisation within 12 months is a risk factor for unplanned readmission.

be co-designed, use needs-based assessment and be guided by participant choice to maximise compliance. They will include: physical mobility and exercise, nutritional support, cognitive stimulation and/or social support. Family members will be asked to assess their experience and the impact of the program. Program sustainability and evaluation will occur at 12 months.

The 'Being Your Best' program aims to build resilience and help overcome vulnerabilities arising from frailty and recent hospitalisation, using evidence-based, co-designed and patient-driven strategies. The program will be initially piloted with recently hospitalised people aged  $\geq 65$  years. Interventions will

We will also map frailty trajectories and hospital admissions in population data sets: the Australian Longitudinal Study of Women's Health, 45 and Up study and Bolton Clarke Home Nursing Administrative Data Set. This data will also enable comparison of frailty and hospital readmission to population models of healthcare use.

#### Foot health service linkage for people experiencing homelessness

**Researchers:** Rajna Ogrin, Mary-Anne Rushford, Rebecca Mannix, Anthony Lewis

**Research partners:** cohealth, Footscape

**Study population:** At home support, Homeless Persons Program (HPP)

**Funding support:** Rough Sleeping

In Victoria there are almost 23,000 people experiencing homelessness. Foot problems, causing pain and discomfort, are a frequent issue.

Bolton Clarke's HPP, cohealth outreach podiatry and Footscape - a non-profit organisation.

Many services provide healthcare support for people experiencing homelessness: outreach nursing, outreach podiatry and philanthropic resource support. This project aims to evaluate the collaboration between three services providing access to foot health in metropolitan Melbourne:

We are examining the characteristics of individuals who need this service, identifying any gaps in service access and what other supports are needed to improve care and outcomes for this vulnerable group. This will help advocate for additional resources to enable access to foot care for people experiencing homelessness Melbourne-wide.



#### Redesigning texture modified foods to bring back the joy of eating

**Researchers:** Liz Cyarto, Judy Lowthian, Marissa Dickins, Georgia Major, Cherie Hugo, Bernadette Dutton, Caroline Lucas, Bill Laird, Cathie Watt

**Research partners:** My Nutrition Clinic, Loqui Speech Pathology

**Study population:** Residential aged care

**Funding support:** Perpetual Queensland, Dr and Mrs J Luddy Charitable Trust

Many aged care residents have dysphagia - difficulty chewing and/or swallowing. To improve swallowing safety, foods are pureed or minced to make eating and drinking easier and safer. However, these meals have often lacked visual appeal. Bolton Clarke's Food Services team has been changing the way meals are prepared and presented to residents with dysphagia. Custom-made silicon moulds are used to shape foods that have been chopped finely or pureed, so they resemble their original form.

Catering employees at three residential aged care communities are being trained to use the food moulds. We are evaluating the impact the new moulded-texture modified food has on residents' quality of life, mood, meal satisfaction and consumption, nutritional intake, weight and use of supplements.



## Combatting loneliness and isolation

### Completed projects

#### Older Women Living Alone (OWLA): Understanding and optimising wellbeing and aged care services

**Researchers:** Rajna Ogrin, Colette Browning, Jo Enticott, Emma Renehan, Marissa Dickins, Judy Lowthian, Georgina Johnstone, Angela Joe, Duncan Mortimer, Angelo Iezzi

**Research partners:** Centre for Health Economics, Monash University

**Study population:** At home support clients and community members

**Funding support:** Lord Mayor's Charitable Foundation – Eldon & Anne Foote Trust (Innovation Grant 2016)

This project aimed to optimise the wellbeing of older women who live alone, through co-creation of new strategies that enhance their independence while living in the community. As Australian women age, they are more likely than men to live by themselves. They are also at greater risk of poverty and homelessness, which can lead to poorer health and quality of life. There are limited services currently available to support older women to remain living by themselves independently.

This two-year mixed-methods project comprised several interlinked components including a systematic review, analysis of home-nursing

data and interviews with older women. The findings from these three components provided information about the interventions already evaluated in this space, the demographics and profile of older women living alone and the barriers and enablers to service access.

We collated and presented this information during forums held with older women living alone and service providers. This was used to co-create evidence-based interventions and strategies that address the service and supports needed to optimise health, wellbeing, quality of life and support independence.

These co-created strategies were prioritised by both older women and stakeholders, resulting in three services to assist women to age well at home:

#### 1. Handy help:

Someone to do small tasks such as change a lightbulb and larger tasks such as spring clean or garden clean-up



#### 2. Volunteer drivers:

Private vehicles, with no restriction or reason for travel (not just medical) or time spent at activity



#### 3. Exercise buddies:

Find-a-buddy service to match older women to an exercise buddy with similar needs and interests



### Looking ahead

#### Peer support for Older Women to promote wellbeing and independence (POWER)

**Researchers:** Rajna Ogrin, Judy Lowthian, Georgina Johnstone, Amber Mills, Jennie Holdom

**Research partners:** Uniting VicTas

**Study population:** At home support clients and community members

**Funding support:** The Felton Bequest

POWER will build on the work of OWLA, piloting the three prioritised co-created strategies. The aim is to assist women ≥55 years who live by themselves to remain living independently in the community, with access to services that are likely to meet their needs, such as volunteer drivers, exercise buddies and handy help.

To do this, we are collaborating with women aged ≥55 years living by themselves on the Mornington Peninsula, people interested in volunteering their

time to provide the peer support strategies and service providers in the local area.

Using population data, we have identified Hastings, Rosebud and Dromana as suitable areas for the project due to the proportion of older women living by themselves and existing services in the area. Together, we will co-design the development of the services and then commence a trial to evaluate whether the service meets the needs of the local communities.

#### Cycling Without Age

**Researchers:** Liz Cyarto, Judy Lowthian, Marissa Dickins, Claudia Meyer, Chezz Thompson

**Research partners:** Cycling Without Age, Townsville

**Study population:** Residential aged care

Cycling Without Age (CWA) is a movement that started in Denmark in 2012. Its co-founder, Ole Kassow, wanted to help older Danes with mobility limitations return to cycling. The movement has spread to 38 other countries. There are more than 10,000 trained 'cycle pilots' worldwide helping older people to again experience the "feeling of the wind in their hair".

The Research Institute is evaluating the implementation of Cycling Without Age, Townsville.

Through surveys and interviews with passengers, pilots and residential aged care employees, we are investigating the impact on quality of life, health, any behaviours of concern in residents living with dementia, activity levels (pilots) and attitudes towards ageing (pilots). We are also engaging the wider Townsville community to gauge awareness and solicit feedback on the CWA program.



## Addressing post-traumatic mental health

### Completed projects

#### Veteran Family Mental Wellbeing Series

**Researchers:** Judy Lowthian, Liz Cyarto, Marissa Dickins, Georgina Johnstone

**Research partners:** Altura Learning

**Study population:** Veterans, their families and ex-service organisations

The video series was developed in response to our research project that explored the experience of veterans and their families and identified gaps in health and social care for current and ex-serving Australian Defence Force (ADF) members and their families. Focus groups and interviews held in Townsville and Brisbane with 88 current and ex-serving ADF members, their families and members of ex-service organisations identified a number of key areas of interest, including:

- the difficulties faced during transition out of the ADF
- mental health needs across different groups of veterans
- challenges faced in seeking help for mental health conditions
- impact of service and mental health conditions on family members
- the need to support partners, children and parents of veterans.

A key service gap perceived by participants was a lack of support for families of serving and ex-serving members of the ADF. Family members expressed feeling excluded, left behind and ignored. They felt services and support were provided primarily at crisis point, if at all.

These findings provided the impetus to create the Veteran Family Mental Wellbeing Series as an avenue for evidence-based information about mental health and to provide hope that recovery is possible.

A collaboration between the Research Institute and Altura Learning, this five-episode series of videos aims to inform and educate current and former members of the ADF and importantly families and friends about mental health. These videos were designed to break down the stigma around seeking help and were developed with input from veterans, families and experts in the field. The series encompasses post-traumatic mental health, avenues to treatment and how to best support yourself and your loved one.

[www.boltonclarke.com.au/additional-services/veteran-family-mental-wellbeing-series](http://www.boltonclarke.com.au/additional-services/veteran-family-mental-wellbeing-series)

A sixth video was created for health and care professionals working with individuals living with post-traumatic stress disorder and dementia.



### Looking ahead

#### Understanding older veterans in the community: Who are they and what are their health and social care needs?

**Researchers:** Georgina Johnstone, Marissa Dickins, Liz Cyarto, Judy Lowthian

**Study population:** At home support client database

**Funding support:** Defence Health Foundation

Caring for veterans and their dependants is integral to Bolton Clarke's history. By analysing our at home support service data gathered over a 10-year period, we are investigating the health and social care needs of more than 13,000 older people supported by the Department of Veterans' Affairs.

We know these individuals have an average age of 86 years. We are comparing veterans, those supporting veterans and the general community, to identify how the experience of ageing differs for veterans and how we can best support their complex health and social care needs.

#### Mates for ageing vets: The impact of befriending on depression, anxiety, loneliness and social support in ageing veterans living in residential aged care

**Researchers:** Liz Cyarto, Judy Lowthian, Marissa Dickins, Georgina Johnstone

**Study population:** Residential aged care

**Funding support:** Perpetual Queensland

Despite living with others, many older adults living in residential aged care are lonely, which is also closely associated with depressive symptoms. One way to combat this loneliness might be through befriending, a non-directive emotional and social support that is carried out by non-health professionals, typically volunteers.

Our previous work with veterans identified mood disorders such as depression and anxiety in this cohort. Therefore, we are now investigating whether befriending would be acceptable, beneficial and feasible to implement in the residential aged care setting with our veteran residents.

Previous research has shown volunteers can provide social support over the phone for people living in the community with depression, anxiety and comorbid physical health problems. However, befriending has not been studied in the residential aged care setting.

Befriending has the potential to improve the mental health of ageing veterans and may benefit the volunteers as well. Having evidence to support befriending will help to raise awareness of effective ways to assist in managing depression, anxiety and loneliness in ageing veterans.



## Evaluating the implementation of assistive technology

### Completed projects

#### Keeping feet healthy with diabetes

<b>Researchers:</b>	Rajna Ogrin, Tracy Aylen, Dinesh Kumar, Rekha Viswanathan, Janine Scott, Fiona Wallace
<b>Research partners:</b>	RMIT, Carrington Health
<b>Study population:</b>	At home support clients
<b>Funding support:</b>	Eldon & Anne Foote Trust and Pam & Alfred Lavey Trust

Foot problems are one of the most common and costly complications associated with diabetes. They can become very serious, leading to amputations and even death. Therefore, education and encouraging regular screening and help-seeking are key to prevention.

Given the rise in smart phone use, this project aimed to develop and pilot two education apps designed to support (i) people with diabetes and (ii) generalist healthcare providers to help their clients optimise their foot health.

We co-designed the apps with biomedical engineers, researchers, healthcare providers and community members with diabetes. The apps were then piloted with 40 people with diabetes over 12 weeks and six Bolton Clarke nurses over two weeks.

Our nurses felt their knowledge and awareness increased after using the app and thought the app useful and worth pursuing. Further work is required to align any app with current electronic systems.

For people with diabetes, we found the app was worth pursuing. Participants would prefer the information be included in a holistic diabetes care app and feel the app would benefit people newly diagnosed with diabetes.

Further research is needed to better understand how to support people with diabetes to more accurately perceive their personal risk of serious foot complications and to improve self-care behaviours to prevent amputations.

### Looking ahead

#### Older People with Type 2 diabetes - Individualising Management with a Specialised community team: Safety and feasibility study (OPTIMISES)

<b>Researchers:</b>	Rajna Ogrin, Elif Ekinci, Ralph Audehm, Sandra Neoh, Tracy Aylen, Leonid Churilov, Cikie Lee, Lorenna Thurgood, Georgia Major, Jeffrey Zajac
<b>Research partners:</b>	Austin Health, Florey Institute of Neuroscience and Mental Health, University of Melbourne
<b>Study population:</b>	At home support clients and community members
<b>Funding support:</b>	RDNS Charitable Trust, H&L Hecht Trust and supported by an unrestricted grant from Sanofi.

Type 2 diabetes is a chronic disease particularly affecting older adults, requiring complex and challenging treatment due to high levels of comorbidities. Therefore, individualised care is necessary.

The OPTIMISES trial is a collaboration between Bolton Clarke and the Austin Hospital in metropolitan Melbourne. It comprises a multi-faceted approach involving the use of flash glucose monitoring, home visits with a Bolton Clarke credentialed diabetes nurse educator and telehealth consultations with an endocrinologist from Austin Health.

The study aims to evaluate the safety and feasibility of this model of care with

43 participants aged  $\geq 65$  years. The impact of the individualised management is also being assessed, in terms of clinical and biomedical markers (including blood glucose patterns and adverse events) and person-centred outcomes (including quality of life, wellbeing and treatment satisfaction). We are also determining the resources needed to undertake the assessments and management.

This study is the first of its kind to explore individualised diabetes management for older people living in the community, with the aim of achieving optimal glycaemic levels. The data drawn from this project may be used to inform policy makers, service providers, clinicians and older adults living with diabetes.

#### Narrow Band imaging to predict the likelihood of healing venous leg ulcers

<b>Researchers:</b>	Rajna Ogrin, Dinesh Kumar, Kylie Elder, Behzad Aliahmad, Priya Rani, Jacinta Anderson
<b>Research partners:</b>	RMIT
<b>Study population:</b>	At home support clients
<b>Funding support:</b>	Trajan Scientific and Medical

Leg wounds occur more often in older people, causing pain, restricting mobility and reducing social engagement. They may also take a long time to heal and lead to complications like infections and needing to go to hospital. A key issue is that it is difficult to know which wounds won't heal as expected.

Narrow Band imaging is a new type of photography using up to 100 colour channels rather than the usual three. This provides more information about the chemistry of wounds than

pathology tests alone. Previous research by RMIT identified this type of imaging can help better predict the healing of foot wounds in people with diabetes.

In this study, we are working with RMIT to build on the research already done and find out if there is extra information these type of photos can provide to help us predict which leg wounds will heal normally and which ones need more help to heal better.



## Evaluating the implementation of assistive technology cont.

Enabling wellbeing by providing choices for people with dementia and memory loss

**Researchers:** Claudia Meyer, Judy Lowthian, Marissa Dickins, Fleur O'Keefe, Sharona Blum

**Study population:** At home support clients

**Funding support:** State Trustees Australia Foundation

Risk is a complex concept, especially in dementia care. Balancing the risk and autonomy of a person with cognitive impairment is complicated. There is potentially much conflict in the differing perspectives of the person with cognitive impairment, their carers and their healthcare providers.

A previous project funded by State Trustees Australia Foundation explored the concept of risk in the context of dementia care. A risk negotiation tool, *Enabling Choices*, was created to help health professionals to negotiate risk the person with cognitive impairment may be experiencing, in areas such as self-care, mobility and driving. This risk negotiation tool was also assessed for its usability and acceptability within the community nursing context.

The aim of this next project is to convert the *Enabling Choices* paper-based tool into an accessible electronic platform and evaluate the tool in the real life setting of day to day health professional practice, delivering care to people experiencing cognitive impairment.

## Data that paints a picture

Analysing data to understand the needs and profiles of our customers and to support our research priorities.

As the world becomes increasingly connected and electronic, 'big data' sources are regularly identified, providing innumerable opportunities to analyse patterns and trends, particularly in human behaviour and interactions. The opportunity this presents to health services research is exciting, enabling insights into issues that were once difficult to quantify.

Our ability to use existing data to identify the needs of our clients and residents and address these needs through responsive and improved services is work our researchers undertake on a continuous basis.

The electronic health record is one of these new data sources. Over recent years, many different health services have shifted to electronic records and Bolton Clarke's at home support was ahead of the curve. There is currently a wealth of knowledge that has been gathered for more than a decade by our at home support nurses, which the Research Institute has recently gained access to and begun to analyse. Our clients provide consent for the use of their data for research purposes when they are admitted and all identifying information is removed before being provided to the research team.

This is a unique and rich data set. Between 2006 and 2015, the Victorian at home support team supported 162,233 clients in 310,680 episodes of care, culminating in 17,246,852 visits lasting over 7,176,281 hours. This means that these data cross the threshold into 'big data' and requires special computer programs to analyse it effectively. These data provide us with a new opportunity to collaborate on projects to further our understanding of our clients and drill down on some important issues that affect how we provide care to them.

One of the first analyses we completed using these data was examining the profiles and service use of older women who live by themselves, as part of a project funded by the Lord Mayor's Charitable Foundation. The rate of women living alone in this data set was 43 per cent, which was double that for women living in the greater Melbourne area.

We also found that women living alone:

- were more likely to be older, from higher socioeconomic areas, own their own home, born in Australia and speak English as their preferred language, when compared with women who were not living alone
- had more medical conditions, but a lower overall burden of disease than those living with others
- had a rate of service use that declined over the 10-year data collection period, compared to those living with others. This appears to be driven by stagnation or decline in service use in women under the age of 85
- were more likely to be admitted multiple times, have more visits by a nurse during their admission, with their admissions lasting for twice as long compared with those living with others
- were twice as likely to receive medication management and 50 per cent more likely to experience monitoring and surveillance during their home nursing care.

### Other projects include:

- profiling mental health of at home support clients with a mental health diagnosis
- pathways through home care for people with dementia in Australia
- the association between falls and diabetes: profiling falls in people with diabetes
- identifying high users of community nursing – what factors are associated with high use of community home nursing?
- understanding older veterans in the community: who are they and what are their health and social care needs?

### Looking ahead:

- the effects of frailty on health service utilisation
- predictors of unplanned hospitalisation from community and residential aged care
- examining chronic conditions in aged care residents.

# Supporting better clinical outcomes

We're working with Queensland University of Technology on a new program that aims to reduce unnecessary hospitalisations for residents.

Twelve of our Queensland residential aged care communities will host the three-year Early Detection of Deterioration in Elderly Residents (EDDIE+) program, funded by the Federal Government's Medical Research Future Fund.

The program, which will conclude in 2022, is designed to provide tailored nurse and care employee training and resources for early detection of deterioration. The focus is to significantly reduce the number of hospital admissions from residential aged care communities, saving residents distress and disruption while lessening the burden on the hospital system.

As part of the program, equipment including bladder scanners, ECG monitors and pulse oximeters will be

rolled out progressively to each of our participating communities, while clinical team members will be trained to use the Resident Acute Deterioration Detection Index. Specialist geriatricians and nurse practitioners will provide additional support.

The \$1.9 million program involves the Research Institute working with a range of partners including:

- Queensland University of Technology
- University of Adelaide
- Central Queensland University
- University of the Sunshine Coast
- Metro North Hospital and Health Service.



# Partnerships

We collaborate with national and international academic and health service partners to uncover and translate evidence into practice.

## Universities

### Monash University

- School of Public Health and Preventive Medicine
- Centre for Health Economics, Monash Business School
- Department of General Practice
- Southern Synergy, Department of Psychiatry, Monash Health

### Royal Melbourne Institute of Technology

- Biomedical Engineering
- Health Transformation Lab

### The University of Melbourne

- Department of Psychiatry
- Melbourne School of Population and Global Health

### Griffith University

- Department of Business Strategy and Innovation

### The University of Queensland

- Faculty of Health and Behavioural Sciences

### Queensland University of Technology

- Institute for Future Environments
- Faculty of Health

### La Trobe University

- Centre for Health Communication and Participation

### Victoria University

- Institute of Sport, Exercise and Active Living

### Deakin University

- Centre for Quality and Patient Safety Research

### The University of Newcastle

- Research Centre for Generational Health and Ageing

### The University of Warwick

- Social Science and Systems in Health, Warwick Medical School

### Texas A&M University

- Center for Population Health and Aging

## Health services

### Alfred Health

- Emergency and Trauma Centre
- Volunteer Services

### Austin Health

### Carrington Health

### Cabrini Health

### Eastern Melbourne Primary Health Network

### Loqui Speech Pathology

### My Nutrition Clinic

## Peak bodies

### Australian Association of Gerontology

### International Association of Gerontology and Geriatrics

### International Federation for Emergency Medicine

### International Longevity Centre

# Engaging connections

We engage with a network of professional and community partners to drive and expand health research discoveries and translation across the sector.

The Australian Association of Gerontology (AAG) is one example of our engagement in practice.

## Australian Association of Gerontology

The Bolton Clarke Research Institute is an Australian Association of Gerontology (AAG) Collaborating Research Centre (CRC). The AAG CRCs engage continuously throughout the year in discussions on issues affecting ageing and aged care research and meet formally during the annual AAG conference.

The CRCs contribute to the AAG website, newsletter and other media to disseminate research findings and promote research projects. CRCs are also afforded a Knowledge Hub at the AAG Conference - a dedicated space on the exhibition floor to demonstrate our latest research - and an opportunity to connect with delegates and colleagues from other CRCs.

The AAG Conference is a major opportunity for the Research Institute to promote our work and over the last two years we have highlighted our research through two symposia, four oral presentations, five tabletop presentations and two posters.

Members of the Research Institute team are prominent contributors to the AAG, with Claudia Meyer a Director of the Board for the AAG, Rajna Ogrin on the AAG Victorian Division Committee, and Judy Lowthian on the AAG Research Trust Grants Committee.



Members of the Research Institute at the AAG Conference Knowledge Hub.

## International Longevity Centre – Australia

Judy Lowthian, Claudia Meyer and Liz Cyarto represent the Research Institute as a member organisation of the International Longevity Centre (ILC) – Australia (AU). ILC-AU is a consortium of researchers, service providers and advocacy organisations working together to provide evidence and analysis to inform policy and practice on ageing, and to promote healthy ageing in Australia.

## International Federation for Emergency Medicine

Judy Lowthian is the founding Australian member and an Executive member of the Geriatric Emergency Medicine (GEM) Special Interest Group (SIG) for the International Federation for Emergency Medicine (IFEM). The GEM SIG was established in 2016 and brings together clinicians, researchers and educators who have a specific focus on improving care of older emergency department patients throughout the world.

## Cabrini Institute

Judy Lowthian was nominated to the Cabrini Institute Council in 2018. The Institute Council is the Cabrini Health Board Committee responsible for overseeing and advising on the Cabrini Institute's clinical education, research and health promotion strategies and governance.

The Research Institute also contributes to the wellbeing of the wider community:

## Keeping older people active and engaged

Liz Cyarto led a demonstration of Urban Poling, using Activator walking poles, as part of Bolton Clarke's Be Healthy and Active program, at Melbourne's Applewood Retirement Community in 2018. The walking poles take pressure off the hip and knee joints by engaging core and upper body muscles and providing stability. Almost a dozen residents and Bolton Clarke employees enjoyed a late autumn walk around the Applewood grounds.

Liz was invited by the Knox City Council's Active Ageing and Disability Services Manager to present two sessions at their inaugural Active Ageing Expo in May 2018. Her first presentation, *Do or Die: Futureproof Your Health*, focused on the physical, social, nutritional and cognitive strategies that have been shown to help older adults optimise their health and wellbeing.

In the second session, Liz facilitated a 'bucket list' discussion where the audience was divided into small groups and challenged to create a list of new physical, creative and/or social activities to pursue. The Expo attracted 350 attendees and 43 stall holders, including Bolton Clarke.

In collaboration with the Australian Camps Association and Sport and Recreation Victoria (Department of Health and Human Services), Liz established the Great Getaway outdoor experience program for adults aged ≥55 years. The project started with a co-design session bringing together 14 older men and women with an interest in being active outdoors. Participants designed the Adventurers program for people seeking very active, high-risk pursuits (such as rock climbing) and the Have A Try program for those interested in a more relaxed outdoor experience (such as canoeing). In 2017-18, over 100 participants attended five Great Getaways. Several people participated in two or more programs. A few helped to run some of the activities.

Liz was invited by the Chartered Accountants Australia and New Zealand (Qld) to address members at their annual high tea in October 2018. The event was in support of Dementia Australia and Liz spoke about how technology can support people living with dementia and their carers.

## The value of volunteering

As part of her volunteer work as a member of Lord Somers Camp & Power House, Georgina Johnstone is on the organising committee for Very Special Kids Camp @ Somers. This is a twice-yearly weekend program giving children living with life threatening illness and their families, a weekend away to have fun and relax. Additionally, Georgina volunteers with Very Special Kids, helping at events throughout the year such as Sibling and Adolescent Days, Remembrance Day and the Holiday Party.

# Symposia and workshops

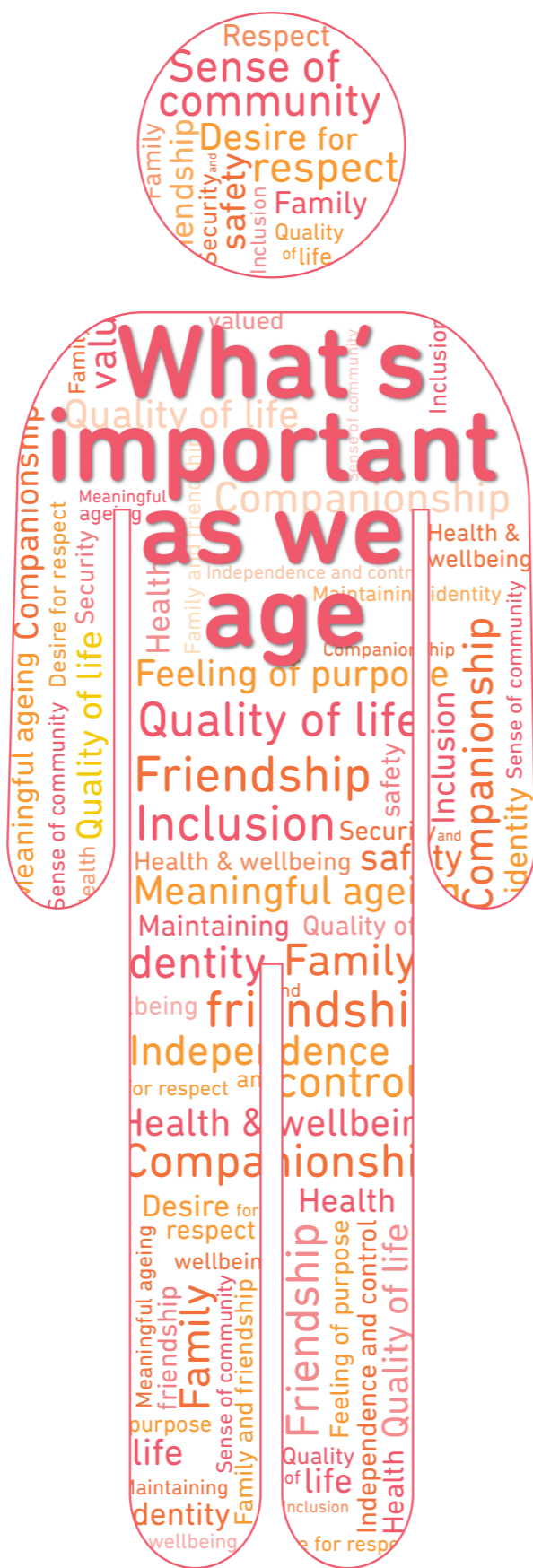
## Social Connection in Older Age symposia, March and April 2019

The Research Institute hosted two Social Connection in Older Age symposia in Melbourne and Brisbane to stimulate discussion and action to address social isolation and loneliness. The events provided a great opportunity to share the latest research and insights and to call for community-wide action.

Chaired by senior members of the Research Institute, each event was attended by more than 100 delegates with positive feedback received. Representatives from Bolton Clarke presented alongside peers from universities, government and key community groups.

Key addresses delivered by the Honourable Coralee O'Rourke MP, on the Queensland Government's initiatives to combat isolation in older age and Gerard Mansour, Commissioner for Senior Victorians, on strengthening seniors' inclusion and participation, were highlights.

The Research Institute is building on momentum from the symposia by developing a paper on social connection as we age in collaboration with Professor Cath Haslam from The University of Queensland, Dr Michelle Lim and Dr Karra Harrington from Swinburne University, Danny Vadasz from the Health Issues Centre and Matiu Bush, Deputy Director of the Health Transformation Lab at RMIT.



## ACcORD workshop, April 2017

The inaugural Annual ACcORD (Australian Community of Practice in Research in Dementia) Workshop was hosted by the Research Institute in April 2017. The Research Institute is a partner Investigator on this National Health and Medical Research Council (NHMRC) funded initiative in dementia care, led by Laureate Professor Rob Sanson-Fisher AO, from the University of Newcastle.

Four keynote speakers presented and a master class was delivered to the ACcORD team and a broader audience including Bolton Clarke clinical employees and managers. The workshop provided a valuable opportunity to strengthen relationships with university and stakeholder colleagues and to harness the diverse expertise of the team to refine current and proposed research activities.

## Diversity forum, June 2017

The Research Institute hosted the Promoting Inclusive Healthcare forum in June 2017. The forum was based on our research, funded by the Federal Government Department of Health and emphasised the World Health Organisation Right to Health of availability, accessibility and acceptability of services for older people in the community. National and international perspectives on diversity and its impact on healthcare policy and practice were highlighted. Keynote speakers were Professor Vivian Lin, Director of Health Sector Development of the World Health Organisation for the Asia Pacific Region and Sam Edmonds, Chair, Aged Care Sector Committee Diversity sub-group, Ageing and Sector Support Branch, Department of Health.

Our findings, including the development and evaluation of an evidence-based workshop for community aged care workers were presented by the project team's Professor Colette Browning, Dr Rajna Ogrin and Dr Claudia Meyer. Inclusive Healthcare website and whiteboard animations to support the community aged care workforce were launched at the forum and can be viewed at [www.inclusivehealthcare.org.au](http://www.inclusivehealthcare.org.au).

## Professor Jill Manthorpe: Learning from what went wrong in home care, October 2017

The Research Institute co-hosted an event in October 2017 with the Australian Association of Gerontology (AAG), under the auspice of Bolton Clarke as an AAG Collaborating Research Centre. Professor Jill Manthorpe presented 'Learning from what went wrong in home care: Messages from English Safeguarding Adult Reviews'. Jill is a Professor of Social Work and the Director of the Social Care Workforce Research Unit at King's College, London. Her work, *Serious Case Reviews in Adult Safeguarding*, focused on statutory guidance that there is to be "promotion of effective learning and improvement action to prevent future deaths or serious harm from occurring again".

## The Reality of Mental Health: Approaches to Recovery, October 2017

The Reality of Mental Health: Approaches to Recovery symposium held at the Melbourne Exhibition Convention Centre, brought researchers and service providers together for sessions on consumer engagement, mental health and wellbeing.

Hosted during Mental Health Week, the one-day symposium brought together an audience from a range of clinical, research, service provision and corporate backgrounds. The program featured sessions on consumer engagement, low intensity interventions and training, mental health in veterans and mental wellbeing in later life.

Participants heard from a variety of speakers including Mick Stephenson ASM, Executive Director of Emergency Operations, Ambulance Victoria, Professor David Forbes, Director of Phoenix Australia, Dr Tanya Davison, Senior Research Fellow, Australian Catholic University Institute for Health and Ageing and members of our mental health research team.

# The next generation

Supporting future researchers by supervising, mentoring and providing opportunities for work experience placements for honours, masters and PhD students.

Students currently enrolled in a higher degree by research under supervision by a Research Institute team member include:

## Doctoral candidates:

- Dr Rosie Dwyer, School of Public Health and Preventive Medicine, Monash University - *Elucidating the gaps in the emergency management of acute illness and injury in older residents of aged care facilities* (Dr Judy Lowthian)
- Tegwyn McManamny, School of Public Health and Preventive Medicine, Monash University - *What is the education role of paramedics for individuals and communities within rural and remote Australia?* (Dr Judy Lowthian)
- Sou Mehdikhani, Institute of Sport, Exercise and Active Living, Victoria University - *Effects of diabetic peripheral neuropathy and gait training on gait adaptability* (Dr Rajna Ogrin)
- Mila Obucina, Department of Business Strategy and Innovation, Griffith University - *Measuring fidelity in successful program implementation through use of video: The trial of Australian intergenerational care program* (Dr Rajna Ogrin)

## Masters candidates:

- Anthea Pickett, Master of Wound Care, Monash University - *Risk perception in people with diabetic foot disease who frequently readmit to hospital* (Dr Rajna Ogrin)
- Kate McLeod (Senior Clinical Nurse Advisor, Bolton Clarke), Master of Nursing (Urology & Continence), La Trobe University - *Enabling personal care workers to provide person-centred continence care* (Dr Claudia Meyer)
- Katherinne Klattenhoff-Reyes, Master of Public Health, University of Melbourne - *Profiling of falls in older people with diabetes receiving at home support services* (Dr Claudia Meyer)
- Jennifer Gong, Master of Public Health, University of Melbourne - *Characteristics of older men who live alone* (Dr Marissa Dickins)

## Congratulations to the following students:

- Glen Chiang, Master of Medicine, University of Melbourne, 2018 - *Assessing the efficacy of telemedical interventions in older people with diabetes: SR & meta-analysis* (Dr Claudia Meyer)
- Dr Joel van Weel, Doctor of Medicine, University of Melbourne, 2017 - *Profiling dementia: Pathways through home care for people with dementia in Australia* (Ms Emma Renehan, Dr Jo Enticott)
- Maree Tunnecliffe, Master of Public Health, Monash University, 2017 - *Identifying 'high users' of community nursing – what factors are associated with high use of community home nursing?* (Dr Marissa Dickins, Dr Jo Enticott)
- Isabel Santana, Master of Social Work, University of Melbourne, 2018 - *Development of a community-based social work assessment tool* (Dr Claudia Meyer)
- Barbara Williams (Clinical Nurse Consultant, Bolton Clarke), Master of Mental Health Science, Monash University, 2018 - *Mental illness: What do district nurses feel they need to know to provide competent health care?* (Dr Marissa Dickins, Dr Jo Enticott)
- Dr Anna Chapman, Doctor of Philosophy, Monash University, 2017 - *Management of Type 2 Diabetes Mellitus in China* (Professor Colette Browning)

# Awards and recognition

Congratulations to our team members for the following research awards and community recognition.

## Dr Claudia Meyer

**Dementia Centre for Research Collaboration: Capacity building in care research program – Fellowship, 2019 and Australian and New Zealand Falls Prevention Society travel fellowship, 2018**

Dr Claudia Meyer was awarded a Capacity Building in Care Research Fellowship from the Dementia Centre for Research Collaboration. Running for two years, this fellowship centres on research and knowledge translation in the areas of the care of people with dementia and living well with dementia. It comprises mentorship, training and skills development and networking opportunities with Australian and international researchers and multidisciplinary teams.

Claudia also travelled to Texas, United States (USA), in May 2018 as recipient of the Australian and New Zealand Falls Prevention Society travel fellowship. She visited colleagues Professors Marcia Ory and Matthew Smith from the Center for Population Health and Aging, Texas A&M University, to understand the opportunities and pitfalls of upscaling evidence-based falls prevention programs. Professors Ory and Smith have led the successful upscale of programs such as Tai Chi: *Moving for Better Balance*, *A Matter of Balance*, *Stepping On* and the *Otago program* across most states of the USA.

Building on these learnings, Claudia aims to undertake an environmental scan for falls prevention services, followed by the development of a Falls Prevention Coalition (as per the USA model) in metropolitan Melbourne. In time, evidence-based falls prevention services will be offered to Bolton Clarke clients, providing them with home-based or centre-based options dependent on their individual needs and preferences.

## Dr Cikie Lee

**Award for Excellence in clinical community pharmacy practice at the UK Best of Clinical Pharmacy Awards, 2017**

Dr Cikie Lee was announced as the winner of Excellence in Clinical Community Pharmacy Practice at the UK Best of Clinical Pharmacy Awards, 2017. The award recognised Cikie's work in developing a community pharmacy program to improve quality of care and medication safety for older home nursing clients by providing timely access to a clinical pharmacist who will visit them in their home.

## Dr Liz Cyarto

**Community leadership**

In February 2018, Liz was one of 3,800 Australians to carry the Queen's baton as part of its 100-day relay across the nation ahead of the opening of the 2018 Gold Coast Commonwealth Games on 4 April.

# Our multidisciplinary research and clinical team



## Research

### Dr Judy Lowthian, LMusA BAppSc (SpPath) MPH PhD

Head of Research, Principal Research Fellow

*Affiliations:*

*Adjunct Professor – Faculty of Health and Behavioural Sciences, The University of Queensland*

*Adjunct Associate Professor – School of Public Health and Preventive Medicine, Monash University*

*Adjunct Associate Professor – Institute for Future Environments, Queensland University of Technology*

Judy's research is underpinned by her extensive experience as a speech pathologist and health service manager across the healthcare continuum. Her key focus is on improving the quality and safety of health and social care, health services use, evaluation of care models and population ageing. Through her PhD and NHMRC Early Career Fellowship (2013-2016) conducted at Monash University's School of Public Health and Preventive Medicine, Judy has made significant contributions to understanding the increase in health services use by an ageing population and identifying the need for a new approach to models of acute and emergency care for older people. Judy collaborates widely, and peer recognition is evident by her appointment as a non-physician to national and international committees for management of acutely unwell older people. She is founding member of the International Consortium of Emergency Geriatrics, with researchers and clinicians from across Australia, UK, USA, Canada, and developing countries. Judy is also an Executive of the Geriatric Special Interest Group for the International Federation of Emergency Medicine.

### Dr Rajna Ogrin, BSc BPod (Hons) PhD

Senior Research Fellow

*Affiliations:*

*Adjunct Associate Professor – Department of Business Strategy and Innovation, Griffith University*

*Adjunct Principal Fellow – Biosignals for Affordable Healthcare, Royal Melbourne Institute of Technology University*

*Adjunct Research Fellow – Austin Health Department of Medicine, The University of Melbourne*

Rajna is a driver of innovation, with a proven track record of leading projects to improve delivery of services, ensuring that services are based on what older people need. This involves incorporating the best available evidence to ensure effectiveness, so that community members receive care that makes a real difference. Due to the gap in evidence being implemented in health practice, Rajna completed a PhD and post-doctoral studies in the area of providing best practice care in people with diabetes and older people with wounds. Her research has naturally evolved into developing services and education resources that have been co-designed with community members in order to improve health outcomes for people with diabetes, vulnerable groups and older people in general, translating evidence into practice. Her goal is to support the delivery of evidence-based practice reform in models of care that make measurable change to community members and health professionals' lives.

### Dr Liz Cyarto, BSc(Hons) (Kin) MSc PhD

Senior Research Fellow

*Affiliations:*

*Adjunct Associate Professor – Faculty of Health and Behavioural Sciences, The University of Queensland*

*Adjunct Associate Professor – Institute for Future Environments, Queensland University of Technology*

*Honorary Fellow – Department of Psychiatry, The University of Melbourne*

Liz believes you need to 'use it or lose it'. This means using the wisest combination of physical, mental and social strategies to be your best. With a background in exercise physiology and gerontology, Liz has committed her life and scholarship to co-designing and evaluating strategies to help older adults flourish and translating these into sustainable, community-based programs. She has embedded her *Have a Try* exercise program in culturally diverse social support groups with peer leaders trained to ensure program sustainability. Liz also collaborated with the Australian Camps Association to develop outdoor experience programs for older people. Her leadership on the online *Healthy Ageing Quiz* means seniors around the world can assess their current lifestyle to make better choices. Liz's actionable insights have been shared with older people and aged care professionals in Australia, New Zealand, Europe, Asia and North America.



## Research cont.

### Dr Claudia Meyer, BAppSci (Physio) MPH PhD

#### Research Fellow

##### Affiliation:

Honorary Associate – Centre for Health Communication and Participation, La Trobe University

Claudia combines her skills as an experienced physiotherapist with research expertise, moving evidence-based research into action for community-dwelling older people and their carers across falls prevention, dementia care, equity in healthcare and wellness and reablement.

### Dr Marissa Dickins, BA (Hons) PhD

#### Research Fellow

##### Affiliation:

Adjunct Lecturer – Southern Synergy, Department of Psychiatry at Monash Health, Monash University

Marissa's dual background in psychology and sociology informs her research approach to addressing mental health and its intersection with physical health, including the experience of stigma. Marissa has focused on projects addressing social isolation, veteran and military family mental health and dementia and has a growing interest in utilising 'big data' in health research.

### Dr Angela Joe, BTech (Hons) MPH PhD

#### Research Fellow

##### Affiliations:

Tutor - Department of Medical Education, The University of Melbourne

Tutor - Department of Microbiology, Monash University

Angela's keen interest in public health research and improving pathways to health care in the community is driven by her background as a microbiologist investigating infectious diseases. Angela is adept at using her data analysis skills to gain insights into client and resident needs to inform service improvements.

### Dr Amber Mills, BA (Hons) PhD

#### Research Fellow

##### Affiliation:

Adjunct Lecturer – Department of Medicine, The Alfred Hospital, Monash University

Amber has worked in academic settings and more recently with health care providers in private, acute, sub-acute, not-for-profit and community settings. Her research interests are in health service provision and utilisation, especially relating to the health care needs of older people and their families.

### Georgina Johnstone, BA/BSc BSc (Hons) (Psych)

#### Research Officer

Georgina's psychology background has informed her input on projects including veterans and their family's mental health and social isolation. Her experience in the acute sector, centred on delirium awareness and screening and end-of-life care motivated Georgina to co-lead an audit of advance care plans in our residential aged care communities.

### Lorena Thurgood, BPhy MApplSc MBA

#### Research Officer

As a physiotherapist with a keen interest in the health of older adults, Lorena completed a Masters in gerontology. As a researcher, Lorena is particularly interested in implementing evidence-based practices to optimise health outcomes for older adults.

### Jane Edwards, BBus (Information Management) Assoc Dip SocSci (Library Technician) Dip FLM Cert IV AWT

#### Library Manager

Jane supports the Research Institute in her role as manager of the fully functioning Bolton Clarke Library, overseeing a physical library in Melbourne and an e-library on our employee intranet. She brings more than 40 years library experience with 29 of those spent with our organisation. Jane is actively involved in the Health Library community.



Our senior clinical nurse advisors and other members of the Care, Innovation and Quality team.

## Clinical

### Tracy Aylen, RN BHScN GradCert Diabetes Education GradCert Health Service Mgt

#### Senior Clinical Nurse Advisor, Diabetes Management

Tracy's areas of interest are individualising blood glucose targets, stabilising blood glucose levels, and managing diabetes in end of life care. She has held representative roles at Board level for both the Australian Diabetes Educators Association and Diabetes Australia, presented at conferences and published research in diabetes and diversity. Tracy was a finalist in the national 2019 HESTA Nurse of the Year award.

### Leanne Davey, RN DipAppSciNsg GradDipAdvNsg MN

#### Nurse Practitioner, Palliative Care

Leanne was part of a pilot project to develop the Nurse Practitioner role in Victoria and was endorsed in 2005. Leanne is passionate about the provision of quality evidence-based palliative care, employee development and support and enhancing collaborative arrangements with specialist services. Leanne has extensive experience in end of life care, advance care directives and pain management.

### Kylie Elder, RN BN GradDipAdvGenNsg GradDipNsg Ed MN

#### Senior Clinical Nurse Advisor, Skin Integrity & Wound Management

Kylie's interest is in preventing skin integrity issues. She specialises in managing skin tears, pressure injuries and complex wounds. Kylie has held representative roles on the education portfolio committee and the aseptic technique working party for Wounds Australia. She has presented at conferences and has been published both nationally and internationally.

### Kate McLeod, RN BN Grad. Cert. (Urology & Continence)

#### Senior Clinical Nurse Advisor, Continence & Urology

Kate has a particular interest in urinary catheter care, constipation management and individualising continence management. Kate currently holds representative roles on the Victorian branch of the Continence Foundation of Australia board and the Continence Nurses Society of Australia (Vic/Tas) committee. She has presented at both national and international conferences.

### Fleur O'Keefe, RN BN MN NP

#### Nurse Practitioner and Senior Clinical Nurse Advisor, Dementia/Aged Care

Fleur's focus is on dementia care, healthy ageing and appropriate medication management. She has presented at both national and international conferences and authored and co-authored papers published nationally and internationally on aged care and dementia. Fleur previously worked at the Research Institute.

## Subject matter experts

Other specialised team members include Janeen Cato, Manager Clinical Innovation, Kath Paine, Principal Advisor, Wellness and Reablement, Raylee Pandur, Clinical Nurse Consultant, Infection Prevention & Control and Jaklina Michael, Manager, Diversity & Inclusion.

## Grants

<b>Federal Government's Medical Research Future Fund:</b>	<b>\$1.9 million</b> over 3 years, 2019-2022	Early Detection of Deterioration in Elderly residents (EDDIE+) program
<b>Perpetual Queensland:</b>	<b>\$27,600</b> over 2 years, 2018-2020	Mates for ageing veterans
<b>Defence Health Foundation:</b>	<b>\$36,000</b> over 12 months, 2018-2019	Understanding the health and wellbeing of veterans and their dependants receiving home-based nursing services
<b>Felton Bequest:</b>	<b>\$149,818</b> over 2 years, 2018-2019	Peer support for Older Women to promote wellbeing and independence (POWER)
<b>Perpetual Queensland:</b>	<b>\$20,000</b> over 18 months, 2018-2019	Redesigning texture modified foods to bring back the joy of eating
<b>State Trustees Foundation Australia:</b>	<b>\$100,000</b> over 2 years, 2017-2019	Enabling wellbeing by providing choices for people with dementia and memory loss
<b>Eastern Melbourne PHN:</b>	<b>\$187,483</b> over 12 months, 2017-2018	Establishing a clinical pharmacy service to enhance medication management for community nursing clients within the Eastern Melbourne Primary Health Network
<b>Griffiths Foundation:</b>	<b>\$71,000</b> over 12 months, 2017-2018	Falls prevention for the person with diabetes - providing education to enhance service provision.
<b>Lord Mayor's Charitable Foundation:</b>	<b>\$250,000</b> over 2 years, 2017-2018	Older Women Living Alone: understanding and optimising wellbeing and aged care services (OWLA)
<b>Trajan Scientific and Medical:</b>	<b>\$105,458</b> over 2 years, 2017-2018	Early identification of ulcers with Narrow Band Imaging
<b>Trajan Scientific and Medical:</b>	<b>\$3,000</b> over 6 months, 2017	Mental health and its comorbidities in home nursing

*Thank you to our  
generous grant  
supporters*



# Our governance framework

## Bolton Clarke Executive Research Management Committee

The Bolton Clarke Executive Research Management Committee members encompass a broad range of clinical, research and managerial experience. The Committee is responsible for overseeing and advising on the Research Institute's research strategy and governance.

Members include:

**Adjunct Professor Stephen Muggleton**, BAppSci, MHA (UNSW), FInstLM, GAICD  
*Group Chief Executive Officer, Bolton Clarke*

**Adjunct Professor Judy Lowthian**, PhD, MPH, BAppSc (SpPath)  
*Head of Research, Bolton Clarke Research Institute*

**Fiona Hearn**, GAICD, ACN  
*Executive General Manager, Strategic Policy & Stakeholder Relations, Bolton Clarke*

**Jim Toohey**, VMAICD, AIM  
*Executive General Manager - Care Services, Bolton Clarke*

**Wendy Zernike**, RN, BN, Grad Cert (LeadMngt), MBA, GAICD, MACN  
*Executive General Manager - Care Innovation & Quality, Bolton Clarke*

**Alex Cross**  
*Head of Fundraising, Bolton Clarke*

**Distinguished Professor Patsy Yates**, PhD, RN, FACN, FAAN  
*Head, School of Nursing, Queensland University of Technology*

**Professor Julie Byles**, BMed, PhD, FAAHMS  
*Director of the Research Centre for Generational, Health and Ageing, The University of Newcastle*

*Until December 2017*

**Dr Cherell Hirst AO**, MBBS, BEdSt, D.Univ (Honorary), FAICD  
*Board Member, Bolton Clarke*

## Bolton Clarke Human Research Ethics Committee

The Bolton Clarke Human Research Ethics Committee (HREC) is registered with the National Health and Medical Research Council (NHMRC) and complies with the rules, regulations and guidelines as set down by the NHMRC. The HREC is independent of the Bolton Clarke Group and is predominantly made up of individuals external to the organisation and from a variety of backgrounds.

Membership is as prescribed by the NHMRC and must include: lay people, a lawyer, a care professional, a pastoral care worker and experienced researchers.

The role of the HREC is to protect the welfare and rights of individuals, groups or communities who participate in research projects conducted by members of the Bolton Clarke Group through our Research Institute and those conducted in collaboration with other parties. Protection of Bolton Clarke's reputation is also a key priority of the HREC.

The Bolton Clarke Group supports and promotes the conduct of clinical research to assist the organisation to provide services which improve the health, wellbeing and lifestyle of its consumers,

clients and residents. Research applications from suitably qualified or supervised persons are considered by the HREC to ensure that projects not only meet the key principles of research merit and integrity, respect, beneficence and justice as set down in the NHMRC National Statement, but also offer relevance and value to Bolton Clarke's consumers, clients, residents and employees.

HREC members are appointed by the Bolton Clarke Group Chief Executive Officer on the advice of the HREC for a period of two years and are eligible for ongoing reappointment of two-year terms. Membership of the HREC is on a volunteer basis with no sitting fee paid.

### 2017-2019 membership:

Member	Category
Dr Michael Bauer	Researcher
Irene Bouza	Pastoral care (from April 2019)
Dr Annie Cantwell-Bartl	Professional carer, counselling or treatment of people
Dr Susan Feldman	Chair, researcher (until December 2018)
Claudia Hirst	Layperson - female (until December 2017)
Marion Lau OAM	Layperson - female
Vicki Long	Secretary (1 July 2017 - ongoing)
Sally McMillan	Professional carer
Professor Leon Piterman AM	Researcher and medical practitioner (until December 2017)
Helen Rofe QC	Deputy Chair, lawyer
Jill Ruzbacky	Pastoral care (until November 2017)
Jack Sach	Layperson - male
Catherine Standing	Secretary (until 30 June 2017)
Jay Stiles	Researcher (until June 2019)

We would like to extend our gratitude to the following former members and thank them for their diligence and generous contributions to the work of the HREC:

Professor Leon Piterman AM  
Claudia Hirst  
Jill Ruzbacky  
Dr Susan Feldman  
Catherine Standing  
Jay Stiles

## Research Review Advisory Group

The Research Review Advisory Group manages enquiries and applications from external researchers who wish to conduct research at Bolton Clarke, using our clients, residents, carers or employees as participants.

# Project approvals

2017	Project name	Collaborators
1.	Older People with Type 2 diabetes - Individualising Management with a Specialised community team: Safety and feasibility study (OPTIMISES) Principal Investigator: Dr Rajna Ogrin	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• Austin Health</li> <li>• Florey Institute of Neuroscience and Mental Health</li> <li>• The University of Melbourne</li> </ul>
2.	Reducing the burden of chronic disease through digital health Principal Investigator: Dr Rajna Ogrin	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• Monash University</li> </ul>
3.	Older Women Living Alone Principal Investigator: Dr Rajna Ogrin	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• Monash University</li> </ul>
4.	Establishing a clinical pharmacy service for community nursing clients within the Eastern Melbourne PHN Principal Investigator: Dr Cik Yin (Cikie) Lee	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• Eastern Health</li> <li>• Monash University</li> <li>• Heidelberg Repatriation Hospital, Pharmacy Department</li> <li>• Eastern Melbourne PHN</li> <li>• University of Melbourne</li> <li>• MediCom Medication Management Services</li> <li>• Temple Hills Medical Centre</li> <li>• Pharmaceutical Society of Australia VIC branch</li> <li>• Council on the Ageing (COTA VIC)</li> <li>• Deepdene Surgery (GP)</li> </ul>
5.	Elder safe care: Understanding and preventing elder abuse in institutional care Principal Investigator: Dr Deborah Western	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• Monash University</li> </ul>
6.	Mental illness: What do district nurses need to know to provide competent healthcare? Principal Investigator: Dr Joanne Enticott	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• Monash University</li> </ul>
7.	Sofihub smart home trial Principal Investigator: Dr Liz Cyarto	<ul style="list-style-type: none"> <li>• Research Institute</li> </ul>

2018	Project name	Collaborators
8.	By Your Side - A care worker and virtual physiotherapist led program to prevent falls Principal Investigator: Willeke Walsh	<ul style="list-style-type: none"> <li>• Research Institute</li> </ul>
9.	Understanding the psychosocial support needs of Australian spousal carers of people with dementia following placement into residential aged care - A qualitative research study Principal Investigator: Deborah Brookes	<ul style="list-style-type: none"> <li>• QUT (Lead)</li> </ul>
10.	Sustainable telehealth services Principal Investigator: Alan Taylor	<ul style="list-style-type: none"> <li>• Flinders University (Lead)</li> </ul>

2018	Project name	Collaborators
11.	Foot health service linkage for people experiencing homelessness Principal Investigator: Dr Rajna Ogrin	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• cohealth</li> <li>• Footscape</li> </ul>
12.	Hyperspectral imaging to predict the likelihood of healing venous leg ulcers Principal Investigator: Dr Rajna Ogrin	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• RMIT</li> </ul>
13.	Peer support of older women to promote wellbeing and independence Principal Investigator: Dr Rajna Ogrin	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• Uniting Vic.Tas</li> </ul>
14.	Improving psychological and social support of spousal family carers of people with dementia following placement into residential aged care - a pilot intervention study Principal Investigator: Deborah Brookes	<ul style="list-style-type: none"> <li>• QUT (Lead)</li> </ul>
15.	Enabling wellbeing by providing choices for people with cognitive impairment Principal Investigator: Dr Judy Lowthian	<ul style="list-style-type: none"> <li>• Research Institute</li> </ul>
16.	Identifying the concerns and needs of people with dementia and their carers Principal Investigator: Laureate Professor Robert Sanson-Fisher	<ul style="list-style-type: none"> <li>• The University of Newcastle (Lead)</li> <li>• Research Institute</li> </ul>
17.	National advance care directives in Australian health and residential aged care services Principal Investigator: Dr Kim Buck	<ul style="list-style-type: none"> <li>• Austin Health (Lead)</li> <li>• Austin Hospital</li> <li>• Hammond Care</li> <li>• Advance Care Planning Australia</li> <li>• University of Western Australia</li> <li>• QUT</li> <li>• Research Institute</li> </ul>
18.	Focus on wellness and reablement in at home support and residential aged care Principal Investigator: Dr Judy Lowthian	<ul style="list-style-type: none"> <li>• Research Institute</li> </ul>
19.	Redesigning texture modified foods to bring back the joy of eating Principal Investigator: Dr Judy Lowthian	<ul style="list-style-type: none"> <li>• Research Institute (Lead)</li> <li>• Bond University</li> </ul>

2019	Project name	Collaborators
20.	Cycling Without Age Principal Investigator: Dr Judy Lowthian	<ul style="list-style-type: none"> <li>• Research Institute</li> </ul>

# Publications

2017 - 2019

## Peer reviewed articles

**Appannah, A., Meyer, C., Ogrin, R.,** McMillan, S., Barrett, E., & **Browning, C.** (2017). Diversity training for the community aged care workers: A conceptual framework for evaluation. *Evaluation and Program Planning*, 63, 74-81.

**Appannah, A., Ogrin, R., & Rice, T.** (2017). A review of current models for initiating injectable therapy for people with Type 2 diabetes in primary care. *Journal of Clinical and Translational Endocrinology*, 8, 54-61.

Barker, A., Cameron, P. A., Flicker, L., Arendts, G., Brand, C., ... **Lowthian, J. A.**, et al. (2019). Evaluation of RESPOND, a patient-centred program to prevent falls in older people presenting to the emergency department with a fall: A randomised controlled trial. *PLOS Medicine*, 16(5): e1002807. doi: 10.1371/journal.pmed.1002807.

Beck, B., Cameron, P., **Lowthian, J. A.**, Fitzgerald, M., Judson, R., & Gabbe, B. J. (2018). Major trauma in older persons. *BJS Open*, 2(5), 310-318.

**Browning, C., Enticott, J.,** Thomas, S. A., & Kendig, H. (2018). Trajectories of ageing well among older Australians: A 16-year longitudinal study. *Ageing & Society*, 38(8), 1581-1602.

Burns, R. A., **Browning, C.**, & Kendig, H. L. (2017). Living well with chronic disease for those older adults living in the community. *International Psychogeriatrics*, 29(5), 835-843.

**Chapman, A., & Meyer, C.** (2017). Falls prevention in older adults with diabetes: A clinical review of screening, assessment and management recommendations. *Diabetes & Primary Care Australia*, 2(2), 1-6.

**Chapman, A., Meyer, C., Renehan, E.,** Hill, K., & **Browning, C.** (2017). Exercise interventions for the improvement of falls-related outcomes among older adults with diabetes mellitus: A systematic review and meta-analyses. *Journal of Diabetes and its Complications*, 31(3), 631-645.

Cox, K. L., **Cyarto, E.**, Etherton-Beer, C., Ellis, K. A., Alfonso, H., Clare, L., Liew, D., Ames, D., Flicker, L., Almeida, O. P., LoGiudice, D., & Lautenschlager, N. T. (2017). A randomized controlled trial of physical activity with individual goal-setting and volunteer mentors to overcome sedentary lifestyle in older adults at risk of cognitive decline: The INDIGO trial protocol. *BMC Geriatrics*, 17(1), 215.

**Dickins, M., Enticott, J.,** & Williams, B. (2019). Characteristics of patients with a mental health diagnosis: Epidemiological analysis of community home nursing patient data. *Health & Social Care in the Community*. doi:10.1111/hsc.12725.

**Dickins, M., Goeman, D.,** O'Keefe, F., Iliffe, S., & Pond, D. (2018). Understanding the conceptualisation of risk in the context of community dementia care. *Social Science & Medicine*, 208, 72-79.

Dwyer, R., Tran, T., Smith, K., Gabbe, B., & **Lowthian, J. A.** (2018). Patterns of emergency ambulance use, 2009 to 2013: A comparison of older people living in residential aged care facilities and the community in Victoria, Australia. *Age and Ageing*, 47(4), 615-619.

Edwards, H., Parker, C., Miller, C., Gibb, M., Kapp, S., **Ogrin, R.**, ... & Finlayson, K. (2018). Predicting delayed healing: Validation of a venous leg ulcer risk assessment tool. *International Wound Journal*, 15(2), 258-265.

Elliott, R. A., **Lee, C. Y., Beanland, C., Goeman, D.,** Petrie, N., Petrie, B., ... & Gray, J. (2017). Development of a clinical pharmacy model within an Australian home nursing service using co-creation and participatory action research: The Visiting Pharmacist (ViP) study. *BMJ Open*, 7(11), e018722.

Elliott, R. A., **Lee, C. Y.,** Saunders, R. J., Chin, G., Williams, D., **Lowthian, J. A., Major, G.,** & Bellamy, C. (2018). Integration of clinical pharmacists into a home-nursing service: A case series. *Journal of Pharmacy Practice and Research*, 48(6), 564-8.

Ellis, B., Nickel, C., Carpenter, C., Mooijart, S., **Lowthian, J. A.,** & Melady, D. (2018). Statement on minimum standards for the care of older people in emergency departments by the Geriatric Emergency Medicine Special Interest Group of the International Federation for Emergency Medicine. *Canadian Journal of Emergency Medicine*, 20(3), 368-369.

Finlayson, K., Parker, C., Miller, C., Gibb, M., Kapp, S., **Ogrin, R.,** Anderson, J., Coleman, K., Smith, D., & Edwards, H. (2018). Predicting the likelihood of venous leg ulcer recurrence: The diagnostic accuracy of a newly developed risk assessment tool. *International Wound Journal*, 15(5), 686-694.

**Goeman, D., Dickins, M.,** Iliffe, S., Pond, D., & O'Keefe, F. (2017). Enabling wellbeing by providing choices for people with dementia: Co-design of a discussion aid to facilitate negotiation of risk. *BMJ Open*, 7(e017672).

Hanning, J., Walker, K., Horrigan, D., Levinson, M., & **Mills, A.** (2019). Review article: Goals of care discussions for adult patients nearing end of life in emergency departments: A systematic review. *Emergency Medicine Australasia*, 31(4), 525-532.

**Johnstone, G.,** & Grant, S. L. (2019). Weight stigma in anti-obesity campaigns: The role of images. *Health Promotion Journal of Australia*, 30(1), 37-46.

Kendig, H., Gong, C. H., Cannon, L., & **Browning, C.** (2017). Preferences and predictors of ageing in place: Longitudinal evidence from Melbourne, Australia. *Journal of Housing For the Elderly*, 31(3), 259-271.

**Lee, C. Y., Beanland, C., Goeman, D.,** Petrie, N., Petrie, B., Vise, F., Gray, J., & Elliott, R. A. (2018). Improving medication safety for home nursing clients: A prospective observational study of a novel clinical pharmacy service. The Visiting Pharmacist (ViP) study. *Journal of Clinical Pharmacy and Therapeutics*, 43(6), 813-821.

**Lee, C. Y., Goeman, D., Beanland, C.,** & Elliott, R. A. (2019). Challenges and barriers associated with medication management for home nursing clients in Australia: A qualitative study combining the perspectives of community nurses, community pharmacists and GPs. *Family Practice*, 36(3), 332-342.

Lee, S. J., Thomas, P., Newnham, H., Freidin, J., Smith, C., **Lowthian, J. A.,** ... & Stafrace, S. (2019). Homeless status documentation at a metropolitan hospital emergency department. *Emergency Medicine Australasia*, 31(4), 639-645.

Lennox, A., Braaff, S., Smit, De V., Cameron, P. A., & **Lowthian, J. A.** (2019). Caring for older patients in the emergency department: Health professionals' perspectives from Australia - the Safe Elderly Emergency Discharge (SEED) project. *Emergency Medicine Australasia*, 31(1), 83-89.

Levinson, M., Walker, K., Hanning, J., Dunlop, W., Cheong, E., & **Mills, A.** (2019). Medical perspectives regarding goals-of-care consultations in emergency departments. *Psychology, Health & Medicine*, 24(9), 1137-1147.

**Lowthian, J. A.** (2017). How do we optimise care transition of frail older people? *Age and Ageing*, 46(1), 2-4.

**Lowthian, J. A.,** Lennox, A., Curtis, A., Wilson, G., Rosewarne, C., Smit, De V., O'Brien, D., **Browning, C.,** Boyd, L., Smith, C., Cameron, P. A., & Dale, J. (2018). HOspitals and patients WoRking in Unity (HOW R U?): Telephone peer support to improve older patients' quality of life after emergency department discharge in Melbourne, Australia - A multicentre prospective feasibility study. *BMJ Open*, 8(6), e020321.

**Lowthian, J. A., Meyer, C., Goeman, D., & Browning, C.** (2018). Premature deaths of nursing home residents. *The Medical Journal of Australia*, 208(3), 143.

**Lowthian, J. A.,** Straney, L. D., Brand, C. A., Barker, A., Smit, De V., Newnham, H., ... & Cameron, P. A. (2017). Predicting functional decline in older emergency patients - the Safe Elderly Emergency Discharge (SEED) project. *Age and Ageing*, 46(2), 219-225.

**Lowthian, J. A.,** Strivens, E., & Arendts, G. (2018). Australian recommendations for the integration of emergency care for older people: Consensus Statement. *Australasian Journal on Ageing*, 37(3), 224-226.

**Lowthian, J. A.,** Turner, L. R., Brijnath, B., **Browning, C.,** Shearer, M., Peace, C., & Mazza, D. (2018). Emergency demand repeat and frequent presentations by older patients in metropolitan Melbourne: A retrospective cohort study using routinely collected hospital data. *Emergency Medicine Australasia*, 30(4), 494-502.

McManamy, T., Jennings, P. A., Boyd, L., Sheen, J., & **Lowthian, J. A.** (2018). Paramedic involvement in health education within metropolitan, rural and remote Australia: A narrative review of the literature. *Australian Health Review*. doi:10.1071/AH17228.

**Major, G., Mills, A., & Lowthian, J. A.** (2019). Deprescribing attitudes of older adults receiving medication management support from home-based nurses. *Journal of the American Geriatrics Society*, 67(8), 1756-1757.

Mazza, D., Pearce, C., **Joe, A.,** Brijnath, B., **Browning, C.,** Shearer, M., & **Lowthian, J. A.** (2018). Emergency department utilisation by older people in metropolitan Melbourne, 2008-12: Findings from the Reducing Older Patient's Avoidable Presentations for Emergency Care Treatment (REDIRECT) study. *Australian Health Review*, 42(2), 181-188.

**Meyer, C.** (2018). Diversity among older Australians is both an opportunity and a challenge. *Australasian Journal on Ageing*, 37(4), 239-240.

**Meyer, C., Appannah, A.,** McMillan, S., **Browning, C.,** & Ogrin, R. (2018). "One size does not fit all": Perspectives on diversity in community aged care. *Australasian Journal on Ageing, 37*(4), 268-274.

**Meyer, C.,** Hill, S., Hill, K., & Dow, B. (2017). Sharing knowledge of falls prevention for people with dementia: Insights for community care practice. *Australian Journal of Primary Health, 23*(5), 464-470.

**Meyer, C.,** Hill, K., Hill, S., & Dow, B. (2019). Falls prevention for people with dementia: A knowledge translation intervention. *Dementia*. doi:10.1177/1471301218819651.

**Meyer, C.,** Hill, K., Hill, S., & Dow, B. (2019). Inclusive decision-making for falls prevention: A discussion tool for use with people with dementia and their caregivers. *Journal of Aging and Physical Activity*. doi: 10.1123/japa.2018-0167.

**Meyer, C.,** & O'Keefe, F. (2018). Non-pharmacological interventions for people with dementia: A review of reviews. *Dementia*. doi:10.1177/1471301218813234.

**Meyer, C.,** McMillan, S., **Browning, C., Appannah, A.,** & **Ogrin, R.** (2018). Design of an evidence-based diversity workshop to support participation of older people in their community care. *Educational Gerontology, 44*(5-6), 391-402.

**Meyer, C., Ogrin, R.,** Al-Zubaidi, H., **Appannah, A.,** McMillan, S., Barrett, E., & **Browning, C.** (2017). Diversity training for health and aged care workers: An interdisciplinary meta-narrative approach. *Educational Gerontology, 43*(7), 365-378.

**Meyer, C., Renehan, E.,** Batchelor, F., Said, C., Haines, T., Elliott, R., & **Goeman, D.** (2018). 'Falls not a priority': Insights on discharging older people admitted to hospital for a fall back to the community. *Australian Journal of Primary Health, 24*(1), 66-73.

Morello, R. T., Morris, R. L., Hill, K. D., Haines, T. P., Arendts, G., Redfern, J., Etherton-Beer, C. D., **Lowthian, J. A.,** Brand, C. A., Liew, D., Watts, J. J., Forbes, A., & Barker, A. L. (2017). RESPOND – A programme to prevent secondary falls in older people presenting to the emergency department with a fall: Protocol for an economic evaluation. *Injury Prevention, 23*(2), 124-130.

Morris, R., Soh, S-E., Hill, K. D., Buchbinder, R., **Lowthian, J. A.,** Redfern, J., Etherton-Beer, C. D., Hill, A-M, Osborne, R., & Barker, A. L. (2017). Measurement properties of the Health Literacy Questionnaire (HLQ) among older adults who present to the emergency department with a fall: A Rasch analysis. *BMC Health Services Research, 17*(1), 605.

Mortimer, D., Iezzi, A., **Dickins, M., Johnstone, G., Lowthian, J. A., Enticott, J.,** & **Ogrin, R.** (2019). Using co-creation and multi-criteria decision analysis to close service gaps for underserved populations. *Health Expectations*. doi: 10.1111/hex.12923.

**Ogrin, R.,** Aylen, T., **Rice, T.,** Audehm, R., & **Appannah, A.** (2019). Engagement of general practice in Australia: Learnings from a diabetes care project. *Australian Journal of Primary Health, 25*(1), 82-89.

**Ogrin, R.,** Brasher, K., **Ocleston, J.,** & Byrne, J. (2017). Co-creating a peer education program to improve skin health in older people from diverse communities: An innovation in health promotion. *Australasian Journal on Ageing, 36*(2):E27-E30.

**Ogrin, R.,** Neoh, S., Aylen, T., Audehm, R., Churilov, L., **Thurgood, L., Major, G.,** Zajac, J., & Ekinci, E. (2019). Older People With Type 2 Diabetes—Individualising Management With a Specialised (OPTIMISE) Community Team: Protocol for a safety and feasibility mixed methods study. *JMIR Research Protocols, 8*(6): e13986.

**Ogrin, R.,** & Tennant, J. (2017). Primary care practitioner guide to the International Working Group on the Diabetic Foot: Recommendations for the Australian context. *Diabetes & Primary Care Australia, 2*(3), 111-118.

**Ogrin, R.,** Viswanathan, R., Aylen, T., Wallace, F., Scott, J., & Kumar, D. (2018). Co-design of an evidence-based health education diabetes foot app to prevent serious foot complications in people with diabetes: A feasibility study. *Practical Diabetes, 35*(6), 203-209.

Peek, K., Bryant, J., Carey, M., Dodd, N., Freund, M., Lawson, S., & **Meyer, C.** (2018). Reducing falls among people living with dementia: A systematic review. *Dementia*. doi:10.1177/1471301218803201.

Pereira-Salgado, A., Philpot, S., Schlieff, J., O'Driscoll, L., & **Mills, A.** (2019). Advance care planning simulation-based learning for nurses: Mixed methods pilot study. *Clinical Simulation in Nursing, 29*, 1-8.

Radermacher, H., Toh, L. Y., Western, D., Coles, J., **Goeman, D.,** & **Lowthian, J. A.** (2018). Staff conceptualisations of elder abuse in residential aged care: A rapid review. *Australasian Journal on Ageing, 37*(4):254-267.

**Renehan, E., Goeman, D.,** & **Koch, S.** (2017). Development of an optimised key worker framework for people with dementia, their family and caring unit living in the community. *BMC Health Services Research, 17*, 501.

**Renehan, E., Meyer, C.,** Elliott, R., Batchelor, F., Said, C., Haines, T., & **Goeman, D.** (2019). Post-hospital falls prevention intervention: A mixed-methods study. *Journal of Aging and Physical Activity, 27*(2), 155-165.

Rodda, S., Hing, N., Hodgins, D. C., Cheetham, A., **Dickins, M.,** & Lubman, D. I. (2017). Change strategies and associated implementation challenges: An analysis of online counselling sessions. *Journal of Gambling Studies, 33*(3), 955-973.

Rodda, S., Hing, N., Hodgins, D. C., Cheetham, A., **Dickins, M.,** & Lubman, D. I. (2018). Behaviour change strategies for problem gambling: An analysis of online posts. *International Gambling Studies, 18*(3), 420-438.

Stafrace, S., Lee, S., Thomas, P., Newnham, H., Freidin, J., Smith, C., **Lowthian, J. A.,** Borghmans, F., Gorcentas, R., & De Silva, D. (2018). Why people who are homeless present to a hospital emergency department and how they and their care differs. *ANZ Journal of Psychiatry, 52*(1\_suppl), 124-125.

Tran, T., Hammerburg, K., Ryan, J., **Lowthian, J. A.,** Freak-Poli, R., Owen, A., Kirkham, M., Curtis, A., Rowe, H., Brown, H., Ward, S., Britt, C., & Fisher, J. (2018). Mental health trajectories among women in Australia as they age. *Aging & Mental Health, 23*(7), 887-896.

Turner, L. R., Pearce, C., Brijnath, B., **Browning, C., Lowthian, J. A.,** Shearer, M., & Mazza, D. (2018). General practice utilisation of Medicare Benefits Schedule items to support the care of older patients: Findings from the REDIRECT study. *Australian Journal of Primary Health, 24*(1), 54-58.

van Weel, J. M., **Renehan, E.,** Ervin, K. E., & **Enticott, J.** (2019). Home care service utilisation by people with dementia - A retrospective cohort study of community nursing data in Australia. *Health & Social Care in the Community, 27*(3), 665-675.

## Books

O'Loughlin, K., **Browning, C.,** & Kendig, H. (2017). Ageing in Australia: Challenges and opportunities (1 ed.): Springer-Verlag, New York.

## Book chapters

**Cyarto, E.,** & Batchelor, F. (2019). Healthy ageing. In P. Liamputtong (Ed.), *Public health: Local and global perspectives, 2nd edition* (pp. 300-315). Cambridge: Cambridge University Press.

## Guidelines

Lautenschlager, N. L., Cox, K., Hill, K. D., Pond, D., Ellis, K. A., Dow, B., Hosking, D., Chong, T., You, E., Curran, E., **Cyarto, E.,** Southam, J., & Anstey, K. J. (2018). Physical activity guidelines for older Australians with mild cognitive impairment or subjective cognitive decline. Melbourne: Dementia Collaborative Research Centres. ISBN: 978 0 7340 5416 6. Available at www.dementia.unsw.edu.au

## Industry articles

Pham, C., **Ogrin, R.,** & Ekinci, E. (2019). A GP's guide to managing diabetes-related foot ulceration. *Australian Doctor*. Published online 6 May 2019

Lee, S., Thomas, P., Newnham, H., Freidin, J., **Lowthian, J. A.,** Smith, C., Borghmans, F., Gorcentas, R., De Silva, D., & Stafrace, S. (2018). Injury, illness, mental illness and lost housing: The many reasons why people who are homeless attend hospital emergency departments. *Parity, 31*(8), 40-42.

## Reports

**Dickins, M.** (2018). Literature review of mental health and its comorbidities in home nursing. Report for Trajan Scientific and Medical.

# Presentations

2017 - 2019

## Keynote

**Lowthian, J. A.** (2018). Research, paramedicine, emergency health, community health & older people. Invited Plenary at the ANZ Paramedicine Research Symposium, Melbourne, Australia.

**Meyer, C.** (2018). The translation of falls prevention knowledge for people living with dementia: An Australian community perspective. Australian Association of Manual Handling of People Conference, Melbourne, Australia.

## Invited

**Cyarto, E.** (2018). Technology innovations in Bolton Clarke: The future ain't what it used to be. Health & Biomedical Informatics Centre November Seminar, The University of Melbourne, Australia.

**Cyarto, E.** (2018). Drop dead healthy. National Community Sport Conference, Melbourne, Australia.

**Cyarto, E.** (2017). Helping older adults flourish through outdoor experience programs. Active Ageing Conference, Melbourne, Australia.

**Lowthian, J. A., & Dwyer, R.** (2019). Community care in geriatric emergency medicine. International Conference for Emergency Medicine, Seoul, South Korea.

**Lowthian, J. A.** (2019). Geriatric emergency medicine: Clinical topics in palliative care, medication management, risk prediction, and guideline evaluation of falls. Invited Chair and Moderator at International Conference for Emergency Medicine, Seoul, South Korea.

**Lowthian, J. A.** (2017). The Safe Elderly Emergency Discharge study. Monash Ageing Research Centre (MONARC) July Seminar, Monash Health, Melbourne, Australia.

**Lowthian, J. A.** (2017). Aged care in the emergency department: Safe Elderly Emergency Discharge. Singaporean Delegation @ Alfred Health, Melbourne, Australia.

**Lowthian, J. A.** (2017). Implementation science/knowledge translation: What is the role of the nurse? Gertrude Berger Symposium, Australian College of Nursing, Melbourne, Australia.

**Meyer C.** (2019). Healthy ageing and falls prevention. Knox Men's Shed, Melbourne.

**Meyer, C.** (2018). Student and Early Career Group 'You can't ask that'. Moderator for panel discussion at the 51st Australian Association of Gerontology Conference, Melbourne, Australia.

**Meyer, C.** (2018). The upscale of evidence-based falls prevention programs: Lessons learned. Paper presented at the Australian and New Zealand Falls Prevention Conference, Hobart, Australia.

**Ogrin, R.** (2017). Best practice to reduce variation of diabetes related amputation rates in Australia: We can all make a difference. Primary Care Diabetes Society of Australia Conference, Melbourne, Australia.

**Ogrin, R.** (2019). Peer support for Older WomEn to pRomote wellbeing and independence (POWER). Social Connection in Older Age symposium, Brisbane, Australia.

**Ogrin, R.** (2019). Screening for complications - The foot. Diabetes Expo 2019, Melbourne, Australia.

**Ogrin, R.** (2019). Social connection in older women living alone. North East Healthy Communities Connecting for Healthy Communities forum, Lower Plenty, Victoria, Australia.

**Ogrin, R.** (2019). What older women living alone (OWLA) need to maintain independence. Paper presented at the Social Connection in Older Age symposium, Melbourne, Australia.

**Ogrin, R.** (2019). What older women living alone (OWLA) need to maintain independence. Paper presented at the Social Connection in Older Age symposium, Brisbane, Australia.

## Peer reviewed - international conferences

Aylen, T., **Ogrin, R., Meyer, C., Lowthian, J. A., & Cyarto, E.** (2018). Integration of translational aged care research into practice: Experience within an Australian aged care organisation. Poster presented at the International Congress of the European Geriatric Medicine Society, Berlin, Germany.

**Cyarto, E., Meyer, C., Ogrin, R., & Lowthian, J. A.** (2018). From evidence to action: Knowledge translation for best practice service delivery. Paper presented at the International Federation on Ageing Global Conference, Toronto, Canada.

**Cyarto, E., Dickins, M., Johnstone, G., Feldman, S., & Lowthian, J. A.** (2018). Promoting wellbeing and resilience in ageing veterans and military families. Paper presented at the International Federation on Ageing Global Conference, Toronto, Canada.

Dwyer, R., & **Lowthian, J. A.** (2019). A systematic review of outcomes following emergency transfer to hospital for residents of aged care homes. Paper presented at the International Conference for Emergency Medicine, Seoul, South Korea.

**Goeman, D., Byles, J., & et al.** (2017). Late life changes in housing: Choices, constraints and impacts on care. Paper presented at International Association of Gerontology and Geriatrics World Congress of Gerontology and Geriatrics (IAGG) 2017, San Francisco, U.S.A.

**Goeman, D., Dickins, M., Bellizzi, L., & O'Keefe, F.** (2017). Quality is personal: Negotiating choice and risk in community based dementia care. Poster presented at IAGG 2017, San Francisco, U.S.A.

**Johnstone, G** (on behalf of OWLA & POWER teams). (2019). Co-designing volunteer peer-support services to assist older women who live by themselves. Paper presented at the Volunteering Victoria 2019 State Conference, Melbourne, Australia.

**Johnstone, G., Lowthian, J. A., Ogrin, R., Dickins, M., Joe, A., Mortimer, D., & Enticott, J.** (2018). Older women living alone: Co-creating health and social care services to support wellbeing using a multi-component approach. Paper presented at the International Federation on Ageing, Toronto, Canada.

**Lowthian, J. A., & Cameron P. A.** (2018). Moving towards integrated emergency care – First steps. Paper presented at the International Conference on Emergency Medicine, Mexico.

**Lowthian, J. A., Lennox, A., Curtis, A., Dale, J., Browning, C., Smit, De V., Wilson, G., O'Brien, D., Rosewarne, C., Boyd, L., Smith, C., & Cameron, P. A.** (2017). Hospitals and Patients Working in Unity (HOW R U?): Volunteer-peer telephone-support of older discharged patients. Poster presented at International Forum on Quality and Safety in Healthcare, London, U.K.

**Lowthian, J. A., Arendts, G., & Strivens, E.** (2018). Moving towards integrated emergency care for older people: Consensus Statement. Paper presented at the International Federation on Ageing Global Conference, Toronto, Canada.

**Lowthian, J. A., Lennox, A., Curtis, A., Dale, J., Browning, C., Smit, De V., Wilson, G., O'Brien, D., Rosewarne, C., Boyd, L., Smith, C., & Cameron, P. A.** (2018). HOW R U? Telephone peer-support to reduce loneliness after discharge. Paper presented at the International Federation on Ageing Global Conference, Toronto, Canada.

**Lowthian, J. A., Straney, L., Brand, C. A., Barker, A. L., Smit, De V., Newnham, H., Hunter, P., Smith, C., & Cameron, P. A.** (2018). Determining best practice for safe discharge of older emergency patients: Safe Elderly Emergency Discharge (SEED) project. Paper presented at the International Federation on Ageing Global Conference, Toronto, Canada.

Mercier, E., Nadeau, A., Brousseau, A.A., Emond, M., **Lowthian, J. A., ... & Cameron, P. A.** (2019). Elder abuse in the emergency department: A systematic scoping review. Poster presented at the International Conference for Emergency Medicine, Seoul, South Korea.

**Meyer, C., Browning, C., & Edmonds, S.** (2017). By understanding the interplay of diversity characteristics, can we enhance participation in healthcare? A symposium. IAGG, San Francisco, U.S.A.

**Meyer, C., Freeman, S., & Hall, K.** (2017). The mission of IAGG-CSO to facilitate networks among student organisations. Paper presented at IAGG, San Francisco, U.S.A.

**Meyer, C., Hill, K., Ory, M., & Tan, M.** (2017). Implementing community-based falls prevention research into practice: International perspectives. Paper presented at IAGG, San Francisco, U.S.A.

## Peer reviewed - national conferences

Bellamy, C., **Lee, C. Y.**, Elliott, R. A., Saunders, R., & Chin, G. (2018). Clinical pharmacist integration in home-nursing teams to reduce adverse medication risk. Paper presented at the Primary Health Care Research Conference, Melbourne, Australia.

**Cyarto, E., Lowthian, J. A., Dickins, M., & Johnstone, G.** (2017). Promoting wellbeing and resilience in older veterans and military families. Table Top presentation at Australian Association of Gerontology Conference, Perth, Australia.

**Cyarto, E., Ogrin, R.,** Mortimer, D., & **Aguiar, L.** (2017). Reducing the burden of chronic disease through digital health. Table Top presentation at Australian Association of Gerontology Conference, Perth, Australia.

**Dickins, M., Enticott, J.,** & Williams, B. (2017). Epidemiological characteristics of patients with a mental health diagnosis: Analysis of community nursing data. Paper presented at Society of Mental Health Research Conference, Canberra, Australia.

**Dickins, M., Enticott, J.,** & Williams, B. (2017). Epidemiological characteristics of patients with a mental health diagnosis: Analysis of community nursing data. Paper presented at The Reality of Mental Health: Approaches to Recovery Symposium, Melbourne, Australia.

**Dickins, M., Goeman, D.,** & O'Keefe, F. (2017). Enabling wellbeing by providing choice: Negotiating risk in dementia care. Paper presented at Dementia Australia Conference, Melbourne, Australia.

**Dickins, M., Johnstone, G., Cyarto, E.,** Feldman, S., & **Lowthian, J. A.** (2018). Promoting wellbeing and resilience in veterans and military families. Paper presented at the Australian Institute of Family Studies 2018 Conference, Melbourne, Australia.

**Dickins, M., Joe, A., Enticott, J., Lowthian, J. A.,** & **Ogrin, R.** (2018). Older women living alone: Supporting wellbeing using health and social care services. Poster presented at the Annual Scientific Meeting of the Australasian Epidemiological Association, Fremantle, Australia.

**Joe, A., Dickins, M., Enticott, J., Lowthian, J. A.,** Mortimer, D., & **Ogrin, R.** (2018). Older women living alone: Supporting wellbeing using health and social care services. Paper presented at the Public Health Prevention Conference, Sydney, Australia.

**Johnstone, G., Cyarto, E., Dickins, M.,** & **Lowthian, J. A.** (2017). Mental health in past and present ADF personnel: Perspectives of members, families, and ex-service organisations. Paper presented at The Reality of Mental Health: Approaches to Recovery Symposium, Melbourne, Australia.

**Lee, C. Y.,** Elliott, R. A., Kusljic, S., Robinson, E. G., Kritina, A., **Lowthian, J. A., Major, G.,** & Bellamy, C. (2018). Potentially inappropriate medications identified in older people receiving home nursing. Paper presented at the 51<sup>st</sup> Australian Association of Gerontology Conference, Melbourne, Australia.

Lennox, A., Wilson, G., **Lowthian, J. A.** (2017). HOW R U? Volunteer-delivered peer support for older people. Paper presented at The Reality of Mental Health: Approaches to Recovery Symposium, Melbourne, Australia.

**Lowthian, J. A.** (2017). The role of research in aged and health care services. Leading Aged Service Australia National Congress, Gold Coast, Australia.

**Lowthian, J. A.** (2018). Integration of emergency care for older people: A consensus statement. Paper presented at the 51<sup>st</sup> Australian Association of Gerontology Conference, Melbourne, Australia.

**Lowthian, J. A.,** Arendts, G., Strivens, E. on behalf of the Integrated Emergency Care for Older Persons Working Party. Towards integrated emergency care for older emergency patient: Consensus statement. Paper presented at Cabrini Research Week 2018, Melbourne, Australia.

**Lowthian, J. A.,** Lennox, A., Curtis, A., Dale, J., **Browning, C.,** Wilson, G., Rosewarne, C., O'Brien, D., Smit, De V., Smith, C., Cameron, P.A. (2017). HOW R U? Telephone peer-support to reduce loneliness after discharge. Paper presented at Australian Association of Gerontology Conference, Perth, Australia.

**Lowthian, J. A.,** Lennox, A., Curtis, A., Wilson, G., Rosewarne, C., Smit, De V., O'Brien, D., **Browning, C.,** Boyd, L., Smith, C., Cameron, P. A., Dale, J. (2018). HOspitals and patients WoRking in Unity (HOW R U?): Telephone peer support to improve older patients' quality of life after emergency department discharge – a multicentre prospective feasibility study. Paper presented at Cabrini Research Week 2018, Melbourne, Australia.

**Lowthian, J. A.,** Straney, L., Brand, C. A., Barker, A. L., Smit, De V., Newnham, H., Hunter, P., Smith, C., Cameron, P. A. (2017). Safe Elderly Emergency Discharge (SEED). Table Top presentation at Australian Association of Gerontology Conference, Perth, Australia.

**Lowthian, J. A.,** Strivens, E., Arendts, G. (2018). Towards integrated emergency care for older patients: Consensus Statement. Poster presented at ANZ Society for Geriatric Medicine, Sydney, Australia.

**Major, G. L.,** Elliott, R. A., **Lowthian, J. A.,** Bellamy, C., Saunders, R., Chin, G., & **Lee, C. Y.** (2018). Attitudes towards deprescribing among older people receiving home nursing support with medication management: A cross-sectional survey. Poster presented at the National Medicines Symposium, Canberra, Australia.

**Major, G. L.,** Elliott, R. A., **Lowthian, J. A.,** Bellamy, C., Saunders, R., Chin, G., & **Lee, C. Y.** (2018). Attitudes towards deprescribing among older people receiving home nursing support with medication management: A cross-sectional survey. Poster presented at the Choosing Wisely National Meeting, Canberra, Australia.

**Meyer, C., Chapman, A., Renehan, E.,** Hill, K., & Mortimer, D. (2018). Exercise to prevent falls among people with diabetes: Review and cost analysis. Paper presented at the Australian and New Zealand Falls Prevention Conference, Hobart, Australia.

**Meyer, C., Chapman, A., Renehan, E.,** Hill, K., & Mortimer, D. (2018). Exercise interventions to prevent falls among older adults with diabetes. Paper presented at the 51<sup>st</sup> Australian Association of Gerontology Conference, Melbourne, Australia.

**Meyer, C., Renehan, E.,** Batchelor, F., Said, C., Haines, T., Elliott, R., & **Goeman, D.** (2017). 'Not a priority' post hospitalisation falls intervention. Poster presented at the Australian Association of Gerontology Conference, Perth, Australia.

**Meyer, C., Ogrin, R.,** & McMillan, S. (2017). Diversity training for community aged care – Theory to practice. Symposium presented at the Australian Association of Gerontology Conference, Perth, Australia.

**Meyer, C., Ogrin, R.,** & McMillan, S. (2017). Learnings from pilot testing an app in practice. Table Top presentation at Australian Association of Gerontology Conference, Perth, Australia.

Neoh, S., **Ogrin, R.,** Audem, R., Aylen, T., Churilov, L., **Aguiar, L., Major, G. L.,** Steel, P., Zajac, J. D., & Ekinci, E. I. (2018). OPTIMISES: Trialling a new model of care for older adults living with Type 2 diabetes. Paper presented at the Australian Diabetes Society and Australian Diabetes Educators Association Joint Symposium, Adelaide, Australia.

**Ogrin, R.,** Fitzgerald, A., Radford, K., & Hayes, K. (2018). Improving the definition of implementation fidelity to better understand implementation outcomes. Paper presented at the Global Evidence and Implementation Summit 2018, Melbourne, Australia.

**Ogrin, R.,** Fitzgerald, A., Radford, K., & Hayes, K. (2018). Understanding and defining implementation fidelity to facilitate better understanding of intervention implementation outcomes. Paper presented at the 7<sup>th</sup> Annual NHMRC Symposium on Research Translation, Melbourne, Australia.

**Ogrin, R., Lowthian, J. A., Johnstone, G.,** Mortimer, D., **Dickins, M., Enticott, J., Joe, A.,** lezzi, A., & **Major, G.** (2018). Older women living alone: Co-creating health and social care services. Symposium presented at the 51<sup>st</sup> Australian Association of Gerontology Conference, Melbourne, Australia.

**Ogrin, R., Meyer, C.,** & McMillan, S. (2017). Co-designing health apps for older people and healthcare providers. Table Top presentation at Australian Association of Gerontology Conference, Perth, Australia.

**Ogrin, R., Thurgood, L.,** Neoh, S., Audem, R., Aylen, T., Churilov, L., Steel, P., **Major, G., Lee, C. Y.,** Zajac, J. D., & Ekinci, E. I. (2018). Optimising diabetes management in older people using a novel, multifaceted intervention. Poster presented at the 51<sup>st</sup> Australian Association of Gerontology Conference, Melbourne, Australia.

Williams, B., **Enticott, J.,** & **Dickins, M.** (2017). Mental illness: What do district nurses feel they need to know to provide competent health care? Paper presented at the The Reality of Mental Health: Approaches to Recovery Symposium, Melbourne, Australia.





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