# HESPITAL HEALTHCARE



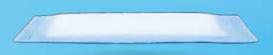
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#### Welcome to the Aged Care Suppliers Guide 2022 edition of Hospital + Healthcare.

This special issue is brought to you in partnership with *Aged Health*, our new sister publication connecting providers and those who care for the aged care community with change-makers, innovators and developers. A collaboration that will help create a more modern and efficient industry.

Aged Health launched a weekly eNewsletter and microsite in April, and a dedicated print magazine and a brand-new website is set to be launched in August 2022. For more information, please visit www.agedhealth.com.au.

The aged care sector has faced myriad challenges over the years — workforce shortages, funding, governance, COVID-19 and many more.

Latest research, conducted by Evaluate and the University of Notre Dame and commissioned by Catholic Health Australia, has found that there are around 59,067 vacancies in the aged care system. Aged care providers are facing major staffing and retention challenges and the sector being represented in a negative light doesn't help.

A separate report by the UTS Ageing Research Collaborative (UARC) has found that many aged care service providers face increasing and acute threats to their financial viability. More than 60% of residential aged care homes are operating at a loss, and 26% of home care services are experiencing decreased financial performance compared to last year, the report states.

While the road to improved outcomes and better care may be long and arduous, it's great to see aged care professionals, providers and industry bodies passionately working to bring forth change. Innovation, technology, products and solutions will play a vital role in helping our sector improve outcomes. Many of these will be on showcase at the 7th Annual Procurement and Supply Australasia (PASA) Aged Care Conference. If you are attending, we hope you make the most of the conference program focused on critical procurement capabilities to improve the performance of Australia's 2700 aged care providers. It'll help attendees learn all about the latest in aged care procurement, policies, procedures, supply/contract management and more. To those attending, see you at the conference!

#### Mansi Gandhi

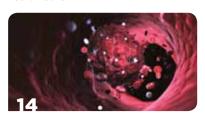
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As aged care providers continue to face workforce challenges and funding constraints, not-for-profit organisation Alino Living is taking a new approach to recruitment with a partnership with Employment and Training Australia (ET Australia).

elinda De Luca, Executive Care Manager of Alino Living, said that the program, developed with ET Australia, aims to combat the growing aged care employee recruitment challenge, while also training up young people to consider a career in the industry.

"Given the impact of the pandemic on the workforce nationwide, the aged care industry continues to take a blow and suffer an issue of staff shortages with providers competing for staff from a small pool of candidates,"

De I uca said.

"In partnership with local training organisation ET Australia, we have co-designed a program of aged care employment that is suitable for our organisation that identifies needs of our services and its participants.

"This program supports our recruitment process and will continue to feed our staffing pool year-round by offering a combination of theoretical training, work placement and traineeships for entry-level job vacancies," she said.

ET Australia is a Central Coast-based registered training organisation that focuses on providing students with further study or traineeships so they are optimal candidates for employment. This program, created with Alino Living, includes three components including pre-traineeships, traineeships and an aged care readiness employment program.

"These types of programs have been running via training organisations for some time, but what makes this program unique is how it is tailored to the students and the needs of Alino Living, with the program completely customised," said Cath Roden, ET Australia's Training College Manager.

"The program provides six weeks of onboarding to the service and aged care, meaning students are supported as they are integrated into their roles.

They undertake one full day of training per week with ET Australia, one day with Alino Living's Clinical Nurse Educator to provide organisation orientation and practical skill sets, and one day a week with a buddy on the floor of the specific residential aged care facility.

"Beyond the six-week orientation program students then complete another three weeks of intensive buddying with a supportive work partner. This will ensure the students are confident and capable to provide the level of care, customer focus and clinical excellence Alino Living and its residents expect as part of their service delivery," Roden said.

The collaboration between ET Australia and Alino living ensures new entrants to the industry are well supported between the two organisations and this new partnership is already proving valuable.

"To date using this model we have experienced a very high retention rate of students. Alino Living has committed to above trainee award wages as we understand the cost of living increases our community is currently experiencing.

"We currently have seven traineeships running and 13 students in the Employment Program. We will hopefully be onboarding three intakes a year," De Luca said.

Alino Living is the collaboration of three aged care organisations — Central Coast Community Care Association, Adelene and Vietnam Veterans Keith Payne VC Hostel — that merged in 2021 with an aim to build a better future for aged care.



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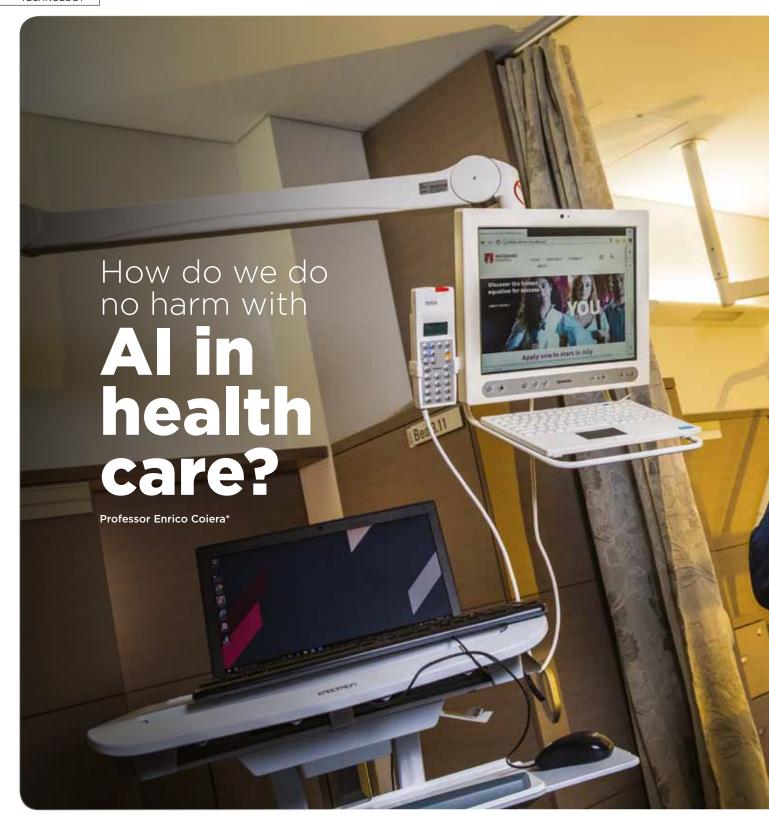
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Artificial intelligence is poised to play a significant role in the delivery of health care for all Australians, but if we are to realise its full potential, safely, we need an urgent plan.

rtificial Intelligence (AI) has the possibility to not only enhance many of our existing services, such as the interpretation of imaging and pathology, but also to open the door to new opportunities. Research is already underway for instance using AI to improve treatment of rare brain tumours<sup>1</sup>. AI can also be used to support and educate consumers in self-care and prevention and to optimise hospital processes.

It may come as a surprise to many then that Australia lags behind other nations in investing in the development of AI for



health care. The US leads with industry investment in AI for health care estimated to exceed US\$6 billion in 2021, driving potential savings of US\$150 billion by 2026. In the UK, the Artificial Intelligence Laboratory (AI Lab), established by the NHS, is part of a GBP 1 billion investment in AI. Former UK health minister and renowned surgeon Professor Lord Ara Darzi's review² of the NHS identified productivity improvement from smart automation of £12.5 billion a year, 9.9% of the NHS England budget. Specifically, the review found that AI enhanced breast cancer³ image

interpretation could reduce the time UK radiologists spend reviewing images by 20% (890,000 hours annually).

While Australia is ideally positioned to become a global powerhouse in the real-world application of AI, we have only now achieved a clear plan for how this will be done — safely, ethically and sustainably. Through a consortium of universities, healthcare bodies and industry, the AI in Healthcare Roadmap<sup>4</sup> has been developed.

The Al in Healthcare Roadmap shows the path that Australia should take

"While Australia is ideally positioned to become a global powerhouse in the real-world application of AI, we have only now achieved a clear plan for how this will be done—safely, ethically and sustainably."

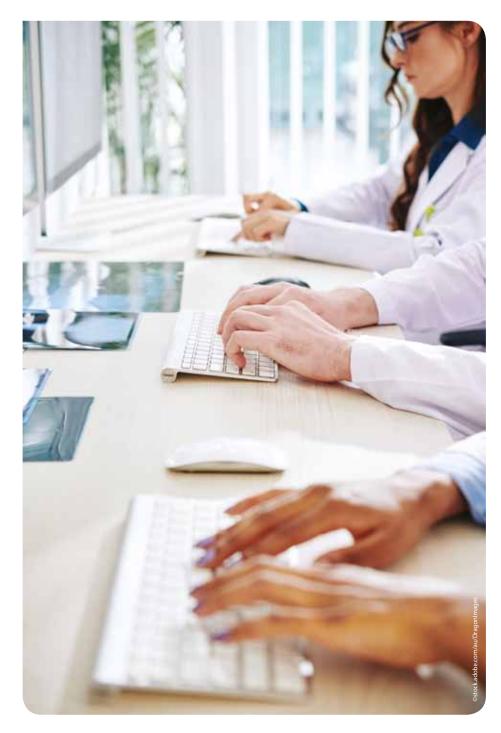
to embrace the opportunities that Al brings. The roadmap identifies the current gaps in Australia's capability to translate Al into effective and safe clinical services and provides guidance on key issues such as workforce, industry capability, implementation, regulation and cybersecurity. It also acknowledges the extensive work already undertaken nationally and internationally and builds on this work.

The Australian Alliance for Artificial Intelligence in Healthcare (AAAiH) developed the roadmap through extensive community consultation and a national survey.

The roadmap provides 24 recommendations across eight priority areas. The highest community priority identified was for healthcare AI to be safe for patients and developed and used ethically. AI privacy and data security was a major concern—emphasised further by recent findings of serious problems with privacy and inconsistent privacy practices in mHealth apps<sup>5</sup>. Respondents also identified the need for genuine whole-of-nation leadership in the healthcare AI space as well as robust governance of the sector.

Gaps in our workforce capability to build and use healthcare AI were clearly identified as was the need for consumers to be fully engaged in shaping the healthcare AI agenda. Respondents also rated the gaps in our capability to adopt AI into practice and the need to enhance local industry capability as issues needing clear attention.

AAAiH has been working intensively since it was founded in late 2018 to influence and guide the implementation of AI in health care in Australia. It brings together almost 100 national and international partners and stakeholders in academia, government, consumer, clinical, industry organisations



and peak bodies to translate artificial intelligence (AI) technologies into real-world health services.

We are aiming to create an Al-enabled healthcare system capable of delivering personalised healthcare safely, ethically and sustainably supported by a vibrant Al industry sector that creates jobs and exports to the world, alongside an Al-aware workforce and Al-savvy consumers.

To make this a reality, Australia needs to commit to funded research and development. The recently announced federal government grants to establish Al and Digital Capability Centres are the best opportunity yet for achieving this, added to CSIRO Data61's statement that health care is one of the three highest priority opportunities for the nation.

While the development of new AI technologies is an exciting and necessary prospect, how these technologies exist safely and ethically within the healthcare system is equally important. We need funded research for the provision of expert guidance, as well as a healthcare and IT workforce that is sufficiently skilled with long-term as well as accelerated training programs. Ultimately, to maximise the benefits and opportunities of an AI-enabled healthcare system, nothing less than a whole-of-government and whole-of-nation approach will do.

In a world of smartphones and self-driving cars, it would be easy to think that AI is already upon us. There is, however, still much to do to ensure that all Australians benefit from the use of AI in health care, and we do no harm.

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\*Professor Enrico Coiera is Director, Centre for Health Informatics, Australian Institute of Health Innovation; Director, NHMRC Centre of Research Excellence in Digital Health; Founder, Australian Alliance for Artificial Intelligence in Healthcare; Professor in Medical Informatics, Macquarie University. Coiera trained in medicine and holds a computer science PhD in Artificial Intelligence (AI). He has a research background in both industry and academia and a strong international research reputation for his work on decision support and communication processes in biomedicine. Coiera was elected Foundation Fellow and first President of the Australian College of Health Informatics, is a foundation member of the International Academy of Health Sciences Informatics and an International Fellow of the American College of Medical Informatics. He is an Australian representative on the OECD International Global Partnership on Artificial Intelligence, AI and Pandemic Response Working Group, Coiera and the Centre for Health Informatics will celebrate 21 years of cutting-edge research on 11 July 2022 with a live event at Macquarie University.











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1 Fleming-Dutra, K., et al. (2016). "Prevalence of Inappropriate Antibiotic Prescriptions Among US Ambulatory Care Visits, 2010-2011." JAMA: The Journal of the American Medical Association 315(17): 1864-1873 2 Tackling drug-resistant infections globally: Final Report and Recommendations – The Review on Antimicrobial Resistance chaired by Jim O'Neill, May 2016

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ESS0515 (03/22)



Why I chose to work in aged care:

# **Natalie Nobes**

Natalie Nobes, a 52-year-old mother of three adult children, has never let her hearing impairment get in the way of achieving her goals and inspiring others along the way.

obes recently graduated with a Certificate III in Individual Support, specialising in Ageing and Disability, from Macquarie Community College, and has since been working as a support worker with deaf participants in the Blacktown area.

Last December, she was recognised at Blacktown City Council's International Day of People with Disability Awards and won the Community Advocate of the Year Award. Here she talks about her role and why she chose to work in the aged-care sector.

#### Can you tell us about your role as a support worker?

My role involves a range of activities including shopping, doctors appointments, virtual meetings with Auslan interpreter, help to read the emails, gardening, day-to-day tasks, providing emotional and physical support to my clients, assisting with cooking, social activities and cleaning.

# How does being hearing impaired (deaf) lend itself to your role as a support worker?

Being deaf has lent itself to my role as a support worker as I go through the same access issues — that my deaf participants experience — in my everyday life. I have learnt to adapt to this challenge but they do not have those skills yet. I am a partner in their journey.

#### What is your favourite thing about your new role?

My absolute favourite thing is to see deaf participants successfully complete a task by themselves and smile knowing that they now have the skills to complete it again.

Natalie Nobes (left) and her college interpreter Jess (right).

### When did you decide to work in the aged-care sector and why?

I decided to work in the care sector two years ago with an aim to support deaf participants in their individual lives, and empower them to live the life they want.

#### What is the most rewarding aspect of the role?

To be able to help deaf participants achieve their goals.

#### How did COVID-19 impact your work and your industry?

It is harder to make deaf participants more independent with lip reading because of masks. Facial expressions are hard and while you can take off the mask for deaf people, most people did not wish to do so — this meant my deaf participants could not understand basic facial expressions. And to provide access was hard — because some places would not let me in with my deaf participants.

### Is there anything you wish you'd done differently? Nothing.

# What's your advice for people looking at working in aged care or disability support?

Although challenging at times, working in the sector has encouraged me to set a goal of seeing more deaf participants make a real change to the quality of their lives through further education. My advice is to just go for it! Get some experience under your belt and join an industry that is always looking for more compassionate carers.

# What qualifications/study did you complete and did it help you achieve your career objectives?

Yes, it absolutely did.

I chose Certificate 3 in individual support in aged care and disability to gain experience, knowledge and understanding of the sector. The hardest part of the course was during COVID-19 lockdown. I couldn't catch up during virtual meeting and I was lost as trying to lip-read when a lot of people are talking is difficult. MCC Trainer Bernadette supported me and my Auslan interpreters helped me to understand what I had missed. The wealth of knowledge that I gained helped me support my deaf clients the best possible way.

#### Anything else you could share about yourself?

I am a mother of three hearing adults, love poodle dogs and love going on social outings.



# Better care through high quality nutrition











new lease on life

Coorparoo grandmother Pat White has a new lease on life since taking part in weekly classes that are tailored to meet the physical, psychological and wellbeing needs of people living with Parkinson's disease.

rs White, 75, has been living with the progressive neurological condition for the better part of 17 years, but was officially diagnosed with Parkinson's in 2014.

Recently, the grandmother of six has started attending Mater's three-hour Parkinson's Wellness Group sessions, run by the healthcare provider's in-home and community service, Mater at Home.

The program plays a significant role in ensuring South East Queenslanders have access to health care, and reduces the risk of hospital admission while also providing an opportunity for social connection.

Mater at Home speech pathologist Amanda Fogarty said the multidisciplinary classes involved movement exercises, speech pathology, mindfulness and education sessions.

"These classes have been in the planning for some time to provide people with Parkinson's disease the chance to access support, education, exercise in their own communities," Fogarty said.

"Common symptoms of Parkinson's Disease include tremors, muscle stiffness, speech and swallowing difficulties, loss of balance, and anxiety, all of which impact quality of life."

Physiotherapist Cassandra Atkins said seeing the patients thrive was rewarding.

"It's really important that people with the condition continue to participate in activities that help maintain their physical and mental wellbeing," she said.

"I enjoy delivering the class and I love seeing how much the patients enjoy it."

Mrs White said the classes, held at Annerley Hall, had been a "life saver".

An active and independent woman, she said coming to terms with living with Parkinson's Disease had been a big challenge.

"I cried my heart out when I found out I had it," she said.

"I used to play tennis, golf and bridge all the time, so when I had to give that away it really hurt. I can't drive anymore either.

"I was also a receptionist at the QEII Jubilee Hospital for 27 years."

Mrs White said the Mater at Home classes had made a great difference.

"I look forward to seeing the Mater at Home clinicians every week," she said.

"They provide me with exercises and strategies to speak clearly which makes me feel a lot more confident. I've also been working on managing freezing episodes and how to get on and off the floor if I have a fall."

Mrs White said it was important for the general community to improve its understanding of the breadth of Parkinson's Disease symptoms.

"It's not just a tremor," she said. "Sometimes you get stopped in your tracks — your leg will give way and you fall over.

"Learning to understand your capabilities and keeping as physically fit as possible is really important."





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# Stroke guidelines

#### New guidelines for Australia and New Zealand provide evidence-based recommendations for stroke management.

n 2018, the Stroke Foundation and Cochrane Australia were awarded funding by the Australian Government (Medical Research Future Fund) to test a model of living guidelines for stroke management. These were the first Australian living clinical guidelines and are the first and only living stroke guidelines worldwide. A summary of the guidelines has been published by the Medical Journal of Australia. They are available in full at the Stroke Foundation: https://informme.org.au/guidelines/clinicalguidelines-for-stroke-management

Over 30 new and updated recommendations have been made since 2018. This includes five new strong recommendations:

For patients with potentially disabling ischaemic stroke who meet perfusion

mismatch criteria in addition to standard clinical criteria, the recommended time window for safe administration of alteplase has been extended to 9 hours post-stroke.

- For patients with potentially disabling ischaemic stroke due to large vessel occlusion who meet specific eligibility criteria intravenous tenecteplase (0.25 mg/kg, maximum 25 mg) or alteplase (0.9 mg/kg, maximum of 90 mg) should be administered up to 4.5 hours after the time the patient was last known to be well.
- For patients with ischaemic stroke caused by a large vessel occlusion in the internal carotid artery, proximal middle cerebral artery (M1 segment) or with tandem occlusion of both the cervical carotid and

intracranial large arteries, endovascular thrombectomy should be undertaken when the procedure can be commenced between 6 and 24 hours after they were last known to be well if clinical and computed tomography perfusion or magnetic resonance imaging features indicate the presence of salvageable brain tissue.

- In hospitals without onsite 24/7 stroke medical specialist availability, telestroke systems should be used to assist in patient assessment and decision-making regarding acute thrombolytic therapy and possible transfer for endovascular therapy.
- In patients with ischaemic stroke, cholesterollowering therapy should target low-density lipoprotein cholesterol < 1.8 mmol/L for secondary prevention of atherosclerotic cardiovascular disease.

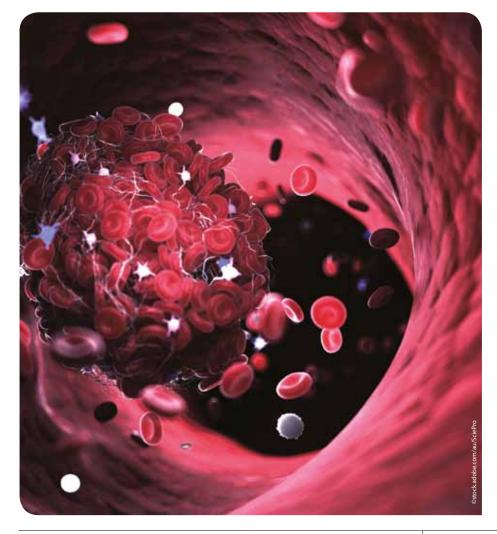
There are also three updates graded as strong recommendations:

- Aspirin plus clopidogrel should be commenced within 24 hours and used in the short term (first 3 weeks) in patients with minor ischaemic stroke or high risk transient ischaemic attack to prevent stroke recurrence.
- In patients with ischaemic stroke aged under 60 years in whom a patent foramen ovale is considered the likely cause of stroke after thorough exclusion of other aetiologies, percutaneous closure of the patent foramen ovale is recommended.
- For stroke survivors with reduced strength in their arms or legs, progressive resistance training should be provided to improve strength.

"Rapid guideline updates as part of a living model are almost certain to have played a significant role by expediting local and statewide system changes," wrote the authors of the summary, led by Professor Coralie English, from the University of Newcastle.

"Importantly, living guidelines provide currency of advice. The experience with stroke as well as other guidelines demonstrates that the rigour of the methods does not need to be compromised when living modes are adopted.

"Our model of continual evidence surveillance and timely updates to recommendations is feasible, but sustainability remains a challenge. Now that we have started down this road, the message from guideline end users is that a return to the old model of static updates is no longer acceptable, and ongoing long term investment in living guidelines must be prioritised," English and colleagues concluded.













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In recent years teleconsultations have played a growing role in the delivery of healthcare and support services across Australia.

nce reserved for rural patients or those with restricted mobility, COVID-19 has seen telehealth expand to deliver essential services when restrictions limited the number of patients allowed on-premises.

Far from a stop-gap measure, these services are set to become one of the standout legacies from the global pandemic. The government has announced it will invest AU\$100 million towards making telehealth a permanent option in the healthcare system.

This comes on the back of consistent research indicating confidence in the method and a lasting appetite for its convenience. A recent white paper by Deloitte, Curtin University and the Consumers Health Forum of Australia found that seven in 10 Australians are willing and ready to use virtual health services.

The research also found that geographical disparity is one of the biggest causes of inconsistent patient outcomes across the country. With the availability of videoconferencing services, people no longer need to leave their homes to receive care, and providers can ensure those in inaccessible areas aren't left behind.

We saw an example of this in the remote aboriginal community of Tjuntjuntjara in Western Australia, which, during March 2020 and January 2021, faced a shortage of healthcare professionals due to a state border closure with South Australia. Following the introduction of telehealth services, the 160 residents had reliable access to virtual care for chronic conditions and mental health issues.

While adoption of telehealth services has climbed, there is also a degree of scepticism around its long-term viability.

Dr Peter Pronovost, a renowned expert in medical innovation encapsulated this attitude best, "There's a lot of focus on shiny objects, rather than on solving problems."

The role of telehealth in modern health care Jeremy Paton, team engagement solutions lead APAC at Avaya

It's true providers cannot rely purely on telephony or simple videoconferencing software and expect it to provide a comparable experience to a traditional hospital or doctor's office.

Given the challenges around resource shortages, patients across the country might avoid seeking healthcare altogether if the telehealth experience is not easy to navigate and free of excessive wait times or interruptions.

On the provider side of the coin, a clunky or ineffective solution could increase the administrative workload for staff, exacerbating stretched resources and ultimately driving more people away from the healthcare sector.

A dent in Australia's reserves of skilled nurses, for instance, could seriously exacerbate the health crisis. Recent research has found that due to burnout resulting from staff shortages, more than a quarter of primary healthcare nurses in Australia have indicated a desire to quit their jobs.

#### Addressing challenges of the future

Healthcare organisations need to create a telehealth environment from the ground up — one that addresses the specific pain points felt by people across the country.

This begins with a unified system that can integrate with existing applications, allowing healthcare providers to seamlessly expand capabilities, thereby easing the frustration that comes with fragmented encounters between staff and patients.

A solution that enables flexible integrations saves staff from trawling through external systems to access patients' medical



histories and referrals, readily drawing on electronic medical records (EMRs), decision support and diagnostics systems to provide patients with uninterrupted virtual experiences.

In a practical example, healthcare organisations can reduce the duration of individual consultations by rolling out a secure, virtual waiting room that patients can access with dedicated, private web links. This allows them to be automatically identified, authenticated and admitted to a virtual doctor's office, providing visibility over the journey and closely mirroring traditional healthcare visits.

Patients should also be empowered to book appointments, receive medical advice and complete payment processes in the one spot. If each step of their journey involves separate applications, with different login credentials and interfaces, administrative

staff will expend time and resources explaining each process, hindering the overall impression of care and support.

Additionally, this flexibility will allow providers to easily expand upon telehealth solutions when new technologies and processes emerge across the industry. Some hospitals, for instance, have begun creating a telehealth 'metaverse', extending health care beyond isolated consultations to include pre and post care, the delivery of medication and more.

Singular Health, for example, has begun experimenting with virtual reality as part of its telehealth services, with patients and practitioners communicating via virtual reality headsets from any location in the world. The technology allows 2D images to be transferred from a page to a 3D virtual reality where healthcare workers can gain a 360-degree view of medical afflictions,

such as tumours, and provide real-time consultations to patients.

To leverage these initiatives with minimal set-up time and disruption to services, a unified system that can seamlessly draw on historical patient information is essential.

Telehealth is set to become a crucial pillar across Australia's healthcare sector, not only to compensate for scarce resources and navigate pandemic mandates, but to ensure the delivery and availability of health care is the same for all people, regardless of their geographical location.

To elevate the experience beyond simplistic measures and provide services that are on the same level as, or even better than, traditional healthcare appointments, these environments need to address the needs of patients and staff, and be adaptable and geared for the healthcare challenges of the future.



The Society of Hospital Pharmacists of Australia has released the first Australian pharmacy practice standard for surgery and perioperative medicine.

he standard sets benchmark pharmacistto-patient ratios and identifies emerging and essential services to improve safety as the number and complexity of surgeries continues to grow, according to SHPA.

Janelle Penno, SHPA Surgery and Perioperative Medicine Chair, said the standards are crucial, as surgery becomes more common in older patients with multiple comorbidities and polypharmacy.

"Since 2013–2014, elective surgery admissions have increased on average by 2.1% each year — with around two days' hospital admission required for elective surgery and one week for emergency surgery — and people aged 65 years and over accounted for approximately one in three surgical admissions.

The 'Standard of practice in surgery and perioperative medicine for pharmacy services', published in the April 2022 issue of the Journal of Pharmacy Practice and Research (JPPR) by members of the SHPA

Surgery and Perioperative Medicine stream, is the second successive Australian first, following the release of SHPA's Standard of practice in cardiology for pharmacy services in February

"Our new standards build on growing evidence of the impact expert pharmacists can have on reducing adverse events and harm caused by surgery and perioperative medicine, by leading emerging and essential services tailored to the size and scope of Australian hospitals.

"This includes, for the first time, outlining the role of the Perioperative Medicine Pharmacist—a key contributor across all settings during the perioperative period—which complements the surgical pharmacist role that is more familiar.

"These emerging services include Partnered Pharmacist Medication Charting, smoking cessation intervention and pharmacist involvement in perioperative allergy testing clinics, as well as quality improvement activities such as opioid/analgesic and antimicrobial stewardship programs."

The Standard of practice in surgery and perioperative medicine for pharmacy services highlights the similarities and differences between surgery pharmacists and perioperative medicine pharmacists, who may be required to assist with the supply of medicines or medicines information in time-sensitive, high-risk or limited evidence situations, often facing issues with medicine shortages, accessibility and cost.

Reflecting the diverse needs of patients in different settings, recommended ratios of patients to 1 FTE pharmacist for five-day clinical pharmacy services range from 10 for post-anaesthetic and short stay care, to 20–30 for lower risk surgeries such as breast and ear nose and throat (ENT).

SHPA Chief Executive Kristin Michaels said the task now is to progress the adoption of this standard, particularly as the expertise of surgery and perioperative medicine pharmacists is required to support increased surgical activity following COVID-19 restrictions.

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Medicines are the most common treatments used in health care, especially for older people. But when they're not used correctly, they can cause serious and sometimes fatal outcomes.

Globally, the cost of medication-related harm exceeds \$40 billion every year with evidence reporting that between 5% and 20% of aged-care residents experience an adverse medicine event every month. More than half of this harm is considered preventable.

The federal government recently announced funding for on-site pharmacists to improve medication management in government-funded aged-care facilities, commencing in January 2023.

Researchers from the University of South Australia recently worked with 248 aged-care residents across 39 aged-care facilities in South Australia and Tasmania to assess the effectiveness of a pharmacist-led intervention.

Their study, funded by the Department of Health, found that regular visits from pharmacists to aged-care residents can reduce problems due to medicines and improve health outcomes.

Over 12 months, pharmacists met with residents every eight weeks to record any new illnesses or conditions and to monitor

any adverse effects or symptoms. They also reviewed participants' medicines and monitored cognitive and physical health.

At each visit, pharmacists found 60% of residents had problems with their medicines. They made 309 recommendations to change residents' medications or monitor their medications with a view to change; and, for almost two-thirds of the population, recommended reduced medicine use.

Importantly, the study showed a significant change in participants' cognition scores, with those monitored by pharmacists less likely to experience negative effects.

Lead researcher UniSA Professor Libby Roughead says the research highlights an acute need for additional pharmaceutical support within the aged-care sector.

"Medicines are the most prescribed health intervention for older people, yet they're also the catalyst for concern for many aged-care residents," Roughead said.

"People living in aged-care homes rely on the support and care they receive, yet previously,

residents have only received a medication review every two years or earlier if required.

"Our research highlights the need for personalised and continuing support by pharmacists more frequently."

Roughead welcomed the government funding for onsite pharmacists. It is an essential step forward and the move should encompass holistic pharmaceutical support, with pharmacists focused on efforts to reduce harms from medicines, she said.

"It's important to realise that the new onsite pharmacists will not only need to monitor and review medications, but also be able to recognise the early onset of medicineinduced deterioration, such as changes in a person's cognition or activity, so as to prevent harms such as injurious falls or delirium.

"More comprehensive support will not only avoid the many medicine-induced health issues currently experienced by aged-care residents but may also help in preventing frailty and declining cognition."

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#### Scientists have developed a new measure of delirium severity that could help improve patient-centred care.

he tool — called the DEL-S delirium severity score — provides severity measures that are significantly associated with clinically relevant outcomes, including length of hospital stay and hospital costs.

Building on their prior delirium severity instruments, such as the CAM-S, scientists from Beth Israel Deaconess Medical Center (BIDMC) and Hebrew SeniorLife used measurement approaches — such as patient self-reported items and finely graded observer ratings, combined with input from delirium experts who identified key indicators of delirium severity — to develop the latest tool.

Delirium is said to affect up to 64% of older medical patients and up to 50% of older surgical patients. It can manifest as sudden confusion, agitation, memory loss or hallucinations and delusions, and is linked with longer hospital stays, complications and increased risks of dementia and death. While there are more than 30 instruments currently available for identifying delirium in patients, few exist to assess its severity, according to BIDMC and Hebrew SeniorLife scientists.

According to the Australian Commission on Safety and Quality in Health Care (ACSQHC),

about 10-18% of Australians aged 65 years or older have delirium at the time of admission to hospital and a further 2-8% develop delirium during their hospital stay. The cost associated with delirium in Australia in 2016-17 was estimated to be \$8.8 billion, according to the commission. In September 2021, the ACSQHC launched new clinical care standards for handling delirium that recognised both COVID-19 and the value of family and carer support.

"Many clinicians recognise that simply characterising delirium as either present or absent is insufficient to evaluate and manage delirium clinically," said corresponding author Sarinnapha M Vasunilashorn, PhD, a researcher in the Division of General Medicine at BIDMC and assistant professor of medicine at Harvard Medical School.

"The ability to rate delirium severity is key to providing optimal care for older adults, and such ratings would allow clinicians to target patients with severe delirium, monitor their response to treatment and ultimately provide more appropriate patient-centred care."

The delirium severity score has both a six-item short-form version, which may be preferred for clinical use, and a 17-item long-form version, preferred for research clinical research or reference standard ratings.

To develop and assess the delirium severity score, the researchers enrolled adults aged 70 years or older who were admitted or transferred to medical or surgical services at BIDMC between October 2015 and March 2017. Within 48 hours of hospital admission, delirium was assessed with daily, in-person interviews using cognitive testing and previously validated tools. Medical records were then reviewed by an experienced research physician. Of the 352 patients enrolled, 69 (20%) developed delirium (167 delirium-days of 1190 daily ratings in all patients).

The researchers next quantified delirium severity using the short-form and long-form versions of the delirium severity score and reported that patients with the highest delirium severity scores had longer hospital stays, greater in-hospital costs, higher medical costs and mortality up to one year after hospital stay compared with patients with the lowest severity scores.

"The findings suggest that the delirium severity score is associated with adverse clinical outcomes," said senior author Sharon K Inouye, MD, MPH, director of the Aging Brain Center at the Marcus Institute for Aging Research of Hebrew SeniorLife, a clinical scientist in the Division of Gerontology at BIDMC and professor of medicine at Harvard Medical School. "The delirium severity score will help to optimise delirium management clinically with important financial and quality of care implications. Moreover, it may provide a useful outcome measure for clinical trials or biomarker studies in delirium."

The findings have been published in JAMA Network Open.



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Around 70% of hospitals send people home after surgery with opioids 'just in case. A new standard of care hopes to change this, helping those at risk from long-term reliance.

2018 study found that the rate of opioid analgesic dispensing per 100,000 people increased by 5% nationally between 2013 and 2017. The magnitude of variation in dispensing rates increased as well, from 4.8-fold to 5.1-fold. The first Atlas of Healthcare Variation (2013) reported that dispensing rates were highest in areas of low socioeconomic status and lower in areas of increasing socioeconomic status. Dispensing rates tended to be higher in inner and outer regional areas than in major cities or remote areas.

A report<sup>5</sup> on national data and trends on opioid use and harms in Australia found that every day there were nearly 150 hospitalisations and 14 ED presentations involving opioid harm, and three drug-induced deaths involving opioid use.

In 2016–17, 3.1 million people had one or more prescriptions dispensed for opioids (most commonly for oxycodone). About 715,000 people used over-the-counter codeine

products and prescription opioid analgesics for illicit or non-medical purposes, while about 40,000 people used heroin.

More than 2.5 million people undergo surgery in public and private hospitals<sup>6</sup>, some of whom become persistent users of opioid analgesics after being treated for acute pain — in that they continue to use opioids for more than 90 days after discharge from hospital.

Around 900 deaths were attributed to unintentional overdose of opioids in 2018, representing a 9% increase since 2014, according to Australia's Annual Overdose Report 2020. Between 2014 and 2018, pharmaceutical opioids were the most common type of opioids associated with unintentional deaths.

Following extension consultation with clinicians, researchers and consumer representatives, the Australian Commission on Safety and Quality in Health Care (the Commission) has released the



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first national Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard.

#### A long-term problem

The new opioids standard sets out appropriate use of opioid analgesics in the ED and after surgery. It encourages doctors to consider alternate analgesics and, where opioids are required, promotes planning for their cessation.

Conjoint Professor Anne Duggan, Commission Chief Medical Officer, said there is a need to care for people who leave hospital after being prescribed opioids.

"Opioid analgesics are incredibly effective in providing pain relief for severe acute pain," she said. "However, we must remember that these medicines can have significant adverse effects and may put people at risk of harm after they leave hospital.

"We need to fine-tune our prescribing and use of opioids analgesics for acute pain, to reduce the harms associated with inappropriate prescribing and avoid short-term use becoming a long-term problem.

#### Minimising over-reliance

"Ensuring adequate pain relief to avoid unnecessary suffering while minimising the risk of over-reliance on opioid analgesics is not an easy balance to strike. It is critical that when patients are discharged from hospital, there is a discussion with the patient and a

It is ironic that a medication that is designed to reduce pain for patients can in turn create long-term anguish for an individual who becomes a persistent user of opioid analgesics once they leave hospital.

clear medication management plan to wean off opioids," Duggan said.

Since 2018, the Therapeutic Goods
Administration has introduced regulatory
reform for opioid analgesics to minimise
harm and limit inappropriate prescribing.
This includes changes in June 2020 to opioid
listings on the Pharmaceutical Benefits Scheme
and smaller pack sizes for immediate-release

opioids<sup>7</sup>. Recent data suggest Australia's use of opioid analgesics is declining since the introduction of the regulatory reforms.

#### Evidence-based prescribing

Conjoint Associate Professor Jennifer Stevens, Anaesthetist and Pain Management Specialist at St Vincent's Hospitals Sydney, said there is large variation in how opioids are prescribed around Australia. She said the standard provides guidance for all patients to receive the same level of evidence-based safe and effective opioid prescribing.

"The clinical care standard encourages the use of simple analgesics such as paracetamol and anti-inflammatory medicines and non-medication techniques for mild to moderate pain. For severe acute pain, the standard recommends judicious opioid use," Stevens said.

"As prescribers, doctors have an 'opioid-first' habit that we need to kick. Compared to many European and Asian developed nations, Australia places a high reliance on using opioids as first-line analgesia, despite evidence those countries with significantly lower reliance do not have poorer pain outcomes."

#### A cessation plan

Dr Andrew Sefton, Orthopaedic Surgeon at Dubbo Base Hospital NSW and North Shore Private Hospital Sydney, said it was important

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for prescribing doctors to consider how and when opioids will cease after discharge.

"It might be quick and easy to provide a repeat on an opioid prescription when we have a patient experiencing pain, but we need to reflect on the individual patient to ensure the benefit outweighs risks.

"The clinical care standard highlights the need to support transition of care into the community, with communication and plans for opioid cessation. Providing the patient's GP with a plan outlining the expected duration of opioid use and the amount of opioids supplied is a practical way to work together."

Duggan concluded: "It is ironic that a medication that is designed to reduce pain for patients can in turn create long-term anguish for an individual who becomes a

persistent user of opioid analgesics once they leave hospital.

"We hope this standard will provide a turning point for Australia to reflect on our opioid use in hospitals, to ensure that we are providing the safest possible care to our patients as they recover and return to their regular activities in the community.

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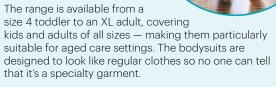
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#### Wonsie

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#### **Fall detection and activity solution**

Digital Angel by Alpha Global is a fall detection and activity solution for aged-care and hospital enterprises.

Built on artificial intelligence (AI), the machine learning capability allows users to program and add multiple scenarios into the platform. This means we can monitor and tailor for different risk profiles for resident care.

Using optical sensors, the Digital Angel software will identify human activity to alert support staff when falls and other events occur. This system allows for 24/7 in-room monitoring to ensure incidents are swiftly responded to. For example, when an event, such as movement in an atrisk resident room or a fall in an en suite occurs, an alarm is triggered and an alert is sent to the care team platform to enable assessment and appropriate action to be taken.

Although Digital Angel is not a surveillance system in the typical sense, it does come under the privacy laws. As optical sensors are used to achieve 24/7 human activity monitoring, consent must be obtained from the residents and or family in order to use this technology.

Other features and benefits include: customised to each resident and care requirements; scalable — it can be activated in all or just selected rooms; common areas can also be covered if required; staff have no on-demand access to cameras.

#### Alpha Lifecare

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#### **Patient monitoring system**

The cura¹ ENSIGN patient care system combines the latest embedded sensor technology with existing wireless infrastructure to enhance patient comfort and safety as well as caregiver productivity.

The system provides caregivers with important information about the resident like: heart and respiratory rate, in/out of bed confirmation, excessive movement, turn-over etc.

ENSIGN provides ongoing, non-intrusive monitoring of residents whenever they are in bed. The parameters for monitoring are customisable to every resident, allowing personalisation of care.

It provides carers an overview of every bed, in every ward and the total facility to significantly increase resident safety, workforce utilisation and deployment — effectively reducing staff time spent on monitoring and increasing the time that

The system can be accessed on personal computers or smart mobile devices all day, every day. Data and events are recorded and stored, and can be exported in compliance with relevant standards. The system

enables timely detection of change in a resident's condition, thereby reducing risks.

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can be spent on direct care.



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The Meditote tray table bag can be draped over the tray table trolley, slung onto your shoulder, attached to an IV pole or even placed on the handles of a wheelchair or other mobility aid.



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It was designed by a Gold Coast nurse turned long-term patient, who found it especially difficult, and at times dangerous, to reach for personal items while on bed rest during an eight-week hospital stay. A moisture and waterresistant fabric allows the bag to stay dry, with liquid rolling off easily, in turn reducing risk of bacteria breeding within healthcare environments. Users can simply wipe with a moist cloth to keep it clean. With six outside pockets and one stretch band, there is plenty of space to take advantage of.

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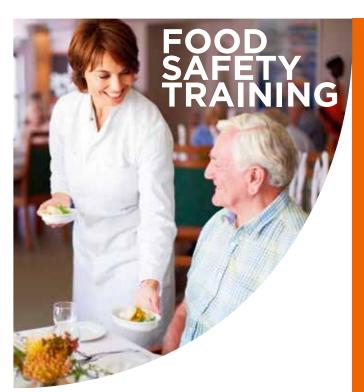
Cradlepoint NetCloud Service powers every Cradlepoint wireless edge solution and enables customers to build and manage wireless WANs with complete lifecycle management, true zero-touch deployment, robust security, and SD-WAN traffic management for optimal application performance and reliability.

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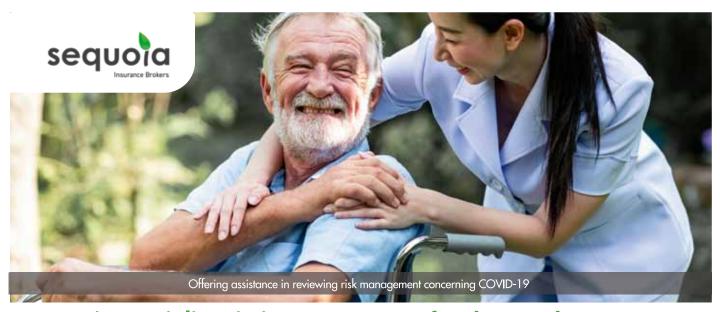


Calcium supplements are linked to a heightened risk of death among those with aortic valve stenosis, a progressive and potentially fatal condition, new research has revealed. dditionally, these supplements — frequently given to older people to lessen the risk of osteoporosis and fractures — seem to worsen the condition, which is the most common form of heart valve disease in adults in the developed world, irrespective of whether or not they are combined with vitamin D, according to the study.

Aortic stenosis occurs when the aortic valve, the main outflow valve of the heart, stiffens and narrows. This means it can no longer open fully, reducing or blocking blood flow from the heart into the main artery (aorta) and the rest of the body.

The only effective treatment is the replacement of the faulty valve, a procedure known as AVR (aortic valve replacement). The association between dietary and supplemental calcium or vitamin D with cardiovascular disease risk and death is hotly contested. Yet evidence on their safety is mostly derived from animal studies, and the prescription of both these supplements has risen sharply in recent years, particularly among postmenopausal women, the researchers pointed out.

The researchers therefore wanted to see what potential impact these supplements might have on death from any cause and from cardiovascular disease and the need for AVR.



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# "The study findings should give doctors pause for thought when treating osteoporosis in people with heart disease"

as well as progression of aortic stenosis among older people.

They therefore tracked the heart health of 2657 patients (average age 74;42% women) with mild to moderate aortic stenosis between 2008 and 2018: the average monitoring period was more than 5.5 years.

#### Vitamin D and calcium

Participants were divided into those not taking any supplements (1292;49%), those supplemented with vitamin D alone (332;12%), and those given calcium plus or minus vitamin D supplements (1033;39%),115 of whom took just a calcium supplement.

Those taking supplements had significantly more diabetes and coronary artery disease than those not taking supplements. They were also more likely to be taking statins, warfarin and phosphate binders (to limit phosphorus absorption), to have had a coronary artery bypass graft and to need kidney dialysis.

During the monitoring period, 540 (20.5%) people died:150 died of cardiovascular disease; 155 died of other causes; and 235 died of unknown causes. And 774 (29%) people had their aortic valve replaced.

More than a third of people in each of the groups developed severe aortic stenosis after five years.

Supplemental vitamin D alone didn't seem to affect survival. But supplemental calcium plus vitamin D was associated with a significantly higher (31%) risk of death from any cause and a doubling in the risk of a cardiovascular death. And it was associated with a 48% heightened risk of AVR compared with those not taking supplements.

Supplemental calcium alone was also associated with a heightened risk of death from any cause (24%) and a near tripling in the risk of AVR. And the risks of death from any cause and from cardiovascular disease were also higher among those taking calcium supplements who didn't have their aortic valve replaced.

This is an observational study, and therefore can't establish cause. Those taking

supplements also had more risk factors for heart disease and death than those who weren't and the quantities of calcium intake from diet and supplements weren't assessed

#### Avoiding long-term supplementation

But the researchers nevertheless said, "Strengthened by its large sample size and extended follow-up period, our study suggests that calcium supplementation does not confer any [cardiovascular] benefit, and instead may reflect an elevated overall risk of AVR and mortality, especially in those not undergoing AVR."

In a linked editorial, Professor Jutta Bergler-Klein, of the Medical University of Vienna, noted that billions of dollars are spent every year on vitamin and mineral supplements for older people in the belief that these benefit health.

But we may need a rethink, at least when it comes to calcium supplements, she said, adding that the study findings should give doctors pause for thought when treating osteoporosis in people with heart disease.

"In patients with calcific [aortic stenosis] and high-risk [cardiovascular disease], the present study strongly adds to the evidence that long-term continuous calcium supplementation should be avoided if not mandatory," she said.



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A collective of recruitment experts, people & culture specialists, and leadership & performance coaches with a common purpose; to improve the quality of the workforce in Aged Care and Community Services. Our end-to-end workforce consultancy offers solutions to help attract, engage, retain, and develop your best talent.



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#### Alpha Global www.alpha.global

At Alpha Global our mission is to deliver world-class innovative technology which improves resident safety and experience whilst also supporting your team in enhancing operational efficiencies.

#### Alpha Lifecare www.alphalifecare.com.au

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Andrew Barton Laundry Systems is the exclusive distributor of Speed Queen commercial laundry equipment in Queensland. Speed Queen is the largest manufacturer of quality laundry equipment in the world and has over 100 years of experience in building long-lasting, dependable laundry equipment.

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Leading contract catering, cleaning and laundry services to Australia's health and aged care sector.



CFT have been delivering highquality food safety training for the aged care industry for over 22 years online or in class. Our food safety training courses meet the requirements for the Food Safety Supervisor and the Australian Food Standards throughout Australia.

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Chefs on the Run provides the aged care and health sector

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Confident Care Products

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Connected Health combines mobile devices with applications that enable aged care workers to carry out their duties more safely, securely and effectively. Our solutions interoperate with aged care systems, including nursecall, alarms, task management, location tracking and duress systems.

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Affordable, smart and practical integrated and stand-alone care solutions are easy to use and install, cura<sup>1</sup> is a leading Australian manufacturer of a range of devices and systems for use in falls prevention, wandering resident, seizure alert, patient monitoring, and staff alert.

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Electrolux Professional is a trusted partner for commercial food, beverage and laundry solutions in over 140 countries around the globe.

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Ergotron enhances workflows and drives positive patient experiences with medical carts and monitor wall mounts that help caregivers thrive. With 40 years of experience creating ergonomic solutions, Ergotron is uniquely qualified to help you configure medical workstations that fit your facility's workflow.

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Essity is a leading global hygiene and health company, dedicated to improving well-being through excellent products and services. With renowned brands such as Leukoplast, Cutimed, JOBST, Actimove and Delta-Cast, Essity provides innovative, high-quality medical solutions.

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comprehensive suite of products for health and aged care facilities such as Sterisan Basin & WC Pan, Tapware, TMVs and water management system for controlling fixtures and temperature monitoring.

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### www.harveynormancommercial equipment.com.au

Harvey Norman Commercial's Aged Care Team is focused on delivering an end-to-end solution covering all aspects related to the fit-out of an aged care facility.

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Head Bumpa products provide protection for the elderly, people with disabilities of all ages. Giving the wearer and family members and carers peace of mind. Increased safety and reduced worry of unexpected falls. Our Head Bumpa products are made from a high impact absorbing foam.

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#### www.hpaust.com

HPA globally sources innovative health and aged care products and integrates them locally, so the end user has a complete solution — without wasting precious time liaising with multiple suppliers. These products are incorporated into divisions: ICT & Carts, Surgical, Patient Monitoring & Life Support and Infrastructure.

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Donesafe is a cloud platform that takes care of all your HSEQ use-cases, employees, suppliers, contractors, vendors across all your locations, devices and workplaces. Choose from over 30 modules to create a complete, fit for purpose solution for your organisation, or to simply fill a gap within your existing solution.

#### In2Food www.in2food.com.au

In2Food is a national business with a local focus. It supplies fresh fruit and vegetables, which it purchases from small farms and producers, to a range of customers both large and small and includes supermarkets, cafes, restaurants, aged care facilities, governments, airlines, and schools.



The writing's been on the wall.

Even for smaller aged care health providers, paper-based systems and Excel were impractical, at best. Then the Royal Commission happened. Then COVID happened.

The result? A growing burden of needs:

- patient information
- · staff, and all their diverse needs
- · compliance
- record-keeping
- audits
- · contractors and third-party providers
- reporting; from simple patient reports, through to mandatory reporting and board reports
- · incident management
- · injury management

It's meant that modern information systems went from being just valuable to essential. It's not just a case of doing it right, it's being seen to do it right, and evidence it.

In its formal response to the Royal Commission's review, the government committed to a 'once in a generation' reform of the aged care sector. As part of its \$17.7 billion aged care reform package, they recommended increased use of digital information systems, the better sharing of information and its management.

Information systems have been around for a long time. However, less so have been systems

with the breadth, depth and capability to efficiently handle a wide diversity of needs. Certainly, some of those systems can handle specific needs very well, but, those one-trick ponies struggle beyond that.

Their lack of interoperability makes it difficult to manage information within an aged care organisation, let alone share it externally, such as with government agencies.

At the heart of the solution is, of course, a simple concept: 'enter once, use many'. Or, as we would say, to have a 'single source of truth'.

That's the basis of a modern, comprehensive, and integrated platform. Of course, we would be the first to declare our interest in promoting it, as that's exactly what we have. That's our strength.

Good things happen as more needs to get solved by a single platform that has trustworthy data.

At the front-line of the organisation, compliance is a natural outcome, as mandatory requirements are embedded in the platform. It also becomes easier. For example, automation reduces the effort needed to get it right first time, and, given the wider sharing of information, tasks are easier to transfer between staff when role-sharing is a must.

As the helicopter gets higher, the ability to manage the organisation gets easier. Managers have less to manage, and boards get better quality data on which to make evidence-based decisions. It's easier to see the trends and patterns that justify investing in improvements.

Having fewer systems also means fewer interfaces, which inherently reduces cost. And, if the platform is cloud-based, it increases reliability and shares resources widely; whether it's across departments, or multiple sites.

The net result is that more money and effort can be spent where it really counts, looking after patients.

Whether it's our system or others, we hope that this has helped make the case for a comprehensive, integrated platform. However, to help buyers, we would be remiss in not saying that the decision is more than the platform alone.

It's our experience that other factors can and should influence your decision. For example, what migration tools do they have? What support capability do they have? How customisable is their platform? Plus, you are aiming at a moving target... what roadmap do they have?

Of course, start by comparing features. But, don't stop there.

We love to help you with your decision. You can find out more about us at www.donesafe.com or call us on 1300 137 408.



For more information
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### Infectious Clothing Company

#### www.infectious.com.au

Infectious Clothing Company is a leading supplier in Australia of medical scrub uniforms working with hospitals and aged care for over 20 years.

### Innovate Care innovatecare.com.au

Innovate Care is an Australian owned company, offering premium products, designed and engineered all over the world. Our focus is about innovating patient care and redefining excellence.

# InovaAir Australia INOVAAIR®

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Manufacturer of Australian made air purifiers with H13, medical grade HEPA filtration, designed primarily for the removal of aerosol-based viral and bacterial contaminants.

### Interclean Group

#### Interclean.com.au

The Interclean Group is a network of companies providing innovative products and managed services to hospitals, aged care and large facilities. We are an industry leader in science-based cleaning who works closely with our clients to aid with their safety and cleaning challenges.

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Lumary is Australia's leading software provider and tech partner for the disability and aged care sectors.

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Medeleq is an Australian-owned company supplying medical equipment and furniture to the healthcare market.

Our product range includes patient monitors, privacy screens, suction equipment, patient scales, carts and trolleys, diagnostic equipment and Cherokee uniforms.

#### Medical Industries Australia

#### www.medind.com.au

Medical Industries Australia is an Australian supplier of accredited, specialty healthcare consumables and devices. We believe every Australian healthcare clinician deserves quality medical products at their fingertips, every day. Partnering with MIA can save you time and money with selections tailored to your needs.



Safe, supportive, cost-effective design solutions for aged care —

### discover Repositionable Media (RPM)



ith Australia's aging population set to rapidly accelerate over the next ten years, the demand for and pressure on aged care services both in residential aged care facilities and within home-based support programs is expected to increase exponentially.

In 2020 it was reported by the Australian government that more than 840,000 Australians were receiving support via the Commonwealth Home Support Programme, and around 245,000 Australians were living permanently in residential aged care facilities.

Coupled with this burgeoning number of advanced-age Australians requiring support is a frighteningly rapid growth in the number of Australians living with or caring for someone diagnosed with dementia.

In 2022, the Dementia Australia organisation reported almost half a million Australians were currently living with dementia, with the number expected to increase to more than a million over the next several decades. It was also reported that approximately 1.6 million Australians were presently involved in providing care for someone already diagnosed with dementia.

We know the numbers are high and getting higher, and thus the demand for support and the resources required to meet this demand are also surging. So, what are the solutions?

#### Identifying the key needs of those living in aged care and assisted living environments

For older adults, including and especially those living with dementia, physical and social environments can become increasingly difficult to navigate as health and cognition deteriorates.

But, with considered design, supportive environments can be easily and cost-effectively established and assist those diagnosed with dementia and other conditions to live as independently as possible without facing needless disability.

The best designed spaces address four key areas that those living with dementia, as well as those requiring broader living assistance, may find challenging: comfort, support, stress, and safety.

### What is RPM, and how can it support these key needs?

With the increased demand, high turnover rates, and resident-specific needs in live-in facilities, fast, easy, and cost-effective solutions are a must. Repositionable Media (RPM) printed products provide exactly that: a way to make a space personal and functional for each resident without overhauling the décor in a costly traditional way.

"RPM products can be custom printed, affixed to any flat surface, easily removed without damaging existing design features, and can also be reused time and again in multiple spaces."

Dementia Centre certified RPM products take it a step further, having been specifically designed and rigorously tested to meet the needs of people living with dementia, assisting them to orientate and feel at home in complex environments.

RPM Art, Reframe and Photo Collage products provide comfort and support, and help promote the feeling of homeliness and familiarity. Resident-specific art and picture collages can provide visual memory prompts for those struggling with cognitive impairment and offer

talking points to encourage social engagement. These RPM products can be affixed directly to the wall, or over an existing frame or artwork.

To support independent living, RPM signage solutions assist residents with orientation and wayfinding, allowing them to maintain a sense of freedom and independence, which in turn promotes more robust confidence and better mental health. Similarly, in a long hallway of identical rooms, RPM Memory Doors allow residents to easily identify their door with a personalised design that can be affixed and removed, without causing damage.

For older adults and those struggling with dementia-related cognitive deterioration, there can be many sensory triggers in an environment that may cause significant distress, including light glare and mirror reflections. A Dementia Certified Mirror RPM can alleviate such triggers, by providing a matte finish, opaque decal covering for any size or shape mirror or reflective surface. RPM Privacy and One-way Window coverings can also reduce agitation by allowing residents privacy as well as redirecting them from areas that may pose a risk.

With confusion and disorientation can sometimes come danger, with exit-seeking behaviour being one such example. RPM Door Diversions can help conceal exits by making doors look inconspicuous, and gently distracting residents from its true function.

Whether designing for an aged care or assisted living facility, or for simply making a home space more functional and supportive, easy, cost-effective, and damage-free Repositionable Media products provide many of the environmental solutions to make a space more useful and enjoyable for both loved ones and their carers.



For more information

The Creative Printer https://www.thecreativeprinter.com.au/collections/aged-care-rpm-solutions

### MePACS Personal Alarms

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MePACS are a leading provider in Australia for personal and duress alarm. We offer a 24/7 emergency response service by trained professionals who are always available to help with a fall, medical or safety issue. The service is ideal for seniors, people with chronic conditions and lone workers.

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Modeus is one of Australia's largest healthcare software providers, servicing over 5000 customers with various products across multiple industries covering pharmacy, veterinary, aged care and hospital. Modeus is best known as Australia's leading supplier of electronic controlled drug register software.

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Mun Australia is a global leader in the manufacture and supply of gloves, and a leading supplier of personal protective equipment and hand care solutions. Its GloveOn and PrimeOn brands are trusted throughout the Australian aged care sector and known for their quality, reliability and innovation in infection control.

#### O&M Halyard





#### www.halyardhealth.com.au

O&M Halyard is focused on advancing health and healthcare by

delivering clinically superior infection prevention and surgical solutions. Our market-leading sterilisation wrap, facial protection, specialty gloves, protective apparel, surgical drapes, and gowns are sold in more than 90 countries globally.

### Opti-Call Aged Care Services

#### **Opti-Call Aged Care Services**

Opti-Call Aged Care Services

#### **OSCAR Care Group**



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A one-stop shop for your success and compliance. With a combination of over 60 years in the hospitality, health and aged care industries, we offer a full range of operational services. With our food safety consultancy, auditing, allied health and industry training, we have everything you need to manage risk.

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Patient Experience Group will work with you to help get a better picture of what gets in the way of the best patient experiences your services can offer. Our unique approach uncovers causes of long patient wait times, poor survey results, and falling staff satisfaction. Call us, and tell us about your problems today.

### Personify Care personifycare.com

Personify Care is a health tech company that offers digital patient pathway solutions for hospitals, clinics, and clinical research.

Their platform allows clinical and administrative teams to convert their existing protocols into digital pathways.

### Physiocorp Pty Ltd physiocorp.com.au

Physiocorp has been a dedicated allied health service provider in the aged care space, since 2014. Our systems and procedures have withstood and evolved with the changes that industry has seen over the years.

### Reynard Health Supplies



#### reynardhealth.com.au

Specialising in manufacturing and distributing the highest quality and most cost-effective products, our range is constantly evolving to meet a wide variety of customer care, cleaning and infection control needs within the healthcare environment, helping to make Reynard a proudly Australian-owned market leader.

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A leading Australian manufacturer of washer/disinfectors, blanket warming cabinets and tube, surgical instrument drying cabinets. We supply, hospitals, aged care facilities, day clinics, dentistry, podiatry, veterinary and other medical environments.



ustralia's ageing population and its growing expectations for quality aged care services will have far-reaching impacts on service providers.

While the number of people aged 65 years and over is projected to increase from 16% (2020) to 23% by 2066¹, many older people remain in good health. They continue to do paid and volunteer work well beyond retirement age, live independently and contribute socially and economically to our community.

However, an ageing population brings increased financial and social challenges, puts pressure on healthcare services, and impacts carer wellbeing.

More people are also likely to need home care or residential aged care services, in turn, creating challenges for care and nursing staff — the number of Australians expected to use aged care services is estimated to almost triple to 3.5 million by 2050<sup>2</sup>.

Having the right tools and resources to deliver safe, quality care and services for aged care residents are therefore critical for providers to meet the Quality and Safety Commission Quality Standards.

The Joanna Briggs Institute (JBI) has developed two evidence-based manuals that are aligned to the Quality Standards to ensure service providers deliver consumer focused outcomes and level of care that reflects community expectations. JBI is one of the world's leading evidence-based practice

organisations which has been developing updated resources for the Australian aged care sector since the early 2000s.

The Carers Manual is designed to meet carer workforce training and knowledge needs, and aligns with Standards 1 and 3. It supports providers to:

- Fill the gaps in standard of care and meet accreditation requirements.
- Easily train aged care workers and inform them of procedures for consistent, safe, quality care.
- Assist aged care workers with ongoing assessment and planning.

This manual includes 27 procedures that focus on dignity and respect for inclusion, privacy and informed choices as a co-participant in care planning and delivery while supporting residents with fundamental care needs.

It also reflects consumer expectations for culturally appropriate, safe quality care and services that meet the rigorous Quality Standards to improve patient outcomes.

The Aged Care Practice Manual complements and extends from the Carers Manual. It is an advanced resource for care and therapeutics that helps staff deliver safe, effective personal and clinical care that:

- Is best practice and tailored to individuals' needs.
- Optimises health and wellbeing at your institution.

 Fills the gaps in your standard of care and meets accreditation requirements.

This advanced manual has been developed by Nursing Directors, public and private sector experts and safety and quality representatives. It includes evidence for advanced care needs that align strongly with Standards 1, 2 and 3.

Procedures reflect the complexity of care needs due to serious medical illnesses, chronic diseases, and increasing acuity. Each recommended practice includes requirements for consumer education, advice and informed consent.

Practice Manual supports aged care providers to partner with consumers in ongoing assessment and planning that helps them get the care and services needed for their health and wellbeing. It features 123 procedures that reflect the complexity of care needs due to serious medical illnesses, chronic diseases, and increasing acuity.

Aged care providers can take innovative approaches to deliver quality services to consumers with the right tools and a system for continuous improvement to meet accreditation requirements, resulting in better pricing for services and attracting higher-paid qualified staff.

References

1 www.aihw.gov.au/reports/older-people/older-australians/contents/demographic-profile

2 about.healthdirect.gov.au/my-aged-care



For more information Wolters Kluwer Health Australia Pty Ltd Visit https://www.wolterskluwer.com/en-au/know/jbi-manual-practice or https://www.wolterskluwer.com/en-au/know/jbi-manual-carer

#### **Sentry Medical**



#### www.sentrymedical.com.au

For over 30 years, Sentry Medical has been helping health care professionals provide exceptional care to their patients through a modern and quality-driven portfolio by providing a vast and affordable range of medical consumables.

#### Sequoia Insurance Brokers Pty Ltd



#### Sequoia Insurance Brokers Pty Ltd

As specialist healthcare insurance experts, Sequoia Insurance Brokers Pty Ltd provide risk assessments and tailored products. Our experience with insurance for the aged care industry means we are experts in developing a package that meets the specific needs of your business.

### Service Works Global www.swg.com

QFM facility and maintenance management software from Service Works Global can help improve aged care services and facilities. This flexible, mobile-enabled CMMS will maximise the efficiency of assets and resources to deliver long-term cost savings and improve resident satisfaction and wellbeing.

#### Solaris Paper SOLARIS PAPER

#### solarispaper.com.au

Solaris Paper is a leading Australian manufacturer of washroom paper products (toilet paper, hand towel, facial tissues) for workplaces. Our brands include the global brand Livi, the recently launched Sorbent

Professional (designed specifically for businesses) and premium kitchen towel, Handee Ultra.

### Soter Analytics www.soteranalytics.com

Soter Analytics is a global ergonomic technology company that develops wearable Al-driven coaching programs and sensor-free job task assessment tools for worker manual handling safety. Their solutions encompass proactive injury prevention, improving engagement and productivity, for musculoskeletal safety in the workplace.

#### Soupedup www.soupedup.com

SoupedUp's cloud-based care catering software empowers aged care sites to create a better experience for their residents, while managing the complexities of information, internal processes, clinical dietary requirements, and resident choice.

#### SPC



#### spc.com.au

SPC provides hospitals and healthcare with fruit-based snacks and beverages through its ProVital brand; nutritious meal solutions through its subsidiary, The Kuisine Company; and home-delivered meals through The Good Meal Company. All unlocking the nutritional elements of locally grown fruit, grains and vegetables.

### Spotto Pty Ltd spotto.io

Spotto makes locating equipment when you need it, either around your facilities or between them, a reality for any size of operator. Low-cost, accurate, simple to install and as easy to use as a google search bar, Spotto is used in hospitals, aged

care facilities and more. Spotto is Australian built and maintained.

### Starkey Australia www.starkey.com.au

Hearing is key to our health and happiness. As a world leader in the manufacturing and delivery of advanced hearing solutions, we go to work each day to ensure every person has the opportunity to hear their very best.

### Tarkett Australia www.tarkett.com.au

At Tarkett, we offer you and your clients the best and widest range of flooring and wall solutions for a number of segments from healthcare and education facilities to stores and shops, hospitality, leisure and workplace.

#### The Creative Printer



#### www.thecreativeprinter.com.au

We offer much more than just customisable, cost-effective printing solutions. Our Repositionable Media (RPM) products are designed to uncover and address the unique needs of our clients. RPM formats ensure ease of installation, removal, repositioning, and reapplication without damage to surfaces.

#### The Pure Food Co.



#### www.thepurefoodco.com.

The Pure Food Co.'s Shapes meal range, now available in Australia, delivers nutritionally fortified texture modified food in flavoursome and visually appealing portion-controlled serves. The product won the 2019 NZ Food Award for Innovation and is favoured by 90% of NZ hospitals and the top eight aged-care players.



f there is one thing the pandemic has taught us, it is that we cannot keep referring to old procedures, data and technology and expect them to be what is required to keep us safe now.

Recent research and living through two plus years of being held to ransom for fear of sickness or worst-case scenario, death, has forced us to reach for fresh solutions based on the most innovative technological updates. Even the World Health Organization updated their guidelines in April 2021 to state that transmission of COVID-19 is airborne where previously it was believed to be transferred by droplets.

Ventilation and filtration are hot topics related to COVID-19 and an area where there have been many advances, yet healthcare and aged care facilities still latch onto guidelines written over twenty years ago. HEPA filters were once and still are the preferred version on paper to remove viruses from the air, even with their downfalls such as trapping viruses as opposed to neutralising them and expensive filter changes. So why do we still follow outdated guidelines? The wheels of change move slowly, it takes time and money to review and rewrite procedures and sometimes unless an adverse event occurs it gets put on the backburner as there isn't enough people power for the task.

Look around, we are going through an adverse event and now is the time to act and save lives.

Newer technologies have advanced since the beginning of the COVID-19 outbreak solely to tackle this problem and those facilities that research and embrace these will be at the forefront of providing the best care and outcomes for those under their protection. Studies have shown that air samples, on average, are up to 8 times more contaminated than surfaces.¹ We also know that people are the major source of infectious contamination and disease transmission so therefore it's important to have source control management at room level.

A peer reviewed study conducted on ceiling mounted UV-C systems, such as UV Angel Air, resulted in overall airborne fungus and bacteria reductions of 78% and 62% respectively<sup>2</sup> and the science tells us that reducing pathogens from the air can lower surface contamination. UV Angel Air is an example of one of these recent advances, it is an unobtrusive environmental treatment system that uses contained ultraviolet light to treat the air automatically and continually. Air is quietly drawn into a sealed chamber where it is treated with high-intensity UV-C light to inactivate bacteria, fungus, and viruses in the air. UV Angel test results showed elimination rates up to 99.99% and an advantage of the

in-ceiling unit is that it maintains the valuable floor space in resident and staff areas.

COVID-19 has come, and it will subside but air treatment systems such as UV Angel are designed for not just this outbreak but also to neutralise other bacteria, fungus and viruses including gram-negative pathogens, gram-positive pathogens, and fungal pathogen surrogates.

We have the technology now to help Australians stay safe. The agencies who write the guidelines that our healthcare, aged care and education facilities must use are burying their heads in the sand and not listening to the work of scientists around the world.

If you would like further information, please contact HPA on 1300 HPAUST or info@ hpaust.com.

- Lee, Linda D, DrPH, MBA, LV-17-C042, Can using active air UV-C technology reduce the amount of bacteria and/or fungus in the air and improve indoor air quality? ASHRAE Conference (2017)
- Don Guimera, MSN, RN, CIC, CCRP, FAPIC, Jean Trzil, PharmD, Joy Joyner, RN, CIC, Nicholas D. Hysmith, MD, FAAP, Effectiveness of a shielded UV-C air disinfection system in an inpatient pharmacy of a tertiary care children's hospital, American Journal of Infection Control, August 2017 2Tina Ethington, MSN, RN, CEN, NE-BC, Sherry Newsome, BSN, RN, MBA/MNA, Jerri Waugh, BSN, RN, MBA/MHA, Linda D. Lee, DrPH, MBA, Cleaning the air with ultraviolet germicidal irradiation lessened contact infections in a long-term acute care hospital, American Journal of Infection Control, December 2017



For more information

Hospital Products Australia www.hpaust.com | 1300 HPAUST or info@hpaust.com

#### **Theta Technologies**



#### http://thetatechnologies.com.au

Theta Technologies is a Brisbane-based software development and implementation firm. Over the past two decades their bespoke software platform, InformationLeader, has helped organisations operating in highly regulated industries manage their data, improve traceability, and meet compliance requirements.

### Think ST Solutions www.thinkstsolutions.com.au

Think ST Solutions is an Australian market leader in food safety management advice and support to the aged care sector. Training solutions by Think ST Solutions give confidence to management and food handling employees to keep food safe, identify food safety hazards and be compliant with food safety laws and standards.

### Treat Your Feet Podiatry treatyourfeetpodiatry.com

For over 20 years we have provided quality in-home podiatry services throughout the inner-west, south-west and south of Sydney. Areas serviced include Five Dock, Burwood, Bankstown, Campbelltown, Hurstville, Fairfield, Liverpool and surrounding areas.

### Tristel tristel.com/au-en

Tristel is the global leader in chlorine dioxide disinfectant solutions for medical devices and healthcare surfaces — a groundbreaking innovation in the world of infection prevention. Tristel has been providing hospitals worldwide with the safest, fastest and smartest disinfectant solutions for over two decades.

#### uPaged www.upaged.com

Nursing workforce supply issues sorted: source fully vetted,

compliant AINs, ENs and Registered Nurses, perfectly matched to your needs, and available now. Know exactly who your contract and contingent workforce are. Slash your workforce fees, and have healthcare practitioners onboarded in less than 15 minutes.

### VidVersity www.vidversity.com

VidVersity offers a complete solution to the creation, delivery and tracking of online, on demand interactive learning and training. We can create for you or you can create your own. It's easy with VidVersity.

#### Vitalcare Pty Limited



#### www.vitalcare.com.au

Vitalcare's advanced nurse call ecosystem supports wired, wireless and specialist solutions such as voice call activation using AI neural networks, RTLS, mmWave radar and activity sensing. Bedhead connectivity includes Bluetooth, Zigbee, LoRa and NFC. All technology is designed and built in Australia.

#### **Vocus**

#### www.vocus.com.au

We're a specialist fibre and network solutions provider, connecting people, businesses, governments, and communities across Australia and New Zealand. We own and operate a network that is purpose-built, recognised as critical infrastructure, and backed by a world-class team of experts, partners and customer support.

### Wavelink Wavelink.com.au

Wavelink is a distributor of mobility solutions used extensively in aged care. Our device vendors include Spectralink (Wi-Fi and DECT phones) and Vocera (voice-activated badges). Our solutions interoperate with aged care systems, including nursecall,

alarms, task management, location tracking and duress systems.

#### Whiteley



#### Whiteley

#### www.whiteley.com.au

"Best practice" are two words the Whiteley organisation takes very seriously. Because in the field of cleaning and infection control — best practice saves lives and livelihoods. And given how pathogens spread and mutate so easily, improving infection prevention processes has never been more important.

### Winc Australia Pty Limited

#### www.winc.com.au

Winc is a workplace support company. We free up companies to do what they do best by taking care of everything a workplace needs to work — all in one place and delivered. We're here for all organisations, whether they're an SME or large enterprise, in any industry.

#### **Wolters Kluwer**



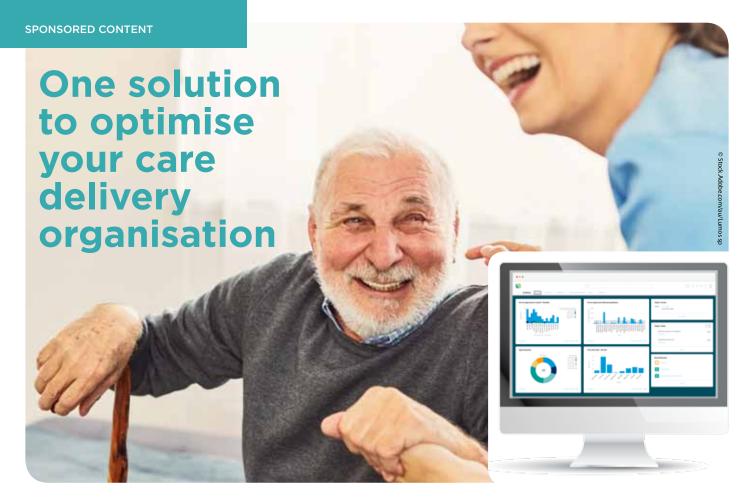
#### www.wolterskluwer.com/en/health

Wolters Kluwer provides trusted clinical technology and evidence-based solutions that engage clinicians, patients, researchers, students, and the next generation of healthcare providers.

#### Wonsie

#### www.wonsie.com.au

Wonsie specialises in special needs bodysuits, swimwear, protection and incontinence products for children through to adults. Our larger sized bodysuits provide a dignified solution to redirect a person from certain behaviours, which can lead to potential body exposure and hygiene issues.



umary is a leading healthcare platform provider and technology service partner for Australia's disability and aged care industries. With the right industry-specific software, providers can simplify their care management and give care recipients the support they need to live the life they choose.

At Lumary, we connect the best technology to the best human care. Our mission is to create technology that empowers providers to deliver quality services to the people who need them most. We do this by creating innovative technology solutions, providing ongoing support to our customers and building lasting partnerships.

Our end-to-end care management platform is purpose-built for disability and at-home aged care providers — from smaller to enterprise-level. Designed and developed by top local industry experts and tech engineers, Lumary's software integrates with specialist applications to create a single cloud-based solution that allows providers to manage their entire organisation and workforce all in one place.

#### Why Lumary

- One integrated digital solution
- Built on Salesforce the world's #1 CRM platform
- Access to API technology
- · Mobile-friendly
- · Cloud-based

- · Flexible and scalable
- Advanced security, encryption and recovery
- Automatic system maintenance and upgrades
- Tech support: Help centre and customer support team
- Hands-on implementation and delivery

#### The importance of industryspecific software

A digital solution built specifically for the National Disability Insurance Scheme (NDIS) and Home Care Packages (HCP) equips providers with the right tools to navigate the complexities of the disability and aged care industries. Providers can automate admin tasks, streamline scheduling and workforce management, simplify billing and claiming, and manage client information more efficiently to enable better outcomes.

While traditional care management systems may perform some of these functions at a basic level, the complex and hyper-regulated framework of the NDIS and HCP requires an adaptable, purpose-built solution.

Industry experts work in-house at Lumary to ensure its software is automatically updated for providers to meet the mandated requirements. These knowledgeable members of the Lumary team stay on top of industry changes and price updates, allowing organisations to simplify compliance and accurately forecast and monitor funding.

NDIS and HCP providers are also increasingly looking to technology to support their workforce to deliver personalised care and create a better employee experience.

Organisations that use Lumary's software report happier, committed and more engaged staff. These providers support their teams with Lumary's easy-to-use web and mobile application, enabling their workers to access information from anywhere in real-time. Staff can schedule appointments, record case notes accurately, and document services as they are delivered, eliminating the need to double up on data entry and unnecessarily spend time on admin. With one solution, providers can create a seamless end-to-end experience for providers, staff, and clients.

Plus, with this level of reporting in one place, providers can analyse metrics and build meaningful data insights to enable personalised, informed care and improved relationships between support workers and clients.

Navigating the NDIS and HCP can seem complicated and overwhelming, but providers can cut through the complexities and inefficiencies with the right industry-specific software.

To learn more about how the right software solution can transform the way your disability or aged care organisation operates, head to www.lumary.com or reach out directly via enquiries@lumary.com.au



For more information

Lumary

www.lumary.com.au | enquiries@lumary.com.au

#### **Access Control**

- ABB Australia
- Alpha Global
- Connected Health, Powered by Wavelink
- Vitalcare Pty Limited
- Wavelink

#### **Alarm Systems**

- Alpha Global
- Connected Health, Powered by Wavelink
- cura1
- Get About Mobility
- Healthsaver Ptv Ltd
- MePACS Personal Alarms
- Wavelink

#### Allied Health

- Amco Matting
- Con-Serv Corporation Australia Pty Ltd
- -GAMA Healthcare
- Homage
- -ISSA Oceania
- -Lumary Pty Ltd
- Medical Industries Australia
- Moveability Australia
- Opti-Call Aged Care Services
- -OSCAR Care Group
- Personify Care
- Physiocorp Pty Ltd
- -Solaris Paper
- Treat Your Feet Podiatry
- Whiteley
- Wolters Kluwer

#### Apparel/Uniforms

- -Infectious Clothing Company
- MEDELEQ PTY LTD
- Sentry Medical
- Winc Australia Pty Limited
- Wonsie

#### Apps

- CareLineLive
- HSI Donesafe
- Interclean Group
- -LINAK Australia Pty. Ltd
- -Lumary Pty Ltd
- Personify Care
- Theta Technologies

#### **Bed/Chair Tech**

- Alpha Lifecare
- cura<sup>1</sup>
- Innovate Care
- LINAK Australia Pty. Ltd
- Medical Industries Australia
- Moveability Australia

#### **Building & Construction**

- Camfil Australia
- Caroma
- Con-Serv Corporation Australia Pty Ltd
- Galvin Engineering
- Gentec Australia
- -Interite Healthcare Interiors

#### **Building Maintenance/Services**

- Anaeron Pty Ltd
- Camfil Australia
- Con-Serv Corporation Australia Ptv I td
- Electrolux Professional Australia
- GAMA Healthcare
- Interclean Group
- -ISSA Oceania
- Whiteley

#### **Catering Services**

- Amco Matting
- Catering Industries Pty Ltd
- -GAMA Healthcare
- Soupedup
- Think ST Solutions

#### Cleaning

- Anaeron Pty Ltd
- Catering Industries Pty Ltd
- Euromate Pure Air
- -GAMA Healthcare
- -Interclean Group
- ISSA Oceania
- Materialised
- Mun (Australia) Pty Ltd
- Reynard Health Supplies
- -Rodburn PTY LTD
- -Solaris Paper
- Tristel
- Whiteley
- Winc Australia Pty Limited

#### **Cloud Solutions**

- ABB Australia
- Alpha Global
- CareLineLive - Cradlepoint
- HSI Donesafe
- Juvare
- Modeus
- Personify Care
- Service Works Global
- -Spotto Pty Ltd
- Vocus

#### Consultancy

- Above & Beyond Group | 3D Recruit
- Electrolux Professional Australia
- -ISSA Oceania
- -OSCAR Care Group
- Patient Experience Group
- Think ST Solutions
- VidVersity

#### Compliance

- CareLineLive
- Con-Serv Corporation Australia
- Drug Waste International
- GAMA Healthcare
- GS1 Australia
- HSI Donesafe
- -ISSA Oceania
- Rodburn PTY LTD - Theta Technologies
- Think ST Solutions

#### **Continence Management**

- Confident Care Products
- cura1
- GAMA Healthcare
- Medical Industries Australia
- Moveability Australia
- Winc Australia Pty Limited

- CareLineLive
- GS1 Australia
- HSI Donesafe
- Theta Technologies

#### **Diet Services**

- Caroma
- cura1

- Head Bumpa Pty Ltd

- The Creative Printer
- Vitalcare Pty Limited

- GAMA Healthcare - Mun (Australia) Pty Ltd

- Abacus dx
- Healthsaver Pty Ltd
- Soupedup
- Wonsie

#### **Diagnostic Services**

- GAMA Healthcare

- Above & Beyond Group | 3D Recruit
- Balance Retirement & Aged Care
- CFT International Pty Ltd
- GAMA Healthcare
- GS1 Australia
- Interclean Group
- ISSA Oceania -Laundry Lane
- The Creative Printer

- Healthsaver Pty Ltd

- Wonsie

#### Data Management/Storage

- AIM Software Pty Ltd
- Alpha Global

- Think ST Solutions

#### Dementia

- Galvin Engineering
- GAMA Healthcare
- Healthsaver Pty Ltd
- Homage -Lumary Pty Ltd
- Physiocorp Pty Ltd - Soupedup
- Tarkett Australia
- Wonsie

- **Dental Health**
- Diabetes
- Homage

- Wolters Kluwer

- (food safety training )
- OSCAR Care Group
- Soter Analytics

- Think ST Solutions
- VidVersity

#### **Energy & Power**

- ABB Australia
- Harvey Norman Commercial

#### Entertainment/AV/Video

- Vitalcare Pty Limited

#### Exercise/Physio

- Con-Serv Corporation Australia Pty Ltd
- GAMA Healthcare
- Get About Mobility
- Physiocorp Pty Ltd
- -Soter Analytics
- Whiteley

#### **Facilities Design**

- Camfil Australia
- Con-Serv Corporation Australia Pty Ltd
- Ergotron
- Galvin Engineering
- -ISSA Oceania

#### **Fall Prevention**

- Alpha Global
- Alpha Lifecare
- Amco Matting
- Con-Serv Corporation Australia Pty Ltd
- cura<sup>1</sup>
- -GAMA Healthcare
- Get About Mobility
- Head Bumpa Pty Ltd
- Healthsaver Pty Ltd
- Medical Industries Australia
- Moveability Australia
- Physiocorp Pty Ltd
- Vitalcare Pty Limited

#### **Financial Services**

- -Balance Retirement & Aged Care Specialists
- Sequoia Insurance Brokers Pty Ltd

#### **Flooring**

- Amco Matting
- Harvey Norman Commercial
- -Interclean Group
- ISSA Oceania
- Tarkett Australia
- Whiteley

#### **Food Equipment**

- Electrolux Professional Australia
- Get About Mobility
- Harvey Norman Commercial
- -Rodburn PTY LTD
- Winc Australia Pty Limited

#### **Food Service**

- Catering Industries Ptv Ltd
- -Chefs On The Run Australia Pty Ltd
- Electrolux Professional Australia

- -GAMA Healthcare
- -In2Food
- Soupedup
- -SPC
- Think ST Solutions

#### **Food Safety**

- Catering Industries Pty Ltd
- CFT International Pty Ltd (food safety training)
- Electrolux Professional Australia
- Gentec Australia
- GS1 Australia
- HSI Donesafe
- LifeVac Australia
- Mun (Australia) Pty Ltd
- -OSCAR Care Group
- -Rodburn PTY LTD
- Soupedup
- Theta Technologies
- Think ST Solutions
- Whiteley

#### **Furniture/Fittings**

- Alpha Lifecare
- Amco Matting
- Caroma
- Con-Serv Corporation Australia Pty Ltd
- Galvin Engineering
- GAMA Healthcare
- Harvey Norman Commercial
- HPA
- LINAK Australia Pty. Ltd
- Materialised
- MEDELEQ PTY LTD
- Moveability Australia
- -Winc Australia Pty Limited

#### Governance

- -GAMA Healthcare
- GS1 Australia
- HSL Donesafe
- ISSA Oceania
- Patient Experience Group

#### Health & Safety

- Amco Matting
- Camfil Australia
- Caroma
- Con-Serv Corporation Australia Pty Ltd
- Connected Health,
- Powered by Wavelink
- Drug Waste International
- Ergotron
- Galvin Engineering
- -GAMA Healthcare
- Gentec Australia
- -Get About Mobility
- GS1 Australia
- Head Bumpa Pty Ltd
- HSI Donesafe
- -Interclean Group
- -LifeVac Australia
- Medical Industries Australia
- Mun (Australia) Pty Ltd
- Physiocorp Pty Ltd
- Soter Analytics
- Theta Technologies
- Treat Your Feet Podiatry

- Tristel
- Wavelink
- Winc Australia Ptv Limited
- Wolters Kluwer

#### Hearing

- Starkey Australia

#### **Human Resources**

- Above & Beyond Group | 3D Recruit
- Carel inel ive

#### Infection Protection & Control

- Anaeron Pty Ltd
- Camfil Australia
- Caroma
- Con-Serv Corporation Australia Pty Ltd
- Connected Health, Powered by Wavelink
- Electrolux Professional Australia
- Ergotron
- Euromate Pure Air
- Galvin Engineering
- GAMA Healthcare
- Gentec Australia
- HPA - HSI Donesafe
- Interclean Group
- ISSA Oceania
- Medical Industries Australia
- Mun (Australia) Pty Ltd
- Reynard Health Supplies
- Sanitech Australia
- Tarkett Australia
- Tristel
- Wavelink
- Whiteley - Winc Australia Pty Limited
- Wolters Kluwer

#### Interior Design

- Alpha Lifecare
- Caroma
- Galvin Engineering - Interite Healthcare Interiors
- Materialised - Winc Australia Pty Limited

#### **Laundry Services**

- Amco Matting
- Andrew Barton Laundry Systems
- Australian Linen Supply Pty Ltd
- Capital Linen Service - Catering Industries Pty Ltd
- Electrolux Professional Australia
- Harvey Norman Commercial - ISSA Oceania

#### **Medical Equipment**

- Abacus dx
- Air Liquide Healthcare
- Alpha Lifecare -BOGE Compressors PTY LTD
- Confident Care Products - cura1
- Ergotron
- GAMA Healthcare

#### PRODUCT LISTINGS

- -Get About Mobility
- Head Bumpa Pty Ltd
- Healthsaver Ptv Ltd
- HPA
- Innovate Care
- -InovaAir Australia
- LifeVac Australia
- -LINAK Australia Pty. Ltd
- Maxicare Health Equipment P/L
- MEDELEQ PTY LTD
- Medical Industries Australia
- MePACS Personal Alarms
- Mun (Australia) Pty Ltd
- O&M Halyard
- -Spotto Pty Ltd
- Vitalcare Pty Limited
- Whiteley
- Winc Australia Pty Limited

#### **Medication Management**

- CareLineLive
- Drug Waste International
- GS1 Australia
- Homage
- Innovate Care
- Modeus

#### Mental Health

- Con-Serv Corporation Australia Pty Ltd
- Galvin Engineering
- -GAMA Healthcare
- HSI Donesafe
- Wolters Kluwer

#### **Mobility**

- ABB Australia
- Alpha Lifecare
- Con-Serv Corporation Australia Pty Ltd - Connected Health,
- Powered by Wavelink
- Galvin Engineering -GAMA Healthcare
- Get About Mobility
- Head Bumpa Pty Ltd
- Homage
- Moveability Australia
- Physiocorp Pty Ltd
- Wavelink

#### **Palliative Care**

- Alpha Lifecare
- Con-Serv Corporation Australia Pty Ltd
- -GAMA Healthcare
- Healthsaver Pty Ltd
- Homage
- Reynard Health Supplies
- Whiteley

#### **Patient Management**

- CareLineLive
- cura1
- -GAMA Healthcare
- GS1 Australia
- HSI Donesafe
- Personify Care
- The Creative Printer

#### **Patient Transport**

- Alpha Lifecare
- GAMA Healthcare
- Homage
- Physiocorp Pty Ltd
- Whiteley

#### **Pharmacy Supplies**

- Drug Waste International
- GAMA Healthcare
- Get About Mobility
- Medical Industries Australia
- Mun (Australia) Ptv Ltd
- Reynard Health Supplies
- Whitelev

#### Recruitment

- Above & Beyond Group | 3D Recruit
- -Chefs On The Run Australia Pty Ltd
- uPaged

#### Remote Monitoring

- ABB Australia
- Alpha Global
- CareLineLive
- Cradlepoint
- cura1
- Galvin Engineering
- HSI Donesafe
- MePACS Personal Alarms
- Personify Care
- -Vitalcare Pty Limited

#### Security Products & Services

- Alpha Global
- Connected Health,
- Powered by Wavelink
- Galvin Engineering
- HSI Donesafe
- MePACS Personal Alarms
- Vocus
- Wavelink

#### Software, Custom

- AIM Software Pty Ltd
- Alpha Global
- Connected Health,

Powered by Wavelink

- HSI Donesafe
- -Interclean Group
- Juvare
- -Lumary Pty Ltd
- Soupedup
- Theta Technologies
- VidVersitv
- Vitalcare Pty Limited
- Wavelink

#### **Telecommunications**

- Connected Health.
- Powered by Wavelink
- Cradlepoint - Vitalcare Pty Limited
- Vocus - Wavelink

#### **Telehealth**

- Ergotron
- HPA
- Personify Care
- Physiocorp Pty Ltd
- Vocus

#### The Pure Food Co.

- Food service
- Wellbeing
- Diet services

#### Virtual Reality/AI

- Alpha Global

#### Waste & Environmental Services

- Drug Waste International
- GAMA Healthcare
- HSI Donesafe
- ISSA Oceania

#### Wellbeing

- Con-Serv Corporation Australia Pty Ltd
- GAMA Healthcare
- Get About Mobility
- Homage
- HSI Donesafe
- -Lumary Pty Ltd
- Soter Analytics - Tarkett Australia

#### Wound Management

- Essity
- GAMA Healthcare - Healthsaver Pty Ltd
- Homage
- Medical Industries Australia
- Sentry Medical - Winc Australia Pty Limited



recently attended an Aged Care IT Summit in Sydney where I moderated a panel discussion on the future of aged care and there were many interesting points that were raised. The role that technology plays within an aged care environment was at the heart of the discussion, highlighting that technology has moved from being a back-office function to a trusted partner.

### Digital Technology Connecting

The pandemic, specifically, has been responsible for the introduction of telehealth in the aged care environment. A large proportion of aged care organisations are now offering a telehealth service as part of their client's care to protect clients from virus exposure risk and maximise the number of clients that can be assessed by a health practitioner.

Although we are in the third year of the pandemic, many aged care facilities are continuing to make investments in connectivity technologies to ensure people can stay connected while also providing Internet of Things (IoT)-enabled practices like automated thermal scanning at visitor check-in points.

While some people feel that aged care is at the start of the software and data journey, this sector is also leading the way in the use of some smart technologies. Many aged care facilities are considering investing in technologies that enable real-time data visibility of client health statistics and live reporting for immediate decision-making. Some are even looking at how predictive analysis based on trend data can be used to predict health outcomes based on patient health data over time.

#### Connectivity and Security

While many aged care organisations understand that quickly enabling connectivity has been crucial over the last few years, many are now working to ensure that the rapid growth of connected IoT devices in aged care aren't compromising data security. This is no surprise, as recent research from IDG found that 44 percent of organisations globally named security as a challenge with their IoT deployments.\*

#### IoT and Data

The ongoing technological frontier for the aged care sector is further incorporating IoT more widely across organisations to help improve and streamline client care, as well as support a workforce strained from staff shortages, growing workloads and more required reporting. IoT or connected devices can support a data-focused aged care environment. IoT in aged care can look like anything from connected medical devices such as blood pressure monitors that send client readings to a centralised health record database, to monitoring transfusions, and in more mature environments, applications like voice activated safety controls.

These applications are available today, however many aged care facilities don't yet have the connectivity infrastructure needed to implement these tools.

#### 5G for Data-Driven Care

Any application of IoT that collects and manages data for client care requires uninterrupted, secure and agile connectivity. While Wi-Fi is currently used widely across the sector, it has limitations as soon as a clinical or aged care worker leaves a site or works with in-home clients. The pervasiveness of care in a variety of environments and care settings means that Wi-Fi has limitations when it comes to seamless data driven healthcare. Wireless Wide Area Networking (WWAN) connectivity allows aged care providers to use technology to provide seamless care, anywhere. To futureproof their organisations, aged care providers should consider the fifth generation of wireless technology — 5G will be a game-changer for wireless networks designed to meet the needs of the future. 5G offers faster speed, reliability, and security compared to 4G LTE, which has been the WWAN standard for many vears. 5G also has lower latency and higher bandwidth than older generations of wireless technology, making it a more efficient solution for transmitting and processing data.

5G wireless routers are the next generation of enterprise-grade wireless routers that will enable a whole new level of connectivity for aged care organisations.

As aged care organisations continue researching and assessing where 5G might fit into their networking plans, they're also asking key questions about security. For instance,

they're concerned about their enlarged attack surface resulting from rapidly increasing IoT. They're also considering the impact of the increasing prevalence of edge computing and virtualisation.

#### Enhancing network security with strategies at the edge

At the network edge, organisations can and should keep using the advanced network security technologies they've likely already been using with wired, Wi-Fi and 4G broadband. It's also a good idea to explore and try some newer strategies and tools that have been gaining popularity amid the rise of 5G, including ZTNA and SASE to secure network endpoints.

Carriers can also provide network slicing to give businesses tailored services, as well as the precise level of security that's ideal for each use case. In a nutshell, the network services available in each "slice" are tailored to its users' unique application, traffic and security needs and charged accordingly.

ZTNA is a security concept that assumes anyone attempting to access a network or application is a malicious actor whose access must be restricted through ongoing verification of user identity, location, device, request timestamp, and previous patterns of use. This robust trust algorithm requires computational power that is made more efficient and effective through 5G, which ultimately improves Quality of Experience.

SASE solutions use real-time context based on enterprise compliance policies to identify end computing points including users, branch offices, cloud services, applications, and IoT devices. If the traffic is legitimate, the SASE edge control allows it to pass through. Adding this layer of security into an existing SD-WAN solution not only creates more secure communication, but also helps optimise the flow of data by reducing the bandwidth dedicated to unsecured traffic.

The aged care sector is moving towards more data-driven care and 5G connectivity will enable better, more efficient care that so many providers are already exploring.

\*State of the Wireless WAN, IDG Research, 2022



**Cradlepoint Australia Pty Ltd** www.cradlepoint.com/au

For more information

# Enhancing outcomes in **COPD**

A Cochrane Review has highlighted an urgent need to identify the best type of interventions to improve guideline-recommended management of chronic obstructive pulmonary disease (COPD) and enhance patient-related outcomes in the primary care setting.

esearchers from Monash University reviewed all available studies up until May 2021 and found that current models of educational interventions for health professionals in primary care are not working, and new approaches are needed.

#### Interventions and outcomes

In this review, the researchers included randomised controlled trials or studies of similar design that studied educational interventions aimed at any health professionals involved in COPD management in primary care. A range of simple-to-complex interventions were used across the studies, including education provided to health professionals via sessions, workshops or online modules, provision of practice support tools or tool kits, provision of COPD clinical practice guidelines and training on lung function tests.

First author, Dr Amanda Cross, who sits within Monash's Centre for Medicine Use and Safety (CMUS), said, "There was little-to-no evidence that educational interventions for health professionals improved COPD management, including proportion of cases diagnosed with spirometry, proportion of patients who participate in pulmonary rehabilitation or the proportion of patients prescribed guideline-recommended COPD respiratory medications.

"Interventions and outcomes varied greatly among the studies and there were a number of limitations in the design and reporting of the studies included which affected the overall quality of the evidence."

Professor Michael Abramson, an expert in COPD from the Monash School of Public Health and Preventive Medicine, said, "Based on this review, we have concluded that further high-



quality studies are necessary to determine the effectiveness of educational interventions for health professionals managing COPD in primary care, to help improve outcomes for those impacted by COPD."

#### TERRACOTTA trial

Senior author of the review and member of the Lung Foundation Australia's COPD guidelines committee, Dr Johnson George of CMUS, is leading a new cluster randomised controlled trial to address some of the deficiencies in primary care relating to COPD management.

"COPD is not only a complex condition, but also a heterogeneous condition and needs a personalised medicine approach," he said.

The 'Targeting Treatable Traits in COPD to Prevent Hospitalisations' (TERRACOTTA) trial will be the first of its kind offering tailored interventions targeting treatable traits in COPD for individuals at risk of exacerbations, to improve quality of life and avoid hospitalisations.

Treatable traits refers to individually assessing patients for a specified set of treatable problems, followed by the development and

implementation of an individualised treatment program. Primary care is ideally placed to deliver individualised preventive interventions and initiate early management targeting treatable traits.

#### A national rollout

George said that the findings from the trial will inform clinical practice and facilitate continuous quality improvement in COPD: "COPD was the top cause of preventable hospitalisations for chronic diseases in Australia in 2016–19. Our trial aims to demonstrate the efficacy of a coordinated intervention targeting treatable traits in moderate-severe COPD patients in general practice for improving health-related quality of life and reducing hospitalisations/ emergency department visits.

"TERRACOTTA will focus on a national rollout of the interdisciplinary model of care, to inform its scale-up as a routine service," said George.

The TERRACOTTA randomised controlled trial has been funded by the GSK investigator-initiated scheme. The trial has received ethics approval and is soon to commence patient recruitment.



Capital Linen Service is a high-quality linen rental and laundering service that provides reliable, quality care for aged care providers.

For more than 40 years, this ACT Governmentowned business has serviced the Canberra community. In recent years services expanded to include Wagga Wagga, Goulburn, Gundagai and Queanbeyan. Capital Linen Service prides itself on being trusted as one of the most reliable and responsive providers of highquality, good value and innovative linen and laundry services.

Capital Linen Service provides exceptional customer service and care to health, hospitality and aged care providers. Capital Linen Service's investment in new technology and equipment, matched with their knowledgeable, innovative and result-driven workforce, ensures that services are provided to customers efficiently, on time and safely.

Capital Linen Service processes 8,000 tonnes of linen each year, with over 140 staff. The mostly automated laundry facility has the capacity to ensure stringent quality and infection control standards are met for the more than 200 tonnes of linen processed weekly.

### Sustainability and Their Community

Capital Linen Service cares about the environment and the community. They have replaced and upgraded air compressors, boiler heat recovery systems, water extraction press

equipment and switched to LED lighting to reduce their carbon footprint. As an equal opportunity employer, Capital Linen Service is proud to employ people of all abilities.

#### The Service

A linen rental service is provided by Capital Linen Service to aged care and nursing homes. The linen they provide is hotel-quality linen to ensure residents feel right at home.

Linen items include 100% cotton towelling items, crisp sheeting, and care aids such as adult feeders and reusable bed pads.

The customer's regular linen requirement is ordered through the friendly customer service team the day before scheduled delivery. This will then be delivered the very next day in clean and covered linen trolleys. The helpful driver will also collect the soiled linen.

One of the advantages of the service provided by Capital Linen Service is that linen volumes and expense is in the complete control of the customer. There is also no initial investment in linen and trolleys required by the nursing home. This benefit can usually save the facility between \$60 000 to \$150 000 on investment expenses.

#### Infection Control Practices

Working with aged care providers, Capital Linen Service has implemented a stringent linen isolation procedure to assist their customers in minimising the risk associated with COVID-19. Capital Linen Service is AS/NZS ISO 9001:2015 certified and adheres to AS/NZS 4146:2000 Laundry Practice. This ensures linen is thermally and chemically disinfected for nursing homes and aged care facilities, to maintain consistently high standards of infection control.

From the onset of the pandemic, Capital Linen Service has adopted COVID-19 safe operating procedures to ensure continued supply and reliability. These procedures include:

- Providing special identifiable bags in a range of colours
- The supply and testing of purpose-specific completely soluble bags.
- Additional training and upgraded PPE for staff to ensure infectious linen is safely sorted and handled

Capital Linen Service knows that infection control management is critical. Microbial testing is routinely carried out by Capital Linen Service to verify that linen and surfaces have been disinfected/cleaned thoroughly and to ensure that biofilms do not develop on the surface. Surfaces that are tested include: linen, trolleys, folding tables, trucks etc.

### What sets them apart from their competitors

Capital Linen Service's systems have been designed around the need for transparency and accountability regarding safety, timeliness and quality in every aspect of their service delivery. They provide customers with the assurance that they are receiving the best possible quality service, at the best possible price. Their processes provide assurance that linen is clean from a health standard perspective. Their dedicated customer service team has a close personal relationship with their customers, with regular, ongoing contact.

They are committed to providing the highest standards of quality and reliability, as well as valuing all aspects of sustainability including a demonstrated commitment to environmental and community issues.

They measure their service quality through the Net Promoter Score which is an internal measurement tool that gauges the loyalty of Capital Linen Services' customer relationships. As an accountability indicator, they achieved 98.9% in linen order fulfilment and a "World Class" Net Promotor Score of 74.

Some examples of feedback from their customer survey include:

- "Takes ownership and responsibility for the quality of their service delivery."
- "Provides a consistent service."
- "Quality linen."
- "Always help with any extra requests we have, prompt service, quality product."



For more information

Capital Linen Service

www.capitallinenservice.act.gov.au



It's an age-old question: do we — in older age — get better at regulating our emotions? Even responding more positively? The answer, according to a study conducted by UNSW psychologist Dr Susanne Schweizer and colleagues from the University of Cambridge, seems to be "yes".

he study, published in the Journal of Neuroscience, exposed 249 participants aged 18–88 to a series of film clips that ranged in emotional valence: positive (eg, laughing baby), neutral (eg, weather forecast), or negative (eg, footage of the Rwandan genocide). Study participants were recruited from the Cam-CAN (The Cambridge Centre for Ageing and Neuroscience) sample, a balanced sample of the UK population expected to also represent the Australian population.

Participants were asked to simply watch the clips and allow any emotional response to arise naturally or, during half of the negative clips, actively reduce any unwanted or distressing negative emotions through a reframing of the negative content.

Afterwards, participants were asked to record the magnitude of positive and negative responses on a scale and then, on a separate scale, report their perceived success at regulating their emotional response.

The researchers found that — with increasing age — participants reacted more positively to

both emotional and neutral stimuli and were better able to positively reframe a negative experience into a positive one.

"So we're seeing an increase in positive emotionality with age," Dr Schweizer said. "'Emotionality' is an individual's reaction to information, to emotional information... basically how we respond to our environment."

What's more, these increases in positive emotionality occurred despite another quality of age that was already known of: 'basal negative affect', one's resting mood state, which appeared to be more negative with age.

"Though the resting mood state of our older participants was more negative, participants were nonetheless able to extract more positivity from a given negative situation," Dr Schweizer said.

"These data correspond quite neatly to the 'Socioemotional Selectivity Theory' of aging. This theory states that, as we age, we become more adept at navigating our social environment, carrying a broader psychological toolkit, or simply rearranging our lives to minimise drama."

This theory is in contrast with another — the 'Aging Brain Model'.

"In a nutshell, [the Aging Brain Model] says that older people simply react more positively to distress because the areas in their brain that generate negative reactions don't function as well.

"But there's just no evidence for that here," Dr Schweizer said. "We didn't see an independent contribution of amygdala volume [one of the brain regions involved in negative reaction] on participants' emotionality."

Additionally, the researchers compared emotional response data gathered in the trial against existing brain-imaging data, recorded from a previous structural MRI study of the same participants.

"The differences in structural integrity that we observed, in older versus younger participants, related to cortical thickness. We found a reduction in volume with age across all brain regions we investigated. This very much fits with the findings from other studies into the aging brain."

Following on from this study, Dr Schweizer and colleagues are investigating how negative and positive reactions have changed across the lifespan since COVID-19 and whether differently aged individuals were better able to regulate their emotions during these difficult times.







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