



The new face of  + 

Bolton Clarke Research Institute Report 2021



As part of Australia's largest not-for-profit aged care provider, the Bolton Clarke Research Institute undertakes vital research to improve the lives of older Australians.



Gold Coast Carer Andrea with resident Bill.

Contents

A message from the Chairman	04
Research in practice	06
Research in a changing environment	08
Adapting and responding in a pandemic	10
Research in action	16
Clinical research collaborations	30
Partnerships and community engagements	36
Strong governance	42
Our team	43
Thank you	46
Grants	48
Our research collaborations	50
Publications and presentations	52



A message from the Chairman

2021 marks 20 years of the Bolton Clarke Research Institute bringing together research-based innovation with customer-led design and practical solutions that are now in place across all our service areas and in the wider community.

The work of our multidisciplinary Research Institute is integral to our focus on creating a social enterprise that supports the health, wellbeing, independence and quality of life of our clients and residents.

The last two years, amid the unique circumstances of the Royal Commission into Aged Care Quality and Safety and the global pandemic, have been an opportunity for the Research Institute to not only showcase its capabilities and depth of experience, but most importantly, put it in action. The team has adapted and enriched its scope of work and reach to achieve even greater outcomes for older Australians.

The contribution and reputation of the Research Institute as a leader in championing positive ageing was recognised during the Royal Commission where the team was called as expert witnesses and led the development of a paper on innovative models of care to inform the recommendations.

The team also harnessed its expertise and fast tracked its work on social isolation and loneliness in response to COVID-19 as these issues took on greater significance during the pandemic.

Their work with the HOW-R-U? program and creating an innovation tournament to identify new ways to support resident connections are two great examples of how the Research Institute has responded in very practical ways.

The Institute continues to focus on work that lays the foundations for healthy ageing with a robust body of work including veteran support through the WEAVE initiative, through to pioneering thermal imaging to predict leg ulcer healing and to Life Stories where

I had the honour of reading resident Doreen's inspiring life story during a visit to our Galleon Gardens residential care community.

Having an in-house team of clinically experienced researchers means we're able to lead, identify and implement solutions in collaboration with our services to improve the health outcomes and quality of life for not only our residents and clients but older people right across Australia.

I commend the ongoing work of the team to support active ageing and look forward to their continued contributions.

Pat McIntosh AM CSC
Chairman



Research in practice

The past two years have seen rapid change, with the COVID-19 pandemic affecting how we live and interact across the globe.

The Research Institute was well positioned to respond with a number of evidence-informed programs already in place that were focused on reducing loneliness and isolation. These programs enabled us to pivot our activities and provide real solutions for our customers designed to optimise their health and wellbeing.

Ongoing analysis of our clinical data demonstrates emerging trends of increasing falls and frailty. These worrying trends are a likely consequence of prolonged stay at home orders with restricted visitation, physical/social distancing and mandatory

masks collectively resulting in older people being socially isolated at a time when they were in the most need of support. As the full impact on physical, cognitive, social and mental health and wellbeing will be realised in the coming years; we are working with our clients and residents to codesign interventions that will be tested.

We are grateful for the research team's agility, resilience and productivity as they have adapted and found new ways to progress our research priorities. Research activity has remained high, with 26 active projects in Queensland and Victoria, funded by a mixture of philanthropic and government grants and through the generosity of our donors.

We are appreciative of our participants and family members, frontline nurses, allied health and care workers, community partnership groups and

individual project advisory groups for their support of our research. We thank the Bolton Clarke Board and Group CEO, Executive Leadership team and Executive Research Management Committee for their ongoing commitment to everything that we do.

This is an exciting time for health and social service research, and your support is vital as we seek to improve the quality and safety of care in innovative ways.

Wendy Zernike
Executive General Manager
Care, Innovation and Quality

Judy Lowthian
Principal Research Fellow
& Head of Research

Research in a changing environment

Championing consumer co-design

As part of the Care, Innovation and Quality team, the Research Institute engages proactively with our stakeholders to co-design projects that address their unique needs and preferences. We are invested in listening to our residents and clients and this continues to enrich and broaden our research outcomes.

We value the insights of the Bolton Clarke community partnership groups and our advisory and steering committees to ensure our research remains grounded in the experience of the consumer. Our revised governance and ethics processes also reflect this commitment.

Extending our reach

We welcomed new opportunities to focus on residents in residential care communities and our retirement villages with our projects extending from Far North Queensland through New South Wales and down to the southern point of Victoria. To support this growth, a number of our researchers are now based in Brisbane.

Informing the Royal Commission

Principal Research Fellow and Head of Research, Professor Judy Lowthian, provided advice to the Royal Commission into Aged Care Quality and Safety as part of an expert panel on translating research into practice.

The Research Institute was recognised as one of five organisations invited to review and co-author a paper on innovative aged care models from Australia and around the world to inform the Commission's recommendations.

A post hearing submission by Professor Lowthian and Senior Research Fellow Dr Rajna Ogrin, addressed the proposition of establishing a dedicated national centre for ageing research and innovation. You can view the submission at: www.agedcare.royalcommission.gov.au

Responding to the pandemic

Keeping our residents, clients and employees safe and connected through the COVID-19 pandemic was a priority for the Research Institute in 2020-2021. As enhanced protection measures and restrictions were implemented, we pivoted to find new ways to support them.

The pandemic prompted greater collaboration with our residential care communities leading to new and enhanced research work.

The key themes of social connection and wellbeing were a driving force behind much of our work during this time and we aligned our response with emerging national and international evidence to inspire innovative care solutions.


Some of our evidence-based initiatives included fast-tracking the HOW-R-U? social telephone support program, creating an innovation tournament to encourage resident engagement, supporting resident-family video calls, reminiscence therapy and COVID safe activities such as gardening.


Making an impact in 2019-2021

 Secured **\$1.6M** in grant funding

 **47** peer reviewed and industry publications


 Supported and supervised **17** students


 **65** international, national and community presentations


 Participated in **36** research collaborations

Delivering on our research priorities

 Optimising health and wellbeing

 Combatting loneliness and isolation

 Addressing mental health

 Evaluating the implementation of assistive technology

Adapting and responding in a pandemic

The way we live and connect has evolved through the COVID-19 pandemic. Necessary new safety measures and protocols to protect older Australians have increased the potential impact on physical, cognitive, social and emotional health and wellbeing.

In response, the Research Institute has drawn on its expertise and research evidence to initiate and adapt programs to meet changing needs.



Specialised District Nurse Brianna with client Irene in Melbourne.

Staying connected

The HOW-R-U? program was expanded across Bolton Clarke with corporate volunteers supporting older people through weekly phone calls to reduce isolation.

As part of our organisation's broader pandemic response, the Research Institute identified its telephone-based HOW-R-U? program as a useful mechanism to support clients and retirement village residents remotely during restrictions and lockdowns.

The program was initially developed in 2016 by Professor Lowthian to reduce isolation, loneliness and symptoms of depression in at risk older patients discharged from emergency departments. Pilot research at that time demonstrated a reduction in feelings of loneliness and depressive symptoms in participants involved in the 12-week program.

The program was quickly adapted in 2020 to provide much-needed support and, with an external volunteer provider, began making calls in late June 2020. The weekly calls typically involve conversations about family, the weather, health, cooking, gardening and current news.

In the first 12 months, HOW-R-U? made more than 1,200 calls to support clients and residents from our at home support service and retirement villages in New South Wales, Victoria, Queensland and Tasmania. The program also provides much needed support to participants from our hospital partner, Northern Health.

In November 2020, the program evolved into an internal employee volunteer opportunity, and it's proving popular. Managing the program is Research Fellow, Dr Marissa Dickins, who said participants look forward to the calls each week and are embracing the mutual benefits.

"The program is a wonderful opportunity for our employee volunteers to connect directly with our clients and residents, and at the same time help maintain social connection in a period of great uncertainty," said Dr Dickins.

86-year-old Alma from Melbourne has been enjoying weekly phone calls with a Bolton Clarke employee volunteer.

Alma is quick to explain how much she looks forward to her conversations with her phone buddy sharing, "I enjoy hearing about her travels. We tell

each other about the things we've done in our lives and enjoy sharing a laugh."

Our employee volunteers look forward to chatting with participants, sharing that the calls give them a greater understanding of their day to day lives - particularly the challenges they are experiencing during the pandemic.

Our volunteers provide a listening ear and support and even though it is remote, it's comforting for our participants to know we care.

Funded through a Better Care Victoria Innovation Fund grant the Institute continues to work with Northern Health to meet the needs of the hospital community, initially offering the program to patients in the COVID-19 community monitoring program, then expanding to make social support available to all community members experiencing social isolation. Northern Health volunteers have been providing calls to community dwelling patients alongside Bolton Clarke volunteers.

The program is currently undergoing evaluation by surveying research participants before and after the 12-week program, to determine how effective it is at reducing symptoms of loneliness, isolation and depression.

Additionally, the Institute is conducting focus groups and interviews with the volunteers and referring employees to gather their experiences and implementation lessons.

Research Officer Elizabeth Robinson said when calling participants to gather data you can hear the difference the program has made.

"The research participants have all been incredibly positive about the program. I can hear the elevation in their mood when I tell them I'm calling from HOW-R-U? Through the evaluation, we hope to provide objective evidence behind a program that has made a tangible difference to the participants and volunteers alike, particularly during such an isolating period," said Elizabeth.



Employee volunteer Jessie enjoys chatting with participants such as Alma.

Be healthy and active

Creating an online presence for the Be Healthy and Active program helped the Research Institute continue to promote health and wellbeing during the pandemic.

Traditionally conducted as in-person sessions, pandemic restrictions required a creative online solution to ensure existing participants and newcomers could continue to access the health benefits of the program.

The Institute worked closely with National Program Manager, Kerry Rendell, the organisation's knowledge experts from at home support, central catering, clinical teams, and our Altura Learning training provider to expand the program's reach and improve access for older Australians nationwide.

Together we translated five of the most popular Be Healthy and Active sessions into 10-minute condensed video modules delivering key evidence-based messages with practical strategies that can be done within the home, accompanied by online downloadable resources.

The videos concentrate on wellbeing topics that are particularly salient during the pandemic, including healthy eating and nutrition, managing sleep and

fatigue, mindfulness, healthy brain, healthy body, and falls prevention.

Research Fellow Dr Claudia Meyer hosted the Falls Prevention video module offering practical tips and exercises to support older people.

While the online video sessions are proving popular, in-person sessions have recommenced and recently expanded to our at home support clients and retirement village residents, delivered by Bolton Clarke employees including Senior Research Fellow, Dr Liz Cyarto.

Ongoing evaluation of the program, supported by the Institute, indicates an increase in confidence of the participants and knowledge of the topics. Work is currently underway to examine the longer-term impact of the program on behaviour change and knowledge.



Dr Liz Cyarto assists resident Judith during a falls prevention session.

Innovation tournament

Introducing an innovation tournament provided a forum to share new ways to help residents stay connected during COVID-19.

With social isolation and loneliness a real concern due to physical distancing and visitation restrictions during the pandemic, finding new ways to help our residents safely interact and feel connected has been a priority.

Drawing on our existing work addressing social isolation in older people, the Research Institute facilitated the innovation tournament as a way to promote connection and wellbeing.

The tournament was a fun and engaging way of sharing ideas and enabling residents and employee teams to work together towards a common goal. Similar to sports or entertainment programs such as The Voice or Survivor, the concept of a filtering process was used to identify the winning entries. Teams were encouraged to pitch their ideas with the aim of collecting a large number of submissions initially and using predetermined selection criteria to choose a subset and finally the winning entries.

We had a fantastic response, receiving more than 50 submissions. Teams came up with creative ideas including intergenerational penpals, resident 'bake off', desktop succulent gardens, a Who am I? photoboard and Residents Have Talent games.

The winning entries were the 'Old Boy's Brewery' - a ginger beer making project at our Macquarie View residential care community, and the 'Hole in the Wall' coffee shop at the Broadwater Gardens retirement village.

Both entries were well supported within their communities and brought residents together, creating positive and lasting connections.



Research in action

Our research projects are designed to support older Australians to live a life of fulfilment and often extend beyond traditional clinical research.

By adopting a responsive and individualised whole of person approach, we're able to translate evidence into practice and create meaningful outcomes for our customers.

We do this by working with our ecosystem of trusted relationships and partnerships to build capacity and bridge gaps to link people with the knowledge and services they need.



Retirement living residents Judith and Jean enjoy staying active with Nordic walking.

Life stories

Collating the stories of our customers in a keepsake book is an enriching opportunity to reflect and record memories that provides a lasting legacy for families.

Life story work draws on reminiscence therapy which has been shown to improve mood, appreciation of the past and sense of identity and self-esteem. The Life Stories program encompasses multiple projects that are conducted with residents and clients across our residential care, retirement living and at home support service.

A biographical storytelling approach is used to collect stories of a person's life. It goes deeper than names and dates on a genealogy chart, capturing a person's experiences and personal development as they remember and reflect on their life.

Capturing each life story involves a trained biographer conducting up to five interview sessions with each participant. Interviews are recorded and transcribed, and residents and clients are asked if they would like to include copies of photos, letters and other memorabilia. Family members are also invited to participate with stories. The stories and memorabilia are used to create a digital book that is beautifully printed and bound and presented to participants.

Students studying Social Work and Human Services at QUT have also been working on life story projects with residents and clients at our Fairview, Talbarra and Carrington communities. These students have incorporated an intergenerational component to the project. The benefits of the Life Stories program include providing older participants with a sense of purpose by passing on detailed information about historical events, and for younger people it provides opportunities to learn about the past from people with lived experience, and develop positive attitudes towards ageing, older people and aged care.

The Life Stories program not only offers our residents and clients a positive experience, but also our employees. Galleon Gardens Lifestyle Coordinator, Gwen Bonney, is instrumental to the success of the program following her earlier work collating resident life stories. Gwen and her team have created books for several residents to date.

"This program takes it to a whole new level. I know my residents well, but I have learned so much more about them through this work. They love sharing their stories and are so proud of their books. It has also been wonderful involving family and I have received so many beautiful messages of thanks from them," said Gwen.

Expanding the scope of the project, the research team is working towards developing a trauma-informed approach to support life story work with veterans who may have experienced high levels of trauma in their lives. The team is also developing a systematic process for translating the information gathered during the life story work into individualised care plans.

Research Fellow, Xanthe Golenko, said this work is really important as it helps us get to know the residents and clients on a deeper level.

"Hearing their stories first-hand creates a strong bond, and for people who have experienced trauma in their lives, sharing their stories with someone they trust and feel connected to can be an important part of the healing process," said Xanthe.

Galleon Gardens resident Doreen, was one of the first to have her story documented. From her early years helping on the family dairy farm at Brunswick to becoming the youngest licenced female pilot in New South Wales, Doreen's story weaves a rich tapestry of a life well lived.

Narrated in her own words, Doreen recounts the tragedy of losing her husband on their wedding day while still in her teens, inspiring Doreen to embark on solo travels around Australia with her cattle dog, Bluey. After many adventures in the air and on terra firma, Doreen settled on the Gold Coast finding love again and creating a wonderful life for herself.

The Life Stories program continues to be rolled out across more of our sites in Queensland and through our at home support service in Victoria. There are also plans to work with high school students to continue to explore the intergenerational opportunities and benefits of this work.



Resident and program participant Doreen with Lifestyle Coordinator, Gwen.

Let's dig in!

Our award-winning therapeutic gardening program engages residents as they plant, nurture and harvest vegetables and flowers in their own community garden.

In partnership with our Inverpine residential care community in Brisbane, the food services team and the Soil to Supper program, Let's Dig In! has continued to grow during the past 18 months.

Now in its second phase, the program has extended to Inverpine's Memory Support Unit, with gardening activities tailored to support the needs of residents living with dementia, including planting basil and mint to promote sensory stimulation.

Senior Research Fellow, Dr Liz Cyarto, who helped establish the program said Let's Dig In! engages residents through the entire life cycle from planting to enjoying ingredients in a meal.

Recounting the latest harvest, Liz said, "Nine residents were getting their hands dirty on a sunny winter's day and loving it. They were harvesting their first crop from the raised garden beds - at least a dozen bunches of bok choy - eight weeks after they planted them as seedlings. The chefs were thrilled to have this fresh, organic produce and made Chinese pork with stirfry vegetables for all the residents to enjoy for lunch the next day."

In addition to enjoying the fruits of their labour, the program offers residents the opportunity to be social and active outdoors, interact with nature and undertake nature art activities.

The benefits of being in nature are well known and this program was developed specifically to promote the often limited opportunities for outdoor activity for older people living in residential communities.

The program has instilled our residents with a sense of achievement and over time they have taken ownership of the project.

One resident, Marion, has taken responsibility for maintaining one of the gardens. As a result, she has lengthened her regular walks to include twice-daily visits to the garden beds, checking progress and picking fresh flowers for her room.

"My love of life and gardening has returned," she said.

Evaluation of the program has focused on measuring improvements in residents' mobility, strength, mental wellbeing and engagement, with participants sharing their experiences through



Resident Pam enjoys gardening with visiting QUT Social Work student Nadine.

Digital wall

After introducing the world's first digital wallpaper into an aged care community, we continue to expand the benefits for residents living with dementia.

Building on feedback from an initial Research Institute evaluation of the digital wallpaper installed at our Galleon Gardens residential care community, we co-designed new content with the community, the lifestyle coordinator and physiotherapist.

After testing co-designed prototypes with residents in the Memory Support Unit, our evaluation identified that the co-design sessions were key to the success of the new programs, including a word game, dot-to-dot and piano keyboard.

The local team's knowledge of residents and the types of activities that appeal to them means that six months after the introduction of the new programs, residents continue to enjoy engaging with the wall. The digital wallpaper is incorporated into the Memory Support Unit's activity program most mornings and some afternoons.



Resident Shirley enjoys interacting with the digital wall.

Support for veterans

The Weaving Evidence into Action for Veterans with Dementia (WEAVE) program is supporting veterans through a non-pharmacological approach to care.

Veterans living with dementia and their family members at our Galleon Gardens residential care community are benefitting from the trial of the new multi-modal program to address functional and behavioural changes, which follows on from two Research Institute projects.

The WEAVE project brings together evidence from a systematic review of non-pharmacological interventions for dementia which can be viewed in *Dementia, Volume 19, Issue 6, 2020*, and insights from the Veteran Family Mental Wellbeing video series which can be viewed on the Bolton Clarke website.

The delivery of four evidence-based interventions including music therapy, sensory modulation, exercise and reminiscence therapy including our Life Stories program, has been co-designed with veterans and carers to be provided in group and individual settings, supported by trained team members and volunteers. Running in eight-week blocks, participants choose their preferred activities from the suite of interventions.

People living with dementia can sometimes experience responsive behaviours as a direct result of the changes in the brain caused by the dementia.

These behaviours may be the person's way of communicating or expressing an unmet need.

Where possible, non-pharmacological approaches should be incorporated into care to reduce responsive behaviours, improve or maintain functional capacity and improve mental health and emotional wellbeing.

The feedback so far has been very positive. Individuals previously concerned about their family members' health and wellbeing have expressed that they can already see a positive difference since they started the program.

The program is being formally evaluated in two phases. The impact of the program on responsive behaviours, functional capacity and emotional disorders for veterans with dementia will be captured at eight, 16 and 24 weeks.

The feasibility, acceptability and sustainability of the program will also be evaluated from the perspective of veterans with dementia, their families, volunteers, residential care teams, and management.



WEAVE exercise sessions help resident Nancy stay active along with her veteran husband Len.

Connecting communities

The power to optimise the health and wellbeing of older people lies in activating the strengths of the community to connect them to the care they need.

Building healthy, supportive communities is the aim of the Connecting Communities to Care project. Recently funded by The Ian Potter Foundation over four years, the Research Institute is collaborating with Alfred Health, the Australian Disease Management Association and South Eastern Melbourne Primary Health Network to co-design and pilot a community-wide social connection model of care in the Glen Eira region of Melbourne. This novel, inter-sectoral approach aims to improve health and wellbeing for isolated older people by optimising service linkage in an ongoing and sustainable manner.

Senior Research Fellow Dr Rajna Ogrin, said the project is the culmination of findings from numerous Research Institute projects, including previous projects focussing on older women living alone (OWLA) and peer-support for older women (POWER).

"We've learned that social aspects are pivotal to the success of any intervention to optimise wellbeing, and that we must provide choice and opportunities for meaningful engagement, regardless of age. This led us to the whole of community approach underpinning Connecting Communities to Care," said Dr Ogrin.

The project will initially work with older people with chronic conditions, who are often at risk of or

already experiencing loneliness, social isolation or depressive symptoms. Considering holistic wellbeing within the context of their own community brings strength to the program through the creation of an integrated, community-wide, sustainable ecosystem.

The model is being adapted through co-design from the successful Health Connections Mendip work in the UK with the aim of replicating it across Australia. We anticipate the core aspects of the model will include building social capital, raising awareness about existing supports, building networks and connections between community members, having paid roles to support those who need help to link support, and engaging with local GPs and other healthcare providers. The agreed model will be driven by key stakeholders including older people as part of the co-design process to ensure it meets local needs.

Through rigorous evaluation of the program, the team anticipates, in the short term, there will be measurable reductions in social isolation, loneliness and depressive symptoms, with improved social connectedness and mental, physical and social wellbeing. Reductions in avoidable emergency department presentations, unplanned hospital admissions and length of stay are some of the expected longer-term outcomes.



Connecting older Australians like Ken to the right care at the right time is key for Occupational Therapist, Anna.

Mind the gap

Finding the right respite care can be challenging and is just as important to the health and wellbeing of informal carers as those they care for.

To help bridge this divide, the Research Institute's Mind the Gap project, funded by Dementia Australia, is co-designing a novel approach to day respite, short-term residential respite care and transition into permanent care in conjunction with people living with dementia, their carers and aged care teams.

Co-design sessions to generate ideas have commenced with teams from our Tantula Rise retirement living and residential care communities, at home support team and consumer advocate and Carers Queensland representatives.

There is consensus of the need to co-ordinate a service that brings older people with dementia from the community into a day respite program, potentially easing the transition into short-term or permanent residential care.

Key touchpoints in the journey, as well as concerns and solutions are being integrated into different personas to facilitate the co-design process.

Advocate Ron cared for his wife after she developed symptoms of early onset dementia in her mid-40's. He is part of the Mind The Gap project team and

says that research like this will start a conversation between carers of people with dementia and service providers to find a person-centred approach.

"There needs to be flexibility and understanding in how to make an individual happy and promote their wellbeing," said Ron. "My experience with Dr Meyer and this project has been really positive because she understands the importance of looking at what the person with dementia requires and what the carer needs in trying to educate people on how to better provide that."

Research Fellow, Dr Claudia Meyer, said making sure the end approach aligns with the wants, preferences and needs of all who use or deliver these services is vital.

"Working together with all the stakeholders has further highlighted how important it is to get to know each person with dementia and their carer and to build a trusted relationship that allows meaningful activities to be chosen to meet their needs," said Dr Meyer.



Retirement living residents David and Elaine.

Enabling choices

The Enabling Choices electronic tool is helping to support shared conversations around risk and autonomy for people with dementia and memory loss.

In collaboration with our clinical teams, we have worked with clients with dementia and their families to develop the Enabling Choices conversation tool, which is initially being introduced across our at home support services.

The electronic tool is designed to help people with dementia navigate risk and exercise greater choice by providing visual cues for conversations on topics such as self-care, mobility and driving.

For our Melbourne based Dementia Clinical Nurse Consultant, Louise Davison, the Enabling Choices tool is a valuable asset for those living with dementia and their carers.

"The tool will allow the person living with dementia, their carer and the nurse to identify topics or issues that are a concern for them. The tool will then assist the nurse to guide the topic discussion and provide possible strategies or considerations to overcome or manage these concerns," said Louise.

Initially developed as part of a previous project, the Enabling Choices tool explores the risks our clients with dementia are experiencing, and provides guidance for frontline staff to have the more difficult conversations about activities of daily living that are becoming risky, giving strategy examples to simultaneously expand knowledge in dementia care.

Most importantly, it respects the rights of people to take risks whilst providing support to make informed choices.

The tool allows the person with dementia and/or their carer to lead the discussion for what they wish to discuss and to prioritise in response to declining cognitive and physical wellbeing. It ensures the voice of the client and carer is heard, documenting the things that are important to them to inform their care.

This is one of the benefits for Felicity Vise, Home Care Package Quality Manager, who was also involved in the development of the tool.

"I am excited about the Enabling Choices tool as it highlights the importance of our clients making their own choices but also provides us, as care providers, the opportunity to have a conversation with clients and their families about their choices. Plus it is very easy to use," Felicity said.

The converted tool has been integrated into an accessible electronic platform co-designed with dementia specialist nurses like Louise, and the Bolton Clarke digital team, and further road tested by several frontline teams for useability and acceptability.

The COVID-19 pandemic delayed testing with people with dementia and their carers, but their input will be sought on an ongoing basis to improve the acceptability of the widespread implementation of the tool.

Deployment is planned for the second half of 2021, guided by our implementation framework.



Gold Coast Carer Andrea uses the conversation tool with customer Tania.

Wellbeing survey

Knowing what matters most to our retirement living residents helps provide vibrant and flexible village living.

Insights from the last Health and Wellbeing Survey in Retirement Living, analysed by the Research Institute, have helped Bolton Clarke to better understand and address resident needs.

With almost 60 per cent of residents responding across our 13 participating villages, we were able to identify three distinct wellbeing groups - those experiencing stable high wellbeing, those starting to experience decline, and those experiencing poor wellbeing.

Research Fellow, Dr Angela Joe said, "Being able to identify these distinct wellbeing groups from the data means we can target certain modifiable risk

factors with healthy ageing strategies to optimise our residents' wellbeing and facilitate independence into later life. Our results showed that doing exercise even as little as once per week increased the likelihood of someone remaining in the high wellbeing group."

These findings provide further information to help Bolton Clarke plan appropriate services, activities and facilities for residents. The survey was repeated with all villages in the second half of 2021 and will be completed every two years to examine changes in needs over time.

By your side

Trusted relationships were the key to success for the recently completed By Your Side program.

Although falls are a major concern for older people, participating in preventative exercise programs can often be challenging. The By Your Side program sought to address this.

Adapted from the evidence-based Otago Exercise Program, the pilot project linked older community members with a virtual physiotherapist and home-based support from personal care workers.

Having the formal support and established relationships with Bolton Clarke personal care workers was a strong motivator for older adults to participate in the program. Providing encouragement and practical assistance was key to help clients achieve meaningful goals and optimal outcomes.

One client shared, "That made all the difference - having someone there - as the program suggests, by your side."

Once the eight-week formal program ceases, ongoing informal support offered by family members and friends provides incentive for participants to continue.

Program evaluation encompassed physiotherapy assessments as well as interviews with participants and personal care workers at eight and 12-weeks.

Next steps will be to offer the program more broadly across Bolton Clarke and seek to link older people with community-based services.



Local Area Manager Glenys with retirement village resident Elmore.

Clinical research collaborations

As a dedicated research organisation embedded within an Australian aged care provider, we are uniquely positioned to improve care and clinical outcomes for our clients and residents.

Collaborations with university-based academics and our Bolton Clarke senior clinical nurse advisors and care teams enables us to effectively translate research findings into practice.



Caring for our residents is the priority for our clinical teams including Endorsed Enrolled Nurse, Skye.

Reducing hospitalisation

Reducing avoidable hospitalisation of residents in aged care is the aim of a collaboration with the Queensland University of Technology (QUT).

Admission to hospital from a residential care community can cause distress for residents and put them at increased risk of adverse complications. However, many hospital admissions are avoidable or preventable.

Through the three-year Early Detection of Deterioration in Elderly residents (EDDIE+) study led by QUT and funded by the Australian Government Medical Research Future Fund, we aim to reduce these avoidable admissions.

The rollout of the program to twelve of Bolton Clarke's residential care communities commenced in early 2021. The program is designed to provide resources, equipment and tailored nurse and care worker training to enhance skills and confidence in identifying and preventing clinical deterioration.

We anticipate that this program will significantly reduce the number of hospital admissions from residential care, alleviating resident distress and disruption and reducing costs to the Australian healthcare system.



QUT Nurse Educator Chris provides training to Fairview Registered Nurse Sharda.

Enhancing palliative care

Providing enhanced options for palliative care at home is an important focus to better support our clients and carers.

Enabling people to remain living at home in the last 12 months of life with community based support was the focus of this recently completed project led by our Palliative Care Nurse Practitioner, Leanne Davey in collaboration with the Research Institute.

Driven by the growing need and value in delivering high quality palliative care in the community setting, this project funded by the Eastern Melbourne PHN supported care managers to incorporate a general palliative approach as standard practice.

Several interlinking activities including stakeholder engagement, education and evaluation worked together to increase care managers' knowledge and confidence in providing a general palliative approach to care.

Care managers were able to add the additional education and resources to their 'toolbox' which in turn increased their referrals to other professionals to support both employees and clients.

Reflecting on the project, Research Officer, Georgina Johnstone said, "The results and outcomes confirm the important role that service providers like Bolton Clarke can play through a palliative approach to care. The project also highlighted the incredible work our care teams do to support clients and carers at the end of life."

Continence management

Working with the Senior Clinical Nurse Advisor team, the Research Institute is investigating new ways to improve the quality of continence management in residential care.

Poor urine and bowel control can be very debilitating and is one of the main reasons for moving into a residential care community. It can have a detrimental effect on individual physical and psychological health and has been linked with increased falls, skin breakdown, depression, social isolation and impaired quality of life.

Every person, no matter where they live, has the right to good continence care in accordance with best practice guidelines. They should be able to easily access resources to have their urine and bowel control problem properly assessed, managed and reviewed at regular intervals or as changes occur.

This project was a collaboration between our Continence Senior Clinical Nurse Advisor, Kate McLeod and the Research Institute.

The study aimed to explore employee and resident experience with assessment and management of incontinence drawing on four quality indicators for toileting and containment strategies proposed in the 2018 KPMG Global Strategy Group report.

Findings from this mixed methods study identified the importance of reducing stigma and busting myths around incontinence and developing employee capabilities to detect and address reversible incontinence. The study also highlighted the critical role that residential care teams play in minimising the negative impacts of incontinence on resident emotional wellbeing.

Being your best

The Being Your Best program, in collaboration with three Melbourne hospitals, is working with clients to address the effects of frailty.

Being Your Best uses evidence-informed approaches including physical activity, cognitive training, nutritional and social support to improve health outcomes and build resilience.

Through the program our researchers have encouraged participants to engage with existing community and home-based programs across the four agreed interventions of Moving Well, Thinking Well, Connecting Well and Eating Well. Each intervention uses existing resources to address a modifiable aspect of frailty in an engaging and sustainable way for participants.

Co-designed with community members from our Melbourne Community Partnership Group and clinicians from our partner hospitals, the program is evidence informed and uses needs-based assessment and education. Key to this approach was seeking their understanding of frailty, the language around frailty, and to identify program deliverables.

Research Fellow, Dr Maja Green said co-design ensures the program is well positioned to meet the needs of potential participants and enhances engagement with the program, increasing sustainability.

"Throughout the process our community members were generous in sharing their experiences and provided valuable input that has helped shape the program to suit the needs of older Australians.

"The program aims to address frailty in a holistic way, offering a person-centred intervention, addressing the individual wants and needs of each participant. The feedback we received from our community members helped us to better understand the needs of the community and shape the final interventions of the program," said Dr Green.

Head of Research, Professor Judy Lowthian added, "A person-centred, holistic approach including physical activity, cognitive training, nutrition and social support could significantly improve outcomes for older people returning home from hospital. The use of existing community services as well as empowering participants to choose their own activities will encourage program sustainability."

Despite initial delays to the program due to the pandemic, this project is more important than ever, as the restrictions during recurrent lockdowns have reduced people's involvement in their normal activities, causing functional decline.

The Being Your Best program is being initially piloted over six months with recently hospitalised people aged 65 years and older from Bolton Clarke and our partner hospitals The Alfred, Monash, and Cabrini Health with funding from Monash Partners.

If you would like to know more about this project you can view our protocol paper here: [BMJ Open, Volume 11, Issue 3, 2021.](#)

Data insights

Our ability to analyse data to identify the needs of our clients and residents is work our researchers undertake on a continuous basis.

The valuable electronic care record data assets entered by our care teams allows our researchers to take an in-depth examination of our clients and residents, which services they use, and how they are changing over time.

Recent work has focussed on profiling falls in people with diabetes, understanding older veterans, and predicting unplanned hospitalisations. Looking forward, frailty, falls and how the COVID-19 pandemic impacts the health and wellbeing of older people in the community will be just some of our areas of focus.

Displaying our results in easy to understand infographics helps us to share our findings in meaningful ways – always accompanied by actionable steps to improve care.

A newly established advisory group is bringing together data and clinical expertise from across the organisation to facilitate data-driven improvements in the quality, cost-effectiveness and outcomes of home, community-based and residential care services.

Library

The Bolton Clarke Library Service provides valuable services including electronic resources, literature searches and document delivery.

Led by Library Service Manager, Jane Edwards, the contribution of the Library Service was integral to the Research Institute's systematic review of innovative models of aged care for the Royal Commission into Aged Care Quality and Safety.

Not only is the Library an essential partner in research projects including Mind the Gap and Connecting Communities to Care, it also helped to facilitate timely information during COVID-19.

Supported by the Library, the Research Institute team synthesised emerging national and international literature on aged care delivery to inform the Institute's weekly COVID-19 updates to the Bolton Clarke Board and Executive team.

These reports were instrumental in informing operational teams during the pandemic.

Ongoing support for clinicians continues with literature searches providing guidance for policy and procedure development and evidence-based clinical information.

The Library also holds the organisation's historical items and maintains the archives.

Partnerships and community engagement

We actively engage with our community members. We collaborate with national and international academic and health service partners to grow and embed our shared vision for the future of healthy ageing.



Engaging with our community members is important to our work.

Community input

Drawing on the lived experience of our Bolton Clarke community members assists the Institute to deliver meaningful, relevant and person-centred research.

Our two community partnership groups based in Melbourne and on the Gold Coast have been active since 2018 and 2019 respectively, with members including clients, residents and carers.

Facilitated by the Care, Innovation and Quality team and coordinated by Kath Paine, Principal Advisor, Wellness and Reablement, with support from the Research Institute and local area teams, the groups provide an opportunity for members to share their experience of our services and help us better understand their needs.

With COVID-19 restrictions reducing opportunities for in person meetings, the members continue to provide valuable and practical input into our research projects and the planning, design, delivery and evaluation of Bolton Clarke services.

Their contribution includes reviewing customer information documents, providing feedback on new programs and technologies, and insights into the development of service innovations.

Drawing on his love of creative writing, John, along with other members of our Melbourne group, helps tailor materials and resources for research projects, making sure they are appropriate for older

community members. The feedback from John and other members has helped to improve the processes and information for Bolton Clarke clients.

John also recently agreed to pilot test the CaTPin (Conversation as Therapy Pin) prototype device as part of the Institute's collaboration with RMIT Health Transformation Lab.

John appreciates participating in the community group saying, "It helps to keep my mind active and doing something that makes me feel normal and not worrying about the dementia."

Fellow member Rex has "loved being able to turn my brain back on". As an at home support client and one of our first life stories authors, being part of the Gold Coast community group has been "the best thing to happen to me recently."

Our evaluation of the community partnership groups reveals that members felt that their contribution to our service delivery via insights and feedback is highly valued. In addition, they enjoyed being involved, connecting with others, hearing different perspectives, and learning more about Bolton Clarke services.



Kath Paine in discussion at a community group meeting.

Building for the future

In partnership with QUT and the building industry we are developing innovative design solutions for seniors living.

Through the iHub Integrated Design Studio, Bolton Clarke is working as part of a multidisciplinary team with the QUT School of Architecture and Built Environment and a number of professional services firms including architects and consulting engineers.

The iHub Integrated Design Studio aims to facilitate collaborations with building owners and the design industry to:

- increase innovation at the conceptual stage of design, with a particular focus on aged care, assisted living and retirement living
- develop an evidence base of new 'zero energy buildings' concepts

- support knowledge development of the next generation of building professionals
- influence cultural practices across the design process in redefining health and wellbeing in the sustainable building movement.

This important partnership acknowledges that the attributes of a built environment directly, and indirectly, impact upon the health, wellbeing and quality of life of occupants. The iHub Integrated Design Studio seeks to create seniors living built environments that align and embody the six principles for a healthy, sustainable built environment as defined by the World Green Building Council's Health & Wellbeing Framework.

International partnerships

We are working with international partners to share experience and collaborate on research and training.

The Research Institute has signed two strategic cooperation agreements with the Shanghai Jiao Tong University. The first agreement is with the University School of Medicine's Renji Hospital to explore innovative approaches for cooperation in healthcare and aged care with research in geriatrics and rehabilitation. The second agreement is with the China Hospital Development Institute to identify opportunities in talent training, applied research, academic exchange, conferences and symposiums in aged care. The focus is on integration of healthcare, rehabilitation and aged care and the introduction of internationally recognised diabetes management and ostomates training courses and certificates.

As part of the Australian Silver Industry Group, we have signed an agreement to focus on research enquiry and analysis developing a high level document that lays down a framework for best practice principles guiding the design, construction and operations of retirement villages and/or independent living apartments in China. The 12-month program of work will be undertaken through relationship building and collaborative staged research engaging with a prominent university in China and one of its related Local Design Institutes. The project aims to deliver a sustainable foundation for industry-level exchange and enhanced collaboration between Australian and Chinese senior living and aged care networks and stakeholders.

The next generation

Our research and professional placements offer a great opportunity for students to align their coursework with real-world work experience.

The Research Institute is committed to supporting future researchers and aged care practitioners by supervising, mentoring and providing placement opportunities for bachelor, honours, masters and PhD students. Students can be immersed in both the research and aged care sectors, applying their knowledge within our unique and supportive context.

QUT student Jessica has a new appreciation for ageing, having interviewed Talbarra resident Peter as part of our Life Stories program.

Jessica said, "It was wonderful to see the happiness and excitement Peter felt when sharing his stories. It was heartwarming to be part of that and as he became more comfortable, it was like a friendship."

We are currently supporting the following students:

Doctoral candidate

Tegwyn McManamny, School of Public Health and Preventive Medicine, Monash University - What is the education role of paramedics for individuals and communities within rural and remote Australia? (Professor Judy Lowthian)

Masters candidates

Jacqueline Batcheler, Master of Wound Care, Monash University – New evidence-based technology for wound care - Barriers and enablers of WiFi (Dr Rajna Ogrin)

Betty Khong, Master of Wound Care, Monash University – Pressure Injury Prevention (Dr Rajna Ogrin)

Mia Zentari, Professional Placement, Master of Public Health, University of Melbourne – Comorbid dementia and depression (Dr Marissa Dickins/ Professor Judy Lowthian)

Joshua Cooley, Master of Public Health, Griffith University – Exploring the relationship between post-traumatic stress disorder and dementia in older Australian veterans and its impact on residential aged care workers (Dr Claudia Meyer)

Honours candidate

Earl Mercado, Honours of Bachelor of Health Sciences, Monash University – Comorbidities in Mental Health Clients (Dr Marissa Dickins/ Professor Judy Lowthian)

Student Placements: Masters and Bachelor

Student name	Education provider and degree	Project name and site
Debra (Deb) Dane	QUT Master of Social Work	Life Stories Program, Fairview
Keruan (Olivia) He	QUT Master of Social Work	Life Stories Program, Fairview
Eldine Jing Ming Chua	QUT Master of Social Work	Life Stories Program, Carrington
Sandarekha (Harshani) Ranathunga Mudiyanse	QUT Master of Social Work	Life Stories Program, Carrington
Saveeta Gunaratne	QUT Master of Social Work	Life Stories Program, Carrington
Weibo Xing	QUT Master of Social Work	Life Stories Program, Talbarra
Jiahui Liang (Jennifer)	QUT Master of Social Work	Life Stories Program, Talbarra
Jiachuan Lu (Gavin)	QUT Master of Social Work	Life Stories Program, Talbarra
Jiayi Kang (Amy)	QUT Master of Social Work	Life Stories Program, Talbarra
Tahlia Riley	QUT Bachelor of Human Services	Life Stories Program, Fairview
Morita Jackway Koomans	QUT Bachelor of Human Services	Life Stories Program, Carrington
Jessica Core	QUT Bachelor of Human Services	Life Stories Program, Talbarra
Ted Nocevski	Griffith University Bachelor of Counselling	Life Stories Program, Tantula Rise
Skye Ebertson	QUT Bachelor of Social Work	Life Stories Program, Fairview
Jihee (Ashlee) Kim	QUT Bachelor of Social Work	Life Stories Program, Fairview
Luke Markovich	QUT Bachelor of Social Work	Life Stories Program, Fairview
Tien Nhu Nguyen	QUT Bachelor of Social Work	Life Stories Program, Fairview

Congratulations to the following students on their achievements

Dr Rosie Dwyer, Emergency Physician, PhD, School of Public Health and Preventive Medicine, Monash University - Elucidating the gaps in the emergency management of acute illness and injury in older residents of aged care homes (Professor Judy Lowthian)

Kate McLeod, Senior Clinical Nurse Advisor, Bolton Clarke, Master of Nursing (Urology & Continence), La Trobe University - Enabling personal care workers to provide person-centred continence care (Dr Claudia Meyer)

Jennifer Gong, Master of Public Health, University of Melbourne – Characteristics of older men who live alone (Dr Marissa Dickins)

Sou Mehdikhani, PhD, Institute of Sport, Exercise and Active Living, Victoria University - Effects of diabetic peripheral neuropathy and gait training on gait adaptability (Dr Rajna Ogrin)

Katherine Klattenhoff-Reyes, Master of Public Health, University of Melbourne - Profiling of falls in older people with diabetes receiving at home support services (Dr Claudia Meyer)

Anthea Pickett, Master of Wound Care, Monash University - Risk perception in people with diabetic foot disease who frequently readmit to hospital (Dr Rajna Ogrin)



Student Jessica with Talbarra resident Peter and his wife Clare.

Strong governance

Robust governance ensures our research is high quality, ethical and benefits our customers and the community.

Executive Research Management

All research at Bolton Clarke is governed by the Executive Research Management Committee, whose membership encompasses a broad range of clinical, research and managerial experience. The Committee is responsible for overseeing and advising on the Research Institute's research strategy and governance.

Adjunct Professor Stephen Muggleton

BAppSci, MHA (UNSW), FInstLM, GAICD
Group Chief Executive Officer, Bolton Clarke

Professor Judy Lowthian

BAppSc (SpPath), MPH, PhD
Head of Research & Principal Research Fellow,
Bolton Clarke Research Institute

David Swain

RN, Dip Bus, BHLthSc, MEd, GAICD, Wharton AMP
Chief Operating Officer, Bolton Clarke

Deidre McGill, RN, RM, BHLthSc, MSc Healthcare Mngt, MACN

Executive General Manager – At Home Support,
Bolton Clarke

Clinical Associate Professor Wendy Zernike

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

Distinguished Professor Patsy Yates

AM, RN, PhD, FACN, FAAN
Executive Dean, Faculty of Health, QUT

Professor Julie Byles

BMed, PhD, FAAHMS
Global Innovation Chair in Responsive Transitions in
Health and Ageing, Research Centre for Generational
Health and Ageing, The University of Newcastle.

Research Review and Governance

Ensuring that all research conducted at or with Bolton Clarke is high quality, relevant and meets an identified need is the role of the Research Review and Governance Committee (RRGC). The RRGC assesses all projects to ensure they have scientific merit, clinical significance, rigour, are feasible to undertake and align with the priorities of the organisation.

All research undertaken by Bolton Clarke must collaborate with the Bolton Clarke Research Institute from the early stages of research project development and be reviewed by RRGC and the Bolton Clarke Human Research Ethics Committee.

Bolton Clarke Human Research Ethics

The Bolton Clarke Human Research Ethics Committee (HREC) is an accredited HREC that operates within the Australian Government's National Health and Medical Research Council guidelines. The HREC works to protect the welfare and the rights of Bolton Clarke individuals, groups and communities who participate in research projects. The HREC has approved 26 projects during the past two years from both internal and external researchers.

Our team

Our team brings together clinical experience and expertise from a variety of scientific disciplines.

Research

Dr Judy Lowthian, LMusA BAppSc (SpPath) MPH PhD

Principal Research Fellow and Head of Research

Affiliations:

Adjunct Professor – Faculty of Health and Behavioural Sciences, The University of Queensland
Adjunct Associate Professor – School of Public Health and Preventive Medicine, Monash University

Judy's research is underpinned by extensive experience as a speech pathologist and health service manager across the healthcare continuum. Her expertise is in mixed methods research that includes co-design, analysis of big data, embedded pragmatic and randomised controlled trials, program evaluation and implementation. Areas of focus encompass emergency ambulance and hospital care, frailty, cognitive impairment and dementia, loneliness, palliative care, and implementation of innovative person-centred models of care.

Dr Rajna Ogrin, BSc BPod (Hons) PhD

Senior Research Fellow

Affiliation:

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

Due to the gap in evidence being implemented in practice in health, Rajna completed a PhD and post-doctoral studies in the area of providing best practice care in people with diabetes and older people with wounds. Her research has naturally evolved into developing services and education resources that have been co-designed with community members in order to improve health outcomes for people with diabetes, vulnerable groups and older people in general, translating evidence into practice.

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

Senior Research Fellow

Affiliations:

Adjunct Associate Professor – Faculty of Health and Behavioural Sciences, The University of Queensland
Honorary Fellow – Department of Psychiatry, The University of Melbourne

Liz believes you need to 'use it or lose it'. This means using the wisest combination of physical, mental and social strategies to be your best. With a background in exercise physiology and gerontology, Liz has committed her life and scholarship to co-designing and evaluating strategies to help older adults flourish and translating these into sustainable, community-based programs.

Dr Claudia Meyer, BAppSci (Physio) MPH PhD

Research Fellow

Affiliations:

Honorary Associate – Centre for Health Communication and Participation, La Trobe University
Adjunct Research Fellow - Rehabilitation, Ageing and Independent Living Research Centre, Monash University

Claudia combines her skills as an experienced physiotherapist with research expertise, moving evidence-based research into action for community-dwelling older people and their carers across falls prevention, dementia care, equity in healthcare and wellness and reablement. Nationally, Claudia is involved at Board and State level with the Australian Association of Gerontology, the peak body for ageing within Australia.

Research cont.

Dr Marissa Dickins, BA (Hons) PhD

Research Fellow

Affiliation:

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

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

Dr Xanthe Golenko, BBus (Hons) PhD

Research Fellow

Affiliation:

Adjunct Research Fellow – Department of Business, Strategy and Innovation, Griffith University

Xanthe has a diverse research portfolio spanning areas including health services management, health workforce education, and health economics. With a business background and a PhD in Organisational Behaviour, Xanthe has a strong interest in aged care policy and organisational culture and is passionate about social connection. She is dedicated to exploring innovative approaches to service delivery that are evidence-based, sustainable and effective in improving the quality of life for older people accessing aged care services.

Dr Maja Green, BSc (Hons) MSc PhD

Research Fellow

Maja trained as a laboratory scientist working with paediatric brain cancers. She later transitioned to neuroscience studying chronic pain and addiction. This led her to clinical research where she designed and implemented clinical trials in critical care medicine. She later transitioned to translational oncology research where her interest in the wellbeing of the patients and their families after hospital release led to her current research, which is focused on improving wellbeing and quality of life in older people.

Dr Angela Joe, BTech (Hons) MPH PhD

Research Fellow

Affiliation:

Tutor, Department of Medical Education, The University of Melbourne

Angela's keen interest in pathways to care in the community is driven by her background as a microbiologist and public health researcher, specialising in epidemiology. Angela uses her data analysis skills to gain insights into client and resident needs to inform improvements and new approaches to health service delivery.

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

Research Officer

Georgina's background in psychology drives her interest in improving care for clients and carers in the palliative and end-of-life spheres, with experience in both community and acute sectors. She is also nurturing a growing interest in trauma-informed aged care, story work and analysis of big data.

Elizabeth Robinson, BA/BSc BA (Hons) (Psych)

Research Officer

Elizabeth's work with the Institute draws on her psychology background, exploring the psychosocial factors influencing the mental health of older people, and interventions to improve wellbeing. She also fosters a keen interest in rigorous research methods, data analytics and neuropsychology.

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

Library Manager

Jane supports the Institute in her role as manager of the Bolton Clarke Library, overseeing a physical library in Melbourne and an e-library on our employee intranet. She brings more than 40 years library experience with 31 of those spent with our organisation. Jane is actively involved in the Health Library community.

Clinical nurse advisors

Tracy Ayles, RN BHSn GradCert Diabetes Education GradCert Health Service Mgt

Senior Clinical Nurse Advisor, Diabetes Management (Vale 2021)

Tracy was a dedicated credentialed diabetes educator and Senior Clinical Nurse Advisor for many years. Her areas of interest included individualising blood glucose targets, stabilising blood glucose levels, and managing diabetes in end of life care. She helped to develop residential and home-based care services policies and procedures, including specialist diabetes services and education, presented at conferences and published research in diabetes and diversity. Tracy held representative roles at Board level with both the Australian Diabetes Educators Association (ADEA) and Diabetes Australia. In these roles she made a considerable contribution to the development of national diabetes policies. Tracy was a finalist in the national 2019 HESTA Nurse of the Year award and was awarded the ADEA 2021 Honorary Life Membership Award.

Leanne Davey, RN DipAppSciNsg GradDipAdvNsg MN

Nurse Practitioner, Palliative Care

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

Kylie Elder, RN BN GradDipAdvGenNsg GradDipNsg Ed MN

Senior Clinical Nurse Advisor, Skin Integrity and Wound Management

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

Kate McLeod, RN BNGrad.Cert.(Urology & Continence) MN

Senior Clinical Nurse Advisor, Continence and Urology

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

Fleur O'Keefe, RN BN MN NP

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

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

Linda Schnitker, RN, PhD, MN, BN

Senior Clinical Nurse Advisor, Aged Care and Dementia

Linda's areas of interest include the care of the older person, especially those living with dementia. Linda is passionate about provision of care that is high quality, safe, based on research evidence, and meets the individual needs of the older person and their families. Linda has extensive clinical experience working within aged care in Australia and the Netherlands. She is a nurse researcher and was awarded the title Distinguished Educator in Gerontological Nursing in 2020.

Subject matter experts

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

Thank you

The positive impact our work has on the lives of older Australians would not be possible without the generous support of our funders, collaborators and participants.

Our collaborators and partners

Universities and education providers

Central Queensland University
Curtin University
Deakin University
Flinders University
Griffith University
La Trobe University
Metro North Hospital & Health Service
Monash University
Queensland Academy for Creative Industries
Queensland University of Technology
RMIT University & Health Transformation Lab
Shanghai Jiao Tong University
Swinburne University
The University of Melbourne
The University of Newcastle
The University of Queensland
University of the Sunshine Coast
Victoria University

Government agencies and peak bodies

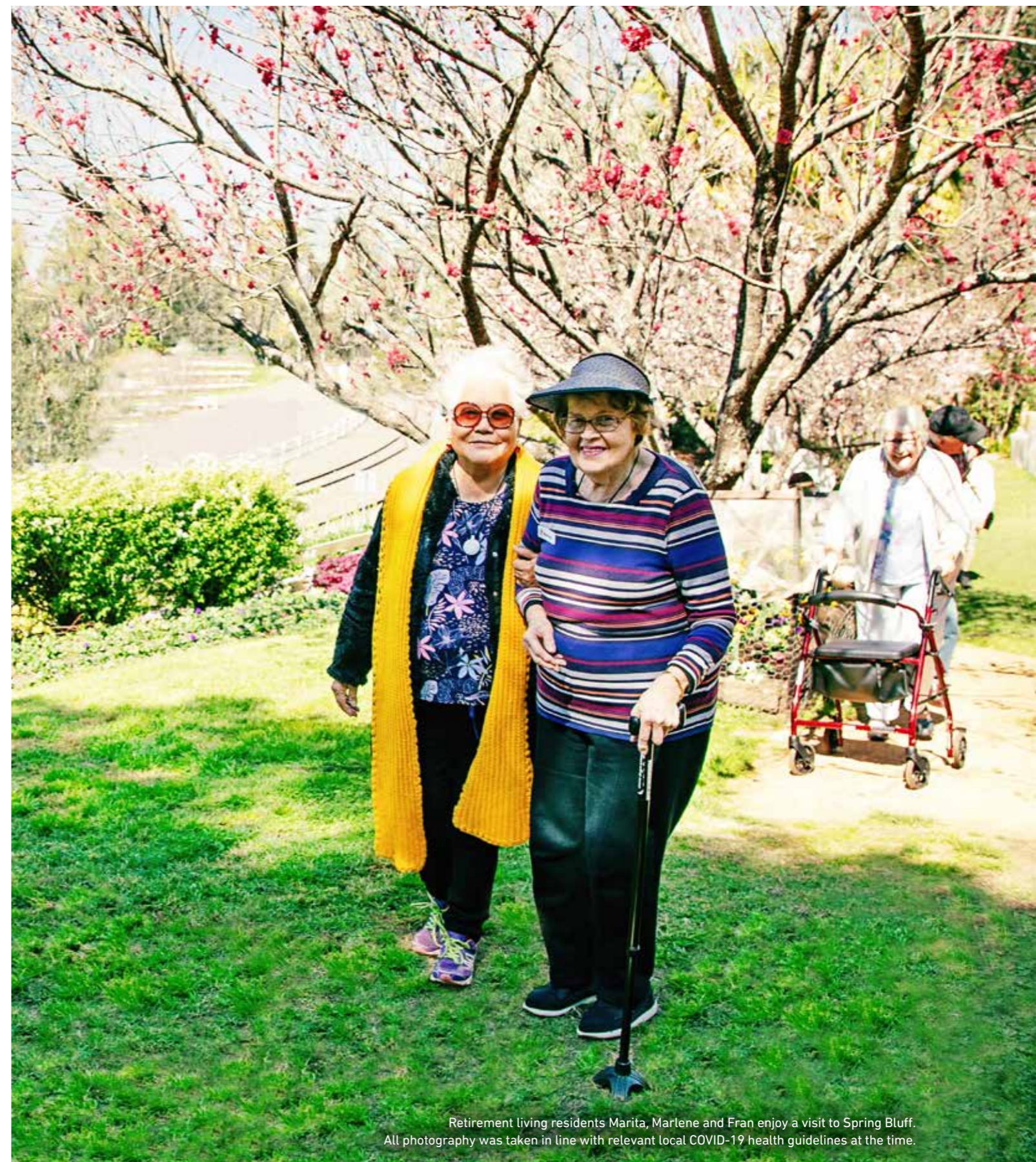
Agency for Clinical Innovation (Frailty Taskforce)
Australian Association of Gerontology
Australian Disease Management Association
International Association of Gerontology and Geriatrics

International Longevity Centre Australia
Safer Care Victoria

Health and community services, and industry

Alfred Health
Austin Health
Cabrini Health
Cohealth
Cycling Without Age Townsville
Eastern Health
ENESS
Footscape
Monash Health
My Nutrition Clinic/Loqui Speech Pathology
Northern Health
Older Persons Advocacy and Legal Service/Caxton Legal
Sinai Health Toronto
Soil to Supper
South Eastern Melbourne Primary Health Network
Uniting VicTas
Visiting Nurse Service of New York

For more information about our work or to discuss future research opportunities, please visit www.boltonclarke.com.au or contact the Bolton Clarke Research Institute at: research@boltonclarke.com.au



Retirement living residents Marita, Marlene and Fran enjoy a visit to Spring Bluff. All photography was taken in line with relevant local COVID-19 health guidelines at the time.

Grants

Better Care Victoria	\$158,000 over 2 years, 2019 - 2021	Hospitals and patients Working in Unity: HOW-R-U?
Defence Health Foundation	\$36,000 over 12 months, 2018 - 2019	Understanding the health and wellbeing of veterans and their dependants receiving home-based nursing services
Dementia Australia administered by The University of New South Wales	\$75,000 over 2 years, 2020 - 2021	Respite care and transition to permanent residential care for people living with dementia and informal carers: Mind the Gap
Eastern Melbourne Primary Health Network (Australian Government under the PHN program)	\$150,000 over 18 months, 2019 - 2021	Enhanced Palliative Care at Home
Felton Bequest	\$149,818 over 2 years, 2018 - 2021*	Peer support for Older Women to promote wellbeing and independence (POWER) & Connecting Communities to Care
Medical Research Future Fund	\$1.9 million over 3 years, 2019 - 2022	Early Detection of Deterioration in Elderly residents (EDDIE+) program
Monash Partners Academic Health Science Centre Medical Research Future Fund	\$198,727 Over 2 years, 2019 - 2022*	Being your best: an innovative, co-designed approach to frailty and care transitions from hospital to home, in people aged 65 years or more
New South Wales Government (Department of Communities and Justice)	\$89,379 over 1 year, 2020 - 2021	Optimising Social Connection during the pandemic by Helping Others with Respect and Unity (HOW-R-U?)
Perpetual (Dr and Mrs J J Luddy Charitable Trust)	\$59,703 over 3 years, 2018 - 2021	Redesigning texture modified foods to bring back the joy of eating

Perpetual	\$56,660 over 1 year, 2021 - 2022	Connecting Communities to Care - Creating Connections across Generations
Perpetual Queensland	\$27,600 over 2 years, 2018 - 2020*	Mates for ageing veterans
Perpetual Queensland	\$45,187 Over 1 year, 2019 - 2020*	Let's Dig In!
Perpetual	\$97,078 over 1 year, 2020 - 2021	HOW-R-U?: Enabling Social Connection for older people in Melbourne's North
Private donor	\$45,157	Peer support for Older Women to promote wellbeing and independence (POWER)
Private donor	\$20,000	Be Healthy and Active videos
Private donor	\$10,000	Skin health
RMIT Health Transformation Lab	\$80,000 over 18 months, 2020 - 2022*	Conversation as Therapy Pin (CaT Pin): Proof of Concept study
Roy Alexander John Street Bequest administered by RSL Queensland	\$197,477 over 2 years, 2021 - 2023	WEAVE (Weaving Evidence into Action for Veterans with dementia)
State Trustees Foundation Australia	\$100,000 over 2 years, 2017 - 2019	Enabling wellbeing by providing choices for people with dementia and memory loss
The Ian Potter Foundation	\$455,000 over 4 years, 2021 - 2025	Connecting Communities to Care
TENA	\$45,000 over 3 years, 2018 - 2021*	Investigating the quality of urinary and faecal continence management in residential care
Trajan Scientific Australia	\$105,458 over 2 years, 2017 - 2019	Narrow Band Imaging

* Funding extensions granted in recognition of disruptions to research caused by COVID-19

Our research collaborations

Project	Researchers	Research partners	Funding support
HOW-R-U? program (page 12)	Judy Lowthian, Marissa Dickins, Elizabeth Robinson, Lina Lad, Sharryn Beard, Johanna Hayes, Sue Hull, Anne-Marie Fabri	Northern Health	NSW Government Communities & Justice, Perpetual Impact Philanthropy Program, Better Care Victoria Innovation Fund
Life Stories program (page 18)	Xanthe Golenko, Judy Lowthian	-	-
Let's Dig In! (page 20)	Liz Cyarto, Judy Lowthian, Xanthe Golenko, Rehka Singh	Soil to Supper	Perpetual Impact Philanthropy Program
Digital Wall (page 21)	Liz Cyarto, Gwen Bonney, Lindy McClements, Mina Min	ENESS	-
Weaving Evidence into Action for Veterans with Dementia (WEAVE) (page 22)	Claudia Meyer, Judy Lowthian, Liz Cyarto, Xanthe Golenko, Gwen Bonney	-	Roy Alexander John Street Bequest, administered by RSL Queensland
Connecting Communities to Care (page 24)	Rajna Ogrin, Judy Lowthian, Maja Green, Elizabeth Robinson, Daniel Fine, Kay Fiddes, David Menzies	Alfred Health, Australian Disease Management Association, South East Melbourne Primary Health Network	The Ian Potter Foundation
Mind the Gap (page 25)	Claudia Meyer, Judy Lowthian, Xanthe Golenko, Ron Sinclair	-	NHMRC Dementia Centre for Research Collaboration – Dementia Australia Research Foundation
Enabling Choices (page 26)	Claudia Meyer, Judy Lowthian, Marissa Dickins, Fleur O'Keefe, Kylie Hall, Louise Davison, Sharona Blum	-	State Trustees Australia Foundation – Medical Research
Health and Wellbeing Survey in Retirement Living (page 28)	Liz Cyarto, Judy Lowthian, Marissa Dickins, Angela Joe	-	-
By Your Side (page 29)	Claudia Meyer, Liz Cyarto, Willeke Walsh, Anne Runting, Kath Paine	-	-

Project	Researchers	Research partners	Funding support
Early Detection of Deterioration in Elderly Residents (EDDIE+) (page 32)	Gillian Harvey, Trudy Dwyer, Nick Graves, Lynne Parkinson, Hannah Carter, Zing Lee, Florin Opescru, Liz Cyarto, Claudia Meyer, Jeffrey Rowland, Xanthe Golenko	Queensland University of Technology, Central Queensland University, The University of Newcastle, University of the Sunshine Coast, Metro North Hospital & Health Service, Flinders University	Medical Research Future Fund
Enhancing palliative care (page 33)	Leanne Davey, Janeen Cato, Georgina Johnstone, Judy Lowthian, Adrina Petrosian,	Eastern Palliative Care	Eastern Melbourne Primary Health Network
Continence management in residential care (page 33)	Kate McLeod, Xanthe Golenko, Judy Lowthian	-	TENA
Being Your Best (page 34)	Judy Lowthian, Amber Mills, Claudia Meyer, Fleur O'Keefe, Fran Sutherland, De Villiers Smit, Harvey Newnham, Alison Hutchinson, Michael Rose, Lee Boyd	Alfred Health, Cabrini Health, Monash Health, Eastern Health, Deakin University	Monash Partners Academic Health Science Centre – Medical Research Future Fund
Data insights (page 35)	Judy Lowthian, Marissa Dickins, Angela Joe, Georgina Johnstone, Elizabeth Robinson	-	-

Publications

2019 – 2021

Peer reviewed articles

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Book chapters

Cartmel, J., Bell, K., Radford, K., **Golenko, X.**, Fitzgerald, A., & Vecchio, N. (2019). Hearing children's voices in intergenerational learning and practice. In M. Kernan & G. Cortellesi (Eds.), *Intergenerational Learning in Practice: Together Old and Young*. Routledge. <https://doi.org/10.4324/9780429431616>

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Ellis, B., **Lowthian, J. A.**, & Melady, D. (2020). *White paper on the care of older people with acute illness and injury in the emergency department*. International Federation for Emergency Medicine. <https://www.ifem.cc/wp-content/uploads/2021/02/IFEM-White-Paper-on-the-Care-of-Older-People-with-Acute-Illness-and-Injury-in-the-Emergency-Department-December-2020.pdf>

Helquist, L., **Ogrin, R.**, Rushford, M.-A., Mannix, R., & Lewis, A. (2020). Happy Feet: A not-for-profit collaboration towards happier feet. *Parity*, 33(2), 34-35.

Ogrin, R., Rushford, M.-A., & Gellie, K. (2020). Supporting forgotten populations: Outer metro Melbourne and Supported Residential Services. *Parity*, 65-66.

Reports

Dyer, S. M., van den Berg, M. E. L., Barnett, K., Brown, A., **Johnstone, G.**, Laver, K., Lowthian, J. A., Maeder, A. J., **Meyer, C.**, Moores, C., **Ogrin, R.**, Parrella, A., Ross, T., Shulver, W., Winsall, M., Crotty, M. (2019). *Review of Innovative Models of Aged Care*. Flinders University, Adelaide, Australia. <https://agedcare.royalcommission.gov.au/publications/research-paper-3-review-innovative-models-aged-care>

Presentations

2019 – 2021

Invited – international conferences

Meyer, C., Hill, S., Hill, K., & Dow, B. (2019, October 23-29). *Falls prevention for people with dementia: Australian caregiver perspectives*. [Paper presentation, Invited speaker]. International Association of Gerontology and Geriatrics Asia/Oceania Regional Congress, Taipei, Taiwan.

Meyer, C. (2019, November 5-8). *You Can't Ask That! – "To be or not to be an academic"*. [Panel member]. Australian Association of Gerontology Conference, Sydney, Australia.

Peer reviewed - international conferences

Green M., Meyer, C., Hutchinson, A., Sutherland, F., & **Lowthian J. A.** (2021). *Being Your Best – an innovative, co-designed and holistic approach to frailty*. [Paper presentation – virtual]. International Conference on Integrated Care Virtual Conference.

Irving, J., **Meyer, C.,** Huang, B., Baldock, J., Surya Rini, S., Okamoto, S., Chung, E., Goel, V., Senevirathne, S., & Nakagawa, T. (2021, June 22-23). *Pause, pivot and proceed! Undertaking Study and Research in Times of Uncertainty*. [Symposium - virtual]. International Association of Gerontology and Geriatrics E-Congress, Argentina.

Lowthian, J. A., & Zernike, W. (2020, October 1-20). *Helping people live a life of fulfilment*. [Paper presentation - virtual]. Ageing Asia Conference, Singapore.

Meyer, C. (2019, October 23-29). *Implementation of aged care research into practice: Experience within an Australian care organisation*. [Paper presentation]. International Association of Gerontology and Geriatrics Asia/Oceania Regional Congress, Taipei, Taiwan.

Meyer, C., Ogrin, R., Lowthian, J. A., & Dickins, M. (2020, December 10-20). *Implementing a risk negotiation conversation tool into practice: Experiences of a community aged care organisation*. [Paper presentation - virtual]. 34th Virtual International Conference of Alzheimer's Disease International.

Ogrin, R., Aylen, T., **Thurgood, L.,** Neoh, S., Audehm, R., **Major, G.,** Churilov, L., Zajac, J., & Ekinci, E. (2020, February 19-22). *Technology enhances health care providers in supporting Type 2 Diabetes management in community-dwelling older adults*. [Poster presentation]. Advanced Technologies and Treatments for Diabetes, Madrid, Spain.

Peer reviewed - national conferences

Cyarto, E. V. (2020, March 3-4). *Learnings from implementing assistive technologies in the 'real world' of aged care*. [Paper presentation]. ITAC 2020 Conference, Brisbane, Australia.

Cyarto, E. V., Johnstone, G., & Golenko, X. (2020, November 18-20) *Innovation at a time of physical and social distancing*. [Paper presentation - virtual, as part of *Symposium: Optimising health and wellbeing in aged and community care during the COVID-19 pandemic*]. Australian Association of Gerontology Conference.

Dickins, M. (2020, November 18-20). *Using data to inform service development for people living in retirement villages*. [Paper presentation - virtual]. Australian Association of Gerontology Conference.

Dickins, M., Cyarto, E. V., & Lowthian, J. A. (2019, November 5-8). *Redesigning Texture Modified Foods to bring back the joy of eating*. [Paper presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Dickins, M., Enticott, J., Williams, B., & Lowthian, J. A. (2019, November 5-8). *Epidemiological characteristics and comorbidities of older patients with a mental health diagnosis: Analysis of home nursing data*. [Poster presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Dickins, M., Joe, A., & Lowthian, J. A. (2019, November 5-8). *Predictors of hospitalisation in a cohort of community home nursing clients*. [Poster presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Dickins, M., Johnstone, G., Joe, A., Enticott, J., Mortimer, D., **Ogrin, R., & Lowthian, J. A.** (2019, November 19-20). *Older women living alone: Using big data in context for service redesign*. [Poster presentation]. NHMRC Symposium on Research Translation, Melbourne, Australia.

Golenko, X. (2021, May 17-21). *Future visions for person-centred care: Insights from the other side of the looking glass*. [Paper presentation - virtual]. ACSA National Online Summit.

Golenko, X., Kirsnan, L., Fitzgerald, A., Cartmel, J., & Radford, K. (2019, November 5-8). *Reducing social isolation among older people through intergenerational programs*. [Paper presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Green, M., Mills, A., & Lowthian, J. A. (2019, November 11-13). *'Be Your Best': an innovative, co-designed approach to frailty*. [Paper presentation]. Asia Pacific Conference on Integrated Care, Melbourne, Australia.

Johnstone, G. (2020, November 18-20). *Understanding older community-based veterans and dependants to improve care provision*. [Paper presentation - virtual]. Australian Association of Gerontology Conference.

Johnstone, G. (2020, November 25-27). *Understanding healthcare needs of older community-based veterans and dependants*. [Paper presentation - virtual]. Australasian Military Medicine Association Conference.

Lowthian, J. A. (2019, October 27-29). *Better ageing with implementing research into practice*. [Paper presentation]. LASA National Congress, Adelaide, Australia.

Lowthian, J. A. (2020, November 18-20). *Optimising health and wellbeing in aged and community care during the COVID-19 pandemic*. [Symposium – virtual]. Australian Association of Gerontology Conference.

Lowthian, J. A. (2020, October 12-23). *Optimising health and wellbeing during COVID-19*. [Paper presentation – virtual]. LASA Ten Days of Congress.

Lowthian, J. A., Cameron, P. A., Flicker, L., Arendts, G., Forbes, A., Hill, A.M., Hunter, P., Nyman, S. R., Redfern, J., Smit, De V., Waldron, N., Hill, K., & Barker, A. (2019, November 5-8). *Using consumer choice to reduce falls and fractures: RESPOND - a randomised controlled trial*. [Paper presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Lowthian, J. A., Green, M., Allgood, H., & **Ogrin, R.** (2019, November 5-8). *Co-designing peer support for older women living alone – POWER*. [Paper presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Presentations cont.

Lowthian, J. A., Green, M., & Meyer, C. (2020, February 7) *Being Your Best – an innovative co-designed approach to frailty*. [Paper presentation]. Frailty Forum - Agency for Clinical Innovation, NSW Government, Sydney, Australia.

McManamny, T., Boyd, L., Sheen, J., Smith, K., & **Lowthian, J. A.** (2019, November 5-8). *Investigating the profile of ambulance use by older adults in rural and regional Victoria*. [Paper presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Meyer, C. (2019, November 5-8). *Implementation of aged care research into practice: Experience within an Australian care organisation*. [Poster presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Meyer, C., Dickins, M., & Lowthian, J. A. (2019, September 21). *Risks and living well in old age: balancing risks and autonomy*. [Paper presentation]. AAG/ANZGM Seminar, Melbourne, Australia.

Meyer, C., & O'Keefe F. (2019, November 5-8). *Influencing uptake of evidence for nonpharmacological interventions in residential care*. [Paper presentation]. Australian Association of Gerontology Conference, Sydney, Australia.

Meyer, C. (2020, November 18-20). *Falls risk data in people with diabetes informs home-based care*. [Paper presentation - virtual]. Australian Association of Gerontology Conference.

Meyer, C. (2021, March 30-31). *Pragmatic implementation: Experiences within an aged care organisation*. [Paper presentation - virtual]. Evidence and Implementation Summit.

Meyer, C., Ogrin, R., Lowthian, J. A., & Dickins, M. (2021, May 31- June 1). *Risk negotiation conversations in community nursing practice: Implementation and evaluation*. [Poster presentation - virtual]. Australian Dementia Forum.

Neoh, S., **Ogrin, R.**, Churilov, L., Aylen, T., & Ekinci, E. (2020, November 11-13). *The safety and feasibility of a new home-based model of care for older adults with type 2 diabetes using telemedicine and flash glucose monitoring: The OPTIMISE Program*. [Paper presentation - virtual]. Australasian Diabetes Congress.

Ogrin, R., Aylen, T., **Thurgood, L.**, Neoh, S., Audehm, R., **Major, G.**, Churilov, L., Zajac, J., & Ekinci, E. (2019, August 21-23). *Older People with Type 2 diabetes - Individualising Management with a Specialised community team Safety and feasibility study (OPTIMISES): Participant experiences*. [Paper presentation]. Australasian Diabetes Congress, Sydney, Australia.

Ogrin, R., & Lowthian, J. A. (2021, May 10-12). *Supporting wellbeing by developing Connecting Communities to Care*. [Paper presentation - virtual]. Preventive Health Conference, Perth, Australia.

Rendell, K. (2020, November 18-20). *Promoting wellbeing through the Be Healthy & Active Program*, [Paper presentation - virtual, as part of *Symposium: Optimising health and wellbeing in aged and community care during the COVID-19 pandemic*]. Australian Association of Gerontology Conference.

Robinson, E., Rouhan, L., & **Dickins, M.** (2020, November 18-20). *Addressing mental and social wellbeing during COVID-19: The HOW-R-U? Program*. [Paper presentation - virtual, as part of *Symposium: Optimising health and wellbeing in aged and community care during the COVID-19 pandemic*]. Australian Association of Gerontology Conference.

Community and Industry presentations

Cyarto, E. V. (2019, July 25-26). *Healthy ageing: Public Engagement*. [Panellist]. QUEx International Symposium: Fostering Global Sustainability and Wellbeing, Brisbane, Australia.

Edwards, J., Cott, S., Carrol, S. (2019). *History of RDNS*. [Community presentation]. Healthy Heritage Week, City of Whitehorse, Melbourne, Australia.

Golenko, X., Fitzgerald, A., Radford, K., Vecchio, N., Cartmel, J., & Harris, N. (2019). *Intergenerational Care Project Q&A Forum*. [Paper presentation]. Brisbane, Australia.

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Lowthian, J. A. (2020, June). *Virtual and in-home care in a post-pandemic world*. [Seminar presentation]. Microsoft & RMIT Health Transformation Lab, Melbourne, Australia.

Lowthian, J. A. (2020, October) *Activating Community Connection*. [Webinar x 4]. ADMA Social Isolation and Social Prescribing Webinar Series.

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