Is technology assisting?

Also inside this issue:
- Coming to terms with sexuality
- Exciting backyards
- Obstacles to good design
4th Annual

NATIONAL DEMENTIA CONGRESS

Doing things differently

21st – 22nd February 2013 | Novotel Melbourne on Collins

Speaker Faculty Includes:
- Colin Masters, Laureate Professor, The University of Melbourne; Executive Director, Mental Health Research Institute
- Dr Mark Yates, Geriatrician, Director of Clinical Studies Ballarat Clinical School, Deakin University; Associate Professor, Medicine, Deakin University
- Gerard Byrne, Head, Discipline of Psychiatry, University of Queensland; Director of Geriatric Psychiatry, Royal Brisbane and Women’s Hospital
- Dr Dennis Velakoulis, Consultant Neuropsychiatrist; Director, Neuropsychiatry Unit, Royal Melbourne Hospital Melbourne Neuropsychiatry
- Sue Hunt, Senior Nurse Advisor, Department of Health and Ageing (Tentative)
- Susan Koch, Principal Research Fellow, RDNS
- Richard Fleming, Professor, University of Wollongong; Director, NSW/ACT Dementia Training Study Centre
- Dr Meera Agar, Director of Palliative Care, Braeside hospital, Hammond Care; Conjoint Associate Professor, UNSW
- Dimity Pond, Professor, Discipline of General Practice, University of Newcastle
- Glenn Rees, Chief Executive, Alzheimer’s Australia
- David Sykes, General Manager, Learning and Development, Alzheimer’s Australia

To view the full agenda or register visit www.iir.com.au/ndc

“It opened up a world of dementia problems, research and information on planning. It provided an opportunity to catch up on what the other states are currently engaged in”

Office for the Ageing, Department for Families and Communities, Dementia 2011

“It gave me the opportunity to hear what other areas are doing and reinforced my understanding of the issues around antipsychotics medication”

Alzheimer’s Australia

Do not miss the pre-conference workshop: Embedding person centred care using cycles of change
Led by Bernie McCarthy, Director, McCarthy Psychology Services

Endorsed by:

IIR Healthcare Conference Series

TO REGISTER:
**Sexuality**

Sex, dementia and residential care: incompatible bedfellows?  
Sexual expression by people with dementia in residential care should not be denied or feared, but treated as a basic human need and right. Michael Bauer, Deirdre Fetherstonhaugh, Rhonda Nay and Laura Tarzia explain.

**Assistive technology**

Bringing home the benefits of technology  
In Oslo, Norway, a unique demonstration facility shows how assistive technology can be integrated into a home to meet the needs of people with dementia. Torhild Holthe, Sigrid Aketun, Solfrid Lyngroth and Sidsel Bjørneby report.

Assistive technology: ready, steady, go  
Technology is increasingly available to assist in aged and dementia care. But there must be greater awareness of what's available, the benefits and how it can be successfully implemented, writes Jeffrey Soar.

**Design**

Let’s get serious about evaluating our buildings  
Architect David Lane discusses the importance of dementia care environments and the need to incorporate research findings into building design.

**Person-centred care**

Healing wounds: person-centred care of the family  
Kim Wylie explores how difficult family backgrounds can lie buried beneath the surface, and how a person-centred approach can help family members as well as the person with dementia.

**Research**

Improving the design of facilities for people with dementia  
In the second of a two-part series Professor Richard Fleming completes his description of the principles of good design for people with dementia and looks at some of the issues that hinder their application.

Sensor technology: a smart way to manage continence  
Urinary incontinence is one of the most emotionally challenging issues facing people with dementia, and supporting continence is a major concern of both professional and family carers. Paul Fish and Victoria Traynor show how technology is able to assist with continence management.

**Network**

Living in the moment  
Dementia affects memory and time in ways that are not always obvious. John Killick shares the experiences of people living in the moment and the beauty to be found in ‘the time called Now’.

Music program hits the right note  
James Baldwin reports on a community services program that is supporting carers and people with dementia through the use of personalised MP3 music players.

Heeding the call  
Nurse call systems play an important role in managing the care and safety of people with dementia and recent advances in technology mean even more sophisticated systems will soon be available. Bruce Coller explains what to consider when selecting passive and resident-activated nurse call systems.

Backyard project a growing success  
An award-winning project, creating backyards specifically designed to provide meaningful activities for aged care residents with dementia, is flourishing around Australia, writes Keeli Cambourne.

Welcome to the neighbourhood  
Quality of life should not end with a diagnosis of dementia – that’s the philosophy driving a new concept in small group home residential care in Australia, explains Kerry Schelks.

**News**  

**Resources**  

**Events**  

**Research news**
Assistant technology: ready, set... Technology is increasingly available to assist in aged and dementia care. But there must be greater awareness of what’s available, the benefits and how it can be successfully implemented, writes Jeffrey Soar

Technology is available to assist in aged and dementia care. It may give respite to families so they may live more of their own lives or even go shopping knowing they will receive an alert in the event of an adverse event such as a fall or in the case of wandering. Technology has the potential to relieve clinicians of much of the non-clinical tasks they deal with, allowing them to focus more on the role they were trained for.

Some of the barriers to widespread adoption of smart home technologies have been a lack of robust evidence on cost-effectiveness, a consumer market, the ability of the technology to work between service sectors, and the implications for professionals and organisations of changing their methods of practice (Goodwin 2010). There is a need for greater awareness on the part of consumers, families, care providers and funders of what’s available, what the benefits are and how to go about a successful implementation.

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There has been a belief that prescriptive funding of aged and community care services allowed little flexibility to include smart home technologies. Governments as funders of care are allowing greater flexibility and there is increasing availability for both residential and community care.
Let’s get serious about evaluating our buildings

Architect David Lane discusses the importance of dementia care environments and the need to incorporate research findings into building design

ThomsonAdsett, along with Alzheimer Education and architects Kerr Lewit Clark and Kidd, were asked by the Australian Department of Human Services and Health to develop the national Design Guidelines for Good Practice in Dementia Design in 1994-1995. There was a lot of optimism within the residential aged care community that at long last we would see robust foundations laid down for appropriate design that best responds to the management and care of dementia residents and people suffering from other cognitive impairments. It was hoped that the material generated by this study would encourage future research and provide for more informed choices by facility operators and design professionals alike.

The team placed importance on a holistic view of the entire care environment. This encompassed many elements within the building and its design context, and in particular the cultural relevance or sense of place that the buildings expressed. Those developing the guidelines argued that building solutions are only effective when combined with a well trained, highly skilled workforce. Equally, care workers in that environment are only fully empowered to work effectively when the building environment supports the care that they are expected to provide.

The tragedy was that this information was never published. The design guidelines document, a significant body of work, was archived and never made publicly available because of a change in government and new funding priorities.

As an architect who has been involved with more than 1200 projects within the Australian and international aged care arena, I am convinced of the value of the social model as an expression of both care delivery and building design. I remain equally convinced that we need far more rigour in accounting for the performance of the buildings and we need to be able to explain why they provide better outcomes for both residents and staff.

Unfortunately, the industry lacks rigour in its approach to the management of aged care design generally and dementia design specifically, particularly in respect to the relationship between the building and the residents who are living there. Much of our work still relies far too heavily on anecdotal feedback and trial and error.

The irony is that over the past 30 years in Australia, for the most part the architectural profession has been complicit in designing buildings that respond inappropriately within the aged care setting. Too many professionals who receive commissions in this field prefer to remain aloof from the operation and complexities of the care services being provided.

References
Medhurst B, Yuginovich T (2012) Implementing and evaluating the effectiveness of smart assistive technology for a person with dementia, Alzheimer’s Association of Queensland and University of Southern Queensland.