



age friendly
northeast victoria

Is your health service age-friendly?

A guide to assess the age-friendliness
of a health service



Central Hume
Primary Care Partnership



Introduction

'A guide to assess the age-friendliness of a health service' was developed to help health service boards, clinicians, executive teams, staff and community members assess, plan and contribute to the establishment of an age-friendly health service.

Australians are living thirty years longer than we did a hundred years ago. In 2017, people aged sixty-five years and over comprised fifteen per cent of the Australian population. This is projected to increase to almost a quarter of the population over the next forty years.¹ This is already the case in regional areas today.

Many older people enjoy a long, healthy life. However, many struggle with chronic ill-health. Almost half of all hospital patients are people aged sixty-five and over.² While in hospital, older people, even those who are otherwise well, are at significant risk of healthcare-related harm, separate from the reason for their admission.³ Age-friendly environments have a substantial role in preventing or delaying many of the health problems related to ageing and chronic disease.⁴

Detailed accreditation standards, audit tools and competency assessments for hospitals and health professionals exist, and are essential for improving the quality and safety of care. However, these complex documents often fail to assist health service boards integrate the workforce needs, service delivery, leadership and culture that are at the core of providing a safe, effective, and person-centred health service for older patients, clients, visitors and staff. Moreover, incorporating consumer perspectives, with real life experiences of using the health service, is essential to identify the existing age-friendly qualities of the health service and the areas to improve.

This Guide joins existing checklists that assess the essential elements of an age-friendly city, and rural or remote community.^{5,6,7} It highlights the key features of an age-friendly health service for patients or clients, visitors and staff.



How was the guide developed?

The Guide was developed through a research project at Northeast Health Wangaratta (NHW), Australia.⁸ NHW is a specialist referral health service comprising acute, community, subacute and aged care services.

The research method followed the National Health and Medical Research Council's (NHMRC) advice on the development of guidelines. A Guideline Development Group (GDG) provided expert advice and judgement of evidence. A systematic development process was observed comprising surveys, in-depth interviews, cognitive interviews and pilot-testing.

NHW defined an age-friendly health services as:

"One where older people and their family or carers are valued, respected and treated with dignity; staff are knowledgeable, valuing the care they provide, respecting the views of their colleagues, and work as a team; and care is accessible, kind, and holistic, encompassing all aspects of a person's life and provided in a supportive environment."

The Guide's forty-seven items are divided into four categories: Workforce, Provision of health care, Health system, and Environment.⁹

Who should use this guide?

The Guide is designed to be used by a team of clinicians, non-clinical staff and older people in a health service setting, whether an acute hospital, sub-acute, residential aged care, primary health or a community health service.

The guide can help:

- Health services at the beginning of their journey to respond to the increasing need to provide age-friendly health services.
- Health services with well-established assessment processes by reviewing their processes through an age-friendly lens from the perspective of all users and employees of the health service.
- Enable a process for effective communication between boards, staff and health service consumers.
- Clinical governance through supporting an organisational culture that maintains and improves the safety and quality of care for older people.
- Provide an opportunity for patients and consumers to work alongside health service staff to contribute equally to the creation of an age-friendly health service.

How to use this guide

This Guide follows the first step—‘Engage and Understand’—of the four-step process in the World Health Organization (WHO) Global Network for Age-friendly Cities and Communities.¹⁰

01

Identify local leaders

Ideally, creating an age-friendly health service would be an initiative of a broader Age-Friendly Cities and Communities approach. The impetus to start your age-friendly journey might have come from the interest and enthusiasm of one staff member or a client. This person can positively influence others to be involved, providing the energy to encourage health service boards, management and others to become committed. Commitment from the board and management is essential.

02

Secure leadership commitment

Creating an age-friendly health service will have an impact on all aspects of the health service. The assessment is one part of the broader process of becoming age-friendly and is a core component of good clinical governance. Therefore, the commitment and leadership of the health service board and executive are critical for the success of age-friendly initiatives.

Leadership by board members and the CEO brings significant recognition and importance to the work. Equally valuable is the support of senior executives and influential staff and community members. It is through their leadership that changes to policies, services and infrastructure, if necessary, can be implemented.

03

Establish an assessment team

The assessment team should include representatives from all parts of the health service, including non-clinical staff. Each health service is different, so the mix of people on the assessment team will reflect your particular service. The team must include older people. Older people may be on the assessment team in their own right, or as a representative of, and accountable to, a group of older people, such as the health service's volunteers or Community Advisory Group, or a community group such as Red Cross. Give consideration to the diversity of older people in your community who are users of, or visitors to, your health service.

Identify the facilitator or lead in your team. The participatory role of facilitator is to:

- Manage the assessment process from establishment to reporting.
- Ensure an assessment culture in a space that supports and encourages learning and improvement.
- Encourage all participants to share their opinions and knowledge with each other.
- Report the team's findings to the health service board and executive.

04

Assess the age-friendliness of your health service

The assessment should take place in a comfortable meeting space in the health service with access to all hospital policies. A walking audit of public spaces is recommended to assess items in the Environment category.

Each item should be considered individually within the context of your health service. Words like 'regularly' and 'training' will need to be defined by your health service. You should identify your policies relevant to particular items.

The Facilitator should assist the team to reach consensus, and document the evidence for the team's responses.

05

Report the results of the assessment

A report on the assessment findings should be presented your health services board. The report should include how the assessment was conducted, who undertook the assessment, and what it found. The report should highlight those areas the assessors identified as strengths in the health service's age-friendliness, along with their recommendations for improvements.

A plan of action for future work can then be developed. The Guide can then assist with regular monitoring of actions.



Workforce

		Yes	No	Part	Evidence/Comments
1	Education about normal ageing, ageism and age discrimination is provided regularly to all staff.				
2	Training sessions relating to communicating with older people are conducted regularly to all staff.				
3	There is training for clinical staff in assessment and management of priority age-related conditions in older people (loss of mobility, malnutrition, vision and hearing loss, cognitive decline, depression).				
4	Priority age-related conditions in older people are part of continuing education program (loss of mobility, malnutrition, vision and hearing loss, cognitive decline, depression).				
5	A group of diverse health professionals (i.e. a multi-disciplinary team) work together to deliver integrated care aimed at maintaining and improving a person's physical and mental well being.				
6	Carers have access to resources, information and/ or training to perform their role.				
7	Research informing the care of older people involves older people.				
8	Volunteer opportunities are extended to older people.				
9	Volunteers are supported in their volunteer work with orientation, on-going training, guidance and compensation for personal costs.				
10	There are age-discrimination policies in place to ensure all people are treated equally in hiring, retention, promotion and training of employees.				



Provision of Health Care

		Yes	No	Part	Evidence/Comments
11	There are guidelines in place for providing health promotion activities relating to increasing physical activity, nutrition, and stopping smoking.				
12	Guidelines are in place for Advance Care Directives. Where an advance care directive is in place, such directives are met wherever possible.				
13	A person-centred assessment of an older person's health and social care needs is undertaken on presentation to the emergency department.				
14	Clinical staff encourage and support older people to be active around the health service (e.g. get dressed, involvement in social activities and access to outdoor areas).				
15	Primary, community, and residential care services have referral pathways in place to ensure care is provided to older people post discharge.				
16	Emergency management provides for the capabilities and vulnerabilities of older people.				
17	There are designated volunteers who provide social support to inpatients.				
18	Clinical staff provide information to older people, their families and carers in an accessible format.				
19	Information regarding respite care is available.				



Health System

		Yes	No	Part	Evidence/Comments
20	The Health Service's Strategic Plan has an explicit commitment to care for older people.				
21	Older people are well represented on Boards and Committees.				
22	There are indicators and data in place to monitor and report on the health status and quality of life of older people.				
23	The health service seeks regular feedback from older people about their experience and outcomes, and uses this information to improve performance.				
24	Older people from diverse backgrounds are welcomed, respected and encouraged to participate in their care.				
25	There is a policy for people with cognitive impairment to consent for procedures.				
26	The organisation supports innovation in emerging technologies.				
27	Presence of care coordinator/ discharge planning role to support the patient journey.				
28	The health service promotes the proactive involvement between older people and the care team in care planning and discharge planning.				
29	Appointment and referral system meets the needs of older people.				
30	Referral systems and networks supports the health and social care of older people (e.g. homelessness, Red Cross).				
31	Financial mechanisms ensures older people can afford medication, assistive devices/ medical technologies, safe housing and adequate nutrition.				
32	Directory of community-based health and wellbeing services for older people is maintained and up-to-date.				



Environment

		Yes	No	Part	Evidence/Comments
33	There are designated volunteers who provide support to people (both visitors and patients) to navigate their way around the health service (a concierge service).				
34	Facilities are designed in a way that are usable by everyone (Universal design principles).				
35	Signage is clear, consistent and readable including for those with low vision or blindness.				
36	Written communication with simple messaging is printed clearly, in large letters and is easy to read.				
37	Detailed information about activities and events is provided including accessibility of facilities and transport options.				
38	Information and communication technology (ICT) including telephones, call buttons, and websites are fully accessible for older people including those with sensory and physical disabilities.				
39	Corridors and walkways are clear for ease of access.				
40	Staff conduct regular access and exit signage audits.				
41	Accessible, affordable transport options are available including for people with a variety of disabilities.				
42	Public or community transport connects smaller towns with the hospital.				
43	Parking spaces are available close to the health service with well- maintained footpaths for ease of access.				
44	Scooter recharge points are available and clearly signed.				
45	A quiet place for patients, family and carers to gather is provided.				
46	There is access to the natural environment and access to green space with seating.				
47	Public toilets are available, accessible, regularly cleaned, maintained and conveniently located.				



This Guide is based on research conducted by Dr Kathleen Brasher and Tessa Archbold at Northeast Health Wangaratta (HREC Project ID: 51268).

Age-Friendly Northeast Victoria is a collaborative partnership of regional, state and local governments, community-based non-government organisations, researchers, and older people. It is a common platform for action to improve the health and wellbeing of older people, for themselves and their communities, through the creation of an age-friendly northeast Victoria.

Central Hume Primary Care Partnership is the host organisation for Age-Friendly Northeast Victoria

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