

AGED CARE ASSESSMENTS

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Please find following a summary of a literature search and relevant results. All articles can be provided in full - email library@monashhealth.org for a list of the articles you require.

QUESTION

What evidence is available concerning aged care assessments, including tools, triage, delivery, and client need.

RESULTS

PEER-REVIEWED LITERATURE – MOST RECENT FIRST

Articles are grouped by theme:

- Value
- Tools
- Client Need
- Telehealth

Each article summary contains excerpts from the abstract and an online link.

VALUE

Sadler, E., et al. (2023). **Case management for integrated care of older people with frailty in community settings.** *The Cochrane database of systematic reviews*, 5(5), CD013088. [Click for full-text.](#)

We found uncertain evidence regarding whether case management for integrated care of older people with frailty in community settings, compared to standard care, improved patient and service outcomes or reduced costs.

Briggs, R., et al. (2022). **Comprehensive Geriatric Assessment for community-dwelling, high-risk, frail, older people.** *The Cochrane database of systematic reviews*, 5(5), CD012705. [Web link.](#)

CGA had no impact on death or nursing home admission. There is low-certainty evidence that community-dwelling, frail, older people who undergo CGA may have a reduced risk of unplanned hospital admission. Further studies examining the effect of CGA on emergency department visits and change in function and quality of life using standardised assessments are required.

Byles, J. E., et al (2021). **Housing and Care for Older Women in Australia.** *Frontiers in public health*, 9, 566960. [Click for full-text.](#)

Before moving into care, many women will use community services and these may in turn delay the need to leave their homes and move to an institutional setting. The study identifies a need to increase the use of community services to delay the admission to institutional residential aged care.

Cations, M., et al. (2021). **Cohort profile: Dementia in the Registry of Senior Australians.** *BMJ open*, 11(2), e039907. [Click for full-text.](#)

The Registry of Senior Australians (ROSA) includes a large cohort of people with dementia from all Australian states and territories identified using routinely collected aged care assessment data. Integration of the ROSA dementia cohort with the dementia clinical quality registries will ensure that

people with dementia using aged care services can benefit from the ongoing monitoring and benchmarking of care that a registry can provide.

Visvanathan. R., et al. (2021). **Utilisation of general practice health assessments around an aged care assessment is associated with lower mortality risk in older Australians.** *Age and ageing*, 50(1), 120–126. [Click for full-text.](#)

The utilisation of health assessments was associated with a lower risk of mortality. There is an opportunity for increased use of item numbers in frailer individuals.

Exley, J., et al. (2019). **Impact of the Southwark and Lambeth Integrated Care Older People's Programme on hospital utilisation and costs: controlled time series and cost-consequence analysis.** *BMJ open*, 9(3), e024220. [Click for full-text.](#)

The Older People's Programme was not cost saving. Some aspects of the Programme were associated with increased costs of elective care, possibly through the identification of unmet need.

Luker, J. A., et al. (2019). **The evidence for services to avoid or delay residential aged care admission: a systematic review.** *BMC geriatrics*, 19(1), 217. [Click for full-text.](#)

Where the goal is to avoid residential aged care admission for people with or without dementia, there is evidence for multifactorial, individualised community programs. The evidence suggests these interventions do not result in greater mortality and hence are safe. Minimal, single focus interventions will not achieve the targeted outcomes.

McCann P. (2019). **The proactive elderly care team: dementia screening of over 20 000 patients.** *British journal of hospital medicine*, 80(3), 162–166. [Request full-text.](#)

Following the introduction of the proactive elderly care team, length of stay and the readmission rate of patients who were seen by the service fell by about 50%. Almost £10 million has been saved and for every £1 invested in the proactive elderly care team service, over £12 was saved.

TOOLS

Gerber, K., et al. (2023). **Facing uncertainty - Pilot testing of a palliative prognostic index training with hospital aged care assessment teams.** *Geriatric nursing*, 54, 211–218. [Click for full-text.](#)

Clinicians used a combination of experience, knowledge, and intuition as strategies to generate prognoses. Allied health staff relied on intuition more often than medical and nursing staff. Prognostic tools were rarely used. Pre-post-training comparisons showed significant improvements in clinicians' knowledge and confidence in identifying signs of dying, particularly amongst allied health. Follow-up interviews highlighted advantages and challenges of using prognostic tools. Recommendations are made for addressing these.

Gerber, K., et al. (2022). **The ostrich approach - Prognostic avoidance, strategies and barriers to assessing older hospital patients' risk of dying.** *Geriatric nursing*, 46, 105–111. [Click for full-text.](#)

To generate prognoses, clinicians used analytical thinking, intuition, assessments from others, and pattern matching. Prognostic tools were an underutilised resource. Barriers to recognition of dying included: diffusion of responsibility regarding whose role it is to identify patients at end-of-life; lack of feedback about whether a prognosis was correct; system pressures to pursue active treatment

and vacate beds; avoidance of end-of-life discussions; lack of confidence, knowledge and training in prognostication and pandemic-related challenges.

Khadka, J., et al. (2022). **Assessing feasibility, construct validity, and reliability of a new aged care-specific preference-based quality of life instrument: evidence from older Australians in residential aged care.** *Health and quality of life outcomes*, 20(1), 159. [Click for full-text.](#)

The QOL-ACC demonstrated good feasibility, construct validity and internal consistency reliability to assess aged care-related quality of life.

Taylor, D., et al. (2022). **A vulnerable residential environment is associated with higher risk of mortality and early transition to permanent residential aged care for community dwelling older South Australians.** *Age and ageing*, 51(3), afac029. [Click for full-text.](#)

Place-based health inequalities were identified in Australians seeking aged care services, demonstrating that a better understanding of local neighbourhoods may provide insight into addressing ageing inequalities. Spatial indexes, such as the HAVEN Index, are useful tools to identify areas where populations are more vulnerable to adverse health outcomes, informing responses to prioritise local improvements and health interventions to enable healthy ageing.

Siette, J., et al. (2021). **Systematic review of 29 self-report instruments for assessing quality of life in older adults receiving aged care services.** *BMJ open*, 11(11), e050892. [Click for full-text.](#)

A comprehensive list of QoL instruments and their characteristics is provided to inform instrument choice for use in research or for care quality assurance in aged care settings, depending on needs and interests of users

Fage, B. A., et al. (2021). **Mini-Cog for the detection of dementia within a community setting.** *The Cochrane database of systematic reviews*, 7(7), CD010860. [Click for full-text.](#)

There are currently few studies assessing the diagnostic test accuracy of the Mini-Cog in community settings. The limited number of studies and the methodological limitations that are present in the current studies make it difficult to provide recommendations for or against the use of the Mini-Cog as a cognitive screening test in community settings.

Hobden, B., et al. (2021). **Screening for Cognitive Impairment among Community-Dwelling Older Adults: A Comparison of 2 Screening Instruments.** *Journal of primary care & community health*, 12, 21501327211029231. [Click for full-text.](#)

The findings indicate poor agreement across the 3 measures. To ensure adequate supports are offered to those with cognitive impairment, the use of validated tools that can be administered by non-medical staff in a community setting is a priority. This study highlights a need for further work to determine the most suitable tool for use by community-based aged care services.

Khadka, J., et al. (2020). **Development and validation of a frailty index based on Australian Aged Care Assessment Program data.** *The Medical journal of Australia*, 213(7), 321–326. [Click for full-text.](#)

This study used Australian aged care eligibility assessment program data to construct and validate a frailty index. It can be employed in aged care research in Australia, but its application to aged care planning requires further investigation.

Ooi, M., et al. (2020). **Feasibility of Using a Risk Assessment Tool to Predict Hospital Transfers or Death for Older People in Australian Residential Aged Care.** *A Retrospective Cohort Study. Healthcare*, 8(3), 284. [Click for full-text.](#)

Automation tools to facilitate the risk score calculation may encourage the adoption of prediction checklists and evaluation of their association with hospital transfers.

Clarnette, R., et al. (2019). **Screening for cognitive impairment in an Australian aged care assessment team as part of comprehensive geriatric assessment.** *Neuropsychology, development, and cognition. Section B, Aging, neuropsychology and cognition*, 26(3), 336–347. [Click for full-text.](#)

Accurate detection of mild cognitive impairment (MCI) is important to stratify and address risk. Yet, few short cognitive screening instruments are validated for this. . In Australia, all clients referred to an Aged Care Assessment Team (ACAT) receive comprehensive geriatric assessment (CGA) including the Standardized Mini-Mental State Examination (SMMSE). We compared the accuracy of the quick mild cognitive impairment (Qmci) screen. This study suggests that the new, short (3-5 min) Qmci screen is appropriate for use in an ACAT or other units conducting CGA.

Knapik, A., et al. (2019). **The relationship between physical fitness and health self-assessment in elderly.** *Medicine*, 98(25), e15984. [Click for full-text.](#)

Physical fitness and health self-assessment among elderly may be strongly determined by cultural conditions, for example, habits, lifestyle in various regions. The application of conclusions suggests that the key element of rehabilitation programs among elderly should be focused on improving coordination and locomotor capabilities. Assessment of the elderly is more clearly associated with physical fitness in women than in men and also more in patients chronically ill than in healthy person.

CLIENT NEED

Fernandez, B., et al. (2024) **Care Support Experiences of Older Ethiopian Refugees Resettled in Australia.** *Australian Social Work*, 77(1), 114-125. [Request full-text.](#)

Older Ethiopian refugees resettled in Australia may experience “care poverty” due to unmet needs for aged care services. Social work practice to redress this should recognise gendered cultural and linguistic barriers to services, and provide effective, culturally competent translation services.

Smith, S., et al. (2024). **Development of person-centred quality indicators for aged care assessment services in Australia: A mixed methods study.** *Health Expectations*, 27(1), e13958. [Click for full-text.](#)

Recommendations identified provide assessment services guidance on ways to adapt service elements to better align with older adults' perceptions of quality.

Steiner-Lim, G. Z., et al. (2023). **"I'm On My Own, I Need Support": Needs Assessment of Community Aged Care Services.** *International journal of integrated care*, 23(3), 14. [Click for full-text.](#)

The needs assessment undertaken identified unmet needs, gaps in service provision, and recommendations for improving integrated community aged care services.

Hill, T. (2022). **Understanding unmet aged care need and care inequalities among older Australians.** *Ageing and Society*, 42(11), 2665–2694. [Click for full-text.](#)

sing the concepts of care inequalities and care poverty, the paper develops a framework for understanding and measuring needs and unmet needs in aged care, and for encompassing fundamental and valued aspects of life for older people, their carers and their care network.

Hutchinson, C., et al. (2022). **What Quality-of-Life Dimensions Are Most Important to Older Adults from Culturally and Linguistically Diverse Backgrounds Receiving Aged Care Services? An Exploratory Study.** *Geriatrics*, 7(6), 144. [Click for full-text.](#)

Being in ethno-specific residential aged care where needs relating to language, food, and religion were met and they continued to live with others from their community may have meant that the meeting of cultural needs was more taken for granted.

Parrella, A., et al. (2022). **Understanding culturally safe aged care from the perspectives of older Aboriginal Australians in rural and remote communities.** *Health promotion journal of Australia*, 33(3), 566–575. [Click for full-text.](#)

Identifying culturally safe aged care from the perspectives of older Aboriginal and Torres Strait Islander peoples provides timely insight to how services may be better designed and implemented to promote quality of life.

Bryant, J., et al. (2021). **How can dementia diagnosis and care for Aboriginal and Torres Strait Islander people be improved? Perspectives of healthcare providers providing care in Aboriginal community controlled health services.** *BMC health services research*, 21(1), 699. [Click for full-text.](#)

substantially increased investments in supporting best-practice diagnosis and management of dementia in Aboriginal communities are required. ACCHSs have key strengths that should be drawn upon in developing solutions to identified barriers to care.

Brett, L., et al. (2019). **At the grassroots of home and community-based aged care: strategies for successful consumer engagement.** *BMJ open*, 9(11), e028754. [Click for full-text.](#)

The stakeholder forum facilitated an understanding of consumers' needs and existing gaps in aged care services and the circumstances that can enable or hinder the delivery and implementation of these services. This collective information can guide future research and policy at institutional, regional and national committees that relate to aged care.

Waling, A., et al. (2019). **Experiences and perceptions of residential and home care services among older lesbian women and gay men in Australia.** *Health & social care in the community*, 27(5), 1251–1259. [Click for full-text.](#)

The findings suggest that older lesbian and gay people have a variety of concerns with aged-care and may need additional support and education to improve their perceptions and experiences of services, whether these are needed presently or in the future.

TELEHEALTH

Beishon, L. C., et al. (2022). **Diagnostic test accuracy of remote, multidomain cognitive assessment (telephone and video call) for dementia.** *The Cochrane database of systematic reviews*, 4(4), CD013724. [Click for full-text.](#)

Despite the common and increasing use of remote cognitive assessment, supporting evidence on test accuracy is limited. Available data do not allow us to suggest a preferred test. Remote testing is complex, and this is reflected in the heterogeneity seen in tests used, their application, and their analysis. More research is needed to describe accuracy of contemporary approaches to remote cognitive assessment.

Moyle, W., et al. (2022). **Consumer and Provider Perspectives on Technologies Used Within Aged Care: An Australian Qualitative Needs Assessment Survey.** *Journal of applied gerontology, 41*(12), 2557–2565. [Click for full-text.](#)

The study identified seven themes reporting that technologies used in aged care do not appear to be meeting end-user needs. Supporting the Technology Acceptance Model, consumers and providers perceive usefulness of the technology and its actual ease of use as drivers of acceptance toward gerontechnology. Ten recommendations are proposed to support technology use and the quality of aged care.

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APPENDIX

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by librarians using [Covidence](#).

SEARCH LIMITS

- English-language
- Published within the last 5 years

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- Cochrane Library – collection of databases containing high-quality independent evidence.
- ProQuest Nursing & Allied Health – scholarly journals, theses, and books for nursing & AH.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

SEARCH TERMS

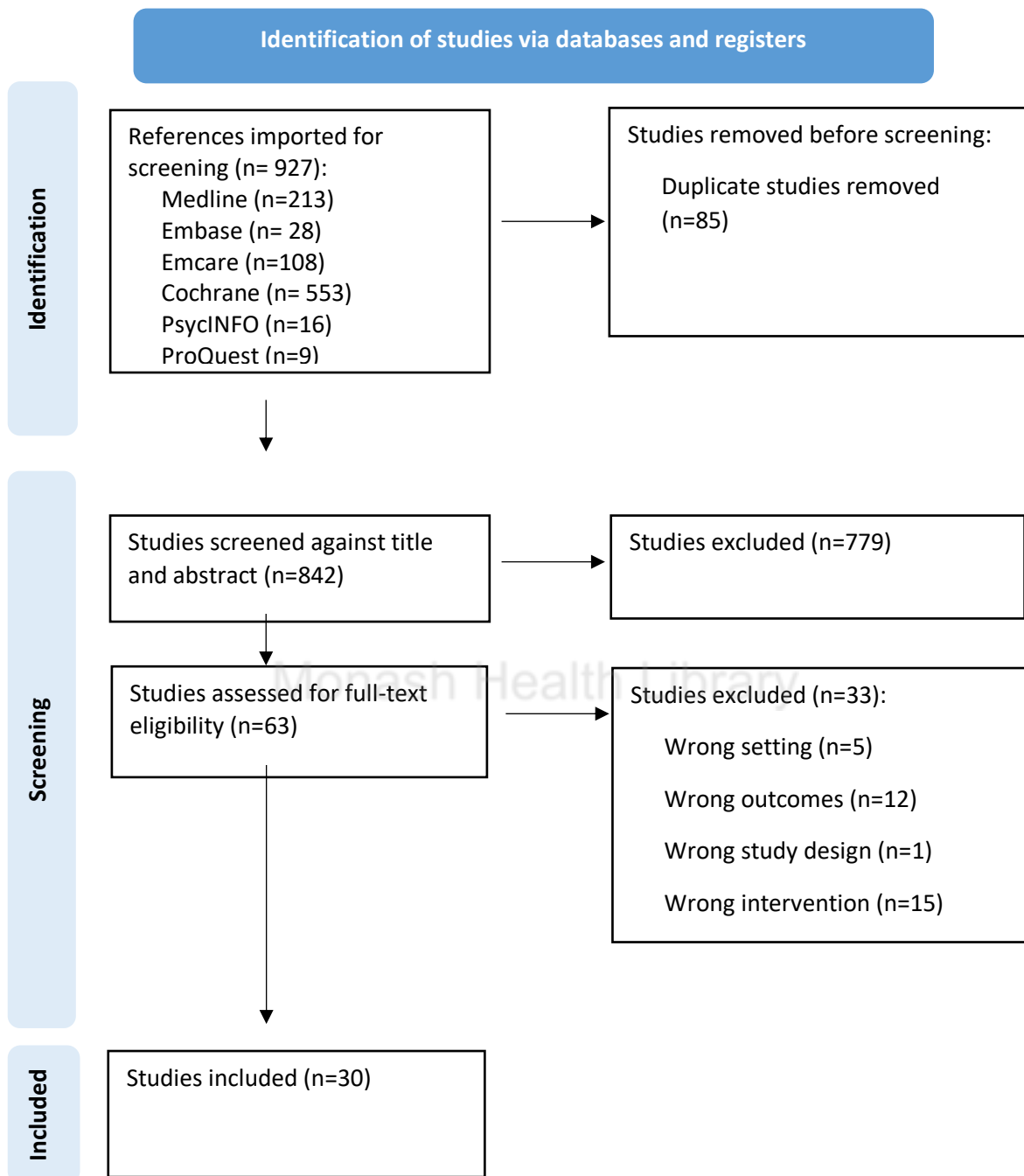
Concept	MeSH headings	Keywords
Aged Care Assessment	Geriatric Assessment; Health Services for the Aged	Assess(es)(ment)(ing)(ed); Tool(s); Instrument(s); Risk(s)(y)(ed); Tele(-)health; Tele(-)medicine; Benefit(s)(ing)(ting)(ed); Want(s)(ing)(ed); Need(s)(ing)(ed) [withing 3 words of] Aged care
Elderly	Exp Aged	Old(er); Geriatric(s); Elder(s)(ly); Aged; Senior

MEDLINE SEARCH STRATEGY

Ovid MEDLINE(R) ALL <1946 to February 14, 2024>

- 1 ((*assess** or *tool** or *instrument** or *risk** or *tele?health* or *tele?medicine* or *benefit** or *want** or *need**) *adj3* *aged care*).*ti,ab*. 291
- 2 Geriatric Assessment/ and Health Services for the Aged/ 1648
- 3 1 or 2 1922
- 4 (*old** or *geriatric** or *elder** or *aged* or *senior*).*tw,kf*. 2647833
- 5 *exp aged/* 3483600
- 6 4 or 5 5353274
- 7 3 and 6 1921
- 8 *limit 7 to* (*english language* and "*all aged (65 and over)*" and *last 5 years*) 213

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