

ASPIRE

Assessment of Services Promoting Independence and Recovery in Elders





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Background to study

- **Development of Health of Older Person Strategy**
 - Ageing in Place
 - Demographic shifts / costs
- **Risk of ad-hoc development of AIP services**
- **Drive for evidence base**
- **MoH desire for standardised assessment and evaluation.**

Methods

- Prospective meta-analysis of randomised controlled trials (met-RCTs) to evaluate the effectiveness of a 'key worker', case management model.
- Population: 600 older people assessed with 'high' or 'very high needs'
- Assessments at: baseline, 3-months, 6-months and every 6-months for up to two years.
- Commencing November 2003
- Two further sub-studies: AIPi Evaluation toolkit & OPERA

Outcome Measures

Primary end-points

- Survival
- Institutionalisation into residential care

Secondary end-points

- Disability
- Number of Acute Hospitalisations
- Number of Falls
- Social Support Network
- Health-related Quality of life
- Experience of the primary informal caregiver

Tertiary end-points

- Costs- direct/ indirect

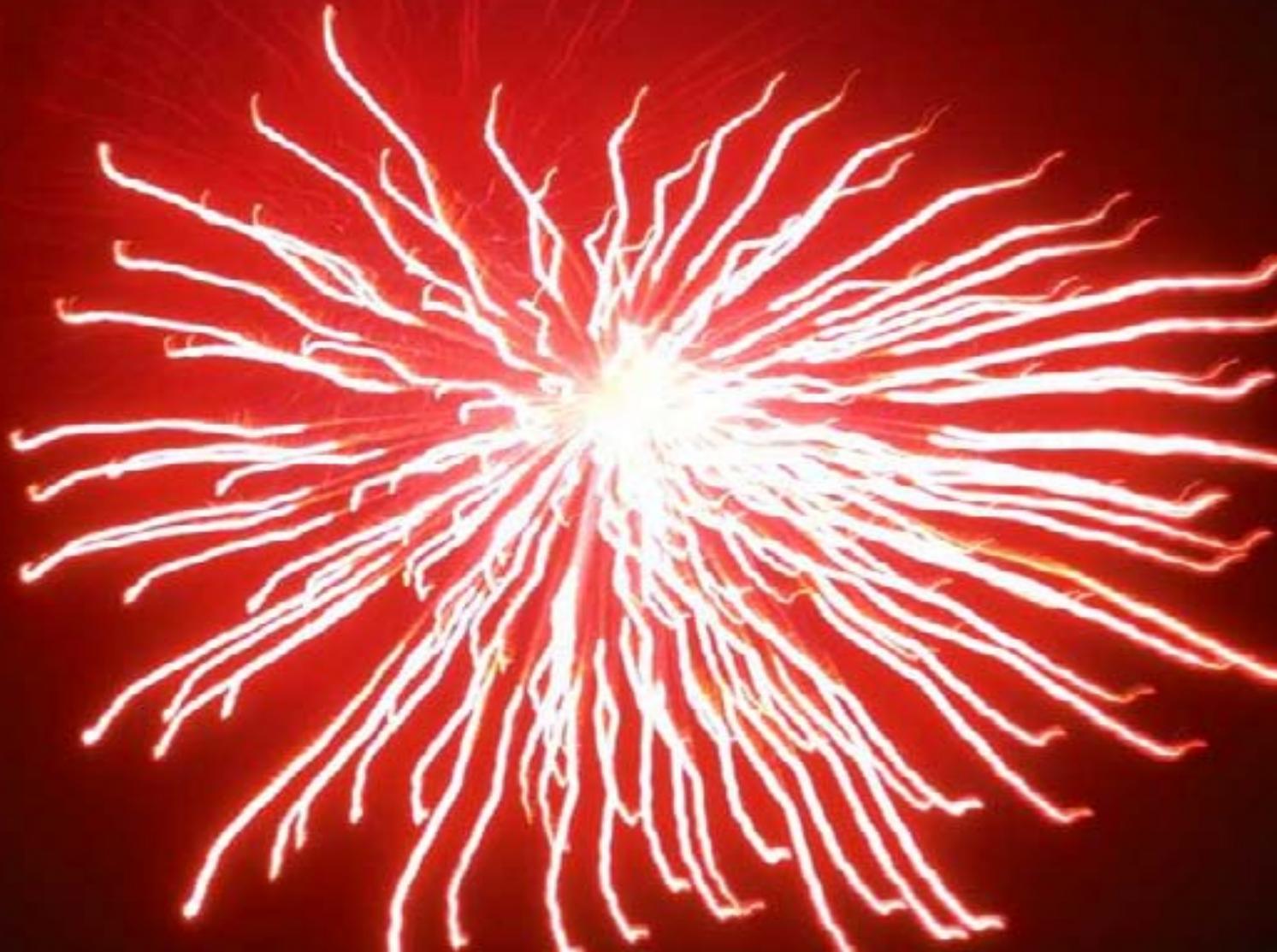
Research Questions

1. To what extent do the three initiatives (COSE, Masonic PIP and Community FIRST) collectively (a) delay or prevent entry of older people to residential care and (b) reduce mortality?
2. What is the impact of COSE, PIP and Community FIRST on an older person's independence, quality of life and social support systems
3. Are there differences in quality between the three initiatives and conventional care?

Research Questions

5. What are the differences in quality of life of caregivers of older people within conventional services compared to the ageing-in-place initiatives?
6. How cost-effective are the ageing-in-place initiatives to the client, family, providers and funding agency in relation to conventional services?
7. Will ASPIRE be able to assess the sustainability of AIPi to improve outcomes and cost changes over a two year period?
8. Will ASPIRE be able to identify key elements of the AIPi healthcare models of community-based service delivery that lead to beneficial outcomes?

Next instalment: July 2006





(Monty Python Flying Circus, 1969)



Goal facilitation with older people; the easy way

Dr Matthew Parsons, John Parsons,
Julie Martin



What is goal setting?

What is goal setting?

- 1950s and 1960s: organisational and psychological literature – mechanisms required for goal setting
- Locke and Latham (2002) – goals affect actions
 - Goals direct function
 - Goals energise
 - Goals effect persistence
 - Goals affect function indirectly
- Goals improve worker productivity, job satisfaction and are more effective if specific

Goal processes

- Goals are:
 - generated from embedded values
 - hierarchical in nature
- Goals have different levels (Distal and Proximal)
 - Highest level = optimise personal meaning
 - Middle level goals = life satisfaction
 - Lower level = more immediacy (shelter)
- Number of factors that modify goal setting process

Goal moderators

- Several factors influence goals
 - Self efficacy is increased through having interest in goals and enhanced by setting proximal goals (Bandura and Schunk, 1983).
 - Feedback essential (Bandura and Schunk, 1983) and feedback improves achievement (Becker, 1978)

Older people and goals

- Berlin Study of Ageing – older people continue to have dynamic multi-faceted and future orientated goals
- Personal goal commitment creates a sense of meaning
- When used in appropriate service model = leads input and helps to ensure client centeredness

Gathering the evidence

(The University of Auckland)

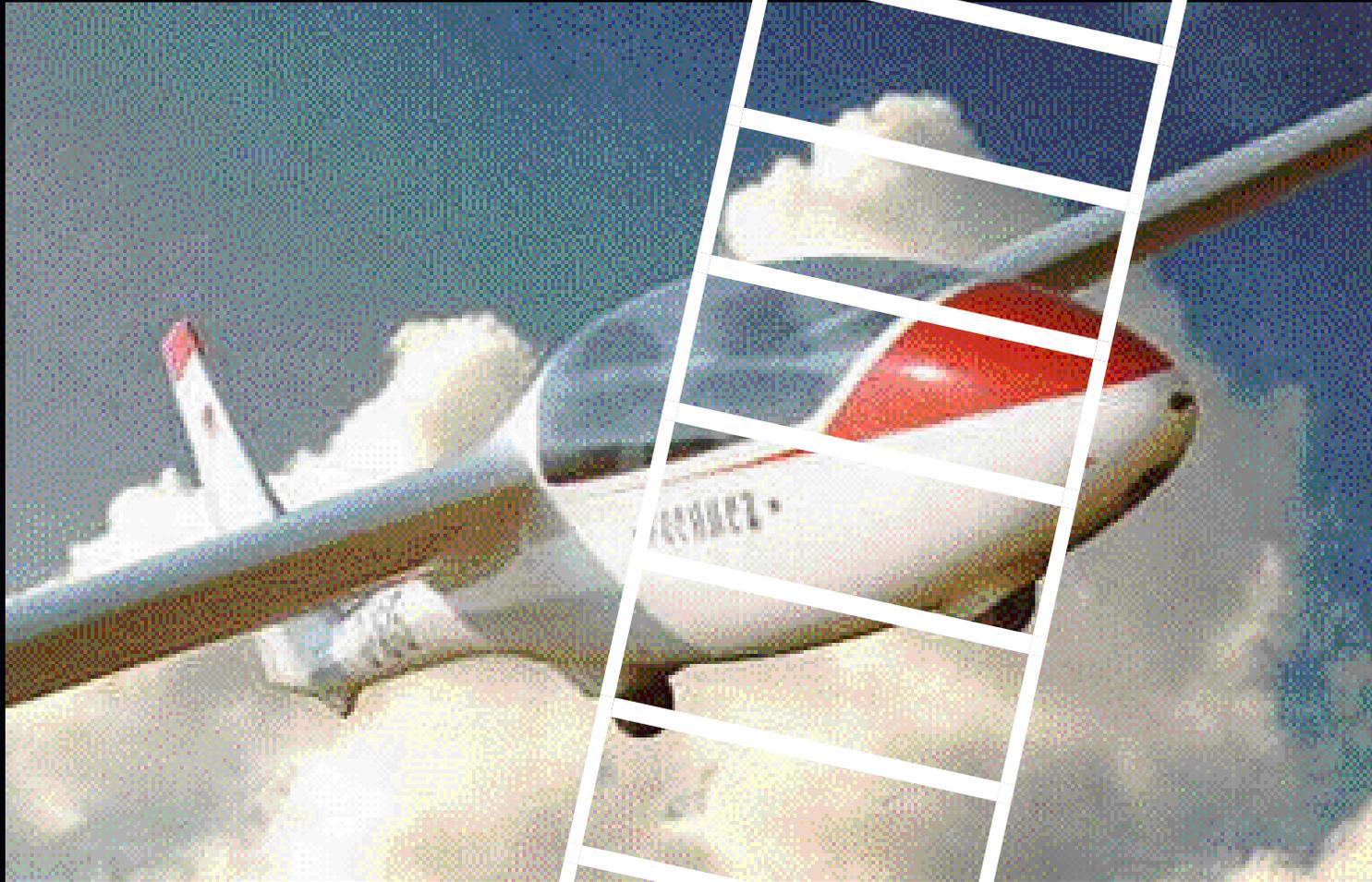
Study	Results due	Authors	Goal element	Results
PILS	Available now	Peri, Parsons & Kerse	Goals drive functional exercise	↑SF36 Physical domain
ASPIRE	July 2006	Parsons et al	Community FIRST client input directed by goals	Clinical and cost effectiveness
PIRC	Dec. 2006	Kerse et al	Larger trial developed from PILS	Clinical and cost effectiveness
Enliven evaluation	Dec. 2007	King, Parsons and Robinson	Enliven – client input (ADL exercises) directed by goals	Clinical effectiveness
TARGET trial	May 2008	Parsons, Parsons and Martin	TARGET goal facilitation tool used in NASC	Clinical effectiveness

A blue-tinted photograph of two people, likely a man and a woman, looking at a document together. The image is semi-transparent, allowing the text to be overlaid. The text is in a bold, white, sans-serif font.

**Goal facilitation in
action...**

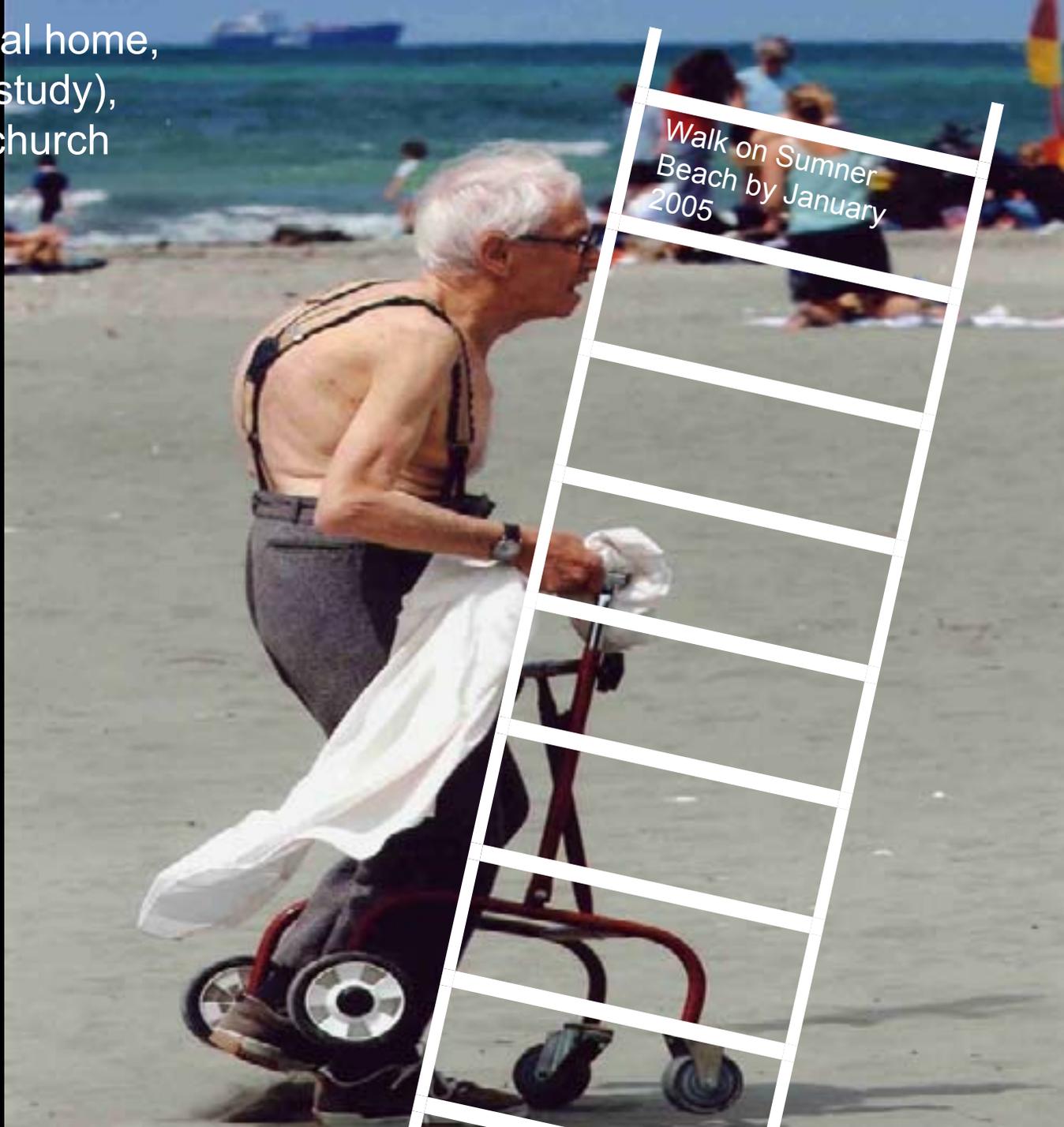
Community FIRST,
Hamilton

Glider flight by
March 2006



Residential home,
(PIRC study),
Christchurch

Walk on Summer
Beach by January
2005



Enliven Restorative
Home Support,
South Auckland

Hot air balloon
by Nov. 2006



Lady Alum, (PILS Study) North Shore



Issues in setting goals

- Agreement of client / health professional goals = improved adherence...but poor correlation
- *“A vital part of successful rehabilitation is a mutual moving closer together of the client’s and the professionals’ goals”* (McGrath, 1992)
- Goals are often an alien concept
- Time consuming and competing demands
- Goals often driven from other imperatives (e.g. going home)
- Lack of training

Facilitation tools

- SF36 – identifying impairments
- COPM
- GAS
- EASY-Care
- Life Goals Questionnaire

G.A.S.

(Kiresuk and Sherman, 1968)

Level at intake: * Date _____		Goal Attainment Scale				
Level at followup: ✓ Date _____		<i>Goal Headings and Goal Weights</i>				
Check whether or not scale has been mutually negotiated between client and therapist		Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__
Goal Attainment Levels	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	
most unfavorable treatment outcome thought likely (-2)						
less than expected success with treatment (-1)						
expected level of treatment success (0)						
more than expected success with treatment (+1)						
best anticipated success with treatment (+2)						
Comments:						

Life Goals Questionnaire (Wade 1999)

Rivermead Rehabilitation Centre
Abingdon Road, Oxford OX1 4XD

Name/Identity (sticky)

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Life Goals Questionnaire

Various aspects and areas of life are given below. I would like you to tell me how important each is to you.

Please rate the importance of each:

0 = of no importance

Date completed: _____

1 = of some importance

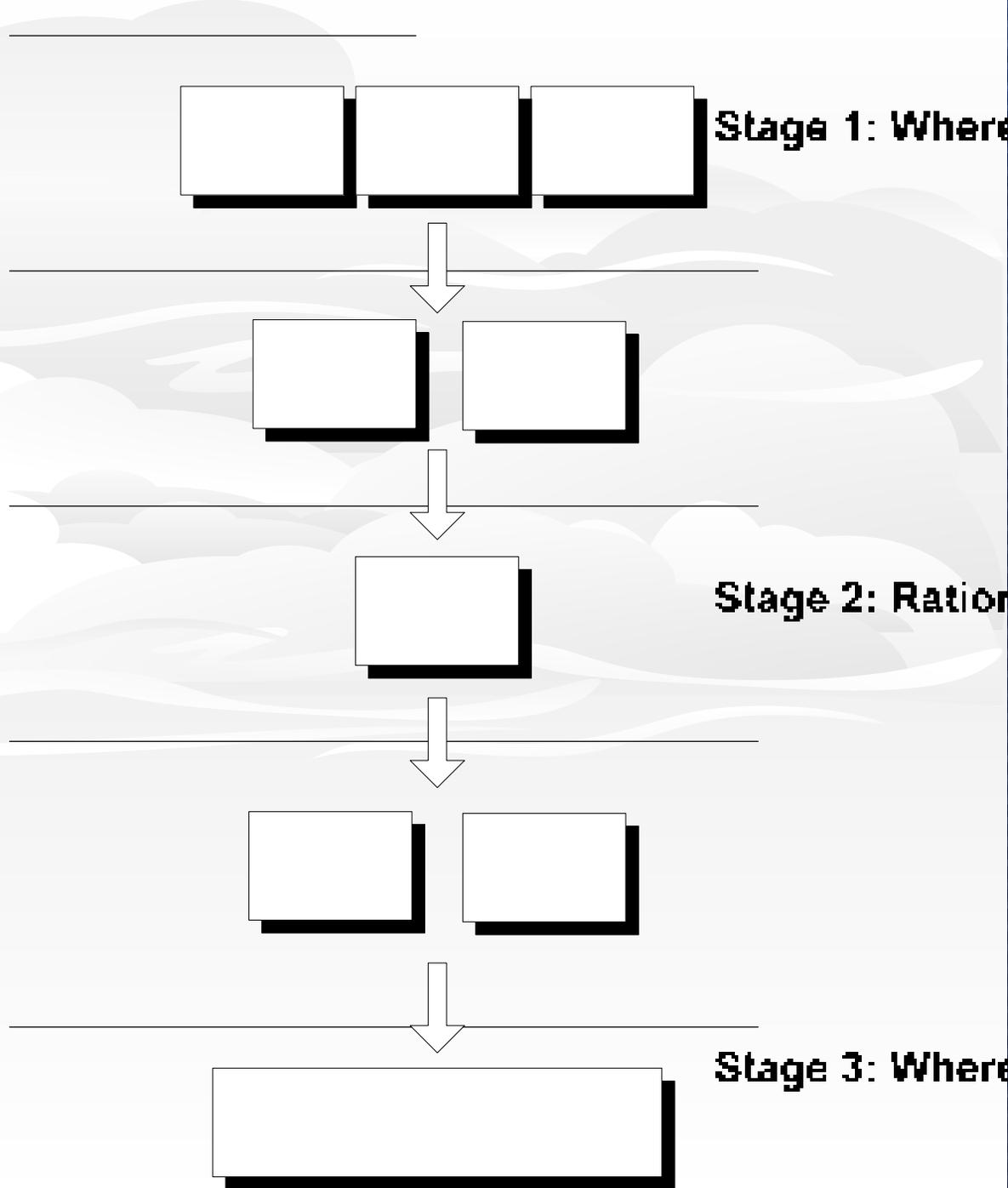
2 = of great importance

Interviewer: _____

3 = of extreme importance

		Comments
My residential and domestic arrangements (where I live and who with) are:	0 1 2 3	
My ability to manage my personal care (dressing, toilet, washing) is:	0 1 2 3	
My leisure, hobbies, and interests including pets are:	0 1 2 3	
My work, paid or unpaid, is:	0 1 2 3	
My relationship with my partner (or my wish to have one) is:	0 1 2 3	
My family life (including with those not living at home) is:	0 1 2 3	
My contacts with friends, neighbours, and acquaintances are:	0 1 2 3	
My religion or life philosophy is:	0 1 2 3	
My financial status is:	0 1 2 3	

The T.A.R.G.E.T. Process





Points to consider?

- Client centred care = goal setting
- Role in both residential and home based sector
- Growing evidence (Peri et al, 2004)
- Changing market in both residential and home based sectors

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