

Welcome to the OSA's Research Rounds. We seek to both educate and inspire in this monthly compendium of research, publications, commentary and events about seniors in British Columbia and beyond. Please feel welcome to email us feedback and items to share.

Research Rounds



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BRITISH COLUMBIA

[A seat at the table: The positioning of families during care conferences in nursing homes](#)

The Gerontologist

This study critically examines the process, structure, and content of care conferences to expand understanding of how resident care is negotiated among care providers and families in this context. The authors argue that for care conferences to meaningfully contribute to person-centred care, it is imperative that mutual exchange be promoted, and families are empowered to participate as equals.

[Attitudes and expectations regarding bereavement support for patients, family members, and friends: Findings from a survey of MAID providers](#)

BC Medical Journal

Bereavement following medical assistance in dying (MAID) is not fully understood. Legislation does not require providers to offer bereavement support and our health care infrastructure does not facilitate a role for physicians in this. According to the authors, overall the findings from this study endorse the need for bereavement support, both before and following an assisted death.

[The diagnosis “failure to thrive” and its impact on the care of hospitalized older adults: a matched case-control study](#)

BMC Geriatrics

The objective of this study was to investigate the effect of the diagnosis of “failure to thrive” (FTT) and associated admission diagnoses on the delivery of patient care in a cohort of older adults admitted to a tertiary care teaching hospital. The authors conclude patients with an admission

diagnosis of Patient with an admission diagnosis of FTT or other associated diagnoses had significant delays in care when presenting to the emergency room, despite often having acute medical conditions on presentation. The authors argue that the use of this non-specific label can lead to premature diagnostic closure and should be avoided in clinical practice.

CANADA

[Dementia-related education and support service availability, accessibility, and use in rural areas: Barriers and solutions](#)

Canadian Journal on Aging

The purpose of this scoping review was to map and synthesize published literature related to education and support services for individuals with dementia and their caregivers living rurally. The authors explored topics including: education and support service needs, availability and use of services, barriers to service access and use, and solutions to these barriers. The review illustrates the needs of rural people with dementia and their caregivers and suggests limited availability of dementia-related support and education services in many communities.

[Association of work environment with missed and rushed care tasks among care aides in nursing homes](#)

JAMA Network Open (The Journal of the American Medical Association)

This cross-sectional study used survey data collected from a random sample of 93 urban nursing homes in Western Canada, stratified by health region, owner-operator model, and facility size, between May and December 2017. The study found that rates of missed and rushed essential care in Canadian nursing homes were high and were higher in units with less favorable work environments. This finding suggests that work environment should be added to the list of modifiable factors associated with improving nursing home care, as it may be an important pathway for improving quality of care.

[Trajectories of family care over the lifecourse: evidence from Canada](#)

Ageing and Society

The authors of this study explore discuss how families are viewed both as untapped care resources and as disappearing ones. The sample for this study was based from a Statistics Canada national survey of family care and comprised all Canadians aged 65 and older who had ever provided care. The authors found that trajectories generally corresponded to previously hypothesized patterns but with additional characteristics that added to their understanding of how time and events unfolded in various ways across lifecourses of care.

INTERNATIONAL

[Cognition, health, and social support of formerly homeless older adults in permanent supportive housing](#)

Innovation in Aging

The aim of this study was to develop a community-academic partnership to assist community providers in collecting previously unavailable cognitive, medical, and psychosocial data on adults over age 50 living in Permanent Supportive Housing (PSH). Formerly homeless older adults residing in Permanent Supportive Housing (PSH) represent an invisible subsector of two distinct, yet related populations: the homeless population and the elderly population. The authors argue that this study demonstrated that it is feasible to develop a systematic intake system for case managers to assess the cognitive, physical, and psychosocial status of older adults served within homeless housing programs.

[Association between physical activity levels in the hospital setting and hospital-acquired functional decline in elderly patients](#)

JAMA Network Open (The Journal of the American Medical Association)

This study explores the association between in-hospital physical activity (PA) and hospital-acquired functional decline in elderly patients. The author's found that low PA levels decrease muscle strength and mass, and several studies have shown that inactivity during hospitalization is associated with a wide range of negative outcomes, such as hospital-acquired functional decline, increased risk of falls, longer length of hospitalization, and new institutionalization. Patients performing lower daytime and 24-hour levels of PA tended to be institutionalized more frequently.

[Clinical and functional patient characteristics predict medical needs in older patients at risk of functional decline](#)

BMC Geriatrics

The aim of this study was to evaluate the use of clinical and functional patient characteristics for the prediction of medical needs in older hospitalized patients. The study concludes that among older in-patients at risk for functional decline, the number of comorbidities, reduced ADL, cognition impairment and signs of depression are important predictors of length of hospital stay, nursing hours, and receiving physiotherapy during hospital stay.

[Burnout in UK care home staff and its effect on staff turnover: Margue English national care home longitudinal survey](#)

Age and Ageing

The aim of this study was to explore burnout's relationship with staff turnover and prevalence and predictors of burnout. By calculating the relationship between Maslach Burnout Inventory scores and future staff turnover, the authors found no association between care homes staff burnout level and staff turnover rates. Although the authors argue that it is a myth that burnouts levels are high, the authors recommend interventions for burnout could focus on at-risk groups.

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