



G-TRAC News

Director Update



Pictured: Director Prof Renuka Visvanathan (left) speaks to new medical students during orientation.

It is hard to believe that it is already May 2021. We have continued as a centre to be involved in exciting research benefiting older people in Australia and overseas.

Our international students have done us proud with Dr Lalit Yadav joining us in April having submitted his PhD Thesis, and Dr Sally Ahip pioneering a frailty clinic program in her state, Sarawak, in Malaysia.

We welcomed new medical students to the G-TRAC centre in January and we are excited to see what the rest of this year will hold.

Mobile x-rays can be used in residential aged care

Dr Joanne Dollard investigates perspectives on mobile x-rays

Older people living in residential aged care may need an x-ray to assess for problems they might experience, for example after falling. To have the x-ray, they might be taken by family or non-urgent ambulance to a community x-ray service or to the hospital emergency department. For some older people living in residential aged care and their families, this is an experience they might prefer to avoid.

Do you know about mobile x-ray services? X-rays can actually be taken in the comfort and security of resident's own room, which can prevent residents needing to be transferred to hospital if their condition can be managed in the residential aged care facility. A radiologist drives a mobile x-ray in the back of a van around the city, going from appointment to appointment, with an added cost of a call out fee. In 2019 the Australian Government introduced a MBS item - to assist in covering the call out fee of a mobile x-ray service (for specific conditions after being seen by a doctor).



Left to right: Dr Joanne Dollard and Mr Lalit Yadav

We were funded by the Medical Research Future Fund to explore with residents, family members and stakeholders their perspectives on mobile x-ray services. Understanding the views of people who might benefit from this service is important. To date, we have interviewed 17 residents and 20 family carers from four residential aged care facilities, and 22 stakeholders. Stay posted for our analysis of the interviews, which we hope to share soon.

The project investigators from G-TRAC are Professor Renuka Visvanathan, Dr Joanne Dollard, Dr Jane Edwards and Mr Lalit Yadav.

Investigating indoor environment quality for patients

Professor Veronica Soebarto & Summer Research Scholar Li Wen Lam conduct research in Geriatric Evaluation and Management ward

A feasibility study has recently been conducted to investigate aspects of the indoor environment quality in the Geriatric Evaluation and Management (GEM) unit at The Queen Elizabeth Hospital. The study was undertaken by Li Wen Lam (Elli), a Summer Research Scholar from The Faculty of Engineering, Computer and Mathematical Sciences, under the supervision of Professor Veronica Soebarto from the School of Architecture and Built Environment, and Professor Renuka Visvanathan.

The study employed both quantitative method (measurements of indoor temperatures and humidity, air movement, illumination and noise levels) and qualitative methods (interview and thermal comfort survey particularly with patients and some staff).

The study found that wearing many layers of clothing was the main defence mechanism for the patients to feel comfortable in their ward. While the temperature in the ward was initially thought to be the main cause of thermal discomfort, the study found that it was the air velocity from the air-conditioning that caused the patients to feel 'cool' or 'cold' in the ward.

Light and noise levels were not found to have a significant impact on the patients' comfort; however, windows do play an important role in keeping the patients feel comfortable in the room.

It is expected that this feasibility study can be followed up with a larger study. The initial results are also expected to provide useful information to the hospital management on ways to improve the indoor environment quality of the ward in order to improve the patients' experience and wellbeing.



Prof Veronica Soebarto



Pictured: The air flow from the air-conditioning placed above or near the bed was found to be the main problem causing thermal discomfort among patients.

Prime Minister Of Malaysia, Tan Sri Muhyiddin Bin Yassin's Visit PhD Candidate Dr Sally Ahip's Clinic

On 2nd April 2021 Dr Sally Suriani Ahip was part of the Prime Minister's entourage.

Dr Sally Suriani Ahip, Family Physician with the Ministry of Health Malaysia and PhD candidate with the CRE in Frailty and Healthy Ageing was invited to be part of Malaysian Prime Minister Muhyiddin Yassin's entourage during his recent visit to Sarawak on the 2nd of April 2021.

The Prime Minister visited communities and met an elderly couple who were both frail and dependent, and had undergone a frailty intervention program under the GeKo (Geriatik Komuniti / Community Geriatrics) Unit, which was founded by Dr Sally in October 2019. Dr Ahip took her learnings from Adelaide and translated this to benefit older Malaysian in her community.

Dr Sally Ahip gave a presentation to the Sarawak State Chief Minister and Deputy Chief Minister, Minister of Welfare, Community Well Being, Women, Family and Childhood Development (Sarawak), Director of Welfare Department (Sarawak) and the Member of Parliament for Samarahan constituency. She discussed the importance of early frailty detection as well as timely and targeted interventions to reverse frailty.

For this couple, their diligence and commitment to GeKo interventions have reversed their frailty and they both have regained their physical independence. Their daughter had quit her job to become a full time carer for her frail parents but because they improved following the GoKo interventions she was able to return to work.



Prime Minister Muhyiddin gives an opening address to state political leaders, community leaders, local media discussing the government's commitment in combating the Covid 19 pandemic in Malaysia.



L-R: Prime Minister Muhyiddin with Dr Sally Ahip, nurse Sarimah and public health medical officer DR Joyoki.



Dr Sally Ahip seated, left, Prime minister Yassin seated front centre and the media frenzy.



L-R: Dr Sally Ahip, Arni (patient's daughter), patients Hajah Patani & Haji Aris, Dato Sri Hajah Fatimah Abdullah (Minister of Welfare, Community Well Being, Women, Family & Childhood Development) & Arita (patient's daughter).

Frailty in Residential Sector over Time (FIRST) Study

Dr Agathe Daria Jadczak leads a study on frailty in residential care sector

Residential aged care services have recently been in the spotlight, not only because of the COVID-19 pandemic, but also due to the Royal Commission that was underway to provide recommendations to the government on how to improve the quality of aged care services in Australia.

Research into aged care is crucial to provide much needed information on the health and wellbeing of our aged care residents, and the quality of care.

The Centre of Research Excellence Frailty and Healthy Ageing in cooperation with Resthaven Inc. is conducting a study to examine the health of residential aged care residents across South Australia. The study is collecting important health data over 3 years to better determine the prevalence and progression of frailty, associated health outcomes and health care costs. The results of the study will assist in developing interventions that can help to improve the health and wellbeing of residents living in residential aged care services.



Front row left to right: Terry Shortt, Victoria Foy, Kim Testi and Jean Zhang. Back row left to right: Leonie Robson, Tina Cooper, Renuka Visvanathan and Agathe Daria Jadczak

Early results suggest that residential aged care services are increasingly being called upon to manage very frail older residents, many of whom have geriatric syndromes such as dementia. To provide a more appropriate response, staff will need to be better skilled in the management of geriatric syndromes including frailty, and funding bodies will need to support the better management of these conditions.

Data related to other health outcomes, such as residents' medical diagnoses, pain, medicines, doctor and hospital visits, nutritional status, sarcopenia risk, number of falls, dementia, quality of life, anxiety and depression, sleep quality, satisfaction with care, activities of daily living, and the use of life space are currently being analysed, and results will be available to the public soon.

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