

health

Residential aged care services audit tool

Online version 1.2: Part 3. Resource review

Residential aged care services built environment audit tool

Online version 2: Part 3. Resource review

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November 2012

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Evaluation of resources

1. Aged care residential services: generic brief

Type of resource	Guidelines
Source	Victorian Government Department of Human Services
Date	June 2000
How to obtain the resource	< http://www.health.vic.gov.au/agedcare/publications/genericbriefs/index.htm >
Face validity: Does the resource appear to meet the intended purpose?	<p>The resource meets its aim to:</p> <ul style="list-style-type: none"> • Assist aged care residential service facilities meet the objectives of the 'Commonwealth Aged Care Structural Reform'. • Provide general principles for quality design outcomes for public aged care residential service facilities in Victoria. • Give an overview of the services and activities that an aged care residential service facility will commonly provide and describe in generic terms, the spaces required to conduct those services and activities.
Target audience	Not stated
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify:
What are the principles underpinning the resource?	<p>These guidelines have been structured around the principle of respecting residents' rights and dignity and continuous improvement in their quality of life with the main objectives being a residential environment which promotes:</p> <ul style="list-style-type: none"> • A domestic lifestyle • Self respect • Independence • Social opportunities. • An environment which meets the objectives of 'Ageing in Place'. • Flexibility to cater for residents with a range of frailties, disabilities, support needs and confusional states which may vary over time.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	<p>The processes used to develop the generic brief entailed:</p> <ul style="list-style-type: none"> • The establishment of a steering committee. • Analysis of existing research data and guidelines workshops. • Site visits to existing facilities. • Literature search <p>It also involved an extensive consultation process, which was undertaken with representatives from:</p> <ul style="list-style-type: none"> • The Department of Human Services. • The Commonwealth Department of Health and Family Services (now the Commonwealth Department of Health and Ageing). • Aged care residential service providers (government and non-government). • Carers.

<p>Utility:</p> <ul style="list-style-type: none">• Easy to understand and use• Visually well presented• Uses appropriate terminology	<p>The resource is an important tool for the residential aged care agency to develop a project specific functional brief from which a building can be constructed or redeveloped. It also includes an example of a facility schedule of rooms/spaces within the various zones for a typical 30 bed aged care residential service facility. This information is useful for developing room data during the design phase.</p>
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2. Dementia-friendly environments: A guide for residential aged care services

Type of resource	Guide
Source	Ageing and Aged Care Branch, Victorian Department of Health
Date	2012
How to obtain the resource	< http://www.health.vic.gov.au/dementia > Contact Victorian Department of Health for hard copy
Face validity: Does the resource appear to meet the intended purpose?	It appears to meet its intended purpose of providing evidence-based, best practice and expert consensus to help those involved in providing appropriate care environments for people experiencing dementia.
Target audience	For architects, builders, care managers, facility owners, landscape designers, nurses, personal care assistants, students and others.
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	<ul style="list-style-type: none"> • Maintaining health at the optimum level • Compensating for reduced sensory, cognitive and motor capacity to maximise the level of independence • Supporting the continuation of roles and lifestyles • Supporting functional ability through meaningful daily living • Respecting the right to freedom of choice and speech • Providing residential facilities in valued settings, which reflect a homelike and familiar environment • Respecting privacy, dignity and personal possessions • Enabling choice of activity and involvement • Providing safety and security while supporting independence
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The guide is being piloted on the above web address, and feedback will support the utility/effectiveness of the resource.
Content validity: Is the resource based on research evidence?	Issues, strategies and actions raised in each section of the guide include references to the research literature. The dropdown menu includes an extensive list of references and resources.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	<p>The guide contains a large volume of information, but the layout allows the user to “dip in and dip out” in ways that best meet their particular requirements. A feature of the guide is the inclusion of a section on the experience of living with dementia. The guide, which is written in plain English and includes a large number of photographs, presents key evidence, best practice and expert consensus as a collection of ideas/actions/strategies for providing dementia friendly environments. The drop-down menus guide the user to specific areas, for example under the heading ‘Changes you can Make’ the following sub-headings provide practical information, illustrations and advice:</p> <p>Suggested changes include those at low, moderate or high cost, useful for residential aged care facilities that have different levels of resource availability.</p>

3. The universal design principles: designing for people of all ages and abilities

Type of resource	Guidelines
Source	The Centre for Universal Design
Date	1998
How to obtain the resource	The Centre for Universal Design is based at North Carolina State University < www.design.ncsu.edu/cud >
Face validity: Does the resource appear to meet the intended purpose?	Broad-based principles intended for use across environments, products and communications
Target audience	Used to guide a wide range of design disciplines, including environments, products and communications
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: The guidelines focus on design across environments, products and communications and is therefore relevant to any setting.
What are the principles underpinning the resource?	<p>There are seven principles:</p> <ul style="list-style-type: none"> • equitable use • flexibility in use • simple and intuitive use • perceptible information • tolerance for error • low physical effort • size and space for approach and use <p>Guidelines, images and case studies have been developed for each principle (see attachment to this resource review).</p>
Content validity: Was any validation undertaken to support utility/ effectiveness of the resource?	The resource has its roots in architecture, engineering and environmental design. The principles were developed by the Centre for Universal Design in collaboration with a consortium of universal design researchers and practitioners from across the United States.
Content validity: Is the resource based on research evidence?	The guidelines document does not cite the evidence for the principles.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	Lots of examples and images are provided to illustrate the application of the principle.

Attachment: Universal design principles and guidelines

Principle	Guidelines
1. Equitable use: The design is useful and marketable to people with diverse disabilities.	1a Provide the same means of use for all users: identical whenever possible; equivalent when not. 1b Avoid segregating or stigmatising any users. 1c Make provisions for privacy, security, and safety equally available to all users. 1d Make the design appealing to all users.
2. Flexibility in use: The design accommodates a wide range of individual preferences and abilities.	2a Provide choice in methods of use. 2b Accommodate right and left handed access and use. 2c Facilitate the user's accuracy and precision. 2d Provide adaptability to the user's pace.
3. Simple and intuitive use: Use of the design is easy to understand regardless of the user's experience, knowledge, language skills or current concentration level.	3a Eliminate unnecessary complexity. 3b Be consistent with user expectations and intuition. 3c Accommodate a wide range of literacy and language skills. 3d Arrange information consistent with its importance. 3e Provide effective prompting and feedback during and after task completion.
4. Perceptible information: The design effectively communicates necessary information to the user, regardless of ambient conditions or the user's sensory abilities.	4a Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information. 4b Maximise legibility of essential information. 4c Differentiate elements in ways that can be described (that is, make it easy to give instructions or directions). 4d Provide compatibility with a variety of techniques or devices used by people with sensory limitations.
5. Tolerance for error: The design minimises hazards and the adverse consequences of accidental or unintended actions.	5a Arrange elements to minimise hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated or shielded. 5b Provide warnings of hazards and errors. 5c Provide fail-safe features. 5d Discourage unconscious action in tasks that require vigilance.
6. Low physical effort: The design can be used efficiently and comfortably and with a minimum of fatigue.	6a Allow user to maintain a neutral position. 6b Use reasonable operating forces. 6c Minimise repetitive actions. 6d Minimise sustained physical effort.
7. Size and space for approach and use: Appropriate size and space are provided for approach, reach, manipulation and use, regardless of user's body size, posture or mobility.	7a Provide a clear line of sight to important elements for any seated or standing user. 7b Make reach to all components comfortable for any seated or standing user. 7c Accommodate variations in hand and grip size. 7d Provide adequate space for the use of assistive devices or personal assistance.

4. Designing for older adults: principles and creative human factors approaches

Type of resource	Book
Source	A Fisk, W Rogers, N Charness, S Czaja & J Sharit
Date	2004
How to obtain the resource	Call number: 620.82 DES
Face validity: Does the resource appear to meet the intended purpose?	The resource appears to meet its intended purpose of providing guidelines for designing systems, products or environments for older people, which are 'accessible to a wide variety of readers and immediately applicable to the design process' (p.xi). The book contains a broad range of design recommendations that are both specific and general and aim to improve the interaction between older people and their environment.
Target audience	Product designers, health care practitioners, managers and others involved in design for older people
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: The book focuses on design for older people generally and is therefore relevant to any setting.
What are the principles underpinning the resource?	The field of human factors underpins the guidelines. 'We may define the overarching goal of human factors as making human interaction with systems and environments one that reduces error, increases productivity, promotes safety, and enhances comfort' (p. 13). Characteristics of humans which need to be considered include sensation (awareness of properties of stimuli), perception (awareness of complex characteristics of things in environment; interpreting information from sensations), and cognition and movement control (carrying out action on basis of perception or cognition).
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The resource appears to be based on the best available research evidence, including the authors' own research experience; however, research evidence is not referenced throughout, preventing readers from searching for particular research evidence.

Content validity: Is the resource based on research evidence?	The five authors have aimed to move away from an academic resource that is fully referenced and have drawn together their research experience to write these guidelines. They have also included a bibliography for further information.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	<p>Although the first chapter outlines the topics covered in each chapter, readers who are not familiar with human factors approaches would need to read large sections of the book to understand the concepts and to apply them in practice.</p> <p>Each chapter provides summary points as well as a list of recommended readings. There are few images used in the book; however, the font and layout are appropriate for the style of the guidelines. The resource uses appropriate terminology and avoids jargon and negative connotations.</p>

5. Design guidelines for hospitals and day procedure centres

Type of resource	Design guidelines for hospitals and day procedure centres
Source	Prepared by Health Projects International for the Department of Human Services, Victoria
Date developed and updated	2004
How to obtain the resource	Guidelines can be viewed and downloaded from www.healthdesign.com.au/vic.dghdp/guidelines.htm
Face validity: Does the resource appear to meet the intended purpose?	<p>These guidelines represent a view of the minimum standard of accommodation expected in a new or extensively renovated facility, and could be used by an existing facility to identify significant shortcomings that may require capital funding solutions.</p> <p>The Department of Human Services advises that generic briefs for aged care facilities, such as the <i>Sub-acute care generic brief</i> (Department of Human Services 2000) and the <i>Community rehabilitation centres generic brief</i> (Department of Human Services 1999), might be more appropriate yardsticks for facilities built generally from the late 1990s/2000 until April 2005; however, it is acknowledged that these are outdated and need to better reflect current practice and policy changes. For more information on the intended purpose of the guidelines, refer to Part A of the guidelines.</p>
Target audience	The guidelines are the minimum requirements for the briefing, planning and construction of hospitals and day procedure centres (see Part A).
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: Day procedure centres
What are the principles underpinning the resource?	<p>The main aims of the guidelines are to:</p> <ul style="list-style-type: none"> • establish the minimum acceptable standards for design and construction • maintain public confidence in the standard of health care facilities • determine the basis for the approval and registration of private hospitals
	<ul style="list-style-type: none"> • provide general guidance to designers seeking information on the special needs of typical health care facilities • promote the design of health facilities with due regard for safety, privacy and dignity of patients, staff and visitors • eliminate design features that result in unacceptable practices • update guidelines to meet current medical practices • eliminate duplication between various standards.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The guidelines were publicly released in March 2005.
Content validity: Is the resource based on research evidence?	<p>'Many existing guidelines and standards used in Australia and United States of America have been evaluated in order to arrive at the requirements of these guidelines' (see Part A. p. 6).</p> <p>'A short list of other Guidelines reviewed for the preparation of these Guidelines can be found under "References and Further Reading" in each section of the Guidelines' (see Part A, p. 2).</p>

Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	<p>The guidelines are divided into parts. The intention is to cover each discrete subject in a compartmentalised fashion to avoid duplication of the same information under different hospital units. The parts are:</p> <p>Part A: Introduction and instructions for use Part B: Health facility briefing and planning Part C: Access, mobility, occupational health and safety Part D: Infection control Part E: Building services and environmental design enclosures.</p> <p>Part B describes the functional areas and relationships, design, and components for individual hospital planning units (HPUs). This review has focused on the following HPUs: inpatient accommodation unit, rehabilitation unit, and sub-acute care unit.</p>
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6. Age-friendly primary health care (PHC) centres toolkit

Type of resource	Toolkit
Source	World Health Organisation
Date	2008
How to obtain the resource	< http://www.who.int/entity/ageing/publications/AF_PHC_Centretoolkit.pdf >
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its intent to provide “scientifically sound tools that help primary health centres and therefore health workers implement the Age-friendly principles” (p.8).
Target audience	Primary health care providers and older users of these services
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: Primary health care
What are the principles underpinning the resource?	The toolkit builds upon the concepts and principles of the WHO's Active Ageing Policy Framework, published in 2002 on the occasion of the Second World Assembly on Ageing in Madrid.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The toolkit is the result of five years of collaborative work (meetings, discussions and fieldwork) between ALC, primary health care technical experts, and countries. The resource states that: “a literature research for instruments on these four subjects was done and studies on reliability and validity of questions common to all instruments were consulted. The tools were then tested by the five countries that participated in the project: Brazil, Costa Rica, Jamaica, Singapore and Turkey. Their recommendations were used to modify the tools. Several rounds of testing and modifications were implemented.” (pp.8-9).
Content validity: Is the resource based on research evidence?	Yes and as above.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	<p>The toolkit comprises a number of tools (evaluation forms, slides, figures, graphs, diagrams, scale tables, country guidelines, exam sheets, screening tools, cards, checklists, etc) that can be used by primary health care workers to assess older persons' health.</p>

7. Design for dementia: planning environments for the elderly and the confused

Type of resource	Book
Source	MP Calkins
Date	1998
How to obtain the resource	National Health Publishing, Maryland
Face validity: Does the resource appear to meet the intended purpose?	The book meets its intended purpose. The approach taken in the book will assist direct care staff to become active participants in applying the design principles.
Target audience	The book is targeted at administrators and staff in aged care facilities, interior designers and architects. The design solutions can also be used to assist staff in other Health Service settings considering environmental modifications.
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	<ul style="list-style-type: none"> • Maximise independence in activities of daily living: self-feeding, dignified and enjoyable bathing, gracious grooming, personalised dressing. • Offer natural outlets for the need to exercise, for fresh air and motion. • Use environmental design, cues and props, in addition to programs and social experiences, to connect residents with their past: with memories, familiar experiences and emotions. • Draw on visual, audio, tactile, olfactory and kinaesthetic resources to help residents compensate for sensory losses and use remaining abilities. • Design spaces to encourage formation of manageable-sized groups for social and program purposes rather than providing large areas drawing 20 or more people. • Control noxious stimuli (glare, noise) and social irritants (crowding, isolation, lack of tactile stimulation, excessive stimulation).
	<ul style="list-style-type: none"> • Provide comfortable areas for cognitively impaired residents to interact with families and friends in a manner that is as satisfying as possible for all who are involved.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not evident in the book
Content validity: Is the resource based on research evidence?	Material is well referenced and design responses are empirically based. The book provides an overview of the changes produced by Alzheimer's disease and related disorders which are important to the design of the physical environment. Design solutions are oriented to addressing behavioural considerations focusing on how a facility's environment can be used effectively to achieve person-oriented goals.
Utility:	It is easy to find information in the book on design solutions for specific rooms and spaces. A design review checklist is provided in the final chapter, which can be completed during a walk-through tour.
	<ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology

8. Preventing falls and harm from falls in older people: Best practice guidelines for Australian hospitals and residential aged care facilities

Type of resource	Best practice guidelines
Source	Australian Commission on Safety and Quality in Health Care
Date	2005 and 2008
How to obtain the resource	<p>Guidelines 2008 can be downloaded from http://www.safetyandquality.org/internet/safety/publishing.nsf/Content/FallsGuidelines-2008Downloads</p> <p>Guidelines 2005 and other resources that assist implementation of the 2005 Falls Prevention Guidelines can be downloaded from http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/content/FallsGuidelines-2005Downloads</p>
Face validity: Does the resource appear to meet the intended purpose?	The aim of these Guidelines is to improve the safety and quality of care for older people by providing Australian facilities with a nationally consistent approach to falls prevention based on best-practice recommendations. This 2008 Falls Prevention Guidelines is a refreshed and redesigned version of the 2005 Publication. The guidelines booklets are very comprehensive, and might be too detailed for some staff who may accessing them. They also include a small number of select resources to be used as part of the guideline implementation.
Target audience	The Guidelines are specifically written for use in public and private hospitals and residential aged care facilities. They are to be used to inform clinical practice and assist facilities to develop and implement practices to prevent falls and injuries from falls. They are not specifically directed at retirement villages, although much of the content is also applicable to this setting.
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	These guidelines advocate the promotion of autonomy, independence and rehabilitation in the context of acceptable risk of falling. They are organised around key areas of assessment, falls prevention strategies, injury prevention strategies, and patient/resident and staff education. A range of support materials is available in addition to the 2005 guidelines document which include: quick reference guide, short film, fact sheets, poster, Indigenous resources and brochures.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	<p>The 2008 guidelines and resources were developed following broad, Australia-wide consultation with consumers, clinicians and managers of hospitals and residential aged care facilities, other key stakeholders and national peak bodies.</p> <p>Two key documents informed the production of these Guidelines: Best practice guidelines for falls prevention in public hospitals and state government residential aged care facilities (Queensland Health falls prevention guidelines) and the 2004 research review update conducted by the National Ageing Research Institute, which was part of the Australian Government Department of Health and Ageing National Falls Prevention Initiative for Older People.</p> <p>The 2008 Project also reviewed relevant publications from January – June 2004. The grading criteria distinguished between level of evidence and strength of the associated recommendation. The NHMRC's four-point rating system was used to classify each paper according to the strength of evidence that can be derived given the specific methodology used in the paper. The project adopted a recommendation process and 'synthesised' relevant published evidence to allow recommendations to be evidence based, whenever possible.</p>

Utility:

- **Easy to understand and use**
- **Visually well presented**
- **Uses appropriate terminology**

Because of its level of detail, terminology and other aspects, the guidelines document is likely to be most useful for a falls prevention coordinator or a staff member who needs detailed information, rather than as a resource for all staff to use. A number of the associated resources for the 2005 guidelines, such as brochures, contain useful information. The implementation workbook, which provides a step-by-step guide to implementation and evaluation issues and how to address these, is useful for all staff.

9. The therapeutic design of environments for people with dementia: a review of the empirical research

Type of resource	Journal article – literature review
Source	Kristen Day, Daisy Carreon and Cheryl Stump
Date	2000
How to obtain the resource	<i>The Gerontologist</i> (vol. 40, issue 4, p. 397–416)
Face validity: Does the resource appear to meet the intended purpose?	The resource's intended purpose is to discuss dementia-friendly environment and care. Issues such as lighting, furnishings and outdoor spaces were included, but microscale product design and the sensory and social environments were excluded.
Target audience	'For this review, the physical environment was loosely defined as the domain of relevance to architects, interior designers, facility managers, and/or administrators or caregivers undertaking environmental design or renovation' (p. 398).
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	<p>'Recommendations for the Therapeutic Design and Planning of Dementia Environments:</p> <ul style="list-style-type: none"> • Incorporate small size units. • Separate non-cognitively impaired residents from people with dementia. • Offer respite care as a complement to home care. • Relocate residents, when necessary, in intact units rather than individually. • Incorporate non-institutional design throughout the facility and in dining rooms in particular. • [Use] moderate levels of environmental stimulation. • Incorporate higher light levels, in general, and exposure to bright light in particular. • Use covers over panic bars and door knobs to reduce unwanted exiting. • Incorporate outdoor areas with therapeutic design features. • Consider making toilets more visible to potentially reduce incontinence.
	<ul style="list-style-type: none"> • Eliminate environmental factors that increase stress in bathing' (p. 416).
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The resource has been validated to the extent that the findings are based on research evidence.
Content validity: Is the resource based on research evidence?	<p>Seventy-one research reports were reviewed after completing a comprehensive review of literature.</p> <p>(The authors of this audit tool query the recommendation for using furnishings that put residents lower to the ground (such as bean bags) to reduce falls. This is also likely to reduce mobility by limiting the resident's ability to get up from the seat.)</p>
Utility:	The resource is provided in terminology appropriate for a journal and review of research literature.
<ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	

10. Towards age-friendly primary health care

Type of resource	Booklet
Source	World Health Organisation
Date	2004
How to obtain the resource	World Health Organisation, 20 Avenue Appia, CH 1211, Geneva 27, Switzerland. Fax: +41-22-7914839 < http://whqlibdoc.who.int/publications/2004/9241592184.pdf >
Face validity: Does the resource appear to meet the intended purpose?	The purpose is clearly stated: 'to make the local Primary Health Care (PHC) centre more aware of and more suited to the needs of older persons and the types of care they require' (p. 2). The booklet clearly identifies a series of principles to meet this purpose.
Target audience	Primary health care providers and older users of these services
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: Primary health care
What are the principles underpinning the resource?	<p>Three sets of principles of age-friendly primary health care were developed in the areas of:</p> <ul style="list-style-type: none"> • information, education and training • community-based health care management systems • physical environment <p>The principles in the areas of the physical environment are:</p> <ul style="list-style-type: none"> • 'The common principles of Universal Design should be applied to the physical environment of the PHC facility whenever practical, affordable and possible. • Safe and affordable transport to the PHC centre should be available for all, including older persons, whenever possible, by using a variety of community-based resources, including volunteers. • Simple and easily readable signage should be posted throughout the PHC centre to facilitate orientation and personalise providers and services. • Key PHC staff should be easily identifiable using name badges and name boards. • The PHC facility should be equipped with good lighting, non-slip floor surfaces, stable furniture and clear walkways.
	<ul style="list-style-type: none"> • The PHC facilities, including waiting areas, should be clean and comfortable throughout' (p. 16).
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The booklet has not been subject to any validation testing; however, an accompanying 'age-friendly toolkit' provides information on training materials.
Content validity: Is the resource based on research evidence?	The principles are based on expert opinion and a series of focus groups with service providers and older people in five countries (including Australia). There is no reference to empirical research evidence regarding the needs of older people in the primary health care setting, although there may be limited research evidence available. The background information describing the demographics of the ageing population worldwide has a bibliography but is not referenced.

<p>Utility:</p> <ul style="list-style-type: none">• Easy to understand and use• Visually well presented• Uses appropriate terminology	<p>The resource is brief, has a table of contents and is reasonably easy to follow; however, the three sets of core principles are dispersed throughout the document and would be more readily located if they were provided in one location, such as the executive summary. The resource is well presented and highlights key principles and information in shaded boxes. Figures are used well and the font is clear and easy to read. The booklet avoids negative stereotypes, but the language may not be suitable for the target audience (primary health care service providers and older service users) because it does not use lay terms. The resource does discuss the importance of primary health care services being responsive and sensitive to the needs of people with different languages, health practices and beliefs.</p>
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11. Removing barriers to health care: A guide for health professionals

Type of resource	Guidelines
Source	The North Carolina Office on Disability and Health The Centre for Universal Design, North Carolina State University
Date	Did not state
How to obtain the resource	< http://www.fpg.unc.edu/~ncodh/Publications.cfm >
Face validity: Does the resource appear to meet the intended purpose?	The resource clearly indicated that the booklet provides guidelines and recommendations to help health care professionals ensure equal use of the facility and services by all their patients.
Target audience	Health care professionals
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify:
What are the principles underpinning the resource?	The guidelines and recommendations are developed by the concept of universal design
Content validity: Was any validation undertaken to support utility/ effectiveness of the resource?	The resource has reviewed some of the laws and codes about accessibility in America and provided a list of selected accessibility requirements of the laws and codes.
Content validity: Is the resource based on research evidence?	The guidelines document does not cite the evidence for the principles.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The guidelines and recommendations are easy to understand. There are also picture illustrations of different functional zones on how to create accessible environments and services.

12. Design guidelines for Queensland residential aged care facilities	
Type of resource	Guidelines
Source	Queensland Health
Date	1999
How to obtain the resource	< http://www.health.qld.gov.au/cwamb/agedguide/default.asp >
Face validity: Does the resource appear to meet the intended purpose?	These guidelines have been developed to “serve as a performance based, benchmarking document for the use of Queensland Health and its consultants in developing improved models of accommodation and support infrastructure for residential aged care facilities” (p.2).
Target audience	It is suggested that this document may be used in the following situations: <ul style="list-style-type: none"> • An aide memoir for project planning. • A guide to the manifestation and expression of planning policy in a built form. • A design tool for Queensland Health and its consultants. • A benchmark in cost planning exercises. • A tool for the management and rationalisation of the project definition plan and broader planning process.
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify:
What are the principles underpinning the resource?	A key aspect of the developmental philosophy of this document is that it will not always be necessary to have specific rooms or areas set aside exclusively for particular activities. This document assumes that there will be a degree of flexibility in respect to the multiple use of all areas, rooms and spaces referred to in this document.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	This document is based upon performance based, descriptive guidelines that currently exist, with a particular focus on residential aged care environments in the public health sector. These guidelines provide a more quantitative and prescriptive view of the requirements associated with the built fabric of Residential Aged Care Facilities.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The guidelines are structured on the basis of a progression from general principles of good practice to specific details of how these may be implemented. Section 1 provides background to the guidelines and Section 2 introduces general broad principles. Section 3 provides detailed design guidelines of Queensland Health’s three principal types of aged care facilities. Section 4 is room data sheets, which provide design objectives and implementation guidelines, references and information related to spatial and functional relationships within the care environment.

13. Design Guidelines for Aged Care Facilities

Type of resource	Guidelines
Source	NSW health
Date	2005
How to obtain the resource	< http://www.health.nsw.gov.au/pubs/2006/agedcarefacilities.html >
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its aim of pulling together existing information that informs designers, developers, architects and others embarking on either refurbishing existing residential aged care facilities, building new ones or undergoing post-occupancy inspections.
Target audience	The target audience is: <ul style="list-style-type: none"> • approved providers • senior management • architects • regulators • councils • universities offering relevant courses • boards of directors • directors of nursing • hostel managers • peak bodies.
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify:
What are the principles underpinning the resource?	The resource proposed that good design within residential aged care facilities should ensure that an environment: <ul style="list-style-type: none"> • Complies with the necessary standards and legislation. • Supports the safety and security of residents, staff and visitors. Security measures are unobtrusive to residents and visitors but a deterrent to unwanted visitors. • Is homely for the residents, and pleasant to work in for staff and for families to visit. It creates a sense of belonging and familiarity and promotes residents' being able to 'personalise' their living spaces.

	<ul style="list-style-type: none"> • Supports residents' independence and facilitates provision of assistance when required – unobtrusive support services that enable residents to maintain their independence and dignity while remaining within a 'homely' environment. • Supports the appropriate level of care required by the clients e.g. those with dementia or challenging behaviours and those with disabilities, as well as any special cultural needs. • Achieves a balance between residents' functional abilities and a manageable work environment for staff. • Enables future alterations to be conducted with minimal cost. • Meets the changing needs of the residents in the foreseeable future. • Enables residents to maintain their connection with their local community. • Is sympathetic to the local community and natural environment including attention to visual appeal and being sympathetic to the local buildings • Is energy efficient such as maximising natural light, warmth and fresh air flow and provides adequately for storm water run-off.
<p>Content validity: Was any validation undertaken to support utility/effectiveness of the resource?</p>	<p>Not stated</p>
<p>Content validity: Is the resource based on research evidence?</p>	<p>These guidelines have been developed in consultation with members from a Working Party representing a number of key national and state organisations that are stakeholders in residential aged care facilities.</p>
<p>Utility:</p> <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	<p>The resource outlines key design considerations for each area of the aged care facility. It also provides links to relevant legislation, policies and guidelines.</p>

14. Residential aged care services heatwave ready resource

Type of resource	Resource
Source	Victorian Government Department of Health
Date	January 2010
How to obtain the resource	< http://www.health.vic.gov.au/bushfire/downloads/racs_bushfire_resource.pdf >
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its aims of supporting residential aged care service providers in putting heatwave plans in place. It has been developed to complement existing requirements of the Commonwealth Department of Health and Ageing for providers to deliver appropriate care and services to residents and provide a safe and comfortable environment for residents, staff and visitors.
Target audience	Boards, company directors and managers of residential aged care services
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify:
What are the principles underpinning the resource?	Not stated
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	This resource is based on the Heatwave Plan for Victoria 2009–2010.
Content validity: Is the resource based on research evidence?	Not stated
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The resource provides information and resources to assist residential aged care service providers to prepare and respond to episodes of extreme heat. It includes a checklist that can be used to assist with preparations for hot summer weather, and templates of heatwave related health information that can be made available to staff, residents and their families.

15. Dementia design guidelines: Home and community care capital works

Type of resource	Guidelines
Source	Home Modification Information Clearing house, University of Sydney
Date	2006
How to obtain the resource	< http://www.dadhc.nsw.gov.au/NR/rdonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/2048/DementiaDesignGuidelines.pdf >
Face validity: Does the resource appear to meet the intended purpose?	The purpose of the resource is “to improve the ability of adult day centres to provide a safe environment which caters to the specific needs of people with dementia “ (p.4).
Target audience	For service providers, architects, interior designers, etc
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: day centre
What are the principles underpinning the resource?	<ol style="list-style-type: none"> 1. Services that afford independence, autonomy & control by being adaptable to the users 2. Spaces that afford meaningful & culturally appropriate activity 3. Interior and exterior detailing that is familiar & non-threatening 4. Spaces, access points, pathways & services that use appropriate modes (light, colour, pictorial, verbal, tactile) for presentation of essential information to assist appropriate task completion (i.e. cueing stimuli) 5. Spaces, access points, pathways & services that eliminate unnecessary complexity & reduce extraneous sensory stimuli 6. Spaces, access points & pathways services that reduce agitation & opportunities for meaningless wandering 7. Spaces, access points, pathways & services that afford approach, reach, manipulation, and use regardless of user's limitations (i.e. highly negotiable) 8. Spaces, access points, pathways & services that are tolerant of user related error (i.e. safe & secure) 9. Spaces, access points, pathways and services that meet the needs of staff
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	A systematic review was implemented to develop the principles and a checklist was formed from the guidelines, legislations and design information in the literature. The checklist was then reviewed by staff at two service providers and their suggestions were incorporated into revised version to make it more inclusive of physical design supporting independence, autonomy and control.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The resource provided a checklist for dementia design guidelines. The case studies were helpful in reflecting on what others have done and what they believe works wells.

16. Adapting the ward for people with dementia

Type of resource	Manual and audit tool
Source	<i>New South Wales action plan on dementia 1996–2001</i> , by The Hammond Care Group for the New South Wales Department of Health
Date	2003
How to obtain the resource	A hard copy of the resource can be obtained through the New South Wales Department of Health's Better Health Centre (telephone 02 9816 0452; Locked Bag 5003, Gladesville NSW 2111) or downloaded from: < http://www.health.nsw.gov.au/pubs/2003/pdf/adapting_the_ward.pdf >
Face validity: Does the resource appear to meet the intended purpose?	The resource clearly indicates the intention of the guidelines, and the audit tool provides a straightforward approach for auditing a ward and covers a broad range of topics and issues regarding caring for people with dementia.
Target audience	Staff and management of small hospitals (particular focus on smaller rural hospitals) and architects who may be called in to help with changes
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other: Small hospitals caring for people with dementia for lengthy periods
What are the principles underpinning the resource?	<p>An environment used to provide care aimed at maintaining the abilities of people with dementia should:</p> <ul style="list-style-type: none"> • make the environment safe and secure • reduce the size of the group • make the environment simple, with good 'visual access' • reduce unnecessary stimulation • highlight helpful stimuli • provide for planned wandering • make the environment as familiar as possible • provide opportunities for both privacy and community; that is, a variety of social spaces • provide for visitors • make the environment as domestic as possible.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	There is no reference to the guidelines being field tested or validated to support the utility and effectiveness of using the resource in any setting.
Content validity: Is the resource based on research evidence?	The resource has an extensive list of 68 references and appears to comprehensively cover a range of research articles; however, because the content is very broad, there appear to be some areas where only limited research has been reviewed. For example, in the area of falls prevention, which fits under the principle to be safe and secure, only one reference is reported in relation to falls and the environment. There is no reference to clutter, hazards such as rugs, lack of handrails, chair and bed heights and maintenance of walking aids. The one reference used in relation to falls and the environment discusses the effectiveness of bean bag chairs to put the person closer to the floor to reduce injuries. Although these may reduce injuries, they could also limit mobility and could be considered a form of restraint if people cannot get up from them.

<p>Utility:</p> <ul style="list-style-type: none">• Easy to understand and use• Visually well presented• Uses appropriate terminology	<p>The resource is a rather large document but is broken down into three main parts:</p> <p>Part 1: Principles, evidence, and examples</p> <p>Part 2: The audit tool</p> <p>Part 3: Architectural guidelines.</p> <p>The layout is reasonably easy to follow with a contents page. The audit tool comprises ten checklists, one on each principle identified in Part 1. The checklists, however, could be confusing because they are inconsistent. Some of the checklists have a 'yes' response as a desired environmental feature and some have a 'no' response as a desired feature. It is not clearly indicated which is the desired response. On some checklists the 'yes' column is in the far right column but in the others the 'no' column is in this position. This does not correspond with desired responses (desired features are not consistently in the far left column).</p> <p>The audit tool has two stages: completing the checklist and developing short term and long term goals. This is adequately described and should promote discussion and documentation of goals and strategies. The resource is visually appealing, well presented and uses good images to illustrate the three examples given. The language avoids jargon and negative wording. Within Part 3 of the manual there is a section titled, 'Designing for Indigenous people with dementia'.</p>
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17. Design for dementia

Type of resource	Book
Source	S Judd, M Marshall and P Phippen
Date	1998
How to obtain the resource	<i>Journal of Dementia Care</i> , Hawker Publications, London
Face validity: Does the resource appear to meet the intended purpose?	Provides real examples of residential settings designed for people living with dementia
Target audience	Written for a wide range of professionals responsible for designing residential care facilities for people living with dementia
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	<p>Consensus on principles of design should:</p> <ul style="list-style-type: none"> • compensate for disability • maximise independence • enhance self-esteem and confidence • demonstrate care for staff • be orientating and understandable • reinforce personal identity • welcome relatives and the local community • allow control of stimuli. <p>Features of design should include:</p> <ul style="list-style-type: none"> • small size • familiar domestic, home-like style • plenty of scope for ordinary activities • unobtrusive concern for safety • different rooms for different functions • age-appropriate furniture and fittings • safe outside space • single rooms big enough for lots of personal belongings <hr/> <ul style="list-style-type: none"> • good signage and multiple cues where possible; for example, sight, smell, sound • use of objects rather than colour for orientation • enhancement of visual access • controlled stimuli, especially noise.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Cites research that supports the principles and on which case studies of designs are assessed

Content validity: Is the resource based on research evidence?	Identifies recurring design themes from the case studies presented in the book
Utility: <ul style="list-style-type: none">• Easy to understand and use• Visually well presented• Uses appropriate terminology	The book presents designs for 20 buildings that have been selected for their attempts to present a therapeutic environment for groups of people living with dementia. As well as Australian case studies, it also presents examples from Northern Europe. These case studies provide good visual images for professionals who may be involved in commissioning a new building or renovating an existing building.

18. Design innovations for aging and Alzheimer's: Creating caring environments

Type of resource	Book
Source	Brawley, EC
Date	2006
How to obtain the resource	Hoboken, NJ, Wiley. On-line suppliers include Wiley and Amazon books
Face validity: Does the resource appear to meet the intended purpose?	The resource appears to meet its intended purpose of maximising the quality of life of older people and people with dementia by offering a comprehensive guide to designing environments for these groups.
Target audience	Families, architects, design professionals and health care professionals
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: Day care, hospice
What are the principles underpinning the resource?	<p>The book covers a broad range of design issues aiming at providing optimal care and support for older people. The principles include:</p> <ul style="list-style-type: none"> • maintaining independence and functional abilities • maximising mobility • staying socially connected • encouraging good health
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Evidence for utility and effectiveness of recommendations is cited.
Content validity: Is the resource based on research evidence?	The resource includes references to research from a range of researchers, professionals, teaching academics, institutes and associations eg Academy of Neuroscience for Architecture; Alzheimer's Association International; American Stroke Association.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	<p>The book is visually well presented and easy to understand and use. It includes a very clear table of contents, a comprehensive index, and 200 photographs.</p>

19. Individual and general environmental checklists

Type of resource	Environmental checklist
Source	Peninsula Health Falls Prevention Service, Mt Eliza
Date	2004
How to obtain the resource	Reproduced in the Victorian Quality Council's <i>Minimising the risk of falls and fall-related injuries. Guidelines pack for acute, sub-acute and residential care settings</i> Also available at < http://www.health.vic.gov.au/qualitycouncil/pub/improve/falls.htm >.
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its intended purpose of providing an environmental checklist for identifying hazards in the environment that may cause falls.
Target audience	Not stated
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	That falls can be prevented if hazards are removed from the environment
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	Experienced clinicians working in a falls prevention service developed the resource. There are no references to other research evidence on the checklists.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The two checklists are each two pages long and have an easy-to-use format that does not require any guidelines to use.

20. Aged care certification assessment instrument

Type of resource	Policy document
Source	Australian Department of Health and Ageing
Date	2002 Revision
How to obtain the resource	The instrument is listed as an appendix in Building Quality for Residential Care Services – CERTIFICATION and can be downloaded from http://www.health.gov.au/internet/main/publishing.nsf/650f3eec0dfb990fca25692100069854/afc49882ab33569dca2570e70077e555/\$FILE/assessin.pdf . It is highly recommended that you download the full document (http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-certification-buildqual.htm) for a better understanding of the instrument.
Face validity: Does the resource appear to meet the intended purpose?	<p>The Aged Care Certification Assessment Instrument is an assessment tool used in the aged care certification program. This program is a part of the Structural Reform Package introduced by the Government in the 1996-97 Budget. Its aim is to encourage improvements in the physical quality of residential aged care buildings. As part of the certification program, residential aged care buildings are inspected and scored using the Aged Care Certification Assessment Instrument, which assesses various aspects of building quality such as safety, access and lighting. Qualified building professionals who are independent of the Department carry out building inspections (known as certification assessments).</p> <p>The instrument appears to meet its proposed purpose of helping an Approved Provider to improve the physical quality of their residential aged care buildings.</p>
Target audience	<p>Aged care staff and residents</p> <p>Building professionals</p>
Target setting	<p><input type="checkbox"/> Inpatient acute</p> <p><input type="checkbox"/> Inpatient sub-acute</p> <p><input type="checkbox"/> Outpatient</p> <p><input checked="" type="checkbox"/> Residential (high and low care)</p> <p><input type="checkbox"/> Other, specify: _____</p>
What are the principles underpinning the resource?	<p>The Assessment Instrument was developed for use in ascertaining the quality of the built fabric as part of the certification process for aged care facilities. The Instrument includes the following sections:</p> <ul style="list-style-type: none"> • Section 1 Safety • Section 2 Hazards • Section 3 Privacy • Section 4 Access, Mobility, OH&S • Section 5 Heating/Cooling • Section 6 Lighting/Ventilation • Section 7 Security
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	The certification process is covered by Division 38 of the Aged Care Act 1997 and the Certification Principles 1997.

<p>Utility:</p> <ul style="list-style-type: none">• Easy to understand and use• Visually well presented• Uses appropriate terminology	<p>The Instrument is an important tool for an Approved Provider to improve the physical quality of their residential aged care buildings.</p>
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21. Residential aged care services bushfire ready resource

Type of resource	Resource handbook
Source	Victorian Government Department of Health
Date	November 2009
How to obtain the resource	http://www.health.vic.gov.au/bushfire/downloads/racs_bushfire_resource.pdf Telephone for hard copy – 1300 650 172 Email: aged.care@health.vic.gov.au
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its purpose to support the planning and preparedness of Victorian aged care facilities for potential bushfires and extreme hot weather events.
Target audience	Boards, company directors and managers of aged care facilities
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	Not stated
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	The resource has been developed to complement existing requirements of the Commonwealth Department of Health and Ageing for providers to deliver appropriate care and services to residents and to actively work to provide a safe environment that minimises fire and other emergency risks.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The Resource focuses on a range of important considerations that can impact on aged care facilities' planning and preparedness for potential bushfires and extreme hot weather events. It discusses some specific factors that are unique to residential aged care services. Anecdotes from residential aged care providers about their real life experiences during the February 2009 bushfires are included along with some prompts for planning considerations. The resource will also be useful for residential aged care services that may be in a position to offer temporary care and services to residents that may need to be relocated to their facility.

22. Contemporary environments for people with dementia

Type of resource	Book
Source	U Cohen and K Day
Date	1993
How to obtain the resource	Published by Johns Hopkins University Press, Call number: 362.196831
Face validity: Does the resource appear to meet the intended purpose?	The resource appears to meet its purpose of providing a design guide for developing supportive and healthy environments for people living with dementia.
Target audience	Broad audience including people working with people living with dementia, family caregivers and design professionals.
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care). The resource is relevant for any environment in which people living with dementia reside; however, it tends to focus on residential care. <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	<ul style="list-style-type: none"> • The physical environment represents a potentially valuable therapeutic resource in the care of people living with dementia. • Physical settings occupied by people living with dementia are integral parts of a larger system and must operate within the social and organisational dimensions of the larger system. • As much as possible, therapeutic settings should retain the positive attributes of home.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The resource is based on a compilation of case studies that help illustrate the effectiveness of design concepts that consider the relationship between the physical environment and behaviour in dementia care and are promoted by design guides, researchers and consultants.
Content validity: Is the resource based on research evidence?	The methodology used was a rigorous and systematic survey of case studies of facilities that have implemented and experienced various design concepts and innovations.
Utility <ul style="list-style-type: none"> • easy to understand and use • visually well presented • uses appropriate terminology 	The book uses appropriate terminology and is visually well presented with photos and maps to illustrate case studies.

23. Dementia care and the built environment

Type of resource	Position Paper
Source	Alzheimer's Australia
Date	2004
How to obtain the resource	< http://www.alzheimers.org.au/upload/Design.pdf >
Face validity: Does the resource appear to meet the intended purpose?	The purpose is clearly stated: to provide "promote an understanding of the principles of good environmental design and highlight the benefits of applying those principles" (p.4).
Target audience	The paper may assist: <ul style="list-style-type: none"> aged care providers and staff families who select aged care accommodation and (where possible) people living with dementia who use the accommodation architects and builders who design and construct aged care accommodation
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: Primary health care
What are the principles underpinning the resource?	<ul style="list-style-type: none"> compensate for disability maximise independence, reinforce personal identity, and enhance self esteem/confidence demonstrate care for staff be orienting and understandable welcome relatives and the local community control and balance stimuli
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Did not state
Content validity: Is the resource based on research evidence?	Did not state
Utility: <ul style="list-style-type: none"> Easy to understand and use Visually well presented Uses appropriate terms 	The resource presented practical ideas on how to apply general design principles to different areas of aged care facilities to make it more users friendly for people living with dementia.

24. Everyday dementia care: a practical photographic guide including environmental management

Type of resource	A photographic guide
Source	J Grealy, H McMullen, and J Grealy, Big Kidz Ltd, Melbourne
Date	2004
How to obtain the resource	Big Kidz
Face validity: Does the resource appear to meet the intended purpose?	<p>The resource provides a guide for the professional or family carer on looking after a person in the later stages of living with dementia. Called the Resistance to Care (RTC) Project, it involved implementing and evaluating recommendations about care practices and health and environmental management practices at 12 participating residential care sites. RTC is defined as 'any behavioural symptom exhibited by a person with dementia, occurring upon commencement or during care that interferes with or prohibits care provision'. Direct care staff recorded RTC episodes for three consecutive days at each site to identify the care activities that were associated with the most prevalent RTC. These were:</p> <ul style="list-style-type: none"> • repositioning in bed (19.4 per cent) • assist with eating (9.5 per cent) • showering/bathing (9.3 per cent) • pad change (8.3 per cent) • dressing (8.3 per cent) • toileting (7.3 per cent). <p>The four variables that influence the risk of RTC behaviours are:</p> <ul style="list-style-type: none"> • the person • the carer • the environment • the interaction. <p>The guide addresses each variable separately.</p>
Target audience	Professional or family carers
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	<p>The main features of the environment are to:</p> <ul style="list-style-type: none"> • orientate to the purpose of the area • provide general and focal lighting for tasks • include places for both relaxation and stimulation • occupy the person in a meaningful way • encourage mobility (where appropriate) • promote independence • promote a feeling of security • take account of the person's personality • enhance self-esteem and confidence • be sensitive to each person • facilitate the opportunity for family, visitors and carers to interact freely with the person.

<p>Content validity: Was any validation undertaken to support utility/effectiveness of the resource?</p>	<p>The four variables of dementia care were assessed and evaluated by review of care plans, environmental audits at each site, three-day behavioural observation at each site and carer survey. Recommended care practices were implemented and evaluated. A second set of behavioural observations was repeated across the sample.</p>
<p>Content validity: Is the resource based on research evidence?</p>	<p>The resource provides an overview of dementia; stages, behavioural and psychological symptoms of dementia; definition of RTC; and detail of methodology used to identify RTC behaviours and variables influencing these behaviours. Material is well referenced and the project was overseen by an expert panel.</p>
<p>Utility:</p> <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	<p>Each variable is addressed separately, an environmental audit tool is available on a CD ROM, and images are used to illustrate recommended care practices.</p>

25 Vitamin D & the Built Environment in Victoria: A guideline for planners, engineers, architects & policy makers in local & state government	
Type of resource	Guideline
Source	Victorian Department of Human Services
Date	Not provided
How to obtain the resource	< http://www.health.vic.gov.au/chiefhealthofficer/publications/vitamind.htm >
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its intended purpose to provide a policy framework for Health Promotion with respect to Vitamin D in the population and the built environment.
Target audience	Local government planners, particularly strategic and recreational planners, health and social planners, public housing, architects, engineers, builders and developers, state government agencies and commonwealth agencies particularly with respect to guidelines for approval of construction, planning and accreditation of community facilities and aged care facilities.
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other: apply to any setting
What are the principles underpinning the resource?	Design considerations for the designated area in the built environment to provide direct sunlight exposure include: <ul style="list-style-type: none"> • Safe direct sunlight exposure • Accessibility • Comfort and Safety • Privacy and Security • Activity and Social Dimensions • Integrating the Natural and Built Environments
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The resource provided practical case studies in a health promotion framework for implementation by planners, engineers, architects and policy makers.
Content validity: Is the resource based on research evidence?	This guideline has taken references regarding vitamin D from the 'Risks and Benefits of Sun Exposure,' a joint position statement, developed by the Australian and New Zealand Bone and Mineral Society, Osteoporosis Australia, Australasian College of Dermatologists and the Cancer Council of Australia[
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The guideline is short in length and the language is easy to understand. It provides several cases studies to demonstrate successful strategies for maintaining adequate vitamin D levels for, in particular, at-risk groups. The guideline also includes a list of supporting resources.

26. Victorian Hospitals Industrial Association's design advisory service solution sheets

Type of resource	Solution sheets
Source	WorkSafe Victoria
Date developed and updated	See individual solution sheets
How to obtain the resource	Go to the Forms and Publications section of the web site, < http://www.worksafe.vic.gov.au >
Face validity: Does the resource appear to meet the intended purpose?	<p>The resources meet their aim of providing the health and aged care sector with information about specific design aspects of patient care and safety to supplement current building codes and relevant Australian Standards. The sheets are:</p> <ul style="list-style-type: none"> • Solution Sheet 1: <i>Overhead tracking for safe people handling</i> (2003) • Solution Sheet 2: <i>Ensuite design for dependent and semi-independent persons</i> (2003). This provides solutions affording flexibility for a range of disabilities, from independent to dependent, and for needs beyond those catered for, by AS 1428.1–2001, <i>Design for access and mobility</i> • Solution Sheet 3: <i>Choosing safe floor coverings for workplaces in health and aged care</i> (2005).
Target audience	Direct care workers who handle patients/residents, and managers and designers
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: Day procedure centres
What are the principles underpinning the resource?	The broad principle underlying the resources is providing solutions on specific design aspects of patient/resident care and safety, which address the occupational health and safety legislative obligations of employers.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	There is no information on dissemination of the solution sheets or their impact on design to improve patient/resident care and safety.
Content validity: Is the resource based on research evidence?	The solutions provided address the occupational health and safety legislative obligations of employers. For readers who wish to obtain more detailed information,
	the solution sheets refer to relevant guidance material and industry standards.
Utility:	The solution sheets are short in length and well presented. The information is presented in a very accessible format for direct care workers through to designers.
<ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	

27. Falls in hospitals	
Type of resource	Evidence-based practice information sheet for health professionals
Source	<i>Best practice</i> (vol. 2, issue 2), The Joanna Briggs Institute
Date	1998
How to obtain the resource	< www.joannabriggs.edu.au/pubs/best_practice.php >
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its aim of summarising the research evidence available regarding patient falls in hospitals, including risk of falling, assessment of risk of falling and interventions aimed at minimising the risk of falling.
Target audience	Health professionals
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	The broad principle underlying the resource is providing evidence-based practice.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	There is no indication that the pamphlet was validated or tested.
Content validity: Is the resource based on research evidence?	The resource is a summary of a systematic review of research titled, <i>Falls in acute hospitals</i> ; however, if readers wish to look up particular references they need to refer to the original systematic review for a reference list.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The resource requires some understanding of research methodologies. The resource is short in length, easy to use and provides a comprehensive summary of the research evidence. The document clearly indicates the levels of evidence in which research is categorised, and provides recommendations at the end of the document. The pamphlet is also available in Japanese and Italian.

28. Assessment tools and guidelines for nurses and caregivers

Type of resource	Compilation of assessment tools
Source	Pennsylvania Restraint Reduction Initiative Training Team and Untie the Elderly®
Date	January 2003
How to obtain the resource	Go to online store at the Kendal Corporation's web site, < www.kendaloutreach.org >. As of January 2009 this resource cost \$US45 (there may be additional shipping fees).
Face validity: Does the resource appear to meet the intended purpose?	The resource meets the intended purpose of providing a resource for 'any facility that may be revising or developing assessment forms' (p.1).
Target audience	Nurses and caregivers, particularly those in residential aged care facilities
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	Assessment and care planning are critical elements of restraint minimisation programs.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Although it is not documented that the resource has been validated, the resource was developed as part of the Pennsylvania Restraint Reduction Initiative (PARRI), which achieved a 79 per cent reduction in physical restraint use (excluding side rails) across the state of Pennsylvania between 1994 and 2002. The resource is a compilation of assessment tools, some of which have been validated, such as the Berg Balance Scale, and others that have been developed by a residential aged care facility where no validation is evident.
Content validity: Is the resource based on research evidence?	The resource is a collection of assessment tools collected or developed by the PARRI training team. The resource is not based on research evidence but rather is a 'resource guide based on the experience of providers in the field of long term care' (p. 1); however, some of the tools are validated and based on research evidence and references or full journal articles are provided for published assessment tools.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The resource is easy to use with assessment tools categorised into groups that are separated by tabs. A contents list also helps the reader find a particular assessment tool. The language in some of the assessment tools does rely on some knowledge of nursing terminology (appropriate for the target audience).

29. Building design and the delivery of day care services to elderly people

Type of resource	Book
Source	V Bacon and C Lambkin
Date	1994
How to obtain the resource	Building Research Team School of Architecture, Oxford Brookes University, London Call Number: 362.60941 BACO
Face validity: Does the resource appear to meet the intended purpose?	The resource is a report of a research study and meets its aim of describing the findings of this study.
Target audience	Not specified
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	That under the National Health Service and Community Care Act 1990 (UK), local authorities are required, in consultation with other providers, to promote the development of domiciliary, day and respite services as a means of enabling elderly people to live in their own homes rather than in institutional care.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	No. The resource provides research findings about the strengths and limitations of existing day therapy programs, which will inform the future provision of day therapy services.
Content validity: Is the resource based on research evidence?	The resource is based on a survey conducted in 1990 of 599 Health Services providing day therapy programs in England and Wales.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	Detailed report (146 pages), well illustrated with photos, tables and maps

30. Designing workplaces for safer handling of people

Type of resource	Guidelines
Source	WorkSafe Victoria
Date developed and updated	2007
How to obtain the resource	Go to the publications section of the web site, < www.workcover.vic.gov.au >
Face validity: Does the resource appear to meet the intended purpose?	The publication (formerly known as "Designing workplaces for safer handling of patients and residents") provides practical guidance for planners and designers of health and aged care facilities who are building a new facility or refurbishing an existing building on designing the workplace to help facilities in a manner that will reduce risks to staff who handle patients
Target audience	This Guide is targeted at four main groups: <ul style="list-style-type: none"> • designers of health, aged care, rehabilitation and disability facilities (this may include planners, architects, project managers, builders and user groups); • managers and owners of these facilities; • health and safety representatives • employees who handle patients, residents and clients.
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify:
What are the principles underpinning the resource?	<p>The Victorian WorkCover Authority has developed these guidelines in cooperation with the health and aged care sector to provide comprehensive guidance on how good workplace design can reduce manual handling injury risks. It complements a number of related WorkSafe Victoria publications, including:</p> <ul style="list-style-type: none"> • Transferring People Safely; • Designing Safer Buildings and Structures; • Working Safely in Visiting Health Services; • Working Safely in Community Services; and • Design 4 Health. <p>This Guide also supports a number of design standards and codes developed by other Government agencies associated with workplace design (refer to Appendix B, References).</p>
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The impact of the dissemination of these guidelines on improved design is not known. The guidelines are to be reviewed to ensure new developments in workplace design in health care are incorporated.
Content validity: Is the resource based on research evidence?	The development of the guidelines included a review of existing research and information, evaluation of eight hospitals and aged care facilities, expert opinion, consultation and feedback from the industry, and a mock-up field trial.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The guidelines provide best practice information for the design and layout of the main patient or resident handling areas within hospitals and aged care facilities. Sketches showing spatial requirements accompany the guidelines. Information about consultation processes with direct care staff is provided in Section 2. A safety audit checklist for safe handling of patients or residents is included in Appendix A.

31. Minimising the risk of falls and fall-related injuries. Guidelines pack for acute, sub-acute and residential care settings

Type of resource	Best practice guidelines and associated resources to support falls prevention implementation in hospitals and residential aged care facilities
Source	Victorian Quality Council
Date	July 2004
How to obtain the resource	< http://www.health.vic.gov.au/qualitycouncil/pub/improve/falls.htm >
Face validity: Does the resource appear to meet the intended purpose?	The resources available as part of the guidelines kit include a guidelines booklet, a research supplement, a tools supplement (including examples of a range of useful risk assessment tools, incident forms, environmental audits, post-fall pathways, and client brochures), a quick reference guide (flip-chart of risk factors, indicators, and a list of potential interventions), sample posters, and an education supplement (six modules covering aspects of the guidelines that can be used as a basis for facilitated workshops with staff or self-learning guides). The range of resources provides a useful basis against which users can commence new, or review existing, falls prevention practice.
Target audience	All staff in hospital and residential aged care settings
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	The guidelines report a client-centred process model (four steps) which sits within an organisation's quality improvement framework as the foundation for falls prevention in the target settings. While outlining a clear framework, it does not prescribe the tools and resources to be used. In most instances, two or more examples of tools and resources that met key criteria are included in the tools supplement.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	During the development of the guidelines and tools, a pilot trial was conducted in two acute, two sub-acute and two residential aged care settings. Feedback from the trial sites was incorporated into the final version of the guidelines. The pilot trials demonstrated that each setting achieved several key self-selected goals in moving towards implementing part of the guidelines.
Content validity: Is the resource based on research evidence?	A research review was conducted (included as a research supplement) and used to identify the evidence base underpinning the guidelines' development.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	Generally easy to follow guidelines and resources. Development involved a research team (National Ageing Research Institute) and experts in instructional design (Word Design Interactive), and resources have been professionally produced. The quick reference guide is a colour coded, tabbed flipchart which can be positioned at nurses' stations for easy reference. Other resources follow the framework of the guidelines so that cross-referencing is relatively easy.

32. Rehabilitation in the home versus the hospital: the importance of context

Type of resource	Journal article
Source	L von Koch, AW Wottrich and L Widén Holmqvist
Date	1998
How to obtain the resource	<i>Disability and Rehabilitation</i> (vol. 20, p. 367–72)
Face validity: Does the resource appear to meet the intended purpose?	The article meets its intended purpose of exploring the differences between therapy provided at home and therapy provided in hospital for a sample of three stroke clients.
Target audience	Rehabilitation therapists
Target setting	<input type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	That the context of the rehabilitation environment influences outcomes as well as the behaviour and roles of the patient and therapist
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The article is not intended for use as a resource, but rather discusses the implications of the location of rehabilitation on therapy.
Content validity: Is the resource based on research evidence?	The article has a reference list of 15 references as well as a qualitative study with three patients using observation and interview methods.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The article uses a standard journal format comprising abstract, introduction, method, results and discussion. Figures are used to illustrate the relationship between patients, therapists and the physical and social environments.

33. Health, supportive environments, and the Reasonable Person Model

Type of resource	Journal article
Source	S Kaplan and R Kaplan
Date	September 2003
How to obtain the resource	<i>American Journal of Public Health</i> (vol. 93, issue 9, p. 1,484–9)
Face validity: Does the resource appear to meet the intended purpose?	The resource appears to meet its purpose of illustrating how the Reasonable Person Model provides a useful framework for bridging public health and environmental domains by focusing on people's information needs.
Target audience	Not specified
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, specify: Not focused on a particular setting
What are the principles underpinning the resource?	'The Reasonable Person Model is a conceptual framework that links environmental factors with human behaviour. People are more reasonable, cooperative, helpful, and satisfied when the environment supports their basic informational needs. The same environmental supports are important factors in enhancing human health' (p. 1,484).
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	Fifty-four references are cited to illustrate the model.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The resource is in a standard journal article format. The writing focuses on theoretical frameworks and sections may be challenging for a lay audience.

34. Remembering well: How memory works and what to do when it doesn't

Type of resource	Book
Source	Delys Sargeant and Anne Unkenstein
Date	2001
How to obtain the resource	Allen & Unwin
Face validity: Does the resource appear to meet the intended purpose?	The book appears to meet the intended purpose of presenting the facts about memory changes and giving practical guidance for remembering well for people of all ages.
Target audience	The book is written for people who experience memory changes and their relatives, health professionals and the wider community
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, applicable to any setting
What are the principles underpinning the resource?	Memory change is a reality over the whole of our lives and the wise use of memory-enhancing strategies will help people of all ages to remember well.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The book uses real-life stories as illustration of practical guidance for memory strategies.
Content validity: Is the resource based on research evidence?	Not stated
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	A brief, easy-to-read book about everyday memory that is particularly oriented to people who are getting older and are worried about memory failures. It also includes a section on useful everyday memory strategies.

35. The importance of individualized wheelchair seating for frail older adults

Type of resource	Journal article
Source	Joanne Rader, Debbie Jones and Lois Miller
Date	November 2000
How to obtain the resource	<i>Journal of Gerontological Nursing</i> (vol. 26, issue 11, p. 24–32)
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its intended purpose of outlining indicators of need for a seating assessment, benefits of proper seating, as well as discussion of how team members can work together to address the issue.
Target audience	Care staff working with frail older adults
Target setting	<input checked="" type="checkbox"/> Inpatient acute <input checked="" type="checkbox"/> Inpatient sub-acute <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other: Settings occupied by frail older adults
What are the principles underpinning the resource?	That wheelchairs need to be adjusted to fit individuals to ensure comfort and function
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	The article describes the importance of individualised assessment for fitting wheelchairs appropriately. The article is based on the authors' (nursing/associate professor) experiences and has 13 references.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The article is easy to follow and effectively uses tables to highlight key points and case studies to illustrate the benefits of fitting wheelchairs for individuals. It is a practical guide; however, because it was written in the United States, the section on obtaining funds has limited relevance to an Australian setting.

36. Safety flooring: energy absorption, postural stability and gait patterns

Type of resource	Conference abstract
Source	Robertson MC, Milburn PD, Carman AB, Campbell AJ
Date	October 2008
How to obtain the resource	3 rd Australian and New Zealand Falls Prevention Conference, Melbourne < http://www.anzfpconference.com/ >
Face validity: Does the resource appear to meet the intended purpose?	The purpose of the paper is to investigate the impact attenuation and explore stability and gait pattern in older women when standing and walking on three different types of flooring (a newly patented flooring material, vinyl, and carpet with commercial underlay). The research design appears to be met the purpose of the paper.
Target audience	Researchers, older people and staff in aged care
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, applicable to any setting
What are the principles underpinning the resource?	Not stated
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The resource used a standard drop test to compare impact attenuation and used a 12-camera motion analysis system to explore the stability and gait patterns.
Content validity: Is the resource based on research evidence?	The study suggests that the new flooring material absorbed more energy on impact than carpet and vinyl. Furthermore, older women were as stable when standing and walking on the new material compared with carpet and vinyl.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The study suggests that the new flooring material has the potential to reduce injuries from falls in older people without affecting their balance or altering the way they walk. This information might be helpful for older people and aged care staff.

37. Strategies to manage sleep in residents of aged care facilities

Type of resource	Evidence-based practice information sheet for health professionals
Source	The Joanna Briggs Institute, Best Practice, Volume 8, Issue 3
Date	2004
How to obtain the resource	< www.joannabriggs.edu.au/pubs/best_practice.php >
Face validity: Does the resource appear to meet the intended purpose?	The resource meets its aim of summarising the research evidence available for assessing sleep disturbances and managing sleep for residents in aged care facilities.
Target audience	People who have appropriate expertise in sleep management
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input type="checkbox"/> Other, specify: _____
What are the principles underpinning the resource?	The broad principle underlying the resource is providing evidence-based practice.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	There is no indication that the pamphlet was validated or tested.
Content validity: Is the resource based on research evidence?	The resource is a summary of a systematic review of research titled, 'Effectiveness of strategies to manage sleep in residents of aged care facilities'; however, if readers wish to look up particular references they need to refer to the original systematic review for a reference list.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The resource requires some understanding of research methodologies. It is short, easy to use and provides a comprehensive summary of the research evidence. The resource is generally well presented, although the yellow font on white background is difficult to read. The recommendations provided at the end of the document are in language accessible to an audience with limited understanding of research methodologies.

38. Sleep disturbances and falls in older people

Type of resource	Journal article
Source	Hill EL, Cumming RG, Lewis R, Carrington S and Le Couteur DG
Date	2007
How to obtain the resource	The Journals of Gerontology, Volume 62A, pages 62-66
Face validity: Does the resource appear to meet the intended purpose?	The study appeared to meet its purpose of examining the association between sleep disturbances and falls in older persons.
Target audience	Researchers, older people and staff in aged care.
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other: Settings occupied by older adults
What are the principles underpinning the resource?	Not stated
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	The study used a cross-sectional design and the data were collected from hostel participants and the internet. The study also provided references to some studies that found an association between sleep disturbance and falls.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	The study found that sleep disturbances are common in older people and are associated with their risk of falling. This resource is in a standard journal article format. The writing focuses on theoretical frameworks and sections may be challenging for a lay audience.

39. Help sheet: the bathroom and toilet

Type of resource	Help Sheet
Source	Alzheimer's Australia
Date	2000
How to obtain the resource	< www.alzheimers.org.au/upload/BathToilet.pdf >
Face validity: Does the resource appear to meet the intended purpose?	The resource appears to meet the intended purpose of making the bathroom and toilet as useful and safe as possible for a person with dementia, their family and carers.
Target audience	A person with dementia, their family and carers
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, applicable to any setting
What are the principles underpinning the resource?	The principle underlying the resource is to help the person living with dementia maintain independent personal care and continence for as long as possible.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	Not stated
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	This resource suggests some ways to make the bathroom and toilet as useful and safe as possible for a person living with dementia, their family and carers. Although not all suggestions will suit all people or situations, some people will find a solution to a particular problem they are experiencing in the bathroom or toilet.

40. Help sheet: Utilities

Type of resource	Help Sheet
Source	Alzheimer's Australia
Date	2000
How to obtain the resource	< http://www.alzheimers.org.au/upload/Utilities.pdf >
Face validity: Does the resource appear to meet the intended purpose?	The resource appears to meet the intended purpose of making the heating, cooling, lighting, electricity and gas used in the home as safe as possible for a person with dementia, their family and carers.
Target audience	A person with dementia, their family and carers.
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, applicable to any setting
What are the principles underpinning the resource?	Not stated
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Not stated
Content validity: Is the resource based on research evidence?	Not stated
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	This Help Sheet suggests some ways to make the heating, cooling, lighting, electricity and gas used in the home as safe as possible for a person with dementia, their family and carers. Not all suggestions will suit all people or situations, but some people may find a solution to a particular problem they are experiencing with utilities.

41. Furniture assessment considerations

Type of resource	Fact sheet
Source	Tim Burke
Date	23 March 2011
How to obtain the resource	< www.wayfinderdesign.com.au > – contact T Burke
Face validity: Does the resource appear to meet the intended purpose?	The resource provides an itemised study of appropriate furniture for a dementia friendly environment
Target audience	Designers and developers of RACS, family and carers
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, applicable to any setting
What are the principles underpinning the resource?	Maximise the independence and minimise the risk of potential harm to a person.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	Resource has been provided to RACS for information and found to be useful when selecting furniture for residents.
Content validity: Is the resource based on research evidence?	Yes, it combines researched elements reviewing and assessing each one.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	Very easy to read and understand. It itemises different furniture and includes illustrated examples.

42. Mixed messages – floor materials in dementia accommodation

Type of resource	Article
Source	National Healthcare Journal
Date	June -July 2006
How to obtain the resource	< www.wayfinderdesign.com.au > – contact Tim Burke
Face validity: Does the resource appear to meet the intended purpose?	Yes it was written based on research and evidence in this area
Target audience	Designers and developers of RACS, family and carers
Target setting	<input type="checkbox"/> Inpatient acute <input type="checkbox"/> Inpatient sub-acute <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Residential (high and low care) <input checked="" type="checkbox"/> Other, applicable to any setting
What are the principles underpinning the resource?	Maximise the independence and minimise the risk of potential harm to a person.
Content validity: Was any validation undertaken to support utility/effectiveness of the resource?	The resource provides an itemised study of appropriate floors for a dementia friendly environment. It provides photographic evidence to support changes under different lighting arrangements,
Content validity: Is the resource based on research evidence?	No empirical study determining the best level of tonality between changes in colours or floor materials, but tonality is simple to determine through black and white photograph.
Utility: <ul style="list-style-type: none"> • Easy to understand and use • Visually well presented • Uses appropriate terminology 	Easy to read, but in some areas may be difficult to understand the terminology used.