ARC

Ageing Right Care(fully) a system approach to understanding, redesigning and futuring integrated care for older adults ageing in place in the Netherlands, Israel and Sweden

KEYWORDS

aging in place, healthcare transformation, older adults, patient journey, citizen science, knowledge mobilization, integrated care

DURATION

36 months

ABSTRACT

Ageing Right Care(fully) (ARC) is a transdisciplinary, transnational research project which will explore and map an understanding of the care pathways between ageing in place and hospitalization of older adults in the Netherlands, Israel and Sweden. By combining multi-level knowledge, the results from this project will inform the future of integrated healthcare for older adults. The countries are suited to be compared where they have growing, ageing populations, a focus on healthcare reform and several policies to reduce the cost of care for older persons. Ageing in place is a standard policy allowing older adults to live independently in their homes and community, regardless of ability level or financial situation. Although this government-led solution is often associated with choice, there is a recent debate if ageing in place is a universal desire for all older adults. Meanwhile, as a part of a global transformation of hospitals, overnight hospital stays will no longer be the standard of care in the near future. It will be increasingly common for inpatient hospital-level care to be provided only for acute and critical care patients. All other types of care will be provided at home and in community settings. However, for older adults ageing in place, the care pathway between the hospital and the home can be complex and complicated and impact well-being. This scenario is especially true when the built, social and technological environments are not modifiable, adaptable or equipped to meet the healthcare needs and preferences of older adults. There is limited research on patient care pathways which describe ageing in place and the experiences of hospital care at home for older adults. Therefore, this research project aims to understand the demographics, policy structure, decision-making process, and the crucial role of the built, social and technological environments along the home-to-hospital care pathways of older adults ageing in place. Our multi-disciplinary consortium aims to address the following research questions: 1) what are the comparative ageing demographic structures and policies that support the care of older adults ageing in place? 2) how can built, social and technological environments intersect and support the hospital-to-home care pathway of older adults? 3) how can ageing in place, healthcare policy and home-based hospital care be improved for older adults of the future? This knowledge will be gained through three phases to understand and transform the care pathways between the home and hospital of older adults ageing in place. The first phase will compare each country's population and policy structures relating to ageing in place, hospital discharge and at-home care for older adults. For the second phase, we will use a citizen science approach to explore the patient journey maps of older adults living in each country through the perspective of the older adult, caregivers, and care professionals. For the third phase, we will explore the

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synergies between the knowledge gained through phases one and two and mobilize the knowledge into policy recommendations and implementation guidelines. The knowledge can improve the care and treatment pathways and support the development of innovative, patient-centred care models. The sequential methodological approach to co-create knowledge will be available through open access platforms to allow other countries to replicate methods and compare results. The co-produced knowledge from this project will be shared with end-users, including citizens, carers, patients, healthcare policymakers, planners, architects and designers, through social media, publications, workshops and international conferences. This future-focused system design approach will allow stakeholders to rethink and imagine ways that health and care systems can be personalized and responsive to the future needs of older adult populations.

PARTNERS

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Sturge	University of Twente	the Netherlands
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