

FC34: Desatar Argentina: Transforming the Care of Older Adults in Long-Term Care Facilities

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Introduction: Desatar Argentina is an interdisciplinary group of professionals dedicated to eliminating the use of physical restraints in gerontological care settings. Since its foundation in 2017 under the auspices of the Argentine Society of Gerontology and Geriatrics (SAGG), the group has been committed to promoting respect and dignity for older adults, guided by the International Convention on the Rights of Older Persons.

Mission: Desatar Argentina's mission is to raise awareness about the harm caused by physical restraints and to promote strategies for their elimination, generating a cultural change within health and social care organizations. We aim to sensitize both society and healthcare professionals about the importance of respecting the dignity of older adults.

Trajectory: Since its inception, Desatar Argentina has undertaken numerous activities, including:

- In 2018, the first "Desatar para cuidar" event at LedorVador.
- In 2019, presenting the research on the effectiveness of a multicomponent intervention program to eliminate physical restraints in a long-term care facility (which also obtained an award) at the XVI Argentine Congress of Gerontology and Geriatrics.
- Publications in the SAGG Journal and other media to widely disseminate the group's message.
- Training courses for care home professionals, focusing on tools and strategies to eliminate the use of physical restraints.

Future Perspectives: Desatar Argentina will continue to work to:

- Promote research and dissemination of new care modalities that prioritize the fundamental rights of older adults.
- Foster ongoing training of health and social care professionals on the risks and alternatives to restraints.
- Promote sustainable cultural change within care centers to ensure a restraint-free environment focused on respect and dignity for older adults.
- Undertake the evaluation and assessment of chemical restraints.
- Promote the elimination of physical restraints in the hospital environment.

Conclusions: Desatar Argentina has shown that it is possible to eliminate physical restraints in long-term care facilities, significantly improving the quality of life for older adults. Continuous training and awareness-raising are essential to promote restraint-free care and transform organizational culture in favor of the rights and dignity of older adults.

Keywords: Physical restraints, gerontology, dignity, restraint-free care, quality of life, Desatar Argentina, organizational culture.

FC35: The use of narrative approaches to improve quality of care in the long-term care setting: a scoping review

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Objectives: Experienced quality of care of older people using long term care is not sufficiently reflected in quantitative quality measures, like surveys or indicators. Therefore, care organizations increasingly use narrative approaches to collect and analyze experiences of clients, relatives, and professionals with quality of care. These Methods enable care organizations to share experiences, identify dilemmas in care provision and provide rich information for quality improvement. However, information about such Methods is scattered. The aim of this

scoping review is to explore which types of narrative approaches are used for quality improvement in the long-term care setting for older people. The review identifies, among other things, types of narrative approaches, their goal and challenges.

Methods: A literature search (in Embase, Medline ALL, Web of Science Core Collection, CINAHL, PsycINFO, Sociological Abstracts – proquest, Social Services Abstracts, International Bibliography of the Social Sciences, Google Scholar) was performed from inception up to 28th of April 2022. Thirty-nine articles were included.

Results: Almost all included studies were from Western countries, in particular the Netherlands and Canada, and much focused on intramural care. Different types of narrative approaches were identified, such as a participatory or co-design, photovoice or interview approach. The goal of the approaches was directed at the client, care relationship, organization, or a combination of those levels. The agenda for quality improvement was usually informed by insights revealed during the execution of the narrative approach and researchers were often leading this process. Most approaches are used in practice only once at one or more locations. Findings and suggestions for further research will be discussed, for example about including people with cognitive impairments or relatives.

Conclusions: This scoping review revealed a variety of approaches that attempt to collect narrative information from older people, relatives, and professionals to improve quality of long-term care. Development opportunities for narrative approaches are structural embedding of narrative approaches in practice, including people with (severe) cognitive problems, and effect studies about achieved improvements.

FC36: Advance care planning with older people living with psychosis- preliminary findings regarding the experiences and attitudes of mental health clinicians with a view to implementation strategy.

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Objectives: Older people living with mental illness, including schizophrenia and other psychotic disorders, experience increased physical morbidity and premature mortality rates compared to the general population. However, Advance Care Plans (ACP) are rarely documented in this group, despite ability to discuss end-of-life care and express wishes. The aim of this study is to explore mental health clinicians' attitudes, experiences, and perceived barriers and facilitators to ACP with people living with psychotic illnesses, to better understand the reasons for this gap and develop a needs-responsive approach to implementation.

Methods: This qualitative study involves focus groups of multidisciplinary mental health clinicians who work with people aged 55+ with psychotic illnesses. It is being conducted in three public mental health services in Sydney, Australia. Focus groups are audio-recorded, transcribed and analysed using reflexive thematic analysis, grounded within an interpretive description framework.

Results: Preliminary findings from an unsaturated sample of 12 multidisciplinary clinicians (psychiatrists, social workers, occupational therapists, psychologists) will be presented. Emerging themes regarding experiences of ACP include 'no experience', 'not a priority', 'particular relevance for nursing home residents' and 'difficult to navigate consumer choices in the context of delusions'. Emerging themes in relation to attitudes about implementing ACP