



Breaking News. . .Specialized Geriatric Services

Welcome to the RGPc Newsletter. Breaking News brings you current information related to Specialized Geriatric Services (SGS) while offering our Regions a venue for sharing news, events and initiatives with others. If you have news that you would like to share across RGPc please email jhorvat@stpetes.ca

Special points of interest:

- Highlight on Wellington Dufferin
- RGPc Update
- Recommended Resources
- Recommended Reading List
- Education Calendar for April

Issue 7

April Newsletter 2005

Highlight on Wellington Dufferin

Wellington-Dufferin Ready to Implement Expert Geriatric Services Model

Over the past year, a project to develop a Model for Expert Geriatric Services (EGS) in Wellington-Dufferin has been successfully completed. Funding for this project was received from RGPc.

The project structure included a part time Project Coordinator (.5); a Management Committee with overall accountability; a Reference Group to act in an advisory capacity particularly with regard to system issues; and a Clinical Resource Group to act as an expert resource. Membership was designed to ensure inclusion of key perspectives and service partners and to build commitment and support for the model. Key activities carried out as part of the project include:

Information Gathering and Analysis - an extensive community consultation process where individuals representing all parts of the system were interviewed; a review of best practice including current literature, interviews and site visits with providers of EGS;

Model development and identification of resource needs; and

Implementation planning. The model is built on the principle of partnership with primary and ongoing care systems and includes the following key components:

Centralized Referral & Intake – a single point of access to all EGS followed by triaging and assignment to the appropriate ‘arm’ -geriatric medicine or geriatric psychiatry (mental health);

Assessment and recommendations – Collection of existing assessment information and, as needed, completion of an in-home comprehensive assessment by

a non-physician assessor, followed by an assessment by a geriatric specialist as required;

Care planning, follow-up and discharge – completion of a report with recommendations, followed by facilitation to support their implementation and then discharge when appropriate;

Consultation – to primary care providers and others as needed;

System capacity building and sustainability – building capacity across the system through initiatives that increase knowledge and skill of service providers and ensure the long term sustainability of the service and its resources.

Key recommendations were made to ensure an accessible and integrated service is implemented in W-D. These recommendations include:

The EGS will function as a single, integrated service with two connected ‘arms’ – geriatric medicine and geriatric psychiatry. The service will be accessed through a central intake and referral creating a single access point for both based on clear referral and triage protocols.

A single database will be created to support evaluation and reporting.

The service will leverage current and future opportunities to deepen expert geriatric expertise, expand team cohesiveness and build capacity within and between care providers/organizations.

A community wide system for secure information sharing between service providers and relevant agencies, with consent, is required.

The EGS should work with the WCHN Information Technology Working Group to explore ways technology can support delivery of service. In the short term, options may include cross agency protocols and access and sharing of existing electronic health record information.

A Joint Management Committee consisting of representatives from the key service partners - CCAC of W-D, Community Mental Health Clinic (CMHC) and St. Joseph’s Health Centre – will be established to manage & coordinate the service .

Wellington Dufferin Update, continued

An EGS Advisory Committee will be struck to advise re the service and to address system issues.

The service should utilize existing resources and RGPc support for education and research/evaluation.

In the coming months implementation will be led by the EGS Joint Management Committee with CMHC as the lead for geriatric psychiatry and CCAC-WD as the lead for geriatric medicine .

Lessons learned:

Finding a neutral 'home' to house the project allowed key agencies to participate fully and bring their agency perspective to the table.

Structuring different levels of committees (3) for the project worked well.

The strong history of collaboration and partnership across ser-

vice providers helped move the project forward.

Within the community, there was a keen interest and motivation to move forward.

The ability of key agencies to reallocate resources to the model from within the existing care system allowed implementation of the model to begin.

The ability to offer reimbursement to support physician involvement allowed for greater participation on the part of physicians.

Time spent on community consultation was valuable in bringing forward a rich source of data for this project and for groups focusing on the care of the elderly.

The final report with details on the model and implementation plan can be

found on the RGPc website.

WD hosts a very successful workshop as part of a collaborative response to elder abuse.

The full day workshop entitled **SHARING EXPERTISE :WORKING TOGETHER TO ADDRESS ABUSE OF OLDER WOMEN** , focused on providing a cross training opportunity for domestic violence workers and health care providers. The event was hosted by Women in Crisis, SOS Seniors Offering Support and the Seniors At Risk System Coordinator for Wellington County. In addition to a large local contingent, participants came from across southern Ontario including Toronto, Orillia, Hamilton, Milton, London, Niagara and Sarnia.

"Traditionally, elder abuse services and domestic violence programs have operated as separate domains . Domestic violence in later life has drawn the two disciplines together, challenging professional attitudes and approaches to service delivery "(Speltz, K & Raymond,J. 2000)

This workshop offered both disciplines an opportunity to share their service approaches and resources. Keynote speaker, Dr. Connie Kristiansen, Assoc. Professor of Psychologically at Carleton University provided an excellent presentation on the effects of childhood sexual abuse and adult abuse on older women. Breakout sessions provided cross training in the dynamics of woman abuse, understanding and recognizing dementia, resources for abused older women, and the common health conditions in the older adult. The workshop

concluded with a discussion of two mock cases by the community's Consultation Team.

Response to the workshop was extremely positive and indicated a shared view by people from across this province that "in the past, the aging network and domestic violence community have only infrequently interacted. This is because they viewed their client population as mutually exclusive. Now that view is changing, both groups of service providers recognize that they have some clients in common— that is, older battered women." (Linda Vinton)

For the community of WD, this workshop represented a step forward in local efforts to address abuse of

older adults. The tremendous response to the workshop also reconfirmed an emphasis on a collaborative approach to addressing abuse and the ongoing need for the sharing of expertise and knowledge across the community serving older adults.



More news from Wellington Dufferin...

CCAC Wellington Dufferin Establishes an Elder Abuse Resource Team

Over the past four years the CCAC WD has worked closely with community partners in the development of a collaborative response to abuse of older adults. The result of this work is an Elder Abuse Network, a Community Consultation Team, a senior peer telephone support program, emergency housing in partnership with local retirement homes and a designated position, Seniors At Risk System Coordinator, to facilitate the ongoing process. Recently, the CCAC of WD strengthened its position in responding to abuse of older adults

by establishing an internal Elder Abuse Resource Team. Anne Macintosh, Chair of the Seniors Services Network, is taking the lead in the establishment of this team and will be joined by two Case Managers, two Resource Case Managers, a Long-Term Care Coordinator and the Education Coordinator. The team will also link closely with community efforts through the Seniors At Risk System Coordinator. The team will: determine staff needs in responding to suspected situations of abuse, provide an internal process for consultation and debriefing for colleagues, provide resource information to clients and staff and provide educational opportunities for staff in rais-

ing awareness of abuse and resources available.

Thank you to Sheli O'Connor, Brenda Fraser and Jocelyn Leblanc for providing these updates from Wellington Dufferin. Please watch for news from Brant in May.



Recommended Resource

**SET ME FREE
TO REDUCE THE USE OF PHYSICAL RESTRAINTS -
A MANUAL FOR HEALTH CARE PROVIDERS,
2nd. Edition**

Authors: Judith A. Lever, RN, BScN, MSc(A), GNC®, Dianne Rossy, RN, MScN, GNC®

Now available for health care providers, this book is a guide to assessment strategies and practical alternatives to restraint use applicable to acute care, long term care, and for the community settings. It promotes ways of fulfilling policies of least restraint while improving health outcomes for your patients. *For your copy, write to:*

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136, Hamilton, Ontario. L8V 4J6

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Available:

Set Me Free for Patients and Families - \$5.00 ea.

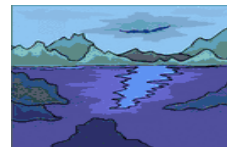
Set Me Free for Health Care Providers - \$20.00 ea.

Laissez- Moi Libre, Un Guide Pour Les Patients Et Leur Famille- \$5.00 ch.

Please allow 6 weeks for delivery.

RGPC Update

Buy your tickets for the Geriatric Service Awards dinner!



Tickets for the Geriatric Service Recognition Awards will be available the first week of April. The event, to be held at the Fallsview Casino in Niagara on May 27th, 2005, promises to be an enjoyable celebration that you don't want to miss! There will be a wine-tasting reception, a fabulous four-course meal, comedy/entertainment by Charly Chiarelli, a keynote speech by Dr. Jack Diamond and, of course, the awards presentation to our winners and nominees. Tickets can be purchased for \$30 each or \$210 for a table of eight. Please purchase yours early by contacting Jenifer Horvat, RGPC Education Consultant at (905) 777-3837 x 12434 or jhorvat@stpetes.ca

RGPC Education Calendar

April 2005

For more information, please visit the Education calendar online: www.rgpc.ca

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6 The elder Care Impera- tive— Challenges and Successes	7	8 24th Annual OGA Confer- ence & pre- conference workshop on evidence based SGS	9 24th Annual OGA Confer- ence
10 Aging well starts now	11 The diag- nostic dilemma of geriatric psy- chiatry Differ- entiating demen- tia, delirium & depression	12	13	14	15	16
17	18 3rd Annual Health Policy Summit	19	20 Weaving a Tapestry— Elder care for 2005	21	22	23
24	25	26	27	28 Old age in a new age	29 Old age in a new age	30 Old age in a new age

Long Term Care Resource Centre

April 2005 Reading List

"When you absolutely positively have to know, ask a librarian!"

American Library Association (ALA)

"A truly great library contains something to offend everyone"

Jo Godwin

- Boothman, S. (2004) Development, reliability and validity of the measurable assessment in recreation for resident centered care (MARRCC). *Therapeutic Recreation Journal*, 37(4), 382-93
- Morgan, D.G. et al. (2005) Dementia care in rural and remote areas: the first year of a CHIR new emerging team. *Canadian Journal of Nursing Research*, 37(1), 177-82
- Hoblyn, J.C. & Brook, J.O. (2005) Herbal supplement use in older adults. *Geriatrics*, 60(2), 18-
- Edwards, N. et al. (2005) Evaluating best practice guidelines: looking at the process, challenges and lessons learned. *Canadian Nurse*, 101(2), 18-23
- Anonson, J. et al. (2005) Planting the seeds of leadership: strengthening interdisciplinary awareness in future healthcare professionals. *Canadian Nurse*, 101(2), 24-7
- Chia-Hui Chen, C. (2005) A framework for studying the nutritional health of community-dwelling elders. *Nursing Research*, 54(1), 13-21
- Deffner, J.M. & Bell, S.K. (2005) Nurses' death anxiety, comfort level during communication with patients and families regarding death, and exposure to communication education. *Journal for Nurses in Staff Development*, 21(1), 19-25
- Sen, M. (2005) Continuing education needs of currently practicing nurses toward the self-care management of patients with type 2 diabetes. *Journal for Nurses in Staff Development*, 21(1), 31-6
- Thomas Hess, C. (2005) The art of skin and wound care documentation. *Advances in Skin and Wound Care*, 18(1), 43-55
- Rowland, C.V. (2005) Editorial. Pain, dementia and treatment. *American Journal of Alzheimer's Disease and Other Dementias*, 20(1), 7
- Rubey, R.N. (2005) Treatment of chronic pain in persons with dementia: an overview. *American Journal of Alzheimer's and Other Dementias*, 20(1), 12-20
- Bragin, V. et al. (2005) Integrated treatment approach improves cognitive function in demented and clinically depressed patients. *American Journal of Alzheimer's Disease and Other Dementias*, 20(1), 21-6
- Kuhn, D. et al. (2005) Development of the knowledge about memory loss and care (KAML-C) test. *American Journal of Alzheimer's Disease and Other Dementias*, 20(1), 41-9
- Castle, N.G. & Lowe, T.J. (2005) Report cards and nursing homes. *Gerontologist*, 45(1), 48-67
- Lucas, J.A. et al. (2005) Continuous quality improvement as an innovation: which nursing facilities adopt it? *Gerontologist*, 45(1), 68-77
- Pinquart, M. & Sorensen, S. (2005) Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: a meta-analysis. *Gerontologist*, 45(1), 90-106
- Hawkins, N.A. (2005) Micromanaging death: process differences, values, and goals in end-of-life medical decision-making. *Gerontologist*, 45(1), 107-17

You see, I don't believe that libraries should be drab places where people sit in silence, and that's been the main reason for our policy of employing wild animals as librarians.

— Monty Python skit

