

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 Waterloo
- RGPc Update
- Recommended Reading List
- Coming Events

Please email this newsletter to all appropriate contacts & networks. If you would like to be added to our distribution list, please contact Jenifer Horvat:

jhorvat@stpetes.ca

Issue 10

July/August Newsletter 2005

Highlight on Waterloo

Update on Hospice Palliative Care

The Waterloo Region Hospice Palliative Steering Committee has been active in developing initiatives to enhance local service delivery. A working group developed a proposal for a palliative physician APP earlier in the year, however this work will have to be re-visited once the new template becomes available later in the fall. The *Palliative Chart in the Home* was launched in June with train the trainer sessions for service providers and with full implementation to be completed in early July. Evaluation of the documentation model will be conducted in six months time. Another working group has been involved in the development of a *psychosocial spiritual framework* with an expected completion date for this work in early fall. Representatives from Waterloo Region and Wellington Dufferin held a joint meeting in late February under the auspices of the District Health Council to launch the Waterloo Region-Wellington-Dufferin End-of-Life Network. Several sub-committees have been struck, one of which will bring recommendations for the organizational infrastructure back to the membership in September. Contact: Kim Voelker, Chair Waterloo Region Hospice Palliative Care Steering Committee (kim.voelker@waterloo.ccac-ont.ca)

Difficult to Serve Committee

This group was formed several years ago and continues to meet regularly. It has regional representation of those interested in addressing the needs of



those in our community who are difficult to serve. Meetings have an element of education, information sharing and problem solving as we recognize the common and unique needs of clients within the Waterloo Region. Our focus over the next months will be to research and develop solutions for clients who exhibit behavioral challenges along with mental health conditions that may not fit into the general Long Term Care Home population. Utilizing our current resources, sharing responsibility between the sectors and reviewing innovative and successful programs in other communities will guide us in providing the best options for this particular group of clients. We would appreciate any feedback from other communities, that might assist us in this challenging process. Contact person: Terrie Dean at the CCACWR (terrie.dean@waterloo.ccac-ont.ca)

Update from Waterloo, continued...

Waterloo Region Dementia Network

As each of the working groups of the Dementia Network in Waterloo Region are nearing the end of their current projects, the Coordinating Committee is reviewing our mission, goals and objects, before setting the agenda for the 2005/2006 year. We remain committed to enhance living for persons with dementia and their care partners.

Website: we continue to make improvements to our Website, and local services have been linked. Our local Alzheimer Societies are encouraging persons with dementia and their care providers to utilize the web links for information, and education. As well we have developed a template outlining the respite options that are available in our community. The education group has been reviewing the education offerings available and encouraging attendance. One of our Dementia Network members, The Murray Alzheimer Education and Research Program at University of Waterloo has completed a video "Breaking the Silence: Giving Voice to Persons Living with Dementia" which is available. Also, "A Changing Melody" workshop is being planned for November again, after last years wonderful success. This learning and sharing forum for Persons with early-stage Dementia and their Partners in Care, is a great opportunity to network with others who share our experience.

The Waterloo Region Dementia Network continues to maintain focus on persons with dementia and their partners in care, thus working together to enhance living. We continue to thank those who live with this disease for their teaching and their wisdom.

Elder Abuse Response Team

The Elder Abuse Response Team (EART) is an innovative partnership between the Waterloo Regional Police Service (WRPS) and the Community Care Access Centre of Waterloo Region (CCAC). Each agency provides the core funding for one staff member: a detective constable and an elder abuse resource consultant. EART's mission is *"to prevent and respond to elder abuse by working in partnership with the community and by providing an opportunity for change and healing to people affected by elder abuse, thereby enhancing the safety and well being of older adults."* The team, launched in November 2004, is housed at the WRPS. EART's mandate includes providing: information and consultation, direct intervention, education and training and community development. A direct line allows for easy access to the team. Older adults, police officers, CCAC case managers, hospitals, Long Term Care Facilities, health and social services, faith and cultural leaders and legal services have accessed the service. Since inception, the team has received 56 requests for **consultation**. Information about available resources in our community is provided and possible options discussed. In addition EART has responded to 60 requests for **direct intervention**. A holistic, client/victim centred model of support and action is provided. The team meets with victims in their homes, CCAC office, WRPS, church basement, LTC and Retirement Homes. Both location and who should be present for support are the older adult's choice. The same applies to meetings with the alleged abuser. Direct intervention includes providing investigative expertise and assisting with the investigative process; facilitating linkages to community resources and case managing the situation until resolution or a linkage with a community agency is completed. As many cases as possible are diverted to restorative justice. This holistic approach provides an opportunity for the people affected by the abuse to address the conflict in a way that is fair and just for everyone. If a charge has been laid, the Crown determines if restorative justice is appropriate. Our region has a Crown assigned to situations of elder abuse. Finally, the team works towards **enhancing the community's ability to identify, respond** and prevent elder abuse. Education and

Update from Waterloo, continued...

training is critical to reaching this goal. To date, the team has provided 57 presentations to 1684 attendees. This includes presentations in LTC facilities, WRPS, CCAC, senior's centres, low-rental housing, faith communities and to Victim Services volunteers. EART also dedicates time to engaging the community to provide a seamless holistic response to elder abuse. A strong network of agencies was in place prior to launching EART. This includes: a volunteer committee that hosts an information line for people affected by elder abuse and provides community education; a drama troupe, committed to raising awareness about elder abuse and restorative justice; the CCAC Elder Abuse Resource Team that facilitates raising awareness and appropriate responses to elder abuse by supporting CCAC staff through education and resource consultation; an Interagency Case Review group that meets quarterly to review complex cases of elder abuse; and Community Justice Initiatives, the agency that is the point of entry for the restorative justice process. To build on this foundation, EART invited approximately 45 community agencies to come together to explore how we could enhance our ability to provide a holistic, seamless network of services. Strengths and gaps in service were identified. An outcome of that meeting is the formation of a Regional Steering Committee with a mandate to enhance the community's ability to identify, resolve and prevent elder abuse and the formation of the Seniors' Advisory Council to review and make recommendations regarding the activities of the steering committee thus providing a voice for seniors. By working together to identify, resolve and prevent elder abuse, we are able to build a safer community where our older adults age with honour dignity and respect. The effectiveness of this team will be reviewed within one year. For further information contact: Arlene.Groh@waterloo.ccac-ont.ca or elderabuse@wrps.on.ca.

Many thanks to Kim Voelker, Barbara McKay & Arlene Groh, CCAC of Waterloo for providing an update from Waterloo.

Please watch for news from Haldimand– Norfolk in September.



Coming Events

Please note that there are no Educational events listed on the RGPC Education Calendar in July & August. Please visit the calendar to watch for events in the fall. www.rgpc.ca

<p>5th Annual Day in Geriatric Mental Health: Unraveling the Mysteries of the Brain CARDIOVASCULAR RISK & the BRAIN Wednesday September 28/05 Ameri-Can, Niagara Falls This conference will include a case study and panel discussion. Registration forms are now available—for more information, call (905)687-6856 ext. 525.</p>	<p>St. Peter's Centre for Studies in Aging—Speaker's Series: Sept. 30: Keeping your bones healthy how to keep them from breaking. Information on osteoporosis and pain management. Dr. Papaioannou October 14: Diabetes—Beyond the sugar. This session discusses hot to better manage diabetes. Dr. T. Woo & Laura Jewell. All sessions will be held in the St. Peter's Auditorium from 1:00—2:30. Please call (905) 777-3837 ext. 12448 for more information.</p>	<p>8th Annual McMaster Fall Symposium: Working Together in Medication Management: New Pearls of Gerontological Practice. October 6, 2005 Hamilton Convention Centre Registration forms & information are posted on the RGPC website: www.rgpc.ca</p>
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RGPc Update

New HR Section on the RGPc Website:

The RGPc has recently added an 'HR' section to their website featuring employment and volunteer opportunities from relevant organizations in Specialized Geriatric Services. If you have a posting that you would like to place on the RGPc website, please forward the document to Jenifer Horvat by email (jhorvat@stpetes.ca) and be sure to specify the posting expiry date. **Please visit:** <http://www.rgpc.ca/jobs/jobs.cfm> to view up-to-date postings.

New Program for Mood Disorders in the Elderly starts Sept. 9 at St. Joseph's Hamilton.

Positive Actions and Attitudes: Positive Actions and Attitudes is a 3-hour multidisciplinary program designed specifically for older adults who live with a mental health problem, namely depression or anxiety. Over the duration of 16 weeks, this program consists of supervised physical training with a Kinesiologist, leisure education with a Therapeutic Recreationist and life management skills administered by a Psycho-Geriatric Nurse. All activities are designed to meet the specific needs of individuals living with a mental health problem. **Admission Criteria:** Must be over the age of 60—Must be diagnosed with a primary mood disorder, such as depression and/or anxiety—Is motivated to attend and participate in various group sessions, including exercise sessions—Is ambulatory and can walk relatively short distances with or without an assistive device—Understands and is able to follow verbal instructions in English—Must have MMSE (Mini Mental Status Examination, done on admission) over 18- Family physician agrees to the referral

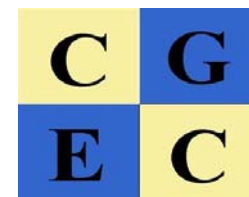
Referral Process: A referral may be initiated by any health professional with the agreement of the family physician. The referring health professional will complete the referral form and top three lines of the medical clearance form. The medical clearance form will then be forwarded to the family physician for completion. Once the program has received all the forms, an initial interview and assessment will be scheduled. The referring health professional and family physician will be notified of the client's admission status. **Cost:** Presently, there is **no** fee associated with the program **Transportation:** Individuals are responsible for their own transportation to the program via DARTS, taxi script, family, friends or themselves.

Hours: Positive Actions and Attitudes operates Friday afternoons from 1:00pm to 4:00pm.

For additional inquiries about the program and referral form contact: Mat Ciglonecki - Kinesiologist at (905) 573-4844 ext. 8755 or Stacey Solvason - Therapeutic Recreationist at (905) 573-4844 ext. 8710



Long Term Care Resource Center
July/August 2005 Reading List
"When you absolutely positively have to know, ask a librarian!"
American Library Association (ALA)



McMurdo M.E.T. et al. (2005) Does ingestion of cranberry juice reduce symptomatic urinary tract infections in older people in hospital? *Age and Ageing*, 34(3), 256-

Vanderwee K. et al. (2005) Effectiveness of an alternating pressure air mattress for the prevention of pressure ulcers. *Age and Ageing*, 34(3), 261-

Martin F.C. et al. (2005) Fear of falling limiting activity in young-old women is associated with reduced functional mobility rather than psychological factors. *Age and Ageing*, 34(3), 281-

Dombi W.A. (2005) Lessons from Schiavo: beyond the legal. *Caring*, 29(5), 28-

Ratliff C.R. (2005) WOCN's evidence based pressure ulcer guideline. *Advances in Skin and Wound Care*, 18(4), 204-

Smith B.J. & Shay K. (2005) What predicts oral health stability in a long-term care population? *Special Care in Dentistry*, 25(3), 150-

LTC Resource Center—Summer Reading List, cont'd...

- Brannigan L. et al. (2005) Successfully implementing a diabetes best practice program. *Caring*, 29(6), 19-
- Xiong G. & Doraiswamy P.M. (2005) Combination drug therapy for Alzheimer's disease: what is evidence-based and what is not? *Geriatrics*, 60(6), 22-
- Morgan D.G. et al. (2005) Creating and sustaining dementia special care units in rural nursing homes: the critical role of nursing leadership. *Canadian Journal of Nursing Leadership*, 18(2), 74-
- Barkin R.L. et al. (2005) Perception, assessment, treatment, and management of pain in the elderly. *Clinics in Geriatric Medicine*, 21(3), 465-
- Teel C.S. & Leeners M.H. (2005) Developing and testing a self-care intervention for older adults in caregiving roles. *Nursing Research*, 54(3), 193-
- Marek K.D. et al. (2005) Clinical outcomes of aging in place. *Nursing Research*, 54(3), 202-
- Gates D. et al. (2005) Reducing assaults against nursing home caregivers. *Nursing Research*, 54(3), 119-
- Duffy M.E. (2005) Translation research: its relationship to evidence-based practice. *Clinical Nurse Specialist*, 19(2), 60-
- Chou C. & Brauer D.J. (2005) Temperament and satisfaction with health status among persons with rheumatoid arthritis. *Clinical Nurse Specialist*, 19(2), 94-
- Brejnik S. (2005) Working together: "this is a family council." *Long Term Care*, 15(2), 16-
- Silencieux S. & Yan S. (2005) Friday smoothies: enhancing the quality of life for individuals with dysphagia. *Long Term Care*, 15(2), 25-
- Barry T. et al. (2005) Nurse aide empowerment strategies and staff stability: effects on nursing home resident outcomes. *Gerontologist*, 45(3), 309-
- Simmon S.F. (2005) Resident and family satisfaction with incontinence and mobility care: sensitivity to intervention effects? *Gerontologist*, 45(3), 318-
- Brennan M. et al. (2005) Dual sensory loss and its impact on everyday competence. *Gerontologist*, 45(3), 337-
- Stolee P. et al. (2005) Factors associated with effectiveness of continuing education in long-term care. *Gerontologist*, 45(3), 399-
- Gerdner L.A. (2005) Use of individualized music by trained staff and family. *Journal of Gerontological Nursing*, 31(6), 22-
- Jablonski R.A. et al. (2005) Care intervention for older adults with Alzheimer's disease and related dementias: effect of family involvement on cognitive and functional outcomes in nursing homes. *Journal of Gerontological Nursing*, 31(6), 38-
- Habermann B. & Davis L.L. (2005) Caring for family with Alzheimer's disease and Parkinson's disease: needs, challenges and satisfactions. *Journal of Gerontological Nursing*, 31(6), 49-
- Narayanan S. et al. (2005) Comparison of pressure ulcer treatments in long-term care facilities. *Journal of Wound, Ostomy and Continence Nursing*, 32(3), 163-
- Davis J. & Gray M. (2005) Is the Unna's boot bandage as effective as a four-layer wrap for managing venous leg ulcers? *Journal of Wound, Ostomy and Continence Nursing*, 32(3), 152-
- Duggleby W. & Wright K. (2005) Transforming hope: how elderly palliative patients live with hope. *Canadian Journal of Nursing Research*, 37(2), 70-
- Martin R. et al. (2005) A qualitative investigation of seniors' and caregivers' views on pain assessment and management. *Canadian Journal of Nursing Research*, 37(2), 142-
- Perry J. (2005) Expanding the dialogue on dementia: (re) positioning diagnosis and narrative. *Canadian Journal of Nursing Research*, 37(2), 166-
- 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