



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 Haldimand Norfolk
- RGPc Update
- Education Calendar for September
- Recommended Reading List

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

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Issue 11

September Newsletter 2005

Highlight on Haldimand-Norfolk Counties

Dementia Network of Haldimand Norfolk

The Dementia Network of Haldimand Norfolk (DNHN), established in March 2002, continues to reach out to both Haldimand and Norfolk counties, and to build on existing partnerships. The Network has grown from an original representation by four organizations (the Alzheimer Society of Haldimand Norfolk, Adult Mental Health Services of HN – Geriatric Outreach Team, HNCCAC, and the Brant HN Victorian Order of Nurses), to include more than twenty different community groups, with over 40 participants including nine local physicians and three local hospitals. The DNHN is currently co-chaired by the Public Education Coordinator (PEC) and the Psychogeriatric Resource Consultant (PRC) of the Alzheimer Society of Haldimand Norfolk.

The DNHN has hosted two highly successful Dementia Forums, the most recent in April of this year, attended by 115 persons. Speakers included Dr. Allen Dobbs on the DriveABLE program, Det. Sgt. Dave Stelpstra of Norfolk OPP on Elder Abuse, and Judith Wahl, a lawyer with the Advocacy Centre for the Elderly, on current legal issues affecting persons with dementia.

The DNHN has recently completed an inventory of dementia care services and has developed two directories of dementia-specific services available in our counties. The DNHN was successful in obtaining a grant through the Staff Training Initiative – Ontario's Alzheimer Strategy, to access videoconferencing/webcasting of distance educational opportunities. The focus will be on PIECES and U-First! trained individuals and members of the Dementia Network, with a view to providing educational training that would otherwise be unavailable to those practicing outside large urban centres. An Education Committee has been struck to identify training opportunities, and to arrange for educational seminars. In addition, the members of this committee will be linking with the Alzheimer Knowledge Exchange, in order to be informed of current education, training and research opportunities. With the assistance of the videoconferencing centre through Norfolk District Business Development Corporation, we look forward to providing locally accessible



education to those working with persons with Dementia and Related Disorders.

As a member of the Continuing Gerontological Education Cooperative (CGEC), the DNHN liaises with agencies and individuals involved in dementia care. Membership on CGEC assists the DNHN membership to stay abreast of regional issues, and to access educational opportunities.

The DNHN looks forward to linking with the LHIN4 regarding ongoing joint issues and projects, and will be meeting with the other DN's in LHIN4 in October to identify and prioritize joint projects.

Alzheimer Society of Haldimand Norfolk (ASHN)

Haldimand Norfolk's PRC and PEC will complete training in the fall qualifying them as Master Trainers for the Gentle Persuasive Approaches to Dementia Care (GPA). The GPA is a project that was funded by the RGPc; two of the pilot sites were in Haldimand Norfolk long term care homes. The GPA curriculum will then be offered to front-line staff of all long term care homes in the HN area as a day-long workshop. Local long term care homes are experiencing changes, including downsizing, moves to new facilities, and the opening of two new LTC homes. The PRC's will be offering consultation/education to these homes on transitions issues affecting clients with dementia and mental health issues.

The Family Support Program continues to offer a full program of support to persons with dementia and their families at our Caregiver Wellness Centres. Free education sessions include such topics as "How Can I Maintain My Brain?", and "Tips to Improve Communication".

Update from Haldimand Norfolk, continued...

The ASHN will be hosting the 7th annual Ian MacPhail lecture which will be held October 26th during Spirituality and Religious Care Awareness Week; the guest speaker will be Reverend John Vlainic, Director, Pastoral Service at St. Peter's Hospital and Family Services in Hamilton. His lecture is entitled: "Don't Forget My Spirit: Spiritual Care of Persons with Dementia".

Specialized Geriatric Services (SGS)

SGS is a program of Adult Mental Health Services of Haldimand Norfolk. It provides non-emergency assessment, consultation, and treatment to clients, and education and support to families and care providers. Services are provided to older adults who are experiencing mental health problems combined with age-related difficulties, and to their families and service providers. A community outreach model is used, and the majority of visits are in the person's own home. The service is staffed by nurse clinicians, a geriatric psychiatrist, Dr. W. Sulis, and a consulting geriatrician. Other services with AMHS include CAST, Crisis Assessment and Support Team.

Geriatric Assessment Clinic

Situated at Norfolk General Hospital, this clinic provides assessment to frail, complicated elderly persons, assessing their functional (cognitive, medical, social) level and quality of life issues. Issues addressed include incontinence, falls, weight loss, dementia, delirium, polypharmacy, depression and behavioural changes. Families receive counseling regarding dementia, and the need for support services is addressed. Staff includes a geriatrician, Dr. M. Gagnon, a clinical nurse, a ward clerk, and a Family Support Program representative from the Alzheimer Society.

Community Response Network to the Abuse of Older Adults (CRN)

The CRN is committed to responding to issues of abuse and to bringing awareness of elder abuse to the HN community. Abuse may be identified through calls coming in to the 24 hour crisis line staffed by Victim Services on behalf of the CRN, or through the participating member agencies. After the individual's immediate safety needs are met, an emergency committee can usually convene within 24 hours to discuss how CRN partners can help develop a plan for the victim. Recognizing that education is crucial in bringing an end to elder abuse, members of the CRN's Speakers Bureau is available to address groups, and were recently invited to present to an event sponsored by ComCare Health Services. The CRN is currently planning a public forum on elder abuse next spring.

Other Services/Agencies for persons with Dementia and Related Disorders:

Haldimand Norfolk Community Care Access Centre

The Haldimand Norfolk Community Care Access Centre assists clients, including those with Dementia and Related Disorders, to remain in their own homes, or to access a more appropriate level of care; as one of its programs, the CCAC provides palliative care services designed to address the needs of persons living with progressive life-limiting illnesses, and their families. The CCAC has a designated Palliative Pain and Symptom Management coordinator.

Senior Support Services including Adult Day Away Programs

Haldimand Norfolk Senior Support Services exists to enhance independence and quality of life for seniors and adults with disabilities. Services provided include Meals-on-Wheels, Diners's Club, Transportation, Home Maintenance Brokerage, Reassurance Calls, Volunteer Visiting, Hospice Volunteer Visiting, and Day Away programs (Frail Elderly and Alzheimer).

VON Community Health Services Alzheimer Respite Service

VON services specific to the needs of persons with dementia and related disorders in Haldimand Norfolk include community-based respite services, delivering low-cost temporary relief via in-home assistance and support to families and/or caregivers of individuals with Alzheimer disease.

Thank you to Deb Bryson, PRC alzhnprc@alzhn.ca and Katherine Rankin, PEC alzhnpec@alzhn.ca for preparing this update from Haldimand Norfolk.

Please watch for news from Niagara in October.



RGPc Update

UBC Education Pilot Project: Update

In October, 5 teams from 5 different sites will be participating in the Elder Care Curriculum, developed by experts at the University of British Columbia. All teams taking part are interdisciplinary and have committed to all eleven (11) curriculum pieces. The Teams participating are Wellington Dufferin Expert Geriatric Services, Shaver Rehabilitation, Macassa Long Term Care Facility, Mental Health Teams representing Brant, Niagara, Halton and Hamilton and St. Joe's Inpatient Mental Health Unit, A1.

We plan to do further educational offerings once we have completed an evaluation. At this time, the materials are provided at no cost. Feedback to date suggests this educational opportunity will be useful for orientation for new team members, linking with community partners, bringing more team cohesion and of course with increased knowledge comes enhanced patient care.

Introducing the RGPc's Office of Applied Research:

Regional Geriatric Programs (RGP) are mandated by the provincial Ministry of Health and Long Term Care to provide specialized care, education, advocacy, evaluation and research. In order to better fulfill its mandate, RGPc has established an Office of Applied Research (OAR) to provide "in-house" health services research, focused on geriatrics, to hospitals and other geriatrics services which might not be able to conduct such research otherwise. OAR involves a balance between local needs and broader research requirements, and capitalizes on existing linkages with the Faculty of Health Sciences, the Network, the Centre for Studies in Aging and – through the RGP's of Ontario – research in other regions in the province. OAR is led by David Lewis, PhD, an Assistant Professor in the Departments of Medicine (Division of Geriatrics) and Family Medicine. His research interests focus on health services research for the elderly, population health, health outcomes measurement, the broad determinants of health/ social stratification, quality and evaluation, and organizational behavior. He has training in social forecasting and Delphi analysis. He is currently primary or co-investigator on eight research projects totaling over 3.4 million in peer-reviewed grants. One of these is called "Social Forecasting of Demand for Rehabilitative Services."

Social Forecasting of Demand for Rehabilitative Services: Rehabilitation of elderly clients presents some unique aspects in that it is not usually oriented to vocational or return-to-work outcomes, and it may be directed at prevention of decline rather than restoration. The geriatric client frequently presents multiple diagnoses in combination with varying attitudes and processes of aging, which, if unaddressed, may lead to inordinate loss of independence, self esteem, and quality of life. The Ministry of Health and Long Term Care has embarked on a transformation agenda, including the development of Local Health Integration Networks (LHIN's) aimed at contributing to "a true health care system." In addition, the Ministry has promoted Family Health Teams (FHT's) aimed at "bringing together different health care providers ... who work collaboratively." Between these, rehabilitative services could become more widely available across the continuum of care. In any event, the transformation agenda represents an opportunity to examine – or re-examine – key assumptions about the need for rehabilitation in Ontario. This study will be a synthesis of the literature and an environmental scan for the identification of variables and the development of a forecasting methodology for the demand for rehabilitative services across the continuum of care in Ontario. We will develop precise estimates of demand for rehabilitation for the elderly across the continuum of care. The study will employ social forecasting methodology to establish incidence, prevalence and trends in specific conditions. We will also take into account the role played by comorbidities and resource requirements. We expect demand for rehabilitative services for the next ten years and beyond to be inelastic and responsive to the social value placed on it. The research team is David Lewis, Principal Investigator, along with Dr. William Molloy here at RGPc, Tom Abernathy in Calgary, Christine Knott and Nomusa Mngoma in Kingston and Denise Connelly in London. Funded by a grant from the Ontario Neurotrauma Foundation (acting on behalf of the Ministry), we have recruited Gail Coulas, MA, a PhD candidate in sociology to conduct the literature review arm of the project. Prof Coulas is a lecturer in the Department of Sociology and the Health Studies Program at McMaster University. She is also the author of 3 forecasting studies for the former Central West Health Planning Information Network. In addition, we have recruited Ruth Breau to co-ordinate and to conduct the survey elements of the study. Ms Breau has a Bachelor of Arts in Health Studies from Brock University, has been trained in research methods, and has been employed as a physiotherapy assistant in the private sector.

RGPC Education Calendar

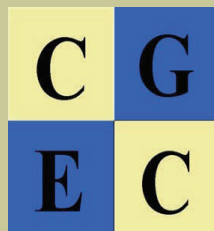
September 2005

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	7 Nutrition Work- shop	8 Medical Grand Rounds	9	10
11	12	13	14 Regional Inter- professional Grand Rounds in Gerontology	15 7th Annual Forum on Pri- mary Health Care	16 Geriatric Grand Rounds	17
18	19 CARP McLen- nan Molloy Series Seven Secrets for Health Aging, September 19- 20 Dr. W. Molloy	20 Ethical Deci- sion Making for Feeding Prob- lems in Ad- vanced Demen- tia: Faith based perspectives on the Evidence	21	22	23	24
25	26	27	28 A day in Geriat- ric mental health	29 RNAO Fall Cal- endar of Events 2005	30 St. Peter's Successful Aging Speaker's Se- ries	

Long Term Care Resource Centre September 2005 Reading List

**“When you absolutely positively have to know, ask a librarian!”
American Library Association (ALA)**



Hien LTT et al (2005) Atypical antipsychotic medications and the risk of falls in residents of aged care facilities. *Journal of the American Geriatrics Society*, 53(8), 1290-

Lord SR et al (2005) The effect of an individualized fall prevention program on fall risk and falls in older people. *Journal of the American Geriatrics Society*, 53(8), 1296-

Lapane KL & Resnick L (2005) Obesity in nursing homes. *Journal of the American Geriatrics Society*, 53(8), 1386-

Lamberg JL et al (2005) Decisions to hospitalize nursing home residents dying with advanced dementia. *Journal of the American Geriatrics Society*, 53(8), 1396-

Hinton L et al (2005) Conceptions of dementia in a multiethnic sample of family caregivers. *Journal of the American Geriatrics Society*, 53(8), 1405-

Bressler R. (2005) Interactions between ginseng and prescription medications. *Geriatrics*, 60(8), 16-

Ciol MA, Gruber W & Robinson C (2005) Incidence of and risk factors for falls following hip fracture in community dwelling older adults. *Physical Therapy*, 85(7), 648-

Reddy M, Cabico L & Rochon P (2005) Pressure ulcers in long-term care. *Geriatrics Today*, 8(2), 50-

Campbell SL (2005) Resident attractiveness: an influential factor in the quality of care in nursing homes. *Journal of Gerontological Nursing*, 31(8), 18-

Paulus D & Jan B (2005) Assessing resident satisfaction with institutional living: developing a tool. *Journal of Gerontological Nursing*, 31(8), 6-

Daly JM et al (2005) A Nursing home telehealth system: keeping residents connected. *Journal of Gerontological Nursing*, 31(8), 46-

Lemieux-Charles L et al (2005) Evaluating the effectiveness of community-based dementia care networks. *Gerontologist*, 45(5), 456-

Ness J et al (2005) Use of complementary medicine in older Americans. *Gerontologist*, 45(5), 456-

Johnson CSJ et al (2005) Evaluation of the restorative care education and training program for nursing homes. *Canadian Journal on Aging*, 24(2), 115-

Tannenbaum C et al (2005) Understanding barriers to continence care in institutions. *Canadian Journal on Aging*, 24(2), 151-

Kemp CL (2005) Dimensions of grandparent – adult grandchild relationships: from family ties to intergenerational friendships. *Canadian Journal on Aging*, 24(2), 161-

Temple V & Konstanterreas MM (2005) A comparison of the behavioural and emotional characteristics of Alzheimer's dementia in individuals with and without Down Syndrome. *Canadian Journal on Aging*, 24(2), 191-

Bellhome JA & Cummings S (2005) Adult day services: the missing link in home health. *Caring*, 24(7), 12-

Redwood P et al (2005) Dementia Cafes – De Caf: a meeting place and therapeutic response. *Journal of Dementia Care*, 13(4), 20 –

Boughey L (2005) Alcohol related brain damage: step by step support leads back to a rewarding life. *Journal of Dementia Care*, 13(4), 22-

Jackson G (2005) Neuroleptic drug use for people with dementia in care homes. *Journal of Dementia Care*, 13(4), 28-

Ebersole P (2005) The normality of depression (editorial). *Geriatric Nursing*, 26(3), 133

Buffman MD & Buffman JC (2005) Treating depression in the elderly: an update on antidepressants. *Geriatric Nursing*, 26(3), 138-

Yen PK (2005) Depression – the diet connection. *Geriatric Nursing*, 26(3), 143-

Tanner EK (2005) Recognizing late-life depression: why is this important for nurses in the home setting? *Geriatric Nursing*, 26(3), 145-

Kolanowski AM et al (2005) Efficacy of theory-based activities for behavioral symptoms of dementia. *Nursing Research*, 54(4), 219-

Thomas Hess C (2005) Identifying and managing venous dermatitis. *Advances in Wound and Skin Care*, 18(5), 242-

