



Newsletter

Winter Edition / December 2010

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As I begin my new role as President of GNABC I would like to formally thank and recognize the outgoing executive for their strong leadership and hard work over the past two years. They have left a strong foundation for the new executive to build on. I would also like to welcome the new provincial executive, and thank them for volunteering their time to support the association. A list of the new executive is found in the newsletter as well as on our website.

I had the opportunity to attend the provincial GNABC conference in Prince George. The north and the local chapter welcomed one hundred and nineteen delegates for two days of northern hospitality, networking and education. We heard from presenters on many topics related to caring for the older adult. We went away with new knowledge on non-pharmacological approaches to behaviors, resident focused care models, integration and aligning care teams with family medicine practices and much more. To the Prince George chapter – a big thank you for a successful conference. We are planning the next provincial conference in September 2011 in the Lower Mainland. GNABC has also submitted a proposal to CGNA to host the 2013 National Conference in BC.

The GNABC website is a resource for information on the association as well as information on topics we feel are of interest to those who work with older adults. We are discussing the possibility of having a member's only section on the website. Watch for further updates!

One of our purposes is to promote educational programs. Notifications of upcoming educational opportunities are sent to members via e-mail (GNABC Newsflashes), GNABC website and the newsletter. Your

PRESIDENT'S MESSAGE

local chapter also has education at each meeting. I encourage all of you to create formal, informal and spontaneous opportunities for yourself to attend education and to provide education on the care of the older adult. Education of our members will make us stronger as an association. A group of northern nurses have expressed interest in forming their own chapter. This is exciting for GNABC; we look forward to expanding our membership and reaching into geographical areas that were not previously served by a local chapter. We welcome and encourage new members. I challenge you all to be recruiters for GNABC by encouraging coworkers, students, friends, etc. to become members.



The provincial executive meets quarterly to discuss GNABC business; between meetings there are GNABC activities happening in the background. Over the next few months the new executive will be working on some of the following:

- Development of a strategic plan. As we do this we will be aligning with CGNA's strategic plan while developing guiding principles based on our mission statement.
- Recruiting members
- As an advocate for the older population, we will be sending a letter to the Ministry of Health regarding fees for service. (The motion regarding fees that was distributed

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GNABC EXECUTIVE 2010-11

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PRESIDENT – Darlene Rogers-Neary
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NEWSLETTER LAYOUT – Intelliga Designs

Contributions Welcome

This quarterly newsletter is produced by the Gerontological Nurses Association of B.C., a society affiliated with the Canadian Gerontological Nurses Association. It is designed to provide information and support for Gerontological nurses.

Everyone is welcome to contribute. We would like your articles, viewpoints, letters, book reviews, news about workshops, jokes, anecdotes, pictures or whatever you wish to share with your gerontological nursing peers.

The newsletter is produced by our members, and is posted on our website in March, June, September and December. The cost of membership is for RNs \$65/year and includes GNABC membership, CGNA membership, and the CGNA newsletter. RPNs and LPNs membership is \$45/year for full GNABC membership.

Our new Mailing Address is: GNABC, C/O Malachite Management Inc. 375 West 5th Avenue, Suite #201, Vancouver, BC V5Y 1J6, T. 604.484.5698, F. 604.874.4378, E : gnabc@malachite-mgmt.com

Please send written contributions to the Newsletter Editor's email address in Word format.

Lottie Cox
Email: lcox@shaw.ca

2010-11 Newsletter Deadlines

Feb. 4, 2010 July 25, 2011
May 6, 2011

Advertising rates are: 1/4 page, \$75; 1/2 page, \$100; full page, \$150. (Please send ad enquiries to the editor.)

Editor's Note

This edition brings you information relating to the season where we offer holiday tips for those with dementia. Other highlights include part two of the Potpourri of Best Practices, chapter reports that bring you information on exciting new formats, as well as GNABC conference highlights.

We welcome our new executive members; their email addresses are found on page 2. Our new GNABC President, Darlene Rogers-Neary, brings us her welcome message and has provided a short biography helping us to get to know her better. Darlene welcomes nurses to share stories on ways you have influenced change resulting in an improvement in the quality of life of the older adult. These stories and any other submissions are always welcome.

Season's Greetings,

Lottie Cox, RN, BSN, MHS, GNC(C)
Newsletter Editor



Potpourri of Best Practices: Maximizing Freedoms while Minimizing the Risk of Injury

Submitted by Anne Earthy, Clinical Practice Leader, Residential Practice Team, Vancouver Coastal Health

Why is it that we have not been able to consistently practice least restraint and promote alternative care measures to maximize freedoms? For over 25 years the evidence has shown the harm that restraints can cause persons, particularly the frail elderly in care. The evidence has shown that restricting a person's ability to move provokes a sense of entrapment and contributes to a fight and flight reflex which causes harm to the individual as they try to be free of the restraint. Examples include going over a side rail, trying to stand and walk when the foot is strapped to a wheelchair, frustration when trying to get a seat belt off and tipping a wheelchair over. Canadian statistics speak of deaths that have occurred as the result of the person being restrained.

The most common restraint is a side rail. In a recent article, Brown and Whitbread (2010) summarized a study conducted in Winnipeg and noted that the most common reason for using a bedrail was – *Habit!* After extensive re-education and follow up they were able to reduce the use of rails by 60%. There are many such positive examples in the workplace and equally as many where restraints have been used incorrectly and for the wrong reasons. Since we haven't been able to change practice with knowledge alone, the BC Injury and Prevention team has been advocating for changes in fall assessment, reduction and prevention including improved assessment and rationale for the use of restraints. As a result, the Ministry of Healthy Living and Sport released in March 2009 a new residential care regulation which includes regulations around the use of restraints http://www2.news.gov.bc.ca/news_releases/2005-2009/2009HLS0025-000449.htm

The new regulations define restraint as:

any chemical/pharmacological, electronic, mechanical, physical or other means of controlling or restricting a person in care's freedom of movement in a community care facility, including accommodating the person in care in a secure unit. (British Columbia Residential Care Regulation, 2009).

According to this regulation, this now means that even one side rail can act as a restraint if it limits the individual's freedom of movement. Also one must always be aware of the risk of entrapment when the side rail is not considered a restraint. Other considerations include any positioning aid that limits freedom, chairs they cannot get out of themselves, seat belts, and of course medications used as a



chemical restraint. This also includes locked physical spaces including special care units.

The regulation now enforces how and when a restraint can be used: In short:

- A licensee must ensure that a person in care is not restrained for the purpose of punishment or discipline or for the convenience of employees.
- A restraint may only be used if it can protect others from physical harm and the restraint is as minimal as possible.
- The safety, physical and emotional dignity of the client is continuously monitored.
- All employees receive education on these regulations as well as on alternatives to restraint as the intent is to use the most minimal restraint possible for the shortest period of time, while monitoring the persons safety, dignity and quality of care.
- The team is to follow any instructions in the care plan related to how to care for the person who has a restraint.
- If a restraint is used for an emergency situation and the use of the restraint continues, either continuously or intermittently, for more than 24 hours, a licensee must get agreement in writing to the continued use of the restraint by both the resident and supports and the medical practitioner or nurse practitioner responsible for the health of the person in care.

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GNABC

Chapter Reports

VANCOUVER

The Vancouver Chapter meets on the last Monday of each month at Vancouver Community College (7th & Glen) in room 1228. The chapter looks forward to new members joining this valuable time of educational development.

Becky Brechin spoke on the “The Pearls of Continence Care” and shared gems that can enhance our practice. It is still not too late to encourage those Kegals exercises and encourage clients to drink water/fluids more frequently even late at night, as the elderly do not store fluids well.

Sue Madlung and Bobby Nijar R. presented “The Anorexia of Aging”. This dynamic team shared their personal research on a subject where little research has been done. Understanding the pathophysiology of the stomach is central to understanding why the elderly eat or drink small amounts of food and fluids. Their tips in supporting clients who may be experiencing anorexia and feel full after a few mouthfuls of food are to offer small amounts of intake 6 times a day for specific clients (this may be adequate). This dynamic duo are leaving for Boston to present at a Dietician’s Conference this fall. Congratulations!

Anne Earthy shared a potpourri on the latest VCH policies on Falls, Hydration, Constipation etc. A quick way to update our practice. Thanks, Anne.

Kerri Sutherland from the Alzheimer’s Society concluded the spring sessions by speaking from both the experience of a family member and as the support service the society

provides for families in the community. She shared valuable tips for nurses to ensure a healthy brain. Each session provided great discussions regarding relevant practice issues thus creating collaboration and support for gerontological nurses. This fall we will be learning about pain management and fall prevention.

Cheryl Irwin – Education Chair

VICTORIA

At the 2009–2010 year end session we solicited members’ feedback for suggestions and ideas for the upcoming year. Over the summer, the chapter executive revamped our fall educational format and started planning a new approach for September. The new format engages group discussion and relies less on lectures.

We meet the third Monday of the month, every other month, starting in Sept. from 5:30 -7pm at The Hillside Seniors Wellness Center, 1454 Hillside Ave. Refreshments are provided.

Our chapter is reviewing Best Practice Guidelines across the care continuum for older adults. Through a storytelling series, we will cover common scenarios encountered by older adults as their health needs change. We will discuss staying at home and ways to reduce level of risk, better prescribing and safer medication administration practices, hospital admission and how to avoid common pitfalls, preventing delirium and fall prevention strategies, restraint policy, managing end of life issues and barriers to best

practices. We are concluding, that as nurses we can positively impact the outcome of an older adult’s life if best practices are the foundation of our nursing care.

Membership to date is 28.

Executive members for 2010-11:

President: Teresa McCowan

Secretary: Corinna

Templeton

Treasurer/Membership: Linda

Sexton

Education: Kim Duffus

Past President: Patti Parkyn

Report submitted by
Teresa McCowan

FRASER VALLEY

The Fraser Valley chapter has a “new look” to their meetings, generally the meetings will be at Czorny Alzheimer’s Center, still the fourth Thursday of the month but with a new start time of 16:30 (that being said this November’s meeting is to start at 17:30 to accommodate the speaker so read the flyers carefully!); we will have light snacks available. The chapter is also looking for nominations for various executive positions so please step up and support your chapter.

Louise Brown, Past President

CENTRAL/NORTH

ISLAND

September has started off with a bang for our Chapter. We still meet at Traveler’s Lodge on Nelson Street in Nanaimo on the third Monday of every month from 1700-1900. We always have wonderful education/dinner sessions where we can network and

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GNABC Conference Highlights

Submitted by Teresa McCowan

The annual GNABC two day conference and AGM was held in Prince George on Sept.16-18. The theme for the conference was Aging: Honoring the Journey. Despite a far away location it was very well attended with 123 delegates.

It was impressive to find that Northern Interior Health Authority is actively investing resources in Older Adult Health Care. Acknowledging the value of nurses and allied professionals working with older adults, they sponsored 75 delegates, as well as covered the expense of the breakfast buffet Friday morning.

Prince George is currently involved in a Health Authority pilot project referred to as Primary Health Care Integration for At-Risk Seniors where they are looking at designing a new care model for older adults. The strategy is to focus away from a quantity of life medical approach to a client-centered quality of life approach. The project consists of a community based multidisciplinary team and the commitment of every physician in Prince George.

The project asked the GP's to identify all their clients 65 years and older and to score them using a Frailty Scale. Each senior fills out a self assessment of their needs, and data from the GP's health history and collateral assessments of the client's function and support system are compiled. An all encompassing careplan is developed which includes the client's directives about end of life care. Those who score 4-5 on the frailty scale are identified as "early" at risk seniors, and strategies are then implemented to help avoid crisis or the need for an ER visit. This plan is reviewed every 6 months or sooner if the situation changes.

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Chapter Reports

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share support and advice on aspects of gerontology. In September the members who attended the Provincial Conference in Prince George were able to share a synopsis of the education sessions that we attended. In October we traveled to a local funeral home and learned about Advance Directives and what to prepare for prior to death. The November session has over 30 people signed up to attend as it is on major depression in older adults and in December we have various representatives from our community sharing

what resources are available for our older community dwelling adults.

Our membership has definitely grown and we are opening our doors to all nurses who work with seniors, including residential, acute, home and community care. As well we would like affiliate members, students and residential care aides to feel welcome to attend our educational chapter meetings as we all work together to improve the quality of life of the older adults in our care.

Catrin Brodie
Chapter President

President's Report

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- to members before the AGM was passed at the AGM.)
- Planning the next provincial conference
- Ensuring that all GNABC distributions, forms, etc contain current information.
- Working with interested parties to form new chapters and providing support to existing chapters.
- Enquire into opportunities for partnerships with other organizations that advocate for older adults.
- Development of a member's only area on our website.
- Explore and develop opportunities to support members who will be writing the CNA exam.

As I watch the colors changing this fall I reflect on the changes we are experiencing in the delivery of health care. You are leaders in your workplace and have the knowledge, experience and expertise to influence care of the older adult. Look around and see if there is opportunity for you to influence change; if the opening is there, get involved and be an active participant in the change process. Nurses historically share through story telling. I would love to hear stories of how you have influenced a change that resulted in an improvement in the quality of life of an older adult.

I am looking forward to the next two years as president of GNABC and working together with all of you as we strive to provide excellence in gerontological nursing. In closing I want to share a quote from Mark Twain "Kindness is the language the deaf can hear and the blind can see". Be kind to everyone.

Respectfully submitted,
Darlene Rogers-Neary
President GNABC

Holiday Tips for Families and Friends of Those With Alzheimer's Disease

Reprinted with permission from the National Alzheimer's Association (US), Western and Central Washington State Chapter (Nov 2009)



Tips to Enjoy the Season

Adjust your expectations. No one, including yourself, should expect you to maintain every holiday tradition or event.

- Give yourself permission to do only what you can reasonably manage
- Choose holiday activities and traditions that are most important to you
- Host a small family dinner instead of a throwing a big holiday party
- Consider serving a catered or takeout holiday meal. Many grocery stores and restaurants offer meals to go.
- Start a new tradition. Have a potluck dinner where family or friends each bring a dish
- Involve the person in the festivities

There are many manageable activities that you can do together, such as:

- Wrap gifts
- Bake favorite holiday recipes together. The person with dementia can stir batter or decorate cookies.
- Set the table. Avoid centerpieces with candles and artificial fruits and berries that could be mistaken for edible snacks.
- Talk about events to include in a holiday letter
- Prepare simple foods such as appetizers
- Read cards you receive together
- Look through photo albums or scrapbooks. Reminisce about people in the pictures and past events.
- Watch a favorite holiday movie
- Sing favorite carols or read biblical passages

When the person lives in a care facility a holiday is still a holiday whether it is celebrated at home or at a care facility. Here are some ways to celebrate together:

- Consider joining your loved one in any facility-planned holiday activities
- Bring a favorite holiday food to share
- Sing holiday songs. Ask if other residents can join in.
- Read a favorite holiday story or poem out loud

Gift-Giving Tips For People With Dementia

Early Stage: Individuals may be aware of their problems. Choose gifts that will enhance independence and activity.

- Tickets to a concert, musical or sporting event
- A fruit basket, frozen meals or other meals that are healthful but easy to prepare
- Photo albums or a collage of old family photos

Middle Stage: Since more assistance is needed and the attention span in the individual is shorter, try gifts that focus on organization and the familiar.

- Gifts that involve sorting and arranging or cutting
- Picture books featuring celebrities, historical places and nature
- Taped religious services and music from church services

Late Stage: Capacity to deal with anything complicated is diminished in the later stage, so choose gifts that keep in mind that comprehension and understanding is poor.

- Memory books or boxes made up of old photos and mementos
- Visits from well-behaved animals
- Lap robes, shawls and warm footwear to keep warm with poor circulation
- Stuffed animals, dolls, or pillows to bring a sense of comfort
- Hand and body lotion along with a massage
- Lastly, be reminded that the holidays are a rest point between past struggles and an uncertain future. Enjoy the moment!

A Guide to Holiday Travel

The holidays often involve travel, whether near or far, by road or plane. Here is a check list to ensure that holiday travel is as safe and comfortable as possible.

- Avoid rushed schedules that heighten anxiety.
- Minimize stops and long layovers in air travel.
- Go at a time of day when your loved one is more alert and able to cope with changes.
- Rely on familiar destinations, companions and modes of travel.
- Carry identification and consider a Medic Alert/Safe Return bracelet.
- Use the buddy system and invite an extra travel companion to help out.
- Enlist the help of staff in planes and hotels.
- Have a contingency plan in the event that travel becomes just too stressful.
- Buy flexible travel insurance.

National Alzheimer's Awareness Month is in January...

Submitted by Cheryl Irwin RN, BSN, Instructor's Diploma

Did you know that there will be 35 million people worldwide living with Alzheimer's Disease by 2010, with 70,000 in B.C. alone. Of this staggering number 10,000 are under the age of 65. Have you recently explored the Alzheimer Society website to seek information and available resources for your practice, and to support education of client's and their families? The website is: www.alzheimerbc.org and is supported by all health regions within B.C. Support for your practice is available, including resource libraries and DVDs for loan. The Alzheimer Society of BC is a non-profit society that works to ensure that people whose lives have been impacted by Alzheimer's or a related dementia can connect to a community of information, services and support. Provincially, it provides support groups for people with the disease, significant others and caregivers. The Organization also funds research into the causes, the cure and the treatment of people affected by this disease.

For families: "You don't need to travel alone". You can learn more about the dementia journey and connect to resources through their partner website. Personal stories complete with pictures are shared to enlighten family members.

In the news or research section, it contains numerous briefs of the latest research findings in the past year. Did you know that dementia is being redefined by experts as a terminal disease: Fatal Brain Failure, not just a mental ailment?

For your own health... get moving! Raise your heart rate for 15-30 minutes 3 or 4 times a week, the benefits are great for your brain health.

Alzheimer's Society of B.C. Information

Questions: Dementia help-line

Tues. – Fri. 10 – 4 pm

Toll free: 1 800 936 6033 or 604 6818651

supportline@alzheimerbc.org

Alzheimer's Society of B.C

300 – 828 W 8th Ave, Vancouver, BC

Email – info@alzheimerbc.org

Ph 604 6816530 Toll free 1 800 667 3742

Potpourri of Best Practises

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<http://www.hls.gov.bc.ca/ccf/index.html>. Senior Care Facilities. Residential Regulations

What does this mean for residential care sites?

First of all, teams should be formed to review current policies and practices to ensure care is provided in compliance with the regulation. All residents should have a thorough assessment on admission to assist staff to get to know the resident and their daily routines and an individualized care plan should be established to minimize triggers for a fall and/or increased agitation. However, there now needs to be very good documentation to demonstrate that due assessment and care planning have taken place in consultation with the resident and their supports.

Some authorities have developed a tool to assist staff to comply with the regulations and to ensure they have documented all required actions to maximize freedoms. An example of a tool to be completed whenever a device is used that restricts movement (even a foot or trunk brace) could include sections such as: resident's name, date and type and nature of restraint, whether the restraint is applied as an emergency measure or with agreement by both resident/supports and physician/nurse practitioner. Further documentation on the rationale for this measure is to be included, professionals consulted and alternatives explored. Most important is to indicate the length of time the restraint is to remain in place, how frequent the checks are to occur e.g. q hour, skin checks, and the observed resident's response to the restraint.

Best practice is promotion of resident-centered care that promotes the resident's abilities and promotes comfort and dignity. Restraints do not support the concepts of best practice. This regulation now ensures that the team completes a thorough assessment of the person to determine the triggers for falls and troubling behaviours and together they develop a care plan that has considered all possible alternatives to a restraint. Anything limiting the person's freedoms is considered a restraint. If a team of several professionals agree that a form of restraint would benefit the resident for a short period of time then it must be thoroughly documented including the rationale, other measures initiated, tried and the outcome. An agreement is to be signed by the resident/supports and the physician/nurse practitioner. It is hoped these measures will lead to more dignified, safe care and improved resident outcomes.

References:

Brown, Sarah and Whitbread, Luana. (2010). Death by Side Rail. *Healthcare Quarterly*. 13(3). 8-85.

Vicky Scott. (2010). *What to do if you Fall*. Brochure . BC Fall and Injury Prevention Coalition.



BRITISH COLUMBIA
PSYCHOGERIATRIC ASSOCIATION

14th Annual Conference **Discovering and Doing: Bringing Research and Practice Together in Mental Health for Older Adults**

**Themes will include: linking relevant research to clinical practice,
non-pharmacological management of behaviours in dementia care,
& tips for assessing incapacity.**

**Key note address by Dr. Lynn Beattie,
Professor Emeritus – University of British Columbia; Division of
Geriatric Medicine**

April 29th & 30th, 2011

(with pre-conference workshop April 28th on responding to behaviours in dementia care; which will be of interest to Care Aids, other front line staff and students)

Ramada Hotel – Downtown Prince George

Watch our website for details www.bcpnga.bc.ca

GNABC Conference Highlights

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The Northern Interior Health Authority is creating an electronic registry tracking every senior and their careplan. The careplan is also entered on the hospital computer system and can be accessed when the client is admitted. An email alert is sent to the team notifying them that their client is in hospital, allowing the team to contact the social worker or hospital physician to advocate for the client, to help facilitate discharge

home or to ensure adequate follow up. An anticipated outcome of the model is to help reduce unnecessary/unrealistic tests and procedures. The project is having great success but is not yet ready to be rolled out as a federal or provincial initiative.

Dr. Richard Raymond is the Northern Interior Health Authority medical director and head of the project. He was a guest speaker and is so passionate about care for older adults that he personally donated \$1500 toward the GNABC conference. He recommended reading

John Sloan's book, "A Bitter Pill, How the Medical System is Failing the Elderly" which further supports the vision to change older adult health care.

The entire conference will soon be available on the GNABC website in the members only section, so mark it as one of your favourites. Also check out the CGNA website for the new Geriatric Nursing Competencies and Standards of Practice also under the members only section. "Membership has its Benefits".