



# Newsletter

Spring Edition / March 2009

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**W**ell, from what the groundhog said we are still a ways from spring, but these last few days have been encouraging after a very snowy winter. I had the good fortune to be away in Hawaii and New Zealand for part of the last two months but I still felt the full force of winter in December. All over the world people are recognizing that “Things they are a changing”...climate, and financial where withal. In spite of this, there is optimism in many areas that the strong will of the people will prevail.

I have been listening to the BC Government budget report which seems quite optimistic. It is looking ahead to the Olympics as a positive event rather than just an over taxing of the masses to pay for it all. The budget promises to increase funding for seniors' housing, increasing \$4.8 billion spending for Health Care and \$220 million for post secondary education. These items are all close to my heart: without more funding for secondary education we won't have the nurses to care for our aging population.

I, too, am optimistic that we will see an increase in membership over the next few years and with greater numbers be able to make a difference. Because of the changes to the Health Professions Act our provincial colleges can no longer advocate for elders and the nurses who care for them. GNABC is in a perfect position to advocate.

Our Mission Statement and Purposes speak to this.

### MISSION STATEMENT

The Gerontological Nurses Association of British Columbia is a professional organization that supports and advances the professional interests of its members by promoting a social, economic and political climate in which nurses and other healthcare providers that care for the older adult can provide accessible, efficient and effective healthcare that meets the highest professional standards of practice.

## PRESIDENT'S MESSAGE

### PURPOSES

- 2.1 Provide a sustainable and professional organization for all nurses involved in Gerontological nursing within the province of BC.
- 2.2 Promote and assist in the development of provincial and national standards of excellence in Gerontological nursing.
- 2.3 Promote educational programs to facilitate best practice in the care of the older adult.
- 2.4 Promote networking opportunities and foster inter-professional connections for nurses and other health care providers who participate in the care of the older adult.
- 2.5 Promote and disseminate Gerontological nursing research.
- 2.6 Influence government, the public, educational institutions, and professional and other organizations involved in the care of the older adult.
- 2.7 Advocate on behalf of the older adult in regard to health care issues.
- 2.8 Provide opportunities for affiliations with other provincial and national nursing organizations.
- 2.9 Communicate information about College of Registered Nurses of British Columbia (CRNBC) and Canadian Gerontological Nurses Association (CGNA) as it pertains to the members of GNABC.



I challenge each one of you to encourage your colleagues from all work areas to join us. In the coming years, we will be a strong, unified voice that makes a difference in care of the Older Adult.

Respectfully submitted,  
*Heather Hutchinson*  
President, GNABC

## GNABC EXECUTIVE 2008-09

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# 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 (from Dec. 1, 2008) is: GNABC, c/o Brent Oxenbury, Oxy's PC Services, 2366 Bonny Road, Quesnel, B.C. V2J 7G6

Please send written contributions to the Newsletter Editor's email address in Word format, or fax/phone 604-879-4199.

Sheila Clark  
Email: [sheilac@telus.net](mailto:sheilac@telus.net)

### 2009 Newsletter Deadlines

Feb. 13    July 31  
May 1     Nov. 13

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

## Editor's Note

It has been fun gathering content for this issue, as we welcome new LPN and RPN members. Thanks to our chapter contributors who keep us up-to-date on interesting presentations, strategies, and community involvement. Read the news about a foot care clinic in Victoria on page 4.

We are happy to launch our Ask a Nurse Continence Advisor column in this issue, and await further burning questions from our curious readers...

Thanks to contributors who met our recent deadline and please note the altered submission deadlines listed above.

We plan to look at hydration, nutrition, and dysphagia in older people in our next issue. Preparations are starting now, so drop us a note any time with your ideas or articles related to these themes. We also welcome humour and stories to nurture our caregiving souls.

Our year end is May 31<sup>st</sup>, so prepare to think of who you would like to nominate for chapter executive positions or consider giving some time to your local group to keep things running smoothly. This is an excellent way to meet people from other workplaces, share information and strategies, and develop or polish your communication or organization skills.

Good luck to those of you preparing to write the CNA certification exams in April!

Cheers,  
Sheila Clark  
Newsletter editor

# EDUCATION OF PRACTICAL NURSES in B.C.

The B.C. Generic Practical Nursing Program is a twelve month, full-time program that prepares the graduate to provide nursing care in partnership with other health care professionals in Acute, Long Term Care and Community settings. The largest client group served is Older Adults, so a significant portion of clinical content addresses their specialized needs. As our graduates continue on the path of lifelong learning, the GNABC is one organization they can turn to as a resource. Graduates of the program are eligible to write the Canadian National Testing Service (CNATS) exams and to apply for licensure as a Licensed Practical Nurse in British Columbia.

The Program is structured in three semesters, and ends with a five week preceptorship. Assessment, planning, implementation, evaluation, critical thinking skills, and medication administration are integrated throughout the program, with each semester building on previous learning and acquired knowledge.

Semester 1 focuses on health promotion and prevention for individuals from infancy to adulthood. Effective communication skills, orientation to the practice of nursing, and the process of health and healing within the context of the community are examined. The practicum is in a Long Term Care setting with a focus on assessment and personal care.

Semester 2 emphasizes adaptations to normal aging as well as support for the older person who experiences a need for nursing care. Age-related diseases in all body systems, including psycho geriatric disorders

and associated nursing interventions are examined. Legal and ethical considerations related to caring for the older adult and leadership in Long Term Care are explored. The semester 2 practicum is in a Long Term Care setting.

Semester 3 focuses on individuals of all ages who experience major disruptions to health and healing (acute and chronic) and who require support in an acute care setting. The distinct role of the practical nurse as a partner, collaborator and advocate with the health care team in acute care is emphasized. The practicum is in an Acute Care setting.

At the end of the program, a

preceptorship provides the student with the opportunity to consolidate knowledge and prepare for the transition from student to graduate. The preceptorship placements can be in a variety of LTC, Acute care or Community settings.

Our Practical Nursing Educators are delighted the GNABC has recognized LPNs as integral members of the Gerontological Nursing Team.

Respectfully,  
Marilyn Heaps, RN, MSN  
Chair, Provincial Practical Nursing Articulation Committee  
Department Head Practical Nursing  
Vancouver Community College

## Nurse to Know: Anita Dickson (LPN)

Anita Dickson works as an LPN in the Emergency Department of Royal Columbian Hospital. She estimates that on an average day, 75 to 80% of her clients are elders, and recently joined the Simon Fraser GNABC chapter. The Fraser Health Authority appointed Anita as Clinical Practice Consultant for LPNs starting March 2, 2009. This pioneering role will support collaboration of nurses in integrating the Nursing Team Model. She is helping develop a new LPN Grad Program to support novice Practical Nurse Graduates in all workplace settings.

Anita has received several Health Care awards for her



outstanding practice in 2007 and 2008. She has been instrumental in developing Fraser Health's LPN Professional Practice Council where LPNs are examining the full scope of practice and voicing their support of the Nursing Team Model. Subsequently, other LPNs have formed 5 practice groups in their workplaces. Her enthusiasm for lifelong learning actively inspires and motivates others.

*continued on page 6...*

# GNABC

## Chapter Reports

### PRINCE GEORGE

The Prince George chapter continues to meet every two months. We were able to say farewell to 2008 with strong chapter membership support. Our fall dinner meetings were well attended by current and new members. The September meeting included a presentation by Bev Larsen, vice-president, who shared the highlights from the GNGBC annual general meeting. Two of our members attended an Alzheimer's learning forum in Vancouver and shared the various projects for dementia care that is happening throughout the province.

We had another great turnout for our November meeting. One of our members attended an Eden Alternative workshop which generated a conversation surrounding this philosophy of care. Another member reported that the government wants to make hospice beds available in LTC facilities. A lively discussion followed! Our chapter was not in favour of such a move. The meeting ended with Carol Mooring accepting the position as president of our chapter.

Our chapter got off to a great start in 2009. We were pleased to welcome new members to our get-together. The topic for this dinner meeting was ageism. We listened to a CBC pod cast from White Coat, Black Art titled: Aging, Ageism, and the 'Silver Tsunami.' Dr. Brian Goldman examined how our health care system deals with aging patients and how we explore the line between

age appropriate treatment and ageism. The general consensus among our group was that as ageism occurs, nurses need to be more proactive in order to increase awareness of this problem. As well, nurses need to consider approaches to ageism so we can resist prejudice against elders in our community.

We look forward to our March meeting where we will have a guest speaker from the Northern Health Authority discussing future directions for residential care in the north.

- Donna MacDonald, newsletter correspondent

### VICTORIA

Happy New Year to everyone across the Province! This year the chapter executive decided to "go back to the basics" in terms of offering educational topics that help form the foundation of Gerontological care. To see the overview of topics from Sept 2008 to May 2009 click on the calendar link below. We have had an increase in student & LPN participation this season, which wonderfully reflects their growing interest in seniors care. New to the chapter's activities is the upcoming public forum on Foot Care. The Victoria chapter is partnering with the Yakomovich Centre, a VIHA seniors health and wellness program, to offer an evening of education about keeping your feet healthy. Both health professionals and the public are welcome to learn from local Foot

Care nurses how to prevent and care for foot problems.

Finally, I would like to thank the executive for getting 2008-2009 season off the ground. A big welcome to Teresa McCowan who joined our executive group in October. She brings years of experience working with older adults both in the residential LTC and acute psychogeriatric settings. Thanks for joining us Teresa we appreciate your enthusiasm and fresh energy!

The Victoria chapter encourages all nurses and allied professionals keen to learn about innovative ways to work with older adults to attend the 2009 AGM and Conference being held in Nanaimo this September. The networking experience alone is well worth the registration fee! Many thanks to the Mid Island chapter for co-hosting this event and for all the preparations you have done thus far. It is shaping up to be one of the best conferences of the year!

Submitted by

Patti Parkyn, RN BSN GNC (c)  
Chapter President

[Victoria Education & Events Calendar](#)

### CENTRAL OKANAGAN

Winter is finally drawing to a close! However, since the Groundhog did not see his shadow on February 2<sup>nd</sup>, we are anticipating 6 weeks more c-c-c-old weather in the not-so-sunny Okanagan.

The Central Okanagan Chapter of the Gerontological Nurses Association met on February 9<sup>th</sup> after taking a hiatus over the coldest winter months. We have added a meeting, to total six meetings per year while previously we had met just five times annually. We also changed our meeting time to 1630, rather than 1830, to see if this

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## Chapter Reports

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would improve attendance.

We held a promotional meeting in September, 2008. September is traditionally our best-attended session of the year, so we advertised on our posters, "Bring a Friend for Free" and waived our usual drop in fee of \$10. We also advertised Kathy Van der Star to speak on a popular topic: Nursing Care of Elders With Parkinson's Disease. These strategies sparked enough interest to net us 23 attendees. Other educational topics were "Fall Prevention in Residential Care: a National Collaborative" presented by Adrien Vaughan in November and our topic for our February meeting was "the Multi-Generational Workforce" presented by Dawn Collins.

Later in September, several of our local group attended the AGM in Burnaby, where one of our local members was elected onto the Provincial Board as President-elect. We were further encouraged by the great networking opportunities and educational presentations there. The Central Okanagan Chapter has, at last count, 21 registered members, which is still down from previous years. To help with recruitment and retention of members we have added a Membership Chair to our executive; in this debut term, the position is actually being shared by 2 members! On another positive note, we are celebrating that two local members became Gerontological Nurse Certified in 2008 and several are re-certifying in 2009; two have already received confirmation of their success!

Now that Spring is just around the corner, we anticipate improved attendance at our meetings and great networking as we plan for upcoming events in Gerontological Nursing. You are invited to join us for our next meetings, planned for 4:30 the first Monday in April (April 6, 2009) and

**The GNABC Education Award deadline is approaching on May 30, 2009. See page 6 of our Winter 2008 Newsletter issue for full information about applying for this award.**

the second Monday in June (June 9, 2009). In May, we will plan a social event at a local restaurant to celebrate Nurses Week.

Respectfully submitted by Adrien Vaughan, Chapter President

## SIMON FRASER

We have been having our monthly meetings with a good turn out for each meeting. Our educational topic for the month of February is "Age Related Changes" and is being presented by our President Elect Li MacTaggart. It is always a good sign when one of your own members is willing to do an educational session and share their knowledge with others. There has been a change in our executive. Christina Hutchinson has found that with her new work responsibilities it is consuming most of her time and not allowing her proper time to designate to the Treasurers position. Rea Braithwaite has agreed to take over the position of Treasurer for the rest of this year.

Date: Last Tuesday of every month

Time: 1845 hrs.

Place: New Vista Care Centre  
7550 Rosewood  
Burnaby BC

Membership is \$65.00  
Drop In fees \$10.00

Rea Braithwaite  
Newsletter Correspondent

## VANCOUVER

The Vancouver Chapter meets on the last Monday of each month at the CRNBC building, 2855 Arbutus Street from 7-9 pm. In January, we heard Ellie Kharazmi present about Alzheimer's Disease, Cerebrovascular Disease, and research-based drug responses. On February 23, members enjoyed an interesting and interactive presentation from Joyce Rose, Wound Care Clinician. We welcome Mari Lyn Kelly as an executive member-at-large. She arrived in Vancouver last year from Ontario and has interesting things to share from their Provincial Gerontological Nurses Association. We also have Cheryl Irwin joining us as Education Coordinator, and she brings much appreciated enthusiasm and strong connections to the LPN community.

Upcoming meetings are: March 31st, Diabetes; April 27th, Anita Dickson, LPN presents "Lab Values and their Meanings"; and on May 25, we hold our last meeting before the summer (topic to be announced). Come and receive an education certificate towards your record of continuous learning. We look forward to seeing you.

-Sheila Clark and Cheryl Irwin

## Nurse to Know: Anita Dickson

...cont'd from page 5

This Vancouver Community College LPN graduate has recently compiled a short easy-to-read guide for Licensed Practical Nurses entitled "Lab Values and their Meanings". This manual is available to Fraser Health Employees on the Intranet currently, and publishing plans by Fraser Health are underway.

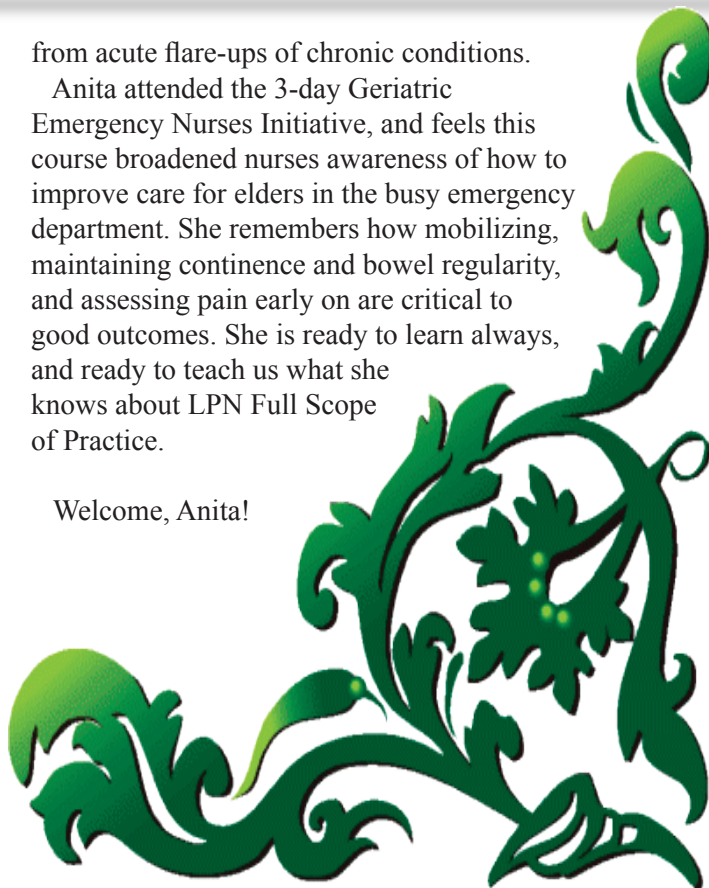
Anita finds that being connecting to and learning from each Elder is the most rewarding part of her job. The most challenging part is maintaining an Elder's integrity while witnessing their physical and sometimes cognitive decline. She does this by inviting reminiscing and honoring each person's history as she provides support.

Anita began her career working as a Care Aide in Residential Care and enjoyed working in the Special Care Unit. After becoming an LPN, she chose a variety of settings: at Eagle Ridge Manor residential care; Crossroads hospice; and Royal Columbian Hospital neurology, orthopedics, cardiac step down, and emergency. These experiences combined allowed her to practice her skills fully. She sees LPNs expertise being best used in providing excellent bedside care for elders who, once stabilized, need longer periods to recover

from acute flare-ups of chronic conditions.

Anita attended the 3-day Geriatric Emergency Nurses Initiative, and feels this course broadened nurses awareness of how to improve care for elders in the busy emergency department. She remembers how mobilizing, maintaining continence and bowel regularity, and assessing pain early on are critical to good outcomes. She is ready to learn always, and ready to teach us what she knows about LPN Full Scope of Practice.

Welcome, Anita!



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*Becky Lynn B., VCH Nurse Coordinator*

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# Ask a Nurse Continence Advisor

## Dear NCA:

Mrs. B. is a 72 year old woman with problematic urinary dribbling. She came to our Transitional Care Unit after being in acute care for 1 month being treated for congestive heart failure. She has arthritis in her knees, has varus deformities (bow legs) and walks very slowly. She has been stabilized on lasix 40 mg. b.i.d., and the foley catheter was recently removed. She brought a huge bag of sanitary napkins with her and says she has been using them daily for 7 years. Although she goes to the toilet regularly, she has an incontinent episode three times daily. She wakes up 3 times at night to void, and our most recent urine for C&S is negative. What do you suggest?

-Wondering What To Do Next

## Dear WWTDN:

Thank you for your letter. Mrs. B. likely has primary **urge** and secondary **functional urinary incontinence**.

**Urge urinary incontinence** occurs when there is a strong sensation to urinate after small amounts of fluids are taken, and also when the sound of running water is heard (Carr et al, 2002). Mrs. B is up at night 3 times, which likely means her bladder muscles are “working overtime” at night, emptying her bladder for small amounts of urine. She may be dehydrated. **Functional urinary incontinence** occurs when Mrs. B.’s osteoarthritis in her knees reduces her ability to reach the toilet in time.

## Treatment Suggestions:

**Keep a voiding diary for 3 days** to track voiding patterns (when she voids) & fluid intake.

**Ensure 6-8** glasses of water-based fluids including cranberry juice (if she is not on blood thinner warfarin), other diluted juices, milk, jello, oranges, popsicles and soups.

**Limit caffeinated** beverages to 2 cups per day as they contribute to kidney secretions and also are bladder irritants, which contribute to bladder muscle contractions.

**Prompt** Mrs. B. to void every 2-3 hours to avoid urinary incontinent episodes.

**Limit** other **bladder irritants** such as cola beverages, sugar, honey, chocolate, aspartame, alcohol, spices, tomato based foods, citrus fruit juices, corn syrup, artificial sweetener

**Avoid Sanitary pads** and use continence products such as those made by TENA with good wicking properties to preserve skin integrity

**Schedule diuretic (lasix)** when she has easy access to a toilet. As she improves further, review lasix with the

physician.

**Elevate legs** before bedtime to enhance venous return and prevent voiding at hs.

**Encourage Physio** assessment to strengthen leg muscles and assess need for walking aid

**Kegel Exercises** help strengthen the pelvic floor. Gradually work up to 50 Kegels per day (if she has some muscle strength) and if her MMSE is over 24/30.

**Refer** for assessment by a Nurse Continence Advisor (NCA) at a Continence Clinic.

**NCA Continence Clinics** are located in Burnaby Hospital (Marcia Carr, MSN, NCA), Pacific Spirit Community Health Centre (Sam Leung), Mount St. Joseph’s Hospital (Tracey Larter, NCA), UBC Purdy Pavillion (Pat Barry), ElderHealth (Peace Arch Hospital White Rock), Delta Clinic, (Martha Gens, NCA), and Uromed (Private Clinic North Vancouver, Maureen McGrath, NCA and Dr. Stephen Kaye)

You haven’t mentioned in your letter whether Mrs B’s bowel habits are regular. Constipated stool can press on pelvic organs and contribute to the problem. Prevention is key: ensure enough fluids and 25-30 grams of fibre daily. It is a good time to assess her hygiene practices, and perineal skin areas for redness and soreness, as she is at risk for moisture-related infections.

Becky Lynn Brechin, RN, BScN, NCA, GNC (c)

## References:

Carr et al. (2006). Coming out of the Water Closet: Continence. Simon Fraser Health Region: New Westminster, B.C.

Doughty, D. (2006). Urinary and Fecal Incontinence. (3<sup>rd</sup> Ed.). Mosby: Atlanta Georgia.

Skelly, et al. (2006). Promoting Continence Care: A Bladder and Bowel Handbook for Care Providers. McMaster University Press: Hamilton, Ontario.

## Internet Web Sites

The Canadian Continence Foundation:

[www.continence-fdn.ca](http://www.continence-fdn.ca)


Pelvic Muscle Exercise Education Program:

[www.healthywomenaging.ca](http://www.healthywomenaging.ca)

National Association for Incontinence (NAFC):

[www.nafc.org](http://www.nafc.org)

Cystitis Information: [www.cystitis.com](http://www.cystitis.com)



Place: Coast Bastion Hotel  
11 Bastion Street  
Nanaimo, B.C.

Date:  
Thursday Sept 17, 2009  
Wine & Cheese Networking

Sept. 18, 2009  
0800-1600  
Education/Conference/AGM  
Key note speaker: Dr Kim King

# Into the future: Innovations for Senior's Health

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Chapter

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