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NEWSLETTER

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Participant Comments

"We in the industry know that sexual expressions of all sorts have been going on for a long time. We've mostly ignored them. It's about time that we talk openly."

"Our agency has just put together some guidelines. I know other facilities are doing the same. But I don't know what other agencies are doing. It would be helpful if we talked to one another to share ideas. "

"We need standardized policies that apply to all facilities, so we can say to relatives (who can be very difficult to deal with) that all facilities abide by the same guidelines."

CRNCC Updates

Last October 20th, 2009, CRNCC and OCSA mounted a groundbreaking full-day symposium **Keep on Rockin': Sexuality and Aging** in Richmond Hill, Ontario. The day was so successful and the issues so urgent that OANHSS -the Ontario Association of Nonprofit Housing and Services for Seniors- asked the CRNCC to do a follow up session. On June 8, 2010, Janet Lum and Lori Holloway Payne (Director of PSNO and OCSA Communications Director) presented *Free to Be!* **Sexuality and Aging** at the OANHSS annual conference. PhD student, Jennifer Sladek, and CRNCC Manager, Alvin Ying, then led breakout groups to discuss scenarios that could arise in LTC facilities. The session generated much spirited and lively discussion which we are sure will continue.

Are you wondering what ever happened to **Aging at Home** in Ontario? Our next CRNCC-OCSA symposium will bring together local, national and international experts to ask tough questions for the future of the community support sector and for health system sustainability. What are the major triumphs and trials of Aging at Home in Ontario and beyond? What's worked well ? What hasn't? Why has the community support agenda proved so vulnerable to changing politics?

Join us on October 21, 2010.

CRNCC Co-Chairs,

Janet Lum ***Paul Williams***

Profiling:
The Intensive Geriatric Service Worker
with *Janice Paul*

Janice Paul is the Waterloo Wellington IGSW lead at Trellis Mental Health and Development Services. She is also a member of the CRNCC Steering Committee.

In October 2009, Waterloo Wellington implemented the Intensive Geriatric Service Worker (IGSW) program with *Aging at Home* funding. The IGSW provides intensive support and transition for frail seniors with complex needs, through integration of, and collaboration with, health and community support services.

Here is how it works. Following discharge from hospital or Emergency Department (ED), IGSWs conduct home visits within 24-48 hrs to review Care Plans and to ensure that identified needs are met. With their knowledge of available health and community resources and strong inter-professional links with primary care, pharmacists, specialists, CCAC, Community Support Services, GEM nurses, acute care and others, IGSWs are well-positioned to help older people navigate through the community and health care system.

For example, they can:

- help arrange transportation and accompany older people to follow up appointments with family physicians or specialists;
- accompany seniors to adult day programs;
- be present when other health providers come into the home;
- help coach seniors and/or family members with self-managed care.

IGSWs remain involved with seniors and their carers until identified goals are achieved and individuals are “cemented” into the services in the community.

To demonstrate the greatest impact on ED recidivism and length of hospital stay, referral sources are restricted to Geriatric Emergency Management (GEM) nurses, Geriatric Clinical Nurse Specialists in Acute Care, and Community Specialized Geriatric Services including Geriatricians. Referral sources are asked to consider the following guidelines when referring

Success Story

History

- 80+ yr. old female, 8 visits to ED (somatic complaints) within a 4-week period prior to IGSW referral; lives with husband who is also frail
- Long history of resistance to available services
- Assessment completed by GEM Nurse in consultation with CCAC Case Manager in the ED
- Identified Specific, Measurable, Achievable, Realistic, Time limited (SMART) goals

Goals

- Encourage person to show up for follow-up appointments with family doctor
- Encourage acceptance of community support services such as meals, transportation and day programs
- Encourage medication compliance

What topics would you like to see explored?

Please e-mail us at:
crncc@ryerson.ca

frail seniors with complex needs for IGSWs:

- Recent hospital admission or ED visit
- Frequent ED visits
- Complex needs (number and/ or type of support required)
- Social isolation
- Resistance to assistance/ support
- Limited ability to access services for financial reasons
- Language/cultural barriers
- MD or RN concern about ability to follow through with recommendations
- Caregiver burden

At present there are 9 IGSWs across Waterloo Wellington serving over 350 clients. All are unregulated health professionals with varying areas of educational expertise (e.g., gerontology, recreation therapy, social work, pastoral care, psychology and social services); experiences (e.g., community support services, long-term care, mental health, retirement homes, private home care, acute care and rehabilitation); and, linguistic, ethnic and cultural backgrounds. The IGSW role is currently under formal evaluation.

For further information, please contact, Janice Paul, IGSW Lead, jpaul@trellis.on.ca.

Outcomes

- IGSW made several visits to build rapport and encouraged keeping doctor's appointments and obtaining other support services
- IGSW helped arrange Meals on Wheels and educated senior on how to order frozen meals
- IGSW educated couple on how to arrange transportation rides
- After 6 weeks, IGSW established a strong rapport. As a result, senior agreed to attend Primary Care appointments; in the past year, individual refused to show up for these appointments
- IGSW worked with the senior to organize and write down questions to ask during her primary care appointment - senior led the meeting with primary care provider, was pleased with outcome and agreed to have specialized services as long as IGSW was present for future meetings
- IGSW organized transportation and attended initial Specialized Geriatric Services (SGS) visit and subsequent SGS visits

Success

- Only 1 return visit to ED since IGSW involvement. This was an appropriate ED visit. Senior was discharged within a 3-hour period after care was provided
- IGSW was informed
- Acceptance of referral to SGS
- Ongoing IGSW involvement to continue with a goal of accepting additional community support services

Related Reports

New Innovative Transition Role - IGSW Presentation at the RGPs of Ontario 2010 Conference

Did you know?

The latest on sexuality, intimacy and sexual expression issues in long term care facilities and for home and community care providers

The CRNCC's mandate is to lead knowledge exchange on home and community care by seeking out the best, evidence-based practices and sharing those practices with members. On the topic of sexuality, many providers believe that intimacy and sexual expression are fundamental to healthy living and to being human. These essential aspects of well-being are however often overlooked or avoided when a person enters a care facility such as a nursing home, group home, or assisted living residence.

The CRNCC notes that in the last few months there have been a number of path breaking initiatives to balance healthy sexuality and safety for individuals with liabilities and risks for housing, health and social care providers. Laws, clinical and ethical best practices are changing.

Within Ontario, Toronto Long Term Care Homes and Services has been a leader in developing intimacy and sexuality policy governing its nursing homes.

The policy includes:

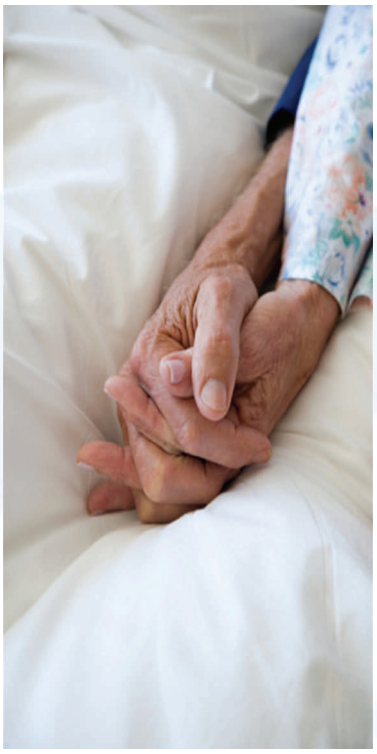
- a broad definition of intimacy and sexuality;
- a Residents' Bill of Rights; and,
- a specific definition of "capacity to consent". This definition has been adapted from the Health Care Consent Act, and is based in part on the capacity of individuals to understand the information relevant to making a decision and their ability to appreciate foreseeable consequences.

To help RNs/RPNs, physicians and counsellors navigate issues around intimacy and sexuality, TLTCHS has developed tools such as a Resident Care Manual and a decision-making tree.

Related Reports

Diversity Our Strength—LGBT Tool Kit: For Creating Lesbian, Gay, Bi-Sexual and Transgendered Culturally Competent Care at Toronto Long-Term Care Homes and Services

Province wide, Ontario's **Long-Term Care Homes Act, 2007** and its Regulations come into effect on July 1, 2010. This new Act contains a Residents' Bill of Rights which addresses sexuality, intimacy and sexual expression.



Residents will have the right to:

- form friendships and relationships;
- have their lifestyle and choices respected;
- meet privately with their spouse or another person in a room that assures privacy; and,
- share a room with another resident according to their mutual wishes.

Ontario is catching up to **Newfoundland and Labrador** which has had Regulations in Long -Term Care Facilities since 2005. The standards make explicit reference to sexual needs, sexual diversity and intimacy. Newfoundland and Labrador's Regulations speak to residents' rights to:

- develop friendships and enjoy meaningful relationships without hindrance or embarrassment;
- meet sexual needs with privacy, respect and dignity regardless of their sexual orientation;
- privacy - for example, staff must knock prior to entering bedrooms, bathrooms and other personal space; residents can lock their door, if desired.

Vancouver Coast Health, with funding from the Public Health Agency of Canada (Sexual Health and Sexually Transmitted Infections Section) and the British Columbia Ministry of Health (Healthy Children, Women and Seniors, Population Health and Wellness), developed guidelines in 2009. These guidelines are aimed to help administrators and clinical leaders in care facilities and group homes develop their own guidelines to support healthy and safe sexual expression for adults living in facilities.

Related Reports

Long Term Care Facilities in Newfoundland and Labrador: Operational Standards

Ontario Long-Term Care Homes Act, 2007

General Regulations Under the Ontario Long-Term Care Homes Act, 2007

Supporting Sexual Health and Intimacy in Care Facilities: Guidelines for Supporting Adults Living in Long-Term Care Facilities and Group Homes in British Columbia, Canada

On The Mic. with *Mary Stuart*

Adaptive Physical Activity for Stroke Survivors

Related Reports

Community Exercise: A Vital Component to Healthy Aging

Community-Based Adaptive Physical Activity Program for Chronic Stroke: Feasibility, Safety, and Efficacy of the Empoli Model

Municipality of Empoli, Province of Florence, Tuscany, Italy

Tell us about your Adaptive Physical Activity (APA) research

Our research focuses on exercise and activation for stroke survivors. It has a particular focus on the "chronic phase" and is specifically designed for individuals with residual hemiparetic gait deficits. After 6 months of recovery, people begin to realize they are going to survive, but with certain deficits. With exercise, the brain can be reprogrammed in ways not thought possible; even 20 years after a stroke, individuals can make improvements to their fitness and walking ability. Isn't that incredible?

Mary Stuart, Sc.D. is the Director and Professor of the Health Administration and Policy Program at the University of Maryland Baltimore County. She is also the Principle Investigator of the VA Maryland Healthcare System and a member of the CRNCC Steering Committee.

What are these programs like?

In the Italian APA, there are different exercise programs tailored for different diagnoses and for people who have chronic diseases and multiple co-morbidities. Here in Maryland, we are currently running two interventions for stroke survivors--a seated exercise [program] and an intervention borrowed from the Italian's APA program. In addition to stroke, the Italian APA program includes classes for MS, Parkinson's, and for general fitness that are particularly beneficial for those suffering from back pain and osteoporosis.

In Italy, the APA programs are organized by the local health authorities and classes are held in local gyms. Gym instructors are trained in the exercise protocols. In our US research program, most instructors have experience with older adults. We train them in the exercise/ activity intervention that we use for the study, monitor their progression and re-train if we think they are deviating. Instructors can't add to the existing exercise protocol since we have to be careful about safety. The instructor continually monitors participants to ensure they are in shape to proceed with the exercise program.

Sittercize - APA-Stroke Program. Howard County, Maryland

Related Reports

Community Exercise: A Vital Component to Healthy Aging

Community-Based Adaptive Physical Activity Program for Chronic Stroke: Feasibility, Safety, and Efficacy of the Empoli Model

Exercise for Chronic Stroke Survivors: A Policy Perspective

We know you travel extensively to Italy, Denmark…why go international?

APA Intervention Program, Florence, Italy

I have been studying international best practices in the prevention management of chronic diseases for 15 years. It's an excellent way to share knowledge and learn from one another. Each country develops something extraordinarily well to address an important issue. Maryland has a very strong research structure: we are able to test new alternatives and interventions that other countries are not able to do. We've taken some physical activity interventions from Italy to study more systematically their impacts on stroke survivors.

APA Intervention Program. Vernio, Italy

What barriers do you see to implementing Adaptive Physical Activity programs?

Barriers include recruiting providers, training instructors, monitoring for safety, finding areas to run the programs, and transporting people to the programs. Transportation is a big issue here in Maryland. In the town of Empoli, in the Tuscany Health Region in Italy, transportation has not been a major problem. We've seen people walking their parents and grandparents to the gyms. We need to look beyond the challenges and see the numerous benefits of the program, such as social support and regaining independence.

What about potential cost savings to the health system?

That's hard to say…I'm extremely interested in that question and will be doing some research to estimate the impact of APA Programs on areas that would be particularly likely to yield cost savings. I would guess people with hip fractures. I hope to write about this in the next year.

APA-Stroke Program. Howard County, Maryland

On the Radar

SEPTEMBER 2010

13-15 *| Connecting Research and Education to Care in Seniors' Mental Health: Canadian Coalition for Seniors' Mental Health 4th National Conference*

Presented by: Canadian Coalition for Seniors' Mental Health
Location: Westin Nova Scotian Halifax, Halifax, NS

Canadian Coalition for Seniors' Mental Health
Coalition Canadienne pour la Santé Mentale des Personnes Âgées

OCTOBER 2010

Whatever happened to Aging at Home

SHIFTING POLICY SANDS IN ONTARIO AND BEYOND

5th Annual CRNCC/OCSA Symposium
October 21, 2010
Hilton Suites Toronto/Markham Conference Centre

What's happened to ***Aging at Home*** in Ontario? Now only in its third year, ***Aging at Home*** funds have been redirected to discharging hospital patients quicker and sicker, and there are growing calls for more long-term care beds. According to the 2010 report of Ontario's Health Quality Council, people are waiting in hospitals "because they have nowhere else to go."

Our October event brings together local, national and international experts to ask tough questions for the future of the community support sector and for health system sustainability.

- What are the major triumphs and trials of ***Aging at Home*** in Ontario and beyond?
- What's worked well? What hasn't? What are the key lessons?
- Why has the community support agenda proved so vulnerable to changing politics?
- What can we do to convince policy-makers that investments in community supports are investments in health system sustainability?

Join us for this important event. ***For more information, visit www.crncc.ca***

NOVEMBER 2010

3-5 *| Home Care Summit 2010*

Presented by: Canadian Home Care Association
Location: Fairmount Chateau Frontenac, Quebec City, QC

Canadian Home Care Association
canadienne de soins et services à domicile

*We encourage you to check **www.crncc.ca/events** often as our calendar is continually updated*

In the Know...

New *InFocus Backgrounder*: Home Support Workers in the Continuum of Care

Go to CRNCC Knowledge Bank www.crncc.ca/knowledge/index.html

CRNCC
Canadian research network for care in the community

RCRSC
Réseau canadien de recherche pour les soins dans la communauté

CRNCC is committed to creating an open and accessible environment that offers current and relevant information. We welcome comments, questions, and concerns.

Address
350 Victoria Street
Jorgenson Hall – Suite 723
Toronto, Ontario
M5B 2K3

Phone
416.979.5000 x7045

Email
crncc@ryerson.ca

Online

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