Intergenerational fun

By Ellen Locke, Recreation Manager

The ladies in Misericordia Health Centre’s Interim Care on Cornish 6 recently had some very special guests helping them with a new project.

The Quilting Club invited 12 children from the Cornish Child Care Centre to help them create an intergenerational quilt.

It was a great adventure for the children.

The trip began with a walk across the overpass which delighted the children to be walking above all of the cars. The children were welcomed with happy greetings and smiles from both residents and unit staff.

Binn Khouv, Cornish 6's Recreation Facilitator, had designed a quilt that could connect our residents with the community. Binn cut 30 fabric squares and the children came to paint the squares with the residents. Binn supplied bright colours, lots of paint brushes and plenty of encouragement.

“What the residents enjoyed most about this project was watching the kids just enjoying themselves,” said Binn. The residents commented on how cute it was to see the kids with paint all over their hands and faces just having fun.

“The kids were just fascinated with being able to paint on fabric,” said Thelma Randall, Director of the Cornish Childcare Centre. “They also enjoyed the juice and cookies with the residents after the painting.”

Currently the residents are sewing the squares together to make a quilt to decorate the C6 hallway. With the leftover squares, the ladies will be making a wall hanging for the daycare.

When the quilt is complete, Binn plans to invite the children back to Misericordia for an unveiling of the quilt ceremony.

Season's Greetings!

Changes at the PCHs

Tim Vanderhyde, has accepted the CEO position at Meadowood Manor effective December 15, 2008.
This is the first year that Home Instead Senior Care’s developed the community service program “Be a Santa to a Senior” in partnership with Age & Opportunity. This program provides holiday cheer and gift giving to seniors who are least likely to receive a present during the holiday season, are lonely and financially challenged. This year the WRHA PCH Program took part in this program and had such a great time, particularly since some of the seniors who benefit from the program are residents in Winnipeg Personal Care Homes.

Each year, the Be a Santa to a Senior program receives enthusiastic reception by community leaders. Television and newspaper attention about the program help heighten a greater awareness of senior care issues. Your participation is greatly appreciated.

PCH Program group photo:
Back Row L - R Margaret Fries, Lorri Dahl, Penny Murray, Judy Robertson, Luana Whitbread, Sue Bernjak, Jean Helps, Joe Puchniak, and Lori Lamont;
Front Row L - R Betty Taylor, Leanne Drad, Ev Nickel, (missing Réal Cloutier & Cathy Scott)

Be a Santa to a Senior Volunteering picking up the gifts L - R Margaret Fries, Brian (Volunteer from Home Instead Senior Care), Leanne Drad, Luana Whitbread, Sue Bernjak
Residents at the Middlechurch Home in West St. Paul won’t catch a chill while enjoying the twinkling outdoor lights, because the home is bringing the outdoors, indoors.

For the second year in a row, the seniors home has transformed its recreation room into an indoor winter wonderland, offering residents and their families an opportunity to enjoy the holiday beauty without leaving the building.

“It was just such a success last year, we had to do it again,” said Christina Kowall, who serves as recreational programs, volunteer services, and pastoral care manager for the home. “It’s the only one of its kind in the city, no one else is doing this.”

Kowall says she came up with the idea last year after years of leaving disappointed residents behind while they took the few able ones on a bus to see the lights displays offered in the area.

“We have nearly 200 residents, but only a small percentage of them are able to be transported outside the home,” explained Kowall, who also says renting buses is extremely costly.

“It was painful to see so many left out so I thought, why not set up one here at the home so everyone can enjoy it?”

The home’s large recreation hall is covered wall-to-wall in Christmas trees, lights, and animated figurines. Its u-shape design and clear pathway make it easy for wheelchairs to move within the display.

“It’s designed as a forest, so the residents can walk within it and feel almost as though they are outside looking at the lights,” said Kowall.

Kowall also expanded the indoor display this year, and extended it over two days so that members of the public could come to the home and share the holiday cheer with the residents.

“Last year was so successful, and the residents enjoyed it so much I thought it would be a good idea to invite the entire community to come and see it,” said Kowall shortly after the exit of a large school group.

Residents of Middlechurch seem to be the ones enjoying the display the most, often coming through two or three times a day to admire the lights.

“It’s just beautiful,” said resident Doris Mauro. “It’s really lovely.”

Although the happiness can be seen on many residents’ faces as they get to participate in a piece of Christmas tradition, Kowall says it’s the non-verbal residents whose reactions touch her the most.

“We have many residents who have suffered strokes, or have conditions like Alzheimer’s that affect their speech,” she explained. “So to see these people, who very rarely if at all, show any type of emotion, come in and just get this huge smile on their face, is really amazing.”

There was no admission to the lights display, but a donation box was available and all funds raised went to

*Posted By Hayley Brigg*
A few years back, to acknowledge the 60th anniversary of the liberation of Holland, Canadian soldiers were invited back. While there, the veterans were given Medals of Remembrance. But many vets were unable to return to Holland to receive theirs. After the daughter of a resident was able to get him his medal from the Dutch Embassy, Donna George, Recreation Facilitator at Deer Lodge Centre, began to search for other residents who served in the Netherlands. Through her efforts, 12 other residents were identified. On November 21st the veterans were finally presented with the medals at a ceremony coordinated by Donna. The Honorary Consul of the Netherlands and members of the legislature were on-hand to present the residents with the long-awaited medals. Donna’s hard work and efforts did not go unnoticed. An article written by Gordon Sinclair printed in the Winnipeg Free Press commended both Donna and the resident’s daughter, Lorraine Huskins, for their efforts.

Residents, volunteers and staff at Deer Lodge Centre were thrilled to have Fred visit on October 29th. Fred entertained to a packed house for over an hour and a half singing familiar songs such as “You are my Sunshine”, “When the Red Robin Comes Bobbin Along” and his most famous song, “The Cat Came Back”. Fred was warm and engaging and we hope to see him back one day. Thank-you to the generous support of Manitoba Artists in Healthcare for bringing Fred to the Centre.
Palliative Care Pearls

The WRHA Palliative Care Program: Consultation or Referral?
(Part 3 of a 3 part series describing the Palliative Care Program)

There are two main components to Palliative Care (PC) Program services: consultation services and registration with the overall program. Health care providers are often unsure if they need a consultation or a referral for registration with the PC Program for the patient in their care. Here is a brief description of the criteria and services available for both components.

1. Consultation Services:
   These are services that can be accessed without registration with the overall program. Anyone is eligible if they have a life limiting illness and are experiencing distressing symptoms (e.g. nausea, pain, psychosocial or spiritual distress).
   a. PC physicians and Clinical Nurse Specialists (CNSs) provide consultations in the following settings in any hospital in Winnipeg, homes, Personal Care Homes, and via telephone.
      o Consultations with a PC Physician require a referral from a physician.
      o Consultations with a PC CNS can be requested without a physician referral.
   b. PC Coordinators (Nurses) are available for discussions about access to services throughout the system.

2. Registration with the overall PC Program:
   A patient is eligible to be registered on the PC program if he/she:
   - Has an illness that is likely to take his/her life in the next six months
   - Is referred by a physician or nurse practitioner
   - Is no longer receiving aggressive disease-focused treatment (most often this is chemotherapy) requiring monitoring for and treatment of potentially serious complications
   - Has chosen a comfort-focused approach including a decision to decline attempted resuscitation.

In addition to the consultative services listed above, registration with the PC Program provides access to other community-based care and services, most of which may not be needed by residents in the PCH program.

Some examples of situations where a referral to the PC Program would be required for eligible PCH residents are requests for transfer to a PC Unit or where there is a need for on-going PC team involvement to assist with symptom management or complex psychosocial issues related to end of life care.

Whether you are requesting a consult or a referral, the more information you provide about the patient and the concern you have, the easier it is for us to respond to your concern appropriately and promptly.

Contact the WRHA Palliative Care Program at:
- Phone: 237-2400
- Fax: 237-9162
Nicole Nadeau-Fréchette, Social Worker for the Young Adult Unit, attended the Aboriginal Nurses Association of Canada’s Annual Conference in August and presented her story below.

What happens when you live in a remote aboriginal community and suffer a catastrophic illness that separates you from your family and community forever? I know of a young woman who has been away from her community (Ontario North) and four children since she became very ill over 4 yrs ago. Due to distance and travel costs, the children (ages 12-18) have only seen their mother 2 times in four years as she requires 24 hour care in a residential facility in Winnipeg. The young woman has suffered many losses caused by her illness. It became my goal to find a way maintain a connection between this woman and children. It was suggested by a nursing colleague (Gerald Berthelette) that I contact the Manitoba Telehealth Network. Telehealth is the use of information technology to link people to healthcare expertise at a distance. A high-speed, secure, video link is used to enable the individuals to see, hear and talk to people in the other location. I wondered whether we could use Telehealth to enable a video-visit for family. When contacted Telehealth they quickly replied that this service is called Televisitation and available free of charge within the province. With much excitement I quickly told the young woman and her care providers that I had discovered a way to help this family “visit” and stay connected.

In less than 2 weeks, I accompanied this young woman to a small room at St. Boniface Hospital, equipped with a television to provide this service. Within moments, she watched on the screen as her children entered a small room in the nursing station in their community. The young woman and her children were in awe at seeing each other for the first time in over a year. When the young woman sang Happy Birthday to her 15 yr old daughter, the young girl wept. The young woman had many questions for her children about their education and interests. She asked them to stand up so she could appreciate how much they’ve grown. She noted new glasses and hairstyles and we all delighted in the richness of this amazing technology that allowed this family to “visit” with each other. The emotion of seeing his mother, proved too much for her 12 yr old son and he did not attend the visit. He was present 2 weeks later when the next televisit was scheduled and he too, cried and wept when seeing his mother on the television screen speaking to him. The young woman wished so much that she could comfort him. All the children stated their excitement that their mother’s health had improved so significantly.

There have been several more tele-visits since we started. The children are always eager to have the next visit scheduled. The Christmas visit in December was cause for celebration when during the televisit, the children opened the gifts sent by their mother. She was pleased to see the joy in their faces as she celebrated a piece of Christmas with them from a distance.

The magic of technology has served such a great purpose for this family to unite them and allow them to maintain an important contact with each other. Since the tele-visits have begun, the young woman has appeared to be less depressed and despondent. She now has something to look forward to and live for.

Addendum:
A member of the Aboriginal Nurses Association of Canada, present at the Conference, gratefully donated $1000.00 so that this resident’s wishes come true…her family came in to Winnipeg to visit with her last week.
Over 300,000 Canadians reside in long-term care (LTC) facilities. Each year approximately 50% of them will fall at least once, and 5% to 10% of these falls will result in fractures. The one-year mortality rate following a hip fracture is about 20%. The societal cost in the first year following a hip fracture is about $34,000 per LTC facility resident (in 1997 Canadian dollars).

One approach to prevention of hip fractures is the use of an external hip protector—an underwear-type garment with pockets in which protective pads (hard-shelled or soft-shelled) are inserted on each side over the greater trochanter. In the event of a fall, the shell disperses the force away from the hip and into the surrounding tissue.

**Hip protectors cannot prevent a fall, nor can they work if they are not worn.**

Five systematic reviews on the effectiveness of hip protectors were retrieved. They all found hip protectors likely to be cost-saving. Compliance can be described as the percentage of time the hip protector is worn correctly---it appears to be about 25%. Factors that make residents reluctant to use hip protectors include:

- discomfort,
- appearance and distortion of body image,
- cost,
- skin irritation,
- dressing and toileting difficulties, and
- inadequate resident instruction and orientation on use.

Decreased compliance was associated with arthritis of the lower limbs and dizziness on rising. In terms of overcoming barriers to compliance with hip protectors, caregiver motivation and involvement appear to be crucial.

**This was confirmed in discussion with local therapists who tend to prescribe hip protectors for residents who are receiving help with toileting. Research indicates that decision makers may consider targeting LTC facility residents with these risk factors:***

- hypertension
- Incontinence
- Previous history of falls and fractures
- Cognitive impairment
- Stroke (especially hemiplegia),
- Dementia
- Disorders of gait and balance
- Parkinson’s Disease,
- Peripheral neuropathy
- Lower extremity weakness or sensory loss
- Lower body mass indexes
- Substantial vision loss.

The cost-utility analysis undertaken for this report looked at hip protectors only, alendronate (Fosamax—treatment of osteoporosis) only, alendronate plus hip protectors or no treatment. They found that a combination of alendronate and hip protectors should be used for the more elderly women (>75 years and a previous fracture) living with osteoporosis in LTC. For osteoporotic women < 75 years, alendronate only...
The staff at the J. W. Crane Memorial Library would like to take this opportunity to wish you all the best for a happy and healthy Holiday Season.

Please note that Library Services at the J. W. Crane Memorial Library will be unavailable from Wednesday, December 24, 2008 to Friday, January 2, 2009 due to the University of Manitoba Holiday Season Closure.

The Neil John Maclean Health Sciences Library, University of Manitoba will be open from 9:00 am to 5:00 pm, with limited services.

Phone: (204) 789-3342 for assistance.

We would also like to remind you of the many ways we can help you stay up-to-date with trends and issues in health and geriatric health care in 2009.

1) Request a literature search on a topic related to clinical care, for background reading for a presentation, project or course work.

2) Subscribe to the Web Pick of the Week:
   Web Pick is a weekly e-mail featuring a web resource of interest to geriatric practitioners.
   To subscribe go to: http://lists.umanitoba.ca/mailman/listinfo/info-ltc

3) Sign up for our Table of Contents service and receive the latest Table of Contents from selected journal(s) you like to follow.
Falls Prevention continued

would be the most cost-effective option. If the choice is between hip protector use or no hip protector use, the primary economic evaluation suggest hip protectors are a cost-effective treatment option for women older than 70 years of age living in LTC.


*Further to the compliance issue, Blalock S, Demby K, McCulloch K, Stevens J, in Seniors’ Perceptions of Using Hip Protectors to Reduce Fracture Risk, a letter to the editor of JAGS, September 2008-Vol. 56, No. 9, stated that a large body of literature suggests that perceived risk is a key factor in motivating the adoption of protective behaviors. They quote study participants from the community who did not feel a personal need for a hip protector – please note that study participants were limited to individuals who had fallen within the previous year or who had expressed a fear of falling. To increase consumer acceptance of hip protectors, issues pertaining to the perceived need for them will need to be addressed, in addition to issues such as comfort, fit, convenience, and appearance.

Alice Sebastian is an Occupational Therapist at Tache Centre and Monica Brechka is a Physiotherapist at Community Therapy Services. They are both members of the Falls Management Working Group.

Crane Library continued

4) Read Agelit:
Agelit is published quarterly as an information alerting service for long term care providers and others interested in geriatrics, gerontology or long-term care. It is a selected bibliography of new articles, books, audiovisual resources, clinical practice guidelines, websites, online education and conferences and is mailed to all Winnipeg Personal Care Homes. Agelit is also available on our web site.

5) Read Current Perspectives.
The Current Perspectives Series is updated several times a year and highlights current articles, books and Internet resources on specific topics of interest to long-term care professionals. Topics include: Challenging Behaviours; Communication and Dementia; Continence; Depression in Long Term Care; End of Life; Environmental design; Falls; Family Involvement in Long Term Care; Institutional Elder Abuse; Managing Pain in Long Term Care; Pressure Ulcers; Restraints in Long Term Care; Sexuality in Long Term Care; and Transitioning to Long Term Care. It is available on the website.

6) Check out our web site for the above, as well as New Book lists and other announcements in the News section on the right column of our site. http://umanitoba.ca/libraries/units/health/deerlodge/index.html

7) Check out the Info Long Term Care Blog: a web based resource for keeping up to date with the latest publications at http://infoltc.blogspot.com

8) Read the Library column in PCH Views.

9) Visit our display at the Alzheimer’s Manitoba conference in March 2009.
Call us at 831-2152 or email dlclibrary@umanitoba.ca or visit us at Deer Lodge Centre, 2109 Portage Avenue