



Winnipeg Regional
Health Authority

Caring for Health

Office régional de la
santé de Winnipeg

À l'écoute de notre santé

View

Personal Care Home

A monthly summary of activities and announcements relating to personal care in Winnipeg

Volume 5, Number 6

June, 2008

P.I.E.C.E.S.TM dementia care education



The first group of front-line staff has completed a five-day P.I.E.C.E.S.TM dementia care education session. P.I.E.C.E.S.TM is the educational endeavor that is being introduced throughout the province to improve dementia care education for staff, and thus improve the quality of life for residents in Personal Care Homes. The program provides “an approach to understanding and enhancing care” for individuals with dementia and complex cognitive needs. The P.I.E.C.E.S.TM approach encourages staff to look at the whole person - Physical, Intellectual, and Emotional, as well as their Capabilities, Environment, and Social history.

Staff from Deer Lodge, Meadowood, Poseidon, Golden Links, Tache, Holy Family and members of the Geriatric

Mental Health Team took part in this first session, which was graciously hosted by Holy Family Home. These front line staff, representing disciplines such as Nursing and Social Work, were enthusiastic participants in sessions which offered a variety of learning opportunities, including interactive lectures, group work, and a “homework” assignment. Congratulations to all the participants and many thanks to the Facilitators who worked so hard to provide a positive learning experience for the participants: Joyce Klassen (Dementia Care Education Coordinator from the Alzheimer Society), Karen Bauer, Roy Hardie, Judy Robertson, Dulce Santos, Lois Stewart-Archer, Luana Whitbread and Sue Bernjak.

The next five-day session for front line staff will be held Sept 24th-26th and October 14th-15th at Holy Family Home. Front line staff from nine other PCH's and more members from the Geriatric Mental Health Team will be attending this session.

One-day Senior Leadership/Enabler sessions for members of the PCH management teams were held May 9th and 23rd. Senior Leadership one-day sessions are also scheduled for June 26th, September 11th, and November 20th. Facilities are being asked to send members of their management team to the Senior Leadership sessions before sending their front-line staff to the five-day sessions.

For more information on P.I.E.C.E.S.TM please call Joyce Klassen (943-6622) or Sue Bernjak (831-3450).

Congratulations, Christina Kowall



Christina Kowall (left) receiving the Award for Excellence at the Long Term Care conference on May 29th, 2008.

Christina Kowall, recreation and volunteer coordinator from Middlechurch, received a generous donation from our Women's Auxiliary to facilitate residents going to see the Christmas lights. She bought, planned, and set up a Christmas wonderland in our activity center and every resident was taken on a tour. It was truly a "magical evening".

She was nominated for a Long Term Care Association of Manitoba Award for Excellence in recreation therapy for showing innovation in the type and delivery of an exceptional program.

Congratulations, Christina!

Ethics News Call to Register!

WRHA Level Two: Ethics Resource Workshop

Are you interested in learning more about

- the role of conflict resolution in ethical situations?
- a systematic approach to ethics in clinical decision-making?
- where to find additional ethics resources in Winnipeg and on the web?

WRHA Ethics Services is now accepting registrations for the 5th Annual Level Two: Ethics Resource Workshop. This three-day event will be held October 29-31, 2008. See attached Call to Register.

Note: Not sure if you meet the pre-requisite for this workshop? Contact WRHA Ethics Services at 926-7124 or ethics@wrha.mb.ca

Moonlight Special Train Dance – choo choo!

Misericordia Health Centre's Recreation Department recently re-created some wonderful summer memories from the past with a Moonlight Special Train Ride Dance held in our auditorium.

Over 75 residents, family members, volunteers and staff danced to the big band sounds of the Al Miller Dance Band.

The dance was a re-creation of the dances that were held in dance pavilions at Winnipeg Beach and Grand Beach. During the 1930s-1950s, people would take the train to the beach and take the "Moonlight Special" - the last train returning to Winnipeg – home after the dance.

The auditorium was decorated with pictures of trains, tickets and other memorabilia reminiscent of the dances. The evening was filled with music, laughter and plenty of dancing!

Palliative Care Pearls

The WRHA Palliative Care Program: Overview

Welcome to a new feature that will focus on topics related to end-of-life and palliative care. The first several issues provide some important information about the Palliative Care (PC) Program, about which we get frequent questions.

Palliative Care Program Team

The PC Program is staffed by an integrated inter-disciplinary team consisting of administrators, physicians, social workers, clinical nurse specialists, palliative care coordinators, community palliative care nurses, inpatient unit nurses, service coordinators, health care aides spiritual care, allied health professionals and administrative staff. Very few people who access PC Program resources will ever meet every single member of the team. However, all patients benefit from the significant expertise contained within the team as members are in constant contact and work collaboratively in order to provide the best possible patient care.

Community-Based

Most palliative care patients receive services in their own homes, which includes PCH settings. One of the goals of the PC Program is to enable patients to remain home as long as possible, up to and including supporting death at home, if this is desired by the patient and family. Most patients and health care providers are familiar with the two specialty inpatient units that are part of the PC Program. These units, located at Riverview Health Centre and St. Boniface General Hospital, provide symptom management expertise to patients with complex needs with the goal of assisting them to return to their homes, if possible. Grace Hospice and Jocelyn House provide inpatient care for patients whose needs cannot be met at home but who do not require specialty inpatient unit care. The inpatient care settings are a valuable and important part of the work we do, but the work of the PC Program is much bigger than the inpatient units. We care for patients in sites and residences throughout the WRHA.

Providing Care and Supporting Care

In addition to the direct patient care that is provided in the community and the inpatient units, PC program team members are active in promoting and supporting the provision of palliative care wherever patients are receiving end of life care in the WRHA. We work together with members of other specialties to enhance their expertise in providing care. We support care that addresses the physical, emotional, spiritual, and psychosocial needs of terminally ill persons and their families in the WRHA through consultation, collaboration, education and research.

Contact Us:

Palliative Care Program resources are accessed via the central office numbers:

- Phone: 237-2400
- Fax: 237-9162



Minimum Data Set Project updates

MDS Phase 2 Update

Congratulations to St. Norbert Personal Care Home for their implementation of Care Manager and MDS on Wednesday, Apr 23, 2008. Irene Duncan and the superusers at St. Norbert completed the user acceptance testing and everything went as planned. St. Norbert PCH is the tenth out of fifteen proprietary personal care homes to implement. Golden Door, River East and Maples are all done too. Vista Park Lodge was next on Jun 11 with St. Amant to complete on July 2.

MDS Upgrades Updates

As of June 1, 2008, the MDS Upgrade project has successfully completed 22 of 24 personal care homes, the latest being Sharon Home, St. Joseph's and The Convalescent Home of Winnipeg. These PCHs have completed their three days of MDS Upgrade training at our Deer Lodge lab and are now using the new version of Care/MDS over a much more reliable connection to the Data Centre.

The final 2 Upgrade sites will deploy between June and July of 2008, according to the published scheduled. The last sites due for Upgrade are West Park Manor and Concordia.

SLP Oral Care Poster Presentation

In April 2008, the PCH-SLP Service was pleased to present a poster entitled "Speech Language Pathologists and Dental Hygienists Collaborate to Improve Oral Hygiene in Personal Care Homes" at the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) National Convention held in Kananaskis, Alberta. The poster highlighted the history of the collaboration between the dental hygienists from the University of Manitoba's Centre for Community Oral Health and the speech-language pathologists from Deer Lodge Centre. This partnership resulted in the dental hygienists developing a workshop to fall under the PCH-SLP Service's Management of Feeding and Swallowing education. The workshop was rolled out in the fall of 2006 to the "trainers" at each of the long-term care facilities in the WRHA. The workshops included information on how to complete

basic mouth care for residents (with and without natural teeth), the importance of oral screening, and the relationship between oral health and other serious health conditions.

For the trainers of St. Joseph's Residence (SJR) this was just the beginning. An oral health questionnaire, developed by the dental hygienists, surveyed pre- and post-training knowledge and oral care practices of the nursing staff. Not surprisingly, staff commonly identified lack of time, insufficient access to supplies, and poor resident cooperation as barriers associated with providing care.

Information obtained from the survey and in-service material provided through the "train the trainer" program, lead SJR to develop an oral care policy and implement changes in their resident oral care practices. Staff are reporting an increased awareness of the importance of oral care and of the relationship between oral health and overall wellness.

Future areas of research and suggestions for putting policy into practice were also identified.

The authors would like to gratefully acknowledge the contributions of the following people to the development of this project:

- The staff and residents of St. Joseph's Residence Inc.
- Mickey Emmons Wener, Carol-Ann Yakiwchuk, and Mary Bertone, Health Promotion Unit, Centre for Community Oral Health, Faculty of Dentistry, University of Manitoba.

Any questions on this topic and others concerning swallowing and communication can be directed to the speech-language pathologist in your facility.

Canada's Air Command Band & Chamber Ensembles

By Aircom Band Public Relations Dept

The Air Command Band is a full-time, thirty-five piece ensemble that performs throughout Canada and abroad. The role of this multifaceted organization is to provide musical support to The Canadian Forces, all levels of government and various public functions, including public concerts, military and public parades, ceremonial occasions, official dinners, dances and receptions.

The ensemble dates back to 1946 when Carl Friberg, a wartime bandmaster from Vancouver, was invited to form a professional band for The Royal Canadian Air Force No. 2 Training Command. The group was located in Edmonton and operational by the next year. Stationed in Winnipeg since 1964, the Air Command Band continues to provide musical services with a variety of ensembles, including the Concert Band, the Stage Band, the Marching Band, and various chamber ensembles.

The band travels extensively, bringing superb music and exciting entertainment to audiences throughout Canada, the United States and Europe. This world class ensemble performs at commemorative events, high profile ceremonies, and at international music festivals and tattoos. The band also provides musical support for a variety of fundraising events. Many of Canada's registered charitable organizations have benefited from performances by this outstanding ensemble.

There are a number of smaller chamber ensembles inside the larger Air Command Band. These chamber ensembles perform well in and are best suited to venues where space is limited – and they are ideal where a more intimate atmosphere is desirable. They are also diverse in their instrumentation and repertoire. The Brass Quintet, Woodwind Quintet, and Dixieland Band all provide music from Mozart and Wagner to New Orleans-style jazz.

The Woodwind Quintet is comprised of a flute, an oboe, a clarinet, a bassoon and a French horn. It has a gentle, soft sound, but it can also produce a very large sound as well: its acoustic range varies from a bare whisper to a fanfare. This amazing flexible ensemble has the ability to blend five very distinct instrumental voices into one unified sound.

The Brass Quintet, with its 2 trumpets, French horn, trombone and tuba, can produce a much louder sound, and easily blends the sonorities of its brass instruments into one large sound. This very homogenous ensemble – comprised entirely of brass instruments – has the ability to perform blaring fanfares and rousing marches, and can even perform transcriptions such as organ music with surprising ease.



The Jazz Quartet consists of a rhythm section (piano, electric bass and drums) and a solo horn, typically a sax or trombone. The Jazz Quartet is a highly collaborative effort between four different instruments and is brought to life by the spontaneous improvisation of its musicians.

The Dixieland Band Sextet is a tribute to the music of New Orleans and early 20th century jazz. Specializing in ragtime, spirituals and “Dixie”, the interplay of its clarinet, trumpet, saxophone, trombone, tuba and drums will have the audience's toes tapping and heads nodding.

These small ensemble no-fee concerts are provided as a service to the larger community; they take place in venues such as personal care and assisted living facilities, as well as more public venues such as the Botanical Conservatory at Winnipeg's Assiniboine Park.

For more information, please contact us directly by telephone at (204) 833-2500, ext. 5182 – or visit our website. <http://www.airforce.forces.ca/acband>



FALLS

FALLS

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Falls Prevention Initiative in PCH

Falls Assessment and Identification of Risk

Each fall is unique in that it is caused by a set of factors that were specific to the person falling at that particular time

Fall risk assessment is important....

- It assists in the process of identifying who is at risk to fall
- Once risk is identified it can be communicated and appropriate individualized interventions can be put in place to minimize the risk

Assessment tools, including the MDS assessment may assist in targeting the urgency and types of interventions required and raise awareness of a resident's risk to fall.

To be effective, assessment tools must be *sensitive* (identify high risk residents) and *specific* (identify residents not at risk) as well as be easy for staff to use.

Examples of Falls Risk Assessment tools currently in use in Long Term Care include the Morse Fall Scale, the STRATIFY tool and the Hendrich II. No tool can accurately predict everyone who will fall. However, assessment tools can identify risk levels and this information can be used to prioritize further assessment and care planning.

Multiple risk factors are often involved for a resident. The following should be considered:

History of falls

Fear of Falling

Orthostatic Hypotension

Continence

Mental Status

Mobility

Nutritional status

Medications

Environmental factors

Age

Sensory Impairment

Relocation

7 Personal Care Homes in the WRHA are currently undertaking a 6 month pilot project using the FRAT (Falls Risk Assessment tool). Further information can be obtained from any member of the Falls Management Working Group or by calling either Cathy Scott (admin secretary 831-2991) or Luana Whitbread CNS (831-2966)

A Clinical Pilot Study of the Effectiveness of a Novel Oral Hygiene Suction Toothbrush for Adults Living in Long Term Care

Research is increasingly linking disease in the mouth to disease throughout the body, particularly in vulnerable populations, such as the elderly and others residing in long term care that are dependent on caregivers for their daily mouth care. Regular screening and effective daily oral care using a toothbrush play a key role in helping to identify oral disease and prevent disease in the rest of the body in this population.

Over the past year, Lodges 5 and 6 at Deer Lodge Centre have participated in a clinical trial to evaluate the effectiveness of a suction toothbrush when compared with a manual soft toothbrush on residents' oral health and the impact it had on the rates of pneumonia. This study also explored the acceptability of the suction toothbrush for caregivers who use it. Residents who consented to participate in the study (22 residents) were randomly divided into either the manual toothbrush group or the suction toothbrush group. All residents received a dental study examination (including cleaning) at the beginning to determine the health of their mouths. The dental team looked at the amount of plaque on the teeth, condition of the gums, calculus (tartar), and probing depth (space or gap between tooth and gums). 140 caregivers from Lodges 4, 5 and 6 participated in one hour of oral health care training session, including hands-on practice, and were instructed to brush residents' teeth for two minutes both in the morning and at night. Residents' teeth were re-examined by the dental group after one month.

Results:

After one month of oral care all residents had a significant improvement in their oral health. Residents had less plaque, calculus, gum inflammation/bleeding and probing depths. These improvements in oral health occurred regardless of the type of toothbrush used. 60 caregivers completed the questionnaire. The majority felt that the suction toothbrush was more comfortable for the resident, easier to manipulate, more convenient, and did a better job than the manual toothbrush. Almost all the caregivers felt that the oral health training was useful, practical and better prepared them to provide oral care. Some of the barriers caregivers noted for providing oral care included 'uncooperative residents' and 'not enough time'. The study will conclude June 1, 2008 with results available soon after on the rates of pneumonia over the one-year study period with improved oral care.

Research team:

Faculty of Dentistry, University of Manitoba, Centre for Community Oral Health:

Dr. Douglas Brothwell (Director), Carol-Ann Yakiwchuk (Manager of Health Promotion Unit), Mary Bertone (dental hygienist), Dr. Edmond Ghiabi (Periodontist), Dr. Khalida Hai-Santiago (dentist)

Deer Lodge Centre: Sarah Brown (Clinical Nurse Specialist), Monique Liarakos (Infection Control Practitioner)

This research project was supported by a grant from the Deer Lodge Centre Foundation.



New and Noteworthy from the J. W. Crane Library

University of Manitoba Health Sciences Libraries

The following are highlights of new resources recently received at the J. W. Crane Memorial Library.

Staff at all Winnipeg Personal Care Homes with a valid University of Manitoba Libraries borrower's card, may request materials and have them delivered to their institutions.

Your Role in Resident Skin Care. Cincinnati, Ohio : ElderCare Communications : distributed by Geriatric Care Productions, c2006.

WR 100 Y81y (Video: 20min)

Residents with skin disorders can be a common occurrence in long-term care facilities. When skin disorders appear, quick identification and treatment by staff is crucial to protecting residents and preventing skin disorders from worsening. Shows the major skin disorders and explains their causes. This program directly guides safe in: -Understanding their role in prevention of common skin disorders -Using the S.K.I.N. check to identify and assess skin disorders -Understanding their role in the treatment of skin disorders

The Process of Care: A Learning Resource for Care Home Managers and Senior Staff. Neil

Blacklock. London : Age Concern England, 2004. HV 1454 B628p

The Process of Care Learning Resource is concerned with the care model. It helps carers define and set goals which are likely to result in the provision of quality care and shows ways to assess how well such goals are achieved over time. It covers the care process; preliminary assessment; admission; full assessment (the health rating scale); strength and needs identification; selection of appropriate strength or need; care planning; quality caring; and the review.

To find out how to obtain a borrower's card, or to request library materials, contact staff by phone at 831-2152 or by e-mail at dlclibrary@umanitoba.ca

New and Noteworthy is a regular feature of the J. W. Crane Memorial Library website.

The Old Age Psychiatry Handbook: A Practical Guide. Joanne Rodda. Hoboken, NJ : John Wiley & Sons, c2008.

WT 150 R686o

The Old Age Psychiatry Handbook provides a comprehensive but concise overview of psychiatric, medical and practical issues that may arise for the elderly. It includes chapters on basic history and mental state examination, specific psychiatric syndromes and prescribing for elderly psychiatric patients. It also discusses the social and legal issues faced by health care practitioners, patients, and their relatives, including mental capacity, financial entitlements and placement. The book is a compact "pocket guide", with information clearly displayed in concise tables and boxes accompanied by further detail within the text.

Validation techniques for dementia care : The family guide to improving communication.

V. de Klerk-Rubin. Baltimore: Health Professions Press., 2008

WT 155 K64v

Written especially for family members and friends caring for people with dementia, this practical guidebook offers a solution to commonly faced communication and relationship difficulties. Developed by social worker Naomi Feil and widely practiced around the world, the Validation approach provides caring and empathetic techniques to support meaningful communication and interaction with people with memory impairments.

17th Annual St. Amant Conference
October 9th and 10th, 2008

Developmental Disabilities and Autism
Canad Inn, Fort Garry/Winnipeg, Manitoba

The St. Amant Conference attracts about 450 individuals from across North America.

Participants include educators, researchers, self-advocates, family members, service providers and health professionals. The conference is hosted by St. Amant, a comprehensive organization based in Winnipeg that serves individuals with a developmental disability, acquired brain injury or autism.

Presentations cover a variety of topics, including those that affect pre-school children, school-age children, adults and seniors. Subject matters will focus on Autism, Innovative Practices, Practical Training, Self Advocacy and Wellness. Two very inspiring keynote addresses are also sure to inform and entertain. In addition to learning, the event is aimed at promoting hospitality, so be sure to take in the Thursday night Western Hoedown featuring food, fun, entertainment and prizes.

Keynote Speakers



Brian Thwaits Thursday, October 9th / 9:00 am - 10:30 am

CHANGE: ORGANIZATIONAL & PERSONAL The Adaptable Brain
The truth is that you can teach an old brain to do new tricks!



David Zinger Friday, October 10th/ 9:00 am - 10:30 am

THE HEART OF ENGAGEMENT
Enjoy David's use of stories and his down-to-earth approach inviting learners to engage in learning.

Registration Information

Block registration: Groups of 3 (min) or more for the full conference of 2 days are \$190.00 per person; groups of 6 (min) or more for 1 day of the conference are \$95 per person.

Early bird registration (before August 1/08 and must be for full 2 day's of conference) = \$190 per person

Regular 2-day registration (after August 1/08) = \$240 per person

Registration for Thursday, October 9th (includes evening events) = \$150

Registration for Friday, October 10th = \$125

Family/Student/Self-Advocate rate (full-conference) = \$120

Family/Student/Self-Advocate rate (1 day) = \$75



Please contact Jane Lawler at 204-256-4301 ext. 4277 for program details and Marlys Nagy at 204-256-4301 ext. 4372 for registration details. To learn more about St. Amant, visit our website at www.stamant.mb.ca



**Winnipeg Regional Health Authority
Specialized services available to the Personal Care Home Program**

PCH program – Clinical Nurse Specialists (831-2991 or see PCH assignment list for CNS direct line)

- Consultation, education, assistance with care planning related to clinical issues including
 - Complex wounds, chronic pain, falls, incontinence, restraint use, delirium, and sleep disorders
- Access to pressure relief mattresses and bariatric equipment
- Overcost requests for constant care and/or specialized medical surgical supplies/equipment

PCH program – Educator (Susan Bernjak 831-3450)

- Support for PCH educators
- Inservice/ workshops
 - Including Prevention is 9/10's of the Law and Disclosure workshops

PCH program – Manager Infection Prevention and Control (Betty Taylor 831-2964)

- Infection surveillance and outbreak support
- Education

PCH program- RAI Coordinator (Joe Puchniak 831- 3428)

- RAI/MDS Education and training

PCH Respiratory Program (Sharmini Arjoon 837-1301 ext 2206; pager: 935-5073)

- Consultation related to ongoing need for oxygen therapy
- Education and equipment for residents requiring oxygen therapy, CPAP and BiPAP

PCH Speech-Language Pathology Services (main office 831-2526)

- Provides direct assessment and management of dysphagia and communication disorders for PCH residents
- Provides the PCH train-the-trainer program for feeding and swallowing management
- Resident/Family counselling related to communication and swallowing difficulties and clinical management
- Education sessions for staff on topics such as: communication strategies with residents, management of feeding and swallowing difficulties, oral hygiene, end of life care, dementia, and augmentative/alternative communication

Palliative Care Program – Clinical Nurse Specialists (237-2400)

- Assistance with assessment and management of current and anticipated end-of-life symptoms (such as pain, shortness of breath, anxiety)
- Assistance with complex psychosocial issues related to end-of-life care (e.g. assistance with goals of care discussions / difficult decision-making)
- Palliative Care Program referral and/or information

Geriatric Mental Health Team (982-0140)

- Behavior issues related to dementia
- Mental health issues

Geriatric Mental Health Clinical Nurse Specialist (Lois Stewart-Archer 831-2179)

- Education specific to geriatric mental health

Clinical Health Psychology Program (Phone: 831-2590; Fax: 831-2558)

- Behaviour issues for residents under the age of 65 yrs