Gerontological Nursing Association (Ontario)

CGNA
Canadian Gerontological Nursing Association

CGNA 2011

16TH NATIONAL CONFERENCE ON GERONTOLOGICAL NURSING

June 8 - 11, 2011

DELTA MEADOWVALE RESORT *and* CONFERENCE CENTRE, MISSISSAUGA, ONTARIO

"To Live is to Age...Raising the Bar for Excellence"

ORAL, SYMPOSIUM, AND ROUNDTABLE PRESENTATION ABSTRACTS

1

IMPROVING GERIATRIC MENTAL HEALTH SERVICES IN EMERGENCY DEPARTMENTS: THE EMERGENCY DEPARTMENT GERIATRIC MENTAL HEALTH PROGRAM

C. Loftus, N. Asomaning, J. Sadavoy, D. Melady, A. Yau;
Mount Sinai Hospital, Toronto, ON, CANADA.

The emergency department (ED) is a key part of the safety net for seniors struggling with mental health issues. However, ED staff often struggle to provide quality care to this patient population. To improve care for seniors presenting to the ED with delirium, dementia, depression and substance misuse, the Seniors Mental Health and Addiction Services Project, funded by the Toronto Central - Local Health Integrated Network (TC-LHIN), developed a care map and education program, titled the ED Geriatric Mental Health (GMH) program.
Program development was guided by results of an ED staff survey, literature review and patient focus groups. The ED-GMH care map outlines the management of seniors presenting with changes in behaviour, mood, function or cognition, and incorporates standardized screening tools, roles for different staff members, communication strategies and documentation tools, while incorporating senior-friendly and culturally sensitive elements. To support implementation of the ED-GMH care map, electronic education modules were developed and delivered through the e-learning system or CD-ROM.
The ED-GMH program has been implemented in the seven adult EDs of the TC-LHIN. Over 80% of nursing staff have completed the education modules and feedback about the education modules was positive. Post-implementation surveys of ED leadership indicated that while the program was received positively, there were challenges in maintaining practice change. At one pilot site, a one-year post-implementation data review found that there was a 3-fold increase in the diagnosis of delirium among ED physicians. Given the success of the program, further implementation to additional EDs is recommended.

2

RAISE THE BAR OF YOUR PRACTICE UPDATE ON THE LATEST REVISIONS OF THE DELIRIUM, DEMENTIA & DEPRESSION BEST PRACTICE GUIDELINES

S. Phillips, D. Rossy;
The Ottawa Hospital, Ottawa, ON, CANADA.

Caring for people with delirium, dementia and depression continues to be a challenge for health care professionals as Canadians age. The Registered Nurses Association of Ontario (RNAO) published their original Best Practice Guidelines (BPG) Screening for Delirium, Dementia & Depression in Older Adults and Caregiving Strategies for Older Adults with Delirium, Dementia & Depression in 2004. In October 2009 a review panel (comprised of members of the original development group and several new members with expertise in the practice area) was convened to begin the process of updating both guidelines. A structured literature review of recent studies

and guidelines was performed and members of the panel participated in many teleconferences to discuss the relevance of the new information. While there was no new literature to support major changes in the guidelines, there were several areas which were strengthened and refined.
This presentation will summarize the review process and emphasize some of the literature that may help nurses who care for patients with delirium, dementia and depression. Highlights will include the emerging concepts of persistent delirium and subsyndromal delirium, the need for heightened awareness of screening for suicidal ideation, and the role of nurses in identifying and modifying some of the antecedents of dementia. Another concept which will be discussed is that of personhood. Nurses must be aware of the need to assess and tailoring strategies to help their patients retain their abilities even as their dementia progresses.

3

THE INFLUENCE OF HOPE ON FAMILY CAREGIVERS' OF PERSONS WITH DEMENTIA

W. Duggleby[1], J. Swindle[1], S. Peacock[2];
[1]University of Alberta, Edmonton, AB, CANADA, [2]University of Saskatchewan, Saskatoon, SK, CANADA.

Purpose: Hope is a critical resource for family caregivers as loss of hope has been associated with depression. The purpose of this cross-sectional correlational design was to examine the relationships among demographic variables, hope and quality of life in family caregivers of persons with dementia.
Methods: The Alzheimer Society of Alberta/NWT and Calgary distributed 170 surveys to family caregivers of persons with dementia. Surveys included a demographic form, questionnaires on hope [Herth Hope Index (HHI)] and quality of life [World Health Organization Quality of Life - BREF (WHOQOL-BREF)].
Results: Sixty one surveys were completed and returned. The majority of family caregivers were older (Mean age 66.9, SD 10.9), female (85%) and married (88.5%). The majority of carees were older (Mean age 78.1, SD 8.7) males (60.7%). Using linear regression, 63.3% of the variance in WHOQOL-BREF scores was accounted for by three factors of the HHI (df=3, F= 18.306, p=.000). The HHI delineates three factors of hope: a) temporality and future, b) positive readiness and expectancy, and c) interconnectedness. Temporality and future (factor 1) was significant (t=4.385, p=.000). Demographic variables were not significantly related to hope and quality of life scores.
Conclusions: The findings suggest that hope has a significant influence on quality of life of family caregivers of persons with dementia and as such may have an influence on the health of these caregivers. As family caregivers provide 80-90% of the care of persons with chronic disease, gerontological nurses should consider the importance of hope when working with this population.

4

HOW DO NURSES ASSESS COGNITIVE FUNCTION IN ACUTE CARE? A REVIEW OF THE LITERATURE

E. Moody;
UBC, Vancouver, BC, CANADA.

Cognitive function is an important part of older adult health and as there are increasing numbers of older people in the health care system it is important to understand how nurses assess for cognitive impairments. Cognitive impairment in older adults has been associated with functional decline, nursing home placement and increased morbidity and mortality. In acute care settings, nurses are being called on to identify impairments so that strategies and treatments can be implemented to minimize adverse effects.
Purpose: This literature review was conducted to explore what is known about how nurses assess the cognitive function of older adults in acute care settings.
Method: A search of current nursing literature was undertaken. Nursing and allied health databases were used to find papers from the last ten years that discussed how nurses in acute care assess and determine cognitive status in older adults.
Discussion of Results and Conclusions: Findings demonstrate that much of the literature is focused on developing psychometric tools that adequately meet the needs of the health care system. However, there is little research available on how these tools are taken up by nurses at the bedside. Aside from these tools, nurses use clinical judgment and experience to better understand the cognitive status of their patients. The findings from this literature review suggest that there is still a great deal to learn about how nurses assess and make judgments about cognition function. In particular there is a need to explore how social values and power relationships influence how nurses in acute care are able to assess cognition in older adults.
Funding sources: CIHR

5

LOWER URINARY TRACT SYMPTOMS, QUALITY OF LIFE AND FALLS RISK AMONG OLDER WOMEN RECEIVING HOME SUPPORT

K. F. Hunter, K. N. Moore, D. Voaklander, Z. Y. Hsu;
University of Alberta, Edmonton, AB, CANADA.

Purpose: Lower urinary tract symptoms (LUTS), particularly overactive bladder symptoms (OAB), are common in older adulthood and associated with falls and reduced quality of life (QoL). Despite this, little research has been undertaken in vulnerable populations such as older women needing home support. Research question: In older women receiving home care services or in assisted living, what is the relationship between LUTS and falls risk and between urinary related QoL and falls risk?
Method: Reported are baseline findings from an ongoing prospective cohort study. Sample: women aged 70 years and older on home care or in assisted living, English speaking and able

consent to participate. Exclusions: catheterized or non-mobile women. Falls risk was measured by the Timed Up and Go (TUG). LUTS/OAB/QoL were measured by the International Consultation on Incontinence Questionnaire Female Lower Urinary Tract Symptoms (ICIQ-FLUTS). Data were collected over an 18 month period.
Discussion of Results and Conclusions: N=100 women (mean age 84.3) participated. Eighty-six received homecare services at least daily. Thirty-five reported falling in the 6 months prior to enrolment. Mean scores: TUG =27.21 seconds (SD 14.15), ICIQ-FLUTS total = 9 (SD 6.93), OAB 4.06 (SD 2.95), urinary QoL 4.6 (7.70). Correlations between variables were weak.
Lack of association between variables may be explained by the unexpectedly low reported prevalence of urinary symptoms, raising questions as to the validity of the ICIQ-FLUTS in this population. As well, although the TUG is an established predictor of falls risk, emerging research suggests that divided attention may influence falls risk when walking and better explain the link of LUTS and falls.
Funding sources (if applicable): MSI Foundation, University of Alberta Faculty of Nursing Establishment Grant

6

"ACE" FOR BETTER LIVING

F. Wolfe;
North York General Hospital, Toronto, ON, CANADA.

Ontario's population is aging and the changing population trends within our culture are leading to the reevaluation of the needs of our geriatric population. The purpose of this abstract is to outline the implementation, evaluation and success of a 12 bed Geriatric Acute Care of the Elderly (ACE) in-patient unit. The goal is to address the admitted medically ill patient in a timely fashion in the Emergency Department of our community based hospital while utilizing the inter-professional care model concurrently preventing the functional, cognitive, psychological and psychosocial decline that can occur in the elderly as a result of hospitalization thus leading to an increased length of stay and other iatrogenic complications; thus raising the bar of excellence in geriatric care. The Geriatric Nurse Practitioner (NP) works autonomously and collaboratively with a Geriatrician, the inter-professional team members, consultants, patients and families to provide consistency of care each day. The NP's care is deliberate, purposeful with reflective use of specialized knowledge and skills grounded in professional, ethical and legal standards along with advanced skills and knowledge in health assessment, diagnostic interpretation, pharmacologic interventions, and the promotion and management and disease prevention. Evaluation of this unit through a patient satisfaction survey and the SMAF (Heber,et.al.2001) functional and cognitive score card will provide the impetus to expand this scope of thinking, practice and care throughout the organization while benefiting all elderly patients. This allows for the transformation of knowledge, research, best practices, and evidence in promotion of healthy aging and success in caring for the elderly.

7

THE CARING TEAM'S JOURNEY IN SUPPORTING CLIENTS TO ACHIEVE EXCELLENCE IN AGING IN LTC AND BEYOND, USING THE RNAO BEST PRACTICES TOOLKIT

S. J. Bailey[1], H. Thompson[2], S. Shaikh[3];
[1]RNAO, Toronto Region, ON, CANADA, [2]RNAO, North East Ontario, ON, CANADA, [3]RNAO, Central West Region, ON, CANADA.

Purpose: Nurses and other healthcare professionals strive to support seniors in their care to live life to the fullest. In their attempt to promote comfort and independence in pain, falls, pressure ulcers, continence/constipation and client centred care the team can choose to go a step further by using evidence-based practices in their approach. The Best Practices Toolkit, developed by the RNAO Best Practice Coordinators, is an on-line resource to help nurses and other healthcare professionals to incorporate evidence-based practices into their care.
Method: This session introduces participants to the RNAO Best Practices on-line toolkit and its benefits to the care team and their clients in long-term care, community and hospital settings. By accessing the toolkit participants will become aware of Best Practice Guidelines, resources for assessment, implementation, education and evaluation contained within the toolkit. Stories from LTC homes will enable participants to transfer knowledge which supports evidence based practices in their care environment.
Discussion of Results and Conclusions: This presentation will give nurses and other health care professionals some tools to support their clients to live actively and age well. Best Practice is caring and knowing how to care!
Funding sources (if applicable):

8

**PROCESS OF CARE FOLLOWING HIP FRACTURE REPAIR
AN ENVIRONMENTAL SCAN**

M. A. Auais, S. Morin, L. Finch, N. Mayo;
McGill University, Montreal, QC, CANADA.

Purpose: Hip fractures are a major public health concern for seniors.
Our aims are to identify current practices and care gaps for elderly patients admitted following an acute osteoporotic hip fracture, and to describe their' needs over a one year period
Method: A two parts process: 1) a chart review of 81 randomly selected charts from patients (≥ 65 years) with hip fracture to identify gaps and provide insight for part 2 of the study. 2) A Longitudinal study of 70 community-dwelling participants with osteoporotic hip fracture are being recruited and evaluated at 6weeks, 3, 6 and 12months post-discharge from acute care
Discussion of Results: Based on the chart review data; there was no evidence on that a fall-risk assessment was carried out; weight and height were missing in 65% of the time; patients' walking capacity was not recorded and osteoporosis-medications were rarely prescribed. To date, 35 patients have participated in the longitudinal study. Preliminary results show that Geriatrics, OT,

or Nutrition were consulted in <40% of the cases and about half of patients had an inadequate osteoporosis investigation. At 6 weeks post discharge a major functional decline in basic daily activities was evident; only 50% of patients could put on their shoes or do light home chores without difficulty. At 3 months post-fracture 88% still had difficulty with stairs. The health priorities and perceptions of patients driven by the impact of their hip fracture changed dramatically over the period of recovery.
Conclusions: In spite of the plethora of evidence-based guidelines for osteoporosis care following hip fractures, osteoporosis is still under-diagnosed and treated. Gap between pre- and post fracture functional status remain substantial, even after rehabilitation. A Care path for hip fracture patients may be warranted, and patients' perspectives of fracture impact and health priorities need to be considered in care plans.

9

UNDERSTANDING THE INTERACTIONS BETWEEN PERSONS WITH DEMENTIA, RESIDENT CARE ATTENDANTS AND THE PHYSICAL ENVIRONMENT DURING BATHING: A QUALITATIVE ANALYSIS

G. Gaspard[1], L. Cox[2];
[1]Fraser Health, White Rock, BC, CANADA, [2]Fraser Health, Surrey, BC, CANADA.

Purpose: The bathing experience is at times traumatizing for both resident care attendants (RCA) and individuals with dementia living in residential care. While much research has focused on the bathing environment, and in understanding what aspects of bathing creates stress for individuals with dementia, little research has been focused on the perspectives of RCAs. This project was designed to engage RCA's to give voice, supplement existing research findings and highlight the opportunities to raise the bar for excellence.
Method: A qualitative paradigm was chosen to understand the experience of the RCA around bathing people with dementia. Using focus groups, the researchers gathered RCAs' experiences and insights. Ethical approval for the study was obtained and the policy for conducting research with human subjects guided all research practices.
Discussion of Results: One of the interesting aspects of the RCA perspective on successful/unsuccessful bathing was that the definition of a successful bathing experience fit within one of two broad definitions, one focused on the relationship between the caregiver and the resident, and the other focused on the completion of the task. In addition, RCA's described experiences and strategies which were able to be categorized into three themes: I know you; I am all alone; and I am not prepared.
Conclusions: Based on these findings, the researchers developed a new understanding of the RCA perception concerning the bathing experience. This provides an opportunity to raise the bar for excellence in person-centered care and in particular to the bathing experience for both people with dementia and staff. This requires not only implementing the knowledge gained from earlier research, but incorporating the RCA's perceptions, knowledge and skill, supported by an embedded culture of person-centered care. This can only be accomplished with significant leadership, commitment and support from gerontological nurses.

Funding sources: Fraser Health Authority

10

A NURSE LED CLINICAL PROTOCOL: SIGNIFICANT REDUCTIONS IN UNNECESSARY URINARY CATHETERS AND OVERALL CATHETER PREVALENCE

L. Robbs;
Trillium Health Centre, Mississauga, ON, CANADA.

Purpose: Staff at an Ontario hospital observed that indwelling urinary catheters were inserted frequently, stayed in place too long, restricted patient mobility, delayed discharge and caused urinary tract infections (UTIs). An interdisciplinary team developed, implemented and evaluated the "Indwelling Urinary Catheter Protocol." The protocol promotes early removal of unnecessary catheters aiming to reduce catheter dwell time.
Method: The protocol is initiated through a physician order or through a pre-existing order set. Once ordered, nursing reassesses the need for the urinary catheter on a daily basis and removes the catheter if its ongoing use does not meet at least one of seven best practice criteria. Baseline data on catheter utilization was collected during two weeks audit prior to implementation and at 2 weeks, 6 months and 12 months.
Discussion of results and conclusions: Overall catheter utilization dropped from 27% at baseline to 14.5% at one year, a relative decrease of 46.5%. Unnecessary catheter prevalence decreased from 78.2% at baseline to 25.8% at one year representing a relative decrease of 67%. Nursing staff were very positive about the protocol and the changes it brought to patient care.
The protocol has disseminated leading research-based standards and has enhanced patients' experience of safe, high quality care by reducing the risks associated with the ongoing use of a medical device. Catheter dwell time is a major risk factor for development of UTIs and can thus act as a surrogate marker for catheter-associated UTIs. This protocol has demonstrated that catheter clinical practice can be improved and that these improvements are sustainable.
Funding sources (if applicable):

11

AN EXPLORATION OF THE DISCURSIVE PRACTICES THAT SHAPE AND DISCIPLINE NURSES' RESPONSE TO POST OPERATIVE DELIRIUM

M. C. Kjorven;
Interior Health, Kelowna, BC, CANADA.

Delirium is a common, costly, and dangerous condition, especially among older adults. Delirium is a medical emergency, which requires early recognition and immediate evaluation and treatment of the underlying cause(s) to prevent negative outcomes. Although delirium is classified as a medical emergency, it is often not treated as such by health care providers. Perhaps

because of the prevailing myth that confusion is a normal change that occurs in aging adults, recognition and prognostic significance of delirium is often overlooked. Powerful discourses have served to construct delirium in such a way that it is approached as less important than other clinical phenomenon. The aim of this study was to critically examine the language practices and discourses that shape and discipline nurses' care of older adults with postoperative delirium (POD) with a purpose to question accepted nursing practice.
The study was based on data collected from face-to-face, in-depth, personal interviews with six nurses (four Registered Nurses and two Licensed Practical Nurses) who work on an acute 37 bed surgical unit which provides postoperative care for orthopedic, urology and neurology patients. This unit is located in a 450-bed tertiary care hospital in Western Canada.
Interviews were conducted at a time and place that was convenient for the participants. Data was digitally recorded and transcribed by the researcher verbatim. Five analytic readings of the data identified two prominent discourses at work in nursing practice, which influenced the care of patients with POD. These were identified as discourses of legitimacy/illegitimacy and discourses of nursing work. Through the process of poststructural analysis it became evident that one overriding discourse served to direct, legitimize and govern all other discourses. This discourse remains the biomedical/scientific discourse.
The findings of this study have implications for nursing knowledge and practice, education, improved patient outcomes and length of hospital stay.

13

RAISING THE BAR FOR CONTINENCE CARE PROMOTING SELF MANAGEMENT

M. Northwood;
St. Joseph's Healthcare Hamilton, Hamilton, ON, CANADA.

Purpose: Six Continence Care Clinics opened in southern Ontario in the fall of 2009 to improve seniors' access to conservative treatments for incontinence. The purpose of the program was to provide quality bladder and bowel care for quality living using a Nurse Continence Advisor (NCA) facilitated self-management model.
Methods: Seniors were assessed by a NCA using a standardized continence assessment. Once contributing factors were identified, the NCA worked with the client to establish goals, develop a care plan and provide education. Follow up appointments occurred at 6 and 12 weeks to monitor goal achievement and offer support. Clients' progress was measured using quality of life (IQOL), goal-attainment (CGAS), self-efficacy (GSE-UI) and costing (DBICI) questionnaires.
Discussion of Results: The majority (n=262) of clients seen in the clinics achieved their identified goals (P>.000), reported improvement in their quality of life (P>.000) and confidence in their bladder control (P>.000). Clients reported an average reduction of 50% in their disposable product costs and a 61% reduction in their costs related to laundry. There was a reduction in risk of falls (from 18% of clients to 2%) and emergency room visits (from 5% to 1%). Characteristics that predict successful self-management were identified.
Conclusions: The NCA facilitated self-management model positions seniors as collaborators in

their care by tailoring treatment plans to suit their lifestyles and fostering the acquisition of skills to promote continence. It has established a new standard of excellence for continence care.

14

PROMOTING HEALTHY AGEING AT HOME: THE UNIQUE ROLE AND CONTRIBUTION OF NURSING IN THE COMMUNITY ADULT DAY CENTRES

A. Grinberg, M. Lintunent, M. Darpino;
Baycrest, Toronto, ON, CANADA.

Purpose: To illustrate how Nursing interfaces and leads the way in collaborating with internal and external partners to help support seniors to remain independent in their homes.
Method: In this session the unique role of nursing will be demonstrated
through a case example illustrating aspects of disease prevention, health promotion, complex medical monitoring and generating positive outcomes.
Discussion of results and conclusions:
Baycrest is internationally known for its exceptional contribution to the field of ageing. With a growing focus on cognition and mental health in ageing, Baycrest is committed to developing and implementing a portfolio of highly specialized services and innovative programs**.** The Baycrest Community Day Centre for Seniors currently operates three community day programs for frail seniors living in the community with various levels of cognitive impairment. Baycrest also has a shared partnership for the operation of an additional program located in York region. The Programs offer a variety of services and supports to promote independence, provide stimulation and encourage social interaction. The goals of the Program are to promote and maintain health, well being, safety, independence and prevent premature institualization. The Program is led by an interdisciplinary team, including nursing staff at the RN, RPN and Program Aide (PSW) levels.

15

ONTARIO'S INTEGRATED CLIENT CARE PROJECT

D. Sattler;
Ministry of Health and Long-Term Care, Toronto, ON, CANADA.

Imagine a health system that is organized around clients, that proactively responds to the varying types and levels of health and psycho-social needs of seniors in order to empower them to remain living successfully in the community, that is delivered through collaborative care partnerships, that measures and rewards results, that incents quality, excellence in delivery, innovation, and that is governed in a manner that drives higher value for clients and health system performance. This is the system being imagined through Ontario’s Integrated Client Care Project (ICCP).

The (ICCP) is developing and implementing integrated models of care that organize care around key client groupings, with an initial focus on home care. This innovative care delivery model has established six aligned elements for transformative change: specialized case management; coordinated assessment; system navigation plus clinical care coordination across the health system for complex clients; integrated home care clinical service delivery; clinical best practice; and alternate payment models.
In addition to having already launched early implementation sites across the province focusing on wound care, palliative care sites are currently being launched and sites focused on frail elderly and medically complex children will be launched in Spring 2011. Given this timeline, presenters will be able to report on the care delivery model to support frail seniors living at home and will discuss how value for the individual and the system will be achieved.

16

THE ROLE OF MEDICATION USE IN THE CONTEXT OF EVERYDAY LIVING AS UNDERSTOOD BY SENIORS THEMSELVES.

A. E. Holroyd;
Vancouver Island University, Nanaimo, BC, CANADA.

Recognizing that older adults are one of the biggest consumers of medication, this study addresses the pressing need to gather knowledge on how older adults come to understand medication and its related use from a personal perspective. Educational campaigns directed at improving quality of care, particularly programs focused on the prevention of adverse drug reactions (ADR), are likely to be ill-informed when there is minimal understanding of what it actually means for older adults to take medications. Practices related to seniors and their medication needs are predominantly informed by research grounded in a discourse of compliance, control and authority. Knowledge generated in this manner creates limitations in how health professionals can address the concern of increase medication use in the older adult population from both a health promotion and prevention lens. This study was informed by grounded theory and employed comparative analysis of narratives using NVIVO software. Responses were clustered into categories and themes based on their relevance to the research objectives. Study findings help to challenge the notion of seniors as passive and compliant patients. Seniors medication use practices are multifaceted and influenced by what they want, expect or hope medication will do for them. Improving knowledge concerning seniors and their medication-use experiences can effectively reduce suffering, mortality and high costs associated with medication use and more importantly adverse medication reactions that often lead to hospital admissions among seniors. There are educational campaigns directed at health care professionals to inform them about medication use practices among seniors but none of these are grounded in an understanding of how seniors actually understand medication use.

17

INTERRAI MDS & EVIDENCE-BASED DECISION-MAKING BY NURSING LEADERS/HEALTH CARE ADMINISTRATORS IN LTC

J. Murko-Wust;
Trinity Western University, Langley, BC, CANADA.

Health care administers (HCAs) are routinely challenged to develop strategies between staffing mix and staffing levels based on varying nursing workloads (CNA 2003; CNA 2004; Dellefield, 2006). Due to shrinking budgets and mounting pressure by the public for increased accountability, decisions about the utilization of existing resources needs to be based on sound, scientific merit (McGinnis, 2004; RNAO, 2005). The instrument that will be discussed is the interRAI MDS V2.0© with specific attention to the data generated by the resource utilization groupings (RUG-III) and case mix index (CMI) values.
According to Dellefield (2006), "Because of the nurse staffing benchmarks contained in RUG-III, some nurse managers have considered using the RUG-III system as a staffing tool for nursing homes" (p.160). Dellefield states the RUG-III system has more face validity than any other patient classification system.
However, there are only a few documented studies of nurse managers using RUG-III scores to readjust or reallocate direct care hours to accommodate resident changes, despite the many articles that reference RUG-III as being useful for internal resource management (Fries, 1994; Carpenter et al., 2002; interRAI, 2009). Few actually describe what that would look like or how to implement RUG-III as a nursing workload measurement system. The roundtable decision topic proposed is about sharing new and innovative ideas on how Nurse Leaders currently use interRAI MDS to facilitate evidence-based management decisions about staffing and workload allocation.

18

IMPROVING GERIATRIC ORAL HEALTHCARE: MACRO TO MICRO LEVEL BEST PRACTICES IMPLEMENTATION STRATEGIES

M. van der Horst[1], P. Fisher[2];
[1]RGP central, Hamilton, ON, CANADA, [2]Hamilton Health Sciences, Hamilton, ON, CANADA.

Purpose: The Canadian population is aging and as a result, the profile of persons being admitted to hospitals, health care and long-term care facilities is also changing - older, more frail and complex. Unfortunately, there has never been a strong emphasis on oral health in health care settings. The majority of older adult patients in the past were edentulous and received dental care infrequently, often limited to emergency dental care with no focus to care aimed at retaining teeth through daily preventive oral hygiene regimes. As older adults' oral health problems worsen, so does their general health. Nurses need to provide every reasonable effort to prevent periodontal disease in order to avoid the consequences of poor oral health. Oral health is a care issue that transcends professional boundaries and provides a unique opportunity for

collaboration and knowledge exchange.
Method: This round table discussion will focus on two oral health care initiatives in Ontario. Macro-level: the Seniors Health Research Transfer Network is a knowledge exchange network that sponsors the Oral Health Community of Practice for long-term care and frail older adults. Micro-level: Hamilton Health Sciences is a multisite hospital that has implemented an interprofessional committee to improve oral care practices based on evidence and best care practices.
Discussion of results and conclusions: Nurses from these two initiatives will share their vision for improved oral care; how nurses can champion better oral care practices in their work settings; provide samples of evidence-based tools, guidance and point-of-care and educational resources; and exchange information with nurses interested or implementing improved oral care.

19

INCHING FORWARD: HIGHLIGHTS from PROJECTS to ADVANCE PAIN ASSESSMENTS IN LTC

S. Preston[1,4] RN, CHPCN(C); S. E. Ward-Moser[2,4] RN, BScN, GNC(C); T. C. Knott[3,4] PhD (ABD), MSC, BA Hons.; G. Santi[2,4] RN,MSc, BScN; and M. George[3,4], MHA, CHE,BA Hons.
[1]Palliative Pain & Symptom Management Consult Services Southeastern Ontario; [2]Nurse Consultant-Specialized Geriatrics & Vulnerable Populations; [3]Queen's University; [4]South Eastern Palliative & End-of-Life Care Network, Kingston, ON, CANADA.

Palliative care is most often associated with caring for those with a life-threatening illness, chiefly cancers. Many of the principles unique to palliative care are appropriate to the management of older Canadians who have disability and symptom management challenges associated with other progressive chronic diseases. The immediacy of this is clear within the long-term care sector where the acuity and complexity of residents is high and the prevalence of dementia is the main cause for institutionalization [CIHI 2010]. Ontario's Palliative Care Pain and Symptom Management Consultation Service (PPSMCS) provides service providers across the continuum of health care with clinical expertise that utilizes knowledge translation strategies based on evidence based practice.

Our round table dialogue will examine the results from a program of research that is examining pain assessment of residents living in long-term care homes and who cannot accurately self report their symptoms. The research program is a collaborative initiative between Southeastern Ontario's PPSMCS, the Palliative and End-of-Life Care Network and researchers at Queen's University.

This discussion will be facilitated by clinical nurses, representing both the specialties of palliative and geriatric psychiatry that identified the need for the research based on their frontline experiences. We will describe the basis for the research program, findings of two pilot projects,

and compare knowledge translation approaches (mentoring, coaching, internal performance and standards scanning and customizing assessment tools) and integration techniques used in long-term care consultations. Participants may gain new insight into the strategies used in long-term care homes to advance knowledge-to-practice in assessing pain for residents who cannot accurately self-report symptoms. The panelists expect to also gain input into the research focus through participants' reflections and appraisal of the strategies and on the pilot projects' results.

20

TO DIP OR NOT TO DIP: THE DIAGNOSIS AND TREATMENT OF URINARY TRACT INFECTIONS IN LONG-TERM CARE

N. Labun, D. O'Rourke;
Revera, Winnipeg, MB, CANADA.

The diagnosis and treatment of urinary tract infections in long-term care is known to be difficult. Clinical signs and symptoms are often nonspecific in older adults, there is limited access to diagnostic tests, and frequent misinterpretation of presenting signs and symptoms. In addition, up to 50% of older women and 35% of institutionalized older men residing in long-term care facilities have asymptomatic bacteriuria. Asymptomatic bacteriuria is the presence of bacteria in the urine (≥108 cfu/L) in the absence of urinary symptoms such as dysuria, urgency and frequency (Loeb et al., 2002; Nicolle et al., 2005). Common approaches to the diagnosis of UTIs in long-term care include using a dipstick to screen for leukocyte esterase and nitrite levels. This approach provides an indication of the presence of bacteria but not a definitive indication of the presence of infection. However, often a course of antibiotics is initiated upon obtaining a positive dipstick result. As nurses have a key role in incorporating evidence-based practice, this round-table discussion will provide an opportunity to review and discuss a proposed algorithm based on the current literature for the diagnosis and treatment of UTIs in long-term care. This algorithm has been revised to incorporate recent evidence in the literature related to the definition of fever, symptom screening, and the use of dipsticks.

21

GATHERING THE RIGHT PEOPLE WITH THE RIGHT SKILL SET FOR THE RIGHT REASON IN THE RIGHT PLACE AT THE RIGHT TIME.

N. Warner[1], **E. M. Calvert**[2];
[1]Registered Nurses Association of Ontario, Toronto, ON, CANADA, [2]Registered Nurses Association of Ontario, Burlington, ON, CANADA.

Purpose: Dynamic communication supports the building and sustaining of nursing leadership and forms the foundation for a healthy work environment.
This session will explore innovative strategies initiated through the RNAO Long Term Care Best

Practice Initiative intended to improve nurse to nurse communication in the Long-term Care sector using approaches that support the transfer of evidence to practice.
Method: RNAO LTC-BI facilitators will support this round table format that will provide for the collective exploration of the benefits of various communication strategies. Strategies will include communication circles, guided discussion, journal clubs and inter-home forums such as regional Director of Care networks. Participants will be encouraged to share their current practice and experience with nurse to nurse communication.
Discussion of Results and Conclusions: Discussion will focus on strengths, opportunities and evaluation considerations when formalizing nurse to nurse communication strategies.
Conclusion: With the goal of raising the bar of excellence in knowledge transfer, this round table discussion will engage participants in the exploration of communication strategies that support staff development.

22

ALTERNATE LEVEL OF CARE: PATIENT AND FAMILY CAREGIVER NARRATIVES

G. Cressman[1], J. Ploeg[1], A. Woods[2], H. Kirkpatrick[2], S. Kaasalainen[1], C. McMainey[1];
[1]McMaster University, Hamilton, ON, CANADA, [2]St. Joseph's Healthcare Hamilton, Hamilton, ON, CANADA.

Purpose: The purpose of this study is to better understand the experiences of hospitalized older patients and their family caregivers after the patient is designated as requiring Alternate Level of Care (ALC).
Method: Narrative methodology. Between 1 and 4 semi-structured interviews were conducted with each patient and family caregiver participant. Subsequent interviews built upon previous interviews to clarify and enrich the participant's story of their experience over time. The data were analyzed using the Three - Dimensional Narrative Inquiry Space approach of Clandinin and Connelly (2000). The stories or field texts from each participant were re-storied by analyzing them for experiences and the key elements of the story and then re-storied again so that each patient and family caregiver in a dyad was part of the other's story. The stories were then re-told in chronological order. Completed stories were compared for commonalities and differences.
Discussion of Results and Conclusions: A total of 21 interviews were conducted with 5 patients (3 men and 2 women aged 82 to 88 years) and 4 family caregivers (3 women and 1 man aged 48 to 59 years). The patients were enrolled into the study between 3 and 30 days after being designated as requiring ALC and interviewed about every 2 weeks until discharge with the longest follow-up for a case being 8 weeks. Preliminary analysis identified the following experiences of patients and family caregivers: lack of knowledge of processes related to ALC and arranging for an alternate place of care; lack of physical activity or rehabilitation opportunities; lack of involvement in decision making; inappropriateness of structured recreational activities; lack of timely awareness of available services and activity opportunities; lack of privacy; being separated from a spouse.
Funding Sources: Scholarship from deSouza Institute. Support from St. Joseph's Healthcare Hamilton.

23

IN BED WITH THE ELEPHANT; GERONTOLOGICAL NURSES INFLUENCING ACUTE CARE PRACTICES.

D. M. Ross[1], M. Levers[2];
[1]Vancouver Island Health Authority, Victoria, BC, CANADA, [2]Vancouver Island Health Authority, Nanaimo, BC, CANADA.

Purpose: Gerontological Nurses working in acute care are charged with the responsibility of preventing and managing the geriatric syndromes - delirium, falls, pain, incontinence, constipation, functional decline, immobility, dehydration, sleep deprivation and depression. These syndromes are inextricably linked to the client's co-morbid conditions and their presenting medical complaint.
These problems, if not addressed will contribute to the person's decline, increase length of stay in hospital, iatrogenic conditions and death. Acute care staff are increasingly pressed with priorities that compete for precious time. There are many different clinicians, working different shifts and roles. Gerontological nursing roles in the ED and on the units use innovative ways to influence acute care staff: assessment and developing plan of care, collecting and presenting data or evidence on particular care strategies, facilitating care, role modeling, respectful communication, one-on-one coaching and group teaching and getting involved in quality improvement projects. In Victoria we have implemented gerontological nursing roles in several hospitals and these nurses struggle to find ways of influencing practice that are respectful and effective in promoting best practices in older adult care. With the high numbers of players in the acute system and the magnitude of the work to be done, it is like being in bed with the elephant.
We would like to hear from nurses across Canada about how they have met this challenge and what strategies they find successful.
Funding sources (if applicable): none

24

RAISING THE BAR: WHAT ARE THE BARRIERS?

A. McNabb, B. Hall;
College of Nurses of Ontario, Toronto, ON, CANADA.

Purpose: Webb, Jacobs-Lawson & Waddell (2009) refer to studies that indicate fear of stigma may lead older adults to discontinue mental health treatment and be reluctant to seek health care. The purpose of the Round-Table Discussion will be to raise awareness of "duty" to care for seniors who have a history of mental illness, drug abuse, or involvement with the criminal justice system from a Therapeutic Nurse Client Relationship and the Ethical perspective.
Method: A brief vignette will be presented to highlight the issue of stigma and lack of knowledge of mental health as a barrier to care in the aging population. The College of Nurses of Ontario like

other regulatory bodies offer support to nurses to ensure excellence in practice through standards and guidelines. Participants will utilize the framework in the CNO Ethics Practice Standard to assist in highlighting the role of reflective practice in identifying bias and ensuring objectivity in providing care. The discussion will focus on providing nursing services to aging clients with a history of mental illness, drug abuse, or involvement with the criminal justice system. Nurses will reflect on their own biases and discuss methods to remain objective. This reflection will help them to provide excellent care and to raise the bar for an underserviced population.
Discussion of Results and Conclusions: Participants will have an increased appreciation of barriers to care for stigmatized populations and enhanced ability to maintain objectivity as they consider how to improve nursing practice from a personal and systems perspective.

25

UNDERSTANDING NURSES PAIN MANAGEMENT PRACTICE IN OLDER ADULTS WITH DEMENTIA

B. Clarke;
University of Calgary, Calgary, AB, CANADA.

Purpose: As a Master of Nursing student I am beginning to articulate a research proposal about pain management in older adults with dementia. This abstract is submitted for the round table dialogue to receive critic on research design and methods. The Alzheimer’s society in 2008 estimated that 480,000 people were living with Alzheimer’s and related dementias in Canada. If an estimated 25-50% of older adults living in the community experience chronic pain then a large proportion of those with dementia are also living with pain. The question of how acute care nurses assess and treat pain in older adults experiencing dementia has been raised in recent research. The results of this research will inform nurse’s practice and contribute to the body of nursing knowledge of actively aging older adults.
Method: Acute care nurses will be interviewed about their practice involving the pre/post-operative pain management of older adults experiencing dementia. The data will be collected and analyzed using a descriptive qualitative approach. This approach will inform why nurses despite having the availability of tools to assist in the management of pain in older adults with dementia there are barriers to their use. This descriptive qualitative approach will inform antidotal evidence that nurses continue to struggle to manage pain for older adults with dementia. The interview data will be further supported by a broader qualitative survey of nurses that will be analyzed by descriptive statistics, about pain management knowledge and decision-making processes in acute care make while caring for older adults with dementia.

26

INTERPROFESSIONAL COLLABORATION IN NON PHARMACOLOGICAL APPROACHES TO RESPONSIVE BEHAVIOURS

C. A. Newman, J. Rice;
Baycrest Center for Geriatric Care, Toronto, ON, CANADA.

Purpose: To promote interprofessional, non pharmacological care approaches to improve quality of life for seniors experiencing dementia and cognitive impairment and eresponsive behaviours.
Method: A team of several RN's, an Occupational Therapist, Recreational Therapist, Psychologist and Physicians, meet regularly in a format entitled "Non Pharmacological Rounds" to arrive at care approaches that promote meaningful engagement between patient and care providers that increases patient's sense of well being and minimizes need for responsive behaviours directed at care providers.
The Patient's "life story" is obtained from family and other key informants, and entered into the care plan where details of what holds meaning for the patient, despite memory loss and cognitive impairment, are well known to all on team and utilized to promote as high level of a sense of well being for patient as possible.

27

FAMILY INVOLVEMENT IN LONG-TERM CARE SETTINGS: THE FAMILY'S PERSPECTIVES OF OPPORTUNITY AND IMPORTANCE OF INVOLVEMENT ON THE QUALITY OF LIFE OF THE OLDER ADULT

R. S. Ali[1], L. Guse[2], S. Hirst[1], M. Edwards[2], M. Doupe[2];
[1]University of Calgary, Calgary, AB, CANADA, [2]University of Manitoba, Winnipeg, MB, CANADA.

Though research has debunked the myth that older adults in long-term care facilities have been abandoned by their families, there is sparse knowledge of families' understanding of their involvement in the care of their relative after institutionalization. Family involvement includes visiting, socio-economic care, provision of personal care and advocacy that resonates in "raising the bar for excellence" in care. However, involvement is often dependent on the facility's commitment to family involvement and availability of opportunities for involvement, specifically opportunities for care that are important to families.
Method: descriptive, exploratory and cross-sectional design using a convenience sample of 12 wives whose husbands were residents of Deer Lodge Centre, Winnipeg, was conducted. Data collection was carried out with audio-taped interviews using specific items (including the F-Involve and F-Important scale, developed by Reid, Gish and Chappell, 2007) and open-ended questions to obtain wives' perspectives of opportunities and importance of their involvement in the care and quality of life of their relative. The framework used for this study was Julia Twigg's (1989) "Model of Carers", which defines family involvement in relation to families as resources,

co-workers or co-clients.
Findings: suggest families' commitment for continued involvement in their relative's care after institutionalization; the need for further research to provide empirical evidence for family involvement and the influence of family involvement on the quality of life of residents in long-term care settings.

28

ADAPTED AEROBIC EXERCISE IS THE KEY TO SENIOR FITNESS AND INDEPENDENT LIVING

J. Chu;
Baycrest Centre, Toronto, ON, CANADA.

Purpose: Awareness of how Adapted Aerobic Exercise is an important component to Senior Fitness, Independent Living and the Quality of Life.
Method: An overview of the procedures to client needs assessment. A discussion on a safe, effective and enjoyable program design. For example, the Exercise Principles, and Exercise Variables. Progression towards changing the intensity of exercise.
Components of a Chair Exercise class will be highlighted. Adaptations to meet the various needs of senior groups: functional fitness movements translating to ADL, and aerobic reserves.
Discussion of results and conclusions: Updated research to support the theory of Aerobic Exercise relating to Physical Function, and Independent Living for Seniors
Funding sources (if applicable):

29

RAISING THE POSSIBILITY: PERSON-CENTERED PRACTICE CAN HAPPEN IN CURRENT HEALTH CARE CULTURES

J. G. Robinson;
The Lodge at Broadmead, Victoria, BC, CANADA.

Purpose & Background: Over the past 7 years an interdisciplinary team at The Lodge at Broadmead (a residential care home in Victoria, B.C.), has developed and implemented a Dementia Care Program (DCP) built on the foundation of person-centred care. This program includes education, consultation, and an evidence-based clinical practice program. One of the on-going program goals is to shift the culture from "institutional" to "person-centred". The purpose of this evaluation was to explore with staff the transitions in care and identify the enablers and barriers.
Methods: A written retrospective survey was carried out with staff from all positions who had worked at the lodge throughout the first five years of DCP implementation (2004-2009).
The focus was on changes in the delivery of care to residents as experienced and observed by staff. A one-page, anonymous questionnaire was enclosed in a thank you card hand-made by

administration staff, each card written and signed by the Clinical Nurse Specialist. There were 69 responses to approximately 200 surveys. An evaluation consultant completed qualitative analysis and themed the results.
Results & Conclusions: Positive transitions in care included: more focus on the residents, improved team communication and improved knowledge about best practice dementia care which is reflected in "how" care is completed. Some of the barriers included complexity of people moving in, differing staff and family caregiver values, and fiscal constraints. This interactive symposium will focus on the positive transitions and strategies used by team members to sustain the momentum and movement towards person-centered practice. Participants will be invited to share experiences in raising the bar of person-centred care in their practice environments.
The author acknowledges Veterans Affairs Canada for support of the DCP.

30

THE CHOICE PROGRAM: COMMUNITY BASED ALL INCLUSIVE CARE FOR THE ELDERLY

J. Agyeman, C. Kent;
Good Samaritan Society, Edmonton, AB, CANADA.

The Comprehensive Home Option for the Integrated Care of the Elderly, known as "CHOICE" is based on the American PACE model and opened its first three programs in Edmonton in 1996. Now in its fourteenth year, CHOICE has grown in size and shifted in its direction aiming to raise the bar for excellence.
Aging is part of life; this presentation will outline how a community-based model of care makes a difference and enhances our seniors' quality of life. The current service delivery framework will be introduced to illustrate how process and outcomes have been adjusted to reflect client demand for a more collaborative and responsive program. This presentation will highlight key findings from the last program evaluation and will explore the challenges that face the program delivery within a changing health care system. Future visioning will outline proposed relationships with CHOICE Outreach, Home Care, the delivery of geriatric care and the Primary Care Networks.

31

HEALTH PROMOTIVE TECHNOLOGY: LIFE IN MY OWN HOME

S. Hirst, C. LeNavenec;
Brenda Strafford Centre for Excellence in Gerontological Nursing, Calgary, AB, CANADA.

Purpose: Sensors and communication technology systems, along with health care services technology are increasingly used to monitor the well-being of older adults to support them in their own homes. The intent of such technology is to promote aging in place, within a safe environment.
A literature review, the objective of which was to provide better understanding of the

experiences of older adults who use health promotive technology to age in place, was conducted. The goal was to include this understanding when developing undergraduate nursing education curricula and to provide a report to government which might influence health care policy.
Method: A metasynthesis of studies was completed. Studies were retrieved via computerized literature searches, cross referencing from original and review articles, and a review of reference lists. The inclusion criteria were: reporting on health promotive technology for older adults; published in English; indexed between January 2000 and December 2010; and research. Underlying the analysis process was a series of questions: What types of research questions are being asked? What are the themes emerging from the findings? What are the implications for gerontological nursing practice?
Results and Discussion: The completed analysis identified the themes of: embedded in the environment, an ounce of prevention, staying in touch, and where is the on switch? Implications for nurses working with older adults are addressed, and how nurse educators and legislators might use the findings from this study to promote quality of care for older adults who wish to age in place.

32

ADVOCACY: THE ROLE OF PROVINCIAL GERONTOLOGICAL NURSING ASSOCIATIONS

R. Graham[1], S. Hirst[2], C. Fanning[3];
[1]Self-employed, Edmonton, AB, CANADA, [2]Director, Brenda Strafford Centre for Excellence in Gerontological Nursing, University of Calgary, Calgary, AB, CANADA, [3]Redwoods Retirement Residence, Red Deer, AB, CANADA.

The Alberta Gerontological Nurses Association (AGNA) has always been transparent in its image and role. This is part of professionalism. Being clear about who it is and who it represents is important to the Association. This principle is inherent in its advocacy. The Advocacy Committee of the AGNA has been tasked by the Executive and membership with addressing issues specific to older clients and those important to them, gerontological nursing, and workplace advocacy. The Committee has worked effectively and tirelessly to address such specific topics as nurse staffing, image of nursing in long-term care facilities, nursing education, nursing work environment, and promotion of quality of care for older adults.
The Advocacy Committee believes that it is distinct in wanting to promote effective evidence based strategies to respond to these complex topics within the mandate of its role and responsibilities. The Committee aligns itself with the professionalism inherent in the membership of AGNA. This opens up opportunities for all members of the Association to be advocates. Membership in the Association is what drives AGNA's effective advocacy action program. Described in this presentation is the action plan of the Advocacy Committee, with specific examples drawn from its work to illustrate the challenges, frustrations, successes it has experienced, and how it is using evidence based strategies to guide its efforts.

33

THE GERIATRIC EVOLUTION IN A COMMUNITY ACUTE CARE HOSPITAL: CHALLENGES AND LESSONS LEARNED

C. T. Tsang, M. DaCosta, D. Harrison;
Rouge Valley Health System, Toronto, ON, CANADA.

Purpose:
1. Describe the process of development and implementation of comprehensive geriatric care in a community acute care hospital
2. Discuss the changes and strategies to sustain this model
Method: Oral presentation with PowerPoint
Discussion of Results and Conclusions: Hospitals today are feeling the squeeze - they're facing a growing population whose medical needs are ever more complex, and also facing greater scrutiny on health care costs. In this environment, leaders of our health care are quickly realizing that investment in seniors care not only delivers optimal impact for their patients, but also drives positive impact to the bottom line. Nearly 60% of inpatient care is seniors, although they represent only 12% of the general population.
Programs that encourage proactive, preventative care, and/or root cause resolution with a holistic multi-disciplinary team approach have proven to enhance care and cost-effectiveness of a local community hospital. Rouge Valley Health System, over the past 6 years, has made a series of steps in policy, programming, education, leadership, and in securing funding to raise the bar in seniors care.
This presentation will discuss and describe the journey - successes, challenges, and opportunities. The main goal is to encourage and spread ideas for development with nursing leaders of the future.
Conclusion: A change of system and policy of senior care at acute care hospitals has positive impacts on our health care system. Discussion on the transformational changes and strategies to sustain and support this comprehensive innovative senior care model will provide insight into future developments of senior health care.
Funding sources (if applicable): N/A

34

STRENGTHENING RESIDENT CENTRED CARE IN LONG TERM CARE: AN RNAO POSITION STATEMENT

S. Clemens;
Registered Nurses' Association of Ontario, Toronto, ON, CANADA.

Purpose: To identify and explain various evidence-based factors that are required to strengthen resident centred care in long term care.
Method: A literature review of long term care research was conducted to determine the relevance of various factors impacting resident centred care that are common to other sectors. A position

statement was drafted following a review of the literature and discussions with expert researchers and clinicians in long term care. Drafts were reviewed by the Board of Directors at RNAO and feedback was incorporated into the final policy position statement. As a living document that embraces long term care's changing landscape, RNAO expects to frequently review the relevance of each factor in the position statement and make modifications when appropriate. This will be accomplished by presenting at conferences and maintaining open dialogue with researchers, associations, and clinicians as well as residents and their families.
Discussion of Results and Conclusions: Resident centered care is significantly strengthened by continuity of care and caregiver, the most appropriate care provider, 70% full time employment of care providers and not-for-profit publically funded service delivery.
Funding sources (if applicable): Not applicable.

35

THREE MONTH PILOT TO RE-DESIGN, RE-DIRECT AND INTEGRATE GERIATRIC CONSULT SERVICES IN ACUTE CARE

D. Rossy, L. Pouchet, S. Phillips, H. Brezynski, F. Beauchemin, H. Zipes;
The Ottawa Hospital, Ottawa, ON, CANADA.

The trend towards shorter hospitalization and decreased length of stay in acute care may marginalize a portion of the senior population and those not progressing as quickly within rehabilitation services. In contrast, new policies directed towards "senior-friendly" hospital care may cause frustration in meeting the policy and process initiatives expected. Consultation teams provide geriatric and specialty expertise, suggest recommendations to optimize patient care, provide and model senior-friendly care, while trying to choose a referral to the most appropriate program.
The Ottawa Hospital (TOH) provides acute tertiary care staffed with 4500 nurses on 5 campuses and in partnership with external rehabilitation programs. The goals of an integrated consult pilot were to: design a Consult Request Form that would allow for appropriate triaging to the appropriate service; improve inter-program communication, re-direct consults without a new consult at the unit level and prepare for a future corporate process change. The pilot was designed on Orthopedics to bring together all the consult nurses and programs including Geriatrics, Geriatric Assessment Unit, Geriatric Rehabilitation and Short Term Rehabilitation (STR).
The results suggest of 167 patients: 111 were triaged to STR and 56 to geriatrics. Consults triaged to STR were significantly younger, more likely to independent or 1-person assists for mobility and transfers, and less likely to have a history of falls, or to present with cognitive issues ($p<=.000$). Geriatric candidates were more likely to have multiple co-morbidities ($p<=.001$). This discussion will include the indicators on the Consult Request Form and triage effectiveness.

36

ARE WE READY WHEN THE FLOOD COMES

S. Hirst[1], M. Gibson[2], R. Roush[3], G. Gutman[4];
[1]Brenda Strafford Centre for Excellence in Gerontological Nursing, Calgary, AB, CANADA, [2]St. Joseph's Health Care, London, ON, CANADA, [3]Baylor College of Medicine, Houston, TX, [4]Simon Fraser University, Vancouver, BC, CANADA.

Introduction: Since 2006, the Public Health Agency of Canada's Division of Aging and Seniors has lead efforts to create new partnerships among the gerontology and emergency management sectors to promote the health of older adults. One partnership is the International Working Group on Health Professionals and Continuity of Care. Its members, including gerontological nurses, represent a critical mass of professionals that have consolidated their working relationship through regular collaboration.
Through its activities, the Working Group aspires to:
- minimize harm and negative health impacts to seniors before, during, and after disasters;
- bring a seniors' perspective to the emergency management field; and
- help older adults and their families be prepared.

The objective of this paper is to introduce the larger community of gerontological nurses to the work being done by this group. Specific attention will be given to its project work on:
- the use of Personal Emergency Response Systems within the home to enhance management of large scale disasters;
- the use of technology in long term care facilities during disasters; and
- educational training programs currently available in Canada to address emergency management specific to the needs of older adults.

37

NETWORKING AND UNDERSTANDING END OF LIFE ISSUES FROM THE REGULATORY (CNO) PERSPECTIVE

K. Smith;
College of Nurses of Ontario, Toronto, ON, CANADA.

The College of Nurses of Ontario (CNO) is the regulatory body for 154,000 registered nurses (RN) registered practical nurses (RPN) and nurse practitioners (NP) in the province of Ontario.
The College regulates nurses in the public interest and sets requirements for entry into the profession. CNO establishes and revises the Standards of nursing practice; provides an opportunity for members and the public to clarify the standards of practice and; administers a quality assurance programme. The Outreach Program is a key part of the College's initiative for reaching out to nurses. Outreach Consultants work with a volunteer advisory group to share information on nursing trends and issues related to nursing standards and guidelines.
The Palliative Care Advisory Group (PCAG) creates a network to assist nurses in understanding the expectations for the provision of end of life care from the regulatory perspective. The 2010/11

PCAG collaborated to increase awareness of nurses understanding of the Entry to Practice Competencies related to End of Life Care for the RPN and RN and the expectations of accountability for care as identified by the College of Nurses of Ontario.
With this presentation the participant will gain an understanding of end of life care from the CNO perspective and the issues discussed across the sectors in relation to entry to practice and the accountability for end of life care.

38

ALBERTA PROVINCIAL COGNITIVE IMPAIRMENT STRATEGY - DELIRIUM PROTOCOL

M. Cole[1], B. Launhardt[2];
[1]AHS (alberta health services), Calgary, AB, CANADA, [2]Covenant Health, Edmonton, AB, CANADA.

Purpose: In 2009 the Provincial Seniors Health team began work on a provincial Cognitive Impairment Strategy. When complete, the strategy will address the anticipated Health Care System-level response required to address the care needs of those with Dementia and Delirium, including the required knowledge base of caregivers involved in providing this care.
Method: A delirium protocol was the first initiative to be developed under this strategy.
An advisory committee of practitioners from across Alberta met to review the resources that were being used to address this clinical issue. An order set that had been used in Edmonton was evaluated, revised and circulated to physicians across the province. Patient teaching materials were developed. A staff educational program was implemented incorporating the staff pocket guide from the Canadian Coalition for Seniors' Mental Health. Projects have been implemented in various clinical areas: continuing care settings, ICU, Pre-admission clinic, acute care inpatient units.
Discussion of results and conclusions: The presenters will share the resources used in delirium protocol and review the multiple strategies used to help educate health care staff, older adults and their families and the public about delirium.
Funding sources (if applicable): Alberta Health and Wellness Cognitive Impairment Grant

39

DECREASING HOSPITAL VISITS OF LONG TERM CARE RESIDENTS USING A PNEUMONIA GUIDELINE

D. A. Harrison, R. Wilford, E. C. Wiersma, K. Maddox, J. Taylor, K. Maddox;
Lakehead University, Thunder Bay, ON, CANADA.

Purpose: The Interprofessional Infection Identification and Management Project in Long Term Care (IIIMP LTC) was a resident-centred initiative funded by the North West Local Health Integrated Network and undertaken collaboratively between the Centre for Education and

Research on Aging and Health at Lakehead University, Thunder Bay, On and two long term care facilities, one urban in Thunder Bay, and one rural, in Sioux Lookout, Ontario. The overall objective was to decrease transfer to hospital of residents with pneumonia to 30% of all identified cases by incorporating evidence-based assessment and treatment knowledge into practice, while using existing resources to improve the timely identification and management of pneumonia within the participating long-term care homes.
Method: The Alberta Guideline for Diagnosis and Management of Nursing Home Acquired Pneumonia (NHAP) was adapted into a one page guideline. Education was provided to interprofessional staff as well as residents and families. The method incorporated principles from the Quality Improvement Guide for Long Term Care developed by the Ontario Health Quality Council.
Results: In the urban facility, 82% of all residents demonstrating symptoms consistent to NHAP were treated within the facility. At the rural facility, 100% of residents diagnosed with pneumonia were treated within the facility. Additionally no respiratory outbreaks have been reported at either facility since the project started.
Conclusion: Preliminary findings indicate the use of the adapted guidelines for early identification and management of pneumonia decreases transfer of residents to hospital.

40

ADVANCE PRACTICE NURSE LED INTERPROFESSIONAL FALLS PREVENTION PROGRAM

C. Banez, S. Tully;
Toronto Western Hospital, Toronto, ON, CANADA.

Purpose: to measure the effectiveness of a falls prevention program to improve balance and mobility and reduce the fear of falling in older adults who have fallen
Method: An interprofessional team led by an advance practice nurse developed a collaborative pilot research study in a retirement home and an outpatient hospital setting.
Forty-one English-speaking adults ≥ 65 years of age who had fallen were recruited. Program format included an interprofessional assessment followed by a 12 once a week group education and exercise, and individual counselling. To measure program effectiveness, the Berg Balance Scale, the Timed up and Go Test, the Falls Efficacy Scale and the Morse Fall Risk Scale were used at baseline, upon program completion, and at 3- and 6-months follow-up.
Three years after pilot study, a retrospective chart review of the frailty scores of 121 past participants using the same outcome measures was conducted to determine whether initial level of frailty had an impact on the effectiveness of the falls program.
Discussion of results and conclusion: Persistent improvements were found in participants' balance, strength, functional mobility and fear of falling. Patient satisfaction with the program was high. Participants with an initial higher degree of frailty were found to make the largest improvements.
Funding sources (if applicable):

41

A PARTICIPATORY APPROACH TO PREVENT FALLS IN GERIATRIC REHABILITATION

C. Berean[1], E. Vieira[2], D. Paches[1], P. Caveny[1], L. Ballash[1], D. Yuen[1], R. Freund-Heritage[1];
[1]Glenrose Rehabilitation Hospital, Edmonton, AB, CANADA, [2]University of Miami, Miami, FL.

Purpose: Interdisciplinary, multifactorial approach to reduce falls on a geriatric rehabilitation inpatient unit.
Method: Our interdisciplinary team began by establishing the rate of falls from 2006 to 2008 on two geriatric rehabilitation units (Units A and B) with the same patient complement and environmental characteristics. There were 7±4 and 8±4 falls per 1000 patient days on Units A and B. Concurrently, we conducted interviews on Unit A with 10 patients, 12 staff and 6 family members to gather information concerning risks and measures to reduce falls. Interview data was used to construct the Risk Assessment and Recommendations Effective for Falls Prevention Tool (the RARE Falls Prevention Tool). This is a checklist of risks and the associated interventions specific to the risk. Educational sessions were provided to Unit A staff including information on falls prevention and introduction of the RARE Tool. Nurses complete the RARE Tool for newly admitted patients within 48h of admission, and will implement all triggered interventions. Educational pamphlets are distributed to patients and families, and universal safety measures to prevent falls will be implemented on Unit A.
Discussion of Results and Conclusions: The rates of falls on Unit A before and after the intervention will be compared, as well as in relation to Unit B. Unit B will be used as control to evaluate the effectiveness of the program with no additional interventions specific to falls prevention. One-hundred patients from Unit A will receive the intervention and 100 matched-control patients from Unit B will be followed. Intervention and control patients will be matched on gender, age ±5, history of falls, medical condition similarity and length of stay in weeks. Data collection will be complete by March 2011. Based on the findings of the pilot intervention study, larger studies may be designed to test the ability to generalize the results.

42

MANAGING CHALLENGING BEHAVIOURS

M. Halper;
Baycrest, Toronto, ON, CANADA.

I will present the role of the nurse clinician in the Memory Clinic setting at Baycrest as it relates to patient behaviour management.
This will be a PowerPoint presentation with an opportunity for open discussion.
Our main goal as healthcare providers is to reduce the disability due to Alzheimer's disease and improve quality of life of both patient and caregiver/family in the community
Behavioural disturbances have been reported to occur in 63% of community-dwelling persons with dementia. Most frequent behaviours seen are wandering, general restlessness, agitation, sleep cycle disturbance and uncooperativeness.

Managing behaviours of someone with Alzheimer's disease requires patience, compassion, creativity and skills that go beyond the scope of medical practice. I will present some examples of management strategies that may help prevent untoward behaviours. We utilize an interdisciplinary team approach to management that often results in positive outcomes without resorting to or delaying use of medications. By partnering with team members, caregiver/family, we help improve quality of life for everyone involved, most importantly, the patient.

44

CULTURE CHANGE IN CARE HOMES

M. Schulz;
Alzheimer Society of Canada, Toronto, ON, CANADA.

Objectives: The overarching goal of the Culture Change initiative is to improve the experience of people with dementia in care homes through a person-centred approach. People with dementia have the right to enjoy the highest possible quality of life and quality of care by being engaged in meaningful relationships which are based on equality, understanding, sharing, participation, collaboration, dignity, trust and respect. People in the later stages of dementia often reside in a care home and are at risk of not being able to speak for themselves. A culture change is needed to put the person at the centre of the home.
Methods: A Rapid Evidence Assessment (REA) was completed to examine evidence-based practice guidelines published in peer-reviewed journals regarding the care of people in advanced stages of Alzheimer's disease in care homes. **Strict selection criteria were applied.** The REA was distilled into a framework entitled Guidelines for care: person-centred care of people living with dementia in care homes.
Discussion of Results and Conclusions:
- Externally vetted, evidence-based guidelines for care have been documented into a framework of what constitutes excellence in person centred care.
- An Expert Consultation was held to review the framework and to plan next steps that may be taken collaboratively by a variety of stakeholders including home leaders, government, accreditation bodies, Alzheimer Societies, to make "having the best day possible" our collective goal in care homes.

The consensus of the Expert Consultation group is to focus on Culture Change in care homes through a person centred care approach, with all the attributes and core competencies required for this. Along with a number of partners, the Alzheimer Society is putting the building blocks in place to encourage a person-centred approach becoming the culture of care homes in Canada.

45

SEXUAL HEALTH PROMOTION FOR OLDER ADULTS: USING ACTOR SIMULATIONS TO PREPARE PROFESSIONAL NURSING STUDENTS

L. Schindel Martin;
Ryerson University, Toronto, ON, CANADA.

Sexuality continues to be a fundamental element of the human experience, despite a person's age. Unfortunately, there is a persistent youth culture that perpetuates negative images, agist myths, and stereotypes about sexuality and older adults. Therefore, intimacy and sexuality remain some of the most sensitive and controversial basic human needs, causing healthcare providers to find sexuality difficult to interpret from within a professional lens. The assessment of sexual behaviours and the promotion of sexual health of older adults receive limited attention as a component of curricula within baccalaureate nursing programs. The lack of research literature about the sexual health promotion needs of older adults reinforces the incorrect notion that these persons are sexually "retired". This puts nursing students at a disadvantage, particularly during clinical placements or summer employment where they will be in direct contact with older adults who require sexual health education. Feelings of moral distress can occur amongst nursing students when they have not participated in educational initiatives that would prepare them to understand, interpret and respond professionally to the sensitive sexual health questions or behaviours of their older patients. This presentation will describe the implementation and evaluation of a 2-hour educational session involving 42 first year nursing students. The students participated in an interview with a human patient simulator/actor in order to learn strategies to explore sensitive topics about sexuality with older adults. The presentation will outline the case study upon which the simulation was built. In addition, the presentation will describe the students' experiences with the simulation, their identification of person-centred approaches necessary for sexual health promotion, and their written reflections after completing the exercise. The presentation will be of interest to educators and clinicians who wish to influence the direction of curriculum and best practice policy with respect to sexual health of older adults.

46

EXPLORING THE MEANING OF SPIRITUAL CARE IN DEMENTIA: WHAT'S SO BIG ABOUT THE LITTLE THINGS

S. L. Hicks-Moore[1], T. J. Carr[1], P. Montgomery[2];
[1]University of New Brunswick Saint John, Saint John, NB, CANADA, [2]School of Nursing Laurentian University, Sudbury, ON, CANADA.

Purpose: Research supports the view that both spirituality and religion play important roles in health and healing. Yet what it means to care for dementia patients and their families on a spiritual level remains largely unexplored. This study explored the meaning and experience of spiritual care from the perspective of patients living with moderate to severe dementia, their families, and their care providers.
Method: Using a phenomenological approach, semi-structured interviews were conducted to gather the stories, insights, and experiences surrounding spirituality and spiritual care from 25 participants representing the multiple perspectives of patients, families, RNs, LPNs, and hospital chaplains. Fundamentally, we aimed to discover how nursing staff and hospital chaplains care for individuals on a spiritual level, who have difficulty or cannot express themselves in the usual

way. The setting for this study was a specialized dementia care unit.
Discussion of Results and Conclusions: The results of this study broaden our understanding of spiritual care in general, and reveal new understandings of spiritual care and its importance with dementia patients, their families and their care providers. Analysis of the interview data identified several key themes including: developing relationships and making connections, expressing humanity through doing the "little things", recognizing the importance of personal guiding philosophies of self and others, and facilitating connections to the transcendent. The knowledge gained from this study can be used to enhance caregiver education and support programs and ultimately improve care. Provision of spiritual care offers continued opportunities for individuals with dementia and their families to find meaning, purpose, and personhood in life and living.
Funding sources (if applicable): NB Medical Research Fund; Atlantic Region Canadian Schools of Nursing

47

A TREASURE CHEST FOR ETHICAL EXCELLENCE

M. McNamee, **L. Sourani**;
Canadian Nurses Association, Ottawa, ON, CANADA.

This presentation will showcase how the CNA Code of Ethics for Registered Nurses (Code) and its accompanying resources can form a valuable treasure chest of resources for nurses working in geriatrics. We will demonstrate how these ethics treasures can increase awareness of ethical issues in daily practice, help to address ethical challenges, and assist nurses to reflect on and strive for ethical excellence.
Nurses face ethical challenges every day. These challenges may occur in relationships, in enacting responsibilities, or in decision-making in a complex and ever-changing environment. Having resources and knowing how to draw upon them when faced with ethical challenges is essential. During this presentation you will hear examples from CNA's e-learning modules, which feature different ethical challenges that nurses may encounter, like Myra's challenge with a client who wants to will her a substantial amount of money, and see how the Code can help Myra determine the most ethical course of action.
You'll also learn about using CNA's Ethics in Practice papers to address ethical issues, including the example of Gladys, whose pride in making a difference for a particularly depressed patient is crushed by the cutting comments of another nurse.
This presentation is designed to showcase some valuable treasures to raise the bar of ethical knowledge and skill for nurses in geriatrics.

48

GENTLE PERSUASIVE APPROACHES IN DEMENTIA CARE - RAISING THE BAR FOR EXCELLENCE IN ACUTE CARE

M. Montemuro[1], A. Pizzacalla[1], E. Coker[1], L. Gillies[1], J. Benner[1], H. Pepper[1], K. Robinson[1], J. Gusciora[1], B. Misiaszek[1], L. Schindel Martin[2];
[1]Hamilton Health Sciences, Hamilton, ON, CANADA, [2]Ryerson University, Toronto, ON, CANADA.

Purpose: Gentle Persuasive Approaches (GPA) in Dementia Care is a one-day workshop that was developed, implemented and evaluated in long term and complex care settings in 2004. The overall goal of this evidence-based curriculum is to "use a person-centred, compassionate and gentle persuasive approach to respond respectfully, and with confidence and skill to challenging behaviour associated with dementia". Over 46,000 front-line staff in 700 settings across Ontario and Canada have been trained by 800+ certified GPA coaches. The objective of this project was to implement and evaluate GPA in acute care.
Method: Approximately 400 staff members have been trained in GPA on the medical, surgical, ICU, CCU and emergency departments of one acute care site. Approximately 200 staff from another site in the same hospital system who did not receive the training were used as the comparison group. A survey to measure staff's perceived level of confidence related to managing responsive behaviours competently was administered before and after the workshop, and after 6 weeks and 3 months with staff in both the intervention and the comparison groups. Other evaluation methods included focus groups, sick time and injury reports, and incident reports on aggressive behaviour.
Discussion of Results and Conclusions: The project will be completed in May 2011 and preliminary results will be shared. In addition, some earlier positive outcomes from 4 pilot units that indicated a decrease in the use of physical restraints and "sitters", an increase in staff confidence, fewer reports of incidents involving agitated patients, greater workplace satisfaction, and reduced staff and patient injuries will be reviewed. Other aspects of the project including coach training and sustainability strategies will be discussed.
Funding sources (if applicable): Hamilton Health Sciences' Centre for Healthcare Optimization Research and Delivery (CHORD)

49

PROMOTING AWARENESS OF ELDER ABUSE IN LONG-TERM CARE: A NATIONAL PROJECT

R. Nazarali[1], P. Rowe[2], H. McConnell[1];
[1]Registered Nurses' Association of Ontario, Toronto, ON, CANADA, [2]Regional Municipality of Durham ~ Hillsdale Estates, Oshawa, ON, CANADA.

Purpose: The Canadian Nurses Association (CNA) has partnered with the Registered Nurses' Association of Ontario (RNAO), with funding from the Government of Canada's New Horizons

For Seniors Program, to increase front-line service providers' awareness and understanding of elder abuse in long-term care (LTC) homes.
The objectives of Promoting Awareness of Elder Abuse in Long-Term Care Homes project are to (1) develop and deliver education sessions on elder abuse prevention customized to long-term care sites across Canada; (2) develop promotional material on elder abuse prevention; and (3) develop an online elder abuse awareness toolkit.
Method:
Multi-prong intervention strategy includes:
1. Identification and compilation of elder abuse awareness resources
2. Ten Prevention of Elder Abuse Centres of Excellence (PEACE) sites
3. 10 Registered Nurse (RN) coordinators
4. Champions
5. Evidence based education curriculum
6. Pan-Canadian dissemination of resources
Discussion of Results and Conclusions:
While this project is ongoing, results to date include:
1. Establishment of pan-Canadian Advisory Committee;
2. Identification of ten PEACE sites, each with RN coordinators;
3. Development of a five module elder abuse prevention curriculum.
Implications for practice include:
1. Increased awareness of elder abuse (identification, intervention, prevention)
2. Increased awareness of resources, including laws and regulations
3. Changes in knowledge, attitudes, skills and behaviours related to elder abuse
4. Increased awareness and usage of evidence-based practices
5. Increased utilization of effective interventions in de-escalating potential conflict with older persons
6. Reduced incidence of elder abuse in LTC homes
Funding sources (if applicable):

50

IS THERE AWARENESS OF IMPENDING DEATH IN LONG-TERM CARE FACILITIES?

B. Cable-Williams, D. M. Wilson;
University of Alberta, Edmonton, AB, CANADA.

Purpose: Investigation into dying and death in long-term care facilities is of growing interest within both gerontology and palliative care. Concerns have been identified about inadequacies in pain and symptom management, psychosocial and spiritual care, and culturally appropriate care. The difficulty in recognizing impending death within advanced chronic illness and frailty has been cited as a significant challenge to the timely initiation of a palliative approach to care. This presentation addresses the development of awareness of impending death as a prerequisite for the adoption of a palliative approach within the context of long-term care.
Method: Mixed methods were used in a two stage research study. In stage one a review of the

charts of 192 decedents in 3 long-term care facilities was conducted to identify documentation that reflected awareness of impending death. In stage two, residents, family members of resident and staff members of long-term care facilities were interviewed to gain insight into the development of awareness of impending death.
Results: Evidence of awareness of impending death typically appeared with a day or two of the death. Palliative measures were begun at that time. Interview data revealed a layered awareness of impending death. A generalized awareness was maintained until death was inevitable within a few days. At that time, signs of irreversible physiological decline were recognized in the development of clinical awareness that death would occur very soon. Clinical awareness triggered changes in workload distribution to facilitate palliative measures.
Conclusion: Timeliness in the initiation of a palliative approach to care is likely to be a factor in the quality of life during the living-dying interval. Therefore it is significant that impending death is identified so late in the dying trajectory for residents of long-term care facilities who often experience prolonged decline in the context of chronic illness and/or frailty.

51

GERONTOLOGICAL EDUCATION VIA CLINICAL SIMULATION

E. Horsley, D. Prentice, K. Taplay, M. Stansfield;
Brock University, St. Catharines, ON, CANADA.

Clinical Simulation is widely utilized in nursing education as an innovative teaching strategy. Simulation has many benefits and provides opportunities for students to experience patient conditions and situations they may not otherwise encounter in traditional clinical placements. Although simulation experiences can reflect a variety of patient conditions, there is a challenge in effectively integrating gerontological content into simulation activities. Additionally, there is a scarcity of literature that discusses the use of simulation in gerontological education.
Creating scenarios requires more than merely ascribing an age to the patient - for effective, meaningful experiences an entire personality needs to be developed for the case scenario. Brock University's Department of Nursing has integrated gerontological content into simulations to teach care of the acutely ill offered in the second year of the curriculum and in community health nursing offered in fourth year. In this presentation the challenges in creating simulation scenarios and engaging students in learning activities with older adult clients will be discussed. Examples of how simulation scenarios are constructed will be presented. Opportunities for further integration of gerontological content and ideas for future research will also be discussed.

52

MAINTAINING HYDRATION IN ELDERCARE SETTINGS

C. Bacon[1], **D. E. McIntosh**[2];
[1]The Good Samaritan Society, Lethbridge, AB, CANADA, [2]The Good Samaritan Society, Edmonton, AB, CANADA.

Purpose: Dehydration is a particular concern for Long Term Care residents, and can manifest itself with readily identified symptoms which can lead to life threatening events. Dehydration can also be an underlying cause of delirium. Eldercare environments are often low in ambient humidity, particularly in western Canadian prairie provinces. Dehydration is a disturbance of the balance of fluid and essential electrolytes. The purpose of this presentation is to include information re a management approach to hydration.
Method: The method used will include details of assessment of hydration, and treatment protocols such as a call to arms to offer fluids frequently during the day. Poor response to these efforts lead to further assessments and other interventions including oral care; administration of thickened fluids, and hypodermoclysis. Underlying this is the recognition of the impact of fluids on management of dementia, delirium and urinary continence.
Discussion of Results and Conclusions: The efficacy of the program illustrates how all staff can be part of a hydration program, and how symptoms can be managed by a team approach.
A policy driven approach will be shared with strategies for staff involvement, application of the nursing process and how MDS RAI data can support care delivery.
The conference theme, "To Live is To Age - Raising the Bar for Excellence" is clearly supported by the assessment of physiologic measures; actual hydration status; and Risk Identification.
Hydration management begins with an acute management of oral intake, planning in place for at-risk individuals, fluid regulation and documentation. Evaluation of adherence to the hydration management approach will determine the success of the interventions selected.
In conclusion, the interventions on an individual basis were successful, and the care team embraced the concept of awareness and action planning to manage hydration.
Funding sources (if applicable): n/a

53

IMPLEMENTING A PAIN PROTOCOL IN LONG TERM CARE: EVALUATION AND LESSONS LEARNED

S. Kaasalainen, E. Coker;
McMaster University, Hamilton, ON, CANADA.

Purpose: The objectives of this project were to evaluate the effectiveness of (a) dissemination strategies in improving clinical practice behaviours (e.g., frequency and documentation of pain assessments, use of pain medication) among health care team members, and (b) the implementation of the pain protocol in reducing pain in LTC residents.
Method: We used a controlled before-after design to evaluate a pain protocol intervention that used a multifaceted approach to its implementation, including a site working group, pain education and skills training, and other quality improvement activities. We collected data (i.e., pain assessments, quality indicators related to pain management) for 200 LTC residents; 100 for the intervention and 100 for the control group across four LTC homes.
Discussion of Results and Conclusions: We found that pain increased significantly more for the control group than the intervention group. The percentage of residents with a non-pharmacological intervention documented for pain increased to 28.6% in the intervention group

and decreased to 18.3% in the comparison group. Other positive outcomes included: increased use of a standardized pain assessment tool, the assessment process accommodated for residents with cognitive and/or language problems, and an admission/initial pain assessment was completed. However, many challenges existed and lessons learned during the implementation phase that limited the findings of this study. Still, these study findings indicate that the implementation of a pain protocol intervention improved the way pain was managed and provided pain relief for LTC residents.
Funding sources (if applicable): Canadian Institutes of Health Research, Ontario Ministry of Health and Long Term Care

54

THE EFFECT OF VIGNETTE ACTIVITY ON THE CHALLENGING BEHAVIORS EXPRESSED BY INDIVIDUALS WITH DEMENTIA, LIVING IN LONG-TERM CARE

D. Marcy-Edwards[1], R. Wardell[1], J. Simon[2], J. Hansen[1], L. Baden[1];
[1]University of Calgary, Calgary, AB, CANADA, [2]Bethany Calgary, Calgary, AB, CANADA.

Purpose: To explore the effect of an intervention designed to enhance the life experiences of those aging with dementia. Caregivers and family often question quality of life in nursing homes as they witness incidents of diminished autonomy and activity. Research has shown that increases in neuropsychiatric behaviours may be related to reduced levels of activity and autonomy. Further, the presence of neuropsychiatric behaviour has been related to a reduction in quality living. As an extension of a previous pilot this study examines the relationship between self-determined behaviour at a garden vignette and the expression of neuropsychiatric behaviour in individuals with moderate to severe dementia living in long-term care. A garden vignette is a cluster of gardening /nature related objects designed to both attract attention and encourage self-determined activity, interaction and exploration.
Method: Quasi-experimental within-subjects repeated measures block design examined both time and intraindividual effects on the expression of neuropsychiatric behaviours. The garden vignette was in place for two weeks followed by a two-week washout phase with both repeated. Behaviour was measured at baseline and two-week intervals throughout intervention and washout phases. The MMSE, Neuropsychiatric Inventory-Nursing Home, Apathy Inventory, Cornell Depression Scale, Single Question Depression Question and the Ryden Aggression Scale 2 were used to assess behaviour. Chart audit noted medication use, age, gender, previous occupation, hobbies and interests. Video data was collected 24/7 at the vignette site. Time of day, length of time spent at the vignette, objects interacted with, self-determined or assisted activity and level of engagement were noted. Data was examined for relationships between the variables described previously.
Results and Conclusions: This data is still being examined, but preliminary data will be available for the time of the conference.

55

FAMILY CAREGIVERS' EXPERIENCE OF URINARY INCONTINENCE KNOWLEDGE TRANSLATION FOR ELDER CARE

L. S. Jansen[1], C. McWilliam[1], D. Forbes[2], C. Forchuk[1];
[1]University of Western Ontario, London, ON, CANADA, [2]University of Alberta, Edmonton, AB, CANADA.

Purpose: Although urinary incontinence (UI) can be managed with conservative techniques, UI is a principal cause of the breakdown of family care arrangements and care recipient admission into long-term care. Family caregivers, who provide up to 80% of health and social care for older adult family members, may lack knowledge about UI management (Jansen & Forbes, 2006). Research has afforded little insight into our understanding of caregivers' experience of knowledge translation (KT) related to UI management for elder care. Not only are both care recipient and caregiver health ultimately undermined by the strain of unsuccessful UI management, but also UI results in annualized in-home Canadian expenditures of $2.6 billion. The purpose of this phase one interpretive phenomenological study, foundational to a phase two grounded theory study, was to explore caregivers' UI KT experience between homecare providers.
Method: Four caregivers who provide UI care to older adults were purposively selected from a rural homecare setting in Saskatchewan, Canada. Immersion and crystallization methods were used to analyze in-depth interviews.
Discussion of results and conclusions:
Findings suggest that social interactions may play a role in how family caregivers' knowledge is created and enacted within an action context. Participants experienced KT through working relationships, within the context of homecare and personal attributes that either facilitated or impeded KT. Increased understanding of caregivers' experience of KT may evolve evidence-based KT interventions related to addressing the challenges of providing in-home UI care, providing health promotion services to family caregivers and older adults, and ultimately, minimizing UI costs and long-term care admissions.
Funding sources (if applicable): This research was supported by a Social Sciences and Humanities Research Council Doctoral Fellowship and University of Western Ontario Graduate Thesis Research Award.

56

RAISING THE BAR OF EXCELLENCE IN CARE FOR PEOPLE DYING WITH DEMENTIA - FAMILY MEMBER'S EXPERIENCE

F. Sudbury, J. Robinson;
The Lodge at Broadmead, Victoria, BC, CANADA.

Objective: During the development of an educational initiative titled The Dementia Difference based on best practice dementia and palliative care the authors found little documented evidence

on what was important to family members of people with dementia dying in residential care. We gathered these stories in a effort to inform future practice and ensure our current education reflects what was important to family members of Veterans.
Methods: An in-depth, qualitative study involving 1-1 interviews with family members of recently deceased Veterans was conducted. The research question was: what are family members' experiences and observations of the end-of-life dementia care that was provided to their relatives. The interview guide was developed based on current evidence. The stratified voluntary sample of 12 family members included children and spouses. All interviews were conducted 1 to 1, either in person or by telephone and thematic content analysis was completed.
Results & Conclusion: Family members experiences were varied but common themes emerged. Overall, the most important things that staff did for residents and for family members were (1) showing thoughtfulness, respect, flexibility and care in all their interactions, (2) treating residents and family members as individuals, (3) providing comfort care with competence, consistency and genuine care, and (4) providing information.
The results have been incorporated into The Dementia Difference education in an effort to inform practice based on what is meaningful to those receiving care at EOL.
The author acknowledges Veterans Affairs Canada for support for this project.

57

KEEP MOVING. EARLY MOBILIZATION INITIATIVE IN GENERAL INTERNAL MEDICINE

C. Skanes, K. De Ciantis;
Universy Health Network Toronto Western Hospital, Toronto, ON, CANADA.

General Internal Medicine (GIM) units provide care to a diverse patient population with complex medical issues. The majority of patients in GIM at UHN are an older population. 62% of all GIM patients are 65 years and older and 17% of that group are 85 years and older. Recent literature demonstrates that despite older patients' ability to walk independently, a majority of these hospitalized patients spend a large portion of their time in bed. Hospitalization is a major risk for older patients and can result in rapid functional decline. The major impact of immobility and functional decline is the development of complications resulting in an increase in hospital length of stay and the need for placement in Long Term Care facilities or complex rehabilitation. Our quality patient improvement initiative is an interprofessional team approach focused on changing practice culture to that of early mobilization of all patients admitted to GIM.
The quality intervention is multifaceted and focuses on three key areas_education of patients/families and staff, interdisciplinary communication, and documentation. Evidence based protocols and tools were developed.
This quality improvement project will be monitored throughout implementation. The impact of the intervention will be assessed through auditing the number of patients up during meal times.
The key learning that will be shared from this early mobilization patient quality initiative includes:
• Development of program including tools

• Implementation/change management process
• Evaluation of process /outcome
The project findings may be generalized to other acute care and rehab settings.

58

DEVELOPMENT OF DECISION SUPPORT TECHNOLOGY FOR GERONTOLOGICAL NURSES FOR BETTER PATIENT CARE

W. Sun[1], D. Doran[2], H. Nguyen[2];
[1]University of Toronto, Lindsay, ON, CANADA, [2]University of Toronto, Toronto, ON, CANADA.

The purpose of this study is to investigate the integration of two non-intrusive approaches to monitoring home care clients' activity level, along with access to best practice guidelines for clinicians at the point of care. A prototype Remote Activity Monitoring and Guidelines System has been developed that uses a GPS-equipped Blackberry to monitor an elderly client's mobility outside the home. The System includes a pressure-sensitive mat that is placed under a regular bed mattress and can monitor sleep disturbances, and how long it takes to enter and exit the bed. This presentation will provide the participants with an overview of the field-testing of the prototype System in the community. A proxy client who is over the age of 55 with chronic health issues was invited to carry a Blackberry, and to place a pressure sensitive mat under the existing mattress to collect data about the client's physical activity. After a period of 3-7 days, 4 different nurses made home visits to the proxy client, where a research member observed clinicians interacting with the prototype System in the proxy client's home. The findings from the pilot test provided valuable information about the nurses' needs and interaction with the prototype in actual home care setting.
This presentation will address the conference theme: Gerontological Nursing Interventions. The key learning outcomes are:
1. To understand the value of the mobility-related data to gerontological nurses when they plan care.
2. To discuss the usefulness and placement of the Best Practice Guidelines in the electronic user interface.
3. To learn about the clinician and client experience with the prototype System.
This study provides important implications about the value of remote monitoring technology in providing clinical support to assist nurses' decision-making process when planning care for seniors in home care settings. This research was funded by NSERC.

59

DISCOVER AND DREAM: ENVISIONING BEST PRACTICE DEMENTIA CARE

N. Labun, D. O'Rourke;
Revera, Winnipeg, MB, CANADA.

The care of individuals with dementia and responsive behaviours remains an ongoing challenge in all care settings despite much attention and research in the area of person-centred care. There is broad consensus that the principles of person-centred care underpin good practice (NICE, 2006), however, there is less clarity on how this is translated into practice. This interactive symposium session will use the appreciative inquiry process to engage participants in an exploration of the underpinnings of a successful dementia care program. Appreciative inquiry is an approach to organizational innovation and implementation that acknowledges challenges and engages care providers in designing solutions that build on previous successes and strengths (Shendell-Falik, Feinson & Mohr, 2007). This interactive process is a natural fit for healthcare because it is evidence-based and grounded in the experience of care providers. The 5D's, or steps, of the appreciative inquiry process include; definition, discover, dream, design and destiny. This symposium will provide a brief overview of the appreciative inquiry process and engage participants in the discover and dream stages. Through the telling of personal stories related to successful dementia care and facilitated small group discussion, participants will articulate a vision and wishes for a successful dementia care program.

60

CREATING QUALITY PALLIATIVE CARE IN LONG-TERM CARE HOMES: LESSONS LEARNED

S. Kaasalainen[1], H. Alemany[2], D. Crawshaw[1], M. Kelley[3], P. Marks[4], M. Sharp[5], N. Thatcher[6], M. Turner[7], A. Wickson-Griffiths[1], L. Hirst[8];
[1]McMaster University, Hamilton, ON, CANADA, [2]Allendale, Milton, ON, CANADA, [3]Lakehead University, Thunder Bay, ON, CANADA, [4]Creek Way Village, Burlington, ON, CANADA, [5]Hogarth Riverview Manor, St. Joseph's Care Group, Thunder Bay, ON, CANADA, [6]Bethammi Nursing Home, St. Joseph's Care Group, Thunder Bay, ON, CANADA, [7]Halton Region, Halton Region, ON, CANADA, [8]The Carpenter Hospice, Burlington, ON, CANADA.

Purpose: As the population continues to age, more people will die in long term care (LTC) homes. However, palliative care programs in this setting are lacking. A Community University Research Alliance (CURA) project has come together to develop a holistic palliative care program that follows the Canadian Hospice Palliative Care Associations norms of practice. The **main goal** of this 5-year CURA project is to improve the quality of life of people dying in LTC homes through developing, implementing and evaluating an approach to delivering palliative care. A major focus of this project is on educating and empowering personal support workers to help create and maintain this palliative care culture shift.
Method: This project is using a case study design based on a participatory action research (PAR) approach. Four LTC homes in Ontario are engaged in this five year project; two homes in the Halton region and two homes in Thunder Bay. Both qualitative and quantitative data were

collected from LTC residents, their family members, staff, and community partners.
Results: The results from the environmental scan will be presented, all of which highlight the need to create awareness and understanding of palliative care among all participant groups. Based on the scan findings, a number of interventions have been developed and are currently underway. Most of the interventions have engaged community partners to provide resources to the LTC homes and include: implementing Comfort Care Rounds, enhancing spiritual care, building capacity within PSWs through visits to an offsite Hospice, and an expansion of the Snoezelen program.
Conclusions: Study findings highlight that palliative care in LTC homes is currently lacking. By engaging LTC staff, residents, and their families, and community partners, it is hoped that the quality of life for LTC residents will be improved.
Funding Source: Social Sciences and Humanities Research Council ($998,340)

61

EXCELLENCE IN CARE OF OLDER ADULTS: THE DEVELOPMENT AND IMPLEMENTATION OF AN INNOVATIVE LECTURE SERIES

C. Johnson[1], G. Moats[2], A. Tesarski[3], P. Lim[4], M. Maher[5], H. Zielinski[6], J. Lapointe McKenzie[2]; [1]Health Sciences Centre, Winnipeg, MB, CANADA, [2]Winnipeg Regional Health Authority, Winnipeg, MB, CANADA, [3]Misericordia Health Centre, Winnipeg, MB, CANADA, [4]Victoria General Hospital, Winnipeg, MB, CANADA, [5]Tache Centre, Winnipeg, MB, CANADA, [6]Riverview Health Centre, Winnipeg, MB, CANADA.

Purpose: An urban Regional Health Authority (RHA) in Canada recognized the challenges faced by nursing and other staff working with the hospitalized older adult and established a Regional Advisory Committee for Excellence in Care of Older Adults to address these issues.
Method: As a member of Nurses Improving Care for Healthsystem Elders (NICHE), the region conducted the Geriatric Institute Assessment Profile (GIAP) survey in 9 participating facilities. One prevalent theme that emerged was the lack of continuing education about geriatric care. Literature review confirmed that there was little geriatric education in health care resulting in an underutilization of best practices. In addition, although best practice in geriatrics involves an interdisciplinary approach, few examples of interdisciplinary continuing education programs for staff working with the hospitalized older adult were found in the literature. In response, sixteen one-hour core curriculum presentations were developed and presented in 9 participating facilities. Sessions were attended by nurses and other disciplines.
Discussion: Presentations were evaluated through post-session evaluation forms. Ratings of "Good" or "Very Good" were used in the vast majority of evaluations. Suggestions for improvement were addressed by modifying subsequent presentations. Feedback indicated that education about geriatric issues is needed, and that this unique format of education was well-received.
Conclusion: The lecture series brought geriatric education to frontline staff to improve knowledge regarding care for the hospitalized older adult. This information will assist others in

educating staff regarding quality geriatric care.
Funding Sources: not applicable

62

CHOOSE YOUR ADVENTURE: DIFFERENCE MAKERS LEAD TO SUCCESS

A. E. Earthy, CNS, J. Gill, Educator;
Vancouver Coastal Health, Vancouver, BC, CANADA.

Purpose: To support Difference Maker to implement CPG at their site
Method: PDSA cycles: pre & post data, education and support
Discussion of Results and Conclusions: Comparison of data from pre and post, lessons learned
Funding sources (if applicable): BC Health Educators Foundation

How can we best support staff in a residential setting to implement a Clinical Practice Guideline (CPG) and improve practice and resident outcomes? The VCH Residential Practice Team was able to secure a small amount of funding in early 2010 to help mentor one frontline staff member (Difference Maker) in 26 sites to become change agents. This paper will focus on how 11 sites chose to implement the Promotion of Urinary Continence CPG and Bowel Care (CPG) and how teams were formed to support the Difference Maker through out the process. Benchmarking data was collected in the spring of 2010 which included a 3 day fluid intake, audit of the CPG, equipment inventory and costs of various supplies. Each agency was then asked to submit regular action plans and story boards to assist in reviewing their progress, obstacles and successes. There were three forums held during this time where there was a lot of sharing of frustrations, ideas and problem solving. This one year project ended in March 2011, and at that time each participating agency repeated their data collection, made comparisons and submitted a report. The paper will present facts, as well as a discussion on some of the common obstacles, the successes and the growth of the Difference Maker. The adventures have been quite varied as each agency chose and were supported to follow their own path but there is no question that there have been positive changes, some small and some large, for all the staff and residents.

63

THE AWARENESS OF IMPENDING DEATH IN LONG-TERM CARE FACILITIES

B. Cable-Williams, D. Wilson;
University of Alberta, Edmonton, AB, CANADA.

Purpose: This research study was done to uncover the beliefs and values that influence the development of awareness of impending death in long-term care facilities.
Method: An ethnographic investigation was completed in 3 long-term care facilities to develop a description of the beliefs and values that influence the development of awareness of impending

death of residents of long-term care facilities. In addition to participant observation and review of documents and artifacts, residents, family members and staff members were interviewed and invited to participate in focus group discussions. Thematic analysis of the data resulted in the distillation of central beliefs and values that influence awareness of impending death.
Results: Two levels of awareness of impending death were identified - a generalized or philosophical awareness, and a more particular, clinical awareness. The later was acknowledged typically in the last day or two of life and was accompanied by the initiation of palliative measures. Two key beliefs, that no one should die alone or in pain, acted as bridges to clinical awareness. The belief that long-term care facilities were for living, and not places to die could delay the recognition the decline toward death.
Conclusion: Previous research has focused on the significance of education for staff and greater prognostic certainty improve palliative care in nursing homes. This research identifies that beliefs and values related to dying and death are significant mediators of the initiation of a palliative approach to care. Improvements in end-of-life care in nursing homes will require reconsideration of essential attitudes about dying in long-term care facilities, in addition to the development of knowledge and skills for palliative care.

64

PERCEPTIONS OF THE DOCTOR OF NURSING PRACTICE ROLE IN CARE OF OLDER PERSONS IN THE US

C. Kruschke, P. Stoeckel;
Regis University, Denver, CO.

Purpose: The purpose of this presentation is to examine the emerging role of the Doctorate of Nursing Practice (DNP) to fill a gap in the care of older persons in the United States. The DNP was developed in response to the call for increased preparation for advanced practice healthcare professionals in order to meet the health care needs in the increasingly complex health care environment. Nurses prepared at the DNP level with clinical, organizational, economic, and leadership skills are expected to significantly impact healthcare outcomes.
Method: Qualitative data was collected through a phenomenological research study. Twelve practicing DNPs were participants. Questions asked of the participants focused on differences in role/practice as a DNP, how their new role impacted the older person, and what challenges they faced providing care to older persons. Interviews were audiotaped and transcribed. Data was coded and themes derived.
Results: The results reflect themes based on the participants' perceptions that the evolving role of the DNP has the potential to positively impact healthcare outcomes of older persons. Challenges were identified as potential roadblocks. Participants shared the realities of being thrust into a leadership role that is in flux, but that has potential to make substantial difference in the care of older persons.
Conclusions: This presentation reviewed and defined nursing roles of DNPs in care of older persons. While the impact of the role is not entirely clear, the DNP degree meets the need for expanding clinical competencies to address the changing healthcare system.

65

STUDENT NURSES' KNOWLEDGE AND BELIEFS ABOUT OLDER ADULTS: THEORY AND PRACTICE AT WORK

S. Dahlke, J. Baumbusch, A. Phinney;
University of British Columbia, Vancouver, BC, CANADA.

Although older adults are the largest demographic accessing healthcare services in Canada, nursing education has not historically been adequately educating future nurses to care for this population. In an effort to address this gap, the faculty at our nursing school developed a theory practice course about older adults for beginning baccalaureate nursing students. To determine the effectiveness of our course, we gathered descriptive statistics through a survey of nursing students' knowledge and beliefs about older adults before and after the theory practice course. Our findings suggest that student nurses demonstrate statistically significant improvements in their knowledge and beliefs about older adults after receiving the course, which included both theory about older adult care and practice with older adults. Research into developing student nurses knowledge and beliefs about older adults suggests that faculty play a pivotal role in supporting student nurses' practice with older adults. Thus, although we are pleased that our course is developing student nurses' knowledge about older adults, we recognize the need to support this knowledge through on-going development and support of the Clinical Instructors who will be advancing this knowledge with students in diverse practice settings. Funding source: UBC Teaching and Learning Enhancement fund.

66

BACK TO THE BASICS WITH 4P ROUNDING

T. Walsh;
Cape Breton District Health Authority, Sydney, NS, CANADA.

Hourly rounding is the nursing practice of regularly checking on patients' needs using the 4Ps - Pain, Personal needs, Positioning and Proximity of personal items. The nurse informs the patient that someone will check back with them in an hour. I read the article by Researchers Meade et al, Sept 2006 and I looked at what other hospitals did. I found the practice of hourly rounding increased patient satisfaction and patient safety by decreasing fall rates. The use of call lights by patients decreased because patients' needs were met the when the nurses' made their rounds. I decided to try it out in Cape Breton.
In March 2009 I asked the managers of 2 medical units to engage in the project. For 2 weeks the staff recorded the time and reason on a tick sheet every time they answered a call bell or a patient/family member came to the nurse's station. Falls were also recorded. The staff did not know why they were filling in the sheets. During the 2 weeks patients/families were asked to fill out a short patient satisfaction survey. After 2 weeks education was provided about the 4P rounding and posters were placed in strategic places on the unit.
The 4 P Rounding was implemented for a three month period and then the monitoring of call

bells was repeated. At one site the call bell use decreased by 64% and the falls were also decreased. This site was very diligent in filling out the monitoring sheets. The second site had a 26% decrease in call bell use, falls stayed the same but the monitoring sheets were not filled out as consistently. The practice of 4P Rounding is now built into the Models of Care Units.

68

IMPLEMENTING AN ACCOUNTABILITY FRAMEWORK FOR REGULATED AND UNREGULATED LTC HEALTH CARE PROVIDERS

M. Sharp[1], D. Legree[2], R. Martyn[2];
[1]St Joseph's Care Group, Thunder Bay, ON, CANADA, [2]Silver Meridian, Whitby, ON, CANADA.

Purpose: Educate unregulated and regulated health care providers how to maximize the their leadership potential and work within their full scope of practice while in a long term care setting.
Method: St. Joseph's Care Group long term care homes launched an initiative to gain a broader understanding of accountability, specifically health care provider's roles and role contribution, collaboration, communication, teamwork and leadership ability.
Discussion of results and conclusions: The two long term care homes will provide enhanced resident centred approach to care, resulting in resident focused assessment skills and early identification and intervention relative to changes in resident condition.
Funding sources (if applicable):

69

VITAMIN D SUPPLEMENTS AS A STRATEGY TO REDUCING FALLS AND SERIOUS INJURIES ASSOCIATED WITH FALLS AMONGST COMMUNITY-DWELLING SENIORS

K. Fleming;
Columbia College, Calgary, AB, CANADA.

Each year, an estimated 9500 older adults die from falls related injuries in the United States, making falls the leading cause of injury-related deaths for seniors (Casteel et al. 2004). Every fall experienced by a community-dwelling senior has long term effects on the patient's confidence, independence, and mobility. In addition to the impact on quality of life, falls within the senior population are a financial drain on the healthcare system. It is estimated that the direct health costs in Canada related to falls among seniors is an average of $1 billion annually (Canadian Physiotherapy Association, 2008). While it is impossible to eliminate all fall occurrences, simple changes in medication strategies can be beneficial in decreasing negative outcomes associated with falls.
Nazarko (2009) states that "14.5% of people aged 75-84 and 17.4% of people aged 85 and over are severely deficient in Vitamin D," which places them at an increased risk for falls and falls-related injuries. Our elders have increased risks for Vitamin D deficiency as a result of age-related physiological changes, climate, and decreased mobility. Most healthcare professionals

understand that Vitamin D increases our ability to absorb calcium, but not all are aware that "vitamin D deficiency can lead to impaired neuromuscular function (resulting in poor balance) and muscle weakness, either of which could increase the risk of falling."(Gaby, A., 2009). Research indicates that adding 800IU of Vitamin D daily can significantly reduce the occurrence of falls and associated fractures within a population group with a mean age of 85 by increasing muscle strength. (Woolf & Akesson, 2003). Vitamin D supplements are relatively inexpensive, readily available, and simple to initiate as compared to formalized participatory falls prevention programs. In addition, Vitamin D supplementation can be managed independently by community-dwelling seniors, giving them control over their own fall prevention strategies.

72

A REMEDY FOR RAISING THE BAR FOR EXCELLENCE

L. Carreau, S. Fornataro, D. Fillion;
Bruyère Continuing Care, Ottawa, ON, CANADA.

With rising patient acuity in complex care and the evolving science of healthcare it has become increasingly important to ensure an appropriate level of care is provided to patients. Although with the nursing shortage it would be tempting to ignore the fact that nurses' competencies are not always keeping pace with the numerous expectations imposed by today's healthcare, the concept of remedial action to support nurses is a necessary solution for staff development.
A project aimed at facilitating the management of remedial learning plans through the development of a consistent approach was undertaken by the Nursing Resource Team whose assessment recognized the inconsistencies in approaches as well as the lack of documentation of remediation.
The results of the project will be presented. They will include a learning plan flow chart, prepared to help implement a consistent systematic and sustainable approach, as well as the bank of tools & templates prepared to guide nursing staff in establishing their learning plans. The tools developed also assist educators in guiding and supporting staff through clearly laid out expectations within learning plan contracts while providing clear documentation for the manager. Overall the project has helped ease the task of staff development through remedial learning plans and shifted the focus to the ultimate goal of reversing practice issues and / or strengthening practice.

73

MONITORING MULTIPLE NURSE SENSITIVE INDICATORS THROUGH A PREVALENCE STUDY IN ACUTE CARE USING IPADS

D. Rossy, S. Phillips, C. Backman, M. Ghattas;
The Ottawa Hospital, Ottawa, ON, CANADA.

The Ottawa Hospital (TOH) is a Best Practice Spotlight Organization with over 4500 nurses. The sustaining of best practices currently implemented is a driving force to improving care based on

reliable information. TOH is embarking on a journey to enhance the monitoring of nurse sensitive outcomes through surveyors innovative use of the iPad. A pain prevalence study of 976 patients was the first research used to trial this method of data collection in 2010. The Canadian Nurses Foundation provided funding to purchase the first iPads and TOH IS Department has built the application for data collection. Identification of the most important outcomes to be monitored yearly is built into the electronic data collection tool. Prevalence, Fall Risk assessment compliance, consent for any restraint used and the Confusion Assessment Method are examples to be monitored for re-education interventions. Surveyors receive education on the use of the iPad as well as detailed instructions regarding methodology of chart audits and patient interviews.
One day of monitoring multiple nurse sensitive indicators including falls, delirium, skin and restraints is planned for all in-patients in the Spring of 2011. Nursing has led Work Groups to ensure there are current policies and procedures as well as on-unit monitoring tools that can be completed independently. All of these programs have been revised.
A discussion of the preliminary results of the prevalence day including the subjective feedback of the surveyors will be shared. Challenges to implementation and the future direction for additional research will promote discussion.

74

ASSISTED LIVING WITHOUT WALLS

C. B. Ferguson[1], J. Atkinson[2], T. Sukkel[1];
[1]Renfrew Victoria Hospital, Renfrew, ON, CANADA, [2]Renfrew Victoria Hospital- MHA Student, Renfrew, ON, CANADA.

Purpose: With an aging population and rapidly increasing health care costs, especially those related to chronic disease management, governments are seeking creative ways to help curb their expenditures. Assisted living is a safe, affordable and cost effective way for seniors living in the community who require some assistance in their homes. This important service on the continuum of care allows for the appropriate level of care to be provided in an environment that is best suited to the needs of the senior while supporting independence and choice.
The Renfrew Victoria Hospital was successful in obtaining funding through the Champlain Local Health Integration Network (CHLIN). At the time of this application for funding no assisted living services were available for the elderly in Renfrew and the surrounding area. The presentation will describe the process followed by a rural hospital in the Champlain region of Ontario to plan and design an innovative and integrated assisted living program without walls.
Methods: The logic model was used to provide a framework for program planning of the assisted living program. It provides an illustration of the problems and sub-problems; goals and objectives; activities and inputs; and outputs and outcomes that the hospital hopes to achieve with this program.
The evaluation framework was also developed with a variety of qualitative and quantitative data elements. The evaluation measures to be used would be described as part of the program.
Conclusions: The presentation would cover the steps taken to plan and design this unique

program in a rural community and the unique advantages to hospitals leading a community program. It is anticipated that this new program will strengthen the integration between the hospital and the community care sector by providing hospital staff with increased knowledge related to the care of the elderly.

76

EVIDENCE-BASED ADMINISTRATIVE STRATEGIES TO PREVENT WEIGHT LOSS IN FRAIL ELDERS

M. J. Dyck, J. R. Schumacher;
Illinois State University, Normal, IL.

Malnutrition and subsequent weight loss is common among frail elders living in nursing homes. Between 35% and 85% of nursing home elders are malnourished. Significant weight loss leads to higher morbidity, higher mortality, and decreased quality of life. Unintentional weight loss is a well-known geriatric syndrome in frail older adults, especially nursing home residents. It may be caused by several different etiologies - starvation (or wasting), cachexia, and sarcopenia. Evidence-based clinical practices to address these issues are provided in the literature. However, evidence-based administrative strategies to treat the geriatric syndrome of weight loss are rarely discussed. Adding administrative strategies to the clinical strategies already in place in nursing homes will increase the quality of care of these frail elders. Thus, the bar of excellence will be raised.

Directors of Nursing in nursing homes require administrative strategies to assist them in preventing and treating weight loss in nursing home residents. Such administrative strategies facilitate the evidence-based clinical practices already in practice. Utilizing evidence-based management practices will decrease the syndrome of weight loss in nursing homes. These management practices will be discussed within the six categories of staffing, planning, supervisory, educational, environmental, and interdisciplinary.

Purpose: The purpose of the presentation is to discuss evidence-based administrative strategies to prevent weight loss in nursing home residents.

Method: Research literature will be reviewed from 1990 to 2011.

Results: Administrative strategies found in the literature will be discussed within the context of the six categories of staffing, planning, supervisory, educational, environmental, and interdisciplinary.

No funding was received for this work.

77

COMPARING KNOWLEDGE AND BELIEFS ABOUT OLDER ADULTS AMONG CLINICAL INSTRUCTORS AND NURSE EDUCATORS

S. Dahlke, J. Baumbusch, A. Phinney;
University of British Columbia, Vancouver, BC, CANADA.

Since Nightingale's time the practical application of knowledge and skill in clinical settings has been the cornerstone of nursing education. Clinical Instructors are faced with managing students, practicing nurses, and older patients' needs, often without knowledge about teaching, or about the specialized needs of older adults, who are the predominate healthcare recipients. As a first step in gaining an understanding of how to support Clinical Instructors' learning needs, we gathered descriptive statistics through a survey of the knowledge and beliefs about older adults among clinical instructors teaching in adult/older adult courses and nurse educators practicing in geriatric clinical settings. In this presentation we will share our analysis about the knowledge and attitudes of these two groups. Our findings suggest that both Clinical Instructors and Nurse educators have similar knowledge about older adults. However, only Nurse Educators' demonstrated statistically significant positive beliefs towards older adults and advanced knowledge about an older population. Our qualitative data revealed that both formal and informal supports would assist Clinical Instructors in better supporting student nurses in caring for older adults. Funding source: UBC Teaching and Learning Enhancement fund

78

LEARNING TOGETHER THROUGH ELEARNING IN RESIDENTIAL CARE

A. E. Earthy[1], A. Logie[2];
[1]Vancouver Coastal Health, Vancouver, BC, CANADA, [2]College of Registered Nurses of BC, Vancouver, BC, CANADA.

Purpose: to provide elearning to Residential sites in a large health authority
Method: Pre post survey results, focus group results
Discussion of results and conclusions: Found to be most beneficial
Funding sources (if applicable): none

How can we best connect with staff in Residential settings? The CRNBC (College of Nurses of BC) contacted the Vancouver Residential Practice Team (RPT) to cohost an e learning session to demonstrate how to integrate the CRNBC practice standards into every day practice. Meanwhile, the RPT was rolling out Clinical Practice Guidelines (CPG) and saw this as a way to reach care teams within their own work setting. The benefits were seen to be increased efficiency by sharing and discussing best practices with a care team at the same time and being cost effective as no travel or staff replacement was required. Also, a new synthesis project for 4th year UBC nursing students put out a call for practice leaders to provide learning opportunities. Thus, the RPT, the CRNBC and 3 nursing students banded together to develop a communication plan, the first

course outline, pre and post survey questions, follow up focus group questions as well as key words for a literature review on this type of learning in this type of setting.
This paper will discuss how the literature, data and responses have directed further elearning sessions. The first data on awareness and learning of components and tools within the CPG are impressive; 36 - 52% from pre to post session. There will be much more to discuss at the conference such as length of session, roles of moderator and expectations of participants, how to collect and interpret data. Most importantly how do we use new technology advances to promote consistent care for residents in a large geographic health authority.

79

EDUCATING AND COMMUINCATING: ENGAGING LATE CAREER NURSES TO SHAPE THE WAY TO AN EFFECTIVE TRANSFER OF ACCOUNTABILITY THROUGH CHANGE OF SHIFT REPORT

S. Fornataro, S. Knowlton-Leblond, H. Niezgoda;
Bruyere Continuing Care, Ottawa, ON, CANADA.

In 2006 Bruyere Continuing Care implemented a new care delivery model in response to changes in patient care needs and basic preparation of nurses and advances in nursing knowledge and technology. It recognizes the need for both RNs and RPNs to work to scope of practice to meet the needs of patients who are being admitted to complex continuing care in a more acute state of health with multiple co-morbidities. RNs, RPNs and PSWs work collaboratively however each is accountable for the care provided. To ensure comprehensive care nurses must communicate with each other. The Change of Shift report is an important exchange of information between nurses and PSWs and it is a transfer of accountability.
The new model provided an opportunity to look at the report process and identify ways to improve it. The decision was made to involve front line nurses in the review. Funding from the Ministry of Health and Long Term Care in Ontario through the Late Career Nurse Initiative (LCNI) gives nurses over the age of 55 a chance to work on a project away from the bedside for one day a week for three months. This presentation will describe how the LCNI nurses shaped the way Change of Shift report is now given. Their educational endeavours included an audiovisual presentation of report, evaluation of the report process and completion of a staff satisfaction survey. The LCN Initiative is an excellent way to promote staff development and provide meaningful staff education.

80

A STRATEGY TO IMPROVE THE GERONTOLOGICAL KNOWLEDGE OF CLINCAL INSTRUCTORS

M. Cole[1], S. Gordon[2], S. Hirst[3], J. Rempel[2];
[1]AHS (alberta health services), Calgary, AB, CANADA, [2]Mount Royal University, Calgary, AB, CANADA, [3]University of Calgary, Calgary, AB, CANADA.

Purpose: Nursing students do not consistently receive exemplary education in the care of older adults. One reason may be traced to the clinical instructors who are hired to interact with and teach nursing students. If these well intentioned practitioners are not themselves competent in gerontological nursing knowledge and skills, it is unlikely that nursing students will be mentored to identify and put in practice nursing care that is designed to anticipate and prevent common iatrogenic complications of hospitalization. In addition to this, there is substantive research to demonstrate that nursing faculty members do not always have attitudes that promote positive learning experiences for students who are in gerontological clinical placements.
Method: In Calgary, Clinical Nurse Specialists working for Seniors' Health in the acute care setting work in collaboration with Faculty colleagues from nursing faculties offering programs for undergraduate students to help address this perceived knowledge gap. One example is "The View from the Acute Care Bedside" workshop offered to clinical instructors. Key concepts in care of older patients are discussed with clinical instructors as a practical method of enhancing application of gerontological nursing concepts in the clinical setting.
Discussion of results and conclusions: This presentation will review the process used to establish these links between Seniors' Health and Faculty colleagues. A summary of the content offered and a response of the success of this intervention will be addressed. The information gained from this paper could be used as a template to offer a similar program in any community across the country where gerontologic clinicians and Faculty collaborate.
Funding sources (if applicable): Brenda Strafford Centre for Excellence in Gerontological Nursing

81

WHO DIES IN LONG-TERM CARE FACILITIES?

B. Cable-Williams, D. M. Wilson;
University of Alberta, Edmonton, AB, CANADA.

Purpose: To describe the population that dies in long-term (LTC) care facilities in a small city in southern Ontario.
Methods: A review records of all decedents in a 12 month period (n=192) in 3 LTC facilities was completed. Data was recoded concerning age, gender, duration of residence, marital status, identification of power of attorney for personal care, advance directives, transfers to hospital in the last month of life, location of death, cause of death, and documented of awareness of impending death. A population description was developed using basic descriptive statistics. Data

was stratified by age group as younger than 85years, or 85 years or older at the time of death.
Results: Younger and older decedent groups were similar in many respects. Mean duration of residence in LTC prior to death was about 3 years for both groups. Younger residents were more likely than older residents to have been transferred to hospital during the last month of life and more likely to have died in hospital. Compared to previously published findings there were very high rates of completion of powers of attorney for personal care and advance directives. Death was most commonly due to dementia and pneumonia in both age groups. Awareness of impending death was rarely documented more than a day or two prior to death occurring. The initiation of palliative measures was also documented at this late stage.
Conclusion: Death was commonly as result of chronic progressive diseases or the conclusion of a protracted trajectory of dwindling. Impending death and the initiation of palliative measures was rarely documented more than a day or two prior to death. Hence, the timeliness of palliative care can be questioned. Furthermore, it is important to understand what influenced the late recognition of impending death, and its implications for LTC facility residents and their families.

82

TIME TO TURN: IMPLEMENTATION OF A TURNING CLOCK FOR RESIDENT POSITIONING IN LONG TERM CARE

D. O'Rourke[1], M. Braun[2], R. Diduch[2];
[1]Revera Long-Term Care, Winnipeg, MB, CANADA, [2]Safe Moves Injury Prevention, Winnipeg, MB, CANADA.

Approximately 29% of Residents in long-term care have a pressure ulcer (Woodbury & Houghton, 2004). The use of an individualized repositioning schedule is a strategy recommended to prevent pressure ulcers in at-risk individuals (EPUAP, 2009; Keast et al, 2006). As needs differ between Residents, it is often a challenge to communicate repositioning schedules to front-line staff which can result in inconsistent positioning. However, using diagrams with clocks and body positions may be helpful to remind staff when and how to position a Resident (Sussman & Bates-Jensen, 2007).
A Turning Clock was developed to promote consistent bed positioning care practices for at-risk Residents. The Turning Clock is an interactive communication tool that is posted at the Resident's bedside and outlines the individualized repositioning plan including frequency of positioning, type of position and the time for the next position change.
The Turning Clock was implemented and evaluated amongst a group of 10 at-risk Residents in a long-term care home in Manitoba. The results suggest that the Turning Clock was effective in:

1. Promotion of the prescribed positioning schedule (>90% compliance) and correct position in bed,
2. Prevention of new pressure-related skin breakdown in 8 of the 10 Residents,
3. Promotion of healing of existing pressure-related skin damage in 7 of 8 Residents with skin breakdown at the beginning of the trial.

This presentation will outline the implementation and evaluation of the Turning Clocks and present information obtained from audits, staff surveys, and focus groups to highlight practice changes amongst the staff and policy implications.

83

ASSESSING HIGH RISK OLDER ADULTS IN THE EMERGENCY DEPARTMENT: A GEM CASE STUDY

J. O'Brien, J. Moors;
The Ottawa Hospital, Ottawa, ON, CANADA.

Older adults can be challenging to manage in the Emergency Department (ED) environment as they often present with complex health issues. The ED focus on the rapid assessment and treatment of a single complaint conflicts with the needs of seniors who frequently present with multi comorbidities that confound their initial presentation. This presents a challenge for ED staff at a time when the ED environment is under increasing strain from issues such as overcrowding and wait time pressures. One way Ontario hospitals have tried to meet the specialized needs of these seniors is through implementation of Geriatric Emergency Management (GEM) programs within the ED.
In the Champlain LHIN, and specifically at The Ottawa Hospital, the GEM Program has benefitted patients and the ED health care team through specially trained GEM nurses who provide comprehensive geriatric assessments of the high-risk seniors in the ED. The goal of the assessment is to develop an action plan for those seniors with functional and/or medical decline while initiating early referrals to specialized geriatric services and/or community supports. This comprehensive assessment and collaboration between GEM and ED staff will be illustrated through a review of a GEM case study.
This presentation will:
1) Describe the ED environment and its impact on older adults.
2) Briefly outline the GEM model in Champlain LHIN.
3) Review a GEM case study.

84

FALLS PREVENTION CLINICS WITHOUT USING THE 'F' WORD

K. King[1], P. Cliche[2], S. Vanden Elson[1];
[1]Nipissing/Canadore BScN Program, North Bay, ON, CANADA, [2]Connecting Community Partners in Injury Prevention, North Bay, ON, CANADA.

We all know that falls in the older adult is a major health concern; falls lead to hip fractures and hip fractures lead to a decreased quality of life not to mention increasing costs to the health care system. Falls prevention education is an important strategy to decreasing the number of falls; but

how do you implement falls prevention programming when seniors are not fond of attending 'falls' prevention clinics. The presentation describes an innovative approach to implementing a falls prevention program without focusing on the word 'falls'.
The success of the clinics is based on the following strategies: 1) creative marketing, 2) focusing on the term 'wellness' versus 'falls prevention', 2) holding clinics where older adults live and visit, 2) identifying the learning needs of the older adult at the various locations, 2) providing short interactive assessment and education stations, 4) providing one on one health teaching , 5) integrating the 9 steps of the Stay on Your Feet program.
Those attending the presentation will develop an understanding of: a) an innovative approach for enhancing falls prevention education through wellness clinics delivered where older adults work and visit, b) the key ingredients for successful wellness clinics without focusing on the term 'falls', c) the importance of integrating short interactive assessment and educational sessions, d) lessons learned and d) future directions for falls prevention education.

85

THE DEVELOPMENT A VALID PRESSURE ULCER SURVEILLANCE PROGRAM IN CANADIAN ACUTE CARE SETTINGS

S. Tully[1], P. Savage[2], L. Teague[3];
[1]UHN Toronto Western Hospital, Toronto, ON, CANADA, [2]UHN Princess Margaret Hospital, Toronto, ON, CANADA, [3]St Michael's, Toronto, ON, CANADA.

Purpose/Aim: A consortium formed to develop and establish validity, utility, feasibility and relevance of an evidence-based pressure ulcer (PU) surveillance program. The program includes a data collection tool, user manual, education module to standardize data collection and finally a robust statistical program
Methods: employed to validate the program included a literature review process, tool development, pilot testing of prototypes annually for three years (n = 2928), focus groups with end users and finally an expert content panel (ECP) using a modified Delphi approach. An independent facilitator was employed to reduce bias. The statistical approach included univariate and multivariate methods to derive a model that fit the data elements. A stepwise selection method identified factors significantly associated with PU development. Performance of the model was evaluated using area under the receiver operating characteristic curve (ROC) and Hosmer-Lemeshow goodness-of-fit test. Odds ratios (OR) were calculated for the factors significantly associated with PUs
Results: The literature review provided evidence for including and defining operational definitions for data elements, where applicable. From the summary of ECP rating matrix[4], the modifications of the program elements were discussed and finalized. Focus group themes were utilized to improve efficiency and timing of the educational preparation and data collection process. Significant factors statistically associated with PU development, include OR time, immobility, fecal incontinence hemodynamic instability and pain.
Discussion: Variation in PU data collection methods makes interpretation and benchmarking problematic[3]. This validated, evidence-based PU surveillance program affords Canadian acute care facilities to link risk with patient care processes, measurement and improvement.[2]

86

EFFECT OF FOOT PATHOLOGY ON BALANCE AND GAIT PERFORMANCE IN PARKINSON'S PATIENTS

P. NG[1], W. Au[2], S. Ho[2], F. Chik[2];
[1]St. James' Settlement, Hong Kong, CHINA, [2]Hong Kong Polytechnic University, Hong Kong, CHINA.

Purpose: To investigate the impact of foot pathology on balance and gait performance in people with Parkinson's disease (PD) undergone backward walking exercise training.
Method: A randomised control trial of walking exercise was prescribed to seventeen PD patients. They were randomly allocated into a two-week backward walking or forward walking groups. Single leg stance (SLS) test, pull test, five-times-sit-to-stand test (STS), and gait parameters (velocity and stride length) were measured prior and after the training regime. Subject's feet were examined for any podiatric manifestations.
Discussion of Results: Backward walking group demonstrated an improved SLS after training compared to forward walking group ($p<0.025$). Although there was significant improvement in the pull test within each group ($p<0.05$), no significant difference between group was found. The most prevalent foot problem was callosity (58.8%), followed by hallux abductovalgus (HAV) (47.1%) and peripheral sensation deficit (17.6%). Subjects with plantar callosity were shown to have poor balance and gait performances. Callosity significantly lengthened STS time and decreased gait velocity in PD subjects ($p<0.05$). There was no significant finding among subjects with HAV and sensory deficit. It is postulated that the pain-causing discomfort, influencing an individual's pedal function and affecting lower limb functional tasks.
Conclusions: Balance deficit is a major problem in PD. This study demonstrated that backward walking training has improved the postural stability. However, plantar callosity impairs the foot function and hence limits the rehabilitation potential of patients. PD patients undergoing balance training exercise should have foot aliments treated to maximise rehabilitation outcome.

87

A CASE STUDY OF THE INTEGRATION OF NURSE PRACTITIONERS IN CANADIAN LONG-TERM CARE SETTINGS

A. Wickson-Griffiths[1], F. Donald[2], R. Martin-Misener[3], D. Bryant-Lukosius[1], A. DiCenso[1], J. Ploeg[1], K. Brazil[1], S. Kaasalainen[1], L. Schindel Martin[2], N. Carter[1], E. Sangster-Gormley[4], M. Dobbins[1], P. Stolee[5], C. McAiney[1], A. Taniguchi[1], N. Akhtar-Danesh[1];
[1]McMaster University, Hamilton, ON, CANADA, [2]Ryerson University, Toronto, ON, CANADA, [3]Dalhousie University, Halifax, NS, CANADA, [4]University of Victoria, Victoria, BC, CANADA, [5]University of Waterloo, Waterloo, ON, CANADA.

Purpose: There is increasing interest in the use of nurse practitioners (NPs) to provide primary healthcare for older adults living in long-term care (LTC) settings. Although evidence supports their benefits, an interim study to evaluate the introduction of NPs in Ontario LTC settings

indicated that the implementation of NPs has been met with some barriers. The factors influencing the integration of NPs in LTC settings in Canada is the focus of the current study so that the full potential of the role can be realized.
Method: A sequential two-phase mixed-methods design was used to conduct the study. In Phase I NPs practicing in Canadian LTC settings were surveyed. Phase II consisted of four case studies at sites located in eastern, central and western Canada. Thematic analysis was used to analyze qualitative data within and across cases. Findings from Phase II of the study will be reported.
Discussion of Results and Conclusions: Individual, organizational and structural facilitators, and barriers to integration were identified. Important facilitators include physician involvement; healthcare team orientation to the NP role; and positive perception of the NP role's performance, resident outcomes and staff capacity building. Key barriers to NP integration include the lack of sustainable funding, inadequate understanding and awareness of the NP role, and resistance to the NP role. Recommendations for NP integration include selecting the model of NP care that will best meet the needs of the residents and staff in each LTC context, and reducing the policy barriers that prevent NPs from implementing their full scope of practice. The results of this inquiry provide direction to policy and workforce planning in the LTC sector.
Funding Sources: Canadian Institutes of Health Research: Partnerships in Health System Improvement; Nova Scotia Health Research Foundation; British Columbia Ministry of Health Services Nursing Secretariat.

88

ASSESSING INTERESTS FOR A CAREER IN AGING IN NURSING STUDENTS

S. Dupuis-Blanchard[1], A. MacLennan[2], O. Gould[2];
[1]Université de Moncton, Moncton, NB, CANADA, [2]Mount Allison University, Sackville, NB, CANADA.

A growing aging population will demand health care professionals - including nurses - who can provide the care older adults need. Although Canada and other countries have been talking about the impending growth in the senior population, few have considered the impact of this age wave on the health care system and health care professionals. There is an important concern that young health care professionals are not entering the field of geriatrics. This is a worrisome fact in the context of a growing aging population. Therefore, the purpose of this study was to discover nursing students' attitude and interest for a career in geriatrics.
Novice and senior nursing students at an identified university were invited to answer a questionnaire and take part in a focus group discussion as part of this mixed descriptive study. Following ethics approval, a researcher assistant attended the beginning of classes and invited students to take part in the study. A total of 183 students filled out the survey and 10 participated in a focus group discussion. Results show that novice students were more positive overall than advanced students on their willingness to work with seniors and that paid work with older adults seems to provide a positive experience that makes students more willing to work with seniors again. To raise the bar high for aging care, it is important that nurses and educators better

understand how to encourage student nurses to consider a career in geriatrics.
Funding for this study was provided by the Université de Moncton.

89

EXAMINING NURSING PRACTICE WITH HOSPITALIZED OLDER ADULTS

S. Dahlke;
University of British Columbia, Vancouver, BC, CANADA.

Scholars have identified that although a majority of care recipients in Canadian hospitals are older adults, systems of care do not meet their needs. Since nurses play such a pivotal role in the care of hospitalized people, gaining an understanding about nursing practice with older adults can provide information for planning improvements to their care. A grounded theory study guided by symbolic interactionism was conducted to examine nursing practice with hospitalized older adults. Methods of constant comparison, theoretical sensitivity, theoretical sampling, and extensive memo writing were used to develop a theory about how nurse navigate the tensions between keeping older adults safe and assisting them to progress in their recovery within the context of a chaotic hospital environment. Nurses' ability to navigate these tensions is affected by relationships among nurses, availability of resources, and communication among health care professionals and within hospital systems. All hospital systems need to work effectively to better support nurses in assisting their older adult patients to safely progress to recovery. Funding sources: CIHR, CGNA, CAG, BCGNA, BCRNF

90

EXPERIENCES OF MEANING IN LIFE OF THE OLDEST OLD WHEN LIVING IN A SPARSELY POPULATED AREA OF SWEDEN

E. Jonsén[1], A. Norberg[2], B. Lundman[1];
[1]Department of Nursing, Umeå, SWEDEN, [2]Department of Palliative Care Research, Ersta Sköndal University, Stockholm, SWEDEN.

Establishing and maintaining a sense of meaning in life can be seen as an important issue in people's aging. The aim of this study was to illuminate experiences of meaning in life of the oldest old living in a sparsely populated area. Three men and seven women from 85 to 95 years old were interviewed, and the interviews were analyzed with qualitative content analysis. Findings revealed four themes: creating space for living, seeing oneself as a link between generations, having trust in God, and living in connection to others and nature. Thus, sense of meaning in life among our participants seemed connected to a shift of perspective that allowed them to draw consolation through understanding difficult experiences within a pattern of belonging, feeling at home, and being in communion with the social and natural worlds.

91

COMMUNICATION IN THE SAND BOX MAKES GREAT SAND CASTLES, USING THE ELECTRONIC HEALTH RECORD TO PROMOTE CONSISTENT QUALITY RESIDENT CARE IN LONG-TERM CARE

G. Rueck;
The Good Samaritan Society, Edmonton, AB, CANADA.

Sitting on a beach watching children building sand castles, it is apparent these children have both leadership and vision as seen in the processes they have in place to create these imaginary communities. These children collectively create by sharing ideas, setting goals, delegating tasks, and holding each other accountable using standards for quality. In the same way nurses in the long term care industry who want to achieve excellence seek out business processes that will allow them to be market leaders.
The electronic health record is a tool that facilitates this search for excellence by automating business processes and countering the pressures of multi-tasking, multidisciplinary teams, changing standards, and the introduction of a new data collection tool for funding. These advantages are apparent in the nursing team's ability to assess needs of the resident, creating a plan of care, delegating related tasks, holding staff accountable. The electronic health record also facilitates the documentation of work flow and setting benchmarks for quality.
The Good Samaritan Society business process created by the use of an electronic health record will be reviewed and the advantages and future opportunities will be explored in the discussion.

92

SOCIAL ABILITIES OF RESIDENTS WITH DEMENTIA: REVISITING THE LITERATURE ON PERSON-CENTRED CARE AND PERSONHOOD

B. Tallman[1], L. Guse[2];
[1]Manitoba Gerontological Nursing Association, Winnipeg, MB, CANADA, [2]University of Manitoba, Faculty of Nursing, Winnipeg, MB, CANADA.

Understanding the relationship between cognitive limitations and social ability is key to improving the quality of long term care of residents with dementia. In 2002, we measured social ability using a modified instrument developed by Dawson and Wells with the addition of a measure for helping behavior. This study found that social abilities and helping behaviors were observed even in residents with severe dementia. The literature review conducted for the research found a dearth of studies examining the social abilities of individuals with dementia however there was literature on the related concepts of person-centered care or personhood. These concepts include the need to embrace the social abilities of the individuals with dementia to facilitate their quality of life. A recent literature review of the concept of person-centered care and personhood found that there is an increasing trend towards considering this concept in practice. However, there are challenges implementing these concepts. This presentation will summarize the literature since 2002 that applies the concept of person-centered care, personhood

and social ability. Case exemplars will be used to demonstrate the challenges and the promising opportunities that exist in long-term care and acute care to implement person-centered care. The presentation will discuss the findings of the 2002 research which support using questions on social abilities in the assessment of individuals with dementia as a first step in recognizing their personhood and implementing person-centred care.

93

ROLE OF THE NURSE IN A MEMORY CLINIC: RAISING THE BAR

M. Halper;
Baycrest, Toronto, ON, CANADA.

I will present nurse-centered models of care from literature review and how this may become a new way of assessing and caring for the ever-growing numbers of patients with dementia in the future.
Memory clinics were first described in the 1980s. They have become accepted worldwide as means for improving practice in the identification, investigation, and treatment of memory disorders, including dementia. They bring together professionals with a range of skills for the benefit of patients, caregivers, and colleagues, and contribute to health promotion, health education, audit, research, as well as services to patients.
The number of Canadians diagnosed each year continues to skyrocket with no end in sight. We need to find a way to reach out to these people, assess and support them with the least impact on our healthcare system while providing quality of services. Perhaps the answer lies in expanding the role of the nurse. Now we need to be innovative and creative.
I will discuss my role as a nurse clinician in the Baycrest Memory Clinic and how it has evolved over 9 years using a physician-nurse collaborative model of care. We have all realized the importance of the role of the nurse in providing assessment, support and education that is vitally needed by both patient and caregivers, that nurses are front and center in this cause. Nurse involvement has also had a positive impact on patient satisfaction. Now we need to take the Nurses role to the next level.

94

COMMUNITY HEALTH PROMOTION FOR RURAL ELDERLY WOMEN: EXPLORING THE ROLE OF THE RURAL CHURCH AND FAITH COMMUNITY NURSES

R. Plunkett, B. Leipert;
University of Western Ontario, London, ON, CANADA.

Purpose: In recent years, there has been a keen interest to explore healthy ageing-at-home strategies for the elderly. While the proportion of ageing women living in rural areas is on the increase, barriers to their health promotion persist. Barriers include low income, inadequate housing, lack of affordable and healthy foods, limited access to physical activity, shortages of

rural nurses, isolation, patriarchal attitudes, and ineffective formal networks. This oral presentation has two purposes : 1) to explore the relevance of the church in promoting the health of elderly women in the evolving rural Canadian context, and 2) to discuss the possibilities of faith community nurses (parish nurses) in providing health promotion services to rural elderly women.

Method and Results: A literature review of CINAHL and PubMed databases revealed that the church and faith community nurses may be well positioned to strengthen health promotion for rural elderly women because churches often have resources that facilitate health promotion programs and many rural elderly women believe that faith is important for healing and for health. Furthermore, faith community nurses may be an under-utilised health resource in rural Canada.

Discussion: Rural depopulation and increasingly reduced access to health and social services are adversely influencing the health of elderly rural women. Enhancing understanding of ways that rural churches and faith community nurses can promote healthy behaviours will help to address the underprivileged social determinants of health experienced by elderly rural women.

95

TRANSITIONS EXPERIENCED IN LATER LIFE

G. Potter;
Selkirk College, Castlegar, BC, CANADA.

In later life aging adults are faced with a number of changes including health alterations, possible relocation, shifts in social networks, role alterations and losses of many kinds. Whether these are positive or negative changes, they require the older adult to move through a period of transition that necessitates adjustment. A transition is more than change, coping, adjustment or adaptation; it also embodies the lived experience of the person throughout this process as they move to a new outcome. A Concept Analysis and extensive literature review of transitions in later life revealed there are a number of transitions that can be anticipated. It also became evident that a cascade effect occurs as one transition frequently triggers another transition. A true life experience will illustrate this cascade and its consequences. Recognizing nine common transitions in later life, and how those may generate further transition, can help all professional caregivers and those who are aging anticipate, plan for, and navigate through life-altering events. Discussion will include the need for further research regarding late-life transitions and the potential for development of a new model for practice to promote healthy aging in times of transition.

97

CHANGING OUR UNDERSTANDING OF BEHAVIOUR IN THE DEMENTIA CONTEXT

S. Dupuis[1], K. McGilton[2], C. Jonas-Simpson[3], **L. Schindel Martin**[4];
[1]University of Waterloo, Waterloo, ON, CANADA, [2]University of Toronto, Toronto, ON,

CANADA, [3]York University, Toronto, ON, CANADA, [4]Ryerson University, Toronto, ON, CANADA.

Behaviours associated with dementia have historically been interpreted through a biomedical model that interprets these behaviours as pathologies, labeling them harmful, difficult, or challenging. Recent research demonstrates the unnecessary suffering that can be caused when interventions are implemented from within this negative lens. If we are truly to embrace the person-centred care paradigm, we are required to recognize dementia-related behaviours may not be related to pathology, and in many cases are likely not. Instead behaviours are often indicative of unmet needs in the person (e.g., physical, psychological/emotional, social, environmental) or a response to circumstances within the environment that may be frustrating, frightening or confusing for the person.
This shift in conceptualization requires a change in health policy and practice with respect to behavioural management. During this symposium, we will provide an overview of the philosophical underpinnings of responsive behavior and what this alternative conceptualization of behaviours means for all persons in the dementia care context. We will then share three situations where we have changed understandings of behaviours and influenced policy and practice. One presenter will focus on her work with policy makers with the MOH<C during the development of regulations for the Ontario LTC Act and RNAO best practice guidelines. One presenter will describe the application of this person-centred philosophy to the development of an educational intervention to guide a change in practice with respect to management of responsive behaviour in Long term and acute care settings. In particular, this intervention will be discussed in light of recent changes in the Ontario Health and Safety Act. Finally, one presenter will show how the arts, specifically research-based drama, can help change images, understandings and actions related to behavior. A discussion period will follow which will focus on the limitations of and possibilities for implementing this practice philosophy into LTC settings.

98

CGNA WEBINAR SERIES AN INTRODUCTION TO THE SERIES

B. Hall[1], **S. Stec**[2];
[1]CGNA Webinar Committee CHAIR, Ottawa, ON, CANADA, [2]CGNA Webinar Committee, Ottawa, ON, CANADA.

In an ongoing effort to be cognizant of and responsive to the feedback and needs of the Canadian Gerontological Nursing Association (CGNA) membership, the executive established a committee (called the CGNA Webinar Committee) to address one of the high priority needs identified by the CGNA membership (namely preparation for certification). The committee is composed of nurses from across Canada with expertise in Gerontological nursing.
The CGNA Webinar Committee members have developed a series of educational webinars which focus on preparation for the CNA Gerontological Certification Examination. The participants at this symposium will have the opportunity to hear one of the series, to take a short examination in a format similar to certification exam and to provide input and feedback on the process. The goal

of symposium will be to increase awareness of series, provide feedback to committee and assist in evaluation of the series.

99

YOGA FOR FALL PREVENTION

A. Wertman;
Simon Fraser University, Vancouver, BC, CANADA.

Yoga is under-valued as a fall prevention intervention for older adults with fall risk factors. The purpose of this session is to present Yoga as a unique option for older adults to engage in exercise activity (ACSM, 2003). Exercise has been established as an effective intervention for older adults to improve many fall risk factors, particularly musculoskeletal impairment implicated in balance impairment (Tatum et al., 2009; Morris, 2008) Yoga, defined by the American College of Sports Medicine (ACSM, 2003) as exercise, is easily adapted to aging populations and can reap the benefits gained by other types of exercise; increased muscular strength and endurance, muscle flexibility, functional ability in the form of increased ability to engage in activities of daily living (ADLs).

Yoga may also be responsible for increased mood states, increased feelings of efficacy and personal control, and improved cognitive functioning, perhaps in the form of increased attention (Bethany-Bonura, 2007). Yoga may be considered a biopsychosocial intervention, successful at reducing multiple fall risks (Morris, 2008). Yoga benefits the whole body; slowing the aging process by increasing breathing capacity and improving the range of motion for muscles and joints, stretching the spine, lengthening ligaments and muscles, correcting posture, improving sleep quality and decreasing depression. The practice of yoga includes breathing techniques, meditation, asanas (physical poses) and progressive muscle relaxation.

A more gentle form of yoga is catching on with older adults - Chair Yoga. The yoga mat is replaced by the chair, sometimes two. “The chair is there for safety,” she said. “As a result, people are willing to try things because they know they’re not going to be hurt.”

It is not possible to prevent all falls, but we can limit the number that happen.

POSTER PRESENTATION ABSTRACTS

100

DEVELOPMENT OF A REGIONAL CENTRALIZED INTAKE SERVICE FOR SPECIALIZED GERIATRIC SERVICES IN THE MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK (MH LHIN)

E. Bourret, L. Bernick, L. Robbs, C. Harvey, S. Chandrakumar, M. Joshipura, S. Bisaillon;
Trillium Health Centre, Mississauga, ON, CANADA.

With the growth in the aging population, health care planning and service delivery needs to consider a population health focus while addressing better access and equity of services for older adults. The services of a highly skilled interprofessional team that provides specialized care to this population must be available to all. Through purposive planning, the three acute care hospitals within the Mississauga Halton region, in partnership with the MH LHIN, operationalized the creation of a centralized intake service which will facilitate access to specialized geriatric services across the region. This poster will describe the process used among the health care sectors to create this service for two regional programs - seniors' health medical outreach services and continence clinics/program. Highlighted will be a review of the guiding principles used to enhance access and equity to services; identification of operational challenges in establishing systems and processes across a region and within different hospital systems; and, a description of the triage principles used to screen referrals. The registered nurse, who will be screening the referrals, will have a pivotal role to play in bringing clinical expertise and telephone triaging skills to identify to which program/service the client should be directed. It is envisioned that intake for all specialized geriatric services within the MH LHIN will be centralized thereby ensuring older adults will have access to timely and coordinated care. The inter-collaborative processes between hospital and community sectors will be strengthened to better meet the needs of the aging population within the region.

102

REGIONALIZING GERIATRIC MEDICAL OUTREACH TO PROVIDE EQUITABLE ACCESS TO CARE

L. Bernick[1], C. Doucette[1], G. Krilis[1], A. McKye[1], C. Mitry[1], L. Spiegel[1], S. Chandrakumar[1], M. Joshipura[1], C. Cheung[2];
[1]Trillium Health Centre, Mississauga, ON, CANADA, [2]Credit Valley Hospital, Mississauga, ON, CANADA.

Purpose: With a trend towards aging at home, fueled by an aging population shaping the delivery of healthcare services and with an infusion of funds by the Ontario Government into the Aging at Home Strategy, a variety of new services have been initiated and existing services have been remodeled and enhanced. A keystone of specialized geriatric services in the community has been the geriatric outreach team assisting frail older adults to receive in-home comprehensive assessment with links to supports. Trillium Health Centre's Seniors' Health Outreach Team has expanded its vision and service, with support from the Mississauga Halton LHIN and our

community hospital partners, the Credit Valley Hospital and Halton Healthcare Services to develop a regional outreach service - one team, serving the LHIN.
Method: With a goal to provide equitable and seamless access for older adults of the region, this poster will present a critique of regionalization to illustrate how remodeling service delivery can raise the bar of excellence and better serve community dwelling seniors. Through inter-professional reflective practice and review of foundational documents, evaluative data and patient perspectives; the development of this expanded team will be presented. A description of the context, vision and team processes will be outlined.
Discussion of Results and Conclusions: Critical questions addressed include: Why regionalize? What are the benefits to clients and community partners? What guiding principles and protocols were helpful? How do we address the complexities of working across organizations and changing work force dynamics? Through this critique, new learning will inform nurses practicing community geriatric care in inter-professional teams.
Funding sources (if applicable): Ministry of Health and Long Term Care, Aging at Home Strategy

103

SITTER USE POLICY CBDHA

T. Walsh;
Cape Breton District Health Authority, Sydney, NS, CANADA.

In March of 2010 a multi-disciplinary Task Force team met to address the high cost of sitter use. The actual cost of sitters as of March 31, 2010 was **$1,617,829.60** for 1 year for the 4 hospitals within the Cape Breton Healthcare Complex which excludes the rural sites.
The issues facing the team were as follows: No policy to guide the use of sitters; Inconsistent use of sitters; Inconsistent knowledge & skill level of sitters; Staff knowledge varies on the care of agitated/confused/wandering patients; Family expectations; No evaluation process for sitter usage.
The committee used information obtained a literature review on recognizing and treating delirium. The Sitter committee developed and revised Sitter and Continuous Observation Policy; carried out a survey of staff to determine present knowledge on the use of sitters; meetings were held with the Outside Service Provider to standardize educational requirements; standing orders for delirium with/without substance withdrawal; in the process of developing a tool to monitor & evaluate sitter usage; revising the "Improving Hospital Stays for Older Adults" pamphlet to include information about sitter usage.
Since the committee has been formed in June 2010 there has been a $50,000 decrease in sitter expenses, we feel this is from the work of the committee members on their units raising awareness about the high cost and using alternate approaches to sitter use.
The next step for the sitter committee is to provide education about the policy. The evaluation will include a post survey to evaluate success of sitter policy through increased knowledge and problem solving; increase the appropriateness of sitter usage which will be reflected by estimated 30% savings by year 2012.

104

A LONGITUDINAL STUDY OF QUALITY OF LIFE AND FUNCTIONAL STATUS IN TOTAL HIP AND TOTAL KNEE REPLACEMENT PATIENTS.

L. L. Mandzuk[1], D. E. McMillan[2], E. R. Bohm[3];
[1]St. Boniface Hospital, Winnipeg, MB, CANADA, [2]University of Manitoba, Winnipeg, MB, CANADA, [3]Concordia Hospital/University of Manitoba, Winnipeg, MB, CANADA.

Purpose: Increasing rates of arthritis have created a global surge in demand for hip and knee arthroplasty surgery. The pressure for treatment has lead to longer surgical wait times and little is known about how these patients perceive their quality of life (QOL) and functional status (FS).
Method: This retrospective, longitudinal study, N = 1,228 guided by the Symptom Management Theory (Humphreys et al., 2008) examined that clinical knowledge gap at two time points during the wait and at one year postoperative.
Discussion of Results and Conclusions: Patients reported below normal QOL scores at twelve months prior to surgery. Mental health scores continued to be below normal at twelve months following surgery, especially for the total knee (TK) patients. Meanwhile, from one month prior to surgery to 12 months following surgery, total hip (TH) and TK patients' physical and mental health and FS improved significantly ($p<.0001$).When compared to females, males had a significantly higher level of physical health ($p =.0276$). TH patients and males reported more favourable QOL and FS outcomes than TK patients and females. This poster presentation will be of interest to interdisciplinary team members who care for older adults who have had or are waiting for total joint replacement surgery or those clinicians who focus on QOL and FS across the illness trajectory.
Funding sources (if applicable):
Supported by the Alexander Gibson Fund and the Health Outcomes Fund, University of Manitoba.

105

THE BRUYÈRE WEIGHT MEASURING PROTOCOL: IMPROVING WEIGHT MEASURING IN LONG-TERM AND COMPLEX CONTINUING CARE

H. E. Niezgoda;
Elisabeth Bruyere Research Institute, Ottawa, ON, CANADA.

Purpose: Weight loss is a significant problem in long-term and complex continuing care facilities and can result in negative health consequences, such as pressure ulcers, infections, falls, acute care hospitalizations and even death. Weight measurements are often poorly done in these settings, leading to inaccurate assessments and delayed interventions. Little exists in the literature on a standardized and reliable measuring weight process.

Method: Over the last two years Elisabeth Bruyère Research Institute and Bruyère Continuing Care have collaborated on the development of the Bruyère Weight Measuring Protocol. The Protocol uses a standardized approach to collecting, recording and monitoring weights by focusing on education, data collecting, individualized weight trend graphs used for clinical decision-making. The data form collects information pertaining to weight measurement such as: (1) date and time (2) scale used, (3) status of the patient/resident at the time of weight, (4) weight, (5) height, and (6) staff initials; all information not routinely recorded in the InterRai MDS. Monthly reports showing weight change of residents/patients over time are generated for clinical decision making.
Results: Weight documentation has improved from 45% to 95% since implementation. Weight loss is identified earlier allowing for earlier clinical intervention. Duplication of weight measurement has been reduced. Staff recording weight compliance in the Resident Assessment Instrument Minimum Data Set (InterRAI MDS) has improved.
Conclusion: A standardized approach to weight measuring improves weight documentation and can help identify weight loss earlier.

106

IMPLEMENTATION OF A FALL RISK MEDICATION TOOL TO GUIDE FALL RISK MEDICATION REVIEWS FOR THE PREVENTION OF INPATIENT FALLS: A PILOT STUDY

A. Shipley, C. Wallace;
St. Joseph's Healthcare Hamilton, Hamilton, ON, CANADA.

Purpose: Fall prevention is a high priority at St. Joseph's Healthcare Hamilton (SJHH) to improve patient care and safety. At present, a fall risk assessment occurs upon admission to the inpatient Nephrology Unit. While medications are identified through this assessment, there is no medication-specific intervention focused on lowering the fall risk. The objective of this study was to assess the implementation of a Fall Risk Medication Review (FRMR) on admission utilizing the Fall Risk Medication Tool (FRMT).
Methods: In this prospective case-series, patients were enrolled upon admission to the Nephrology Unit. The FRMR was completed within 72 hours by the investigator utilizing the FRMT, developed specifically for this study to help identify high fall risk medications and to guide recommendations. The investigator recorded the total time required to complete the FRMR, which included documentation and patient education. Actual fall occurrences during the study period were identified through the Incident Safety Reporting System.
Results: Twenty-six patients enrolled in this study from February 7, 2010 to May 5, 2010. The mean amount of time required to complete the FRMR was 23 minutes. A total of 12 recommendations were documented for nine patients, eight of which were accepted by the physicians. Types of recommendations included: decreases in dose, change in administration frequency, medication discontinuation and suggestions of alternative agents. Nine falls occurred on the Nephrology Unit during the study period, one of which resulted in injury. Two of these falls occurred in study participants.

Conclusion: The implementation of the FRMR with the FRMT resulted in identification of high fall risk medications and patient-specific recommendations to reduce the risk of falls. The FRMR is a feasible medication focused-intervention that could be incorporated into a multidisciplinary falls prevention program. Further research is required to determine the impact of the FRMR on actual fall rates.

107

CREATING SUSTAINABILITY IN A HOSPITAL - COMMUNITY BASED FALLS PREVENTION PROGRAM

A. McKye[1], L. Bernick[1], M. Moktarzada-Salim[1], F. King[1], B. Callaghan[2];
[1]Trillium Health Centre, Mississauga, ON, CANADA, [2]City of Mississauga, Mississauga, ON, CANADA.

Purpose: Falls prevention and optional bone health are two key concerns of nurses and interprofessional team members when caring for older adults. The relationship between osteoporosis, fracture risk and falls is well documented. Much attention has been directed at falls prevention initiatives and the dissemination of best practices (RNAO, OSC) across health sectors. Exercise to help improve balance, strength and confidence has been shown to reduce seniors' risk of falls and improve health. However, the challenge is to deliver a falls prevention program, such that seniors' are able to sustain their gains.
Method: Through the Ontario Government Aging at Home initiatives, funding for a falls clinic and a 6 week education/exercise falls prevention program was provided to three hospitals in the Mississauga Halton LHIN. The program offered by Trillium Health Centre will be described to illustrate how components, including the clinic and individual consultations, individual goal setting, education curriculum, a follow up community based exercise partnership, and accessibility to an interprofessional team during and following the program, contributed to raising the bar for excellence in falls prevention among frail community dwelling seniors.
Discussion of results and conclusions: Findings will include a synthesis of the narrative input provided by participants, a reflective critique of the curriculum and individual consultation; quantitative data on balance and falls and a discussion on the purposive goal setting methods. In addition the added value of a community partnership to benefit clients and enhance sustainability and the collaborative nature and contribution of nursing in this setting will be highlighted.
Funding sources (if applicable): Ministry of Health and Long Term Care, Aging at Home Strategy

108

INNOVATIVE CARE IN FALLS PREVENTION: THE INDEPENDENCE AT HOME PROGRAM

M. E. Shilton, D. Peace, G. Travis;
HHSC: St. Peter's Hospital, Hamilton, ON, CANADA.

The prevalence of falls and fall related injuries, as well as the costs associated with falls continue to rise along with the increase in our aging population. Community based fall prevention programs for the elderly are proliferating in an attempt to address this growing health issue. This presentation will describe the development and implementation of a Travelling Falls Prevention Program designed to meet the needs of the communities of Hamilton, Niagara, Haldimand, Norfolk and Brant. Choice of assessment tools, with reference to their clinical utility and psychometric properties, will be reviewed. Intervention recommendations will be presented. Descriptive statistics will be reported to characterize our sample population, attitudes towards fall risk and incidence of falls prior to the prevention program and again at 6 months following the program. Insights into both successes of the program and barriers to successful falls prevention in the community will be offered based on our preliminary results.

109

POST FALLS PROTOCOL: ALGORITHM TO CLINICAL PRACTICE AND PATIENT MONITORING

C. Berean;
Glenrose Rehabilitation Hospital, Edmonton, AB, CANADA.

Purpose: A need was identified to standardize post falls monitoring as a way to ensure appropriate assessment/interventions occur after a fall. Patients who have unwitnessed falls, falls with resultant head injuries, or falls with no apparent harm, all receive the same consistent monitoring.
Method: An interdisciplinary falls committee in a Rehabilitation Hospital developed a tool and algorithm delineating clinical practice after a fall has occurred. The Post Falls Monitoring Algorithm outlines best practice (or clinical) expectations for observing a patient after a fall and provides a record for documentation of the monitoring. Prior to implementation of the tool, 20 minute education sessions for the nursing staff were provided by two educators to ensure consistency of information. The sessions included information about falls risks and guidelines for staff completion of the tool. Ongoing education is provided to the nurses in their yearly mandatory education sessions. The form has been implemented site wide for use after every fall. Currently, an audit is being performed to determine compliance and usefulness of the audit in post falls monitoring. The audit tool will be completed for all patients having a fall in a two month period as identified by the occurrence reporting system.

Discussion of results and conclusions: The audit will be used to determine if staff are utilizing the protocol/monitoring as designed in order to reduce the severity of injury that can be associated with falls.

110

DELCK TEAM: DEVELOPMENT OF A WOUND CARE CLINICAL RESOURCE FOR NURSES

C. B. Ferguson, L. Campbell;
Renfrew Victoria Hospital, Stittsville, ON, CANADA.

Purpose: In order to improve wound care protocols at the Renfrew Victoria Hospital a team of interested clinical nurses was assembled and given the task of creating a work plan to achieve the objective of developing clear, consistent plans/guidelines to ensure quality skin and wound care for patients. The team consisted of five front-line nurses with a passion for high quality care and an interest in becoming the hospital's first best practice champions for wound care.
Method: Under the guidance of the V.P. Patient Care services and a front-line manager the clinical nurses selected the Registered Nurses Association of Ontario's (RNAO) best practice guideline for risk assessment and prevention of pressure ulcers to form the foundation of their evidence based program. A literature review was also conducted to gain an understanding of evidence behind the recommendations. Education was provided to the team to enhance their own learning and expertise in wound care.
Over a six month period the team developed a complete wound care program consisting of new policies, procedures and protocols; a wound care resource binder; updated wound assessment and treatment tool; a self-learning package; and on-going mentoring and support on a peer-to-peer basis.
Conclusion: The unique approach to the development of this program enhanced the front-line nurses accountability and responsibility. The successful implementation of evidence-based practices has provided a systematic and consistent approach to quality care to patients. The nurses will continue to be a resource for their peers and audit compliance with this new program. A pressure ulcer prevalence survey was conducted pre-implementation in February 2010. The post-implementation survey will be completed in February 2011 and results will be following the completion of this survey. Chart audits reveal that the new tools are used consistently on all units.

111

PRESSURE ULCERS AMONG ONCOLOGY ELDERLY IN-PATIENTS: CAN NURSING KNOWLEDGE AND UNDERSTANDING OF PREVENTION AND MANAGEMENT MAKE A DIFFERENCE?

R. D. Almayda, J. K. Baik;
Princess Margaret Hospital-UHN, Toronto, ON, CANADA.

Purpose: To enhance nursing knowledge and understanding of providing care for Oncology elderly in-patients with regards to prevention and management of pressure ulcers.
Cancer prevalence is likely to increase as the population grows, and cancer incidence increases with age (Yabroff, et.al, 2008). Pressure ulcers are common problem among hospitalized patients and it has become a priority among oncology elderly in-patients because of the many risk factors that are present in this population. A heightened focus on prevention and management has been our aim to prevent prolonged and expensive hospital stay or infection causing pain and loss of function. This goal can be facilitated by providing our elderly clients with good quality skin care that is seen as the hallmark of excellent nursing care (Wurster, 2007). We endeavoured to increase our knowledge and understanding while acknowledging the fact that knowledge may improve patient outcome, but it may not be the only factor in preventing pressure ulcer. It is important to identify individual and organizational barriers to the lack of quality care (Smith & Waugh, 2009). We increased vigilance by doing Braden scale upon admission and conducting regularly scheduled follow up assessments. Everyone is encouraged to request for special mattress for a patient based on the skin assessment. A wound care nurse specialist is always available to recommend the proper dressing. The organization promotes number of continuous learning opportunities for the patients.

112

KEEPING IN BALANCE

S. Dudziak, J. Clark, T. Reppas, M. Hoover, D. Gillstrom, A. Brahma;
Revera Inc, Mississauga, ON, CANADA.

Introduction: Propelled by the growing concern related to falls and their impact on the elderly, a comprehensive interdisciplinary restorative program was implemented in 31 Revera LTC Homes.
Objective:
- Decrease Falls
- Increase Endurance/ Functional Mobility/ Muscle Strength/ Range of Motion
- Improve Balance
- Provide Social Support
- Gain Confidence in Ambulating Ability

Literature review: More than 50% of Long Term Care Residents fall each year, [1]. an incidence rate about three times that of community-dwelling seniors [2.]
Falls are responsible for considerable morbidity, immobility, and mortality among elderly

people. 3 Many seniors who have fallen never fully recover and face chronic pain and reduced mobility, resulting in loss of independence and quality of life.

Methodology:

1. Residents received interdisciplinary assessments upon admission, quarterly, annually with the care conference, with any identified changes in health status and/or upon readmission from hospital.
2. A Safety in Ambulating, Lifting and Transferring (SALT) assessment was complete within 24 hours of admission.
3. A Falls Risk Assessment Tool (FRAT) was completed within 24 hours of admission.
4. Homes completed the MDS Assessment.
5. When a Resident was assessed as being medium to high risk for falls, a referral was completed to the physiotherapist for further assessment.
6. Physiotherapist completed further assessment using:
    a. Resident History
    b. Functional Reach Test
    c. Time Up and Go Test
    d. Tinetti Test
    e. Berg Balance Test
    f. Elderly Mobility Scale
    g. MDS Standing Balance Test
    h. MDS Sitting Balance Test
7. Residents were then placed into an individualized Falls Prevention Program according to their specific needs.

Results:

Decreased falls by: 7.64%
Most frequent location: Bedroom
Most frequent timing: 15:00 hrs to 23:00 hrs
MDS results: 15% Improved, 72% Maintained, 13% Declined

Summary: A preventative program aimed at assessing and identifying Residents at risk and the implementation of a comprehensive interdisciplinary restorative program had positive impact on Resident outcomes.

References:

1. Canadian Agency for Drugs and Technologies in Health 2010. Available at: http://www.cadth.ca/media/pdf/CADTH_Hip_Protectors_Policy_Guidance_e.
2. Hosam K. Kamel, MD, MPH, CMD, AGSF. Preventing Falls in the Elderly 2008. Available at: http://www.annalsoflongtermcare.com/article/6319
3. Health Canada/Veterans Affairs Canada. Falls Prevention Initiative July 14, 2003 Available at: http://www.hc-sc.gc.ca/seniors-aines/

113

AN INNOVATIVE APPROACH TO TOILETING RESTORATIVE CARE

S. Dudziak, J. Dykeman, J. Shkilnyk, D. Comeau, M. Pepper, S. Gallant, J. Adam;
Revera Inc, Mississauga, ON, CANADA.

Introduction: Complex illnesses often trigger functional decline among the elderly. Care implemented to address functional decline provides an opportunity to intervene at an earlier stage and improve Resident outcome.
An interdisciplinary educational initiative was developed by Revera Long Term Care and Revera's McGarrell Place, in collaboration with SCA/TENA, to promote a Restorative Care Toileting Program.
Background: Residents were individually assessed to ensure they were able to participate in the program.
Analysis of the MDS results indicated that Resident toileting practices could be improved.
Objective:
• To educate front line care providers regarding restorative toileting strategies
• To promote individualized Resident toileting program
Literature Review: Aging brings many changes in both outward appearance as well as internal structures. [3] Restorative toileting activities are designed to promote independence, prevent incontinence and maintain proper bladder and bowel functioning. [1] Interventions and strategies to promote toileting and prevent incontinence demonstrate that care giver behavior significantly influences toileting outcomes. [2]
Methodology:
• Developed a Restorative Care Toolkit based on current best practices to aid in the dissemination of information to front line care providers
• Developed a structured educational plan, utilizing adult learning principles
• Education provided to all staff on all 3 shifts utilizing the toolkit
• Measured knowledge transfer outcomes after each education session through post learning quizzes.
Toolkit:
1. A Restorative Care video presentation - 3 modules
2. Pre and Post learning quizzes
Results:
• 80% average learning, post knowledge transfer
• Increase in number of Residents toileted using clinical best practices
• Current MDS results indicated an 8% improvement in adhering to the toileting program
• Improved consistency of care delivery
Summary: Consistency in the implementation of a structured Restorative Toileting Program had a positive impact in promoting Resident continence, comfort and quality of life.
Literature Review:
1. C. Shanthi Jacob Johnson, Anita M. Myers, Gareth R. Jones, Clara Fitzgerald, Darien-Alexis Lazowski, Paul Stolee, J.B. Orange, Nicole Segall, & Nancy A. Ecclestone. (2005). Evaluation of the Restorative Care Education and Training Program for Nursing Homes. Canadian Journal on Aging 24 (2): 15 - 26

2. Lekan-Rutledge D. (2000). Diffusion of innovation a model for implementation of prompted voiding in Long Term Care settings. Journal of Gerontological Nursing 26(4), 25-33.
3. Sheila A. Sorrentino, RN, MSN, PhD, Mary J. Wilk, RN, GNC(c), BA, BScN, MN(c), & Rosemary Newmaster, RN. (2008). Mosby's Canadian Textbook for the Support Worker, 2nd Edition.

114

KEEPING IN BALANCE RETIREMENT

S. Dudziak, J. Clark, T. Reppas, M. Hoover, D. Gillstrom, A. Brahma;
Revera Inc, Mississauga, ON, CANADA.

Introduction: Propelled by the growing concern related to Falls and its impact on the elderly a comprehensive interdisciplinary restorative program was implemented in 39 Revera Retirement Residences.

Objective:
• Decrease Falls
• Increase Endurance
• Increase Functional Mobility
• Increase Muscle Strength
• Improve Balance
• Increase Range of Motion
• Provide Social Support
• Gain Confidence in Ambulating Ability

Literature review: Falls account for 85% of injury admissions for people aged 65 years and older1. Many seniors who have fallen never fully recover and face chronic pain and reduced mobility resulting in loss of independence and pleasure in life.
Falls are responsible for considerable morbidity, immobility, and mortality among elderly people.2

Methodology
1. Residents received interdisciplinary assessments upon admission, quarterly, annually with the care conference, with any identified changes in health status and/or upon readmission from hospital.
2. A Safety in Ambulating, Lifting and Transferring (SALT) assessment was complete within 24 hours of admission.
3. A Falls Risk Assessment Tool (FRAT) was completed within 24 hours of admission.
4. Homes completed the MDS Assessment
5. When the Resident was assessed as being medium to high risk for falls a referral was completed to the physiotherapist for further assessment
6. Physiotherapist completed further assessment using,
   a. Resident History
   b. Functional Reach Test
   c. Time Up and Go Test

d. Tinetti Test
e. Berg Balance Test
f. Elderly Mobility Scale
g. MDS Standing Balance Test
h. MDS Sitting Balance Test

7. Residents were then placed into an individualized Falls Prevention Program according to their specific needs.

Results:
Decreased falls by: 15.94%
Most frequent location: Bedroom
Most frequent timing: 15:00 hrs -23:00 hrs
MDS results: No results

Summary: A preventative program aimed at assessing and identifying Residents at risk and the implementation of a comprehensive interdisciplinary restorative program had positive impact on Residents outcomes.

References:

1. Canadian Association of Occupational Therapists © 2003-2011. Available at: http://www.caot.ca/default.asp?pageid=3691
2. Health Canada/Veterans Affairs Canada. Falls Prevention Initiative July 14, 2003 Available at: http://www.hc-sc.gc.ca/seniors-aines/

115

CAUGHT ON TAPE: A BEHIND THE SCENES DISCUSSION ON SETTING THE GPA BAR OF EXCELLENCE IN ACUTE CARE

S. McAlpine[1], G. Suva[2], A. Pizzacalla[1], L. Schindel Martin[3], L. Gillies[1], E. Coker[1], M. Montemuro[1], H. Pepper[1], K. Robinson[1], J. Gusciora[1], J. Benner[1], G. Johnson[1], K. Alavarado[1], D. Cripps[1], B. Misiaszek[1];
[1]Hamilton Health Sciences, Hamilton, ON, CANADA, [2]St. Joseph's Healthcare, Hamilton, ON, CANADA, [3]Ryerson University, Toronto, ON, CANADA.

Purpose: Approximately 400 staff from an acute care teaching hospital including nursing, allied health, business clerks, security and housekeeping services were trained in Gentle Persuasive Approaches (GPA) in Dementia Care with the intent of setting a standard of excellence for behaviour management skills necessary to prevent and/ or de-escalate agitation in patients with dementia. This report will provide an overview of the process and findings of gathering qualitative data through focus group methodology, part of a larger mixed methods study of the implementation of GPA in acute care.

Method: A semi-structured design using open- ended questions was used to gather data during six focus groups; three at the intervention site, two at the comparator site and one for coaches. Two graduate students moderated each session. One moderator ensured the sessions progressed smoothly, while the other ensured that all topics were covered. Focus group interviews were audio taped and transcribed verbatim. The transcriptions were subjected to thematic content

analysis and will be used to inform the feasibility of engaging in further implementation of GPA training on additional units in the organization.
Discussion and Results: This presentation will report the results of the qualitative findings from focus groups, describing them within the context of additional data from the larger study. Findings related to the extent of staff satisfaction, GPA coach satisfaction, and self-perceived competency in those who were exposed to the educational intervention will be presented. In addition, examples of facilitators and barriers for knowledge uptake that promote action for change, enhance best practice and set the GPA bar of excellence in acute care will be described.
Funding sources (if applicable): Hamilton Health Sciences' Centre for Healthcare Optimization Research and Delivery (CHORD)

116

DEMENTIA EDUCATION FOR COMMUNITY HEALTH WORKERS: KNOWLEDGE MOBILIZATION & SUSTAINABILITY

H. Chow, G. Gaspard;
Fraser Health, Surrey, BC, CANADA.

Abstract: Dementia currently impacts approximately 14,000 individuals in the Fraser Health (FH) region of British Columbia.. Building system capacity for dementia care, is paramount. FH employs approximately 800 community health workers (CHWs). The dramatic demographic of dementia reinforces the imperative to provide education to CHWs, who need to understand dementia and strategies for caring for dementia clients in order to better support them to remain at home as long as possible.
The specific objectives of the pilot project were to: identify, develop and design education content based upon the needs and cultural values of the learners, identify and create strategies and tools to support dementia learning for CHWs., explore strategies to support learning, identify system changes to sustain the learning., promote "best practice" for dementia care .and identify strategies that support a "learning culture."
Four integrated topics were developed, incorporating a person-centered approach, with competencies based on best practices for CHWs and goals for practice change; dementia, delirium, personhood and person-centered care, and communication. The education sessions were provided in two, two hours sessions.
The research data were collected using demographic questionnaires; satisfaction surveys; self-administered pre/post-test surveys; focus groups and face to face interviews with CHW and their clinical leaders.
The results of this pilot study indicate value in increasing knowledge about person centered care, dementia and delirium for CHWs. The benefits include: decreased feelings of fear, enhanced client relationships, awakened attitudes of compassion,, increased confidence in using creative approaches when caring for people with dementia, and sustained knowledge at 3 months.

117

CARING FOR PERSONS WITH DEMENTIA: UNDERSTANDINGS THE DIRECT CAREGIVERS' EXPERIENCE

S. Hicks-Moore;
University of New Brunswick Saint John, Saint John, NB, CANADA.

Purpose: Caring for persons with dementia living in long-term care is fraught with multiple challenges, yet a clear understanding from the unique perspective of the direct hands-on caregivers is missing from the literature. Focusing on the perspectives of the direct caregivers, namely the personal support workers (PSWs) and licensed practical nurses (LPNs), this research explores their understandings of dementia care and the realities that they experience on a day-to-day basis in their work lives.
Method: The research design is informed by hermeneutic phenomenology and seeks to answer the following two questions: 1) What meanings do direct caregivers -- PSWs and LPNs -- in long term care develop about their experiences of caring for persons with dementia? 2) How may these meanings change, if at all? The stories, insights and experiences of 24 direct caregivers caring for persons with dementia and working in four different long-term care (LTC) facilities located in rural and urban settings in southern New Brunswick will be highlighted.
Discussion of Results and Conclusion: This presentation will highlight the initial analysis of the first round of interviews. Beginning themes and constructs will be identified in an effort to broaden our understanding of the experiences of the direct caregivers caring for persons with dementia. In honouring the work of the direct caregivers, this research will illuminate their perceptions and challenges. The knowledge gained from this study may be useful in enhancing educational and support programs for PSWs and LPNs.
Funding sources (if applicable): N/A

118

CREATING A FRAMEWORK OF ACCOUNTABILITY TO MEET CORE EDUCATIONAL COMPETENCIES IN A LONG TERM CARE SETTING

R. Spee, R. Minler, C. Yeung;
Sunnybrook Health Sciences Centre, Toronto, ON, CANADA.

Purpose: This poster will highlight the accomplishments of an IPE Steering Committee, which was created at the Sunnybrook Veterans Centre to: 1) identify core competencies for all staff as required by the Ontario Nursing Homes Act (NHA) and the Ministry of Labour (MOL); 2) increase staff educational opportunities, and 3) create a framework for staff accountability.
Method: Twelve core competencies identified were: emergency procedures; fire response plan; hand hygiene; understanding cognitive loss; promoting quality of life; non-violent crisis intervention; violence prevention; patient safety; back safety; IP&C routine practices; WHMIS; and mask fit-testing. An annual education calendar with an interprofessional focus and elearning is promoted with “e-links to e-learning”, “step-by-step guides”, and on-unit computer

demonstrations. A Core Competency Achievement Record (CCAR) was developed for staff to record their accomplishments.
Discussion of Results: With a more structured educational approach and a framework for accountability, there is a notable increase in staff attending inservices and completing elearning modules. Other achievements included 93% compliance with completion of the CCAR, greater interest in professional development, and a safer working environment. The IPE Steering Committee also received the 2009-2010 Staff Development Award from the Sunnybrook Professional Advisory and Nursing Education Committee.
Conclusion: Focus groups are held annually to evaluate the program and the competencies and educational opportunities are refined based on evaluations and changing requirements of NHA and MOL. Coming together with a common interest in education led us to successfully identify core educational competencies, promote inter-professional educational opportunities, and create a framework for accountability.

119

AN ONLINE NURSING EDUCATION NEEDS ASSESSMENT QUESTIONNAIRE: UNDERSTANDING THE LEARNING NEEDS OF FRONT-LINE NURSING STAFF IN COMPLEX CONTINUING AND LONG-TERM CARE

H. Niezgoda;
Elisabeth Bruyere Research Institute, Ottawa, ON, CANADA.

Purpose: Bruyère Continuing Care operates 731 beds across 4 facilities. It provides complex continuing care, rehabilitation, palliative care, family medicine services, specialized services and long term care. An on-line questionnaire was conducted to better understand the learning needs and priorities of the nursing staff.
Design: 1023 registered and unregulated nursing staff were surveyed using an English/French on-line comprehensive education questionnaire developed in collaboration with front-line nursing staff and the Bruyère Learning Department. The questionnaire covered general topic areas; task and skill requirements, preferred learning techniques, interest in nursing research and importance of weighing patients/residents in clinical practice. Learning priorities were determined by a composite score which was based on each responder self assessing their current level of knowledge and the degree with which learning was required for each topic. Respondent inability to complete the questionnaire on-line, resulted in the addition of a paper version.
Results: An overall response rate of 28% (287/1023) was obtained (Registered Nurses = 28%, Registered Practical Nurses = 25%, Personal Support Workers = 17%). All responders indicated that further education on electronic patient records, legalities in health and emergency preparedness were top priorities. Learning at the bed-side (mentoring) was highly valued and 85% of responders were receptive to e-learning. 97% of registered staff indicated that the felt that nursing research improves clinical practice.
Conclusion: This project provides valuable information on how to improve future education content and learning approaches to nursing staff and highlights the gaps and opportunities in conducting an electronic learning needs assessment.

120

PROMOTING THE CONCEPT OF PERSONHOOD IN PRACTICE

A. Joshi, M. Buzzell, T. D'Elia;
McMaster University, Hamilton, ON, CANADA.

Health and social service professionals from a variety of different disciplinary backgrounds generally do not recognize the importance of eliciting and responding to personhood in practice. It has been shown that acknowledging personhood in practice can enhance care provided to older adults in a variety of practice settings (Buzzell,1993; Buzzell and Gibbon, 2000; Kitwood, 1997; O'Connor, et.al. 2007).
Purpose: This DVD is designed to disseminate the knowledge about personhood so that front line care providers, with the help of families, can improve their interactions with older adults. The goal is to provide a tool to facilitate learning about the concept of personhood and implement this approach into practice with vulnerable persons. Implementing some of the suggestions to honour personhood of older adults can significantly contribute to improving the quality of care and the quality of life of care recipients.
Content: Multidisciplinary professionals and older adults share their perspectives and rich stories to demonstrate how asking the right questions during assessment process and in our daily interactions, we can promote the recognition of personhood and generate the positive outcomes that this philosophy and practice nurtures.
The 35 minute DVD is divided by topics into chapters and is accompanied by a discussion guide. These two tools are designed to encourage discussion and reflective practice. The chapters are: Personhood Defined, Recognizing Dynamic Expressions of Personhood, Assessing for Personhood, Stories: Learning to Value Personhood, Hope and Optimism, Vulnerability and Exclusion, Valuing Diversity, The Role of Care Providers, Choice and Risk, A Personhood Friendly Workplace and Final Remarks on Personhood.

121

EVIDENCE-BASED TEACHING PRACTICES ABOUT EFFECTIVE AMBULATION AMONG UNDERGRADUATE NURSING STUDENTS WORKING WITH HOSPITALIZED OLDER ADULTS

C. Le Navenec, **C. Mounga**, S. Hirst;
University of Calgary, Calgary, AB, CANADA.

Background: According to Injury Control Alberta, in 2006 “seniors' fall-related injuries results in over 6,900 hospital admissions and 18,70 0 Emergency admissions”(p.2). Thus, this is a significant health problem for which assessment and prevention is needed. Given that undergraduate nursing students often have their clinical placements in hospital or related types of institutional settings, it is imperative that they gain knowledge and skills in teaching hospitalized older adults

about safe ways of ambulation. However, the question arises as to how students acquire the information that they impart to older adults and how interventions are conducted.
Purpose: The purpose of this case study is to describe the teaching practices that undergraduate nursing students may use with older hospitalized adults, their families, and staff members to ensure safe walking, transferring, and use of canes/crutches/walkers. The underlying foundation is an examination of the evidence that they use to guide their emerging practice.
Method: (1) A metasynthesis of literature pertaining to the above topic was conducted by the authors. These studies were retrieved using a range of data bases, cross referencing from original and review articles, and a review of reference lists, and selected websites. The inclusion criteria were as follows: reports about causes of falls in Alberta hospitals; (2) the Best Practices/Evidence Based approaches pertaining to interventions to promote effective ambulation were analyzed; and (3) an informal survey was conducted among undergraduate student nurses at a Canadian University.
Results and Discussion: A case study was assembled to summarize the major findings.
Key Words: Ambulation for Fall Prevention; Evidence based Teaching Practices; Nursing Students; Hospitalized Older Adults;

122

SPIRITUALITY AND HEALTH: BEYOND FAITH AND RELIGION

K. L. Maddox, D. Pallen, P. Sevean;
Lakehead University, Thunder Bay, ON, CANADA.

Purpose: The objective of this study was to describe the spiritual care practices of nurses working with patients and families in diverse settings in northwestern Ontario across the lifespan and particularly at the end of life. Given the nature of nursing work, nurses are in a unique position to have a positive influence on the health of patients and families through addressing spiritual needs as part of holistic care. Because nurses provide twenty-four hour care to patients and families across the lifespan, in diverse institutional settings, as well as in the community, they are often in the position of both giving and requiring spiritual care. In addition, nurses often link patients and families with resources, spiritual and otherwise, to promote health and healing.
Method: A qualitative study using a semi-structured interview approach was conducted with registered nurses in urban and rural centres of northwestern Ontario. Analysis was completed using a modified Giorgi's phenomenological approach.
Discussion of Results and Conclusions: The results of this qualitative study provided insight into the holistic roles of nurses and the support nurses provide in meeting spiritual needs in collaboration with other professionals in urban and rural settings. In addition, study results addressed the support that organizations provide in meeting those needs. The themes identified showed the need for openness to better understand and respond to patient and family uniqueness, to find meaning in suffering and to appreciate the connectedness between spirituality and health. The responses also suggested the importance of communication, resources, and interprofessional collaboration in addressing the spiritual needs of patients and families, in urban and rural northwestern Ontario, particularly at the end of life.

Funding Source: This study was the second of a 2 part study funded by a Regional Research Grant from Lakehead University.

123

A REASON TO SMILE-RAISING THE BAR IN ELDER ORAL HEALTH CARE

C. M. Miller, J. Tigert, G. Madill;
St.Josephs Health Care, London, ON, CANADA.

Purpose: To determine if there is improved oral health of residents in a continuing care facility after an Oral Health Resource Nurse provided staff education based upon RNAO Best Practice Guidelines (BPG)
Method: Pre and Post Intervention Design
A convenience sample of 67 residents in a continuing care facility voluntarily participated in a continuing quality improvement initiative examining oral health. Oral health status of residents was measured before and after Nursing staff received an Oral Health Care Education intervention. Pre intervention assessments of residents' oral health were completed at an on-site dental clinic by a dental hygienist using the Modified Plaque Index score or Budtz-Jogensen Index . Post intervention assessments were performed at 6 month followup by the same dental hygienist at the same clinic.
Discussion of results and conclusions: Resident Modified Plaque Index scores and Budtz-Jogensen Index scores were recorded prior to Nursing education and compared to plaque index scores after education. of the 67 (N=67) residents enrolled in the study, it was found that 28 residents (42%)had improved plaque scores. It was also found that 13 residents (19%) had worse plaque scores, 9 residents (13%) had the same plaque scores. There was a 25% (n=17) drop out rate overall. Drop out due to death was 15% (n=10). Drop out due to transfer to other units was 4 % (n=3). Dropout due to withdrawal of consent was 6% (n=4). Further conclusions will be discussed at the conference.
Funding sources (if applicable): This project was supported by the program as a Continuous Quality Improvement initiative so no outside funding was sought.

124

CREATIVE CARING PRACTICES BY GERONTOLOGICAL NURSES: ENHANCING THE QUALITY OF CARE OF OLDER PEOPLE

C. M. Le Navenec, C. J. Bartlett, S. P. Hirst;
University of Calgary, Calgary, AB, CANADA.

Purpose: To provide an extensive review of the literature, the objective of which was to identify how engagement in creative expression programs conducted by nurses might raise the bar of excellence in gerontological nursing care.
Method: A metasynthesis of creative aging studies were retrieved from databases, and sorted into original versus review articles, from which we identified relevant references and websites.

The inclusion criteria were as follows: reports about creative aging published in English or French indexed from January 1999 to December 2009, and research (defined as containing a statement of the purpose and a description of methods and findings, regardless of whether such terms were used). Qualitative content analysis was done using a matrix to identify core categories. Underlying this process was a series of questions: What types of research questions are being asked regarding the above topic?; Are the findings of the different studies similar?; What salient themes were identified?; and What are the implications for health care practice? **Results and Discussion**: Preliminary analysis indicated 3 salient themes: (1) Linking past to present (e.g., creative activities that Cohen* refers to as "continuing with aging"); (2) Outside the box (e.g., creative activities that commence with aging); and (3) reflections by nurses about ways to enhance the creative process in caring for older people.

*Cohen, G.D. (2002). The Center on Aging, Health, & Humanities: Creativity focus. Retrieved from http://www.gwumc.edu/cahh/about/creatres.htm
Key words: creativity and aging, positive impact of creativity on health and wellness, shaping the illness experience

125

SUPPORTING FAMILY CAREGIVERS OF THOSE WITH DEMENTIA RELATED AGGRESSION

T. Whiteley, L. G. Grant, L. Zimmer;
University of Northern British Columbia, Prince George, BC, CANADA.

By 2014, three-quarters of a million people in Canada will be living with dementia and over one-half of them will demonstrate aggressive behaviours towards family caregivers. Understanding the experiences, and coping mechanisms of caregivers as recipients of dementia-related aggression provides information about how best to support and maintain their health and safety. PURPOSE: A literature review was undertaken exploring the phenomenon of dementia-related aggression and family caregiver experiences to gain insight and identify knowledge gaps. METHOD: Medline, CINAHL, and PsycINFO, were searched. MeSH terms and key words yielded 32,106 articles published between 1906 and 2010. Studies were eliminated if they were not descriptive, focused on the caregiver, published in English, or centred on dementia as the condition of interest . This yielded 80 studies for detailed review and inclusion. DISCUSSION OF RESULTS AND CONCLUSIONS: Studies were organized as follows: descriptions of aggression; contributing factors; aggression in care facilities; family caregiver experiences; and caregiver burden. Studies of family caregivers' experiences were thematized as: coping day-by-day; changes in relationships; loss of control; emotional stress of caregiving; loss of previous life; valuing self-care; and giving up and letting go. In the presence of aggressive behaviours, caregiver burden increased, new health challenges arose, and coping mechanisms were revealed. Comprehensive definitions of aggression in dementia exist, and family caregiver burden increases with aggression. Increased prevalence of aggression in home caregiving intensifies the need to support caregivers. Further research into the experience of family caregivers living with dementia-related aggression will aid the development of needed supports and understanding.

126

A CASE OF EARLY ONSET ALZHEIMER DISEASE: KEY STEPS FOR ASSESSMENT AND MANAGEMENT

J. L. Mowat, J. Whitlock;
St. Joseph's Health Care, London, ON, CANADA.

Alzheimer Disease (AD) is a progressive neurological condition consisting of a number of symptoms that include memory impairment, a reduced ability to perform familiar tasks, impairment of judgment and reasoning, and changes in mood and behaviour. Today, over 500,000 Canadians have dementia, with approximately 60% of them having AD. Although generally thought of as a disease that occurs after age 65, approximately 71,000 Canadians under age 65 have AD. The brain abnormalities that occur with AD actually can start in the 30's and 40's and that, coupled with genetic factors and other comorbid health problems, may result in AD being diagnosed at an earlier age. It is important for gerontological nurses to appreciate that cognitive decline occurs along a spectrum as people age. It is also important to know what some of the key steps in assessment and management of this disease may be, so that it can be diagnosed as early as possible. This poster will illustrate a case of a 56 year old man diagnosed with AD from the authors' clinical practice. Tools used in the assessment, specific findings leading to the diagnosis, and the particular difficulties encountered in getting treatment for AD patients under age 65, will be highlighted.

127

SEXUALITY AND RESIDENTS IN PERSONAL CARE HOMES: STAFF AND FAMILY EDUCATION THROUGH POSTERS

S. L. Wilms;
The Convalescent Home of Winnipeg, Winnipeg, MB, CANADA.

Abraham Maslow (1954) described sexuality as a basic human need, that when denied leaves individuals susceptible to loneliness, depression and anxiety. Sexuality can be broadly understood as love, touch, companionship and intimacy. Societal perceptions of aging and sexuality tend to perpetuate the idea that older adults are asexual, not interested in sex, and unattractive. Sexual expression exhibited by residents in personal care homes is often thought as inappropriate or misbehaviour. Based on the literature on sexuality and aging in personal care homes, posters were developed to dispel these myths, and educate families and personal care home staff on older adults' sexuality. Following the development of posters, sessions were held with personal care home staff to discuss the barriers that inhibit residents' sexual expression and their evaluation of the posters. This poster will provide examples of the education posters that were displayed at the personal care home for families and staff, and will provide information from staff recommendations.

128

TOBACCO REDUCTION AND CESSATION IN A REHABILITATION SETTING

D. J. Paches, S. Holowaty, S. YiAustin, G. Maier;
Glenrose Rehabilitation Hospital, Edmonton, AB, CANADA.

Purpose: Tobacco use is the leading preventable cause of death and disability in Canada, and it has been found that advice from a health professional increases cessation rates up to 30%. Tobacco use has also been identified as a barrier to discharge, and the wait time for long term care or community placement is longer for a tobacco user.
Method: All tobacco users are identified upon admission by nursing and physicians. Tobacco users and those identified at risk for relapse (quit in the last six months) are given the opportunity to participate in the program by either using Nicotine Replacement Therapy, smoking cessation medications, and/or counseling. At time of discharge, patients are offered continued support and counseling provided by community agencies that are free of charge.
Discussion of results and conclusions: Hospitalization provides teachable moments to intervene with tobacco users. By providing education and a supportive, non-smoking environment, we are able to encourage and nurture the patients with their attempt to quit.
Funding sources (if applicable):

129

LEARNING ABOUT RELATIONAL POWER AND EMPATHETIC CARE

A. E. MacDonald;
Thompson Rivers Universtiy, Kamloops, BC, CANADA.

Research indicates client perception of non-empathetic healthcare continues to be a problem for many non-licensed workers and consequently facility and agency administrators. Staff development and curriculum content on relational power may be the missing link to solve this problem. This workshop will describe an educational strategy used to give care providers and healthcare students a deeper awareness of power in their work life relationships. The ultimate effect of this knowledge results in client perception of empathetic care giving. The strategy address these specific questions: What does relational power look like? How is power enacted in our work lives? How does the awareness of power affect the perception of empathy? Results of the strategy look promising: staff and students are using the new knowledge to examine and discuss their work relationships and care giving: they are critiquing actions based on power vocabulary, and many ahah exclamations are being expressed when examining interactions in the workplace.

130

BACK TO BASICS - PROMOTING ELDERLY PERSONAL CARE

Dudziak, J. Dykeman, S. Power, A. DeCoste, L. Halford, D. Wales, S. Gallant, J. Adam;
Revera Inc, Mississauga, ON, CANADA.

Introduction: Helping to maintain the personal hygiene of a Resident in our care not only promotes the Resident's physical health but can also improve their emotional well-being. Front line care providers and nurses are in a unique position to have a positive impact.5

An interdisciplinary educational initiative was developed by Revera Long Term Care, in collaboration with SCA/TENA, to promote Best Practices in Perineal Care.

Objective:
- To identify the elements of high standard perineal care and incorporate these into daily practice
- To educate staff regarding best practices for perineal care
- To enhance perineal care delivery by front line care providers

Literature Review: Moisture from incontinence alters the skin's protective pH and increases the skin permeability. Irritants such as feces contain bacteria that can permeate the skin, allowing for secondary infections. The need for frequent cleansing can lead to further pH changes and damage from friction.2,4 Perineal skin injury may rapidly progress to ulceration and bacterial (Staphylococcus) and yeast (Candida albicans) infections that lead to discomfort and increased treatment costs.7 Additional problems associated with perineal skin damage include diminished quality of life (QOL), increased pain and costs, and pressure ulcer development.1,3,4,7

Methodology
- Developed a Perineal Care educational toolkit based on current best practices to aid in the dissemination of information to front line care providers
- Developed a structured educational plan, utilizing adult learning principles
- Education provided to all staff on all 3 shifts utilizing the educational toolkit
- Measured knowledge transfer outcomes after each education session through post learning quizzes
- Daily coaching provided to encourage adherence to appropriate perineal care practice
- Standardized perineal cleansing products to promote consistency

Toolkit
1. A 20 minute Perineal Care video presentation
2. Pre and Post learning quizzes

Results
- 13% average learning, post knowledge transfer (Pre test average = 80%, Post test average = 93%)
- Improved consistency of perineal care delivery
- Front line care provider survey:

- 90% of staff surveyed post standardized perineal product implementation strongly agreed the product was easy to use.
- 88% staff stated preference over previous products used

Summary: The implementation of a perineal care educational toolkit had a positive impact on front line care provider practices. Knowledgeable staff using consistency of practice can have a positive impact on UTI reduction, continence promotion and the quality of life for each Resident.

References:

1. Agency for Healthcare Research and Quality, Rockville, Md. (January 2001). The Characteristics of Long-Term Care Users. AHRQ Research Report. AHRQ Publication no. 00-0049. Agency for Healthcare Research and Quality, Rockville, Md.
2. Brown DS, Sears M. Perineal dermatitis: a conceptual framework. Ostomy Wound Management. 1993;39:2-26.
3. Lewis-Byers K, Thayer D, Kahl A. An evaluation of two incontinence skin care protocols in a long-term care setting. Ostomy Wound Management. 2002;48(12):44-51.
4. Nix, D. Prevention and treatment of perineal skin breakdown. In: Milne C, Corbett L, Dubuc D, eds. Wound, Ostomy, and Continence Nursing Secrets: Wound, Ostomy, and Continence Secrets. Philadelphia, Pa.: Hanley & Belfus, Inc.; 2002:373-377.
5. Registered Nurses association of Ontario (RNAO), Nursing Best Practice Guidelines. (2005). Promoting Continence Using Prompted Voiding.
6. Urinary Incontinence, Catheters, and Urinary Tract Infections: An Overview of CMS Tag F 315 Diane K. Newman, RNC, MSN, CRNP,FAAN Ostomy Wound Management December 2006;52(12):34-44.
7. Warshaw E, Nix D, Kula J, Markon CE. (2002). Clinical and cost effectiveness of a cleanser protectant lotion for treatment of perineal skin breakdown in low-risk patients with incontinence. Ostomy Wound Management.;48(6):44-51.

131

MAINTIEN À DOMICILE DES AÎNÉS VIVANT EN MILIEU RURAL AU NOUVEAU-BRUNSWICK

S. Dupuis-Blanchard[1], M. Simard[1], L. Villalon[1], O. Gould[2];
[1]Université de Moncton, Moncton, NB, CANADA, [2]Mount Allison University, Sackville, NB, CANADA.

Puisque seulement 7% des 65 ans et plus se retrouve en foyer de soin, la majorité des aînés réussissent à demeurer chez-eux. Cependant, nous avons peu de connaissances au sujet de leur besoin et de la nature des services nécessaire pour le maintien à domicile.
Ce projet met en évidence les besoins des aînés vivant dans un milieu rural de la province du Nouveau-Brunswick et nous permet d'obtenir une meilleure compréhension des services offerts dans le contexte du maintien à domicile. Cette étude de cas qualitative de type ethnographique avait comme objectifs : 1) d'identifier les besoins des aîné.e.s vivant en milieu rural relié au maintien à domicile; 2) d'identifier les services existants reliés au maintien à domicile; et 3) de

comprendre la contribution présente et la vision future des organismes communautaires offrant des services aux aînés.
Des entrevues individuelles avec les responsables de dix organismes communautaires et un groupe de discussion avec des personnes âgées furent enregistrées et transcrites intégralement. L'analyse de contenu permit l'émergence des thématiques relative aux objectifs de l'étude. Les résultats démontrent que les services ne répondent pas aux besoins de la population vieillissante et que cette dernière doit se responsabiliser afin de répondre aux besoins des membres vieillissants dans leur communauté. Ce projet de recherche permet une meilleure connaissance des besoins et des attentes des aînés francophones vivant en milieu rural au Nouveau-Brunswick à l'égard des services de maintien à domicile.

132

FOCUS ON FALLS PREVENTION: PROGRESSION FROM A PROJECT TO PROGRAM

S. Bell[1], P. Hawrrnik[2], K. A. McCormac[1], **B. L. Tallman**[1];
[1]Misericorida Health Centre, Winnipeg, MB, CANADA, [2]Athabaska, Edmonton, AB, CANADA.

Decline in visual acuity is a progressive change that occurs with age. Visual deficits contributing to vision loss in seniors include cataracts, refractive errors, macular degeneration, glaucoma and diabetic retinopathy. Vision deficits can have profound consequences for seniors who may already be experiencing the effects of other chronic illnesses and aging changes.
Purpose: In collaboration with Manitoba Health, The Focus on Falls Prevention Program was developed to provide vision care services and to demonstrate the relationship between vision, falls, fractures and aging in the long term care setting in a major Canadian city.
Method: In addressing these concepts, the program has raised the bar for excellence in service delivery for persons who are 65 years of age and older in the largest health region in Manitoba.
Discussion: Since it's inception in 2006, the Focus on Falls Prevention Program has demonstrated the need for vision care services for seniors in long term care as well as influenced practice change in acute and community health care settings. Vision screening has become a recommendation in the Falls Prevention Clinical Practice Guidelines for long term, acute and community settings in this health region. Seniors, who require care in these settings and are assessed as being at high risk for falls will receive a vision assessment and associated referral using a validated vision screening tool.
Conclusion: This presentation will discuss the development of the project into a program, how to influence service excellence for seniors and provide testimonials from seniors who have received vision care services.

133

C. A. Mayo;
University of Cincinnati Raymond Walters College; National Gerontological Nursing Association, Loveland, OH, USA.

This presentation will explore strategies to use with the nursing student on the use of audio commentary within the clinical setting. In this session the participant will learn how a dictated review of the students clinical paperwork can be reviewed and shared to increase the learning for students' related to clinical and didactic submissions, and decrease the workload of the educator. This method was utilized for the second course Nursing: Aging in an Associate Degree Program. The course is a focused Gerontological course which some students find difficult. The role of the nursing educator in generating positive and prompt feedback as well as the nursing student perceptions will be explored with strategies for implementation to be discussed. Tools that will assist the educator to create a user friendly model of implementation will be disseminated. The presenter will discuss methods of dissemination of audio commentary and methods of data collection, analysis and outcome identification that will produce evidenced- based information related to student satisfaction and faculty workload. Additionally, the use of audio commentary for alternate groups [i.e. employer-employee] will be discussed.

Upon completion of this discussion participants will be able to:

- To explore the use of audio commentary for engaging faculty and student productivity and explore the element of speech as an alternative to the constraints inherent in handwritten margin notes.