

Welcome to the sixth edition of the PgRC Bulletin for Durham Region! We hope that this serves to keep you informed and aware of issues relevant to our practice as psychogeriatric resource professionals. We invite your sharing and submissions.

DEMENTIA NETWORK FOR DURHAM REGION

Three workgroups are exploring projects related to 1) access, 2) public awareness and 3) advocacy issues. If you have an interest in any of these areas and wish to become involved **please** contact Christine (advocacy), Jan (public awareness), or Loretta (access).



Alzheimer Strategy Update

Strategy #1: Staff Education and Training. Events in Central East:

1. A U-First workshop for Adult Day Program supervisors is planned for October 27 and November 17, 2003 in Peterborough.
2. Durham Region PgRC's will be organizing a U-First workshop for professionals who received their PIECES training prior to April 2003. We will be contacting people soon to identify dates and times.
3. Upcoming PIECES workshops Peterborough, Nov. 3-5, Dec. 4-5 and Newmarket, early 2004.

See PIECES website www.pieces.cabhru.com for more info.

INNOVATIONS

Heyn, P. (2003) The effect of a multisensory exercise program on engagement, behaviour, and selected physiological indexes in persons with dementia.

American Journal of Alzheimer's Disease and Other Dementias 18 (4) 247-251

A multisensory exercise program was used for 13 nursing home residents aged 65 years and older (average 85.7) and diagnosed with **moderate to severe AD**. Researchers measured six outcomes including engagement, resting heart rate, blood pressure, weight, mood, and duration of adherence to sessions. Mood and duration of adherence were measured post-program only. Overall mood rating was based on perceived changes in the participants' state of happiness, agitation and friendliness after completing the program. The goal of the program was to keep residents involved with the exercises as long as possible. The exercise program was a group intervention after lunchtime, three times a week for eight weeks. An exercise physiologist conducted the program, which initially lasted for 15 minutes and increased to 70 minutes per session. The multisensory exercise program had 4 components consisting of: a focused attention and warm-up session, flexibility and aerobic session, a strength training session, and a closure session that focused on relaxation and breathing techniques. The first component used storytelling and imagery with soft music. In the second component, imagery such as "marching in the fields of Ireland", or "dancing on a tropical island" was used. Thematic music and storytelling were used in the third component. At the end of the program 61.5% of participants showed positive improvements in overall mood. Results showed an improvement in resting heart

rate, overall mood and in engagement of physical activity. No significant difference was found for blood pressure or weight. In a six-month follow-up cognition remained stable.

Source: Educational Excerpts, Ontario's Education Newsletter for Alzheimer Chapters, September 2003

"WALKING WITH DEMENTIA"

Staff at Extendicare Oshawa, Community Nursing Home Port Perry, and Fosterbrook participated in variations of the "Walking with Dementia" experiential workshop designed to simulate some of the sensory and functional deficits associated with aging, cognitive impairment and institutional living. Results gathered from short pre- and post-tests show that participants were able to internalize the experience and truly gain an appreciation for daily challenges that their residents face. The staff experienced a variety of responses, including frustration and anger - they deserve credit for participating and being open to walking in someone else's shoes! Contact your PgRC if your facility is interested in hosting a "Walking with Dementia" workshop. There is no charge for this workshop however we request the facility's involvement in the planning process, designated staff time available for the workshop, and assistance with logistics (room, some supplies).
Christine Ross

Principles of Design for Long-Term Care Settings

The Health Environments working group of the Canadian Coalition for Seniors Mental Health recently reviewed best practice materials related to environmental design for long term care settings. The final work of this group will be available on their website by late 2003 (www.ccsmh.ca). The group also collaborated on the development of "SUPPORTIVE PHYSICAL DESIGN PRINCIPLES FOR LONG-TERM CARE

SETTINGS" (see below), which they believe should be taken into consideration during the design phase. As well, the group is planning to work on a follow up document to examine supportive psychosocial design principles in the winter 2003.

SUPPORTIVE PHYSICAL DESIGN PRINCIPLES FOR LONG-TERM CARE SETTINGS - how does your facility stand?

The physical environment is an important determinant in psychosocial and health outcomes for older adults with mental health challenges living in long term care settings. The goal is to maintain and enhance the person's well-being and quality of life. A supportive environment includes physical design concepts as well as the social environment and organizational setting. Supportive physical design provides safe shelter, accommodates individuality, enables physical function, fosters social interaction and meaningful activities. The purpose of this document is to highlight supportive physical design features for older adults with mental health challenges living in long-term care settings.

1. Maximizing safety and security

The person is protected from harm or injury (e.g., not exposed to sharp objects, hazardous materials, risks of falls or accidents) and experiences a sense of security.

Indicators:

- Equipment and hazardous materials are locked away.
- Equipment is in good condition.
- Handrails are in the hallways.
- Grab bars are in the bathrooms.
- Hallways are free of clutter with plenty of storage space.
- Flooring is glare-free.
- Exits are disguised in dementia care areas & are evident in mental health areas.
- Secure / alarmed exits are present only in dementia care areas where elopement is an issue and are rarely used in mental health areas.

- A person has access to a secure outdoor space.

- Outdoor space has weather appropriate seating offering protection from extreme weather conditions

2. Maximizing awareness and orientation

The extent to which users, residents as well as staff and visitors can effectively orient themselves to physical, social and temporal dimensions of the environment.

Indicators:

- Resident's rooms are personalized for example a name plus additional cues such as special door colour, room number, curio cabinet at the entrance
- There are way-finding cues or signage (e.g. directions or icons) to identify: Dining room, Activity area, Washrooms, Lounge, Kitchen
- Clocks and calendars are of adequate size and visible
- Outdoor view

3. Supporting functional abilities

The physical environment supports both the practice of, and continued use of everyday skills. These skills can be divided into both activities of daily living (ambulation, dressing, grooming, bathing, toileting, and eating) and instrumental activities of daily living (telephoning, cleaning, making bed, helping in the kitchen).

Indicators:

- Universal design concept
- Sufficient lighting in the day
- Specialized lighting at night (night light or lights that come on when resident gets out of bed)
- Taps easy to turn on and off with arthritic hands
- Elevated toilet seats
- Grab bars and hand rails around bath and toilet
- Counters that can accommodate wheelchairs
- Light switches at wheelchair height
- Variety of bathing options (hand held shower, regular shower, regular bath tub, specialized bath tub eg century tub)
- Chairs and sofas provide good back support and are not too low

- Beds can be raised and lowered very close to the ground

- Window coverings prevent early morning and late afternoon glare

4. Facilitating social contact and interaction

The physical environment supports social contact and interaction among residents, staff and visitors.

Indicators:

- Multiple small lounges or alcoves to encourage conversation
- Spaces to accommodate meaningful activity
- Large gathering room
- Kitchen accessible to the residents

5. Providing for privacy

The extent to which input from (e.g. noise) and output to (e.g. confidential conversations) the larger environment are regulated.

Indicators:

- Private rooms are available.
- Privacy is accommodated in shared rooms (curtains, partial walls)
- There are spaces for quiet times.

6. Providing opportunities for personal control

The extent to which the physical environment, and rules governing its use, provide residents with opportunities to exercise personal preference, choice, and independent initiative.

Indicators:

- Doors to outdoor gardens and other activity areas are unlocked
- Variety of activities and spaces available and accessible

7. Regulation and quality of stimulation

Positive stimuli are frequent and strong enough to provide interest and novelty without exceeding tolerable levels. The goal is stimulation without stress.

Indicators:

- Pleasant smells – cooking/baking, flowers
- Enjoyable sounds throughout the unit (avoid overhead music)
- Noise is minimal with soft surfaces to absorb sound (wall hangings, quilts)
- TV is not left on.
- No public address system.

- Interesting things to see (decor, pictures, magazines)
- Interesting things to do are accessible (piano, sound system with CD collection, TV VCR with video collection, games ...)
- Interesting places to go are accessible (enclosed garden, kitchen, family dining room, craft room, space to wander without running into dead ends – circular hallways with places to sit along the path).
- Well ventilated smoking room with adequate supervision (generally thought to be important for mental health clients)

8. Promoting continuity of the self

The physical environment preserves continuity between the resident's past and present.

Indicators:

- Space is allocated for personal objects/possessions and furniture
- Homelike, familiar, non-institutional ambiance
- Public areas contain comfortable furniture, decorative items
- Institutional equipment (e.g. laundry carts or mechanical lifts) is stored out of sight.
- There is no nursing station. Staff meet in a staff room and documentation / office work happens in a separate room – not in the middle of the resident's home.
- If there are long hallways, they lead to interesting or stimulating sitting areas.

References:

Lawton, M.P., Weisman, G.D., Sloane, P., Norris-Baker, C., Calkins, M., & Zimmerman, S.I. (2000). Professional environmental assessment procedure for special care units for elders with dementing illness and its relationship to the Therapeutic Environment Screening Schedule, *Alzheimer Disease and Associated Disorders*, 14(1), 28-38.

Norris-Baker, L., Weisman, G., Lawton, M.P., Sloane, P. (1999). Assessing special care units for dementia: the Professional Environmental Assessment Protocol. In: Steinfeld E.A., Danford, G.S. eds. *Measuring enabling environments*, New York: Plenum.

Environments for People with Alzheimer Disease: Issues, Case Studies & Design Guidelines (revised edition) Dec. 2002; Alzheimer Society of Manitoba, 10-120 Donald Street, Winnipeg, MB R3C 4G2, tel 204-943-6622

Source: Canadian Coalition for Seniors Mental Health Newsletter, 1 (3), Summer 2003

Upcoming educational events:

November 5, Delirium and search for Elder Friendly Care – A day with Sharon Inouye, Hamilton, McMaster Centre for Gerontological Studies, call, 905-525-9140, ext. 24449.

November 6-7, "Beyond the Tip of the Iceberg: Depth, Breadth, & Scope of Gerontological Nursing Practice", Oshawa, Gerontological Nursing Association of Ontario, contact Darlene Legree, 905-433-0040 or dlegree@silver-meridian.com

November 28, Psychogeriatric Update, 2003 The Joseph E. and Minnie Wagman Centre, (Baycrest campus) Toronto, \$150, call, 416-785-4215 for more information.

Watch for further details:

Ontario Elder Abuse Conference, March 1 & 2, 2004, Delta Chelsea Hotel, Toronto, call, 905-335-7993 or 1-800-625-7925 for more information.