



NICE NEWS

NOVEMBER 2006

VOLUME 1, ISSUE 3

INSIDE THIS ISSUE:

DIRECTOR'S MESSAGE

**TEAMWORK IN HEALTHCARE:
PROMOTING EFFECTIVE
TEAMWORK IN HEALTHCARE
IN CANADA**

**COMMUNITY CORNER :
CANADIAN CENTRE FOR
ELDER LAW (CEELS)**

**ORAL VITAMIN B₁₂ VERSUS
INTRAMUSCULAR VITAMIN
B₁₂ FOR VITAMIN B₁₂ DEFICIENCY:
A SYSTEMATIC REVIEW OF
RANDOMIZED CONTROLLED TRIALS**

**CARING FOR THE
CAREGIVERS: MISDIRECTED
EFFORTS?**

NICE AT CAG

MEMBER PROFILE:

**DR. SANDRA HIRST
COMMUNICATIONS CHAIR,
NICE**



DIRECTOR'S MESSAGE

Hearty congratulations are in order to Peter Donahue and Sandi Hirst for putting together an outstanding CAG Conference. As a past conference chair myself I can appreciate the hard work and tremendous effort that Peter and Sandi put forth in making this event the success it was. It was also great to see so many of you at the conference – especially at the NICE breakfast. For more details on this and other CAG events please see the article on page four.

As usual there has been lots of activity at NICE. Our list of members and partner organizations from across the country keeps growing daily. And with the launch of the National Centres of Excellence's new International Partnership Initiative we may now have an opportunity to extend our network globally.

The goal of the International Partnership is to provide existing NCEs with additional support to develop and strengthen linkages with equivalent organizations around the world. NICE has submitted an application to this program with the support of partners from England, Scotland, France, Israel, Switzerland and Germany. The benefits of international partnerships are many. Among these is the opportunity to learn from the experience of countries whose population is older than our own as they have already begun to face some of the challenges that we can expect here. The competition results will be announced later this month. Hopefully we'll have some good news to share with you soon.

I also want to thank NICE member Dr. Alexandra Papaioannou for providing us with some great articles to review. It is a tough

job to keep up with all the research in aging and we really appreciate the extra help in bringing our members research findings that they can apply to their own practice. Once again I would ask that you send us any articles that you think would be helpful for your colleagues to know about and we'll do our best to include them in an upcoming issue of NICE News.

All the best.

Lynn McDonald

Scientific Director, NICE

IMPORTANT DATES

November 15

**5th International Palliative
Care in 21st Century
Conference**

Columbia University, NY
[www.lifecareinstitute.org/
public/](http://www.lifecareinstitute.org/public/)

November 16-20

**59th Annual Scientific
Meeting of The Gerontological
Society of America.**

Dallas, TX geron@geron.org

TEAMWORK: GOOD FOR PATIENTS, GOOD FOR STAFF "TEAMWORK IN HEALTHCARE: PROMOTING EFFECTIVE TEAMWORK IN HEALTHCARE IN CANADA"

Cliché's abound lauding the benefits of teamwork: strength in numbers, two heads are better than one, the whole is greater than the sum of its parts... From an early age we are encouraged to participate in teams and learn the success and rewards that come from working with others in achieving a common goal. It should be of no surprise then that the report on teamwork in healthcare commissioned by the Canadian

Health Services Research Foundation demonstrates that a healthcare system based on effective teamwork will improve the quality of patient care, enhance patient safety and reduce workload issues that cause burnout among healthcare professionals.

What is surprising is that the teamwork model they recommend does not exist, to

any significant extent, within the current healthcare system despite our knowledge of its benefits. The report, however, does an excellent job at identifying some of barriers to the successful implementation of effective teamwork. Among these are: lack of common definition of team and teamwork; misunderstanding the relationship between teamwork and (con't)



TEAMWORK: GOOD FOR PATIENTS, GOOD FOR STAFF (CON'T)

collaboration; organizational factors including organizational culture, variations in size and scope of practice; availability of resources to structure and support teams; and the implications of current policy, regulations and legislation (i.e. teams diffuse responsibility of care whereas liability and malpractice issues focus on individual responsibility).

The report recommends ways to overcome these barriers at both micro and macro levels. It also provides some useful definitions of teamwork and how to develop effective teams - all of which is research based. One practice level recommendation, for example, is implementing practice

sessions for team-building and problem solving. On the organization level, establishing protocols and guidelines on roles and responsibilities is recommended.

The authors summarize their findings in a series of helpful main messages and they conclude that:

"...teams work most effectively when they have a clear purpose; good communication; co-ordination; protocols and procedures; and effective mechanisms to resolve conflict when it arises. Teams function better when they are working in an organizational culture that supports team-

work and they have strong leadership and effective administrative support." (p.iii).

All in all, this report provides a thorough discussion of the importance and relevance of teamwork for the healthcare environment, some challenges to implementing teamwork, and some recommendations for overcoming these. In the end, though, it is what we have known all along: teams work!

Oandasan, I. et al. (2006). Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada. Ottawa: Canadian Health Services Research Foundation.

Teams function better when they are working in an organizational culture that supports teamwork.

COMMUNITY CORNER: CANADIAN CENTRE FOR ELDER LAW STUDIES

NICE is proud to have The Canadian Centre of Elder Law Studies (CCELS) as one of its organizational partners. CCELS, a division of the British Columbia Law Institute, is a leader in research, education and advocacy relating to legal issues affecting the elderly who are far too often the victims of physical, psychological, sexual, and financial abuse or neglect.

The objectives of the CCELS are: to enrich and inform the lives of older adults with the law; to meet the increasing need for legal education and research in relation to legal issues having particular significance for older adults; and, to serve as a national focal point for this emergent field.

The CCELS works towards achieving these objectives through their programs in research and scholarship, law reform and information and education. They make significant contributions to the academic

literature and publish a scholarly journal dedicated to Elder Law issues. They host an annual conference, at which NICE recently presented, including a distinguished lecture on Elder Law. They identify gaps and areas of concern in current law and work towards reforming these to better meet the needs of the elderly. And they develop and deliver educational materials and work closely with the community on the legal issues affecting the elderly.

The work of the CCELS is essential in promoting and protecting the rights of elderly adults. They strive to ensure the autonomy of seniors and their freedom to make independent choices regarding their own legal, financial and medical affairs. The NICE Network is grateful for their unique into these issues and for their

commitment to our joint endeavours.

For more information of the CCELS please visit www.ccelts.ca or contact Laura Watts, Program Director, at watts@bcli.org



Canadian Centre for
Elder Law Studies

VITAMIN B₁₂ DEFICIENCY: EFFECTIVENESS OF ORAL VS. INTRAMUSCULAR TREATMENT

“ORAL VITAMIN B₁₂ VERSUS INTRAMUSCULAR VITAMIN B₁₂ FOR VITAMIN B₁₂ DEFICIENCY: A SYSTEMATIC REVIEW OF RANDOMIZED CONTROLLED TRIALS”

Dr. Alexandra Papaioannou, a NICE Network member, co-authored a systematic review of randomized controlled trials on the relative effectiveness of oral vitamin B₁₂ treatment versus intramuscular injections. Although there were some limitations to the findings, they did find evidence suggesting 2000 µg doses of oral vitamin B₁₂ daily for 120 days and 1000 µg doses initially daily for 10 days and thereafter weekly for four weeks and then monthly for life may be as effective as intramuscular administration in vitamin B₁₂ deficient patients. The significance of this finding is that oral treatment for vitamin B₁₂ is more pragmatic and cost-efficient as it eliminates the need for health care practitioners to be involved in administering treatment through injections.

Vitamin B₁₂ deficiency is an important concern for the elderly. Prevalence data indicate that vitamin B₁₂ deficiency occurs in over 20% of elderly people but often goes unrecognized because clinical manifestations can be subtle but potentially serious (Andrès et al., 2004). Vitamin B₁₂ deficiency in the elderly has been linked to several neurological disorders (neuropathy, myelopathy,

dementia, depression, cognitive impairment) and cerebrovascular disease (Butler et al., 2005; Eussen et al., 2006).

To date the preference has been injection treatment probably due to the uncertainty regarding the ability of a vitamin B₁₂ deficient person's ability to absorb the vitamin from an ingested source. Presently, only Canadian and Swedish physicians prescribe oral vitamin B₁₂ treatment with any regularity.

As mentioned above, however, treating vitamin B₁₂ deficiency with intramuscular injections requires a health care practitioner to administer the injection. Oral treatment, on the other hand, does not. Given the cost and time savings and greater accessibility to oral medications, the authors of this systematic review wanted to provide a research-based answer to the question of whether oral treatment would be a sufficient substitute for intramuscular vitamin B₁₂ treatment.

The author's used the stringent Cochrane Collaboration Handbook for

assessing methodology and found two randomized controlled trials that met their criteria. Although they were able to demonstrate the relative short-term effectiveness of using oral vitamin B₁₂ treatment there are some limitations given that there were only two studies with small sample sizes and no long-term outcomes. Studies demonstrating longer term outcomes with larger sample sizes need to be conducted in order to strengthen, or refute, the preliminary findings of the current systematic review.

In the meantime, however, the evidence would suggest that oral treatments are as effective as intramuscular treatments in vitamin B₁₂ deficient patients. Oral treatments, therefore, would be indicated for community dwelling patients who may not have regular access to health care practitioners for intramuscular treatment.

Butler, C., et al. (2006). Oral vitamin B₁₂ versus intramuscular vitamin B₁₂ for vitamin B₁₂ deficiency: a systematic review of randomized controlled trials. *Family Practice*, April.



Dr. Alexandra Papaioannou

... evidence would suggest that oral treatments are as effective as intramuscular treatments in vitamin B₁₂ deficient patients.

CARING FOR THE CAREGIVERS: MISDIRECTED EFFORTS???

“SPECIALIST CLINICAL ASSESSMENT OF VULNERABLE OLDER PEOPLE: OUTCOMES FOR CARERS FROM A RANDOMIZED CONTROLLED TRIAL”

As more and more people are required to join the ranks of informal (read unpaid) care givers, there has been a growing body of literature warning that providing care to vulnerable older people can have deleterious effects. Studies have documented dire financial, psychological and health consequences associated with care giving. The health and viability of the informal care giving network is an important area of concern and public policy.

Interventions have been designed and tested to minimize the stress and other attendant negative consequences of providing care. Most of these are directed towards the care giver. In the study by Venables and colleagues (2006) it was found that thoroughly assessing and properly treating the illnesses, especially mental health issues, of those receiving care

was highly effective at reducing care giver distress.

After conducting a thorough literature review Venables and colleagues (2006) found that there were five broad categories of support services for care givers. All of these, except one, focused on assisting or relieving the care giver in their activities of care and enabling the care giver to

NICE WELL REPRESENTED AT THE 35TH ANNUAL SCIENTIFIC AND EDUCATIONAL MEETING OF THE CANADIAN ASSOCIATION ON GERONTOLOGY.

As many of you know, the Canadian Association in Gerontology (CAG) is a partner in the NICE Network. This year's conference, "Acknowledging our past, building our future: Evidence-based practice in aging" was a perfect fit with the goals and objectives of the NICE Network. As a result, NICE and many of its individual members took part in this meeting. The Co-Chairs for the conference were NICE members with whom you are all familiar; Dr. Peter Donahue, the NICE Network Manager who was profiled in our last newsletter and Dr. Sandra Hirst, the NICE Communications Committee Chair who you will find profiled in this issue.

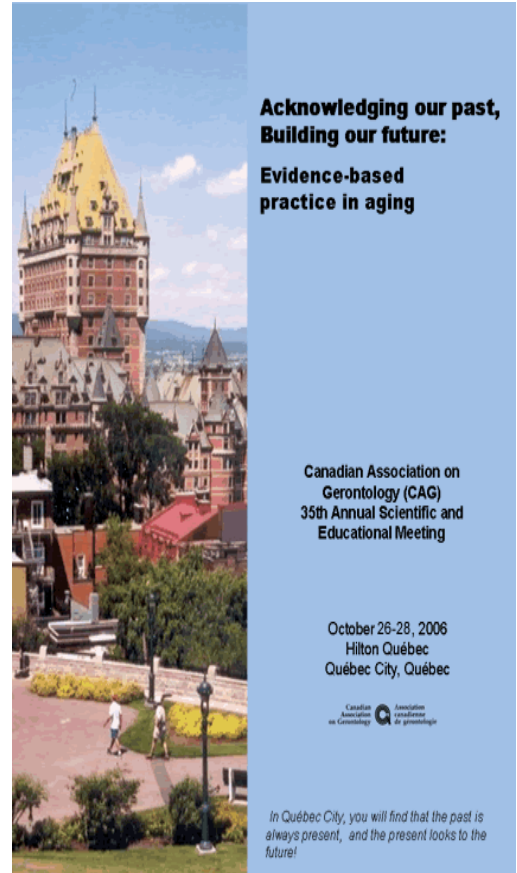
NICE member Dr. Marie Beaulieu acted as the Master of Ceremonies throughout the three-day conference. Dr. Howard Bergman, Chair of the NICE Board of Directors, delivered a keynote address on the complexity of care for older adults as did NICE member Dr. Larry Librach on end-of-life care. Dr. Rejean Hebert, a NICE member, received the CAG Award for Contribution to Gerontology at the conference.

The NICE Network exhibit was visited by many conference delegates throughout

the conference who were eager to join forces with us. On the second day of the conference, NICE hosted a breakfast for our current members as well as those interested in the NICE Network that provided an opportunity for our members from across Canada to meet with each other face-to-face.

The End-of-Life Theme Team, lead by Laura Watts and Judith Wahl, conducted a workshop to not only introduce the NICE Network but to help them collect information to assist in the development of the End-of-Life toolkit they are developing as part of their knowledge transfer strategy. Other NICE members participated in the conference by presenting their work in symposia, paper and poster presentations and workshops. Among these were: Marie Beaulieu, Yves Couturier, Amanda Grenier, Lorna Guse, Daniel Lai, Lynn McCleary, Kathy McGilton, Verena Menec, Louise Plouffe, Elizabeth Podnieks, and Sophie Sapergia.

As Dr.'s Donahue and Hirst are taking the lead in organizing the 2007 CAG conference in Calgary, we are sure NICE will be clearly visible and active gain next year.



CARING FOR THE CAREGIVERS: MISDIRECTED EFFORTS?? (CON'T)

get more from the service system. The remaining support service category focused on those being cared for, the goal being to increase independence and well-being. The by-product of these support services was to alleviate the anxiety and burden on the care giver.

As there was no reliable evidence to substantiate this by-product effect, Veneables and colleagues (2006), designed a randomized controlled trial testing the effect of an additional clinical component to the standard assessment used by local health authorities. The purpose of this was to better understand and treat the vulnerable older adult. An

older person's wandering behaviour or negative mood state, for instance, was strongly associated with increased care giver stress. If these conditions were identified and treated successfully then the associated stress of the care giver would also subside.

The additional clinical component was successful at identifying a greater number of symptoms and conditions – the major one being depression – afflicting those being cared for. Once these were identified and treated care giver stress was reduced. Furthermore, the authors found that these treatments had a cumulative and mutually reinforcing effect. As

treatment decreased symptoms and behaviours, the stress of care givers subsided allowing them to provide better care which, in turn, increased the overall functioning and well being of the person to whom they were providing care.

Although it is important to continue designing interventions aimed at alleviating the care giver burden, this study helps to shift the emphasis away from interventions solely targeted towards the care giver and places the health and well being of vulnerable older adults back in the centre of the care giving relationship.

Veneables, D. et al. (2006). Specialist clinical assessment of vulnerable older people: outcomes for carers from a randomized controlled trial. *Ageing & Society*, 26: 867-882.

**Thorough
assessment and
treatment of the
illnesses, especially
mental health
issues, of those
receiving care is
highly effective at
reducing care giver
distress.**



W E C A R E T O G E T H E R

NICE NEWS

Scott McGrath, Editor-in-Chief
National Initiative for the Care of
the Elderly
222 College Street, Suite 106
Toronto, Ontario Canada M5J 3J1
Phone: 416-978-2197
Fax: 416-978-4771
E-mail: nicenet@utoronto.ca

MEMBER PROFILE:

DR. SANDRA HIRST COMMUNICATIONS CHAIR, NICE



Most of you are probably very familiar with the work of Dr. Sandra Hirst – she has been a prolific contributor to the field of gerontology. While her main research interest is the abuse and neglect of older adults residing within health care settings, she has also made a significant impact in the areas of elder care and caregiving, older women's experience of health care, creating healthy workplace environments within nursing homes, and general practice with clients with Alzheimer's disease.

Dr. Hirst has also been extremely active in educational gerontology and has written about the use of web-based technologies, including on-line learning as tools for increasing educational opportunities within the field of gerontology. It is with education in mind that she has been actively involved in planning scientific and educational conferences for both the Alberta Association on Gerontology (AAG) and the Canadian Association on Gerontology (CAG).

In addition to her academic responsibilities as associate professor at the Faculty of Nursing at the University of Calgary, Dr. Hirst is the current President of the CAG and has served on its board since 1998. Dr. Hirst is also the Chair of Communications for NICE.

Dr. Hirst's academic pedigree includes a BScN, MSc. (NEd) from the University of Edinburgh and a Ph.D. from the Faculty of Nursing at the University of Alberta.

It is a great privilege to have Dr. Hirst on the board of the Nice Network. Her tireless efforts and significant contributions to the field of gerontology are commendable and her leadership role within NICE continues to provide the network with vision and drive.

The Last Word is yours...

We hope that you have enjoyed this issue of NICE News. And we want to remind you that our main goal is to provide you with useful, applicable information for your practice. Being a multidisciplinary network it's hard for us behind the scenes to keep on top of the latest developments and happenings in everyone's specialties. We hope that you will help us out by sending us your feedback, suggestions, articles, important dates, exciting news etc... so that we can better meet our goal. You can contact us at nicenetadmin@utoronto.ca.