



NICE NEWS

DECEMBER 2006

VOLUME 1, ISSUE 4

INSIDE THIS ISSUE:

DIRECTOR'S MESSAGE

TELEPHONE ASSESSMENT OF COGNITIVE FUNCTION IN ADULTHOOD: THE BRIEF TEST OF ADULT COGNITION BY TELEPHONE

ENHANCING QUALITY OF LIFE OF FAMILIES WHO USE ADULT DAY SERVICES: SHORT- AND LONG-TERM EFFECTS OF THE ADULT DAY SERVICES PLUS PROGRAM

COMMUNITY CORNER:

CANADIAN GERONTOLOGICAL NURSING ASSOCIATION (CGNA)

MEDICATION MANAGEMENT ASSESSMENT FOR OLDER ADULTS IN THE COMMUNITY

SAFE MEDS FOR SENIORS

MEMBER PROFILE:

DR. JOAN HARBISON



DIRECTOR'S MESSAGE

Season's greetings!

As I sit down to write this message I am struck by the fact that December is here. The busy month that was November has given way to the even busier holiday times. Although we will have one more issue of NICE News to you before the holidays I do want to take a moment now to wish you all the very best during the holiday season. May your days be merry and your holiday shopping painless!

Now, back to November for just a moment. One of the highlights of this past month and an event I look forward to every year was the Gerontological Society of America's annual conference. Their theme this year was 'Education and the Gerontological Imagination' - what a terrific theme! Perhaps it is my sociological background that resonated so strongly with this theme - borrowing it as they did from The Sociological Imagination published in 1959 by C. Wright Mills. Nevertheless the intersection of ideas and schools of thought is important and I am thankful for the reminder. It also fits well with the interdisciplinary approach to gerontology taken by the NICE Network.

One thing that I did find surprising at this year's conference was the lack of

content on knowledge transfer. As KT is our raison d'être I am constantly aware of its importance and the dearth of effective transmission models. In my mind it solidifies why NICE must strive to develop and promote knowledge transfer within and across our respective disciplines. Having said that, the conference was terrific and provided stimulating content and wonderful networking opportunities.

Back at home, we have been busy pursuing further funding through a SSHRC Research cluster grant to create an interdisciplinary team of academics and practitioners in partnership with NICE for the purpose of transferring and mobilizing knowledge around the issue of elder abuse and neglect. Our knowledge of the incidence and prevalence of elder abuse is scant and anecdotal at best. Although it is becoming more of a priority to formulate public policy to ensure the protection of elderly adults, much greater efforts in this area are critical. The grant was submitted last month and the results of the competition will be announced in March 2007.

As for upcoming events, Peter Donahue and myself will be attending the Networks of Centres of Excellence's (NCE) Annual General Meeting in Ottawa from December 4th - 6th. This year's AGM will focus on sharing best practices among the NCEs as well

as discussing the impact of NCEs and future directions of the NCE program. It promises to be an informative and instructive event.

I will end here with a word of thanks to those members who have taken the time to provide us with feedback and suggestions for NICE News. As always, I encourage you all to let us know what you think, to give us ideas for future issues and to supply us with articles from which you think your colleagues could benefit.

Until the next time, be well and enjoy this special time of year.

All the best.

Lynn McDonald

Scientific Director, NICE

March 4-6: Advances in Memory Research. Toronto. Baycrest 17th Annual Rotman Research Institute Conference.



COGNITIVE TESTING AT THE TOUCH OF YOUR FINGER TIPS

“TELEPHONE ASSESSMENT OF COGNITIVE FUNCTION IN ADULTHOOD: THE BRIEF TEST OF ADULT COGNITION BY TELEPHONE.”

Cognitive functioning is one of the main determining factors in the ability of the elderly to successfully and safely navigate their environment. There are proven links between cognitive functioning and quality of life, morbidity and mortality. Increasing our understanding of cognitive functioning in normal ageing will have an impact on both theory and practice.

With this in mind Tun and colleagues (2006) administered the Brief Test of Adult Cognition by Telephone (BTACT) to a probability sample of 84 healthy, community-dwelling volunteers ranging in age from 23-80 years old. They divided their sample into three groups: younger (<40), middle-aged (40-59), and older (>60).

The BTACT requires less than twenty minutes to administer in person or by telephone. It includes

subtests for episodic memory, working memory span, verbal fluency, inductive reasoning, speed of processing and an optional task-switching test. This telephone application of this instrument was validated against a previous in-person administration resulting in significant correlations between the two.

In the current study Tun and colleagues (2006) were successful in finding differences across age categories that accurately corresponded to established norms. They also found that both the subtests and the composite scores were sensitive to age-related differences in middle age and later life. Therefore, the BTACT was efficient and effective in testing the cognitive abilities in normal-functioning adults

ranging in age from young to older adults.

The work of Tun and colleagues (2006) could easily be expanded upon to show the viability of the BTACT as a pre-screening tool for cognitive impairment. This tool might have a greater purpose in alerting health care practitioners to the early warning signs of abnormal cognitive impairment. Furthermore, as a telephone administered screening tool it could allow for easier screening of the elderly in underserved remote rural areas.

Tun, P.A., & Lachman, M.E. (2006). Telephone assessment of cognitive function in adulthood: the Brief Test of Adult Cognition by Telephone. *Ageing.*

Increasing our understanding of cognitive functioning in normal ageing will have an impact on both theory and practice.

SOMETIMES MORE IS MORE

“ENHANCING QUALITY OF LIFE OF FAMILIES WHO USE ADULT DAY SERVICES: SHORT- AND LONG-TERM EFFECTS OF THE ADULT DAY SERVICES PLUS PROGRAM.”

Adult day centres have been the panacea for the over-worked, over-burdened and under-supported care givers who are forced to make a difficult choice that resembles not much of a choice at all. They can pick among long-term care placement, privately paid in-home care, quitting work or other activities in order to provide full-time care themselves, or an adult day centre where their cognitively impaired loved-one will receive the care they require during the day while allowing them to continue their employment or other activities.

As popular as this option is Gitlin and colleagues (2006), found that scant research has been done to demonstrate the positive impact that adult day centres have had on families. Furthermore, the studies that have been conducted showed high drop-out rates among day centre attendees and

little, if any, positive improvements made by the family members who were responsible for providing care prior to using the service.

The study by Gitlin and colleagues (2006), included an additional component to the traditional adult day centre environment. They called this program an Adult Day Service Plus program. The ‘Plus’ referred to the addition of services specifically aimed at addressing the needs and concerns of the family care givers. The plus intervention helped family care givers with problem-solving and coping skills, increased their access to social and instrumental support and provided them with techniques to better manage the problematic behaviours of their family member. This was

accomplished by existing centre staff members (chiefly the centre director) during brief (on average one hour per month) structured, ongoing contact with the care giver over the study period (twelve months).

Using a two-group quasi-experimental design with a total of 129 participants, Gitlin and colleagues were able to demonstrate statistically significant improvements in the areas of care giver depression, burden, self-efficacy in managing troubling behaviours, overall perceived well-being, health behaviours, and an increase in attendance at the adult day centre program for those in the experimental group (i.e. Adult Day Centre Plus Program). These measures were taken at baseline, three, six and twelve

months and were found to be significantly different, favoring the experimental group, at each post-baseline measure.

Given the relative lack of resources expended in developing and implementing the Plus Program it is a relatively low-cost intervention with demonstrated benefits. The low-cost and low-effort of the intervention makes attempting to replicate these findings appealing. Sometimes a little bit of effort in the right direction can go a long way.

Gitlin, L., Reeve, K., Dennis, M., Mathieu, E., & Hauck, W. (2006). Enhancing Quality of Life of Families Who Use Adult Day Services: Short- and Long-Term Effects of the Adult Day Services Plus Program. *The Gerontologist*, 46(5): 630-639.

COMMUNITY CORNER: CANADIAN GERONTOLOGICAL NURSING ASSOCIATION (CGNA)

Nurses have an essential role in caring for frail and sick older adults, and in promoting the general health and well-being of this important group of Canadians. The Canadian Gerontological Nursing Association (CGNA) is an organization that represents gerontological nurses and promotes gerontological nursing practice across Canada. Its mission is to address the health concerns of older Canadians and the nurses who participate with them in health care.

CGNA perceives itself as a partner in the health care system; recognizing that health is a provincial/territorial partnership with the federal government. The role of CGNA in this health care system is:

- To promote high standards of

gerontological nursing practice,

- To promote education programs in gerontological nursing,
- To participate in affairs that promote the health of older adults,
- To promote networking opportunities for nurses,
- To promote and disseminate gerontological nursing research, and
- To present the views of the Association to government, education, professional and other appropriate bodies.

Many CGNA members are certified gerontological nurses; a distinction

earned by experience, education, and successful completion of a national examination. We are proud of this fact. CGNA is also proud of its ability to support undergraduate and graduate nursing education, to promote evidence based practice through its research awards, and to enhance practice through its conferences.

NICE has a rich network of partners ranging from small community agencies to large national organizations. The CGNA is one of our larger organizational partners and one that closely matches our own mandate to provide ongoing professional networking, education and training opportunities to its members. We are proud of our partnership with the CGNA and look forward to enhancing each other's efforts in pursuing our common goals.



NICE & NURSES: SOME QUESTIONS NEED TO BE ASKED – AND ANSWERED

Do I really have time then to get involved with NICE? Why should I get drawn into it? How will it help me give care to my older residents?

Many nurses work with older adults who are frail and sick; the care that this group of clients requires is frequently challenging. The changes associated with normal aging are enhanced by the complexity of disease pathologies. The ability to differentiate and plan nursing care accordingly can be demanding. Which is probably one of the reasons that I repeatedly hear from nurses that they never have enough time to give the care that they truly want to give to older adults because of the demands of the work environment. "Too short staffed", "not enough professional staff on duty", and "too many residents for one staff member" is what they tell me.

Yet, there are other nursing

colleagues who work with students and staff in educator and administrative roles, and they too have questions. What pedagogical changes could I initiate to support an aging enriched learning experience for my students? How can I link with the gerontological field through partnerships between practice and research? What kinds of affiliations can I build with local, regional, and national aging-related agencies that will strengthen my knowledge base, networking support, and access to resources?

My answer to these questions is that NICE offers a way to work more effectively as a gerontological nurse and therefore, it helps them to achieve their care goals. NICE provides:

- opportunities for them, as nurses, to interact with colleagues from other

health care disciplines, the outcome of which is informed practice. To give effective and comprehensive care, nurses, physicians and other health care / human service professionals must collaborate with each other. Each profession demonstrates different areas of specialized competence that, when combined together, provide a continuum of care that the older adult has a right to receive.

- opportunities to test out empirical evidence within the unique context of one's own work environment. At its best, evidence based practice gives the gerontological nurse the professional tools to help enhance clinical effectiveness and

influence the delivery of healthcare.

- resources and alliances regionally or with other disciplines in your institution to transform practice.
- knowledge opportunities within one's own setting that can be instantly related to the other adults for whom one cares; and
- hours which count towards certification renewal.

Just a few answers to some simple questions.

Sandra P. Hirst

Sandra Hirst RN, PhD, GC(C)

President, Canadian Gerontological Nursing Association

MEDICATION MISMANAGEMENT: A COSTLY OVERSIGHT

“MEDICATION MANAGEMENT ASSESSMENT FOR OLDER ADULTS IN THE COMMUNITY.”

The elderly are the leading consumers of medications. They are also exceedingly noncompliant in following their medication regimes. Orwig and colleagues (2006) state that “medication non-compliance is the second largest health problem in the United States in terms of resources consumed” (p. 661). Resources aside, medication noncompliance can create significant health issues resulting in hospital admissions and death.

With this in mind Orwig and colleagues (2006) wanted to test an assessment instrument that could be used to screen for noncompliance, identify the reasons for non-compliance and assist with individualized interventions to improve medication management. With the increasing number of medications taken by an individual elderly person medication management is becoming a more complex process that is often supported by those providing care to an elderly family member in the community. Given this, it was important to the authors that the assessment tool be easy to administer and interpret by those family care givers directly providing care.

Orwig and colleagues (2006) identified the Medication Management Instrument for Deficiencies in the Elderly (MedMaIDE) as the instrument that best fit their criteria. The MedMaIDE uses simple language at an eighth-grade reading level and focuses on maximizing medication compliance within the home environment.

MedMaIDE consists of twenty items in three areas previously identified as related to medication compliance: what a person knows about the medication s/he is taking; whether a person knows how to take his/her medication; whether a person knows how to get his/her medications from a doctor or pharmacy. The assessment takes approximately thirty minutes to complete.

The study was conducted with 50 community dwelling adults over the age of sixty-five. MedMaIDE was administered to participants by non-medical staff twice – one week apart. A pharmacist also conducted a pill-count measure with all participants at baseline and thirty days later. Reliability and validity tests were conducted using internal and external measures (i.e. interrater reliability, test-retest reliability) and using the pill count as comparative variable). In all cases MedMaIDE was found to

be a strong, valid and reliable measure of medication compliance.

The advantage of the MedMaIDE assessment over a traditional pill-count method for examining medication compliance was that the instrument provides insight into the reasons for non-compliance from which interventions to increase compliance can be developed. Perhaps the most important feature of the MedMaIDE assessment is that it was designed to be used by informal care givers of elderly community dwelling adults. This finding could lead to a significant decrease in the adverse health effects of medication non-compliance and an associated decrease in health care resource utilization.

Orwig, D., Brandt, N., Pharm, D., & Gruber-Baldini, A. (2006). Medication Management Assessment for Older Adults in the Community. *The Gerontologist*, 46(5): 661-668.

“Medication noncompliance is the second largest health problem in the United States in terms of resources consumed”



SAFE MEDS FOR SENIORS: A USEFUL RESOURCE

Taken from: <http://www.opatoday.com/SSMUP.asp#seniors>

The Ontario Pharmacists' Association is pleased to have the support of the Government of Ontario for the Safe Meds for Seniors Program. These seminars are available across Ontario and are delivered by a community pharmacist. Each seminar covers a variety of important topics for seniors relating to medication use. Originally introduced as the Seniors' Safe Medication Use Program in 1999, Safe Meds for Seniors has been presented to thousands of people and met with overwhelming success. Each seminar provides valuable information about healthy aging to help seniors live independently and with dignity.

"Our seniors can benefit from the expertise the pharmacist has to offer," said Donnie Edwards, OPA's Chair of the Board. "Almost 50% of all medication used by seniors may be used inappropriately. Medication related problems result in 25% of hospital admissions of patients over 50 years of age. By educating our seniors on medication therapy we can improve health care outcomes, reduce hospital visits, and help control health care costs."

The programs are fully funded by the OPA and the Ontario government. They are free for seniors who wish to host or attend them. "It provides an excellent opportunity for seniors to take control of their health and medication and to utilize the skills and expertise of drug experts – the pharmacists," remarked Marc Kealey, CEO of the OPA. "We thank the Ontario government for acknowledging the need to invest in such a highly valuable and essential program."



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. JOAN HARBISON



Dr. Harbison's interest in the lives of older people began early in her career. While a student in the Department of Social Studies at the University of Dublin in Ireland she wrote her undergraduate thesis on residential care in old age. Prior to joining the academic world, Dr. Harbison had a career as a social work practitioner in the mental health field in Scotland, England and Canada. She holds a graduate diploma in social work from Edinburgh University and received a Ph.D. in Social Work from the University of Toronto. Dr. Harbison is an Associate Professor at Dalhousie University's School of Social Work where she teaches courses in health and social service delivery and on critical perspectives on aging and practice. She is a founding member and an outgoing Director of the Canadian Network for the Prevention of Elder Abuse. She was a member of the Nova Scotia Seniors' Secretariat elder abuse planning committee and currently sits on its Elder Abuse Strategy implementation committee.

Dr. Harbison's research is focused on service delivery to older people who are identified as being in situations of mistreatment and neglect. She has worked in the areas of both theoretical development and empirical research and has published on various topics related to the development of theory, including the social construction of elder abuse and neglect, and the limitations in its theoretical conceptualization and development.* From an empirical perspective she is particularly interested in the issues surrounding the legislation, policies and local practices regarding formal and informal assistance to this population. Dr. Harbison's interdisciplinary research team includes academics in the fields of social work, law and sociology. The findings of the team's most recently funded study in Nova Scotia suggest that, at least in rural areas, both professionals and lay people recognize the limitations and potential intrusiveness of the services provided under adult protection legislation to address the complex issues involved. They work to find the least intrusive ways of assisting elderly people who are being mistreated or neglected, based on a concern to respect the rights and wishes of these older people.** Dr. Harbison's team have currently embarked on a study funded by the Social Sciences and Humanities Research Council that will investigate these same service delivery issues throughout the Maritime Provinces.

Dr. Harbison is committed to working on issues of aging from an interdisciplinary perspective and with lay members of communities. As she puts it "the NICE network provides a wonderful opportunity to meet and exchange ideas and knowledge with people from my own and other disciplines that will better allow us to understand and meet the needs of the older people we want to serve".

* Harbison, J., McKinley, P. & Pettipas, D. (2006). Older people as objects not subjects: Theory and practice in situations of 'elder abuse'. In Alaggia, R. & Vine, C. (Eds.) *Cruel but not unusual: Violence in Canadian families, a sourcebook of history, theory and practice* (pages 689-743). Waterloo: Wilfred Laurier Press.

**Harbison, J., Coughlan, S., Karabanow, J., Vanderplaat, M. (2005). A clash of cultures: Rural values and service delivery to mistreated and neglected older people in Eastern Canada. In *Practice: A journal of the British Association of Social Workers*, 17(4), 229-246.

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.