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National Initiative for the Care of the Elderly
Initiative nationale pour le soin des personnes âgées
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NICE NEWS

SEPTEMBER 2006 VOLUME 1, ISSUE 1

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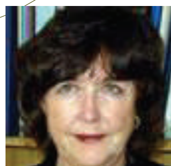

DIRECTOR'S WELCOME

Welcome to the inaugural issue of NICE News – an e-newsletter designed to provide busy professionals with information on the latest developments in aging research that can be applied to every day practice. It's an exciting time in gerontology with lots of research and recommendations for practice. With all this activity we know that it's hard to keep up. We hope that these bite-sized reviews of current findings will assist you in your efforts to deliver quality, evidence-based care.

Included in our reviews are the goals of the research, some background on the methodology and the key findings. We've also included the full citation for the article so that you can read the material in full at your leisure.

We also want our members to get to know each other – both individually and as part of the organizations to which we belong. Each issue will feature a brief biography of one our members, including why they joined the NICE network and their current area of research. We hope that members will contact each other with thoughts, questions and comments that are mutually beneficial to each other's work.

Let's not forget our organizational partners – many of whom are doing exciting and important work in gerontology. The "Community Corner" section will keep us up to date on the various activities of our partners. Once again we hope that as a community we will use our knowledge and resources in ways that enhance our collective efforts.

The main objective for this e-newsletter is to support our members in the valuable work they do. To achieve this goal we need your feedback. We want to know if you find the article summaries helpful, if you've been able to use any of the findings in your practice and whether you found this made a difference. We also want to know about the work you and your organizations are doing so that we can share it with other members.

Finally, I would like to personally thank all of you for your commitment to the NICE Network and your dedication to improving the care of our elderly.

Keep up the good work!

Lynn McDonald

Scientific Director, NICE

IMPORTANT DATES

October 1-4, 2006 - Viellissement, santé et société: Acquis, défies et perspectives-VIII e Congress International francophone de gériatrie et gérontologie Location: Quebec City, Quebec Canada

- **October 14 & 15, 2006**—Legal and societal challenges of aging: A view for positive change—Canadian Conference on Elder Law Location: Vancouver, B.C.

- **October 26-28, 2006**- Acknowledging our past, Building our future: Evidence-based practice in aging— Canadian Association on Gerontology's 35th Annual Scientific and Educational Meeting Location: Quebec City, QC

- **November 16-20, 2006**—Education and the gerontological imagination—The Gerontologicial Society of America's 59th Annual Scientific Meeting Location: Dallas, Texas

LET'S TALK!

"COMMUNICATION ENHANCEMENT: NURSE AND PATIENT SATISFACTION OUTCOMES IN A COMPLEX CONTINUING CARE FACILITY"

In a recent paper in the Journal of Advanced Nursing, NICE network's own Kathy McGilton, along with co-investigators Heather Irwin-Robinson, Veronique Boscart and Lily Spanjevic, report their findings that nursing staff experience increased job satisfaction and feel closer to their patients when they spend more time talking with them.

The purpose of their study, entitled "Communication enhancement: nurse and patient satisfaction outcomes in a complex continuing care facility" was to evaluate the outcome of a communication enhancement intervention on staff and patients in a complex continuing care facility. The authors' based this study on the long accepted idea that effective communication is an integral component of providing quality patient care. In practice, however, opportunities for patient-nurse communication are often limited to those exchanges necessary for the provision of care.

McGilton and her co-authors used a repeated measures design (baseline, five and ten week follow-ups) with twenty-one nursing staff members and sixteen patients in a complex continuing care (con't)

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LET'S TALK! - CON'T

environment. They measured nurses' job satisfaction and their relationship with their patients as well as patient satisfaction with care.

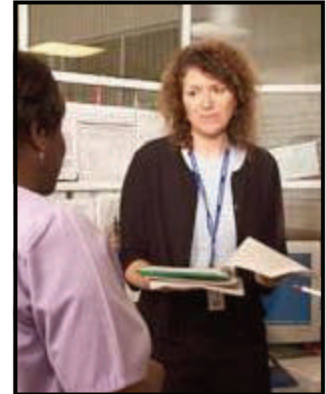
The communication enhancement intervention used with staff was based on Solution-Focused Brief Therapy Technique (SFBT) and augmented with other communication models. The thrust of the intervention was to supplement the required, often negative and problem-based, patient-nurse communications with positive, solution-based and strengths-focused exchanges. A simple example would be asking a patient how their day was and discussing their current concerns, feelings etc… in a more personal nature.

Nursing staff were asked to interact with their patients for two minutes each day when they were not providing care to the patient. This time period was selected based on previous research demonstrating that when physicians gave patients two minutes to tell their story they felt better about their care.

The authors found that the intervention had a positive impact on the nurses' feelings towards their patients and their job satisfaction. Another anticipated outcome, based on previous literature, was an increase in the patient satisfaction with care. This study was not able to demonstrate any increase in patient satisfaction but the authors caution that due to demands on nursing times, adherence to the intervention was a challenge that may have contributed to this finding. In other words, if nurses had more time for non-care related communication with all of their patients, an increase in patient satisfaction would be anticipated.

Future studies supported with greater resources may indeed demonstrate positive outcomes for patients as well as staff. In the meantime, the authors have shown that including communication skills training and encouraging nursing staff to engage in non-care related exchanges with their patients on a regular basis creates positive staff outcomes. Two minutes a day may not keep the doctor away, but it just may keep nurses on the job longer and happier!

McGilton, K., Irwin-Robinson, H., Boscart, V., & Spanjevic, L. (2006). Communication enhanment: nurse and patient satisfaction outcomes in a complex continuing care facility. The Journal of Advanced Nursing, 54(1), 35-44.



Kathy McGilton

Two minutes a day may not keep the doctor away, but it may keep nurses on the job longer and happier!

DEPRESSION MANAGEMENT: MORE WORK NEEDED

"COST-EFFECTIVENESS OF A DISEASE MANAGEMENT PROGRAM FOR MAJOR DEPRESSION IN ELDERLY PRIMARY CARE PATIENTS"

Major depression is common in older adults and is often associated with increased health care costs. Bomans et al. (2006) wanted to evaluate the cost-effectiveness of a disease management program for major depression in elderly primary care patients. They found that in the primary care environment there was no statistically significant difference in outcomes between a depression management intervention group and the usual care group.

Bomans and colleagues designed a randomized-controlled trial with thirty-four patients (eighteen intervention and sixteen control). All patients were fifty-five years or older and there were no significant differences between the two groups in terms of age and gender, nor were there any significant differences between the participating doctors in terms of experience or type and size of practice.

In the usual treatment group (control) the doctors were not given any additional training. Treatment of depression depended upon the doctor recognizing the person as being depressed. In Holland, where the study was conducted, there are guidelines for the treatment of depression and it was assumed by the authors that these guidelines would be followed to some degree by the doctors in the usual treatment group. The guidelines (con't)

DEPRESSION MANAGEMENT– CON'T

primarily recommend education and coaching but antidepressants and/or psychotherapy can be added depending on the length and severity of the depression. These are, however, only guidelines and individual practitioners are free to treat according to their own views.

Doctors in the intervention group participated in a four-hour training session for depression screening, diagnosis and treatment for elderly patients. The treatment they offered the intervention group patients included education and information, drug therapy and supportive contact. These doctors also distinguished between an acute treatment phase in which patients were seen every two weeks for a period of two months and a continuation phase in which patients were seen monthly for a period of four months.

Measures included depression scales to monitor the severity of the depressive symptoms, quality of life scales and both direct and indirect health care costs. The cost associated with physician visits and psychotropic medications were included, but other medications and production loss costs were not included. Measures were taken at baseline, two, six and twelve months following intervention.

The authors found no significant differences between the case management group and the usual care group in any of the outcome measures. They conclude that case management is not cost-effective and recommend the usual care model based on "watchful waiting."

They note that their findings are in line with two other randomized trials based on depression management.

Findings from a third study were also included that do show a significant effect in depression severity accompanied by an insignificant increase in health costs when the patients had access to a depression care manager, making the intervention more intensive.

More research should be directed towards these more intensive depression management interventions in order to determine if the increase in health care costs are inline with the derived benefits. In the meantime, though, it would seem that a little improvement in the management of depression in the elderly doesn't necessarily go a long way.

Bosmans, J., de Bruijne, M., van Hout, H., van Marwijk, H., Beekman, A., Bouter, L., & Stalman, W. (2006). Cost-Effectiveness of a Disease Management Program for Major Depression in Elderly Primary Care Patients. *Journal of General Internal Medicine*, 21: 1020-1026.

Major depression is common in older adults

COMMUNITY CORNER

CANADIAN COALITION FOR SENIORS' MENTAL HEALTH

A CANADIAN FIRST:

NATIONAL GUIDELINES FOR SENIORS' MENTAL HEALTH

The first ever national guidelines for seniors' mental health are now available. The guidelines cover four key areas of seniors' mental health:

- The Assessment and Treatment of Delirium
- The Assessment and Treatment of Depression
- The Assessment of Suicide Risk and Prevention of Suicide
- The Assessment and Treatment of Mental Health Issues in Long Term Care Facilities

These comprehensive, evidenced-based, guidelines were produced by the Canadian Coalition for Seniors' Mental Health (CCSMH) – a national organization with over 750 individual members and 85 institutional partners. The mission of the CCSMH is to promote the mental health of seniors by connecting people, ideas and resources. The guidelines have done just that by bringing together experts from across Canada in a variety of health disciplines to evaluate current research and practices related to seniors' mental health.

Recently, the CCSMH and NICE joined forces and are in the process of developing a tool-kit for practitioners based on the Depression guidelines. We look forward to working closely with our new partner and congratulate the CCSMH on the production of their easy to use, thorough and informative guidelines.

For more information or to obtain a free copy of the guidelines please visit www.ccsmh.ca or call Faith Malach, Executive Director, at 416-785-2500 x6331

CANADIAN COALITION FOR SENIOR'S MENTAL HEALTH

TAILOR-MADE INTERVENTIONS: PUTTING THE PERSON BACK INTO PERSON-CENTRED CARE FOR PEOPLE WITH DEMENTIA

"UTILIZATION OF SELF-IDENTITY ROLES FOR DESIGNING INTERVENTIONS FOR PERSONS WITH DEMENTIA"

Although dementia and the loss of a sense of self seem to go hand-in-hand, a growing body of literature suggests that one's sense of self can survive – even through the later stages of dementia. This assertion, along with previous empirical studies, led Cohen-Mansfield et al., to evaluate customized interventions based on a predetermined sense of identity for seniors with dementia. The outcome demonstrated that recognizing the importance and understanding the presence of a sense of identity among individuals with dementia is key to effective treatment.

The study was conducted with forty-one seniors from adult day centres and fifty-two seniors residing in nursing homes. All participants were over sixty-five years of age. They were randomly assigned to the treatment or control groups and there were no statistically significant differences between the two groups in any demographic or clinical characteristics.

At baseline research assistants interviewed the participant, staff and family about participants' role identity, impact of role identity, prominence of role identity, cognitive performance and general well-being. The information obtained from these interviews was used to design interventions for those in the treatment group but not for the control group.

Role identity was split among four domains: profession, family, leisure and personal attributes. Interventions were based on whichever role was most salient for each participant in the treatment group. An example given was that of a former aviation engineer who was asked to help construct a model plane. Although he was not able to perform the manual tasks involved, he was very involved in looking at the instructions and engaged with the construction.

Outcome measures were categorized into self-identity awareness, affect, involvement, agitated behaviours, and well-being. Results were obtained using a combination of research assistants' observations and administered measurement scales. In all categories, participants in the treatment group showed significant improvement.

The authors conclude that understanding the identity and importance of various roles that an individual with dementia may have held throughout their lives and designing customized interventions that integrate this information will positively contribute to their well-being. Although more work in this area needs to be done, the important message from this study is that person-centred care should not stop with a diagnosis of dementia.

Cohen-Mansfield, J., Parpura-Gill, A., & Golander, H. (2006). Utilization of Self-Identity Roles for Designing Interventions for Persons with Dementia. *Journal ofGerontology: Psychological Sciences,* 61B(4): 202-212.

One's sense of self can survive — even through the later stages of dementia

NICE LAUNCHES STUDENT MENTORSHIP PROGRAM

As part of its commitment to gerontological education, NICE is pleased to announce the launch of its Student Mentorship Program. The objectives of the Student Mentorship Program are: to develop an enduring interest in geriatrics and gerontology on the part of our students; to build research and evaluation capacity in students; promote the application of research evidence to client services and policy making; and introduce students to key professionals already in the field.

Students would normally be enrolled in a gerontology-related field of study at a post-secondary institution, and be recommended for associate status by Network affiliated researchers and practitioners. The program would usually last one year.

Student members will be invited to attend NICE Network functions at zero or a reduced cost, depending upon the event. Students would be provided with a $1,000 stipend to enable them to participate in the annual meeting of the NICE Network to share their work with fellow students and Network members.

As part of belonging to the Student Mentorship Program, students will be expected to belong to one of the Network Theme Teams and provide support to that team (i.e., conduct a mini Campbell review, source out knowledge transfer tools). The Network will provide the opportunity for students to engage in: knowledge transfer to receptor communities, to co-author paper presentations, to attend conferences, to network and to write for publication. The Network will also provide access to references and resources created by the NICE Network.

Places in the Mentorship Program are limited. If you, or any students you know, are interested in applying for this program, please send an email to nicenet@utoronto.ca for further information.

We are on the web!

http://www.nicenet.ca

MEMBER PROFILE:
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W E   C A R E   T O G E T H E R

We thought it fitting that Dr. Howard Bergman be the first member that we profile in Nice News. Dr. Bergman supported the initial NICE proposal as an accomplished and committed geriatrician and researcher and as the head of two organizations dedicated to research and studies in aging: the Canadian Geriatrics Society and Réseau Québécois de Recherché sur le Vieilleissement. It is our great pleasure and honour to have Dr. Bergman as the first Chair of the Board of Directors of the NICE network. Included below are just a few of the positions and outstanding contributions Dr. Bergman has made to the field of aging.

Dr. Bergman is the first Dr. Joseph Kaufmann Professor of Geriatric Medicine and is Director of the Division of Geriatric Medicine at McGill University (www.med.mcgill.ca/geriatrics). He is also Director of the Division of Geriatric Medicine of the Jewish General Hospital and an investigator at the Centre for Clinical Epidemiology and Community Studies and at the Bloomfield Centre for Research in Aging of the Lady Davis Institute at the Jewish General Hospital in Montreal. He is an Adjunct Professor in the Department of Health Administration at the Université de Montréal and an Invited Professor at both the Faculty of Medicine at the Université de Lausanne in Switzerland and the Faculty of Health Sciences, Ben Gurion University of the Negev, Beer-Sheva, Israel.

Dr. Bergman is Scientific Director of the Quebec Network for Research in Aging funded by the Fonds de la Recherche en Santé du Québec (FRSQ) www.reseau-vieillissement.qc.ca. He is appointed Chair of the Advisory Board of the Institute of Ageing of the Canadian Institutes of Health Research (CIHR). He is President of the Canadian Geriatrics Society and is co-Chair of the Scientific Program Committee for the 8th Congrès international francophone de gériatire et de gérontologie to be held in Quebec City in 2006.

In the area of frailty and health services, Dr. Bergman is co-Director of Solidage: the McGill University/Université de Montréal Research Group on Integrated Services for Older Persons (www.solidage.ca). In 1999-2001, Solidage developed and evaluated in a randomized controlled trial the SIPA model of integrated care for the frail elderly population with major grants from both the Federal and Quebec Governments. In 2001, Solidage received from the Canadian Institutes of Health Research a five year $3.5 million grant for an international Interdisciplinary Health Research Team on “The Challenge of Understanding and Meeting the Needs of Frail Older Persons in the Canadian Health Care System”. As well, Dr. Bergman presently leads a group of Canadian and international investigators in the Canadian Initiative on Frailty and Ageing (www.frail-fragile.ca).

In 2000-2001, Dr. Bergman was a member of the “Clair Commission”, an independent Commission set up by the Quebec government to propose reforms to the health care system. The Commission submitted its report in January 2001. Dr. Bergman serves as consultant to Regional Health Boards and provincial Ministries in Canada and other countries as well as to industry. In the area of dementia and Alzheimer’s disease, Dr. Bergman’s research interests focus on early diagnosis. He is the founder and co-director of the Jewish General Hospital/McGill University Memory Clinic and is a Past President of the Consortium of Canadian Centres for Clinical Cognitive Research (C5R).

As you can see Dr. Bergman has been busy! He is, however, generous with his time in support of advances in the care of the elderly and eagerly supported the early efforts of the NICE network. We asked Dr. Bergman why he wanted to be involved with the NICE network and this is what he had to say:

“I welcomed the opportunity to be involved with the NICE network and strongly supported the initial proposal. It is a critical time in care for the elderly, who are rapidly growing in numbers. At the same time we face chronic shortages in three professions essential to providing health care in later life: nurses, social workers and physicians.

The NICE network provides a vehicle to generate interest in these areas by creating exciting educational opportunities across the disciplines. The network will serve as a conduit between academics, institutions and practitioners, ensuring the reciprocal flow of valuable evidenced-based practice information and best practices from the field.

These efforts will not only stimulate interest in the care of elderly but will undoubtedly have a positive impact on the quality of care that they receive. I look forward to continuing with the important work that NICE has undertaken.”

We thank Dr. Bergman for all of his contributions, for his support of the NICE network and for his untiring efforts in improving care for the elderly.

The Last Word is yours…

We hope that you have enjoyed the inaugural 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.