The PRC Programs in Toronto and across the province are an enduring legacy of the Ministry of Health and Long-Term Care’s Alzheimer’s Strategy. Now four years old, our educational services have increasingly focused on the provision of educational interventions to individuals or small teams of staff in response to the needs of specific clients/residents. This transition from topic to case based training is the anticipated trajectory of our service and reflects the developing acceptance and trust in our team of eleven educators. In addition, this year we have seen an increase in the mentoring of individual staff and informal influence processes, which, we think reflects the emergence of the PRCs as important educational opinion leaders. In the 2004-05 fiscal year there were 25,587 participants involved in the city-wide educational programs of our eleven consultants. Since the program’s inception in 2001, we have had 90,400 participants in our educational services.

A second reflection of increasing trust and acceptance of the PRC Program staff is their more frequent involvement in program planning and the organizational renewal of our customer organizations. In this latter regard, for example, we have worked closely with the City of Toronto’s Homes for the Aged in training staff for new services for people with dementia, and with Heritage House as they developed policies regarding the care of homeless seniors with cognitive impairment and other psychogeriatric problems. As well, when there are instances of new beds being added to in-place homes and new buildings are being constructed, the PRC team is involved in educational planning and the training of new staff. This is of great interest because recent surveys indicate that new staff often feel unprepared for work in geriatric services and find formal skill development resources unavailable.

The program continues to be able to provide a range of culturally appropriate services. We are able to provide educational services in French, and several tools have been translated into French. As well, we are able to offer services using American Sign Language, Finnish, Spanish, Italian, Macedonian and basic Swedish. In partnership with customer agencies, we have developed a model of translating elements of learning needs surveys to meet the needs of Chinese, Greek, Hungarian, Polish and other communities and we continue to compile test materials, such as the Folstein and Geriatric Depression Scale, which have been translated into many languages and make them available to our customers in long-term care facilities, community service agencies and community care access centres.

In addition to their routine educational activities, the program’s educational consultants have also made contributions to conferences and journals.

Psychogeriatric Resource Consultation Program of Toronto
Over the last year these contributions include:

- “Memory, Aging and Dementia” in Providence Healthcare’s Connecting with our Community.
- “Adherence to treatment of depression in older persons: a pharmacist and nursing perspective” in Geriatrics and Aging.
- “Intimacy and Dementia Care” for the Alzheimer Society of Orillia.
- “Working with Difficult Families”, Ontario Long Term Care Association Meeting and Tradeshow, Central East Case Managers Conference, Ontario Case Managers Association, Peel Region Dementia Network Conference, Ontario Long Term Care Association.
- “Behavioral & Psychological Symptoms of Dementia”, Gerontological Nurses Association of Durham, Durham Regional Geriatric Interest Group, Gerontological Nursing Program at Ryerson University.
- “How to Have an Effective Family Conference”, Alzheimer Society of Peel.
- “The Psychology of Abuse in Long Term Care”, Central West Elder Abuse Conference.
- “Elder Abuse” in collaboration with community services in East York.
- “Non-Traditional Methods for Problem Solving Behaviours in Dementia” presented at the OPGA 2005 Conference.

PIECES, Enabler and U-FIRST training
by Sue Bailey, PRC Scarborough

“All behaviour has meaning” is a key concept in the PIECES, Enabler and U-FIRST training. A number of the PRCs have been part of the training teams, supported by the Ministry of Health and Long-Term Care Alzheimer Strategies. Through these training options many health care staff from long-term care homes, CCACs and community health agencies have increased their knowledge and skill in meeting the needs of older people in their care.

PIECES = Physical, Intellectual, Emotional, Capabilities, Environment and Social/cultural; important factors in considering the needs of older people.

U-FIRST = Understanding, Flagging, Interaction, Reflection & Reporting, Support and Team; components in working together to care for the older person.

The PIECES training focused on developing the psychogeriatric assessment skills of registered staff and enhancing dialogue among peers within their organizations. The Enabler program assisted long-term care managers to best support their PIECES-trained staff. U-FIRST concepts were woven into the PIECES and Enabler training and were also provided to leaders in community health organizations.

With the wrap-up of the Alzheimer Strategies, the PRCs are able to keep the momentum going through their organization-specific consultation and by facilitating psychogeriatric networks across the city. For a review of any of the training concepts, or to build on your existing knowledge, please contact your PRC.

To learn more about PIECES we recommend their website at: http://www.piecescanada.com/
Pain has a substantial impact on long-term care residents’ quality of life and provides an opportunity for continuous quality improvement in the way in which chronic and acute pain are assessed and treated in long-term care homes. This is important because not only does pain directly affect seniors’ quality of life, but untreated pain in residents can lead to depression, difficult behaviour, withdrawal and/or impaired cognition. This paper looks at staff awareness of pain assessment and management within eight long-term care homes located in the GTA.

We conducted two pain surveys; one survey with regulated staff and the other survey with unregulated staff within long-term care homes in the areas of Etobicoke, East York and the city of York within the GTA. The surveys assessed staff knowledge and awareness of their own homes’ pain assessment and pain management policies and procedures (should they exist). The surveys also determined individual staff awareness and use of best practice guidelines on pain, pain scales and pain assessment regimens. Additionally the surveys also sought to determine which care providers assessed residents for pain and the frequency of such assessments.

Pain assessment and pain management facts and beliefs have changed over the last few years.

The preliminary results of the pain surveys in this study indicated that;
1) Staff awareness of the existence and/or content of existing facility pain assessment and treatment policies were low.
2) Administrative support for performing pain assessments and treatments was an area for growth and development and,
3) Individual staff use of reliable pain assessment and treatment best practice guidelines or tools was virtually non-existent.

This pain project will help the PRCProgram to better understand the pain educational needs of the staff in long term care homes. Results of the pain survey will be discussed with each facility that participated in the survey along with recommendations and suggestions for further staff education in order to assess and treat residents’ pain more effectively.

Please refer to the RGP of Toronto website’s Clinical Resources information and look for the Pain Management section at URL http://rgp.toronto.on.ca/index.pl?section=clinical

Below is a useful tool for rating a patient’s level of pain:

![Wong-Baker FACES Pain Rating Scale](image-url)

Geriatric Friendly Adaptation of Snoezelen at Leisureworld Lawrence: A Work in Progress
By Linda Hayes, PRC Toronto

Snoezelen systems provide multi-sensory stimulation to engage the primary senses of people with brain injury. Evidence is beginning to emerge to confirm that the Snoezelen technology has a modest, short-term impact on the well-being of people with a dementing illness. At Leisureworld Lawrence, staff are combining Snoezelen theory and equipment with the environmental press perspective in order to achieve better outcomes for long-term care residents with dementia. Together with activation staff and Leisureworld educator Anne Marie Petrie we reviewed the literature with respect to colour, light, texture, nature sounds, music, plant materials and motion and designed a “LIVING ROOM - FRONT PORCH” room in which Snoezelen stimulation and environmental press could be modulated to meet the needs of the individual residents.

The living room has a faux fireplace, hearth rug, a music box shaped like a piano on the mantel, a basket of bright balls of knitting worsted on the floor, two glider chairs, a tea set ready to use, and numerous other items, all giving a cozy, comforting little area. A window cut through a dividing wall was built to provide a virtual view “outside” by Cornell, our champion in Environmental Services.

The “outside” room has shutters on the window, netting over twinkle lights on the ceiling, a wall mounted half moon lamp peaking out from foliage, a glider swing, tall tree-like plants with birds perched on them and balcony pots of flowers. A small fountain gurgles and there will be a painted porch floor. Other nature sounds and patio furniture will support single or small group activities appropriate to the setting, i.e., shelling peas for lunch, folding laundry, hulling and eating strawberries and so on. The Activation staff had received approval to buy the conventional Snoezelen cart and are enthusiastic about combining its’ use with our evocative environment. Items can be added or taken from the room to increase or reduce stimulation, for example, a coffee table book with depression era and WWII era photographs. The agreement is that the room is a therapeutic tool in which staff can blend environmental features to achieve the appropriate balance of soothing and stimulation to meet the needs of residents in a way that appeals to them as individuals.

The resident might still be brought into the room for the primary purpose of Snoezelen therapy, when the object might be to calm them using focused stimulation. In that case, use of the living room or front porch as background would be secondary (The fireplace, music box, etc would not be turned on). For another resident, however, use of the front porch or the living room for an activity might be the primary treatment with use of a Snoezelen lamp or light disc playing on the wall as a secondary effect to enhance the ambiance. We hope to demonstrate that combining these two approaches adds value to the well-being of people living at Leisureworld Lawrence with a dementing illness.
### Educational Services of the PRCProgram

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<td>Clinical assessment</td>
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<tr>
<td>Organization wide learning needs assessment</td>
<td>Collaborative care planning</td>
</tr>
<tr>
<td>Needs based topic focused education</td>
<td>Consultation liaison</td>
</tr>
<tr>
<td>Small group case based training</td>
<td>Clinical follow-up</td>
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<tr>
<td>Coaching and learning mentorship</td>
<td>Bedside consultation focused teaching</td>
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</tbody>
</table>

### Which organizations are served?

The PRCProgram provides educational services in all of the city’s long term care homes, community service agencies and CCAC/homecare services. The answer to this question is presently being re-evaluated.

### Who can make a referral?

Within a home/agency, nursing staff, team leaders, case managers, and administrators can make a direct referral for PRCProgram service.

Requests for service should be initiated by the target organization itself. External staff e.g. POP staff, compliance advisors, discharge planners, CCAC case managers who identify a learning need should request that internal agency staff initiate a referral.

PRCProgram consultants routinely contact agency/home administrators and offer services.

### How can a referral be made?

1. Call or email the PRCProgram educator in your region directly. Please see the program website for specific contact information for the educator in your part of the city. [http://rgp.toronto.on.ca/prcp](http://rgp.toronto.on.ca/prcp)
2. Call the Program Coordinator at 416-480-5881.

To find out how to refer to the POP team in your region please call the contact person listed for each team on the Toronto Dementia Network website at [http://www.dementiatoronto.org/0109.asp](http://www.dementiatoronto.org/0109.asp)

### Is there a waiting list?

While PRCProgram consultants arrange educational services weeks and months in advance. Educational emergencies will be responded to within 24 hours.

The waiting lists of POP teams is variable.

### Is the service available 7/24?

The PRCProgram consultants are able to adjust their work schedules to meet the needs of our clients on days, evenings, nights and weekends.

POP services are available weekdays from 9 to 5 pm.

### Is there one place you can go to find out more?

The PRCProgram website is managed by the RGP of Toronto and its’ website is located at URL [http://rgp.toronto.on.ca/prcp](http://rgp.toronto.on.ca/prcp)

Dr. Corinne Fischer, Psychogeriatrician at St. Michael’s Hospital, Chair of the Psychogeriatric Clinical Services Committee. [FISCHERC@smh.toronto.on.ca](mailto:FISCHERC@smh.toronto.on.ca)

Contact information for POP teams is also available from the Toronto Dementia Network website at [http://www.dementiatoronto.org/0109.asp](http://www.dementiatoronto.org/0109.asp)

### Do PRCP and POP staff work together?

PRC educators liaise closely with the POP teams in their regions. PRCP and POP staff sit on joint committees including the city-wide Psychogeriatric Clinical Services Committee.

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### Educational Information and Resources Website Links

- Alzheimer’s Society of Toronto URL: [http://www.asmt.org/](http://www.asmt.org/)
- Caremaps for Seniors URL: [http://caremapsfor seniors.ca/](http://caremapsforseniors.ca/)
- Regional Geriatric Program of Toronto URL: [www.rgp.toronto.on.ca](http://www.rgp.toronto.on.ca)
- Toronto Dementia Network URL: [www.dementiatoronto.org](http://www.dementiatoronto.org)
- List of Psychogeriatric clinical services in Toronto URL: [http://rgp.toronto.on.ca/PDFfiles/psygerclinicalservicetoronto.pdf](http://rgp.toronto.on.ca/PDFfiles/psygerclinicalservicetoronto.pdf)
A letter from a Family Support Group to all Long-Term Care Staff
By Sue Bailey, PRC Scarborough

A support group of local family caregivers discussed the care of their frail loved-ones in several Toronto long-term care homes. Their priorities led to the composition of a letter of appreciation to long-term care staff. They would like to share this letter with you. Prepared by the Family Support Group. (For more information on this support group, please contact Sue Bailey, PRC, 416-285-3666 ext. 5116)

We appreciate that you…

• Turn our loved-ones in a gentle manner.
• Recognize and act on changes in our loved-ones’ health.
• Take time to communicate to us any changes/outcomes.
• Check ID bracelets if you don’t know our loved-ones.
• Notice difficulty swallowing and take action to get an assessment.
• Change our loved-ones prior to the end of shift.
• Ensure pills are taken correctly.
• Leave the bedside fresh, with used pads disposed of.
• Recognize families’ contributions as part of the team.
• Watch over residents who have no families.
• Provide care in a sensitive manner.
• Support residents and families when a cherished resident passes away.
• Work hard and make a difference to someone’s life every day.

Thank-you so much!

If you want to access PRCP services – here is who to call

<table>
<thead>
<tr>
<th>CCAC</th>
<th>Consultants</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>North York</td>
<td>Penny Ascroft</td>
<td>416-756-6050 ext. 8056</td>
<td><a href="mailto:pascroft@nygh.on.ca">pascroft@nygh.on.ca</a></td>
</tr>
<tr>
<td></td>
<td>John Thomas</td>
<td>416-785-2500 ext. 3198</td>
<td><a href="mailto:jothomas@baycrest.org">jothomas@baycrest.org</a></td>
</tr>
<tr>
<td></td>
<td>Heli Juola</td>
<td>416-485-3991</td>
<td><a href="mailto:heli.juola@sw.ca">heli.juola@sw.ca</a></td>
</tr>
<tr>
<td>Toronto</td>
<td>Michelle Donald</td>
<td>415-535-8501 ext. 3316</td>
<td><a href="mailto:Michelle_donald@camh.net">Michelle_donald@camh.net</a></td>
</tr>
<tr>
<td></td>
<td>Linda Hayes</td>
<td>416-864-6060 ext. 6461</td>
<td><a href="mailto:Lindahayes@sympatico.ca">Lindahayes@sympatico.ca</a></td>
</tr>
<tr>
<td></td>
<td>Sylvia Davidson</td>
<td>416-597-3422 ext. 3709</td>
<td><a href="mailto:Davidson.Sylvia@toronto_rehab.on.ca">Davidson.Sylvia@toronto_rehab.on.ca</a></td>
</tr>
<tr>
<td>Scarborough</td>
<td>Susan Bailey</td>
<td>416-285-3666 ext. 5116</td>
<td><a href="mailto:Sbailey@providence.on.ca">Sbailey@providence.on.ca</a></td>
</tr>
<tr>
<td></td>
<td>Stephen Mathew</td>
<td>416-701-4828 ext. 7265</td>
<td><a href="mailto:Stephen.Mathew@scarborough.ccap-ont.ca">Stephen.Mathew@scarborough.ccap-ont.ca</a></td>
</tr>
<tr>
<td>York/East York</td>
<td>Patricia Hatton</td>
<td>416-285-1411 ext. 1348</td>
<td><a href="mailto:Phatton@sympatico.ca">Phatton@sympatico.ca</a></td>
</tr>
<tr>
<td>Etobicoke</td>
<td>Ellen Mackenzie</td>
<td>416-535-8501 ext. 7222</td>
<td><a href="mailto:Ellen_mackenzie@camh.net">Ellen_mackenzie@camh.net</a></td>
</tr>
<tr>
<td></td>
<td>Lynda Perry</td>
<td>416-259-7580 ext. 5298</td>
<td><a href="mailto:lperry@thc.on.ca">lperry@thc.on.ca</a></td>
</tr>
</tbody>
</table>

You can find a consultant by using the program’s website at http://rgrp.toronto.on.ca/prcp and clicking on the map, hospital name or CCAC region near you or you can contact the program’s central access number at 416.480.5881 and speak with Kerri Fisher, the Program Coordinator. Even if you call over the weekend and holiday periods we will strive to get back to you within 24 hours. If you need to contact us about a difficulty with the program you can call Dr. David Ryan, Director of Education for the Regional Geriatric Program of Toronto at 416.480.6100 ext. 3369 or email him at david.ryan@sw.ca.