

IN THIS ISSUE

A new look at dementia, behaviours and how to maximize our care partner roles

2-Behavioural support

Dr. Allan Power is an internist and geriatrician from the United States. His recent DVD, *Living with Dementia: To change your minds about people whose minds have been changed*, is available at the Society. Dr. Power challenges us to explore dementia through an experiential model. He reminds us that our own perception of life changes from when we are 20, 40 and 60 years old, and certainly when we experience brain changes like those caused by dementia. This challenges us to look at all behaviour as a person's attempt to communicate a need from their particular perspective.

3-There IS life after diagnosis

4-Preparing for emergencies

Dr. Power provides the example of a gentleman who has just entered long term care, who becomes very agitated after supper and who is completely non-responsive to staff re-direction. He is identified as suffering from Sundown Syndrome. Using the experiential model, the nursing staff are encouraged to role play the behaviour of the gentleman; sitting in a chair, supper has just ended and he begins to rock while saying "I need a line, get me a line". In doing so, the staff were able to read the gentleman's behaviour from his perspective and they interpret his need. Research about his history advised staff that he worked for 40 years as a salesman on the road and no matter where he was, he always called home and spoke with his wife after supper. This was his day to day routine. To try their theory, that he was expressing the need to call his wife and follow his old routine, the staff pre-empted his agitation by asking him right after supper if he would like to call his wife. This responded to his need and became part of his daily plan of care. A win-win approach to care and to understanding his need.

5-Choosing a Home Health Provider

6-Past Events

7-Upcoming Events

8-News

Dr. Power's view through an experiential model, challenges us to view issues through the same model and change our perceptions of behaviour as unmet needs. In May 2012, the Ministry of Health announced the Behavioural Supports Ontario Project: new services, programs and training have been introduced to provide appropriate care and support for an increasing number of seniors across Ontario and their families who are coping with dementia. The Champlain Local Health Integration Network (LHIN) has worked with health service providers to develop a local action plan, to create a cultural transformation: a new way of thinking and responding.



<i>Issue</i>	<i>BioMedical Model</i>	<i>Experiential Model</i>
Dementia Defined	Progressive; fatal	Shift in perception of the world
Brain Function	Loss of neurons & cognition	Brain is plastic but learning can occur
View of Dementia	Tragic, costly, burdensome	Continued potential for life growth
Research Goals	Focus on prevention and cure	Need to improve the lives of people
Environmental Goals	Protection, isolation, disempowerment	Maintain well-being & autonomy
Environmental Attributes	Disease specific, program activities	Individualized, person-directed care
Focus of Care		Relationships & care environment is critical
Staff/Family Role	Caregiver	Care Partner
View of Behaviour	Confused, purposeless, driven by neurochemistry	Attempts to cope, problem solve and communicate needs
Responsive Behaviour	Problem to be managed, medicate, restrain	Care environment inadequate, conform environment to the person
Behavioural Goals	Normalize behaviour, meet needs of staff & family	Satisfy unmet needs, focus on individual perspectives

Greg McMillan, director of community mental health programs at the Cornwall Community Hospital, shared that “the Behavioural Support nursing positions are part of a province wide initiative funded by the Ministry of Health and Long Term Care . These are new positions which are designed to help with the care needs of the growing aging population, both in long term care and in the community. The prevalence of cognitive and other medical issues which can be associated with challenging care scenarios is expected to grow as the proportion of elderly in the population increases. In SD&G, our share of the funding for these positions translated into two and a half full time equivalent positions. One and a half of these are based exclusively in long term care homes. The other position is community based. The LHINs decide to integrate these positions into existing geriatric psychiatry teams. Rather than have a behavioural support position be a stand alone position within these teams, the role is further integrated into the existing function of the geriatric psychiatry teams which includes assessment and support for behavioural issues.

In SD&G, the long term care staff and the community staff are both located with the teams at Tri-County Mental Health Services. This is the geriatric psychiatry team of the Cornwall Community Hospital. If you feel that you would like to access this service or would like to talk to someone about that possibility, please call Tri-County Mental Health Services at 613-932-9940. Referrals can also be made through your family physician or other care provider. If the person being referred lives in long term care, please speak to their treating physician or staff about a referral to the service.”

There IS life after diagnosis

For the Tremblay family, stigma is not in the dictionary. There are no curtains hiding the diagnosis of Alzheimer's, there are no whispers when discussing the future: life did not stop. Rodolphe Tremblay himself has embraced his journey and his family is with him each step of the way.

By daughter : Monique Perras

My dad was born in Cornwall on Dec. 1st, 1931. He is the second oldest of 7 children. Dad and mom have 4 children: myself, Art, Rachelle and Michelle. My dad was a finishing carpenter, until my uncle hired him, then he became an insulating mechanic. He loves building things such as kits to assemble which are often our gifts to him. The most amazing one is of a paddle boat that was all toothpicks. The intricate details of this piece were amazing. He also loves puzzles. We bought him one once for Christmas, level 10 —the most difficult. I told my husband "I think this one will be too difficult", and Frank said, "No, it won't be too difficult". On Father's Day, Dad came over, he dropped the puzzle on the table and said "Took me 6 months, but I got it!".

He bowled in a league and square danced. Our family ski dooed in the winter. My parents also traveled with my aunt and uncle and have enjoyed Bermuda, Hawaii, Italy and cruises. Dad retired at 63 and would golf 2 to 3 times a week. My uncle would pick him up, never knowing where to. Once it was Loon Lake, 3 hours away! He also loves to garden, and does crossword puzzles everyday to keep his mind agile.

My dad was a quiet man. He never showed his emotions, nor was he demonstrative. I only saw him cry twice in his life, when his mother and my

uncle passed away. My dad didn't hug, but we always knew that we could go to him and ask for help.



Rodolphe Tremblay, pictured left

Alzheimer's has changed this: he was diagnosed last July. His personality has changed. Now he is always smiling, more outgoing and ready to tease us. On March 9th, 2012, he was diagnosed with Mesothelioma, prognosis—9 months. I was with my dad when the doctor gave him this news. He was quiet afterwards, processing the news I'm sure. That was it though; he isn't going to waste the few months he has left being angry and complaining. The little things are a big deal now, and he shows it daily. It's funny in a way, because he is helping us deal with Alzheimer's and the cancer that will take his life, by being so open and accepting of these diseases. Every day is a gift to him and us. He loves life and wants to make the most of what time he has. He is not embarrassed by Alzheimer's and as my sister would say, "he wears it like a badge of honour". My Dad has taught our family the value of life and living every day to the most.

Need to know more about dementia?

Education opportunities are available. Please contact Joëlle Perras at 613-932-4914 ext. 202

Preparing for hospital emergencies

Emergency situations requiring a hospital stay can happen to anyone. When caring for someone, planning for possible emergency situations is important not only for the person with dementia's wellbeing, but for the caregiver as well. The following is a list of items to consider in order to plan for possible emergency situations.

Have the conversation

Have the discussion with your loved one, your circle of support and key individuals that you can depend on. Make sure that someone is aware of where you keep emergency information and/or supplies (important paperwork such as POA, contact information, the Personal Care Book, etc.) Follow the steps from "Getting your Legal and Financial House in Order" available at the Alzheimer Society or online: www.alzheimer.ca/cornwall.

Simplify your life

- Change your billing to automatic withdrawal.
- Switch to blister packs for managing medications.
- Start an emergency fund at the Bank that your POA can also access.
- Have backup arrangements for pet care and make sure they are noted.
- Keep a house key with a trusted friend, family member or neighbor.
- Take precautions: register your loved one with Safely Home or have emergency tags at your disposal.

Safely Home Registry Bracelet



One-time fee of \$35.00 –Registration available online at www.safelyhome.ca

Emergency tags are available through the Alzheimer Store online at www.alzstore.org

Pack an emergency bag/kit

Your kit could include:

- Filled out Personal Care Book (key contact information, medical conditions, prescriptions, doses, allergies, personal history, degree of impairment and assistance needed for activities of daily living, likes, dislikes, possible behaviours of concern, etc.)
- Suitcase for your loved one (clothing, medications, comforting objects, music player and adult briefs (if needed).
- Suitcase for yourself (clothing, medication —for headaches or prescriptions, snacks, water, cell phone, pen and notepad for documenting and change for parking or vending machines.
- Leave a visible list (i.e. on the refrigerator) of items to verify if someone is assigned to check on your home.

Start getting help –Now

- Open a file with the Community Care Access Centre (CCAC) or ensure that your current file remains open (even if it is only for minimal care).
 - Respite and support can ease your loved one into getting accustomed to outside assistance.
- Have your loved one join a Day Program which can offer activation, but also a means of getting to know others. Day Program are also a great form of respite for caregivers.
- Consider short stay options (i.e. Guest House, short stay beds in Long Term Care, etc.)
- Seek help from the Respite & Relief program to coordinate mediation around future planning.
- Adjust your home for assistive devices if necessary or consider modifying the environment to ensure safety and avoid confusion and falls.
- Get the support you need right away
 - Get connected with a caseworker at the Alzheimer Society to gain access to individual/group support and any information you may need.



How to choose a Home Health Care Provider

Choosing a quality home care provider can be confusing and time consuming. The following is a list of questions provided by **Bayshore Home Health**, which may assist you in this important decision.

- What kind of services do you provide?
- What type of training have your staff received?
- How do you ensure the quality of your service?
- How long have you done this sort of work?
- Do you provide a personalized care plan, highlighting the specific duties my care provider will perform?
- Will you consult regularly with my doctor or family members regarding my care plan, if I wish?
- Will my care provider be supervised by a nurse?
- Do you provide a complete list of the services you provide as well as their prices?
- Will you assist me in investigating funding options for my care?
- Will you help me submit my claims to my insurance company?
- Do you have a Quality Assurance method or program?
- Do you provide all financial arrangements in writing, with a copy for me?
- Do you provide services and answer calls 24 hours a day, 7 days a week?
- Do you ensure that your staff are bonded, insured and professionally licensed or certified?
- Do you pay CPP, EI and Worker's Compensation for the staff that come to my home?
- Will you ensure my care provider matches my needs, and provide a replacement if they do not?

Living apart and finances

Information from the Community Care Access Centre

Sometimes couples must live apart when care for one partner is no longer adequate at home. This is known as an involuntary separation, and is a situation that may place the partner who remains at home in a difficult financial situation.

Involuntary separation is a term used only to indicate that the couple is required to live apart as a result of circumstances beyond their control. This term does not change the couple's marital status.

If you are over 65 and receiving the federal Guaranteed Income Supplement (GIS) in addition to Old Age Security (OAS) pension, you may qualify for an increase in benefits as a result of involuntary separation.

To apply, send a letter with the following information:

- Your names and social insurance numbers (identify which one of you is entering Long-Term Care home)
- Your incomes (include sources)
- Name, address, and phone number of the Long-Term Care Home
- Date of entry into the Long-Term Care Home (include confirmation from the home if possible)
- Both of your signatures (if possible)

Send this information to the federal Income Security Program office:
 Income Security Program
 Regional Office
 P.O. Box 5100
 Postal Station "D"

1 RUN 2 REMEMBER

Our second annual 1 Run/Walk 2 Remember was held again on the Long Sault Parkway on June 9th. This was

the first year we included walkers: we welcomed new faces that joined us. Thank you to Joe McNamara for co-organizing the day, and to Brian Meerburg, Bill Pawley and Brian Sammis of the Long Sault Fire Department for being our chefs at lunch.



Thank you as well to our sponsors: Parks of the St. Lawrence, Stokefire, Foodland Ingleside, M&M Meatshop, Giant Tiger Morrisburg and Kraft. Also a special thanks to St. Johns Ambulance. A grateful thank you to volunteers: Colombe Bourdeau, Amanda Logan, Hean McIntyre-Menard, Danielle Hards and Nicole Giroux-Laplante. And last but not least, thank you to our runners/walkers who helped us raise \$1400.



Next year, we are looking to expand the run to 21km. Spread the word to friends and family. We hope to see you all there!

Strawberry Social

Dundas Manor, Winchester, held their annual Strawberry Social in June, raising \$1300 for our Society. Thank you to Jenn Hill, staff, volunteers,



residents and family members for all of your hard work and support. Also a special thank you to Mr. Trombo who donated \$100 during the event.

Pictured left is Mr. Trombo at the Strawberry Social

Paddle Poker Run

Hybrid Marine hosted their 3rd annual Paddle Poker run on July 28th. Blair, Chantel and Steve Bell welcomed participants who collectively raised \$3209. Special mention goes to Lucinda Forbes who raised \$1100. After paddling along the St. Lawrence River, the group rallied together for a B.B.Q. A big thank you goes out to all of you!

Annual General Meeting

On June 18th, the Alzheimer Society held its Annual General Meeting at the Ramada Inn in Cornwall. We welcomed over 120 guests as well as guest speaker, Dr. Andrew Wiens. We would like to thank all of those who attended and also Dr. Wiens for his presentation which got us thinking about keeping our minds active and finding creative ways to reduce our risk of getting dementia. For more information, please visit our brain boost section at www.alzheimer.ca/cornwall.

Coffee Break & Art Show

Coffee Break hosts are needed for our September Coffee Break campaign. This is held around the time of World Alzheimer Day and will fall on September 20th. Throughout the 5 Eastern Counties, funds are raised at various Long Term Care facilities, retirement homes, businesses and banks. You can too in any way: have a yard sale, a dinner party, a sporting event or even a bake sale. We supply the coffee, banners, posters, collection boxes and pledge sheets for those who donate over \$10. You just pick the day you wish to host the event of your choosing. This year, a special art show will be held at the Cornwall Art Gallery from 11a.m. to 7p.m. The show will feature art work from our Day Program clients. Coffee and desserts will also be served. For more information or to sign up as a Coffee Break host, please contact Sherry Davis at 613-932-4914 ext. 206



Help us with AIR MILES®

You can now support the Alzheimer Society through everyday purchases. With an AIR MILES® Collector Card from the Alzheimer Society of Cornwall & District, you can turn purchases like gas and groceries into supplies for our Adult Day Support Program. If you wish to obtain a card, please contact us.

Investors Group Golf Tournament

Thank you to all golfers and sponsors! This was our 12th year and we raised over \$30,000!

Tinsel Bonspiel

For all you curlers out there, mark your calendars—Saturday November 17th 2012 at the Morrisburg Curling Club—we will be hosting a bonspiel. The fee will be \$25 per player, \$100 per team, dinner included. There will be prizes for top fundraiser as well. If you are interested in curling, please contact Sherry Davis, Campaign and Volunteer Coordinator at 613-932-4914 ext. 206. You can also start your Christmas shopping early at the silent auction!



New address:

**106B Second Street West,
Time Square, Cornwall, ON
K6J 1G5**

At the Alzheimer Society of Cornwall and District, we constantly endeavor to provide you with best in class services at all times. To ensure that we continue to offer valued services to our clients, we are pleased to announce that as a result of our continued growth, we have moved our head office, on August 23rd, 2012, from 812 Pitt Street, 2nd floor, Unit 13, Cornwall, Ontario, K6J 5R1 to a new more accessible street address. **Please note that for any invoices or correspondence our mailing address will remain the same as P.O. Box 1852, Cornwall, ON K6H 6N6.**

Canadian Medical Association endorses need for a national dementia plan

Canada's largest group of physicians approved a motion calling for a national dementia plan at its recent annual general assembly in Yellowknife. "The Alzheimer Society is thrilled to welcome the CMA on board," says Naguib Gouda, Chief Executive Officer, Alzheimer Society of Canada. "Alzheimer's disease and other dementias are an economic health crisis that continue to take a tremendous toll on families living with these diseases. We're delighted to know that Canadian physicians stand behind us. As more people become aware of the necessity of action, we move closer to achieving a national dementia plan."

Among its key recommendations, as outlined in its seminal Rising Tide report, the Alzheimer Society calls for greater seamless, flexible and responsive care for Canadians living with dementia whose numbers will top 1.1 million by 2038.

Dr. Roger Butler, Associate Professor of Family Medicine, Memorial University of Newfoundland and Labrador, agrees. "Family physicians are seeing firsthand the tip of this iceberg and are acutely aware of the lack of community resources to meet the needs of these patients and their families and caregivers." Butler, who attended the gathering in Yellowknife, further adds "the partnership with the Alzheimer Society and the CMA hopefully will be a wakeup call for our politicians to do as their colleagues in the U.S., Australia and most of Europe and India have already realized – make this terrible disease a health-care priority."