

# Baycrest Matters

A bi-weekly update for Baycrest staff, families and clients

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[www.baycrest.org](http://www.baycrest.org)

Baycrest is fully affiliated with the University of Toronto.

## Your favourite former NHL players will lace up for Baycrest

**H**ockey heroes Doug Gilmour, Wendel Clark, Borje Salming, Lanny McDonald and Mike Gartner - along with some of their most dedicated fans - will take to the ice to help raise funds for care and research in Alzheimer's and related disorders at Baycrest. From May 1 to May 3, close to 1,000 players, including NHL alumni and dedicated enthusiasts, will participate in the third annual Baycrest International Pro-Am Hockey Tournament.

This signature fundraising event is the ultimate hockey experience, where over 60 teams will have the opportunity to draft an NHL alumna to play on their team.

A dynamic sponsorship package has been developed to help players reach out and gain support from corporations in their communities. To date, the Pro-Am has raised \$2.8 million. This year, the goal is to raise \$3 million.

A new participant this year is the Scotiabank



Clinical Nurse Specialist **Sarah Flogen**, who played in last year's Pro-Am, and former Toronto Maple Leafs captain Wendel Clark.

Group as the tournament's presenting sponsor. "It gives us great pleasure to welcome the Scotiabank Group as the presenting sponsor of the Pro-Am," says Baycrest Foundation President **Mark Gryfe**. "We know the hockey is going to be great, but even more important is the number of sponsors coming on board. After all, the more funds we raise in the fight against Alzheimer's and the many other disorders that rob people of their memory, the

better." Media sponsors of the event include Cineplex, the National Post, CTV, TSN, AM640 and the Globe and Mail.

Baycrest staff, families and volunteers can become an important part of the Baycrest Pro-Am by sponsoring their favourite player at [www.baycrestproam.com](http://www.baycrestproam.com). Each sponsorship of \$100 or more includes an opportunity to come out and cheer on your player in action.

**Baycrest**

Enriching Care  
Enhancing Knowledge  
Enlightening Minds

# New assessment tool leads to better care for long-term facilities

**A** leading assessment instrument - *the Resident Assessment Instrument Minimum Data Set 2.0* (RAI-MDS) is being implemented in the Apotex Jewish Home for the Aged. This set of computerized care management tools will help Baycrest health professionals assess and monitor the care needs of their long-term care residents, and will provide better care planning and quality improvement.

"This tool will really enable all members of the care team to speak a common language and use the same measures of success," explains **Elena Gutkin**, Clinical Information Specialist. "We will be able to identify the resources we need more easily in order to deliver the care and provide specialized services for each individual resident. RAI MDS will also improve interdisciplinary care planning and quality of care."

RAI MDS can identify residents'

strengths, risks, needs and preferences. It is currently used for assessment and development of individualized care plans in more than 30 countries. RAI-MDS has been mandated by the Ministry of Health and Long-Term care and is expected to be fully implemented in all nursing homes in Ontario by 2009.

## How does RAI-MDS work?

All the care Team members assess specific aspects of each resident's health status, needs, strength, risks and preferences. Observations are made on a regular basis and over a set period of time. Each resident's progress is reviewed and the resident, their family and other Care Team members are interviewed. This assessment information is then gathered together, checked, and then entered into RAI-MDS System.

All residents are assessed using an MDS Assessment Form on admission, annually, quarterly and when there is

a significant change in their status. The information is entered into the MDS assessment form, is analyzed by the computer program and then made into the number of reports. Each report is designed to help the Care Team to identify each resident's needs and capabilities, to monitor their progress and wellbeing and to understand the best way to allocate staff resources in the home to meet those needs.

## What are the benefits of RAI-MDS?

- ◆ Flags actual and potential resident's care needs in a timely fashion
- ◆ Offers a holistic interdisciplinary assessment of resident care needs
- ◆ Respects the value of helping our residents achieving their highest level of functioning and quality of life
- ◆ Information for quality improvement

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## Dr. David Conn appointed VP of Medical Services

The Baycrest Board of Directors is pleased to announce the appointment of **Dr. David Conn** as Vice President, Medical Services. An internationally-renowned academic geriatric psychiatrist, Dr. Conn is psychiatrist-in-chief at Baycrest and an associate professor in the Department of Psychiatry at the University of Toronto. He is co-chair of the Canadian Coalition for Seniors' Mental Health and chair of its National Guidelines

Project. He is past president of the Canadian Academy of Geriatric Psychiatry and a recipient of the Academy's award for outstanding contributions to geriatric psychiatry in Canada.

Dr. Conn's academic interests include the psychiatric consequences of brain disease in the elderly, nursing home psychiatry and pharmaco-epidemiology. He has published widely in these areas.



**Dr. David Conn**

# Stroke research and care are hand in hand at Baycrest

**O**n a cold January morning in 2004, 50-year-old Edward Bhim went outside to start his van to warm up the engine. When he returned to the front door of his house, he was unable to turn the doorknob to get back inside. He then fell to the ground and was discovered there by his thirteen-year-old daughter. He could not talk, walk or even move. He was rushed to an acute care hospital, where he was diagnosed with a stroke. As a husband and father of three daughters, Edward's life had changed instantly.

Stroke is a disruption of the blood flow to the brain that is usually caused by a clot or rupture of a blood vessel and may result in brain damage. According to the Heart and Stroke Foundation of Canada there are between 40,000 to 50,000 strokes in Canada each year and after the age of 55, the risk of stroke doubles every 10 years. With the aging Canadian population, this means that there will be a dramatic increase in the number of strokes and stroke survivors.

Baycrest has taken an active role in addressing this issue by focusing on stroke as one of its primary research programs. In 1996, the Louis and Leah Posluns Centre for Stroke and Cognition (PCSC) was developed in the Apotex, followed by the creation of the Posluns Stroke and Cognition clinic as one of

three Brain Health Centre Clinics and recently, through Baycrest's key role in the Heart and Stroke Foundation Centre for Stroke Recovery (CSR). It is the collaboration between scientists and clinicians that is essential to discovering the links between the research and effective clinical application which maximizes accuracy of diagnosis, and the development, evaluation and improvement of rehabilitation and care strategies, helping patients like Edward.

The Rotman Research Institute (RRI) and the Kunitz Lunenfeld Applied Research Unit (KLARU) house a critical mass of basic and applied research geared at developing and validating cognitive behavioural and psychosocial therapies and techniques. Some examples include:

**Dr. Jon Ween**, KLARU clinician scientist, has developed a 20-minute neuropsychological assessment battery which has been especially designed for use with stroke patients. **Dr. Donald Stuss**, Vice President, Research and Education, Director of the Rotman Research Institute and senior scientist, is deciphering the effects of stroke on the frontal lobes as many stroke patients experience a decline in attention and executive function. **Dr. Brian Levine**, RRI senior scientist, has developed a training paradigm that aims to teach stroke patients to monitor and evaluate their performance by

introducing the use of systematic strategies of breaking down goals into smaller, more manageable realistic tasks. **Dr. Deirdre Dawson**, KLARU scientist, employs the use of day-to-day tasks and scenarios that requires planning, organizing, handling money and shopping to help with attention and planning problems to develop compensatory skills in the real world.

In partnership with the Ottawa Health Research Institute, the University of Ottawa and the Sunybrook Health Sciences Centre, Baycrest lends its expertise to the cognitive rehabilitation arm of the CSR, a provincial initiative to develop a comprehensive program of integrated, translational research to devise and test novel post-stroke interventions and therapies spanning physical rehabilitation, cognitive rehabilitation, and cellular and molecular therapies. **BM**

# Worth Repeating: Here is the latest edition of Bill's Journal

March 4, 2008

*Dr. William E. Reichman, Baycrest President and CEO*

**F**or the past seven months most of the emphasis in our communications—at least through our discussions and through this Journal—have been on our Performance Evaluation and Enhancement Processes. Our new organizational approach (Program Management) is designed to help in many ways—strengthening role clarity, improving accountability and decision making, fostering collaborative practice, and heightening communication and integration across our mission areas—all of which you talked about in the Listening Tour.

## **Performance Evaluation and Enhancements**

There is much more to do as we delve down deeper into the results of our Performance Evaluation—the common themes that emerged from the Listening Tour, External Clinical and Operational Reviews, Accreditation self-assessment, and Client Satisfaction Survey results. The Executive Team has been working hard to prioritize what needs to happen next to address all of the initiatives that have been recommended to help us as an organization function at an even higher level. You were clear with me during the Listening Tour that we must not just talk about our organization's performance and the wellbeing of our clients and their families, we must take definitive action to address things in need of being addressed.

This next step, the launch of prioritized specific performance improvement initiatives is my assurance to you that your input to date will inform action. You also have my assurance that we will maintain the same level of engagement of our staff in designing our future as we did in assessing our strengths and opportunities.

What has not been so prominent in our communication over the past seven months are the efforts that have been ongoing outside of our walls—efforts to help strengthen Baycrest's role as the organization developing and sharing new knowledge about aging and care of the elderly. There has been almost as much emphasis on external advocacy and special initiatives related to "knowledge innovation" as there has been internally on our performance enhancement initiatives.

## **Advocacy**

We have been spending a significant amount of time meeting with stakeholders including policy makers at various levels of government to help them to understand what Baycrest can do for the health of the aging population through our knowledge generation initiatives. There has been great receptivity to the fact that Baycrest innovations are unique and important and can contribute significantly to better aging, especially as it relates to "brain fitness".

## **Special Initiatives Related to Knowledge Innovation**

We have also been developing specific concepts and proposals for government and related agencies designed to expand our ability to share our breakthroughs both with consumers and health care providers—across the province, the country and beyond. Related to that, we are exploring how we could ultimately commercialize some of our breakthroughs—something that is the natural and necessary evolution of a research enterprise that produces innovations as creative as the ones we have developed here at Baycrest.

In order to be the innovator in aging—we must generate new knowledge through research and apply it through our care approach. We must also inform research through our care ensuring that our science is focused on the most pressing issues. We must use all that we learn to educate others so that they may learn from our advances.

## **We can only do all of this if:**

1. We have the right organizational systems, structures and processes in place to support everyone in delivering the best possible outcomes—and that is why our Performance Evaluation and Enhancement efforts and the actions that will follow are so important.

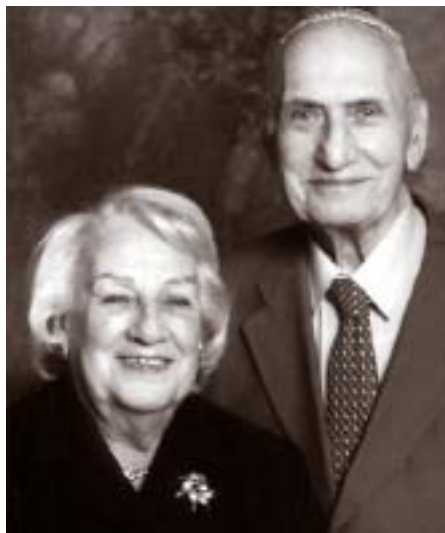
Continued on page 5

# A Tribute to Ted Waldman

**B**aycrest recently lost a wonderful volunteer, friend, fundraiser and leader – Ted Waldman. Ted personified love and dedication which was reflected in all he did for Baycrest. His efforts along side his loving wife and fellow volunteer Alma helped to shape Baycrest into the compassionate centre it has become.

Ted's leadership was evident in the many committees in which he was involved and the programs he helped create at Baycrest. He joined the Men's Service Group in 1980 and in 1991 he was named the group's "Man of the Year." He also served as president from 1992 to 1994.

For over 20 years, Ted was a volunteer on Baycrest's palliative care unit. He was a driving force in not only ensuring that patients received comfort but also in mentoring new Palliative Care Volunteers, serving as a role model for many, and one who inspired courage in the face of adversity. Helen Kuttner, palliative care vol-



Ted Waldman and his wife Alma

unteer reflects: "I watched him conduct himself with dignity and integrity. I was warmed by his smile, his humour and his sincerity." Even when times were difficult for himself he rarely complained and no matter how

he felt or what the weather he made his way to the 6 West to offer comfort and conversation to patients and their families.

Ted was a true British gentleman, always dressed impeccably, chin up and smile on his face. He was rarely seen without his tie on and shoes polished. His elegant walk and wonderful aura will be truly missed here at Baycrest.

In 2004, Ted and Alma were named Treasures of Baycrest. "Ted and Alma personify the sensitivity and caring that we are trying to hold onto as Baycrest grows. They have a tremendous sense of commitment to whatever they do," says Pat Friedland, past president of the Women's Auxiliary.

We all wish Alma, who was married to Ted for over 66 years, and the Waldman Family our most sincere condolences and share in her grief at the loss of such a special man.

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## Worth Repeating...Continued from page 4

2. We have the full understanding and commitment of stakeholders such as Government and the community about what Baycrest can do, as a partner, to advance health care of the aging population—that is why our advocacy efforts are so important.

3. We seize every possible opportunity to obtain additional support to generate, use and share new knowledge about care of the elderly and aging—and that is why it is so important we develop new concepts and proposals for funding consideration of government and associated agencies.

I have said it many different times—Baycrest believes, fiercely, that we can make even greater contributions to the well-being of older persons here in Canada and around the world. This is our very special mandate and one that we have earned over our long history. It also sets us apart from other organizations. What also sets us apart from other organizations is how high we set our sights and how consistently and tirelessly Baycrest team members work to reach new levels of excellence. I have certainly witnessed this during my first seven months here and our clients notice this as well. I say that because

recently I have received a large volume of complimentary letters and emails. It has actually been very striking and I am in the process of sharing them with the various areas cited. But I also will share them with all of you in future communications. I think you will be proud and inspired by what our clients are saying about the performance of our team—and what a great team it is!

Bill  
<http://intranet/ceo/>

# Interview with the Leaders

**I**n order to give staff an insight into the plans, goals and changes that lay ahead, we continue with our *Interview with the Leaders* series. In this issue of Baycrest Matters we have interviewed **Marilyn El-Bestawi**, Director of the Hospital.

**Q: What programs/areas does your portfolio include?**

**M.E.:** Along with **Dr. Terumi Izukawa**, Medical Director of the Hospital, I oversee all areas of the Hospital, which includes Complex Continuing Care, Palliative Care, Inpatient Psychiatry and Behavioural Neurology, Rehabilitation, Geriatric Assessment and Treatment Unit and the Acute Care Unit.

**Q: How has your portfolio changed?**

**M.E.:** These are the same areas I've been leading for the past three years. However, previously I was responsible only for nursing. Now my responsibilities include all of the interprofessional teams and I'm teamed up with a physician partner.

This is a great advantage. In the past, when I was planning for only one discipline, it was difficult to put together a comprehensive strategy to move things forward. Now we have the physician perspective as well as the other disciplines and professionals. Working together, we can put together consistent messages for planning, work through

past obstacles and move forward more efficiently.

**Q: What are some of your goals in this new position?**

**M.E.:** My initial goals will be to develop an understanding of the current state of the interprofessional teams, learn about their scope of practice, allocation of resources to certain programs, etc. Once I assess what this looks like, the next step will be to decide the best way to deploy these resources to ensure the best patient care possible.

Terumi and I will also look at the different programs, what are their strengths and what are the opportunities for improvement. We will put all of these assessments together and develop a strategy for the hospital. Our goal will be to communicate this effectively internally as well as externally so that everyone understands where we want to go and we can get people together to make it happen.

**Q: What are some of the challenges that you face?**

**M.E.:** Some of the challenges relate to figuring out the resource requirements in each area and what is available.

The communication patterns are changing and there is a need to make sure that everyone is kept in the loop. Being available to make sure everyone on my team has enough information on the changes so that they don't become anxious or concerned is



Director of Hospital **Marilyn El-Bestawi**

also a challenge, as there is never enough time, it seems, to communicate all of the information. I think that as people become more familiar with the new structure, they'll be more comfortable.

**Q: What are some of the positive changes that clients/families will see?**

**M.E.:** I hope that clients and families will see more consistent information and better communication on things that are important to them.

Hopefully they'll see this new structure, of interprofessional teams, as a way of advocating on their behalf to ensure the best possible care for themselves or their loved ones.

**Q: What are some of the innovations that will put your areas in the forefront of aging?**

Continued on page 8

# Pain management in geriatric population presents special challenges

In the past, adult pain guidelines tended to be over-generalized in the elderly. Now, health care professionals are finally moving into more specific evidence-based, patient-centred practice for geriatric pain management, but it's an ongoing process of refinement.

Pain is a complex issue in the geriatric population. An interprofessional approach to pain management is critical for optimal assessment and management of pain in older persons. An interprofessional team at Baycrest demonstrated not only the importance and benefits of collaborative pain care, but also proved the need to expand the circle of pain care to be inclusive of the family and non-professional care givers.

One such example is the case of an 80-year-old woman at Baycrest. She had been suffering from chronic pain for the past two years in one of her legs. She had diabetes, an unsteady gate that put her at risk for falls, moderate cognitive impairment which was affecting her short-term memory, and exhibited wide fluctuations in emotions. She was prone to increased confusion and agitation late in the day. Sleep disturbance led to frequent calls to the night nurse and her children with discussions focusing on her pain. She could not remember receiving her pain killers and regularly insisted to nurses and her family that no one was helping her.

Even worse, she withdrew from her dining room meals and social programs. She expressed feelings of abandonment with her son traveling on business and daughter living out of town, which caused her family much stress and worry.

"Older persons often have multiple medical problems which, when



**Marjorie Hammond**, Clinical Nurse Specialist for Pain, says pain is not a normal part of aging.

combined with dementia, can make pain assessment and management more challenging, as well as time and resource intensive. With the average age of residents in nursing homes and other assisted living housing much older than previous generations, such cases are becoming the norm," says **Marjorie Hammond**, Clinical Nurse Specialist for Pain. "Persistent pain should *not* be interpreted as a normal part of aging, and with the appropriate assessment and a correct management plan, it can and should be controlled."

The case was confounding the healthcare team which included a primary care physician, nurses, social worker, occupational therapist, pharmacist and psychiatrist. They never doubted that the patient's pain was real, but the treatment plan, which

mainly involved prescribed pain medication, was not providing an effective outcome. Attempts at medication changes resulted in episodes of mental confusion and she returned to her previous drug regimen.

In collaboration with the care team, Marjorie embarked on a comprehensive multi-domain assessment - investigating all possible mechanisms generating the pain, including a cognitive assessment to determine the patient's cognitive status and ability to self-report pain; a medication review to determine the most optimal drug regimen; a psycho-social review of her interaction with her family, healthcare staff, hired companion and other residents; an assessment for depression, impact on quality of life and physical functioning. An environmental assessment was also conducted of her personal living space to evaluate any safety issues such as: risk for falls, over the counter medication use and inappropriate use of non-medication self management techniques..

Following the assessments, the patient was switched to a slow-release opiate that was more aligned with the intensity and persistent nature of her pain. She was prescribed an additional breakthrough medication for times when her pain would spike. Since the medication changes would cause some temporary delirium, the team provided education to the family and engaged them in the process of optimizing the client's pain management.

The family in turn hired an additional private companion to provide crucial overnight supervision and monitoring. Poor memory impacted on the client's ability to report change over time on her own. The companion

Continued on page 8

## Pain management...Continued from page 7

was taught how to keep a pain record which was very helpful to the team in evaluating the effectiveness of pain management. To help the patient sleep at night, a sedative was administered (providing she had overnight supervision).

Assessment also included identifying the client's expectations regarding her pain management - she wanted to live pain free without medication, not have to use a walker, and return to being socially and physically active as in her younger life. The team helped realign her thinking and that of the family toward more realistic pain management outcomes.

Finally, the woman, the companion, and family reported that her

medication was very helpful and she could do more activity, had less reports of pain and was sleeping better. It was found that long walks to the dining room were triggers for breakthrough medication, so she was given a scheduled dose of pain medication one hour before the journey. Other complementary pain management strategies were tried as well, including: increasing her recreational activities, self massage to the pain site, and application of topical pain cream. The companion was also provided education on the complementary approaches. Because of her poor memory the companion played an important role in reminding the client to participate in these pain relieving activities.

"In developing a pain management strategy, it sometimes takes several tries until we find what works best," says Marjorie. "The keys to successful pain control are identifying all the complex issues that account for a person's pain and subsequent suffering. They can include physical disorders as well as emotional, psychological, cognitive, environmental and social factors. We have to tease out all of the possible factors and try to stabilize them the best we can."

Marjorie will be presenting this case and others at the Ontario Gerontology Association's 27<sup>th</sup> Annual Conference in May 2008.

## Interview with the Leaders...Continued from page 6

**M.E.:** I'm looking forward to a stronger partnership with Research. When we add research and education to care, we will see outcomes improving in even greater ways.

For example, at the moment there is a misconception that Complex Continuing Care (CCC) has the same population as clients in long-term care. These patients are actually quite different from those in long-term care. Through research, we would like to demonstrate that patients in CCC show improvements and that they often move back home or to other, more independent living accommodations.

I think that looking at this unique population and how Baycrest can improve their lives and outcomes will be a new dimension of Baycrest strengths.

**Q: What does aging well mean to you?**

**M.E.:** To me, aging well means having people live in the least restrictive environment possible. We need to play up peoples' abilities versus their disabilities. What is possible for them as opposed to what is not possible.

Baby boomers will demand a different type of environment. They will want to be able to make different types of choices. They will demand more self-directed choices which may include higher access to technology. They will want a more individualized approach to care. This will be a different population than in the past. We're going to have to think differently about what caring for this generation means.

For my areas, this will mean different approaches to programs. For example in palliative care it could mean a focus on living and quality of life. In Behavioural Neurology, where we have some aggressive clients, it could mean a different physical environment to allow these clients to live in a more home-like setting instead of an institutional setting.

In CCC, it may mean video games instead of the traditional BINGO for recreation. In Rehabilitation, it could mean introducing the Wii and other technologies for use in physical activity. We will need to define ourselves by a new generation as opposed to the way we now know it. **BM**

# Join the Baycrest Family Purim Carnival

**P**urim is the most festive of Jewish holidays, a time of prizes, noisemakers, costumes and treats and gift-giving. The Festival of Purim commemorates a major victory over oppression and is recounted in the *Megillah*, the Biblical Scroll of Esther. Purim takes place on the fourteenth and fifteenth days of Adar, the twelfth month of the Jewish calendar. This year, Purim begins at sundown on the 20th of March.

Esther was a beautiful young Jewish woman living in Persia who was raised by her cousin Mordecai. She was taken to the house of Ahasuerus, King of Persia, to become part of his harem. King Ahasuerus loved Esther more than his other women and made Esther queen, but he did not know she was a Jew.

The king's arrogant, egotistical advisor Haman, hated

Mordecai because he had refused to bow down to him and plotted to exterminate all Jews. When Esther revealed her identity and informed the king of the plot against her people, Haman was hanged and the Jewish people were saved.

Purim is now celebrated by reading the Megillah in synagogue. It is a tradition to blot out the evil Haman's name with noisemakers (traditionally known as greggors) and even wear costumes in synagogue. Other festivities include feasting, sending gifts of food to friends and to the poor, and eating filled triangular pastries known as hamantaschen, which resemble Haman's three cornered hat.

All clients, family members, staff, private companions and volunteers are invited to join Baycrest Family Purim Carnival on Sunday, March 23, from 1:30

to 3:00. Take part in the activities including games, face painting, and crown making in Loftus Hall. The fun continues with the Selma Jelinek Sunday concert in the Winter Garden with additional entertainment supplied by Mickey Lewin and John Mamora and a special dance recital by Baycrest Private Companions. There will also be prizes for the best costumes.

**Traditional Megillah Reading:**  
Thursday March 20th, 7:00 p.m.  
and Friday, March 21<sup>st</sup>, 9:00 a.m. Wortsman Hall

**Alternative Service Megillah Reading:**  
Friday, March 21st, 1:30 p.m.  
Wortsman Hall

BM



## Congratulations

Congratulations to **Marilyn El Bestawi**, who has been invited by the Registered Nurses Association of Ontario (RNAO) Centre for Professional Excellence to prepare the curriculum and content and deliver five regional one-day workshops on best practices in staffing and

scheduling. The workshops will take place in May, June and September and Marilyn is the sole content expert. The project is part of the MOHLTC commitment to improving the quality of work life of nurses.

## Condolences

Our sincere condolences go to **Jonil Baranda**, webmaster, on the sudden loss of his father-in-law in the Philippines. Our thoughts are with you.



## Blast from the past!

This photo of this young lady was taken about 30 years ago - but she still has beautiful big brown eyes and long locks of hair. She has been at Baycrest for 15 years! Send your guesses to Joan Mortimer at [mortimerj@baycrest.org](mailto:mortimerj@baycrest.org) or call her at ext. 2952. If there is more than one correct guess then a name will be drawn for the winner.

If you would like to reveal what you once looked like (as an adorable baby, dressed in bell bottoms or a mini skirt, 30 pounds thinner or with hair), then dust off those old photos and send them to Joan.



Last issue's Blast from the past was too easy, and yes, it is none other than **Rhonda Seidman Carlson**, Director of Collaborative Practice, as many of you guessed. The winner of a \$10 Starbucks card is personal support worker **Roddy Gill**.