

Baycrest Matters

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

FEBRUARY 6, 2008 VOLUME 4, NO. 3

IN
THIS
ISSUE

Centre Wide Mock
Bomb Threat Test
- are you ready? **3**

Bill's Journal **4**

Tidal Model is on
the wave of
Renewal **5**

Networking in
Buenos Aires **10**

Rewards and Recognition Program honours the "most special of the special"



The Nursing Practice Network is one of four recipients of the Group Achievement Award. Photographed here (from left to right) are: **Carol Ragoonath, Mary Boudart, Aurora Aglipay, Dorothy Kerr, Don McKibbon, Marjorie Hammond, Jacquiline Smith-Madarasz and Sandra Law.**

Baycrest Matters
is published 25 times
a year.

Email submissions to:
Joan Mortimer, Editor,
mortimerj@baycrest.org
or call 416-785-2500,
ext. 2952

www.baycrest.org

Baycrest is fully
affiliated with the
University of Toronto.

Every day, Baycrest staff members strive to do their jobs well, yet every year a handful of employees go above and beyond their regular functions which creates a rich culture of care, innovation and learning. These people are recognized for their

actions through the Rewards and Recognition Program. As **Bill Reichman**, Baycrest President and CEO, said at this year's Annual Awards and Recognition ceremony, the recipients are "the most special of the special." This year, we honored nearly 60 people

for their commitment, creativity and overall impact on excellence at Baycrest. What makes the awards even more special is that all of the recipients were nominated by their peers for their extraordinary accomplishments.

Continued on page 2...

Baycrest

Enriching Care
Enhancing Knowledge
Enlightening Minds

Rewards and Recognition.....Continued from page 1

Here are the 2007 winners:

Pat Howard, Director, Organizational Effectiveness was nominated for Excellence in Leadership by **Gwen Yacht**, Director of Quality Management and Health Records: "Pat undertook the coordination of the past two winter holiday parties on top of everything else that she does. Pat has always been generous with her leadership and does so quietly. She consistently shares the credit or even gives it to others instead of enjoying personal praise. This is one lady who very much deserves our praise and appreciation," says Gwen.

There were four winners of the Group Achievement award:

The Nursing Practice Network (NPN) nominated by clinical nurse specialist practitioners **Sandra Law** and **Marjorie Hammond** for innovation around implementation of a new quality and sustainability framework toward improving management of falls across the organization.



Dr. Randy McIntosh looks proud as researchers Imram Somji, Shamindra Fernando and Patricia Van Roon show off their awards.

The Help Desk Customer Service was nominated by Apotex 4 unit clerk **Joe Ferreira**. "When any problem arises with any computer related programs, such as Meditech, Bold etc. they are always on top of things, very prompt, courteous, helpful. They do an outstanding job. They work very hard behind the scenes to make things work well for us to be able to serve our residents and patients better," says Joe.

Food Services - Beltline Safety was nominated by Darlene Roland, former Occupational Health and Safety nurse. They worked as a team to assist a co-worker on modified work and agreed to assist her so that Food services did not need to hire more help. Not only did they save the department the expense of additional resources, they came together as a team whenever necessary and demonstrate cohesiveness as a group.

The Nursing Staffing Office nominated by **Marilyn El Bestawi**, Director of Nursing, Baycrest Hospital. "Day in and day out, 365 days a year for 18 hours each day, these women provide support to the Nursing Division by helping us to maintain appropriate staffing levels on all of our units in the Hospital and the Apotex. Each of them has an acute understanding of the unit needs and they provide advice and guidance to the Leadership team in terms of potential hot spots and areas of concern," Marilyn expresses. "This team develops relationships with staff and they know staff preferences and areas of interest and they are adept at

Continued on page 3...

R&R nominations and how they work

If you've recently nominated a colleague for a monthly Recognition and Rewards (R&R) award, you may be wondering what happens after you've submitted your nomination. Once the Organizational Effectiveness Department receives the completed the nomination form, it gets assigned to a member of the Recognition and Rewards Committee for review.

If necessary, the committee member calls the nominator for further information, and also contacts the nominee's manager to confirm that the award is endorsed.

The committee meets on a monthly basis to determine the award winners. Once an award has been confirmed, the committee member handling the nomination then sets up an appropriate date, time and location to present the award to the recipient.

If you would like to nominate a fellow staff member, be sure to pick up an R & R nomination form at any of the **Speak Your Mind** boxes located throughout Baycrest, or from Organizational Effectiveness on the 2nd floor of the hospital.

Rewards and Recognition.....Continued from page 2

placing the right person in the right job on any given shift if someone has become ill or if additional staff is needed."

For Outstanding Innovation, **Imran Somji, Patricia van Roon and Shamindra Fernando**, Research Centre for Aging and the Brain, were nominated by **Jean Lazarus** Director, Research Operations and **Dr. Randy McIntosh**, senior scientist "These three staff members with very different daily work mandates came together and focused on their common purpose, the need to revitalize the Rotman web-site, to improve the outreach of the website so that people within the scientific community, potential graduate students and postdoctoral research fellows, internal staff and the general public could obtain useful information about the Rotman, the people and the research. The team met over a period of three months to begin

addressing each of the goals and to determine the most cost effective solutions," said Dr. McIntosh.

The award for Excellence in Sharing Learning went to **Eileen Chang**, Safety and Risk Management and **Gary Rosborough**, Organizational Effectiveness, nominated by Gwen Yacht. "Eileen and Gary have been learning and working on educating themselves, staff across Baycrest, volunteers and clients about safety practices, how to identify and plan for safer medication use, safe use of equipment, identifying and reporting safety events. Eileen has worked long and late hours to take the message to staff on her learning and she share it in an upbeat, positive way. Gary lends his expertise in presentation to make the learning and teaching a productive, fun experience," states Gwen.

The Recognition and Rewards program is co-sponsored by the Anna and Frank Schipper Endowment Fund. Baycrest would like to thank the Schipper family for their ongoing support.



Joe Ferreira (left) congratulates Seamus Donovan, Arthur Arindaeng, Adrian Gudas, John Dias, Krit Rattanavorn and Andrew Pigou. Absent: Chris Stallaert

Centre Wide Mock Bomb Threat Test - are you ready?

Although Baycrest has not experienced a bomb threat in eight years, we have to be ready for any type of emergency situation. On Wednesday February 13 at 11:00 a.m. in the main building and 2:00 p.m. at the Terraces, Baycrest will participate in a centre-wide Mock Bomb Threat Test to ensure that all staff would know what to do if this was a reality.

It will be announced a Code Black. Specific staff members trained as Area Emergency Captains will direct their teams

to search for several mock bombs planted around Baycrest.

"These are mandatory annual tests that are mandated by the Ministry of Health and Long-Term Care, but it is important for staff to actually participate in order to appreciate a real situation should it occur," says **Neil Shepherd**, Director, Physical Plant. "We try to do something that is the least disruptive to our clients, but we also try to make it interesting and real for staff."

Neil reminds staff members to review the quick response sheets in the Emergency / Disaster Manual (red binder) available in their department. These policies and procedures have been developed to ensure the safety and well-being of clients, members, families, staff, volunteers and visitors of Baycrest, and to provide the best possible response if a disaster of service disruption should occur.

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

January 25, 2008

Dr. William E. Reichman, Baycrest President and CEO

We are well on our way in our journey to a new organizational approach and sustained excellence in our field that is unrivalled. I believe that this is a marathon, not a sprint. Many of our staff are apprehensive, excited, anxious and perhaps, even uncertain about whether this is really the best course for us and how we will get there. It's understandable. We are entering new territory. We are openly confronting our strengths as well as our weaknesses and we are identifying important opportunities to do better. We are re-examining how we work together to share ideas and to make decisions in order to make progress. We are re-thinking how we will know, in other words measure, how we are performing in order to use this information to help us to do even better. We are expending more effort on quality and patient safety because we know that this is so important and must always be a high priority. We are trying to understand how to balance doing a great job on our campus while also aspiring to make an impact globally. Pheww!! Quite a full plate for an organization that already has plenty to do. And, to try to do all of this in a fiscal environment that presents so many difficulty challenges. But, we are now quickly on our way and we must not look back.

I have spoken with well over 1000 of you. You have told me that we must change, we must strive to

do better, we should never forget our ambition to be great, we must never forget how tight a community we are, and we must always put the needs of our clients and their families first, in every single thing that we do. And, we should support each other. Every single moment of every single day. This is why we are on this course.

For the past two weeks the Executive Team has dedicated our meetings to the continued development of the transition plan that will move us ultimately into full implementation of our new organizational model, a Baycrest tailored version of program management. We have focused our discussions on identifying what absolutely needs to be in place before we move to Day 1 of the new approach. Day 1 is the point in our plan when everyone who is directly affected by the changes assumes new positions and new reporting relationships under the new organizational chart. That is not to say that on that date everything we need to decide and complete will be done—there will be a great deal left to decide and implement as part of what is clearly a transition path (remember, this is a marathon, not a sprint). However, as long as everyone knows their functions and reporting relationships we can take that one significant next step forward down the implementation path of our new organizational structure. So when is that day? We have now deter-

mined that it will be February 11.

Through recent discussions and a lot of careful deliberation, we have made great progress in refining titles so they are less confusing, defining reporting relationships more clearly and articulating the various functions and responsibilities of our leadership staff. Given this progress, we believe that we are truly ready to move to Day 1 of program management on February 11. Here are some of the important highlights:

Our leadership team at the VP level is now all appointed with the exception of the VP, Medical Services (**Dr. David Conn** is in an acting role; the search for a permanent placement is well underway) and the VP, Clinical & Residential Programs (**Dr. Conn** and **Dr. Joy Richards** are sharing this in an acting role; we have assembled a search committee and have selected an Executive Search Firm).

We have made some changes to the original titles we announced back in December, specifically within the VP, Clinical & Residential Program portfolio. We have moved to title of **Director** and **Medical Director** for the senior leadership positions of the Hospital; LTC (Home); Clinics, Community and Day Programs. Each of the Programs within the Hospital will have a **Program Director** and **Medical Program Director**. In the Home, each of the floors will have a **Unit Director**. We continue to

“Baycrest clearly does not shy away from setting its aspirations very high and working very hard to achieve them.”

work on our ambulatory programs and clinics to refine their structure and corresponding administrative leadership.

Directors are working on defining the reporting relationships for the OT, PT, TR and other professions who dedicate time and effort to the Hospital, Home and our ambulatory and community programs. They are working on identifying the optimal “Home Base” reporting relationship for these staff. This is complicated, but very important and will be complete by February 11.

Concurrently Dr. Joy Richards is working with her team to define the role of the Professional Practice Leaders and the organizational structures that need to be in place to support them.

Another very important step is to ensure our administrative support personnel know who they will be working with and reporting to. This too is a very big step and **Joni Kent** and her HR team are facilitating a process that will ensure that as of February 11, everyone knows either who they are permanently working with or on an interim basis, who they report to until the work of reassignment is complete.

Vic Lambert and his team have designed a process to implement operational changes such as space allocation and move processes, changes to identification badges, updating of on-line directories etc. That process has been well defined and will now begin to be implemented.

In terms of the reassignment of

budgets, signing authority and related issues, **Laurie Harrison** and her staff are taking the lead to provide interim direction as a prelude to the new fiscal year commencing April 1 in which our approach will be aligned with the new organizational structure.

Under the leadership of **Joni Kent** and I, we will also be doing a very thorough review of the committee structure in place and how it should change to support our new model.

We have a new Intranet Site called Organizational Approach where critical materials such as the organizational charts from all portfolios; specific implementation plans etc will soon be located.

Next week, the entire Baycrest Leadership Team will be coming together as a group to work through all of these details and ensure that everything that needs to be in place for Day 1– February 11– has in fact been identified and is on target for completion. We will discuss the remainder of the implementation plan including immediate, short-term and longer-term priorities.

It is very easy at this point in such a major change initiative, and after such an intense period of review, to get overwhelmed by the amount of work that lies before us. That is why it is important for all of us to step back and consider all that we are doing at this time—implementing a new organizational model; identifying key performance improvements to respond to our Review data—and to focus on the

fact that it all rolls up into a framework for excellence that gives us the best possible footing to move to that iconic status we all aspire to for Baycrest. We must not lose sight of this as we continue to move forward step by step in this important, but at times intense journey.

I know I have said this many times before, but it continues to impress me that Baycrest clearly does not shy away from setting its aspirations very high and working very hard to achieve them. That is a distinguishing characteristic and one that has gotten Baycrest to its current level of success and will take us to the next level.

Let me again close by commending you for your unwavering commitment to taking on new challenges, to accept some temporary ambiguity in the process and to work diligently towards our very lofty goals—that is, to offer the very best care and support possible, contribute great scientific discoveries, educate the next generation of providers and do all we can to serve our community while sustaining our focus on Judaism inspired values.

Bill

<http://intranet/ceo/>

Next steps for accreditation

In the fall of 2007, everyone here at Baycrest began preparing for accreditation, with one of the first steps being implementation of self-assessments and Worklife Pulse questionnaires that were then sent to the Canadian Council on Health Services Accreditation (CCHSA). We recently received from CCHSA a Quality Performance Roadmap, a comprehensive electronic report based on the self assessments and questionnaires completed in the fall. CCHSA will follow this up with a visit to Baycrest by four surveyors in June 2008.

"The Quality Performance Roadmap is exactly what it sounds like and is a document that will guide the individual teams on the directions to take in order to improve patient care," explains **Gwen Yacht**, Director of Quality Management and Health Records.

The roadmap is a tool for Baycrest and other organizations to measure their own progress. The roadmap identifies the organization's strengths and also prioritizes areas for improvement based on the survey results, high risk areas defined by CCHSA and the values indicated by individual teams. These items are flagged with a colour code:

Red flags serve as alerts to the organization to identify gap areas, and help the organization prioritize the specific areas for improvement. Where improve-

ments are necessary, an action plan is recommended and evidence of action taken should eventually be submitted to CCHSA via the on-line Quality Performance Roadmap.

Yellow flags indicate areas where some improvement may be required and the organization should then follow similar steps to prioritize improvements, develop action plans and eventually submit evidence of action taken.

Green flags indicate areas that do not require improvement at the time the report is generated.

Baycrest received many green flags and staff overall feel that it is a safe, healthy and ethical environment. However, a number of red and yellow flags indicate that there are areas of improvement for both individual teams and the organization as a whole. Throughout the months of January and March, Gwen will meet with all participating clinical teams to review their individual roadmap and to discuss possible areas of improvement unique to their team. The Executive team is also reviewing the results, and developing action plans for the areas red flagged by several teams in order to provide specific centralized improvement initiatives.

"If less than 75 percent of participants felt positive about a certain issue, it was identified as a red or a yellow flag, but we need to understand why it was identified as such," states

Gwen. "If some teams received red or yellow flags because they indicated 'can't rate' on a section - we need to know why. If a team indicates 'can't rate' on the survey because it addresses a service that we don't offer at Baycrest that's one thing, but if it is because they are unsure of the services their team offers, then we clearly need to drill deeper down and deal with that issue."

Gwen explains that this is a new accreditation process that all health service organizations are going through for the first time. This may have affected the way people responded to the survey or questionnaires. Baycrest staff should understand that accreditation is a benchmark, and is just one vehicle to evaluate us as an organization. Other tools, like the recent external and organizational reviews, as well as the internal reviews (Listening tours, town halls, etc.) will help Baycrest move forward and improve as an organization.

The accreditation results will help Baycrest to focus on one of its most significant concerns: patient safety. Many Baycrest initiatives already address this issue and strive for keeping clients safe. Gwen is confident that with the Quality Performance Roadmap in hand, both the individual teams and Baycrest as an organization will be able to develop appropriate action plans to help achieve their goals. **BM**

The environment of care –it’s about maximizing ability

If you ever wondered what impact the environment can have on the health of a client then you should have been at the lecture by Dr. Eric Tangalos, who shared his expertise on non-drug interventions that health care facilities can employ to help the cognitively impaired.

Dr. Tangalos is expert in the field of geriatrics. He is professor of medicine and co-director of the Robert and Arlene Kogod Program on Aging at the Mayo Clinic in Rochester, Minnesota. He is a past president of the American Medical Directors Association, a past Governor of the American College of Physicians and was a member of the Board of Directors for the American Geriatrics Society and the Alzheimers Association. Dr. Tangalos was one of two physicians invited by President Bill Clinton to participate in the Whitehouse Conference on Aging (which occurs every 10 years) in 1995 and was appointed as a conference delegate in 2005.

“When do we discover AD in patients the most? Right after the holidays, when they have been out of their daily routine, and overwhelmed by activity,” states Dr. Tangalos. “Put a healthy elderly in a new situation and they don’t do that well - as a matter of fact, all of us would benefit from a light switch that automatically that goes on automatically when we enter a room, rather than fumble and try to figure out where the light switch is.”

Dr. Tangalos emphasized that cognition in normal individuals

changes with age (based on the Mayo Older Americans Normative Study). “We presume that adults over age 75 years will have normal IQ. But the older you get, the less competent verbal IQ you have,” he explains. More pronounced changes occur with tasks, he adds, and “out of the routine” tasks are harder to deal with, while over-learned behaviors are preserved. Teaching AD patients to relearn meaningful tasks, such as folding clothes, help to make them feel worthwhile.

“AD is not an all or nothing phenomenon, and with the use of assistive technology, like tags in clothing, monitors, motion detectors, amplifiers for hearing loss, etc. you can set up safe environments for patients based on their own cognitive function. We have to create environments that will not let them fail,” states Dr. Tangalos. In his presentation, he demonstrated several examples which support this, such as a curved sidewalk in a garden that takes walkers back to where they began, and a mural painted to hide a door to prevent patients

from wandering. He adds that bathrooms are shifting from sterile spaces with stainless steel tubs (which are often frightening to residents) to more home-like rooms with showers that are easier for residents to get into.

The role of good nutrition and food as part of celebration and every day life is very important, like celebrating a birthday with a beautiful cake, but many hospitals and long-term care institutions need to re-think the way their patients are presented their meal. A typical food tray with everything on it for someone with cognitive impairment is confusing as it presents too much problem solving, but offering one food at a time will result in more success. Also, residents who enjoy their meals in the company of the staff stay longer at the table and eat more.

“We want people to function, and caregivers need to pay attention to non-verbal clues from their patients,” Dr. Tangalos concludes. “The more we understand the cognitive principle the better we will do as a society.”

BM



This mural painted to conceal a door is one example of safe environments Dr. Tangalos shared in his lecture.

Tidal Model is on the wave of Renewal

After Renewal, the team on Inpatient Psychiatry was looking for various ways to sustain its teachings of patient/family centred care, personhood, and collaborative care. Nurse manager **Judith Thompson** and clinical coach **Ursula Denedza** knew that whatever they adopted it had to be congruent with the specialized care they provide on their unit. They found a program called the Tidal Model^a, a program that is grounded in the philosophy that people can recover from mental illness, whereas the traditional view is that people with severe mental illness do not recover.

Originally introduced in acute care facilities, the Tidal Model has expanded into many other settings. It tailors care to fit the person's specific needs, story and unique lived experience. It is the patient who is the key driver within the recovery process, with the health care practitioner helping to unlock the person's potential for recovery. In the Tidal Model, clients have a voice in the decisions about their care. In most traditional mental health models, the persons in care are instructed on what to do. The Tidal Model focuses on the person rather than the symptoms or illness. This shift in thinking has reshaped mental health policy in many countries.

To help people find appropriate words to adequately express the magnitude and complexities of their lived experience, the Tidal Model uses the metaphor of water and describes how people in distress can become emotionally,

physically and spiritually shipwrecked. It sees the experience of health and illness as fluid, rather than a stable phenomenon, and life as journey undertaken on an ocean of experience. Nurses and other caregivers can gain a greater understanding of the person's current situation - describing their journey as a state of being *washed ashore*, *drowning* or being *marooned* by their life problems and the inevitability of change. "When you are okay, it is like you are sailing in open waters," explains Ursula. "When you need repairs, because the water is too rough or you hit a rock, you dock. This unit is the dock."

"Traditionally in psychiatry, the patient's story is 'translated' into our professional version. In the Tidal Model, we preserve the patient's own story, in his or her own words", adds Judith. "We encourage patients to write their life experiences, challenges and expectations. We ask them to write about what has worked for them in the past, and what they need to do now to get better. The nurse records for those who can not do so for themselves, in their own words. Using the person's natural language shows simply and most powerfully respect for the person."

Judith explains that the Tidal Model concept fits well within Baycrest: "It focuses on the person in care, and puts her/him in control of his or her own care within a family-centred environment." By the nurse being curious about the person's experience and wishes, the Tidal Model also ties

Continued on page 9...

The 10 Tidal commitments and their linked competencies provide the basis of helping people make their own changes, rather than trying to manage or control patient's symptoms:

- 1. Value the voice** - the person's story is paramount
- 2. Respect the language** - allow people to use their own language
- 3. Develop genuine curiosity** - show interest in the person's story
- 4. Become the apprentice** - learn from the person you are helping
- 5. Reveal personal wisdom** - people are experts in their own story
- 6. Be transparent** - both the person and the helper
- 7. Use the available toolkit** - the person's story contains valuable information as to what works and what doesn't
- 8. Craft the step beyond** - the helper and the person work together to construct an appreciation of what needs to be done 'now'
- 9. Give the gift of time** - time is the midwife of change
- 10. Know that change is constant** - this is a common experience for all people

Tidal Model.....Continued from page 8

back to the principles of Renewal and the emphasis on relationship.

"You have to listen to the person in care, allow her to reclaim the story of her distress, understand the meaning she attaches to her circumstance and the simplest action that might bring the needed change to her life. You are the nurse - not the expert of this person's life." Ursula stated. "This is not a one-step process but rather

a shift in practice, it is a journey."

Although the Tidal Model journey has just begun, this ordinary experience could lead to extraordinary results. For one patient, the Tidal collaboration meant she could think, decide and act for herself. It also meant being treated as an equal in care. She felt valued as a person and her experiences were respected. Since she did not feel threatened, she was open with

staff. "It does not feel as if I am being treated, it just feels as if someone is listening to me," she said.

The nurses on 4 East see the Tidal Model as a tool that has helped to reclaim the original passion that brought them to nursing - helping people recover from the problems of living.

Annie and the Spirit of Baycrest

At times, Baycrest Hospital provides care to patients for several years, sometimes decades. These patients become very well known to staff and volunteers. Annie was one such patient. She was transferred to Baycrest from an acute hospital in November 1986 at the age of 72 years. With no family or friends close by, the entire staff on 5 West embraced her. When Annie passed away in November 2007 at age 94, it was a loss felt by all.

In 1986, both Annie and her husband suffered severe strokes - her husband passed away and Annie's stroke left her unable to speak and paralyzed except for limited use of her left hand. Her health was further complicated by diabetes and depression. The nursing staff on 5 West were determined that her quality of life would not be compromised because of her condition. With only two sisters-in-law living in Ohio, Baycrest staff members would provide extra care for Annie.

Recently, 5 West's **Creta Mohabir**, registered nurse, **Petrolina**

Jerome, registered nurse, **Jacynth Chang**, registered practical nurse, **Sonia Noble**, clinical coach, **Amanda Clark**, social worker, and **Maria Brettone**, nurse manager of 5 West, **Sheila Brandford**, registered nurse, and Esther Fairbloom, a retired staff member of Baycrest joined together to remember Annie and share their favourite memories of her. They reminisced of how her appearance was important to her, how she liked to dress up and wear costume jewelry and makeup, to have her skin and hair cared for. In all her years on the unit, all the nurses would go above and beyond the mandatory care and pamper her - they would keep her smooth skin moisturized and would make sure and she was dressed up and her hair was done on Sunday afternoons.

There was no mistaking what Annie liked or disapproved of. Once, in an elevator, she reached out with her left hand and tugged at the hemline of a mini-skirt a young lady was wearing. Clearly she did not approve. The care team also noticed

the way she would point and make distinct sounds when a gentleman passed by so they arranged for a male volunteer to feed her. He became a visiting companion for many years. If he brought her a piece of costume jewelry her spirits would soar.

Annie touched many people aside from her devoted nurses. Esther Fairbloom was the staff member who originally admitted Annie in 1986. Esther's mother is now a resident at Baycrest, but she still came to visit Annie regularly.

When Annie was admitted Sheila Brandford was a student nurse on 5W. Now a registered nurse, Annie died in Sheila's arms. A memorial service was held in Annie's honour on November 27, 2007. The team all wore costume jewelry in loving tribute. As a patient who had lived at on 5 West for 22 years, and as someone whom everyone on the unit knew intimately, the memory of Annie will not fade any time soon. **BM**

Networking in Buenos Aires

Baycrest is fortunate to have many professionals who are considered experts in their fields. However, it is not just the Baycrest community who benefits from their knowledge. They travel across the world to share that expertise with their peers. Last October, **Joyce Lagunoff**, Director, Community Day Centre for Seniors presented the Baycrest's Community Day Centre program to a multidisciplinary group at Fundación para la Lucha contra las Enfermedades Neurológicas de la Infancia (FLENI) in Buenos Aires, the largest neurological institute in Argentina. The audience included occupational therapists, physical therapists, nursing, speech therapists, neuropsychiatrists, neuropsychologists, and medical staff.

The Community Day Centre for Seniors at Baycrest was established in 1959 as the first program of its kind in Canada and with 179 clients, it is still the largest adult day program in the country. The Day Centre helps provide stimulation and a renewed sense of independence for people living at home but also offers respite for families. Currently, the Community Day Centre consists of three non-sectarian, structured programs of social, recreational and educational activities for seniors living at home:

The Parkland Club for the well elderly and physically frail, the Oceanside Club for mildly cognitively impaired individuals and the Samuel Lunenfeld Mountainview Club, which cares for the elderly with moderate to severe cognitive impairment. The Mountainview Club also offers specialized programming for adults with



Joyce Lagunoff, Director, Community Day Centre for Seniors and Dr. Lisandro Olmos, Medical Director, Rehabilitation Centre, FLENI.

Frontotemporal Dementia (FTD) in collaboration with Baycrest's Brain Health Centre Clinics.

Joyce was invited by Milagros Rosello, a senior occupational therapist at FLENI who visited Baycrest for a few months in 2001 to learn about the Community Day Centre. FLENI consists of an acute care facility that serves clients of all ages, a Rehabilitation and Therapeutic Education Centre and a Neurological Research Institute. Milagros and her colleague Dr. Lisandro Olmos, Medical Director, Rehabilitation Centre, treat clients who are similar to the Day Centre population. She told Joyce how her experience at Baycrest had a profound influence on her, and that her time here was influential in her own practice.

In her invitation, Milagros stated "We hope to learn from your experience, knowledge and diverse perspective, what the common elements that we at FLENI share with you, which in turn will contribute to our mutual benefit." Along with the overall model of care and service delivery, Joyce shared the development of the centre's new FTD program.

While in Buenos Aires, Joyce also had the opportunity to attend a Jewish Latin American conference and met with representatives

from Asociación Mutual Israelita Argentina, (AMIA) a non-profit organization whose work ensures the integral development of Jewish people of Argentina. With her Latin American peers, Joyce had the opportunity to exchange information on day programs. She also visited LeDor VaDor - a home and centre which provides comprehensive care to the Jewish elderly adults. "Like Baycrest, LeDor Vador is a community effort, and there was a lot we were able to learn from each other and find a lot of common ground," says Joyce. "Geriatrics in Argentina is an underserved population. There is a huge need for caregiver relief - these are certainly issues that we see in the Day Centre every-day."

Joyce acknowledges that the opportunities to network and meet with people were endless, and in her travels she met many people who knew of Baycrest by its reputation. "You never know who you will meet and where the greatest impact will come from," Joyce explains. "Baycrest is definitely a leader in its adult day programs. As people look to us as the model, it is rewarding to know that we have guided many people across the world." **BM**

New initiatives to help get around Baycrest

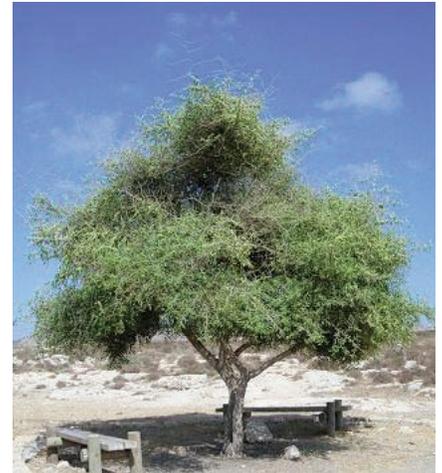
People often say that Baycrest is like a city—and given it spans 20 acres and its main building of 1.2 million square feet of a multitude of entrances, buildings and elevators—maybe that’s not far from the truth. As a result, getting around can be overwhelming particularly if it is your first time here, or if a person is affected by vision and cognitive problems. However, new wayfinding strategies which strive to help clients, visitors and even staff are currently underway.

“Every day, we see the struggles that our clients and even their care givers get lost trying to find their way to an appointment and visitors who get confused between Baycrest Hospital and the Apotex Centre,” states **Neil Shepherd**, Director, Physical Plant.

Last summer, a team of summer students were hired to survey visitors as they came into Baycrest. They asked visitors key questions about finding their way at Baycrest. After looking at the data, Neil and his environment team determined that a variety of initiatives were necessary. These included better signage was needed and all the elevators and buildings needed to be clearly marked in a way so that people could identify where they are very quickly.

Temporary experimental colours and shapes are being trialed for each building and the Physical Plant Team has recently installed “street style” signs at key intersections at the Birdcage and the Gift Shop. Neil explains that before Baycrest invests in permanent signage, their efficiency will be reviewed. Ongoing projects will include the identification of main entrances by name and number, identification of elevators by name, increased directory signs and a new map of Baycrest.

The map is currently being created by local artist Paul Beare, who produced a similar map for the University of Waterloo. A large map may eventually be displayed at all the entrances but smaller versions will be available for visitors to take with them. It will also be on the family website on the Internet so that people can see where they are going before they even travel to Baycrest. **BM**



At the last Café Europa, Mrs. Felicia Lieberman passed around a basket to collect money to plant one tree in Israel in honour of Tu B'Shevat, the Jewish Arbor Day. The Café Europa attendees raised enough funds to plant six trees.



What did you say?

Geriatricians and family physicians at Baycrest and in the community often hear complaints from caregivers and family members of their elderly parents being unable to hear and rejecting hearing aids. Dr. Michael Gordon, a geriatrician at Baycrest says he often hears of this when undertaking a geriatric assessment, including those for memory and other cognitive difficulties. Sometimes the patient doesn't realize that although their hearing seems fine to them, it is their ability to discriminate words which is faulty due to the hearing loss.

"I have seen patients over the years who were referred to me for dementia and who clearly had a substantial hearing impairment,"

explains Dr. Gordon. "Sometimes, in order to convince them that their hearing could be improved, I use a little amplifier that I bought years ago at K-Mart for \$10 and speak to them through it. Not infrequently, they perk up and look at me and admit they are hearing better. Unfortunately from there to a hearing aid are a number of big steps."

Some of the changes that have occurred in hearing aid technology may make elders more receptive to wearing them. Users of what are called open fit or non-occlusive aids, often cease to complain that their ear feels "full" or "stuffed" because the whole ear canal is not blocked by the aid as is the case with older models. With this new

design, the receiver is a small unit behind the ear with a very fine, almost invisible, plastic tube that connects it to inside the ear.

Improving hearing is generally an important goal for most elders. For those in whom the possibility of cognitive impairments exists, the goal of improving hearing becomes even more essential. It is worth pursuing available help and sticking to it as eventually most people do get used to the aids and benefit from their use.



Blast from the past!

Can you guess which Baycrest staff member this is? This photo was taken approximately 40 years ago and the answer will be revealed in the next issue of Baycrest Matters. The only hint you get is that his work takes him all around Baycrest. This is a hard one, so there is a little prize for the person who gets it right. Send your guesses to **Joan Mortimer** at 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 Mortimer, editor, Baycrest Matters at mortimerj@baycrest.org.

The last issue of Baycrest Matters featured a very young **Cyndi Pirs**, nurse manager, Apotex 4. Congratulations to all who guessed correctly.

