

# Baycrest Matters

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

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Baycrest Matters is published 25 times a year.

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

Baycrest is fully affiliated with the University of Toronto.

## Baycrest goes green at Earth Hour

**A**s the world goes "green," both large and small organizations have joined the ranks of the environmentally concerned and are making an effort to protect the earth. Baycrest is no stranger to the green movement by continually implementing many environmentally friendly initiatives. Baycrest joined the rest of Toronto and more than 15 other cities worldwide in "Earth Hour."

Earth Hour is a global climate change initiative created by WWF (World Wildlife Fund) that called on individuals and businesses around the world to turn off their lights for one hour between 8:00 and 9:00 p.m. on Saturday March 29<sup>th</sup>. The goal of this initiative is to express that individual action on a mass scale can help change our planet for the better.

"Baycrest supported this campaign through a variety of promotions and by turning down our lights in areas that

allowed for a safe lighting reduction," states **Neil Shepherd**, Director, Physical Plant. "Our organization has been a leader in creating 'green' programs and striving to reduce energy usage in our buildings."

All last week, Baycrest clients, staff, visitors and volunteers were encouraged to participate both at home and at Baycrest and show their

support for "Earth Hour" by registering to "turn off." Neil adds: "Our participation in this important event was not only to show that Baycrest is dedicated to improving climate change and other environmental causes, but it was also a fun way to get the entire Baycrest community to think of what they can do to help save this planet."



Baycrest joined the City of Toronto and more than 15 cities worldwide in Earth Hour on Saturday, March 29.

**Baycrest**

Enriching Care  
Enhancing Knowledge  
Enlightening Minds

# Mobility, movement and falls are top of mind

**F**or Baycrest residents and clients, being able to get around safely should not be an obstacle. Yet for many seniors, mobility, movement and falls can seriously affect every aspect their lives. Experts at Baycrest are taking the subject of falls very seriously and how they relate to seniors and patient safety. A number of policies relating to mobility, movement and falls will soon be implemented across the organization.

“Patient safety is always top of mind,” says **Sandra Law**, Geriatric Clinical Nurse Specialist, who is part of an inter-professional team working on different ways to promote patient

safety. Currently, there are personal support workers, registered practical nurses, registered nurses, clinical coaches, managers, occupational therapists, physiotherapists, physicians, members of the physical plant, pharmacy, information management, and patient safety representatives that comprise what will hopefully be known as a Safer Movement project. Even Baycrest’s own Nursing Practice Network has been assisting with improving falls prevention and management from a front-line perspective.

A policy specific to falls is currently under review, but it goes deeper than that.

“Falls and mobility are intertwined with physical restraint minimization as well as minimal lifts and handling practices,” says Sandra. “My colleagues and I are working together to establish and implement a sustainable, organizational framework that will improve practice in all of these areas where it matters most - at the bedside.”

While the subject of mobility, movement and falls is complicated there are simple, everyday things that everyone can do to ensure a safer environment, as patient safety at Baycrest is everyone’s responsibility.

## Help to create a safe environment

### BAYCREST STAFF & VOLUNTEERS

- Ensure resident/client necessities are within reach
- Ensure rooms are clutter free
- Ensure furniture is sturdy and wheels are locked

#### Assess a patient’s risk

- ALL patients should be assessed for their risk of falls on admission, transfer, change in status, and after a fall

#### Reduce the patient’s risk

- Individualized care plans developed and carried out for those at high risk by the interdisciplinary team

#### Evaluate the Interventions

- Ensure individualized care plans are being carried out and are effective at reducing falls
- Complete thorough Post Fall Assessments (always remember to inform necessary staff and

family after a resident/client has fallen) & Incident Reports to allow for evaluation of the effectiveness of interventions

### RESIDENT/CLIENTS & FAMILIES

Telling your physician and/or nurse if you or your loved one has the following risk factors:

- History of falls
- Taking four or more medications, especially those drugs that are used to treat depression, cognitive impairment, sleep disturbances, blood pressure, seizure activity, pain (i.e. narcotics), swelling (i.e. diuretics), and constipation (i.e. laxatives).
- Feeling weak or dizzy
- Cognitive Impairment such as Alzheimer’s or psychiatric problems
- Difficulty maintaining balance, walking, or getting out of bed or chairs

- Visual or hearing difficulties
- Incontinence

### TIPS ON HOW TO BE SAFE AND KEEP FROM FALLING:

- Always wear proper footwear that are non-skid (rubber soles provide better stability and shock absorption).
- Reduce clutter in the environment, including scatter rugs.
- Ensure that furniture allows resident/client to touch the floor (feet flat to ground) when sitting
- Ensure that assisted devices (i.e. walker) are in good working condition and are appropriate (i.e. right height)
- Ensure all areas are well lit
- Maintain mobility through exercise or physiotherapy for balance and strength

**REMEMBER TO ALWAYS REPORT A FALL TO YOUR PHYSICIAN AND/OR NURSE!**

# Alzheimer's screening tools debated at Rotman Conference

International leaders in brain imaging met last week at the 18th Annual Rotman Research Institute Conference at The Four Seasons Hotel in downtown Toronto. This year's conference focused on the uses of neuroimaging for dementia and cognitive rehabilitation. As this emerging field promises to help detect the causes of Alzheimer's disease and gauge the effectiveness of new drugs, treatments, it also has the world's brightest minds exploring the ethics around it.

With today's powerful brain imaging technologies such as magnetic resonance imaging (MRI), researchers now have incredibly high resolution and detailed images of abnormal protein collections in the brain that were once visible only at autopsy. This scanner which uses high-power magnets can provide a snapshot of people's brains at the earliest stages of illness, leading to earlier diagnosis and start-up of treatment when drugs have the best chance of being effective in slowing down disease progression.

"We now have the capability to identify much earlier the pathological markers that signal the onset of a disease in the aging brain, such as Alzheimer's or vascular dementia, and to monitor the effects of drug and cognitive rehabilitation on the brain itself," says conference chair **Dr. Tiffany Chow**, a clinician-scientist in Baycrest's Sam and Ida Ross Memory Clinic. "It's an exciting time because we can bring more technologies together, and access to specialized brain imaging with finer resolution allows us to determine what the intervention actually does."

However, the developments also raise ethical questions: Should seemingly healthy adults over a certain age be given brain scans routinely, as is recommended with colorectal cancer tests and mammography? Should all patients over 65 with a memory complaint get a high resolution brain scan? And should those people be informed if the results suggest they might develop the debilitating, always fatal ailment months or years down the road?

Dr. Chow notes that advances in brain imaging with its diagnostic and predictive capabilities is starting to stir debate about whether more powerful, higher resolution brain scans or amyloid imaging should become part of routine clinical practice for all patients over 65 who present with a memory complaint.

Amyloids are abnormal protein deposits, known as plaques, that can build up in the brain and interfere with communication between neurons. Amyloid build-up is a pathological hallmark of Alzheimer's and spotting it early helps to predict who among subjects presently considered to be at risk may actually develop Alzheimer's.

Not everyone with abnormal amyloid plaque deposits will go on to experience serious memory changes and full-blown symptoms of Alzheimer's, says Dr. Chow. The clinician's dilemma will be whether to initiate aggressive drug intervention as soon as plaque deposits are apparent in scans, even if memory changes are mild, or wait a little longer. **BM**

**ARE YOU FEELING STRESSED? NEED MORE TIME FOR YOURSELF?**

**TRY A MEDITATION CLASS!**

**BEGINNERS WELCOME**

**When:** Every Wednesday 12 - 1 pm

**Where:** Baycrest, Ben & Hilda Katz Building

2<sup>nd</sup> floor classrooms ABC (room changes will be posted)

**What to bring:** Just yourself and maybe a friend

**Questions? Contact:**

Dr. Michael Marxen, Rotman Research Institute  
ext. 3060

[mmarxen@rotman-baycrest.on.ca](mailto:mmarxen@rotman-baycrest.on.ca)

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# Head injuries can result in widespread brain tissue loss

**A** blow to the head that knocks a person unconscious can result in widespread loss of brain tissue, according to **Dr. Brian Levine**, senior scientist at Baycrest's Rotman Research Institute, explaining why some people who suffer head injuries are never quite the same. In a rare, large-scale study of traumatic brain injury (TBI) patients who span the full range of severity from mild to moderate and severe, Dr. Levine and his colleagues found that the more severe the injury, the greater the volume loss of brain tissue, particularly white matter.

"This is an important finding as TBI is one of the most common forms of disability," said Dr. Levine, lead author of the study which is published in the March 4, 2008 issue of **Neurology**, the medical journal of the American Academy of Neurology. "It can be hard to determine why patients are so disabled, and this study offers a clue to the nature of the brain damage causing this disability."

TBI causes both localized damage through bruises or bleeds, as well as more diffuse damage through disconnection of brain cells, which ultimately causes cell death. Both kinds of damage contribute to difficulties with concentration, working memory, organizing and planning (vital skills for holding a job), and mood changes often experienced by people following TBI.

In the study, 69 TBI patients were recruited from Sunnybrook Health Sciences Centre, Canada's largest trauma centre, one year after injury. Eighty per cent of the patients sustained their injury from a motor vehicle accident. Injury severity was determined by the depth of coma or consciousness alteration at the time of the initial hospitalization. Some patients had minor injuries and were discharged immediately, whereas others had more severe injuries with extended loss of consciousness lasting weeks. Twelve healthy, non-injured participants were recruited as the comparison group.

Subjects' brains were scanned with high resolution magnetic resonance imaging (MRI) which provides the most sensitive picture of volume changes in the brain. In addition to using an expert radiologist's qualitative reading of the MRI scans, which is the standard approach used in hospitals and clinics, the researchers processed the images with a computer program that quantified volumes in 38 brain regions.

The computerized analysis revealed widespread brain tissue loss that was closely related to the severity of the TBI sustained one year earlier. "We were surprised at the extent of volume loss, which encompassed both frontal and posterior brain regions," said Dr. Levine. Brain tissue loss was greatest in the white matter (containing axons which can be compared to tele-

phone wire interconnectivity), but also involved grey matter (containing the cell bodies important for information processing).

Investigators were surprised to find that volume loss was widespread even in TBI patients who had no obvious lesions on their MRI scans. Even the mild TBI group contributed to the pattern of volumetric changes such that this group was reliably differentiated from the non-injured, healthy group.

Dr. Levine is leading follow-up studies on the same group of TBI patients to examine more closely the significance of localized white and grey matter volume loss on behaviour.

The research team for the Neurology paper included Dr. Sandra Black, Neurosciences Program Research Director at Sunnybrook Health Sciences Centre, Brill Professor of Neurology, Department of Medicine, at Sunnybrook and University of Toronto, and Senior Scientist at Sunnybrook and the Rotman Institute at Baycrest. Both Baycrest and Sunnybrook are fully affiliated with the University of Toronto.

The study was supported by grants from the Canadian Institutes of Health Research and the National Institutes of Health.

# Baycrest visit teaches students about the Holocaust

**A** group of University of Ottawa students recently came to Baycrest for a three day visit, but what they learned here will stay with them for a lifetime. The purpose of their trip was to meet Holocaust survivors and their families. While the experience had a significant impression on the students, no one anticipated the positive impact it would have on so many survivors and the quality of the interactions, according to **Paula David**, senior social worker and Holocaust Resource Coordinator.

The students participated in meetings of four groups: The Adult Children of Survivors Group, the Child Survivors Group, the Terrace Survivors and the Community Survivors Group. Each group was remarkable in its ability to be open and share their stories and their thoughts. The Children of Survivors and Child Survivors

were especially riveting as their narratives moved some of the group to tears.

“In the group of older survivors one man told his story, and then we found out he had never spoken openly about this at all. Not only would this opportunity be impossible to attain in three days anywhere but Baycrest, but the students were well aware that they had been included and welcomed into something very special,” says Paula. “They met with and were welcomed by each aspect of survivor families and were given a rare insight into the issues, the challenges and the strengths. Every one of the students was respectful, appreciative and extremely sensitive.”

Two students even delayed their return trip to Ottawa in order to come to Cafe Europa and one student even visited a survivor that she met here on her own time.

Each student will transform their learnings into a personal, meaningful project, like a reflective journal or website. They will share their final projects with Baycrest.

Although Paula has facilitated student visits before, the unique aspect of this group and one that captured the hearts of the survivors was that none of the students were Jewish and for most it was also their first exposure to Jews. They all came from different backgrounds, but they were all interested in Jewish culture (some of them were even studying Yiddish) – and one of the darkest periods of Jewish history. “But what is most important are the personal stories behind the history,” Paula adds.



University of Ottawa students enjoy a conversation with Holocaust Survivor and Terraces resident Mania Kay.

# Interview with the Leaders

**W**e continue with our series "Interview with the Leaders". Baycrest Matters interviewed **Bianca Stern**, who is both Director of Culture and Heritage and Professional Practice Leader in Occupational Therapy. In this article we will focus on her new role as Director of Culture and Heritage.

**B.M.: This is a new Department for Baycrest. Why do we need a Culture and Heritage Department?**

**Bianca:** Our client population, a significant number of whom live within the walls of our campus, may have complex and often chronic medical conditions, sensory losses and cognitive impairment but they continue to need to live with dignity as persons, maintain their identity and engage in life. No matter how impaired a person may be they are human beings whose sense of self, whose dignity, disposition, pride, ability to understand the meaning of situations and to act meaningfully remain intact to some degree.

The Baycrest environment, whether the client's room, or unit, or within the centre at large, can be viewed as a centre of lived meaning where social, cultural, and physical elements of a person's environment come together to become their "place of identity". It is important to consider the continuity of person and environment, and the role of the caring network of "others" that surround our elders, including staff, companions, volunteers,

and family. These "others" play an important role in acknowledging and supporting the elder's preserved abilities and enabling their experience of the world and of themselves.

Health and wellbeing, for these individuals, is so much more than the absence of disease and Baycrest is certainly more than just a location where services are delivered. We have an opportunity through this new department to have a significant impact on the quality of life of our elder. Through the strategic re-alignment and enhancement of current culture & heritage services and the creation of new partnerships with the internal and external communities, the Culture & Heritage Department can be a catalyst that promotes a "caring community", taps into the creative potential of our seniors, supports an enlivened environment and enables meaningful activities and relationships.

**B.M.: What are some of your goals in this new position?**

Keeping in mind Baycrest's commitment to sustaining a faith based community, I will work with my team to strengthen our existing Jewish identity while providing a vision of growth that meets the needs of our clients, families, staff, and community. At the same time, we will also want to address the spiritual, religious, and cultural needs of our non-Jewish clientele in the hospital. We will expand opportunities for creative expression through a range of cultural vehicles including art, music, theatre, etc. In



Bianca Stern, Director of Culture and Heritage and Professional Practice Leader in Occupational Therapy.

addition, we will provide avenues to increase understanding of the cultural diversity of the broader Baycrest community of staff and volunteers and provide opportunities to engage them in a collective process of community building.

**B.M.: What are some of the first things you will be doing in your new role?**

**Bianca:** My first steps have included bringing my team together to discuss the scope and direction of the Culture and Heritage Department. As well, I am building the infrastructure and back stage support for organizing and coordinating our activities once we are up and working at full speed. I am also working with therapeutic recre-

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

ation staff to help position their professional practice agenda. They will continue to play a key role, as they have always done, in facilitating activities around the centre whether on or off the units.

I have a working group assisting me in developing a new training approach that will be integrated into a centre-wide orientation for staff, volunteers, companions, and family. This approach is values driven and focuses on building a culturally sensitive and relationship centered approach to all that we do. I have been linking with leadership across the centre so that we can all work collaboratively in an integrated fashion so that this new piece is not separate but coordinated and supported to sustain learning in the long run.

I will be setting up a number of meetings in the external community to explore collaborative partnerships with cultural centers, religious organizations, schools, and creative/expressive arts groups. We are looking to recruit a core group of culture & heritage volunteers to help enliven our environment.

These are some of the first things and there is a lot to do. We are truly excited by all the possibilities that are coming our way!

**B.M.: What are some of the challenges that you face?**

**Bianca:** The biggest challenge we face will be in how we train, support, and re-enforce our staff, volunteers, companions,

etc. to recognize the value of a relationship centered focus within a caring community; so that they can move increasingly away from the task oriented approach to care that we easily fall into. Other challenges include integrating volunteers and companions as part of the team/community and balancing expectations and a compelling vision with a doable actions agenda.

**B.M.: What does aging well mean to you?**

**Bianca:** To me, aging well involves continued engagement in activities and relationships that are meaningful. Human beings grow and develop throughout their life span. Older adults can continue to make creative contributions to the world around them. Dr. Gene Cohen, director of the Center on Aging, Health & Humanities comments that older adults have "enhanced potential for creativity because they have accumulated its key ingredients....life experience and perspective." Engagement in activities that tap into this creative potential whether storytelling, writing, art, music, intergenerational projects or theatre improves physical and emotional health, increases feelings of confidence and self-esteem, enriches relationships, and strengthens moral. That's what aging well is all about.

**B.M.: In what way is this innovative and how will it put us in the forefront of aging?**

**Bianca:** There are many opportunities to be innovative with this new direction whether it is in enlivening the environment, enriching the experience or engaging the individual. Our partnerships will be innovative. For example, we are connecting with museums like the ROM, music and theatre groups and organizers of the Jewish Film Festival to enhance cultural options at Baycrest.

Our value based training approach will make a unique contribution to the work already developed in this area.

We are exploring intergenerational opportunities with local schools and expanding the types of creative activities seniors can become involved in.

We are also exploring the potential of developing the research and education components by linking with such universities as George Washington University's Center on Aging, Health & Humanities or the National Center for Creative Aging. This can be an exciting interprofessional initiative that can bring together such disciplines as occupational therapy, therapeutic recreation, music therapy, social work, nursing, and creative arts. We hope to invite scholars in residence and researchers with this focus to partner with us to study the positive impact of enlivened environments and creativity on promoting health, coping with illness, and improving quality of life. **BM**

# Accreditation:

## Frequently Asked Question

### What are the various steps to accreditation?

The accreditation process began in September 2007. Worklife Pulse questionnaires and self-assessments were completed by staff and volunteers which provided preliminary data for the accreditation process. The CCHSA then provided Baycrest with Quality Performance Roadmaps (with red, yellow and green flags) which helped to identify areas where we either need to clarify how we deliver services or where we need to develop action plans (which are already being developed) to improve the way we deliver services. CCHSA surveyors will visit Baycrest on June 23, 24 and 25, 2008.

### What is the role of the surveyors?

Prior to their arrival the CCHSA surveyors will meet to review specific documents, including policies and reports to understand what we do at Baycrest to ensure our facility meets the needs of the population. Once the surveyors arrive on site they will meet with the Executive Team and will begin to view select client health records and personnel files to further help them understand how needs and services are evaluated, planned, carried out and reviewed at Baycrest.

The surveyors will also visit areas where client care is provided to observe the priority processes involved in care and service. They will speak to the staff and volunteers as well as clients and families to verify that the care and services we provide meet established national standards to ensure our clients are not at significant risk.

### Will the surveyors ask me any questions?

Anyone in the organization including staff, physicians, volunteers, clients and family members may be interviewed. We are all part of the Baycrest team.

### What kind of questions will they ask? Will we have an opportunity to prepare?

The focus of accreditation is safety. All staff need to understand that regardless of our role, we are all responsible for both client safety and for each other's safety as well. We will all need to describe our role in patient safety.

You will have time to prepare for questions you might expect. Throughout April, May and June, staff working on client safety initiatives will meet with groups of staff to help everyone to become familiar with the developing strategies for safety and become aware of the type of questions they could be asked.

### How will staff learn about Baycrest's score on the Quality Performance Roadmaps and our action plans?

Communicating accreditation information will be a key focus in the coming months. Look for articles related to accreditation in upcoming issues of Baycrest Matters, our internal publication, and a poster campaign throughout Baycrest.

Throughout May and June, mini pre-accreditation meetings will be held across Baycrest to educate staff about accreditation and to prepare for a typical surveyor interview.

Team discussions on safety issues such as management of pain, continence, movement and mobility (falls prevention), hand hygiene, prevention and control of infections and outbreaks will be held, and resource materials will be available from the Collaborative Practice and the CQI Risk and Patient Safety.

Processes for transferring information about clients during shift change and/or when clients are transferred will be clarified. Clinical equipment and product inventory will be made available to teams as well as information about Preventative Maintenance plans.

CCHSA refers to these actions as Required Organizational Practices (ROP's).

### If I have questions right now, who should I speak to?

Please contact **Gwen Yacht**, Accreditation Coordinator, at extension 2468. [BM](#)

# Geriatrics at your fingertips

Need information fast? A new e-Book Resource on Baycrest Virtual Library Online provides full-text access to *Geriatrics at Your Fingertips*. This resource contributes to the best practice in geriatrics by providing Baycrest staff with quality resources.

*Geriatrics at Your Fingertips* covers the evaluation and management of the diseases and disorders that most

commonly affect older persons. The guide includes information about:

- diagnostic tests
- pharmacologic and nonpharmacologic management
- numerous clinical guidelines and
- appendices with assessment instruments.

**To Access information:**

Go to the Baycrest Intranet, and select

- Tools & Resources Tab, then
- Virtual Library, then
- e-Books, then
- Geriatrics at Your Fingertips.

Use the login and password provided. NOTE: once you are logged in, select the *Table of Contents* tab to access the full text.

## The Hy & Bertha Shore and Harry & Sara Gorman Awards 2008

For all Baycrest Staff:

Please consider the opportunity to apply for the Hy & Bertha Shore and Harry & Sara Gorman Award.

This award supports staff in the following ways:

- Upgrading education and skills
- Writing a publication in the form of a manual or book
- Developing an educational product, such as a video or audiotape, computer software, manual, teaching tool or invention that would benefit Baycrest or other health care facilities

Forms are available on the intranet, at the Education kiosk, main floor of the hospital, or in the O.E. Department, 2nd Floor, hospital.

Deadline date is *April 30<sup>th</sup>*.

Send applications to: The Shore/Gorman Award Committee  
c/o Baycrest O.E. Department.

Any Questions? Please call Ursula Zamora at extension 2365



Purim at Baycrest: The spirit of Purim was evident at the Reuben Cipin Healthy Living Community costume party. Following the theme of "Fiddler on the Roof," first prize winners were Minabelle Haneford, dressed as the Rabbi and Freda Rubenstein, dressed as Tzeitel the Ghost.

# Announcements

The Mental Health Guideline Implementation Team is pleased to announce that that **Lisa Sokoloff** will join the team as inter-professional Team Coach and Project Coordinator on Apotex 3 and 6. Lisa's position is made possible through a grant from the Inter Professional Education Care and Education Fund from Health Force Ontario (MOHLTC).

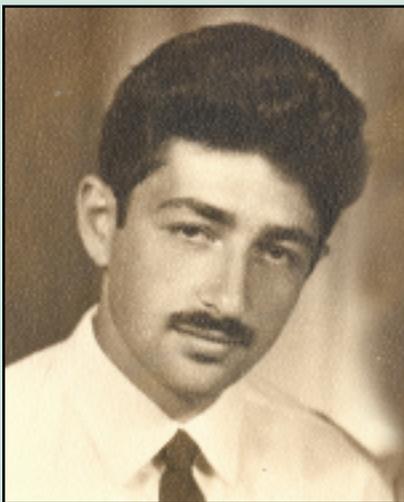
Lisa brings a wealth of clinical and education/ knowledge translation expertise from her past role as speech language pathologist at Baycrest's Communication Disorders Department. Lisa began her new position on March 24.

Welcome **Terrie Tucker**, who will join Baycrest on April 28 as

the Director of Decision Support. Terrie has a wealth of experience in this area. She was the Director of Decision Support and Patient Information at CAMH and most recently was the Director of Decision Support at Royal Victoria Hospital in Barrie. She has extensive experience at the Hospital and Provincial level in developing frameworks and tools to enhance decision making capability. As part of Decision Support, Terrie will also manage the Health records/ADT/Transcription functions.

Farewell to **Rhonda Seidman-Carlson**, Director, Collaborative Practice, who will be leaving Baycrest at the end of May,

2008 to take on the position of Director of Professional Practice at Markham Stouffville Hospital. Rhonda has spent many years at from 1992-1996 as a Nurse Manager in the old Jewish Home for the Aged (now the Apotex Centre), and from January 2002 to present as the Director of Nursing Placement, Development and Practice and most recently at the Director of Collaborative Practice. Rhonda has touched many of our lives at all levels of the organization over her years at Baycrest and her passion for geriatric care and will be deeply missed.



## Blast from the past!

This photo was taken about forty years ago and this handsome man has helped to keep Baycrest spic and span for over twenty 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 featured Executive Office administrative assistant **Daniela Teti**, as many of you guessed. The winner of a \$10 Starbucks gift card is Volunteer Coordinator Beverly Devins. Congratulations!