

Baycrest Matters

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

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Baycrest is fully
affiliated with the
University of Toronto.

LHIN collaborative provides spiritual care training

Caring for patients and residents, whether in a hospital or long-term care facility, goes far beyond performing procedures and providing medication. Individuals in these settings often benefit when their spiritual, cultural and religious needs are also met and most health care centres have established

formal, yet diverse, pastoral care programs to accommodate a variety of denominations.

To support chaplains and pastoral care leaders in their work, many facilities rely on volunteers, who require special training before visiting clients in a cultural or spiritual capacity. In the Greater Toronto Area, six

hospitals and a social services agency have come together to form the Central LHIN (Local Health Integrated Networks) Chaplaincy Collaborative to provide consistent education and guidance to new volunteers through the Spiritual Visitors Training

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Over 20 individuals attended the inaugural session of the Spiritual Volunteers Training Program, hosted by Baycrest, which provides consistent education and guidance to new volunteers in six GTA hospitals.

Baycrest

Enriching Care
Enhancing Knowledge
Enlightening Minds

LHIN collaborative...continued from page 1

Program. The inaugural session was hosted by Baycrest on May 7.

The program is led by **Rabbi Dr. Nachum Berlat**, director, Pastoral Care, Baycrest, Rev. Joan Silcox-Smith, director, Spiritual and Religious Care, North York General Hospital and Rabbi Ronald Weiss, director of Chaplaincy Services, Jewish Family and Child Services of Greater Toronto, whose centres are all participants in the program, and have collaborated with Markham Stouffville Hospital, Southlake Regional Health Centre, York Central Hospital and St. John's Rehabilitation Centre. For a nominal fee, volunteers from

these facilities can enroll in the program, which consists of four half-day workshops.

Volunteers receive training related to four themes: communication and listening skills and appropriate behaviour in a health care setting; death, dying and bereavement; care across the age spectrum, including the very young, the elderly and the disabled; and spirituality and prayer. The program also focuses on how to assist with cultural and religious services and activities, sustain the traditions that patients and residents kept with their families and communities, and even how to provide comfort during a challenging time.

"To train volunteers at each facility is a long process, and chaplains in these institutions are all faced with similar challenges and time constraints," explains Rev. Silcox-Smith. "Through the Central LHIN Chaplaincy Collaborative, we were able to pull together our resources, support each other and develop a curriculum appropriate for multi-faith settings." Rev. Silcox-Smith adds that this course is a work in progress, and hopes that once the program is fine tuned, they will be able to present it to other regions across Ontario. **BM**



Molson Mitzvah Day

Twenty volunteers from Molson Canada came to Baycrest to clean up the gardens on 3 West, Baycrest Hospital and the Terraces garden. After their hard work in the sun, they enjoyed a wonderful lunch and joined clients in the Creative Arts Studio. Thank you Molson!

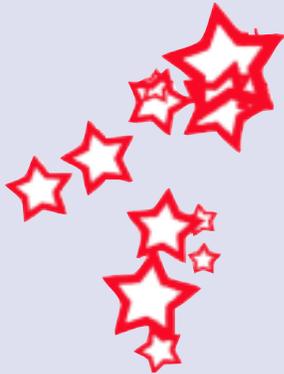
Baycrest Long Service Awards Tea Reception

Wednesday, May 27

2:30 to 4:00 p.m.

Posluns Auditorium

Light refreshments will be served

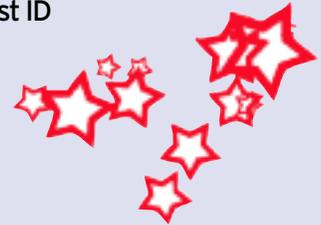


Baycrest's Long Service Awards is a celebration of the exceptional contributions of our staff and physicians. We embrace this opportunity to recognize our employees with five, 10, 15, 20, 25, 30, 35 years of service and honour Baycrest retirees of 2008. The Baycrest Watch Award recipients will be presented with their awards at this event as well.

Invitations were sent via email and printed cards for recipients without Baycrest email. If you expect an

invitation and do not receive one by May 10, or for more information about this event, please contact **Mary McDiarmid** at ext. 2353. Please RSVP by May 12 at the latest.

Recipients are asked to "come as you are," dressed in their usual workplace attire and Baycrest ID badge.



Public consultation:

Proposed Initial Draft Regulations under the Long-Term Care Homes Act, 2007

The Ministry of Health and Long-Term Care is developing regulations to support the requirements in the Long-Term Care Homes Act, 2007. The public is invited to provide written comments on the proposed initial draft regulation before **June 5, 2009**.

To review the first set of proposed initial draft regulations, visit the Ministry's website at www.health.gov.on.ca and click on Public Information/Legislation/*Long-Term Care Homes Act, 2007* or go directly to: www.health.gov.on.ca/english/public/legislation/ltc_homes/ltc_homes.html

All Long-Term Care homes have also been asked to make copies of the proposed initial draft regulations available and accessible to everyone in their home, including Family and Residents' Councils. There will be a second posting with the balance of proposed initial draft

regulations at a later date.

Please refer to the Ministry's website for full details about the submission of written comments. All comments on the proposed initial draft regulations must be received by the Ministry on or before June 5, 2009 and can be sent via mail or email to:

Colleen Sonnenberg
LTCHA Regulation Project
Ontario Ministry of Health and Long Term Care
56 Wellesley Street West, 9th floor
Toronto, Ontario M7A 2J9
LTCHAProject@ontario.ca

If you have questions about the Long Term Care Homes Act, 2007, you may call the Ministry toll-free at **1-866-532-3161**.

H1N1: Pandemic or not?

Since late March, the World Health Organization (WHO) has been monitoring and evaluating the emergence of Influenza A H1N1 (swine flu). Baycrest staff recently learned more about H1N1 influenza A at an information session on May 7 led by Dr. Allison McGeer, MD, FRCPC, director, Infection Control, Mt. Sinai Hospital and medical consultant, Baycrest Infection Prevention and Control and **Chingiz Amirov**, director, Infection Prevention and Control. The information session busted some of the myths about this strain of flu and offered simple solutions to stay healthy.

What is H1N1?

H1N1 is a new, contagious influenza virus causing illness in people. This virus is spreading from person-to-person, probably in much the same way that regular seasonal influenza viruses spread. "Once every eight to 30 years, we get a new genetic influenza virus different from seasonal flu. Since you can't be re-infected with the same virus, it survives by changing every two to three years. As it multiplies and replicates, there may be slight mutations," explains Dr. McGeer. "The virus spreads better because no one has previous immunity. We can't stop it from spreading, but we are trying to reduce its impact."

The symptoms of this new H1N1 flu virus in people are similar to seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Diarrhea and vomiting are also symptoms and like seasonal flu, severe illnesses and death can occur. Flu viruses are spread mainly from person to person through coughing or sneezing. People may become

infected by touching something with flu viruses on it and then touching their mouth or nose.

We are now in pandemic alert Phase 5, indicating there has been sustained human-to-human transmission in at least two countries in a WHO region and that there are strong signals that a worldwide outbreak is about to occur. This phase means all organizations must ensure they are reviewing their pandemic plans and that they are ready to implement.

"Is this a pandemic? The truth is, we don't know yet whether this is it or not. In order for this influenza virus to be a pandemic it has to affect a large proportion of the world's population within two years," continues Dr. McGeer. "Although there are a number of cases around the world, right now the caseload is concentrated in Mexico with significant human to human transmission. The WHO is not going to declare a Phase 6 until there is sustained transmission across the world."

Dr. McGeer explains that three possibilities are likely to happen: The H1N1 influenza A virus will just go away; it will start spreading and we will see more (mild) cases in Toronto; or the virus will go away for the summer months, but return in the fall months. She adds that pandemics are scaled like hurricanes with Category 5 being very high. "This looks like it will be a Category 1 or 2. People will get sick, but not intensely," concludes Dr. McGeer.

Baycrest Pandemic Plans

Baycrest has a comprehensive pandemic response plan which includes details for each area of the organization. A command centre was established and designated individuals

meet regularly to assess new information, review plans and decide on actions that should, or should not, be taken under the current circumstances.

Over the last few weeks, there has been much discussion amongst the Toronto Academic Health Sciences Network (TAHSN), a group of nine hospitals including Baycrest, to share expertise and experience and to develop and implement standard protocols. "Our pandemic plan is based on the TAHSN guidelines, but Baycrest has a slight difference in approach from acute care institutions. The long term care approach is to delay the onset of the epidemic within Baycrest for as long as possible," explains Chingiz. "Protecting the lives of patients and residents on this campus will be our priority." Additional steps include enhanced surveillance of Baycrest clients and staff and ongoing communication, he adds.

In his presentation, Chingiz outlined the steps Baycrest will take during a pandemic, including self imposed isolation (lockdown) to reduce the opportunities to introduce the virus into the facility; protection of patient and staff through screening (self check for flu symptoms and temperature check); and the distribution of antivirals (Tamiflu) to clients and front-line staff, which may lower the incidence of getting sick by 92 percent.

"Although we are ready for the worst case scenario, we don't have to wait until we are in a declared pandemic to follow good infection prevention and control practices," says Chingiz. "Wash your hands, stay home when you are sick and cover your mouth and nose when you cough or sneeze. We cannot stress this enough." **BM**

Pandemic Influenza Information

Session Question & Answer

1. Would this flu survive during the summer in Canada, in the heat and humidity, as it has survived the hot climate in Mexico?

Dr. Alison McGeer: It's a mystery why influenza viruses don't circulate as much in the summer. It's obviously not just the heat because influenza viruses circulate in tropical climates. We think it's about some combination of temperature and humidity but we really don't understand why. In previous pandemics there is some evidence that there is some activity in the spring and then it drops over the summer and returns in the fall. That assessment, or that possibility, is based on our experience with the influenza virus, not our understanding of influenza viruses.

2. Do we include Mexico in the Baycrest screening tool?

Chingiz Amirov: Our screening tool has a weblink to the Canada Public Health Agency website with the most up-to-date list of travel advisories / warnings. Mexico is currently listed.

3. How long does it take to get the results back if you have been tested for this influenza?

Dr. Allison McGeer: There have been two challenges to testing. The first is

that this is a new virus. When you are testing for an organism it's because you know what it looks like and what it does, so when you have a new virus, there is a period of time when it's really hard to figure out. You're developing new tests on the fly. At the public health lab, the staff are developing new tests quickly and dealing with a dramatic increase in the number of tests that are requested. In the peak of influenza season, the Ontario Public Health Lab processes about 40 specimens for viral testing a day. On one recent Friday they got 1,000 tests to process. Most tests are coming back in about six days, but soon they should have it down to a couple of days.

4. Are there any tips or hints for protecting yourself?

Dr. Allison McGeer: If we could all follow simple hand washing and other infection control practices we probably would get about a 30 percent reduction in the number of ill cases. That's a reduction from 800,000 cases to 500,000 cases. If you're taking care of somebody with the flu, the most effective form of prevention is for them to wear a mask while you're taking care of them. Wearing a mask yourself has some benefit, but masks are actually better at preventing stuff from getting out

than they are from preventing stuff in. If you have somebody sick at home, have them wear a mask when you are close to them and washing your hands right after you're there is the most effective thing you can do.

5. Is there any validity to the observation that elderly people may have some immunity?

Dr. Allison McGeer: It's really interesting and kind of nice for those of us who are over 50 and coming up on 60. You have to remember that our total experience with new H1N1 influenza viruses in the last 100 years has been three new viruses.

The 1918/19 pandemic the curve started the way it was supposed to but then there was this blip in the middle that peaked in adults about 35-40 years old and then came down to people who were 50 and then it started to go up the other side. That's called a "W" mortality curve instead of a "J" curve. There has been a lot of arguments about why that was true. I don't think we understand yet what it is. We think it might be just repeated exposure to general influenza viruses gives you some protection, again, H1N1 in particular. **BM**

Thank you from Nigel

In September 2007, Baycrest rehabilitation technologist **Nigel Applethwaite** was in a devastating car accident. Miraculously, Nigel survived but needed much time to recuperate both physically and mentally. Nigel has been at Baycrest since 1980, and returned to Baycrest last November after

"an enlightening year." Nigel and his family would like to thank everyone at Baycrest for their support, encouragement and help shown through thoughtful cards, gifts and caring phone calls.

Geriatric Psychiatry Community Service helps clients live independently

When Moses Cook suffered a stroke at 87 years of age, he amazed his family by choosing to live on his own. Although the stroke left him with the loss of function in one arm, he was able to care for himself. However, a few years later, his sons Eddy and Leo noticed that he needed some assistance in his day-to-day life and noticed some signs of depression. They contacted the Geriatric Psychiatry Community Service (GPCS) at Baycrest, which helped Mr. Cook continue to live in his home for another two years until he recently moved to a retirement home.

The GPCS is a multi-disciplinary program and a shining example of how health care professionals work together to customize care for each client. Now in its 21st year, GPCS provides psycho-geriatric assessment and treatment services to people 65 years and older in the community. The GPCS team sees clients with a wide range of mental health conditions, the most common being dementia and mood disorders in conjunction with other problems that come with aging.

Each client is seen by a psychiatrist and a case coordinator who ensures that the clients' individual needs are met: "Some people you see intensely, and some you need to check in with every couple of months," says **Nira Rittenberg**, an occupational therapist who is part of the GPCS interprofessional team of psychiatrists, nurses, occupational therapists, and social workers who assess, treat and support clients and families on a case-by-case basis. "We also adjust to what is happening to them - we may start off seeing them here at Baycrest for appointments, then we may switch to home visits as they age."

Mr. Cook was assessed at home by Nira who offered helpful solutions, which included safety recommendations and attending the Community Day Centre at Baycrest. When Mr. Cook needed to move, Nira helped him transition to his new environment. She still visits him regularly to monitor his mood and overall functioning and keeps in close touch with the family.

"Nira and the rest of the GPCS team provide genuine care that goes beyond words. They have helped us to navigate the system and give a broader sense of what to expect as my father ages," says Eddy, who lives in Ottawa. "Nira was our first contact at Baycrest and it is very reassuring to know that she can always help us make decisions regarding my father's care."

Over the last 20 years, the program has grown from being staffed by one psychiatrist and one social worker to a broader health care team and provides service to nearly 700 clients. Last year, GPCS received 300 new referrals.

GPCS works closely with other Baycrest services and agencies like Circle of Care, Community Care Access Centre (CCAC) and Senior People's Resources In North Toronto (SPRINT). Some clients or caregivers also participate in GPCS groups including an early dementia support group, groups for spouses and adult children caring for someone with dementia and child survivors of the Holocaust. "Our philosophy is to meet the needs of the community, to support family members, but mostly to care and advocate for this vulnerable population," Nira concludes.

The Geriatric Psychiatry Community Service at a glance:

- Clients, family members, doctors, community agencies or concerned individuals can refer to GPCS by phoning 416-785-2500 ext. 2730. The client's family physician should be notified as their agreement is required for participation. A medical information form will be sent to the physician if the client will be seen by the GPCS team.
- The client will be assessed by the psychiatrist and case manager (a nurse, occupational therapist or social worker) and a treatment plan will be developed. A report will be sent to the family physician.
- The client will be followed by the psychiatrist and case manager as needed. Common interventions include providing medication suggestions, providing support and education to clients and caregivers, linking to other Baycrest and community services and monitoring at-risk individuals.
- Services can be provided on a short term or long term basis according to need.
- Home visits are available within the Baycrest catchment area (north of St. Clair Avenue, south of Steeles Avenue, east of Marlee Avenue and west of Avenue Road). Clients living outside of our catchment area can be seen at Baycrest.
- Alternative services will be suggested if this service is not appropriate.
- Services are available in English, French, Russian, Hebrew, and Yiddish.

Living our values: Baycrest Pro-Am put Neil Shepherd on ice

When Neil Shepherd, director, Physical Plant, was approached to captain a team for the first Baycrest Pro-Am International Hockey Tournament four years ago, he knew he could not refuse. He thought this was a novel way to raise money for Baycrest, bring together a great team and to meet some legendary hockey players. There was only one small obstacle - he didn't play hockey.

That didn't stop Neil. Growing up in Sudbury, he knew how to skate and like many Canadian fathers he enrolled his own son in hockey at a young age. "My son's team would organize a game with all the dads once a year, and that was the extent of my hockey experience," laughs Neil. "How many guys start playing at 50 years old? But being asked to play in the tournament was an honour and I couldn't say no." He put together a team of staff members (including Victor Oliveira, director, Environmental Services), suppliers and friends called the Baycrest Bombers, borrowed his teenage son's hockey equipment and started training. Since then, Neil has participated in all four annual tournaments and is already registered for next year's event.

Presented by Scotiabank, this year's tournament was held last month and raised \$2.1 million. Fifty-one teams - over double the amount of teams from the inaugural tournament - each raised a minimum of \$25,000 to participate in the tournament and play with hockey greats like Doug Gilmour, Mike Pelyk, Darryl Sittler, Borje Salming and Lanny

MacDonald. Even "Mr. Hockey" Gordie Howe was at the event. The Baycrest Bombers have raised over \$130,000 to date and this year chose Mike Pelyk, who played for the Toronto Maple Leafs for most of his career, as their draft pick. "Many of the Baycrest Bombers team members are friends of Baycrest who are really impressed by our work with seniors and the Pro-Am tournament. Year after year, they can't wait to come back," Neil adds. "There is such great camaraderie, not only amongst our team, but the teams you play against as well."

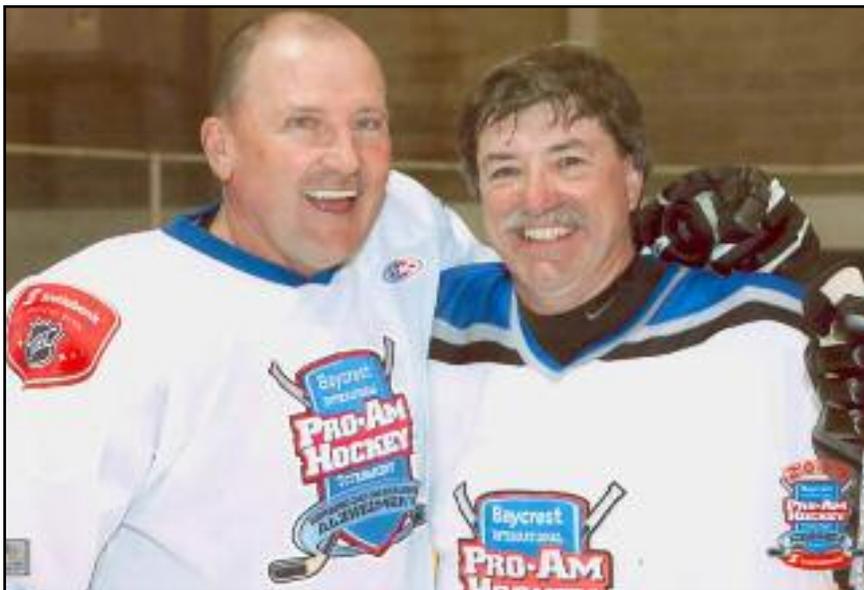
Because of his commitment to the Pro-Am tournament, Neil stays in shape by playing hockey through the winter with a pick-up league in Georgetown where he lives. He plays about once a week with

players ranging in age from 18 to 65.

Neil joined Baycrest over 20 years ago after working in manufacturing and property management and is responsible for the infrastructure, maintenance, facility management, security and the communications desk at Baycrest. He has always seen this role as a great fit for him, incorporating his interest in building systems, and his passion for creating a healthy, safe and supportive environment for clients, families, visitors and staff.

"Knowing I can help make Baycrest a great place is the most rewarding part of my day," he says.

"Participating in the Pro-Am is another way I feel I can contribute in a unique way at Baycrest." **BM**



NHL Alumni Mike Pelyk and Baycrest Bombers captain Neil Shepherd

Announcements

Farewell to **Judith Thompson**, program director, 4 East/West, Baycrest Hospital, who has decided to retire from Baycrest at the end of June. Judith joined Baycrest in 2003 and has contributed enormously to Baycrest as a leader across the organization. She has been a strong advocate for both client and staff safety at Baycrest through numerous practices including revising our Code White response process and introduced Non Violent Crisis Intervention training to Baycrest. Judith plans to spend more time with her family and volunteer activities.

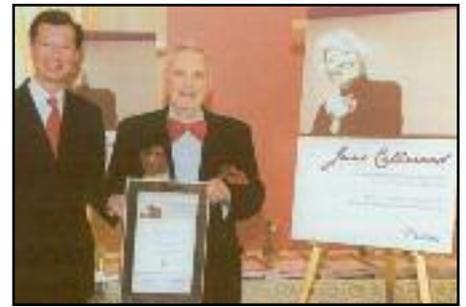
Please welcome **Moyra Vande Vooren**, RN, BSc, MPA, CHE, who has accepted the temporary full time position of director, Apotex Centre, Jewish Home for the Aged, while **Gina Prins** is on maternity leave. Moyra is a very experienced leader in health care and brings with her a wonderful passion for improving the quality of life of Apotex residents. Moyra is currently the Director of Complex Continuing Care with St Joseph's Health Care System in Hamilton. She has worked as a hospital consultant for the Community Health Division for the Ontario Ministry of Health and Long Term Care and was Executive Director

of the 300-bed Complex Continuing Care Site at Toronto Rehab for almost 10 years. Moyra joins Baycrest on June 8.

Baycrest welcomes **Mona Grewal**, BSc. MPH, who began last week as the temporary full time position of manager, Medical Services, while **Lora Tachjian** is on maternity leave. Mona has several years of health care experience, with her most recent role as Advisor, Performance and Contract Management, at the Hamilton-Niagara Local Health Integration Network (LHIN) and prior to that, at St. Joseph's Healthcare in Hamilton. Lora will continue in her role until May 29 to assist Mona in transitioning to the new position.

Congratulations to **Joyce Tsui**, registered practical nurse, Apotex 5, who recently received two awards from the Registered Nurses' Foundation of Ontario (RNFOO), the RNFOO Gala Scholarship Award and Mary Brunning Harkin Scholarship Award. Joyce is currently enrolled in a RN baccalaureate program and has dedicated her career to the care of the elderly. The award ceremony took place on Wednesday May 6 at the Liberty Grand at the 2009 Gala Fundraising Dinner hosted by RNFOO.

Congratulations to Reuben Cipin, who is recipient of the June Callwood Outstanding Achievement Award for Volunteerism from the Ontario Ministry of Citizenship and Immigration for successfully lobbying for valid government issued photo identification for people who don't drive including people who are visually impaired. Reuben is council president of his namesake, the Reubin Cipin Healthy Living Community, a Baycrest Property Project residence.



Michael Chan, Ontario Minister of Citizenship and Immigration, presents Reuben Cipin with the June Callwood Outstanding Achievement Award for Volunteerism.

The Baycrest Boardwalk: Have you registered yet?

Throw away your running shoes. Forget about that personal trainer. This 2K walk and fundraiser is unlike any other!

Join the crowd. Set off from Baycrest's Khedive Street entrance for a lively stroll around Baycrest Campus. On the way, meet new friends as you feast on herring and schnapps at the beautiful Reuben Cipin Healthy Living Community. Then, mosey over to the finish line at

the Terraces of Baycrest where cheering residents will join you for a down-home BBQ.

With just four weeks to go, The Baycrest Boardwalk is off to an excellent start with over 90 registered walkers, but in order to make this event better than in previous years, we need more participants.

Proceeds from this year's event will enrich the lives of the elderly by

providing crucial funding in support of Baycrest's many programs and services. If that isn't motivation enough to sign up, all on-line registrants will be eligible for random prize draws, and top fundraisers can win even more amazing rewards, including gift certificates for some of Toronto's finest restaurants.

Have you registered yet? If you haven't, please go to www.baycrest.org/boardwalk.