



care for a new age:
working together to
GET IT RIGHT

9TH ANNUAL LONG TERM CARE COLLOQUIUM

February 5, 2010

Ross Glen Hall
The Roderick Mah Centre for
Continuous Learning

Mount Royal College
4825 Mount Royal Gate SW
Calgary Alberta
(map on reverse)

register at:

www.ARPintercare.com/colloquium

Long Term Care

ARP

Alternate Relationship Plan



Office of Continuing Medical Education
and Professional Development



agenda

The landscape has changed. In December 2008 the Alberta government laid out a Strategic Plan for the Continuing Care System. This strategy provides the direction for individuals receiving care and services in long term care and supportive living environments.

This colloquium is intended for physicians, registered nurses, pharmacists, licensed practical nurses, social workers, all rehabilitation disciplines, recreation therapists, medical directors and administrators of the continuing care system; long term care and supportive living facilities, and other health professionals with an interest in improved clinical outcomes for older patients and disabled patients with chronic care needs.

LEARNING OBJECTIVES

Upon the completion of this event the learner will be able to

- Describe how a team-based approach to care can improve patient outcomes
- Employ appropriate evidence-based management tools in the care of the older patient to improve specific health outcomes
- Apply knowledge of key clinical issues facing patients and staff to improve management of patients in long term care and supportive living.
- Share best practices and new approaches to care with colleagues

7:30am Registration and Continental Breakfast Buffet

8:15am Welcome and Introduction

plenary sessions 8:30am-10:15am

A TEAM APPROACH TO BEHAVIOUR MANAGEMENT Dr. Marlene Smart MD, FRCPC

The optimal management of challenging behaviours associated with dementia in today's continuing care environments requires the collective knowledge, skills and energy of an effective care team. This session will outline the assessment and intervention required in the appropriate management of behaviours and psychological symptoms of dementia (BPSD).

H1N1 PANDEMIC Dr. Judy MacDonald BSc MD MCM FRCPC

The global outbreak of a novel influenza virus has brought the years of pandemic planning into sharp focus. While continuing care teams are well versed in the recognition and management of seasonal influenza outbreaks the pandemic is testing practice orthodoxies. This session will provide critical context and information about swine origin influenza virus and how health care providers can best protect their patients and residents in these uncertain times.

HOW CAN THE TEAM OPTIMIZE PAIN MANAGEMENT IN THE NON PALLIATIVE PATIENT? Ruth Longhurst RN BN GNC(C)

How well do we recognize and manage pain in the older patient? It is a widely held belief that health care providers in LTC are less able to recognize pain than treat it. It is understood that chronic untreated pain is closely related to poor quality of life, behavioural and psychological symptoms of dementia (BPSD) and depression. This session will describe how the team can more effectively assess and manage pain symptoms throughout the entire admission and not just at the end of life.

10:15am-10:45am Refreshment Break

keynote address 10:45am-11:45am

INTERDISCIPLINARY PRACTICE: IS THIS THE HOLY GRAIL? Dr. Jeanne Besner BScN PhD

What does it mean to work in a health care team? Where are the best teams and where did they come from? What are the systemic and individual benefits to working in effective teams? Will strong interdisciplinary practice and real teamwork be enough to meet the new demands and care environments of seniors care? This keynote presentation will provide an overview of the current state of interdisciplinary practice in 2010 and how it needs to develop in our current continuing care system.

11:45am-1:00pm Lunch

concurrent sessions

CONCURRENT SESSIONS A



1:00pm–2:00pm

A1 WARFARIN MANAGEMENT AS A MODEL OF TEAM COLLABORATION

Dr. Randall Sargent

The optimal therapy for prevention of embolic and hemorrhagic stroke in LTC involves the use of the most hazardous medication in the drug cart. The safe use of warfarin is dependent on multiple processes. Warfarin dosing protocols are being used in LTC. Are they safe? How can the team work together to ensure the safest and most effective system of drug management for this critical medication?

A2 MODERN OUTBREAK MANAGEMENT IN CONTINUING CARE

Wendy Lau

The successful management of an outbreak in LTC or supportive living requires careful planning, teamwork, leadership with effective and timely communication. This session will illustrate how to best prepare for the ongoing threat of infectious disease outbreaks.

A3 ASSESSMENT & MANAGEMENT OF COMMON EYE DISEASES

Dr. Peter Huang

Visual impairment due to a variety of treatable conditions not only significantly impairs the quality of life of residents and patients but is also an important safety concern especially in the prevention of falls. Recognition of early examination and improved monitoring can confer significant benefits for the patient (and their families!). The session will review the modern management of glaucoma, cataract, diabetic retinopathy, dry eye and conjunctivitis as well as how to conduct a simple eye examination to test for refractive error.

A4 HOW THE TEAM CAN AVOID HOSPITAL TRANSFER

Dr. Bunmi Oyebojani

Over 50% of hospital transfers from LTC are admitted to acute care. A significant number return to the referring site for ongoing management. How can the system support patients and staff at the site of care and avoid unnecessary transfers? This session will describe the most common reasons for transfer and how it might be possible to prevent transfers through effective team work, focused assessments and early management of medical problems.

CONCURRENT SESSIONS B



2:10pm–3:10pm

B1 THE NP MODEL IN DAL

Frank MacDonald & Haley Bent

Collaborative practice with nurse practitioners (NPs) is a relatively new concept for providers in the urban community setting. This session will provide a living example of how NPs are working with an assisted living care team to influence real patient outcomes in new care environments.

B2 MODERN WOUND MANAGEMENT

Dr. Maria Celis & Pat Millaar

Successful wound care is the cornerstone of good clinical care in the LTC setting. What can the team do to prevent and treat wounds? In this evidence-based session there will be a description of risk factors associated with common wounds, clinical presentations and effective preventative and treatment strategies.

B3 HOW THE TEAM CAN INFLUENCE FALLS IN DAL

Virginia Meyer

Prevention of falls in supportive living environments creates unique challenges for staff and residents. What has been the experience in Calgary Assisted Living sites and how can staff care plan to offset the ever present risk of falling and fractures?

B4 C3 A FRESH LOOK AT PACE

Dr. Diana Turner

What have we learned from PACE-like programs (all inclusive care for the elderly)? How does C3 compare to 'usual' programs and services for frail older adults? Will PACE programs have a greater role in future models of chronic care? In this session a physician who has worked at C3 (comprehensive community care) since its inception, will describe the medical and clinical model and review the strengths and opportunities faced by this specialty service.

CONCURRENT SESSIONS C



3:20pm–4:20pm

C1 THE YEAR IN REVIEW

Dr. Darren Burback

This review and discussion will highlight the most recent "best available" evidence for practice gleaned from the long term care literature over the past year.

C2 MODERN WOUND MANAGEMENT

Dr. Maria Celis & Pat Millaar

Successful wound care is the cornerstone of good clinical care in the LTC setting. What can the team do to prevent and treat wounds? In this evidence-based session there will be a description of risk factors associated with common wounds, clinical presentations and effective preventative and treatment strategies.

C3 MEDICATION MANAGEMENT IN ASSISTED LIVING

Ray Potvin

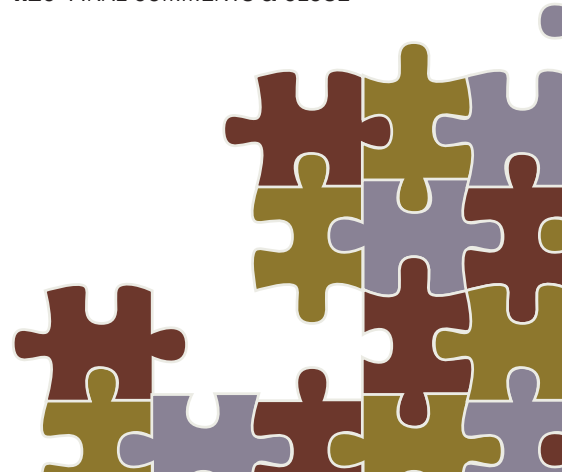
On average, patients in LTC consume at least ten scheduled medications per day with considerable risk for iatrogenesis. Significant effort over the past ten years (has been made) to increase medication safety on all levels. How will the care team, led by clinical pharmacy, fare in the new care centres? What are the challenges and what can the care team do to mitigate risk and promote optimal prescribing?

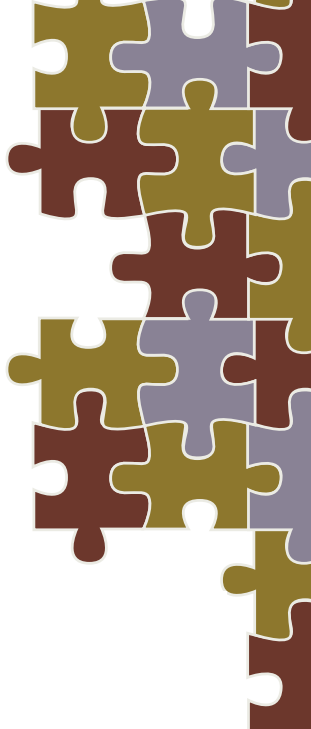
C4 SUPPORTING FAMILIES IN CHALLENGING TIMES

Dr. Colin Powell

'Difficult families are difficult for a reason'. Giving families a label demonstrates how language is sometimes used to move responsibility away from providers as the going gets tough. Dr Powell will provide strategies for staying ahead of challenging circumstances with 'difficult' families and taking control of transitions of care with new residents and their families.

4:20 FINAL COMMENTS & CLOSE





faculty

Haley Bent, BN, MN, NP

Jeanne Besner, BScN, PhD, Director Health Systems and Workforce Research Unit Nursing Strategies, Alberta Health Services (AHS), Calgary and Chair, Health Council of Canada

Darren Burback, MD FRCPC, Clinical Assistant Professor, Division of Geriatric Medicine, Department of Medicine, University of Calgary

Maria Celis, MD CCFP

Dr. Peter Huang

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Wendy Lau, RN BN, Manager, Outbreak Response and Policy Support, Sheldon M. Chumir Health Centre, AHS, Calgary (AHS) Calgary

Frank MacDonald, RN(NP), MN, GNC(C), Nurse Practitioner – Supportive Living, Alberta Health Services (AHS), Calgary

Judy MacDonald, BSc, MD, MM, FRCPC Deputy Medical Officer of Health, Alberta Health Services - Calgary and Clinical Assistant Professor, Dept of Community Health Sciences, University of Calgary

Virginia Meyer, BScPT, MSW, MBA, Implementation Lead, Fall Prevention, Seniors Health, Alberta Health Services (AHS), Calgary

Pat Millaar, RN ET, Clinical Nurse Educator, Sheldon Chumir Wound Centre and Clinical Nurse Specialist Wound Care LTC, Alberta Health Services (AHS) Calgary

Bunmi Oyebanji, MBS, CCFP, Family Physician, LTC ARP Intercare

Ray Potvin, BSP, Assistant Manager, Pharmacy Contracts, Alberta Health Services (AHS)

Colin Powell, MD, Professor of Medicine, University of Calgary and Geriatric Medicine Specialist, Seniors Health, Calgary Health Region (AHS) Calgary

Randal Sargent, MD, FCFP, CCFP, MSc, Medical Director Supportive Living Alberta Health Services (AHS)

Marlene Smart, MD, FRCPC, Geriatric Psychiatrist, Assistant Clinical Professor, Department of Psychiatry, Faculty of Medicine, University of Calgary Medical Director, Geriatric Mental Health Consulting Service, Consulting Psychiatrist, Carewest Geriatric Day Hospital Program

Diana Turner, BSc, MSc, MD, CCFP, FCFP, Care of the Elderly, Medical Director Carewest, Physician Comprehensive Community Care of the Elderly (C3) Program, Clinical Assistant Professor, Department of Family Medicine, University of Calgary, Alberta Health Services (AHS)

planning committee

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David Hogan MD FRCPC
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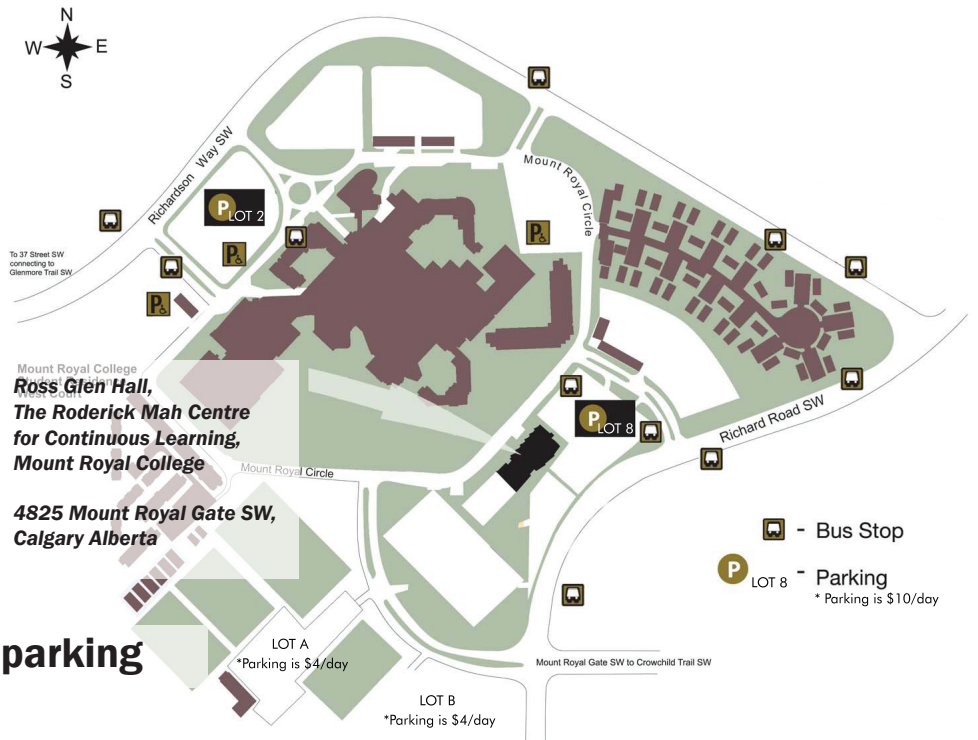
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supporters

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venue map and parking