

THE CANADIAN GERONTOLOGICAL NURSE

Fall
2020

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CGNA PRESIDENT'S CORNER

Transitions: Relational Care from 6 Feet Away

By Lori Schindel Martin, CGNA President

This issue is devoted to the theme of Transitions. July and August saw healthcare facilities open their doors to family visits once again. Gerontological nurses have continued to demonstrate caring, resilience, compassion and flexibility with this welcome transition. It also resulted in us all having to learn how to deliver relational care from 6 feet away. Sometimes the outcome was successful, sometimes not so much.



For my family, sharing Smarties won at Bingo, tasting fresh poppy seed cake or showing pictures of baby crawling became next to impossible. Not interested in using a tablet, a microphone or a photo album. Disappointing for all. Thirty minutes once a week is dissatisfying. Hard to tolerate end-of-visit tears and the repeated claim, “I’m heartbroken”.

During this same time period, for gerontological nurses, transitions included answering the Call for Action that we are all hearing. The spread of COVID-19 through our healthcare sector has brought to light significant gaps that we’ve all experienced for many years. With courage, we’ve addressed the health needs of older people across Canada despite staff and equipment shortages and budget constraints. Since the Spring Newsletter, CGNA chapters and the CGNA Board have become increasingly active. We have reviewed and endorsed Canadian Nurses Association *Vision 2020: Improving Long-Term Care for People in Canada* and the recent letter outlining 7 important recommendations sent to the attention to the Prime Minister’s Office for inclusion in the Speech from the Throne (delivered on September 23, 2020). To read these important documents, please see: <https://cna-aiic.ca/en/coronavirus-disease/cna->



[advocacy-letters](#). CGNA will continue to collaborate with CNA over the coming months to keep healthcare needs of older people at the forefront.

In addition, CGNA chapters have begun dialogue with provincial Healthcare Critics to express the importance of genuine long-term care reform (not just building more homes) that includes attention to proper staffing, professional development and ongoing infrastructure supports for quality care. In this issue of the Newsletter read about action taken by MGNA. Congratulations to members of MGNA for influencing for positive change. Please consider writing your own Letter to the Editor, submitting your recommendations for healthcare change that will strengthen quality of life for older Canadians.

We hope you and your gerontological nursing colleagues will continue to be inspired to answer the Call to Action.

Yours in Gerontological Nursing,

Lori Schindel Martin, RN, PhD, GNC(C)

President, CGNA



PRESIDENT ELECT REMARKS

By Elaine Campbell, CGNA President Elect

The changing weather and seasonal colors of Canada certainly highlight ongoing “transitions” as fall 2020 is just arriving. This year as we make our way through a global pandemic we are acutely aware of the changes and challenges encountered by all of us and in particular nurses facing the spread of COVID-19 in long term care homes. This CGNA newsletter acknowledges tough realities faced by many older adults experiencing health care needs and the responsive actions of many brave gerontological nurses. Please take time to read and reflect on what important work is being done (kudos to many of our CGNA members) - what still needs to be done... and how you can be part of the positive changes going forward. As you contemplate the inadequacies COVID-19 has uncovered, be motivated to be informed, to inform decision makers, and to be part of new solutions.

I look forward to meeting and connecting with many of you in person or virtually over the coming year as we prepare for our 21st biennial conference CGNA2021: Harnessing the Wonder of Gerontological Nursing. As fall, and for many uncertainty sets in again, I encourage you to lean into each other's strengths in the days ahead- working together through transitions at home, in communities, and in your work place.

Stay well!

Elaine Campbell



COMMUNICATION CONNECTION

By Julie Rubel, CGNA Director of Communication

Greetings CGNA members! It is a pleasure to connect with you via the newsletter during these challenging times. We hope the newsletter reminds you of the tremendous network of gerontological nurses across Canada who share similar experiences and challenges and who, like you, have needed to continually transition to changing policies and procedures as we adapt to life with COVID-19.

Within my portfolio as Director of Communication, I am fortunate to have several CGNA initiatives that seek to highlight and enrich our gerontological nursing networks, namely our newsletter, *Perspectives* (CGNA's peer-reviewed e-journal), our website and our 'socials' ([Facebook](#) & [Twitter](#)). Through these channels we are able to feature the emerging practices and innovations of our colleagues, highlight upcoming events and education opportunities, and celebrate our collective successes. It's a job that gives me lots of joy and consistently re-energizes my passion for our specialty.

Since we are focusing on Transitions in the issue of the newsletter, I want to draw your attention to three exciting transitions happening now in the world of CGNA Communications.

1. *Perspectives* is welcoming a new Editor-in-Chief, Dawn Prentice (read more about Dawn in the coming pages). She follows in the footsteps of our now Past Editor, Lorna Guse, who has skillfully curated the journal for two, three-year terms. Lorna, thank you for your steadfast commitment and leadership. Welcome Dawn, we look forward to the stamp you will leave on our journal!



2. While our website has served us for many years, the CGNA Board of Directors believes we can do better. We believe a more visually-appealing and user-friendly website is possible. Work is already underway to revise our current content to ensure the information you use most is readily available once we make the switch to our new platform. Our reveal date not been confirmed yet, but we promise you'll be the first to hear about it!
3. As with all CGNA Board of Director positions, I will serve as Director of Communication for two years. Having come to this position in 2019, this means your chance to join our outstanding CGNA Board is coming soon. If you have a passion for finding new ways to engage with others and keeping members informed of exciting events and opportunities, this role could be for you. Want to learn more, feel free to contact me communications@cgna.net.

Be well.
Julie Rubel
@jrubel21



EDUCATION CONNECTION

Lillian Hung RN PhD GNC (c), CGNA Director of Education

Gerontological Nursing Certification

What is New in 2020? Registered Psychiatric Nurses can apply to write their certification exams in gerontology

<https://cna-aiic.ca/en/certification>



I am very glad to report our CGNA Study Group for the Gerontology Certification went very well. We wish to thank our speakers for sharing their experience and expertise. Speakers included Jen Calver, Kelly Baskerville, Lisa Herlehy, Dr. Shelley Canning, Mariko Sakamoto, Vanessa Trinca, and Dr. Winne Sun. We would also like to wish all the exam writers the best of luck!



The recorded webinars will be posted on CGNA website as education resources for CGNA members.

Study Group Session	Speakers
Tips for Exam Preparation	Jen Claver (GNAO) & Kelly Baskerville (AGNA)
Diabetes	
Ageism	Shelley Canning, Associate Professor, University of Fraser Valley
Frailty	Mariko Sakamoto, PhD Candidate, University of British Columbia
Food and Nutrition in Aging	Vanessa Trinca, Master Candidate, University of Waterloo
Medication Management	Winnie Sun, Assistant Professor, Ontario Tech University



Introducing CGNA Research Chair, Elaine Moody

Elaine Moody is an Assistant Professor in the School of Nursing at Dalhousie University, a Registered Nurse with clinical experience caring for older people across health care settings, and an Affiliate Scientist at Nova Scotia Health. Her scholarship is focused on improving the health and well-being of older people through supporting undergraduate and graduate students develop knowledge and skills in gerontological nursing,

and in research to better understand the context of health and health care for older people, particularly those with complex health and social care needs. Dr. Moody received her

Bachelor of Science in Nursing degree from St. Francis Xavier University, and Master of Science and PhD in Nursing from the University of British Columbia. Her research has explored nurses' care of hospitalized older people, including people with dementia, the out-of-pocket expenses for older people with frailty in the community, and the needs of older people to support aging well in the community, including engagement in arts programming to foster social connections and well-being.



**CGNA Research Award Winner,
Andrea Rochon**

I am a registered nurse and a PhD Student in the School of Nursing at Queen's University. My research interests include patient safety, polypharmacy, opioids, teamwork, and interprofessional collaboration. My passion for clinical practice, education, and research in gerontology was fuelled by my role as a Clinical Nurse Specialist in

Gerontology when I became particularly interested in appropriate prescribing and medication optimization. I also developed a heightened sense of awareness for the negative consequences associated with polypharmacy.

My research project is titled 'Characteristics and Outcomes Associated with Opioid Deprescribing in Long-Term Care in Ontario: A Population-Based Cohort Study'. Older persons have a potentially high need for opioids to treat pain related to a variety of diagnoses, as well as an increased risk of experiencing negative outcomes related to consuming these high-risk medications. Residents of long-term care (LTC) homes are older, frailer, and have more complex care needs than their community-dwelling counterparts. In addition, they are prescribed opioids nearly twice as often. This study will examine the impacts of opioid deprescribing (tapering or discontinuation) among residents of Ontario's LTC homes on selected outcomes including healthcare utilization, mortality, opioid represcribing, pain, function, and cognition. The study will be conducted using the health administrative data held at the Institute for Clinical Evaluative Sciences. The results will allow for recommendations to inform safe, quality person-centered care, direct future research, and inform health policy regarding opioid prescribing for residents of LTC homes.

I am incredibly grateful to CGNA for this Research Award. I look forward to sharing the results of my research with all of you!



**CNF/ CGNA Dr. Ann C. Beckingham Award Winner,
Gabriela Peguero Rodriguez**

I worked for almost four years in an emergency department in Quebec. During this time, I realized how necessary the nursing profession is to the healthcare system and how much it has the potential to propose innovative solutions to the various problems it faces. Therefore, I undertook a master's degree in nursing because I wanted to contribute more actively to the

improvement of current practices. Having discovered a strong interest in research, I had the opportunity, after the first year of my master's program, to fast track to the nursing doctorate program at the University of Ottawa.

I am currently a Ph.D. candidate at Ottawa University. My doctoral research study focuses on the transition of caregivers in the context of a senior's transfer from a nursing home (NH) to the emergency department (ED). This study will examine this transition process, the different needs of seniors and those of caregivers, and also the needs of both NH and ED nurses. Finally, I recently became an assistant professor in the Department of Nursing at the Université du Québec en Outaouais, which allows me to share my knowledge and the value of the nursing profession with the next generation of nurses. I would like to sincerely thank the Canadian Nurses Foundation for their support of my doctoral research through the CGNA Dr. Ann. C. Beckingham Award.



Introducing Perspectives Editor-In-Chief, Dawn Prentice

I am very excited to be transitioning to the role of Editor-in-Chief of *Perspectives, The Journal of the Canadian Gerontological Nursing Association*. My earliest association with *Perspectives* was in the early 1990's as a new clinical nurse specialist in geriatrics and a first time author who wrote about a practice change in my hospital. Since that time I have been a reviewer for *Perspectives* and I was also an Associate Editor from 2011-2018. Aside from my work with *Perspectives*, I am currently a Professor in the Department of Nursing at Brock University in St. Catharines, Ontario.

We are fortunate to have a journal devoted to gerontological nursing in Canada. *Perspectives* provides the opportunity to share clinical practice ideas, innovations, educational ideas and research findings with fellow gerontological nurses. *Perspectives* is also archived in the databases EBSCOhost and ProQuest which means that nurses and other allied health professionals internationally have access to articles published in our journal.

I encourage all authors and potential authors to consider submitting their manuscripts to *Perspectives* at <http://cgna.net/SubmitToPerspectives.html>. If you have any ideas for submission and are not sure if they meet the criteria for *Perspectives*, please send me an email with your query at dprentice@brocku.ca.



CGNA/ GNAO LETTER TO THE EDITOR

Long-term Care Reform Demands Faster Action COVID-19

Originally published in the [Hamilton Spectator July 21, 2020](#)

COVID-19 shone a spotlight on long-term care homes (LTCHs). Gerontological Nursing Association Ontario (GNAO) and Canadian Gerontological Nursing Association (CGNA) represent nurses specializing in the care of older people. We believe the time is now to validate areas in which LTCHs excel and correct areas in need of repair. There has yet to be any announcement of a LTCH commission expected to begin work in July. We call for immediate action on this point and strongly recommend the following:

Recommendation 1 — A commission must include direct-care clinical experts. To be meaningful, family, PSWs, Nurses and older people who interact with LTCHs residents 24-7 must be involved, not only researchers, policy-makers and politicians.

Recommendation 2 — Change should be governed by evidence-based quality and safety standards. LTCH reform should support comprehensive change that considers the physical safety, quality of life and well-being of those living and working in LTCHs. Increasing regulations and compliance will not achieve holism. Reform should reflect the CGNA Gerontological Nursing Standards & Competencies.

Recommendation 3 — LTCHs should build their own pandemic response teams. Resources should be provided for dedicated LTCH Infection Prevention and Control teams whose pandemic care would reflect gerontological best practice knowledge. External teams do not practice according to the CGNA Gerontological Nursing Standards & Competencies.

These recommendations will inform solutions for safety, health, quality of life and well-being of the LTCH community.

Lori Schindel Martin, Hamilton resident, President, CGNA; Julie Rubel, Past-President, GNAO



NURSES ROLE IN MEDICATION MANAGEMENT

Many of our colleagues on the interprofessional team may not be aware of the unique contribution of nurses to medication management. Mollie Cole and Dr. Winnie Sun have compiled the following list of medication management competencies that nurses apply in practice. How many of these competencies do you incorporate into your practice? Have we missed any key activities?

Email past-president@cgna.ca or Winnie.Sun@uoit.ca to continue the conversation!

Nurses play an integral role in medication management as part of the interprofessional team. All regulated nurses (Registered Nurses, Licenced and Regulated Practical Nurses, and Registered Psychiatric Nurses) take courses in pharmacology, safe medication administration and patient monitoring, as part of their foundational nursing education. This education includes content about:

1. pharmacokinetics and pharmacodynamics
2. medication classifications
3. pharmacotherapeutics (common uses and actions of medication administered)
 - a. strategies to seek evidence-based medication and therapeutic information (e.g. for unfamiliar medications)
4. safe medication administration
 - a. dosage calculations
 - b. safe handling/storage/preparation of medications (e.g. tracking of controlled substances)
 - c. prevention of medication errors (e.g. independent double verification for high risk medications)
 - d. 5 rights of medication administration
 - e. best practices for each route of administration
 - f. emergency interventions for adverse medication reactions
5. baseline assessment and ongoing monitoring for efficacy of medications
 - a. patient condition (e.g. vital signs, functional and cognitive status)
 - b. review of relevant lab values
 - c. observation for intended effect
 - d. side effects; adverse and toxic effects
 - e. documentation



- f. professional nursing practice and clinical decision-making (e.g. withholding medication doses where clinically contra-indicated)
 - g. communication/collaboration with interprofessional team members
6. clinical reasoning for medication related knowledge and skills
 - a. integrating concepts of safety, ethics and evidence-informed practice to medication management competencies
7. medication reconciliation at points of transfer (e.g. Best Possible Medication History)
8. considerations for special populations (e.g. pediatrics/geriatrics/cultural groups)
9. patient and family education regarding medication use
 - a. assess and address health literacy regarding medications, complementary and alternative therapies
 - b. advocate for the patients' rights to refuse medication
 - c. advocate for regimes that align with patients' goals of care
10. non-pharmacologic interventions to minimize need for medications (e.g. pain management, prevention of responsive behaviours)
11. awareness of acts and laws that govern medication administration in Canada

Some nurses are currently involved in prescribing medications (e.g. Nurse Practitioners (NP) across Canada and Registered Nurses in some provinces with a limited range in designated settings). Prescribing activity requires advanced educational preparation and legislative authority. For NPs, prescription authority extends to deprescribing medications – with close communication with the original prescriber (e.g. physician).

Medication management has become increasingly complex. Nurses can help identify medications that pose an undue burden on the patient (e.g. excessive sedation; troublesome side-effects) or that no longer meet the person's goals for care. They can support the introduction of non-pharmacologic interventions that reduce reliance on medications (e.g. sleep hygiene practices). Nurses can help identify medications to be considered for deprescribing by promoting the use of clinical support tools designed to help with this task. Nurses' role in medication reviews requires the ability to engage in meaningful discussions with the rest of the healthcare team (Sun, 2019) and to advocate for reducing medication use where appropriate.

References:



https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/cna-rn-prescribing-framework_e.pdf?la=en&hash=9FDF63DEC707BD650944783798954ADAAB1EA150

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Sun, W., Tahsin, F., Lam, A., Pizzaccalla, A. (2019). Raising awareness about the critical importance of the nursing role in deprescribing medication for older adults. *Perspectives*. Vol 40, No.4. pp 17-22. Accessed June 2020 from: https://cgna.wildapricot.org/resources/Perspectives/Perspectives_40_4.pdf



Save the Dates!

CGNA 2021

21st Biennial Conference of the
Canadian Gerontological Nursing Association

April 22-24, 2021 Niagara Falls, Ontario, Canada



<https://CGNA2021.ca>

**Showcase your organization to leaders
in Gerontological Nursing**

**Submit your abstracts, the deadline for submission
has been extended to November 2, 2020**

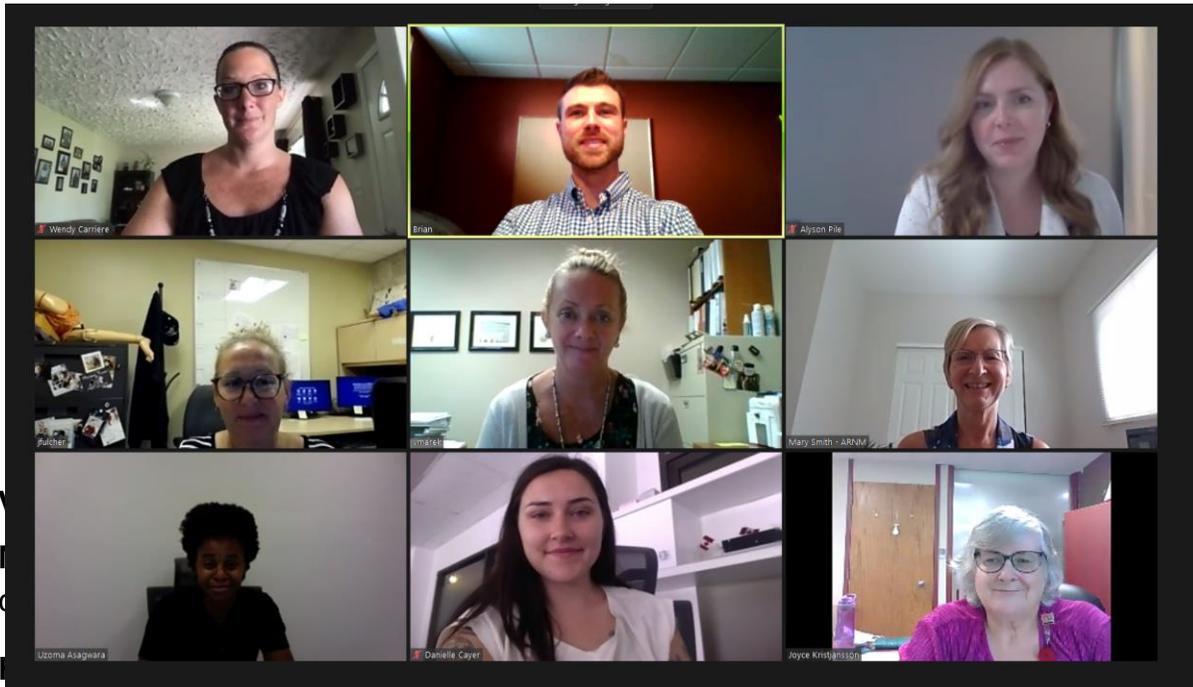
CGNA2021 offers numerous sponsorship and exhibiting opportunities to profile your organization and its resources to leaders in gerontological nursing. For more information, please [contact us!](#)





Manitoba Gerontological Nurses' Association Political Advocacy Summary

It has been a very exciting time for MGNA. We had the pleasure to work with Association of Registered Nurses of Manitoba (ARNM) to host a ZOOM meeting with the NDP Health Critic to introduce ourselves and begin our advocacy for LTC of Manitobans.



1. Evaluation of the standards that have not been updated to align with current needs.

This should include:

Town hall that allows experts, direct care providers , residentas and their loved ones to share the reality of long-term care homes.

First hand experience of the current system for government officials

2. Support for bill 212 to be passed with will create change governed by evidence

Bill 212 amends *The Health Services Insurance Act* to require the minister to ensure that the current standards for paid care set out in the guidelines are

maintained and calls for all - including private, for –profit homes- to be accountable to the standards,

Bill 212 requires the average amount of direct care provided to be at least four hours per day per resident, by the end of 2021-2022.

Bill 212 can be found here: <https://web2.gov.mb.ca/bills/41-4/b201e.php>

The 2019 March Report on the *Financial Sustainability of the Non-Profit Personal Care Home Sector*, provides evidence that supports the changes identified in Bill 212. Its recommendations were:

- The information provided in this report should directly inform the future Service Purchase Agreement negotiations , especially including all future discussion on the SPA Schedule on new sustainable funding formulas.
- MARCHE fully supports increasing the benchmark for nursing care from 3l.60 paid HPRD to 4.1 worked HPRD in the provincial Personal Care Home Staffing Guidelines. The new funding model should also provide for other levels of staffing, supplies and equipment to meet current and ever-increasing resident care needs and community expectations.
- Operating and capital funding should be adjusted regularly to meet the cost of inflation.

The study found that the residents needs, measured by the Minimum Data Set used by CIHI, were increasing.

The March report can be found here: <https://bit.ly?3hDc913>

3. Designated long-term care expertise as part of the pandemic response team

Including designated long term care long term expertise at the Provincial Incident Command Centre will increase consultation and collaboration to ensure that long-term care needs and appropriate funding are addressed in all provincial emergency and pandemic responses.

Submitted by Victoria Marek RN BN GNC(c)

GERONTOLOGICAL NURSES FEATURED PUBLICATIONS

If you or one of your gerontological nursing colleagues have written or been featured in an article we'd love to share it with CGNA members across the country! Please contact CGNA Director of Communication, [Julie Rubel](#).

Laura Braun, President Central/North Vancouver Island Chapter, GNABC, was featured in the September Issue of Canadian Nurse published by CNA. Her article, entitled Long-term care manager struggles to balance residents' quality and quantity of life, features Laura's experience during and reflections on COVID-19. Read it [here](#).

Karen Baker-Stephens, former President Greater Hamilton Area Chapter, GNAO, was the spotlight in the most recent WeRPN magazine. In Voices From the Front-Lines of Long Term Care, Karen details the important role RPNs play in Long-Term Care and encourages RPNs/ LPNs to write the certification exam (Karen was one of the inaugural writers of the GPNC(c) exam). Read this feature [here](#).

A Tribute to John MacDonald from NBGNA

In Memoriam: John David MacDonald, CGNA Board Member (NB). We are deeply saddened by the sudden loss of our member, Board member and fellow gerontological nurse. John is pictured here at our CGNA2019 conference in Calgary. Rest in peace John, you will be sorely missed.



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