

House Calls

RNs play a pivotal role in helping seniors stay at home for as long as they can.

by Jill-Marie Burke • Photography by Ruth Kaplan

RN JULIE CORDASCO'S THOUGHTS NEVER STRAY TOO far from the seniors she regularly visits at home. It's hard not to worry that the woman with dementia who spends most of her time alone will burn herself when she's making tea. Or that the 92-year-old man with diabetes will eventually require dialysis and will have to leave his confused 89-year-old partner at home alone when he's receiving treatments. For two-and-a-half days a week, Cordasco, an RN at the Prime Care Family Health Team (FHT) in Milton, just west of Toronto, becomes an aging at home nurse who helps frail seniors with health concerns stay in their own homes for as long as possible.

For the 40 clients she sees on a weekly or monthly basis, Cordasco is much more than a visiting nurse who gives B12 shots and tests blood sugar levels. She's an advocate, a link to community services, and a supportive sounding board for spouses who have become caregivers. Cordasco also reviews clients' medications to make sure they are taking them correctly, and it's not unusual for her to pick up a prescription for clients or help them write a letter to an insurance company. If her elderly patients need Cordasco when she's working at the family health team, she's always just a phone call or a short drive away. Once, when it appeared one of her clients had suffered a stroke, the woman's husband called Cordasco right away and she accompanied the couple to the hospital to support the husband and to ensure that the wife, who had dementia, wouldn't be frightened in the unfamiliar environment.

Cordasco says the FHT created the Seniors' Home Visiting Program in February after physicians and nurse practitioners realized some of their elderly patients missed medical appointments because they didn't have a way to get to the clinic. Some don't have any family members, and others have children who are busy with their own lives or live in other cities or countries. Since many of Cordasco's patients are over the age of 80 and have chronic illnesses, skipping injections, blood pressure checks and other necessary procedures wasn't an option. Today, Cordasco spends about an hour in each

client's home; much of that time is spent talking — answering seniors' questions about their disease, making them aware of supportive programs and services and listening to their concerns and stories. In many cases, Cordasco is the only person they confide in.

"They don't want to worry their kids," she says. "And they believe they can't talk to their family doctor because they feel the doctor is too busy. So that doesn't leave them many choices."

In October, Cordasco was among the RNs who presented their work to keep people living at home with health and dignity at RNAO's eighth annual elder care conference in Toronto. Many RNs say their work is making Ontario's Aging at Home strategy a reality for older people. Since it was launched in 2007, the program has aimed to help elderly Ontarians lead independent lives in their own homes with access to community-based health services and supports that can keep people out of hospitals and long-term care homes.

Sharon Penrose, who works for Saint Elizabeth Health Care in Barrie, believes spending the final years of life at home should be an option for anyone, even for those with mild cognitive impairments and dementia. Too often, the clinical educator, whose own mother has the illness, says caregivers assume that people living with dementia aren't able to learn new things, and can't do routine daily tasks by themselves. She says both are untrue. People with dementia may just need to take new approaches to doing something as basic as getting dressed.

At the conference, Penrose presented the results of her Advanced Clinical/Practice Fellowship — a 12-week program offered by RNAO — that allowed her to review research and RNAO's delirium, dementia and depression guidelines to give her nursing and personal support worker colleagues tools and information they need to help people with dementia live independently. Penrose says that's important, because research shows the more active people with dementia are and the more social support they get, the longer they're able to live at



home. She also found that while dementia can't be cured, getting people moving can slow it down.

Penrose says helping people stay active in their daily lives can be as simple as teaching them to inject insulin. While a nurse who has spent months trying to teach a woman how to do it may assume she'll never master the task, Penrose says breaking it down into small steps that are repeated consistently could be all that's needed to help her. And while it might be easier and less time-consuming to dress a person with Alzheimer's instead of letting him put on the clothes by himself, Penrose says doing so limits his abilities and independence.

RN Sheila Simmons agrees more needs to be done to keep seniors in the community. For years, Simmons was a discharge planner in an emergency room, and says she hated sending people to long-term care when they didn't want to go. Today, she's the telephone triage nurse and educator for Specialized Geriatric Outreach Services to Homebound Seniors, a team including a social worker, occupational therapist, physiotherapist, dietitian, geriatrician and

psychiatrist at North York General Hospital in Toronto. The group aims to ensure seniors have the supports they need to stay where they want to be – at home. If family physicians in the community or emergency room nurses identify a patient experiencing an ongoing problem like falls, confusion or incontinence, they can ask Simmons' team to visit the person at home in search of the cause of the problem. Simmons is the seniors' first point of contact. She'll phone them – and in some cases their primary care providers or family members – to gather as much information as possible and determine which member of the outreach team would be most appropriate to conduct the assessment.

Simmons says the majority of the seniors who come to the team have experienced more than two falls in the past two months. While the problem is obvious, getting to the root of it requires expertise, diplomacy and some detective work. Is improper footwear causing them to trip? Are they slipping on scatter rugs? Is their toilet too low or too high? Do they have to walk down rick-



Julie Cordasco, centre, works closely with seniors like Ron and Doreen Wilson to help them manage their illnesses so they can live independently.

RNs take on twice the workload to care for family members at home

Aging at home isn't possible for many seniors without the support of a family member who can help out with daily tasks or drive them to appointments. For many RNs, that reality means their work as a health-care provider doesn't end when their shift does. According to Catherine Ward-Griffin, an RN and researcher at the University of Western Ontario, about one third of nurses are not only caring for patients at work, they're also playing a major role in caring for elderly parents and relatives. Ward-Griffin calls this blurring of boundaries between paid nursing care and unpaid family care 'double-duty caregiving,' and she says it takes a toll on nurses' health.

Ward-Griffin is currently surveying RNs in British Columbia, Ontario and Nova Scotia to better understand the consequences double-duty caregiving has on nurses' health and on the profession.

She says the societal assumption that family members are personally responsible for caring for elderly relatives has an impact on all Canadians. But there is an even greater expectation that nurses will take on the role because of their knowledge and skills, and many of them see it as their responsibility. She wants to understand whether it's their occupations that turn nurses into double-duty caregivers, or if factors like gender come into play.

So far, she says study results show male nurses who care for family members have greater levels of support and, therefore, better general health than female nurses in similar situations. Ward-Griffin says some of them have trouble sleeping, feel physically exhausted and experience flare-ups of various illnesses.

"Nurses work very hard to look after people and ensure that we're promoting health and preventing illness in others," says Ward-Griffin. "I think we do that many times at the expense of our own health."

Ward-Griffin says that to support double-duty nurses, health-care organizations need to implement healthy work environment policies that ease some of their stress. While nurses in some workplaces can use 'family days' instead of their own sick days if they need to take mom or dad to an appointment, she says what's really required is a re-think of the assumption in our society that caring for older relatives is a personal responsibility, and one that nurses in particular should be expected to take on.

"Providing care to family members shouldn't be seen as a personal issue for individual nurses," she explains. "We need to be proactive to prevent or mitigate the health effects of double-duty caregiving because it will likely increase with our aging population and workforce." **RN**

ety basement stairs to do their laundry? Or could the falls be a side effect of one of the medications they're taking? After the visit, armed with answers and evidence, the clinician will consult with the rest of the team to decide whether the senior's needs could be best met by a geriatrician, the Community Care Access Centre, or another health-care provider.

Her team doesn't provide an urgent service, but Simmons feels strongly that it is an important one that prevents emergency visits and, in some cases, deaths.

"A member of our team might go out to talk to a person who is completely confused and discover that it's because he hit his head and didn't realize he had suffered a subdural hemorrhage," she says.

Many seniors know all too well that the best laid aging at home plans can be derailed by a fall. According to the Canadian Institute for Health Information (CIHI), for people 65 years and older, falls were the cause of 84 per cent of all injury admissions to hospital and 40 per cent of admissions to long-term care facilities.

In Simcoe-Muskoka, the problem is particularly troubling. According to provincial and national statistics, the region has the highest rate of hospital admissions for falls in Ontario (per 100,000 people) and the highest rate of hospitalization for fractured hips. While health-care experts in cottage country don't know why so many of their seniors are taking a tumble, Sandra Easson-Bruno says they're working on a unique program to reduce the frequency and severity of falls and cut down on the number of emergency visits and hospital stays they cause.

Easson-Bruno is Project Director for Regional Seniors' Health and has been working with local organizations to develop an Integrated Regional Falls Program in the North Simcoe Muskoka Local Health Integration Network (LHIN). The RN, who worked as a clinical nurse specialist in geriatric care for 12 years, says the new program is bringing together professionals from all sectors of health-care, including hospitals and the community. Easson-Bruno says the project, funded by the Aging at Home Strategy, will bring together and expand services including falls prevention and day hospital programs. She says RNAO's



Julie Cordasco is just a phone call away for many patients.

best practice guideline on preventing falls was a key part of the literature used to develop the project.

Next year, the program will also get family health teams and community health centres working together to run community-based falls screening clinics.

Seniors who are at an especially high risk of falling will be able to see a geriatrician or a nurse. And Easson-Bruno says four nurses will also be hired to work with seniors who have been discharged from emergency departments after falling to ensure that they access community supports that will help prevent future falls.

Easson-Bruno hopes the program will reduce the lineups in the emergency rooms, but for her, the real bottom line is keeping people safe and in their own homes for as long as they want to live there.

"What's important to seniors is their quality of life. It's staying in their own home, it's being able to get out and do their groceries," she says. "Seniors don't want to go to long-term care in most cases. From my perspective, the ultimate goal is allowing them to age in place. That's what seniors want." **RN**

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