



AAGmag

Spring 2024



Spring has finally arrived! See below for important events happening at the Alberta Association on Gerontology.

President's Message

As the days grow warmer and nature awakens, Alberta's spring invites all of us to explore and to get outdoors and enjoy the longer days. After many years at the helm of the AAGMag, Dr. Sandra Hirst has stepped down and will have some extra time to enjoy that Calgary spring. Thanks, Sandi, for many years of work on the AAGMag and on the AAG board.

I also want to thank everyone at the Glenora Park residence who made our first networking event since the COVID-19 pandemic began in 2020 a real success. Chef Doreen Prei's dinner buffet dinner was a sumptuous spread. And oh my, the tempting desserts. The tours were fabulous. Many people wanted to move right it.



Bre Hutchinson, Assistant Deputy Minister Health Workforce began her presentation by talking about her work as a Paramedic on the night shift in downtown Edmonton.

She spoke to how important interdisciplinary teams and mentors were and are in staff recruitment and retention.

Thank you so much Bre! We build on your mentoring experience with an article by Dawn Vallet-MacDonald, Provincial Senior Practice Consultant about the Nursing Mentorship Network Program.

We are also thrilled to have an article about people with dementia and wandering by Dr. Antonio Miguel-Cruz, an AAG board member; Dr. Lili Liu, an AAG Mary Morrison Davis award winner, and Dr. Christine Daum.

On that note, it is time to nominate those innovative much-deserving Albertans for the AAG Awards. In addition to one Masters, one PhD, and one Healthcare Aide student scholarships we also have the new Vivien Lai Change Maker Awards.

Applications must be received by April 12, 2024. Successful scholarship/bursary applicants and award nominees will be announced at the AGM Board Meeting on June 18, 2024. <https://albertaaging.ca/awards/>

We are also looking for new board members. See recruitment flyer and nomination form on our website This is your opportunity to help shape the future of healthy aging in Alberta.

Make sure you scroll right to the bottom for Upcoming events and new reports.

Learning Networking Event: April 17th, 2024

Digital transformation and Connect Care: What are we learning and what you should know

Speaker Bev Rhodes, RN, MSN, CPHIMS-CA, FHIMSS. Executive Director – Connect Care Clinical Operations, AHS

Wednesday, April 17th 5-6 PM Food & Beverages 6-7 PM Speaker

Chartwell Fountains of Mission

222 25TH AVENUE SW, CALGARY, ALBERTA T2S 3E9

AAG & AGNA Members: \$10

Non-Members : \$20

Virtual: Free

Proceeds to Scholarship Funds

Register: <https://albertaaging.ca/digital-transformation-and-connect-c...>



Digital transformation and
Connect Care: What are we
learning and
what you should know

Bev Rhodes, RN, MSN, CPHIMS-CA,
FHIMSS. Executive Director –
Connect
Care Clinical Operations, AHS



ALBERTA ASSOCIATION
ON GERONTOLOGY

Improving the Lives of Older Albertans

and

AGNA



Alberta Gerontological
Nurses Association

Networking
to
Advance Healthy Aging

5 TO 7 PM

**APRIL 17TH
WEDNESDAY**

5-6 PM Food & Beverages
6 PM Speaker

AAG & AGNA Members: \$10

Non-Members : \$20

Virtual: Free

Proceeds to Scholarship Funds

**Chartwell Fountains of
Mission**

**222 25TH AVENUE SW,
CALGARY, ALBERTA T2S
3E9**

THANKS

to



CHARTwell

for

Sponsorship



REGISTER NOW

Missing Incidents due to Critical Wandering Among People with Dementia: What Does the Data Tell us?

Antonio Miguel-Cruz^{1,2,3}, Christine Daum^{2,3}, Lili Liu³.

1. Department of Occupational Therapy, Faculty of Rehabilitation Medicine, University of Alberta (Alberta, Canada)
2. Glenrose Rehabilitation Research, Innovation & Technology (GRRIT), Glenrose Rehabilitation Hospital (Alberta, Canada)
3. Faculty of Health, University of Waterloo (Ontario, Canada)

Introduction

Dementia presents a significant public health concern within Canada, with an estimated 600,000 individuals currently affected. Projections indicate that by 2030, the prevalence of dementia in Canada will escalate to at least 1,712,400 individuals, representing approximately 4.5% of the Canadian population (1)

As the population of individuals living with dementia continues to grow, there is a corresponding increase in the prevalence of critical wandering. Those with dementia who exhibit behavioural changes, such as critical wandering, face heightened risks of becoming lost. Should a person with dementia become lost and remain undiscovered for an extended period, they are susceptible to serious injury or potential fatality (2)

In Canada, research on prevalence estimation on missing incidents due to critical wandering is inconclusive. Limitations of the prior literature includes, lack of consistency on reported prevalence, low sample sizes from limited secondary data sources, and, prevalence studies have been completed in United States of America, Japan, and Korea, leaving Canadian prevalence of missing incidents among the dementia population largely unknown (3) This is an important gap in our knowledge as Canada has distinct geographical features and a harsh climate, making it challenging to extrapolate data from other countries for its unique context.

Our team based on Universities of Alberta and Waterloo got a grant funded by Search and Rescue New Initiative Fund (SAR NIF) program, Public Safety Canada [grant number 22005]. The overarching goal of the data initiative is to understand










missing incidents specific to persons living with dementia. There are four categories of dataset: 1) the MedicAlert® subscriber, 2) the interRAI, 3) police (6 datasets); and 4) SAR datasets. Analysis of nine datasets facilitated the characterization of missing incidents involving persons living with dementia. The total study sample was 1,64,2654 data points.

Results

The MedicAlert® subscriber dataset. There was a higher prevalence of missing incidents among females. The characterization and outcomes of the missing incidents showed that 22.9% were repeated missing incidents, with a mean time between repeat incidents of approximately 11 months, 9% reported harm or injury; 0.2% reported death, walking was the primary mode of mobility, most incidents occurred in summer or fall, during the afternoon or evening, most were found in public spaces, most missing persons were reported to MedicAlert® by first responders or good Samaritans. In terms of the results of risk estimation demonstrated that subscribers in the 75-84 age group was at highest risk, males were at an increased risk, not speaking French or English increases risk, living in an urban setting increased risk and having dementia increased risk.

The interRAI dataset. Our analyses indicate that the prevalence of wandering behaviors among home care clients is about 3% among new intakes to that care setting. There is a strong association between wandering and dementia diagnoses. Measures of severity of cognitive impairment also showed a strong association with wandering. Our analyses also show that persons with wandering behaviors experience many different additional clinical problems that can pose important risks to their health and would require attention of first responders and health professionals.

Figure 1. Datasets and prevalence (preliminary analyses)

	Subscriber	Police and SAR								Home Care
% Incidents included/prevalence	Medic Alert 	OPP 	RPS 	EPS 	WRP 	PKK 	SPVM 	BSARA 	InterRai 	
Total number of incidents/unique individuals with critical wandering	25,785	2,532	467	1,912	1,997	17	2,957	8,796	1,598,191	
Incidents/unique individuals with critical wandering	7,349	60	119	273	681	4	628	228	48,641	
Incidents included/ Prevalence (ever wander)	28.5 %	2.4 %	25.5 %	14.3 %	34.1 %	23.5 %	21.2 %	2.6 %	3.0 %	
	28.5 %	10%							3.0 %	

Police and SAR datasets. Preliminary findings from these datasets include, the majority were persons living with dementia with a higher prevalence of missing incidents among males, most lived in urban areas. The characterization and outcomes of the missing incidents demonstrated that 38% were repeated missing incidents, 9% reported harm or injury; 1.1% reported death, average lost time was 9.0 hours and the 25th percentile distance between home and find location was ~1 kilometer.

Conclusion

To summarize, our findings indicate that wandering conduct is prevalent and presents significant dangers to individuals, influenced by various personal and environmental factors. These factors contribute to both the occurrence of wandering behavior and the amplification of health hazards in case of being lost, highlighting the multifaceted and severe nature of the issue.

References

1. Alzheimer's Society of Canada. *The Landmark Study Report 1: Navigating the path forward for dementia in Canada*. Toronto, ON; 2022.
2. McShane R, Gedling K, Keene J, Fairburn C, Jacoby R, Hope T. Getting lost in dementia: A longitudinal study of a behavioral symptom. *Int Psychogeriatr*. 1998;10(3):253–260. doi: 10.1017/S1041610298005365
3. Perez, H., Miguel Cruz, A., Neubauer, N., Daum, C., Comeau, A. K., Marshall, S. D., Letts, E., & Liu, L. (2024). Risk Factors Associated with Missing Incidents among Persons Living with Dementia: A Scoping Review. *Canadian*

journal on aging = *La revue canadienne du vieillissement*, 1–15.

<https://doi.org/10.1017/S0714980823000776> (Advance online publication.)

Other resources about wandering.

1. **Safe Wandering:** Website based on the Canadian Guideline for Safe Wandering, created by Dr. Neubauer as part of her PhD work under the supervision of Dr. Lili Liu <http://www.Canadiansafewandering.ca>

2. **Locator Devices:** The Aging and Innovation Research Program (Dr. Lily Lui), in collaboration with the Alzheimer Society of Ontario and AGE-WELL NCE, has compiled list of locator devices and technologies. <https://uwaterloo.ca/aging-innovation-research-program/locat...>

Nursing Mentorship Network builds community and careers through opportunities and education

Dawn Vallet-MacDonald, RN, BScN, MSc Provincial Senior Practice

Consultant, Nursing Mentorship Network Program and Advisory Chair Associate

Chief Nursing Office, Nursing Professional Practice Health Professions Strategy and Practice



Mentorship plays a crucial role in the nursing profession, positively impacting role transitions, job satisfaction, patient care, and reducing nursing turnover. In February 2021, the Associate Chief Nursing Office launched the first virtual provincial mentorship network for nurses. The Nursing Mentorship Network is a valuable resource for all professional nurses working in Alberta Health Services (AHS) and last year nursing students. It provides a virtual platform for nurses to connect, collaborate, and find support in their career journeys. The network offers opportunities for learning, networking, and collaboration across the province, enhancing members' ability to lead, mentor, and support nursing best practices. It also promotes reflective practice for nurses, allowing them to grow and self-reflect.

The network is beneficial for all nurses including last year nursing students and new grads, as it offers resources and support to help them improve their career satisfaction and outcomes, cultivate their self-esteem and work identity, pursue their professional development, and advance their professional network. Nursing the Future is one of the go-to places that the network highlights for new grads. The mentorship relationship is a mutually beneficial process that creates and contributes to new opportunities for both the mentor and the mentee no matter where they are in their career. It provides an opportunity for both parties to reflect and share insights, learning from each other.

Justine Bremner, team lead for CoACT Collaborative Care, joined, and credits the network for her first mentorship experience. "I also decided to become a mentee

after hearing, in my master's program, how impactful mentorship can be in the development of nurse leaders," she says. Bremner says her mentor helped her access different opportunities, see AHS in a new light and gave her a better understanding of how to align her values with the organization. She also credits her mentor's coaching for helping her land her current role. "I realized that the way I want to be a nurse and provide patient care is to build and improve systems within AHS that support and empower frontline nurses in taking their own practice journey and finding ways to be leaders in their care areas," she says.

"The network is a perfect way to do this, and to provide nurses with all the resources and support they need." The knowledge Bremner has acquired here also positively impacts on her role as team lead. "Building processes that support mentorship and leadership among frontline staff through the implementation of elements such as Care Hubs is a huge part of my role," she adds. "Communication and collaboration among nursing staff are key. When nurses feel confident and supported through mentorship, like I did, they're able to grow their skills and experience and help other nurses to grow."

The network also offers continuous learning opportunities through virtual monthly community of practice sessions and just starting up is a 'mentor specific' learning community. It encourages mentors to stay updated on best practices and new developments in healthcare. Additionally, the network has a mentorship library with many resources to support the mentorship relationship. A monthly e-newsletter and announcements page keeps members up to date including the network's strategies and events for mentees to find a mentor.

Mentors, experienced and trusted individuals, significantly contribute to leadership, career, professional, and personal development. Their approach motivates, encourages, and supports mentees, empowering them to find answers through shared knowledge and experience. Recognizing the contributions of experienced and effective mentors is an important aspect of the network through mentor profiles and having a 'Mentor of the Month'. The Nursing Mentorship Network is for nurses, by nurses. The volunteer nurse-led Network Advisory participate in planning and development of provincial nursing mentorship resources, plan Community of Practice sessions that are meaningful to the network and are stewards for the nursing profession.

If you have a question or are an Alberta nurse and would like to join the Nursing Mentorship Network, email: nursing.mentorship@ahs.ca

Older Adults Banking: “Who is your “Trusted Contact”?”

Jill Chambers BN CEA

As daily money managers and professional executors, we work primarily with older adults. Many of our clients have experienced some form of financial abuse which is the most common form of elder abuse.

Years ago, banks were to have implemented a “trusted contact person” for each client – someone the bank could contact if they had any concerns about unusual account activity; changes in cognitive capacity or behavior of the client; undue influence by a new *friend*.

So, a question for you,

“Have any of you been asked for the name and phone number of a “trusted contact person?”

Note: This person should **not** be the individual you have identified to be your attorney under your Power of Attorney document.

We see misuse of funds by the attorney frequently. If they are the “trusted contact person”, the bank has no one to contact if they have concerns.

Banks are too quick to suggest that an adult child be named as joint account holder. It is the easy way. Not necessarily the safe or smart way. Once an adult child is a joint account holder, they can do whatever they want with the funds. And, when the older adult dies, they can keep all the remaining funds as the account holder agreement usually reads Joint Owners with Right of Survivorship.

Case in point: Spencer is assisting older Albertans, Shirley and Stan with their banking and investments. Instead of operating under an Enduring Power of Attorney, he had himself added as a joint account holder on all their accounts. Things were fine until Stan died.

After that, Spencer transferred about \$300,000 out of mom’s accounts. Calgary Police Service became involved and the Elder Abuse Team. While what Spencer did

was morally wrong, it was not illegal as he was a joint account holder.

Spencer moved the funds to an investment arm of the same bank into accounts in his name only. When Shirley (age 95) dies, her Estate will have no idea about the investments as they are in Spencer's name only.

Shirley is pursuing this in a civil court and her legal fees are already over \$50,000.

We suggest that if you wish to have an adult child assist with paying bills, set up a new joint account with that adult child. Transfer in a set amount each month for the adult child to use to pay bills. Leave the main account where income is deposited (CPP, OAS, pensions, dividends, etc.) alone and in the older adult's name only.

Jill Chambers founded [Financial Concierge](#)



New Code of Conduct for Older Canadians' Banking Services Unveiled

Banks, members of the Canadian Bankers Association (CBA), have adopted a code of conduct to guide them in the delivery of banking services to older Canadians.

Explore how Canadian banks plan to prioritize older adults' financial security through tailored banking services from clear communication to specialized training.

Learn more:

<https://www.canada.ca/en/financial-consumer-agency/services/...>

A Social Prescription for Care: New Pan-Canadian Social Prescribing Initiative Aims to Improve the Well-being of Caregivers Across the Country

On March 14, 2024, Social Prescribing Day, the Canadian Centre for Caregiving Excellence (CCCE) announced its collaboration with the Canadian Institute for Social Prescribing to enhance health and well-being opportunities for caregivers across Canada. The CCCE is making a \$1.8 million investment over two years to Canadian Institute for Social Prescribing to support Caregivers Alberta, Caregivers Nova Scotia, Family Caregivers of British Columbia, and the Ontario Caregiver Organization to improve access to social prescribing initiatives for caregivers in each province.

A social prescription refers to specific recommendations or referrals made by a health or social care professional to a person, suggesting they engage in social or community activities to help address isolation, loneliness, and other health and well-being challenges. Healthcare professionals and social service providers work together to bridge the gap between clinical and social care by connecting people with services that support basic needs, social and emotional well-being, and that foster community belonging.

Darrel Gregory, Executive Director, Caregivers Alberta says, “Caregivers play a vital role in monitoring, maintaining, and advocating for the health and wellness of their loved ones. Unfortunately, all too often, it comes at the expense of their own well-being. Through collaboration with healthcare providers and social service agencies, we are able to ensure caregivers are connected to the non-medical supports that will help safeguard their overall sense of wellness and connection to the community. The partnership with the Canadian Centre for Caregiving Excellence and Canadian Institute for Social Prescribing is an important step in achieving these outcomes.”

Evaluations of social prescribing initiatives in Canada and abroad have demonstrated its success in decreasing loneliness, enhancing a sense of connectedness and belonging, and improving mental health, [sometimes up to 50 per cent](#). Loneliness, anxiety and declining mental health are commonly experienced issues faced by caregivers, according to a [2021 University of Alberta Study](#).

Social prescribing has also been linked to reducing healthcare visits and deepening integration between clinical care, interprofessional teams, and social supports. It is also known to advance health equity by reducing barriers between health and social community care to support people's immediate social needs.

- Refer a Family Caregiver for Social Prescribing [Caregivers Alberta](#)

The Canadian Centre for Caregiving Excellence was also a sponsor for the Healthy Aging Alberta/ Alberta Association on Gerontology Healthy Aging Alberta Summit in October 2023.

Improving caregiver wellbeing through social prescription



Become a member today!

[Awards & Scholarships](#)

Please submit applications and nominations by Friday, April 12, 2024.

[Board Member Recruitment](#)

Please submit nominations by Friday April 12, 2024

Links to other resources and events.

Canada's National Caregiver Day is April 2, 2024.

Join these webinars on April 2 to learn more about the value of family caregiving:

Valuing Family Caregivers and their Caregiving: Family Caregivers are Vital Resources in Integrated Care. 8:00 - 9:30 AM Register at International Foundation for Integrated Care Canada. <https://integratedcarefoundation.org/events/ific-canada-virt...>

Valuing Caring: The Patient, the Health System, and the Economic Benefits of Caregiving. 9:30 – 10:30 Register at Carers Canada
<https://www.carerscanada.ca/national-caregiver-day-campaigns...>

Valuing Caring: The Impact of Caregiving on Personal Growth and Relationships. 11:00 – 12:00 Register at Carers Canada
<https://www.carerscanada.ca/national-caregiver-day-campaigns...>

Watch for more to be posted at the Alberta Health Services Caregiver Day page to learn more about caregivers and discover what you can do to support them.
<https://insite.albertahealthservices.ca/news/ch/Page27711.as...>

National Institute on Aging Report: Enhancing Care for Older Adults in Canada and Down Under: What Canadian and Australian Long-Term Care Systems Can Learn from Each Other <https://www.niageing.ca/australia2>

AAG - Alberta Association on Gerontology

PO Box 47022 City Center Post Office, Edmonton
Canada



You received this email because you signed up on our website or made a purchase from us.

[Unsubscribe](#)

