

FRAILTY, DEMENTIA AND DISASTERS: WHAT HEALTH CARE PROVIDERS NEED TO KNOW

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CANADA

Acknowledgements

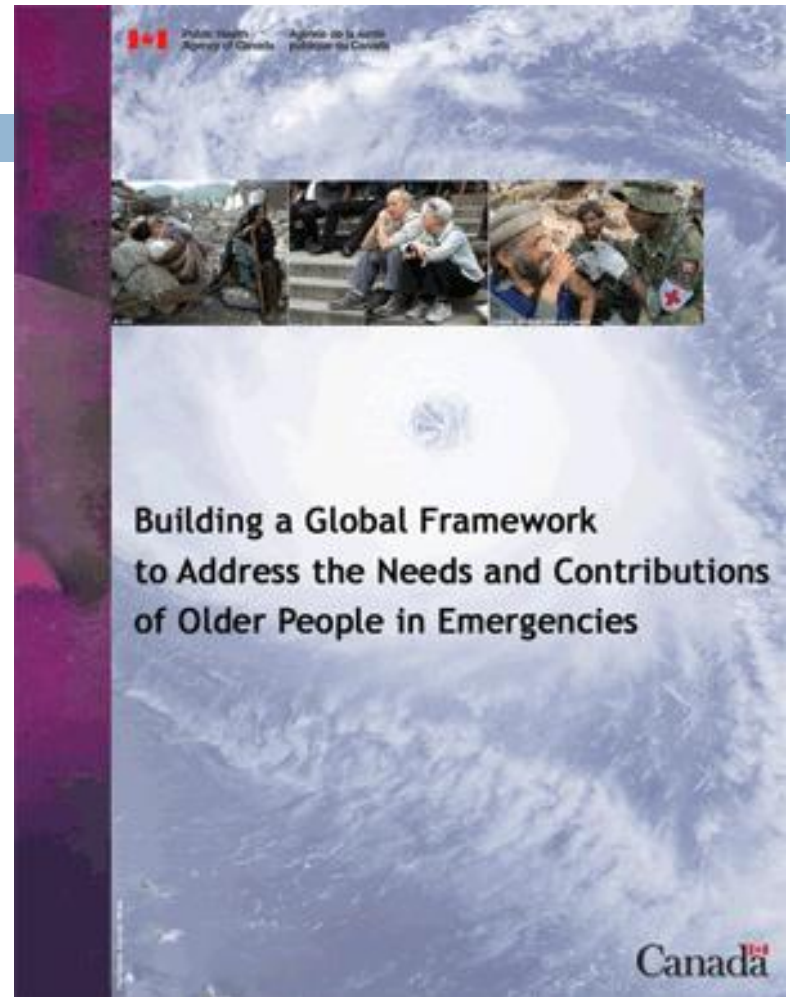
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Acknowledgements

- E-learning consultation and design: Infacilitation, c/o Sheila Cook, London, Ontario, Canada
- Many colleagues volunteered feedback through a variety of mechanisms on all aspects of this project. Their contributions are gratefully acknowledged and appreciated.

Background

The aging of the world's population is becoming an increasingly important policy issue.....At the same time, governments need to strengthen emergency preparedness capabilities to respond effectively to the growing frequency and severity of extreme weather events, pandemic outbreaks, conflicts and other disasters and humanitarian crises.



Background



Older people suffer disproportionately in emergencies and disasters. Frailty and dementia are risk factors for heightened vulnerability.

Health care providers can reduce the vulnerability of older adults in each phase of the emergency management cycle, but only if they have the required knowledge, tools and resources.

Our Goal



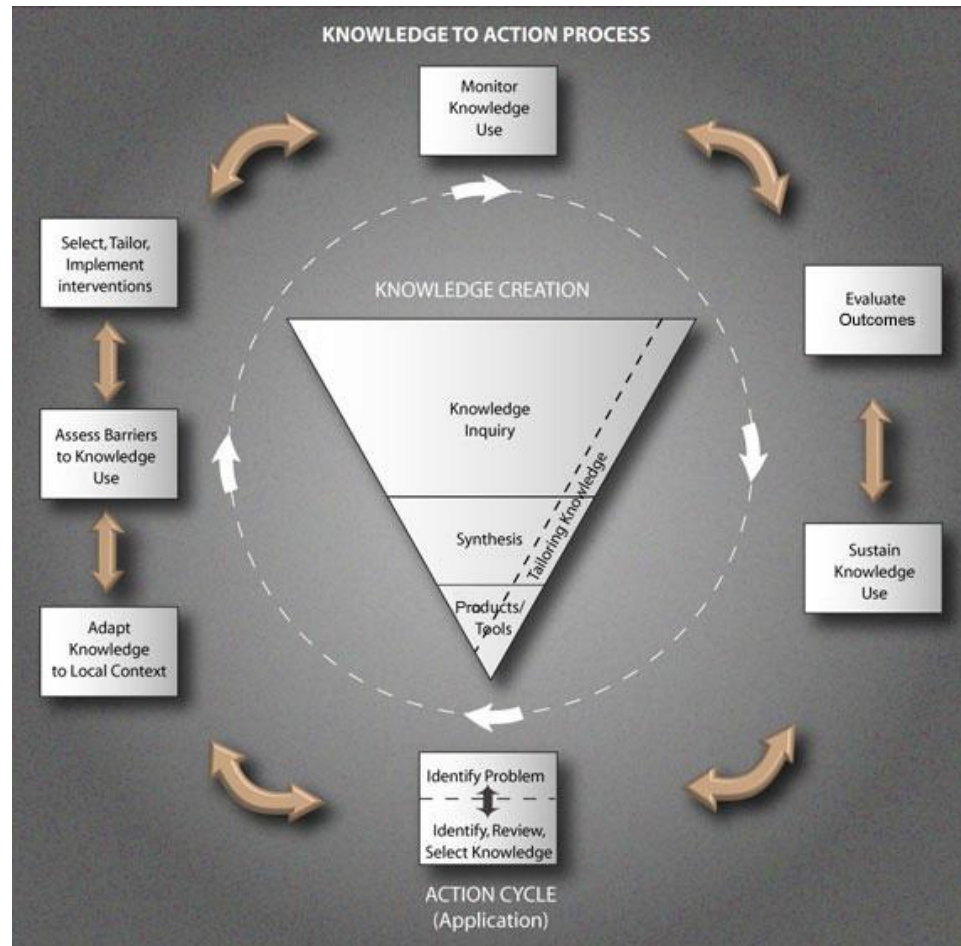
- To contribute to international efforts to reduce the disproportionate vulnerability of older adults in natural and human-made disasters by developing, piloting, evaluating and disseminating an e-learning tool.

E-learning Objectives

To raise awareness of the:

- ✓ **Disproportionate vulnerability** of older adults who are frail and those who have dementia, in emergencies and disasters;
- ✓ **Components of the emergency management cycle** and how they apply to this target population;
- ✓ **Best practice resources** that can be used to improve emergency preparedness, response, recovery and mitigation; and
- ✓ **Role of health care organizations and providers** in emergency management for older adults who are frail and those who have dementia.

Canadian Institutes of Health Research: Knowledge to Action Process



Seniors and Emergencies: International Working Group on Health Care Professionals and Continuity of Health Care

- ❖ **Lisa Brown** – Department of Aging and Mental Health Disparities, U South Florida, USA
- ❖ **Rory Fisher** – Sunnybrook Health Sciences Centre, University of Toronto, ON
- ❖ **Kelly Fitzgerald** – University of Zurich, Zurich, Switzerland
- ❖ **Patti Gorr** – Division of Aging and Seniors, Public Health Agency of Canada
- ❖ **Gloria Gutman** – Gerontology Research Centre, Simon Fraser University, BC
- ❖ **Maggie Gibson** – St. Joseph's Health Care London, ON
- ❖ **Louise Hardy** – Health and Social Services, Yukon Territory Government, YK
- ❖ **Sandi Hirst** – Faculty of Nursing, University of Calgary, AB; National Seniors Council
- ❖ **Nabil Kronfol** – Lebanese HealthCare Management Association, Lebanon
- ❖ **Danielle Maltais** – Dept of Human Science, Université du Québec à Chicoutimi, QC
- ❖ **Laurie Mazurik** - Sunnybrook Health Science Centre, Toronto, ON
- ❖ **Robert Roush** – Baylor School of Medicine, Houston, Texas, USA
- ❖ **Sonja Ruthe** – Emergency Program, District of Oak Bay, Victoria, BC
- ❖ **Jane Swan** – Division of Aging and Seniors, Public Health Agency of Canada
- ❖ **Kim Wilson** – Canadian Coalition for Seniors Mental Health, Toronto, ON

Knowledge Translation Advisory Group

- ❖ **Sheila Cook** – InFacilitation
- ❖ **Sarah Clark** – Canadian Dementia Knowledge Translation Network
- ❖ **Patti Gorr** – Division of Aging and Seniors, Public Health Agency of Canada
- ❖ **Megan Harris** – Canadian Dementia Knowledge Translation Network
- ❖ **Ken LeClair** – Canadian Dementia Knowledge Translation Network
- ❖ **Liz Lusk** – Canadian Dementia Knowledge Translation Network
- ❖ **Jamie Rossiter** – Division of Aging and Seniors, Public Health Agency of Canada
- ❖ **Jane Swan** – Division of Aging and Seniors, Public Health Agency of Canada

Knowledge Inquiry and Synthesis

Core Content

Literature
synthesis
informed by
International
Working Group
expertise

Content Pilot



Triple Jeopardy: Frailty, Dementia and Disasters

What Do Health Care Providers Need to Know?

Maggie Gibson, Ph.D., Psychologist

Katie Gibbs, Emergency Management Consultant

St. Joseph's Health Care London

Geriatric Medicine Refresher Day, London, Ontario, May 5, 2010

Tailoring Knowledge

E-learning Expertise

Contracted with

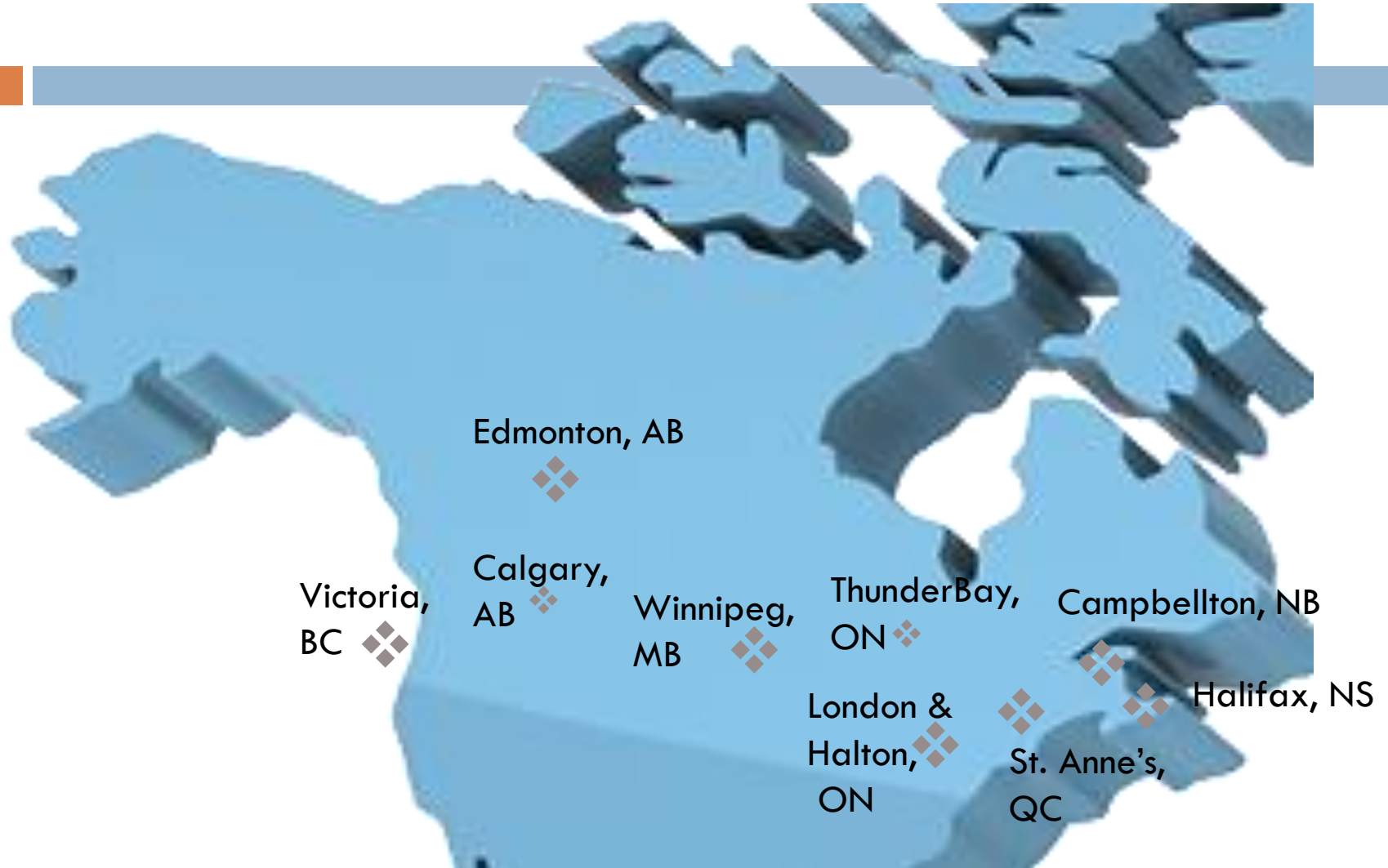


to apply e-learning best practices and adult learning principles to adapt core content into e-learning modules

E-learning Reference Group

14 care providers and educators from across Canada who provided feedback on storyboards and first version of the e-learning tool as it evolved from powerpoint presentation to e-learning modules

E-Learning Reference Group Members



E-learning Development

Applied e-Learning emerging best practices and adult education principles to create an on-line learning experience:

- ▣ Develop meaningful interactions based on real-world scenarios
- ▣ Challenge learners, allow them to explore and make mistakes in a safe learning environment
- ▣ Make use of stories, examples and images to generate interest and keep intrinsic motivation high
- ▣ Offer additional resource materials for people who wish to learn more



Grace is an older person who is frail and has dementia. In an emergency or disaster she is more vulnerable than other older people.

Click on your response then submit.

- ☐ Fact
- ☐ Myth

Adapting Knowledge to Local Contexts



English Workshop 1

October 19, 2010 – 3 hrs

- Kwanlin Dun Health Centre, Kwanlin Dun First Nations, Yukon Territory
- Open invitation workshop hosted by Maureen Krill Nurse in Charge
- Site Liaison: Louise Hardy
- Site Support: Marlene Walde, Tina Bunce
- Presenter: Maggie Gibson
- Invitees: all Health Centre staff
- Facilitated e-learning presentation (4 modules)
- 12 participants

English Workshop 2

October 20, 2010 – 3 hrs

- Open invitation workshop hosted by Seniors Services/Adult Protection Unit of Health and Social Services, Government of Yukon, 109 Copper Road, Whitehorse, Yukon Territory
- Site Liaison: Louise Hardy
- Site Support: Marlene Walde, Tina Bunce, Dagmar Borchardt
- Presenter: Maggie Gibson
- Invitees: Emergency Measures Services, Continuing Care, Home Care, Whitehorse General Hospital, Video-conferencing provided to Faro, YK
- Facilitated e-learning presentation (4 modules)
- 21 participants

French Workshop 1

October 27, 2010 – 2 hrs

- Hopital de la Baie, la Baie, Chicoutimi region, Quebec
- Open invitation workshop hosted by Centre des services sociaux de la Baie (CSSS de la Baie)
- Site Liaison and Presenter: Danielle Maltais
- Site Support: Maggie Gibson, Véronique Gauthier
- Invitees: workers in gerontology team of the CSSS de la Baie and the Alzheimer Society group of Saguenay-Lac-St-Jean
- Facilitated e-learning presentation (3 modules)
- 9 participants

French Workshop 2

October 28, 2010 – 2.5 hrs

- Cegep a'Alma, Alma, Saguenay region, Quebec
- Open invitation workshop hosted by CSSS Lac-St-Jean –east (CSSS Lac-St-Jean east)
- Site Liaison and Presenter: Danielle Maltais
- Site Support: Maggie Gibson, Véronique Gauthier
- Invitees: workers in gerontology team of the CSSS du Lac-St-Jean east and the Alzheimer Society group of Saguenay-Lac-St-Jean
- Facilitated e-learning presentation (3 modules); independent on-line pilot (1 module)
- 8 participants

On-line Pilot

November 8-November 19, 2010

- South Vancouver Island, British Columbia
- Site Liaison: Sonja Ruthe
- Support: Morgan Balazs
- Independent on-line pilot (4 modules)
- Invitees:
 - Oak Bay Lodge, Vancouver Island Health Authority (VIHA), Kiwanis Pavilion, BC Association of Social Workers , University of Victoria, Faculty of Social Work, Capital Regional District (CRD) Emergency Program Coordinators , SVI Emergency Social Services Directors (ESSD) and NGO working group
- 13 participants
- Post-pilot reception – thank you and next steps

E-learning Program



www.dementiaknowledgebroker.ca



Emergency Management, Frailty, Disasters and Dementia:

What Health Care Providers Need to Know

You can help make the world a safer place for older people who are frail and for those with dementia. The Emergency Management, Frailty, Disasters and Dementia e-Learning program will show you the important steps to take.

Process



The time it takes to complete.

Each interactive module takes about 20 minutes to finish. You do not have to complete them all at once. If you are interrupted in the middle of a module you may come back and start where you left off. It's that easy!

Who this is for.

This e-Learning program is intended for health care providers, administrators and policy makers with an interest in caring for older people who are frail and those with dementia.

Once you complete all four modules, you may print a Certificate of Participation.

Four Modules



Module 1: Emergency Management

Module 2: Preparedness

Module 3: Response

Module 4: Recovery and Mitigation



Frailty, Dementia & Disasters

**What Health Care Providers
Need to Know**

**Module 1:
Emergency Management**

We don't want to alarm you but



... we do
want you
to

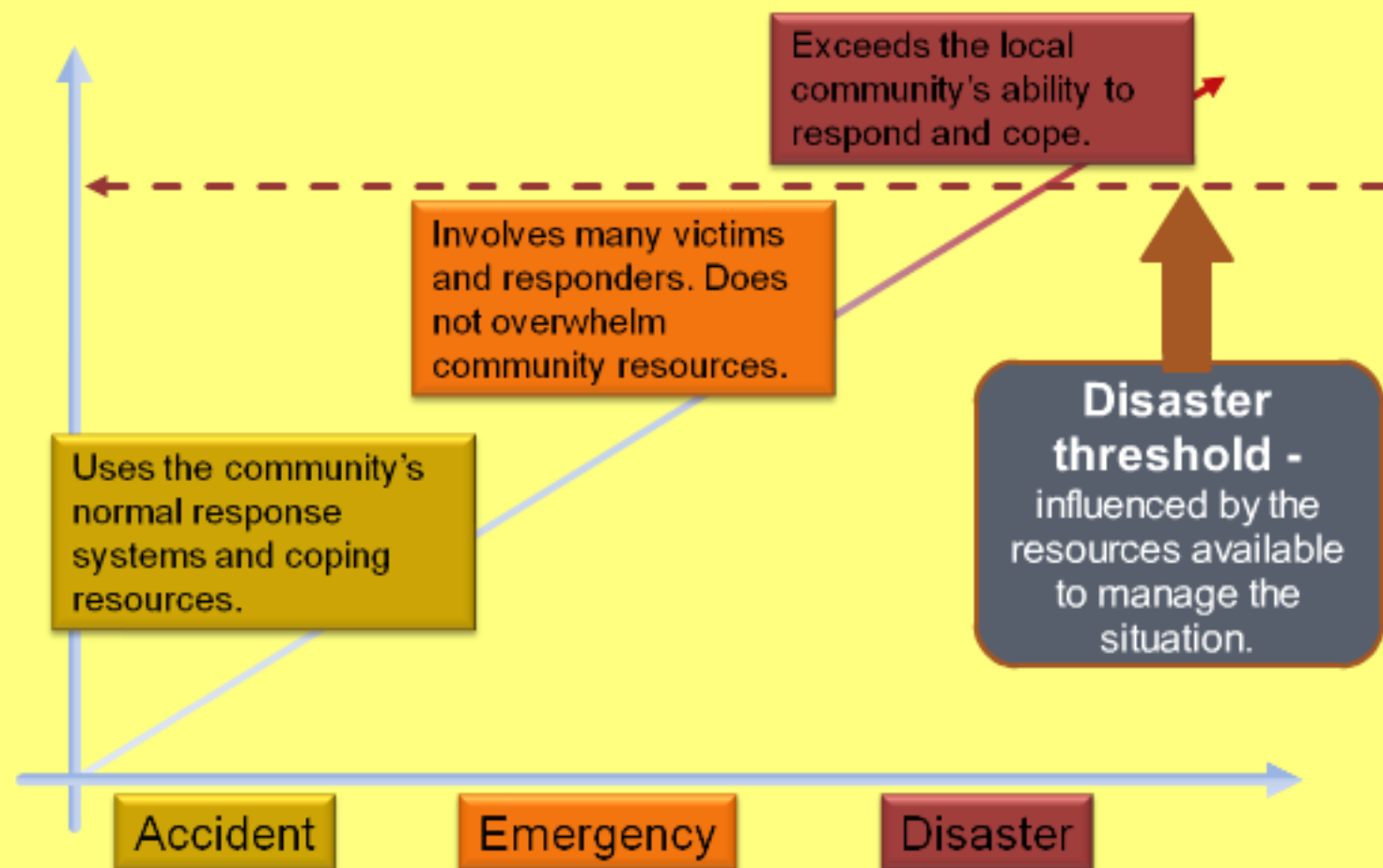
- Sit up
- Notice
- Take action

In this
module,
you'll
explore

- The **vulnerability** of older people who are frail and those with dementia in disasters.
- The components of the **emergency management cycle**.

When does an emergency become a disaster?

Question ▾



Caregivers



Lee's daughter, who was her primary caregiver, was injured in a serious industrial disaster.

- What resources are available to help this family?



A solid plan covers all four components of emergency management.

Response is just one aspect.



Reference:

Public Safety Canada. An Emergency Management Framework for Canada,
www.publicsafety.gc.ca/prg/em/_fl/emfrmwrk-en.pdf



Frailty, Dementia & Disasters

What Health Care Providers
Need to Know

Module 2:
Emergency Preparedness



Remember to write ideas on your action plan as you learn

In this module

- You will focus on **Emergency Preparedness**

You'll see

- What can happen when a health care provider doesn't pay attention to emergency preparedness.
- How to help your clients and their caregivers prepare for an emergency.



This powerful winter storm knocked out power and other essential services for several days and in some cases several weeks in rural areas.

Click on the tabs at the bottom of the screen to learn what happened to Marie's client.

Assess Needs -
Organization /
Service

Assess Needs -
Clients

Prepare Supplies
- what you can do

Make a Plan

Make a Plan

- Help create an alternative support system.
- Develop a plan so your clients and their support systems will know how to communicate with you and each other in a crisis.
- If your organization will be unable to continue services during a disaster, work with other service providers to coordinate a back-up plan.
- Remind your clients to keep the emergency contact sheet in an easy to access place and to take it with them if they go to an emergency shelter or hospital.
- Discuss a plan with your family so you are well prepared at home too.

In your opinion, which of these factors would influence your willingness to work in a disaster situation? Make your pick

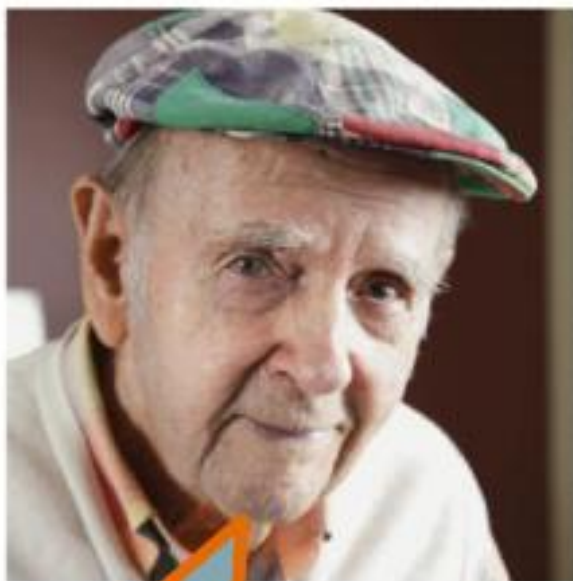
- ☐ Type of disaster
- ☐ Concern for family
- ☐ Concern for pets
- ☐ Influence of personal obligations
- ☐ The sense that one's efforts to help are valued
- ☐ Belief in duty to care
- ☐ Availability of personal protective equipment
- ☐ Support for basic needs
- ☐ Length of response



Frailty, Dementia & Disasters

What Health Care Providers
Need to Know

Module 3:
Response



Look for role models who take action on emergency management. What can you learn from them?

In this module

- Marie asks you to join her on a learning quest to:
 - Reflect on how health care providers can contribute to the **Response** component of the emergency management cycle.
 - Become aware of two best practices.

Introduction

Click on the Hotspots or the next button to learn more about how responses in the emergency failed to meet Frank and Sophia's needs.



Reduce Risk

Building Capacity

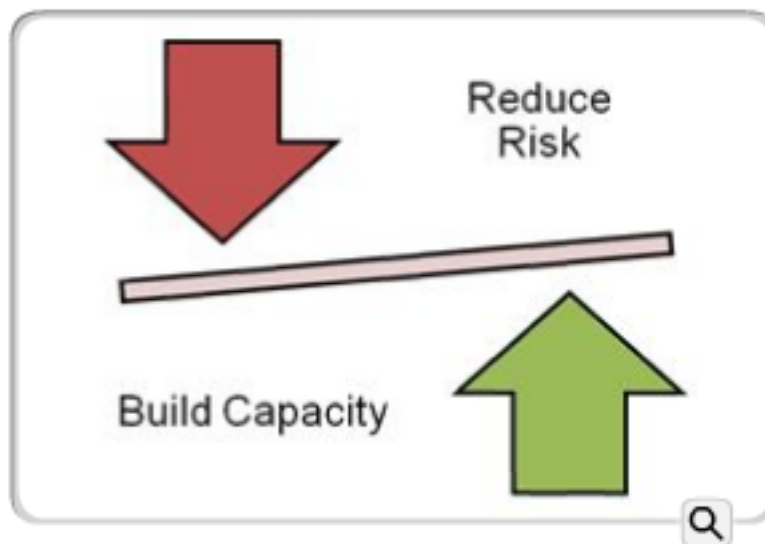
Your role

Introduction

A support system that had worked well under normal circumstances failed under the pressure of the emergency.

This left Fred and Sophia very vulnerable.

There are 2 main ways to reduce the vulnerability of people in emergency situations.



PSYCHOLOGICAL FIRST AID PFA[®]

Field Operations Guide
2nd Edition

National Child Traumatic Stress Network
National Center for PTSD

NCTSN
The National Child
Traumatic Stress Network



RECOMMENDATIONS FOR BEST PRACTICES *in the Management of Elderly Disaster Victims*

NATIONAL COLLEGE OF MEDICINE • THE AMERICAN MEDICAL ASSOCIATION

BCM

University of Texas
Houston

AMA's
Committee on
Disaster Medicine

Care
for Elders

AARP

Psychological First Aid *Second Edition*



Field Operations Guide
for Nursing Homes





Psychological First Aid

It is important when offering help to:

- **Remain calm;**
- **Be flexible; and**
- **Ask questions in a compassionate, respectful way.**

What might you say to a frail older person or someone with dementia if you were using the 8 core actions of Psychological First Aid?

Mr. Reed was evacuated when the roof on the assisted living facility collapsed under the weight of the snow. If the response team had used SWiFT in this situation, which items do you think they would have assessed?

- ☐ Cognition
- ☐ Medical status
- ☐ Financial assistance needs
- ☐ Social service needs
- ☐ The ability to perform activities of daily living
- ☐ All of the above





Frailty, Dementia & Disasters

What Health Care Providers
Need to Know

Module 4:
Recovery and Mitigation








In this final module

- With Marie you will:
 - Learn about the importance of addressing the recovery challenges of older adults.
 - Reflect on how care providers can contribute to mitigation activities.
 - Be encouraged to complete your emergency management action plan.

I can understand why you're concerned. It sounds like Mrs. Baginski needs help with several recovery strategies. This is where your knowledge of caring for older people will be very helpful. Let's brainstorm some ideas to support her recovery.



Recovery Considerations

-  Physical.
-  Emotional.
-  Social
-  Psychological
-  Financial well-being.

Older people, caregivers



Include **older people**, and their formal and informal **caregivers** in emergency management planning.



Misconception: Older people get the right care at the right time



From:

"We're only taking emergency cases. This doesn't sound like an emergency. Try to calm her down. I'm sure everything will be fine soon."



To: the delivery of age-sensitive care

"I want to make sure I understand correctly. Your wife has dementia and she's very agitated. You're worried something serious is wrong. Yes, come to the clinic. There might be a long wait but we'll do our best to find a quiet place for you."



Resource Section

Emergency Management Action Ideas

Models and References

Psychological First Aid Guide1

Psychological First Aid Guide2

SWiFT

Worksheet - Action Plan

Worksheet - My contribution questions

Emergency Management Action Ideas



Click on the magnifying glass for a preview of the document.

[Click here to open the document](#)

As soon as you have opened the document you should be able to print or save a copy to a destination of your choice.



Frailty



**How can you
use your
knowledge to
make the world
a safer place?**

**Emergencies
and
Disasters**

Dementia

