



PSW Supervisor GUIDE

Support for supervisors of
personal support workers
in implementing senior
friendly processes of care.



PHYSICAL ACTIVITY



CONTINENCE



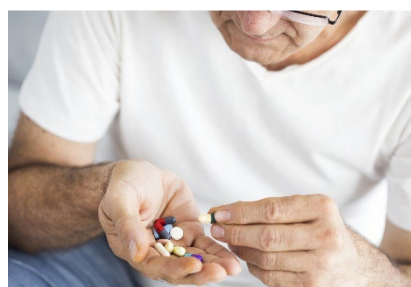
PAIN



SOCIAL ENGAGEMENT



EATING AND DRINKING



MEDICATIONS



DELIRIUM



Contents

About the sfCare Learning Series	3
The sfCare Learning Series for PSWs	3
Strategies for Implementing sfCare	4
Delirium	5
Physical Activity	9
Social Engagement	13
Eating and Drinking	18
Pain	23
Continence	27
Medications	32
Quick Reference Checklist	36
Case Studies	37
Quiz	40
Additional Resources and Support	42



What is senior friendly care? A specific approach to the care of older adults that takes their unique needs into consideration.

About the Senior Friendly Care Learning Series

The Senior Friendly Care (sfCare) Learning Series includes free educational resources for Clinicians, Personal Support Workers (PSWs) and Caregivers on key clinical topics.

The sfCare Learning Series for PSWs

PSWs are uniquely positioned to observe changes in clients and provide key information to others in the circle of care. Preventative action taken in response to reports from PSWs can have a significant impact on the health outcomes of an older adult living with frailty.

This series has been co-designed by PSWs and supervisors, and comprises:

- **PSW Supervisor Guide (this guide)** – provides strategies for implementing sfCare and includes resources to facilitate learning sessions, such as topic overviews, case studies, and quiz questions.
- **PSW Pocket Guide** – is a reminder tool for PSWs to carry and refer to at the point of care.

“I am more aware of my responsibilities to my clients. I’m not just there to give the client a shower, now I know I have to watch out if the client has delirium or what to do if he’s in pain, or the importance of exercise”

– PSW



Supervisor strategies for implementing sfCare

- 1 Look for ways to enhance connectedness on your team.** People are more likely to change if they feel a connection to their leadership or the organization. If you do not have a regular venue to gather your PSWs, it may be a good idea to set up a teleconference or web meeting where staff can join using their phones.
- 2 Include PSWs in your decision-making.** Behaviour change theory tells us that people are more likely to change if they feel a sense of autonomy and control over their work.
- 3 Discuss one of the care topics on a monthly basis.** You can do this through email, newsletter, team meetings, or social media postings.
- 4 Promote the interconnectedness of the care topics.** Remind PSWs that any change in one area may impact another. (e.g., a client may not want to do much physical activity because of incontinence which may also reduce social contact with others)
- 5 Collectively agree on the best way to communicate about senior friendly reports from PSWs.** Give staff a realistic expectation of when they can expect to hear back from you on a report, and a set of possible actions that could be taken following the report.
- 6 Inform other providers in the circle of care that you have asked PSWs to submit these reports.** This supports inclusiveness of all providers (regulated and non-regulated professionals) in a client's circle of care.
- 7 Use creative incentives to encourage PSWs to use the pocket guide in practice.** Some supervisors have asked PSWs to share their experiences with using a senior friendly care approach in their work and those who do are recognized.

“...spread the word throughout the community, the personal support workers, and I think the outcome will be tremendous. It will make a great difference in the way they work, in the way they assess, and the way they report on their clients” – PSW Supervisor



Delirium LEARNING PACKAGE

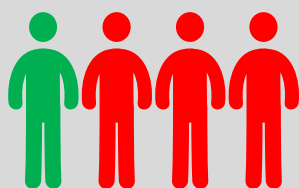




What is delirium and how common is it?

DELIRIUM IS an acute disturbance in mental abilities that results in **confused thinking** and **reduced awareness** of the environment.

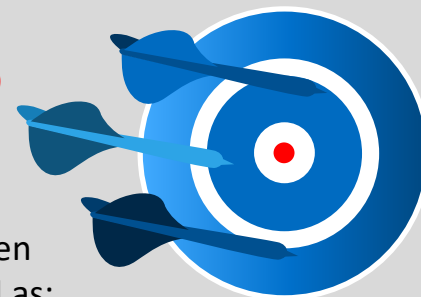
More **COMMON** than you might think!



Up to 75%

Up to 75% of older adults experience delirium after acute illness or surgery.

Often
MISDIAGNOSED
or **NOT**
DETECTED!



Sometimes mistaken
for or documented as:

- confusion
- agitation
- depression
- dementia

KNOW THE SIGNS AND SYMPTOMS. They often **fluctuate** throughout the day, and there may be periods of no symptoms. Primary signs and symptoms include changes in:

Perception of the environment such as:

- Lack of concentration and getting distracted easily.
- Not being able to respond to a question by getting stuck on a thought or an opinion.

Thinking skills such as:

- Poor recent memory
- Being disoriented to time and place
- Difficulty in comprehending speech, readings, and writings

Behaviour such as:

- Hallucination (seeing things that do not exist)
- Delayed response and movement
- Significant changes in sleep habits

Emotion such as:

- Rapid and unpredictable mood changes
- Feeling depressed or euphoric without reason

Adapted from Clinic M. Delirium Webpage Mayo Clinic2018 [cited 2018 September 14]

Delirium is a medical emergency which can be prevented and reversed!

6 PROVEN* STRATEGIES TO PREVENT DELIRIUM IN OLDER ADULTS

06 EATING

Ensure nutritious food is available throughout the day, and promote eating with others if possible.



01

STIMULATING THE MIND

Promote daily socializing, reading, listening to music, completing mind challenge games (such as crossword puzzles), and activities or conversations that help remind older adults what day/month/year it is.



02

MOVING

Promote physical activity - at least 3 times a day.



03

SLEEPING WELL

Use techniques to promote relaxation and sufficient sleep.



04

SEEING AND HEARING

Ensure hearing aids and glasses are available at all times, if needed.



05

STAYING HYDRATED

Ensure plenty of fluids are taken throughout the day to avoid dehydration.



DELIRIUM IS PREVENTABLE!

For all older adults, use these proven strategies to help prevent delirium*.

**If delirium develops, support the older adult by continuing to use these strategies.*



REGIONAL GERIATRIC
PROGRAM OF TORONTO





PSW Pocket Guide - Delirium

Delirium is a medical emergency!

Delirium is a term that describes a new, sudden change in a person's ability to think, remember, and understand what is going on around them. Symptoms can come and go throughout the day; the person may be their usual self and suddenly their conversation or actions are completely different to their usual behaviour.

Watch for:

- A change in their usual level of alertness; they may become very hyper (excited) or very drowsy
- Not thinking straight; the things they say don't make sense or they have difficulty answering a question; they seem confused
- Mood changes from one minute to the next; appearing depressed or extremely happy for no reason
- Bizarre or inappropriate behaviour; behaviour that doesn't make sense or seem to have a purpose
- Hallucinating – seeing or hearing things that others don't
- Unexplained difficulty moving or doing things that they are normally able to do for themselves like eating, drinking, bathing or dressing

What to do:

- Delirium is a medical emergency; report to your supervisor as soon as possible if you are observing signs that could be delirium.
- Be patient and calm, use reassuring words, and don't try to correct them, for example: "I can tell that you aren't feeling well right now. It's going to be ok."
- Provide simple, one-step directions in a calm voice, such as "follow me", or "eat this".
- Encourage their normal routine; keep things calm and familiar for them.



Physical Activity LEARNING PACKAGE



PREVALENCE AND OUTCOMES OF IMMOBILIZATION IN OLDER ADULTS

In Hospital



Up to **83%** of time in hospital is spent **in bed** (Brown, 2009)



- Almost **35%** of **patients 70+** **decline in function** after a hospital admission.
- Immobility **increases length of stay** and **decreases rate of return home**

In the Community



Only **14%** of older adults **aged 65–79** are meeting the Canadian **physical activity** guidelines of 150 minutes of moderate-to-vigorous physical activity per week in bouts of 10 minutes or more. (Statistics Canada, 2014/15)



- Immobility **shortens lifespan**
- Immobility **doubles the risk of functional disability** (Hubbard, Parsons, Neilson & Carey, 2009)
- Immobility **increases risk of falling**
- Immobility **increases level of assistance needed** for daily living

In Long-Term Care



75% of **awake time** in LTCH's is **sedentary** (De Souto Barreto, 2016)



- Immobility **increases level of assistance needed** for daily living

Onset of **complications** can occur **within 24 hours** of bed rest!



MOVEMENT IS GOOD MEDICINE!

Physical activity is one of the most important ways to maximize function and independence for older adults. Benefits can be achieved with even small amounts of activity!

- **Memory / Mood**
 - Improves sleep
 - Improves mood
 - Decreases risk of confusion
- **Heart**
 - Improves blood pressure and circulation
- **Lungs**
 - Improves breathing
 - Helps to clear lungs
 - Helps to fight infection
- **Skin**
 - Prevents skin breakdown
- **Nutrition**
 - Improves appetite
 - Lowers choking risk when eating
- **Muscles / Bones**
 - Improves strength
 - Improves pain
 - Strengthens bones





PSW Pocket Guide – Physical Activity

Many older adults don't move enough.

Long periods of sitting or lying without moving can cause health problems like muscle weakness, blood clots, and skin breakdown.

Watch for:

- Decreased physical activity and things that might be preventing them from moving to the best of their ability (such as not having energy, fear of falling, or pain)

What to do:

- Use positive, encouraging, and motivating statements such as:
 - “Moving more during the day could help you sleep better at night and give you more energy”
 - “The safest way to prevent falls is to stay active so that your muscles stay strong”
 - “Moving more or stretching might help your pain”
 - “You can get a lot of benefit even from small amounts of activity”
- Encourage independence; offer assistance as needed. For example with bathing, say “I am here to help you with bathing”, rather than “I am here to bathe you”. Ask your client to do as much as they are able, and ask them to let you know how you can help them.

What to do (continued):

- Look for opportunities with your client to help them move more during daily activities, such as:
 - squeezing toes while soaking feet or before putting on socks
 - raising arms while dressing
 - playing music during other activities and encouraging dancing, clapping or drumming
 - folding laundry
- Be respectful of your client's decisions around when and how they want to move. If they say “not right now”, try again another time.
- Report to your supervisor if your client isn't moving very much or you see things that could be getting in the way of them moving to the best of their ability.



Social Engagement LEARNING PACKAGE



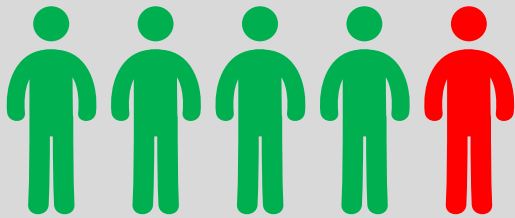


Understanding loneliness and social engagement

Loneliness

A disconnect between a person's desired and actual social relationships, which results in a complex emotional and physical response.

We have all felt lonely at times, but it becomes a problem when it occurs frequently or even chronically, negatively impacting health and functioning.



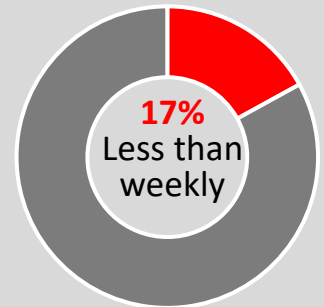
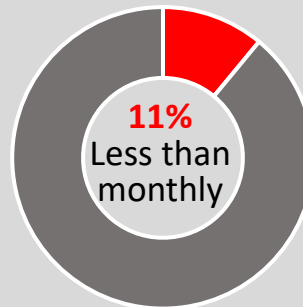
One in five Canadians, mainly older adults, experience some degree of loneliness. In those **over 85** years, the rate of loneliness is as high as **25%**.

Social Isolation

Results from situations where a person has few people to interact with.

Although closely related, loneliness and social isolation are not the same. A person can be socially isolated but not feel lonely, whereas an individual with a seemingly large social network can still experience loneliness. Individuals may be lonely in a crowd or socially contented while alone.

How often do older adults have contact with family, friends, or neighbours?



Social engagement

Involvement in meaningful activities with others and maintaining close, fulfilling relationships.





The potential impact of loneliness and social isolation

Can affect physical health

- Early mortality
- Stroke
- Elevated blood pressure
- Malnutrition

Can affect mental health

- Depression
- Risk of suicide
- Substance misuse

Can cause functional decline

- Physical and/or cognitive deterioration



Risk factors for social isolation



Psychological
Personality or
mental health
issues



Living alone
Widowhood,
divorce or never
married



Health status
Health problems,
physical challenges
or disability



**Sensory
Impairment**
Chronic or
recent changes



No children

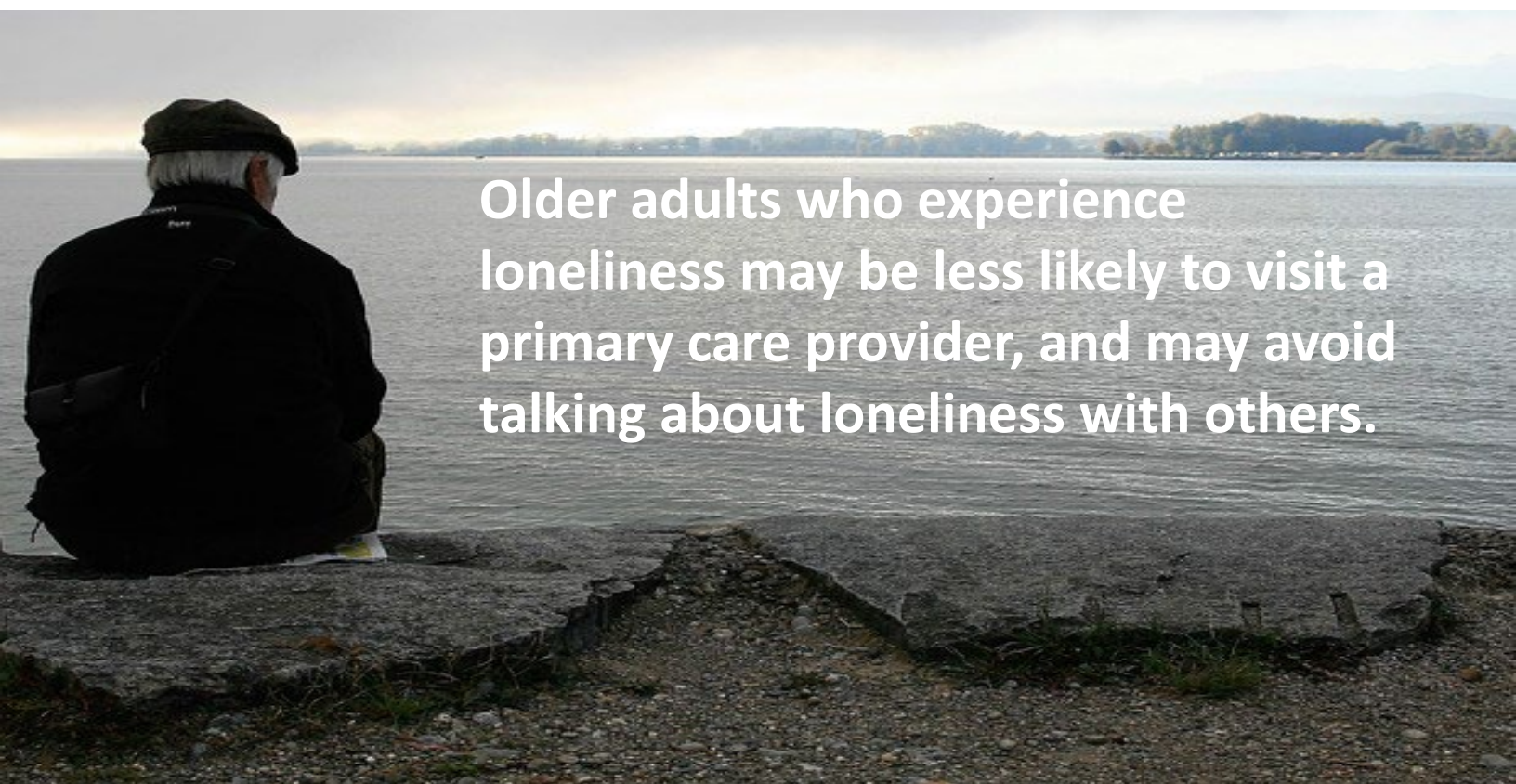


Major life events
Loss and
bereavement,
change in living
arrangements

**Social isolation has a similar impact on mortality as smoking and alcohol misuse.
It exceeds the risk associated with obesity and inactivity.**



Assessing loneliness



Older adults who experience loneliness may be less likely to visit a primary care provider, and may avoid talking about loneliness with others.

Here are questions you can ask to explore loneliness. The Three-Item Loneliness Scale is a simple, validated assessment for loneliness. It can be used by any care provider.

The Three-Item Loneliness Scale

These questions are about how you feel about different aspects of your life. For each question, answer how often you feel that way.

	Hardly Ever	Some of the Time	Often
How often do you feel that you lack companionship?	1	2	3
How often do you feel left out?	1	2	3
How often do you feel isolated from others?	1	2	3

The Score: the sum of all items.

Score range: 3-9. 3-5 is considered “not lonely” and 6-9 is considered “lonely”

Adapted from: “A Short Scale for Measuring Loneliness in Large Surveys: Results from Two Population-Based Studies” by Hughes ME, Waite LJ, Hawkey LC, Cacioppo JT, 2004. Research on Aging.26(6):655-72



PSW Pocket Guide – Social Engagement

Social engagement is when a person is involved in meaningful activities with others and maintaining close, fulfilling relationships. **Social engagement can lessen loneliness. Loneliness can lead to depression; both are serious health issues which are not a normal part of aging.**

Watch for:

- Signs of loneliness, such as statements suggesting that your client wants more company, feels left out or feels isolated from life. Being alone is not the same thing as being lonely; some older adults prefer very little social contact, while it may cause loneliness for others.
- Signs of depression, such as:
 - expressions of being helpless, hopeless, or a burden to others, such as “No one cares about me”, “I don’t want to try anymore” or “What’s the point...I’ll never get better.”
 - changes in mood and/or behaviour, seems sad, worried, or nervous / on edge, or stops doing their normal activities.

What to do:

- Each visit is an opportunity for social engagement! Social engagement does not mean that there has to be a lot of talking and activity; people need to feel like they matter, and sometimes it’s the little things that you do that can help them feel this way, such as:
 - Allow your client as much control as possible with the visit (such as what to talk about, where to sit, etc.).
 - Just being present with them. For example, sitting for a moment and watching the birds with a person who enjoys that activity can make a big difference in their day.
 - Try asking open-ended questions like “How are you today?” and make sure to listen to and acknowledge what they say or how they are feeling. When a person gives you a one-word answer like “fine”, try asking them to tell you more, such as “what are you looking forward to the most today?”
- Suggest to your client or their family caregiver that they might want to call 211 (free, 24/7) to explore what kinds of community services and programs are available to them such as transportation or meal services, volunteer visitors, or social activities.
- Report to your supervisor if your client appears to be lonely or depressed.



Eating And Drinking LEARNING PACKAGE





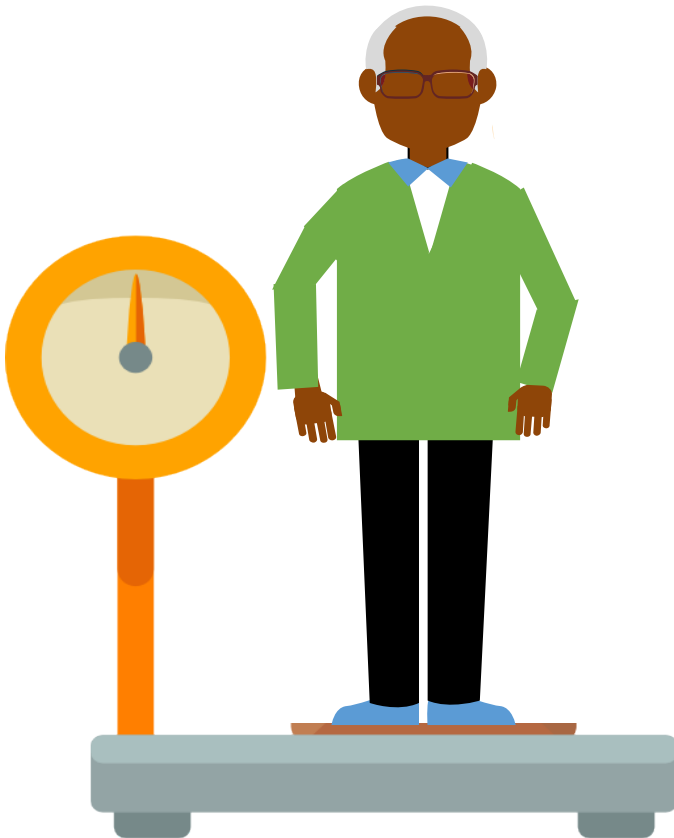
Nutrition risk in older adults

Good nutrition is an important aspect of a healthy lifestyle. If an older adult's diet is insufficient in vitamins or minerals, macronutrients, or energy to meet their body's requirements they may be at **nutrition risk**.

Malnutrition is defined as a state resulting from lack of intake or uptake of nutrition that leads to altered body composition and function.

Any imbalance between the nutrients that older adults need and those that they receive can result in **two kinds of malnutrition**:

1. **Overnutrition** comes from consuming too many calories or too much of any nutrient—protein, fat, carbohydrate, vitamin, mineral, or dietary supplement.
2. **Undernutrition** results from not consuming enough calories, protein, or nutrients.



- Nutrition risk increases at older ages
- About **34%** of community-dwelling Canadian older adults aged 65 and over are at nutrition risk.
- Malnutrition prevalence rates range from **12%** to **85%** in institutionalized older adults.

Malnutrition is preventable and treatable



GOOD NUTRITION IS GOOD MEDICINE

Memory / Mood

- Improves sleep
- Improves mood
- Decreases risk of confusion

Immunity

- Decreases risk of infections
- Helps prevent or manage:
 - osteoporosis
 - diabetes
 - heart disease
 - some cancers
- Improves ability to heal from illness or injury
- Improves drug metabolism
- Supports wound healing

Heart

- Supports blood pressure and circulation



Gastrointestinal

- Supports gut health and digestion
- Supports blood sugar

Muscles / Bones

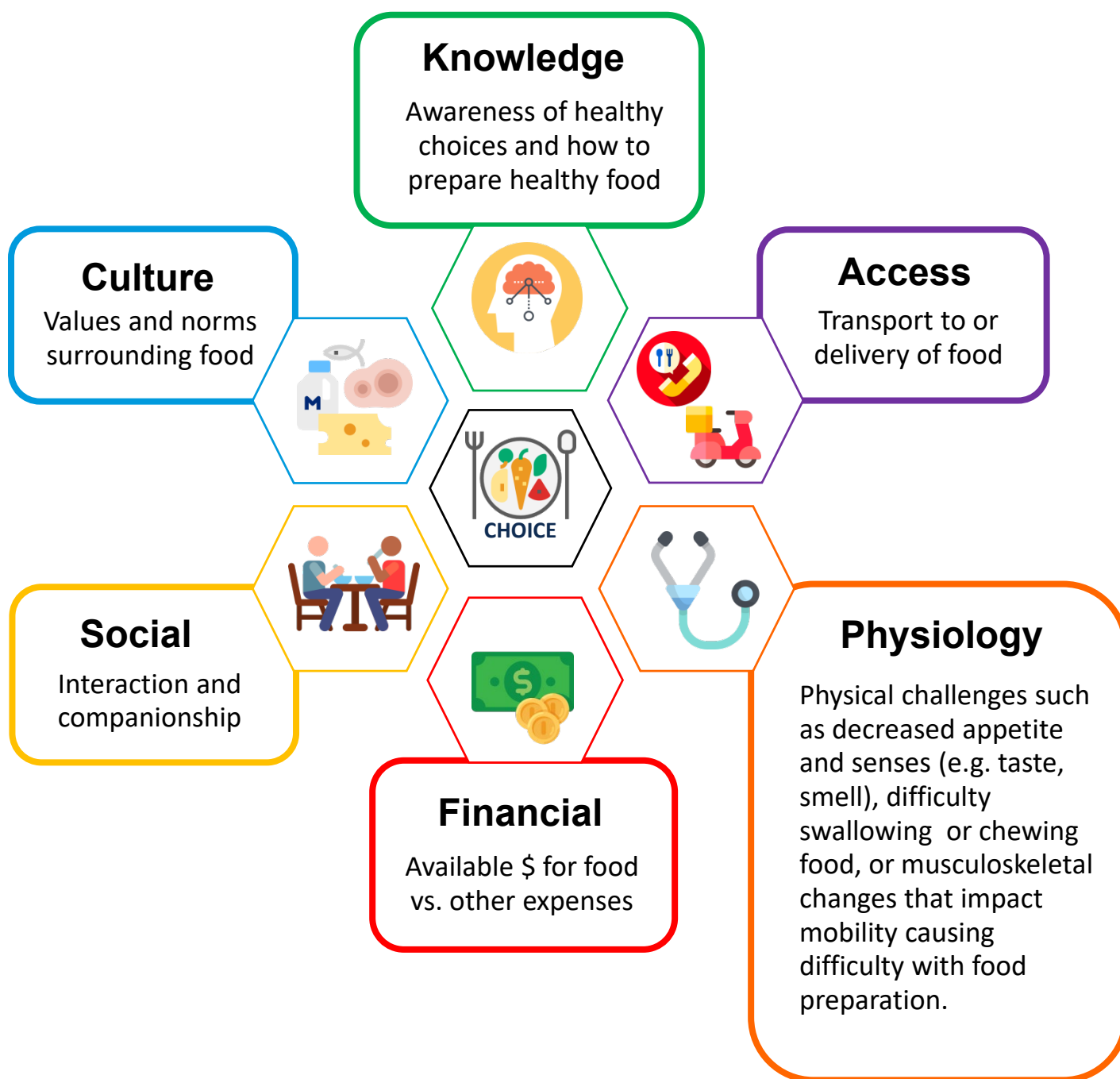
- Improves strength
- Strengthens bones
- Supports weight management

Adapted from: White Paper: “Opportunities to Improve Nutrition for Older Adults and Reduce Risk of Poor Health Outcomes” by Tilly, J. 2017. The National Resource Center on Nutrition & Aging

Many factors influence nutrition in older adults

Health conditions, social determinants, psychosocial factors, and food choices influence nutritional status in older adults.

Considerations for an older adult's food choices may include:





PSW Pocket Guide – Eating and Drinking

Many older adults do not drink enough fluids.

Eating well and drinking enough helps older adults feel their best and helps to prevent or manage diseases.

Watch for:

- Coughing while eating or drinking, or difficulty chewing or swallowing. These could be signs of health issues.
- Potential signs of dehydration or poor nutrition, such as:
 - dry mouth
 - dark urine
 - Constipation
 - feeling tired
 - rapid weight loss or gain

What to do:

- Encourage your client to drink enough fluids by saying something like:
“Drinking enough fluids (usually 6-8 cups), every day can help you feel your best.”
- Encourage healthy beverages and whole foods instead of processed ones, which are often high in chemicals, sugars, salts, and unhealthy fats. For example water instead of a soft drink; or a baked potato instead of French fries.
- Learn more about your client’s eating preferences by asking questions such as:
 - “Do you have a favourite meal of the day / why is it your favourite?”
 - “What are some of your favourite foods?”
 - “Do you prefer to eat at certain times of the day, or does it change based on when you feel hungry?”
- Eat together or sit with your client during mealtimes if appropriate.
- Report to your supervisor if you notice difficulty with eating or drinking or signs of dehydration or poor nutrition.



Pain LEARNING PACKAGE





Prevalence and impact of pain in older adults

Pain is a common experience for older adults and it is often under-reported. Chronic pain is associated with a lower quality of life compared with other chronic conditions, and is one of the most frequent causes of visits to the emergency department (ED) and hospital admissions.

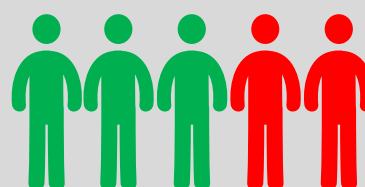
The prevalence of pain increases with age

1 in 5 **Canadians**
experience chronic pain



Up to 20%

2 in 5 **older Canadians**
experience chronic pain



Up to 40%

The following can be improved if pain is identified and appropriately managed:



Quality of Sleep

Improvement in pain can promote a more restful and uninterrupted sleep.



Mobility

Well-controlled pain increases older adults' ability to participate in physical activities.



Mood

Reducing pain can have a positive impact on the happiness and self-perceived health of older adults.



Social engagement

Older adults may be more willing to participate in social activities.



Quality of life

Older adults may experience a better quality of life if their pain is adequately assessed and controlled.



Types of pain

Acute Pain	An unpleasant sensory and emotional experience associated with tissue damage or recognizable disease process.
Chronic Pain	Prolonged pain lasting at least 3 months beyond the time of acute tissue damage or recognizable disease process.
Allodynia	Sensation of pain in response to a stimulus that does not normally produce pain (e.g. sheets touching feet may cause pain).
Breakthrough Pain	Pain that continues despite treatment or emerges before the next treatment is implemented.
Neuropathic Pain	Acute or chronic pain that is primarily caused by dysfunction in the nervous system.
Nociceptive Pain	Acute or chronic pain caused by injury to joints, bones, connective tissue, muscles, or internal organs.
Referred Pain	Acute or chronic pain that is felt at a location other than the site of injury.
Refractory Pain	Pain that is resistant to usual treatment approaches.

Adapted from : “Pain-Assessment Terminology”, by The University of Iowa © 2018 www.geriatricpain.org and the “Acute Pain Service Handbook”, by Kashin, B., Riaz, S., and Sawhney, M., 2010 https://www.icm-mhi.org/sites/default/files/docs/sapo/aps_handbook_english.pdf

Asking about pain

The following 7 questions can help to engage older adults in conversations about the presence of pain:

1. Are you feeling any aching/soreness/or pain now?
2. Do you hurt anywhere?
3. Are you having any discomfort?
4. Have you taken any medications for pain? (including acetaminophen or other over-the-counter products)?
5. Are you having any aching or soreness that keeps you up at night?
6. Have you had any trouble with any of your usual day-to-day activities?
7. How intense is your pain?

Note: Further assessment might be needed according to the intensity and disability caused by pain.

Adapted from: “Assessment and Management of Pain (3rd ed.)”, Registered Nurses’ Association of Ontario (2013). Toronto, ON



PSW Pocket Guide - Pain

The experience of pain is unique to the person who is experiencing it.

The way your client feels pain, how they express that they are in pain, and what they do to manage their pain will be unique to them. Pain can affect quality of sleep, physical activity, mood, social engagement and overall quality of life.

Watch for:

Signs that your client may be experiencing pain:

- Facial expressions, like grimacing (which usually includes eyes squeezed closed or almost closed and teeth clenched)
- Body postures, like rubbing parts of the body or protectively holding parts of the body
- Verbal expressions like:
 - groaning
 - crying out
 - or being unusually quiet

What to do:

- Ask your client:
 - “Are you having pain?”
 - “Is your pain new or one that you have been living with for some time?”
 - “Is your pain mild, moderate, or severe?”
- Ask your client what makes their pain better or worse, and how you can help them.
- Ways that you might be able to help:
 - Encouraging physical activity as long as it doesn’t make their pain worse
 - Trying to re-direct your client’s focus away from the pain, such as suggesting an activity or having a conversation
 - Helping them get into a comfortable position, using pillows to support them as needed
- If the pain is new, or if the pain is moderate or severe, report it to your supervisor.



Continence LEARNING PACKAGE



Prevalence and outcomes of urinary incontinence



Urinary incontinence is defined as **involuntary loss of bladder control causing the release of urine.**

Urinary incontinence is under-reported. Older adults may not want to discuss the issue, and healthcare providers may not ask.

Men and women of all ages



Urinary incontinence can occur in adults of all ages. Approximately **5% of men and 7% of women** experience daily urinary incontinence.

>84 years of age



The prevalence of urinary incontinence increases with age. After age 84, approximately **15% of men and 24% of women** are reported to have urinary incontinence.

Older adults in institutions



The prevalence of urinary incontinence for older adults in institutions (such as long term-care homes or hospitals) is approximately **37% for both men and women.**

Urinary incontinence can have a significant impact on quality of life including:

Depression

Falls

Loss of Sexual Intimacy

Social Isolation

Pressure Sores

Financial Burden



Assessing urinary incontinence

Assessing for urinary incontinence can be challenging due to:

- Embarrassment, stigma or the misconception that urinary incontinence is a normal part of aging. This may prevent older adults from recognizing or discussing their symptoms.
- Misunderstanding of what urinary incontinence is due to different definitions and terminology used.
- **The following questions may be helpful to initiate a conversation about urinary incontinence in a non-judgmental way:**



- Does your bladder cause you concern or embarrassment?
- Do you leak urine before getting to the toilet? How often does this happen? Has this happened today?
- Are you rushing to the toilet or looking for a toilet frequently?

Adapted from: "Identifying Continence Issues" health.vic State Government of Victoria, Australia, 2017. <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/continence> © Copyright State of Victoria 2018.



Urinary incontinence is not a normal part of aging!

It is often a symptom of an underlying health problem.

It can be treated or managed.



Information for older adults and caregivers

Understand your urinary patterns and symptoms



Consider using the following tools to better understand your urinary patterns and symptoms:

- [The Continence Symptom checklist](#) (*The Canadian Continence Foundation*) is a quick questionnaire that will help you to identify the symptoms that you may be experiencing.
- [The Bladder Diary](#) (*The Canadian Continence Foundation*) helps you document your daily bladder routine over a few days.

These two tools provide valuable information for your care provider to help assess and manage your symptoms.

Speak to a healthcare provider



- While you may be embarrassed to discuss your urinary symptoms, your primary healthcare provider can help you manage this health condition by determining the cause of your symptoms and creating a care plan.

Maintain healthy bladder habits



Consider the following healthy bladder habits:

- Drink at least 6-8 cups of non-caffeinated fluids per day because concentrated urine can be more irritating to the bladder
- Reduce caffeine intake including: coffee, tea, or cola.
- Avoid or limit alcohol.
- Eat more fiber to avoid constipation.
- Avoid pushing when urinating.
- Empty your bladder completely every 3-4 hours during the day and before going to sleep whether you feel the urge to go or not.
- Maintain a healthy weight.
- Stay physically active.
- Avoid smoking.

Learn more about urinary incontinence



- You can learn a lot about continence and how to manage it in this comprehensive guide: [The Source – Your guide to better bladder control](#) (*Canadian Continence Foundation, 2018*).
- You may find it useful to download this app on your phone [Go Here Washroom Locator](#) which offers assistance with finding public washrooms across Canada.



PSW Pocket Guide - Incontinence

Urinary incontinence is when a person loses control of their bladder, causing them to pass urine when they don't want to. **Urinary incontinence is common in older adults, but it is not a normal part of aging!** There are many treatment options available, but drinking less is not one of them!

Watch for:

Signs of urinary incontinence such as:

- Rushing to the bathroom and not making it
- Peeing when laughing, coughing or sneezing
- Clothing, bedding or furniture that are wet or smell like urine

What to do:

Start a respectful, helpful conversation such as:

- “I know that passing urine accidentally can be embarrassing, and most people don't want to talk about it, but I noticed that your clothes (bedding, furniture, etc.) are wet, and having urine next to your skin can cause your skin to break down. I would like to help you to stay comfortable, clean, and dry.”
- “Did you know there are simple things you can do to help keep your bladder healthy, like:
 - drinking enough fluid (usually 6-8 cups every day), because if you are dehydrated it can irritate the bladder”
 - avoiding or drinking less coffee, tea, cola, or alcohol”
 - preventing constipation (hard, dry bowel movements) because it can cause pressure on the bladder. Eating more fiber and drinking enough fluid every day can help.”
 - emptying your bladder completely every 3-4 hours during the day and before going to sleep whether you feel the urge to go or not.”



Medications LEARNING PACKAGE



Understanding polypharmacy

How many is too many?

Polypharmacy or multiple medications may be clinically appropriate, but it is **important to identify when the medications used by older adults may be inappropriate and may place the person at increased risk** of adverse events and poor health outcomes.

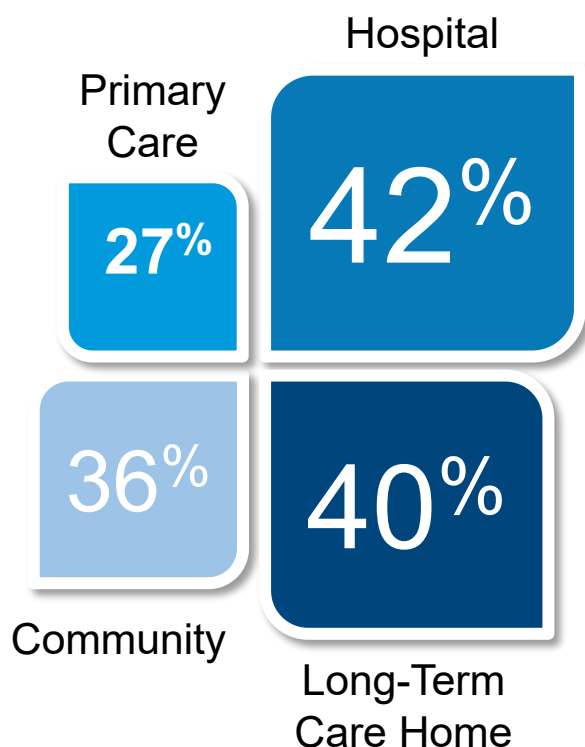
- >5 medications
- >12 doses a day
- or medications prescribed by multiple healthcare providers



Increased risk
of adverse
events

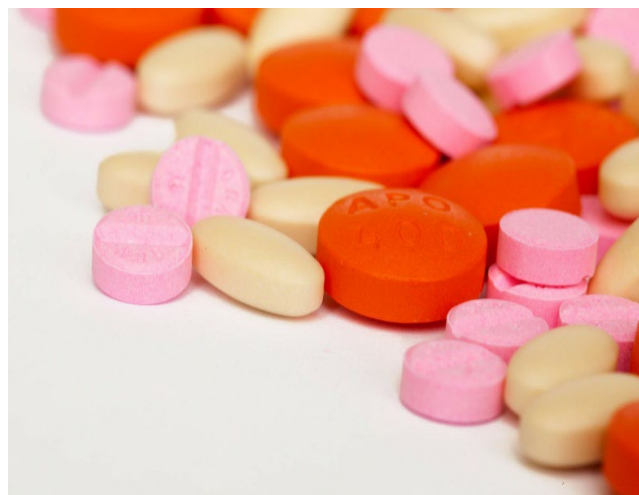


Polypharmacy prevalence



How many medications are older adults taking?

66% take 5+
27% take 10+



45%

of community-dwelling patients have 1+ medication discrepancies requiring the attention of a physician.

51%

of home care clients have medication discrepancies following discharge from hospital.

Risk factors for adverse drug reactions in older adults

	Recent change in medications	Recent changes in medication leading to a functional decline (e.g. low blood pressure, falls because of the medication change).
	Polypharmacy	Taking more than 5 medications, and/or more than 12 doses a day increases the risk of adverse events and poor health outcomes.
	Age-related changes	<p>Older adults experience physical changes that affect the way the body processes medications, such as a decrease in kidney and liver function, a decrease in total body water, and a higher proportion of body fat, leading to altered medication effects.</p> <p>Visual impairment can make it hard for older adults to read medication labels.</p>
	Ethnicity, gender	Certain drugs or combinations of drugs may cause adverse drug reactions depending on a person's ethnicity or gender.
	Health conditions	<p>Older people are more likely to have multiple chronic conditions, requiring more medications to treat them.</p> <p>Asthma, COPD, stroke, hip fracture, kidney failure, incontinence, and cognitive impairment are associated with increased adverse events. Frailty or damage to the heart, lung or kidney caused by disease or conditions such as diabetes can also increase the risk of adverse events.</p> <p>An acute change in health (e.g. acute illness, dehydration) can result in intolerance of existing medication.</p>
	Social habits	<p>Alcohol can add to the sedative effects of medications that cause sedation.</p> <p>Alcohol and smoking can affect the way the body processes medications.</p>

Adapted from: "Adverse drug reactions in special populations - the elderly" by Davies, EA. and O'Mahony, MS. British Journal of Clinical Pharmacology. 2015;80(4):796-807.



PSW Pocket Guide - Medications

It is very common for older adults to be taking five or more medications, and many take more than 10! Taking many medications can be challenging; it may be difficult for your client to remember when to take them, they may not want to take them, they may have difficulty opening medication packaging, and they may have side effects.

Watch for:

- Difficulty taking medication, such as having a hard time opening packaging, or remembering to take them.
- Signs that your client does not want to take their medications such as hiding or discarding medication.
- Pills on the floor – this may be a sign of either difficulty taking medication or not wanting to take medication.
- Possible side effects; while you may not know what medications your client is taking or the potential side effects, watch for any changes in behaviour, for example: nausea, vomiting, dizzy, tired.

What to do:

- If you see pills on the floor, start a respectful and helpful conversation with your client, such as “I noticed pills on the floor. Do you know how these got there?”
- If your client appears to need help managing their medications, suggest that they speak to their primary care provider or pharmacist. Offer to get the pharmacist on the phone for them, if appropriate.
- Report to your supervisor if your client appears to be having difficulty managing their medications.



PSW Pocket Guide – Quick Reference Checklist

As a care provider for older adults in their home, you are in the unique position of getting to know your clients very well. It is this valuable insight that can help you notice when something doesn't seem right.

Your insight can help you identify when things don't seem right!

- **Delirium** – your client is experiencing a new, sudden change in their ability to think, remember, and understand what is going on around them which may come and go.
- **Physical Activity** – your client isn't moving very much or you see things that could be getting in the way of them moving to the best of their ability.
- **Urinary incontinence** – your client's clothing, bedding or furniture are wet or smell like urine.
- **Eating and drinking** – your client is experiencing difficulty with eating or drinking or showing signs of dehydration or poor nutrition.
- **Pain** – your client is experiencing pain that is new, or chronic pain which is moderate or severe.
- **Medications** – your client appears to be having difficulty managing their medications.
- **Social engagement** – your client seems lonely or depressed.

If you notice something that doesn't seem right with your client, let your supervisor know! This action could have a huge impact on an older adult's quality of life. Let them know that this guide has helped you identify signs that point to a specific issue. For example "My client's behavior is different today – sometimes they are fine and at other times they are saying things that don't make sense. The sfCare guide says these could be signs of delirium and that I should report it to you".



Case Studies

Case Study 1 - Delirium

Mr. B is an 84 year-old man who has just returned from the hospital and is recovering from pneumonia. You speak to Mr. B and find him disoriented. He says, “I want to leave this jail!” You learn from his daughter that Mr. B was fine this morning but refused to eat his lunch. His gaze wanders without focus. As you offer him a glass of water, he drinks one sip and looks away. He is restless and wanting to get up and pace the hallways of his home.

What did you notice? How do you respond?

Answer Key:

- Notice:
 - lack of concentration
 - getting distracted easily
 - saying things that don’t make sense
 - may be signs of delirium – especially since Mr. B just came home from hospital. A stressful event like hospitalization can sometimes bring on delirium
- Response:
 - contact your supervisor as soon as possible
 - avoid correcting any statements that don’t make sense
 - use calm and reassuring words
 - ask the daughter what his normal routine is in the afternoon and follow that as closely as possible



Case Studies

Case Study 2 – Incontinence, Social engagement

Mrs. S is an 82 year old female, widowed, living alone. When you enter her apartment you immediately experience the smell of urine. You ask her for the goals of her visit and she says she would like you to help with some meal preparation. As you chop vegetables you inquire whether she participates in the seniors' events in her building. She says she does not feel like participating in social activities like she used to.

What did you notice? How do you respond?

Answer Key:

- Notice:
 - the smell of urine may mean that Mrs. S is living with incontinence. It may also be the reason that she is not as socially engaged as she used to be.
- Response:
 - watch to see if Mrs. S is rushing to the bathroom
 - look to see if her clothes or furniture are wet
 - take time to get to know Mrs. S. Try asking open-ended questions like “How are you today?” and make sure to listen to and acknowledge what she says or how she is feeling
 - start a respectful conversation about incontinence, such as “I know that passing urine accidentally can be embarrassing, and most people don’t want to talk about it, but I noticed that your clothes (bedding, furniture, etc.) are wet, and having urine next to your skin can cause your skin to break down. I would like to help you to stay comfortable, clean, and dry.”
 - offer Mrs. S a glass of water to support hydration (which is good for bladder health)



Case Studies

Case Study 3 – Pain

Mrs. M is 88 years old and has recently received a diagnosis of dementia. Her family says she is usually very active, pleasant, and cheerful. When you go to visit her you can see that she is frowning and using stiff body positions when she moves. As you do some light housekeeping for her you see a handful of pills has been discarded in the garbage.

What did you notice? How do you respond?

Answer Key:

- Notice:
 - frowning and stiff body movements may indicate that Mrs. M is experiencing pain
 - it is possible that the medication you saw in the garbage was her pain medication
- Response:
 - ask “Are you having pain?” and “I noticed some pills in the garbage. Do you know how these got here?”
 - try to redirect Mrs. M’s attention away from her pain by asking about her hobbies or listening to her favourite music
 - report to your supervisor if you think Mrs. M may be having difficulty managing her medication



Quiz

Multiple Choice

- 1 Delirium is (select the best answer):
- a) A sudden disturbance in mental abilities that results in confused thinking
 - b) More common than you might think
 - c) Often misdiagnosed by health professionals
 - d) All of the above

- 2 You can prevent delirium by (select the best answer):
- a) Eating, staying hydrated, moving, and sleeping well
 - b) Scheduling toileting every hour
 - c) Deep breathing exercises
 - d) Taking multivitamins when you come home from hospital

- 3 The following factors can influence an older adult's food choices (select all that apply):
- a) Culture
 - b) Transportation
 - c) Affordability
 - d) Language
 - e) All of the above
 - f) a,b,c

- 4 What is the best way to redirect someone's attention away from their pain? (select the best answer):
- a) Listening to music
 - b) Watching movies
 - c) Spending time with animals
 - d) All of the above

- 5 The definition of loneliness is (select the best answer):
- a) A feeling that results from not having the amount of social connections that you desire
 - b) A feeling that results from a lack of social connections
 - c) A feeling that is the consequence of social isolation
 - d) All of the above

True or False?

- 6 Small amounts of activity make no difference for older adults living with frailty
- True / False

- 7 It's OK for an older adult to remain sedentary the entire time
- True / False

- 8 Immobility can impact an older adult's mental health
- True / False

- 9 Older adults who experience incontinence should drink lots of water to stay hydrated
- True / False

- 10 Urinary incontinence is a normal part of aging
- True / False



Quiz Answer Key

Multiple Choice



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