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## PSNO Launches Designation Program for PSWs

PSWs have long wanted more recognition for the unique role they play in supporting clients and residents. In the absence of formal recognition and regulation for PSWs, PSNO has introduced a certification program for PSWs, which defines minimum standards and competencies for PSW graduates. PSWs who attain their PSNO Certification will be granted use of the title PSWp (Personal Support Worker Professional).

**The PSNO PSWp credentialing program is an important opportunity for PSWs who have received formal training to demonstrate a high level of competency and the benefit of having their skills formally assessed.**

The purpose of the PSWp Certification Program is to identify PSWs who:

- ✓ Have a greater depth of knowledge of PSW competencies;
- ✓ Are able to incorporate this knowledge into their practice; and
- ✓ Whose skills and values are ongoing requirements of

commitment to professionalism

Some frequently asked questions of PSWp Designation:

**Where can I learn more about PSWp designation?** For the latest news and updates on PSWp designation, please visit our website [www.pсно.ca/designation.html](http://www.pсно.ca/designation.html) or you can call Sarah Blakely at 1-800-267-6272 ext. 244

**Do I need to become a PSWp to work as a PSW?** PSNO's PSWp designation is a voluntary designation progress for active PSWs looking for an independent review of their skills and a commitment to professional development.

**Is this part of the PSW Registry?** No. This is not part of the PSW Registry, the PSWp is a separate initiative.

**Do I have to have a PSW Certificate?** Yes. Part of the application process will require that you have a PSW Certificate from an authorized school in Ontario which offers the PSW program.

**Will achieving my PSWp help me get paid**

**more?** There is no mandate in pay scale associated with designation as a PSWp. Employers set wages for their staff.

**If I achieve my PSWp will PSNO give my information to others?**

Those who are successful in receiving their PSWp will be asked if they wish to have their name and city publicized on the PSNO website, as a PSWp. It is up to you whether or not you would like that information public. PSWps can request to have their names removed at any time. All other information is subject to PSNO's privacy policy.

**Do I have to come to Toronto to get my PSWp designation?**

PSNO is hosting its first open registration for PSWp designation in Toronto, however, PSNO's certification team will be traveling across the province for certification testing once they receive enough requests in a given area.



# PSW Registry Update

The following is a summary of the key issues discussed at the PSW Registry Steering Committee that was held on April 17, 2012.

- 1) On April 11, 2012 Minister Deb Matthews issued a letter to stakeholders regarding the PSW Registry. It included the following information:
  - All publicly funded health care employers will have to hire PSWs from the Registry
  - As of June 1, 2012, employers will have access to the Registry to ensure that their PSW employees are registered
  - Clients and family caregivers will be granted access to the Registry by August 31, 2012, for

the purpose of verifying a PSW's training and experience

- The Registry is expected to provide linkages between PSWs and caregivers
- In an effort to maintain public safety, the Registry will establish a process for reviewing, suspending or terminating PSW registration
- The letter reiterates that the Registry must address how complaints will be handled.

In response to the Minister's letter, the Steering Committee raised concerns around the required process for reviewing, suspending or terminating the registration of a PSW. The Committee felt that while public safety must be paramount, they cautioned that any process put

in place would impact the livelihood of individual PSWs and this must also be held in the balance. Some felt that finalizing such a process will likely happen in subsequent phases and not in the current initial developmental phase.

2) A vendor has been selected to build the technical

database of the Registry and this work has already begun. They are currently considering what needs to be added to cover the statements in the Minister's letter.

3) PSW roundtables were held in Sudbury, Ottawa, Windsor, Thunder Bay and Toronto. In total, over 60 PSWs from various sectors participated, and also included PSW Supervisors and non-PSW union representatives. These roundtables provided the PSW Registry Team with better knowledge on how to engage PSWs, and gave them a chance to connect with front-line PSWs to raise awareness of the program.

4) Two employer webinars were held on March 30, 2012. These webinars were a great opportunity for the PSW Registry to connect with employers about the progress to date and employers were asked to help let their staff know about the PSW Registry and encourage them to register beginning June 1st.

PSNO has recently communicated with the Ministry of Health offering recommendations on how to implement the Minister's guiding principles. A copy of this letter and the letter from the Minister can be found in the members only section of the website.

For more information on the PSW Registry, please contact Michelle Brown at 1-800-267-6272 ext 221 or visit their website at [www.pswregistry.org](http://www.pswregistry.org)

To find out more about how PSNO is supporting your interests in the development of the PSW Registry, please contact Lori Holloway at 1-800-267-6272 ext. 242



Register today  
[www.pswregistry.org](http://www.pswregistry.org)

# PSNO's 6th Annual Conference: Theme Announced!

This year mark's PSNO's 6th Annual PSW & PSW Supervisor Conference. Our Conference Committee has been working hard to develop our best conference yet!

This year's conference theme is: **Ontario's Got Talent: Shining a Spotlight on PSWs!**

With the help of our Conference Committee, we are busy at work,

putting together a program that will meet the needs of our PSW & PSW Supervisor delegates.

Once again, this year's conference will be held at the Hilton Suites Hotel in Markham, Ontario and will be held on October 15, 2012.

Registration is now open! Visit our website [www.psno.ca](http://www.psno.ca) to download an individual or group registration form to ensure your spot!

This year's highlights will include the presentation of the 5th Annual PSW of the Year Award as well as the PSW Professional Development Scholarship.

For more information on these awards, please visit our website [www.psno.ca](http://www.psno.ca)



## Now Accepting Nominations for PSW of the Year

The PSNO is now accepting nominations for our annual PSW of the Year Award. The deadline for nominations is Friday September 7, 2012 and finalists will be selected by October 5, 2012. The winner will be announced at the 6th annual PSW & PSW Supervisor Conference on Monday October 15, 2012.

This year's nomination requirements include:

- Nominees must work in the province of Ontario
- Nominees cannot nominate themselves
- Nominees must provide consent to being nominated

Nomination criteria is based on:

- Professional Knowledge
- Patient Care
- Advocacy
- Team Support
- Going Beyond the Call of Duty
- Work History

To nominate a PSW, please visit [www.psno.ca](http://www.psno.ca) to download the nomination form, or call Sarah at 1-800-256-6272 ext. 244 to have one sent to you by mail, fax or email.

This year will be our 5th year presenting the PSW of the Year Award. We are so thrilled that this project has become such a success! What started out as a opportunity to recognize the hard

work and dedication of everyday PSWs working in the field, continues to grow.

Each year we to receive nominations of more wonderful PSWs and are never at a loss to find deserving PSWs to honour. Thank you to everyone who has supported this project over the years.





# PSW Day at Queen's Park: May 16, 2012

PSNO had the pleasure of attending the 3rd Annual PSW Day at Queen's Park. This year's events were held on May 16th and included a luncheon hosted by SEIU and a full schedule of meetings with MPPs from across the province.

PSNO representatives, including 2 of our Ambassadors, Derrick Harrison and Maureen Hylton met with 10 MPPs and government officials over the course of the day and had informal conversations with many more, including Premier McGuinty.

PSNO was able to produce background information on the work that PSWs do, the value of your work and the challenges you face, as well as key initiatives PSNO is working on and further recommendations.

Our key messages included:

- PSWs contribution to Ontario health care system
- The fact that our health care system relies so heavily on PSWs, often leaving them overloaded and stretched beyond their professional capacity.

- A request that PSWs receive resources to provide PSWs with a professional organization whose mandate is to represent the interest of all PSWs in Ontario
- Establishing equivalency standards and testing for PSWs trained outside of Ontario
- Establishing a PSW Policy and Program Development Council
- Developing and implementing a recruitment and retention marketing campaign for PSWs
- That the efficient and effective delivery of health care can't be achieved without support for PSWs
- PSWs should be included in developing common training and practice standards
- The Ministry of Health and Long Term Care has an important role to play in proactively ensuring sufficient numbers of personal support workers across the province.



**Derrick Harrison & Chris Holcroft, representing PSNO with the Speaker of the House**

We'd like to thank Derrick and Maureen for their participation and bringing their voices and experiences. We'd also like to thank all the MPPs and government officials who took the time to meet with us to discuss these very important issues.

Questions? Contact Sarah at 1-800-267-6272 ext. 244

## Latest Benefit Available for PSNO Members: CAA

PSNO is pleased to be partnered with CAA to offer corporate discounted rates. Savings are offered as a one-time, multi-year discount for new members of CAA's Corporate Membership.

CAA offers 24/7 CAA roadside assistance and covers you, not your car. Membership with CAA also provides you with other benefits, including no

charge automotive and technical advice, special rates for traffic law defense, free maps, no fee travellers cheques and member-exclusive pricing on travel accessories, discounted attraction tickets and much more. Members of CAA also receive savings at over 160,000 retail locations and services worldwide, just by showing your CAA membership card.

For more information, download the brochure from the member's only section of [psno.ca](http://psno.ca) or call our Corporate Account Executive,

Andrew Ezechiels at 416-998-0480 or 1-800-341-2226.

And while you're on our website, be sure to check out our other great benefits including:

- Marsh Insurance PSW Liability Insurance
- Home/Auto/Travel Insurance through Johnson Insurance
- The Edge Disability Insurance
- Perkopolis, which offers discounts on events, shows, products and services



# Voices from the Frontline: Mark Twyman, Seniors' Dreams

**Mark Twyman** is a PSW in Peterborough and also runs his own not-for-profit organization, called Seniors' Dreams.

## **How long have you been working as a PSW?**

I have been working as a PSW for 6 and a half years.

## **Why did you want to become a PSW?**

I had a hard time finding services for my mother and when my parents passed away 7 years ago, I felt like there was a need. I found a job ad in the paper for a Health Care Aide and I applied.

## **Can you tell us a little bit about Seniors' Dreams?**

Seniors' Dreams is a not-for-profit organization to empower seniors to have a dream. We fulfill those dreams for seniors who may not have family or other help. It can be anything from a haircut, teeth, hearing aids, lunch at the lake, etc. We are similar to the Children's Wish Foundation, but we are giving wishes to seniors and in many cases we are giving them necessities.

## **How did Seniors' Dreams come to be?**

Seniors' Dreams started in 2010. After my parents passed away, I wanted more from what I saw and wanted to give something back to the community. Before I knew it, I was registering as a not-for-profit and it kept growing!

## **Seniors' Dreams recently won an award, can you tell me more about that?**

We won the Epic Ventures Award. EPIC Ventures is a program that recognizes the Peterborough region's small business community's contribution to economic growth, quality of life and creative business opportunities.

## **How has it been working as a PSW and balancing your work at Seniors' Dreams?**

It is tough. I work days; 6:30—2:00 and then work at Seniors' Dreams for 3 hours after work. I also work here on my days off. I find it very hard to balance both. We received help from Ontario Job Creation, which has supplied us with someone to help us with our paper work.

## **Do you have any advice for any PSWs who would like to start a not-for-profit program of their own?**

It's been fun, but it's been hard. The Ontario Job Creation program has been a huge help with the office work. We'll be a charitable organization by the end of the year. Not-for-profit is very hard to get any kind of funding, but I would say just to follow your heart and do what you need to do. It may cost you money—I worked part time and funded Seniors' Dreams on my own and now have the help of sponsors and fundraisers.

## **How do you deal with the stress of working as a PSW and running your own organization?**

When I fulfill a dream it makes everything better. Our last dream was for a gentleman who is a singer—he sings in nursing homes. He loves putting smiles on other seniors' faces and wanted a better smile for himself.



**Mark Twyman, PSW & founder of Seniors' Dreams in Peterborough, Ontario**

So, we helped him get new teeth. He could never have afforded it otherwise, but we were able to do it with the help of sponsors and fundraising.

## **Do you have any upcoming fundraisers to tell us about?**

We will be holding a fundraiser— Silent Auction, BBQ and much more on September 14-15, 2012. This will be held in the Peterborough Free Methodist Church. Our goal this year is to purchase a wheelchair van to transport our seniors to appointments and to potentially play a part in fulfilling another dream.

**Thank you Mark for sharing your inspirational story with us.**

If you think you have an interesting story like Mark's that you would like to share with others, please contact Sarah Blakely at [membership@psno.ca](mailto:membership@psno.ca) or call at 1-800-267-6272 ext. 244

# BP Blogger

## Myth Busting: The Delirium Issue

### Myth 1: It's just a bit of confusion

Health care professionals often describe an older person with delirium as "confused" but fail to tell the difference between delirium and dementia. Delirium is an acute syndrome with a fluctuating course of symptoms. Whereas, dementia is usually a gradual course of cognitive decline. The



**central feature of delirium** is the person's inability to maintain focused **attention**.

This is combined with an abnormal level of consciousness (arousal). Delirious residents may be oriented but are distractible, oversensitive to stimuli, anxious, and can't concentrate on environmental sounds and sights. They simply can't keep focused on a conversation, being continuously distracted by irrelevant things. Perception distortions such as



hallucinations, illusions, and delusions are common. Language becomes abnormal and there may be mood changes (depression).

Delirium is especially common in older people with dementia. It is also the most common complication of hospital admission, 30-50% for older people over 70, 35% after heart surgery, 40-60% after hip fracture surgery, and 64% for those in LTC. Delirium has serious consequences and has been associated with increased death and illness. Estimated in-hospital deaths are over 20% and within 1 year are 35-50%. Survivors of delirium have a risk of nearly 50% permanent neurocognitive impairment. Staff are critical in recognizing delirium as they have the most frequent interaction with residents. This is important since the diagnosis of delirium rests solely on clinical observation skills. There are no specific diagnostic tests for delirium.



### Myth 2: Delirium is about being "hyper"

There are 3 Subtypes of Delirium: hyperactive, hypoactive and mixed.

#### Hyperactive



This subtype displays all major features of delirium, and +/-

- Heightened arousal, awareness
- Sensitive to immediate

- surroundings (sounds, sights, smells)
- Verbally and/or physically threatening and aggressive
- Pulling repeatedly at clothing (carphologia)
- Restlessness, wandering
- Speech disturbance

#### Hypoactive

This subtype is more difficult to observe and is actually **more common** than the hyperactive type. This type displays all major features of delirium, and +/-

- Need good observational skills to detect
- Often described as "confused"
- Drowsy, lethargy, staring into space, excessive sleep
- Usually cooperative



#### Mixed (Hypoactive and Hyperactive)

Mixed subtype usually fluctuates unpredictably between hyperactive and hypoactive types

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#### More information on This and Other Best Practices

• **Contact** your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC. **Find them at:**

• [www.rgpc.ca](http://www.rgpc.ca)  
Click on Long Term Care

• [www.shrtn.on.ca](http://www.shrtn.on.ca)  
Click on Seniors Health

• **Check out** the Hamilton Long Term Care Resource Centre [www.rgpc.ca](http://www.rgpc.ca)

• **Surf the Web** for BPGs Some sites and resources are listed on pg 2.



Centres of Excellence in Inter-professional Practice and Collaborative Geriatric Care and The Long-Term Care Resource Centre (SHRTN), Hamilton



@MLvanderHorst



**Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care**

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[www.rgpc.ca](http://www.rgpc.ca) or [www.shrtn.on.ca](http://www.shrtn.on.ca)

**Myth 4: You can't prevent delirium**

Research confirms that there are several prevention strategies that can reduce the severity, duration and frequency of delirium and its functional/cognitive impact.

**Delirium prevention strategies:**

- Know the causes of delirium
- Educate staff on delirium
- Detect symptoms early
- Frontline staff are critical, observe for changes daily in behaviour and cognition
- Treat all potentially reversible causes (e.g., UTI, constipation)
- Use basic care prevention strategies
  - Push fluids, medication reviews, ↓ psychoactive meds, sleep promotion, reduce noise, control pain, wearing of hearing aids/glasses, verbal reminders & orientation, safety, keep daily routines, cognitive assessments (MMSE or MDS-RAI: CPS), regular toileting, monitor for infection, family visiting, encourage doing activities, hold something comforting, free movement, wandering, calm music

**Special thanks in Central Ontario** Regional Geriatric Program-Central, Seniors Health Research Transfer Network (SHRTN), Alzheimer's Society PRCs of Central Ontario, Palliative Pain and Symptom Management Consultant-PPSM Program Brant, Haldimand and Norfolk Counties

**Myth 3: Delirium doesn't happen at the end-of-life**

and can persist until death (restlessness and terminal anguish). This is much higher than staff expect and unanticipated for families. The most likely causes of delirium are medications (narcotics), electrolyte imbalances (dehydration), liver failure, anemia, urinary retention and constipation. Residents may rapidly and dramatically decline. Many families spend their last days with a delirious resident causing them great emotional stress. Families appreciate being warned in advance that delirium may develop. It is important to provide care tailored to the resident's and family's needs. Helpful care strategies may include: treat the delirium, respect the resident's subjective world (don't ask time and place); treat residents with respect and as

Delirium (confusion) is the most common cognitive disorder in terminally ill residents, occurs in 40%

**\*\*\* Delirium TIP \*\*\***

**SUSPECT Delirium**  
When residents have **ACUTE** changes in behaviour or cognition  
Safest approach > all residents presenting with confusion have delirium until proven otherwise  
**REMEMBER:** delirium is frightening for the person experiencing it



**Who's at risk? Possible causes:**

- Cognitive impairment
- Medication side effects, toxicity
- Dehydration, electrolyte imbalance
- Renal disease
- Poorly managed pain
- Cardiovascular disease, CHF
- Low blood pressure
- Nutritional deficiencies
- Abnormal body temperature
- Abnormal blood glucose
- Trauma (fall, fracture, surgery)
- Males > females, > 65 years
- Limited social contact
- Admission (hospital, LTC)
- Infection (UTI, URI)
- Stroke or seizure

**Confusion Assessment Method (CAM)**

Developed to provide a quick, accurate method for detection of delirium. For non-psychiatry health care professionals - - -



CAM assesses 4 criteria for the presence and severity of delirium:

1. acute onset & fluctuating course
2. inattention
3. disorganized thinking
4. altered level of consciousness

The diagnosis of delirium requires the presence of criteria: 1, 2 and 3 or 4.

unique individuals, explore unmet physiological needs (thirst, toileting, hunger); promote meaningful communication; facilitate preparation for death; encourage families to stay (modify room); reassure and support families, encourage family to participate in care as desired; and provide information about delirium and it's causes for the resident.



**The Definition: DSM-IV Criteria for Delirium**

- Disturbance of consciousness with reduced ability to focus, sustain or shift attention
- Changed cognition or the development of a perceptual disturbance (core feature > impact on cognitive function)
- Disturbance develops in a short period of time and fluctuates over the course of the day
- History, physical examination, and laboratory findings show that delirium can be a physiological consequence of general condition: caused by intoxication; caused by medication; and caused by more than one etiology

**Check out these Best Practices & Guidelines. Answers to the Myths came from them. Find out more!**

**Canadian:**

• Registered Nurses Association of Ontario (2003). *Screening for delirium, dementia and depression in older adults. Nursing Best Practice Guideline*. Toronto, ON: Author. [www.rnao.org](http://www.rnao.org)

• Registered Nurses Association of Ontario (2004). *Caregiving strategies for older adults with delirium, dementia and depression*. Toronto, ON: Author.

• The Patient/Family Care Sub-committee of the Windsor/Essex End of Life Steering Committee. (2006). *The Erie St. Clair palliative care management tool*. (V 3.1). Windsor, ON. Author. [www.ccac-ant.ca/Upload/esc/General/Palliative\\_Care\\_Management\\_Tool\\_v3\\_1.pdf](http://www.ccac-ant.ca/Upload/esc/General/Palliative_Care_Management_Tool_v3_1.pdf)

**Others:**

• University of Iowa Gerontological Nursing Interventions Research Centre. (1998). *Acute confusion/delirium. Research-based protocol*. Iowa City, Iowa: Author. [www.nursing.uiowa.edu](http://www.nursing.uiowa.edu)

• American Medical Directors Association (1998). *Altered mental states. Clinical practice guideline*. Columbia, MD: Author. [www.amda.com](http://www.amda.com)

• American Psychiatric Association. (1999). *Practice guideline for treatment of patients with delirium*. *American Journal of Psychiatry*, 156(5), 1-20.

• Milisen, K., Lemiengre, J., Braes, T., and Foreman, M.D. (2005). Multicomponent intervention strategies for managing delirium in hospitalized older people: systematic review. *Journal of Advanced Nursing*, 52(1), 79-90.

• Young, J., and Inouye, S.K. (2007). Delirium in older people. *Clinical Review*. *BMJ*, 334, 842-846.

• National Health and Medical Research Council. (2006). *Guidelines for a palliative approach in residential aged care*. Commonwealth of Australia: National Palliative Care Program. [www.health.gov.au/palliativecare](http://www.health.gov.au/palliativecare)

## Interested in a great Professional Development Opportunity

PSNO is currently recruiting PSNO Ambassadors. We are looking for PSWs to represent PSNO members. The role of the PSNO Ambassadors is to share your expertise and passion for the profession with others, making presentations using Power Point to local PSW programs, organizations and events.

Our goal is to spread the word about the fantastic role PSWs play in the health care system.

This is a great opportunity to develop your presentation skills, network with other PSWs, and advocate for your profession at a local level. Training will be provided along with a small

honorarium.

If you are interested in representing your fellow members or for more information, please contact Sarah Blakely at [sarah.blakely@psno.ca](mailto:sarah.blakely@psno.ca) or 1-800-267-6272 ext. 244

### Find Us on the Web

**PSNO Website:** [www.psno.ca](http://www.psno.ca)

**Facebook:** search “Personal Support Network of Ontario” while on [www.facebook.com](http://www.facebook.com) and you will find our group and fan page

**Follow us on Twitter:** [www.twitter.com/personalsupport](http://www.twitter.com/personalsupport)

If you moonlight and provide PSW services to clients outside of your regular employment, you may not have liability coverage. PSNO has the Solution with our insurance program. Please call Carrie Whiteduck at 416-349-4417 or toll free at 1-888-711-8399

# MARSH



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### Do we have your email address?

If we do not have your email address or your current email address you are missing out on important news and opportunities through our email listserv!

**To update your email address please email:**  
[membership@psno.ca](mailto:membership@psno.ca)



**P · S · N · O**  
• PERSONAL SUPPORT •  
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104-970 Lawrence Ave. W., Toronto, ON M6A 3B6  
T 416.256.3010 x 244 TF 1.800.267.6272 x 244  
F 416.256.3021 E [sarah.blakely@psno.ca](mailto:sarah.blakely@psno.ca)  
[www.psno.ca](http://www.psno.ca)

The Personal Support Network of Ontario was established to help personal support service professionals carry out their work more effectively by offering access to information, resources and tools as well as providing opportunities to connect with a network of professionals in their field.