MESSAGE FROM THE PRESIDENT

Hi, everyone: over the next few weeks many of us will be gathering together for our AGM and Annual Education day. We hope to see you in Red Deer; the conference planning committee has put together a great program. The conference is our opportunity to network and share ideas with colleagues who share our experiences and passion for caring for older adults.

At this year's AGM, several changes to AGNA bylaws will be proposed. While most of them are editorial, several changes to membership categories have been put forward. A summary of the changes can be found in later in this newsletter, and the complete document package has been sent to you by email.

As well as reviewing the bylaws to ensure they work for our organization, the provincial executive has been working on how to better meet the needs of members and to build the future of gerontological nursing. As part of accomplishing this we have drafted 3 new executive role descriptions that we hope to trial in the coming year. These will be a Student Director, a Membership Director, and Education Director. We will be sharing the descriptions shortly, but if these roles sound interesting to you, please contact one of the provincial executive, or your chapter chair for more information.

My term as president draws to a close at this year's AGM. It has been my privilege to serve as AGNA leader for the past two years. I have learned a great deal about the commitment of our members to providing excellent gerontological nursing care, about the many skills our members possess and about the value of nursing speciality practice groups. My thanks to the executive, the many committee and other volunteers for their support and contributions over my term your incoming president, Jason Woytas brings lots of energy and new ideas to this role, and I look forward to working with him in the past president role.

Regards
Terri Woytkiw
AGNA President, President@agna.ca

MESSAGE FROM THE EXECUTIVE COMMITTEE

Each Executive Committee is responsible for reviewing and if necessary changing the organization's bylaws to stay current with organizational activities. Bylaw changes were announced through membership email sent out April 1, 2017. Here is a reminder of the recommended changes. They will be discussed at our annual meeting April 21, 2017.

AGNA Bylaws and Ops Manual Summary of Changes

Bylaws

Article	Old wording	New wording	Rationale
2 para 2	Bylaws article #4	Bylaws article #5	Alignment with CGNA bylaw revision
3 line 1	Combined fee collected by AGNA	Combined fee collected by CGNA	Aligns with new process for membership
3	**Retired membership** which shall consist of any member of the Association who is not in paid employment and who has reached the age of 60; or reached the age of 55 and maintained regular membership in the Association for a total of 15 years, may become a retired member. A retired member shall have all the rights and privileges of regular members and who shall pay fifty (50%) of regular membership fee. **Student associate membership**, which shall consist of any undergraduate nursing students enrolled at a recognized institution studying toward Registered Nurse, Licensed Practical Nurse, or Registered Psychiatric Nurse designation with the provincial regulatory body may become an associate of the Association. Student associates shall be non-voting members of the Association.	**Voting members are those who are members of a regulated health profession** **Student membership** which shall consist of **undergraduate nursing students enrolled full-time at a recognized institution studying toward degree or diploma in a nursing discipline, or a Full time Graduate student** **Associate membership** which shall consist of Nurses not currently employed in nursing, **retired nurses,** and others who have an interest in the health care of older adults **Removal of retired and Student associate categories of membership**	Aligns with CGNA membership categories more closely, reduces number of categories Student appeared in associates as well as 2 distinct membership categories. Allows for a reduced fee for retired members and grad students Allows a reduced fee for regulated members returning to school
3 last para	Any member, upon a majority **vote of all members** of the society in good standing, may be expelled from membership for any cause, which the association may deem reasonable.	Any member, upon a **vote of Provincial Executive, and Chapter Executive to which the person belongs** may be expelled from membership for any cause, which the Provincial **Executive and the member's Chapter** may deem reasonable.	For privacy reasons, issues of this nature should not be limited to the chapter involved and the provincial executive.
4 para 4	Term of Office for Past President and President-elect, will be for **two** year but alternate years to each other	Term of Office for Past President and President-elect, will be for **one** year but alternate years to each other	Wording reflects practice of shortening commitment from 6 to 4 years
4 secretary	She is also responsible for the reporting required	The secretary is also responsible for the reporting required	Gender neutral

4 treasurer	The Treasurer keeps the finances of the association by maintaining accurate accounts of all receipts and disbursements, conducting banking, arranging **audit** of records and preparing financial statements as required. In addition, the treasurer acts as the Membership Coordinator and as such, in cooperation with the Chapter Membership Coordinators, collects and receipts membership fees, **forwards designated portion to the CGNA treasurer and maintains a directory of members.**	The Treasurer keeps the finances of the association by maintaining accurate accounts of all receipts and disbursements, conducting banking, arranging **audit/review of records** and preparing financial statements as required. The **Treasurer receives disbursements for membership from CGNA and allocates funds to each Chapter, according to pre-approved formulas The treasurer maintains a directory of members, in coordination with the CGNA directory and keeps the Chapters informed of their members.**	Audit a more formal process that review, undertaken by outside accountants. AGNA has been conducting financial reviews, language aligns with practice Describes role of treasurer with respect to membership fees and distribution.
5 bullet 1	Membership coordinator	Membership Coordinator	Capitalized as it's a title
5 bullet 3	An audited annual report shall be maintained and communicated to the Executive Committee	An audited/reviewed annual report shall be maintained and communicated to the Executive Committee	Rationale above
7	Only Regular, Student and Honorary members shall have the right to vote at any meeting she attends	Member who are members of a regulated health profession shall have the right to vote at any meeting **attended**	Gender neutral
8	Standing Committees Communications..... **Scholarship**	The Executive may appoint other committees, such as Conference/Education Planning Political Action, and **Scholarship,** with specific terms of reference	Suggest removing Scholarship from standing committees and adding to "may appoint other committees to align with current practice
11	The books and records of the Association shall be audited at least once each year by a duly qualified accountant by two members of the society elected for that purpose at the Annual Meeting. A complete and proper statement of the standing of the books for the previous year shall be submitted by the auditor at the AGM of the Association The auditor shall be appointed at the AGM of the preceding year A statement of review by the auditor will be submitted to Provincial Executive within one month following the AGM and presented at the subsequent AGM.	The books and records of the Association shall be audited at least once each year by a duly qualified accountant **or reviewed** by two members of the society elected for that purpose at the Annual Meeting. A complete and proper statement of the standing of the books for the previous year shall be submitted by the auditor **or reviewers** at the AGM of the Association The auditor **or reviewers** shall be appointed at the AGM of the preceding year	

	The chapters will provide an annual audited financial report to the Provincial Executive for the AGM. The books and records of the Chapters shall be audited at least once each year by two members of the society appointed for that purpose. A complete and proper statement of the standing of the books for the previous year shall be submitted by the auditor at the AGM of the Association	A statement of review by the auditor **or reviewers** will be submitted to Provincial Executive within one month following the AGM and presented at the subsequent AGM. The chapters will provide an annual audited **or reviewed** financial report to the Provincial Executive for the AGM. The books and records of the Chapters shall be audited **or reviewed** at least once each year by two members of the society appointed for that purpose. A complete and proper statement of the standing of the books for the previous year shall be submitted by the auditor at the AGM of the Association	

CHAPTER NEWS

Edmonton Chapter
Chapter Executive 2016-17

Role	**Name**
Chairperson	Kathleen Hunter
Treasurer	Sherry Dahlke
Secretary	Duaa Mohamed
Social-Education	Melissa Crozier, Edythe Andison, Jason Woytas, Jo-Anne Henson

Chapter Executive met October 4 and Nov 14 to plan for the 2016/17 chapter meetings.

- Our first Chapter Members Meeting was Oct 27/16 meeting, and we held another Pizza & Film night, which proved once again to be a popular meeting format. Twenty chapter members attended to watch the documentary “They Aren’t Scary”. This film documented a research project on intergenerational activity that brought young school aged dancers to a long term care setting for an interactive program in dance. We enjoyed a lively discussion following the film.

- Our next activity was our annual Edmonton Chapters of AGNA and AAG joint dinner meeting on January 18, 2017. Traditionally held at the UofA Faculty club, this year our speaker was Dr. Richard Lewanczuk, AHS lead for primary/rural services with a presentation entitled "Care for Older Adults: The Key to Healthcare Sustainability". This presentation focused on the role of primary care and lively discussion was held regarding primary care in the health care system.

- Our March 14, 2017 featured Kathleen Hunter from the Glenrose Continence Clinic, who spoke on the topic "Nocturia: What nurses need to know". Long dismissed as a male only symptom related to BPH in men or overactive bladder, new research reveals that nocturia is a complex symptom affecting men and women, requiring very specific assessment strategies. There was a short business meeting, with the new incoming executive confirmed.

Incoming Chapter Executive 2017-18

Role	Name
Chairperson	Sherry Dahlke (Kathleen Hunter to support transition)
Treasurer	Vacant
Secretary	Duaa Mohamed
Social-Education	Melissa Crozier, Edythe Andison, Jo-Anne Henson

- Next meeting will be our June 14, 2017 Wind-up BBQ at St. Joes. Presentation TBA

Respectfully submitted

Kathleen Hunter
Chapter Chairperson

WORKING GROUPS

Conference Planning Working Group

Jason Woytas, President-Elect

We are getting close to our annual Education/ Conference Day and AGM on April 21 in Red Deer, and we have a full day planned for everyone! You can check out www.agna.ca for more information about the schedule and to register! We're hoping to potentially have some pictures/ videos taken at the conference to showcase in our newsletter and website. If you haven't renewed your AGNA/CGNA membership yet, do so as the membership + conference fees together is a little cheaper than the non-member rates.

We are still open to having submissions for poster presentations, if you have a project, research, etc. that you are interested in showcasing, please email a short (200 word) abstract to Kathleen.hunter@ualberta.ca.

We are still accepting nominations for the position for treasurer for the AGNA Provincial Executive for the next couple of weeks. We have had some interest expressed, but want to make sure that we have a "right fit" for the position, and that we have people volunteering in "the right place at the right time". If you are thinking about the position or about getting involved in some way, email info@agna.ca with your interest and we'll look at various opportunities.

WE STILL NEED SOME HELP!! We are hoping to gather some door prizes and some potential new sponsors for the conference. If you are aware anyone who is willing to donate a door prize or join as sponsorship, please let me know at president-elect@agna.ca. I would like to thank the many committee members who are helping with the planning and organizing of the conference.

Respectfully submitted
Jason Woytas

Call for Abstracts for Posters

Alberta Gerontological Nurses Association 2017 Education Day:

Home is Where the Heart Is

The AGNA Scientific Review Committee would like to invite individuals working in the field of gerontology to submit abstracts for poster presentation at the Annual Alberta Gerontological Nurses Association - Education Day, Friday, April 21st, 2017 scheduled for Red Deer, AB.

Posters should address topics of support and care of older adults.

All abstracts will be peer-reviewed. Submission has been extended to **April 12th**. Email confirmation of completed abstract submissions will be sent upon receipt of it. Email notification of abstract acceptance decision will be sent by April 17th. Please submit the following information to Kathleen Hunter at Kathleen.Hunter@ualberta.ca

Please include the following information in your Abstracts Submission

- Title of Poster
- Name of Presenter/s
- Description of poster (research or quality improvement project) of no more than 200 words
- Contact information including email address.

Note: The primary author of the accepted abstract must register for the education day and man the posters during breaks. Poster presenters assume all costs related to travel, accommodations, and other expenses related to their presentation.

Advocacy Working Group

Reducing Stigma: A Dementia Strategy for Nurses (Martha Neguse, RN, MN, GNC(C); Sandi Hirst, RN, PhD, GNC(C); Mychelle Blackwell, RN)

Dementia is a global phenomenon that affects the brain and subsequently causes a decline in the individual's memory, thinking, behaviour and daily function. The World Health Organization (2012) has recognized dementia as a health priority. Across the world, an estimated 35 million people live with dementia. In Canada, 747, 000 people live with dementia; by 2031, this number is expected to rise to 1.4 million (World Health Organization, 2012; Alzheimer's Society, 2008). Dementia has a significant financial and non-financial cost on the individual, the caregivers, and the healthcare system. Direct and indirect costs of dementia care for the health care system are estimated at 33 billion annually. By 2040, the annual cost is expected to rise to 293 billion (Alzheimer's Society, 2008). Thus, addressing this health challenge and improving the quality of life of individuals living with dementia and their caregivers is critical (Alzheimer's Society, 2008; WHO, 2012).

The diagnosis of dementia can be scary and stressful, often accompanied by stigma not only by the public but also from healthcare providers (Department of Health, 2009). According to the Oxford dictionary, stigma is defined as a "mark of disgrace associated with a particular circumstance, quality, or person". Stigma is comprised of behavioural, affective, and cognitive processes that results in stigmatization of an individual (Alzheimer's Disease International, 2012; The School of Nursing and Midwifery Trinity College Dublin, 2006; World Health Organization, 2002). Stigma is one of the major factors associated with delaying a dementia diagnosis and is a barrier to appropriate and timely dementia care. Stigma can cause individuals to behave in unhelpful ways and make them focus on dementia symptoms rather than helping individuals with dementia have good quality of life (Alzheimer's Disease International, 2012; Myrra et al, 2005).

Although there are several misconception about dementia, we would like to focus on two of them that contribute to stigma development: viewing dementia as a normal ageing process, and as a fatal disease. Viewing dementia as a normal part of ageing can prevent nurses from recognizing early symptoms of dementia, assisting with early diagnosis, and promoting appropriate treatments for older adults. Lack of accurate knowledge and education regarding dementia and its' treatment has been reported as the main reason contributing to stigma among

healthcare providers (Myrra et al, 2005). Nurses, regardless of their speciality, should increase their awareness of dementia and learn how to recognize early symptoms. The misconception of dementia as a fatal disease, rather than a health condition that can be managed with appropriate interventions and support, can create a false understanding - that older adults with dementia have no quality of life preventing them the opportunity of enjoying their life to the fullest.

Nurses can combat stigma by treating people with dementia, and their loved ones, with respect and dignity. In addition, speaking up against stereotypical language regarding dementia and negative jokes that degrade people, can be of great benefit. Nurses should strive to create a "dementia friendly" care environment across the healthcare spectrum in which individuals with dementia and their caregivers do not feel judged, instead – they feel accepted. These are advocacy actions!

Since the number of people living with dementia is expected to rise, it will take the effort and involvement of all nurses across the healthcare spectrum to work towards overcoming the stigmatization of dementia. Reducing stigma is one step towards achieving this goal (Alzheimer's Disease International, 2012).

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Respectfully Submitted
Sandi Hirst

CGNA NEWS

19th Biennial Conference
http://CGNA2017.ca

CGNA2017: Gerontological Nursing
Shaping Healthcare for those Who Shaped Canada May 4-6, 2017 | Ottawa, Ontario, Canada

The Canadian Gerontological Nursing Association (http://cgna.net) and the Gerontological Nursing Association of Ontario (http://gnaontario.org/) are excited to announce registration is now open for CGNA2017, the 19th Biennial Conference of the CGNA, taking place May 4-6, 2017 in Canada's capital city, Ottawa, Ontario!

The CGNA biennial conference is the only event of its kind that focuses on all facets of education, practice and research in the care of older adults.

With an increasing aging population, it is critical that gerontological nurses remain engaged with the latest developments in research and practice in the field.

The CGNA conference is a key educational and networking event for nurses, students, educators, policy makers, administrators and all others in the field of gerontological nursing.

Visit the CGNA2017 website to register, view the full conference program and learn more about the conference, including the speakers, venue, social events and hotel and travel discounts. We look forward to seeing you in Ottawa!

CGNA is looking to fill vacancies in the slate of executive officers. The opportunity for nomination has been extended to April 9th. If you are interested in the position of Secretary, please contact Mollie Cole. (mollie.cole@albertahealthservices.ca)

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Follow us to keep updated on CGNA2017!

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http://CGNA2017.ca

SOMETHING TO THINK ABOUT – Enhancing Care of Those Living with Dementia - Gerontological Nurses' Calling

One of the key initiatives for AGNA is to enhance clinical practice through application of research. Again, as quoted last newsletter, care of older adults has been identified as "**the core business**" of nursing and health care in general (Thornlow, 2016). For most of us, this includes care of individuals living with dementia. Much has been written and much improved in the field. It is imperative nurses lead care respectful of the individual who was and now is. The Advocacy Working Committee gave us a good introduction above. Jon Vijinski and Sandra HIrst gives us another way to incorporate research into our dementia care practice.

Finally, Mollie Cole is a provincial leader with the Seniors Clinical Network. The work of her team is to improve care of older adults by applying research into care settings. The Appropriate Use of Antipsychotic project has been in place for more than four years. The province has been working on reducing the number of antipsychotics ordered to control behaviours of individuals living with dementia. This successful project has reduced antipsychotic use to 17% of individuals in continuing care. Their work was noted in the latest Zoomer Magazine as an indication of excellence. While our numbers are better than most provinces, we can't sit on our laurels. Gerontological nurses are key to implementing non-pharmacological strategies, assessing and monitoring the use of antipsychotics closely. Mollie's article reminds us that even if the formal project may be over in your setting, the principles and practices cannot be lost in the changes of staff and the business of our daily work.

Guided Imagery in Music, Older Adults, and Nursing Care

Jon Vijinski MSc and Sandra P. Hirst RN, PhD, GNC(C)

Guided Imagery in Music (GIM) is defined as a "purposeful use of mental images" that seeks to achieve the result of positive therapeutic effects (Crow & Banks, 2004, p. 1). It has been reported to be an effective psychological intervention with disorders such as: obsessive compulsive disorder, borderline personality disorder, various phobias, depression, anxiety, Post-Traumatic Stress Disorder, as well as medical conditions such as fibroid tumors, chronic pain, and traumatic brain injury (Crow & Banks, 2004). GIM has also been identified as a nonpharmacological intervention for those affected by dementia, and accompanying symptoms including restlessness, stress, and wandering (Fitzsimmons, 2006; Fitzsimmons, Barba, & Stump, 2015). The obvious implication is that GIM may be a useful nursing intervention.

The predominant method of GIM evolved from the work of Helen Bonny (1978) who, following the research of Hevner (1937) on music and emotion, and who was influenced by the psychotherapeutic work of Freud, Jung, and Maslow, as well as the imaging techniques of Assagioli, developed a form of psychotherapy combining music and imagery. Bonny's approach is known as the Bonny Method of Guided Imagery in Music (MBGIM).

The theory behind GIM views music as a stimulus that induces specific emotional responses (Goins, 1998; Katsh & Merle-Fishman, 1985). GIM uses music to affect emotional or mood change, and through the use of various mood-inducing pieces of music to facilitate positive therapeutic results (Blake & Bishop, 1994). Hevner's research in music and emotion developed eight main groupings of emotion, (the "Hevner Mood Wheel") which proposed to include the full range of human emotion (Katsh & Merle-Fishman, 1985; Parr-Vijinski, Pirner, & LeNavenec, 2005). GIM proposes the *iso-moodic principle*

which suggests that music may be selected and matched with a pre-existing emotional or mood state, which then, through the use of other pieces of music in subsequent GIM sessions attempts to change the emotional or mood state of the client (Katsh & Merle-Fishman, 1985). As Fitzsimmons and colleagues (2015) wrote, guided imagery may be done quite simply with a short script appropriate for the individual – cognitively and emotionally. The addition of music provides the individual with (e.g.) dementia the ability to communicate and integrate the images with music.

Bonny's BMGIM consists of four parts: (a) *Prelude (preliminary conversation):* at the outset of the therapy session the therapist and client conduct a conversation outlining their approach and perhaps identifying key aspects for consideration for future sessions; (b) *Induction:* (or relaxation) this involves the client in a physically relaxed and restful position and focusing on the selected music; (c) Music Journey (t*he Music Listening Phase:)* this part of the session involves listening to the selected piece of music to be followed by verbally expressing thoughts and feelings which are written down or taped by the therapist who acts as a self-assessment guide for the client; and (d) Postlude (*Post-Session Integration):* the final part consists of a harmonization of the session into an integrated whole (Blake & Bishop, 1994; Choi & Lee, 2014). The BMGIM therapist assists the client to undergo emotional and experiential catharsis to achieve a hoped for integration of self through the images and visualization expressed during the session (Blake & Bishop, 1994).

Linking guided imagery in music back to nursing care is important for gerontological practice.

How can we incorporate GIM into care? A few tips:

- Identify why the older adult might benefit from guided imagery in music,
- Obtain permission from the older adult to have a GIM session,
- Identify the time that you have available,
- Arrange a quiet location for the conversation to occur,
- Select music that the older adult has voiced an interest in,

- Ensure at the end of the session that the older adult feels some comfort from the interaction, and
- Document your observations of the older adult during the interaction and outcome(s) of it.

Remember though that most of us, as gerontological nurses, are not therapists. We intervene initially to assess and respond to trauma or stress experienced by the older adult. It is our responsibility to know our own knowledge and skill level and when enhanced intervention is needed by the older adult. This ensures that we conform to our Code of Ethics and CARNA nursing practice standards.

It hoped that the healing power of music will be further explored and utilized in innovative ways for older adults, especially those with dementia. Guided imagery with music has the power to access the mind and to reconnect the older adult with dementia to past experiences, present social relationships, and future possibilities.

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Appropriate Use of Antipsychotics (AUA) in Continuing Care (LTC and Supportive Living)

In 2013, the Seniors Health Strategic Clinical Network (a provincial team of AHS) started a project in Alberta LTC sites to ensure the appropriate use of antipsychotics in residents with dementia. In 2014-15 a series of Learning Workshops were offered in all zones across Alberta to help staff learn ways to determine if the dose of this medication could be reduced or discontinued in older residents with dementia. Teams were advised to consult with Mental Health specialists prior to making any change in the antipsychotic medications of residents who had a chronic mental health diagnosis. Resources to support the teams have been posted on the **AUA Toolkit** (http://www.albertahealthservices.ca/scns/Page7702.aspx) (or just do a Google search for 'AUA Toolkit').

From a baseline in 2011, Alberta's provincial average for this Quality Indicator (measured by the RAI 2.0 tool) has dropped from 26.8% to 17.9% (Quarter 2 2016/17). This year we are moving the AUA Learning Workshops to engage the Supportive Living sites across Alberta. As well, we are beginning to pilot a similar approach in acute care – called Elder Friendly Care. Specifically, we aim to support acute care teams to discontinue antipsychotics that were started for delirium prior to discharge.

There is more work to be done in LTC though as some sites still remain considerably higher than the provincial average. In fact, a group of clinical experts from Alberta has recommended that we aim for a provincial average of 15% by the year 2020. To support this continued effort, the AUA team offers monthly video sessions summarizing the content that was in the original Learning Workshops. AUA 101 is the overview of the approach and is offered quarterly (next on May 9). Another topic to be covered: Restraints as a Last Resort (April 12). To register for any of these sessions, search 'AUA' on the VCSheduler for AHS at: https://vcscheduler.ca/schedule20/calendar/calendar.aspx?ID=1268&version=20131113.

AUA Team hosts a monthly telephone discussion called "curbside consultation." These calls are designed to help care teams problem solve strategies to develop a care-plan for a resident whose responsive behaviours are a challenge. On the **3rd Wednesday of each month** there are two time slots for this phone-only discussion: 12-12:30 and repeated again from 2-2:30. Sites are invited to submit their ideas for future topics to aua@ahs.ca. You can also use this email address to ensure you are on our mailing list to receive the notices, case studies and summary notes from each discussion. The summary notes are also posted on the **AUA Toolkit**.

Sustainability of the AUA provincial initiative requires constant attention by the sites as to how they use antipsychotics. If your sites needs help to 're-ignite' your efforts to reduce antipsychotics in residents who no longer need them, please contact us at the email address above. We'd love to help!

Respectfully submitted
Mollie Cole, Manager of the Seniors Health Strategic Clinical Network (SH SCN).

AGNA

Alberta Gerontological Nurses Association

AGNA 2017

www.agna.ca

"Home is Where the Heart Is"

AT THE

RADISSON in Red Deer

ON

Friday APRIL 21st

SAVE THE DATE