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This article reviews four recently built care facilities and analyses their designs based on the Best Practices Design Guideline. Five basic principles are utilized to organize the analysis. The main thesis is that long-term care design manuals may have limitations that have resulted in facility designs that fall short of providing an optimum environment for delivering care.


Most risk factors for falling in older adults are known. Why some individuals with risk factors fall and others avoid falling, however, is unclear. The hypothesis is that psychological factors such as impulsivity could be potential determinants. The purpose of this study was to explore the importance of impulsivity in precipitating falls in those with risk factors. Measures of impulsivity did not distinguish those who fell from those who did not. Using a gait aid and living alone may be important determinants of who falls and who does not fall, reflecting a greater need to be independent despite the risks.


The purpose of this study was to evaluate the effects of implementing a routine seating plan at mealtimes within a long-term care facility. Routine seating arrangements are often used, yet little evidence exists to support the practice. The hypothesis was that providing a consistent, familiar physical and social routine during mealtimes would lead to improved eating behaviours and more efficient meal delivery by staff.

In most long-term care settings, staff members tend to view a resident's attempts at sexual expression as "problem" behavior. However, we are increasingly recognizing that interest in, and the right to, sexual expression exists throughout the life span and should be supported. Assisted living nurses need information and tools to adequately address residents' sexual health and to overcome the many barriers to intimacy in this population. This article briefly reviews age and illness-related changes in sexual function; describes the research regarding older adults' and their family's and caregivers' attitudes regarding sexuality and intimacy; discusses sexuality and residents with dementia; and reviews nursing assessment and educational interventions that support healthy sexuality among older adults.


This study objectively evaluated the degree of comfort in bedridden older adults using an air-cell mattress with an automated turning mechanism. The sample included 10 bedridden women with verbal communication difficulties. The high frequency (HF) components of heart rate variability, which reflect parasympathetic nervous activity, were compared for the manual and automated turning periods. No significant differences in the HF component were observed in 5 of the participants. Significant increases in the HF component associated with automated turning were observed in 3 participants; however, the two participants with the lowest body mass index values exhibited a significant reduction in the HF component during the automated turning period. The results revealed that comfort might not be disturbed during the automated turning period.


Affordable housing providers assemble the puzzle of supportive services to help residents age in place.


Systematic review with meta-analysis to determine the effects of exercise on falls prevention in older people and establish whether particular trial characteristics or components of exercise programs are associated with larger reductions in falls.


A study to determine the prevalence of malnutrition and investigate nutritional issues in a sample of older people living in eight residential aged care facilities (RACFs). The Subject Global Assessment tool was used to determine the prevalence of malnutrition in 350 residents. Findings showed nearly 70% of residents were women and 79.4% of all residents were classified as high care. Half the residents were well nourished (50.5%) with 43.1% moderately malnourished and 6.4% severely malnourished. Prevalence of malnutrition was significantly higher for residents receiving higher level care (odds ratio (OR) = 2.9 (95% confidence
interval (CI): 1.7-5.2; P P There is a need for systematic, coordinated and multidisciplinary approaches to nutritional care for older people in residential care.


A retrospective analysis, in Ontario nursing homes and complex continuing care units, to examine the reliability and validity of the Aggressive Behavior Scale (ABS), derived from the Minimum Data Set (MDS 2.0). Two hundred fourteen patients of a CCC hospital, 652 residents of four NH facilities who adopted the MDS 2.0 before its mandatory implementation, 124,259 CCC patients assessed with the MDS 2.0 between July 1996 and October 2006. The ABS provides a useful measure of the severity of aggressive behavior that can be used for care planning, quality measurement, and research.


The prevalence of HIV/AIDS in older adults continues to increase, and in 2005, 25% of those infected with HIV were older than 50. Successful treatment regimens allow people to live longer with HIV, but the incidence is also increasing, with older adults accounting for 15% of new HIV cases in 2005. Prevention, diagnosis, and management of HIV/AIDS in older adults are complex issues. The aging immune system may impact response to treatment with highly active antiretroviral therapy (HAART), and there is greater potential for drug-drug interactions and toxicities due to comorbidities and polypharmacy. Patients living longer with HIV are more likely to develop diseases associated with aging, and at an earlier age, than those without HIV. These include coronary artery disease, dyslipidemia, metabolic syndrome, diabetes, osteoporosis, and dementia. Geriatricians and primary care providers are increasingly responsible for managing these complex issues.


The objective of this study is to investigate validity measures of the Montgomery-Asberg Depression Rating Scale (MADRS) and the Cornell Scale for Depression in Dementia (CSDD) in patients with early-onset dementia (EOD). The MADRS and CSDD performed well in distinguishing depressed from nondepressed EOD patients and showed good congruent validity. The scales may be used to assess depressive symptoms in EOD. The MADRS intensity grades may be used for development or refinement of depression scales in (early onset) dementia.


Nurses and other professional caregivers are increasingly recognizing the issue of moral distress and the deleterious effect it may have on professional work life, staff recruitment and staff retention. Although the nursing literature has begun to address the issue of moral distress and how to respond to it, much of this literature has typically focused on high acuity areas, such as intensive care nursing. However, with an ageing population and increasing demand for resources and services to meet the needs of older people, it is likely that nurses in long-term care are going to be increasingly affected by moral distress in their work. This paper briefly reviews the literature pertaining to the concept of moral distress, explores the causes and effects of moral distress within the nursing profession and argues that many nurses and other healthcare professionals working with older persons may need to become increasingly proactive to safeguard against the possibility of moral distress.

The importance of social support, self-efficacy and spirituality in determining the quality of life of older adults is well supported in the literature. Coping humor as a mechanism for managing the inevitable health stresses of aging has received less attention. This study shows that coping humor and self efficacy are important factors for explaining health status in older adults. Correlations among coping humor, self efficacy and social support suggest that a sense of humor may play an important role in reinforcing self-efficacious approaches to the management of health issues.


The purpose of this review was to determine the best method to deliver education that strengthens geriatric nursing competencies in RNs working in nursing homes to achieve excellent outcomes for a complex population. On the basis of the evidence reviewed, recommendations are made related to the kind of learning activities, structure of educational sessions, and instructor qualifications and consultation activities.


The choice of dementia medications should be based on a drug’s adverse effect profile, ease of use and cost. This is the recommendation of a new guideline for the treatment of dementia released by the American College of (ACP) and the American Academy of Family Physicians (AAFP). The Guideline is based on a systematic review of the evidence for the efficacy of the cholinesterase inhibitors.


Not only the reduction of muscle strength or balance, but also the reduction of the agility are regarded as important factors of falls in elderly people. If an agility test for elderly people is established, the precision of the fall prediction rises and can be used for individual training. The objective of this study is to develop a new performance test focused on agility for elderly people and to evaluate the usefulness of this test. The findings indicate that Ten Step Test (a new performance test) is a reliable measure of agility, and it can help to predict the risk of falls. The decline of agility accelerates after 50 years of age. It shows that the decline of agility differs from the decline of leg muscle strength and balance.


Studies comparing Alzheimer Special Care Units (ASCUs) with traditional nursing homes (NHs) have reported conflicting results. This study's objective is to compare the characteristics and the effects on mortality, hospitalization, use of physical restraints, falls, and antipsychotics among patients admitted to ASCUs or to NHs. Results of this study found that patients with dementia in ASCUs had different baseline clinical and functional characteristics from those in NHs. They had a lower rate of hospitalization and use of physical restraints at 6-month follow-up, and a higher probability of having antipsychotic agents withdrawn.

This article considers the effectiveness of dog visitation therapy in dementia care and considers implications for practice. The literature indicates that visits by animals to care settings can bring various benefits to patients and residents, including relaxation, less apathy, agitation and aggression, and lower blood pressure. Much of the evidence is, however, anecdotal. If animals are to be introduced to care settings, careful multidisciplinary planning is required to ensure that stringent protocols and procedures are in place to protect the health and safety of all involved.


A review of the empirical literature shows that physical illness increases risk for suicide late in life. Conditions that confer risk include cancer, some neurological disorders (including seizure and possibly cognitive impairment, but not Parkinson’s disease or stroke), chronic pulmonary disorder, incontinence, renal failure, hearing or vision impairment, insomnia, and congestive heart failure. Nonetheless, most physically ill older adults do not die by suicide. The extent to which risks are explained by depression, disability, and pain remains to be evaluated. Depression outweighs physical illness as a risk factor for suicide in late life. Clinicians should routinely assess for depression as well as suicide risk in physically ill older adults.


Contractures are a common but preventable consequence of prolonged physical immobility among nursing home residents. Significant for their associated costs in institutions rendering care to frail elder residents, contractures further reduce mobility and increase the risk of other outcomes of decreased mobility, such as pressure ulcers. This secondary analysis examines the prevalence of contractures in 273 residents who participated in an interventional study focusing on reducing restrictive siderails. Almost two thirds of the participants had at least 1 contracture, with the most common locations being the shoulder and knee. Presence of pain and being non-White were significant predictors of contracture presence. This study highlights the high prevalence of contractures, the underlying factors associated with them, and the need to prevent or minimize contracture formation, including the role restorative nursing care plays in this avoidable condition.


The psychological assessment of older adults is often challenging due to the frequent co-morbidity of mental and physical health problems, multiple medications, interactions among medications, age-related sensory and cognitive deficits, and the paucity of assessment instruments with psychometric support for use with older adults. First, psychological assessment instruments for examining five important clinical areas (suicide ideation, sleep disorders, anxiety, depression, and personality) are discussed in light of the most current research regarding their psychometric properties and suitability for use with older adults. Instruments developed specifically for older adults are distinguished from instruments developed for younger adults that have some psychometric support for their use with older adults. Second, the potential sensory deficits that could compromise assessment, factors to consider in light of these deficits, and accommodations that can be made to minimize their effects are discussed.

The aging of the U.S. population has profound implications for acute care nursing practice. NICHE (Nurses Improving Care for HealthSystem Elders) is the only national nursing program that addresses the needs of the hospitalized older adult. This secondary analysis examines the influence of the NICHE program on nurse perceptions of the geriatric nursing practice environment and quality of geriatric care, as well as geriatric nursing knowledge in a sample comprising 8 acute care hospitals in the United States that administered the Geriatric Institutional Assessment Profile before and after NICHE implementation. Results were compared in a sample of 821 and 942 direct care nurses, respectively. Controlling for hospital and nurse characteristics, both nurse perceptions of the geriatric nursing practice environment (P =.1462), following NICHE implementation. NICHE tools and principles can exert an important influence over the care provided to older adult patients by increasing the organizational support for geriatric nursing.


As part of a larger study examining end-of-life care in nursing homes, qualitative focus groups were conducted with bereaved family members to explicate those factors contributing to satisfaction and dissatisfaction with end-of-life care in the nursing home setting. Content analysis of focus group data revealed two overarching themes that influenced family members' satisfaction with care. These included: (a) ability of staff to recognize signs of imminent dying, and (b) communication and information sharing about the resident's status and plan of care. Family members dissatisfied with their relative's end-of-life care expressed feelings of guilt, anger, and frustration, both while the resident was alive and in the bereavement period. The findings of this study have implications for clinicians committed to delivering quality end-of-life care to residents and their families and provides the basis for educational interventions and quality care improvement initiatives in the long-term care setting.


A practicum for a Masters degree in Nursing was developed to examine the concept of respect in an institutional environment, with the goal of exploring the meaning of respect from the perspective of the residents, families and staff of a long-term care facility and identify any implications for policy development. This article is an overview of that practicum.


To formally assess the strength of evidence for the efficacy of simulated presence therapy for challenging behaviours in dementia (playing an audio or videotape to an individual, personalized by a carer and containing positive experiences from the client’s life and shared memories involving family and friends) using meta-analytic techniques.
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Clinical Practice Guidelines/Best Practices/ Systematic Reviews -

http://www.rnao.org/Page.asp?PageID=924&ContentID=1911

Nursing Health Services Research Unit, University of Toronto. Promoting Awareness and Uptake of Best Practice Guidelines in Long-term Care: A Process Evaluation. Summary of Phase 1 Findings.
http://www.nhsru.com/documents/BPGLTC%20Study%20Phase%201%20Final%20Report%20Revised%20April%205%202_.pdf

Nursing Health Services Research Unit, University of Toronto. Promoting Awareness and Uptake of Best Practice Guidelines in Long-term Care: An Impact Evaluation. Phase 2 Interim Report.

Care Services Improvement Partnership (CSIP). Advanced Care Planning National Guidelines.
http://www.changeagentteam.org.uk/index.cfm?pid=218&catalogueContentID=3732

British Columbia. Ministry of Health Services. Frailty in Older Adults – Early Identification and Management
http://www.bcguidelines.ca/gpac/guideline_frailty.html

National Guideline Clearinghouse. Diagnosis and Treatment of Osteoporosis
Web Picks...

The following were featured as “Web Picks of the Week”. “Web Pick of the Week” is a feature of “Info LTC”, an email alerting service provided by the J.W. Crane Memorial Library. Each week we email a link and description of a web resource related to aging, geriatrics, or long-term care. To subscribe to the “Info-LTC” listserv, go to: http://lists.umanitoba.ca/mailman/listinfo/info-ltc

Improving Palliative Care in Nursing Homes, 2008

In August 2006, the Fan Fox and Leslie R. Samuels Foundation (the Foundation) awarded the Center to Advance Palliative Care (CAPC) a planning grant to develop strategies for providing palliative care in nursing home settings. The purpose of the planning grant was three-fold:

1) Assess the need for palliative care in the nursing home setting;
2) Evaluate effective approaches to meeting the need; and
3) Develop a practical strategy for extending palliative care services to nursing home residents.

This report to the Foundation reviews the needs assessment conducted by project researchers, and includes suggestions for future initiatives in this area.

Training Care Workers to Safely Administer Medicines in Care Homes
http://www.csci.gov.uk/professional/default.aspx?page=7326&key

This document is published by the Commission for Special Care Inspection (CSCI), Quality Performance and Methods Directorate (UK) and provides CSCI inspectors a guide to good practice on how care providers should train care workers to safely administer medicines in care homes. Although information is based on UK standards, this document could be of interest to personal care home staff in all jurisdictions. It covers the following and more:

- what the regulations and minimum standards say
- who is allowed to administer medications
- levels of training
- what training can be offered in-house.

Gastro-Info Gastroenteritis Kit for Aged Care: resources to assist residential aged care homes in preventing, identifying and managing outbreaks of gastroenteritis

The Gastro-Info Gastroenteritis Kit for Aged Care is a resource kit developed by the Australian Government Department of Health and Aging and released in November, 2008 to assist residential aged care homes identify the signs and symptoms of an outbreak of gastroenteritis in order to respond quickly and appropriately.

This webpage contains the documents developed for the kit including an Outbreak Coordinators Handbook, a poster for recognizing and managing gastro outbreaks, gastro info sheets, and a brochure designed for families and friends on managing infectious diseases in aged care homes.
Late Life Suicide Prevention Toolkit

New from the Canadian Coalition for Senior's Mental Health, this toolkit was developed by experts in the field of geriatrics and suicide prevention for physicians, nurses, front-line workers, mental health professionals and educators. The kit includes:

- National Guidelines for Senior's Mental Health: Assessment of Suicide Risk and Prevention of Suicide
- Clinician Pocket Card: Suicide: Assessment and Prevention
- Materials for Educators: Facilitator's guide; Powerpoint Presentation; Evaluation for Learners
- Additional tools for assessing and treating depression

The Dining Experience of Residents with Dementia in Long-Term Care Facilities
http://www.sfu.ca/grc/documents/SHUPv17n2.pdf

This article, based upon the work of Lillian Hung’s MA Thesis, was published in the Simon Fraser University Gerontology Research Centre newsletter, Senior’s Housing Update, in 2008. The article deals with dining issues in dementia care and caregiving, as well as the complex interrelationship between institutional design and how it can affect caregiving.

Discussions by Elders and Adult Children About End-of-Life Preparation and Preferences
http://www.cdc.gov/pcd/issues/2008/jan/07_0141.htm

Published in the CDC’s Preventing Chronic Disease: Public Health Research, Practice and Policy series (Volume 5: No. 1, January 2008), this project focused on informal family communication about end-of-life preparation and preferences, about which little is known.

Medication Safety in Long Term Care
http://www.ismp-canada.org/ISMPCSafetyBulletins.htm

From The Institute for Safe Medication Practices Canada (ISMP Canada), an independent national nonprofit agency established for the collection and analysis of medication error reports and the development of recommendations for the enhancement of patient safety, this bulletin shares information related to medication safety in long-term care. In response to widespread interest in improving systems and processes to enhance medication safety, ISMP Canada has developed a series of Medication Safety Self-Assessment® (MSSA) programs for a variety of settings. The MSSA for Long Term Care is a comprehensive survey directed toward multidisciplinary teams in long-term care settings such as nursing homes and homes for the elderly.

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http://refworks.scholarsportal.info/refshare?site=010541105333200000/RWWSSA420159/Agelit-%20Nov%20Nwbksvideos


**New Multimedia at the Crane Library...**


Brown, S. and Deer Lodge Centre (Directors). (2008). *Assisting the person with dementia and activities of daily living* Winnipeg: Deer Lodge Centre. (DVD. Time is N/A)


Dementia Services Development Centre and Chapman, A. (Directors). (2007). *An introduction to life story work and people with dementia*. Stirling: Dementia Services Development Centre, University of Stirling. (DVD. 8 min.)


**Focus on .... Substance Abuse**

If you are able to access University of Manitoba Library electronic resources, you may access these articles in full text, or through Document Delivery, by clicking on the link below:

http://refworks.scholarsportal.info/refshare?site=010541105333200000/127524/addictions%20nursing%20homes

**Journal Articles...**


Mjelde-Mossey LA. Alcoholism treatment in a nursing home: Meeting the needs of a special population. *Alcoholism Treatment Quarterly* 2007;25(3):87-98.


**Books and Videos …**


  

  
  http://www.agingincanada.ca/Alcohol%20and%20Depression_7.pdf

  
  http://www.camh.net/Publications/Resources_for_Professionals/Older_Adults/index.html

  
  http://www.camh.net/Publications/Resources_for_Professionals/Improving_Our_Response/index.html


Guth J. (2000). *Substance abuse in the elderly.* (DVD. 29 min.)


**On the Web ...**

*Aging, Alcohol, and Addictions: an informal interest group of the Gerontological Society of America*  
http://www.fmhi.usf.edu/amh/schonfeld/GSA-Alcohol.htm

Home page of the interest group on "Aging, Alcohol, and Addictions" of the Gerontological Society of America (GSA). Site provides important links to information and resources about older adults' use or misuse of alcohol, illicit drugs, prescription medications, and/or tobacco, as well as links to current members of the GSA interest group, and related sites and helpful references related to this field.

http://www.americangeriatrics.org/products/positionpapers/alcohol.shtml

Blow FC; Barry KL. *Use and misuse of alcohol among older women.* National Institutes on Health. National Institute on Alcohol Abuse and Alcoholism publications.  

**Alcohol Use Among Older Adults: Pocket Screening Instruments for Health Care and Social Service Providers**
http://www.jointogether.org/resources/alcohol-use-among-older.html

This pocket screening tool, based on TIP 26, contains facts about the use of alcohol by older adults, screening instruments including the Short Michigan Alcoholism Screening Test — Geriatric Version, and resources for providers seeking more information. It can be used by a variety of health service professionals working with older adults.

U.S. Department of Health & Human Services. Substance Abuse and Mental Health Services Administration. Center for Substance Abuse Prevention
**Alcohol, Medication and Older Adults: For Those Who Care About or Care for an Older Adult**
http://pathwayscourses.samhsa.gov/aaac/aaac_intro_pg1.htm

One of CSAP's Prevention Pathways online courses.

**Web-Ed—Web Based Educational Opportunities...**

**Geriatrics and Aging – Conference Report**

- Optimizing prescribing in the elderly
- Frailty: Searching for a relevant clinical and research concept
- Type 2 Diabetes among older adults
- Nutrition and dementia among older adults
- Assessment of fitness to drive in persons with dementia
- Chronic disease and aging

**John A Hartford Foundation Institute for Geriatric Nursing**
Geriatrics and the Advanced Practice Curriculum, A Series of Web-Based Interactive Case Studies
http://www.hartfordign.org/continuing_ed/case_studies/

- Unexplained weight loss
- Herpes zoster
- Anemia of chronic kidney disease
- Pain management
- COPD and weight loss

**Clinical Vignette: Geriatric Syndromes- Falls and Nutrition/Fluids**

**Online CEUs: Geriatrics, Elderly Health Care**
http://www.nurseceu.com/index.html
Nursing World
http://nursingworld.org/ce/cecatalog.cfm

- Behavioral determinants of healthy aging
- Gerontological nurse practitioner manual – contact hours

Medscape

- The Treatment of Insomnia in Older Adults

American Society on Aging
http://www.asaging.org/webseminars/index.cfm

- Art and Dementia
- Building Awareness and Actions to Promote Brain Health

Nursing Continuing Education, Geriatric Care
http://www.nursingceu.com/courses/curriculum_nceu_category.htm#5

Positive Aging Resource Centre
http://www.asaging.org/parc/

- Late Life Depression
- Alzheimer’s Disease: Taking Control
- Mental Illness in Long Term Care: Solutions for the Care Team
- Treating Late Life Mental Illness with Psychotherapy
- Depression in the Elderly: Practical Problem-Solving Model for Non-Medical Providers
- Signs and Symptoms of PTSD
- Service Models for Older Adults with Severe Mental Illness: Rehabilitation, Outreach, Residential Support, and Integrated Health Care

University of Iowa Geriatric Education Centre
http://www.medicine.uiowa.edu/igec/gateways/contin_ed.asp

This site features “virtual patient” simulations, and multidisciplinary presentations on geriatric topics in a streaming digital video and/or audio format with synchronized slides. They are appropriate for learners in medicine, nursing, pharmacy, and other allied health disciplines, and are approved for CME and nurse CEU credit.

Stanford University Medical School
http://endoflife.stanford.edu/

- End of Life Online Curriculum
UTMB (University of Texas, Medical Branch) Geriatric Education
http://www.utmb.edu/geriatric-ed/courses.asp

Modules in Common Health Problems:
  ● Functional Assessment
  ● Falls and Falls Prevention
  ● Restraints
  ● Mental Status Assessment
  ● Polypharmacy
  ● Cross Cultural Influence
  ● Health Disparities of the Older Adult
  ● Altered Presentation of Disease
  ● Depression, Delirium and Dementia
  ● Urinary Continence
  ● Management of Aggression
  ● End-of-Life Care

Wayne State University
http://www.iog.wayne.edu/continuing_education.php

  ● End of life care
  ● Managing difficult behaviors

Conference Calendar...

19th Annual Rotman Research Institute Conference – Cognitive Aging: Research & Practice
March 8-10, 2009
Toronto, Ontario, Canada
http://www.rotman-baycrest.on.ca

2009 Joint Conference of NCOA and the American Society on Ageing
March 15-19 2009
Las Vegas, NV, USA
http://www.asaging.org/asav2/conf/jc/jc09/index2.cfm

Environments for Aging
March 29-31, 2009
Boston, Massachusetts, USA

Canadian Gerontological Nursing Association
May 27 – 30, 2009
Banff, Alberta, Canada
www.cgna.net
Worth Quoting...

I wonder if age, in fact, may offer the opportunity to develop values and abilities, for each of us and for society, that are not visible or fully realized in youth. – Betty Friedan, The Fountain of Age

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