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Model review of Cedarhurst dementia care home

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Cedarhurst is a 2 story not for profit home, built specifically for 24 residents with dementia; it opened in mid-2005 and receives no government funding. Cedarhurst is unique in that 100% of hands on care are contracted to a staffing agency. There are many elements which have changed since Cedarhurst opened its doors in 2005. The most significant ones are:

- The advent of the Retirement Homes Act (RHA) which brings a substantial increase in formal public accountability
- The increase in community and home care services which support people in early stages of dementia to remain in their homes – this means that the current admissions to Cedarhurst are mostly people who are into middle stages, whereas earlier residents were often in early stages of dementia.
- The change in leadership – a new Executive Director is expected in late 2015
- Possibility of adding two suites

During the presentation, the audience will learn how Cedarhurst is managing through these challenges. The focus for this presentation will be to show other organizations how Cedarhurst identified the gaps and opportunities in meeting the needs of its families and to ensure that current services support the changes in the resident population. There are 4 recurring themes in elder care that are universal to all organizations which provide care to seniors: Quality management, Risk management, Accountability and Sustainability, and audiences will be able to relate and learn from our experiences as these are common issues in dementia care settings.

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Investigation into age-related formulations-focus on geriatric patient populations

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Increasing life expectancy and the aging “baby-boomer” generation are leading to a challenging demographic shift in our society over the next decades. Overall the increasing life expectancy and higher age are correlated with a higher probability of functional declines and potential disabilities that have consequences across the various domains of independent life and care giving. There is no doubt that the oral route is the most preferred route in the administration of medicinal products and drug therapy. The active moieties are formulated and processed into solid oral dosage forms (SODF) like tablets and capsules that are swallowed as such to release its content by disintegration and dissolution of the drug in gastrointestinal fluids for absorption. There are several advantages related to SODF like dose accuracy, various opportunities to provide different release profiles, facilitated drug distribution, non-invasiveness and ease of use by the patients. It is evident therefore that enormous scope still exists to design by first intent an oral delivery system designed for geriatric populations and which can accommodate a wide range of drug properties (dose, aqueous/lipid solubility and taste) and circumvent a number of geriatric diseases such as dry mouth, dysphagia. In the first instance, the candidate will investigate a number of colloidal/micro emulsions based delivery systems and apply a number of physico-chemical characterization techniques.

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