

# THE BRAEMAR BUZZ

## Community Connections

While aiming to fulfill Braemar's mission to create an environment that enriches, engages, and empowers our residents, we also aim to



create community connections through partnerships, special programming, and community outings. Last month, Braemar welcomed Pam Proper from Proper's Maple Farm to talk about her family's syrup business. Residents had the opportunity to learn, reminisce and sample a little taste! We are already looking forward to next year's visit!

Next month our residents are looking forward to meeting their pen pals from Howick Central Public School!



**HAPPY BIRTHDAY**  
To You

George C. - April 28th

## In Loving Memory

Jim Mack  
Ken Karn  
Wes Riley



## Education Corner: Skin & Wound Care

### How does skin change with age?

**The skin's regrowth process slows.** The thinning of the outer epidermal layer can decrease a protein called collagen, which gives skin its ability to stretch and then return to shape. This means that older skin is more likely to wrinkle.

**Skin's pH becomes more neutral, making it more susceptible to infection.** As we age, our skin becomes less acidic. Reduced acidity results in skin killing fewer bacteria than before.

**Skin becomes less firm and less elastic.** Skin cells are replaced more slowly as we age. The aging process causes biochemical changes in the protein collagen, which gives skin its structure and its firmness, and the connective tissue elastin, which gives skin its elasticity. The rate of this change differs from individual to individual, depending on genetics, overall health, sun exposure and skin care.

**What is a skin tear?** A skin tear occurs when fragile skin bumps against a hard surface. As people age they tend to have thinner skin and therefore are at higher risk of getting skin tears.



## World Delirium Awareness Day March 11



March 11 was World Dementia Awareness Day, an opportunity to increase understanding of conditions that affect thinking, memory, and behavior. In older adults dementia, depression, and delirium can sometimes look similar, but they are very different conditions and require different approaches to care.

### *Understanding the Differences*

Condition	Onset	Key Signs	Treatment
<b>Dementia</b>	Gradual decline over months or years	Memory loss, difficulty communicating, trouble with daily activities, personality changes	Progressive condition managed with supportive care
<b>Depression</b>	Develop over weeks or months	Persistent sadness, loss of interest, fatigue, poor concentration	Often treatable with medical and psychosocial supports
<b>Delirium</b>	Sudden change over hours or days	Sudden confusion, difficulty focusing, drowsiness or agitation, disorganized thinking	Often reversible if the cause is identified and treated

### *Preventing and Identifying Delirium*

Residents in long-term care may be at higher risk for delirium due to illness, infections, dehydration, medication changes, or hospitalization. Early identification is very important.

At Braemar Nursing Home, our team follows best practices from the **Registered Nurses' Association of Ontario (RNAO)** and uses the **N Adv- Can-RNAO Delirium: Screening, Assessment and Management Tool** to help identify residents who may be at risk. This supports early intervention and helps prevent complications.

### **Together, we will make a difference to delirium care**

Families often notice subtle changes first. Please inform the nursing team if you observe:

- Sudden confusion or changes in behavior
- Increased sleepiness or agitation
- Changes in eating, drinking, or communication

Working together supports early recognition and helps us provide the best possible care, in alignment with the **Fixing Long-Term Care Act, 2021**, which emphasizes safe, resident-centered care.