

PROGRAM

Building Transformation: *Improving Care Transitions*



5TH ANNUAL **LONG TERM CARE** **Applied Research Day**

February 25-26, 2014
Hilton Hotel Toronto

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**PROGRAM DETAILS ARE AVAILABLE ONLINE
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PROGRAM



SPEAKERS



POSTERS



**Program content is current as of February 14, 2014.
Subject to change**

A MESSAGE FROM CANDACE CHARTIER AND PATRICK MCCARTHY



Candace Chartier, CEO, OLTC

Welcome and thank you for joining us for OLTC's 5th Annual Long Term Care Applied Research Education Day.

OLTC is Canada's largest long term care association. Our members represent a full spectrum of charitable, not-for-profit, private and municipal long term care operators. The Association's 439 member homes are funded and regulated by the Ontario Ministry of Health and Long-Term Care. OLTC members provide quality care and a home for more than 70,000 seniors (or residents) annually.

Our 5th Annual Long Term Care Applied Research Education Day is a sector-wide event designed to promote knowledge and innovation, and meet new and emerging researchers and learn about their work.

During OLTC Research Day 2014, 500 researchers and innovators, care directors and administrators, physicians, front line staff, policy makers, students, residents of LTC Homes and their families and caregivers have come together to learn about and share the latest innovations, research, tools and best practices in long term care.

Our sector continues to face significant change and transformation. Ontario's long term care homes must be ready to meet the challenges we face both now and in the future. It is vital that we take the time to see first hand the critical role research plays to help us translate knowledge into tools and products that can help provide the best care possible for our residents.

Our Agenda for the next two days is carefully planned and designed for you to leave with new ideas and knowledge with health care professionals and organizations working to advance safe and quality long term care.

We would like to thank the many volunteers who have worked with us over the last few months to make this day possible and the many more who are here today to share their time and expertise with us as speakers, moderators, poster presenters and more. And a special thank you to our sponsors, without whom this event would not be possible.



Pat McCarthy, President, OLTC

DAY 1: FROM EVIDENCE to PRACTICE


Tuesday February 25, 2014

TIME	SESSION	ROOM	SPEAKERS
7:30 am	ARRIVAL & COFFEE		 Sponsored by
8:25 am	WELCOME AND OVERVIEW OF DAY	TORONTO I/II	Candace Chartier, CEO, OLTC
	INTRODUCTION OF SPEAKER		Dan Kaniuk, Revera Inc.
8:30 am	OPENING PLENARY Value-Based Purchasing: Final Results from US Demonstration Project and Implications for Ontario Long-Term Care Sector		Sponsored by  Dr. David Grabowski, Harvard University
9:30 am	REFRESHMENT BREAK POSTER VIEWING TOOLS & RESOURCES INNOVATIONS SHOWCASE	FOYER	Sponsored by  
CONCURRENT SESSIONS			
10:30 am	AM1: MANAGING BEHAVIOURAL SYMPTOMS OF DEMENTIA AND MENTAL ILLNESS	CARMICHAEL	Sponsored by  Moderator: Dr. Andrea Moser, Ontario Long Term Care Physicians
	Welcome & Introduction of Speakers		Dr. Phil Woods, University of Saskatchewan
	Assessing the Risk of Imminent Violence in the Elderly: The Broset Checklist		Dr. Dallas Seitz, Queen's University, Providence Care Mental Health Services; Dr. Krista Lanctôt, Sunnybrook Research Institute and University of Toronto; Dr. Nathan Herrmann, Head of the Division of Geriatric Psychiatry, Sunnybrook Health Sciences
10:30 am	AM2: ADVANCED WOUND CARE	VARLEY	Sponsored by  Moderator: Susan Veenstra, Responsive Management Inc.
	Welcome & Introduction of Speakers		Dr. Karen Campbell, University of Western Ontario
	State of the Science: Consensus Statements for the Prevention, Prediction, Assessment and Management of Skin Tears		Orlagh Daly, University of Ulster, UK
	The Effectiveness of Specialised Seating for Residents in Long-Term Care		Dr. Antoni Basinski, Dr. Kevin Woo, Queen's University, Dr. Corrine McIsaac, Cape Breton University
10:30 am	AM3: IMPROVING PSYCHO-SOCIAL CARE IN LTC	SIMCOE (LOBBY LEVEL)	Sponsored by  Moderator: Chris McKey, Extendicare
	Welcome & Introduction of Speakers		Dr. Marie Savundranayagam, University of Western Ontario
	Differential Experiences of Spouses and Adult-Children Across the Caregiving Career: Implications for Long-Term Care		Dr. Tamara Sussman, McGill University
	Supporting Residents Moving Into Long-Term Care: Multiple Layers Shape Residents' Experiences		Dr. Robin Bonifas, Arizona State University
	Best Practices in Psycho-Social Care: Managing Resident-Resident Aggression		

10:30 am	AM 4: IMPROVING THE LTC ADMISSIONS PROCESS	YORK (LOBBY LEVEL)	Sponsored by  MEDICAL PHARMACIES
	Welcome & Introduction of Speakers		Moderator: Ruth McFarlane, Durham Christian Homes Society Inc.
	Making Moves Magnificent		Suzanne Saulnier, Loft Community Services
	The Experiences of Northern Ontario Older Adults during Relocation to Long-Term Care		Colleen Piekarski, Canadore College
10:30 am	AM5: ADVANCE CARE PLANNING	TOM THOMSON	Sponsored by  TRILLIUM TALENT RESOURCE GROUP INC. <small>"Adding Value Through People"</small>
	Welcome & Introduction of Speakers		Nancy Cooper, OLTCA
	Care Residents Want and Can Benefit From: Quality Improvement Project Removing Level of Care (LOC) Forms & Minimizing Inappropriate Transfer to Hospital from LTC		Jill Oliver and Paula Chidwick, William Osler Health Centre
	Advance Directives, Uncertainty, and Care Transitions for Residents of Long-Term Care Facilities		Dr. Beryl Cable-Williams, Trent/Fleming School of Nursing
12:00 pm	NETWORKING LUNCH	TORONTO III / RUTH'S CHRIS RESTAURANT	Sponsored by  SCHLEGEL VILLAGES
	POSTER VIEWING TOOLS & RESOURCES INNOVATIONS SHOWCASE		
12:45 pm			
CONCURRENT SESSIONS			
1:30 pm	PM1: PALLIATIVE CARE I	CARMICHAEL	Sponsored by  MEDICAL PHARMACIES
	Welcome & Introduction of Speakers		Moderator: Colleen Laing, Chartwell Retirement Residences
	Researching Awareness of Impending Death in Long-Term Care Facilities		Dr. Beryl Cable-Williams, Trent/Fleming School of Nursing
	Investigating Barriers to Access and Delivery of End of Life Care for Persons with Dementia in Ontario		Dr. Emily Hill, Western University
1:30 pm	PM2: OPTIMIZING THE PSW ROLE	YORK (LOBBY LEVEL)	Sponsored by  Remedy's Rx <small>Specialty Pharmacy</small>
	Welcome & Introduction of Speakers		Moderator: Marg Toni, Leisureworld
	"PSWs are the eyes and ears!" The Opportunity for Enhanced Integration of Stroke Care		Sandra Tudge and Justine Giosa, St. Elizabeth Health Care
	We Need To Talk! Optimizing the PSWs' Role in LTC		Sienna Caspar, Toronto Rehab and University of Toronto
	Personal Care Best Practice Guidelines		Sara Clemens and Miranda Ferrier, Ontario Personal Support Worker Association


1:30 pm	PM3: RESTORATIVE CARE	SIMCOE (LOBBY LEVEL)	
	Welcome & Introduction of Speakers		Sponsored by
	Promoting Physical Activity as a Cultural Norm within the Schlegel Villages		Moderator: Krista Griffin, Revera Inc.
	The Factors Associated with Receiving Rehabilitation in Long-Term Care in Canada: a Cross-Sectional Study		Lora Bruyn Martin, Schlegel-UW Research Institute for Aging
1:30 pm	PM4: REDUCING HOSPITAL TRANSFERS	TOM THOMSON	
	Welcome & Introduction of Speakers		Moderator: Bill O'Neill, Kensington Health Centre
	Implementation and Evaluation of INTERACT® at Baycrest Long-Term Care Home: Phase One		Angela Uy and Maya Hohmann, Baycrest
	Improving Care Transitions: Facilitating Care Transitions to and from Long-Term Care for Older Adults with Multiple, Complex Conditions		Bella Grunfeld and Oyin Talabi, APN Team, MacKenzie Health
1:30 pm	PM5: ONTARIO RESEARCH COALITION: STUDENT RESEARCH IN ACTION (PART 1)	VARLEY	
	Welcome & Introduction of Speakers		Moderator: Sue Cragg, Ontario Research Coalition
	Investigating Innovative Models of Service Delivery to Improve Access to Quality Health Care Services for Older Adults		Emily Nalder, Baycrest
	Determining the Feasibility and Efficacy of Institutional Dual-task Gait Training on Cognition and Mobility in Older Adults		Michael Gregory, Western University
	Enhancing Food in Long-Term Care: Strategies to Improve Micronutrient Quality of Food on the Menu		Ivy Lam, University of Waterloo
Addressing the Knowledge Gaps for B12 Testing and the Prevalence of B12 Deficiency in LTC Homes in Ontario	Kaylen J. Pfisterer, University of Waterloo		
2:45 pm	REFRESHMENT BREAK – Poster Award Ballot Deadline	FOYER	 
CONCURRENT SESSIONS			
3:00 pm	PM6: PALLIATIVE CARE II	CARMICHAEL	
	Welcome & Introduction of Speakers		Moderator: Elaine Shantz, Peoplecare
	Social Work's Role in Palliative Care for Persons with Advanced Dementia: What Does Comfort Look Like?		Deirdre Downes, Jewish Home Lifecare, US
3:00 pm	PM7: PERSON-CENTRED CARE	YORK (LOBBY LEVEL)	
	Welcome & Speaker Introductions		Moderator: Andrea Moser, Ontario Long Term Care Physicians
	Missed Opportunities for Person-Centered Communication: Implications for Staff-Resident Interactions in Long-Term Care		Dr. Marie Savundranayagam, University of Western Ontario
	Tiling Together Inclusion within Long-Term Care Homes in Ontario		Sonia Meerai, Family Councils Program
	The Physician Role in Promoting Resident-Centred Care		Dr. Joshua Tepper, Health Quality Ontario

3:00 pm	<p>PM8: QUALITY PERFORMANCE</p> <p>Welcome & Speaker Introductions</p> <p>A Scorecard Approach to Quality Improvement</p> <p>Using Resident and Family Satisfaction Surveys to Drive Resident-Centred Care</p> <p>Organizational Effectiveness: What is it? What does it mean for LTC?</p>	TOM THOMSON	<p><small>Healthcare Recruitment</small></p>  <p>Sponsored by maxwell management group <small>the right fit every time.</small></p> <p>Moderator: Paul Rushforth, Leisureworld</p> <p>Deborah Johnston, Chartwell Retirement Residences</p> <p>Dana Hardy, Revera Inc.</p> <p>Larry Chambers, Alzheimer's Society of Canada</p>
3:00 pm	<p>PM9: SPECIALIZED PROGRAMS</p> <p>Welcome & Introduction of Speakers</p> <p>Enhancing the Provision of Peritoneal Dialysis in Long-Term Care through Funding Reform</p> <p>Short Stay Convalescent Care Program and RAI-HC Assessment Evaluation: Demonstrating Improved Patient Outcomes and Care Transitions</p> <p>Evaluation of Behavioural Supports Ontario in Mississauga-Halton</p>	SIMCOE (LOBBY LEVEL)	<p></p> <p>Sponsored by TRILLIUM TALENT RESOURCE GROUP INC. <small>"Adding Value Through People"</small></p> <p>Moderator: Daile Moffat, Specialty Care</p> <p>Kieran Bergmann, Ontario Renal Network</p> <p>Jennifer Wright, Central CCAC</p> <p>Josie D'Avernas, Schlegel-UW Research Institute for Aging</p>
3:00 pm	<p>PM10: ONTARIO RESEARCH COALITION: STUDENT RESEARCH IN ACTION (PART 2)</p> <p>Welcome & Introduction of Speakers</p> <p>An Enhanced Educational Delivery Model for the Canadian Falls Prevention Curriculum</p> <p>Bereaved Family Members' Perceptions of, and Satisfaction with, End-of-Life Care in LTC</p> <p>High Fidelity Simulation in Interprofessional Palliative Care Education</p>	VARLEY	<p></p> <p>Sponsored by OMA <small>ONTARIO MEDICAL ASSOCIATION</small></p> <p>Moderator: Sue Cragg, Ontario Research Coalition</p> <p>Lindsay Delima, Providence Care</p> <p>Jenna Garlick, Lakehead University</p> <p>Kathy Kortess-Miller, Lakehead University</p>
4:10 pm	<p>CLOSING PLENARY</p> <p>Introduction of Speaker</p> <p>Managing Residents with Frontotemporal Dementia</p>	TORONTO I/II	<p></p> <p>Sponsored by Responsive Management Group</p> <p>Josie D'Avernas, Schlegel-UW Research Institute for Aging</p> <p>Dr. Tiffany Chow, Baycrest</p>
5:05 pm	<p>AWARDS PRESENTATION:</p> <ul style="list-style-type: none"> Residents' Choice Poster Best Student Poster Delegates' Choice Poster 		<p>Sharon Cooke, President, OARC</p> <p>Sue Cragg, Ontario Research Coalition (ORC)</p> <p>Pat McCarthy, President, OLTC</p>
5:15 pm	<p>INNOVATORS RECEPTION</p> <ul style="list-style-type: none"> Innovations Showcase Poster Viewing 	FOYER	<p></p> <p>Sponsored by Canadian Institute for Health Information <small>Institut canadien d'information sur la santé</small></p> 

5:30 pm	INNOVATORS DEN Dragon Panel: Don Fenn, Caregiver Omnimedia; Sarah Ferguson-McClaren, OMNI Health Care; Christine Ozimek, Provincial Long Term Care Homes	TORONTO I/II	Candace Chartier, CEO, OLTC (Emcee)
	Transforming Care of the Elderly by 'Taking a Walk in their Shoes': An Aging Suit Simulation to Shift Values and Attitudes through Experiential Learning		Jennifer Reguindin & Raquel Meyer, Baycrest Centre of Learning, Research & Innovation
	72-hour Electronic Assessment within a Long-Term Care home (TENA Identifi)		Shelley Gallant, SCA Personal Care & Bobbi Rogan, Extendicare.
	Collagene Santyl Ointment: an Active Enzymatic Debriding Therapy		Anna Ricci, Smith & Nephew
	Hidden Pockets: A Low-Tech Front-Line Innovation to Prevent Falls in LTC		Lynne Beer, Vision Nursing Home
	BrainFx - An Innovative Tablet Base Clinical Assessment Tool		Tracy Milner, BrainFx
	SARA Wireless Emergency Call Systems		Mark Seidenfeld, BCI Networks
	Door Prize - \$750 Travel Gift Certificate - must be present to WIN!	TORONTO I/II	Candace Chartier, CEO, OLTC
6:30 pm	ADJOURNMENT		
	HOSPITALITY SUITE	OSGOODE 3RD FLOOR	 Sponsored by




DAY 2: FROM POLICY TO PRACTICE

Wednesday February 26, 2014

TIME	SESSION	ROOM	SPEAKERS
7:15 am	ARRIVAL & COFFEE		 Sponsored by
8:25 am	WELCOME BACK	TORONTO II	Candace Chartier, CEO, OLTC
8:30 am	OPENING PLENARY	TORONTO III	Sponsored by 
	Introduction of Speakers		Patrick McCarthy, President OLTC
	Minnesota's Performance-Based Incentive Payment Program: Lessons for Ontario		Dr. Greg Arling, Indiana Center for Aging Research and Valerie Cooke, Minnesota Department of Human Services
9:15 am	Q&A		
9:30 am	REFRESHMENT BREAK		Sponsored by  

CONCURRENT SESSIONS

9:45 am	AM 6: RESTORATIVE CARE II	TORONTO II	
	Welcome and Introduction of Speakers		Deborah Johnston, Chartwell Seniors Residences
	Provincial Rehab Alliance Update		Charissa Levy, GTA Rehab Alliance
	LTCH Panel: Physiotherapy Funding Policy Implementation		Krista Griffin, Revera Inc.; Jenn Killing, Peoplecare; Jeanette O'Leary, Shalom Village; Daile Moffat and Deb Johnson, OLTC Special Rehab Task Force

9:45 am	AM 7: ADVANCED MENTAL HEALTH PRACTICE	TORONTO III	 Sponsored by
	Welcome and Introduction of Speakers		Moderator: Candace Chartier, CEO, OLTC
	LTCH Panel: LTC Admissions & Changing Resident Profile		Dot Broeders-Morin , Rosebridge Manor; Elizabeth Bryce , Leisureworld St. George and Catharine Bennett , Bradford Valley/Bloomington Cove, Cedarvale Lodge
	Mental Health Nursing in LTCHs		Dr. Phil Woods , University of Saskatchewan
9:45 am	AM 8: LTC FINANCIAL POLICY	TOM THOMSON	 Sponsored by
	Welcome and Introduction of Speakers		Moderator: John Scotland , Steeves and Rozema Group, and Chair, FLC
	LTC Panel: HINF		Elaine Anderson , Chartwell Retirement Residences; Susan Cymbaluk , OMNI Health Care and Dr. Corrine McIsaac , Cape Breton University
	Case Costing Pilot Project		Simon Akinsulie , Elizabeth Bruyere
11:15 am	CLOSING PLENARY	TORONTO III	 Sponsored by
	Introduction of Speaker		Chris Dalglish , Responsive Health Management
	15 Ways to Improve LTC Funding & Planning		Dr. Colin Preyra
12:00 pm	ADJOURNMENT		
12:00 pm	OLTC ACTIVE MEMBERS SESSION NETWORKING LUNCH	TORONTO II	
12:45 pm	MEMBERS MEETING	TORONTO III	OLTC Board of Directors
	Accountability Then and Now		David Golden , Torkin Manes Karen Sullivan , Chartwell Retirement Residences
3:00 pm	END		

A Special Thanks to the Following Sponsors:



Delegate Bags and Notebooks



Registration for Five Residents



Registration for Five Students



Registration Desk

POST EVENT

Let's Provide Care for Life! LTC Palliative Care Workshop

Thursday February 27, 2014

TIME	SESSION	ROOM	SPEAKERS
8:30 am	REGISTRATION		
9:00 am	Welcome & Introduction to a Palliative Care Approach	GOVERNOR GENERAL - 2ND FLOOR	Mary Lou Kelley and Deborah Parker
9:30 am	Integrating the Palliative Care Approach into Resident Centred Care from Admission to End of Life		Mary Lou Kelley and Deborah Parker
10:15 am	Specific Issues in Palliative Care		Mary Lou Kelley and Deborah Parker
10:45 am	REFRESHMENT BREAK		
11:00 am	Personal Support Worker Competencies in Palliative Care		Marg McKee and Jackie McDonald
12:00pm	LUNCH AND NETWORKING		
12:30pm	INNOVATIONS FOR PALLIATIVE CARE IN LONG-TERM CARE		
	Phase 1: Advance Care Planning and Palliative Care Conferencing		Deborah Parker
	Phase 2: Identification and Screening of Residents		Mary Lou Kelley
	Phase 3: End of Life Communications: Resident, Families, Staff		Jackie McDonald
	Phase 4: Bereavement Support and Peer Led Debriefing		Marg McKee
2:30pm	REFRESHMENT BREAK		
2:45pm	Developing a Palliative Care Program: The Role of an Interdisciplinary Resource Team and Your Role as a PSW		Jackie McDonald and Mary Lou Kelley
3:45pm	CLOSING AND QUESTIONS		

Onsite registration available.

PRESENTED BY



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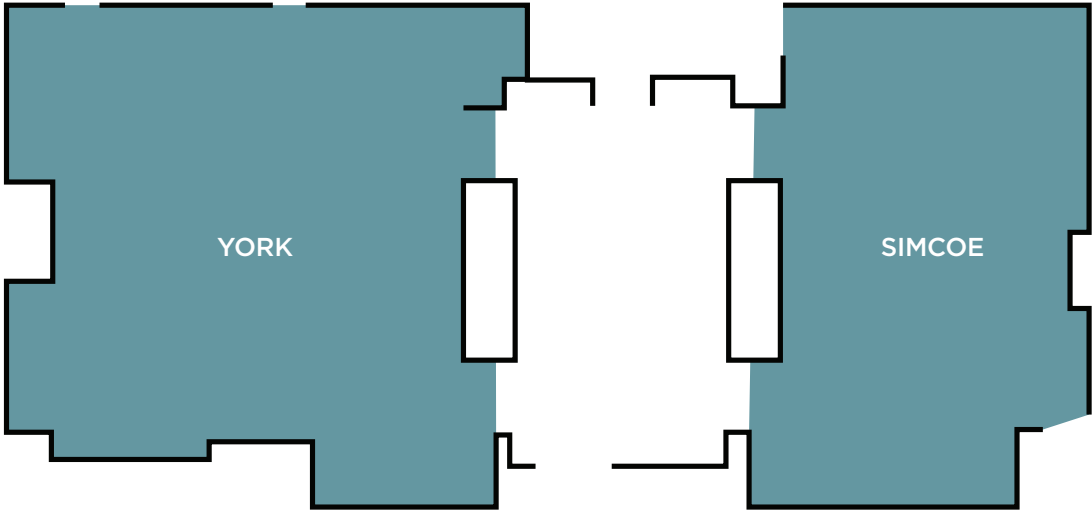


HILTON FLOORPLANS

CONVENTION LEVEL

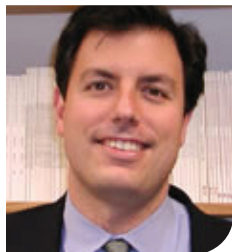


LOBBY LEVEL



KEYNOTE SPEAKERS

Tuesday February 25, 2014



OPENING PLENARY

David C. Grabowski, PhD, is a professor of health care policy in the Department of Health Care Policy at Harvard Medical School. His research focuses on the economics of aging with a particular interest in the area of long-term care. His research includes issues related to long-term care financing, organization and delivery of services. Grabowski received his BA degree from Duke University and his PhD in public policy from the Irving B. Harris School of Public Policy at the University of Chicago.



CLOSING PLENARY

Tiffany Chow, MD, is Senior Clinician-Scientist at the Rotman Research Institute, staff Behavioural Neurologist at Baycrest's Brain Health Centre Memory Disorders Clinic and holds a dual appointment as Assistant Professor of Neurology and Geriatric Psychiatry with the University of Toronto. She studied or trained variously at Stanford, Rush Medical College, UCLA, and was Clinical Core Director at the University of Southern California Alzheimer's Research Center with a research program for frontotemporal dementia. Her current research focuses on behavioural disturbances brought on by dementia as well as their apparent opposite, apathy, and how these symptoms relate to brain chemistry as seen with functional neuroimaging.

Wednesday February 26, 2014



OPENING PLENARY

Greg Arling, PhD, BA, conducts applied research to improve the effectiveness of health and long-term care for older people. His studies address issues such as quality assessment, policy and program implementation, nursing resource use, organizational performance, and transitions between care settings.



Valerie Cooke, BA, BS, is the project director for the Alternative Payment System (APS) for nursing facilities. Valerie is responsible for managing the nursing facility performance-based incentives. Valerie participated in the development of the nursing facility quality measures and the pay for performance system including the Nursing Home Report Card. Valerie has 18 years of experience with the Department of Human Services in nursing facility rate setting and policy development.



CLOSING PLENARY

Colin Preyra, PhD, is CEO and Scientific Director of the Canadian Health Services Research Group, where he oversees a multidisciplinary team that focuses on information management, financing, delivery and planning problems in the healthcare sector. He is a sought after educator, speaker and valued advisor to many health care institutions and policy makers. He is a widely recognized healthcare planning and funding expert. He has designed methods used for over a billion dollars in funding allocations and is the originator of Ontario's Health Based Allocation Model.

SPEAKERS



Simon Akinsulie, R.N., MHA, CHE
Bruyère Continuing Care

Simon Akinsulie is the Program Director of Long-Term Care, at Bruyère

Continuing Care. Bruyère Continuing Care is one of Canada's largest complex continuing care hospitals. Simon has previously worked at The Ottawa Hospital one of Canada's largest academic teaching hospital in various leadership roles. In addition, Simon was a member on the Provincial Bariatric Advisory Board of Ontario.



Greg Arling, PhD, BA

Greg Arling PhD, BA, conducts applied research to improve the effectiveness of health and long-term care for older people. His studies address

issues such as quality assessment, policy and program implementation, nursing resource use, organizational performance, and transitions between care settings.

Antoni Basinski, MD, PhD
UHN Toronto Western Hospital

Katherine Berg, PhD, PT
University of Toronto

Dr. Berg is the Chair and Associate Professor of the Department of Physical Therapy, the Executive Chair of the Rehabilitation Sciences Sector; and the Chair of the Graduate Department of Rehabilitation Sciences at the Faculty of Medicine, University of Toronto. She is a fellow with interRAI, an international team of academics, clinicians and other professionals committed to developing and using standardized assessments to improve the quality of care. She is a member of the interRAI Instrument and System Development (ISD) Committee. Dr. Berg's area of clinical expertise is in geriatrics. Her thesis work involved the development and validation of a Balance Scale widely used in rehabilitation and geriatrics. Her research interests include disability and fall prevention as well as health services research examining quality of care and outcomes following post-acute interventions. Current research projects include "A Tai Chi-based exercise program provided by Telerehabilitation compared to home visits in patients who had a stroke and who return home without intensive rehabilitation: a clinical randomized non-inferiority trial".

Kieran Bergmann, MA
Ontario Renal Network

Kieran Bergmann is a Senior Analyst for funding policy at the Ontario Renal Network (ORN). The ORN is leading the province of Ontario's implementation of the Chronic Kidney Disease (CKD) Quality-Based Procedure (QBP) and has been working since 2009 in close consultation with clinical, policy & financial experts to develop a framework that links funding to best practice patient care. Kieran is leading the expansion of this funding framework into the community, including the provision of peritoneal dialysis (PD) in Long-Term Care Homes.



Robin Bonifas, PhD
Arizona State University

Dr. Robin Bonifas is an Assistant Professor at the Arizona State University School of Social Work.

She has over 15 years experience working with elders and their families in both long-term care and inpatient psychiatric settings. Her research focuses on enhancing psychosocial care for persons with chronic illness and disability, especially those with comorbid mental health conditions and those requiring nursing home care, and on evaluating curricular interventions designed to prepare social work students for effective practice with older adults. Her current projects examine resident-to-resident aggression in nursing homes, late-life bullying and other challenges to social relationships in senior care organizations, and the impact of interprofessional education on students' competencies for collaborative healthcare practice. She is a John A. Hartford Faculty Scholar in Geriatric Social Work and earned her doctorate from the University of Washington in Seattle in 2007. She serves on the board of directors for the Association of Gerontology Education in Social Work and is a consulting editor for Health and Social Work.

Lora Bruyn Martin
Schlegel-UW Research Institute for Aging

Lora Bruyn Martin is a Research Application Specialist at the Schlegel-UW Research Institute for Aging. As a Research Application Specialist Lora is responsible for putting research into practice one initiative at a time. She has a strong background in applied research and knowledge transfer.

Beryl Cable-Williams, RN, BScN, MN, PhD
Trent / Fleming School of Nursing

Following extensive experience in elder care in the community and in LTC facilities, Beryl has taught at the Trent/Fleming School of Nursing for over a decade. She recently completed doctoral studies at the University of Alberta where her focus was on the end of life in advanced old-age. She teaches courses about nursing research methods, living with chronic illness, and contemporary issues in aging.



Karen Campbell, BSc, MSc, PhD
University of Western Ontario

Karen has functioned as an advanced practice nurse in psychiatry, continence, wound care and geriatrics.

Currently she is field leader for the Master's of Clinical Science in Wound Healing at Western and Wound Care Project Manager at Aging, Rehabilitation and Geriatric Research Center of Lawson Health Care Research Institute, St Joseph's Health Care London. She has co-led the development of Canadian Best Practice Guidelines for Pressure Ulcer prevention and treatment in the spinal cord injured individual. She has played a role in the development or revision of all 4 RNAO Best Practice Guidelines for Wound Healing; she has published several articles and book chapters on wound healing, and has been an active presenter and many wound care conferences.



Sienna Caspar, BSc, MA
University British Columbia

Sienna Caspar graduated in 1990 from the University of South Alabama with a Bachelor of Science in Therapeutic

Recreation. She worked as a Certified Therapeutic Recreation Specialist (CTRS) in long-term care (LTC) settings in the US and Canada for over 20 years. From 2003 to 2007 she was a national trainer for the American Therapeutic Recreation Association's Dementia Practice Guideline--Competency Training. In 2008 she received a MA in Gerontology from Simon Fraser University. Her MA thesis explored the relationship between long-term care staffs' access to empowerment structures and their perceived ability to provide individualized care. She continued to study this important topic at the University British Columbia, where she is currently a PhD candidate in the Interdisciplinary Studies Graduate Program. For her dissertation she conducted an Institutional Ethnography in three residential, long-term care facilities in British Columbia. The aim of her research is to improve our understanding of how the social organization of resident care within continuing care settings supports or inhibits the provision of person-centred care.



Larry Chambers, PhD, FACE, HonFFPH
Alzheimer's Society of Canada

Dr. Larry W. Chambers is the Scientific Advisor to the Alzheimer Society

of Canada with experience in research and research administration. From 2001 to 2011, he was the President and Chief Scientist with the Bruyère Research Institute, a partnership of Bruyère Continuing Care and the University of Ottawa to support research into continuing care and quality of life for older adults. Dr. Chambers also remains active in research. He maintains an appointment with the Bruyère Research Institute, as well as with the University of Ottawa, McMaster University (Professor Emeritus), York University and the Institute for Clinical Evaluative Sciences. His research and consultation interests focus on epidemiology and program evaluation issues related to healthy aging, public health, and post-professional education. He is an investigator with the Canadian Longitudinal Study on Aging (CLSA) and most recently, he was among those presented with a 2012 Canadian Institutes of Health Research (CIHR) - Canadian Medical Association Journal (CMAJ) Top Achievements in Health Research Award for the program of research on the Cardiovascular Health Awareness Program. Over the past 10 years, he was principal and/or co-principal investigator for 30 externally funded, peer-reviewed projects totaling over \$14 million. During his career, he has been lead author or co-author on over 160 peer-reviewed publications in scientific journals. Dr. Chambers is a fellow with the Canadian Academy of Health Sciences, a fellow with the American College of Epidemiology and honorary fellow with the Faculty of Public Health in the United Kingdom.



Paula Chidwick, PhD
William Osler Health System

Dr. Paula Chidwick is the Director Research & Corporate Ethics and Ethicist at William Osler Health

System. She was the first full-time Ethicist to be hired at a community hospital. She has a PhD in Philosophy specializing in Bioethics from the University of Guelph and a Fellowship in Clinical Ethics from the University of Toronto Joint Centre for Bioethics. Paula provides ethics services to health care organizations throughout Ontario. She publishes and lectures widely on a variety of topics including ethics in transitions, ethics quality improvement, ethics and error, end-of-life, and advance care planning. She has served on the Canadian Bioethics Society Executive, Health Canada's Scientific and Expert Advisory Panels, MOHLTC Critical Care Coaching Teams and Critical Care Services Ontario. She is currently a member of the Education and Training Committee of Technology Evaluation in the Elderly Network and a founding member of the Clinical Ethics Summer Institute (CESI) and the Healthcare Consent Quality Collaborative (HCQC).

Sara Clemens
Ontario Personal Support Worker Association

Sara Clemens is the CEO, Principal Consultant at Sara Clemens & Associates; a consulting firm providing health policy, management and evaluation supports to various health care sectors across Ontario. Currently Sara Clemens is assisting the Ontario Personal Support Worker Association of Ontario in the development of provincial PSW standards and supportive policy documents. Sara is the former Director of Policy at the Registered Nurses' Association of Ontario and a PhD candidate at University of Toronto's Institute of Health Policy, Management and Evaluation.



Valerie Cooke, BA, BS

Valerie Cooke is the project director for the Alternative Payment System (APS) for nursing facilities. Valerie is responsible for managing the nursing facility performance-based incentives.

Valerie participated in the development of the nursing facility quality measures and the pay for performance system including the Nursing Home Report Card. Valerie has 18 years of experience with the Department of Human Services in nursing facility rate setting and policy development.

Susan Cymbaluk RN

Susan is Operations Manager of Clinical Services at Omni Health Care - Corporate Office

Josie d'Avernas, MSc
Schlegel-UW Research Institute for Aging

Josie d'Avernas is Vice President of the Schlegel-University of Waterloo Research Institute for Aging (RIA) and part of the Schlegel Centre for Learning, Research and Innovation in Long-Term Care. The RIA is an innovative partnership of 12 long-term care and retirement communities, the University of Waterloo, and Conestoga College. The RIA focuses on practice-relevant research and translation of research to practice. Josie has a Master of Science degree in Health Studies and Gerontology from the University of Waterloo.

Orlagh Daly
University of Ulster, UK

Orlagh Daly, Occupational therapist & KTP Associate, University of Ulster Orlagh's work with the University of Ulster is on product development, research and clinical trials. She delivers training to allied health professionals all over the UK & Ireland on the importance of seating and correct positioning for their patients. She is currently researching the effectiveness of seating provision for nursing home residents, and working on the development of clinical training handbooks in seating and postural management.



Lindsay Delima, BAH
Providence Care

Lindsay Delima is currently in the 1st year of her Master's of Science degree in Rehabilitation Science at Queen's University. She holds a B.A.H. in Psychology and Health Studies also from Queen's University. She is working as a research student with Dr. Rosemary Brander and Dr. John Puxty at the Centre for Studies in Aging & Health at Providence Care. Her research interests lie in mental illness and community integration, with a secondary interest in older adult health and aging. She intends to pursue a Master's in Occupational Therapy, and later on, a PhD in the health sciences, and blend therapy and research into a career.



Deirdre Downes, LCSW
Jewish Home Lifecare, US

Deirdre Downes, LCSW is the Director of Social Work at Jewish Home Lifecare in New York and has worked in the field of aging for over twenty years. She received her undergraduate degree from Barnard College and her master's degree from Hunter College School of Social Work. She is currently a Ph.D candidate at City University of New York Graduate Center.

Jenna Garlick
Lakehead University

Jenna Garlick is a Masters of Social Work Student specializing in Gerontology. She received her HBSW at Lakehead University and is currently working on completing her Masters through research and internships at Lakehead University's Centre for Education and Research on Aging and Health (CERAH). As an emerging researcher, her research interests include, palliative care, long-term care, Canadian social policy, and the social work profession's role in research and program development. Growing up in Thunder Bay, she is constantly inspired by the community and committed to addressing the social needs of Northwestern Ontario's elderly population.



Justine Giosa, M.Sc.
Research Associate

Justine has been working as a health services researcher in both academic and applied settings for five years. In her current role as a Research Associate, Justine performs various activities to assist in the acquisition, development and implementation of research projects, as well as in the dissemination of research knowledge to get evidence into practice in a variety of areas including family caregiving, stroke, youth mental health and the role of personal support workers. Following her completion of an Honours B.Sc in Biology and

Psychology, Justine completed her Masters of Science in Health Studies and Gerontology, and worked as a Research Assistant on the CIHR-funded InfoRehab program of research. She is currently a PhD student at the University of Waterloo in the School of Public Health and Health Systems. Her doctoral research will focus on the development of a more integrated geriatric care planning and delivery approach for home care service providers.



David Golden,
Torkin-Manes

David M. Golden, a partner in Torkin Manes' Litigation Group, chairs the firm's Health Care Institutions Group

and co-chairs its Health Law Group. David's civil litigation practice focuses on commercial litigation, health law and professional liability. He regularly appears before all levels of court, boards and tribunals that regulate the health care industry and the professions. David also represents barristers, solicitors, and engineers in all courts and at arbitrations / mediations with respect to errors and omissions claims. He is counsel to the Ontario Long Term Care Association and the Ontario Retirement Communities Association. David has lectured extensively on health law issues to both lawyers and health care professionals and regularly publishes articles on health law topics. He is frequently invited to participate as a conference speaker.



Michael Gregory, BSc, MHK
Western University

Michael Gregory is currently enrolled in Doctoral studies in Rehabilitation Sciences within the Faculty of Health and Rehabilitation Sciences at Western University in London Ontario. Prior to his time at Western, Mike obtained his Master's in Human Kinetics from the University of Windsor in 2012, and his Bachelor's of Biological Sciences from the University of Guelph in 2010.



Krista Griffin
Revera Inc.

Krista is responsible to develop and implement a national strategy for recreation and rehabilitation that will position Revera as a leader in Long-Term Care and create person-centered programs that enhance resident safety and well-being. Krista has worked in clinical and management roles for 15 years in both the United States and Canada, with a focus on the senior population. Krista came to Revera from Centric Health where she was the Director of Allied Health Services for their Seniors Wellness division. In this role, she was responsible for the performance management of rehabilitation & restorative health care professionals working in LTC & Retirement Homes across Ontario. Krista's prior roles have included strategic development, monitoring, and ongoing updating of clinical programming to ensure innovative and best practice service delivery models. Krista has been a contributor to many publications and presented at various conferences across North America.

Dana Hardy, RN, MA Revera Inc.

Dana Hardy is the National Director of Quality Improvement for the long-term care business unit at Revera Inc. She is a Registered Nurse and has a Masters of Arts Leadership from the University of Guelph. With over 20 years experience in the long-term care sector, Dana has worked in a variety of both managerial and executive roles. She is knowledgeable with operational management and program development. Passionate about nursing leadership, quality improvement and professional development, Dana's current role allows her to work interprofessionally within all levels of the organization in the shared effort of providing the best care and services to seniors. Dana is married with three active children. Not unlike many hockey moms she is considering a side shuttle business or shares in Tim Hortons.

Jackie Hartnett SCA Personal Care

SCA is a leading global hygiene and forest products company that develops and produces sustainable personal care, tissue and forest products.



Nathan Herrmann MD, FRCP(C) Sunnybrook Health Sciences Centre

Dr. Herrmann's major contributions to neuroscience research are in the areas of the clinical pharmacology of dementia (treatment of behavioural disturbances and cognition), post-stroke depression, and the pharmacotherapy of late-life affective disorders. He has published numerous studies on the pharmacotherapy of behavioural disturbances in dementia that involve the use of novel agents, which attempt to determine the underlying neurobiology of these disorders. He has also participated in studies of post-stroke depression examining its neuroimaging and biological correlates. In addition, he has published studies, reviews and guidelines on the management of depression and bipolar illness in late-life, and have participated in psychopharmacology projects on drug-interactions and adverse events.

Emily Hill Western University

Emily M. Hill is a Master's of Science candidate in the Health and Rehabilitation Sciences program at Western University. Her research interests are in palliative care for persons with dementia in long-term care settings. She is also interested in the intersection between health, ethics, and law.



Maya Hohmann

Maya Hohmann is a Research Assistant with the Program Evaluation Unit at Baycrest Health Sciences. Maya received a Master's in Human Kinetics from the University of Ottawa and a Bachelor of Arts in Psychology from the University of Victoria. Maya's research interests include outcome-based evaluation, capacity building, program implementation, and quality improvement in long-term care.

Deborah Johnston, RN Chartwell Retirement Residences

Debbie is a Master's prepared Registered Nurse with several years of experience in Long-Term Care. Currently Debbie is the Director of Professional Development and Informatics with Chartwell Retirement Residence. Debbie is also a member of the OLTC Quality Committee and was a sector representative on Health Quality Ontario's Task Group that set the first aspirational targets for the publicly reported quality indicators in Ontario. Debbie is a Certified Excellence Professional with Excellence Canada and holds a Green Belt in Lean Six Sigma.



Mary Lou Kelley, MSW, PhD Lakehead University

Mary Lou Kelley, MSW, PhD, is the Lakehead University Chair for Palliative Care, a Social Work Professor at Lakehead University and a Professor at the Northern Ontario School of Medicine in Thunder Bay, Ontario. Her work focuses on promoting interdisciplinary research and education in gerontology and palliative care for health care professionals especially those working in rural, remote areas, long-term care homes and First Nation's communities. Dr. Kelley's research and publications focus on health and social services for older adults, rural health, long-term care policy and delivery, palliative care, and interdisciplinary gerontology education. She was the founding Director of the Centre for Education and Research on Aging and Health in 1992 and a founding member of the Northwest End-of-Life Care Network in 2005, served on the network's steering committee and was co-chair. In 2011 she was a co-chair for the system integration subcommittee of the MOHLTC Advancing Palliative Care Engagement Strategy that worked to create a vision for palliative care system integration in Ontario. She has provided advice to Accreditation Canada on developing new palliative care standards for long-term care and currently she is a member of the Health Quality Ontario Expert Advisory Panel on End of Life Care. She was the recipient of the Canadian Hospice Palliative Care Association's 2011 Award of Excellence and the Queens Diamond Jubilee medal in 2012 in recognition of her contribution to Canadian palliative care practice, education and research.



Kathy Kortez-Miller HBMT, MSW Lakehead University

Kathy Kortez-Miller, HBMT, MSW has a clinical background in social work and music therapy. She is a sessional lecturer at Lakehead University instructing in the social work and gerontology programs primarily for the palliative care certificate. Presently she is a PhD candidate in Educational Studies and her dissertation research focuses on the use of high fidelity simulation as a tool for interdisciplinary palliative care education with undergraduate learners. Kathy has worked as the curriculum developer for palliative care education at the Centre for Education and Research on Aging & Health (CERAH) and on the Hospice Unit at St. Joseph's Care Group. She is the chair of the board of directors of Hospice Northwest and has presented at provincial, national and international conferences. Her research interests include enhancing palliative and end-of-life care education, interprofessional education, high fidelity simulation and mentorship.



Liz Laird, BScN, CHPCN(c)

Liz Laird works for the Southwestern Ontario Palliative Pain and Symptom Management Consultant Program in Grey and Bruce Counties. In her role, Liz assists service providers with consultation, education and mentorship in the application of the Model to Guide Hospice Palliative Care, assessment tools and best practice guidelines with the goal to build capacity in all sectors.



Ivy Lam, BASc University of Waterloo

As Registered Dietitian and MSC candidate (University of Waterloo), Ivy has a keen interest in gerontology. She believes that age does not define the elderly. However, effort is needed to improve and maintain the health of this dynamic group. Her BASc in Human Nutrition (University of Guelph) provided a nutritional focus in addressing age-related health issues. Culinary Arts and Food Writing courses (George Brown College) helped cultivate a broader perspective of food and nutrition. Her past research examined the mealtime experience for families with dementia. Additional hospital-based dietetics internship training provided clinical experience and showed her the need for evidence-based practice and research in healthcare. Currently, she works with Dr. Heather Keller on the "Enhancing Food in Long-Term Care" study, in hopes of providing a foundation for micronutrient fortification as a food-first approach to address malnutrition in LTC.



Krista Lanctôt, PhD Sunnybrook Research Institute & University of Toronto

Dr. Lanctôt is Senior Scientist in the Brain Sciences Research Program at the Sunnybrook Research Institute, and co-director of the Neuropsychopharmacology Research Program. She is a Full Professor of Psychiatry (Geriatric) and Pharmacology/Toxicology with the University of Toronto. Her background is in clinical pharmacology. Dr. Lanctôt's goal is to optimize the psychopharmacological management of these neuropsychiatric symptoms. Current research addresses this goal by determining underlying neurobiology of neuropsychiatric symptoms, examining predictors of treatment response, using novel pharmacological agents, and carefully considering adverse drug events.

Charissa Levy, MHSc, BScOT, OT Reg GTA Rehab Alliance

Charissa Levy has been the Executive Director of the Toronto Acquired Brain Injury Network and the GTA Rehab Network since 2002. Both Networks are collaborative, membership-based organizations that include publicly funded hospitals and community organizations from across the Greater Toronto Area. Both Networks strive to enhance the coordination of and access to publicly funded services; provide strategic leadership across the rehab and ABI systems; define and measure system performance to support quality improvement, in form planning and promote consistent best practices. As Executive Director, Charissa is responsible for the strategic positioning and overall operational and financial management of each Network. Charissa has a Master of Health Science degree in health administration from the University of Toronto and a Bachelor of Science degree in Occupational Therapy from the University of Western

Ontario. In addition to her current and previous roles with the Networks, Charissa has held administrative and clinical roles, working as an occupational therapist in the community, in private practice.

Genevieve Lukenda-Lund, BSc, MBA **Extendicare Canada**

Gen has more than 10 years experience with quality improvement (QI). Educated as a BSc Biology, an MBA and a Lean Black Belt in Healthcare, she started her career in a true “Lean” organization where she learned to lead and implement QI work. Her expertise spans 6 different countries and several industries including banking, telecom, manufacturing and healthcare. Gen works closely with Villa Colombo where she assisted them in transforming the organization from a silo, firefighting mentality to an idea sharing, collaborative one. She is currently partnering with Extendicare Canada. One of her favorite organizational approaches is Lean because changing processes sparks changes in the organization. It fosters collaboration and gets staff working cross-functionally. Her favorite quality quote is: “...employees are offering a very important part of their life to us. If we don’t use their time effectively, we are wasting their lives.” Eiji Toyoda (died Sept 2013) President and Chairman of Toyota.

Bhreagh MacDougall, BSc, MSc **Health Outcomes Worldwide**

Bhreagh MacDougall, a native of Cape Breton, NS, received her Bachelor of Science (honours) degree from Cape Breton University and has recently finished a Master of Science (Medical Science) degree from the University of Calgary. Bhreagh holds the position of Research and Development Officer. In the past, she’s been a member of the Alberta Osteoarthritis Team and has held multiple Principle Research Investigator roles in various disciplines including colorectal cancer, orthopaedic surgery, renal dialysis foot assessment, surgical site infection, arthritis, and joint reconstruction. Bhreagh has received many awards for her research initiatives during her training. These include: an award from Alberta Innovates Health Solutions, National Research Council of Canada Research and Development Training Award, the Queen Elizabeth II Graduate Award, the Canadian Millennium Scholarship, Province of Alberta Scholarship in Graduate Study Excellence, and University of Calgary Medical Science Scholarship. Bhreagh is committed to improving the quality of life for health care patients. She has been directly involved in programs that work to enhance the patient experience. Bhreagh was an education facilitator for the Arthritis Society of Canada, and a program leader for the ‘Seniors Maintaining Active Roles Together’ Program. Specifically during her time as Principle Researcher in Renal Dialysis (Cape Breton District Health Authority), Bhreagh (in conjunction with the Diabetes Care Program of NS) developed a routine foot assessment program for nursing staff that included alerts for high-risk patients. This enablers was one of the driving forces that resulted in a reduction in amputation rates from the previous year. Besides population health research, Bhreagh is currently in the process of publishing cutting edge research (developed during her Masters thesis) on cellular behavior that will affect current day surgical procedures for joint reconstruction. Bhreagh’s biggest passion is taking evidence-based research and translating it into better outcomes for patients. Bhreagh believes that Health Outcomes Worldwide will transform her passion for patient outcomes into exciting new developments for the health-care world.

Mackenzie Health Lead Presenters:



Bella Grunfeld, Nurse Practitioner - PHC, Nurse Led Outreach Team (NLOT) Mackenzie Health

Bella worked in various setting in health care field over the years of her career. Her experience extends to perioperative nursing, mental health, providing care for adults and seniors with complex chronic illness; home care - including direct client care, palliative care, administration and policy development; as well as, most responsible provider in primary health care setting. In her current role at Mackenzie Health, Bella works collaboratively with the rest of the Mackenzie Health team to facilitate best health outcomes and timely discharge for hospitalized long-term care residents. She provides outreach health services to residents in Long-Term Care homes where she address their emergency health situations and provides treatment, as required, to prevent unnecessary transfers to the hospital. Bella works collaboratively with families, as well as, multidisciplinary health professionals teams in Long-Term Care and at Mackenzie Health to ensure seamless transition of seniors between Mackenzie Health and Long-Term Care facilities. In addition, Bella provides clinical leadership and mentorship to the nurses in long-term care and facilitates implementation of evidence based care, as well as, provides education and support to build capacity in providing care for seniors with complex health needs.



Oyin Talabi, MN, NP-Adult, GNC (C) Nurse Practitioner, Nurse-Led Outreach Team

Oyin holds a master of nursing in Nurse Practitioner Adult from University of Toronto and a BScN from Ryerson University. She is a certified geriatric NP currently working with the Nurse Led Outreach Team (NLOT), covering Mackenzie Health and Markham Stouffville Hospital. Her bedside nursing experience includes Step down ICU and acute care at Mount Sinai Hospital. As part of the NLOT team, Oyin works closely with the Long-Term Care (LTC) homes in averting unnecessary emergency visits. She provides health services to the LTC homes and increases capacity with the healthcare providers of the homes. Oyin collaborates with seniors and their families, interprofessional teams both within the LTC and LHIN to provide quality care. She also assists with seamless transition of seniors to the hospital and upon discharge from the hospital.

Coauthors:

Angela Chan, RN, BScN, MN, GNC(C), Clinical Nurse Specialist, Geriatric Emergency Management (GEM); Bella Grunfeld NP-PHC, Nurse Practitioner, Nurse Led Outreach Team; Catherine Petch, RN, MN, GNC(C), Clinical Nurse Specialist, Seniors’ Health; Jessica Coulis, RN, BScN, MScN, Clinical Nurse Specialist, Geriatric Emergency Management (GEM); Judy Smith, RN, BScN, MEd (DE), ENC(C), Clinical Nurse Specialist, Seniors’ Health; Oyin Talabi, MN, ACNP, GNC(C), Nurse Practitioner, Nurse Led Outreach Team; Pamela Rosano, GNC(C); Tiziana Rivera, RN, BScN, MSc, GNC(C).

Rob Madan, MD, FRCPC **Centre for Mental Health – Baycrest**

Dr. Robert Madan is Baycrest’s Chief of Psychiatry and Executive Medical Director of the Centre for Mental Health. He is also the Medical Program Director for the Baycrest Psychiatric Day Hospital and is involved

clinically in long-term care consultation, and outpatient psychiatry. He has been on staff at Baycrest since 2003. Dr. Madan has a strong interest in education. He is the Chair of the Medical Education Committee. Additionally, Dr. Madan is the Postgraduate Education Coordinator for the Division of Geriatric Psychiatry and has recently become the Residency Program Director for the newly accredited Geriatric Psychiatry Subspecialty at the University of Toronto. His academic interests are in the areas education scholarship and faculty development. Dr. Madan attended medical school at the University of Western Ontario and completed his psychiatry residency in psychiatry at the University of Toronto. He is an assistant professor in the Faculty of Medicine at the University of Toronto.

Nikki Mann **Villa Colombo Services for Seniors**

Nikki Mann joined Villa Colombo Services for Seniors in May 1989 as a Health Care Aide after completing her 1st year of Nursing to experience Nursing. She specialized in Pediatrics and worked in acute care hospitals while continuing to work with Villa Colombo as a RN in charge. She is currently the Director of Resident Services. Nikki attended the McMaster Summer Institutes for Geriatrics and is Montessori Based Dementia Programming certified, is also PIECES trained. She completed The Leadership Course from the Dorothy Wiley Institute of Learning and most recently completed the International Interdisciplinary Wound Care course by CAWC at University of Toronto. She continues as the Psychogeriatric Resource Person for the facility and is a certified Crisis Prevention Intervention Instructor. In addition Nikki is on the faculty with Seneca College as an Adult Educator for the Practical Nursing Program and Clinical Instructor for George Brown/ Centennial/ Ryerson BSN Collaborative Nursing Program students for 1st year placement.

Caitlin McArthur **University of Waterloo**

Caitlin McArthur is a registered physiotherapist with experience working in long-term care. She is currently pursuing a PhD at the University of Waterloo in the Kinesiology department in the interdisciplinary Aging, Health and Well-being program. Caitlin is studying the provision of rehabilitation services in long-term care including the use of physiotherapy, occupational therapy, nursing rehab, restorative care and exercise.



Jackie McDonald **Bethammi Nursing Home**

Jackie McDonald is a Personal Support Worker (PSW) at Bethammi Nursing Home where she has worked for ten years. Prior to working in long-term care, Jackie worked as a PSW in the community. Jackie was a PSW Lead in her home as part of a five year participatory action research project (Quality Palliative Care in Long Term Care) led by Dr. Mary Lou Kelley at Lakehead University. Not only was she an active participant within this research but she was also key player in disseminating the results across Ontario. Through the project she was part of a dedicated group of PSW’s, overseen by Dr. Mary McKee, who helped to develop competencies for PSW’s working in Long-Term Care Homes. Jackie is dedicated to helping residents, families, and staff to explore the concept of change and how to work together to attain goals desired by the resident.

Corrine McIsaac, PhD (c), MED, BSCN, RN Cape Breton University, Health Outcomes Worldwide

Corrine is a successful health educator, researcher and entrepreneur. She is recognized throughout Canada as expert in outcome measurement and an innovator in the development of effective e-health solutions for health organizations across the continuum of care. Corrine's passion for improving the Canadian health system through outcome measurement is both inspired and informed by 25 years of experience as a nursing clinician, manager, consultant and educator. Corrine's rapidly growing company, Health Outcomes Worldwide, develops and delivers innovative outcome measurement tools, relevant data and strategic direction to health organizations in all sectors of care. These e-health solutions help organizations to facilitate improvements in patient care while building greater fiscal and human resource capacity from within. Corrine is an accomplished author, researcher and speaker. She was the primary author of the Evidence Based Wound Management Protocol which has been adopted as a standard of care by the Department of Health in Nova Scotia. Her research on wound care and outcome measurement has been published in scholarly journals and she spoken on these topics at over 100 national and international conferences. Corrine has been the recipient of numerous prestigious awards for her work in wound care management and outcome measurement. In 2010, she was awarded 1st place in the provincial zone competitions sponsored by Innovacorp. All of Corrine's academic pursuits and entrepreneurial endeavours are driven by the desire to improve care delivery within the Canadian health system in order to enhance the quality of life for individuals who access it. Her success has been grounded in a fundamental educational pedagogy of quality improvement.



Marg McKee Lakehead University

Marg is the Director of the School of Social Work and the Coordinator of the Palliative Care Certificate program at Lakehead University. She teaches courses in counselling and clinical practice, and practice with older people and people suffering from life-threatening illness. She is a psychologist and a nurse by training, with a special interest in end of life care. Her research is in the area of palliative care, and understanding the roles of volunteers and personal support workers with older people who are dying.

Olivia McVey, BASc Seating Matters

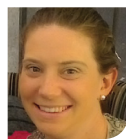
Olivia McVey graduated from the University of Ulster with a first class honours degree in Occupational Therapy. She has worked on a number of research projects in her specialist interest area of seating, posture and pressure management. Olivia has furthered her study to post graduate level, gaining a Post Graduate Certificate in Advancing Practice in Occupational Therapy. This post-grad involved further study in complex seating for adults with physical disabilities and pressure ulcer prevention and management for occupational therapists. She has disseminated a number of Seating Matters research projects at national and international conferences and presents the certified course "Seating Matters: Seating and Postural Management Training" which is endorsed by the college of Occupational Therapists.

Sonia Meerai, BSW The Family Councils' Program

Sonia Meerai has completed her Bachelors of Social Work from Ryerson University, and is currently in the Masters of Social Work program at York University. Focusing on courses such as critical gerontological social work practice, analyses of theories and practices and how we are implicated in large social, political, economic systems are interests of Sonia that continue to fuel her passion in research, and policy analysis for older adults in Ontario.

Catherine Milne, MSN, APRN, CWOCN, BC Connecticut Clinical Nursing Associates

Catherine T. Milne is co-owner of Connecticut Clinical Nursing Associates, a practice focusing on direct patient care, consultation, education and research in wound, ostomy and continence care. Milne earned her MS in nursing at Western Connecticut State University in Danbury, and her post-master's certificate in adult primary care at the University of Connecticut. She also practices at the Bristol Hospital Wellness Wound, Ostomy & Lymphedema Center. Milne has published several articles in professional nursing journals and coauthored the book Wound, Ostomy, and Continence Nursing Secrets (Hanley & Belfus, 2002). She is a reviewer for Orthopaedic Nursing, and an abstract reviewer for the Symposium on Advanced Wound Care. She is on the editorial review board for Ostomy/Wound Management. Additionally, she is the former co-chair of the Association for the Advancement of Wound Care's Quality of Care Task Force. She has lectured nationally and internationally on a variety of subjects.



Emily Nalder, PhD Baycrest

Emily Nalder is a post-doctoral research fellow and a registered occupational therapist based at the Rotman Research Institute at Baycrest and part of a CIHR strategic training program; Health Care Technology and Place. Emily completed her PhD in Australia examining transitions from hospital to home for individuals with traumatic brain injury and moved to Canada in February 2013 to undertake post-doctoral training at Baycrest with Dr. Deirdre Dawson. As part of her post-doctoral fellowship Emily is working on three main studies examining ecologically valid methods of assessment and treatment for individuals with cognitive impairment. Her research interests are around facilitating knowledge translation such that novel rehabilitation approaches can be successfully implemented in different rehabilitation contexts to improve the quality of life of individuals with chronic disease. In her presentation today Emily will describe a research study examining the experiences of health professionals administering evidence based interventions via an online platform.

Jill Oliver, PhD William Osler Health System

Dr. Jill Oliver is a Health Care Ethicist whose expertise focuses on consent, capacity, substitute decision making, and end of life issues as they arise in long-term care settings. Jill has a PhD in Philosophy from the University of Waterloo, an Academic Fellowship in Clinical and Organizational Ethics from the University of Toronto Joint Centre for Bioethics, and has also completed internships in Clinical Ethics at both Baycrest Centre for Geriatric Care, and William Osler Health System. Jill is currently leading an Ethics Quality Improvement Project for William Osler Health System; this project focuses

on minimizing errors that contribute to transfers of residents between Long Term Care and William Osler's Emergency Department.



Deborah Parker, RN, BA, MSoc, PhD University of Queensland / Blue Care Research and Practice Development Centre

Associate Professor Parker is the Director of the University of Queensland/Blue Care Research and Practice Development Centre (UQ/BC RPDC). Deborah has attracted over \$20 million in research funding primarily in palliative aged care. This includes a grant of \$1.4 million under the Encouraging Best Practice in Residential Aged Care for the project - Implementation of a comprehensive evidence based palliative approach in Residential Aged Care which developed the Palliative Approach Toolkit. The Toolkit has received a further \$2 million for implementation in 1,000 facilities in Australia. Deborah is a co-investigator on a \$15 million consortium to provide and evaluate specialist palliative care and advance care planning support for aged care providers in Australia.



Kaylen J. Pfisterer, BSc University of Waterloo

Kaylen Pfisterer received a B.Sc. from the University of Waterloo, in 2011 in Honours Life Sciences with a major in Biomedical Science and minors in Biology and Psychology. After graduation she began working as the Assistant Research Coordinator at the Schlegel-UW Research Institute for Aging (RIA), facilitating applied research through recruitment and building relationships between researchers, older adults and front-line team members working in retirement and long-term care. In September, 2012, in addition to her role at the RIA, Kaylen began pursuing her M.Sc. part-time in Kinesiology at the University of Waterloo under the supervision of Professor Heather Keller (Schlegel Research Chair in Nutrition and Aging) and Dr. George Heckman (Schlegel Research Chair in Geriatric Medicine).

Colleen Piekarski, RN, MScN Canadore College

Colleen Piekarski is a Registered Nurse and faculty in the Practical Nursing Program at Canadore College, North Bay. Throughout her 30 year nursing career she has worked in a variety of settings including acute, community and long-term care. In all of these roles she has always had a strong affinity and sense of advocacy for the gerontological patient. She has worked as a hospital discharge planner, CCAC case manager, visiting nurse and LTCH Director of Care. Indeed, she has seen the "experience of LTC placement" from all professional angles. When doing her MScN at Laurentian University, she chose to do a thesis that focused on the subjective experience of the elderly during relocation. This work has given Colleen insight into the experience of relocation and transition from the perspective of the newly admitted LTC resident. Colleen lives in North Bay with her husband John. She has four terrific children who are all on various paths to young adulthood. She loves to boat and cottage on Lake Nipissing with her family and their black lab, Grant.

Suzanne Saulnier, RSW LOFT Community Services

Suzanne Saulnier is a registered Social Worker and Director of the Behavioural Support Services Mobile Support Teams at LOFT Community Services. There are over 55 staff (including RNs, RPNs, PSWs, Behaviour Therapists, Social Workers) supporting 46 LTCHs and community residents in the Central LHIN, the most populous and diverse LHIN in the province of Ontario. The Behavioural Support Teams are the result of a new provincial initiative launched in 2012 to support older adults with challenging behaviours to remain safely in their home.

Marie Savundranayagam, PhD Western University

Dr. Savundranayagam's research focuses on improving caregiving relationships through enhanced communication, identifying ways to enhance personhood for individuals with dementia, and uncovering the mechanisms by which caregiver interventions are effective. She received the Canadian Institutes of Health Research's 'Age Plus' Award for her work on communication problems and burden among family caregivers. As a Hartford Geriatric Social Work Faculty Scholar, Dr. Savundranayagam investigated the impact of a psychoeducational program on caregiver burden of spouses/partners. Dr. Savundranayagam's current research, funded by a New Investigator Research Grant from the Alzheimer's Association, aims to assess the effectiveness of communication strategies used by caregivers to resolve communication breakdowns and to investigate the differential impact of effective versus ineffective strategies in predicting caregiver burden. Dr. Savundranayagam serves as associate editor for the Clinical Gerontologist and teaches about health and aging at Western University.



Rebecca Scott Rawn

Rebecca Scott Rawn is a Regional Director with Extendicare Assist. Prior to moving into operations she was the National Director of Communications and Strategic Partnerships with Extendicare. She has worked in politics, and the bureaucracy and is now very happy to be impacting change on the ground. In her spare time she runs numerous PDSA cycles in her kitchen, process maps how to elect more women and creates run charts on the frequency of her yoga class attendance.



Dallas Seitz, MD, FRCPC Department of Psychiatry Queen's University Providence Care - Mental Health Services

Dr. Seitz is an Assistant Professor and Clinician Scientist in the Division of Geriatric Psychiatry at Queen's University. He completed his MD at the University of Saskatchewan in 2003 and his residency training in Psychiatry at Queen's University. Following residency completed a two-year fellowship geriatric psychiatry and clinical epidemiology at Baycrest Centre and Women's College Research Institute. His current research examines health service utilization of older adults with psychiatric disorders; evaluation of the safety and efficacy of treatments for geriatric mental health conditions; and, knowledge translation in geriatric mental health. His research has been supported by the Alzheimer Society of Canada, the Alzheimer's Association, and the Canadian Institutes of Health Research.



Carol Sloan, RN, CHPCN(C) Palliative Care Consultation Program

Carol Sloan has worked in a variety of settings. After graduation she worked at Toronto Hospital Weston (now West Park Hospital) for a couple of years. She worked the old Peel Memorial Hospital in Brampton for 5 years on a medical floor, and then over 22 years as a Palliative Care Resource Nurse for a community nursing agency. She was also certified to do chemotherapy in the home at that time. Carol became certified in Hospice Palliative Care with the Canadian Nurses Association year in 2004, the first year that the CNA recognized Hospice Palliative Care as a specialty. She has been working with the Palliative Care Consultation Program since 2006, first as a consultant and now as Manager for this program. Carol's vision for palliative care is to improve the quality of living while dying. Carol is a proud Grandma, and enjoys the peace and solitude of cottage living.

Karen Sullivan, BA, CAE Chartwell Retirement Residences

With over 25 years of experience in seniors housing, Karen Sullivan was appointed Chief Operating Officer of Chartwell on January 1st, 2012. Karen has responsibility for operations and sales in all four of Chartwell's Canadian platforms as well as operational oversight of Chartwell's U.S. portfolio of homes which are managed by Brookdale Senior Living. Karen originally joined Chartwell in 2008 as the Executive Vice President, People, with oversight for the human resources and labour relations teams. Those responsibilities expanded in 2010 to include leadership of the Ontario long-term care platform. Prior to joining Chartwell, Karen held progressive positions over a 21 year career at the Ontario Long Term Care Association (OLTCA) including six years as their Executive Director. Karen is also a former VP Government Relations on the Ontario Retirement Communities Association (ORCA) Board of Directors and is a founding member of the Canadian Alliance for Long Term Care (CALTC). Karen has an Honours B.A. in Psychology from the University of Western Ontario and a CAE designation from the Canadian Society of Association Executives.

Tamara Sussman, PhD, MSW, BSW, BA McGill University

Tamara Sussman is an Associate Professor in the School of Social Work at McGill University. Drawing on over ten years of experience working with adults and families managing health related issues, Dr. Sussman's program of research focuses on how health services and systems impact older adults and their family members. Her research projects include spousal carers' experiences with home care; older adults' and family members' experiences with the transition into long-term care; barriers and facilitators to the delivery of effective interventions for depressed older adults and their care partners. Dr. Sussman aims to conduct research that can be used to improve health policies, processes and practices by working closely with community partners in the development, interpretation and dissemination of her research findings. Dr. Sussman has also provided mentorship to health practitioners interested in producing research to inform their practice with older adults and families.



Joshua Tepper, MD, FCFP, MPH, MBA Health Quality Ontario

Dr. Tepper is a family physician and the President and Chief Executive Officer of Health Quality Ontario (HQO). An arm's length agency of the provincial government, HQO works in partnership with Ontario's health care system to support a better experience of care, better outcomes for Ontarians and better value for money. Prior to HQO, Dr. Tepper was the inaugural Vice President of Education at Sunnybrook Health Sciences Centre. As Vice President, he was responsible for Sunnybrook's educational strategy and programming for learners, physicians and staff, patients and their families and the community. Prior to joining Sunnybrook, Dr. Tepper was Assistant Deputy Minister (ADM) in the Health Human Resources Strategy Division of the Ministry of Health and Long-Term Care. As the ADM he led the HealthForceOntario health human resources strategy to ensure that Ontarians have access to the right number and mix of qualified health care providers, now and in the future. In addition to his involvement in health policy and research at the provincial level, Dr. Tepper has also been active on a national scale as the senior medical officer for Health Canada, an adjunct scientist at the Institute for Clinical Evaluative Sciences (ICES), and a research consultant for the Canadian Institute of Health Information (CIHI). He has received several provincial and national awards for his leadership in these positions. Dr. Tepper holds a degree in Public Policy from Duke University, a Masters of Public Health from Harvard, and recently completed his executive Master's of Business Administration at the Richard Ivey School of Business.

Sandra Tudge, BA, MSW Saint Elizabeth

Sandra Tudge, BA, MSW is a Research Associate at Saint Elizabeth and was a member of the research team examining PSWs and Stroke Best Practices.

Angela Uy BN, MN, GNP-C Baycrest

Angela Uy received her Bachelor of Nursing from the University of New Brunswick – Humber ITAL and Master of Nursing from the University of Toronto. She is a Certified Gerontological Nurse through the Canadian Nurses Association and an active member of the Registered Nurses Association of Ontario. Angela serves as Unit Director to a cognitive support floor at Baycrest's Apotex Centre, Jewish Home for the Aged and is currently on secondment as Project Lead for implementation of the INTERACT® (Interventions to Reduce Acute Care Transfers) quality improvement program at Baycrest. She has a particular interest in building knowledge capacity in point of care healthcare providers to enhance resident outcomes and quality of life.

Kevin Woo, PhD, RN, FAPWCA Queen's University

Dr. Kevin Woo is an Assistant Professor at Queen's University, School of Nursing in Kingston, Canada. Kevin also holds academic appointment at the Western University and supervises research projects for students in their Masters of Clinical Science in Wound Healing program. Based on the biopsychosocial model of pain, Dr. Woo's research activities include examination of the relationship between pain, stress, inflammation, and healing in people with chronic wounds. He was the

Canadian lead on a multisite international research project that evaluated the relationship between stress, cortisol, heart rate, and pain in chronic wound patients. He was the co-lead of a research project (funded by Ministry of Health) that explored the impact of an interdisciplinary team's initial assessment on pain and quality of life in people with lower leg ulcers. He received the 2012 International Association for the Study of Pain (IASP) Early Career Research Award for his work in exploring the issue of stress and pain in people with chronic wounds. He is working with Institute for Clinical Evaluative Sciences and Ministry of Health Long-Term Care to evaluate pressure ulcer in Ontario. In collaboration with Toronto Health Economics and Technology Assessment Collaborative (THETA) and Leeds University, Dr. Woo is the principal investigator for a qualitative study to explore patient's views of what they found stressful or helpful about the treatment they received. Based on the qualitative data, he is working with Dr. Upton from University of Worcester to develop an instrument to measure stress in people with chronic wounds. Kevin maintains his clinical expertise and functions as an Advanced Wound Consultant at the West Park Health Center, a specialized chronic care and rehabilitation hospital in Toronto. He served on expert panels to develop Best Practice Guidelines (BPG) in collaboration with Registered Nurses Association in Ontario for the Assessment and Management of Stage 1 to 4 Pressure Ulcers and Screening for Dementia, Delirium and Depression in older persons. These BPGs are widely used knowledge tools in Canada and internationally.



Phil Woods, PhD, RPN, RMN
University of Saskatchewan,
College of Nursing

Phil Woods has been a nurse most of his working life, starting as an 18 year old nursing assistant in a large health hospital in England and discovered an interest in forensic psychiatry. His work at a large forensic mental health hospital engaged nurses in the whole care spectrum with individuals who had varying degrees of complex mental health problems. His 10 years here was challenging and rewarding and in 2000 he completed PhD. Moving to Canada in 2005, his research has focused on forensic mental health nursing with main interests in violence prediction, risk assessment and management, instrument development, and developing practice within forensic mental health nursing. His career includes a number of research projects, including a co-principal investigator in a large multi-country study funded through the European Fifth Framework Programme. Currently he is completing a Saskatchewan Health Research Foundation funded study examining how risk assessment and management is applied within Saskatchewan forensic and mental health units.

Jennifer Wright, RN, BScN
Central CCAC

Jennifer Wright, BScN, RN, RAI Coordinator at Central Community Care Access Centre since 2003. An evolving career in adult education with over 16 years experience working in health care. Orientation, elearning, InterRAI assessment instruments, and data analysis have been the key areas of expertise.

AWARDS

BEST STUDENT RESEARCH AWARD

Vote for your favourite Student Research presentation (oral or poster) to be honoured at the end of the day with the *Best Student Research Award!* Indicate your selection on the ballot, included in your registration kit, by recording the “Student Oral” OR “Student Poster” ID number (S01 to S010 for orals; P30 to P39 for posters), found in the program under “Student Oral and Poster Presentation Abstracts.”

Deposit the ballot in the ballot box at the registration desk in the Convention Level Foyer by 2:45 pm on Tuesday, February 25.

CRITERIA FOR THE BEST STUDENT RESEARCH AWARD:

- Quality of the research/ project
- Clarity of content
- Visual appeal (for posters only)

DELEGATE’S CHOICE AWARD

Vote for your favourite LTC ARED 2014 poster to be honoured at the end of the day with the Delegate’s Choice Award! All research posters are eligible for this award, including those produced by students. Indicate your selected poster on the ballot, included in your registration kit, by recording the poster’s ID number, located on the poster and on the program under “Poster Abstracts” (next pages). **Deposit the ballot in the ballot box at the registration desk in the Convention Level Foyer by 2:45 pm on Tuesday, February 25.**

CRITERIA FOR THE DELEGATE’S CHOICE AWARD:

- Quality of the research/ project
- Timeliness & practical relevance to LTC
- Transferability/ potential impact
- Clarity of the content & visual appeal

RESIDENTS’ CHOICE AWARD

The Residents’ Choice Award is awarded to the poster that in the opinion of the LTC Residents attending Research Day, best advances quality of care and quality of life in long term care. The selection process, facilitated by the Ontario Association of Residents’ Councils (OARC), includes advance review of the poster submissions and onsite review of the posters and discussion with authors. **Current long term care residents who would like to participate in the Residents’ Choice Poster selection process are requested to contact the registration desk in the Convention Level Foyer by 9:30 am on Tuesday, February 25.**

BEST NEW LTC PRODUCT OR SERVICE AWARD

New this year!

Be sure to visit the Innovations Showcase Exhibitors (Booths 1 to 6) and attend the Innovators’ Den (February 25 at 5:30 pm in the Plenary Session room - Toronto I/II) to find out about exciting new products and innovations designed to improve care, reduce costs and create value for long-term care.

OLTC will also be announcing a Call for Nominations for the **New LTC Product or Service Award**. The new Award will recognize an innovative product or service that is:

- New (to Ontario or long term care), or newly improved
- Useful (i.e., addresses an unmet need or under-recognized problem)
- Most likely to have positive impact on long term care if more widely adopted.

Stay tuned for details on the nomination and selection process!

DOOR PRIZE

Delegates on-site until the end of the Research Day Program will be eligible for a \$750 travel voucher Door Prize. The draw will take place after the Innovators’ Den.

POSTER PRESENTATIONS

Join students, researchers and health care professionals as they share their research and innovative ideas and projects on February 25 in the Convention Level Foyer, during Research Marketplace hours (9:30 - 10:30 am and 12:45 - 1:30 pm).

Poster abstracts are also available at www.etches.com/ehome/ared/175812/

P1 - CLOUD 9: SAFER TOILETING OF PATIENTS WITH LIMITED MOBILITY

Karen Ray¹, Veronique Boscart², Pamela Holliday¹, Aaron Marquis¹, Emily King¹, Geoff Fernie¹.

¹Toronto Rehabilitation Institute - UHN, ²Conestoga College.

Contact: karen.ray@uhn.ca

Brief Description of Research or Project: Assisting with toileting is a physically stressful and time consuming process. We have developed a new device, Cloud 9, to improve the toileting process in three ways. The development and testing of the Cloud 9 system followed an iterative process and feedback on the current prototype was solicited through small group sessions with LTC health care providers experienced in providing toileting care to residents. Feedback confirmed that the current wheelchair toileting concept is useful and the innovation eliminates the need for physically-demanding transfers for toileting care for people who utilize a chair during the day. **Why is this research important to profile at the Research Day 2014?** There are over 280,000 residents in long-term care (LTC) institutions in Canada. Over 65% are incontinent and approximately 80% are dependent on others for mobility, with many requiring the use of mechanical lifting devices for transfers. Assisting with toileting is a physically stressful and time consuming process. We have developed a new device, Cloud 9, to improve the toileting process by providing a more dignified method of toileting; eliminating the need for transfers, thus reducing the stress on the caregiver's back; and facilitating more frequent toileting, which can improve continence. The development and testing of the Cloud 9 system followed an iterative process by a multidisciplinary team. Feedback on the current prototype was solicited through small group sessions with LTC health care providers experienced in providing toileting care to residents. The Cloud 9 system was positively received and the potential for its utility was reinforced. Feedback included: suggested design modifications, such as adjustable armrests, chair width, footrests and overall height; recommendations for applicable populations such as heavy dependent residents or those who require frequent transfers for intermittent catheterization; the benefit of reduced physical effort and job stress; and that cost may be a concern for some LTC facilities. Feedback from LTC providers affirms that the current wheelchair toileting concept used in Cloud 9 is useful, and recommendations will be incorporated into a market-ready prototype produced by an industrial partner for clinical trials and production.. This innovation eliminates the need for physically-demanding transfers for toileting care for people who utilize a chair during the day.

P2 - THE INTERRAI QUALITY OF LIFE SURVEYS: BENCHMARKING AND EVALUATION

Micaela Jantzi¹, Jennifer Hartwick².

¹University of Waterloo, ²Schlegel Villages.

Contact: mcjantzi@uwaterloo.ca

Brief Description of Research or Project: This presentation will provide an introduction to the interRAI Self-Reported Quality of Life (interRAI QoL) surveys, and show examples of how variance in responses allows benchmarking and comparisons of QoL scores between long-term care homes, between sectors, across provinces, and internationally. We will also show how the interRAI QoL can be used as an evaluation tool to show meaningful differences in QoL before and after a program implementation. **Why is this research important to profile at the Research Day 2014?** Quality of Life (QoL) is vitally important for residents, yet it is a multifaceted concept that is difficult to measure. Objective indicators of QoL are already present in the MDS 2.0 and interRAI-LTCF, but this survey concentrates on subjective, self-reported QoL. The interRAI QoL survey can be used for benchmarking because it provides enough variance in responses that meaningful differences can be reported. Examples of comparisons between facilities, LHINS, provinces, and countries will be shown. Implementation of the survey can have an impact on care transitions because measuring QoL allows an LTC home to identify dimensions where residents do not feel comfortable or engaged. New programs can be implemented in order to address those dimensions. New residents can benefit immediately from the increased comfort and engagement, and will have a smoother transition into LTC. For example, the interRAI QoL survey was used in evaluating Java Music Club (JMC) - a program that was designed to improve depression and loneliness. QoL surveys were collected and were categorized as being either before or after their JMC participation started. Responses were compared to surveys from those who never participated in JMC. Preliminary results on the question "I am treated with dignity by the people involved in my support and care" show that 79% of those who were surveyed before their JMC participation gave positive responses, as compared to 89% after participation, and 87% of those who never participated ($p < 0.05$).

P3 - CCN PROVINCIAL HEART FAILURE STRATEGY: ADDRESSING BARRIERS TO HEART FAILURE MANAGEMENT IN LONG-TERM CARE

Kira Goodman, Anne Forsey. Cardiac Care Network of Ontario.
Contact: kgoodman@ccn.on.ca

Brief Description of Research or Project: With an aging population, the prevalence of heart failure (HF) is rising in people living in the community and in long-term care (LTC) facilities. HF affects over 20% of LTC residents and is associated with increased mortality and frequent hospital admission. Despite clinical guidelines, HF management in LTC in Ontario is suboptimal as a result of resident complexity, suboptimal resources, and a fragmented and disorganized provincial health care system. In response to the increasing burden of HF in the aging population, the Cardiac Care Network of Ontario (CCN) assembled an interdisciplinary HF Working Group in 2011 and drafted The Provincial Heart Failure Strategy (PHFS) that will be formally launched in February 2014. The PHFS highlights the need for standardizing HF tools and resources for patients, caregivers, and interprofessional teams; building capacity within the health care team; and improving organization of care in the context of a hub-and-spoke model of HF care that can be adapted to a local context. This poster will review the current literature describing the challenges to delivering optimal HF care to LTC residents and highlight how implementation of the PHFS will support improved care in this complex and dynamic population. **Why is this research important to profile at the Research Day 2014?** Management of heart failure in the community and long-term care facilities in Ontario is suboptimal as a result of resident complexity, suboptimal resources, and a fragmented and disorganized provincial health care system. The challenges for managing HF are experienced by patients and their family members, health care providers, care leaders, and policy makers. The Provincial Heart Failure Strategy (PHFS) was developed by an interdisciplinary team at the Cardiac Care Network to help address gaps in the current system and will be formally launched in February 2014. Key priority recommendations identified in the PHFS are of interest to attendees at this conference and include: 1) standardizing tools and resources for patients, caregivers and clinicians, 2) improving organization of care, and 3) enabling measurement and improvement on HF related care processes. This poster will review the current literature describing the challenges to delivering optimal HF care to LTC residents and highlight how implementation of the PHFS will support improved care in this complex and dynamic population.

P4 - BENCHMARKING QUALITY

Ashley Ziltener. Mill Creek Care Centre.
Contact: aziltener@millcreekcarecentre.ca

Brief Description of Research or Project: Long-Term Care (LTC) facilities can maximize the use of RAI outputs through data analysis of quality indicators. This presentation will show how our organization achieved the aspirational benchmarks that are reported to the public at the home-level by Health Quality Ontario (HQO). Our organization has initiated a Quality Improvement Plan (QIP) that promotes Resident's first by implementing change ideas to drive quality and ultimately improve the care residents receive. **Why is this research important to profile at the Research Day 2014?** Ontario LTC organizations, Ontarians, and health care providers all have the common goal of achieving high-quality care. Public reporting encourages transparency and accountability in our publicly funded health care system. Our presentation will show case how we effectively enhanced professional development in our nurses, identified potential risks in our Residents, and improved our data quality indicators.

P5 - "INTENTIONAL CONNECTIONS" - A NETWORK OF CONNECTIONS TO ESTABLISH CLINICAL TELEMEDICINE CAPACITY WITHIN LONG-TERM CARE

Sandra Mierdel¹, Shelley Morris².
¹Central LHIN, ²Ontario Telemedicine Network.
Contact: Sandra.Mierdel@LHINS.ON.CA

Brief Description of Research or Project: The Central LHIN in partnership with Ontario Telemedicine Network (OTN), Southlake Regional Health Centre (SRHC) Nurse Led Outreach Team and several long-term care homes (LTCH) recognized the opportunity to embed telemedicine into their model of care to reduce the need to transfer frail residents to hospital clinics and emergency departments. Through dedicated funding from the CLHIN over the past 3 years, 7 LTCHs have received telemedicine equipment to support clinical care for residents. In addition, through the establishment of an integrated infrastructure of connections between Southlake and LTCHs, a culture of clinical telemedicine use for resident care has developed. **Why is this research important to profile at the Research Day 2014?** Seamless care transitions across the health care continuum remain a challenge for the healthcare system. The transfer of frail elderly residents of LTC to hospital emergency departments and clinics can have a negative impact on their health and wellbeing. Innovative programs to provide clinical care closer to home, such as Nurse Led Outreach Teams have been funded by the CLHIN to support the right care, right time, and right place for LTCH residents. To further support improved care transitions, telemedicine units located within LTCHs was viewed as an opportunity to establish a network of integrated "intentional" connections between care providers. The partnership that was established between SRHC, OTN, LTCHs and the CLHIN provided the leadership and focus to fund telemedicine units for LTCHs and develop an interactive process to explore telemedicine opportunities, expand clinical consultations and enhance relationships across health care sectors. Telemedicine in Central LHIN for LTCH residents has been used for post-operative fracture clinic appointments, internal medicine consults, dermatologist consults via telederm, psychogeriatric support, regular team rounding and LTCH staff clinical education and capacity building. The integration of telemedicine into the model of care for residents of LTCHs can be duplicated throughout the province as teams from various sectors come together to create new connections and care pathways. The health system will also realize a benefit as fewer LTCH residents require transfer to busy Emergency Departments for care that could be provided in the residents own environment.

P6 - IMPROVING QUALITY INDICATORS FOR PRESSURE ULCERS

Fida Alkhatib, Paula Rock-Cooper. The Wexford Residence Inc.
Contact: falkhatib@thewexford.org

Brief Description of Research or Project: Once you set a quality plan for Improvement and start small, you can achieve big results, you will also be able to celebrate those results with the team when they are measurable. This gives the team a step forward towards achieving quality **Why is this research important to profile at the Research Day 2014?** From a research perspective, we worked on different best practice tools and methods to prevent pressure ulcers and to aid in healing the existing pressure ulcer, and this what lead us to improve our quality indicators over a year period.

P7 - FUNCTIONAL GAINS AND DISCHARGE DESTINATIONS OF PATIENTS ADMITTED TO A SLOW STREAM REHABILITATION UNIT

Anna Berall¹, Angela Chan¹, Grace Leung², Jurgis Karuzal, Gary Nagliel, Paul Katz¹. ¹Baycrest, ²University of Toronto.

Contact: aberall@baycrest.org

Brief Description of Research or Project: Slow Stream Rehabilitation Units accommodate frail elderly patients recently hospitalized for acute illness. There is a paucity of information available to assist in prognosticating care needs for the more frail population characterizing slow stream rehab programs and little evidence of the effect of the program. This study confirms that slow stream rehab patients are frail, older adults at very high risk of institutionalization and the slow stream rehab program results in significant improvements in function and mobility, and a very high return rate back to the community. This represents a major impact for patients and the health care system. **Why is this research important to profile at the Research Day 2014?** The Province of Ontario has encouraged the development of Slow Stream Rehabilitation (SSR) Units to accommodate frail elderly patients recently hospitalized for acute illness. Patients who are frail with medically complex long-term conditions and disabilities require skilled care to manage their inter-current illnesses while undergoing rehabilitation. Low intensity, long duration rehabilitation offers patients an opportunity for inpatient rehabilitation when they are not able to tolerate high intensity rehabilitation. While a number of predictors of rehabilitation potential have been described for high intensity rehabilitation, there is a paucity of information available to assist in prognosticating care needs for the more frail population characterizing slow stream programs and little evidence of the effect of the program. This study confirms that slow stream rehab patients are frail, older adults at very high risk of institutionalization and the SSR program results in significant improvements in function and mobility, and a very high return rate back to the community. This represents a major impact for patients and the health care system. Slow Stream Rehabilitation allows for a large proportion of older adults who are at high risk for long-term care institutionalization to transition back to the community. Presentation of the slow stream rehab study will increase the profile of SSR units and provide the opportunity to disseminate information about this patient population, their functional outcomes and their discharge destinations.

P8 - RIDING THE WAVES OF CHANGE

Susan Poirier, Marj Milne, Lisa Ronkainen-Myre, Karen Poirier. Dundas Manor.

Contact: susan.poirier@dundasmanor.ca

Brief Description of Research or Project: We recognize the importance of both Management Leadership & Front Line Staff Leadership. Our innovative PSW Support Manager position was developed to assist us through the waves of change our home has experienced. Our PSW Support Manager supports the front line PSW staff through Gold Standard Education. Our RN Clinical Team Leader supports the front line Registered staff in the same fashion. Our RAI Coordinator supports the multidisciplinary team through coding and education. Our DOC oversees the entire program and supports the nursing & front line leadership to ensure excellent care to our 98 residents in our rural home. **Why is this research important to profile at the Research Day 2014?** These are some of the reasons we feel our home can share expertise @ LTC Research Day: -sharing "good things that work" enhances the care that all seniors in Ontario receive -we are an Innovative Long-Term Care Home; we have a strong Nursing Leadership team of 4 women who consistently work together to improve the lives of residents and staff in our long-term care home -change is often difficult for people to work through & our home has successfully rode the waves of change, ie - technologically advanced - LTCHA Implementation ... responsibilities & education that is required by it - long service employees / we continue to be an employer of choice - change of ownership (Family for profit to Board of Director model)

P9 - A PRAGMATIC ALTERNATIVE IN MANAGING RESPONSIVE BEHAVIORS WITHIN THE LONG-TERM CARE SECTOR

Christine Alcober, Teresita Guanio. Main Street Terrace.

Contact: Mraasok@conestogac.on.ca.

Brief Description of Research or Project: According to the 2013 'Quality and Risk Summary Report,' the Quality Indicator of 'behavioral symptoms affecting others' was noted as- on average 15% above the benchmark of 26%. The study aimed at decreasing this percentage- thereby improving the quality of life for individuals exhibiting behaviors, as well as the quality of life of individuals on the receiving end of these disruptive behaviors. In reviewing this study, the reader will ascertain methods in which the facility utilized scores contributing to the significant decline in 'responsive behaviors.' **Why is this research important to profile at the Research Day 2014?** We believe it important to profile a poster on responsive behaviours as the number of behaviours' is growing on CCAC applications into Long-Term Care. This in turn is making this subject very much a necessary part of person centred care. Not only for the care of the client but also for the staff and families learning to manage and cope with the increased and more complex care requirements. The results obtained from this study demonstrate a significant drop in responsive behaviors contributing to improvement in the quality of life for individual's exhibiting behaviors, as well as the quality of life of individuals involved with these disruptive behaviors.

P10 - PROMOTING CONTINENCE WITHIN COGNITIVELY IMPAIRED RESIDENTS: EVALUATION OF BEST PRACTICE GUIDELINE IMPLEMENTATION

Natasha Monika Virk, Amy Davignon, Karen Ho, Alison Corcoran.

Baycrest Centre for Geriatric Care.

Contact: mvirk@baycrest.org

Brief Description of Research or Project: Incontinence is a prevalent issue amongst the elderly, and is often mistakenly believed to be a normal part of aging. In reality, urinary continence can be improved in the elderly, including those who are cognitively impaired. Through Baycrest's endeavour to achieve designation of a Best Practice Spotlight Organization®, the organization is implementing five Best Practice Guidelines, one of which is "Promoting Continence Using Prompted Voiding." Through doing an Advanced Clinical Practice Fellowship facilitated by RNAO, I have had the opportunity to concentrate my efforts on evaluating the guideline implementation. Evaluation is a crucial aspect of program planning, and essential when one seeks to improve practice. The fellowship focuses exclusively on evaluating guideline implementation at both the level of improved resident outcomes, as well as the impact on staff in terms of their practice and knowledge. Through this poster presentation I will outline my evaluation findings, including both qualitative and quantitative data obtained from pilot units, as well as implications for program evaluation within the long-term care sector and as it relates to the RNAO Best Practice Guidelines. **Why is this research important to profile at the Research Day 2014?** For many working in the LTC sector, it is evident that there are many desirable benefits to improving bladder continence amongst our residents. Bladder continence status ultimately affects one's risk of developing an infection, falling, developing delirium, and experiencing skin breakdown. By that measure, improving the urinary continence of a resident can result in greater resident outcomes such as increased quality of life for those residents living in a long-term care facility. Evaluation implications are relevant not only in relation to continence management, but also in relation to evaluating programs related to other pertinent issues in long-term care. As health care continues to evolve, being able to evaluate improvements in practice is crucial for those working in the long-term care sector, and an area that is relevant at all levels. I hope to share my experience and knowledge with other individuals that have a keen interest in improving the outcomes for residents that we work with in long-term care.

P11 - OPTIMAL REDUCTION IN HYPOGLYCEMIC EVENTS - A1C NEUTRAL: A CONTINUOUS QUALITY IMPROVEMENT INITIATIVE AT HILLSDALE ESTATES

Denis O'Donnell¹, Jenny Little², Mike Dickin², Cynthia Co³, Nataly Zilbershtein¹, Jennifer Walker², Doug McIntosh². ¹Medical Pharmacies Group Limited, ²Hillsdale Estates, ³University of Waterloo.

Contact: dodonnell@medicalpharmacies.com

Brief Description of Research or Project: The Canadian Diabetes Association's 2013 Clinical Practice Guidelines emphasize the importance of avoiding hypoglycemic events in the frail elderly. Strategies to avoid this potentially fatal outcome include the promotion of more conservative targets for glycemic control in this population. Between February and October 2012, Hillsdale Estates, a 300-bed long-term care facility in the region of Durham, implemented various practice strategies focused on reducing hypoglycemic events without adversely affecting blood glucose (BG) control. The purpose of the following continuous quality improvement (CQI) initiative was to evaluate the impact of these various clinical practice strategies around diabetes management. Specifically these strategies included educational sessions for physicians and nursing staff, interprofessional collaboration around insulin management as well as audit feedback reports. This CQI initiative involved a baseline and follow-up analysis of all diabetic residents currently on insulin therapy. The data was extracted from BG records three months prior to the clinical practice strategies (November 2011 to January 2012) and compared to three months of data extracted after the practice strategies were implemented (November 2012 to January 2013). During the three-month baseline period, 145 (2.7%) hypoglycemic episodes (BG <4mmol/L) were identified; 19 of them were considered severe (BS <2.8mmol/L). 82.1% of A1C results were less than 8%. In the follow-up analysis, there were 58 (1.1%) hypoglycemic episodes (BG < 4 mmol/L); 4 were considered severe. 86.7% of A1C measures were <8%. The practice strategies appear to have had a favourable impact on the number of hypoglycemic events without adversely affecting glycemic control. **Why is this research important to profile at the Research Day 2014?** This CQI initiatives offers some practical tools and tips for improving glycemic control in the frail elderly taking into account staffing and time constraints. The project supports key messages promoted in the recent 2013 CDA guidelines. It also provides a practical methodology for conducting future research initiatives focusing on diabetes.

P12 - OPTIC: OLDER PERSONS' TRANSITIONS IN CARE - IMPROVING NURSING HOME TO ED TRANSITIONS

Greta Cummings¹, Colin Reid², Carole Estabrooks³, carole Robinson², Garnet Cummings³, Brian Rowe³, Joan Bottorff², Adrian Wagg³, Jacques Lee⁴, Sarah Cooper³, Carol Anderson⁵, Karen Latoszek⁵. ¹University of Alberta, ²UBC, ³UA, ⁴Sunnybrook, ⁵AHS.

Contact: gretac@ualberta.ca

Brief Description of Research or Project: Objectives: OPTIC aims to identify: successful NH-ED-NH transitions from multiple perspectives, organizational/individual factors related to transition success; and improvements in care for frail elderly residents during NH-ED-NH transitions. Methods: OPTIC is a mixed method researcher/decision-maker partnership study in Alberta (AB) and British Columbia (BC). Detailed transition tracking data (over 800 data points per transition) of 637 NH-ED transitions from 41 NHs were analysed to identify differential profiles of transitions based on events such as trigger for transition to acute care, resident co-morbidities, ED diagnoses, decisions to admit to hospital or return to NH, and decisional involvement of healthcare providers, residents and family members. We are developing a formula to assess successfulness of transitions, potentially avoidable transitions and factors influencing both. Results: In Phase 1, 71 participants were interviewed, and 55 transitions were tracked over a 3-month data collection pilot period. Results reflected differences by city demographics, organizational and provider characteristics, resident characteristics and other factors. In Phase 2, full data collection was completed on 637 transitions from 41 nursing homes. Descriptive findings by province (n=398 AB, n=239 BC) include: mean age in years (83.6 AB, 85.5 BC), %female (59.5 AB, 62.6 BC), %with advance directive (87.2

AB, 26 BC), %admitted to hospital (56.5 AB, 52.3 BC). Full Phase 3 analyses are currently underway. Conclusions: This presentation addresses a) implications of results and recommendations for future implementation, policy and future research, and b) challenges to capturing data from multiple sources, settings and providers across transitions, and in identifying successful/unsuccessful transitions. **Why is this research important to profile at the Research Day 2014?** Nursing Home residents frequently transition between Nursing Homes and Emergency Departments. Care during transitions is often suboptimal, and is complex due to involvement of different professionals, and this frail population's degree of dementia and other chronic conditions. The OPTIC research team is examining NH to ED to NH transitions in significant detail in order to assess successfulness of current transitions, identify potentially avoidable transitions and means to improve necessary transitions.

P13 - TRANSFORMING TEAMWORK IN LONG-TERM CARE THROUGH APPLIED THEATRE – PRELIMINARY RESULTS OF A PILOT STUDY

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Brief Description of Research or Project: The Baycrest Centre for Learning, Research and Innovation in Long-Term Care is piloting and evaluating applied theatre workshops designed to enhance team competencies among long-term care home staff. Applied theatre is a form of experiential learning that is particularly suited to fostering significant learning in relation to humanistic values. Workshop themes were related to core team competencies such as communication, collaboration, and values. A variety of applied theatre exercises, which were experiential and process-based, were explored to help participants develop transferable skills such as communication, active listening, body language and empathy. As a low-fidelity simulation activity, applied theatre is ideal for exploring the complex, multi-layers associated with teamwork in long-term care, including the themes of power, status, multiple perspectives, cultural competence, and empathy. Preliminary findings and insights from the first year of the one-day workshops and follow-up interviews will be shared, including workshop effectiveness in fostering new ways of communicating and working with one's team, seeing another person's point of view, and valuing differences. Participant reflections on team competencies and how these influence interprofessional team functioning will also be examined. **Why is this research important to profile at the Research Day 2014?** There is a growing urgency in long-term care to address the challenges and gaps in providing quality healthcare to a rapidly increasing demographic of aging adults. Enhancing interprofessional collaboration is directly linked to positive clinical outcomes, increased patient safety and healthy work environments. Communication, collaboration, values and ethics are core constructs of interprofessional competence. However in long-term care, barriers to the development of these competencies persist because of high staff turnover and diminished resources. Further, unregulated staff comprise nearly two-thirds of the staffing complement in long-term care settings. This workforce tends to be older on average, with wide variations in education and inconsistent access to training. In addition, perceived inequality in levels of power and status, cultural diversity, and varied literacy levels and learning styles generate diverse learning needs and team dynamics. Given the profile of this workforce, applied theatre, which is more experiential, low risk, and less reliant on written and didactic modalities than traditional educational approaches, holds promising potential as an effective teaching methodology. Leaders and educators will discover new ways of engaging staff in learning through 'serious' play as a strategy to facilitate self-reflection, an understanding of the humanistic elements of care and shifts in values and perspective taking among staff, which are fundamental to transforming care.

P14 - TRANSFER OF ACCOUNTABILITY AT SHIFT HANDOVER

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Brief Description of Research or Project:

Brief Description of Research or Project: The Transfer of Accountability at Shift Handover policy was developed in support of the implementation of the INTERACT (Interventions to Reduce Acute Care Transfers) program and communication tools. It is projected that the policy will provide staff with the resources to enhance and support their communication and use of the INTERACT communication tools to prevent preventable transfers to acute care. The policy aims to use shift report to improve communication and client safety at shift handover. The purpose is to facilitate a standardized approach to the understanding the roles and responsibilities of staff involved in shift handover process and the use of standardized shift report templates during shift handover. The policy clearly articulates the expectations of all staff involved with the shift handover process. It proposes that personal support workers will engage in a formal role during shift handover including the use of standardized shift report templates to enhance their communication with nurses. Standardized nursing shift report templates will be utilized across the facility to ensure consistent communication of significant information is reviewed during shift handover. Report templates also provide staff with an opportunity to ensure information collected from INTERACT communication tools are transferred during shift handover for continued follow up of client issues. This process aims to increase the accountability of all staff that is involved with the client's care. **Why is this research important to profile at the Research Day 2014?** Communication is often deemed a barrier in health care and greatly affects the quality of client care that is provided. Any miscommunication or breakdown in communication within the health care team will ultimately affect clients' quality of care. Effective communication is a goal that all health care facilities strive to achieve. Shift handover is a consistent communication opportunity that occurs multiple times throughout the day for nursing staff. It is crucial that effective communication occurs during shift handover to ensure significant client issues will be transferred to ensure good continuity of care and follow up. Our policy hopes to provide staff with the tools/resources to improve the quality of communication at shift handover. The facilitation of a standardized approach to shift handover provides staff with clearly defined roles and responsibilities and communication tools/resources. Standardized nursing shift report templates will serve to guide the communication that occurs and to ensure significant information is transferred. The standardized shift report provides nurses with the opportunity to highlight early identification of client symptoms. It is projected that the implementation will further improve communication and support the INTERACT communication tools to help reduce the organization's preventable transfers to acute care. Through the tools/resources provided in the policy, it is projected that there is an opportunity to reduce the organization's preventable transfers to acute care through early identification of symptoms with the INTERACT program, effective transfer of information between shifts and consistent nursing follow up.

P15 - CONSISTENCY OF PSW ASSIGNMENT

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Brief Description of Research or Project: In 2012 our Resident First Initiative was Consistency of PSW Assignment. We chose this initiative in order to improve therapeutic relationships, customer service, leadership at the home level and interdisciplinary team approach. These goals were set out to ultimately improve resident centered care and staff satisfaction within the home. In the initial phase neighborhoods were set out utilizing staff input and then modified with the PSW team captains the following year. This initiative has improved the transition into Long-Term Care for both residents and families. It has improved how the staff identifies resident changes including responsive behaviors, continence and skin issues. PSW's are in the process of being empowered to utilize the RAI/MDS scores as an acuity measurable to validate and modify assignments as required. Our experience has been a significant shift in culture to a resident

centered model. Residents, families and the staff of the home all value the enhanced relationships that are created with consistency of assignment. This has created a natural platform for PSW's to take more of a leadership role in planning and evaluating care. Beyond nursing, all disciplines recognize greater level of satisfaction with both the population we serve and our work force. According to the Health Quality Ontario's Lessons Learned Report, only 6% of the homes who submitted initiatives have chose Consistency of PSW Assignment. Our experience has been so positive and far reaching we wanted to share our story to help to continue to promote this Residents First Quality Initiative. **Why is this research important to profile at the Research Day 2014?** As noted above our experience has been so positive and far reaching we wanted to share our story to help to continue to promote this Residents First Quality Initiative. We would like to do a poster display with a brief outline of our milestones and timelines, and photos and testimonials from our residents, families and staff. We would like to include our 4 PSW team captains to join us down at Research day to co present and talk to people about why our experience has been so valuable.

P16 - TRANSITIONING STUDENTS INTO THE FIELD OF AGING – INNOVATIVE EDUCATIONAL INTERNSHIPS TO FOSTER INTERPROFESSIONAL RELATIONSHIPS AND NETWORKS

Joyce Tsui¹, Jennifer Reguindin¹, Raquel Meyer¹, Melissa Tafler¹, Monika Keri¹, Faith Boutcher¹, Sylvia Davidson², Colette Cameron², Helen Braun², Kelly Rose². ¹Baycrest Centre for Learning, Research and Innovation in Long Term Care, ²Baycrest.

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Brief Description of Research or Project: The Baycrest Centre for Learning, Research and Innovation (LRI) in Long Term Care recently completed the second round of its interprofessional summer internship program to attract students in health disciplines into careers in gerontology and aging. Through the internship, students were encouraged to explore career opportunities and to develop relationships and establish networks to support and promote their interest in the field of aging. Undergraduate students from kinesiology, pharmacy, medicine, nursing, nutrition, psychology, life sciences and health studies took part. Interns explored the field through small group learning with clinical and administrative experts, job shadowing and arts-based learning; building relationships with residents, clinical teams and program evaluation mentors; and, networking with peers, staff and program partner organizations. This session will highlight internship successes during and following the internship program as students became involved in a network that fosters opportunities for employment, education, continued partnerships and presentations and an appreciation for interprofessional approaches to seniors' care. These important outcomes demonstrate the potential benefits of this type of programming which can serve as a model for other long-term care homes across the province. **Why is this research important to profile at the Research Day 2014?** Currently, Canada's seniors account for nearly 15% of the population and this number is expected to increase with longer life expectancy. Given this trend, recruiting future generations of health care professionals in the field of aging is vital and needs to begin early in the career trajectory. To attract and engage future health care practitioners in long-term care, this innovative internship program was designed to provide undergraduate students in health disciplines with varied learning opportunities while contributing to organizational initiatives and projects. The unique structure of the program enables interns to engage with students in other disciplines, diverse clinicians, administrators and researchers as well as with residents, in order to learn with and from each other and to foster an appreciation for interprofessional approaches to seniors' care. Although only two summer internships have been completed so far, many surprising successes, both during and following the internship have unfolded, as intern alumni have become involved in networks and established relationships that continue to nurture their interest and opportunities for career development in the field of aging. This internship model can be adapted and replicated by other long-term care homes to help support the needs of a growing senior population. Statistics Canada. (2012). Analytical document: The Canadian population in 2011: Age and Sex. (Catalogue No. 98-311-X2011001). Retrieved from <http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-311-x/98-311-x2011001-eng.pdf>

P17 - MINIMIZING RESPONSIVE BEHAVIOURS AND BUILDING CAPACITY IN LONG-TERM CARE WITH MOBILE TEAMS

Jocelyn Hunt. Alzheimer Knowledge Exchange.
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Brief Description of Research or Project: The Behavioural Supports Ontario project led to resources for Mobile Teams across the province which are inter-sectoral teams working with Long-Term Care staff in making smoother transitions into or between Long-Term Care Homes and use creative ideas about addressing responsive behaviours through a collaborative and person-centred approach. **Why is this research important to profile at the Research Day 2014?** Mobile teams use a quality-based approach proven in the Long-Term Care (LTC) home system to reduce patient inflow to hospitals and Emergency Rooms by improving behavioural clinical service, enhancing capacity in the sector and improving service integration across sectors. Although the structure and function of Mobile Teams differ slightly across the province, some of the core services include: > Assessments and use of screening tools > Collaborative approach with the resident's care team (LTCH staff, physicians, outreach teams and Psychogeriatric Resource Consultants (PRCs) to: - Develop care plans to address episodic behaviours - Support transitions across care settings - Provide additional support in the implementation of developed care plans Support Long-Term Care staff by working with them through coaching, mentoring, modeling strategies, interventions, techniques and approaches capacity building This presentation will provide an overview of mobile teams and how Long-Term Care homes can build relationships with a team in their region or strengthen their already existing relationship.

P18 - OPTIMAL ENVIRONMENTAL DESIGN FOR PERSONS LIVING WITH DEMENTIA

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Brief Description of Research or Project: A supportive environment (physical, social, emotional and spiritual) is a key social determinant of health, and identifies as a key component to full engagement within ones community. While good environmental design is vital to a person's wellbeing, it is often underrated or compromised in many care settings (1). Many elements affect a person's ability to manage and interpret their environment. As a person ages there are a number of "normal" age related changes that may be anticipated and adapted for; however, when these are coupled with problem solving and perceptual difficulties associated with a dementia, persons living with dementia especially need appropriate and supportive design interventions to assist with positive perceptions and interpretations of their environment(2). The Alzheimer Knowledge Exchange (AKE) Design and Dementia Community of Practice (CoP) has developed a series of knowledge translation tools that provide evidence-based (and tacit knowledge) recommendations for dementia and senior friendly environmental design (primarily physical and social aspects). Our series of knowledge translation tools include recommendations related to doorways, lighting, noise, wayfinding, and outdoor environments. The goal of the CoP is to promote the autonomy and well-being of persons living with dementia both in the community and in more institutional settings. **Why is this research important to profile at the Research Day 2014?** Our presentation will provide an overview of an evidence-based best practice series of Dementia-Friendly Design Knowledge to Practice Recommendations that highlight important physical and social design elements which promote the autonomy and well-being of persons living with dementia both in the community and in more institutional settings. These dementia-friendly recommendations provide rationales and strategies to better facilitate the process of persons with dementia and their care partners to make sense of their environment and improve wellbeing thus having a positive effect on mood and responsive behaviours. Participants will be provided with an opportunity to provide feedback and contribute to these living design documents during the presentation and receive an invitation for future discussions with the AKE Design and Dementia Community of Practice. (1) addresses the practical importance of environmental design qualities that

promote health and wellbeing (2) addresses best practices related to quality of life for persons with dementia (e.g. recommendations based on current and emerging quality evidence and the integration of both practice-based and experiential knowledge of those caring for people with dementia)

P19 - LONG-TERM CARE WAIT TIMES IN ONTARIO OVER TIME: HIGHLIGHTS FROM THE ICES REPORT

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Brief Description of Research or Project: Background: This report aims to quantify changes in the health and functional characteristics of individuals waiting for long-term care placement over time and characterize individuals who experience the longest wait times. Method: A cohort of 120,810 individuals aged 18 years or older, newly placed in Ontario long-term care homes was identified using linked administrative databases and Resident Assessment Instrument (RAI-HC) data. Characteristics of individuals placed in 2006 (n=22,496) and 2011 (n=16,391) were compared across wait time quartiles and location at placement. Results: There were a total of 120,812 placements between 2006 and 2011. Although the number of placements decreased over time, wait times increased from 2006 (median 57 days, IQR 20-167) to 2009 (median 101 days, IQR 35-298), before decreasing in 2010. Community wait times were consistently longer over the five-year period, nearly twice that from the inpatient sector in 2011. There was variation in wait times by functional characteristic. In 2011, those who were more dependent for activities of daily living experienced shorter wait times (inpatient 55 days, community 76 days) compared to those who were more independent. Those who scored moderate/high instability on the CHESS scale had shorter wait times (inpatient 50 days, community 77 days); as did those with high scores on the IADL difficulty scale (inpatient 59 days, community 84 days), compared to those with lower scores. Individuals with the longest wait times were more likely to report co-residing with a caregiver. Reports of caregiver distress were less common compared to those with shorter wait times. **Why is this research important to profile at the Research Day 2014?** Long-term care beds are a limited resource in the health system. If we are able to increase our understanding of who is being admitted and how long they wait prior to placement this will point to opportunities to target needed services and improve system flow. Examining temporal trends and individual-level characteristics are preliminary steps in understanding the changing needs of the aging population, and determining whether there are underlying health or social disparities in long-term care wait times. The findings from this report aims to inform current targets, as the demand for long-term care resources increases.

P20 - EXPERIENTIAL LEARNING TO ENGAGE TEAMS IN CULTURE CHANGE: PREVENTION OF EMERGENCY TRANSFERS IN LONG-TERM CARE HOMES

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Brief Description of Research or Project: The Baycrest Centre for Learning, Research and Innovation in Long-Term Care piloted a learning module for nursing and personal support staff in long-term care homes to foster An Inter-Provider Approach to Acute Changes in Resident Condition through observation, recognition, assessment, and reporting. The purpose is to enhance the care team's ability to work together to identify early and acute changes in resident condition in order to prevent unnecessary emergency transfers. Triads of nurses and personal support workers who work together come to the session to learn together. The experiential learning approach integrates traditional and humanistic learning principles, team-based learning, interprofessional competencies, simulation and other active learning techniques. The course enables learners to actively acquire and apply foundational knowledge while also enhancing team dynamics related to communication, collaboration and values. The module consists of pre-learning materials, a 1-day learning session, and follow-up consultation by an educator with participating staff and the leadership team. The 1-day learning session enables staff to recognize and

communicate changes in resident condition through the use of the Sensory Observation System (SOS) and SBAR techniques. Staff learn how to apply this system to common clinical scenarios and to transfer this learning to their daily practice setting. Preliminary evaluation indicates that learning needs are being met by content (93%) and through the experiential learning approach (92%). Nurses report improved detailed reporting with prioritization by personal support workers (e.g., fewer interruptions during medication passes). Personal support workers feel validated, especially as nurses engage them in closed loop communication. **Why is this research important to profile at the Research Day 2014?** With the spotlight on reducing unnecessary emergency transfers from long-term care homes, personal support workers and nurses need to recognize, prioritize and report acute changes of a resident's health status systematically and with confidence to the circle of care providers. Facilitating discussions for all team members to understand role clarity, expectations and communication strategies for non-urgent and urgent situations allows insight into role interdependence and improved team functioning. Shifting away from traditional, didactic approaches based in individual learning, towards team dynamics and care practices based in team learning, enables teams to organically and proactively create solutions for their unique setting. Innovative learning strategies are needed to foster the competencies of long-term care staff in caring for increasingly complex residents. As the Ontario Ministry of Health and Long-Term Care moves towards common educational standards for personal support workers, tenured staff need opportunities to update their knowledge and practice by integrating evolving educational and evidence-based care standards. Culture change efforts in long-term care homes can be supported by enhancing team competencies and by engaging learners in experiential learning to foster a common language, proactive and critical thinking, solution-focused behaviours, and reflective practitioners, as well as enriched information exchange. Lessons learned from the module will be shared with long-term care educators and leaders regarding the benefits of these educational strategies for learners as well as changes in team practice.

P21 - BENCHMARKING IN LONG-TERM CARE REPORTING - THE HEALTH QUALITY ONTARIO JOURNEY

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Brief Description of Research or Project: The Ontario government tasked Health Quality Ontario (HQO) with measuring and reporting to the public on the quality of long-term care (LTC) in the province. In 2012, HQO released LTC home-level data on four quality indicators, a first for the province. HQO then embarked on an exercise that brought together an expert panel, who through a modified Delphi Panel applying a structured, evidence and data-driven process, came to consensus in 2013 on a set of stretch targets or benchmarks. A benchmark is a marker of excellence to which health service providers can aspire. This presentation will illustrate the journey of HQO in the development and public launch of benchmarks for its LTC publicly reported indicators. This is the first time in Canada that aspirational benchmarks were established province-wide and publicly reported. Benchmarks can be used to assist homes with the development of quality improvement plans aimed at improving the care provided to LTC residents in Ontario. They can also be used to identify best practices that can be shared across the sector. HQO, through its LTC quality improvement initiatives, also provides resources which help increase understanding and utilization of data. This helps LTC homes sustain and build on the improvements they have achieved on their own. Taken together, aspirational benchmarks, quality improvement resources and public reporting represent some of the levers that can assist LTC homes in their quality improvement efforts through prioritizing quality improvement areas and setting of targets. **Why is this research important to profile at the Research Day 2014?** This topic supports the Research day by sharing HQO's consensus building process in working with Ontario Long-Term Care (LTC) home operators, researchers, scientists and clinicians in the development of LTC benchmarks. It also describes the feedback from the LTC sector and the public after the public release of these benchmark values. A presentation on this topic will encourage the use of available data and quality improvement tools as an integral part of quality improvement.

P22 - HOME FREE: ADDRESSING THE LONG-TERM CARE NEEDS OF PEOPLE AGING WITH HIV

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Brief Description of Research or Project: In 1995, fewer than 10% of adults living with HIV in North America were age 50 or older. Significant improvements in life expectancy have since been achieved through the widespread use of combination antiretroviral therapies. In addition, HIV diagnoses in later life have also become increasingly common. Consequently, one third of people living with HIV in Canada are now 50+ and facing new health and social challenges. HIV, HIV treatment, comorbidities (which often occur at a younger age in this population and can be exacerbated by HIV) and the social determinants of health intersect to determine what challenges will face each person. Regardless of individual differences, overall there remains a disconnect between the complex needs of people aging with HIV and related conditions and their access to appropriate care and support. While long-term care, age-related clinical supports and rehabilitation services are theoretically available to all Ontarians, stigma, strict eligibility criteria and cost often limit access by people aging with HIV. Many fear needing long-term care. Will they have to hide their HIV status and/or sexual orientation to receive high quality, respectful care and/or to avoid discrimination? Will they see their identities and needs reflected in programming? Will they become isolated from their communities? To meet the anticipated increase in demand for appropriate long-term care and rehabilitation services for people aging with HIV, it is critical that we collaborate across the HIV, aging and rehabilitation sectors to answer these questions and address individual, organizational and public policy-related barriers to service access. **Why is this research important to profile at the Research Day 2014?** There are several important reasons that the Ontario Long Term Care Association should consider including this topic in their 2014 Applied Research Days. First, people aging with HIV represent a relatively 'new' aging population whose unique needs may be relatively unfamiliar to many service providers in the long-term care setting. In order to reduce the stigmatization of people aging with HIV in long-term care, it is important to normalize discussion about HIV and related conditions in the aging sector. This will enable service providers to provide high quality care for older people living with HIV in long-term care and increase their awareness of the intersecting causes of frailty, disability and decreased quality of life in this population. Second, since trends show this population continues to age at a rapid rate, the demand for appropriate long-term care services for people aging with HIV is almost guaranteed to increase. In order to be prepared to meet this demand, long-term care organizations may need to evaluate how their existing organizational policies, provider knowledge and attitudes and social climate will impact older people living with HIV. Third, this conference represents an ideal opportunity to initiate collaborative work among stakeholders from the HIV, chronic illness and long-term care sectors. Attendees will be diverse with respect to discipline, expertise and experience. Reciprocal learning will lay the groundwork for meaningful, collaborative initiatives in research, policy and practice which improve access to appropriate long-term care and rehabilitation services for people aging with HIV.

P23 - GEOGRAPHICAL ANALYSIS OF LONG-TERM CARE HOMES

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Brief Description of Research or Project: The purpose of the study is to understand how seniors choose their long-term care homes. The study will primarily focus on the distance between the long-term care homes with resident's residence, based on their postal code. It looks at distance related questions on: - How far will seniors travel to go to a long-term care home of their choice? - Is there any difference on travel distance for these seniors in rural vs. urban areas, across LHINS, cities, and size of home? - If the home has better living conditions (such as newer homes), are residents likely to travel further to them? - Are seniors likely to move from a rural/suburban

area, into an urban area, to be close with their family? - How does the distance vary in areas where there's a lot of long-term care beds (measured by beds per 75+ 1000 population)? **Why is this research important to profile at the Research Day 2014?** The study is important because it could provide a better perspective on how Ontario seniors choose their long-term care homes, based on the home's demographics and location. It can also help to provide a better understanding in the demand of long-term care homes and can help in the long-term care capacity planning.

P24 - INCREASING DEPENDENCE ON SUPPORT FOR ACTIVITIES OF DAILY LIVING IN LONG-TERM CARE

Timothy Cheng, Ontario Long Term Care Association.
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Brief Description of Research or Project: Along with an increase in clinical complexity and acuity, residents in long-term care are requiring more support in activities of daily living (ADL) than ever before. The proportion of residents requiring assistance in ADLs has risen dramatically from 2008-2013 for bathing (self) (+16.2% to 61.7%), personal hygiene (self) (+22.9% to 61.1%), toileting (self) (+21.9% to 56.2%), dressing (self) (+23.4% to 63.9%), and behaviour on the ADL Performance Hierarchy Score (extensive 2) has worsened (+7% to 19.9%) (Intellihealth, LTC, 2013). The prevalence of residents dependent on support/assistance for various ADLs is also substantial: 52.4% for bed mobility (self), 47.8% for transfer (self, between bed, chair, wheelchair, standing position), 26.5% for walk in room (self), 27.3% walk in corridor (support), 70.2% locomotion on unit (support), and 50.6% eating (support). Promoting and enhancing the autonomy of residents with regards to ADLs is essential in reaffirming their dignity and letting them live well longer. **Why is this research important to profile at the Research Day 2014?** These data summarize current trends in residents' dependence on support for activities of daily living and will inform administrators, nurses/directors of care, OTs/PTs, policy makers, and front-line caregivers (PSWs, activation staff, rehab professionals) as to specific interventions that need to be targeted based on a resident's unique ADL needs. Improving or maintaining function in the long-term care home is key to reducing avoidable transitions to hospital ERs and admissions.

P25 - INCREASING ACUITY AND COMPLEXITY OF RESIDENTS IN LONG-TERM CARE

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Brief Description of Research or Project: Although long-term care residents are living longer due to advances in medicine and technology, they are also becoming more complex with multiple chronic conditions and co-morbidities. As various initiatives such as Home First and Aging at Home have diverted individuals with lower care needs to home and the community, those presenting to nursing homes have become increasingly frail with higher care needs. Existing data from the long-term care sector paints a compelling picture (Intellihealth, MOHLTC, 2008-13/ CCRS Quickstats, CIHI, 2012-13). From 2008-2013, the prevalence of various conditions has increased markedly: severe bladder incontinence (+9.3% to 26.1%), gastrointestinal disease (+6.2% to 20.6%), arthritis (+7.9% to 42.4%), hypertension (+11.3% to 61.3%), heart/circulatory disease (+8.1% to 74.6%), and musculoskeletal diseases (+6.9% to 59.9%). Furthermore, in 2012-13, the prevalence of various conditions in long-term care was substantial: 73% for any bladder incontinence, 53.1% for any bowel incontinence, 41% with endocrine and metabolic disease, 26.6% diabetes, 14.3% arteriosclerotic heart disease, 12.8% congestive heart failure, 29.8% osteoporosis, 22.1% cerebrovascular accident (stroke), 18.4% pulmonary disease, 15.8% emphysema/COPD, 13.3% cataracts, 27.4% allergies, 16.5% anemia, 10.2% renal failure. In 2012, 85% of new admissions to LTC homes from the community and 78% from hospitals had high or very high MAPLe scores (Method for Assigning Priority Levels) indicating the highest care needs. Understanding disease profiles in long-term care will allow more targeted interventions and coordinated, interdisciplinary care for an increasingly frail and complex resident population. **Why is this research important to profile at the Research Day 2014?** These data are important to understand where intensity of both care and funding needs to be increased in order to maximize both quality of care and quality of life for the vulnerable elderly. In-depth knowledge of the clinical characteristics

of residents in long-term care can improve management of individuals, such as those that require more short-term restorative options after transitioning from acute care but prior to release to home or the community. This improvement in flow will ameliorate system issues such as ALC patients and in turn, wait times in hospitals and ERs.

P26 - INCREASING BEHAVIOURAL AND MENTAL HEALTH ISSUES IN LONG-TERM CARE

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Brief Description of Research or Project: Approximately 78.6% of long-term care residents have a neurological disease (IntelliHealth, MOHLTC, 2013): 61.1% dementia, 17.7% Alzheimer's. About 39.3% suffer from a psychiatric/mood disorder: 9.3% anxiety disorder, 32.4% depression, 28.6% severe cognitive impairment. Due to their cognitive impairment, many residents have responsive behaviours: 46% have some aggression, 13.2% wander, 21.4% are verbally abusive, 14.3% are physically abusive, 16.7% are disruptive, 32.1% resist care, 20.8% have negative statements, 29.1% have repetitive questions, 30.9% have repetitive verbalizations, 36.5% have persistent anger, 13.5% self deprecation, 18.3% unrealistic fear, 22.8% insomnia, and 20.3% reduced social interaction. In particular, the prevalence of residents with some aggressive behaviour has increased 6% since 2008. An OLTC survey found that in 2013, 65% of homes had to call the police at least once due to resident behaviour, up from 49% in 2007. The number of homes using Form 1 on residents increased from 46% in 2007 to 55% in 2013. As 70% of homes in 2013 felt that CCACs do not appreciate or understand the capacity of the home to take in residents with severe mental health or behavioural issues (an increase from 62% in 2007), there is much room for improving the appropriateness of transitions to long-term care homes. The lack of coordination in care is also evidenced by the drop in homes reporting formal agreements with hospitals, from 8% in 2007 to 1% in 2013. Understanding the mental health issues that residents face is crucial to providing safe, quality, resident-centred care for mentally challenged individuals. **Why is this research important to profile at the Research Day 2014?** These data are important to understand the changing nature of the long-term care population which requires new skills, staffing, and resources to safely handle residents with behavioural issues. Better tailored resident-centred care and sustained investment in programs such as Behavioural Supports Ontario (BSO outreach teams as well as in-house resources and specially trained staff) will enable management of responsive behaviours within the long-term care home, forestalling costly transitions to the emergency room as well as hospital admissions.

P27 - LIVING IN MY TODAY - A SHARED PHILOSOPHY AND APPROACH TO CARE AND SERVICES

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Brief Description of Research or Project: Culture change is a multitude of efforts aimed at transforming the psycho-social, organizational, operational and physical environment in order to enhance quality of care, quality of experience, quality of life and create a viable sustainable business through developing a triadic setting that is simultaneously a healthy, positive, enjoyable workplace, a loving, supportive home and a thriving community that meets resident-identified physical, social, emotional, and spiritual needs as well as facilitating a high quality of life for all individuals involved." (Chapin, 2010, p. 192) As part of a larger culture change initiative, LIVING in My Today was conceived and developed as an organizational care philosophy and corresponding training program focusing on supporting the well-being of residents living with dementia in Schlegel Villages. Developed in partnership with the Murray Alzheimer Research and Education Program (MAREP), LIVING in My Today is a seven module curriculum consisting of an orientation workshop and six additional in-depth modules that describe each of the LIVING components (Learning, Improving, Validating, Interpreting, Nurturing, Greeting). Using a dialogical education approach, it is offered as part of new staff training at Schlegel Villages, and is being extended to residents, family

members, and all team members. As of October 2013, LIVING in My Today has been rolled out at twelve Schlegel Villages. Preliminary evaluation results from six of the villages suggest that both the content and the process by which the information is delivered are contributing factors to its success. The new philosophy, training program and preliminary evaluation results will be presented. **Why is this research important to profile at the Research Day 2014?** Culture change has become a global movement in long-term care and certainly Schlegel Villages is following the wave of this movement with the development of the new Living in My Today organizational care philosophy and training program. As a leader in providing quality care and service to their residents, the goals of the new program are consistent with the goals of culture change in long-term care. The preliminary findings of the pilot provide evidence of the programs goals and also support previous research on the utility of dialogical education (Loiselle, 2012). This new philosophy and training curriculum will provide other conference participants with an example of a shared organizational philosophy and approach to care and support that is positive for all team members, residents, and family members

P28 - ATRIAL FIBRILLATION PROJECT - A CONTINUED STORY

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Brief Description of Research or Project: Atrial fibrillation is a primary cause of strokes, frequent cause of acute transfers, and often, an asymptomatic disease with seniors. Strokes are potentially fatal, cause significant morbidity, increase care complexity exponentially, and can be avoided early detection and appropriate therapy. The objective of this project was to form a multidisciplinary Atrial Fibrillation Team (AFAT) responsible to develop and implement an organized protocol that: - Supports a best practice approach to screen for undetected atrial fibrillation - Develop assessment tools to assist team members in the treatment of confirmed cases of atrial fibrillation. - Educate and train all staff with resident contact to recognize and respond appropriately to signs of atrial fibrillation. We presented at the OLTC Quality Forum in June 2013 with our proposed plan. We have since developed relevant tools that we would like to highlight in our poster. **Why is this**

research important to profile at the Research Day 2014? Using the developed tools, equipment, and knowledge, our engaged team members created an implementation plan that: - Screen all newly admitted residents - Train all staff to be able to recognize symptoms of atrial fibrillation and test appropriately- Diagnosis and treatment for our residents using assessments (nursing and pharmacy) and guidelines (nursing and medical). Statistics since program start October 1, 2013 are as follows: 1. # of Resident screenings completed: 22; 2. # of single lead ECG's completed: 20; 3. # of residents who have had AF medication changes made: 4; 4. # of residents who had INR reviews completed: 3; 5. # of residents who have had an undiagnosed AF detected: 0. Our next steps are to continue to refine our project by completing assessments and data collection for the pilot home. By the end of April 2014, a planned roll out process will be developed to implement the use of these assessments and guidelines across our organization. We plan to share what we have created and learned through this process through and with our long-term care sector partners. Having the opportunity to continue the dialogue that we started related to this topic will be a great benefit to the sector and our willingness to share what we have learned is key.

P29 - CASE COSTING IN LONG-TERM CARE: DEVELOPING A FRAMEWORK FOR BRUYÈRE CONTINUING CARE'S LONG-TERM CARE HOMES

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Brief Description of Research or Project: This poster will provide an introduction to the development of a framework for standardized case costing methodology in long-term care (LTC) at Bruyère Continuing Care. The result at the end of this project (Spring/Summer 2014) will be a toolkit that will outline the background, methodology and framework. **Why is this research important to profile at the Research Day 2014?** Case costing is not currently done in the LTC sector (it is done in acute care). This innovative framework will allow the province to move towards case costing in the LTC sector, which will improve, among other benefits, decision making and comparability in the LTC sector.

STUDENT POSTERS

P30 - IMPROVING TRANSITIONS IN CARE AND WAIT TIMES: MODELING THE COMMUNITY CARE SERVICES FOR ALTERNATIVE LEVELS OF CARE PATIENTS-- A QUEUING NETWORK APPROACH (STUDENT POSTER)

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Brief Description of Research or Project: This poster will provide an overview of a queuing model that maps how patients move through a network of post-acute services (including LTC) in order to better understand the necessary capacity at each node in the network. **Why is this research important to profile at the Research Day 2014?** This project contributes to improving the flow of patients through the health care system, allowing care to be provided at the right place, at the right time.

P31 - REASONS & OUTCOMES FOR LONG-TERM CARE TRANSFERS TO HOSPITAL: A RETROSPECTIVE REVIEW (STUDENT POSTER)

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Brief Description of Research or Project: A retrospective chart review was carried out at two acute care hospitals in Hamilton, Ontario. All patient charts for admissions from long-term care (LTCH) to a HHS hospital during 4 non-consecutive months in 2011 were retrieved. We looked at patient demographics, length of stay, reason for transfer, admission diagnosis, interventions provided in-hospital, adverse events, and end-of-life preferences to understand the local factors contributing to transitions of care and examine the reasons and outcomes for patients transferred. 3 critical areas were identified which will help focus future studies to evaluate and implement interventions aimed at reducing preventable LTCH transfers. **Why is this research important to profile at the Research Day 2014?** Long-term care facility (LTCH) residents are a vulnerable population at high risk for transfer and admission to acute care hospitals. Hospitalization of LTC residents, though

often necessary, has been shown to decrease their overall functional status due to complications unrelated to the admission diagnosis. Hospitalizations may result in an increased risk for falls, delirium, infections, and an overall increase in mortality. During our study we identified critical areas that appear to be major contributors to the unnecessary transfer of patients from LTCFs to emergency departments. These included 1) Significant gaps in the training and of LTCF staff in preventing, identifying, and treating uncomplicated medical problems, 2) Inconsistent availability of MD support for prompt clinical assessments and decision making in LTCFs, and 3) Inadequate advanced-care planning, documentation, and incorporation into clinical care plans. Each of these critical areas deserves careful consideration, as they represent a complex interaction between patients and their families, MD and non-MD healthcare providers, and the healthcare system as a whole. Patient transitions of care from LTCFs to EDs are often caused by problems that could potentially be treated on-site rather than in hospital. The urgency and importance of this problem is highlighted by the high rate of transfers, as well as adverse events associated with hospitalizations in this population, and inadequate advance directive documentation.

P32 - HEALTHCARE PROVIDERS' PERCEPTIONS OF NURSE PRACTITIONER ROLE IN LONG-TERM CARE HOMES (STUDENT POSTER)

Chi Wing (Lily) Yeung¹, Faith Donald¹, Ruth Martin-Misener², Nancy Carter³, Lori Schindel Martin¹, Abigail Wickson-Griffiths³, Jenny Ploeg³, Carrie McAiney³, Sharon Kaasalainen³, Esther Sangster-Gormley⁴, Kevin Brazil⁵. ¹Ryerson University, ²Dalhousie University, ³McMaster University, ⁴University of Victoria, ⁵Queen's University.

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Brief Description of Research or Project: Successful integration of nurse practitioners (NPs) into long-term care homes (LTCHs) with healthcare provider (HCP) support for NPs is important to meet the rapidly growing need for primary healthcare within LTCHs. Secondary analysis of qualitative data from a nation-wide study regarding the integration of NPs in LTCHs revealed HCPs' positive perceptions of the NP role: NPs' provision of high quality care; resident access to care; deliberative decision-making; support for HCPs, residents, and families; and availability. HCPs were hesitant to integrate NPs when role funding was uncertain. Findings indicate that HCPs value, accept, and support the NP role in LTCHs. **Why is this research important to profile at the Research Day 2014?** Across Canada, the need for increased staff knowledge and capacity building, combined with fewer physicians providing primary care and increasingly complex resident requirements has stimulated the hiring of nurse practitioners (NPs) in long-term care homes (LTCHs). Successful integration of NPs is important to meet these rapidly growing needs. In Ontario, NPs have worked in LTCHs for the past 13 years, whereas most provinces have gradually introduced the role over the past two to five years. Little is known about healthcare providers' (HCPs) perceptions of the NP role in LTCHs. Considering that positive HCPs' perceptions facilitate NP role integration, it is important to understand their perceptions. Secondary analysis of qualitative data from a nation-wide study regarding NP integration in LTCHs revealed positive HCPs' perceptions of the NP role. HCPs reported that NPs provide high quality care; improve resident access to care; use deliberative decision-making; and support HCPs, residents, and families. Hesitancy to integrate the NP role occurred when role funding was uncertain or the role was unclear. Findings indicate that HCPs value, accept, and support the NP role in LTCHs. Participants will learn how NPs work with HCPs to provide quality care, support HCPs' roles, and contribute to teams. Successful integration of NPs can lead to prompt access to healthcare, improved resident and family outcomes, staff development, and cost-efficiency. Nation-wide data increases the usefulness and generalizability of these findings in Canadian LTCHs. Study findings are highly relevant for those considering hiring an NP and for decision-makers thinking of funding NP roles.

P33 - TRANSFORMING MEALS IN LONG-TERM CARE HOMES: FLEXIBLE DINING AS A STEP FORWARD (STUDENT POSTER)

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Brief Description of Research or Project: Dining is a key activity that promotes the health and well-being of residents in long-term care (LTC) homes. Flexible dining espouses the concept of person-centred care, and understanding how it is implemented and its benefits are needed to support the spread of this transformation in care. A critical review of the literature was undertaken. Most of the limited work to date consists of white papers with background, findings and practice change suggestions, but no implementation details. Few peer-reviewed articles are available and do not evaluate flexible dining. Research is needed to support implementation and evaluate the benefits of flexible dining. **Why is this research important to profile at the Research Day 2014?** Long-term care (LTC) homes and provincial regulations are increasingly transitioning from a medical model of care to person-centred care, which requires a culture change from the current institutional milieu to one that enables resident choice. Dining can be the highlight of residents' day in LTC homes, but meals tend to be conducted in a rigid manner in an institutional environment with set meal times and very limited choice. Meals are important for residents' health and well-being as LTC residents tend to have poor food and fluid intake and dining may be their main opportunity for social engagement. Flexible dining is a way of changing the culture of meals in LTC homes to become more home-like and person-centred, but little is known about this strategy. This presentation will provide a critical review of the literature on flexible dining to increase its awareness, promote its use in LTC homes, and encourage future research.

P34 - A SUCCESSFUL KNOWLEDGE TRANSLATION INTERVENTION IN LONG-TERM CARE: RESULTS FROM THE VITAMIN D AND OSTEOPOROSIS (VIDOS) CLUSTER RANDOMIZED TRIAL (STUDENT POSTER)

Courtney Kennedy¹, Alexandra Papaioannou¹, George Ioannidis¹, Lora Giangregorio², Lehana Thabane¹, Suzanne Morin³, Richard Crilly⁴, Sharon Marri¹, Robert Josse⁶, Lynne Lohfeld¹, Laura Pickard¹, Mary-Lou van der Horst⁷, Jackie Stroud⁸, Glenda Campbell⁸, Lisa Dolovich¹, Anna Sawka⁹, Lynn Nash¹, Ravi Jain¹⁰, Carly Skidmore¹, Jonathan Adachi¹. ¹McMaster University, ²University of Waterloo, ³McGill University, ⁴University of Western Ontario, ⁶University of Toronto, ⁷Schlegel-University of Waterloo Research Institute for Aging.

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Brief Description of Research or Project: The Vitamin D and Osteoporosis Study (ViDOS) was a knowledge translation initiative aimed at increasing the uptake of Vitamin D and fracture prevention strategies in Ontario long-term care (LTC) homes. We used a cluster-randomized trial to evaluate our intervention, randomizing homes to either control (n=21) or intervention (n=19) arms. Interdisciplinary Professional Advisory Committees in the intervention homes participated in 3 interactive sessions over 12-months, including webinars led by osteoporosis specialists, action planning for quality improvement, audit & feedback reports, and point-of-care tools. Results indicate that the multifaceted knowledge translation intervention significantly improved prescribing of appropriate vitamin D and calcium.

Why is this research important to profile at the Research Day 2014? Vitamin D reduces falls, and calcium and vitamin D reduce fractures in long-term care (LTC) residents. At the previous LTC research day, we presented our ViDOS knowledge translation model, and included qualitative results from interviews with Medical Directors, Directors of Care, and pharmacists. Results indicated that the ViDOS intervention was well received and was perceived as a feasible model for increasing use of best practice guidelines within LTC. Many respondents indicated that the intervention increased knowledge and produced system-wide changes, including greater knowledge and acceptance of guidelines by nursing and medical staff. Our final quantitative results

indicate that baseline prescribing rates for vitamin D (≥ 800 IU/day) and calcium (≥ 500 mg/day), respectively, were 39% and 33% for intervention homes and 42% and 35% in control homes. After 12-months, vitamin D (≥ 800 IU/day) was prescribed to 72.4% of residents in the intervention arm versus 49.4% in the control arm [Odds Ratio (OR) = 3.14, 95% confidence interval (95% CI): 2.23, 4.41]; and calcium (≥ 500 mg/day) was prescribed to 45.5% of residents in the intervention arm versus 37.5% in the control arm (OR=1.59, 95% CI: 1.12, 2.25). This intervention demonstrated that an interdisciplinary, multifaceted knowledge translation intervention significantly improved prescribing of appropriate vitamin D and calcium in the LTC setting. Our focus was on improving osteoporosis and fracture prevention, however this model of knowledge translation could potentially be applied to other areas requiring quality improvement. Additionally, we hope to promote our tools, resources, and new guidelines with an Ontario Osteoporosis Strategy resource table

P35 - A PROPOSED STUDY ON THE COMPARATIVE EFFECTS OF HOIST SLING FABRICS AND DESIGN FEATURES ON GLUTEAL INTERFACE PRESSURE IN HEALTHY INDIVIDUALS (STUDENT POSTER)

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Brief Description of Research or Project: Best practice guidelines recommend removing slings from under patients to minimize the risk of pressure ulcer development; however, there is limited research to support the link between slings and gluteal interface pressure (GIP). After a literature search, pilot testing and discussions with experts in the field, a research protocol has been developed for the upcoming year. This study will investigate the effects of sling fabrics and their design features on GIP for seated, healthy individuals. These results will have the potential to inform best practice in the areas of pressure ulcer prevention and sling use for clients with limited mobility. **Why is this research important to profile at the Research Day 2014?** In Canada, pressure ulcer (PU) prevalence in healthcare settings is approximately 26% (Woodbury & Houghton, 2004). PUs are also very expensive as they can cost up to \$27,300 per patient for personnel and supplies (Woodbury & Houghton, 2005). In an effort to encourage long-term care facilities to reduce the prevalence of PUs, and thus decrease the financial burden to the Ontario healthcare system, PUs are used as a quality indicator by Health Quality Ontario (Health Quality, 2013). Moreover, PUs have both physical and psychological effects, as they result in decreased quality of life, pain, reduction in function and loss of activities of daily living (Mellson & Richardson, 2012 & Brienza et al., 2010). Health care professionals need to be aware of the current research in PU management and prevention to provide evidence-based care to their clients. There is limited evidence regarding how sitting on a sling impacts pressure, even though slings are commonly used in many healthcare settings in which occupational therapists practice. Therefore, for professionals to provide responsible, informed care there must be more research investigating sling use, pressure and how proper management of pressure can help in the prevention of PUs. Care transitions may also be positively affected when healthcare professionals have more resources and knowledge of how to prevent PUs. This poster presents a proposed study which will investigate this topic and provide insight into pressure distribution across individuals' gluteal area when sitting on a sling.

P36 - AGING WITH DEVELOPMENTAL DISABILITIES: EMERGING THEMES IN LONG-TERM CARE (STUDENT POSTER)

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Brief Description of Research or Project: Persons with developmental disabilities (PDDs) are living longer and more of them are requiring long-term care (LTC). Persons with DDs have distinct needs as they age which should be addressed in LTC to help improve the quality and relevance of the care they receive. A qualitative study is currently underway to explore the emerging themes in the LTC context PDDs. Themes that may emerge include: geriatric care is ill-equipped to treat persons aging with DDs; co-morbidities are common and often wrongly attributed to the DD; assistive technology is a possible solution to address the needs of PDDs as they age. **Why is this research important to profile at the Research Day 2014?** As the life expectancy of persons with DD continues to increase and approach that of the general population, it is important that the knowledge of LTC in this population improves also. Aging with a DD is a complex process that is a unique experience to this population. It is essential to understand the barriers and facilitators of accessing LTC and AT so that they can receive appropriate care that meets their unique needs. With a deeper understanding of the experiences of aging with a DD, appropriate changes that need to be made can be identified. This is an emerging issue in LTC and it would be great to highlight this unique population at the OLTC Research Day. By highlighting this project at the research day, it would help to bring needed attention to these needs that are faced by persons aging with DDs. As this is a work in progress, it would be helpful to receive feedback from scientists and experts that will also be presenting.

P37 - A POINT PREVALENCE OF SKIN TEARS IN A LONG-TERM CARE FACILITY IN EASTERN ONTARIO, CANADA (STUDENT POSTER)

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Poster presented by Karen Campbell, Western University.

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Brief Description of Research or Project: Skin tears are painful wounds resulting from trauma to the skin and are largely preventable. They are often mismanaged and misdiagnosed, leading to complications, including pain, infection and delayed wound healing. Skin tears increase caregiver time and facility costs, and cause anxiety for patients and families. A point prevalence study conducted at a Long-Term Care Facility in Eastern Ontario found a skin tear prevalence rate of 22%. The results of this prevalence study provide a much-needed first step in establishing a Canadian database on the prevalence of skin in the elderly population. **Why is this research important to profile at the Research Day 2014?** A literature review revealed limited literature addressing the prevalence, incidence or economic impact of skin tears on the global population. Early research estimated that 1.5 million skin tears occur each year in institutionalized adults in the United States. A 1994 study in a 347-bed facility in Western Australia demonstrated a 41.5% skin tear prevalence rate within its population. Studies of community settings have reported skin tear prevalence rates between 5.5% in known wounds amongst all age groups and 20% of known wounds in the veteran population. The prevalence and incidence of skin tears in Canada's elderly population has not been reported in the literature. While little is known about the prevalence rates of these wounds, it has been reported that in the elderly population these wounds are more prevalent than pressure ulcers. Despite this high prevalence, skin tears are frequently mismanaged. Health care professionals must understand which individuals are at risk for developing skin tears, and how to prevent these wounds from occurring. This article will discuss the findings of a point prevalence study of skin tears conducted at a Term Care Facility in Eastern Ontario. While further research is needed to determine the prevalence and incidence of skin tears across health care settings, the results of this prevalence study provide a much needed first step in establishing a Canadian data base on the prevalence of skin in the elderly population.

P38 - CURRENT VITAMIN B12 TESTING AND TREATMENT POLICIES ACROSS A RANDOM SAMPLE OF ONTARIO LTC HOMES (STUDENT POSTER)

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Brief Description of Research or Project: Adequate B12 status is important, yet vitamin B12 deficiency prevalence in older adults is elusive. Estimates from community samples suggest a prevalence of 4-50% in older adults (aged 65+) but data are not well reported in long-term care (LTC). Symptoms of deficit, especially in subclinical deficiency, vary making it difficult to detect without a blood test. However, without timely treatment, effects will become permanent (e.g., neuropathy) and can impact quality of life and potentially frailty. Despite these consequences, no formalized best-practice guidelines exist for B12 testing or treatment in Ontario. This is of particular interest to LTC residents who are older, have more co-morbidities and lower quality of life compared to community-dwelling older adults. This work, a component of a larger project investigating vitamin B12 status and frailty in Ontario LTC residents, involves determining policies and protocols in place for B12 testing and treatment for deficiency upon admission to LTC in a random sample of LTC homes across Ontario. Data collection is underway. Preliminary results (n=39) suggest that 64% of Ontario LTCs test for vitamin B12 status on admission. Meanwhile, the most frequently reported percentage of residents per home receiving B12 treatment is 21%, suggesting a relatively high prevalence of deficiency in this population. Questions remain as to how these protocols impact B12 status and potentially other frailty indicators. This study aims to inform: best-practice guidelines, future education on the importance of B12 testing and treatment for maintaining or improving quality of life for LTC residents and beyond. **Why is this research important to profile at the Research Day 2014?** The importance of adequate nutrition applies to everyone. For older adults who often have more difficulty absorbing key nutrients from food, nutrition and micronutrient nutrition is especially important. That said, little is known about micronutrient status in long-term care (LTC) so work to address this knowledge gap provides an excellent opportunity for knowledge transfer between residents, front-line LTC team members, policy makers, and researchers. Additionally, application of the results of this research has the potential to impact protocols and practice relating to vitamin B12 testing and treatment, and informing future education and policies for enhancing quality of life for residents living in LTC. This research is timely in that Ontario Health Technology Assessment Committee has B12 testing recommendations for cognitive function in the draft phase and this work may help further inform these recommendations.

P39 - EXAMINING THE APPLICATION OF PORTABLE ACTIGRAPHY TO THE MEASUREMENT OF NEUROPSYCHIATRIC SYMPTOMS OF DEMENTIA (STUDENT POSTER)

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Brief Description of Research or Project: The number of older adults with dementia is increasing and neuropsychiatric symptoms (NPS), such as agitation and aggression, are experienced by a majority of individuals with dementia. Accurate measurement of NPS is necessary for diagnosis and management of these challenging behaviors. Actigraphy, or electronic motion analysis, may provide a more accurate, objective, and reliable measurement of NPS when compared to the current methods which rely on subjective caregiver or nursing staff reports. Therefore, the goal of our project is to examine the application of actigraphy in the evaluation of NPS of agitation associated with dementia in older adults. The objectives of our project are to determine the actigraphic characteristics of 30 individuals and to evaluate whether specific patterns of motor activity are correlated with NPS of agitation as determined by nursing staff rated measures. To date, a small actigraph has been attached to the wrists of 7 participants (M age=76.14, SD=6.15) to obtain seven 24-hour

measurements of activity. Preliminary analyses suggest that individuals who are high in agitation (M=16.64, SD=10.12; Cohen-Mansfield Agitation Inventory score \geq 40) display distinct actigraphic movement patterns at night compared to those who are low in agitation (M=72.85, SD=27.89); $t(3)=-3.40$, $p=0.042$. Improvements in measurement of NPS through the use of actigraphy would have important clinical implications for the early detection of NPS and monitoring change of NPS in response to treatment. Actigraphy permits a quantitative and objective measure of NPS which may provide more valid and reliable assessment of NPS when compared to current methods of measuring NPS. **Why is this research important to profile at the Research Day 2014?** This study will be one of the first to evaluate the application of actigraphy to the measurement of NPS in older adults with dementia. NPS of dementia are important as they are the leading cause of admission to LTC for individuals with dementia, are associated with an increased cost of care, decreased both patient and caregiver quality of life, a more rapid decline in cognition and function, and increased mortality. The application of actigraphy to measure NPS may facilitate a more comprehensive and detailed evaluation of NPS compared to current methods that rely on informant rating of questionnaires. Utilizing actigraphy to measure NPS may also be less burdensome for nursing staff to utilize when compared to completing informant questionnaires or behavioral charting. The data collected by actigraphy also permits a quantitative and objective measure of NPS which may provide more valid and reliable assessment of NPS. Our research will also inform future potential applications of actigraphy to the clinical care of populations with other mental illnesses or neurological conditions. To date data collection has been completed on 7 participants, with consent collected for another 8. Data collection for this study is projected to be completed by early February, 2014.

STUDENT ORAL PRESENTATION ABSTRACTS

PM2: Optimizing the PSW Role

SO1 - WE NEED TO TALK! OPTIMIZING THE PSWS' ROLE IN LTC

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Purpose: The optimization of the role of personal support workers (PSWs) in long-term care (LTC) is largely dependent on effective information exchange and collaboration among healthcare team members.

Methods: We conducted an institutional ethnography to explore the organizational systems that influence resident-care information exchange between PSWs and the rest of the healthcare team. The data were derived from three LTC facilities and included 83 hours of participant observation, 42 in-depth interviews, and analysis of 64 documents.

Results: Practical access to institutional texts containing individualized care-related information (e.g., assessments, care plans, social histories, and progress notes) was found to be dependent on job classification. Regulated healthcare professionals (i.e., occupational therapists, physiotherapists, licensed practical nurses, and registered nurses) frequently accessed and used these texts to provide and receive information. The PSWs were noted to lack practical access to these texts and primarily received and shared information orally. Consequently, microsystems of care, based on these distinct information exchange formats, emerged. In all the facilities studied, the organizational systems mandated the written exchange of information and did not formally support an oral exchange. Thus, this informal information exchange was largely dependent on the quality of working relationships within and between the microsystems of care. Implications: Formal systems should be implemented to support structured oral information exchange within and between the microsystems of care found in LTC (e.g., regularly scheduled team huddles led by PSWs) to promote effectual exchange of information relevant to residents' care and thus the optimization of the role of the PSWs.

PM3: Restorative Care I

SO2 - THE FACTORS ASSOCIATED WITH RECEIVING REHABILITATION IN LONG-TERM CARE IN CANADA: A CROSS-SECTIONAL STUDY

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Brief Description of Research or Project: The objectives of this cross-sectional study were threefold: 1) Describe the proportion of residents receiving physiotherapy and occupational therapy in LTC across six Canadian provinces. 2) Describe the characteristics of residents receiving physiotherapy in LTC in Canada. 3) Determine what factors predict the receipt of physiotherapy in LTC in Canada at three levels: any amount of physiotherapy, at least 45 minutes over 3 days, and at least 150 minutes over at least 5 days. **Why is this research important to profile at the Research Day 2014?** Please see attached additional material for complete abstract. Rehabilitation therapies such as physiotherapy and occupational therapy are effective at maintaining and improving physical function and quality of life, however the provision of these services might not meet the needs of residents in long-term care. There are discrepancies in utilization rates nationally and internationally, there is no consensus as to the appropriate allocation of resources and the

characteristics of residents receiving PT may exclude residents who could benefit. In addition there have been significant changes in Ontario in 2013 to the funding model for physiotherapy in long-term care. It is necessary to describe the current practices related to the utilization of physiotherapy in long-term care in Canada as it has not previously been reported and to help support decision making for allocation and provision of rehabilitation services. This submission is relevant to topic of rehabilitation and restorative care that is of special interest to the 2014 Long-term Care Applied Research Day.

PM5: Ontario Research Coalition: Student Research In Action (Part 1) – Oral Presentations' Abstracts

SO3 - DETERMINING THE FEASIBILITY AND EFFICACY OF INSTITUTIONAL DUAL-TASK GAIT TRAINING ON COGNITION AND MOBILITY IN OLDER ADULTS

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Brief Description of Research or Project: Individuals exhibiting progressive cognitive impairment, but not having met the diagnostic criteria for dementia (CIND) commonly present with reduced executive functioning which contributes to increased gait variability - increasing their risk for dementia, falls, fractures, and collectively, institutionalization. Although cardiovascular disease risk factors such as hypertension and arterial stiffening are thought to play a role in the progression of cognitive impairment in older adults, their relative contribution remains equivocal and very few randomized controlled trials have investigated the effects of modifying vascular risk factors on cognitive health and functioning. Aerobic-based exercise can improve executive function, reduce gait variability, and improve cardiovascular disease risk factor profiles in older adults; however the use of dual-task gait training has yet to be investigated. This 12 month single blinded, experimental case series will investigate the impact of a treadmill based, combined dual-task gait-training and aerobic exercise program on cognition, mobility, and vascular outcomes in i) cognitively-healthy community-dwelling older adults (control), or ii) those with CIND (intervention). **Why is this research important to profile at the Research Day 2014?** With the global population aging, there is a growing urgency to identify the most effective strategies to prevent cognitive decline. The incidence and prevalence of dementia is rising; however, the incidence of individuals exhibiting some form of cognitive impairment, but not having met the diagnostic criteria for dementia (e.g., cognitive impairment, not dementia; CIND) is two-fold greater than that for Alzheimer's disease and related dementia. These observations suggest that early prevention strategies for ameliorating cognitive decline in persons with CIND may result in the best clinical outcomes and alleviate burdens on the health care system. The cardiovascular and cognitive benefits of aerobic exercise have been unequivocal in a variety of chronic diseases; however, evidence is required to determine whether aerobics or other exercise modalities can positively impact cognition in older age.

SO4 - ENHANCING FOOD IN LONG-TERM CARE: STRATEGIES TO IMPROVE MICRONUTRIENT QUALITY OF FOOD ON THE MENU

Ivy Lam¹, Heather Keller¹, Ken Stark¹, Lisa Duizer². ¹University of Waterloo, ²University of Guelph.

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Brief Description of Research or Project: This study aims to determine: If Canadian LTC menus meet micronutrient recommendations, and whether nutrient-dense DRI-based Super-menus are feasible to meet recommendations. Week one of menus, recipes, and portion sizes from 5 LTCs were analyzed for micronutrient content using Food Processor and validated by site dietitians. Five micronutrient-focused Super-menus were created. Nine micronutrients were commonly low in menus. Super-menus met all recommendations excepting vitamin D, E, and potassium, yet volume and calorie content remained the same, suggesting other solutions (e.g. fortification) should be considered. Greater awareness of micronutrient qualities of food is needed by menu planners to address micronutrient needs.

Why is this research important to profile at the Research Day 2014?

Low micronutrient intake is prevalent in LTC, negatively affecting residents' health and quality of life. Adequate intake of a varied diet is needed to meet micronutrient requirements, but physiological factors often hinder residents' food intake, rendering them nutritionally vulnerable. Most LTC menus are planned using Canada's Food Guide, but inconsistencies with DRI recommendations may mean that menus do not meet micronutrient recommendation. Current strategies to address potential micronutrient deficiencies in LTC include use of oral nutritional supplements and vitamin/mineral pills, yet both are reactive approaches, and poor compliance by residents has been documented. Research suggests that families and providers prefer a 'food-first' approach in addressing nutritional problems. With the current interest in limiting medication in LTC, this work offers a timely potential preventative solution to help meet residents' micronutrient needs. Creative incorporation of herbs and spices along with nutrient-dense foods may meet micronutrient needs, as demonstrated by the Super-menus. However, the strategy's feasibility is in question due to food-cost implications, as well as caloric and volume of food required to be consumed. This exploratory analysis is part of a larger study focused on developing a fortification strategy for LTC. This analysis confirms findings identified in a literature review; micronutrient intake is problematic in the LTC population. It is possible to plan a menu with the potential of meeting most micronutrient recommendations. But current menu planning practices fall short and greater awareness of micronutrient qualities of foods and of best practices in food-preparation methods through better training and education is needed.

SO5 - INVESTIGATING INNOVATIVE MODELS OF SERVICE DELIVERY TO IMPROVE ACCESS TO QUALITY HEALTH CARE SERVICES FOR OLDER ADULTS

Emily Nalder. Baycrest

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Brief Description of Research or Project: There is a dearth of evidence describing how health care providers experience the transition of moving from face-to-face to online modes of service delivery. Obtaining feedback from front line staff regarding their experiences of transitioning to the use of an online platform will inform the development of implementation strategies for e-health programs for older adults. This presentation will describe a pilot study investigating these issues, through qualitative interviews with four health professionals regarding their perceptions and experiences of being trained to deliver evidence-based interventions via an online platform. Health professionals from varying disciplines (e.g., occupational therapy, psychology, nursing) will be interviewed after technology training and after having an experience of providing an online evidence-based intervention for individuals with chronic conditions (e.g., Goal Management Training for individuals with stroke). Factors that may influence implementation will be discussed according to the following themes: practice setting, client population, and intervention and technology. **Why is this research important to profile at the Research Day 2014?** With the ageing population there is an increasing number of older

adults with one or more chronic health conditions who require long-term health services. Consequently health systems and long-term care facilities need to investigate innovative models of service delivery that will meet this rising demand. E-health, or the delivery of online interventions, has the potential to improve access to quality health care services for older adults by providing timely services in their own home. Whilst e-health has the potential to revolutionise how we deliver healthcare, we know very little about how to successfully implement these programs within an existing service system.

SO6 - ADDRESSING THE KNOWLEDGE GAPS FOR B12 TESTING AND THE PREVELANCE OF B12 DEFICIENCY IN LTC HOMES IN ONTARIO

Kaylen J. Pfisterer, University of Waterloo.

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Brief Description of Research or Project: The goal of this work is to address the knowledge gaps of: current policies and protocols in place for B12 testing in a random sample of LTC homes across Ontario, and the prevalence of B12 deficiency in a convenience sample of LTCs through analysis of retrospective cohort data. In addition, potential associations between vitamin B12 status and indicators of frailty will be explored. This work aims to inform best-practice guidelines, future education on the importance of B12 testing and treatment for the maintenance or improvement of quality of life, and future interventions aimed at improving quality of life for older adults living in LTC, retirement or community. **Why is this research important to profile at the Research Day 2014?** This work aims to disseminate: the importance of vitamin B12 for maintaining health, current protocols for testing and treating vitamin B12 deficiency in Ontario long-term care (LTC) homes, prevalence of vitamin B12 deficiency in a sample of LTC homes, and potential associations between vitamin B12 levels and key frailty indicators. This work provides an excellent opportunity for knowledge transfer between residents, front-line caregivers, policy makers, students and researchers on the importance of vitamin B12 in older adults and current treatment protocols across Ontario. Results from this work have the potential to impact policy and practice by addressing knowledge gaps relating to protocols, policies and procedures for vitamin B12 testing and treatment. Results may also inform future education and policies for enhancing quality of life for residents living in LTC.

PM7: Person-Centred Care

SO7 - TILING TOGETHER INCLUSION WITHIN LONG TERM CARE HOMES IN ONTARIO

Sonia Meera. The Family Councils' Program C/O Self-Help Resource Centre.

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Brief Description of Research or Project: Ontario currently has over 620 long term care homes and an aging population. Each long term care home is situated within communities that reflect diverse intersections of identities. An inquiry was set by the Family Councils' Program to examine current practices which reflect the needs of diverse families that have loved ones in care. The mixed methods research project documented lived experiences and stories intricately and intimately conveying the diversity within long term care homes in Ontario. Families, administrators, and governmental bodies shared their unique experiences of their loved ones in care, and their experience as a family member. **Why is this research important to profile at the Research Day 2014?** Families and persons of importance are a key role to persons in care within long term care homes. The research project was a response to the increasing inquiries to The Family Councils' Program regarding diverse practices within long term care (including language barriers, appropriate foods/activities). The research project is important for the long term care research day, as it provides an in-depth, qualitative tour of the intimate experiences for families with loved ones in care. The research project consisted of 4 focus groups, 4 individual interviews, and an online survey to anyone involved in long term care; all of which took place within Ontario. The project

takes a shift from models of care in long term care, to the emotional/social aspects of care, and its implications within a broader context. Understanding the complexities of how persons living within long term care in Ontario can begin a dialogue of how practices can be shaped. The research project resulted in seven themes which speak to the long term care system and the voices of families with loved ones in long term care. It will contribute immensely to this event as it highlights the impacts of current practices in long term care homes in Ontario and provides innovative ways of advocacy and practice as constructed by the participants.

PM10: Ontario Research Coalition: Student Research in Action (Part 2) – Oral Presentations' Abstracts

SO8 - AN ENHANCED EDUCATIONAL DELIVERY MODEL FOR THE CANADIAN FALLS PREVENTION CURRICULUM

Lindsay Delima. Providence Care.
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Brief Description of Research or Project: The Canadian Falls Prevention Curriculum (CFPC) provides an evidence-based approach to falls prevention for seniors and assists participants to develop site-specific falls prevention plans. The objectives of the CFPC enhanced educational delivery model were to improve 1) accessibility of the CFPC curriculum and 2) implementation of evidenced-based falls prevention strategies and outcomes, with the use of facilitated online distance learning and mentoring for participants. **Why is this research important to profile at the Research Day 2014?** Participants successfully accessed the online information and developed and implemented agency-specific falls prevention projects. Enhanced collaboration between agencies was also seen as an outcome of the project. Overall, the Enhanced Delivery Model was successful. Recommendations for future educational offerings, in both traditional and in Enhanced Delivery models are planned for the upcoming year with continued research in best delivery models for different types of learners and agencies.

SO9 - BEREAVED FAMILY MEMBERS' SATISFACTION WITH END OF LIFE CARE WITHIN FOUR ONTARIO LONG TERM CARE HOMES

Jenna Garlick¹, Mary Lou Kelley¹, Kevin Brazil². ¹Lakehead University, ²Queens University, Belfast Northern Ireland.
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Brief Description of Research or Project: Understanding bereaved family members' perspectives offers long term care (LTC) homes valuable quality improvement data and to better meet the needs of residents and families at end of life. The Family Perception of Care Scale (FPCS) is a 27-item survey that collects information about bereaved family members' perceptions of and satisfaction with end-of-life care in LTC. It has four domains; 1) Resident care, 2) Family Support, 3) Communication, 4) Rooming, and provided room for comments. In conjunction with the "Improving Quality of Life for People Dying in LTC homes" the FPCS was mailed to 152 family members of residents who died during 2012 in four Ontario long-term care homes. 86 surveys were returned (57% response rate). Quantitative data were analyzed using SPSS and qualitative data were analyzed thematically. The overall satisfaction score was 83/100; indicating family members were generally satisfied with the end-of-life care. Satisfaction did not significantly differ between homes. Important items for satisfaction were location of death, pain management, dignity, being informed about resident's health and feeling welcomed in the home. Scores were higher for rooming (86) and communication (86) and lower for resident care (82) and family support (76). Survey comments were organized into the four domains of the FPCS. **Why is this research important to profile at the Research Day 2014?** Results indicate that the structural characteristics of the home are less important to family satisfaction than resident care, such as pain control, dignity, communication and relationships. These indicators of satisfaction need to be included more predominantly in future home satisfaction surveys. LTC homes are required to ensure that families and residents are surveyed annually to measure their satisfaction with the home

and the care, services, programs and goods provided at the home. Surveys measuring family satisfaction with end of life care after a resident has died are not often used. This data provides LTC homes with valuable information that can assist with quality improvement measures and information on how the LTC home can meet the needs of residents and families at the end of life.

SO10 - HIGH FIDELITY SIMULATION IN INTERPROFESSIONAL PALLIATIVE CARE EDUCATION

Kathy Kortess-Miller. Lakehead University
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Brief Description of Research or Project: This presentation will introduce and explore the concept and use of high fidelity simulation (HFS) in interdisciplinary healthcare education, concentrating on its use in palliative/end-of-life care education. The use of high fidelity simulation in healthcare education is viewed as one solution with significant potential to address a number of current healthcare challenges. Education utilizing HFS can provide a safe, interactive, and flexible learning environment which emotionally engages the learner and encourages reflection both during and following the simulation exercise. The opportunity for enhancing the delivery of palliative care education urges educators to further explore the use of HFS in interdisciplinary palliative care education. **Why is this research important to profile at the Research Day 2014?** A variety of innovative research projects designed and implemented by the presenter and her research colleague Kristen Jones-Bonofiglio will be discussed as specific examples of the potential for the use of HFS to enhance interdisciplinary palliative care learning in a safe environment. The overarching purpose of the research projects which will be presented, is to gain further understanding through reflection on the current academic literature and identify some "lessons learned" in order to support and enhance the education and training of all members of palliative care teams to work together for the provision of quality palliative/end-of-life care for patients and families.

TOOLS & RESOURCE TABLES

Health care professionals and organizations with tools and resources significant to long-term care and seniors care:

TABLE #1 - ONTARIO LONG TERM CARE ASSOCIATION (OLTCA)

OLTCA builds excellence in long term care through leadership, analysis, advocacy and member services. OLTCA's Research Day is an important opportunity for our members and care providers to exchange ideas and knowledge with health care professionals and organizations working to advance safe and quality long term care. Firsthand knowledge of new research, trends in care and best practices, tools and products is part of planning for and providing the best possible care to Ontario's aging population.

Visit OLTCA's table for a variety of resources, upcoming event information, information on becoming a member and to learn about the new OLTCA Learning Academy and Coaching Corner, powered by PolicyMedical Inc. This innovative solution will provide OLTCA members with education, resources, training, policies, quality improvement and best practices.

Visit OLTCA's table to learn more and view a live demonstration.

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[YouTube.com/OLTCA345](https://www.youtube.com/OLTCA345)

LONG-TERM CARE TASK FORCE ON RESIDENT CARE & SAFETY

Background - In response to media reports of incidents of abuse and neglect in long-term care homes and underreporting of these incidents, the long-term care sector created a task force to examine and address these issues. The task force is independent of government and has broad representation from across the sector, including family and resident councils, nurses, physicians, personal support workers, unions, long-term care provider associations and advocates.

Mandate - To develop an action plan that examines and addresses the factors contributing to incidents of abuse or neglect in long-term care homes with the goal of helping to prevent these incidents, supporting a zero tolerance of abuse policy, continuing to advance a culture of openness and transparency in long-term care homes, and restoring public confidence that residents receive high quality care and are treated with dignity and respect. The action plan will be shared with the public.

Contact Information

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longtermcaretaskforce.ca

TABLE #2 - SCHLEGEL WATERLOO RESEARCH INSTITUTE FOR AGING

Ontario's Centres for Learning, Research and Innovation (CLRI) in Long-Term Care aim to enhance the quality of seniors' care in long-term care homes through education, research, innovation, evidence-based service delivery and design, and knowledge transfer.

The Schlegel Centre for Learning, Research and Innovation (CLRI) in Long-Term Care is a Program of the Schlegel-UW Research Institute for Aging and partners with the University of Waterloo, Conestoga College and Schlegel Villages to develop and implement research and training programs that enhance the care and quality of life of older adults. The Schlegel CLRI aims to catalyze system transformation through research-informed practice change and innovation in workforce preparedness.

This display will share visual and tactile resources, and provide an opportunity for conference participants to engage in dialogue with CLRI staff.

Contact Information

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TABLE #3 - BAYCREST CENTRE FOR LEARNING, RESEARCH AND INNOVATION IN LONG TERM CARE

Ontario's Centres for Learning, Research and Innovation (CLRI) in Long-Term Care aim to enhance the quality of seniors' care in long-term care homes through education, research, innovation, evidence-based service delivery and design, and knowledge transfer. The Baycrest CLRI will share information on visual and tactile resources such as an aging simulation suit and a web-based station for experiential educational technology. This will be a great opportunity for conference participants to engage in dialogue with CLRI staff.

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TABLE #4 - BRUYÈRE CENTRE FOR LEARNING, RESEARCH AND INNOVATION IN LONG-TERM CARE

Ontario's Centres for Learning, Research and Innovation (CLRI) in Long-Term Care aim to enhance the quality of seniors' care in long-term care homes through education, research, innovation, evidence-based service delivery and design, and knowledge transfer. Through its core projects, the Bruyère CLRI aims to enhance the quality of care provided to residents in LTC, to strengthen the current LTC system and to assist in shaping the LTC system of the future. This display will share interactive resources, and provide an opportunity for conference participants to engage in dialogue with CLRI staff.

Contact Information

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TABLE #5- NATIONAL INITIATIVE FOR THE CARE OF THE ELDERLY (NICE)

NICE and its interdisciplinary network of researchers and practitioners around the world have created numerous issue-and evidence-based information guides for use by older adults and those in the caring professions. The NICE exhibit will include samples of the printed tools as well as information about these tools in digital format covering the following issues around aging: Caregiving, Mental Health, Dementia Care, Elder Abuse & Ageism, and End-of-Life Issues, including Capacity & Consent.

Contact Information

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Facebook: facebook.com/nicelderly

TABLE #6 - ONTARIO OSTEOPOROSIS STRATEGY FOR LONG-TERM CARE

The Ontario Osteoporosis Strategy for Long-Term Care will feature a resource table that will highlight our user friendly website www.osteoporosislongtermcare.ca. Strategy tools and resources will be available at the table as well as information about our new Fracture

Prevention Guidelines in Long-Term Care. Tools and resources consist of our strategy DVD "Meeting the Challenges of Osteoporosis and Fracture Prevention in Long-Term Care" and items from our "Osteoporosis Toolkit" such as posters and evidence-based panel cards.

Contact Information

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TABLE #7 - REGISTERED NURSES' ASSOCIATION OF ONTARIO (RNAO)

The RNAO Long-Term Care Best Practices Program supports Ontario long-term care homes in integrating evidence-based best practices into their workplace. This display includes information on the Long-Term Care Best Practices Program, a selection of RNAO Clinical and Healthy Work Environment Best Practice Guidelines, the RNAO Toolkit: Implementation of Best Practice Guidelines, Second Edition, and other related resources. Two on-line resources, the Long-Term Care Best Practices Toolkit and the Nursing Orientation e-Resource for Long-Term Care will be featured.

Contact Information

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E: cholmes@RNAO.ca

www.RNAO.ca

TABLE #8 - YEE HONG CENTRE FOR GERIATRIC CARE

This project was designed in response to the Ontario Ministry of Health and Long-Term Care 2012-2013 Healthy Work Environments Partnership and Innovation Fund. The Yee Hong Centre for Geriatric Care (YHC), McMaster University Nursing Health Services Research Unit, and Ontario Public Service Health and Safety Association collaborated to implement and evaluate an employee empowerment staff safety program: Employees Participating in Change (EPIC). Results suggest that EPIC provided staff with the tools, processes, and information needed for greater engagement in health, safety, and wellness.

Contact Information

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www.yeehong.com

TABLE # 9 - PUBLIC SERVICES HEALTH AND SAFETY ASSOCIATION (PSHSA)

We will showcase PSHSA's leading edge products, tools and materials for Ontario workplaces in the public services sectors, including education, healthcare, and government. We will focus on the products for the healthcare sector, and the long-term care subsector more specifically. In addition, it will also be outlined how appropriate implementation and careful selection of delivery methods can assist in end goal success!

Contact Information

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TABLE # 10 - SENIORS HEALTH KNOWLEDGE NETWORK (SHKN)

The Seniors Health Knowledge Network makes connections: we link people, resources and ideas together to benefit the health of the aging population. Our mission is to make a positive impact on seniors' health by encouraging advancements in research, education, practice and policies. Our Communities of Practice offer a chance for healthcare professionals and stakeholders to meet and work together to bring evidence into practice. Our Communities explore research and distill findings into best practice guidelines, educate their colleagues and the public, discuss current issues, organize events, and develop tools and resources to improve the quality of care seniors receive.

Contact Information

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TABLE # 11 - ONTARIO LONG TERM CARE PHYSICIANS (OLTCP)

Ontario Long Term Care Physicians is a non-profit organization of doctors who work in long-term care facilities as Medical Directors and Attending Physicians. We advocate for the residents living in these facilities through dialogue with the Ministry of Health and Long-Term Care.

Contact Information

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TABLE # 12 - CANADIAN ASSOCIATION ON GERONTOLOGY (CAG)

The Canadian Association on Gerontology is Canada's premier multidisciplinary association for all those who work or have an interest in the field of aging. Members benefit from reduced rates to attend our annual conference, a print and online subscription to the Canadian Journal on Aging, networking opportunities and more. Join us for CAG2014: Landscapes of Aging, our 43rd Annual Scientific and Educational meeting, taking place October 16-18, 2014 in Niagara Falls, Ontario: abstracts are being accepted until April 15!

Contact Information

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Facebook: <http://www.facebook.com/CdnAssocGero>

TABLE # 13 - ALZHEIMER SOCIETY OF ONTARIO (ASO), ALZHEIMER KNOWLEDGE EXCHANGE (AKE), AND BEHAVIOURAL SUPPORTS ONTARIO (BSO)

This tools and resources table will showcase materials from the Alzheimer Knowledge Exchange, Behavioural Supports Ontario and the Alzheimer Society focused on capacity building and person centred care for those working in the Long-Term Care sector.

Contact Information

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www.alzheimerontario.ca or www.akeontario.org

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TABLE # 14 - HEALTH QUALITY ONTARIO (HQO)

Health Quality Ontario (HQO) is a partner and leader in transforming Ontario's health care system so that it can deliver a better experience of care and better outcomes for Ontarians and better value for money. HQO's legislated mandate under the Excellent Care for All Act, 2010 is to evaluate the effectiveness of new health care technologies and services, report to the public on the quality of the health care system, support quality improvement activities and make evidence-based recommendations on health care funding. HQO is an arms-length agency of the Ontario government.

LTC Benchmarking: An initiative to develop aspirational benchmarks for nine LTC quality indicators, four of which are reported at the home-level. Benchmarks will better support quality improvement in the long-term care sector. These aspirational benchmarks are among the first provincial LTC benchmarks in Canada and represent good resident outcomes and high-quality care.

The Quality Compass: A comprehensive evidence-informed web-based tool to promote the uptake of best practices to support health care leaders and providers make sustainable improvements to transform Ontario's health care system. Each topic provides an overview of provincial performance, indicators and tools to measure performance, HQO's quality improvement framework and a compilation of evidence based best practices and change ideas and tools and resources to facilitate quality improvement. The tool serves as a repository of success stories, highlighting 'bright spots' with implementation details to inform action and improve care in priority health care areas.

Public Reporting at HQO: Ontario's publicly funded health care system touches millions of lives every year. Through public reporting on the quality of health care in Ontario, HQO promotes a culture of quality, value, transparency and accountability in Ontario's health system. This resource outlines such promotions.

Contact Information

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M5S 1N5
T: 416-323-6868/ Toll-free: 1-866-623-6868
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TABLE # 15 - EVIDENCE EXCHANGE NETWORK (EENET)

Evidence Exchange Network (EENet) is a knowledge exchange network that connects mental health and addictions stakeholders across Ontario. The EENet community includes researchers, clinicians, decision-makers, service providers, system planners, policymakers, persons with lived experience, and families. The network promotes the use of research evidence in decision-making, develops targeted knowledge translation products and tools, and supports interactive exchanges. Display materials will include brochures about EENet and samples of our knowledge exchange materials, which include promising practices, research spotlights, and other knowledge exchange tools.

Contact Information

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www.eenet.ca

TABLE # 16 - REGIONAL GERIATRIC PROGRAM CENTRAL (RGPC)

The RGPC will highlight the Geriatric Certificate Program, which consists of educational programming that is aimed at improving quality of care for our aging population. The Program consists of core educational courses that are already being delivered across the province, as well as a number of courses that are specific to this program.

Contact Information

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www.rgpc.ca

TABLE # 17 - QUALITY PALLIATIVE CARE IN LONG TERM CARE

Long term care homes provide care for residents until the end of life. Each year approximately 20% of residents die and most wish to stay at home. Staff work very hard to provide palliative care to residents and their families. The Quality Palliative Care in Long Term Care (QPC-LTC) toolkit can support long term care homes these efforts.

The toolkit includes resources to develop a palliative care program that is unique to the long term care home setting and context. The toolkit includes a framework that is the first of its kind in Canada and one of few developed internationally. The Quality Palliative Care in Long Term Care Framework includes three core components: a philosophy of palliative care, a program description and organizational policy, and a process for organizational change. These core components are supported by 40 tools, modules, in-services, and innovations for direct care, education, and community partnerships which were also created by the Alliance.

Funding for this toolkit was provided by the Social Sciences and Humanities Research Council (SSHRC) with knowledge translation support from the Canadian Institutes for Health Research (CIHR).

The toolkit and all 40 innovations are available online free of charge by visiting www.palliativealliance.ca

For organizations wishing to purchase a hard copy of the toolkit, and DVD with editable handouts can visit <https://cerah.lakeheadu.ca/events/?display=events&eventid=232> to order their copy prior to February 28, 2014.

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INNOVATIONS SHOWCASE

Learn more about promising or proven ideas, products, technologies or services that are innovative and have the potential to make a significant contribution to the efficiency, effectiveness and sustainability of the long term sector by visiting the Research Marketplace, Convention Level Foyer:

BOOTH # 1- SCA PERSONAL CARE (WITH THE BRAND TENA)

Improved Resident Outcomes Through Collaboration and Partnership in Providing Care Based on Evidence and Data Findings. TENA Solutions

Partnering with this Ontario Long-Term Care Home, there were demonstrated overall improvements in resident well-being and financial savings related to incontinence care. As outlined in a detailed report capturing before and after results based on the unique home's specific data. Specific improvements were made within Quality Indicators relating to Worsening Bladder which resulted in positive effects on resident independence and overall resident quality of life. Partnership and collaboration between the care home and SCA resulted in evidence - based results which showed clear care improvements.

72-hour Electronic Assessment Within a Long Term Care Home (TENA Identifi) - Partnering with an Ontario-based LTC home we demonstrate the findings around a quality resident assessment through the use of TENA Identifi. TENA Identifi optimizes continence care by graphically converting voiding pattern data into actionable, evidence-based reports. Over a 72-hour assessment

period, it tracks voiding volumes at each change and provides a base for appropriate product selection.

The reports are generated via a web portal to establish a pattern and identify the individual's unique needs, without having to rely upon manual recordings. The information is automatically transmitted to a private, secure server where it is automatically converted into a voiding assessment report. Partnership and collaboration between the care home and SCA resulted in evidence - based results which showed clear care improvements.

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BOOTH # 2 - VISION NURSING HOME

Hidden Pockets: a Low-tech Front-line Innovation to Prevent Falls in LTC

Tab monitors are used in falls prevention in Long-Term Care. The "Hidden Pocket" design is an enhancement to tab alarms for falls prevention. These pockets are designed to hold a tab monitor securely to prevent a resident from removing the tab before attempting to get up without assistance. Adjustable elastic button hole straps with buttons will accommodate any size back rest of wheelchairs, head boards of beds or lounge chairs. Pockets are tested and currently being used in Nursing Homes. Lynne has been preparing the hidden pockets to have on display and for sale at the research day. She will also be displaying a HIDDEN POCKET for Catheter bags.

Contact Information:

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VISION NURSING HOME
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Sarnia, Ontario
T: 519-336-6551

www.vision74.com



BOOTH # 3 - BCI NETWORKS

SARA Wireless Emergency Call Systems

BCI Networks is excited to introduce the SARA Wireless Nurse Call System at research day. The SARA is quickly becoming a new standard in the industry. We have extensive experience in both retrofits and new constructions of retirement and long-term facilities in North America.

The SARA is an excellent choice for facilities undergoing a retro-fit, because it can be installed easily and implemented with minimal disruption. Most importantly, there is no disturbance to residents. It does not require new wiring, conduit infrastructure, or interruption of current life-safety systems. In fact, the legacy system can continue to work in conjunction with the SARA until "cutover" – eliminating any "down time". SARA will provide a wireless nurse call system: wireless repeaters, wireless pull-stations, wireless plunger stations, wireless smoke detectors and wireless pendants. It creates a "Wireless Bubble" around the facility, using wireless repeaters that plug into any 110V wall outlet. This enables the wireless device to communicate wirelessly with the SARA Server. The SARA pull station is associated with a specific resident, so that staff knows immediately who requires help. SARA Server has a multitude of ways to notify staff that an emergency is taking place. SARA can alert in-house mobile phones, nursing station phones, pocket pagers, e-mail, scrolling marquee boards, 2-way radios and iPads. The call can go to multiple people and devices and can be customized for individual residents. Additionally, there is a customizable "escalation" feature that is activated if the primary responder is unable to respond to a resident within a specified time.

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BOOTH # 4 - BRAINFx

Optimizing Seniors' Neurofunction by Measuring Brain Health with an Innovative Tablet Based Clinical Assessment Tool

BrainFx 360 Assessment is a new, research-based, web and tablet based clinical assessment tool delivered by health professionals that can be used with seniors in various care settings. The assessment is specifically designed to measure the effects of mild to moderate brain disorders and can be used for a baselines and comparisons and can track functional outcomes over time. It provides a comprehensive profile of a person's neurofunction, which includes cognition, mood, behaviour, balance, sleep, nutrition, activities of daily life, quality of life and more. Because of the integration of technology, it is efficient and cost effective and the report is immediate and actionable.

Contact Information:

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BOOTH # 5 - BAYCREST CENTRE FOR LEARNING, RESEARCH & INNOVATION

Transforming Care of the Elderly by 'Taking a Walk in Their Shoes': an Aging Suit Simulation to Shift Values and Attitudes Through Experiential Learning

The Baycrest Centre for Learning, Research and Innovation in Long Term Care in partnership with the Michener Institute will be showcasing high fidelity aging suits for conference participants to experience. This learning innovation showcase was designed to mimic physical limitations in aging and some common experiences encountered by the elderly in the healthcare system. Healthcare professionals and students are invited to participate, observe, and assist in the simulation. Participants who wear the aging simulation suit will complete various scenarios in the role of an elderly client and will be invited to share their physical and emotional experience. This innovation showcase will also highlight significant moments from past simulations including video and audio clips, as well as recommendations to enhance the simulation experience.

Contact Information:

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BOOTH #6 - SMITH & NEPHEW

Collagenase Santyl Ointment: an Active Enzymatic Debriding Therapy

SANTYL® Ointment is a Health Canada Approved prescription active enzymatic therapy that continuously removes necrotic tissue from wounds at the microscopic level. This works to free the wound bed of microscopic cellular debris, allowing granulation to progress and epithelialization to occur*

SANTYL® Ointment is indicated for the debridement of*:

- Pressure Ulcers
- Diabetic ulcers
- Venous leg ulcers
- Severely burned areas
- SANTYL® ointment is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase.

SANTYL® Ointment has been proven clinically efficacious in a number of studies in a variety of wound types*:

- Demonstrated superiority to placebo in the debridement of dermal ulcers
- Demonstrated superiority to standard antimicrobial therapy alone and combination with topical antimicrobial therapy in the debridement of severe burns
- Well tolerated in the debridement of both soft tissue ulcers and severe burns

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INNOVATORS' DEN

We are delighted to host the 2nd Edition of the Innovators' Den which will take place on Tuesday, Feb 25, 5:30 Plenary Room - Toronto I/II, with six outstanding presenters. Make plans to attend and find out about exciting new products and innovations designed to improve care, reduce cost and create value for long-term care, and vote for the New LTC Product or Service Award! Delegates on-site for the announcement of the award will be eligible for a \$750 travel voucher Door Prize draw (draw will take place after the Innovators' Den, 6:00 pm).

INNOVATORS



Transforming Care of the Elderly by 'Taking a Walk in Their Shoes': an Aging Suit Simulation to Shift Values and Attitudes Through Experiential Learning

Jennifer Reguindin is an Interprofessional Educator for the Baycrest Centre for Learning, Research and Innovation and is certified in healthcare simulation and gerontological nursing. Previously, she was also an Advanced Practice Leader – Nurse, and served as a Subject Matter Expert for the Ministry of Health and Long-Term Care's Long-Term Care Home Common Assessment Project.

An experienced staff nurse in the areas of intensive care, cardiac and medical-surgical, her roles included nursing management and education for various Community Care Access Centre and Primary Health Care projects provincially.

Jennifer received her Bachelor of Science in Nursing from Ryerson University in 2002. While completing her Master of Science in Nursing degree from York University in 2007, where she also served as one of their Clinical Course Directors.



Raquel Meyer As Manager of the Baycrest Centre for Learning, Research and Innovation in Long-Term Care, Dr. Meyer leads the development, implementation, management and evaluation of the Centre. Raquel is an Assistant Professor (status) at the Lawrence S. Bloomberg Faculty of Nursing where she completed her doctoral studies and graduate training awards in health services research and policy. She was also the recipient of a Nursing Early Career Research Award through the Ontario Ministry of Health and Long-Term Care. Dr. Meyer's research centers on healthcare management, health human resources, educational innovation and care delivery models. Raquel is an enthusiastic proponent for the relevance of research to clinical practice, education, leadership and policy development!



72-hour Electronic Assessment Within a Long Term Care Home (TENA Identifi)

Shelley Gallant is a Clinical Director with SCA Personal Care. Shelley has been supporting long term care customers, acute and home care, within Ontario for a number of years now. Shelley has a strong knowledge of the customer and the challenges that care homes face in today's environment. Shelley in collaboration with this Responsive Home has been heavily involved in TENA Solutions to date and had expert knowledge and understanding of the benefits that it can bring to the care home and the residents that rely on them for care.

Bobbie Rogan is well known and respected in the Long Term Care Community. With over 35 years experience in Nursing, she took on the challenge of Long Term Care 27 years ago and has never looked back. Working her way up through the ranks of Charge Nurse, Assistant Director of Care, Director of Care and Administrator she finally landed on the role of Long Term Care Consultant with Extencare and has remained in that role for the past 21 years. Her unique insight into the needs of our residents, families and staff help to ensure quality care is provided within the Homes. Bobbie has also served on the Quality Care Committee as well as the Resident Care and Service Committee with the OLTCA.



Collagenase Santyl Ointment: an Active Enzymatic Debriding Therapy

Anna Ricci is a Registered Nurse with over 20 years experience in Sales and Marketing in the Medical Device Industry. Since 2004, she has been an Executive Sales Representative for Ontario East with Smith & Nephew Biotherapeutics (Formerly Healthpoint Biotherapeutics), focused in the Wound Care Segment. Anna is a graduate of the International Interprofessional Wound Care Course (IIWCC), Department of Medicine, Continuing Education, University of Toronto. Anna is an International Sales Trainer and has educated sales teams in the Netherlands, Sweden and England.



Hidden Pockets: a Low-tech Front-line Innovation to Prevent Falls in LTC

Lynne Beer is a Personal Support Worker at Vision Nursing Home for the past 11 years. She is the designer and creator of Hidden Pockets. Lynne has a passion for working with the elderly and has been active on committees in the home including Transfer and Lifts, Palliative Care, Continence Team and the Best Practice Care Team. Through a discussion with the Falls Prevention Team Leads in the home regarding the use and proper placement of the tab monitor, Lynne was able to envision this enhancement and created and designed the “Hidden Pocket”.



BrainFx 360 - An Innovative Tablet Based Clinical Assessment Tool

Tracy Milner is the co-creator of the tablet-based neurofunctional assessment, BrainFx 360. Her mission is to measure and understand the effects of mild to moderate brain disorders on real world function. She is an occupational therapist who has practiced extensively in neurorehabilitation with adults and children for almost twelve years. She has owned and successfully run an Ontario based occupational therapy practice which has grown to a team of 20 people since 2008. Being an early adopter of the use of technology therapeutically, she has been prominent in Ontario in delivering seminars on how to use smart devices in clinical practice. Tracy has been a committee member with the Ontario Society of Occupational Therapists for nine years, has co-authored the reflective resource on assessment of attendant care, and worked as a member with the expert panel of the Alliance of Medical and Community Rehabilitation Providers on catastrophic definition, including presentations to government standing committee.

She has a BA in Kinesiology and Masters in Occupational Therapy from Western University. Tracy Milner’s work at a Masters level went on to be published in the Canadian Journal of Occupational Therapy and Occupational Therapy International. Tracy is passionate about neurofunctional assessment and intervention and views BrainFx as her opportunity to combine both research and clinical knowledge to positively impact not only her own clients, but adults and children more globally.



SARA Wireless Emergency Call Systems

Mark Seidenfeld is President and CEO of BCI Networks. BCI Networks is a single source provider for your entire communications, life safety and security infrastructures. BCI Networks have extensive experience in both retrofits and new constructions of retirement & long term facilities in North America. Mark is very passionate about BCI Networks its capabilities, strengths and is always looking for new solutions to solve difficult problems for his clients. Mark brings cutting edge technology to his clients like the SARA wireless nurse call system. Mark’s vision of technology, innovation, thinking outside the box, commitment to BCI Networks clients, customer loyalty, are a few areas that have helped establish BCI Networks as leaders in the long term care and retirement industry.

See for yourself, stop by the showcase, dragon’s den, and experience Mark Seidenfeld’s knowledge, expertise and passion.

DRAGONS



Sarah Ferguson-McLaren is the Director of Operations for the Eastern Region of OMNI Health Care. Sarah graduated as a Registered Nurse in 1997 and began her career in the acute care sector at The North Bay General Hospital prior to taking the leap into the Long Term Care Home sector in roles ranging from Assistant Director of Nursing to Administrator. Sarah lives in Stittsville with her husband Shawn and their 3 children.



Don Fenn is a 40 year veteran of advertising, media and marketing, but his approach is as fresh and innovative as ever. The Chairman of the Fenn Group of Companies, President of Caregiver Omnimedia and Publisher of the Family Caregiver Newsmagazine, Don is committed to the home care industry, cultivating strong personal relationships, leveraging social media and the new media technologies and above all, being different.

Caregiver Omnimedia was co-founded by Don in 2003 as a result of years of caregiving for his Mother with Alzheimer's and his Father with Cancer. For many years, he also had power-of attorney of his 70 year old disabled cousin in supported living. Under his leadership, several initiatives have been launched: The Family Caregiver Newsmagazine, the largest publication on home care and family caregiving in Canada; Home Health Care Expos in cities across Canada; the first issue of Home and Vehicle Modification in 2009 that continues and updates this market yearly; the first commercial portal for family caregivers in Canada www.thefamilycaregiver.com with thousands of pages of resources and information; GOING HOME, a hugely successful launch in 2012 of this informative guide for consumers transitioning from hospital to home. Don is passionate about Family Caregiving, he spends all his free time trying to understand home care, and he believes that the most effective way to cope with change is to help create it. Don is the 2012 recipient of the Queen's Diamond Jubilee Medal for his contributions to family caregiving and home care in Canada.



Christine Ozimek As Chief Operating Officer with over 20 years of experience, Christine Ozimek is responsible for the strategic and fiscal management of PLTC – which owns and operates five dual Long-Term Care/Retirement living facilities. In addition, Christine is a member of the Board of Directors of MyndTec, an early phase company commercializing an innovative technology developed at the Toronto Rehab Institute/University of Toronto that restores voluntary movement to victims of stroke and spinal cord injury. She has a history of involvement and investment with new technologies and early phase companies. Christine holds an International MBA from the Schulich School of Business and a BA in French Language and Literature from the University of Windsor.



Thank you for joining us for the LTC Applied Research Education Day