



**4th Annual
Applied Research
Education Day**

**February 13 & 14, 2013
The Fairmont Royal York Hotel
Toronto, ON**

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PROGRAM

Wednesday February 13, 2013

TIME	SESSION	ROOM	SPEAKERS
7:30 am	REGISTRATION & POSTER SET UP	BALLROOM FOYER	
8:25 am	WELCOME OVERVIEW OF DAY	CONCERT HALL	Candace Chartier, CEO OLTC Chris Dalglish, Emcee
8:30 am	OPENING PLENARY <i>Sponsored by Snyder Architects</i> Interventions to Improve Acute Care Transfers from LTC: The INTERACT Quality Improvement Program	CONCERT HALL	Joseph Ouslander, Florida Atlantic University, Boca Raton, Florida
9:20 am	Respondent: Implications for Ontario for Long Term Care Homes	CONCERT HALL	Lori Schindel Martin, Ryerson University
9:30 am	REFRESHMENT BREAK POSTER VIEWING TOOLS & RESOURCES INNOVATIONS SHOWCASE • 9:45 iTacit Employee Recruitment & Development Solution Demo • 10:00 Shoppers Home Health Client Care Portal Demo	SALON B & CONCERT HALL FOYER	Poster Boards Sponsored by Java Music Club
CONCURRENT SESSIONS			
10:30 am	AM1: CLINICAL LEADERSHIP IN LTC	CONFERENCE 5&6	
	Overview of LTC physician education & training requirements		Paul Katz, Baycrest; Andrea Moser, Ontario Long Term Care Physicians; Jonathan Lam, Health Quality Ontario
	Nurse-physician collaboration		Lori Schindel Martin, Ryerson University & Alan Taniguchi, Shalom Village
	A Director of Care's Perspective on clinical leadership		Chris Dalglish, Responsive
	Moderator: Joanne Dykeman, Revera		
10:30 am	AM2: SCOPE OF PRACTICE	LIBRARY	
	Scopes of Practice in LTC – setting the context for planning, education & deployment		Ivy Bourgeault, University of Ottawa
	Issues related to 'scope of practice' for unregulated workers in long-term care: Preliminary results of a scoping review		Joan Almost & Rosemary Wilson, Queen's University
	Implementation of the Support Care Coordinator (PSW) Role: Lessons Learned		Charlene Chu, University of Toronto
	Emerging Role of the RN in LTC Environments		Veronique Boscart, Conestoga College
	Scopes of Practice in LTC – recommendations for a research agenda & action plan		Ivy Bourgeault, University of Ottawa
10:30 am	AM3: PERSON-CENTERED DEMENTIA CARE	TERRITORIES	Sponsored by Surge Learning
	Working Together towards person-centred care of people with dementia in long term care: Market Research		Mary Schulz, Alzheimer Society of Canada
	Partnering Together at Bloomington Cove		Lisa Meschino, University of Waterloo & Jennifer Beninato, Specialty Care Bloomington Cove
	BSO: Best Practices in Helping manage or Deal with Responsive Behaviours in LTC		Lesley Santos, Shepherd Village
	Behavioural Education & Training Supports Inventory (BETSI) - A Decision Making Framework to assess training needs		Patti Boucher, Public Services Health & Safety Association
	Moderator: Kathy O'Reilly, Extendicare		

10:30 am	AM 4: REHABILITATION & RESTORATIVE CARE	QUEBEC	Sponsored by Christie Gardens
	What is the Evidence on Rehabilitation of the Frail Elderly?		Christine MacDonell, CARF
	Outcome-Focused Physical Activity Programming in Long Term Care Homes		Leslie McAdam, CCAA
	Effective Rehabilitative Care: What should Ontario LTCHs be delivering?		Special Task Force on Nursing & Special Rehabilitation
	Moderator: Daile Moffatt, Specialty Care		
10:30 am	AM5: KNOWLEDGE EXCHANGE	MANITOBA	
	Bridging the Gap between Evidence & Practice: What works?		Larry W. Chambers, Seniors Health Knowledge Network
	CFHI's Approach to Health Care Improvement		Stephen Samis, Canadian Foundation for Healthcare Improvement
	Knowledge Exchange: The Research Funders' Role & Tips for Researchers & Knowledge Users		Kiera Keown, CIHR Institute for Aging
	Bringing Practice to Evidence & Evidence to Practice: A LTC Home Perspective		Jeanette O'Leary, Shalom Village
	Moderator: Ruth McFarlane, Ehatore Retirement and Nursing Home		
12:00 pm	NETWORKING LUNCH	BALLROOM	Sponsored by Schlegal Villages
12:45 pm	RESEARCH MARKETPLACE	SALON B & CONCERT HALL FOYER	
CONCURRENT SESSIONS			
1:15 pm	PM1: DATA & DATA QUALITY	CONFERENCE 5&6	
	LTC Data: What data holdings exist? How good are the data? What could they tell us?		Stacey Colameco, MOHLTC, Natalie Damiano, CIHI & John Hirdes, University of Waterloo
	Building a Data Quality Culture: Extendicare's Experience		Pat Noirel, Extendicare
	Moderator: Kathy O'Reilly, Extendicare		
1:15 pm	PM2: IMPROVING TRANSITIONS	LIBRARY	
	The Impact of Home First Program on Reforming the Delivery of Seniors Care in Ontario		Colleen Seereeram, University of Toronto
	ALC Patient Transitions: Where do they come from & where do they go?		Susan Bronskill, ICES
	Developing a new system of care for those living with responsive behaviours		Matt Snyder, BSO and Christine Romanick, Erie St. Clair Community Care Access Centre
	Moderator: Dan Kaniuk, Revera		
1:15 pm	PM3: QUALITY MATTERS	TERRITORIES	Sponsored by Surge Learning
	Quality Champions Tell their Story		Susan Schendel, Carefree Lodge City of Toronto, Wendy Campbell, Stayner Nursing Home & Marg Toni, Leisureworld
	Early Results from the Ontario Determinants of Quality Study		Kevin Walker, University of Toronto
	The Seniors Quality Leap Initiative		Karima Velji, Baycrest & John Hirdes, University of Waterloo
	Moderator: Brent Chambers, Revera		
1:15 pm	PM4: PAY FOR PERFORMANCE	QUEBEC	
	Sifting through the Evidence on Pay for Performance in LTC: What can we learn from other jurisdictions/sectors?		Stephen Samis, Canadian Foundation for Healthcare Improvement & Trafford Crump, Centre for Health Services & Policy Research, UBC
	Early Results from Alberta LTC Quality Incentive Program		Eleanor Risling, Alberta Health Services
	Moderator: John Scotland, Steeves & Rozema Group		

ORC EMERGING RESEARCHERS IN AGING CARE PART 1 MANITOBA		
1:15 pm	High Fidelity Simulation in Interprofessional Palliative Care Education	Kathy Kortess-Miller, Lakehead University
	Understanding the experiences of a “good death” within long-term care homes from the perspectives of the family members & staff using appreciative inquiry methodology	Kimberly Ramsbottom, Lakehead University
	Nintendo Wii Fit Static Balance Training: Do improvements lead to increased standing and walking balance?	Luke Denommé, Laurentian University
	Physical and cognitive exercises (Dual-Task Training) to prevent falls in dementia	Susan Muir, University of Western Ontario
	Canadian Falls Curriculum: New Delivery Model to Enhance Knowledge-to-Practice (Pilot)	Lindsay Delima, Queen’s University
	Moderator: Sue Cragg, Ontario Research Coalition	
2:45 pm	ENERGY BREAK – Poster Award Ballot Deadline	
CONCURRENT SESSIONS		
PM6: RESIDENT & FAMILY EXPERIENCE CONFERENCE 5&6		
2:55 pm	interRAI Quality of Life Tool: How Ontario compares to Other Jurisdictions	John Hirdes, University of Waterloo
	What Ontario LTC residents have to say about quality: early results from the Quality Inspection System (QIS)	Mary Nestor & Karen Slater, Ministry of Health & Long Term Care
	Focusing on the Customer: Revera’s experience with family and resident surveys	Joanne Dykeman, Revera & Dana Hardy, Revera
	Moderator: Joanne Dykeman, Revera	
PM7: MEDICATION SAFETY LIBRARY Sponsored by Christie Gardens		
2:55 pm	Benzodiazepine prescribing patterns across Ontario long-term care homes: an examination of residents, prescribers and facilities	Susan Bronskill, Institute for Clinical & Evaluative Sciences (ICES)
	Reducing Medication Interruptions to Find More time to Care	Amy Davignon, Baycrest
	Reducing Psychotropic Drug Use at Jasper Place Continuing Care, Revera Edmonton, Alberta	Margaret Plaizier & Linda Ollenber, Jasper Place Continuing Care, Revera Edmonton, Alberta
	Moderator: Kathy O’Reilly, Extendicare	
PM8: CHRONIC DISEASE MANAGEMENT TERRITORIES		
2:55 pm	Barriers to Heart failure Management in Ontario Long Term Care Homes	George Heckman, University of Waterloo
	The Vitamin D and Osteoporosis Study (ViDOS): A Model for Knowledge Translation in LTC	Alexandra Papaioannou, McMaster University
	Tools to Support Better Care: The Canadian Health Infoway Trillium Patient Order Set Project	Lori Brown, NPSTAT & Stuart Egier, Trillium Health Centre
	Moderator: Ruth McFarlane, Ehatare Retirement and Nursing Home	
PM9: PALLIATIVE CARE QUEBEC		
2:55 pm	Long Term Care Homes in Ontario: A Place to Live & A Place To Die	Mary Lou Kelley, Lakehead University
	Palliative & End of Life Care Framework for LTC	Melody Irwin & Shirley Connelly, Region of Durham
	Operational Models for Improving Palliative/End of Life Care in LTC	Bill O’Neill, Kensington Gardens
	Moderator: Elaine Shantz, PeopleCare	
ORC EMERGING RESEARCHERS IN AGING CARE PART 2 MANITOBA		
2:55 pm	Music Students’ Experiences and Perceptions of Aging and Dementia Following Musical Interactions/ Interventions with Residents in Two Northwestern Ontario Long-term Care Homes	Stacey Saukko, Lakehead University

2:55 pm	The Development and Validation of a New Screening Tool to Detect Autism in Later Life	Julie Dergal, McMaster University
	Intra-abdominal fat is associated with cognitive performance in adolescents	Deborah Schwartz, University of Toronto
	Exploring the Relationship between Motivation and Dog-Walking Behaviour: What Motivates Adults to Walk their Dogs?	Ashley Hope, University of Western Ontario
	Physical & Social Opportunities in Retirement Communities! Who Benefits & Why?	Kayla Regan, University of Waterloo
	Moderator: Sue Cragg, Ontario Research Coalition	
4:30 pm	CLOSING PLENARY: 2012 Report of the Auditor General of Ontario: Long Term Care Placement Process Audit Results	CONCERT HALL Sponsored by Complete Purchasing Services Inc. Gary Peall, Deputy Auditor General of Ontario
5:00 pm	AWARDS PRESENTATION: • Residents' Choice Poster • Best Student Poster • Delegates' Choice Poster	CONCERT HALL Josie Ince, Ontario Association of Residents' Councils (OARC) Sue Cragg, Ontario Research Coalition (ORC) Pat McCarthy, OLTC
5:15 pm	INNOVATORS RECEPTION	ONTARIO
5:55 pm	INNOVATORS DEN	ONTARIO Candace Chartier, CEO OLTC
6:00 pm	1. e-INTERACT	Dave Wessinger, PointClickCare
6:15 pm	2. PICO Single Use Negative Pressure Wound Care	Deanna Lundstrom, Smith & Nephew
6:30 pm	3. Resident Dignity in Continence Care	Michelle Mongillo, First Quality
6:45 pm	4. Building Culture of Mutual Support	Kristine Theurer, Java Music Club
7:00 pm	ADJOURNMENT	

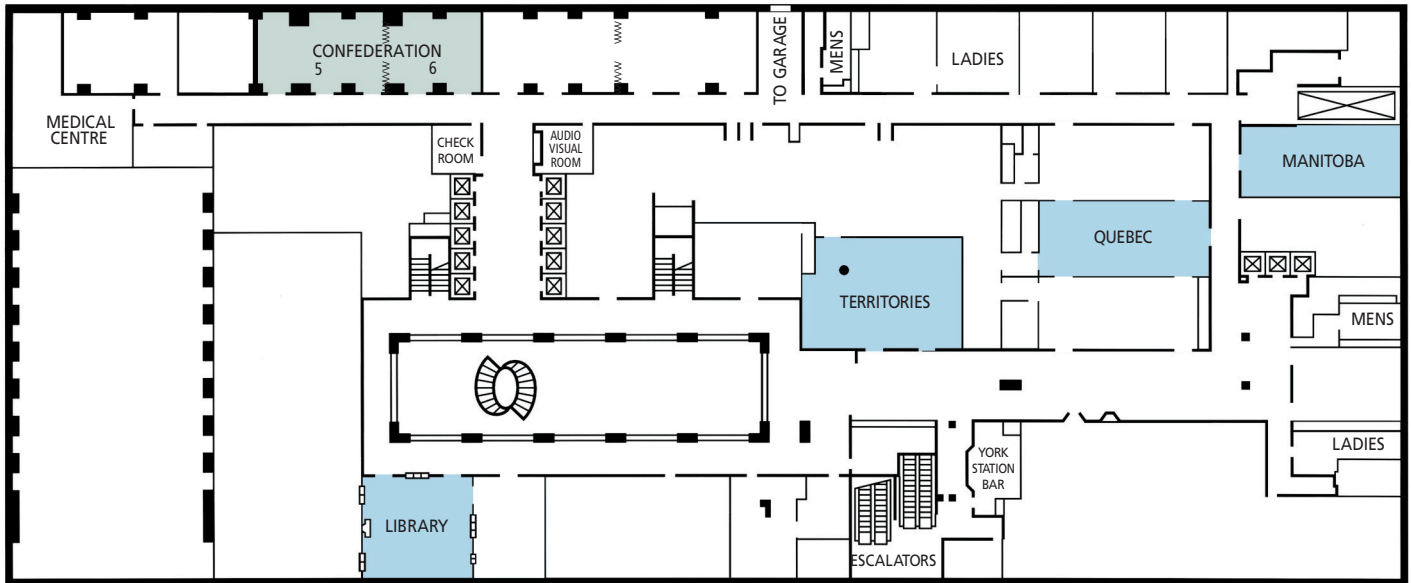
MEMBERS MEETING

Thursday February 14, 2013

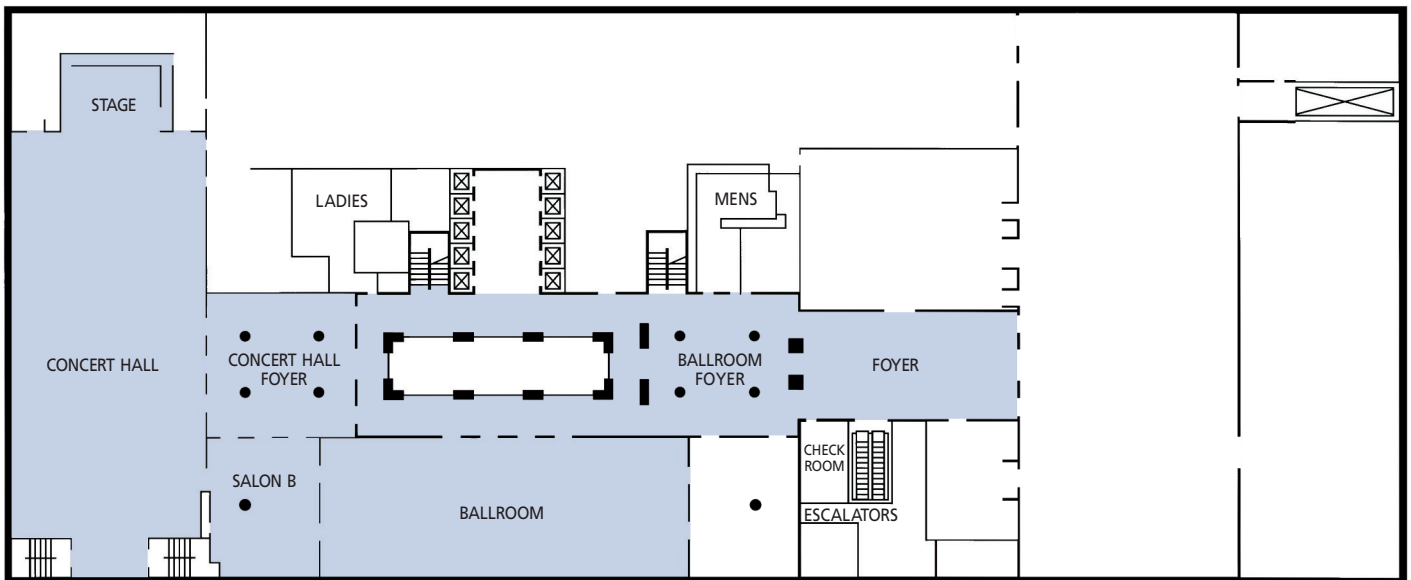
TIME	SESSION	ROOM	SPEAKERS
7:15 am	REGISTRATION & COFFEE	IMPERIAL FOYER	
7:55 am	WELCOME BACK		Candace Chartier, CEO OLTC
8:00 am	KEYNOTE Living Longer, Living Well: Recommendations from Ontario's Seniors Strategy	IMPERIAL	Dr. Samir Sinha, Provincial Lead, Ontario's Seniors Strategy
9:00 am	OPENING PLENARY Building for the Future: What kind of LTC does Ontario need?	IMPERIAL	Dr. Colin Preyra, CEO & Scientific Director Canadian Health Services Research Group
9:45 am	Q&A		
10:00 am	BREAK		
CONCURRENT SESSIONS			
10:30 am	OLTC Members Meeting	IMPERIAL	
	Director of Care Networking Session	QUEBEC	Angel McGarrity-Davis, NADONA & Sara Clemens, RNAO
12:30 pm	ADJOURNMENT		

ROYAL YORK FLOOR PLANS

MAIN MEZZANINE FLOOR



CONVENTION FLOOR



KEYNOTE SPEAKERS

February 13, 2013
OPENING PLENARY



Joseph G. Ouslander, M.D. is Professor and Associate Dean for Geriatric Programs at the Charles E. Schmidt College of Medicine, and Professor at the Christine E. Lynn College of Nursing of Florida Atlantic University in Boca Raton Florida. Dr. Ouslander served as a Professor at UCLA for 15 years developing research, educational, and clinical programs. From 1996-2007 he served as the Director of Geriatric Medicine at Emory University. He is a past-President and Board Chair of the American Geriatrics Society, and serves as the Executive Editor of the society's Journal. He has published over 200 original articles and book chapters and is a co-author of Essentials of Clinical Geriatrics and Medical Care in the Nursing Home, and an editor of Hazzard's Geriatric Medicine and Gerontology. Dr Ouslander is project director of INTERACT (Interventions to Reduce Acute Care Transfers), a quality improvement program designed to improve the identification, evaluation, and communication about changes in LTC resident status. INTERACT was first designed in a project supported by the Centers for Medicare and Medicaid Services (CMS). The current quality improvement project is supported by a grant from the Commonwealth Fund, and involves a total of 30 nursing homes in the states of Florida, New York and Massachusetts. INTERACT II provides four types of tools for health care teams: communications modules; care path instructions; advance care planning information; and quality improvement measures. For more information visit www.interact2.net



Lori Schindel Martin is the Associate Director, SRC, and an Associate Professor in the school and has held several advanced nursing practice positions in gerontological nursing over the past twenty years. Her program of research focuses on the health care needs of seniors living with cognitive impairments. Current research studies include: evaluating professional development programs developed to enhance the management of responsive behaviours exhibited by residents with dementia in long-term care facilities, and an exploration into the mealtime experiences of older adults with cognitive impairments. Lori currently teaches in the undergraduate and graduate programs, with a special interest in high-fidelity mannequin simulation. Lori also acts as a faculty advisor to graduate students and is involved in graduate student supervision. She is the Chair of the Gentle Persuasive Approaches (GPA) Steering Committee, a national initiative focusing on the development and evaluation of educational objects designed to enhance the practice of front-line staff working with frail older adults in long-term care facilities. She is also actively involved in the Ontario Gerontological Nursing Association, an interest group of the Registered Nurses Association of Ontario (RNAO).

CLOSING PLENARY



Gary Peall, B. Math, CA, has been the Deputy Auditor General of Ontario since 2004. Prior to his appointment he directed numerous value for money and financial attest audits in a wide variety of provincial ministries and agencies, particularly those delivering major transfer payment programs. He also led the development of the Office's methodology and training for value for money audits. Gary is a member of the Canadian Council of Legislative Auditors Strategic Management Committee, along with deputy AG's from across Canada, as well as of the Standards for Assurance Engagements Task Force, a project of the Accounting and Assurance Standards Board of the Canadian Institute of Chartered Accountants. He is a graduate of the University of Waterloo and a Chartered Accountant. Prior to joining the Office, he worked for several years with a predecessor firm of PriceWaterhouseCoopers. His experience there included managing a diverse attest audit practice as well as public sector audit and consulting services.

February 14, 2013

SPEAKERS



Samir Sinha was appointed expert lead of Ontario's Seniors Care Strategy in May 2012. He is a respected professional and passionate advocate for the health care needs of seniors and currently serves as the Director of Geriatrics at Mount Sinai and the University Health Network Hospitals in Toronto. Dr. Sinha is also the Chair of the Health Professionals Advisory Committee of the Toronto Central LHIN and is a Medical Advisor to the Toronto Central CCAC. Dr. Sinha's breadth of international training and expertise in health policy and the delivery of services related to the care of the elderly have made him a highly regarded expert in the care of older adults. Dr. Sinha completed his undergraduate medical studies at the University of Western Ontario before becoming a Rhodes Scholar, where he obtained a Masters in Medical History and a Doctorate in Sociology at the University of Oxford's Institute of Ageing. After returning to pursue postgraduate training in Internal Medicine at the University of Toronto, Dr. Sinha went to the United States where he most recently served as the Erickson/Reynolds Fellow in Clinical Geriatrics, Education and Leadership at the Johns Hopkins University School of Medicine. Dr. Sinha has extensive training and expertise in health policy and the delivery of services related to the care of the elderly. He has consulted and advised hospitals and health authorities in Britain, Canada, the United States and China on the implementation and administration of unique, integrated and innovative models of geriatric care that reduce disease burden, improve access and capacity and ultimately promote health.



Colin Preyra 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.

CONCURRENT SPEAKERS

Concurrent Speaker Biographies and Pictures can be found on Research Day website.
www.etches.com/ehome/ResearchDay

Joan Almost
Jennifer Beninato
Veronique Boscart
Patricia Boucher
Ivy Bourgeault
Susan Bronskill
Lori Brown
Wendy Campbell
Larry Chambers
Charlene Chu
Stacey Colameco
Sherry Connelly
Trafford Crump
Natalie Damiano
Amy Davignon
Lindsay Delima
Luke Denomme
Julie Dergal
Joanne Dykeman
Stuart Egier
Dana Hardy
George Heckman
John Hirdes
Ashley Hope
Melody Irwin
Paul Katz
Mary Lou Kelley
Kiera Keown
Kathy Kortés-Miller
Jonathan Lam

Christine MacDonell
Leslie McAdam
Lisa Meschino
Andrea Moser
Susan Muir
Mary Nestor
Patricia Noirel
Jeanette O'Leary
Linda Ollenberg
Bill O'Neill
Alexandra Papaioannou
Margaret Plaizier
Kimberly Ramsbottom
Kayla Regan
Eleanor Risling
Christine Romanick
Stephen Samis
Lesley Santos
Stacey Saukko
Susan Schendel
Mary Schulz
Deborah Schwartz
Colleen Seereeram
Karen Slater
Alan Taniguchi
Marg Toni
Karima Velji
Kevin Walker
Rosemary Wilson

POSTER PRESENTATIONS

Join students, researchers and health care professionals as they share their research and innovative ideas and projects on February 13 in the Constitution Hall Foyer, Convention Floor.

Detailed descriptions and contact information also available at
www.etches.com/ehome/ResearchDay/call-for-abstracts

POSTER AWARDS

BEST STUDENT POSTER AWARD

Vote your favorite LTC ARED Student poster to be honored at the end of the day with the Best Student poster Award! Indicate your favorite “Student” or “ORC” poster by recording the poster’s ID number, located on the poster and on the program, in the ballot included in your registration kit. Deposit the ballot in the ballot box at the registration desk in the Ballroom Foyer, Convention Floor by 2:45 pm.

Criteria for Student Poster Awards:

- Quality of the research/project
- Clarity of the content & visual appeal

DELEGATES’ CHOICE AWARD

Vote your favorite LTC ARED poster to be honored 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 and Ontario Research Coalition (ORC) early researchers. Indicate your favorite poster by recording the poster’s ID number, located on the poster and on the program, in the ballot included in your registration kit. Deposit the ballot in the ballot box at the registration desk in the Ballroom Foyer, Convention Floor by 2:45 pm.

Criteria for Delegates’ Choice Award:

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

RESIDENTS’ CHOICE POSTER AWARD

The Residents’ Choice Poster Award is awarded to the poster that in the opinion of 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 the authors. Current long-term residents who would like to participate in the Residents’ Choice Poster selection process are requested to contact the registration desk in the Ballroom Foyer, Convention Floor by 9:30 am.

POSTER ABSTRACTS: LTC Applied Research Education Day

P1 - WELLNESS FROM PERSPECTIVES OF RESIDENTS LIVING IN LONG-TERM CARE HOMES: A PARTICIPATORY ACTION RESEARCH APPROACH (STUDENT POSTER)

Kimberly Lopez, Sherry Dupuis. University of Waterloo, Waterloo, ON.
Contact: kjlopez@uwaterloo.ca

Description of Research or Project: Persons 65 years or older are the fastest growing demographic in Canada (Statistics Canada, 2011) and the need for 24-hour care and LTC support will continue to rise. An association is typically drawn between death and dying and the movement into LTC homes. Leisure can alternatively be important for promoting “living” and supporting resident wellness. The notion of “living” in LTC shifts emphasis away from illness and death to placing value on wellness. This participatory action research (PAR) study aimed to understand wellness from residents’ perspectives and the role leisure plays in their wellness. Our process highlighted the necessity for academics and practitioners to involve residents in decisions about their care experience. Guiding questions included: (1) What does wellness mean to residents living in LTC? (2) What does a ‘well’ LTC home look like to residents? (3) What is the nature of the relationship between

leisure and wellness from a resident perspective? (4) How can those involved in LTC support resident wellness? **Key Findings / Results:** Our visual conceptualization highlights meanings and experiences of resident wellness in a LTC context, and presents four themes and six recommendation areas for supporting resident wellness from residents’ perspective. **Why is this Research Important to Profile at the Research Day 2013?** As we begin a shift in long-term care culture and health policy, it is important that all partners recognize the importance of relationships and the integral roles that residents play in creating “well” homes. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Stakeholders can expand understandings of what wellness looks like in a LTC setting, impacting care. Our study highlights areas that could be better supported in LTC to create homes of living “well.”

P2 - MUTUAL SUPPORT GROUPS: TARGETING LONELINESS & DEPRESSION IN LTC (STUDENT POSTER)

Kristine Theurer. Simon Fraser University, Vancouver, BC.
Contact: kristine@javamusicclub.com

Description of Research or Project: This presentation is based on research conducted by the presenter and the Gerontology Department of Simon Fraser University. It reviews the development and evaluation of mutual support groups implemented in three LTC homes in British Columbia. **Key Findings / Results:** Residents in the study report positive benefits including spending time together (versus being alone in their rooms), getting to know one another better, gaining new respect and understanding for one another, giving and receiving support, unloading their burdens and learning new coping skills. Group observations showed increased interaction during and after the sessions. Staff report positive experiences and described how the unique program fostered sharing and empowered residents with moderate to severe cognitive impairment. The findings have been recently published in the peer-reviewed Journal of Applied Gerontology. The program is being studied by the Research Institute for Aging. Their

preliminary assessment is: “It has been a great transformation for everyone involved so far.” **Why is this Research Important to Profile at the Research Day 2013?** Loneliness and depression remains a significant problem in LTC. Although there is research documenting the effectiveness of mutual support groups in the community, there are almost no mutual support groups offered within care homes. The implementation of mutual support groups can be a catalyst for LTC transformation by creating a culture of positive mutual support that resonates throughout the home, for residents, staff, and administrators. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** As a result of this project a mutual support group manual, tools, protocols and training modules have been developed. They are standardized and ready for implementation and replication across multiple sites.

P3 - INTEGRATING RAI-MDS INTO SUICIDE PREVENTION IN LONG TERM CARE

Marilynne Gordon. Revera LTC, Ajax, ON.
Contact: marilynne.gordon@reveraliving.com

Description of Research or Project: How do staff prevent suicide attempts without identifying residents at risk first? Where does the RAI MDS assessment and documentation aid the staff in identifying residents at risk? To answer this, a study of the RAI MDS assessment process and reports was done to ascertain whether there was adequate information. Objectives: 1. Begin to understand the statistics of risk of suicide in older adults in Canada. 2. Identify sections of MDS assessments that aid staff in flagging residents at higher risk. **Key Findings / Results:** In Canada, the risk for suicide tends to increase with age, especially for men. Approximately 90% of older people who attempt or complete suicide have a mental health disorder, usually depression. Approximately 44% of residents in long term care in Canada have symptoms

of depression. Using RAI MDS 2.0 will enable staff to identify residents with symptoms of depression. RAPS care planning and a flow sheet for registered staff to follow to ensure they assess residents for risk of depression which has a strong correlation to suicide risk are also discussed. **Why is this Research Important to Profile at the Research Day 2013?** The RAI-MDS 2.0 assessment tool and reports have multiple areas where identification of a resident at risk for depression and possible suicide risk. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Homes now utilize the RAI-MDS assessment and reporting system which incorporates valuable information to alert staff to residents at risk of depression and possible suicide.

P4 - PSYCHOSOCIAL SERVICES IN ONTARIO'S LONG-TERM CARE HOMES

Kelsey Simons. Baycrest, Toronto, ON.

Contact: ksimons@research.baycrest.org

Description of Research or Project: This presentation will provide results of a pilot survey of 95 Ontario LTC homes that examined staffing levels and service arrangements for social services and mental health care, key components of psychosocial services. Survey respondents (most commonly an administrator, director of care, or social service staff) were also asked to indicate their level of satisfaction with coverage and qualifications of social service providers (i.e., social workers and social service workers) and to describe the reasons for their level of satisfaction or dissatisfaction. **Key Findings / Results:** Results demonstrate that respondents from rural homes were less likely than respondents from homes located in metropolitan areas to report employing a mental health specialist, or to have a contract for such services ($\chi^2 = 3.69[1]$, $p = .05$). Likewise, for-profit ($\chi^2 = 5.72[1]$, $p < .05$), rural ($\chi^2 = 21.26[1]$, $p < .001$), and smaller homes ($t = 5.85[66.89]$, $p < .001$) were also less likely to have a social service staff person. Facility characteristics

were not significantly related to reported levels of satisfaction with social service provider qualifications or staffing levels; yet respondents in many homes described a need for greater staffing ($n = 28$) and psychosocial service access concerns ($n = 12$) in open ended comments. **Why is this Research Important to Profile at the Research Day 2013?** This study fills an important gap in knowledge regarding the arrangements Ontario LTC homes make for both social services and mental health care (key components of psychosocial services). The results will contribute to further research on this topic and can inform quality improvement initiatives at multiple levels. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The study provides initial evidence of the arrangements LTC homes make for psychosocial (social and mental health) services in the province. Further research is warranted.

P5 - MUSIC STUDENTS' EXPERIENCES OF MUSIC INTERACTION WITH RESIDENTS LIVING IN TWO NORTHWESTERN ONTARIO LONG-TERM CARE HOMES (STUDENT POSTER)

Stacey Saukko, M. McKee, D. Jobin-Bevans, L. Vaugeois, M. L. Kelley. Lakehead University, Thunder Bay, ON.

Contact: ssaukko@lakeheadu.ca

Description of Research or Project: This poster presents the results of an eight-month qualitative study of music students' experiences of music interaction with frail older residents, many living with dementia in two Long-Term Care (LTC) homes. This project is a joint initiative of Lakehead University's Faculty of Music and a 5-year SSHRC-funded project titled "Improving Quality of Life for People Dying in Long-Term Care Homes". Lakehead University Music students from the Creative Community Engagements in Music class explored the use of music as a medium for promoting well-being, participation, and interaction "with" as opposed to performing "for" residents. Students discussed their experiences in a focus group and in detailed individual interviews. All were transcribed verbatim, analyzed using qualitative methods, and triple coded to support the emergent themes. **Key Findings / Results:** The results show that students were surprised and often overwhelmed by what

they experienced in LTC, and yet felt enriched by it. Results also point to the need for students to have more guidance on how to engage with residents and how to appreciate the different ways people living with dementia participate. **Why is this Research Important to Profile at the Research Day 2013?** Recommendations are made for future intergenerational arts based courses that collaborate with LTC residents to generate well-being, improved quality of life, and activation through the arts. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Developing programs like this where humanities students thoroughly prepare to engage residents in LTC with art, drama, creative words and music can add to quality of life and well-being of the residents and can generate bonds between these generations.

P6 - MAKING THE MOST OF MEALTIMES: FINDING SOLUTIONS TO MALNUTRITION IN LONG TERM CARE

Hilary Dunn¹, Heather Keller¹, Christina Lengyel², Susan Slaughter³, Catriona Steele⁴, Natalie Carrier⁵, Lisa Duizer⁶.

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Description of Research or Project: Older adults living in long-term care (LTC) are nutritionally vulnerable; 30-60% are malnourished and this affects overall health and quality of life. However, food quality and nutritional intake are only part of the equation, causes of malnutrition are diverse: dining experiences are not social; eating assistance is often limited; and dysphagia is under-diagnosed and inappropriately managed. Given the complexity and interrelation of causal factors, solutions for malnutrition in LTC must be multidimensional. Making the Most of Mealtimes (M3) is a conceptual framework and program of research designed to focus interventions on three domains: Meal quality, Mealtime experience and Managing food access. The M3 concept was built from a narrative review and formalized by an interdisciplinary team. M3 will leverage the expertise of a diverse, inter-professional team in four provinces (Alberta, Manitoba, Ontario and New Brunswick) collaborating across these domains to find feasible solutions

to the complex challenges of LTC malnutrition; a confirmatory prevalence study will provide a basis for development, implementation and evaluation of the multifactorial intervention. **Key Findings / Results:** M3 is a novel, evidence-based conceptual framework; it is the basis to an inter-provincial program of research that will not only define these areas further, but also test feasible solutions within the complex LTC environment. **Why is this Research Important to Profile at the Research Day 2013?** Malnutrition is an issue of immense importance to LTC providers; it will be important for the sector to understand the M3 domains and their relation to LTC malnutrition. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** M3 is a collaborative research program involving both academics and stakeholders; knowledge translation is integrated throughout the design and numerous tools/resources of relevance to LTC providers will be created.

P7 - ORAL HYGIENE IN LONG-TERM CARE HOMES: A QUALITY IMPROVEMENT PROJECT

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Description of Research or Project: Two long-term care homes requested assistance to improve resident's oral care. A quality improvement project was designed and applied the RAO Best Practice in Oral Health Gap Analysis. The registered dental hygienist RDH used the Oral Health Assessment Tool (OHAT) for the baseline assessments and to inform each resident's oral care plan. Education for the Personal Support Workers residents' will include the YouTube oral health webinars <http://www.shrtn.on.ca/resource/skills-video-series-denture-care-seniors> and one on one instruction with the RDH on oral care techniques. Evaluation includes follow up resident oral assessments at and repeat staff Knowledge, Attitudes and Confidence questionnaires at 1 year. **Key Findings / Results:** This research project is in progress. The outcome measures are: 1. The implementation and sustainability of the Oral Health Assessment Tool 2. Maintenance or improvement in resident oral health

using before and after oral assessment by a registered dental hygienist at baseline 3 months and 1 year. 3. Pre/post attitudes, knowledge and confidence in oral care questionnaire by the PSWs. **Why is this Research Important to Profile at the Research Day 2013?** This is an interdisciplinary project to improve oral care in a LTC home using a quality improvement approach. It includes the disciplines of dental hygiene, nursing, personal support worker and geriatric medicine. It uses new Youtube webinars on oral health together with one on one, bedside individualized instruction of the PSWs by the registered dental hygienist. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The research findings are in progress and if effective would be applicable to long term care homes as oral hygiene can be improved in most homes.

P8 - LEADERSHIP ROLES IN LONG TERM CARE: AN ETHNOGRAPHIC APPROACH (STUDENT POSTER)

Lucy Elliott, Rockwood Terrace, Durham, ON.

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Description of Research or Project: The PSW role is the foundation of LTC because PSWs provide direct care and valuable insight to the residents who live in LTC homes. PSWs want to be seen as a valued member of the interdisciplinary care team. The introduction of a leadership role: PSW Coordinator, has changed the dynamics of the relationships in long-term care. Will PSWs perceive this role in contributing to their vision? **Key Findings / Results:** The hierarchy of leadership within the organization further impedes relationship building because of the limitations of the PSW role (McGilton et al., 2008). A better understanding is needed about how PSWs can be fully integrated as part of the interdisciplinary team and be perceived and treated as a valuable team member (DeForge et al., 2011; Kontos, Miller, & Mitchell, 2009). Researchers found that lack of effective leadership is a barrier to improving organizational outcomes (Fleming & Kaysar-Jones, 2008). Increasing the leadership skills of those who work with PSWs, can improve the quality

of care and the work environment (organizational outcomes) (Harvarth et al., 2008). The supervisor's support is important in creating a collaborative work environment. Job satisfaction is influenced at every level of hierarchy in LTC (McGilton et al., 2007). **Why is this Research Important to Profile at the Research Day 2013?** The increased understanding of how PSWs perceive leadership and the new PSW coordinator/manager roles in LTC is important in establishing relationships, empowering staff and increasing the opportunities to build interdisciplinary teams.

How could your Research/ Findings be Replicated or Applied in More long Term Care Homes? The findings will contribute to role and leadership development for supervisors in LTC homes. The results will be useful to supervisors who are interested in the viability of having a PSW Coordinator role or other leadership roles in LTC.

P9 - KNOWLEDGE TO ACTION AS A LEADER IN SENIORS CARE AND RETIREMENT LIVING

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Description of Research or Project: New expectations of legislation and the service environment are challenging leaders across these sectors to reflect on their leadership practices, to strengthen their approaches and to be able to demonstrate their learning. This project demonstrates an innovative model to enhance leadership capabilities. **Key Findings / Results:** Leadership development has been a priority in Schlegel Villages for the last three years, with proven benefits of a serving leadership style and resident-centered culture. Our leadership training model builds on these results with innovation in the definition and application of leadership capabilities. The poster will demonstrate this leadership model and the approach to training that is now available across the long-term care and retirement living sectors. A beginning framework for impact assessment will be shared, along with preliminary data

from Schlegel Villages. **Why is this Research Important to Profile at the Research Day 2013?** The new LTC regulations require 120 hours of education for leadership. To have value for very busy individuals, education needs to move from course-focused material that reflects basic business management information to engaging and meaningful education that can be integrated with the work expectations for maximal impact. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The training program is based on six capabilities for leadership: aligning, serving, mobilizing, connecting, stewarding, and improving. These have the potential to guide development of position descriptions and performance planning.

P10 - RN ROLE AMBIGUITY IN LONG TERM CARE AND ITS PERCEIVED EFFECTS ON RESIDENT CARE: AN EXPLORATORY ANALYSIS (STUDENT POSTER)

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Description of Research or Project: Registered Nurse (RN) role ambiguity in Long Term Care (LTC) is linked to decreased job satisfaction and increased job turnover; however, the possible effects on residents have been largely unexplored. The objective of this study was to explore the current perceptions of the RN role in LTC and if role ambiguity affects resident care. This study used a qualitative descriptive design to collect data from five focus groups of RNs and Registered Practical Nurses (RPNs) and two individual interviews with RNs. Data were analysed using thematic content analysis.

Key Findings / Results: The RN role was described as a "jack of all trades." RNs were said to possess advanced clinical skills, serve as a case manager, and hold a supervisory role. RN role overlap was identified as a challenge to implementing the role with perceived consequences including: incorrect medication decisions, inefficient care delivery, as well as questions

surrounding accountability. **Why is this Research Important to Profile at the Research Day 2013?** In recent years there has been a tendency to decrease RNs in LTC while increasing the amount of PSWs and RPNs in order to cut costs. Key stakeholders who will participate in the Research Day will have a better understanding of how changes in staffing levels may exacerbate RN role ambiguity and its potential effects on residents. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** To address RN role ambiguity and mediate its potential effects on residents, work clarification using Quality Improvement (QI) methods, particularly process mapping, could be beneficial. By using process mapping, staff could look at streamlining steps to reduce possible overlap of work. Given that LTC homes are required to use QI methods, using this methodology in Ontario could be a viable solution.

P11 - FAMILY PHYSICIANS PROVIDING REGULAR CARE TO RESIDENTS IN ONTARIO LONG-TERM CARE HOMES: CHARACTERISTICS AND PRACTICE PATTERNS

Jonathan Lam, Health Quality Ontario, Toronto, ON.
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Description of Research or Project: The study describes the characteristics and practice patterns of family physicians who regularly treat long-term care residents. This is accomplished with a cross-section study design using population-based health care administrative databases. **Key Findings / Results:** There are about 600 family physicians who are responsible for the regular care of greater than 90% of LTC residents in Ontario. As such, quality improvement efforts aimed at physicians--especially those related to medication management--might prove most efficient if it focused on this relatively small group of physicians. **Why is this Research Important to Profile**

at the Research Day 2013? This study is the first quantify the number, characteristics and practice patterns of family physicians who regularly treat long-term care residents in Ontario. The finding has implications on the development of quality initiatives aimed at physicians as well as broader health human resource planning for the future. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Research findings can be applied at a system-level with respect to HHR planning and quality improvement initiatives aimed at physicians (i.e., medication management).

P12 - DEMANDING LABOUR: AN AGING HEALTH CARE LABOUR FORCE

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Description of Research or Project: This poster explores the relationship between working conditions, an aging labour force and occupational health, comparing workers in long-term residential care in Canada with workers in four Scandinavian countries. We draw on two data sources. One is an international comparative study of employees in long-term residential care. The second is the Statistics Canada Survey of Labour and Income Dynamics. **Key Findings / Results:** The Canadian health care sector has the highest absence rates and the highest number of days lost per worker due to illness and injury compared to other sectors. The health care labour force is aging with the proportion age 45 and over higher than in the labour force as a whole. Although resident populations and labour force profiles are similar in Canadian and Scandinavian facilities, workers in Scandinavian countries face less violence, have less pain and are less exhausted than workers in Canada.

They also have less disturbed sleep and feel less guilt about not doing a good job because they look after fewer residents and have more time to complete tasks. Our findings suggest that job demands and work organization play a more important role in illness and injury in health care than the aging labour force. **Why is this Research Important to Profile at the Research Day 2013?** This poster addresses the Research Day theme by using two sources of data to understand the relationship between working conditions, an aging labour force and occupational health in long-term residential care facilities. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** We hope our comparative research findings that suggest that job demands and work organization are important factors influencing the occupational health of workers in long-term residential care can be applied to facilities in Canada.

P13 - DEDICATED EDUCATION UNIT IN LTC: EVALUATION OF AN INNOVATIVE CLINICAL EDUCATION MODEL

Karen Devereaux Melillo¹, Juliette Shellman², Lisa Abdallah¹, Lea Dodge¹, Jacqueline Dowling¹, Andrea Rathbone³, Naomi Prendergast³, Ruth Remington⁴, Cynthia Thornton³. ¹University of Massachusetts Lowell, Lowell, MA, USA, ²University of Connecticut, Storrs-Mansfield, CT, USA, ³D'Youville Life and Wellness Community, Lowell, MA, USA, ⁴Framingham State University, Framingham, MA, USA.

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Description of Research or Project: Background: Nursing education and healthcare institutions are challenged to meet the needs of older adults with multiple chronic illnesses and post-acute care needs as they transition from shorter hospital stays to LTC facilities. Providing innovative, cost-effective, patient-centered clinical experiences that include education in the care of older adults for nursing students and LTC staff may address this need. Purpose: To evaluate the implementation of a Transitional Care Dedicated Education Unit (TCDEU) in a LTC facility. Methods: A TCDEU was developed using a university-community partnership approach. Partnership activities included development of preceptor training manuals, conducting joint training sessions for faculty and staff, implementing student summer internships, arranging clinical placements for junior nursing students, and hosting a conference for LTC facilities and Massachusetts nursing programs. A quasi-experimental pre-/post-test design was utilized to determine the effectiveness of the program on BSN students' eldercare cultural self-efficacy (N=24). Contextual data were collected via

focus groups and key informant interviews to evaluate program satisfaction and learning outcomes. **Key Findings / Results:** Results: Paired sample t-tests revealed statistically significant increase in overall ECSES scores from pre-test (M=3.21, SD=.39) to post-test (M=3.5, SD=.21), $t(11)=2.9$, $p=.05$. Contextual data revealed students, clinical teachers and institutional partners were highly satisfied with the program. **Why is this Research Important to Profile at the Research Day 2013?** Discussion/Conclusions: Implementing a TCDEU program using a partnership model integrates LTC into nursing education with positive outcomes for students, faculty, and staff. Implications for education, practice and patient care will be discussed. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The TCDEU has demonstrated that it is a sustainable and replicable model of nursing education that integrates LTC into nursing education and promotes LTC as a career option for nursing students.

P14 - EVALUATION OF AN INTERPROFESSIONAL STUDENT INTERNSHIP: SHAPING FUTURE GERIATRIC CARE LEADERS

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Description of Research or Project: A literature search indicated no research on interprofessional student internships across the geriatric continuum of care. The Baycrest Centre for Learning, Research and Innovation's inaugural internship enhanced undergraduate students' knowledge of geriatric care, clinical realities, and program evaluation and engaged interns in arts-based learning with residents. **Key Findings / Results:** The students were from pharmacy, psychology, nutrition, nursing, medicine, life sciences and kinesiology. Interns described this as a unique, fun and educational experience and reported increased confidence, evolving sense of professionalism and interest in specialization in geriatrics. Students also gained media experience

and developed evidence-based fact sheets. All interns would recommend the internship to peers. Pre- and post- scores demonstrated a positive trend in students' attitudes towards the elderly. **Why is this Research Important to Profile at the Research Day 2013?** This internship could be replicated by other LTC homes and is a great strategy for recruiting new healthcare providers into the LTC sector. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** We are most pleased to share lessons learned. Interns indicated interest in this type of opportunity even if not paid, as this experience is highly valuable for building their resumes and for developing a network for their emerging careers.

P15 - CANADIAN HEALTHCARE ORGANIZATIONS' APPROACHES TO IMPROVING HEALTHCARE PERSONNEL INFLUENZA IMMUNIZATION RATES AND PROGRAMS - THE ONTARIO LONG-TERM CARE RESULTS

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Description of Research or Project: Healthcare personnel influenza immunization (HPH) saves lives, reduces influenza burden of illness, healthcare costs and personnel absenteeism. Despite best efforts, HPH uptake remains below safety targets. This study was conducted to examine factors and elements that might contribute to building a successful HPH program within a healthcare organization. Ontario data will be presented as well as national results outlined below. **Key Findings / Results:** National Results (Ontario results to be done) 38% (271/721) of organizations reported immunization rates for personnel on payroll. The average HPH rate in these organizations was 62% (SD = 21%). In the above average group, 45% (34/137) had policies relating to rate calculation compared to 34% (28/137) in the less than or equal to average group. In addition, organizations with above average rates were more likely to: be less satisfied with their program

implementation plan (34% vs 44%); report HPH rates to relevant leaders (61% vs 38%); prioritize vaccine administration to personnel at risk for acquiring or transmitting influenza (46% vs 37%); have a declination process (40% vs 18%); require personnel to provide written proof if immunized outside organization (79% vs 65%); monitor and evaluate program (46% vs 36%); celebrate successes (21% vs 6%). Programs with above average rates used a more systematic approach and adopted more multifaceted implementation strategies. However, all programs fell short of the standards. **Why is this Research Important to Profile at the Research Day 2013?** Protecting vulnerable residents against influenza is a key resident safety factor. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Engaging healthcare leaders is critical in changing current low immunization rates.

P16 - COMMUNICATIVE ACCESS: ENSURING QUALITY IN HEALTH-CARE FACILITIES

Aura Kagan, Aphasia Institute, Toronto, ON.

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Description of Research or Project: Reducing communication barriers to ensure patients' rights to have information presented in a way that it can be understood and to participate fully in decision-making is consistent with policies worldwide. This poster presentation will provide examples of the content of three measures that looks at the communicative accessibility of facilities from the perspectives of policy, staff and patient satisfaction, as well as results of qualitative and quantitative evaluations. The poster will also describe next steps for establishing the validity and reliability of the questionnaires and creation of online access. **Key Findings / Results:** The result was the development and trialing of 3 questionnaires including 1) an internal evaluation tool for administrators to assess policies/procedure compliance with communicative access standards, 2) a tool for front line staffs perspectives on communicative access, and 3) a pictographic questionnaire for clients/patients with aphasia to assess satisfaction. **Why is this Research Important to Profile at the**

Research Day 2013? The ultimate aim of the project is to provide methods for promoting communicative access in health care and to support quality improvements in care for people with aphasia. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** This poster describes a demonstration project in 2007 designed to increase communicative access to information and decision making in health care targeting a "systems" level via a multi-faceted, team-based intervention, targeting acute, rehab and long term care. The researchers concluded that systems level change appeared useful, especially in the long term care sector. However, there was the lack of an appropriate tool to quantitatively capture changes in communicative access and to show quantitative representation of changes. Addressing the need for a quantitative measure of communication access in health, would be both practical and useful in terms of quality initiatives.

P17 - BOTOX IN TREATMENT OF FOCAL SPASTICITY AMONG GERIATRIC STROKE SURVIVOURS

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Description of Research or Project: To evaluate the effectiveness of BOTOX (Botulinum Toxin Type A) in the treatment of focal spasticity among geriatric stroke survivors residing in Long Term Care Home. **Key Findings / Results:** Spasticity program combining evidence based practice and use of BOTOX was developed in Long Term Care Home. The 4-point Disability Assessment Scale (DAS; 0, no disability; 1, mild disability; 2, moderate disability; and 3, severe disability) was used to assess four domains (hygiene, dressing, pain, and limb position). The Spasticity Program combining conventional rehabilitation practices and use of BOTOX demonstrated marked improvements in function, ROM, decrease in pain, rigidity, improved comfort / limb positioning, ability to participate in Physiotherapy and basic activities of daily living. **Why is this Research**

Important to Profile at the Research Day 2013? Spasticity is a common challenge encountered post stroke by survivors, families as well as therapists, nurses and other health care professionals involved in treatment and care of Stroke Survivors. Dependent on the severity spasticity can lead to serious debilitating conditions such as pain, stiffness, rigidity and inability to participate in essential activities of daily living as well as in therapy. Spasticity as well as muscular overactivity frequently has profound impact on lives of Stroke Survivors. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Evidence Based Stroke Therapy Can be delivered to Geriatric Stroke Survivors within the LTC Home by a physiatrist.

P18 - INNOVATION IN FALLS PREVENTION: WE HAVE AN APP FOR THAT!

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Description of Research or Project: Data demystification App is a tool allowing for a visual representation and mapping the incidence of falls throughout the facility which can point to a specific pattern relative to exact time, location, shift or particular day. This visual representation on falls allows for expedient and effective dissemination of data to front line staff. **Key Findings / Results:** Because nursing staff in LTC homes provide care 24/7 it is possible to track falls continuously on a monthly basis. The recorded data SELF-Arranges into clusters (colour coded on the tool) and leads to identification of emerging themes i.e. multiple falls at early morning hours, specific location and / or association with specific risk factor. **Why is**

this Research Important to Profile at the Research Day 2013? Every four minutes, at least one senior is hospitalized with an injury and on any given day, seniors who have been injured occupy more than 1,000 acute care beds in hospitals across the province (Public Health Agency of Canada, 2009). Falls are the leading cause of overall injury and associated costs in Canada, are accounting for over \$6 billion dollars annually. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** By implementing easy to use tools, adapting to existing technology [iPads] and using falls mapping in the prevention of resident falls.

P19 - COMPREHENSIVE PROFESSIONAL EDUCATION IN LONG TERM CARE (LTC): IMPROVING STROKE CARE

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Description of Research or Project: A knowledge transfer workshop to encourage uptake of best practices resulted in improved participants' confidence, understanding and perceptions of their knowledge to manage post-stroke care effectively. A seven-hour workshop was offered by the local health network on three separate occasions, covering various topics related to stroke care. Workshops were taught by teams of content experts (Nurse, Occupational Therapist, Physical Therapist, Social Worker and Speech Language Pathologist). Workshop content included training in safe feeding, effective communication, handling of the hemiplegic arm, transfer strategies and positioning. Workshop content was developed by the provincial stroke network and offered to personal support workers. An 11-point questionnaire was used to gather participants' perceptions on their abilities. To increase the sensitivity of the questionnaire, an "ipost-post test design" was used after workshop completion. Participants were asked to rate their current and prior

level of abilities in post-stroke management. **Key Findings / Results:**

A total of 61 Personal Support Workers, Registered Nurses, Occupational and Physical Therapy Assistants were trained. The average level of perceived knowledge/skill in stroke care before the workshop was 3.35/5, while after it was rated at 4.4/5. Overall ratings of educational experience were rated excellent by 46% of participants (28/60). **Why is this Research Important to Profile at the Research Day 2013?** Researchers, aging care leaders, and those giving care to residents of LTC would be interested in knowing how to change health care provider practice to improve quality of care, and to impact on quality of life for residents in LTC.

How could your Research/ Findings be Replicated or Applied in More long Term Care Homes? The workshops have been standardized and training materials made available on the web allowing others to repeat the training and continue data collection.

P20 - INTEGRATION OF STROKE CARE BEST PRACTICES INTO RESIDENT CARE PLANNING

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Description of Research or Project: The objective of the RAI-MDS Stroke Care Plan Project is to link stroke best practices with RAI-MDS data elements and Resident Assessment Protocols through the integration of best practice Stroke Care Plans into existing LTC care plan libraries. The Plans were developed collaboratively by representatives from the Ontario Stroke System and LTC homes. They are based on the best practice resource Tips and Tools for Everyday Living developed by the Heart and Stroke Foundation Ontario and were reviewed by Ministry representatives to ensure congruence with legislative requirements.

Key Findings / Results: A recent pilot of the Plans in four LTC Homes was evaluated using a pre- and post-survey format and produced the following findings: an increase in the number of respondents accessing Tips and Tools for Everyday Living as a best practice stroke resource, and a self-reported increase

in respondents ability to care for stroke residents via particular appreciation for those Stroke Care Plans addressing transfers and mobility, perception, cognition, pain and communication care plans. **Why is this Research Important to Profile at the Research Day 2013?** The project used RAI-MDS indicators, scales, and quality indicators to support evidence-based practice in stroke care and compliance with Accreditation Canada, the LTC Act and MOHLTC Long-Term Care Home Quality Inspection Program (LQIP). **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The Stroke Care Plans are being revised based on feedback received in the pilot phase and will subsequently be available to all LTC homes in Ontario for integration into existing care plan libraries.

P21 - CANADIAN GUIDELINES ON PARKINSON'S DISEASE

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Description of Research or Project: The Canadian Guidelines on Parkinson's Disease were developed to enhance the care for all Canadians with Parkinson's disease that is based on the best published evidence. Guidelines are a meta-analysis based on currently published, high quality international guidelines whose recommendations were most clinically relevant for health care in Canada. Published July 2012 in Canadian Journal of Neurological Sciences and include 84 recommendations. **Key Findings / Results:** 84 recommendations cover three areas: Communication with people living with Parkinson's; Diagnosis and Progression of Parkinson's; General Treatment Considerations, including pharmacological treatment in early and advanced PD; surgery; and non-pharmacological treatment, including the evidence to support interventions by PT, SLP, OT; and a final section on the mental-health features, including dementia, depression, sleep

disorders and autonomic symptoms. **Why is this Research Important to Profile at the Research Day 2013?** The theme of 2013 Research Day is "building on the evidence", and the Canadian Guidelines on Parkinson's disease are evidence based and are a benchmark for quality, consistent standards of care and access to care for people living with Parkinson's in the community and long-term care facilities. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Parkinson's is a progressive neurodegenerative disease; advanced symptoms include cognitive impairment which is different from Alzheimer's dementia. Many people with advanced Parkinson's reside in long-term care homes and staff need to know the spectrum of symptoms and interventions to manage them.

P22 - IMPLEMENTING MONTESSORI METHODS FOR DEMENTIA IN ONTARIO LONG-TERM CARE HOMES: STAFF PERCEPTIONS OF POLICY AND PRACTICE (STUDENT POSTER)

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Description of Research or Project: Montessori Methods for Dementia™ (MMD) are research-based, person-centred approaches that staff and family members can use to create activities, roles and routines with residents with dementia. Despite the known value of engaging residents with dementia in Montessori-based activities, there is limited research on their implementation in long-term care (LTC) homes. This qualitative study involved in-depth interviews with 17 staff members implementing MMD in Ontario LTC homes. A rigorous analysis process was used guided by the political economy of aging theoretical perspective. **Key Findings / Results:** Staff's perceptions of policy and practice issues regarding the implementation of MMD in Ontario LTC homes reveal that there were culture change tensions between limiting factors and enabling factors. The enabling factors facilitated

beneficial outcomes for residents with dementia, staff and family members. These findings will be depicted as a conceptual model in my poster. **Why is this Research Important to Profile at the Research Day 2013?** This research provides insight into current policy and practice issues in Ontario LTC homes that affect the quality of life of residents with dementia, staff, and family members. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The results from this research can help ensure that MMD are as practical and easy to implement as possible despite perceived barriers so that persons with dementia in LTC and their partners in care can have a good quality of life. The findings include suggestions for future research, reducing staff hierarchies and ensuring there is sufficient organizational, financial, educational, and personal support.

P23 - ATTITUDES AND PERCEPTIONS OF DEMENTIA CARE STAFF ASSOCIATED WITH A BOOK CHAT (STUDENT POSTER)

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Description of Research or Project: Aim: To evaluate a book chat intervention based on Lisa Genova's novel Still Alice in order to build empathy and understanding in long-term care (LTC) staff when caring for residents with dementia. Background: Considering the high rates of residents with dementia in LTC, research is needed to explore creative training approaches to change staff attitudes as it relates to dementia. This project was conducted as part of the Quality Palliative Care in Long Term Care Alliance with funding from SSHRC under the CURA program. Methods: A posttest-only with a comparison group design was used. Eleven participants partook in a two and half hour book chat at a southern Ontario LTC home and 10 participants comprised the comparison group. Both groups completed a survey which included the Approaches to Dementia Questionnaire (ADQ) as well as open-

ended questions. **Key Findings / Results:** Results from the ADQ showed a significant difference in attitudes between those in the intervention and comparison groups. **Why is this Research Important to Profile at the Research Day 2013?** Book chat participants had a more positive attitude towards dementia which can potentially transcend into better quality care for LTC residents. This study can empower key stakeholders to trial such interventions in LTC. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Book chats are low cost events, and with administrative buy-in, replicating our project can be easily achieved in LTC. If held over the lunch hour, like traditional "lunch and learns," the feasibility of holding such a discussion could be improved.

P24 - ADDRESSING THE RELEVANCE OF THE NEEDS OF PEOPLE WITH DEMENTIA IN LONG TERM CARE IN CROSS-CULTURAL SETTINGS: A PILOT STUDY

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Description of Research or Project: The objective of the study was to obtain pilot data on whether the needs of people with dementia in long term care (LTC) might be prioritized differently by staff if ethnic diversity were considered. Interviews were conducted with administrators (N=3), nominal groups (N = 24) with frontline staff and questionnaires with delegates at the 2012 OANHSS convention (N= 40). Priorities were analyzed in terms of 19 needs identified in a systematic review of the literature and then rechecked once ethnic diversity was considered. Qualitative analyses examined participants' explanations for choosing certain needs as potentially important in multi-ethnic settings. **Key Findings / Results:** From the 19 needs, only 14 were thought to be influenced by ethnic background, with frontline workers perceiving spiritual needs and social needs to be most important. Qualitative analyses yielded four main themes: food, religious

practice, personal care and familiar environment. **Why is this Research Important to Profile at the Research Day 2013?** Failure to address needs may be associated with decreased quality of life among residents, increased health problems, greater cost of care, and rising levels of distress which may be misinterpreted for responsive behaviours. Residents have no choice but to adhere to the standards and way of life of the LTC facilities which often neglect cultural differences. Our findings support the literature by stressing the importance of shifting the focus from ethnicity to the individual. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The results indicate a need to extend beyond a cultural lens and recognize the heterogeneity that exists among residents (ie: age, gender) of long term care homes through provision of individualized care based on residents' personal preferences.

P25 - STRENGTHENING THE QUALITY OF OBSERVATION AND COMMUNICATION SKILLS OF PERSONAL SUPPORT WORKERS WORKING IN BEHAVIOUR SUPPORT OUTREACH TEAM (BSOT)

Jennifer Reguindin, Shiraz Irani. Baycrest, Toronto, ON.
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Description of Research or Project: This poster presentation will highlight the structured education and enhanced skills of Personal Support Workers to work effectively in a Behaviour Support Outreach Team (BSOT) and build capacity in other Long Term Care Home (LTCH) teams. **Key Findings / Results:** An engaged workforce who is effective in communicating assessment, plans of care, and following through with other long term care home teams. **Why is this Research Important to Profile at the Research Day 2013?** A literature search indicate no research on the assessment and communication skills of personal support workers (PSWs) within a nursing home or in an outreach setting. The Baycrest Community Behavioural Support

Outreach Team initiated the training of 10 PSWs to have enhanced knowledge and skills to work with various types of dementia and mental health issues in external nursing homes. The PSWs are trained in a resident-centred, systematic assessment approach to create a plan of care with any nursing home team. This poster presentation will highlight the added education of the outreach PSW team to empower them in this capacity. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** This poster presentation will highlight the added education of the outreach PSW team to empower them in this capacity. Once shared, other long term care homes are sure to gain insight.

P26 - RESPONSIVE BEHAVIOUR MANAGEMENT - SUSTAINING RESULTS

Jennifer Brown, JHS Muskoka Landing, Penetang, ON.
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Description of Research or Project: Targeted quality improvement plan focused on responsive behaviour management and decreasing negative outcomes in two key areas: First decreasing staff injury from aggressive behaviours from residents and secondly to minimize behaviours during the bathing process. **Key Findings / Results:** Utilizing Health Quality Ontario/Residents First QIP tools in beginning 2011 we were able to identify our priorities using the calculator and develop change ideas using relevant education and support for staff and by deciding which measurement tools would most benefit us for tracking purposes (employee incident forms, responsive behaviour management team referrals for resident based on captured behaviours during bathing process) we could see our change ideas success using pdsa and tweak as necessary with spike in tracked results or ineffective outcomes. **Why is this Research Important to Profile at the Research Day 2013?** Responsive behaviour management is a provincial focus currently with BSO project/LHIN support - with our long term care population residing in communal settings with or without special dementia wards (we employ an integrated care philosophy which does not

segregate residents based on diagnosis) this is a daily challenge. Knowledge of community resources is key (psychogeriatric resource consultants, mobile support teams and specially trained BSS care staff) however is challenging & difficult especially with care staff ratios. In-house training, support, education and re-education is vital. Plans of care utilizing unique, successful strategies and interventions must be incorporated, understood and monitored for sustainability. We were extremely happy to have won the 2011 Quality Improvement team of the year from the OLTCA & our corporate Jarlette corporate as well - sustaining the results is the difficulty we face daily. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** To support the long term care sector in streamlining this key area of continuous quality improvements for residents and staff members alike - assists in bettering the healthy workplace environment as well. Learning from each others QIP's and having a collaborative focus as a resource/tool to change responsive behaviour from a negative to a positive outcome provincially.

P27 - CREATING A BEHAVIOUR SUPPORT OUTREACH TEAM - ONE STEP AT A TIME

Shiraz Irani, Jennifer Reguindin. Baycrest, Toronto, ON.
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Description of Research or Project: This poster will highlight the how the Baycrest Behavioural Support Outreach Team came together, built internal and external relationships, and identified gaps in the management of behavioural and psychological symptoms of dementia. **Key Findings / Results:** The team's accomplishments in bridging the discovered gaps in care over the course of time will be included in the poster. **Why is this Research Important to Profile at the Research Day 2013?** Residents' Responsive Behaviors displayed towards formal and informal caregiver/s can be unpredictable where the responsive behaviors

displayed could be circumstances related to the residents' condition or situation or environment. In June 2012 a new Behaviour Support Outreach Team for Long Term Care Homes in Toronto Central was assimilated at Baycrest, Toronto, Canada. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** This poster will entail a step by step approach to the formation of this team, progressive collaboration with working partners and working process towards achieving goals. Case studies will also be presented and discussed.

P28 - SPECIALIZED BEHAVIOURAL SUPPORT BEDS IN LONG-TERM CARE

Jennifer Scott. Central Community Care Access Centre (CCAC), Richmond Hill, ON.

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Description of Research or Project: As the incidence of dementia in Ontario's aging population grows, there is an increasing need for specialized services and care within long-term care homes (LTCH). The Ministry of Health and Long-Term Care implemented the Ontario Behavioral Supports System to improve support for older Ontarians with challenging behaviours. An early adopter, Cumber Lodge LTCH in North Toronto developed programs to support residents with cognitive impairments due to mental health issues, addictions, dementia, or other neurological conditions, who exhibit behaviours such as aggression, wandering, physical resistance and agitation. Funded by the Central LHIN, Cumber Lodge opened eight specialized behavioural support beds in a secure unit to admit ALC clients stranded in acute care hospitals when they are rejected by LTCHs due to behaviour. The initiative focused on evidence-based decision-making and evaluation of outcomes through data collection/metrics. **Key Findings / Results:**

- 88.9% average reduction in frequency of inappropriate behaviours •

Significant stabilization of behaviours • High levels of family/caregiver satisfaction • Expansion of unit to 16 beds • Unit designation under LTC legislation, **Why is this Research Important to Profile at the Research Day 2013?** The BSU resulted in evidence-based, measureable, innovative, enhanced services and addresses health system flow by targeting ALC patients. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Lessons learned that support replication: • Identification of solutions to challenges of a BSU • Engagement with Geriatric Resource Consultants, Geriatric Mental Health Outreach Team, community psychiatric hospitals and Nurse-Led Outreach teams is a model of collaborative implementation • Specialized frontline staff education, provider collaboration, coordinated system with common objectives results in improved care and quality of life • Engagement of Health Quality Ontario and Behavioural Support Communities of Practice to develop provincial measurements supports standardization.

P29 - DIABETES MANAGEMENT IN LONG TERM CARE: SETTING APPROPRIATE TARGETS FOR THE FRAIL ELDERLY (STUDENT POSTER)

Osman Osman. University of Waterloo, Waterloo, ON.

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Description of Research or Project: Diabetes and frailty are highly prevalent conditions in long-term care facilities. Yet, evidence for appropriate management and care in this special population is inadequate, with recommendations within clinical practice guidelines (CPG's) mainly based on expert opinion. The aim of this study is to conduct a survey of Ontario medical directors regarding current practices and their perspective on diabetes management of the frail elderly in long-term care.

Key Findings / Results: 41% of respondents did not agree that the CDA guideline was helpful in choosing pharmacological treatments for residents of long-term care. For HbA1c targets, 95% (21) of responses were distributed equally across 8%, 9%, and 10%, with 1 respondent selecting an HbA1c of 15%. Quality of life and risk of hypoglycemia were the most important measures for relaxing glycemic control in LTC residents. Frailty presented mixed views, with 29% of respondents noting that tight glycemic control

was not very important in residents with frailty, while 38% of respondents said it was somewhat important. **Why is this Research Important to Profile at the Research Day 2013?** This research serves as a basis for understanding the barriers and facilitators to diabetes management in long term care, which in turn will serve as a knowledge translation tool for future diabetes care guidelines. arch reveals the processes involved in setting glycemic targets in the frail elderly. Furthermore, this research serves as a basis for understanding the barriers and facilitators to diabetes management in long term care, which in turn will serve as a knowledge translation tool for future diabetes care guidelines. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Discrepancies between these results and current practices of glycemic management in long term care homes may reveal barriers to the management of recent diabetes recommendations.

P30 - ADVANCED WOUND CARE

Debbie Green. Responsive Management Inc., Toronto, ON.

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a) TRANSCU O2 WOUND HEALING IN LONG TERM CARE

Description of Research or Project: TransCu O2™ incorporates continuous diffusion and monitoring of low dose oxygen flow rates and pressures to ensure efficacious delivery of the oxygen 24 hours x 7 days/ week directly onto the wound bed. The unit is silent, lightweight (nine ounces), portable and rechargeable. It utilizes moist wound dressings, with a significant reduction in wound healing costs while providing a quality of life for the residents. **Key Findings / Results:** Trial #1 – diabetic foot ulcer: 10.5 cm x 6.5 cm. Vac therapy initiated April 20, 2012 -discontinued at physicians request - Aug 23, 2012, 125 days later. Wound size upon VAC removal: 9cm x 7 cm x 2.5cm. TransCu O2™ initiated following protocol guidelines. Wound size vigorously decreased and was closed in 63 days.

Why is this Research Important to Profile at the Research Day

2013? Staff have demonstrated knowledge transfer and the organization has observed renewed enthusiasm on the part of residents and families related to participating in the plan of care. This joint partnership has increased engagement on all levels. We believe this wound treatment program to be worthy of being continued as another adjunctive therapy to promote Best Practice.

How could your Research/ Findings be Replicated or Applied in More long Term Care Homes? The success achieved from this trial has resulted in five of the six remaining Rykka Care Centre now reviewing residents to be considered for this treatment. The 3 x weekly review of wound measurements supported, by digital photos taken at each dressing change has documented our success.

b) ULTRA VIOLET-C USE IN LONG TERM CARE WOUND

MANAGEMENT Description of Research or Project: Using available UV-C trained Physio Therapists in conjunction with the homes Wound Care Lead; this team has integrated the use of UV-C and the UV-C Scorecard as a positive non-invasive, non-contact adjunctive therapy, for the treatment non-healing wounds. **Key Findings / Results:** Our results indicate that Ultraviolet-C (UV-C) exposure times decreased in direct proportion as the depth and grade of the wound decreases. Total wound assessment scores along with corresponding exposure times permitted a quantitative evaluation of the progress. Numeric improvements across the 10 pre-identified areas, based on the "Wound Assessment Tool" (Ostomy Wound Management 2000; (4) 20-30),

c) QUALITY AND EFFECTIVENESS OF ELECTRONIC WOUND DOCUMENTATION IN LTC Description of Research or Project:

An initial trial was conducted utilizing an electronic wound documentation tool that yielded amazing results. The tool was developed for Ontario use through a collaborative partnership incorporating our governing Standards and Regulations. **Key Findings / Results:** A core group of staff were initially trained who then mentored additional staff on their units. Through the utilization of both required and minimal free text fields, pop-ups, and alert reminders, the tool enabled the users to provide evidence that their documentation was accurate and complete. **Why is this Research Important to Profile at the Research Day 2013?** A customized built in "Help" section, allowed the user access to their community defined

endorsement of the continuation of UV-C therapy, that would have been missed if just measuring length x width x depth. **Why is this Research Important to Profile at the Research Day 2013?** Our Long Term Care Homes have created a successful Integrated innovative wound treatment partnership. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** This initiative has been integrated across our seven homes and has promoted an increasing acceptance of advanced technologies as part of our new normal (Best Practice). This is evidenced by successful results and increased dialogue regarding alternative wound healing modalities at the weekly wound care rounds.

definitions, guidelines, terminologies, videos, algorithms, product etc. Streamlining of detailed reports enabled us to track wound provider visits, healing rates and treatment statistics all while easily attaching wound photos to each actual assessment. The ability to document at the residents' bedside proved to be a cost saver re: time management, eliminating the previous paper method and seamlessly moving to the electronic record, all while in real time. Our staff acknowledged that by using this standardized tool, they achieved greater consistency related to wound assessments that they believed had not been previously evident. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Plan is now to incorporate use of this standardized tool throughout the remainder of the homes within the Rykka Care Centres.

P31 - FAMILY MEMBERS RECOMMENDATIONS FOR ADVANCE CARE PLANNING IN LONG-TERM CARE HOMES: A QUALITATIVE STUDY (STUDENT POSTER)

Jill Marcella¹, Kimberley Ramsbottom². ¹Centre for Education and Research on Aging and Health, Thunder Bay, ON, ²Lakehead University, Thunder Bay, ON. **Contact:** jmarcell@lakeheadu.ca

Description of Research or Project: Family members in a research study, conducted as part of a five year Social Sciences Humanities Research Council funded project titled "Improving the Quality of Life for People Dying in Long Term Care Homes", expressed that advance care planning is essential for care of residents. This presentation will illustrate how these family members envision how long-term care (LTC) homes can facilitate advance care planning (ACP) discussions. **Key Findings / Results:** Eight family members were individually interviewed about their perspectives and experiences of ACP in LTC. Family members stated that conversations about ACP need to happen long before end-of-life. These discussions can alleviate stress for family members and health care providers when faced with immediate treatment decisions. Recommendations to facilitate ACP conversations included 1) clearly identifying who in the LTC home will initiate ACP 2) all staff should know the residents wishes 3) having ACP education for families and staff.

Family members want ACP discussions but expect staff to initiate them. **Why is this Research Important to Profile at the Research Day 2013?** The findings of this research offer guidance to LTC homes to develop ACP processes that will improve family and resident satisfaction. Good ACP provides a solid basis for care planning at end-of-life, helps avoid family stress and transfer to hospital. Currently many LTC homes do not have a formal, consistent processes regarding ACP. ACP is an ongoing process and repeated discussions need to happen at times of transitions in care. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The methodology of this research can be replicated by other LTC homes by using the provided questions to talk to their own family members about their experiences. The findings highlight issues homes need to consider in improving their ACP processes.

P32 - PALLIATIVE CARE COMPETENCIES FOR PERSONAL SUPPORT WORKERS WORKING IN LONG TERM CARE

Jill Marcella¹, Marg McKee². ¹Centre for Education and Research on Aging and Health, Thunder Bay, ON, ²Lakehead University, Thunder Bay, ON. **Contact:** jmarcell@lakeheadu.ca

Description of Research or Project: This poster presents the results of a study that was part of a 5-year SSHRC-funded program of research aimed at improving the quality of life of seniors dying in Long Term Care (LTC). This poster presents the results of a substudy to develop and articulate the palliative care competencies of exemplary PSWs working in one of the LTC homes in Thunder Bay, Ontario. **Key Findings / Results:** Early in the research it became clear that the education and empowerment of Personal Support Workers (PSWs) was the key to developing a strong palliative care philosophy in LTC. The goal was to help PSWs articulate their scope of practice and the knowledge, attitudes, and skills they had acquired through years of working with dying seniors. One on one intensive interviews with exemplary PSWs were conducted, in which they were asked to talk in detail about their work. Interviews were transcribed and

analyzed by the lead researcher for themes, using standard qualitative methods. A working group of PSWs, drawn from the original interviewees, volunteered their time to develop the themes into a list of what they believed were the core palliative care competencies for PSWs working in LTC. **Why is this Research Important to Profile at the Research Day 2013?** The role of PSWs in health care continues to grow in complexity and diversity. PSWs have an important role to play in providing palliative care and require the knowledge and tools to feel confident in this area. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** PC competencies for PSWs will inform a knowledge gap. Community college and continuing education programs will benefit by this knowledge as they will be able to better prepare this discipline for the workforce.

P33 - AN INNOVATIVE REHABILITATION MODEL FOR ENHANCED PERFORMANCE IN LONG TERM CARE (STUDENT POSTER)

Connie D'Astolfo, York University, Toronto, ON.
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Description of Research or Project: The long term care sector in Ontario faces several challenges concerning healthcare delivery, including a restricted funding model; limited performance management and under-utilization of non-physician providers. This poster will highlight the need for the LTC industry to be creative and focus on adopting innovative programs particularly in the area of rehabilitation for the management of back pain and their comorbidities in order to increase patient outcomes and for cost-effectiveness (better value for money). The rehab model is based on findings from a recent study conducted at a LTC home. The use of collaborative team based care and performance management strategies with the aim of diagnosing and managing back pain in order to reduce the impact of costly chronic diseases including depression, diabetes, dementia and hypertension., **Key Findings / Results:** 1) clinical and economic impact of spinal conditions in the aging population; 2) the value of a collaborative team based

rehab model and the how it can increase return on investment.

Why is this Research Important to Profile at the Research Day 2013? An aging population is a primary factor associated with escalating healthcare costs due to the burden of chronic diseases, drug spending, physician visits and hospital costs. Improved clinical management of this population through an innovative rehabilitation program could result in enhanced quality of care and significant cost savings for both the long term care (LTC) industry and the health system at large. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** This rehab model can be replicated in LTC homes. The goal would be to reduce the functional impact of many chronic diseases by shifting the clinical focus on the diagnosis and management of spinal conditions in the senior population.

P34 - FRONT LINE STAFF AS CHAMPIONS IN FALLS PREVENTION

Emelie Maurice^{1,2}, Barbara Brian¹.
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Description of Research or Project: Leacock Care Centre identified falls prevention as a vital quality improvement initiative. Through engaging PSW staff champions in leading the program through peer to peer education and facilitation of post falls huddles, the team made significant improvements in the percentage of residents who fell and maintained the rate below the provincial average from Quarter 2 2011 to Quarter 1 2012 (CIHI data). **Key Findings / Results:** Engaging front line staff as leaders in falls prevention promoted knowledge transfer and an increased engagement throughout the home in the interdisciplinary falls prevention program. Prevention of falls was seen as "do-able" and as the responsibility of all. The percentage of residents coded as falling, reduced from 15.9 to 11.5 % from Quarter 2 2011 to Quarter 1 2012. The provincial rate has stayed fairly stable at approximately 13.9%. **Why is this Research Important to Profile at the Research Day 2013?** Falls Prevention is a focus in care for the older adult

and in evaluating safety in long term care homes in Ontario. Methods to gain commitment and buy in from those having the most contact with residents is integral to a successful falls prevention program.

How could your Research/ Findings be Replicated or Applied in More long Term Care Homes? Recognizing those within the team who are focused on falls prevention, providing them with education, equipping them with tools to share and build expertise within the PSW group facilitated greater engagement of front line staff. Peer to peer education and training was well accepted. PSWs became more confident in reporting factors that might impact falls and were more willing to offer resident focused interventions for falls prevention. It is not difficult for long term care homes to identify those who demonstrate interest in a topic and to engage those individuals in helping the team to grow.

P35 - IN SERVICE TRAINING FOR FALLS PREVENTION

Alan Samoni. Western University, London, ON.
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Description of Research or Project: One interview with the Director of Care and two focus groups were run at a LTC home. The purpose of the data collection was to determine what in-service training in falls prevention might be advantageous at the home. With this information my class in Ergonomics and Aging will create 8 short (10-15 minutes) training videos for staff at the home. Once the videos have been created (March, 2013) they will be shown to representative staff at the home to be judged on usefulness as an educational tool. **Key Findings / Results:** Work process and dementia care were two concerns voiced regularly during the focus groups. Communication among the care team at the home was also a key factor identified as central

to fall prevention at the home. Lastly, there was a sense, particularly by the PSWs that not all falls are preventable.

Why is this Research Important to Profile at the Research Day 2013? In service caregiver training, particularly for PSWs is particularly challenging in LTC. Short training videos may be a way to reach both new and experienced staff who need a refresher or are being introduced to a topic for the first time. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** If these videos are successful they would automatically be useful for other LTC facilities as well as classes in educational programs.

ORC POSTER PRESENTATIONS

POSTER ABSTRACTS:

Ontario Research Coalition of Research Institutes / Centres on Health & Aging Early Researcher Posters

ORC1 - DYING TO KNOW; INTERDISCIPLINARY PALLIATIVE CARE EDUCATION USING HIGH FIDELITY SIMULATION STUDENT POSTER

Katherine Kortess-Miller. Lakehead University, Thunder Bay, Ontario.
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Description of Research or Project: Palliative care is a specialized approach that supports the physical, psychological, social and spiritual needs of dying individuals and their families and is best delivered by an interprofessional team. Fostering palliative care knowledge and skill for health professional students can ensure that when they are caring for individuals who are dying, they will know what to do, how to do it well and can exercise critical judgment when delivering care. The goal of this research is to use and evaluate high fidelity simulation (HFS) as a pedagogical strategy to provide health professional students a unique opportunity to learn palliative care approaches in a safe, supportive environment where new skills can be practiced within an interprofessional team of learners. The unique aspect of this research will be the focus on teaching psychosocial palliative care skills and on generating new knowledge about how students

learn in this dynamic environment. **Key Findings / Results:** Research in Process. **Why is this Research Important to Profile at the Research Day 2013?** The use of high fidelity simulation (HFS) in healthcare education is viewed as one solution with significant potential to address a number of current healthcare challenges (Bandali et al., 2008). 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 'making a case' for the use of HFS in interprofessional palliative care education.. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** HFS can be used in a variety of ways to support staff in LTC homes as a form of continuing education.

ORC2 - FAMILY MEMBERS RECOMMENDATIONS FOR ADVANCE CARE PLANNING IN LONG-TERM CARE HOMES: A QUALITATIVE STUDY STUDENT POSTER

Kimberly Ramsbottom, Mary Lou Kelley. Lakehead University, Thunder Bay, Ontario.
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Description of Research or Project: Advance care planning and care planning are essential components to assure "resident" centered care. Family members of residents in long-term care have several recommendations for long-term care homes to facilitate these discussions. **Key Findings / Results:** Recommendations to facilitate ACP and care planning conversations included considering who will initiate ACP and care planning, knowing the residents, education and timing in order to provide quality end-of-life care. Families and substitute decision makers are receptive to having ACP and care planning conversations, however they expect LTC staff to initiate and facilitate these conversations. **Why is**

this Research Important to Profile at the Research Day 2013? The intent of the research is to provide long-term care homes with guidelines/ processes that encourage/facilitate advance care planning and care planning conversations.. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The findings give guidance on areas that homes need to consider in developing their ACP processes. Health care providers also need guidance on how and when to have these conversations. This research can provide LTC homes and staff with valuable information on how and when to have these crucial conversations with residents and family members.

ORC3 - PHYSICAL AND COGNITIVE EXERCISES (DUAL-TASK TRAINING) TO PREVENT FALLS IN DEMENTIA: A PILOT STUDY STUDENT POSTER

Susan Muir¹, Manuel Montero Odasso². ¹Department of Geriatric Medicine, Parkwood Hospital, London, ON, ²Department of Geriatric Medicine, Schulich School of Medicine & Dentistry, University of Western Ontario, London, ON.
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Description of Research or Project: The aim was fall risk reduction in older adults with dementia through a novel rehabilitation intervention of physical and cognitive (dual-task) training. Objectives were: 1) to determine the effect of dual-task training and 2) identify barriers to rehabilitation in community-dwelling older adults with dementia.. **Key Findings / Results:** People who completed the exercise intervention (n=6) demonstrated a statistically significant improvement in executive function (p=0.016). Balance, strength and gait remained stable. Measures of cognition (e.g. Mini-Mental State Examination, Montreal Cognitive Assessment, ADAS-cog, Trail Making Test A) remained stable. Caregivers reported improved mobility and attention in participants and no burden to be coach for home exercises. **Why is this Research Important to Profile at the Research Day**

2013? Mobility decline and caregiver burden and key issues in the decision to have an older adult admitted to long term care from the community. As the prevalence of individuals living with dementia in the community is expected to increase in the coming years it is important to have validated rehabilitation interventions that are able to keep people living independently in the community. This exercise program combined physical and cognitive exercises and has the potential to have an effect on both dimensions. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The exercise program could be applied in an institutional setting as well. Maintaining independent mobility is just as important in the long term care setting as it is associated with quality of life of the person and care burden for staff.

ORC4 - INTRA-ABDOMINAL FAT IS ASSOCIATED WITH COGNITIVE PERFORMANCE IN ADOLESCENTS STUDENT POSTER

Deborah Schwartz¹, Gabriel Leonard², Michel Perron³, Louis Richer³, Catriona Syme⁴, Suzanne Veillette^{3,4}, Zdenka Pausova⁵, Tomáš Paus¹. ¹Rotman Research Institute, Baycrest Centre for Geriatric Care; University of Toronto, Toronto, ON, ²Montreal Neurological Institute, McGill University, Montreal, Quebec, ³Université du Québec à Chicoutimi, Quebec, ⁴ÉCOBES, Recherche et transfert, Cégep de Jonquière, Quebec, ⁵Hospital for Sick Children, University of Toronto.
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Description of Research or Project: Obesity is associated with lower cognitive performance in children and adults, especially on tasks of executive function. While intra-abdominal fat (IAF) carries particularly high risk with regards to cardiometabolic health, little is known about whether it plays a special role in obesity-cognition relationships. In a community-based sample of 983 adolescents (12-18 years old) from the Saguenay Youth Study, IAF was quantified using magnetic resonance imaging and total body fat (TBF) was measured using multifrequency bioimpedance. Cognitive performance was assessed using a battery of neuropsychological tests measuring executive functioning and memory. **Key Findings / Results:** Larger volumes of IAF were associated with lower performance on six measures of executive functioning. Further, sex moderated the impact of IAF on five measures of executive functioning, such that females with low IAF performed better than males with low IAF. In addition, TBF was associated with higher performance on one measure of executive functioning and

one measure of memory. **Why is this Research Important to Profile at the Research Day 2013?** As anthropomorphic measures are not reliable indicators of IAF, traditional means of assessing obesity might be missing at-risk individuals. The research described in this poster is helpful for clinicians and researchers, but also for individuals. It is important to provide individuals with detailed assessments of personalized risk, so they can begin to take steps toward preventing long-term health consequences. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** It is important to consider dementia risk in younger populations. Presence of dementia pathology in the brain decades before diagnosis is suggestive of a long, slow-building trajectory. Preventative strategies require intervention early on in these trajectories. This research suggests that IAF-cognition relationships observed in adolescence could have cumulative effects if elevated IAF remains, potentially resulting in dementia later in life.

ORC5 - PHYSICAL & SOCIAL OPPORTUNITIES IN RETIREMENT COMMUNITIES! WHO BENEFITS AND WHY? STUDENT POSTER

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Description of Research or Project: Background: Functional impairment is common among older adults and is a major predictor of the need for long term home care. Physical and social activity is associated with greater rates of functional independence. Retirement living may facilitate physical and social activity by reducing health, social and environmental barriers. Objective: The objective of this project is to characterize physical and social activity before and after moving from the community into retirement living. Methods: We are recruiting older adults from the wait-lists for and from current residents of retirement living communities (Schlegel Villages). Physical and social activity will be characterized using questionnaires and objective measurement (physical activity with accelerometers). For wait-list participants, activity will be measured within 3 months of moving into a retirement living community and at 3 months after the move. Current

residents will answer questionnaires regarding activity currently and prior to moving into the retirement community. **Key Findings / Results:** Expected Results: We have recruited 7 residents to date and expect further results prior to the conference. We hypothesize that physical and social activity will improve after transition to retirement living, particularly in people with significant barriers in the community. **Why is this Research Important to Profile at the Research Day 2013?** This study investigates the impact of alternative health care (retirement living communities) on behavioural factors (physical and social) that may reduce the likelihood of needing long term care. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** By identifying potential benefits of this alternative care model, we may be able to develop strategies to reduce the need for long-term care among older adults.

ORC6 - ADAPTIVE CHANGE IN THE NEURAL DYNAMICS OF OLDER ADULTS IS RELATED TO PHYSICAL EXERCISE STUDENT POSTER

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jheisz@rotman-baycrest.on.ca

Description of Research or Project: The human brain undergoes marked structural changes with age. These changes compromise brain processes and can have detrimental effects on cognitive function. While the brain can functionally reorganize to compensate for some of this structural loss, there are interesting individual differences in cognitive outcome. The present study examined age-related changes in neural network dynamics as revealed by electroencephalogram while participants performed a working memory task. **Key Findings / Results:** We observe an age-related shift in brain signal variability such that older adults displayed less distributed variability and more local variability than younger adults. Individual differences in task performance and lifestyle suggest that this age-related shift in variability is adaptive. High performing older adults had more local variability and less distributed variability than lower performing older adults.

Moreover, a healthy lifestyle (with increased exercise behaviour) was related to more local variability and better task performance. In other words, physical exercise seems to facilitate the age-related shift in neural network dynamics, enhancing local variability for better cognitive function. In the face of structural changes, the neural flexibility that is promoted by a physically active lifestyle may help older adults maintain cognitive health longer into their lifespan. **Why is this Research Important to Profile at the Research Day 2013?** This work represents cutting-edge of basic research aimed at improving the cognitive health of seniors longer into their lifespan.. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** This research highlights the importance of physical exercise for cognitive health, and suggests that long term care homes should incorporate daily exercise into their programs.

ORC7 - HEALTH EDUCATION AND HEALTH STATUS: HOW MUCH DO WE NEED TO KNOW AND WHEN DO WE NEED TO KNOW IT? STUDENT POSTER

Tracey Laroque. Lakehead University, Thunder Bay, ON.
tmlarocq@lakeheadu.ca

Description of Research or Project: Why, with all the information that is available, do we still see a rise in chronic disease? As chronic disease may manifest and become evident in older adults, the progression of disease may begin as early as the young adult years (eg. Ferreira and colleagues, 2005). In order to improve health outcomes of future generations of Ontario seniors, knowledge translation through early educational and instructional practices needs to be addressed. A pilot survey of post secondary students (n = 32) was conducted to understand level of chronic disease risk factor and personal health knowledge during young adult years.. **Key Findings / Results:** Pilot findings identified post secondary students received the extent of their health education during high school however, lacking in areas of understanding chronic disease prevention and knowledge of personal health status. Fifty percent of respondents spent less than one

week on health education. Greater than 80% responded that education on understanding personal health status was some or none at all. And, 80% of the students responded none of the course involved understanding chronic disease risk factors. Results suggest that there may be a greater institutional responsibility if we want to see a decrease in chronic disease prevalence in our senior population. **Why is this Research Important to Profile at the Research Day 2013?** The research supports that earlier education, especially during young adult years, may be an important area to implement and focus chronic disease prevention strategies that may help to improve health outcomes of our aging population. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** A larger survey is being conducted and findings may aid in identifying gaps in knowledge translation that promotes a healthier aging population.

ORC8 - WHAT INTENSITY OF PHYSICAL ACTIVITY SHOULD WE BE PRESCRIBING TO MANAGE WEIGHT-RELATED HEALTH RISK? STUDENT POSTER

Emily Knight^{1,2}, Melanie Stuckey^{1,2}, Robert J Petrella^{1,2,3}. ¹Lawson Health Research Institute Aging, Rehabilitation & Geriatric Care Research Centre, ²Western University Faculty of Health Sciences, ³Western University Schulich School of Medicine & Dentistry.
emilyknight@rogers.com, eknigh2@uwo.ca

Description of Research or Project: Traditionally, physical activity interventions have focused on increasing the amount and intensity of activity and little attention has been given to reducing physical inactivity or modifying behavioural factors to engage in healthy lifestyles. The purpose of this study was to test the effectiveness of a home health monitoring study with tailored exercise prescription targeting changes in various intensities of physical activity (e.g. exercise, sedentary behaviour, or both). The program and baseline characteristics will be presented. **Key Findings / Results:** Sixty older adults (55-75 years of age) participated in a 12-week health behaviour intervention involving personalized activity prescriptions tailored to baseline aerobic fitness using the Step Test and Exercise Prescription (STEP™) tool. The average age of the sample was 62.6 (+4) years, and the sample was 59% female. Body mass index was 31.4 (+5) kg/m². Waist circumference was 101.6 cm (+13) for females, and 113.6 cm (+16) for males. Aerobic fitness was 25.96 ml/kg/min (+5.4) for females, and 32.76 ml/kg/min (+ 7.4) for males. No significant differences were found between groups for baseline clinic measures. On

average, our sample had undesirable anthropometric and aerobic fitness. This novel intervention aimed to explore the effect of prescribing various intensities of physical activity on changes in clinical risk for cardiovascular disease..

Why is this Research Important to Profile at the Research Day 2013? It is well established that physical activity is an important component of health and wellness. And there is a growing body of evidence suggesting that low-intensity activity (e.g. sitting for prolonged amounts of time) leads to health consequences that cannot be off-set by participation in higher-intensity activities (like brisk walks). However, there is less evidence reporting on behavioural health interventions aimed at changing physical activity behaviours of various intensities. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Research shows that sitting still for prolonged amounts of time has deleterious health effects. Innovative models for getting individuals moving regularly are needed. More research is needed exploring the health outcomes elicited through behaviour interventions aimed at changing sedentary activity.

ORC9 - NEUROIMAGING DURING A WORKING MEMORY TASK IN NATIONAL HOCKEY LEAGUE ALUMNI STUDENT POSTER

Carrie Esopenko, Priya Kumar, Claude Alain, Tiffany Chow, Randy McIntosh, Stephen Strother, Brian Levine. Rotman Research Institute, Baycrest, Toronto, ON.

cesopenko@research.baycrest.org

Description of Research or Project: Traumatic brain injury (TBI) is associated with neurocognitive changes that can result in cognitive impairment, and can elevate the risk of developing dementia, including Alzheimer's disease (AD) and chronic traumatic encephalopathy (CTE). Repetitive mild TBIs in sport have been linked to cognitive impairments in aging (such as AD and memory impairments) and to an earlier onset of cognitive impairments compared to individuals who have not experienced a concussion. Given that the National Hockey League alumni (NHLA) comprise a large sample of individuals across a wide age range who were subjected to high speed collisions with concussion during their careers, these athletes provide an excellent model for research examining the interaction between TBI and aging. NHLA and control participants' working memory (WM) and attention abilities were assessed during simultaneous functional magnetic resonance imaging (fMRI) and electroencephalography using

a series of n-back tasks. **Key Findings / Results:** Behaviorally, NHLA showed decreasing accuracy with increasing WM load relative to controls. fMRI data showed greater activation in the middle prefrontal cortex and posterior parietal regions with increasing WM load for NHLA compared to controls. This was accompanied by a greater P300 for the target relative to the standard for NHLA compared to controls, also modulated by differences in WM load. Our results suggest that sports-related TBIs may have long-term implications on neurocognitive functioning. **Why is this Research Important to Profile at the Research Day 2013?** Our results are helping to develop in vivo neuroimaging biomarkers to help identify unhealthy brain aging. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Our research findings could be replicated in other populations who have experienced traumatic brain injury.

ORC10 - EVENT-RELATED POTENTIAL SIGNATURES OF INTERFERENCE RESOLUTION IN MEMORY STUDENT POSTER

Ka Wai Joan Ngo, Lynn Hasher. Rotman Research Institute, University of Toronto, Toronto, ON.

joan.ngo@utoronto.ca

Description of Research or Project: Interference between competing responses may be one of the most common causes of memory failures associated with aging. Using electroencephalography (EEG) in a novel paradigm, we provide direct neural and behavioural evidence for the role of inhibition during semantic interference resolution, as well as an age-related decline in the ability to suppress rejected competitors. In Phase 1 of the study, cue words (e.g. "pizza") will prompt the participants to either generate a closely related or unrelated word. Then in Phase 2, accessibility is measured using a lexical decision task that includes the closest associate (e.g. "pepperoni") to each of the cue words from Phase 1. Since the word pairs are chosen to automatically activate strong associations, producing an unrelated response to the cue in Phase 1 would involve avoiding the closest associate that comes to mind. Older adults' reduced ability to suppress competitors may contribute to their difficulty with memory retrieval. **Key Findings / Results:** The behavioural data revealed that

younger adults were slower to react to strong associates of critical words than control words, suggesting the resolution of semantic interference entailed suppression of rejected competitors. In sharp contrast, older adults did not show suppression. Electrophysiological correlates of suppression will be discussed. **Why is this Research Important to Profile at the Research Day 2013?** My research is important to profile because it will offer an opportunity for aging care leaders and innovators to consider the cognitive functioning of older adults in their work. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Age-related declines in the ability to efficiently inhibit irrelevant information may contribute to difficulty resolving interference, underlying many memory deficits as seen in the elderly. Minimizing the amount of distractions in an environment may positively improve overall cognitive performance for older adults.

ORC11 - CHANGES IN PATTERNS OF REGIONAL BRAIN ACTIVATION ACCOMPANYING MEMORY TRANSFORMATION STUDENT POSTER

Melanie Sekeres¹, Marie St-Laurent¹, Kyra McKelvey¹, Gordon Winocur¹, Mary Pat McAndrews², Morris Moscovitch¹, Cheryl Grady¹.

¹Rotman Research Institute, Toronto, ON, ²Toronto Western Research Institute, Toronto, ON.

msekeres@research.baycrest.org

Description of Research or Project: It is widely believed that the hippocampus is required for formation (consolidation) of new episodic memories but its continued role in memory retention and retrieval is less clear. Regions within prefrontal cortex show increased activation during retrieval of remote memories, suggesting a time-dependent reorganization of brain regions involved in memory consolidation. It is less clear how the nature of the memory (vividness, richness of detail) changes as it becomes represented in a diffuse brain network. Our Transformation Hypothesis of consolidation proposes that episodic memory is initially highly-detailed and dependent upon hippocampus, but over time, that memory loses perceptual richness, retaining the general elements of the memory as it becomes represented in a diffuse cortical network. However, the hippocampus is always required for retrieval of richly detailed elements of the memory. The goal of the present study is to assess how the passage of time affects the quality and neural representation

of episodic memory. **Key Findings / Results:** We will use fMRI to visualize changing brain activation patterns in humans recalling film clips of events to analyze qualitative changes in richness of details of their remembered events at different timepoints. **Why is this Research Important to Profile at the Research Day 2013?** By dissociating brain regions normally involved in the processing of different forms of a memory, we can apply these activation patterns in memory processing to aging and patients with dementia to determine how activation patterns in old age or dementia may reflect differences in memory transformation, and may even account for observations of preserved forms of memory. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Our results are of value to the long-term care community by helping to understand the nature of potential memory deficits and preservation observed in the aged patient population.

ORC12 - MECHANISMS FOR IMPROVING LONG TERM MEMORY THROUGH SPACED PRACTICE STUDENT POSTER

Alice Kim, Rotman Research Institute of Baycrest, Toronto, ON.
alice.kim@research.baycrest.org

Description of Research or Project: The “spacing effect” refers to the finding that repetitive study of information becomes more effective for long-term retention (LTR) as the interval between repetitions increases. This effect is a classic finding in memory research that shows potential for further development of intervention strategies for memory impaired populations. Currently, it is unclear why spaced repetition is more effective than mass repetition for long-term retention and how this is represented in the brain. The present research investigated the benefit of spacing on (LTR) and its neurocognitive underpinnings in healthy young adults using the event-related potential (ERP) methodology and a manipulation of encoding strategy (active vs. passive). The next stage of this research will involve testing healthy, older adults. **Key Findings / Results:** Spaced repetition was more effective for long-term retention when participants performed an active encoding strategy (study phase retrieval), compared to a more passive encoding

strategy (re-study), when study items were repeated. The corresponding ERP data are expected to show a larger late positive component, which has been shown to index successful encoding, with increased spacing. **Why is this Research Important to Profile at the Research Day 2013?** The present research provides novel insight into our understanding of memory, how to use it most effectively, and how to compensate when it breaks down. The results will not only contribute significantly to memory theory, but even more importantly to the quality of life of many individuals, particularly older adults experiencing mild memory decline. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Spaced repetition, in combination with specific encoding strategies, can be implemented in various programs at long term care homes to help residents adopt better learning strategies that will help improve their memory and thus their quality of life.

ORC13 - INHIBITION OF IRRELEVANT SCHEMAS WITH AGE STUDENT POSTER

Vanessa Ghosh¹, Asaf Gilboa^{1,2}. ¹ Research Institute, University of Toronto, Toronto, ON, ²Centre for Stroke Recovery, Toronto, ON.
vanessa.ghosh@mail.utoronto.ca

Description of Research or Project: One way memory changes with age is greater reliance on schemas when retrieving specific events (Mather & Johnson, 2003). Despite overwhelming evidence of this phenomenon, its underlying cognitive processes remained unknown. We hypothesized that older adults may be less efficient at inhibiting schemas, ultimately allowing schemas to provide additional cues during retrieval. These schema-congruent cues compete with the specific memory in question. We tested ability of older and younger adults to inhibit irrelevant schemas. Participants made speeded decisions about words’ affiliation to a schema (‘visiting the doctor’). Ten minutes later they repeated the task for another schema (‘going to bed’), this time also including words related to the first schema as lures. **Key Findings / Results:** Participants were highly accurate, but demonstrated longer reaction times when rejecting words associated with the previously relevant schema presumably reflecting inhibitory processes. There was a significant interaction between age and word type on reaction

time: differences in latency to reject previous schema lures not seen earlier, in comparison to rejecting completely irrelevant lures, was greater for older adults. This finding could signify that older adults are less efficient at inhibiting responding based on irrelevant schemas. **Why is this Research Important to Profile at the Research Day 2013?** It is possible that this inhibitory deficit may account for older adults’ difficulty modifying schemas. This interpretation also may explain why older adults more often fall victim to scams (Conrad et al., 2011), as these ploys are set-up to be consistent with common schemas (e.g. donation process), but with certain aspects of the schema altered (e.g. outcome). **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** This research could possibly lead to training for older adults to enhance flexibility of their schemas in order to better adapt to societal changes or diminish vulnerability to financial exploitation.

ORC14 - LOCALIZATION OF NEURAL NETWORKS FOR SENTENCE PROCESSING USING MAGNETOENCEPHALOGRAPHY STUDENT POSTER

Aneta Kielar, L. Panamsky, Jed A. Meltzer. Rotman Research Institute, Baycrest Hospital, Toronto, ON.
akielar@research.baycrest.org

Description of Research or Project: Language processing depends on the interactions between frontal and temporal brain regions. These interactions are mediated by a ventral temporal-frontal route processing semantic information, and a dorsal parietal-frontal pathway subserving syntax and phonology. In the present study, we mapped the neural networks that generate electrophysiological responses to semantic and syntactic anomalies using Magnetoencephalography (MEG). Experimental items consisted of 400 sentences selected from a set of normed materials. The semantic anomalies were created by substituting the final word of the sentence with an unexpected completion (e.g., She will go to the bakery for a loaf of books). The syntactic anomalies were elicited by introducing a grammatical error in the verb tense or agreement earlier in the sentence (e.g., She will going to the bakery for a loaf of bread). Participants performed a sentence acceptability judgement task. **Key Findings / Results:** Oscillatory changes in MEG event related synchronization/

desynchronization (ERS/ERD) in alpha and beta frequency bands (8-30 Hz) were localized using beamforming and synthetic aperture magnetometry (SAM) in both time and frequency domains. The results indicated that ERD in the 8 to 30 Hz frequency band was observed in the temporal-frontal regions for both semantic and syntactic anomalies. In addition, syntactic anomalies engaged bilateral parietal and precentral areas more strongly. **Why is this Research Important to Profile at the Research Day 2013?** The neural generators of responses to violations were mapped using MEG beamforming of 8-30 Hz ERD. As predicted, semantic and syntactic responses were localized to the brain regions within ventral and dorsal language networks. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** These results will form basis for the study of compensatory reorganization of ventral and dorsal language networks after stroke to support recovery.

ORC15 - APPLICATION OF ACTIGRAPHY TO THE EVALUATION OF NEUROPSYCHIATRIC SYMPTOMS ASSOCIATED WITH DEMENTIA IN OLDER ADULTS STUDENT POSTER

Amber Knuff^{1,2}, Dallas Seitz^{1,2}, James Reynolds¹. ¹Queen's University, Kingston, ON, ²Providence Care, Kingston, ON. a72ak1@queensu.ca

Description of Research or Project: This project will examine the application of actigraphy or electronic motion analysis in the evaluation of neuropsychiatric symptoms associated with dementia in older adults. Actigraphy may provide a more accurate and reliable measurement of NPS when compared to the current methods which rely on subjective caregiver or nursing staff reports. **Key Findings / Results:** The objectives of our research project are to determine the actigraphic characteristics of individuals with NPS of dementia and to evaluate whether specific patterns of motor activity are correlated with certain NPS in older adults with dementia residing in long-term care (LTC) or hospital inpatient settings. This study will examine 20 individuals (10 female and 10 male) aged 65 and older who have a diagnosis of Alzheimer's disease or a related form of dementia and significant NPS. A small actigraph will be attached to the participant's waist to obtain 24-hour measurements of activity. Actigraphic profiles will be compared to standard

nursing staff rated measures of NPS. **Why is this Research Important to Profile at the Research Day 2013?** Improvements in the methods for measuring 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 pharmacological or nonpharmacological treatments. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** The data collected by actigraphy permits a quantitative and objective measure of NPS which may provide more valid and reliable assessment of NPS compared to current methods of measuring NPS relying on informant rating of questionnaires. Actigraphy may facilitate a more comprehensive and detailed evaluation of NPS and may also be less burdensome for nursing staff to utilize when compared to completing informant questionnaires or behavioral charting.

ORC16 - FACILITATING THE USE OF EVALUATION FINDINGS: WHAT MAKES THE DIFFERENCE STUDENT POSTER

Shevaun Nadin, Bernadette Campbell. Carleton University, Ottawa, ON. shevaun_nadin@carleton.ca

Description of Research or Project: An important part of ensuring the quality of care provided to people living in LTC is the evaluation of practices, programs, and policies aimed at fostering that quality. In other words, interventions need to be evaluated to examine whether they are meeting their goals, and how they can be amended to improve the quality of care provided to people living in LTC. However, evaluation findings can only improve quality of care if they are actually used; and evaluators have long lamented that their evaluation findings often go unutilized. Using Q methodology, this research explored evaluation users' opinions about the relative importance of factors that facilitate evaluation use. **Key Findings / Results:** Four unique perspectives about the facilitators of evaluation use were revealed. In

addition, areas of consensus among the perspectives about the facilitators of use were revealed. The practical implications of these findings are highlighted. **Why is this Research Important to Profile at the Research Day 2013?** Given the theme of the Research Day ("Building on Evidence: Catalysts for LTC Transformation"), this research is important to profile because of its emphasis understanding what facilitates the use of "evidence" in changing and improving service delivery. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Because of the general (i.e., overarching) nature of this research, the findings apply to a variety of settings. As such, the findings of this research would be applicable to evaluation research conducted in any LTC home.

ORC17 - EXAMINING THE ROLE OF DOGS IN PHYSICAL ACTIVITY INTO OLDER ADULthood STUDENT POSTER

Ashley Hope¹, Joey Farrell². ¹Western University, ²Lakehead University. ahope1@lakeheadu.ca

Description of Research or Project: Approximately 85% of individuals 40 to 59 and 87% of individuals aged 60 to 79 do not engage in the recommended levels of physical activity (Colley et al., 2011). Research has begun to examine the role of dogs in physical activity practices of humans, ranging from children (e.g. Salmon et al., 2010) to older adults (e.g. Thorpe et al., 2006) and several studies have associated dog ownership with higher levels of ambulatory activity. Generally, dog-walking has been found to support recommended levels of physical activity (Hoerster et al., 2011; Oka & Shibata, 2009), which is beneficial, because these recommendations are associated with health benefits (WHO, 2011). The aim of this section of a larger study was to examine dog-walking practices within a sample of older individuals to provide insight into this activity. **Key Findings / Results:** Data was collected from 94 older dog owners. The majority of participants were female and 82% of the sample fell between ages 55 and 69. Eighty-eight percent of participants engaged in some level of dog-

walking each week. Dog owners walked an average of 5.2 days (~247 minutes/week) in the summer months and 4.8 days (~186 minutes/week) in the winter months. Data from interviews conducted with a subset of participants (n=9) revealed it is a valued form of physical activity. **Why is this Research Important to Profile at the Research Day 2013?** Although the research was not conducted in a LTC environment, recognition of the importance of physical activity in a variety of settings is necessary when trying to encourage health-promoting physical activity for the aging population. Exploring novel routes of physical activity for community-dwelling older adults to engage in has the potential to precipitate further study within LTC. **How could your Research/ Findings be Replicated or Applied in More long Term Care Homes?** Connections will be made to programs that utilize 'borrowed' dogs for individuals who do not own a dog. Touching on some of these examples will help to highlight the potential application of this form of physical activity within the LTC environment.

TOOLS & RESOURCE TABLES

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

TABLE #1 ISMP CANADA

ISMP Canada is committed to the advancement of medication safety in all healthcare settings. ISMP Canada will showcase information related to a number of medication safety tools and programs for long-term care such as medication reconciliation, Best Possible Medication History, Medication Safety Self-Assessment, Safe Medication Use in the Elderly, medication safety bulletins, educational programs (e.g. via SHKN), myMedREC iPhone app, and SafeMedicationuse.ca.

Kris Wichman RPh BScPhm FCSHP, Project Leader
Institute for Safe Medication Practices Canada
A Key Partner in the Canadian Medication Incident Reporting and Prevention System (CMIRPS)
4711 Yonge St. Suite 501
Toronto, ON M2N 6K8
T: 416-733-3131 Ext 231
F: 416-733-1146

www.ismp-canada.org

TABLE #2 ONTARIO ASSOCIATION OF RESIDENTS COUNCILS (OARC)

OARC is a not for profit association representing the collective voice of the individual Residents' Councils in Ontario's long-term care homes. OARC will be showcasing our recently developed Supporting Your Home's Residents' Council, a Resource Guide for Residents' Council Leadership and Staff Assistants. We will also have a sample of our newly created Provisional Agenda and corresponding Residents' Council Meeting Minute Template; a communication tool created to provide a structure to residents' council meetings which is legislatively sound to enhance resident engagement and communication in council meetings as well as throughout the long-term care home.

Donna Fairley, Executive Director
Ontario Association of Residents' Councils
351 Christie Street
Toronto, ON M6G 3C3
T: 416-535-3718
TF: 1-800-532-0201

www.ontarc.com

TABLE #3 TASK FORCE ON RESIDENT CARE & SAFETY (TFRCS)

The Task Force was established by the sector in the fall of 2011 in response to media reports of abuse and neglect in long term care homes. The Task Force consulted broadly and issued a report in May 2012 recommending 18 actions to improve resident care and safety. The report also called upon the Task Force to report publicly, on a semi-annual basis, on its progress towards implementing the recommended actions. Visit the Task Force table to view the May 2012 Action Plan, our first progress report and speak to one of the Task Force members.

E: info@longtermcaretaskforce.ca

longtermcaretaskforce.ca

TABLE #4 ONTARIO LONG TERM CARE ASSOCIATION (OLTCA)

OLTCA will feature many useful resources for Research Day attendees, including OLTCA's Long Term Care Innovation Expert's Panel Why Not Now report, recent issues of Long Term Care magazine and OLTCA's Annual Report. For more information regarding membership and/or how to get involved, please visit the OLTCA table and speak to a representative or contact:

Michelle Gradini
Ontario Long Term Care Association
345 Renfrew Drive, 3rd Floor
Markham, ON L3R 9S9
T: 905-470-8995 ext. 39
F: 905-470-9595
E: mgradini@oltca.com

www.oltca.com

TABLE #5 CONCERNED FRIENDS OF ONTARIO CITIZENS IN CARE FACILITIES

The materials displayed will be related to advocacy in LTC and tracking MOHLTC Compliance Inspection reports to determine advocacy needs for improvement to resident care safety.

Phyllis Hynmen, President
140 Merton Street, 2nd Floor
Toronto, Ontario M4S 1A1
T: 416-489-0146 | Toll-free: 1-855-489-0146
info@concernedfriends.ca

www.concernedfriends.ca

TABLE #6 FAMILY COUNCILS' PROGRAM

The Family councils Program offers support to Family councils in Long Term Care . we will have available information about the program, resources about Family councils and what we offer. We will be showcasing a research project that is looking at food care and activity practices based on age gender disability sexual orientation language ethnicity and race.

Lorraine Purdon, Program Coordinator
Family Councils' Program Self Help Resource Centre
40 St. Clair Ave. E - Suite# 307
Toronto, Ont. M4T 1M9
T: 416-487-4355 ext.28
TF: 1-888-283-8806

www.familycouncils.net

TABLE #7 SENIORS HEALTH KNOWLEDGE NETWORK (SHKN)

The Seniors Health Knowledge Network will be presented. Information brochures, a sign up sheet for new members and the Network's latest reading lists will be available. A laptop will be provided to present the library services and to demonstrate how the Network can be accessed and navigated.

Nira Persaud
SHKN Information Specialist, Seniors Health Knowledge Network
P. 905-777-3837 x12476
E. persaudn@hhsc.ca

www.shrtn.on.ca

TABLE #8 ONTARIO'S CENTRES FOR LEARNING, RESEARCH AND INNOVATION (LRI) IN LONG-TERM CARE - BAYCREST, SCHLEGEL, ELIZABETH BRUYERE

Ontario's Centres for Learning, Research and Innovation (LRI) in Long-Term Care are inaugural centres housed at Schlegel Villages, Bruyère Continuing Care, and Baycrest. Our purpose is 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 display will share visual and tactile resources stemming from each of the three centre's initiatives, and provide an opportunity for conference participants to engage in dialogue with LRI staff.

Raquel Meyer, PhD R
Manager, Baycrest Centre for Learning, Research & Innovation
T: 416.785.2500 ext 3044
E: rmeyer@baycrest.org

www.baycrest.org/lri

Come learn with us!

TABLE #9 RNAO - LONG-TERM CARE BEST PRACTICES INITIATIVE

The RNAO Long-Term Care Best Practices Initiative supports staff in 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 Initiative, a selection of RNAO Clinical and Healthy Work Environment Best Practice Guidelines, the RNAO Best Practice Implementation Toolkit, and other related resources. The Long-Term Care on-line resource toolkit, which contains numerous resources designed to support LTC homes in the implementation of best practices will be featured.

Carol Holmes, Acting Program Manager
Long-Term Care Best Practices Initiative
Registered Nurses' Association of Ontario
T: 1-800-268-7199 ex. 275 or 416-408-5646
F: 416-907-7962
E: cholmes@RNAO.ca

www.RNAO.ca

TABLE #10 HEALTH QUALITY ONTARIO - SUPPORTING QUALITY IN LONG-TERM CARE

HQO supports quality in long-term care through its Residents First initiative, which engages leaders and front-line staff in LTC homes in quality improvement activities. HQO also promotes transparency and accountability through public reporting on four key quality indicators at the home level, and twelve quality indicators that inform/provide information the quality of care at the provincial level.

Michelle Rey, MSc, PhD
Director, Performance Measurement & Reporting (A)
Health Quality Ontario
130 Bloor Street West, 10th Floor
Toronto, ON M5S 1N5
T: 416-323-6868, ext. 230
C: 416-452-1576

www.HQOntario.ca

TABLE #11 NADONA LTC

Since 1986, the National Association of Directors of Nursing Administration in Long Term Care have been The leading advocate and educational organization for DONs, ADONs and RNs in Long Term Care (LTC). NADONA will be showcasing:

- NADONA Quarterly issues of "The Director"
- CD roms from the "know it all series" NADONA and AMDA work together on this series to tell nurses how to assess residents with COPD, Alzheimer's, how to dispense medications among others.
- Information on Scholarships/scholarship forms (we give 20,000 annually), benefits of memberships, information on our certification exams, information on the upcoming June conference (brochures).

Sherrie Dornberger RN,CDONA,GDCN,CDP,FACDONA
Executive Director NADONA
11353 Reed Hartman Hwy., Suite 210
Reed Hartman Tower
Cincinnati, Ohio 45241
TF: 800-222-0539

www.nadona.org

TABLE #12 AMERICAN MEDICAL DIRECTORS ASSOCIATION (AMDA)

The American Medical Directors Association, the professional association of medical directors, attending physicians, and others practicing in the long term care continuum, is dedicated to excellence in patient care and provides education, advocacy, information, and professional development to promote the delivery of quality long term care medicine.

AMDA will be providing the resource catalog, DVD samples, information about AMDA's upcoming educational events, information about becoming a AMDCP Certified Medical Director, and information about AMDA membership.

Perry Gwen Meyers, Communications Manager
AMDA – Dedicated to Long Term Care Medicine™
11000 Broken Land Parkway - Suite 400
Columbia, MD 21044
T (direct): 410-992-3124 | T (Main): 410-740-9743
F: 410-740-4572
pmeyers@amda.com

www.amda.com

TABLE #13 NATIONAL INITIATIVE ON 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 these printed tools covering the following issues around aging: Caregiving, Mental Health, Dementia Care, Elder Abuse & Ageism, and End-of-Life Issues, including Capacity & Consent.

Glenda Richards, Network Manager
National Initiative for the Care of the Elderly (NICE)
263 McCaul Street, Room 328
Toronto, ON M5T 1W7
T: 416-978-2197 | F: 416-978-4771
E: glenda.richards@nicenet.ca

www.nicenet.ca

twitter.com/nicelderly | facebook.com/nicelderly

TABLE #14 ALZHEIMER SOCIETY CANADA/AKE/BSO ONTARIO

The Alzheimer Society Canada, AKE, and BSO Ontario will be presenting Tools & Resources that have been created by the Alzheimer Society of Ontario, Behavioural Supports Ontario and the Alzheimer Knowledge Exchange. The materials presented will be training opportunities, tools to enhance care practices, collection of resources and ways to get connected with others doing similar work across the province.

Felicia White, Knowledge Broker
Alzheimer Knowledge Exchange
Sharing and creating knowledge together, to improve practice.
20 Eglinton Avenue West, Suite 1600
Toronto, Ontario M4R 1K8
T: 416-847-8933
E: fwhite@alzheimeront.org

www.akeontario.org

TABLE #15 ONTARIO OSTEOPOROSIS STRATEGY FOR LONG-TERM CARE

Materials related to the Osteoporosis Long-Term Care Strategy will be on display and readily available to those who are interested. Available materials will include information panel cards from the Osteoporosis Long-Term Care toolkits, strategy poster and instructional DVD "Meeting the Challenge of Osteoporosis and Fracture Prevention."

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www.osteostategy.on.ca

TABLE #16 CIRCLE OF CARE

Circle of Care, a home health care and community support service agency will highlight 3 initiatives which are reflective of the agency's Service Excellence Model. These initiatives could be applied successfully in long term care settings. They Include: ICare- Changing the Culture of an Organization to Provide Enhanced Customer Service, ALC checklist (Acts, Looks, Copes) – Empowering Non Professionals to Reduce Seniors' Risk, and PSW Training on Safe Client Handling and Transferring.

Debbie Taylor, Vice President of Client Services
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TABLE #17 MY SUSTAINABLE CANADA

This report is the third deliverable for the research study “Exploring the Feasibility and Benefits of Incorporating Local Foods into Ontario’s Healthcare System.” The goal for this report is to provide practical policy recommendations that will improve the ability of Ontario’s healthcare sector to increase its procurement and support for local food.

Brendan Wylie-Toal, Project and Research Manager
brendan@mysuscan.org

www.mysuscan.org

TABLE #18 INSTITUTE FOR WORK AND HEALTH (IWH)

The Institute for Work & Health (IWH) offers free resources for workplace parties and other decision makers based on research into work and health issues. Among them are newsletters with summaries of the latest evidence and practice recommendations and guides on return to work and MSD reduction. IWH will be showcasing a province-wide OHS leading indicators survey where participating organizations receive a benchmarking report.

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www.iwh.on.ca

TABLE #19 PUBLIC SERVICES HEALTH AND SAFETY ASSOCIATION (PSHSA)

Ontario’s healthcare sector continues to face increasing client care demands. These challenges have the potential to impact healthcare workers’ health and safety. With a proven approach to consulting, training and guidance, PSHSA helps your organization identify risks, control hazards and meet legislative health and safety requirements.

PSHSA will be displaying the following materials:

- Building a Successful Client Handling Program
- Building a Successful Client Handling Program
- Caught in the Middle: The Supervisor and
- Occupational Health and Safety
- Occupational Health and Safety is Everyone’s
- Business
- Employer WHMIS Compliance Checklist
- How Does My Back Work?
- How Much Can You Lift?
- Musculoskeletal Disorders
- OH&S Act and Regulations 2012 Consolidated Edition
- Workplace Bullying
- Safety Groups Program
- PSHSA and Schedule 2 Firms – Working Together
- Community Care: A Tool to Reduce Workplace
- Hazards (booklet)
- PSHSA Offers Specialized Services
- Your Partner in Health & Safety
- PSHSA Tote Bags
- 2 Display Holders

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www.pshsa.ca

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.

Constitution Hall Foyer, Convention Floor

POINT CLICK CARE

eINTERACT - eINTERACT™ is the industry's first initiative designed to improve care and reduce unnecessary hospital readmissions by bringing the tools and quality improvement strategies of the INTERACT (Interventions to Reduce Acute Care Transfers) program to Electronic Health Record (EHR) platforms through an industry-standard certification program. A joint initiative between Florida Atlantic University and PointClickCare, eINTERACT will embed the evidence-based and expert-recommended clinical protocols of the nationally accepted INTERACT III program, including methods for risk identification, evaluation, documentation, and inter-provider communication, for specific health events that commonly result in potentially preventable hospitalizations directly within the electronic workflow framework of an EHR system. This single, integrated solution will support post acute care providers in

proactively improving early identification, evaluation, documentation, and communication about changes in the status of a resident's condition to reduce post acute care transfers, which will assist in maintaining positive relationships with primary sources of resident admissions, particularly local acute care centers.

Contact Information:

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PointClickCare®

BOOTH #1 - SMITH & NEPHEW

PICO Single Use Negative Pressure Wound

Care PICO an entirely new canister-free way to deliver negative pressure wound therapy (NPWT) to benefit a wider range of patients undergoing orthopedic surgery, OB/GYN surgery and general surgical procedures. PICO makes available the therapeutic benefits of NPWT to more patients because it is easily accessed from the shelf, easily applied and simple for the patient to manage. The PICO device may be discreetly carried in a pocket, allowing optimum patient mobility. PICO significantly reduces staff time and therapy cost.¹

¹CRS/CT09/02 A prospective, open, non-comparative, multi-center study to evaluate the functionality and dressing performance of a new negative pressure enhanced dressing in acute wounds.

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 **smith&nephew**
Corporate

BOOTH #2 - FIRST QUALITY

Resident Dignity in Continence Care

First Quality, the makers of Prevail, is a leading manufacturer of adult incontinence products and a leading educator for Healthcare Providers on the topic of incontinence and continence management. At this year's Innovators Showcase, First Quality is showcasing one product innovation, Prevail Boxers, which is supported by our innovative approach to facility education, The Prevail eNurse Program. Prevail Boxers for Men is designed to have the appearance of a normal pair of men's boxer-style underwear but still has the absorbency and leakage protection of a disposable incontinence product. The discretion of Prevail Boxers help male incontinence sufferers lead a more normal and dignified lives by providing leakage protection in a disposable product that looks, fits and feels like normal pair of boxer-style underwear. The Prevail eNurse Program is a new approach in providing support and

education for Healthcare Providers. The Prevail eNurse is leveraging technology to provide live, interactive face to face support and training to facilities through web conferencing and training. The Prevail eNurse approach offers a more timely method of providing support and greater flexibility in offering programs while still allowing for interaction. One such example of greater flexibility is the introduction of a new Prevail Night Time Education Series that is targeted specifically to facility's evening nursing staff with educational topics that address their specific challenges as it relates to incontinence.

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 **Prevail** by  **First Quality**
1-877-308-8699 www.PrevailCanada.ca

BOOTH #3 - JAVA MUSIC CLUB

Building Culture of Mutual Support

The Java Music Club™ is the first standardized, evidence-based mutual support group program designed for adult day centers, assisted living, retirement and nursing homes that targets critically high rates of loneliness and depression. It is a unique and replicable structured activity program that incorporates researched discussion themes, quotations, photography, custom recorded music and a traditional aboriginal “talking stick”. The program format encourages participants to speak up and share the challenges they face and to help and support one another. It also provides tools and guidance for the more able participants to seek out the isolated and lonely to encourage them to become involved.

Studies show depression is associated with conflicts with staff and severe aggressive behaviour. This places a tremendous burden on staff resulting in burnout, sick time, and turnover. Studies also show that mutual support groups have a significant positive impact on depression and loneliness. This type of non-pharmacological psychosocial programming is essential as budgets shrink and demands

on resources and time increases. The Java Music Club™ program is easily implemented and facilitated by existing recreation staff—as well as committed volunteers or family—no musical abilities required. Once established, the program also provides a foundation for a more representative and effective resident council. It promotes true culture change that extends beyond the group into all aspects of the living environment.

For more information, research and video visit:
www.javamusicclub.com

Contact Information:

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Clayton MacKay, CEO

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Java Music Club Inc.

1316 – 129A Street,

Surrey BC V4A 3Y6

T: 1-855-470-5282

www.javamusicclub.com



BOOTH #4 - 3M

Innovative IV Securement for LTC The overall design of 3M™ Tegaderm™ I.V. Advanced Securement Dressings is engineered to offer a low-profile stabilization system that provides resident comfort and reduces both dressing manipulation and catheter restarts. A force-shifting notch, highly breathable film, stabilization strips and innovative border design secure and protect the catheter site.

These solutions support compliance to industry best practice and protocols, including the Infusion Nursing Standards of Practice, which advise that the use of a stabilization device shall be used to preserve the integrity of the access device, minimize catheter movement at the hub, and prevent catheter dislodgement and loss of access². A randomized controlled trial with demonstrated that the BD Nexiva™ Closed I.V. Catheter System with specially designed Tegaderm™ I.V. Dressing performed as well as a standard peripheral I.V. with a catheter stabilization device³.

The Centre for Disease Control 2011, specifically for peripheral I.V., specifies ‘there is no need to replace peripheral catheters more

frequently than every 72-96 hours to reduce risk of infection and phlebitis in adults.’ Tegaderm™ I.V. Securement Dressings can be safely worn for up to seven days – until the dressing is soiled or no longer intact – or for the length of a home’s protocol.

The material and labour savings associated with proven longer dwell times, fewer restarts, and fewer complications provide both cost and time efficiencies for delivery of I.V. therapy in your home.

Contact Information:

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BOOTH #5 - CARDINAL HEALTH

iTacit and Pixalere

Cardinal Health Canada is extremely excited to share with the OLTC & its membership, industry leading solutions. Itacit & Pixalere are Canadian companies that have designed software with the LTC customer in mind.

iTacit is ...



- A full-featured on-line training solution that will grow with your organizations training needs tool that will help track and report employee training
- Fully loaded with 20+ training modules that comply to current LTC mandatory Training requirements
- A group messaging platform designed to connect your teams – goes far beyond conventional e-mail
- An effective & efficient career management tool that will assist your organization with managing your most important and costly asset; your people
- Employee Performance Measurement tools & surveys

It's been designed to be used by everyone for everyone within your organization. As a cloud based solution, it will provide your organization with easy & convenient access to everyone from anywhere and the best part is that the customized solution is up and running within 4 hrs.

pixalere is...

- An web based electronic charting software tool
- A clinical management tool that supports and promotes best practice care
- An educational support application for staff to continue learning about wound care
- A secure and effective data management program
- A vehicle to help you manage your wound care spend
- Provides compliance with MOH Standards

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BOOTH #6 - SHOPPERS HOME HEALTH CARE

Shoppers Online Portal

Through our Client Care Portal, Shoppers' LTC Partners – many of whom are OLTC members – have 24/7 access to a convenient online tool for entering repair requests and receiving updates on those requests. This secure and reliable system gives the Home instant visibility to both current and historical service records, all of which reduces potential liabilities. Furthermore, this user-friendly website helps to decrease errors and save time by promoting the accuracy of information exchanged between each Home and our Shoppers' service personnel, and avoiding the use of paper-based logbooks.

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INNOVATOR'S DEN

We are delighted to host the inaugural Innovator's Den with four outstanding presenters:



6:00pm - e-INTERACT

Dave Wessinger, CTO, PointClickCare, has worked in the Long-Term Care Information Technology industry for 18 years. He has a unique blend of LTC provider knowledge, technical expertise and passion for the industry. Dave was the technical mind behind the creation of the PointClickCare solution and was crucial in the design decision to leverage the Software-as-a-Service (SaaS) model as the delivery framework for PointClickCare in 1999. Dave shares his vision through active participation in a number of industry associations and special interest groups and is considered a thought leader in the field of post-acute health information technology (HIT).

Dave holds a Bachelor's degree in Computer Science from the University of Western Ontario.



6:15pm - PICO Single Use Negative Pressure Wound Care

Deanna Lundstrom, BScN, CCPE, graduated from the University of Manitoba and has since practiced Nursing in Winnipeg in both Geriatric Medicine and Psychogeriatric Medicine. She has been a Sales Trainer in the Pharmaceutical Industry for over 8 years within the Cardiology, Endocrinology, Hepatology and Psychiatry specialties. Ms. Lundstrom joined Smith and Nephew in 2004 having held a position of Territory Sales Manager, and Independent Consultant, (providing wound care education throughout Canada). Her current role with Smith and Nephew Inc. is as a National Sales Training Manager for Canada. She works closely with sales and marketing to ensure that patients and customers have had an opportunity to discuss their product experiences in an effort to help *reduce the human and economic costs of wounds*.



6:30pm - Residence Dignity in Continence Care

Michele Mongillo, RN, MSN is the Clinical Director for First Quality Products. She has over 20 years of nursing experience in a variety of settings including acute care, head/spinal cord injury rehabilitation and long-term care. Michele has held a variety of roles in Long-Term care including Director of Nursing, Regional Nurse and VP of Nursing Services. She oversees the development and implementation of the clinical programs and services at First Quality Products for the past seven years.



6:45pm - Building Culture of Mutual Support

Kristine Theurer lives in British Columbia and has extensive hands-on experience working directly with residents living with dementia and related disorders as an accredited music therapist for over 20 years. In 2002 she wrote and published a book called "The Bells Are Ringing: The Magic of Using Handchimes in Music Therapy for People Living with Dementia". She has facilitated numerous workshops and presented at many national and international conferences. She graduated from Simon Fraser University with a Master of Arts in Gerontology, belongs to the Canadian Association on Gerontology, the Gerontological Society of America, the Canadian Association of Music Therapy, and is an author on three published research journal articles. The most article is "The Development and Evaluation of Mutual Support Groups in Long-Term Care Homes" published by the Journal of Applied Gerontology. More information can be found at www.javamusicclub.com

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

