STANDARD EDITION OF THE INFOREHAB BULLETIN

FEBRUARY 2014

Inside this Issue

Welcome

Thank you for reading our winter edition bulletin. We hope that it will continue to encourage dialogue with colleagues along with the generation of new ideas!

If you would like to be included in our e-mail distribution of the bulletin or would like further information on the material presented, please contact Sheila Bodemer at sbodemer@uwaterloo.ca.

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InfoRehab UW

What is new?

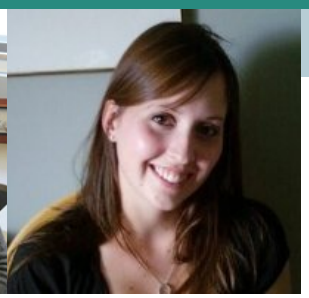
We are very excited to announce some changes made with our group. Through a rebranding process we have decided to embrace Geriatric Health Systems (GHS) Research Group as the official title of our team. We feel this change better represents our current and future research priorities. This will serve as the umbrella identifier for our team which is necessary because we are involved in many projects beyond the scope of the original InfoRehab project.

This will be our last issue of the bulletin under the InfoRehab banner. We are excited to announce the launch of our new GHS website. The new design will combine our initiatives and incorporate all of the previous information regarding InfoRehab as well as team member information and student updates. Look forward to exciting information about our SHARP network and various other projects in the works currently.

To keep updated with these initatives, watch for information on our social media (Facebook and Twitter) and ensure that you are on our bulletin list. You can do this by completing the Contact Us form on the website.

2013 In Review

Saying Farewell



We were very sad to say goodbye to two members of our team and wish them all the best in their new positions. You both will be missed greatly.

Selena Santi, has taken a position as Coordinator, Institutional Research at the Office of Research with the University of Waterloo.

Kathleen Mairs is currently at St. Joseph's Health Care in London, Ontario working as a Research Coordinator.

Welcome Our New Students

Jessie Ashbourne, *BA, MSc student*

Jessie is a Masters student in the Health Studies and Gerontology program at the University of Waterloo, under the supervision of Dr. Paul Stolee. She completed her undergraduate degree at McMaster University in the interdisciplinary Arts & Science program with a combined Honours in Psychology in 2011.

Since then, she has had experience volunteering in Ghana for an NGO specializing in building water treatment centres in rural communities. Jessie's current research interests include quality of care and quality of life for persons with Alzheimer's Disease and related dementia (ADRD), system navigation and care coordination. This term, she aided in the completion of a grant application for the Alzheimer Society Research Program relating to the system navigation experiences of persons with ADRD and their partners in care. She is also currently serving as one of the social coordinators of the School of Public Health and Health Systems Graduate Student Association.

Arsalan Afzal, *MSc, PhD student*

Arsalan Afzal is a first year part-time PhD student in the program of Health Studies & Gerontology. His supervisors are Drs. Paul Stolee and George Heckman. Arsalan's research interests are in the areas of community health, home care services and program evaluation. He received his Master's degree in Health Sciences at the University of Ontario Institute of Technology.

Arsalan grew up in Markham and moved to Waterloo in 2012. He works full time for Waterloo Wellington Community Care Access Centre. When he isn't working or trying to finish his schoolwork, he loves trying out good food and enjoying the company of great friends.

Justine Giosa (Toscan), MSc, PhD student

We are happy to welcome back Justine. Justine is a PhD student in Health Studies and Gerontology in the School of Public Health and Health Systems. She completed her Master's degree at the University of Waterloo with in Health Studies and Gerontology in 2011, during which time she worked on the CIHR-funded InfoRehab program of research as a member of the GHS team. Her Master's research focused on the development of a theory of family caregiver needs to support successful care transitions between hospital and home for elderly hip fracture and stroke patients. Since completing her Master's degree, Justine has been working as a Research Associate for the Saint Elizabeth Research Centre at Saint Elizabeth Health Care, a home and community care organization. Justine's research interests include health system integration, health care transitions, person-centred care and family caregiver education and support. Her PhD research is focusing on the development of a more integrated care planning and delivery approach at the home care service provider level for elderly home clients.

Congratulations Linda Sheiban! Successful Thesis Defense

Little is known about the experience of health care providers (HCP) who work in primary care memory clinic team settings to provide care for Alzheimer and related dementia (ADRD) patients. This study explored these experiences. Specifically, questions were asked around the rewards, challenges and motivations with working in the memory clinic structure and providing support to ADRD patients through a phenomenological approach. HCPs found thrilling complexities within the patient population in the memory clinic and that working in the clinic they are able to experience ongoing learning opportunities. HCPs also described that the memory clinic offers personal and professional fulfillment. HCPs described an overall positive experience working in the memory clinic to support ADRD patients. HCPs take pride in being able to support patients and caregivers. Knowing that they are making a difference and doing good work are motivations to continue to work with complex populations, such as ADRD patients. HCPs enjoy working in close proximity to one another, respect their team members, and enjoy learning from each other. Team members motivate each other to stay and work with the ADRD population in primary care memory clinics. HCPs reap many rewards associated with working in a "tight-knit" memory clinic team setting for ADRD patients. As the number of HCPs working in team settings continues to grow in Canada, it is important to look at the experiences of these teams to understand the rewards, challenges and motivations of team members. These findings provide more context for understanding how to motivate future HCPs to work with more complex populations such as ADRD patients. Future research should address the outcomes of these clinics by exploring patient and family caregiver experiences with specialized teams, as it is important to gain their experiences to enhance the care practices for these individuals.

Grants & Awards

2013 TVN Knowledge Synthesis

Technology Evaluation IN THE ELDERLY™ NCE RCE

Choosing health care options by involving Canada's elderly: the CHOICE knowledge synthesis project

While patient and citizen engagement has been recognized as a crucial element in health care reform, limited attention has been paid to how best to engage seniors -- the largest growing segment of the population and Canada's greatest users of the health care system. To improve the system for this population, seniors and their families need to be engaged as active partners in health care research and planning, and in decision-making for their care. The CHOICE Knowledge Synthesis Project: Choosing Healthcare Options by Involving Canada's Elderly will address this issue by synthesizing current knowledge on patient, family, and caregiver engagement to develop best practice guidelines and recommendations for engaging older patients and their families and caregivers in health care research, planning, and clinical decision making. Through a realist synthesis we will learn from other patient and citizen engagement initiatives, from previous research, and most importantly, from seniors, families and caregivers themselves.

In collaboration with Patients Canada, we hosted a workshop on Feb 10th at Baycrest to explore how patients and caregivers are currently engaged, what resonates most with patients in terms of how information is communicated, and ultimately how patients and caregivers want to be engaged.

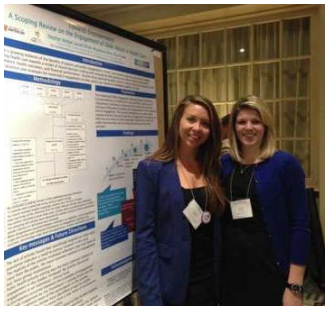
CIHR Café Scientifique

CIHR CAFÉ SCIENTIFIQUE
SCIENCE ON TAP
QUENCH YOUR INTEREST

The aims of our Café Scientifique are: to provide an opportunity to share what was learned through our research project regarding what is currently working well to connect parts of the health care system for older patients, what areas need improvement, and what patients, family members and health care providers can do to make transitions go as smoothly as possible; encourage residents of Kitchener-Waterloo (KW) region (including patients, health care providers, community stakeholders, and the general public) to engage with researchers, and contribute their views on the research findings, implications, and future directions; promote knowledge sharing, the free flow of information and transparency between the research community and residents of KW region through presentations and interactive discussions in a comfortable and dynamic environment; continue to foster collaborative relationships with our partners and acknowledge their contributions to the InfoRehab Transitions research program; and generate interest in future research initiatives. At the conclusion of the café, it is hoped that each participant will better understand the challenges faced by complex older adults undergoing care transitions and will take away knowledge and skills to better navigate the health care system.

Looking Back: 2013 Presentations

CAG 2013: Aging from Cells to Society, Halifax



The Canadian Association on Gerontology's 42nd Annual Scientific and Educational Meeting was an eventful time for our team. Linda Sheiban, a MSc student presented thesis research during the Student poster competition, on the topic of health care provider experiences in primary care memory clinic. Findings from the evaluation of the Canadian Dementia Knowledge Translation Network were presented in poster format. Our PhD students', Heather McNeil and Jacobi Elliott, presented work on engagement strategies in older adults in health care and the initial research surrounding our Seniors Helping as Research partners (SHARP) initiative.

Findings from our team's work with Dr. Jen Walker, associate professor with Nipissing University, of a systematic literature review on how programs utilizing the Chronic Care Model evaluate their outcomes and how these relate to the model's components, were presented during the Saturday program.

Our team also participated in a CAG Divisional Symposium on social policy & practice entitled "Getting Engaged: Building Partnerships with Seniors for Health Research and Planning". The symposium was chaired by our PhD student Heather McNeil. We were honoured to have with us a senior discussant, Flora Dell, from the Seniors' Information Centre in New Brunswick.

McMurray J, Hicks E, Johnson H, Elliott J, Byrne K, Stolee P (2013) "'Trying to find information is like hating yourself every day': The collision of electronic information systems in transition with patients in transition", Health informatics journal, 19(3)

Glenny C, Stolee P, Sheiban L, Jaglal S (2013) "Communicating during care transitions for older hip fracture patients: Family caregiver and health care provider perspectives", International Journal of Integrated Care, 13

Mairs K, McNeil H, McLeod J, Prorok JC, Stolee P (2013) "Online strategies to facilitate health-related knowledge transfer: a systematic search and review.", Health Information and Libraries Journal, 30(4):261-77

Johnson H, Forbes D, Egan MY, Elliott J, Stolee P, Chesworth BM (2013) "Hip-fracture care in rural southwestern ontario: an ethnographic study of patient transitions and physiotherapy handoffs." Physiotherapy Canada, 65(3):266-75

Home Care Summit 2013: A Profile of Physiotherapy Service Provision for Total Hip and Knee Replacement Home Care Clients

How can we effectively use home-based physiotherapy for total hip or total knee replacement patients? Dr. Angela Hovey along with Linda Sheiban presented at the 2013 Canadian Home Care Association conference in Gatineau-Ottawa on a profile of physiotherapy service provision for total hip and total knee replacement home care clients in Ontario. They presented data from one rehabilitation agency's client profile including goals met within the allotted number of visits and days on service. Link to full presentation

Medinfo2013 Copenhagen, Denmark

The role of documentation and inter-provider information exchange in care continuity for older hip fracture patients

Josephine McMurray[1] jmcmurray@wlu.ca; Paul Stolee[2] stolee@uwaterloo.ca; Elisabeth Hicks[3] elisabeth.m.hicks@gmail.com; Jacobi Elliott[2] jacobi.elliott@uwaterloo.ca; Helen Johnson[4] hjohnson@ckha.on.ca; Kerry Byrne[3] kerry.byrne@ubc.ca

1: Wilfrid Laurier University, Brantford, ON, CANADA; 2: University of Waterloo, Waterloo, ON, CANADA; 3:University of British Columbia, Vancouver, B.C., CANADA 4: Western University, London, ON, CANADA.

Information continuity is particularly important during transitions between care settings[1]. Maintaining continuity of care is difficult for older patients with multiple morbidities, and cognitive decline[2,3]. We examined the role of documentation and information exchange in inter-organizational care transitions.

Methods

- Multi-site ethnographic field study
- Older post-surgical hip fracture patients (aged 65+) followed across all care setting transitions
- Three Canadian sites (large urban, smaller urban, rural)
- Interviews conducted with hip fracture patients (n=23), their informal caregivers (n=19) and healthcare providers (n=100)
- Patients' transitional documentation collected and examined
- Data collection coincided with transition decision-making
- Conventional content analysis; in-depth analysis of one case from each site, purposively selected for similar age range (81-87), gender (female), and number of care transitions (at least three)

Findings

This Canadian study found:

- Chaotic and inconsistent processes of information exchange
- Hybrid paper and electronic records, with no standardized format or content for information exchange across care settings that:
  - Add noise and volume to medical records
  - Conceal omitted data
  - May delay care
  - Burden patients and caregivers with duplicative data collection

"I think computers and paper records are fraught with error, and I don't think the two should be used - you should be moving to one, or stick with the other … you have a paper chart sitting at the patient's bedside, you have the MARs sitting on top of the med cart somewhere, you have the chart of the patient … the computer chart, … the nurses chart in her pocket, where the vitals are really on, and not on the bedside chart where they're supposed to be." – Physician

Themes from our analysis include:

Documentation is a control mechanism that signals service needs and informs resource allocation in subsequent care settings

"They might write on the discharge form - 50% weight bearing, but we need actual documentation and signed from the physiotherapy department, that's not good enough for them to just write it down, some days it takes more than a few days to chase it down." – Registered Nurse

Transitional documentation and information exchange help build a "picture" of patients for providers assuming care, but is rarely sufficiently complete

"If all the information is gathered right from the start, when we bring the patient in and there is not missing information usually that admission will go a little bit smoother than the person who, you bring them in and they're still missing different bits and pieces to it, because it takes you twice as long then to get the full picture, to get that information." – Nurse practitioner (rehabilitation hospital)

Information exchanges within disciplines/organizations consider the needs of the provider assuming care more often than during exchanges between disciplines/organizations

"What's happening is there's a person who's not necessarily of my discipline, going and gathering the information and choosing what to put in. So one, they're transcribing and there's a possibility of error. And two, they're not necessarily knowing exactly what I need to know, whereas another physio to physio would probably know what I need to know or would give me better information." – Physiotherapist

Information continuity is frequently challenged by missing, late or unnecessary documentation; duplication of data collection; and lack of interoperability of electronic systems

"They're not on the computer system yet, and along with our information that we do in the computer, then we'll fax through the pre-discharge form… to the receiving health unit … If they're not in our [electronic information] system then we print it out and fax it through, because they have no way of accessing that. So there is a lot of faxing that goes on. And then we make a phone call to make sure that everything is in order and they got it." – Physiotherapist

Missing information in transitional documentation is almost always available somewhere in the system

"The other source of information would be, like, if they come from a care home, there is a transfer sheet that they should be completing. [Laughs] I think it happens probably about 50 percent of the time that they complete the whole sheet. So sometimes they may complete just the front which is sort of more the basic information. But then the back which has the ADL and mobility information it's either left blank or they've only photocopied the front of the sheet. So then in that case I have to phone up the facility to find out that information." – Occupational therapist

References/Acknowledgements

[1] Kripalani S, LeFevre F, Phillips CO, Williams MV, Basaviah P, Baker DW. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. Journal of the American Medical Association. 2007 February;297(8):831–41.

[2] Toscan J, Mairs K, Hinton S, Stolee P. Integrated transitional care: Patient, informal caregiver and health care provider perspectives on care transitions for older persons with hip fracture. International Journal of Integrated Care. 2012;12(April).

[3] McLeod J, McMurray J, Walker JD, Heckman GA, Stolee P. Care transitions for older patients with musculoskeletal disorders: Continuity from the providers' perspective. International Journal of Integrated Care. 2011;11(April):e014.

This research was funded by a grant (ETG 92249) from the Canadian Institutes of Health Research

Canada-Korean Partnership

Dr. Paul Stolee has recently returned from an opportunity to participate in a Korea-Canada Research workshop, in Seoul South Korea as a representative of University of Waterloo. Dr. Stolee was one of two Canadian delegates invited to speak about healthy aging. The purpose of this workshop was to discuss and explore potential collaboration in three areas with the idea of some areas moving forward. This was also an exciting opportunity to share the aging research conducted and planned for our team.

The three areas included wireless technology, fuel/energy and aging. The latter two were selected to move forward (with a focus on use of information technology as research strategy)

Working groups on those themes with Canada-Korea representatives are planned to draft action plan for a meeting in April/May in Canada.

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Seniors Helping as Research Partners (SHARP) UPDATE

Throughout the InfoRehab project, patients and their caregivers told us that they wanted to be included in their health care decision making processes. This has, in part, led to the identification of meaningful engagement of participants as a priority of our research for us. We are working towards understanding and practicing innovative mechanisms and methods to achieve this.

We have developed the Seniors Helping As Research Partners (SHARP) network, where we hope to further integrate the voice and opinions of seniors into our research priorities and process. Our goal is to learn from patients and their families, to develop sustainable relationships and advance research priorities and collaborations, ultimately improving the health care system for older adults.

To date, we have started enrolling participants into our network and we have conducted focus groups with these individuals. We are continually recruiting members for the SHARP network. We have ongoing discussions with regional and provincial policy makers about our findings to help advance research priorities, and are undertaking research to advance the understanding of best practices in patient engagement of older adults

A quick and delicious healthier version of a comfort food recipe for winter!

Serves: 12
Total Time: 30 minutes

This recipe was borrowed from: http://www.joybauer.com/healthy-recipes/slimstyle-mashed-potatoes.aspx

Bone Healthy Recipe: Slim-Style Mashed Potatoes

INGREDIENTS

- 5 medium potatoes, skin on cut into chunks
- 1 head cauliflower, cut into florets
- ¾ cup milk, skimmed or soy or unsweetened almond
- ¼ cup butter, whipped
- 1 ½ teaspoon salt, kosher
- ¾ teaspoon pepper, black ground

Nutrition Information

- 145 calories
- 2g fat
- 5mg cholesterol
- 29g carbohydrates
- 4g protein
- 3g fiber
- 185 mg sodium

PREPARATION

Bring a large pot of water to a boil. Add the potato chunks and simmer for 12 to 15 minutes or until fork tender. Drain the potatoes and transfer them to a large mixing bowl.

While the potatoes are cooking, microwave the cauliflower florets with 2 tablespoons water on high power for 10 minutes or until soft. Drain the cauliflower and add to the bowl with the potatoes.

Add the milk, butter, salt and pepper and mix with a handheld electric mixer until smooth and creamy. Add additional preferred herbs, seasonings and toppers such as Parmesan cheese, light sour cream, or chives.

This research is funded by the Canadian Institutes of Health Research