




UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES
School of Public Health and Health Systems

Welcome

...to the February 2016 edition of the Geriatric Health Systems Research Group (GHS) Bulletin; which contains recent events and accomplishments of the GHS Group, as well as updates on ongoing projects. We hope that you find the bulletin informative and that it provides material to stimulate dialogue and generate new ideas. For more frequent updates on our work, follow us on Twitter @GHS_UW or like the Geriatric Health Systems Research Group - UW Facebook page. 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 complete our Contact Us form on our website. If you no longer wish to receive emails from the GHS group or be included on the bulletin distribution list, please contact us at information.ghs@uwaterloo.ca directly.

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Passport Day



On March 24th, members of the GHS team will attend Passport Day, hosted by the Canadian Mental Health Association - Waterloo Wellington Dufferin (CMHA-WWD). At Passport Day, over 200 healthcare providers will meet to discuss specific topics related to mental health. This year the development of a Dementia Strategy will take centre stage, and conversations will focus on three main objectives:

- Understanding "The Whole Person and their Whole Journey"
- Understanding how an individual's diverse background can impact their care
- Programs and services for persons living with dementia, and their care partners



Passport Day is supported by The Waterloo Wellington Geriatric Services Network and Waterloo Wellington Specialized Geriatric Services.



Looking Back: Conferences & Presentations

CAG Conference - Calgary, AB



From Possibility to Practice in Aging: Shaping a Future for All. 44th Annual Scientific and Educational Meeting.

On October 23-25th, 2015, Dr. Stolee, Jacobi Elliott, Heather McNeil, Sarah Main, Melissa Koch, Maggie MacNeil, Miranda McDermott, Jessie Ashbourne and Justine Giosa attended the Canadian Association on Gerontology Conference in Calgary, Alberta. We are very proud of our team for representing GHS so well with their amazing presentations. A special congratulations goes to Jessie Ashbourne who received the CAG Master's Student Poster Award, and to Jacobi Elliott who received the Margery Boyce Award!

The poster presentations are as follows:

1. Ashbourne, J., Stolee, P., Holland, N. Whole person, whole journey: A qualitative inquiry into the strengths and weaknesses of the dementia care system in the South West Ontario Local Health Integration Network. ****WINNING POSTER****
2. Elliott, J., Stolee, P., Heckman, G. Developing a model of care coordination in primary care for older adults using a co-design approach.
3. Giosa, J., Holyoke, P., Stolee, P., Bender, D. Let's get real about person- and family-centred geriatric home care: A realist synthesis of interdisciplinary approaches.
4. Koch, M., McNeil, H., Juzwishin, D., Husereau, D., LeHoux, P., Stolee, P. Aging and Technology Policy: Frameworks for Innovation.
5. Main, S., Stolee, P., Wheeler, J., Kress, M. Evaluation of pilot day programs for younger persons with dementia.
6. McNeil, H., McMurray, J., Sveistrup, H., Stolee, P. Engaging older adults in health care innovation.
7. Stolee, P., Ashbourne, J., Edick, C., Holland, N., Main, S., Ropp, C., Elliott, J. Picturing a dementia-friendly tomorrow, today: Creating a regional dementia strategy for the South West Local Health Integration Network.

The oral presentations are as follows:

1. Giosa, J., Stolee, P., Holyoke, P. Patient assessment in geriatric home care: The disconnect between service allocation and frontline care.
2. Huson, K., Stolee, P., Heckman, G., Pearce, N. Examining the Hospital Elder Life Program in a rehabilitation setting: A mixed methods evaluation.
3. McMurray, J., McNeil, H., Waldbrook, N., Loree, J., Sveistrup, H., Wolfe, D., D'Arcy, R., Conklin, J., Lear, S., Lehoux, P., Rizotti, R., Stolee, P., Juzwishin, D. Developing regional health innovation ecosystems: What we know and how they work.



AGE-WELL NCE Conference & Annual General Meeting



As a pre-conference event for CAG 2015, AGE-WELL NCE held the inaugural AGE-WELL NCE Conference & Annual General Meeting in Calgary, AB. The conference included speakers, panels and networking opportunities to focus on the issues that are currently affecting the lives of seniors and caregivers in an effort to develop meaningful solutions for all Canadians. Maggie MacNeil presented the Project Poster and delivered the 60 second 'Elevator Pitch', explaining the PRI-TECH project.

1. MacNeil, M., Stolee, P., Juzwishin, D., Husereau, D., Lehoux, P., Kuspinar, A., Koch, M. Policy and Regulatory Issues in Enabling Technological Innovation.

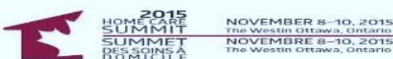
OHA Conference - Toronto, ON

HealthAchieveEast
November 2 & 3, 2015



The Ontario Hospital Association (OHA) Health Achieve Conference, took place on November 3rd, 2015 in Toronto, ON. This conference has been running for over 90 years, and brings together thousands of health care and business leaders. Dr. Stolee gave an oral presentation entitled, "Whole Person, Whole Journey: Learning from the Health Care Experiences of Persons with Dementia".

Dr. Stolee presented the findings from the development of the South West LHIN Dementia Strategy. The Alzheimer Society of Ontario has encouraged the development of an Ontario Dementia Plan, with engagement of those affected by dementia. The South West LHIN strategy, along with the Champlain LHIN's *Integrated Model of Dementia Care - Champlain 2020: Making Choices that Matter*, can serve as building blocks for further strategy development on a provincial or national level.



Canadian Home Care Association Summit - Ottawa, ON

The Canadian Home Care Association Summit took place on November 9th, 2015 in Ottawa, ON. Aspects of home care from around the world were explored to collectively advance the vision of accessible, high quality home and community care services. PhD student Justine Giosa contributed a poster presentation titled "Theory or Reality? Let's get real about person and family-centred geriatric home care", and an oral presentation, entitled "What's RAI Got to do With the Price of Eggs?". The presentations are as follows:

1. Eckel, L., Giosa, J., Stolee, P., Holyoke, P. What's RAI Got to do With the Price of Eggs? Oral presentation at the Canadian Home Care Association Summit, Ottawa, ON. November 9, 2015.
2. Giosa, J., Holyoke, P., Stolee, P., Bender, D. Theory or Reality? Let's get real about person and family-centred geriatric home care. Poster presentation at the Canadian Home Care Association Summit, Ottawa, ON. November 9, 2015.

GSA's 68th Annual Scientific Meeting - Orlando, FL



Complex Patients, Complex System: Care Transitions for Older Hip Fracture Patients
Paul Stolee (1), Kerry Byrne (1,2), Bert Chesworth (3), Jacobi Elliott (1), Dorothy Forbes (4), Joanie Sims-Gould (2) & the InfoRehab Team (5).

1. University of Waterloo, Waterloo, Ontario, Canada; 2. University of British Columbia, Vancouver, BC, Canada; 3. Western University, London, Ontario, Canada; 4. University of Alberta, Edmonton, Alberta, Canada; 5. <https://uwaterloo.ca/geriatric-health-systems-research-group/research/info rehab>

Logos: ghs, UNIVERSITY OF WATERLOO, InfoRehab, CIHR IRSC

Background	Results
<p>Complex Patients</p> <ul style="list-style-type: none"> Frail older patients, such as those who have had a hip fracture, are high users of the health care system Complex medical conditions, multimorbidities, cognitive impairment, and stressed caregiving networks are common We explored the experiences of frail older hip fracture patients as they transitioned between care settings following surgery. 	<p>COMPLEXITY</p> <ul style="list-style-type: none"> Expands the circle of care Uncertain trajectories <p><i>"A kind of words out that nobody is far more policy anywhere" (nurse care provider)</i></p> <p>ENGAGEMENT</p> <ul style="list-style-type: none"> Health care background Illusion of options Often not prepared May disengage Often not involved in decision making <p><i>"How do what you're told to do, and they say, 'we're going to do that and they do it' (caregiver)"</i></p>
Methods	Conclusions
<p>Methods</p> <ul style="list-style-type: none"> Ethnographic approach Observations Document Review Admission Documents Discharge Documents Send structured interview (n=17) Transitions Focus Groups Family Meetings Family caregivers (n=15) Hip Fracture Patient (n=10) Health care providers (n=10) <p><i>"The benefit of complexity... I didn't know about how he was supposed to bend and not bend." (family member)</i></p> <p><i>"We had to even heard that I have never... we had to take the way being transitioned" (family member)</i></p> <p><i>"There was no history of dementia that I saw from the notes, so I had to call the nurses to speak with the family members... (community care manager)"</i></p> <p>INFORMATION SYSTEMS</p> <ul style="list-style-type: none"> Fast machine usage Not always popular Helpful but not always available May involve duplicate systems and/or assessment May be seen as a challenge to professional autonomy <p><i>"I think computer and paper systems are things we use and I don't think the best should be used - you should be moving to one or each with the other" (PH provider)</i></p> <p><i>"Sometimes we don't even get a verbal report from the nurse, so all of a sudden the patient just shows up and we're like, 'OK, we had no idea that they were coming'." (ICU provider)</i></p> <p>INFORMATION SHARING</p> <ul style="list-style-type: none"> Not always shared with next care provider Patients and families not always given important information or involved in care Conflicting information <p><i>"I didn't speak with the doctor, they didn't contact me. If they want any information I want to be there to ask for it." (Health Care Provider)</i></p> <p>WORKING AROUND THE SYSTEM</p> <ul style="list-style-type: none"> Health care providers are often investigators <p><i>"I search for documentation... to get on the line, we had learned on the patient, and we use Google Map and Street View - that way you can see the building - so we know what we're looking for the street" (Regular social worker)</i></p>	<p>Conclusions</p> <p>The results point to a need for system-level solutions, including supports for health system navigation across multiple transitions, improved inter-professional collaboration within and across care settings, more effective health information systems, and greater patient and family engagement.</p>

The Gerontological Society of America's (GSA) 68th Annual Scientific Meeting took place on November 18-22nd in Orlando, Florida. The theme for this year was "Aging as a Lifelong Process". The InfoRehab team contributed a poster on, "Complex Patients, Complex System: Care Transitions for Older Hip Fracture Patients". The poster supports the need for system-level solutions, including supports for health system navigation across multiple transitions, improved inter-professional collaboration within and across care settings, more effective health information systems, and greater patient and family engagement. This poster was presented by Dr. Dorothy Forbes, from the Faculty of Nursing at the University of Alberta. The poster presentation is as follows:

Stolee, P., Byrne, K., Chesworth, B., Elliott, J., Forbes, D., Sims-Gould, J., and the InfoRehab Team. Complex Patients, Complex System: Care Transitions for Older Hip Fracture Patients. Poster presentation at The Gerontological Society of America Annual Scientific Meeting, Orlando, FL. November 18, 2015.

Collaborative Care Transition Symposium - Toronto, ON

St. Michael's

Inspired Care. Inspiring Science.

On February 19th, 2016, members of the Geriatric Health Systems Research Group attended the Collaborative Care Transition Symposium at St. Michael's Hospital. Dr. Stolee gave a keynote presentation on the challenges experienced by older patients as they transition across care settings. PhD students Jacobi Elliott and Heather McNeil also attended and hosted a workshop for conference participants on *Patient Engagement*. The Collaborative Care Transition Symposium focused on topics that are relevant to those involved in the patient and family journey along the continuum of care. Interactive sessions and poster presentations were given by clinicians, researchers, educators and quality improvement leaders that highlighted innovative ideas to improve patient and family experience during care transitions. In addition, a patient panel provided valuable insights on this topic.



New Publications

Drouin, H., Walker, J., McNeil, H., Elliott, J., Stolee, P. (2015). [Measured outcomes of chronic care programs for older adults: A systematic review](#). *BMC Geriatrics*, 15: 139. Doi: 10.1186/s12877-015-0136-7

This study conducted a systematic search to identify and assess the measured goals of Chronic Care Model (CCM) interventions in older populations. The aim of this study was to determine the extent to which published CCM initiatives were evaluated based on population, community, system and individual-level outcomes. The results showed that while a range of system-level and individual patient outcomes have been used to evaluate CCM interventions, no studies employed measures of population or community health outcomes. Future efforts to test CCM interventions with seniors would be aided by more consistent outcome measures, greater attention to outcomes for the caregivers of older persons with chronic illness, and a greater focus on population and community impacts.



Gibbs, J., McArthur, C., Milligan, J., Clemson, L., Lee, L., Boscart, V., Heckman, G., Rojas-Fernandez, C., Stolee, P., Giangregorio, L. (2015). [Measuring the implementation of a group-based Lifestyle-integrated Functional Exercise \(Mi-LiFE\) intervention delivered in primary care for older adults aged 75 years or older: A pilot feasibility study protocol](#). *Pilot and Feasibility Studies*, 1: 20. Doi: 10.1186/s40814-015-0016-0

This pilot feasibility study protocol aims to measure and evaluate the feasibility, effectiveness and implementation of an evidence-based Lifestyle-integrated Functional strength and balance Exercise (LiFE) intervention. This program is adapted as a group-based format (Mi-LiFE) for primary care to promote increased physical activity levels in older adults aged 75 years or older. A cost-effective, generalizable model of chronic disease management using exercise in a real-world setting remains elusive. Therefore, if the intervention appears feasible, the resultant information will be used to design a larger trial.

Freeman, S., Hirdes, J. P., Stolee, P., Garcia, J., Frise Smith, T. (2015) [Correlates and Predictors of Changes in Dyspnea Symptoms Over Time Among Community-Dwelling Palliative Home Care Clients](#). *Journal of Pain and Symptom Management*. 50(6), 793 -805.

This study describes the health and clinical characteristics of persons experiencing dyspnea who receive palliative home care services, and identified factors affecting change in dyspnea over time. Change in dyspnea over time was collected using anonymized assessments from the interRAI palliative care assessment instrument (interRAI PC). Results highlight that dyspnea should be identified and prioritized during the care planning process. Integrated approaches using the interRAI PC dyspnea clinical assessment protocol may assist clinicians to make informed decisions addressing dyspnea at the person-level, and thereby improve quality of life at the end of life.

New Publications Cont'd ...

McMurray, J., McNeil, H., Lafortune, C., Black, S., Prorok, J., & Stolee, P. (2015). [Measuring Patients' Experience of Rehabilitation Services Across the Care Continuum. Part I: A Systematic Review of the Literature. Part II: Key Dimensions.](#) *Archives of physical medicine and rehabilitation.*

This systematic review identifies empirically tested survey instruments designed to measure patient experience across a rehabilitative care system. Further research is required to develop psychometrically tested instruments that measure patients' experience across a rehabilitative system.



Stolee, P., Elliott, J., McNeil, H., Boscart, V., Heckman, G., Hutchinson, R., Hedley, M., Glouberman, S., Judd, M. (2015) [Choosing Healthcare Options by Involving Canada's Elderly: A protocol for the CHOICE realist synthesis project on engaging older persons in healthcare decision-making.](#) *BMJ Open.* 2015;5:e008190. doi:10.1136/bmjopen-2015-008190

The CHOICE Knowledge Synthesis Project: Choosing Healthcare Options by Involving Canada's Elderly aims to understand the underlying context and mechanisms needed to achieve meaningful engagement of older adults in healthcare decision-making, research and planning. The synthesis will guide the development of best practice guidelines and recommendations for engagement of older people and their families and caregivers in clinical decision-making, healthcare delivery, planning and research. Results will be further disseminated with the help of their partners.

Cheng, L., Zhu, M., Poss, J.W., Hirdes, J.P., Glenny, C., & Stolee, P. (corresponding author). (2015) Opinion versus practice regarding the use of rehabilitation services in home care: An investigation using machine learning algorithms. *BMC Medical Informatics and Decision Making.* 2015, 15:80. DOI: 10.1186/s12911-015-0203-1. URL: <http://www.biomedcentral.com/1472-6947/15/80>

This study investigates which client characteristics in the interRAI HC assessment tool are most relevant in predicting rehabilitation use. Analyses confirmed the importance of functional decline and mobility variables in targeting rehabilitation services, however other items in use as potential predictors may be less relevant. There are inconsistencies between variables that are considered important for classifying clients who need rehabilitation and those identified in this study based on use. This may indicate an inconsistency in the client characteristics considered relevant in theory versus actual practice.

Awards & Nominations

Congratulations to MSc student, Jessie Ashbourne, who received an Outstanding Achievement in Graduate Studies Award, at the University of Waterloo on October 23rd, 2015. Jessie also won the Masters Poster Award at the CAG 2015 Conference on October 24th, 2015.

Congratulations to PhD student, Jacobi Elliott, who received the Margery Boyce Award at the CAG 2015 Conference on October 25th, 2015. This award supports post-baccalaureate students who have made a significant contribution to their community with or on behalf of seniors.

Successful Student Milestones

Congratulations to PhD student, Justine Giosa, who completed her comprehensive exam on November 13, 2015. Her presentation was entitled "Let's get real about person and family-centred geriatric home care: A realist synthesis".

Congratulations to PhD student, Heather McNeil, who gave her thesis proposal on December 16th, 2015. Her proposed project title is "Engaging Canada's Older Adults in Health TECHNOlogy Innovation Ecosystems".

Seniors Helping as Research Partners:

Our goal is to learn from seniors and their families, to develop a sustainable network, and to advance the development of research priorities and collaborations with the ultimate objective of improving the health care system for older adults.

If you are 55+ and interested in more information or volunteering with the SHARP network, please contact the GHS research group through **Jacobi Elliott** at **519-888-4567 ext. 38982**.

Check out the following video where we collaborated with SHARP members to find out why they choose to volunteer with SHARP:

https://www.youtube.com/watch?v=Amdqbgj_tno

SHARP

SENIORS HELPING AS RESEARCH PARTNERS



A delicious way to keep the winter out and warmth in with nutritious minestrone and pesto croûtes.

Serves: 4

Preparation time: 15 min

Cooking time: 40 min

Level: Easy

This recipe was borrowed from:

<http://www.bbcgoodfood.com/recipe/s/1870/winter-minestrone-with-pesto-crotes>

Healthy Recipe - Winter Minestrone with Pesto Croûtes

INGREDIENTS

For the Minestrone:

- 2 tbsp. olive oil
- 1 onion, chopped
- 100g unsmoked lardons or chopped streaky bacon
- 2 large carrots, chopped
- 2 sticks celery, chopped
- 1 medium potato, chopped
- 2 garlic cloves, finely chopped or crushed
- 400 g can chopped tomatoes
- 1l vegetable stock (from granules or a cube)
- 2 tsp. chopped sage leaves, or 1 tsp. dried
- Few cabbage leaves, shredded
- 400 g can haricot beans
- Handful chopped parsley

For the Pesto Croûtes:

- 3-4 slices of crusty bread
- 3 tbsp. olive oil
- 1 tbsp. pesto

NUTRITION INFORMATION

Per Serving:

- 274 calories
- 13 g protein
- 28 g carbs
- 13 g fat
- 3 g saturated fats
- 8 g fiber
- 12 g sugar
- 2.56 g salt

Tip: Make it vegetarian

Leave out the bacon and use 100g/4oz sliced chestnut mushrooms instead

PREPARATION

1. Heat the olive oil in a large pan, add the onion and lardons or bacon and fry for about 5 mins until the onion is starting to brown. Tip in the carrots, celery, potato and garlic, stir well and cook for a few minutes.
2. Add the tomatoes, stock and sage, and bring to the boil, stirring. Reduce heat to simmer and cook partly covered for 30 mins, stirring in the cabbage after 15 mins. Drain and rinse the beans and add to the pan with the parsley. Season and serve with pesto croûtes, see below, or add crusty bread.
3. For the pesto croûtes: Cut 3-4 slices of crusty bread into chunks, about 2 cm thick. Tip into an ovenproof pan. Mix the olive oil and pesto, then add to the bread, tossing it with your hands until the croûtes are evenly coated. Bake in a moderate oven for about 10 mins until crisp.