



Bulletin

Standard Edition

May 2015

Welcome

Thank you for reading the winter 2015 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 @info rehab_uw or like the InfoRehab 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.

In this Edition

Cover

- Welcome
- What's new?

Page 1

Inside

- Welcome new members
- Successful Thesis Defense
- AGE-Well
- Schlegel Chair
- Faces of Change Award
- International Conference on Integrated Care
- IFIC Conference
- Publications

Page 2-5

Back

- Successful Comps
- SHARP
- Recipe: Linguine Frittata with Greens

Page 6

What's New?

The GHS group has been working hard over the past few months to produce a dementia strategy for the Southwest LHIN. An eight-member team from the GHS Group worked on the strategy, with guidance from a three-member Project Advisory Group from St. Joseph's Healthcare London; input from meetings of a Community Consultation Advisory Group (involving 50 community representatives); interviews with 26 persons with dementia and their caregivers; interviews with 33 health care providers, administrators and policy-makers; a review of 26 national and international dementia strategies and frameworks; a review of 15 other framework and strategy documents relevant to the care of seniors; a review of over 25 data sources; a priority-ranking survey of 52 health care providers, administrators and policy-makers; and a priority-ranking survey of 12 persons with dementia and their caregivers. Congratulations on excellent work by everyone involved. Look for more information on the final report in our next bulletin!



Winter Term Co-op Team

Nicole Holland, Co-op Student



Nicole Holland is a fourth year undergraduate student majoring in Health Studies (BSc). Previously, Nicole has completed co-op terms at the Leysin American School in Switzerland, the Royal Ottawa Mental Health Hospital and Central West Specialized Developmental Services. Nicole's current research interests include rehabilitation, mental health and the impact of physical activity on cognitive functioning.

Nicole was closely involved with the Southwest Dementia Strategy over the winter term and will be doing research on concussions in Toronto over the summer term. Thanks for all your hard work Nicole!

Cole Edick, Co-op Student

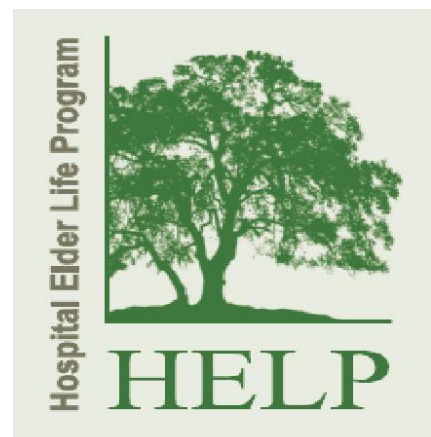


Cole Edick is a fourth year undergraduate student majoring in Health Studies (BSc). Cole spent his last two co-op terms working at OrthoEvidence, a start-up company specializing in the summarization and critical analysis of high-quality orthopaedic journal articles for orthopaedic professionals and their patients. Outside of school and work, Cole enjoys playing hockey and soccer in his free time.

Cole worked hard on the Southwest Dementia Strategy over the winter term with the GHS group and is returning to the GHS Group for the summer term.

Successful Thesis Defense

Congratulations to Kelsey Huson for successfully defending her MSc thesis on December 17th, 2014. Dr. Paul Stolee was Kelsey's supervisor, and committee members were Dr. George Heckman and Dr. Nancy Pearce. Kelsey's defense examined the implementation of the Hospital Elder Life Program (HELP), a volunteer-run delirium prevention program, in a rehabilitation setting using a mixed methods approach. Quantitative data was collected through pre and post patient outcome measures. Qualitative data was collected from focus group interviews and individual interviews with patients, caregivers, volunteers, and staff members. The project aimed to understand the usefulness, feasibility, and satisfaction with the HELP in a rehabilitation hospital setting.





AGE-WELL



AGE-WELL has been named one of Canada's newest Networks of Centres of Excellence. AGE-WELL encompasses many sectors, including industry, non-profit organizations, government, care providers, end-users, and academic partners from across Canada. This multi sector organization is using high-quality research to drive innovation and create technologies and services that benefit older adults. The aim of AGE-WELL is to help older Canadians to maintain their independence, health and quality of life through accessible technologies that increase their safety and security, support their independent living, and enhance their social participation. GHS researcher Dr. Paul Stolee and Dr. Don Juzwishin of Alberta Health Services (above) are the Work Package Leads for WP 7: Health Systems, Practice, Policy and Regulatory Issues (POLICY-TECH). On January 19, 2015, the Honourable Alice Wong, Minister of State for Seniors, announced that AGE-WELL would receive \$36.6 million over five years.

Schlegel Chair

Congratulations to GHS collaborator Dr. Andrew Costa who was named the first holder of the new Schlegel Chair in Clinical Epidemiology and Aging at McMaster. This position is a result of a \$1 million donation from Ron Schlegel that was made to McMaster's Kitchener campus. This donation and position makes Dr. Costa the first full-time researcher at the Kitchener campus of McMaster's School of Medicine.

Faces of Change Award

Stacey Daub, a GHS collaborator and CEO of the Toronto Central CCAC, was awarded the 20 Faces of Change Award from The Change Foundation. She was recognized for her work in patient centred care, and for designing and implementing a population-based model at the Toronto Central CCAC. Congratulations Stacey!



International Conference on Integrated Care – Edinburgh, Scotland

Jessie Ashbourne, MSc candidate, Jacobi Elliott, PhD candidate, and Heather McNeil, PhD candidate, travelled to Edinburgh, Scotland to present their research at the 15th International Conference on Integrated Care, March 25-27, 2015. The theme of the event was “Complex Needs, Integrated Solutions: Engaging, empowering and enabling people for active and healthy living”. Jessie, Jacobi and Heather presented their posters titled “Transitional Care for Persons with Dementia and their Caregiver’s”, “Developing a System Navigator Role in Primary Care Using a Co-Design Approach”, “Measuring Patients’ Experience of Rehabilitation Services Across the Care Continuum: A Systematic Review of the Literature”, respectively. We are very proud of Jessie, Jacobi and Heather for representing GHS so well with their amazing presentations. A special congratulations goes to Jessie, who was the winner of the ICIC poster competition.



IFIC Conference - Sydney, Australia

From November 23-26 2014, two PhD students, Jacobi Elliott and Heather McNeil, attended the 2nd World Congress on Integrated Care hosted by the International Foundation for Integrated Care. Jacobi and Heather presented their CHOICE (Choosing Healthcare Options by Involving Canada’s Elderly) Knowledge Synthesis Project. The focus of the project was to understand how to best engage seniors and their families in different aspects of health care. Heather’s presentation focused on the guidelines developed for engagement in policy and research. Jacobi discussed the guidelines for engagement in healthcare decision making. Jacobi’s poster presentation won Runner-up for best poster. Congratulations Jacobi!

Jacobi’s Poster: Engaging older adults in health care decision-making: Key findings and recommendations from the CHOICE knowledge synthesis project.

Heather’s Poster: Engaging older adults in health care research and policy: Guidelines from the CHOICE project.





Kadu, M.K, Stolee, P. (2015) [Facilitators and Barriers of Implementing the Chronic Care Model in Primary Care: A Systematic Review](#). *BMC Family Practice*. 16(1):12.

This review synthesized findings of 22 studies that implemented the CCM in primary care, in order to identify facilitators and barriers encountered during implementation. The findings highlight the importance of assessing organizational capacity and needs prior to and during the implementation of the CCM, as well as gaining a better understanding of health care providers' and organizational perspectives.

Armstrong, J., Stolee, P., Hirdes, J.P., & Zhu, M. (2015) [Rehabilitation therapies for older clients of the Ontario home care system: Regional variation and client-level predictors of service provision](#). *Disability and Rehabilitation*. 37(7): 625-631.

The purpose of this study was to examine regional variation in service provision and identify the client characteristics associated with occupational therapy and physiotherapy services for older adults in the Ontario Home Care System. The study concluded that where a client lived was an important determinant of service provision in Ontario, raising the possibility of inequities in access to rehabilitation services. Health care planners and policy makers should review current practices and make adjustments to meet the increasing and changing needs for rehabilitation therapies of the aging population.

Heckman, G., Boscart, V., McKelvie, R.S., D'Elia, T., Osman, O., Kaasalainen, S., Kelley, M.L., McAiney, C., Stolee, P., & Strachan, P. (2014) [Perspectives of primary care providers on heart failure in long-term care homes](#). *Canadian Journal on Aging*. 33(3), 1-16.

Although heart failure is common among long-term care (LTC) residents, they are less likely to receive treatment. This qualitative study employed focus groups to explore perceptions of 18 physicians and nurse practitioners in three Ontario homes, on heart failure care practices and challenges. The study concluded that multimodal interventions and bedside teaching are required to improve heart failure care; leadership was also viewed as essential.

Lee, L., Hillier, L., Heckman, G., Gagnon, M., Borrie, M., Stolee, P., & Harvey, D. (2014) [Primary Care-Based Memory Clinics: Expanding Capacity for Dementia Care](#). *Canadian Journal on Aging*. 33(3), 307-319.

To study the implementation of 15 memory clinics in Ontario, each clinic tracked referrals; in a subset of clinics, charts were audited by geriatricians, clinic members were interviewed, and patients, caregivers, and referring physicians completed satisfaction surveys. This study demonstrated acceptability, feasibility, and preliminary effectiveness of the primary-care memory clinic model. The clinics provided timely access to high-quality collaborative dementia care, impacting health service utilization by more efficient use of scarce geriatric specialist resources.



Healthy Recipe – Linguine Frittata with Greens

Ingredients

Cooking spray
 2 teaspoons butter, divided
 1 cup thinly sliced leek
 3 large eggs, or equivalent egg substitute
 5 large egg whites
 1/3 cup 1% low-fat milk
 1/4 cup grated Parmesan cheese
 1/4 teaspoon dried oregano
 1/2 teaspoon kosher or table salt
 1/4 teaspoon coarsely ground black pepper
 1 1/2 cups hot cooked linguine (about 4 ounces uncooked pasta)
 1 (10-ounce) package frozen chopped collard greens, thawed and with water squeezed out
 3/4 cup (3 ounces) shredded part-skim mozzarella cheese



Preparation

1. Coat a large ovenproof skillet with cooking spray, and melt 1 teaspoon butter over medium heat. Add leek, and sauté 4 minutes or until softened. Set aside.
2. Whisk eggs, egg whites, milk, Parmesan, oregano, salt, and pepper in a large bowl. Stir in linguine, collards, and reserved leek.
3. Melt remaining 1 teaspoon butter in skillet over low heat. Pour egg mixture into skillet; cover and cook 10 minutes or until the top is set. Meanwhile, heat broiler.
4. Sprinkle frittata with mozzarella, and broil 3 minutes or until golden brown. Cut into wedges.

Nutrition Facts

Calories per serving:	330	This dish provides more than 40% of your daily calcium needs calcium through milk and cheese, and a calcium-rich veggie. One cup of collard greens contains more than 25% of your daily calcium intake.
Fat per serving:	12g	
Saturated fat per serving:	6g	
Monounsaturated fat per serving:	4g	
Polyunsaturated fat per serving:	1g	
Protein per serving:	23g	
Carbohydrates per serving:	32g	
Fiber per serving:	4g	
Cholesterol per serving:	181mg	
Iron per serving:	3mg	
Sodium per serving:	500mg	
Calcium per serving:	421mg	

Successful Comps

Congratulations to PhD candidates Jacobi Elliott and Heather McNeil for successfully defending their comprehensive exams. Jacobi will be proposing her PhD thesis in June. The topic of her thesis is care coordination for older adults in primary care.

Seniors Helping as Research Partners (SHARP)

The goals of SHARP are to provide a forum to learn from and collaborate with seniors and their families on research aimed at 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**.

