Current Research in Aging and Continuing Care

Northwood’s 3rd Annual Research Symposium

June 14, 2013
Holiday Inn Harbourview
Dartmouth, Nova Scotia
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<td>8:15 - 9:00</td>
<td>Registration &amp; Exhibits</td>
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<td>9:00 - 9:05</td>
<td>Welcome &amp; Introductions</td>
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<td>9:05 - 9:45</td>
<td><strong>Keynote Adress: Illuminating the Alzheimer Brain: Towards Early Diagnosis using Brain Imaging</strong></td>
<td>Dr. Sultan Darvesh, MD, PHD, FRCP (C) Ian MacDonald</td>
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<td><strong>Abstract:</strong> Alzheimer’s disease (AD) is a neurodegenerative disorder and one of the most significant barriers to healthy aging. AD is marked by loss of memory and deposition of toxic brain proteins, forming abnormal structures called plaques and tangles. Currently, confirmation of these deposits is necessary for definitive diagnosis however, these can only be observed at autopsy. The ability to detect plaques and tangles in the living brain could facilitate early diagnosis. In AD brains, plaques and tangles contain the enzyme butyrylcholinesterase. The presence of these butyrylcholinesterase “hot spots” in the brain may provide an opportunity for early detection of AD. Work will be presented that demonstrates the development of imaging agents for butyrylcholinesterase and the capability of these to detect AD pathology in the brain.</td>
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<td>9:45 - 10:15</td>
<td><strong>Home Care Safety in Canada</strong></td>
<td>Marilyn MacDonald RN PhD Associate Professor and Associate Director Graduate Studies School of Nursing Dalhousie University</td>
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<td><strong>Abstract:</strong> The Pan-Canadian Safety in Home Care Research team recently completed a study involving most jurisdictions. The team used a variety of approaches to find out about safety in home care.</td>
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<td>10:15 - 10:45</td>
<td><strong>Nutrition Break and Exhibits</strong></td>
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<td>10:45 - 11:15</td>
<td><strong>Assessing Nursing Home Residents’ Quality of Life: What is Important to Family?</strong></td>
<td>Janice Keefe, PhD Professor and Lena Isabel Jodrey Chair in Gerontology and Director, Nova Scotia Centre on Aging Mount Saint Vincent University</td>
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<td><strong>Abstract:</strong> The Care and Construction research project is assessing residents’ quality of life (QOL) in Nova Scotia’s nursing homes. This presentation is focused on the perspective of family members of nursing home residents. Almost 400 family members of residents in over 20 nursing homes across the province participated in a survey assessing their family member’s experience of living in a nursing home and their QOL. Resident QOL was defined using five aspects: meaningful relationships, meaningful activities, autonomy, affect and home-likeness of the nursing home. Results presented from the survey will identify elements from the home environment, the family member-resident relationship, and the personal characteristics of the family member and resident that influence family’s assessment of QOL. This research has implications for understanding the influences on resident QOL from the perspective of family members. Results will have significant relevance for those involved in continuing care practice and policy development.</td>
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**Sedentary Behaviours in Older Adults**

**Abstract:** The health benefits of physical activity for older adults are well established; physical activity reduces the risk of many chronic conditions, in particular coronary heart disease, stroke, hypertension, breast cancer, colon cancer, type 2 diabetes, and osteoporosis. Yet, even amongst people who meet minimum guidelines for physical activity, sedentary behaviours can still increase the risk of adverse outcomes, such as metabolic risk factors, functional limitations, and all cause and cardiovascular disease mortality. In short, it appears all hours of the day have an impact on health - not just those spent in moderate/vigorous intensity physical activity. Although most of the research on sedentary behaviours has focused on children, older adults, especially frail older adults, are the most sedentary group in our population. Older Canadians are sedentary for approximately 10 hours per day - more than 70% of their waking hours. They spend the greatest mean hours per day viewing television: 47% of those aged 65-74 years and 52% of those aged 75+ watch 15 or more hours of television per week. Sedentary behaviour is likely more prevalent in hospitalized older adults and residents living in long-term care. Despite the adverse outcomes associated with sedentary behaviours no evidence-based sedentary behaviour guidelines exist for older adults and there are no care standards for reducing them in hospital and institutional settings.

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**Nurses and Personal Care Workers Perceptions, Experiences and Beliefs About What Constitutes a Successful Fall Prevention Program in Long-Term Care**

**Abstract:** Resident falling is the most common adverse event in long-term care. Quantitative research is valuable, but it holds limited meaning for the frontline caregiver that must use individualized fall prevention strategies to protect the frail elderly living in long-term care. The purpose of this research was to elicit from the frontline nurses and personal care workers what they believe makes a successful fall prevention program after they have been part of a program.

This qualitative descriptive study took place in a 175-bed veteran long-term care facility in Halifax. Through focus groups, nurses (Registered Nurses, Licensed Practical Nurses) and Personal Care Workers/Personal Support Workers were encouraged to share their thoughts on what makes a successful falls prevention program in long-term care.

The thematic analysis results obtained highlighted the importance of “knowing” the veteran as a means of preventing falls. How this is achieved was articulated by the staff through a number of sub-themes.

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**12:15 - 1:00**  
**Lunch and Exhibits**
1:00 – 1:30

“Care by Design”, a New Model of Care in Long-term Facilities: Is it Providing Better Care Sooner?

Abstract:
Objectives: To evaluate a new model of care, Care by Design, in long-term care facilities (LTCF), with a dedicated physician-per-floor and team approach and extended care paramedics (ECP) implemented in Capital Health. Prior to Care by Design, LTCF residents maintained their family physician, resulting in care-coordination and continuity challenges with high rates of emergency department (ED) transfers.

Mixed Methods Approach: Quantitative - LTCF, Emergency Health Services and Acute chart reviews were conducted measuring indicators of care and health outcomes pre-CBD, mid-CBD with Physician-per-floor in place, and post-CBD with physicians and ECP in place for all 911-involved residents.

Qualitative - Perspectives of CBD were gathered during 11 key stakeholder focus groups with physicians, nurses, care aids, LTCF administrators, extended care paramedics, residents, and family members. Topics discussed included the transition to CBD, team practices, and perspectives on the physician and ECP roles, including the challenges and benefits experienced.

Results: Increased family physician contact with LTCF residents was observed with CBD. Residents with 10+ physician visits increased from 35.1% to 55.9%; with 10+ physician notes in charts increased from 37.1% to 58.1%. There was a reduction in LTCF 911-calls (71 calls/month pre-CBD to 62 post-CBD). ED-transferred residents were twice as likely to have physician contact prior to transfer (79% vs. 39% pre-CBD).

Emerging qualitative themes include: support for CBD across all stakeholder groups with a desire to maintain CBD. Participants described augmented communication among team members with increased physician visits, continuity and accessibility, leading to timely and informed clinical decision-making and better health goals identification, comfort-care wishes and polypharmacy. Challenges identified include: discontent if physicians are not meeting protocol, need for accountability structures, communication barriers, and physician retention.

Conclusion: Results are promising, supporting the continued integration of the physician-per-floor model with 24 hour on-call coverage and extended care paramedics.

1:30 – 2:00

Identifying Immune Biomarkers that Predict Influenza in the Nursing Home Elderly

Abstract: The purpose of this study was to help understand why elderly people get influenza infection, even after they get a flu shot. We wanted to find the part of the immune system that does not work properly.
**Service-based Health Human Resources Planning for Aging Canadians**

**Abstract:** There is a growing emphasis on long-term (LTC) and home care for seniors in Canadian health policy discussions. To support effective planning for these sectors, this study sought to advance current thinking on health human resources (HHR) within them by demonstrating the application of a service-based approach to HHR planning for home and LTC in two Canadian jurisdictions: Nova Scotia and Nunavut. In this approach, the number and type of health care services required by seniors in each jurisdiction were estimated based on population health needs and the service levels desired according to those needs. These requirements were compared against the services currently available in LTC/home care in each jurisdiction based on the size and competency profile of their respective workforces. Gaps in services were identified and presented to interdisciplinary panels of clinicians, planners, and policy makers in each jurisdiction, who discussed potential strategies to address the gaps.

This study was funded by Health Canada.

2:30 - 2:45  **Stretch Break and Exhibits**

2:45 - 3:15  **Northwood and Health Outcomes Worldwide: Partnering to Improve Quality and Cost Outcomes in LTC**

**Abstract:** An aging population has significant implications for the health system as a whole, but most especially for the Long Term Care (LTC) sector. Seniors are the fastest growing demographic in Canada and it is projected that by 2050, seniors will constitute almost 30% of the population in Canada. Nova Scotia has the third oldest population in the country and the oldest population in Atlantic Canada. Residents in LTC are a vulnerable population and improving wound care outcomes is essential for improving resident quality of life as the lack of standardized approach to wound management intensifies issues related to quality of life and life threatening injuries.

In 2012, Northwood identified the need for a comprehensive and consistent approach to wound management that included outcome measurement. By using how2trak®, the innovative web-based outcome measurement solution developed by Health Outcomes Worldwide, Northwood LTC has been able to consistently record, monitor and report on quality and cost outcomes to support the effective delivery an evidence-based wound care program. This presentation will focus on the importance of outcome measurement for efficient wound management and the process of how2trak implementation, education and engagement undertaken by Northwood LTC to reduce facility-acquired pressure ulcers, decrease wound care costs and optimize nursing time and prevent wounds.
Application of the Screening Tool of Older Persons’ Potentially inappropriate Prescriptions (STOPP) and Screening Tool to Alert Doctors to the Right Treatment (START) criteria for improving the quality of prescribing in older adults

Abstract: An approach to identifying and resolving drug-related problems in older adults was developed in Ireland in 2007, and is currently being explored in Europe, North America, and Asia. The approach, known as STOPP START, consists explicit criteria that aid health care professionals in the identification of potentially inappropriate prescribing (drug underuse, misuse and overuse). Based on a recently completed systematic review, our presentation will describe the STOPP START criteria, their implementation in other jurisdictions and discuss their potential application to Nova Scotia.

Prize Draws and Closing remarks

Ann McInnis, RN, MSN
Northwood Corporate Director
Performance and Decision Support
Dr. Sultan Darvesh

Dr. Darvesh is a staff Neurologist at the Queen Elizabeth II Health Sciences Centre (Department of Medicine, Neurology), and is the Director of the Behavioural Neurology Clinic, conducted through the Memory Disability Clinic, associated with the Division of Geriatric Medicine where he holds a cross-appointment. His interest is in assessment and management of patients with cognitive impairment. He is an Assistant Professor in the Department of Medicine, Division of Neurology, with a cross-appointment in the Division of Geriatric Medicine. He is also cross appointed in the Department of Anatomy and Neurobiology where he conducts basic research in Alzheimer’s disease and dementias and is the Director of The Maritime Brain Tissue Bank.

Trish Bilski

Trish Bilski has been the clinical nurse specialist for Veterans’ Services at Camp Hill since 2003 after obtaining her Masters of Nursing from Dalhousie University. She has practiced nursing for more than 28 years in a variety of specialties from community to acute care to ICU and long-term care. Her clinical focus for the past 10 years has been in dementia care and it is not unusual for a workday to involve clinical consults, education, program development and research. Her contributions have been recognized over the years, most recently by the College of Registered Nurses of Nova Scotia in May 2011 for Excellence in Clinical Practice.

Michelle Boudreau, BAA (FSGN)

Michelle is a Graduate Student at Mount Saint Vincent University in the Family Studies and Gerontology Department. As a Research Associate, Michelle has qualitative research experience focusing on vulnerable populations, social determinants of health, and early childhood development, including school readiness.

Barbara Hill-Taylor

Barbara is a research associate at the College of Pharmacy, Faculty of Health Professions, and with the NS Cochrane Resource Centre, Department of Community Health and Epidemiology, Faculty of Medicine, Dalhousie University. She was recently employed as the Knowledge Translation Coordinator for the Canadian Network for Observational Drug Effect Studies (CNODES). Ms. Hill-Taylor is a graduate of the University of Saskatchewan (BSP) and Dalhousie University (MLIS). Her research experience includes knowledge translation in pediatric emergency and tools for the optimization of drug use in older adults.

Dr. Jennifer Isenor

Dr. Isenor is an Assistant Professor at the College of Pharmacy, Dalhousie University. She is a graduate of Dalhousie University (BScPharm) and the University of British Columbia (PharmD). Dr. Isenor has practice privileges at Capital Health and works part-time as a clinical pharmacist on the Geriatric Assessment Unit. Dr. Isenor has a diverse clinical background, which includes long-term care, hospital, and community practice. Her professional and research interests are varied and include, geriatrics, interprofessional health education, and expanded scope of practice for pharmacists.

Dr. Janice Keefe

Janice Keefe, PhD is a Full Professor in the Department of Family Studies and Gerontology at Mount Saint Vincent University and holds appointments at Dalhousie University’s Faculties of Medicine and Graduate Studies and UNB’s School of Graduate Studies. In 2002 she was selected as Mount Saint Vincent’s first Canada Research Chair in Aging and Caregiving Policy and has received provincial and international recognition of her research. In 2006, she was awarded the Lena Isabel Jodrey Chair in Gerontology and appointed Director, Nova Scotia Centre on Aging. Dr. Keefe’s research areas are caregiving policy and practice, continuing care policy and rural aging. She currently leads three CIHR-funded research teams - one projecting human resources needed to care for the older Canadians over the next 30 years, another with caregivers of spouses with a cognitive impairment and a third which examines nursing home resident quality of life.
Ian MacDonalld
Ian Macdonald received a B.Sc. in Biochemistry and Chemistry from Dalhousie University in 2009. He is currently a Ph.D. candidate in the Department of Medical Neuroscience at Dalhousie University under the supervision of Dr. Sultan Darvesh. His research involves the development of brain imaging agents to provide early diagnosis of Alzheimer’s disease. He has presented his work at international scientific conferences such as the Society for Neuroscience and the International Conference on Alzheimer’s Disease. His work has been published in a number of international peer-reviewed journals.

Dr. Marilyn Macdonald
Dr. Marilyn Macdonald is currently an Associate Professor and Associate Director Graduate Studies in the School of Nursing, Faculty of Health Professions at Dalhousie University in Halifax, Nova Scotia, Canada. Her program of research is focused on patient safety, particularly safety in home care. Dr. Macdonald is a member of the Canadian Patient Safety Institute Core Team of Researchers on Safety in home care and is currently Principal Investigator or Co-Principal Investigator on several funded studies in this area.

Adrian MacKenzie
Adrian MacKenzie has worked in health services research and consulting for over a decade. For the past five years he has served as the senior analyst at Dalhousie University’s World Health Organization Collaborating Centre on Health Workforce Planning and Research, whose mission is to build local and global capacity for needs-based health care planning and research. In addition to Nova Scotia and Nunavut, Adrian has helped lead the Centre’s research and development projects with partners across Canada as well as in Brazil, Jamaica, and Zambia. He is also currently pursuing further graduate study in health services research at the Memorial University of Newfoundland.

Dr. Emily Gard Marshall
Dr. Marshall’s mixed-methods research interests include health service research, population health, life course perspective, social determinants of health, end of life care, and primary healthcare access. Specifically how patients can gain more apt and timely access to health care; how the quality of care can be measured and improved, how services can be more comprehensive, and how continuity of care throughout our lifetimes might be better achieved. Dr. Marshall is leading a grant-funded study evaluating the long-term care “Care by Design” model across the Capital Health District and is the recipient of a NELS-ICE (Network of End of Life Studies) New Investigator Award. Dr. Marshall has also been awarded a Nova Scotia Health Research Foundation three-year Establishment Grant to study primary care models and access in Nova Scotia.

Corrine McIsaac, PhD (c), RN
Corrine is a successful health educator, researcher and entrepreneur. She is recognized throughout Canada as expert in outcome measurement and an innovator in the development of effective e-health solutions for health organizations across the continuum of care. Her passion for improving the Canadian health system through outcome measurement is both inspired and informed by 25 years of experience as a nursing clinician, manager, consultant and educator.

Shelly McNeil, MD, FRCPC
Shelly MacNeil is currently a Professor of Medicine and Pediatrics and an adult Infectious Diseases Consultant at the QEII Health Sciences Centre. Dr. McNeil completed her medical education at Dalhousie followed by a three-year residency in Internal Medicine at Dalhousie and a three-year fellowship in Infectious Diseases at the University of Michigan. Dr. McNeil returned to Dalhousie as an Assistant Professor of Medicine in 2000 and is currently cross-appointed as an Associate Professor of Pediatrics. She was promoted to Professor of Medicine in 2012. Dr. McNeil is a Clinician Scientist at the Canadian Centre for Vaccinology. She is the Principal Investigator of the Serious Outcomes Surveillance Network of the Public Health Agency of Canada/Canadian Institutes of Health Research Influenza Research Network (PCIRN). Dr. McNeil was awarded the Dalhousie University Faculty of Medicine Clinical Research Scholar Award for the period 2005-2010.
Dr. Ingrid Sketris
Dr. Sketris is a Professor of the College of Pharmacy, School of Nursing, School of Health Services Administration, and the Department of Community Health and Epidemiology, Dalhousie University. She is a graduate of the University of Toronto (BSc(Phm)), University of Minnesota (PharmD), University of Tennessee, Centre for Health Sciences (Residency in Clinical Toxicology/Pharmacy Practice) and Dalhousie University (MPA(HSA)). Dr. Sketris was a member of the Scientific Advisory Panel of the Canadian Coordinating Office for Health Technology Assessment from 1996 to 1998 and of the Patented Medicine Prices Review Board from 1999 to 2004. From 2000 to 2011, Dr. Sketris held a Chair in health services research focusing on pharmaceutical policy and utilization management from the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR) cosponsored by the Nova Scotia Health Research Foundation. She and her colleagues at IMPART conduct research related to medication management.

Olga Theou
Olga Theou obtained her Bachelor of Science (BSc) in Physical Education and Sports Sciences at the Aristotle University of Thessaloniki in Greece. She completed her Master of Science (MSc) in Gerokinesiology from the California State University Fullerton and her PhD in the area of Health and Aging from the University of Western Ontario. In 2010 she worked as a postdoctoral fellow at the University of British Columbia Okanagan at the Department of Human Kinetics. Since 2011 she has been a postdoctoral fellow in Geriatric Medicine at Dalhousie University under the supervision of Dr. Kenneth Rockwood. Her research interests include aging, frailty and physical activity.

Community Partners

Exhibitors

Nestle Health Science • Atlantic Sleep Apnea • Hollister • First Quality • Cardinal Health Centre • Medline
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Registration Information

To register, please fill out the form below and mail/fax/email it along with payment to the Northwood Foundation:

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Fax: (902) 454-3422
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Please check one of the following:

☐ Single registration - $50 ☐ Sponsor/Exhibitor/Presenter/Planning Committee Member - No Charge
☐ Student rate - $25 ☐ Northwood Staff - No charge

Participant substitution is permitted but no refunds will be given. Payment will not be accepted on the day of the event. If you have special needs (dietary or otherwise) please contact Debra at 454-3069 to make arrangements.

Payment Information

Payment can be made by Visa, MasterCard or cheque.

Cheques can be made payable to the Northwood Foundation: Cheque Enclosed: ☐
Credit cards may also be taken over the phone.

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