



Ontario Gerontology Association

31st Annual Conference

April 25-26, 2012

Doubletree by Hilton Hotel Toronto Airport
655 Dixon Road, Toronto, Ontario

Making



the Best Place **to Grow Older**
Through Innovation



*Hosted in Partnership with the
Regional Geriatric Programs of Ontario*



Register On-line: www.gerontario.org

Conference Program Schedule

PRE-CONFERENCE EVENT



The Regional Geriatric Programs of Ontario 2012 Annual Education Day

Sharing Innovations to Promote Senior Friendly Hospitals From Evidence to Bedside Practice



Wednesday, April 25, 2012

8:00am – 4:00pm

DoubleTree Hilton Hotel – Toronto Airport
655 Dixon Road, Toronto

Professional Development Curriculum Includes:

*The RGP's and the Ontario Senior Friendly Hospital Strategy
MoveON – An Early Mobilization Initiative in Hospitals across Ontario*

Dr Barbara Liu

*Delirium Best Practices (title TBD)
(Speaker to be announced)*

*The Senior Friendly Hospital Promising Practices Web-based Toolkit:
Evidence-Informed Resources for Delirium and Functional Decline*

*Leading Senior Friendly Hospital Practices across Ontario
(Speakers to be announced)*



*the Ontario Senior Friendly Hospital Strategy is an initiative of Ontario's Local Health Integration Networks

REGISTER NOW

OGA Conference, April 25th & 26th, 2012

and

Pre-Conference Event, RGP's of Ontario Education Day, April 25th, 2012

Register for the RGP Pre-Conference, OGA Conference, Thursday only, or for the full two days. Follow the link [OGA Registration](#) to access the online or printed registration form.

Receive a ***significant savings*** by Registering ***EARLY and for both Events!!***
Available ONLY until March 23, 2012!

Conference Program Schedule

Wednesday April 25, 2011

TIME	CONFERENCE EVENT
8:00 AM – 4:00 PM	<p>Pre – Conference The Regional Geriatric Programs of Ontario - 2012 Annual Education Day <i>Sharing Innovations to Promote Senior Friendly Hospitals From Evidence to Bedside Practice</i></p>
5:00 PM - 8:00 PM	Conference On-Site Registration
5:30 PM – 6:00 PM	<p>OGA 31st Annual General Meeting **All OGA members are invited to attend**</p>
6:15 PM – 7:00 PM	<p><i>Presentation of 2nd Annual OGA Positive Aging Award</i></p> <div style="display: flex; align-items: flex-start;">  <div> <p>THE HONOURABLE DAVID CROMBIE, P.C., O.C., O. Ont.</p> <p>David Crombie has served as mayor of Toronto, member of parliament and federal cabinet minister. He is the former president and CEO of the Canadian Urban Institute, former chair of Ontario Place Corporation and founding chair of the Waterfront Regeneration Trust.</p> </div> </div>
7:00 PM – 8:00 PM	<p>Featured Speaker:</p> <p><i>Innovations to Help Make Ontario the Best Place to Grow Older</i></p> <p>Geoff Fernie, Vice President, Research at Toronto Rehab. BSc, PhD, MIMechE, CEng, PEng, CCE</p> <p>Dr. Fernie will address the Innovations element of the conference theme. As a renowned innovator he will focus on how innovations can help make Ontario the best place to grow older. He will also highlight innovations in the posters prior to the start of the Poster Presentation.</p> <div style="text-align: right;">  </div>
6:15 PM - 8:00 PM	<p>Poster Presentations ` Connecting and Communicating Aging Research `</p>
8:00 PM	<p>Reception Entertainment by <i>The George Kash Experience</i></p> <p style="text-align: right;">Refreshments and OGA Award Sponsored by:</p> <div style="text-align: right;">  <p style="font-size: small;">Working together for a healthier world™</p> </div>

2012 Conference Program Schedule

Thursday April 26, 2012

TIME	CONFERENCE EVENT
7:30 AM - 1:30 PM	Conference Registration Opens
7:30 AM - 8:30 AM	Continental Breakfast, Exhibit Hall & Networking
8:30 AM - 8:45 AM	<p>Opening Remarks: Conference Co-Chairs, OGA President</p> <p>Greetings: Honourable Linda Jeffrey, Minister Responsible for Seniors</p>
8:45 AM - 9:45 AM	<p style="text-align: center;">KEYNOTE ADDRESS</p> <p style="text-align: center;"><i>Fostering Active Aging in Ontario: Optimizing Quality of Care and Quality of Life</i></p> <p style="text-align: center;">Arlene S. Bierman, MD, MS</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">  </div> <div style="flex: 2;"> <p>Frailty and disability are not the inevitable consequences of aging and many older adults remain active and independent until the extremes of old age. There are many opportunities for innovation and intervention to improve the health and functional status and to support active aging among older Ontarians.</p> <p>Drawing from findings from the Project for an Ontario Women's Health Evidence-Based Report (POWER Study) an overview of the health and functional status as well of access, quality, and outcomes of health care will be presented. Differences on these measures associated with gender, socioeconomic status and ethnicity will be discussed along with implications for policy and practice. Innovative approaches to optimizing quality of life and fostering active aging will be outlined.</p> <hr style="border-top: 1px dashed red;"/> <p>Dr. Arlene Bierman is a geriatrician, Associate Professor in the Lawrence F. Bloomberg Faculty of Nursing; and of Health Policy, Evaluation, and Management; and Medicine at the University of Toronto; and Senior Scientist in the Li Ka Shing Knowledge Institute at St. Michael's Hospital.</p> <p>Dr. Bierman is also a member of the Scientific Committee for the Ontario Health Study and Chair of the Aging Working Group. She is an inaugural holder of Echo's Ontario Women's Health Council Chair in Women's Health.</p> </div> </div>

The annual GRCO Bayne-Galloway Lecture was initiated to share the work of internationally recognized researchers with practitioners and the academic community in Ontario.

OGA's 31TH Annual Conference

CONCURRENT SESSIONS

April 26, 2012

Poster Presentations: Connecting and Communicating Aging Research
Available to view all day

10:15 AM
-
11:15 AM

CONCURRENT PAPERS & WORKSHOPS SESSIONS A1 – A7

Prevention Management Programs

- A1**
- *Improving Patients Safety in the Complex Care Setting: A Quality Improvement Program to Reduce Pressure Ulcers*
 - *Delirium: Empowering the People*

Improving Client Health in Complex Care Settings

- A2**
- *Helping Seniors Regain Their Continence - A Long Term Care Continence Program*
 - *Continence with Confidence - Capturing Improvements in Continence Through Point of Care Technology - One Home's Experience*

Improved Health Care Response to Pain Management and End of Life Care

- A3**
- *Pain Communities of Practices: Embracing a Journey of Strategies and Resources*
 - *End of Life during the Last Days and Hours of Life*

Resources to Support Better Care and Outcomes

- A4**
- *ALC Checklist - Empowering PSW's to Look for Client Change*
 - *The Independent Living Guide : Staying Safely At Home*

Inspiring Perspectives and Guidelines for Advancing Senior Services

- A5**
- *Seniors Service Delivery Guidelines for Community Support Services*

Empowering Seniors: Mental Health Models

- A6**
- *The Older Adult in Crisis*
 - *ElderTALK: An Innovative Elder-Centred Approach to Seniors' Mental Health*

WORKSHOP: "Coordinated Care Transitions "Views of Seniors and Informal Caregivers, and Health System Leaders"

A7

CONCURRENT PAPERS & WORKSHOPS SESSIONS B1-B7

11:30 AM

-

12:30 PM

Specialized Programs in Dementia Care

B1

- *Strategies to Assist With Feeding In Residents With Dementia*
- *Recovery in Dementia*

B2

New Directions in Client Centered Care

- *Age-Friendly Environments Across the Healthcare Continuum*
- *Client-Centred Care: Future Directions for Policy and Practice in Home and Community Care*

B3

Health Care Models in Geriatric Care

- *Identifying Seniors Concerns Regarding Community Reintegration After Discharge From Inpatient Musculoskeletal Rehabilitation: An ICF Approach*
- *Multi-Organizational Partnership Approach to Quality Improvement in LTC*

B4

Hospital Elder Life Programs- Successful Models

- *Prevention of Delirium and Functional Decline Among Hospitalized Elder Patients: Evaluation of the Hospital Elder Life Program (HELP)*
- *Implementation Of The Hospital Elder Life Program (HELP) In A General Internal Medicine (GIM) Inpatient Unit At A Multi-Site Academic Hospital*

B5

Intervention Programs for Caregivers

- *Evaluating Caregiver Education and Support Programs Using New Promising Practice Indicators*
- *Outcomes of Dementia Family Caregivers Trained in the Reitman CARERS Approach: A Pilot Study*

B6

Workshop: Creating Future Leaders in Eldercare - Phase 2

B7

Workshop: R.E.A.P: Approach-Sensitive Care

12:30 PM

-

1:30 PM

**Networking Lunch
Exhibitor's Marketplace**

1:30 PM - 2:30 PM	CONCURRENT PAPERS & WORKSHOPS SESSIONS C1 - C7
C1	Avoiding Functional Decline: Perspectives from Health Care Providers <ul style="list-style-type: none"> • <i>Implementation And Evaluation of A Mobile Acute Care For The Elderly Service In A Large Academic Teaching Organization</i> • <i>An Exploration of Health Care Provider Attitudes and Perceptions on Physical De-conditioning Among Seniors during Acute Care Hospitalization: Strategies for a Collaborative Approach to Prevention</i>
C2	Partnering for Innovative Day Care Programs <ul style="list-style-type: none"> • <i>Redirection Through Volunteering During Retirement</i> • <i>Older Workers</i>
C3	New Directions in Meeting the Needs of Responsive Behaviours <ul style="list-style-type: none"> • <i>Primary Care Best Practices For Seniors With Responsive Behaviours</i> • <i>Behavioural Supports In Ontario: Health System Approach To Help Persons With Responsive Behaviours</i>
C4	Maintaining Seniors' Independence Through Recreation <ul style="list-style-type: none"> • <i>Physical Activity. Vigorous. More is Better. Words that Older Canadians Should Embrace.</i> • <i>Get More Women 55-70+ in Your Recreation Programs: Tips and Tools for Success</i>
C5	Re-integration Programs After Discharge <ul style="list-style-type: none"> • <i>Transforming the Health System Through An Integrated Client Care Model For Seniors With Complex Needs</i> • <i>Partnering To Extend Client Care Following Discharge: The Baycrest Community Client Follow Up Project</i>
C6	Maintaining Care and Safety of Seniors and Caregivers <ul style="list-style-type: none"> • <i>Sharp-End And Blunt-End Factors That Contribute To Adverse Events In Community Home Health Care.</i> • <i>Aging in Place - A Unique Approach</i>
C7	Workshop: Community Capacity Building - A Tool Kit for Community Leaders and Volunteers in the South Asian Community
C8	Special Seniors Forum: Senior's Perspectives on How To Make Ontario The Best Place To Grow Older
2:30 PM - 2:45 PM	Nutrition Break & Networking
2:45 PM – 3:45 PM	Afternoon Plenary – Panel Presentation
3:45 PM	Closing Remarks

10:15 AM – 11:15 AM

CONCURRENT PAPERS & WORKSHOPS SESSIONS A1–A7

A1 Prevention Management Programs

Improving Patients Safety in the Complex Care Setting: A Quality Improvement Program to Reduce Pressure Ulcers

Brooke Cowell, St. Joseph's Healthcare Hamilton, Hamilton, Ontario

John Principato, St. Joseph's Healthcare Hamilton, Hamilton, Ontario

This paper will describe how a standardized program to reduce pressure ulcers was developed and implemented across the St. Josephs Healthcare Hamilton Complex Care Program and the results achieved. Tools and strategies that other organizations can customize for use in their own setting will be discussed.

Delirium: Empowering the People

Michelle Cleland, York Central Hospital, Richmond Hill, Ontario

Judy Smith, York Central Hospital, Richmond Hill, Ontario

York Central Hospital has implemented an approach for the recognition, prevention and management of delirium that is built on best evidence for delirium, and utilizes the Chronic Disease Model as a framework. This presentation will provide an overview of our implementation journey describing a three stream approach that has contributed to the success and the key enablers and models that have been foundational to a robust, sustainable and person focused approach.

A2 Improving Client Health in Complex Care Settings

Helping Seniors Regain Their Continence - A Long Term Care Continence Program

Nelly Farghani, Centric Health, Toronto, Ontario

Molly Marrack, Centric Health, Toronto, Ontario

The Centric Health continence program was developed as a specialized program to meet the care and service needs of residents in LTC and Retirement Homes. The issue of continence management affects 30% of men and 55% of women over the age of 65, and is a significant cost driver in the Homes (the estimated yearly cost per resident for continence supplies is between \$3000-\$10,000). This is also an important and sensitive issue for staff in LTC and RH, because it involves every member of the interdisciplinary team in the Home, and has drawn increased attention as a result of public quality reporting and RAI-MDS implementation.

Continence with Confidence - Capturing Improvements in Continence Through Point of Care Technology - One Home's Experience

Ilona Turczyn, Specialty Care, Mississauga, Ontario

Jesselyn Carvajal, Specialty Care, Mississauga, Ontario

This presentation will show how Point of Care technology can capture individual variation, home area variation and facility wide variation. To demonstrate how the use of run charts and visual data capturing improved levels of continence can be the catalyst for further change.

A3 Improved Health Care Response to Pain Management and End of Life Care

Pain Communities of Practices: Embracing a Journey of Strategies and Resources

Saima Shaikh, Registered Nurses' Association of Ontario, Mississauga, Ontario
Linda Dowhaniuk, Acclaim Health, Mississauga, Ontario

In MH and CW LHINs, evidenced based sessions have been cultivated through the collaboration of the RNAO Best Practice Coordinator and the Palliative Care Consultation Program in the Pain Community of Best Practice (CoBP). In July 2010, Ontario Regulations 79/10 mandated that all Long Term Care Homes must have a program plan for required programs as identified in section 48. Pain Management is one of the four required programs. The Pain Communities of Best Practice CoBP is a series of interactive learning sessions that bridges the gap between regulations and practice. This forum promotes and advances interdisciplinary knowledge transfer of evidenced based best learning to the point of care staff.

End of Life During the Last Days and Hours of Life

Melody Boyd, Registered Nurses' Association of Ontario, Meaford, Ontario
Beverly Faubert, Registered Nurses' Association of Ontario, Sarnia, Ontario

This paper will review the RNAO EOL guideline and provide strategies for implementing improved evidence based nursing practices within long-term care homes in Ontario.

A4 Resources to Support Better Care and Outcomes

ALC Checklist - Empowering PSW's to Look for Client Change

Debbie Taylor, Circle of Care, Toronto, Ontario

This session will describe a new tool implemented at Circle of Care, the ALC Checklist, that gives PSW's the tools and incentive to notice changes in client status and take action.

The Independent Living Guide: Staying Safely At Home

Julia Sommers, We Care Health Services, Toronto, Ontario

The Independent Living Guide (ILG) was identified as an excellent tool that will help clients/families to recognize safety risks and make simple changes to reduce risk of injury in and around the home. http://www.wecare.ca/pdf/ILG_ONLINE.pdf

A5 Inspiring Perspectives and Guidelines for Advancing Senior Services

Seniors Service Delivery Guidelines for Community Support Services

Carolyn Acton, Circle of Care, Toronto, Ontario
Sonia Ranieri, Circle of Care, Toronto, Ontario

Participants will learn about the Seniors Service Delivery Guidelines and how they advance quality and safety in community support service delivery. Community Support Services are critical supports. It is hoped that conference attendees will be interested in learning more about the guidelines and using them in their own communities.

A6 Empowering Seniors: Mental Health Models

The Older Adult in Crisis

Robin Hurst, Saint Elizabeth, Markham, Ontario

Margaret Buck, Saint Elizabeth, Markham, Ontario

This session will be of interest to everyone interested in building a better system for seniors with mental health issues. Learnings include the role of the seniors mental health crisis nurse, family centered care, multisectoral partnerships and knowledge of the older adult.

ElderTALK: An Innovative Elder-Centred Approach to Seniors' Mental Health

Trudy Medcalf, PhD, unaffiliated scholar, Ottawa, Ontario

Lindsay Sprague, Family Counselling and Support Services for Guelph-Wellington, Guelph, Ontario

This presentation encourages participants to consider an innovative elder-centred approach to raising awareness of the incidence of depression and suicide among older adults.

A7 WORKSHOP

Coordinated Care Transitions - Views of Seniors and Informal Caregivers, and Health System Leaders

Cathy Fooks, The Change Foundation, Toronto, Ontario

Qualitative and quantitative data from consultations with seniors and informal caregivers, and health system policy and decision makers. Cathy Fooks will chair the Panel.

11:30 AM – 12:30 PM

CONCURRENT PAPERS & WORKSHOPS SESSIONS B1–B8

B1 Specialized Programs in Dementia Care

Strategies to Assist With Feeding In Residents With Dementia

Ibo Barbacsy-MacDonald, Registered Nurses Association of Ontario, Ottawa, Ontario

Janet Evans, Registered Nurses Assoc, Ottawa, Ontario

Current legislation in long-term care (LTC) outlines the need to adhere to specialized programs for responsive behaviours. However, for staff working with residents with dementia figuring out how to promote adequate nutrition when dealing with responsive behaviours is the bigger challenge. This is especially an issue when it comes to understanding which interventions to use with the various feeding difficulties that arise due to the progression of dementia. This workshop will outline the difficulties related to nutrition and will provide strategies that staff can use.

Recovery in Dementia

Steve Mathew, Franzis Henke, and Kim Ritchie, Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario

Recovery in Dementia conceptualized through the implementation of a therapeutic model on a specialized psychogeriatric unit.

B2 New Directions in Client Centered Care

Age-Friendly Environments Across the Healthcare Continuum

Julie Bessant Pelech, BES, CGer, MA, President, BPA Inc., Bessant Pelech Associates Inc., Mississauga, Ontario
Dr. Samir K. Sinha, MD, DPhil, FRCPC, Director of Geriatrics, Mount Sinai and the University Health Network Hospitals, Toronto, Ontario

Healthcare environments matter to elders and not just because of the services offered therein. Discover how elder-friendly places and spaces influence the experiences and abilities of elders. Join a gerontologist and geriatrician team in exploring the realities and possibilities of the person-environment relationship in hospital and community-based service settings. Learn why the elder-friendly hospital is an issue du jour. Rethink the patient/client experience in current healthcare environments and hear about the emerging commitments to change including innovative applications of elder-friendly principles from across Canada and the U.S.

Client-centred Care: Future Directions for Policy and Practice in Home and Community Care

Catherine Brookman, Saint Elizabeth, Markham, Ontario
Cheryl Cott and Kathy Kastner, Ontario

Based on the findings of a ground-breaking study, this workshop will focus on how to use the knowledge available in a brand new resource on client-centered care practices in order to inform changes in policy, practice and/or organizational structure to improve the healthcare experience of clients and families.

B3 Health Care Models in Geriatric Care

Identifying Seniors Concerns Regarding Community Reintegration After Discharge From Inpatient Musculoskeletal Rehabilitation: An ICF Approach

Chandni Chadha, The University of Western Ontario, London, Ontario

This project has investigated the concerns of seniors to facilitate their participation in the local community environment after discharge from in-patient musculoskeletal rehabilitation.

Multi-Organizational Partnership Approach to Quality Improvement in LTC

Tina Bishai, Centric Health, Toronto, Ontario
Vivian Lo, Centric Health, Toronto, Ontario

The presentation is a description of a quality improvement initiative that was undertaken through a partnership between Centric Health, CIHI and over 120 LTC Homes in Ontario. In order to ensure that there is a continuous quality improvement program in place for the rehab services delivered to LTC Homes, there needs to be data available for monitoring and analysis. Centric Health developed a report with CIHI that tracks rehab related outcomes and quality indicators for the Homes it services. By providing this report to LTC Homes every quarter, Centric Health is able to track the efficacy of the rehab programs in the Homes it services, and ensure transparency in the service delivery.

B4 Hospital Elder Life Programs- Successful Models

Prevention of Delirium and Functional Decline Among Hospitalized Elder Patients: Evaluation of the Hospital Elder Life Program (HELP)

Joanne Chen, Trillium Health Centre, Mississauga, Ontario

This presentation will share the organization's experience with implementing, evaluating, modifying and sustaining the Hospital Elder Life Program. Program results demonstrated that patients enrolled in HELP experienced a reduction in hospital acquired delirium, falls, and had a high level of satisfaction with the program. These results suggest that HELP is an effective prevention program for delirium among hospitalized elder patients and the program greatly aids the establishment of senior friendly hospitals.

Implementation Of The Hospital Elder Life Program (HELP) In A General Internal Medicine (GIM) Inpatient Unit At A Multi-Site Academic Hospital

Paula Cripps-McMartin, Toronto Western Hospital, Toronto, Ontario
Ivetka Vasil, B.A., M.A., CHRM, Ontario

Utilization of the HELP framework to implement volunteers into acute patient care delivery in the General Internal Medicine (GIM) service, Toronto Western Hospital (TWH).

B5 Intervention Programs for Caregivers

Outcomes of Dementia - Family Caregivers Trained in the Reitman CARERS Approach: A Pilot Study

Mary Chiu, Mount Sinai Hospital, Toronto, Ontario

Family caregiving is an integral part of the care system for persons with Alzheimer's Disease and Related Dementia. However, caregivers often enter the caregiving role unprepared with little knowledge or understanding of dementia, thus are at high risk of emotional and physical disturbances directly related to the degree of stress and burden which they experience. A number of intervention programs for caregivers was developed and have reported positive results in efforts to support caregivers and reduce the adverse effects of caregiving.

The Reitman Centre for Alzheimer's support and training, a facility devoted to addressing stress and burden in caregivers. It has as its centre piece the Reitman Centre CARERS program, a novel therapeutic skills training program which gives caregivers the knowledge, emotional tools, skill sets and support essential to alleviating burden and stress of caregiving. The intervention elements of the CARERS program are derived from empirical evidence that has defined the key determinants of burden. It systematically addresses these elements using evidence based interventions and systematically evaluates outcome.

Evaluating Caregiver Education and Support Programs Using New Promising Practice Indicators

Paul Holyoke, Saint Elizabeth Health Care, Markham, Ontario
Justine Toscan, Saint Elizabeth Health Care, Markham, Ontario

Using the new Guide to the Promising Practice Indicators for Caregiver Education and Support Programs, this workshop will help participants evaluate their own organizations caregiver programs, and identify gaps and opportunities for improvement.

B6 Workshop

Creating Future Leaders in Eldercare - Phase 2

Rosemary Brander, Providence Care, Kingston, Ontario
Gail Hawley Knowles, Providence Care, Kingston, Ontario

Facilitated geriatric medicine and psychiatry interprofessional staff in leading QI projects which improved i) continuity of care ii) safe medication administration iii) safe discharge processes and enhanced quality eldercare.

B7 Workshop

R.E.A.P: Approach-Sensitive Care

Marianne Saragosa, Baycrest, Toronto, Ontario
Sue Calabrese, Baycrest, Toronto, Ontario

Description of interactive and innovative training and sustainability plan for frontline staff working with individuals suffering from dementia and responsive behaviours.

12:30 – 1:30 Lunch, Networking, Exhibit Hall

1:30 PM – 2:30 PM CONCURRENT PAPERS & WORKSHOPS SESSIONS C1–C7

C1 Avoiding Functional Decline: Perspectives from Health Care Providers

Implementation And Evaluation Of A Mobile Acute Care For The Elderly Service In A Large Academic Teaching Organization

Mary Kay McCarthy, University Health Network, Toronto, Ontario
Paula Cripps-McMartin, University Health ,Toronto, Ontario

Implementation of a mobile interprofessional team to enhance geriatric service and care at Toronto Western Hospital.

An Exploration of Health Care Provider Attitudes and Perceptions on Physical De-conditioning Among Seniors during Acute Care Hospitalization: Strategies for a Collaborative Approach to Prevention

Debbie Park, Trillium Health Centre, Burlington, Ontario
Lisa Brice-Leddy, Trillium Health Centre, Mississauga, Ontario

A qualitative study examining the understanding of frontline staff in acute care with respect to deconditioning that happens to seniors during their hospital stay and what can be done to prevent it.

C2 Partnering for Innovative Day Care Programs

Redirection Through Volunteering During Retirement

Suzanne Cook, Rotman Research Institute, Toronto, Ontario

This study examines volunteering during retirement and how it can provide renewal, meaning, fulfillment and 'redirection' during later life. A sample of retirees age 55 to 75 were examined and based on their experiences, I propose that retirees who volunteer are in the new stage of Redirection.

Older Workers

Barb Jaworski, Work Place Institute

In the past, older workers were ushered out of the workplace but now their skills are needed and some employers are finding ways to retain this talent pool. New work arrangements: part time, reduced hours and work from home are among the new forms of flexible work that respond to the needs of older workers. This session examines the changing role of older workers.

C3 New Directions in Meeting the Needs of Responsive Behaviours

Primary Care Best Practices For Seniors With Responsive Behaviours

Dr. Jennifer Everson, Physician Lead, Hamilton Niagara Haldimand Brant Local Health Integration Network, Grimsby, Ontario
Rosemary Frketich, Advisor, Health System Transformation, Hamilton Niagara Haldimand Brant Local Health Integration Network, Grimsby, Ontario

Through the Behavioural Supports Ontario Project the HNHB LHIN has identified improvement opportunities. One such opportunity is to build capacity in primary care providers to enable them to successfully manage clients with responsive behaviours in the community. The plan includes developing best practice tools and decision trees for optimal management. These tools will be piloted in two family health teams in January 2012 and PDSA tests of change will be utilized to refine, retest and implement these tools. These will be short term pilots with rapid tests of change with a plan for implementation throughout the HNHB LHIN. The tools and resources will be developed in conjunction with three other LHINs and then shared with the other remaining 10 LHINs. The purpose is to identify test, refine and implement best practices in primary care for seniors with responsive behaviours.

Behavioural Supports In Ontario: Health System Approach To Help Persons With Responsive Behaviours

David Harvey, Alzheimer Knowledge Exchange, Toronto, Ontario
Sara Clark, Alzheimer Knowledge Exchange, Toronto, Ontario

This discussion will highlight provincial and local experiences as they relate to responsive behaviours. Participants will learn how knowledge exchange networks and key stakeholders have successfully created the conditions for change through collaboration, dialogue and mutual accountability.

C4 Maintaining Seniors' Independence Through Recreation

Physical Activity. Vigorous. More is Better. Words that Older Canadians Should Embrace.

Clara Fitzgerald, The University of Western Ontario, London, Ontario

In 2006 the process to inform new activity guidelines was initiated by the Canadian Society for Exercise Physiology. The Research Director of the Canadian Centre for Activity and Aging (CCAA) conducted a systematic review to examine the relationship between physical activity and health in older adults. The results and recommendations from the study will be presented.

Get More Women 55-70+ in Your Recreation Programs: Tips and Tools for Success

Shelley Callaghan, Canadian Association for the Advancement of Women and Sport and Physical Activity, Ottawa, Ontario

Using results from cross Canada focus groups, national statistics and learnings from over 40 pilot projects, this presentation will provide useful information on how to adapt, market and energize recreation programs to attract 'younger senior' women 55-70+.

C5 Re-integration Programs After Discharge

Transforming the Health System Through An Integrated Client Care Model For Seniors With Complex Needs

Jodeme Goldhar & Jamie Arthur, Toronto Central CCAC, Toronto, Ontario

The Integrated Client Care Model for Older Adults with Complex Needs supports an increased focus on advancing quality of care and health system integration while aligning with provincial and LHIN priorities to reduce emergency department wait times, unnecessary hospital visits and the number of ALC days. Where the Model differentiates itself is in the central role of primary care, intensive case management, interdisciplinary and inter-organization team-based care, strong hospital and sector leadership and the provision of portable integrated tools. All are proving to be critical success factors in advancing a successful integrated approach to care for older adults with complex needs.

Partnering To Extend Client Care Following Discharge: The Baycrest Community Client Follow Up Project

Lesley Patterson, Baycrest Centre, Toronto, Ontario
Andrea Becker, Baycrest, Toronto, Ontario

Day Treatment outpatient clients are provided with follow up of discharge recommendations and social contact for 3 months post-discharge using trained volunteers with staff support. The goals are to support clients in maintaining gains and actualizing team discharge recommendations. In addition it will provide outcome information and feedback to the team.

C6 Maintaining Care and Safety of Seniors and Caregivers

Sharp-End And Blunt-End Factors That Contribute To Adverse Events In Community Home Health Care.

Dorothy Gotzmeister, University of Western Ontario, London, Ontario
Dr. Aleksandra Zecevic, University of Western Ontario, London, Ontario

This study looked at factors that contributed to adverse events that occurred in the home when an adult over 65 years of age was cared for by an informal, live-in caregiver. The cases were investigated with the systematic falls investigation method.

Aging in Place - A Unique Approach

Susan Smith, Waterloo Wellington CCAC, Guelph, Ontario

Waterloo Wellington's Integrated Assisted Living Program is a unique non-traditional collaboration, supporting aging in place, improving health outcomes and reducing pressures on local health facilities.

C7 Workshop

Community Capacity Building - A Tool Kit for Community Leaders and Volunteers in the South Asian Community

Carol Edward, CHATS - Community & Home Assistance to Seniors, Aurora, Ontario
Naila Butt, Social Services Network, Markham, Ontario

CHATS Community & Home Assistance to Seniors, in collaboration with the Social Services Network, developed a Tool Kit for Tamil and Punjabi Community Leaders and Volunteers, to deliver six health and wellness workshops to seniors with an emphasis on navigating the health care system, physical and mental health education and activities.

C8

Special Seniors Forum:

Senior's Perspectives on How To Make Ontario The Best Place To Grow Older

Facilitator: Joe Bornstein, OGA President

The session is an opportunity for a group of seniors to provide their views on what would make Ontario the Best Place to Grow Older. A limited number of spaces are available to people over 65 registering for this session.

2:30 – 2:45

Nutrition Break, Networking, Exhibit Hall, Draws

2:45

PANEL PRESENTATION

Making Ontario The Best Place To Grow Older Through Innovation

The final plenary session will bring together many of the elements of the conference as seen by two highly respected professionals, Dr. Glouberman is head of the Canadian Patients Association and brings a unique perspective to the challenge of making Ontario the Best Place to Grow Older.

Dr. Sinha is a highly regarded Geriatrician who brings an equally important perspective to this wrap-up session. There will also be input from a concurrent session at which seniors share their views on what would make Ontario the best place to grow older.

**Dr. Samir K. Sinha, MD,
DPhil, FRCPC**

*Director of Geriatrics, Mount Sinai and
the University Health Network Hospitals
in Toronto*

*Assistant Professor of Medicine,
University of Toronto and the Johns
Hopkins University School of Medicine*



Dr. S. Glouberman

*President of the Patients'
Association of Canada*

*Philosopher in Residence at
Baycrest Centre for Geriatric Care,
and an adjunct at the University of
Toronto.*



3:50

Closing Remarks

2012 Conference Organizers

Ontario Gerontology Association is committed to working with all stakeholders to improve the quality of life for older adults by advancing the teaching, learning and practice of gerontology in the province. OGA is an associate of the Canadian Association on Gerontology.

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Regional Geriatric Programs of Ontario provide a comprehensive network of specialized geriatric services, which assess and treat functional, medical and psychosocial aspects of illness and disability in older adults who have multiple and complex needs. Working in collaboration with primary care physicians, community health professionals and others, we seek to meet the needs of the most frail and vulnerable seniors. In 1986, RGPs were established at Academic Health Sciences Centres in Hamilton, Kingston, London, Ottawa and Toronto and together form the Ontario Provincial Network of Regional Geriatric Programs.

RGP Administrative Office
Tel: 613-798-5555 Ext. 17660 Fax: 613-761-5334 Web: www.rgps.on.ca

All Day

Poster Presentations: Connecting and Communicating Aging Research

Delegates will have the opportunity to view the poster presentations on Wednesday April 25, 2012 at the Evening Forum and all day on Thursday April 26, 2012 during the conference proceedings. The posters presentations provide an opportunity for connecting and communicating with those conducting innovative research in the field of aging.

Posters being presented are as follows:

The Implementation of the Oral Health Best Practice Guideline in a Long-Term Care Home

Ibo Barbacsy-MacDonald, Registered Nurses Association of Ontario, Ottawa, Ontario
Janet Evans, Ottawa, Ontario

Affiliates or Author(s): Debbie Flood

To describe to the audience how one long-term care home successfully implemented the Registered Nurses Association of Ontario (RNAO) Oral health: Nursing assessment and intervention Best Practice Guideline (BPG) over two years. This will include the process taken and tools used. This guideline was implemented to improve the quality of oral health for residents in the home.

Physical Activity for the Prevention, Delayed Onset, and Management of Pre- & Type-2 Diabetes

Nazia Bhatti, The University of Western Ontario, London, Ontario

Affiliates or Author(s): Clara Fitzgerald, Program Director Sarah Merkel, Project Coordinator Shannon Belfry, Applied Research Coordinator The University of Western Ontario, Canadian Centre for Activity and Aging

Several clinical research studies have evaluated the effects of physical activity on diabetes prevention and management. However, the majority of individuals diagnosed with type 2 diabetes remain physically inactive. A needs assessment was conducted by the Canadian Centre for Activity and Aging (CCAA) with diabetes education centres across Canada. Results showed that safe and appropriate community exercise programs are necessary for this population and, as a result the Get Fit for Active Living Diabetes (GFAL-D) project began in January 2010.

Developing a Model to Explain the Process of Aging with Adult-Onset Physical Disability

Kristen Bishop, University of Western Ontario, London, Ontario
Sandra Hobson, University of Western Ontario, London, Ontario

The Model of Aging with Disability (MAWD) is a conceptual model that seeks to explain the process of aging with disability. This data-driven model was built from concepts said to be factors influencing the process of aging with disability.

Aging with a Chronic Condition: Empowering Older Adults to Adopt Healthy Living

Debbie Mendelson, Baycrest Hospital, Toronto, Ontario
Angela Chan, Baycrest Hospital, Toronto, Ontario

Affiliates or Author(s): Mendelson AD Baycrest Hospital; Chan A Baycrest Hospital, University of Toronto; Wells-Rowell Baycrest Hospital.

This paper provides a description of 3 condition specific self-management programs for arthritis, stroke and Parkinson's. Program evaluation findings are also presented.

Accessibility of Grocery Stores and Pharmacies in Eight Hamilton Neighbourhoods

Kate Ducak, McMaster University, Hamilton, Ontario

Affiliates or Author(s): Kate Ducak, Jennifer Hynes, Julia Rowe, Margaret Denton, & Lori Letts

The purpose of this study was to obtain data on the accessibility and age-friendly qualities of selected grocery stores and pharmacies in Hamilton, Ontario using the Community Health Environment Checklist (CHEC) building assessment instrument which is similar to the World Health Organizations age-friendly building criteria. This project was initiated by the Hamilton Council on Aging as part of its strategy to make Hamilton an Age-Friendly City.

These findings can be utilized by building owners and the City of Hamilton to improve the accessibility and age-friendliness of grocery stores, pharmacies, and other buildings used by the public. Other communities may want to conduct similar assessments using the CHEC.

Innovations in Wayfinding Using Cupboard and Door Design Templates for Dementia

Gail Elliot, McMaster University, Hamilton, Ontario

Jocelyn Hunt, McMaster University, Hamilton, Ontario

This poster presents innovative techniques that focus on supporting memory loss in dementia using standardized Memory M-Aid templates.

Preventing Falls - A Positive Effect

Jasdeep Grewal, Cooksville Care Centre, Mississauga, Ontario

Diana Gillstrom, Achieva Health, Toronto, Ontario

Affiliates or Author(s): Susan Veenstra, Debbie Green, Toulou Reppas, Ashwini Brahma

By enhancing our Falls Prevention Teams in our long term care homes, we have seen a positive outcome related to falls prevention through early identification, prevention and ongoing monitoring.

Motivating the Baby Boom Generation: An Application of the Theory of Planned Behaviour, Exercise Behaviour and Stages of Change on Physical Activity Intentions

Laurin Hoegy, Lakehead University, Thunder Bay, Ontario

Affiliates or Author(s): Dr. Jane Taylor, Dr. Joey Farrell, Dr. Marg McKee

The importance of physical activity is an Ontario Gerontology Association priority. As baby boomers advance in age, the older adult population will continue to increase and physical activity is the first step in maintaining a healthy lifestyle, reducing the risk for disease and ensuring our population is doing everything it can to stay healthy. This study is aiming to guide other researchers in the right direction for promoting physical activity among this age cohort. By understanding boomers intentions and behaviours towards physical activity, programs can be designed to better motivate them and increase participation levels. This study is on-going and will be completed mid-february of 2012.

Perceptions of Ageism in Young and Older Individuals

Katie Lemmetty, Lakehead University, Thunder Bay, Ontario

Affiliates or Author(s): Maggie Chicoine

This presentation focuses on ageism as an experience of young and older individuals. An increased understanding of the meaning and experiences of ageism in different age groups may help to overcome ageist attitudes and beliefs. The main thrust of the study is to assess understanding and experience of ageism by younger and older people, and to formulate strategies that could be implemented to eradicate ageism within communities.

Mobilization of Vulnerable Elderly in Ontario: Move ON

Barbara Liu, RGP, Sunnybrook Health Sciences Centre, Toronto, Ontario
Ummu Almaawiy, Sunnybrook Health Sciences Centre, Toronto, Ontario

Affiliates or Author(s): B. Liu, S. Straus, D. Brown-Farrell, T. Izukawa, J. Ritchie, S. Sinha, R. Ramsden, M. Zorzitto, C. Johnson, Dr. Knights, J. Denomme, U. Almaawiy

Older people are at high risk of developing functional decline and complications when immobilized for even short periods of time. Rates of mobilization of patients in acute care are unacceptably low. There are several perceived barriers to mobilization of older patients. Our intervention provides a comprehensive approach to addressing those barriers. We are implementing an innovative, scalable strategy to prevent functional decline in older patients admitted to general medicine patients at 14 teaching hospitals in Ontario. All interprofessional team members are targets for the educational intervention aimed at increasing mobilization of patients over 65 years.

Using the Labyrinth as an Effective Spiritual Practice

Dr. Marianne Mellinger, Schlegel-University of Waterloo Research Institute for Aging, Waterloo, Ontario
Susan G. Brown, Schlegel-University of Waterloo Research Institute for Aging, Waterloo, Ontario

Affiliates or Author(s): Dr. Marianne Mellinger (Program Coordinator, Spiritual Care for Seniors, Schlegel-University of Waterloo Research Institute for Aging), Maureen Dwyer (Chaplain, The Village of Glendale Crossing), Robin McGauley (Labyrinth Consultant) and Susan G. Brown (Research Coordinator, Schlegel-University of Waterloo Research Institute for Aging)

This poster will provide information on how the labyrinth can be used as an effective spiritual practice with continuing care residents who are increasingly multi-cultural, multi-faith, and 'spiritual but not religious.'

Ultra Violet use in Long Term Care Wound Management

Kwaku Mensah, Hawthorne Place Care Centre, North York, Ontario
Manju Vinoth, North York, Ontario

Affiliates or Author(s): Debbie Green, Susan Veenstra, Diana Gillstrom, Toulou Reppas

Using the scorecard we have created to monitor this wound care modality, it allows us to capture positive results that would not be captured with other conventional tools.

Champions for Dementia Project

Jacquie Micallef & Dennis Cadenas, Alzheimer Society of Ontario, Toronto, Ontario

The Alzheimer Society of Ontario embarked on a volunteer-based project as a way of strengthening and increasing knowledge and awareness about the Alzheimer Society's messages to Government. The project was very successful in recruiting and retaining volunteers (mostly caregivers of people with dementia), getting our messages distributed locally, and has created a local base of supporters for our messages.

Why Older Adults Withdraw From Diabetes Self Management Education: A Grounded Theory Study

Kristina Miller, University of Western Ontario, London, Ontario

Affiliates or Author(s): Kristina Miller, BHSc, MSc (candidate); Sandra Hobson MAEd, LLD, OT Reg. (Ont.); Irene Hramiak, MD, FRCP(C); Colleen Gobert, PhD, RD; Marita Kloseck, PhD

The number of older adults is increasing rapidly along with an increase in chronic diseases such as type 2 diabetes. Diabetes self management minimizes rising health care costs while increasing quality of life and limiting secondary complications for patients; however, available self management programs are underutilized among this age group and reasons for withdrawal are poorly understood. This grounded theory study explored why older adults withdraw from diabetes self management education. Participants have indicated in preliminary findings that accessing services became difficult due to other illnesses, the cost of parking while being on a fixed income, as well as being unclear about the process of registering for subsequent classes.

Evaluation Of A Regional STEMI Primary Percutaneous Coronary Intervention Program At The Rouge Valley Health System

Pria Nippak, PhD, Ryerson University, Toronto, Ontario
Winston Isaac, PhD, Ryerson University, Toronto, Ontario

Affiliates or Author(s): Jodie Pritchard, Candace J. Ikeda-Douglas, Ryerson University

Despite improved treatments, ST-elevation myocardial infarction (STEMI) remains the second leading cause of death. Timely primary percutaneous coronary intervention (PCI) is the optimal method of reperfusion that improves outcomes. Improved access to primary PCI can be made more readily available by implementing regional PCI centres. As such, a regional PCI program was implemented at an east GTA hospital in 2009 to provide treatment to a growing number of people in Ontario. This program was expanded to include Durham Region in April 2010. This study reinforces research that has shown paramedic initiated referral is an effective method of decreasing door-to-balloon time in patients with STEMI. This in conjunction with regionalizing PCI centres may improve patient treatment times.

Igniting the Passion - Building Capacity in Seniors' Health

Catherine Petch, York Central Hospital, Richmond Hill, Ontario
Judy Smith, York Central Hospital, Richmond Hill, Ontario

Affiliates or Author(s): Michelle Cleland, Pamela Rosano

This paper presentation will describe our journey of igniting passion and building capacity in seniors' health across the continuum of care. These activities include interprofessional staff and advanced practice nurses from community, acute care and long term care settings.

Making the Transition: Converting a General Internal Medicine Ward into an Acute Care for Elders Unit

Rebecca Ramsden, Mount Sinai Hospital, Toronto, Ontario
Barb Allen, Ontario

Mount Sinai Hospital transformed a General Internal Medicine unit into an Acute Care for Elders unit in the spring of 2011. The process of unit conversion took a systematic approach with a focus on education, team building and culture transformation. The ACE unit development was part of a larger organizational strategy to improve care of frail hospitalized older patients.

An Innovative Collaborative Approach to Avoid ED Visits for Elders with Acute or Chronic Conditions

Judy Ritchie, Baycrest, Toronto, Ontario

Recognized by Accreditation Canada as an innovative program to keep elders out of ED, Baycrest developed a 27-bed Acute Care and Transition (ACT) unit that provides care to acutely ill, frail elderly from Baycrests' LTC and CCC units, directly from LTC facilities, and various EDs and outreach teams with the specific goal of reducing the need for ED and acute hospital admissions.

The New Poets of Baycrest: Writing Their Lives

Dr. Lesley Shore EdD, The Terraces of Baycrest, Toronto, Ontario
Barbara Davidson RS.Hom (UK), North York, Ontario

A former teacher and professor of English education leads a poetry workshop at Baycrest with a workshop participant who is now a published poet. They will explain how writing poetry about their own lives and discussing this poetry enhances the lives of seniors in a remarkable way. The template for creating a poetry workshop like this in a seniors' facility is the subject of this presentation.

Outcome Based Integrated Care in a Community Cluster Care Setting

Jeffrey Cole, Central Community Care Access Centre, Newmarket, Ontario

Debbie Taylor, Circle of Care, Toronto, Ontario

The Central Community Care Access Centre (CCAC) and Circle of Care, a contracted Service Provider developed an innovative, integrated model of service delivery where accountability for services was shifted from CCAC to Service Provider. A 26 week pilot measured clients health status through use of the RAI HC and other outcome measures.

Task Shifting in the Provision of Home and Social Care: Implications for Health Human Resources

Margaret Denton, McMaster University, Hamilton, Ontario

Affiliates or Author(s): Kate Ducak, Jennifer Hynes, Julia Rowe, Margaret Denton, Lori Letts

The purpose of this study was to explore the process of task shifting in home health care and the relationship, if any, to health human resources issues such as training, competency, retention, job satisfaction and occupational risk factors such as occupational health and safety and chronic stress.

Formative Evaluation Of An Enhanced Geriatric Consultation Team: The Ottawa Hospital Case

Farmanova, E., The Ottawa Hospital, Civic Campus, Ottawa, Ontario

Rossy, D., The Ottawa Hospital, Civic Campus, Ottawa, Ontario

Affiliates or Author(s): University of Ottawa Co-author: Milne, Kelly.

A formative evaluation was conducted to examine the benefits of an enhanced interprofessional geriatric consultation team upon the conventional patterns of consultation in the delivery of care to older adults at the Ottawa Hospital (TOH). This approach to geriatric care may provide the desired clinical benefits to geriatric patients and will secure the provision of care to patients with geriatric problems aligned with the provincial Senior Friendly Hospital strategy.

Realizing a Senior Friendly Hospital: Assessing And Addressing The Education Needs Of Allied Health Professionals

Vince DePaul, St. Joseph's Healthcare Hamilton, Hamilton, Ontario

Helen Harris, Hamilton, Ontario

Affiliates or Author(s): Vince DePaul, Helen Harris, Mary Barbaric, Michelle Daigneault, Victoria Haslam, Aji John, Jennifer Lee, John O'Neill, Christina Senchuk

This poster will be presenting the process, results and implications of the education needs assessment of our allied health staff at St. Joseph's Healthcare Hamilton.

We Want To Exercise! A Model Of A Patient Driven, Inter-Professionally Supported, Hemodialysis Exercise Program.

Susy Marrone, St. Joseph's Healthcare Hamilton, Hamilton, Ontario

Affiliates or Author(s): Susy Marrone, Peggy Maskell, Shirley Gow, James Bellamy, Vince DePaul

This poster presentation will discuss challenges and successes related to the development and implementation of this novel, patient-directed, inter-professional team supported model of exercise provision in this complex population.



**Making Ontario The Best Place To Grow Older
Through Innovation**



Annual Conference

April 25th & 26th, 2012

Doubletree by Hilton Toronto Airport - 655 Dixon Road - Toronto, Ontario

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Conference

- **Pre-Conference:** RGPs of Ontario Education Day – Sharing Innovations to Promote Senior Friendly Hospitals. Wednesday 8:00am - 4:00pm. Includes continental breakfast and lunch.
- **Thursday Only:** Plenary and concurrent sessions, Trade Show, continental breakfast, lunch and nutrition breaks.
- **Full Conference; Wednesday Evening and Thursday.** Wednesday keynote speaker(s), OGA Positive Aging Award and reception AND Thursday plenary speaker, concurrent sessions, Trade Show. Includes continental breakfast, lunch and nutrition breaks.
- **All:** All of the above; Pre-conference & Conference

Please indicate the concurrent sessions you would prefer to attend. Sessions will be posted on the OGA Website when they are available.

Session A: (10:15 am - 11:15 am)	1st Choice	_____
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Please circle one of the following	Before: March 23, 2012				After: March 23, 2012			
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Refund Policy: Cancellations received in writing will be accepted up to March 9th, and payment will be returned less an administration fee of \$60.00. Cancellations received after that date will not be refunded, however delegate substitutions will be accepted.

Hotel Information: The conference will be held at the Doubletree by Hilton–Toronto Airport, 655 Dixon Road, Toronto, Ontario. Phone: 416 244 1711 OR 1- 800 222 8733. Guest rooms are available at a special conference rate of \$139.00 on a first come first served basis, please contact the hotel directly to book.

Parking: Parking charges will be covered by the OGA.

Driving Directions: From QEW: HWY 427 north, exit Dixon Road east (hotel is on the right hand side).

From Hwy 401 east: take Dixon Road exit, turn left at the lights (west onto Dixon Rd) hotel is on the left hand side a couple of minutes down the road at Kelfield and Dixon. **From (400):** 400 South, 401 west, take Dixon Rd/ Martingrove exit, exit on Dixon Road hotel is on the left hand side, at the first set of lights. [\(click here for map\)](#)

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