

BRUYÈRE CENTRE FOR LEARNING, RESEARCH AND INNOVATION IN LONG-TERM CARE



We create relevant and practical tools in both official languages to share with Ontario long-term care homes, health planners, and academics.



About Us

Bruyère CLRI Leadership Team



Peter Walker
Scientific Director



Simon Akinsulie
*Executive Director,
Long-Term Care*



Melissa Donskov
Director of Operations



Tracy Luciani
Knowledge Broker





About the Ontario Centres for Learning, Research and Innovation in Long-Term Care

The Ontario Centres for Learning, Research and Innovation (CLRI) in Long-Term Care (LTC) contribute towards enhancing the quality of care in the LTC sector through education, research, innovation, evidence-based service delivery and knowledge transfer. The Centres are funded by the Government of Ontario until March 31, 2016 and are hosted by Schlegel, Baycrest and Bruyère.

About the Bruyère CLRI Steering Committee

Our External Steering Committee is comprised of key stakeholders from the LTC sector (e.g., health planners, associations, educational institutions, family/resident councils, LTC homes, etc.). The Steering Committee aims to help ensure that the knowledge and tools developed through the CLRI are relevant, practical, and valuable to the LTC sector (in both French and English), and help the Bruyère CLRI to meet its learning, research and innovation goals within the Champlain LHIN and provincially.

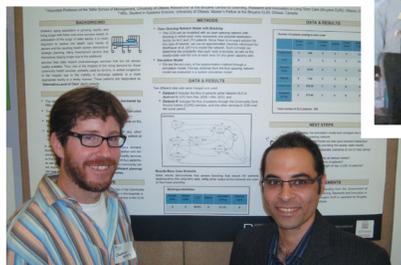
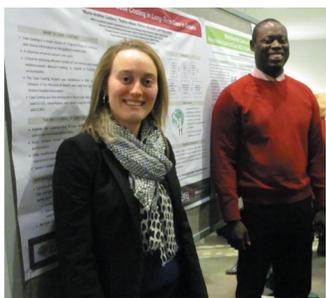
About the Bruyère Research Institute

The Bruyère Research Institute (BRI) partners with Bruyère Continuing Care and the University of Ottawa to support researchers who contribute to relevant and practical knowledge through programs of health research and programming related to Primary and Community Care, Equity, Cognition and Mobility, Health Systems and Services, and Promising Practices. BRI is a not-for-profit, bilingual organization.

About Saint-Louis Residence and the Bruyère Village

The Bruyère CLRI is located on-site at Saint-Louis Residence, a 198-bed francophone LTC home, situated on the banks of the Ottawa River in the east end of Ottawa. It provides personal, nursing, supportive services and specialized services for residents with dementia, peritoneal dialysis, convalescence, respite or general support for activities of daily living.

The Bruyère Village, also on the same grounds, features 227 independent and assisted living apartments and includes comprehensive components that meet the needs of an aging population, with the aim to keep people healthy and well for as long as possible.





LEARNING



SUPPORTING EDUCATORS

- Hold annual Educators Day, with hands-on workshops
- Build online repository of resources

Achievements to Date:

Launch of www.clri-ltc.ca (with searchable resource section), three Annual Educators Day Events held and evaluated with a total of 165 participants from an average of 20 LTC homes per year.

Project Lead: Tracy Luciani, Ph.D.



Tracy Luciani



ONLINE MODULES

(Main Partners: **Bruyère Continuing Care, Royal Ottawa, Champlain Dementia Network**)

- Develop and evaluate interactive bilingual education modules for LTC staff
- Share modules on website (no cost)

Achievements to Date:

CLRI has fully developed and made available two bilingual modules (Prevention of Pressure Ulcers and Safe Work Practices) and collaborated on several others with the Bruyère Learning Department.** Third bilingual CLRI module (Dementia) and toolkit on Safe Work Practices (to accompany online module) to be released by Fall 2015. Evaluation of online learning experience in LTC.

Project Lead: Tracy Luciani, Ph.D.



COMMUNICATION AT END-OF-LIFE

(Main Partner: **Algonquin College**)

- Assess need, develop and evaluate program through pilot with three cohorts of PSWs
- Build educators' capacity through train-the-trainer workshop and disseminate online bilingual training resource manual

Achievements to Date:

Two pilot Workshops for PSWs (43 participants) and Train-the-Trainer Workshop (21 participants from 6 LTC Homes). Training resource manual to be released in early 2016**.

Project Lead: Tracy Luciani, Ph.D.





BSCN 4TH YEAR STUDENT PLACEMENTS

(Main Partner: Algonquin College)

- Develop and evaluate innovative model for senior nursing student placements in gerontology
- Pilot with two cohorts of students and share enhanced model provincially



Valerie Fiset

Achievements to Date:

First cohort of 6 students participated in 12-week placement (acute care, LTC and community). Evaluation and refinement in preparation for second pilot (Fall 2015).**

Project Lead: Valerie Fiset, RN, MScN, PhD(c)



CLINICAL LEADERSHIP FOR LTC NURSES

(Main Partner: Algonquin College)

- Assess need, develop program, evaluate and disseminate innovative hybrid model
- Pilot of education and mentorship program to two cohorts of RNs/RPNs and their supervisors

Achievements to Date:

Needs Assessment, Program/Curriculum development, first pilot and evaluation of 2-day Education and Mentorship Program with 25 nurses and 8 administrators from 12 LTC homes.** Next cohort in Fall 2015.

Project Lead: Valerie Fiset, RN, MScN, PhD(c)





APPLIED RESEARCH



LONGITUDINAL EXAMINATION OF TRIGGERS OF RESPONSIVE BEHAVIOURS

(Main Partner: University of Ottawa)

- Perform longitudinal analysis of retrospective provincial data on triggers of responsive behaviours with a focus on functional, psycho-social, cognitive, and pain-related factors
- Review implications of findings for care delivery, programming, and planning

Achievements to Date:

Findings – Residents admitted to LTC demonstrated an increase in responsive behaviours with a tendency to plateau over time. Decreasing cognitive function, at admission and over time, was associated with increasing responsive behaviours (in press – *Psychology and Aging*)**.

Project Leads: Annie Robitaille, Ph.D.;
Linda Garcia, MSc SLP, Ph.D.



Annie Robitaille



Linda Garcia



PALLIATIVE CARE APPROACH

(Main Partner: Perley and Rideau Veterans' Health Centre)

- Explore an interdisciplinary tool (tailored for LTC) to identify residents who would benefit from a palliative approach to care
- Contribute to the implementation of the Quality Palliative Care in LTC Alliance Toolkit

Achievements to Date:

Protocol to explore the use of the modified “surprise question” in a LTC setting, quantitative and qualitative data analysis ongoing.

Selected tools from the toolkit translated to French. Tools available at <http://www.palliativealliance.ca>.

Project Leads: José Pereira, MBChB, DA, CCFP, MSc (MEd);
Mary Lou Kelley, MSW, Ph.D.; Linda Hunter, RN, PhD(c), CNO; Jill Rice, MD, CCFP, MHSc



José Pereira



Mary Lou Kelley



Linda Hunter



Jill Rice





ORAL CARE ASSESSMENT & EDUCATION IN LONG-TERM CARE

(Main Partner: La Cité Collégiale)

- Translate clinical assessment tool to French and introduce visual photo flags
- LTC residents assessed, tool tested and used in oral care education

Achievements to Date:

Translation of Oral Health Assessment Tool (OHAT), development of photo flagging tool, data collection on over 50 residents and analysis.

Project Lead: Helen Niezgoda, BScN, MSc



Helen Niezgoda



POTENTIALLY INAPPROPRIATE PRESCRIBING (PIP) IN LONG-TERM CARE RESIDENTS

(Main Partner: Institute for Clinical Evaluative Sciences)

- Validate performance of PIP identification tools (STOPP/START and Beers) in 6 homes by linking resident charts with provincial health data
- Explore the potential of health administrative data to identify inappropriate prescribing at a provincial level

Achievements to Date:

Protocol to validate PIP identification tools, data collection ongoing in 6 regional LTC homes, pilot data analysis ongoing.

Project Lead: Lise Bjerre, MD, Ph.D.



Lise Bjerre



PERSONAL SUPPORT WORKER EDUCATION (PSW)

(Main Partner: University of Ottawa)

- Review context and consult with stakeholders on implications of new education standards
- Analyze and share findings with a focus on social and human resources implications facing PSWs, students, educators, employers and decision-makers

Achievements to Date:

Public Domain Analysis (published in *Health Reform Observer*) and multi-stakeholder data collection complete, data analysis ongoing**.

Project Leads: Christine Kelly, Ph.D.; Ivy Bourgaunt, Ph.D.



Christine Kelly



Ivy Bourgaunt



HEALTH SYSTEM RESEARCH



HEALTH HUMAN RESOURCES FORECASTING MODEL

(Main Partner: University of Toronto)

- Create a dynamic forecasting model for LTC health human resources needs (PSWs and nurses)
- Generate workforce projections based on policy-driven scenarios to meet future demand

Achievements to Date:

Dynamic forecasting model for LTC health human resources needs built with extensive supply and demand data sources.** Leveraged funding through CIHR.

Project Lead: Audrey Laporte, Ph.D.



Audrey Laporte



SPECIALIZED UNITS IN LTC HOMES

- Consult across Ontario about specialized care needs of LTC residents and implications for capacity planning
- Develop and test a multi-stakeholder toolkit to assist with the specialized unit application process

Achievements to Date:

Multi-stakeholder consultations (LTC Homes, LHINs, CCACs) completed across Ontario (34 consultations with 77 participants), data analysis ongoing**.

Project Lead: Amy Porteous, MHA



Amy Porteous



HEALTH CARE USE & COST

(Main Partner: Health System Performance Research Network (HSPRN))

- Analysis of use and costs at the end-of-life and in LTC using province-wide data to enable evidence-based decision-making

Achievements to Date:

Findings — Average cost of health care in the last year of life is \$53,700; cost increases dramatically within the last 120 days of life, especially for care in hospitals. Home deaths increase while hospitalizations decrease when patients receive end-of-life care in the community (published in *PLOS ONE*). Leveraged funds from HSPRN **.

Project Lead: Peter Tanuseputro, MD, MHSc



Peter Tanuseputro



PREDICTING ADMISSION & OUTCOMES

(Main Partner: Institute for Clinical Evaluative Sciences)

- Analyze provincial health data to determine predictors for LTC admission and outcomes
- Develop an algorithm to inform capacity planning

Achievements to Date:

Findings — *Balance of Care* analysis shows that 5% of patients admitted to LTC homes could be looked after in community settings. A further 30% of LTC residents might be able to be cared for in other settings if resources were available (publication in progress).** Leveraged funding through CIHR.

Project Lead: Peter Tanuseputro, MD, MHSc



Peter Tanuseputro



IMPROVING WAIT TIMES & TRANSITIONS IN CARE

(Main Partner: University of Ottawa)

- Develop an optimized mathematical queuing model that maps patient flow and blockages in a community care network
- Use real-time regional data to produce capacity planning scenarios

Achievements to Date:

Findings — Mathematical simulation model indicates that an increase in assistive housing, together with a decrease in length of stay in LTC, would improve access to LTC homes and allow the current number of LTC places to meet the demand. Completion and optimization of queuing model**.

Project Lead: Jonathan Patrick, Ph.D.



Jonathan Patrick



DEVELOPING A FRAMEWORK FOR CASE COSTING IN LTC

- Review literature and other models, engage stakeholders
- Test case costing methodologies in LTC to explore resource utilization at the level of the resident and support informed decision-making

Achievements to Date:

EXTRA Fellowship final report, increased understanding of challenges associated with Case Costing in LTC, education to LTC sector on value of case costing, interim results presentations**.

Project Lead: Simon Akinsulie, BScN, MHA



Simon Akinsulie

BRUYÈRE CENTRE FOR LEARNING, RESEARCH, INNOVATION

The three Ontario Centres for Learning, Research and Innovation in Long-Term Care (LTC) are supported by the Government of Ontario October, 2011–March, 2016.



Clinical Leadership for LTC Nurses

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BScN 4th Year Placement

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Personal Support Worker Education

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Oral Care

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Triggers of Responsive Behavior

- Perform longitudinal analysis of retrospective provincial data with a focus on function, psycho-social, cognitive and pain
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RESEARCH AND INNOVATION IN LONG-TERM CARE



Specialized Units

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Health Human Resources Forecasting

- Create a dynamic forecasting model for LTC health human resources needs (PSWs and nurses)
- Generate workforce projections based on policy-driven scenarios to meet future demand



Health Care Use & Cost

- Analysis of use and costs at the end-of-life and in LTC using province-wide data to enable evidence-based decision-making



Flow & Wait Times

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- Use real-time regional data to produce capacity planning scenarios



Case Costing

- Review literature and other models, engage stakeholders
- Test case costing methodologies in LTC to explore resource utilization at the level of the resident and support informed decision-making



Predicting Admission & Outcomes

- Analyze provincial health data to determine predictors for long-term care admission and outcomes
- Develop an algorithm to inform capacity planning



Innappropriate Prescribing

- Validate performance of PIP identification tools (STOPP/ START and Beers) in 6 homes by linking resident charts with provincial health data
- Explore the potential of health administrative data to identify inappropriate prescribing at a provincial level



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CONTACT US

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www.clri-ltc.ca

The Bruyère Centre for Learning, Research and Innovation in Long-Term Care is supported by the Government of Ontario and operated by the Bruyère Research Institute, a partnership of Bruyère Continuing Care and the University of Ottawa.

INSTITUT DE RECHERCHE

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