

O1

Applying a mutuality framework to explore the intersubjective capabilities of persons living with dementia

Barbara Tallman

University of Manitoba, Winnipeg, Canada

Abstract

This presentation is based on longitudinal research exploring intimate partners' efforts towards mutuality with their spouses who were living with dementia. It reports on the intersubjectivity of persons living with dementia whose cognitive abilities ranged from mildly to severely impaired. Eight different intimate partners were interviewed, 3-5 times each, with the length of the interview being from 1.5 hours to 20 minutes. Each interview fostered a different topic to stimulate couple engagement. For example, intimate partners were asked to tell their relational stories, to engage in being photographed together and later to select their favorite photographs. Elements of the couples' conversations were analyzed. Elements included interpreting how each partner described themselves, their partner, and events, and deciphering the style of the conversation such as, whether or not the talk was interactional. Elements of interaction demonstrated how their intimate partner reframed the meaning of the experience and supported the social self of the person living with dementia. Furthermore, the intersubjectivity of the person living with dementia revealed how the stigmatization of dementia impacts the dynamic interaction of intimate partners. This shifting intersubjectivity is described within a mutuality framework. When health professionals recognize the intersubjective capabilities of the person living with dementia, their interventions can support a positive relational agency of the person living with dementia and their intimate partner.

O2

Reliability and Validity of the Fit Frailty App in Older Adults

Pauline Fisher

Hamilton Health Sciences, Hamilton, Canada

Abstract

Frailty is a common problem among older adults. Evidence shows that with proper assessment of frailty, interventions can be put into place to reduce the risk of further adverse outcomes and help maintain or improve quality of life. While a number of frailty assessments currently exist, this study attempts to assess the reliability and validity of a new electronic assessment tool. The Fit Frailty Assessment and Management App, built on the strengths of the frailty index approach, is an efficient and comprehensive tool that can be used by an older individual or clinician, in clinic or over the phone, to identify a level of frailty. This new and innovative tool can also identify “red flags” which can help guide interventions and level of support required.

In this study, 75 older community dwelling adults who were being seen in an outpatient clinic for a comprehensive geriatric assessment, were recruited to take part in this study. Using the online App, participants participated in an interactive cognitive screening, provided health and functional history information, and underwent physical performance measures. Other established paper frailty assessments were also completed. A follow up call was made one week later to administer another frailty assessment using the app to measure reliability.

This presentation will review the results of this study, analyze the validity and reliability of this new assessment tool, and share my research journey.

O3

Nabilone and THC/CBD Oil for Behavioural and Psychological Symptoms of Dementia: A Mixed-Methods Study

Rianne Carragher

Queen's University, Kingston, Canada. University of Prince Edward Island, Charlottetown, Canada

Abstract

Background: Over 500, 000 Canadians are living with dementia today with a projected increase to 937, 000 people with dementia in Canada by 2030. At least one behavioural and psychological symptom of dementia (BPSD) is present in up to 97% of individuals with dementia and contributes to a diminished quality of life for the person and enhanced distress and burden for the caregiver and healthcare team.

Objectives: The primary aim of this study is to explore the clinical outcomes of Nabilone for management of BPSD in people with dementia residing in long-term care. The secondary aim is to gain understanding of the most responsible providers' (MRP) and substitute decision makers' (SDM) perceptions and acceptance of Nabilone and THC/CBD oil for BPSD management in long-term care.

Methods: A mixed-methods case series and cross-sectional survey will be used. For the primary research question, paper and electronic chart reviews will be conducted. Secondary outcome measures of agitation, pain, cognition, and safety/adverse events will be collected. For the secondary research question, a questionnaire will be administered to the MRPs (including nurse practitioners and physicians) and a different questionnaire will be administered to SDMs of people with dementia.

Outcomes: The results from this study will provide new knowledge regarding the effects of Nabilone when used in a dementia care context for behavioural outcomes. Survey responses will highlight the MRPs' and SDMs' perceptions and acceptance of Nabilone and THC/CBD oil use in people with dementia which will help inform future randomised trials.

O4

Nursing Home Residents Experiences with Socially Assistive Technologies and the Effectiveness of these Technologies: A Mixed-Methods Systematic Review

Marilyn Macdonald¹, Lori Weeks¹, Elaine Moody¹, Ruth Martin-Misener¹, Damilola Iduye¹, Chelsa States¹, Melissa Ignaczak¹, Alannah Delahunty-Pike¹, Julie Caruso¹, Janet Simm², Melissa Rothfus¹, Allyson Gallant¹

¹Dalhousie University, Halifax, Canada. ²Northwood Corporate, Halifax, Canada

Abstract

Introduction - Nursing home residents experience loneliness, and depression contributing to the escalation of cognitive decline. The pandemic served to catalyze the use of technology such as video-conferencing and use of tablets to support social interaction. Little is known about resident experience with these technologies and the effectiveness of such technologies.

Methodology & Methods – A JBI mixed-methods systematic review is in progress to examine the experiences of nursing home residents with the technology and the effectiveness of the technology. The databases searched included CINAHL (EBSCO), Medline (OVID), PsycINFO (EBSCO), Embase (Elsevier) and Scopus (Elsevier). Title, abstract, and full text review are complete, and we are in data extraction. Data analysis will follow.

Outcomes – Database searches produced 12,536 records with 4719 duplicates. 7817 records were screened with 7680 excluded in the title and abstract screening phase. 137 full texts were screened, with 123 excluded. A total of 14 texts were included in the data extraction phase. This review will provide an analysis and synthesized findings of the experiences of long-term care home residents with the use of technologies to support social interaction, and a synthesis of quantitative data to indicate the effectiveness of these technologies.

Take Home Messages – It is anticipated the results of this review will assist nursing home administrators in decision-making related to investing in these technologies. Policy makers may also find these results of benefit in setting standards.

O5

Where have all the nurses gone?

Dawn Prentice, Jane Moore

Brock University, St. Catharines, Canada

Abstract

The nursing profession has historically experienced cycles of too many nurses and too few jobs and then high vacancy rates with not enough nurses to fill the positions, highlighting the need to strategically plan for a healthcare workforce ready to meet the needs of aging Canadians. Over the years provincial governments have responded to these shortages by increasing the number of seats in nursing schools and introducing unregulated healthcare workers across acute care, long-term care (LTC) and community settings. The COVID-19 pandemic further exacerbated shortages as many nurses who were close to retirement left their jobs, some nurses moved to a part-time position and others left the nursing profession altogether.

As Canadians *emerge from the mist* following the pandemic we are left with a major shortage of nurses. Commensurate with this ongoing issue is the difficulty in recruiting nurses to work in long-term care settings. Early in the pandemic, there were news reports that emphasized the difficult working conditions in LTC settings, such as the lack of personal protective equipment and other resources necessary to care for clients, further impacting on recruiting nurses to work in LTC.

The presentation will provide an overview on why the authors believe this nursing shortage will be different from previous shortages and not easily resolved. The impact on nursing staffing for gerontological clients will be discussed and ideas on how we can move forward will be outlined.

O6

The impact of COVID-19 restrictions on family time in LTC

Tracy Christianson¹, Evans Appiah-Kusi¹, Jordan Bremner¹, Andrew Filewich², Amna Qazi¹, Colin Reid²
¹Thompson Rivers University, Kamloops, Canada. ²University of BC - Okanagan, Kelowna, Canada

Abstract

Statement of the Problem: Social connection is associated with good health and well-being. However, public health restrictions implemented during COVID-19 disproportionately affected the older adult population, particularly those in long-term care (LTC). While much of the early research on the impact of the restrictions focused on the LTC resident and the paid care staff, the purpose of this study was to explore what impacts COVID-19 restrictions had on families of residents living in LTC in British Columbia.

Methodology: A mixed-methods design using a survey, interviews, and arts-based focus groups was the approach implemented. Families (direct, friends, legal guardians) of residents living in long-term care settings were invited to participate. Using a nested approach, online and paper-based surveys (N=55) were completed, and one-to-one interviews were conducted (N=19), ending with two arts-based focus groups (n=4 for each focus group).

Findings: Reporting on the qualitative interview data the researchers revealed six different but interconnected themes through the thematic analysis of the data. The themes were: 1) Quality of life, 2) Quality of care, 3) Mental Health concerns, 4) Communication, 5) Communication Strategies, and 6) The Rules. The presenters will shed light on the important role families have in caregiving, the effect the restrictions had on families and their loved ones in LTC, and highlight strategies offered by family participants to improve public health policies for future outbreaks.

O7

Facilitating person-centred transitions across sectors using *My Transitional Care Plan*

Katelynn Aelick¹, Teresa Judd², Jillian McConnell³, Jacquie Seguin⁴

¹Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Sudbury, Canada. ²Home and Community Care Support Services, Central West, Brampton, Canada.

³brainXchange, Toronto, Canada. ⁴Alzheimer Society of Chatham-Kent, Chatham, Canada

Abstract

The process of moving from one place to another for people living with dementia and geriatric mental health conditions often poses considerable risk due to the complex nature of these illnesses and inadequate exchanges of information between healthcare providers. COVID-19 only added further complications to transitions, necessitating the development of tools and resources to enable relocations to take place more safely and efficiently. To better equip Behavioural Supports Ontario team members and partnering healthcare providers with tools to support moves, the Behavioural Support Integrated Teams (BSIT) Collaborative released 'My Transitional Care Plan during the COVID-19 Pandemic' (MTCP-C19) in October 2020. MTCP-C19 was adapted with permission from a transitional support tool created in Northeastern Ontario.

Seeing continued value in the use of the tool to support transitions in the post-pandemic era, the BSIT Collaborative re-adapted MTCP-C19 into a version that is no longer specific to supporting moves during the pandemic. Now called 'My Transitional Care Plan' (MTCP), the tool was trialed in the summer of 2022 in seven pilot sites spanning several sectors across Ontario. Feedback collected via surveyed pilot sites and input from the BSIT Collaborative informed additional edits to the tool and its guidelines for use. MTCP was released in December 2022 in English, followed by a French version 'Mon plan de soins de transition' in January 2023. The tools are available publicly as fillable forms on the brainXchange website alongside resources to support their use (i.e., guidelines for use, completed examples).

O8

Personhood lost...and found?

Esther Coker

Hamilton Health Sciences - St. Peter's Hospital, Hamilton, Canada

Abstract

Personhood is central to nursing practice as persons are the focus of care. A relationship with the person is a core dimension of Kitson et al.'s Fundamentals of Care Framework. Two central elements of this relationship dimension are (a) getting to know the person and how best to provide care, and (b) anticipating the person's needs. A focus on illness management in the 1990s seems to have led to a denial of patients' personhood. Attempts were made by members of CGNA, most notably E. Mary Buzzell and colleagues, to "find" and value personhood again. Those attempts involved raising awareness of the need to know the "person" behind the illness and how as persons they could be harmed. However, back then there was little progress made toward changing our approaches to care based on our knowledge of the person. How far have we come in 30 years?

In this presentation, we will briefly explore how personhood is conceptualized in today's literature, identify some barriers to supporting personhood in practice (especially during the recent pandemic), and describe potential ways to honour personhood, particularly in patients with dementia. We will share some findings from a Participatory Action Research project underway on our Behavioural Health unit that illustrate the importance of being aware of the patient as a person. We will argue that to provide optimal care for persons with dementia, an understanding of the needs of each person, as well as possible ways to share meaningful moments is essential.

O9

Inclusive palliative approach for diverse and vulnerable residents of long-term care homes: a scoping review

Shirin Vellani¹, Jenn Harris¹, Christine Degan², Tamara Sussman³, Sandy Shamon⁴, Deborah Parker⁵, Amit Arya⁶, Sharon Kaasalainen¹

¹McMaster University, Hamilton, Canada. ²Long term care, Muskoko, Canada. ³McGill University, Montreal, Canada. ⁴Temmy Latner Center for Palliative Care, Toronto, Canada. ⁵University of Technology Sydney, Sydney, Australia. ⁶NorthYork General Hospital, Toronto, Canada

Abstract

Long-term care (LTC) home residents are generally at the end of their life, yet they receive life-sustaining treatments that negatively affect their quality-of-life. A palliative approach can optimize their care, but it is not a standard of practice in LTC. Initiatives to integrate a palliative approach need to be relational and inclusive to meet the needs of an increasing number of sexually, racially, and ethnically diverse people entering LTC. **This scoping review aims** to explore the evidence to identify research gaps, existing tools, resources, and models of care to integrate a culturally safe, competent, and inclusive palliative approach that seamlessly transitions to end-of-life care. **Methods:** A 6-step framework was used. Studies, reports, and other documents addressing the integration of a palliative approach to care for individuals from diverse backgrounds were included. Two independent reviewers screened all articles. Data synthesis uses a framework informed by Donabedian's structure-process-outcome model. **Results:** Twenty-eight articles met the eligibility criteria. Preliminary data analysis reveals recurrent topics in relation to the integration of an inclusive palliative approach for diverse residents. For example, the role of culture and past experiences in planning care, disparities in access to an inclusive palliative approach with the management of chronic diseases, the need for essential clinical competencies for all categories of staff, and for taking a tailored approach to caring for each resident recognizing their diverse worldviews. **Next steps:** Integrated knowledge translation (KT) using consultation with diverse stakeholders, while end-of-project KT includes the development of a repository of tools and resources.

O10

Introducing units 1-4 of a GPA Bathing eLearning program to increase confidence among final-year nursing students caring for persons living with dementia

Angel Wang¹, Lori Schindel Martin², Michele Bliss¹, Victoria McLelland¹

¹Advanced Gerontological Education, Hamilton, Canada. ²Daphne Cockwell School of Nursing, Toronto Metropolitan University, Toronto, Canada

Abstract

Background: Persons living with dementia may experience distress during bathing, which evokes significant anxiety and uncertainty for nursing students. Limited formal education on dementia-specific bathing interventions is available for nursing students. Thus, nursing students are often unprepared on how best to support people with bathing-related responsive behaviours when they enter clinical practice. Advanced Gerontological Education developed a Gentle Persuasive Approaches (GPA) Bathing eLearning curriculum to strengthen care providers' knowledge, confidence, and skill to provide person-centred, evidence-informed bathing care.

Methods: Over 550 final-year Toronto Metropolitan University nursing students completed four GPA Bathing units between 2021-2022. Units were built upon best practice bathing competencies identified in the literature and included video case studies. Pre- and post-GPA Bathing, participants completed a 20-item, 7-point Likert-type bathing self-efficacy measure. Pre-GPA Bathing, participants also described previous experiences, feelings, and approaches in bathing persons living with dementia and their learning goals. Post-GPA Bathing, participants discussed bathing techniques they would use in the future and satisfaction with the units.

Results: Students described feeling afraid, helpless, and incompetent when bathing persons living with dementia. Distressed by their inability to provide competency-based care in these contexts, they expressed need for formal education. Post-GPA Bathing, students' bathing self-efficacy scores significantly increased ($p < .0001$) compared to baseline. They reported plans to use specific tools and strategies provided in GPA Bathing and greater confidence in providing bathing care in future clinical practice.

Conclusions: GPA Bathing provides nursing students with needed strategies and confidence to provide person-centred bathing care, and equips them with entry-to-practice competencies.

O11

Promoting gerontological nursing entry-to-practice competencies in a fourth year undergraduate theory course

Lori Schindel Martin, Kristine Newman, Sue Bookey-Bassett
Toronto Metropolitan University, Toronto, Canada

Abstract

Objectives: An overview of the process and materials used to embed CASN gerontological nursing entry-to-practice (E-to-P) competencies within a twelve-week Nursing Professional Trends & Issues course will be presented. These teaching-learning approaches may be useful for faculty wishing to expand gerontological content within undergraduate nursing programs.

Methods: This required course was delivered to over 500 students across five sections. The three professors had prior gerontological nursing experience thus were each able to address clinical concepts on week four (e.g. assessments for ageism, complexity, co-morbidities) and week seven (e.g. communication technology for dementia). After reviewing the concepts during these in-person classes, students were invited to reflect upon critical questions, first discussed in small groups then individually submitted as discussion board postings. Students also independently completed four online certificate courses focused on person-centred language, communicating with older adults, cannabis use by older adults, as well as sexual expression and dementia. Grades were assigned for each completed course. Professors reviewed discussion board postings to determine impact of in-class learning activities and discussion on students' expressed intention to apply knowledge in practice and to consider gerontological nursing as a career option.

Results: When offered an opportunity to explore competencies across multiple weeks of a senior course, students expressed intent to apply gerontological practices in clinical settings, to challenge those practices considered sub-standard during clinical, and to consider a career in gerontological nursing when they had not done so before.

Conclusion: The teaching team plans to continue embedding gerontological nursing E-to-P competencies in subsequent senior courses.

O12

The joys and challenges of researching with older adults: A trainee's perspective

Katherine M. Ottley¹, Marilyn Barlow¹, Jane McPhee², Marlene Moorman¹, Mariana D. S. Ribeiro¹, Roslyn M. Compton^{1,3}

¹University of Saskatchewan, Saskatoon, Canada. ²Saskatoon Council on Aging, Saskatoon, Canada.

³University of the Sunshine Coast, Sippy Downs, Australia

Abstract

In this presentation, I will speak about the benefits and challenges of co-researching with older adults from a trainee's perspective, to help early career researchers consider if patient-oriented research with older adults is a good fit for them. Patient-orientated research requires that people most affected by research outcomes are meaningfully engaged in conducting the research (Canadian Institutes of Health Research, 2022). Co-researching with family partners (the term BetterLTC uses to describe people with lived experience) provides me with an enriched opportunity to learn from their lived experiences as older adults. This helps me to attend to their voices. Further, family partner involvement has generated data we would have been much less likely to obtain had they not been active participants in the research. For example, much of the data for a study we conducted was collected by family partners. They asked about experiences I, as a graduate student in my 30s, would have been less likely to think about asking. While co-researching with family partners is rewarding, it is not without its challenges. There are significant time commitments involved in orchestrating patient-orientated research, that meaningfully engages family partners in all parts of the research process. For example, ensuring that family partners can use the technology that has pervaded our lives, especially in the wake of the COVID-19 pandemic, has required considerable thought on behalf of all research team members. This presentation will showcase my experience within a patient-oriented research team, inclusive of my learnings alongside older adults.

O13

Emerging from Social Isolation: A Social Hub Club for Older Black Adults in Saskatoon

Dr. Vivian Puplampu

University of Regina, Saskatoon Campus, Canada

Abstract

Older Black adults' social engagement with mainstream Canadian community organizations is very limited. This isolation intensified some older Black adults' experience of loneliness during the COVID-19 pandemic. The purpose of this participatory action research was to explore the social capital of older Black adults in Saskatchewan during the COVID-19 Pandemic. Social capital is an investment in social relationships which is a resource for social support in the future when needed. Through individual interviews and focus group discussions with 22 older Black adults and 3 community organization workers and an ethnocultural group leader, the research team employed content analysis and intersectional perspective to understand the participants' experiences during the COVID-19 pandemic. A key finding from the research was the need for a social drop-in space for older Black adults to get to know each other and learn new skills such as financial planning and use of technology. A hub club was launched on September 14th, 2022 as a product of the research. In this presentation, the researcher will discuss participants' experiences at the hub club meetings and how they are contributing to their social connectedness as well as connecting them to the older adult community organization, Saskatoon Council on Aging.

O14

Co-creating Supportive Neighbourhood Built Environment through the Lens of People Living with Dementia

Habib Chaudhury¹, Kishore Seetharaman¹, Lillian Hung², Joey Wong², Alison Phinney², Shannon Freeman³, Mark Groulx³, Cari Randa¹

¹Simon Fraser University, Vancouver, Canada. ²University of British Columbia, Vancouver, Canada.

³University of Northern British Columbia, Prince George, Canada

Abstract

The neighbourhood is widely regarded as a setting that affords emotional and practical support and opportunities to maintain community-based activities and social participation for people living with dementia. Creating a supportive neighbourhood built environment that facilitates outdoor mobility, wayfinding, and access to community destinations is key to making our communities dementia-inclusive. Research on the built environment and dementia-inclusive planning is relatively sparse in the broader research domain of neighbourhoods and dementia. Further, how people living with dementia perceive, interpret, and interact with the neighbourhood built environment is not adequately understood. Although it is acknowledged that people living with dementia should be more meaningfully included and engaged in research in this area, there is a lack of guidance on methodological and ethical considerations necessary to explore people-place relations in the neighbourhood built environment through the lens of people living with dementia. To address the gaps, the Dementia-inclusive Streets and Community Access, Participation, and Engagement (DemSCAPE) study explores the influence of the neighbourhood built environment on the outdoor walking experiences of people living with dementia, and highlights reflections on conducting walk-along interviews, embodied videography, photo documentation, semi-structured sit-down interviews, and visual elicitation through the study process. We discuss 1) the positive experiences and challenges of people living with dementia to walk in the neighbourhood built environment, 2) practical insights on building dementia-inclusive neighbourhoods to encourage outdoor mobility, 3) research methodological strengths, ethical and logistical challenges in undertaking complex fieldwork with people living with dementia, and 4) potential alternative methods in future research.

O15

When numeric responses don't tell the whole story: An analysis of notes in the margins

Katherine M. Ottley¹, Mariana D. S. Ribeiro¹, Jane McPhee², Marilyn Barlow¹, Marlene Moorman¹, Alison Craswell³, Roslyn M. Compton^{1,3}

¹University of Saskatchewan, Saskatoon, Canada. ²Saskatoon Council on Aging, Saskatoon, Canada.

³University of the Sunshine Coast, Sippy Downs, Australia

Abstract

When BetterLTC (a patient-orientated research team) wanted to learn about quality of life in long-term care, we selected quantitative quality of life measures. When family partners, who are retired nurses, collected the data, they realized the numerical responses by persons living in long term care and their families did not tell the whole story of long-term care experiences. So, family partners started writing notes wherever they could fit them on the paper survey document, leading to notes in the margins.

Analysis of notes in the margins used Braun and Clarke's (2021) reflexive thematic analysis. This form of analysis was chosen because it was intuitive enough for all team members, including those with less research experience, to be able to participate in the analysis process. Further, this methodology values lived experience as part of the research process.

Our analysis revealed six themes: Continuing the journey (understanding that long-term care is one part of a broader experience of care), This is my new reality (the observable experience of long-term care), I feel (the emotional experience of long-term care), What matters (the things that are important to persons living in long-term care and their families), Being in control (or not) (the sense of personal control or lack thereof for persons living in long-term care and their families), and We are humans: Residents as individuals (acknowledgement that different people have different experiences and needs within long-term care). In this presentation we will unpack these six themes, using our experiences living alongside the data.

O16

Strengthening a Palliative Approach in Long Term Care (SPA-LTC) Program: A Mixed Methods Evaluation Study in Canada

Sharon Kaasalainen¹, Lynn McCleary², Genevieve Thompson³, Lorraine Venturato⁴, Abigail Wickson-Griffiths⁵, Paulette Hunter⁶, Tamara Sussman⁷

¹McMaster University, Hamilton, Canada. ²Brock University, St Catharines, Canada. ³University of Manitoba, Winnipeg, Canada. ⁴University of Calgary, Calgary, Canada. ⁵University of Regina, Regina, Canada. ⁶St. Thomas More College, Saskatoon, Canada. ⁷McGill University, Montreal, Canada

Abstract

Objective: Despite the high mortality rates in LTC, most LTC homes do not have a formalized palliative care program. The objective of this proposed research was to implement and evaluate the Strengthening a Palliative Approach in Long Term Care (SPA-LTC; www.spaltc.ca) program. Specifically, we explored its feasibility, acceptability, and preliminary effects (i.e., resident comfort, use of emergency department at end of life, and location of resident death).

Methods: This study used an explanatory mixed method design in four provinces (ON, MB, SK, AB), including a qualitative descriptive component to assess acceptability of the program from the perspective of residents and family members; and a prospective one group, pre-post test design to examine feasibility and preliminary effects.

Results: Of the 102 participating residents, 74.5% (76/102) had a palliative care conference during the 18-month data collection period, with 68.2% (30/44) having a one before they died. Rates of hospital use were reduced for participating residents in terms of emergency department use at end of life (RRR: 46%) and hospital deaths (RRR: 88%) compared to baseline. Family members stated the palliative care conferences were informative and felt that good communication was critical in providing quality care. They highlighted that close relationships and mutual respect among staff, residents, and families led to more meaningful care while the resident was alive as well as into bereavement.

Conclusions: The SPA-LTC program appears to be feasible and supports a family-centered approach to care, which relies on strong relationships among residents, families and staff.

O17

Equity, Diversity and Inclusion in Addressing Digital Competence in Canadian Older adults.

Jordana Salma, Alesia Au, Ghada Sayadi, Shammy Siddiqi
University of Alberta, Edmonton, Canada

Abstract

Access to digital technologies is a fundamental human right. The digital divide-the lack of or limited access to the benefits of technology-impacts quality of life in older age. Digital technologies offer many benefits to older adults, including social connectivity, opportunities for continuous learning, access to information, and entertainment. Accessing the full potential of technology is largely influenced by older adults' digital competence. We completed a pilot study to explore and advance digital competence with Urdu and Arabic-speaking immigrant older adults. A total of 18 digital learning sessions were implemented at two sites in Edmonton, Alberta in 2022. Study participants most frequently used social media for social connectedness and access to information. The scope of technology use differed based on literacy levels and English language proficiency with variable preferences and needs for digital learning. Immigrants constitute 30% of older adults in Canada, but we know little about their digital competence and learning needs. To advance equitable aging, we must address the wide-reaching implications of the digital divide and attend to digital competence in marginalized populations.

O18

Compassionate Community of Digital Health Care: An Action Plan for Integrated Care

Melissa Northwood¹, Margaret Saari², Patricia Gerantonis¹, George Heckman³

¹McMaster University, Hamilton, Canada. ²SE Health Research Centre, Marham, Canada. ³University of Waterloo, Waterloo, Canada

Abstract

Introduction: Health system fragmentation directly contributes to poor health and social outcomes for older adults with complex needs and their caregivers. Older adults often require support from primary care, multiple specialists, home care, community support services, and other health-care sectors. Communication between these providers is unstructured and not standardized, and results in time-consuming over-assessment of some issues and incomplete assessment of others, placing older adults at risk of preventable health crises.

Problem being addressed: The goal of this project was to develop strategies to leverage an electronic wellness instrument, interRAI Check Up Self Report, to support integrated health and social care for older adults and their caregivers in a community in Southern Ontario.

Research Methods: Group concept mapping, a participatory mixed-methods approach, was conducted. Participants included older adults, caregivers, and representatives from: home care, community support services, specialized geriatric services, primary care, and health informatics. In a series of virtual meetings, participants generated ideas to implement the interRAI Check Up and rated the relative importance of these ideas. Hierarchical cluster analysis was used to map the ideas into clusters of similar statements. Participants reviewed the map to co-create an action plan.

Outcomes: Forty-one participants contributed to a cluster map of ten action areas, including person-centred process, engagement of older adults, privacy and confidentiality, and health provider coordination, as examples. Practical strategies to integrate health and social care were generated with responsible organizations identified as well as guiding principles to ensure a compassionate approach as technology is introduced.

O19

Gerontology Nursing Professional and Legal Considerations

Karen Laforet^{1,2}, Patricia Harper³

¹VHA, London, Canada. ²York University, Toronto, Canada. ³Keel Cottrelle, Toronto, Canada

Abstract

Healthcare practitioners professional conduct is governed by federal, provincial legislation, professional association standards and guidelines and institutional policies and as such are mandated to provide safe and ethical care. Professional standards of accountability, continuing competence, ethics, knowledge, applied knowledge, leadership, professional relationships and therapeutic healthcare professional-client relationships are of equal importance in practice.

The recent pandemic has significantly impacted healthcare: nurses and other healthcare professionals are encountering high-work demands, personnel shortages, limited essential supplies, and little support from their employers. The resulting in sector-wide shortages and delays in treatment have shaken the foundation of professional and ethical healthcare delivery.

While healthcare professionals have a duty to care for patients and are not at liberty to abandon them, they are challenged to thoughtfully analyze the balance of professional responsibility and risk, including moral obligations and options, in order to preserve the ethical mandates in situations of risk to the healthcare practitioner. The consequence of these changes has seen an increase in medico-legal cases and reports of professional misconduct to regulatory colleges.

This presentation will provide an overview of the professional and legislative standards for Canadian healthcare professionals. Past cases of professional misconduct and legal cases will be reviewed using a Canadian and provincial regulatory lens. Principles for safe and ethical care based on current gerontological best practice guidelines and standards of practice will be discussed.

O20

The effects of Stigma: Older Persons and Cannabis for Health Reasons

Sherry Dahlke¹, Jeffrey Butler¹, Shovana Shrestha¹, Rashmi Devkota¹, Kathleen Hunter¹, Madeline Toubiana², Maya Kalogirou³, Joanna Law¹, Melisa Scheuerman¹

¹University of Alberta, Edmonton, Canada. ²University of Ottawa, Ottawa, Canada. ³McEwan University, Edmonton, Canada

Abstract

Introduction: Although cannabis has been used for millennia to treat a variety of health conditions, it has also been stigmatized as an illicit drug. Since its medicinal and recreational legalization in Canada, older adults' consumption of cannabis has increased at a quicker rate than any other age group cannabis, and cannabis is increasingly viewed by older persons as an acceptable treatment option. Yet, it is unclear if, and how, perceptions of stigma may impact older consumers' experiences consuming cannabis for health reasons.

Methods: A qualitative descriptive design was used. Semi-structured interviews were conducted with 36 older cannabis consumers and 9 cannabis advisors (e.g., retailers, healthcare providers). Goffman's theory of stigma guided conventional content analysis of the narrative data.

Results: Three overarching themes were identified regarding participants' perceptions of social stigma related to their consumption of medicinal cannabis: 1) past experiences with cannabis, 2) current experiences of cannabis, and 3) experiences with healthcare providers. Stigma was evident in participants' descriptions of cultural perceptions of cannabis past and present, how they accessed and consumed cannabis, why they accessed it, and their comfort in discussing it with their healthcare providers.

Discussion: Findings demonstrate that internalized stigma surrounding cannabis shapes the experiences of older people consuming it medicinally but also that such stigma may be decreasing as the therapeutic use of cannabis becomes normalized. Legalization seems to have helped legitimize cannabis and provided legitimate outlets for access, but many older consumers remain reluctant to consult with healthcare providers regarding its use.

O21

My Personhood Summary©: An updated biographical summary tool to support the provision of person-centred care to people living with dementia and geriatric mental health conditions

Katelynn Aelick¹, Melanie Beaulieu², Hillary Langen², Monica Bretzlaff³

¹Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Sudbury, Canada. ²North East Behavioural Supports Ontario, North Bay Regional Health Centre, Sudbury, Canada. ³Behavioural Supports Ontario Provincial Coordinating Office & North East Behavioural Supports Ontario, North Bay Regional Health Centre, Sudbury, Canada

Abstract

Background: Obtaining knowledge of individuals' life experiences, significant relationships, personal preferences, and other psychosocial and environmental factors is essential to the provision of person-centred care. Since Behavioural Supports Ontario's (BSO) inception, BSO teams have adopted various biographical summary tools to surface this information for use in the practice of caring for people living with dementia, complex mental health, substance use and other neurological conditions. In response to the request for a standardized BSO biographical summary tool, we launched a working group to update an existing tool called PIECES of my PERSONHOOD and expand its use. Methods: (1) We conducted an environmental scan of biographical summary tools intended for use with the BSO population (n=15) and performed a content analysis to determine which elements were most frequently included. Informed by the professional and lived experiences of our working group, we developed several drafts, which healthcare providers and people with lived experience reviewed. (2) Thirteen pilot sites trialed the final draft tool in long-term care, community, and hospital. Feedback collected by the pilot sites via survey informed edits to both the content and design of the tool. Results: We released the final two-page tool, now called My Personhood Summary©, in October 2022 in English and French. The tool is available for download free of cost as a fillable PDF and Microsoft Word Fillable Form. Accompanying the tool are guidelines for use, completed examples, and a poster template to assist in its implementation into practice.

O22

Evaluating an introductory e-learning module about sexuality and dementia.

Katelynn Aelick¹, Rosemarie Mangiardi², Kristy McKibbon³, Birgit Pianosi⁴, Lori Schindel-Martin⁵

¹Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Sudbury, Canada. ²Ontario Health, London, Canada. ³Hamilton Health Sciences, Hamilton, Canada.

⁴Laurentian University, Sudbury, Canada. ⁵Toronto Metropolitan University, Toronto, Canada

Abstract

Many healthcare providers (HCPs) apply personal values and beliefs to make sense of the sexual expressions of people living with dementia; while doing so, they run the risk of labeling these expressions as pathological and/or inappropriate. Without an understanding of evidence-based approaches, HCPs may stigmatize people living with dementia, separate them from peers, and administer unnecessary medications. Challenging these harmful practices requires HCPs to increase their knowledge, expand their skillset, and change their perceptions of the sexual and intimacy needs of people living with dementia.

To promote positive practice change, we developed a free e-module, Dementia and Sexuality: An Introduction. This e-module employs four narratives, which underscore the importance of diversity, 2SLGBTQ+ representation, and communication. While engaged with the narratives, HCPs are invited to consider how people living with dementia express their unmet sexual and intimacy needs, and how they may work collaboratively to address such needs.

We invited learners, who accessed the e-module from November 2021 to May 2022, to participate in pre- and post- surveys, during which they voluntarily evaluated the content and design of the e-module. From the total sample size (n=507), we matched pre- and post- survey data for 280 participants, revealing statistically significant improvements in self-efficacy (p<0.001). We also identified that learner satisfaction with the e-module (measured out of 5) was high, with an average score of 4.62.

We will draw from the results of the evaluation to inform our efforts in developing subsequent e-modules, which will be available in 2024.

O23

An appreciative inquiry of senior mentors' experience in a Bachelor of Science Nursing programme.

Frances Affleck, Alison Phinney, Lillian Hung
UBC, Vancouver, Canada

Abstract

In the early weeks of the COVID-19 pandemic, nursing students enrolled in a Bachelor of Science Nursing program were suddenly learning from home and clinical teaching was postponed for a period of time. Instructors used this opportunity to develop a virtual senior mentorship program to provide students in an advanced geriatric nursing course the opportunity to connect online with older adults as a way to enrich their learning. This approach, which positioned the older adults as mentors who were helping teach new nurses, has proved to be enormously successful. Since then, every year, over 110 older adults (continuing and new) have volunteered to offer mentorship for undergraduate nursing students over a six-week period in the early summer. While the benefit of this for students has been well documented, we wanted to better understand the impact it had on the senior mentors themselves. We used qualitative methods guided by principles of appreciative inquiry to answer this question. We conducted focus groups (n=12) and surveys (n=160) and analysed the data for themes that best represented the senior mentors' experiences: (1) Sharing; (2) Contributing; (3) Listening; (4) Self-Reflecting; and (5) Communicating Expectations. These findings reaffirm that it is feasible and meaningful for older adults to play an active role in nursing education initiatives. They also show the potential for considering older adults as partners to co-develop relevant course content that will better prepare students in geriatric nursing.

O24

Comprehensive Medication Assessment; Knowledge to Practice

Sylvia Naughton, Karen Cameron, Jill Strachan

North Simcoe Muskoka Specialized Geriatric Services, Barrie, Canada

Abstract

Introduction

Older adults are at higher risk of experiencing medication related adverse events resulting in poor outcomes such as falls, cognitive changes, hospitalization and increased health care costs. Currently, one in two Canadian older adults use at least one potentially inappropriate medication and those taking multiple medications are particularly at risk.

In 2020, the North Simcoe Muskoka (NSM) Specialized Geriatric Medicine Program developed an educational goal to support their interdisciplinary team to meet core competencies for Geriatric Assessors; specifically identifying medication knowledge, assessment and management as a priority.

Topic

During this session we will summarize the development of an education plan for the interdisciplinary geriatric medicine team, and review resources to assist with completing a best possible medication history, medication reconciliation as well as assessment & findings within the context of a Comprehensive Geriatric Assessment (CGA) .

Methods

The team pharmacist provided education focusing on content specific to medication use in older adults, application of knowledge to case scenarios, adoption of resources and tools to identify and mitigate medication risks and enhance expertise to synthesize and evaluate findings. Strategies for developing and communicating findings were also reviewed.

A medication assessment tool was developed and incorporated into the CGA module in our EMR.

Outcomes

Review of our annual learning needs assessment and interprofessional team member feedback indicates an enhanced knowledge of medication use issues in older adults, increased confidence in completing medication assessments as part of the CGA and fulfillment of professional goals. Chart audits support enhanced medication assessment skills.

O25

Moral injury among healthcare providers caring for older persons during the COVID-19 Pandemic.

Linda Liu¹, Lori Schindel-Martin², Sepali Guruge²

¹Toronto General Hospital, Toronto, Canada. ²Toronto Metropolitan University, Toronto, Canada

Abstract

The care of older persons across all sectors has been profoundly affected by the COVID-19 pandemic which took place in the context of an aging demographic, healthcare provider (HCP) shortages, and limited funding/resources in community and long-term care sectors. In a critical incident study exploring HCPs' (n=40) experiences of COVID-19 as it relates to the care of older persons, our analysis revealed emotional distress and demoralization surrounding their care delivery and interactions. Consequently, a secondary analysis of 52 critical incidents provided by 26 HCPs was conducted to further explore the factors that contributed to their experiences of moral injury. We utilized a thematic analysis of respondents' critical incidents in relation to the conceptual framework of moral injury. Our results demonstrated that moral injury was experienced through participants' perceived inability to safeguard patients' health, values and wishes, thoughts of guilt and self-blame for negative impacts on patient care due to structural factors; and inadequate end of life care related to isolation protocols. While moral injury is traditionally associated with high stakes clinical contexts concerning rationing health care resources impacting patient mortality, our findings suggest that HCPs experienced moral injury when they were unable to provide relational care, and/or encountered structural/health systems constraints that had an impact on the level and quality of care older persons received. As moral injury is associated with worsening mental health outcomes and attrition for HCPs, it is imperative to address the structural factors of moral injury and build HCP capacity for ethical knowing.

O26

Resident sexual expression in Alberta’s Continuing Care homes: The ambiguous role of substitute decision-makers

Alessandro Manduca-Barone, Julia Brassolotto
University of Lethbridge, Lethbridge, Canada

Abstract

In this presentation, we share our research related to the role of substitute decision-makers (SDMs) in matters of sexual expression for continuing care residents with diminished cognitive capacity. The empirical data included is derived from a two phase qualitative study we conducted on sexual expression in Alberta’s continuing care homes. Phase 1 involved semi-structured interviews with care home managers and those with whom they consult (e.g., clinical ethicists, best practice/geriatric assessment teams, social workers, and others in leadership positions). Phase 2, involved semi-structured interviews with continuing care residents and family members. By examining our data alongside provincial guidelines and legislation, we examine how Alberta’s current use of SDMs can enable a problematic “all-or-none” approach to competence, through which a person is seen as either having capacity to make all decisions or incapable of making any. We suggest that there are three factors that facilitate the all-or-none approach. These include the wording of the legislation, the absence of resources for SDMs, and complex relational dynamics between SDMs and care staff. We critically review the existing legislation and provide empirical evidence of its implications for residents, their family members, and continuing care staff. We provide recommendations for supporting residents’ sexual autonomy in continuing care and avoiding the perils of the all-or-none approach to competence.

O27

A smart audio device, “Tochie”, for family connection in long-term care

Lillian Hung, Sophie Yang, Margaret Lin, Irene Chen, Kevin Dong, Erika Young, Deborah Liao
University of British Columbia, Vancouver, Canada

Abstract

Long-term care (LTC) residents are more likely to experience loneliness, social isolation and have dementia (Garner et al., 2018). “Tochie” is a smart audio device that allows family to remotely record and schedule messages, such as daily reminders or comforting audio recordings, to send to their loved ones in care settings. Our research explores the experiences of residents, families, and staff using the Tochie device in LTC

We applied qualitative descriptive design with interview and focus group methods. Participants included 10 residents, 9 family members, and 6 care staff from two long-term care homes in British Columbia, Canada. Each resident was given a device to use with their family member for a four-week intervention period. The research team checked in with family members and staff weekly to provide support and gather feedback.

Thematic analysis yielded three common themes to describe the experience of using Tochie in LTC: (a) connect emotion, (b) connect in creative and personalized ways, (c) connect with long term care context. We offer an acronym, LOVE, to outline implications for future collaborative research.

As we “emerge from the mist” of the COVID-19 pandemic, we redefine and reconstruct what it means to “keep in touch” with loved ones in care settings. In our study, participants highlighted the ways in which Tochie has enabled this connection. This study explores the perspectives of residents, their loved ones, and care staff in the use of assistive audio devices to inform product development and adoption into LTC.

O28

Access and Use of Services by Caregivers of Older Adults: A Scoping Review of Cultural and Linguistic Diversity

Danielle Knipping, Anna Garnett
Western University, London, Canada

Abstract

Westernized countries are increasingly composed of a culturally and linguistically diverse (CLD) older adult population. Informal caregivers of CLD older adults face unique challenges in accessing and using community services, including language barriers and limited availability of culturally appropriate services, that limit their use of and benefit from services. This scoping review was conducted to identify facilitators and barriers to access and use of community services for informal caregivers of CLD older adults to promote culturally appropriate services and identify research priorities to support this population.

A systematic search of five databases was conducted following Arksey and O'Malley's framework. The search strategy retrieved 5034 unique articles. Thirty-two studies met the inclusion criteria and informed this review.

Informal caregivers of CLD older adults face facilitators and barriers at three stages of using services: knowledge, access, and use of services. Findings concerning caregivers' access to services were subdivided into willingness to use services and ability to access services.

Results emphasize the need for policy and system changes to develop accessible and acceptable services for informal caregivers of CLD older adults, including funding ethno-specific services and facilitating system navigation. Implications for practice include prioritizing cultural humility training and recognizing the impact of care provision on the accessibility and acceptability of services. In order to deliver optimal care to CLD older adults, service providers should be aware of potential assumptions and biases, facilitate trust and clear communication with families, and seek to understand CLD patients' needs using a cultural humility lens.

O29

Day programs for people living with dementia: Thinking outside the 'box'

Holly Symonds-Brown, Wendy Duggleby, Ceci Christine
University of Alberta, Edmonton, Canada

Abstract

Day programs are a proposed solution for sustaining care at home for people living with dementia. Despite years of research, there is limited knowledge available about how day programs work for people living with dementia and their families to help with day program design, evaluation, and innovation. This presentation will discuss findings from an ethnographic study that asked the question: How do day programs work as 'care in the community' for people with dementia living at home and their families? The study involved participatory observation of 4 people living with dementia and their families using day programs over a period of 9 months, family and stakeholder interviews and program document analysis. Findings provided insights into the relations between home, community, and the day program. Of particular interest to nurses working in home care or day programs was how work was created for staff, people living with dementia and their families through practices oriented to day programs as contained/separate spaces. In this presentation we will use a case study to show how day program care was enacted through partial connections 'beyond the walls' of the program and how its effects traveled. A key take home message will be the ways in which new possibilities for 'good' day program care might rely on rethinking the ways relations are made possible with day programs, home, community and other care providers.

O30

How did Registered Practical Nurses working with Older Adults in the Home and Community Sector Navigate the Demands of Care during COVID-19: Learnings of personal and professional resilience.

Denise Connelly¹, Anna Garnett¹, Kristin Prentice¹, Nancy Snobelen², Nicole Guitar¹, Tracy Smith-Carrier³, Diana Pearson⁴, Samir Sinha^{5,6,7}, Jennifer Calver⁸, Sandra McKay⁹, Paul Holyoke¹⁰, Emily King⁹, Justine Giosa¹⁰

¹Western University, London, Canada. ²WeRPN, Mississauga, Canada. ³Royal Roads University, Victoria, Canada. ⁴Lambton College, Sarnia, Canada. ⁵National Institute on Ageing, Toronto, Canada. ⁶University Health Network, Toronto, Canada. ⁷University of Toronto, Toronto, Canada. ⁸Ontario Tech University, Oshawa, Canada. ⁹VHA Home Healthcare, Toronto, Canada. ¹⁰SE Research Centre, SE Health, Markham, Canada

Abstract

Introduction: Many nurses caring for older adults in homes or community clinics are Registered Practical Nurses (RPNs) working within a system experiencing workforce attrition, care rationing, increased patient acuity and service demands, and, early in the COVID-19 pandemic, a shortage of personal protective and medical supplies. Resilience strategies are important for recruitment, retention and revitalization of the RPN workforce within this care sector in this environment.

Aim: To explore how RPNs working in home and community care sustained personal and professional resilience during COVID-19.

Methods: Ontario RPNs working in home and community care were invited for a one-on-one interview. Grounded theory guided a constructivist approach to analysis.

Findings: How RPNs sustain personal resilience: talk with nursing colleagues (“because they know”); set boundaries between work and personal time (“it’s okay to say no”); and establish their individual workload limit (“when I can’t give 100% to each patient”). RPNs sustain professional resilience with: affirmation from strong patient relationships (“you become a part of their lives”); help from colleagues (“request nurse to go check or peek in...see if they are ok”); and shared care with family/care partner (“[engaging] the family helps me”). Full results are expected by the conference.

Take home messages: Navigating the workload to address impacts of COVID-19 appears to be central to RPNs to sustain personal and professional resilience in home and community care. Responding to nurse prioritization of patient care and self-care in daily practice may lead to increased recruitment and retention.

O31

Adapting a smart monitoring system to optimize hand hygiene performance in long term care homes

Veronique Boscart¹, Lauren Crutchlow¹, Pam Holliday², Geoff Fernie²

¹Conestoga College Institute of Technology and Advanced Learning, Kitchener, Canada. ²KITE, Toronto Rehabilitation Institute, Toronto, Canada

Abstract

Hand hygiene (HH) is the most effective method of reducing transmission of infections in long-term care homes (LTCHs). Care providers do not always consistently practice HH. Buddy Badge, a smart monitoring system that detects HH opportunities, generates reminders and monitors performance. Buddy Badge was installed in an Ontario LTCH. Staff were invited to participate in a pilot study for four months. Staff completed an orientation session and wore an individualized badge that communicates with wall and ceiling-mounted sensors to generate HH reminders and identify trends in the time and location of staff's HH practices. Aggregates, averages, and changes in HH compliance over time speak to the efficacy of this technology in supporting HH in a LTCH and will inform further development and use in LTCHs. Other lessons learned, including change management, can facilitate the planning and execution of other quality improvement initiatives in LTCHs.

Buddy Badge is a smart monitoring system that is comprised of a wearable badge and ceiling and wall-mounted sensors, which detect opportunities for hand hygiene (HH) and sends users HH reminders. It has improved HH compliance in hospitals, but adjustments are needed before it can be utilized in long-term care homes (LTCHs). The Canadian Institute for Seniors Care and Hygienic Echo modified and pilot-tested Buddy Badge with support from the staff of a LTCH. In this session, we will demonstrate this technology, describe the quality improvement initiative's procedures, preliminary findings, and potential implications, and discuss how lessons learned can guide other LTCHs' quality improvement initiatives.

O32

Virtual Frailty Assessment

Tammy O'Rourke¹, Anne Summach^{2,3}

¹Athabasca University, Athabasca, Canada. ²University of Alberta, Edmonton, Canada. ³Sage Seniors Association, Edmonton, Canada

Abstract

Covid-19 resulted in the cessation of most primary care face-to-face visits with clinicians. Older adults were most affected by this disruption in care and the identification of frailty was limited to use in hospital-based settings to prioritize patients for ventilation. An NP-led initiative resulted in the development of an innovative virtual frailty screening tool using telehealth to identify and categorize older adults experiencing frailty. The Virtual Frailty Screening (VFS) tool was adapted from the previously developed and tested Clinical Frailty Scale (CFS). A plan-do-study-act (PDSA) quality improvement process was used to pilot and test the new VFS prior to larger scale implementation. A total of 101 older adults living in community were screened for frailty using the VFS via telehealth. Almost 80% of these older adults were found to be experiencing some level of frailty (either mild or moderate). Prevalence of moderate frailty was found to be higher in females (85%) in comparison to males (65%). Forty-five of these older adults received an in-person assessment using the CFS for comparative value. The VFS performed similarly to the CFS in the identification and categorization of frailty level (mild & moderate). This presentation describes the development and implementation of this innovative frailty assessment in response to a major pivot in care during the Covid-19 pandemic.

O33

Healthy Aging in Community: Nursing Assessment and Evidence-based Interventions

Anne Summach^{1,2}, Beth Mansell², O'Rourke Tammy³

¹University of Alberta, Edmonton, Canada. ²Sage Seniors Association, Edmonton, Canada. ³Athabasca University, Athabasca, Canada

Abstract

“Healthy Aging” has become a world-wide priority. However, very few tools exist to support community and clinical providers in their efforts to assess and support older adults in their pursuit to age in place. Our team developed and piloted the use of a Health Aging Asset Index (HAAI). The HAAI provides a tool for assessing 7 domains of healthy aging in community (Physical Health; Personal Well-Being; Mental Health; Social Support; Physical Environment; Safety and Security; Social Engagement). The tool also includes ASSET planning interventions aimed at supporting the older adults’ current strengths and respond to vulnerabilities that may inhibit their ability to age the way they intend. The ASSET plan includes options for both clinical and social prescribing in each of the domains. This presentation presents an overview of the HAAI tool, discusses ongoing use of the tool in community based senior services in Northern Alberta and available assessment data from these projects, and how this approach to assessment and intervention can inform policy solutions for the integration of primary and community care for seniors.

O34

Ready to demystify long-term care as a gerontological sub-specialty? A virtual, asynchronous learning solution to attract the next generation of nurses

Shoshana Helfenbaum¹, Raquel M. Meyer¹, Christina Elizabeth Gallucci¹, Emi Giddens¹, Daniel Galessiere¹, Birgit Pianosi², Elizabeth Kelson³, Cathy M Smith¹

¹Ontario Centres for Learning, Research and Innovation in Long-Term Care, Baycrest, Toronto, Canada.

²Laurentian University, Sudbury, Canada. ³Toronto Metropolitan University, Toronto, Canada

Abstract

Background: Virtual, asynchronous education helps address the dire need to introduce and prepare nursing students for long-term care (LTC). The Learning Inter-Professionally Healthcare Accelerator (LIPHA) does this while supporting relational, strength-based, and experiential learning of LTC-specific competencies, such as compassionate care. Often defined as an internal experience, compassion is also the act of responding to suffering, and is essential for LTC practice, where quality of life must include positive relationships and the provision of care in the context of those supportive relationships.

Objective: To highlight LIPHA evaluation results and showcase simulation- and game-based activities (e.g., resources, mini- and full cases, storyline, badging) using the example of compassionate care practices (i.e., identifying resident strengths and abilities, communicating with compassion, personalizing care approaches).

Methods: LIPHA was piloted with 440 nursing and personal support worker students. Mixed-methods were used to collect and evaluate gameplay, survey, and interview data.

Results: Gameplay in LIPHA was associated with increased student competence in providing care to older adult populations in LTC. With respect to compassion, key themes included learners finding themselves increasingly more empathetic and compassionate toward older adults and care team members, having a newfound appreciation for the complexity of care required, and recognizing the importance of person- and family-centred care. The realism of the simulation-based cases was identified as beneficial and motivational for learning about older adults through this game-based learning solution.

Conclusion: LIPHA is an effective, powerful solution to deliver virtual, asynchronous training in leading practices that foster compassionate care in LTC.

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O35

Feasibility, Acceptability, and Preliminary Effectiveness of a Home-Based Version of Namaste Care for Caregivers of Community-Dwelling Older Persons with Moderate to Advanced Dementia

Marie-Lee Yous¹, Jenny Ploeg¹, Sharon Kaasalainen¹, Carrie McAiney^{2,1}, Kathryn Fisher¹

¹McMaster University, Hamilton, Canada. ²University of Waterloo, Waterloo, Canada

Abstract

Introduction: There are few home-based psychosocial programs that enhances the skills of caregivers of people in the later stages of dementia. Namaste Care is a psychosocial, multisensory program intended to support both caregivers and persons with dementia. It has not yet been adapted or evaluated for use at home by caregivers of persons with dementia.

Objective: To determine the feasibility, acceptability and preliminary effectiveness of the Namaste Care program adapted for delivery at home by caregivers of people with moderate to advanced dementia.

Methods: A multiphase mixed methods design was used. Six caregivers attended workshop sessions to adapt Namaste Care. Afterwards 12 caregivers received training to use the program. Caregivers completed questionnaires at baseline and at the 3-month follow-up to collect data on caregiver quality of life, positive perceptions of caregiving, self-efficacy, and burden. Caregivers participated in interviews at the 3-month follow-up.

Findings: Caregivers used the program at least twice a week for 3 months as intended. Caregivers perceived that the program was practical, encouraged the consistent delivery of a variety of activities, and brought them closer in their relationships with persons with dementia. However no statistically significant improvements in quantitative outcomes were found. Providing caregivers with a Namaste Care Toolbox was perceived as helpful. Tailoring activities to tap into unique interests for persons with dementia enhanced engagement.

Conclusions: The adapted Namaste Care program for use by caregivers of community-dwelling older persons with moderate to advanced dementia was feasible and acceptable. A large trial is needed to determine its effectiveness.

O36

See, Hear, and Feel the World as I do: A 360 Degree Video for Nurses and Nursing Students to Simulate the Experience of Living with Dementia

Kristine Newman, Halyna Yurkiv

Toronto Metropolitan University, Toronto, Canada

Abstract

Background: As nurses, caring for an aging population can be challenging and is further complicated by chronic conditions like dementia. Behavioural and psychological symptoms of dementia (BPSD) can cause suffering for people with dementia and stress nurses who care for them.

Aims and Methods: A mixed-methods approach was used to investigate the efficacy and experience of a 360 video simulation (developed using an arts-based knowledge translation [ABKT] approach) in improving nurses' and nursing students' empathy and attitudes towards persons living with dementia. A pre-and-post-video survey and semi-structured follow-up interview was used to capture the impact and experience of watching the 360 video.

Results: Participants reported that the 360 video was insightful and made them think about dementia from a new perspective. Although the content of the video was reported to be engaging and thought-provoking, the video's intentional distortion of audio and video quality to simulate the experience of both aging and dementia was found to be distracting and assumed they were simply part of video production/technical issues. Most found the 360-degree video to be immersive and user-friendly while some found it difficult to use (i.e., non-mobile-laptop/desktop). Many participants, especially students, found the video novel, but wished there were more tips, commentary, or lessons that they could use to support their practice.

Conclusions: Our findings reflect the usefulness of 360-degree video as an ABKT strategy and increased nurses and nursing students' understanding and perceptions of dementia. Finding a balance between learning and immersive content is important for nurses.

O37

Experiences with a Patient-Tailored Online Self-Assessment Tool to Support Self-Management of Chronic Illness: A Pilot Study

Connie Schumacher¹, Sophie Hogeveen², Fabrice Mowbray², Megan Salter¹, Bailey Donaldson¹

¹Brock University, St. Catharines, Canada. ²McMaster University, Hamilton, Canada

Abstract

Chronic disease and their interactions are primary drivers of hospital admissions and re-hospitalization. The prevalence of chronic diseases and multimorbidity is greater in older adults, who typically assume responsibility for self-care, particularly so with changes in health and transitions of care. Transitions have been associated with anxiety and adverse events. Thus, it is imperative that those at risk for deterioration are identified and provided resources to support self-care. Self-assessment has been shown to assist with identification of self-care needs. We sought to understand how an online self-report assessment (i.e., the Check-Up) could be used in older populations who experience chronic illness. The Check-Up generates personalized results along with an array of online self-care resources specific to identified health risks. We employed the Check-Up within an integrated comprehensive care program (ICC) in Southern Ontario and expanded to community residing adults living with chronic illness. Feedback from participants was gained through qualitative interviews. The focus of interviews included use and experience with the Check-Up assessment results, the communication of identified risk and utility of recommended resources. To assess feasibility and integration of a patient directed self-report assessment, a focus group with ICC care staff was conducted. Findings include consideration of geriatric technological literacy and accessibility of online platforms for the end-user, while health system engagement and support by frontline care providers facilitated operationalization. Self-care remains an essential component of the chronic illness experience, future interventions and programs must incorporate stakeholder involvement to understand the needs, accessibility and preferences of persons enacting self-care.

O38

What influences the use of non-drug treatments for seniors with early dementia?: A review of literature

Jasmine Hwang

University of Calgary, Calgary, Canada

Abstract

Non-drug treatments represent an important management component for early dementia. Non-drug treatments can enhance quality of life of older persons with dementia (PWDs) by improving cognition, mood, functioning, independence, and social inclusion. These treatments are critical during the early stages of dementia while PWDs can learn, compensate, and adapt. However, many Canadians with early dementia report difficulty accessing these treatments. This problem gives rise to the question, “what influences the seniors’ use of non-drug treatments?” To answer the question, a literature review was conducted using an integrative review method. A comprehensive search of literature resulted in 16 research studies which identified various personal, interpersonal, organizational, community, and policy factors. An analysis of the findings from the studies revealed that the PWDs’ decisions to use non-drug treatments are multifaceted and heavily contextualized within various environmental influences. The findings of this review have significance to gerontological nurses across various care settings, particularly in the community and primary care settings, because nurses must reflect, recognize, understand, and respond to challenges encountered by PWDs to work effectively with them, promote health, and prevent further deterioration and illness. The findings of this literature review can assist nurses to think about dementia care in different ways and implement new practices and ideas. At the end of the presentation, the audience will acquire a new understanding developed from the literature review and discover actionable ways in which they can advocate for PWDs’ health and wellness through clinical practice, education, administration, and research.

O39

What influences the use of non-drug treatments for seniors with early dementia?: An Integrative review of literature

Jasmine Hwang, Tam Donnelly, Shelley Raffin Bouchal, Sandra Davidson
University of Calgary, Calgary, Canada

Abstract

Non-drug treatments represent an important management component for early dementia. Non-drug treatments can enhance the quality of life of older persons with dementia (PWDs) by improving cognition, mood, functioning, independence, and social inclusion. These treatments are critical during the early stages of dementia while PWDs can learn, compensate, and adapt. However, many Canadians with early dementia report difficulty accessing these treatments. This problem gives rise to the question, “what influences the seniors’ use of non-drug treatments?” To answer the question, a literature review was conducted using an integrative review method. A comprehensive search of literature resulted in 16 research studies which identified various personal, interpersonal, organizational, community, and policy factors. An analysis of the findings from the studies revealed that PWDs’ decisions to use non-drug treatments are multifaceted and heavily contextualized within various environmental influences. The findings of this literature review have significance to gerontological nurses across various care settings, particularly in the community and primary care settings, because nurses must reflect, recognize, understand, and respond to challenges encountered by PWDs to work effectively with them, promote health, and prevent further deterioration and illness. The review's findings can assist nurses in thinking about dementia care in different ways and implementing new practices and ideas. At the end of the presentation, the audience will acquire a new understanding developed from the literature review and discover actionable ways in which they can advocate for PWDs’ health and wellness.

O40

Supporting the successful implementation of primary healthcare initiatives to support people with dementia: A scoping review

Leah Burns¹, Amy Meister², Elaine Moody³

¹Dalhousie University, Halifax, Canada. ²Dalhousie Universtiy, Halifax, Canada. ³Dalhousie University, halifax, Canada

Abstract

An integrated and person-centered primary health care (PHC) system has been promoted as an important way to support people with dementia living in the community. Indeed, global, national and provincial dementia strategies highlight the important role of PHC in supporting people with dementia. However, there is also evidence that people with dementia experience barriers to accessing health care, inappropriate treatments and unnecessary fragmentation of services and supports. While there is evidence to support the delivery of PHC for with people with dementia, there remain challenges to successfully implementing such evidence into practice. This project explores *how* dementia care interventions can be effectively integrated into PHC settings.

We conducted a scoping review of both peer-reviewed publications and unpublished literature, guided by the following research question: What tools or practices that aim to improve support of people with dementia and their caregivers have been *implemented successfully* in Canadian primary care settings?

This presentation will outline barriers and enablers to implementing dementia-focused interventions in Canadian primary healthcare settings; examine how dementia-focused intervention implementation and effectiveness are evaluated; and recommend practical methods for successful implementation of evidence for supporting people with dementia in primary healthcare. Knowledge gained from this study will contribute to a foundation for subsequent research to inform primary care initiatives that are at the forefront of healthcare reform across the country.

O41

Healthy Aging through Regional Collaboration between Healthcare and Community Services: CARES and Social Prescribing

Margaret Lin, Grace Park
Fraser Health Authority, Surrey, Canada

Abstract

Older adults are at risk of becoming frail unnecessarily and prone to increased use of emergency and acute health care services. The existing health care systems and services are reactive, hospital-centric, and not sustainable as the population ages. Additionally, fragmentation between primary care, health authorities and community resources create a further barrier for healthcare providers and older adults to practice holistic healthcare.

Community Actions and Resources Empowering Seniors (CARES) is an initiative established in Fraser Health Authority, British Columbia, that aims to support healthy ageing by facilitating the collaboration between healthcare providers in all care settings including primary care, and community resources. Ongoing projects such as electronic comprehensive geriatric assessment, social prescribing, and climate emergency preparedness have connected healthcare and community stakeholders to support older adults throughout the Fraser Health region, with 1.9 million people and 20 communities.

Our presentation will showcase how these region-wide initiatives are improving the health of older adults and highlighting the benefit of healthcare-community collaboration on healthy aging. We will also share the lessons learned on inter-sectoral collaboration and practical suggestions for others wishing to establish stronger healthcare-community connections for their patients and communities. The presentation will emphasize the initiative on social prescribing to exemplify how health authority-initiated coordination can support the establishment and sustainment of 10 social prescribing programs that have supported 500+ older adults in the past year.

O42

A participatory approach to designing hospital-to-home transitional care interventions to support functioning in older people.

Fox Mary¹, Souraya Sidani², Jeff Butler¹, Marilyn MacDonald³, Evelyne Durocher⁴, Ilo Maimets¹, Lori weeks³, kathleen hunter⁵, Adrian Wagg⁵, brenda elias¹, madonna Macdonald⁶, Ann MacLeod⁷, Brad Meisner¹, Sherry Dahlke⁵, Debbie Burris⁸

¹York University, Toronto, Canada. ²ryerson university, Toronto, Canada. ³dalhousie University, halifax, Canada. ⁴mcmaster university, hamilton, Canada. ⁵university of alberta, edmonton, Canada. ⁶Nova Scotia Health Authority, halifax, Canada. ⁷trent university, peterborough, Canada. ⁸Nova Scotia Health Authority, Truro, Canada

Abstract

Introduction: Transitional care that optimizes the functioning of older people with dementia is critical to returning to their baseline level of functioning following hospitalization. Extant transitional care research has not focused on functioning in older people with dementia, limiting the applicability of transitional care to this population.

Methods: Guided by a participatory research approach for developing complex interventions, we co-designed evidence-based transitional care interventions aimed at supporting this patient population's functioning and their unpaid caregivers' abilities to support their functioning. We involved stakeholders throughout the process from articulating the problem to evaluating the interventions, placing particular emphasis on their input on the content and activities comprising the interventions.

Findings. We designed four interventions (orthostatic tolerance, walking, safety, and activities of daily living) targeting physical functioning and three (sleep, communication, and sensory orientation) targeting cognitive functioning. The relevance of the interventions was validated with persons living with dementia and their family members during focus groups. We are evaluating the acceptability of the interventions for transitional care nationally with key stakeholders.

Outcomes. We will use the findings to: 1) identify acceptable interventions for transitional care that promote patient functioning and caregivers' abilities to support patient functioning; 2) identify resources needed to incorporate the interventions into transitional care; and 3) provide high-quality evidence to inform new transitional care practices and policies. Audience members will learn about the interventions and our participatory approach to gathering key stakeholders' perspectives on the interventions that will be used to further refine the interventions for transitional care.

O43

Geri-Connect: An innovative nurse-led delirium management app to provide meaningful virtual programming for older persons experiencing responsive behaviours in acute care settings.

Linda Liu¹, Tina Cheung², Marijana Zubrinic¹

¹Toronto General Hospital, Toronto, Canada. ²Toronto Western Hospital, Toronto, Canada

Abstract

During the early waves of the COVID-19 pandemic, older persons admitted for COVID-19 or from long-term care facilities were subjected to prolonged physical isolation measures (minimum 14 days). Patients' mental and cognitive health deteriorated as a result of delirium coupled with a lack of meaningful engagement and stimulation. As Advanced Practice Nurses specializing in the care of older persons, we were compelled to explore innovative ways to deliver non-pharmacological/behavioural strategies to manage responsive behaviours given the significantly reduced meaningful interactions/activities for older persons placed on isolation precautions in the acute care setting. By addressing technological gaps in responsive behaviour management, we designed and developed a delirium management app *Geri-Connect*, which encompasses: a) An assessment tool to collate the patient's demographics, past medical history, responsive behaviours, and preferences; b) Care plan function derived from assessment tool findings to deliver customized programming via a tablet device; and c) Repository of virtual/online applications/programs to complement care plan interventions. With organizational supported seed funding, we conducted biweekly meetings over 18 months with an app developer establishing design features, clarifying app functions and testing/appraisal. We share our proof-of-testing findings based on user feedback from clinician stakeholders, patients and family members, as well as reflections and considerations on nursing-led innovation designs. *Geri-Connect* has the potential to mitigate responsive behaviours for older persons in isolation through the provision of meaningful virtual programming and activities.

O44

Canadian Guidelines for Anxiety in Older Adults: development, preliminary recommendations and consultation

Andrea Iaboni¹, Sarah Burke Dimitrova², Sarah Neil-Sztramko², Sebastien Grenier³

¹University of Toronto, Toronto, Canada. ²Canadian Coalition for Seniors Mental Health, Toronto, Canada. ³Universite de Montreal, Montreal, Canada

Abstract

Anxiety is a common mental health problem faced by older adults, and often goes unreported and untreated. Nurses have an important role in detecting, assessing and treating anxiety in older adults. However, there are no best practice guidelines specific to older adults that address the factors that can contribute to anxiety in this age group, and that support the multidisciplinary nature of mental health care for older adults. There is an urgent need for up-to-date, comprehensive clinical guidelines aimed at the assessment, prevention and treatment of anxiety in older adults targeted at a broad health care provider audience.

Through the Canadian Coalition on Seniors Mental Health and using Guideline International Network methodology, we are currently engaged in the development of national guidelines for anxiety disorders in older adults. In this talk, we will present some of our work to date towards guideline development, including defining the scope, key questions, and values underlying this work, including equity, diversity, inclusion, and anti-racism. Finally, we will present some of our preliminary recommendations and, in an interactive format, consult with attendees about for their input and perspectives on the progress to date.

O45

A Critical Discourse Analysis of Family Presence Restrictions in Long-Term Special Care Homes in Saskatchewan During the COVID 19 Pandemic in 2020/21

Shawn Emard, Roslyn Compton, Abukari Kwame, The Power of Words in Long-Term Care Analysis Committee, The Saskatchewan Long-Term Care Network
University of Saskatchewan, Saskatoon, Canada

Abstract

Purpose: This study was to explore the language of the pandemic family presence restrictions in Saskatchewan long-term care (LTC) by examining the health orders, policies, and policy implementation discourses that shaped the restrictions. A better understanding of how these discourses were enacted throughout the pandemic provides evidence about how these policies were lived. **Methodology:** Fairclough's three-dimensional approach to critical discourse analysis was employed using a patient-oriented research design. The highest most specific restriction discourses through to the enactment communications were analyzed for language, organization, meaning, and actions that were eventually lived and experienced in the community. These were the public health orders, Saskatchewan Health Authority policies, and the implementation communications to LTC communities and families from March 2020 to July 2021. Using a patient-oriented approach, resident-family partners co-developed the study, co-analyzed the data, and co-developed meaningful recommendations and knowledge translation plans. The patient-oriented approach is congruent with all research methodologies and situates well in critical social studies. **Conclusions:** The consistent use of the term "visitor" and the class system that developed around visitors in describing family presence indicates family presence is not well understood and not well lived in PFCC (patient and family centred care), especially in LTC. Disempowerment occurred at the practice level because of policy language. This study has informed the impetus for consultation that will increase evidence-based practice in health policy development, improve family presence in PFCC implementation, enhance pandemic preparedness and response planning, and elevate access and equity for family caregivers during public health emergencies.

O46

The National Long-Term Care Services Standards in Canada

Veronique Boscart

Conestoga College Institute of Technology and Advanced Learning, Kitchener, Canada

Abstract

For decades there have been challenges with recruiting and retaining workforce and staffing in long-term care homes (LTCHs). The COVID-19 pandemic exacerbated these challenges. Several calls for reform were issued to critically look at the current policies and standards in LTCHs. The Health Standards Organization's (HSO) National Long-Term Care Services responded to this by developing a standard including evidence-informed practices to provide high-quality care for residents living in LTCHs across Canada.

This presentation will discuss the processes and experiences of one technical committee member for the HSO as they developed National Long-Term Care Services Standards. Dr. Boscart was one of 32 Technical Committee members from 11 provinces and territories selected to ensure a balanced regional and pan-Canadian representations. Members came from different backgrounds such as residents, family members, the long-term care workforce, leadership, policy-makers and researchers. The standards were developed using a collaborative, systematic approach. In addition, this presentation will share the key messages of the National Long-Term Care Services Standards.

O47

Canadian Remote Access for Dementia Learning Experiences (CRADLE) Project: A national study to evaluate online learning for unregulated care providers

Veronique Boscart, Michelle Heyer, Carly Szabo, Fateema Kassam, Lauren Crutchlow, Chris Viel, Linda Sheiban Taucar

Conestoga College Institute of Technology and Advanced Learning, Kitchener, Canada

Abstract

Unregulated care providers (UCPs) support those living with dementia with their daily needs. The Canadian Remote Access for Dementia Learning Experiences (CRADLE), funded by the Government of Canada's Future Skills Centre, is a free online, interactive course on dementia care, developed for UCPs across Canada. CRADLE shares the story of nine seniors living with dementia and one of their care partners (October 2022). This learning strategy supports the need for a national training approach for UCPs. The online modality of training allows for timely, remote and safe access to the course. Since September 2022, 13,700 people participated in CRADLE. A total of 4,704 completed a baseline survey prior to completing the CRADLE course. Participants' highest level of education was College (56.6%). Approximately 44% of participants worked in a full-time job and 48% of participants had less than 1 year of experience as a UCP. A significant increase in Alzheimer's Disease Knowledge was shown between baseline and after completing the CRADLE course. All CRADLE modules received a high satisfaction score (+95%). Findings demonstrate that case-based learning can empower UCPs to provide evidence-informed, person-centred dementia care. Online education presents as an effective and pragmatic tool for supporting this workforce on a large scale.

O48

Lessons Learned: The introduction of E-learning Modules about Family Integration into Residential Care Settings

Mariana S. Ribeiro¹, Roslyn M. Compton^{1,2}, Sharon Anderson³, Alison Craswell², Marlene Moorman¹, Marilee E. Lowe¹, Chistina Aggar⁴, Schroder Sattar¹, Abigail Wickson-Griffith⁵, Shawn Emard¹, Paulette V. Hunter¹

¹University of Saskatchewan, Saskatoon, Canada. ²University of Sunshine Coast, Sippy Downs, Australia.

³University of Alberta, Alberta, Canada. ⁴Southern Cross University, Queensland, Australia. ⁵University of Regina, Regina, Canada

Abstract

Through research evidence, a need for ongoing learning opportunities in residential care settings is identified. As the complexity of caring with older adults increases, the need for timely and meaningful education becomes critical. Through education, persons living in residential care settings (long-term care and assisted living), family caregivers (close ones, chosen family, friends and neighbors) and, staff can be empowered to maximize quality of life and quality of care. In this presentation, we will describe our journey of introducing six e-learning modules into long-term care and assisted living to help staff to integrate family caregivers into care teams. The e-learning modules (caregivercare.ca) were designed to be interactive with videos and reflective questions. We will share our lessons learned, including our successes and challenges in implementing the modules. Tensions with workplace culture, assumptions about the meaning of education, ageist perspectives, societal stigma of what it means to care with older adults, time, and capacity will be explored. We recognize building relationships and workplace culture with shared understandings and values of education is essential.

O49

Brain Matters 2022 shares research findings, successful innovations in caregiving, strategies and exemplary practices that support the older adults, the Staff (including Nurses), and the Healthcare Community at Baycrest.

Orsolya Soos¹, Mona Walrond²

¹Baycrest, Toronto, Canada. ²RNAO, Brampton, Canada

Abstract

This abstract addresses the Conference Theme: “Emerging from the Mist”. It recognizes the challenges that Healthcare communities, in particular the Nursing sector, faced during the Pandemic, and presents research findings as well as successful innovations and strategies that have been and continue to be applied as Nurses ‘Emerge from the Mist’.

The Abstract focuses on one particular Institution (Baycrest) in Toronto. Both the institution and its staff have been impacted in similar ways as others in Canada. However, its approach as outlined in various articles in the Publication, Brain Matters, (Spring/Summer 2022) has been innovative and, I believe, needs to be shared at this time as the Healthcare community can benefit from this knowledge. Brain Matters shares valuable information on the ‘latest in Research and care for Cognitive Well-Being and Healthy Living’. The articles include the following: (i) Unique Approach to Dementia Care recognizes possibilities; (ii) Boost your Brain Health by Learning a New Language (this successful initiative uses Spanish); (iii) Innovations such as Baycrest Buddies in which there is pairing of volunteer participants of 16 to 18 yearolds, with the older adults in response to the Pandemic, to reduce Social Isolation; (iv) Memory Box – Story connects Generations; (v) Super Spring Vegetables for a Healthy Body and Mind. The benefits of each vegetable is described; (vi) Fearless Thinking by Josh Cooper, President and CEO, Baycrest Foundation.

The Research and innovations described in Brain Matters are helping to pave the way to better health as Baycrest ‘Emerges from the Mist’.

O50

Through the lens: Experiencing elder abuse as an institutionalized older adult immigrant

Christina Leatham, Sepali Guruge

Toronto Metropolitan University, Toronto, Canada

Abstract

Background: Canada's geriatric population, while already one of the largest age groups, continues to grow annually. Inward immigration is a main cause of growth for this age group and adds increased complexity to issues of elder abuse in Canada. The pervasive causes and diffuse effects of elder abuse are further exacerbated by factors specifically related to the status of immigration, including power dynamics, language barriers, and cultural differences. On another level, the study of elder abuse among immigrants in institutions within Canada remains severely under-studied. Purpose: This study aims to understand the universal experience of Elder Abuse as applicable to immigrant individuals within institutions. Specific areas of interest include characteristics of perpetrators and victims, as well as interventions at the individual, community, and systemic levels. Methods: A scoping review allows mapping of the primary concepts and knowledge gaps within this specific topic area, and the specific use of PRISMA ScR will allow for a systematic presentation of findings and better dissemination and application. Implications: This study is designed to 1) understand the experience and add to the existing literature, 2) identify gaps in the research for further study, and 3) provide guidance in policy development, community program development, and restructuring of education and training.

O51

Meeting the needs of malnourished older adults through hospital, primary and community care pathways: how nurses can help

Heather Keller^{1,2}, Rachel Donnelly², Leila Goharian³, Roseann Nasser⁴, rupinder Dhaliwal⁵, Celia Laur⁶
¹Schlegel-UW Research Institute for Aging, Waterloo, Canada. ²University of Waterloo, Waterloo, Canada. ³Vancouver Coastal Health, Vancouver, Canada. ⁴Saskatchewan Health Authority, Regina, Canada. ⁵Canadian Nutrition Society, Ottawa, Canada. ⁶Womens' College Hospital Institute for Healthy System Solutions and Virtual Care, Toronto, Canada

Abstract

Nutrition risk occurs in approximately 30% of older adults (65+ years) living in the community and up to 45% of patients discharged from hospital are malnourished and require supports for a successful transition home. Risk screening to identify malnutrition and treatment with a variety of supports including oral nutritional supplements and community food programs and services are best practice, yet uptake of these services in most Canadian primary care and community settings is limited. Two evidenced-based pathways, one for all hospital transition patients and the other for older adults were created by a multidisciplinary team of clinicians and researchers. An online survey was used to determine acceptability and feasibility of implementation of care pathway activities and if there was consensus on what activities should be retained in the pathways. Participants (n=291), including nurses, were from diverse disciplines and across hospital (53%) and community sectors (47%) across Canada. Nutrition screening, continuation of care plans post discharge, monitoring body weight and appetite were rated highly relevant by hospital and primary/community care participants (>80% ratings). Barriers and facilitators to best practices were noted. The results of this survey led to the development of a variety of tools to support screening and other best practices to detect and treat malnutrition in the community and hospital setting, including the importance of nursing involvement in these activities. This presentation will review the development of these nutrition care pathways and the tools designed to support nurses in implementing best practices to support their patients.

O52

Innovative community care for older adults: Nursing Home Without Walls program

Suzanne Dupuis-Blanchard, Alisson Haché-Chiasson, Mathilde Thériault
Université de Moncton, Moncton, Canada

Abstract

Nursing Home Without Walls (NHWW) has been ongoing for the past three years as a Healthy Seniors Pilot Project in the province of New Brunswick. Although most older adults are aging in place, many provinces still lack an efficient model of service delivery that is reliable and accessible. The objectives of NHWW are to: ensure that older adults have access to services and information related to aging in place; provide social health initiatives; increase knowledge on health-related issues important to aging in place; and empower local communities to respond to the needs of an aging population. With a mixed descriptive evaluation approach, 191 older adults completed surveys on how the program supported them to age in place and a total of 27 older adults and stakeholders were interviewed individually. The results of the analysis confirm the positive impact of the project on the lives of older adults in four NB rural communities. Participants shared that the project has supported them to age in place by connecting them to services and activities in their community. Older adults described a deep appreciation for the opportunities that the project has provided them – addressing social isolation but also volunteering. Stakeholders described the value of a locally based flexible program to support older adults and families in their community. This presentation will provide an overview of the results along with reflections on the future of the NHWW program for aging in place.

O53

Nurses Caring through COVID-19- The Ontario Infection Protection and Control [IPAC] Strategy Swat Teams in Long Term Care Homes: Lessons Learned Reflected through Poetry and Art

Sheila O'Keefe-McCarthy¹, Monakshi Sawhney², Karoleen Abdel-Shahied³, Diana Adams⁴, Hannah Michaelson⁵

¹Brock University St. Catharines, Canada. ²Queens University, Kingston, Canada. ³North York General Hospital, Toronto, Canada. ⁴North York General, Toronto, Canada. ⁵Brock University, St. Catharines, Canada

Abstract

Background: SARS-CoV-2 virus which lead to COVID-19 disease has changed the world in the way we live and provide health care. An Ontario strategy to assist with COVID-19 management in long term care facilities (LTCFs) included the implementation of IPAC-SWAT Teams. This strategy deployed healthcare providers, including nurses from Southern Ontario to provide emergent COVID-19 preparedness, education and support to LTC personnel. One IPAC SWAT team assisted 7 LTCFs with their outbreak management during wave 1 of the pandemic.

Purpose/Method: We conducted a qualitative-arts-based study to describe and represent the experiences of 3 IPAC-SWAT team nurses from the Toronto area.

Analysis: We used an integrated arts-based, embodied, layered exploration (the ABELE) approach for analysis, interpretation and representation of the themes.

Results: Three themes were generated: Controlling the viral load and fear, Self-protection-sustaining practice and the Power of collegial co-reciprocal trust and represented with six free verse poems and three pieces of art.

Conclusion: Nurses realized in amidst their fear and witnessing the devastation, that nursing work provided renewed hope, positivity and personal and professional growth even in the face of COVID-19. The lessons learned as the nurses emerged from the pandemic was a resurgence of honour and meaning in their nursing work.

O54

Nurses perceptions of restorative care nursing and their role within the interdisciplinary team

Allison D'Hondt

Hamilton Health Sciences, Hamilton, Canada

Abstract

Restorative care in Ontario is a low-intensity, longer stay rehabilitation program for patients with multiple medical and functionally complex conditions. One Restorative Care unit at a complex care hospital in southwestern Ontario invited Registered Nurses and Registered Practical Nurses to complete a survey in order to explore their perceptions of Restorative Care nursing and their role within the interdisciplinary team. Specifically, the nurses were asked to identify the goal of Restorative Care nursing and the essential knowledge and skills required to work on the unit. The majority of nurses identified the goal of Restorative Care nursing as motivating patients to participate in rehabilitation and facilitate their independence. The top three areas related to specialized knowledge required to work on the Restorative Care unit were identified as falls and falls related injury prevention, stroke care, and continence promotion. Important skills needed by Restorative Care nurses were setting goals and evaluating care plans in order to maximize independence and wellness, and collaborating with the interdisciplinary team. Results indicated that the nurses have a high level of understanding of the nursing role within the interdisciplinary team; however, they are not as familiar with nursing standards of practice related to rehabilitation and restorative nursing care. The results of this survey have informed the unit's Clinical Nurse Specialist and Clinical Manager about nursing staff orientation and learning needs, as well as the ongoing development of a Restorative Care Nursing model for the nursing team on the unit.

O55

Older Persons' Experiences of Ageism: A Qualitative Descriptive Study

Anndrea Vogt, Sherry Dahlke
University of Alberta, Edmonton, Canada

Abstract

Purpose: The aim of this study was to understand how ageism impacts the self-perceptions of older persons.

Methods: A qualitative descriptive study was conducted by interviewing nine older persons to understand their experiences of ageism, using a semi-structured interview. Data were analyzed using content and thematic analysis.

Results: Three themes were developed from the data analysis: 'Experiences of Ageism,' 'Resilience,' and 'Looking Forward.' Participants discussed their personal experiences with ageism and those they witnessed other people experiencing. Despite negative experiences with ageism, participants developed strategies to move forward in life that displayed resilience. They also had advice for how our society could strategize in diminishing ageism.

Discussion: Two key theories were looked at to explain why participants had difficulty identifying personal ageist experiences. Stereotype embodiment theory asserts that ageism is internalized. Socioemotional Selectivity Theory suggests that as we age, we focus more on positive rather than negative experiences.

Conclusions: Understanding how ageism impacts older persons will provide insights into how we can create better interventions and resources to support this vulnerable population. More research is needed to understand older people's experiences of ageism more fully.

Implications for practice: Nurses could foster awareness of ageism in their work with older persons and advocate for policies that diminish ageism in healthcare institutions.

Keywords: ageism, older persons, self-perceptions

O56

Clinical Nursing Leadership (CNL) eCourse to Strengthen Long-Term Care Practice

Angelina Filip, Freda Poirier

Ontario Centres for Learning, Research & Innovation in Long-Term Care at Bruyere, Ottawa, Canada

Abstract

Background and objectives:

Nurses manage conflict and communicate with coworkers, residents and families. The Ontario Centres for Learning, Research and Innovation in Long-term Care at Bruyere (CLRI) CNL eCourse (<https://clri-ltc.ca/resource/clinical-leadership-training/>) enhances the clinical leadership skills of nurses working in long-term care. Three self-paced, online 20 minute modules include realistic scenarios and scenario-based practice to help nurses navigate conflict, communicate with confidence, and thrive as clinical leaders. The course is accredited by the Canadian Nurses Association for 1 credit. This presentation describes development and evaluation results from more than 800 learners.

Methods:

CLRI developed the course with content experts working in long-term care homes in Ontario, Canada. Using Kirkpatrick's model, pre- and post-completion evaluation provides quantitative and qualitative feedback about the content, improvement in the learner's knowledge, willingness to apply what they learned, and the barriers they anticipate.

Evaluation questions addressed effective communication techniques, consequences of ineffective communication and confidence with communicating in a variety of situations.

Results:

Launched in 2020, these bilingual courses have been completed by over 2,000 learners across Ontario. Feedback indicates 95% of nurses believe the Course will help them in their role, 95% stated they are confident that what they learned will be used and 95% indicate there will be a positive impact if they use what they learned.

Conclusion: Nurses highly appreciate the CNL e-learning course in enhancing their clinical leadership skills. They acknowledged that what they learned from the course will positively impact their work in LTC settings.

O57

The Role of the Facility & Supportive Living Nurse Practitioner

Roxanne Wilson, Lindsay Thomas, Julia Arsenault, Yvonne Appah
Alberta Health Services, Edmonton, Canada

Abstract

Nurse practitioners (NPs) provide a unique and valuable service within the Edmonton Zone Continuing Care (EZCC) Program. There are two teams of NPs, Home Living and Facility and Supportive Living (FSL). Literature searches have failed to uncover published evidence of any similar NP teams within Canada. This presentation will discuss the role of the FSL NP as it fits within the EZCC program and its continued evolution.

The FSL NP team has a multipronged approach to providing support for the over 9000 FSL patients living in the Edmonton zone. This approach includes regular facility attendance, primary care provider role, referrals for unattached sites, and 24/7 on-call support. NPs collaborate with multidisciplinary teams from both Alberta Health Services (AHS), Contracted Service Providers (CSP) and community physicians. NPs provide medical care, engage in quality improvement and best practice initiatives, appropriate use of antipsychotics rounds, complex care rounds, and family conferences. Both formal and informal education is provided, and the NPs work side by side with nursing staff allowing for real-time mentorship. Throughout the COVID-19 pandemic, the FSL NP team assumed the medical care of patients residing in facilities experiencing widespread outbreaks. The NP team provided extensive support to AHS, CSPs staff, and community physicians.

The multipronged FSL NP model has proved effective at improving care standards, increasing timely access to care, and avoiding unnecessary ED admissions. The work of the FSL NPs emphasizes the power of nursing leadership, collaboration, and the effectiveness of centering care models around patient needs.

O58

Nurse Practitioners Rising to the Challenge of COVID-19 in Long Term Care and Supportive Living in Edmonton.

Yvonne Appah, Lindsay Thomas, Julia Arsenault, Roxanne Wilson
Alberta Health Services, Edmonton, Canada

Abstract

The COVID-19 pandemic presented immense challenges to healthcare workers globally. In Canada, Long Term Care (LTC) and Supportive Living (SL) facilities struggled with widespread outbreaks, affecting the most vulnerable patients. In 2020, the Canadian Institute for Health Information (CIHI) reported that Canadian LTCs accounted for 81% of all reported COVID-19 deaths, compared with an average of 38% in other countries. Amongst Canadian provinces, Alberta had one of the highest rates of death of those in LTC, representing 70% of all COVID-19 deaths.

In response to the sharp rise of COVID-19 cases and deaths in LTC, Nurse Practitioners (NPs) in Edmonton Zone Facility and Supportive Living (EZFSL) demonstrated their full scope of practice. The broad scope of NP practice was already established in the community setting however, the intersection of overwhelmed hospitals and large outbreaks in EZFSL led to pivotal legislative and policy changes for NPs across Alberta. The legislative changes that occurred were impactful in how NPs navigated the complexities of caring for seriously ill older adults in EZFSL.

This presentation will provide a narrative account of EZFSL NPs' lived experiences while working through COVID-19. We will discuss the lasting impact on NP practice, team development, collaboration, and leadership. For EZFSL NPs, there were nuanced approaches to managing large outbreaks which had a lasting effect on current practice. These transformative experiences have opened the door for further opportunities in NP medical care, leadership and advocacy for individuals living in EZFSL.

O59

Supporting Older Indigenous Adults through Life Stories: The adaptation and guidelines for use of the PIECES of my Relationships Tool

Kristen Jacklin¹, Pitawanakwat Karen², Blind Melissa¹, Emily Piraino³, Monica Bretzlaff⁴

¹University of Minnesota Medical School, Duluth Campus, Duluth, USA. ²Wkwemikong Health Centre, Wkwemikong, Canada. ³North Bay Regional Health Centre, Sault Ste Marie, Canada. ⁴North Bay Regional Health Centre, Sudbury, Canada

Abstract

Sharing elements related to an older individual's personhood can assist healthcare team members in building relationships with their clients, individualizing care plans and providing personalized care. In the context of Behavioural Supports Ontario (BSO), personhood details (e.g., life stories, hobbies) provide essential information in order to better understand the unique needs of the individual, and incorporate these needs into a behavioural care plan that reduces unmet needs, therefore reducing incidence and prevalence of responsive behaviours and improving overall quality of life and wellbeing.

Knowing that personhood details are of key importance with working effectively with older adults, and based on an identified gap in existing personhood tool for Indigenous populations, BSO team members worked closely with members of Dr. Kristen Jacklin's research team and local Indigenous communities in Northeastern Ontario to adapt the existing mainstream PIECES of my PERSONHOOD tool. Changing the focus from individual accomplishments to relationships stressed the importance of cultural values of humility and wholism. The adaptation process led to the creation of four key documents to support work towards cultural safety, including a focus on important approach considerations. This session will describe the adaptation process, rationale for question format, and guidelines for approach with administering the new tool. We will invite participants to provide feedback once they have the opportunity to use the tool in their own practice.

**having issues listing all authors - can communicate this via email or phone

**Melissa Blind & Emily Piraino will both attend. Oral presentation is preferred + poster if possible.

O60

Implementing dementia-friendly cancer care

Shelley Canning¹, Michael McKenzie², Genevieve St-Martin³, Jagbir Kaur², Lillian Hung⁴, Nicole Percival⁵, Rachel Wan⁴, Jasleen Brar¹, Lynn Jackson⁶

¹University of the Fraser Valley, Abbotsford, Canada. ²BC Cancer, Vancouver, Canada. ³BC Cancer, Abbotsford, Canada. ⁴University of British Columbia, Vancouver, Canada. ⁵Fraser Health, Abbotsford, Canada. ⁶Alzheimer's Society of BC, Vancouver, Canada

Abstract

Age is the primary risk factor for both cancer and dementia, thus the numbers of cancer patients also living with dementia is increasing. Within the limited scholarship related to this patient group, significant inequities and care issues have been identified in terms of poor clinical outcomes and negative subjective experiences. A central issue related to this multi-factorial problem is the lack of knowledge and expertise that cancer care providers have regarding dementia-care. Experts in cancer care, oncology nurses struggle to meet the unique needs of patients living with dementia. Issues include ethical dilemmas related to decision-making, communication complexities, and caregiver experiences. Additionally, these patients are often diagnosed at later stages of disease with co-morbid diagnoses adding another level of clinical complexity.

Our study aims to better understand the challenges faced by oncology nurses and other care providers at BC Cancer. Underpinned by a person-centred care theoretical framework, we asked the following research question: What strategies and initiatives will support a Dementia-Friendly approach to care at BC Cancer? Our multi-disciplinary team is conducting a 3-year study across the 6 provincial cancer sites with funding from the Alzheimer's Society of Canada. During this presentation we will share findings from phase one of our study involving interviews with oncology nurses regarding their experiences caring for cancer patients living with dementia. These semi-structured interviews explore barriers and challenges related to care practices, processes, and structural environmental factors. This data will be used to inform the creation of Dementia-Friendly education and recommendations for practice.

O61

A knowledge implementation tool to support leaders with relational and strength-based quality improvement in long-term care.

Lisa Cranley¹, Shoshana Helfenbaum², Raquel Meyer², Daniel Galessiere²

¹University of Toronto, Toronto, Canada. ²Baycrest Centre, Toronto, Canada

Abstract

Objective: Our team used a Performance Improvement Observation Chart (tool) during leadership coaching sessions to provide a relational and strength-based approach to tracking and optimizing knowledge implementation for quality improvement in long-term care. The tool emphasizes the team processes of collaboration, appreciation, and experiential learning. It does this while also supporting leadership teams to achieve goals set out in quality improvement plans, which are critical to ensuring high-quality resident care.

Methods: As part of a larger study, we conducted leadership coaching sessions in four long-term care homes in Ontario, Canada. During COVID-19, leadership coaching sessions continued virtually in one home. The tool assists leaders to identify and document: 1) organizational-level quality improvement goals; 2) team competencies for leaders to target for implementation to meet their goals; 3) observations of the enablers and barriers to implementation of team competencies; and 4) success stories highlighting implementation of team competencies in practice. The tool was completed collaboratively in real-time by leaders, researchers, and coaches.

Results: The tool provided direction for leaders wanting to address enablers and barriers to performance change and to leverage success stories to build momentum toward subsequent successes. Leaders chose ongoing team activities and processes to use for targeting knowledge implementation, such as team rounds or documentation procedures.

Conclusions: The tool assisted leaders to strategize using existing team processes to increase knowledge implementation towards practice change. Findings can inform future tailored leadership coaching sessions to target performance change while empowering leaders to emphasize team strengths and relationships during the process.

O62

Focus on the Person: Exploring an advocate's viewpoint about education in the context of responsive behaviour.

Michele Bliss¹, Phyllis Fehr²

¹Advanced Gerontological Education Inc., Hamilton, Canada. ²Dementia Advocate, Hamilton, Canada

Abstract

Gentle Persuasive Approaches (GPA) is a program aimed to foster the knowledge, skills, and confidence of caregivers supporting those persons living with dementia who experience responsive behaviours. GPA Certified Coaches specialize in person-centred care philosophies (Kitwood; McCormack & McCance) applied to gentle physical redirection strategies for highly escalated responsive behaviours. Research shows graduates of the program embed their practice with tailored approaches that consider: knowing the person's values, strengths and abilities as well as their expressed needs. GPA equips caregivers with practical strategies to address factors that may evoke responsive behaviours. In this joint presentation, a dementia advocate and an education specialist will share perspectives of the program's intent.

Phyllis Fehr, an internationally known Advocate and Change Agent, contributes to GPA program development by representing the lens of persons living with dementia. A former Registered Nurse, Phyllis has a wealth of experience informing her belief that caregivers with professional competence will enhance the quality, dignity and safety of person-centred care. Acknowledging that one day she will reside in a care setting, Phyllis wants to ensure her future caregivers will "Know me. See me. Hear me. Engage me."

Through powerful personal examples, Phyllis and her co-presenter will illustrate how sustaining a culture of person-centred care requires investment in formal education about responsive behaviour. She will highlight how the ongoing development of GPA has been influenced by her voice, reflecting the voices of many others, whose collective vision situates quality care for persons living with dementia as a human right.

O63

Implementing an NP led On-call Model in Facility & Supportive Living: An Expanding Care Delivery Model

Lindsay Thomas, Julia Arsenault, Yvonne Appah, Roxanne Wilson
Alberta Health Services, Edmonton, Canada

Abstract

The Covid-19 pandemic exposed gaps and revealed unmet needs of those living in Edmonton Zone Facility and Supportive Living (EZFSL). This prompted the EZFSL Nurse Practitioner (NP) team to expand their services by increasing timely access to care with an after-hours on-call model. The goal of this new service was to reduce suffering, improve quality of care and prevent the inappropriate transfer of patients to emergency departments (ED).

The expansion of care delivery included NP support 24 hours per day, 7 days per week. The EZFSL NP team tracked all calls received by the on-call NP from April 2020 to present day. Data collected included the source of and trigger for the after-hours call, NP interventions, time spent on call, patient suffering, and avoidable ED transfers.

The NP on-call model proved successful and became permanent in December 2021. This prompted an in-depth review of the data and resulted in a change to the collection tool. Using the new tool, the EZFSL NP team received 122 calls between June 1 and September 30, 2022. From the 122 calls, 87% avoided ED transfers and 78% alleviated patient suffering. The FSL NP team facilitated communication between patients, families, and care teams, provided in-time education and implemented treatments plans that were patient-centered.

Nurse practitioners optimize care for FSL patients by providing timely management of acute changes in status. This allows FSL patients who wish to remain in place, the ability to access services that promote comfort and dignity within their home environment.

O64

Partnering to Explore Resident Safety in Long-Term Care: Equity and Relational Care Perspectives

Dr. Susan Bookey-Bassett, Dr. Sherry Espin, Courtney Hicks, Justin Bhaun, Dr. Sepali Guruge
Toronto Metropolitan University, Toronto, Canada

Abstract

Topic: Before the Covid-19 pandemic, there already existed an increased demand for safe long-term care (LTC) homes driven by aging populations and sociodemographic diversity among residents. Within this study, the non-profit community partner operates two LTC homes that provide care to residents with medical complexities, newcomers and immigrants, and persons with varied cultural, racial, and ethnic backgrounds, sexual orientations, and socioeconomic statuses. In LTC, safety is traditionally conceptualized as relating to physical and environmental factors, like inadequate funding, fall prevention, out-of-date buildings, and infection control. We aimed to expand this understanding of safety by exploring social, political, and economic factors associated with resident safety in LTC using equity and relational care lenses.

Methods: Phase 1 and 2 of this 3-phase qualitative descriptive study was implemented collaboratively with the community partner. In Phase 1, individual interviews with residents and caregivers explored perceptions of safety and identified facilitators and barriers to resident safety. In Phase 2, perceptions of safety, facilitators and barriers to providing equitable, safe, relational care and potential mitigation strategies from staff (focus groups) and leadership (individual interviews) were explored. Data were transcribed verbatim and inductively analyzed using thematic analysis. Equity and relational care lenses guided data analysis.

Outcomes: Findings from resident, caregiver, staff, and leadership perspectives of resident safety, including facilitators, barriers, similarities, and differences, will be highlighted. Results can inform how resident safety is understood, measured, and addressed, leading to development of organizational policies and practices to support resident safety from a conceptualization beyond physical and environmental factors.

O65

Multicomplexiry in the chronically palliative client; a community outreach nurse's perspective.

Allison Hewitt

Centretown CHC, Ottawa, Canada

Abstract

For many chronically ill elders in the community, what matters most is being able to "stay home". As a community geriatric outreach nurse, factors such as the lack of the determinants of health, and multicomplexity impact how we are able to support their goals. Within the greater system, characteristics of palliative services, often do not extend to visits at home. When these clients visit an emergency department, many red flags are raised, based on the clients preference to live with risk; and an overabundance of referrals can be the result.

Better communication between primary and tertiary providers, enhanced services offered to these clients at home and professionals that function in a case management/system navigator capacity may be essential in allowing seniors to stay home, where they feel the most themselves.

O66

Re-orienting the Nursing Approach to Frailty: Understanding of the Relationship of Gendered Ageism and Risk for Women

Jinelle Woodley

University of Victoria, Victoria, Canada

Abstract

Frailty in older adults and its related healthcare implications are an increasing priority. Gendered ageism may have an as-of-yet unexplored association with the risk of multidomain frailty for aging women. Nursing practice, with its role in the care of older adults living with complex health conditions and its social mandate to address health inequities, requires an increased understanding of this phenomenon and an informed response. The overall purpose of the study is to describe and interpret the phenomenon through narratives and to inform directions for practice change and social action for nurses to promote health and health equity. The particular research objectives are to 1) examine how critical feminists with experiences of aging describe and explain their perceptions and experiences of gendered ageism in the health domain; 2) to examine common or shared patterns, themes, or variances, in terms of how gendered ageism may or may not be associated with frailty risk; 3) to suggest ways for nursing practice to respond; 4) to raise conscious awareness of the researcher, the participants, and the audience in regards to any potential health inequity that may relate to the phenomenon as a prelude to liberation or action toward change. The study design draws on a critical feminist gerontology lens, and uses interpretive description methodology (Thorne, 2016) informed by narrative techniques to explore narratives of critical feminists on aging from published literature and oral interviews

O67

Did the nurse do the right thing? The implementation and evaluation of a mock trial in practical nursing education.

Benjamin Hartung

Bow Valley College, Calgary, Canada

Abstract

Introduction: Nursing students need to be prepared to navigate ethical dilemmas when providing care for older adults. A mock trial can be used to promote active learning, critical thinking, and reflection.

Methods: This quality improvement project used quantitative and qualitative methodologies to evaluate the effectiveness of a flipped classroom mock trial among first-year practical nursing students. The mock trial focused on a case study where a licensed practical nurse lied to a patient living with dementia. The students debated whether the nurse did the right or wrong thing and supported their arguments with evidence from the Canadian Nurses Association Code of Ethics, and the Canadian Council for Practical Nurse Regulators Standards of Practice and Code of Ethics. After the debate and deliberation, the participants voted: Did the nurse do the right thing?

Take Home Messages: Despite reporting feeling confident in managing challenging situations, the participants struggled how to navigate the case study. The themes that emerged from the participants were: Nurses are accountable for their actions; the importance of adhering to the code of ethics, standards of practice, and nursing values; and collaboration with the client, family, and colleagues. Overall, a mock trial is a useful technique to teach practical nurses the complexities of ethical dilemmas in practice.

O68

Re-imagining dementia: Challenging stigma through song and video

Margaret Oldfield

Independent Disability Scholar, Toronto, Canada

Abstract

Stigmatising narratives of dementia as tragic and fearful cause harm to people living with dementia (PLWD) and their families. The consequences of stigma (e.g., isolation, abuse, neglect), coupled with ageism and ableism, were exacerbated during the pandemic, with COVID-19 disproportionately claiming the lives of elders globally. In response, the founders of Reimagining Dementia: A Creative Coalition for Justice brought together an international group of PLWD, family members, professionals, artists, interdisciplinary researchers, policy makers and others to collaborate in transforming the discourses, conditions, and practices that oppress and discriminate against all who are affected by dementia.

This presentation will describe an arts-based-research initiative, “Let’s Reimagine” —an international, intergenerational, co-created song/video project that challenges stigma; shows how PLWD can engage, connect, and live a vibrant life in community with others; and advocates for relational-care policies and practices.

The iterative process involved engaging in arts-based activities and recording interviews with PLWD to explore their experiences of stigma; analysing these activities and interviews to identify key messages to be reflected in the song; co-creating musical riffs and lyrics for the song; working with soloists living with dementia and other Coalition members to audio-record different parts of the song; and creating the video. The latter involved collecting and selecting photos, video clips, and art that challenge stigma and support the song’s messages. The creation process can inspire and inform other collaborative, arts-based initiatives that aim to achieve a more just, caring, and inclusive society. Link to video:

<https://www.youtube.com/watch?v=rDTsb7VUZSE>

O69

Identifying Seniors who would benefit from community program to avoid presentation to ED

Sharon Hoosein, Chamaine Rodrigues, Deana Hathout, Amina Jabbar
Trillium Health Partners, Mississauga, Canada

Abstract

The COVID-19 pandemic exposed gaps and limitations in health care systems especially for seniors. Trillium Health Partners (THP), partnered with the Peel Community Paramedicine Program (PCPP) and William Osler Health Care (WOHC), to address health care needs for seniors >65 years with frequent visits to the Emergency Department (ED). This partnership is hopeful to reduce hospital visits for discharged seniors, with timely follow ups from paramedics trained in seniors' care. This will aid in a smooth transition from hospital to home and avoid return to hospital.

Seniors comprise the largest group who utilize the ED. Over the course of the pandemic their complex health needs were unaddressed because of limited access to family practitioners, reduced services available in the community and longer wait times for specialists. These factors contributed to increased presentations and admissions to hospital. The PCCP assess, provide interventions and educate vulnerable seniors to help decreased ED usage.

A retrospective chart audit is underway to assess seniors >70 years, with frequent visits to the ED and are living at home. Seniors with common discharge diagnoses were reviewed to seek out health concerns that could benefit from PCPP.

This study is currently in the data collection phase, with results available in the early 2023. This information is expected to provide factors which contribute to frequent hospital visits and will aid stakeholders to identifying seniors for referral to PCCP upon discharge. Timely access to healthcare in the home is expected to address seniors' immediate concerns and prevent return to hospital.

O70

Residents with Dementia at Long Term Care Homes and Their Families in Using Telepresence Robot: Understanding the Facilitators and Barriers

Lillian Hung, Haopu Ren, Joey Wong, Grace Hu, Nazia Ahmed, Erika Young
University of British Columbia, Vancouver, Canada

Abstract

Background:

There is an emerging trend in long-term care (LTC) homes in adopting technologies (e.g. telepresence robots) to facilitate families' virtual visits to residents. In existing studies, residents with dementia in LTC settings and their families used robots for less than a month. Our longitudinal study investigates the experience of residents with dementia and their families using robots for 4 -12 months.

Method:

We used purposive sampling to recruit 9 residents and their family members (15) from 4 LTC homes in British Columbia. Conversational interviews were conducted with residents and family members about their video visits through using the telepresence robot. Semi-structured interviews were conducted with family members. We also held 4 focus groups and one-on-one interviews with 25 frontline staff. Thematic analysis was performed and identified 3 positive impacts and 2 barriers.

Results:

3 positive impacts:

1. Stay connected. Despite spatial boundaries, families could conveniently connect to residents, fostering family bonds and communications across generations.
2. Regain autonomy. Families could call in at any time without staff assistance, and virtual visit through the robot becomes routine for families and residents.
3. Relieve caregiver burden. Families gain peace of mind by visiting residents with the robot and managing their own life.

2 barriers include 1) environmental and technical challenges, and 2) scheduling issues.

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Conclusions:

Telerobot supported the connection between residents with dementia at LTC facilities and their families and reduced caregivers' burden. Our study offers useful insights for future research and practice in the adoption of robots in their practice.

O71

Building leadership capacity, following a storm.

Janet Chee, Irmajean Bajnok, Victoria Miscio, Brittany Young, Christina Pullano, Brenda Stade, Matthew Kellway, Sue Sweeney
Registered Nurses Association of Ontario, Toronto, Canada

Abstract

Problem/Topic being addressed: Ontario is facing a nursing human resources crisis, and a crisis in nursing managerial leadership. An analysis of three surveys detailing impacts of the pandemic on nurses' work and well being—locally, nationally and globally— alarmingly revealed that 45 per cent of nurses report being somewhat likely, moderately likely or very likely to leave the nursing profession after the pandemic (Registered Nurses' Association of Ontario, 2022).

Research or Investigative Methods: Survey results indicate frontline staff are dissatisfied with their lack of involvement in decision making within their organization and call for nurse managers to be more visible, supportive and accessible to their teams. This demands that workplaces, educational settings, and associations support and provide education for nurse managers enabling them to effectively engage in managerial and leadership aspects of this critical nursing leadership role. (Registered Nurses' Association of Ontario, 2022).

Outcome: In response to the findings the RNAO has developed the Leadership and Management for Nurses Program. This free professional development program is designed for nurse managerial leaders across all sectors. The program's aim is to enhance nurse manager competence, confidence and effectiveness through building leadership and managerial knowledge and skills. The interactive program features multi-factorial components including; evidence-based theory, sector specific application, small group case study analysis and mentor support.

Conclusion: Evaluation data from the inaugural fall 2022 program will be presented, with particular attention to the impact of strategic results-driven leadership development.

O72

Between the Lines: Merging Portraits and Stories of Older Adults

Mary Whale¹, Laurel Sproule²

¹Edmonton, Edmonton, Canada. ²Edmonton, Canada

Abstract

There is an insidious, internalized ageism that haunts our very old generation (80+), even directing their decision-making (Levy, B.; *Breaking the Age Code*; 2022). I have been engaging older adults for portrait sittings for over 20 years as both an artist and a gerontologic nurse. Many sitters I have encountered have a negative visual memory of age that informs their reality. Art can alter the mediality (the perceived reality influenced through media that one is exposed to) of ageing in our society by presenting more realistic and positive images of what it really means to grow older.

I left nursing in the fall of 2019 to pursue my studio work. What began as an extension of my interest in watercolour portraits evolved into an exploration of a unique process that is a mode of reminiscence and a positive experience for the model. With a grant from the Edmonton Arts Council, I have digitally recorded the sittings and collaborated with a writer to merge the image and dialogue into a cohesive whole.

The phenomenology of the sitting has fascinated me since my first sitting with one of my patients. This unique shared experience has rarely been explored in art history other than as a romantic liaison. I have found it to be an intimate human interchange of profound value that could offer an educational benefit regarding insights to growing old challenging stereotypes.

O73

**Students' perspective on caring for the mental health needs of older adults:
Lesson learned from student's reflection.**

Farhana Madhani

Brock University, St. Catharines, Canada

Abstract

Introduction: Although our aging population lives longer, they stay sick due to multiple chronic physical and mental health disorders. This demands future nurses to have the necessary knowledge and the skills to meet the complex health needs of this vulnerable population to improve their quality of life. Nursing students at Brock University attend a 6-week clinical placement at long term care (LTC) to meet the mental health course requirement of their nursing program.

Aim: This project examines students' experiences of caring for the resident's mental health needs in the LTC setting.

Methods: Students' reflections were analyzed to answer the following research questions. What do students find beneficial when working at the LTC? What are students' feelings about working with the residents at LTC? How do they evaluate and analyze the situation they encounter? Finally, how do they develop a plan of action or problem-solve a situation they encounter during their clinical practice?

Results: Key findings revealed that students find enlightening moments in caring for residents but often feel unprepared and helpless in meeting their mental health needs. Students' previous experiences with older adults, through family or work experiences, influenced their ability to analyze the situation. Although students found their plan of action was monotonous yet meaningful, often the opposing views of the nursing staff impacted their approach.

Conclusion: Increasing self-awareness, teaching and education for nursing students to recognize and tailor care to support residents' mental health needs will be practical steps to improve students' experience in the LTC setting.

O74

Characteristics and Outcomes Associated with Opioid Deprescribing in Long-Term Care in Ontario: A Population-Based Retrospective Cohort Study

Andera Rochon^{1,2}, Joan Almost¹, Dallas Seitz³, Joan Tranmer¹

¹Queen's University, Kingston, Canada. ²St. Lawrence College, Kingston, Canada. ³University of Calgary, Calgary, Canada

Abstract

Background and Purpose

Residents of long-term care (LTC) homes in Ontario, Canada are older, frailer, more vulnerable, and have higher care needs than their community-dwelling counterparts. They are also prescribed opioids nearly twice as often. The purpose of this research study was to examine opioid deprescribing among residents of LTC homes in Ontario.

Method

The study was conducted using a population-based retrospective cohort design, with a subset of the routinely collected health administrative databases. The cohort included residents 66 years of age or older, with a prescription for an opioid for greater than 90 days (long-term opioid therapy (LTOT)). The exposure, opioid deprescribing, was defined as a two-level variable: discontinuation for (1) 30-119 days and (2) 120 days or greater. Outcomes included unplanned acute healthcare use and all-cause mortality. Multivariate modeling techniques were employed to determine the associations between deprescribing and outcomes.

Results

There were 26,592 residents prescribed LTOT between April 1, 2014, and March 31, 2016. During the two-year follow-up period, 16.17% of residents had their opioids deprescribed; 66.3% for 30-119 days, and 33.7% for >120 days. We will report the characteristics of those deprescribed opioids compared to those who continued LTOT; and outcomes, including unplanned acute healthcare use, and all-cause mortality will be presented.

Conclusion

Findings from this study will systematically describe opioid deprescribing for residents of Ontario LTC homes. These results will inform safe, quality care, direct future research, and inform health policy regarding opioid deprescribing for residents of LTC homes.

O75

The Barriers and Facilitators to Quality Improvement Implementation and Sustainability in LTC Homes in Ontario

Jason Hernandez, Nancy Purdy, Sue Bookey-Bassett
Toronto Metropolitan University, Toronto, Canada

Abstract

Background

The pandemic has exposed long-standing failures within Long-Term Care (LTC) homes as it became clear that these health care institutions had to face challenges to foster an environment that would support both the LTC frontline staff and its residents. In order to address these concerns, Ontario's Ministry of Long-Term Care (2020) has put forward an action plan with the emphasis on improving care quality and adopting continuous quality improvement (QI) practices.

Purpose

The purpose of this study is to understand the current barriers and facilitators to QI implementation and sustainability within Ontario's LTC homes from the perspective of Registered Nurses, Registered Practical Nurses, Directors/Associate Directors of Care and Nurse Practitioners and addresses an area of clinical practice.

Methods

This study will use a descriptive cross-sectional quantitative design. Participants will be recruited through professional organizations such as WeRPN (RPN professional association) and the CNO (College of Nurses of Ontario) and be provided with an online survey on identifying barriers and facilitators to quality improvement. The answers provided will indicate which barriers and facilitators are present in their LTC home.

Conclusions

Participants will be informed about the benefit of using this study as a platform to raise their concerns about what barriers are present when implementing and sustaining quality improvement practice. The results of the study will indicate what should be prioritized when creating an action map to address these barriers or what facilitators should be further supported.

O76

The Women-CONNECT Study: An Intersectional Exploration of Social Connectedness in Muslim Older Women.

Jordana Salma

University of Alberta, Edmonton, Canada

Abstract

Muslim older women in Canada are seen but not heard; Their perspectives are rarely the focus of aging research and their wellbeing is overlooked in policy and service provision. Identifying as Muslim and practicing Islam in Western societies impact aging in significant ways. Discourses of identity politics, racism, and islamophobia embedded in Muslims' everyday lives are notable deterrents to feelings of belonging and inclusion. It is unclear how current realities of marginalization influence the wellbeing of Muslim older women. Social connectedness relates to a sense of closeness, shared identities, and feeling socially involved, cared for and accepted. This community-based participatory research project in Edmonton, Alberta aimed to create safe and empowering spaces for Muslim older women to explore their experiences of social connectedness. A combination of photo-elicitation and in-depth narrative interviews were used with 39 participants and analysis was informed by constructivist grounded theory. An advisory committee of Muslim women informed all stages of the research project. A range of experiences across socio-economic positions, migration histories, and ethnocultural roots were sought and informed by an intersectionality lens. Findings point to the centrality of family in the lives of older Muslim women, the value of language, culture, and religion in fostering connectivity, and the increasing role of digital technologies in maintaining connections in older age. The outcomes of this project have health and social policy implications for Canada's one million Muslims and other diverse communities of older adults.

O77

Building Clinical Capacity to have Serious Illness Conversations: Clinical Nurse Specialists promoting a Knowledge Translation Approach to Care

Shannon Paul-Jost

Interior Health, Kelowna, Canada

Abstract

The Serious Illness Conversations often are difficult for clinicians, as there is a perception that these discussions may take away hope, cause psychological and physical distress and shorten a person's life. There is a growing body of evidence that having more, earlier and better conversations actually improve outcomes for individuals with serious illnesses and they have a broader impact for their caregivers. The Serious Illness Conversation Guide (SICG), an evidence-based conversation tool developed by Ariadne Labs in Boston and adopted by the BC Centre for Palliative Care for implementation in BC. Using the tool and the upstream approach two Clinical Nurse Specialist within a large rural and remote BC health authority have developed a Knowledge Translation (KT) Approach to building clinical capacity. At the onset of the KT Strategy, COVID-19 began; despite the pandemic, the demand for SICG workshops flourished. Part of the strategy included engagement of post-secondary institutions, specifically third year nursing students. Since the implementation of the SICG starting in March 2020, there has been training of 47 Trainer and over 1100 clinicians using SICG in practice and 3 post-secondary institutions adopting the SICG method into their third-year nursing curriculum. To support clinician skill development SICG, tools, resources and supports have been available through the BC Centre for Palliative Care. Within the Health Authority, next steps are ease of use and appropriate communication and documentation through the Electronic Health Record, to ensure sustainability.

O78

Progressing beyond the Pivot: Processes for GPA Coach and Master Coach Certification in a Virtual World

Michele Bliss, Lisa Wauchope, Olivia Mouriopoulos, Angel Wang, Victoria McClelland
Advanced Gerontological Education Inc., Hamilton, Canada

Abstract

Gentle Persuasive Approaches (GPA) in Dementia Care is a practical, evidence-informed education curriculum facilitated by GPA Certified Coaches in small, team-based interactive sessions. Prior to the global pandemic, GPA Basics, GPA-Recharged and iGPA - Part 2 Classroom Sessions were all facilitated in-person. Likewise, the GPA Certified Coaches (CC) who facilitated them achieved certification through completion of an in-person GPA CC Workshop facilitated by GPA Certified Master Coaches.

Advanced Gerontological Education (AGE) Inc. adapted to the new, murky landscape by pivoting to virtual education. GPA CCs led the momentum for change and informed the processes for virtual GPA facilitation. This immediate pivot enabled organizations with existing GPA CCs to offer GPA Curricula in virtual platforms. Organizations without access to a GPA CC relied upon GPA eLearning, a fully online independent learner-directed curriculum. AGE was able to navigate the ebbs and flows of pandemic waves by offering flexible facilitation options for GPA, but the demand for GPA CC Workshops (CCWs) to certify new GPA CCs kept growing.

AGE began trialing Virtual GPA CCWs to address the growing waitlist of GPA Certified Coach Candidates. Initial feedback was positive and suggested learners appreciated the opportunity for certification considering in-person options were not feasible. Virtual workshops continue to serve as the primary modality for GPA Coach Certification.

This presentation will highlight how AGE is emerging from the pandemic mist - refining processes for continued GPA CC and CMC certification and maintenance, furthering our mission of enhancing the lives of older adults by learning together.

O79

Nursing workforce challenges and solutions: opportunities for internationally educated nurses

Michelle Heyer, Sharon Tarbotton, Samantha Rawn, Sara Connelly, Jothis Sajeev, Margaret Holden, Veronique Boscart
Conestoga College Institute of Technology and Advanced Learning, Kitchener, Canada

Abstract

There is a national health human recourse crisis that has been greatly exacerbated by the COVID-19 pandemic. Ontario alone is currently over 20,000 nurses short with increasing numbers due to high volume of nurses leaving the workforce to retire or pursue other careers. The current rate of domestic new nursing graduates is nowhere near sufficient to address the nursing shortage in Canada. Internationally educated nurses arriving to Canada should be given the opportunity to obtain a Canadian nursing license if deemed qualified. Unfortunately, limited support is available for internationally educated nurses to work through this process. In response, Conestoga College developed the Enhanced Practice for Internationally Educated Nursing Program. This unique program supports internationally educated nurses on a student visa to complete a 2-year Ontario College Graduate Certificate that prepares them to work as nurses in Ontario. This presentation will explore the Enhanced Practice for Internationally Educated Nursing program, including the successes, challenges, teaching and learning opportunities and cultural considerations.

O80

Improving clinical competencies of the PABs (care attendants) by introducing PAB coach in the work-force

Hetal Patel, Jennifer Clarke

CIUSSS centre Ouest, Montreal, Canada

Abstract

PABs (préposé aux bénéficiaire) account for about 75% of the workforce in the long term care facilities. The clinical competencies of the PABs are often unattended due to the lack of Registered nurses and very low number of clinical nurse specialist. As a result the quality and safety of the care provided in long term care facilities is compromised.

Introducing PAB coaches in the workforce have positive impact in improving the clinical competencies of the PAB. PAB coaches provide orientation to the new hired PABs, participate in their on-boarding and integration to the new working environment. In addition, they also provide ongoing training to the existing PABs on new practice or refreshers to the existing practice. They also provide one on one coaching and shadowing to the PABs struggling with certain tasks. Creating community of practice for all the PAB coaches helped them keep up their skills and knowledge.

The success of the PAB coach was measured through qualitative survey targeted towards the satisfaction of the PABs, management team, Registered nurses and License practice nurses. In addition the retention rate, the number of in class orientation days, the number of trainings such as the PDSB, RCC etc. was also measured.

In conclusion, the PAB coach role had a positive impact in improving the clinical competencies and overall satisfaction of the PABs and management. The retention rate also significantly improved. PAB coach roles have a great significance in the health care system and should be thoroughly considered.

O81

Nurses' Beliefs and Attitudes about Pain Management among Older Patients with Dementia: A Cross-Sectional Study

Beverley Ingelson, Sherry Dahlke, Gail Low, Hannah O'Rourke
University of Alberta, Edmonton, Canada

Abstract

Introduction

Hospitalized older patients with dementia often experience unrelieved pain. Nurses' personal beliefs and knowledge are strong predictors of pain management practices. The negative impact of any of these factors may result in nurses undermanaging the pain of patients with dementia.

Problem

A non-experimental cross-sectional study design explored the characteristics of Registered Nurses that are associated with high levels of beliefs and accurate knowledge when managing pain in hospitalized older patients co-diagnosed with dementia.

Methods

Nurses working in a community hospital setting completed the Knowledge and Beliefs about Pain in Elderly Patients with Dementia (KBPED) survey tool. The 17-item tool had a 5-point Likert Scale with responses scored and divided into four factors: 1= general beliefs about pain and aging; 2=pain management in the workplace; 3= knowledge about pain management in older adult patients with dementia; 4= beliefs about pain in older people.

Outcomes

209 RNs completed the KBPED questionnaire over a 4-month period. A one-way multivariate analysis of variance was conducted to determine the effect of years of experience, age, and biological gender on the four factors. No significant differences were discovered. However, examining the overall mean scores for each factor provided information about the nurse's knowledge and beliefs.

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Pertinent Take-Home Message

The knowledge and beliefs scores indicate that all nurses require more insight into their personal beliefs and more education to improve pain management practices in hospitalized older patients living with dementia.

O82

Delirium Strategy: A Fraser Health Regional Approach

Victoria Casas-Alcuaz

Fraser Health Authority, Surrey, Canada. Vancouver Coastal Health, Vancouver, Canada

Abstract

Delirium is often unrecognized, undiagnosed and untreated with significant costs to patients' and their families' quality of life, length of stay and other resources. Within the next 12 months, we aim to increase delirium capture by 100% CAM utilization of RNs and improved delirium documentation in Physician's Progress notes by 40% in 11 wards in Surrey Memorial Hospital (SMH) by June 2023.

Confusion Assessment Method (CAM) tool in nursing flowsheets went LIVE as of June 1st, 2022 in all medical units in SMH. Train-the-trainers, i.e., Clinical Nurse Educators were done to ensure seamless transitions as well as daily intentional rounding on delirium. Weekly Geriatric Education Series laid the groundwork for improved older adult care across the care continuum. Maintained collaborations with the Regional Medicine Network and Professional Practice to ensure support and guidance.

Audits indicated significant increase in CAM utilization, cognition identification on admission as functional baseline, delirium pre-printed order use, as well as care planning and delirium documentation on both nurses' and physician's progress notes.

Sustained global interest through continued invitational presentations with Hospital Quality and Operations Management Committees (HQOMC), Quality Steering Committees, FH Practice Councils, Access and Flow's Transforming Together Talks, National Surgical Quality Improvement Program (NSQIP) and Hospital Acquired Urinary Tract infection (HAUTI) Collaboratives with Clinical Quality and Patient Safety (CQPS), Nursing Professional Practice Council meetings, Physician Quality Improvement (PQI), patient partners, Foundation Council and many other practice groups across acute, Long Term Care (LTC), Community and Primary Care including Divisions of Family Practice.

O83

Nursing simulation to support internationally educated nurses

Sara Connelly, Margaret Holden, Marie Morin, Michelle Heyer, Veronique Boscart
Conestoga College Institute of Technology and Advanced Learning, Kitchener, Canada

Abstract

Educating internationally trained nurses on the Canadian context of healthcare requires a unique approach to ensure the understanding and awareness of multicultural considerations. At Conestoga College, a new simulation course was created to enhance the learning of internally trained nurses by providing opportunities to practice language and competencies through real-world scenarios before continuing their careers in the Canadian healthcare system. This 15-week high fidelity simulation course consists of one day per week of interactive simulation for students. The purpose of the course is 1) to create simulations that address a variety of health issues to promote learner skill and decision-making ability and 2) to ensure that the topics included are steeped in culture in order to address cultural learning gaps. Over the 15-week simulation course, scenarios focus on areas such as renal care, cardiac care, and maternal and obstetrics care. Instructors have noticed an improvement in confidence and skill level of learners by the end of the course. This presentation will provide an overview of the factors that were considered when creating the high-fidelity simulation course at Conestoga College, and its importance and relevance for internationally trained nurses.

O84

A knowledge implementation tool to support leaders with relational and strength-based quality improvement in long-term care.

Lisa Cranley¹, Shoshana Helfenbaum², Raquel Meyer², Daniel Galessiere²

¹University of Toronto, Toronto, Canada. ²Baycrest Centre, Toronto, Canada

Abstract

Objective: Our team used a Performance Improvement Observation Chart (tool) during leadership coaching sessions to provide a relational and strength-based approach to tracking and optimizing knowledge implementation for quality improvement in long-term care. The tool emphasizes the team processes of collaboration, appreciation, and experiential learning. It does this while also supporting leadership teams to achieve goals set out in quality improvement plans, which are critical to ensuring high-quality resident care.

Methods: As part of a larger study, we conducted leadership coaching sessions in four long-term care homes in Ontario, Canada. During COVID-19, leadership coaching sessions continued virtually in one home. The tool assists leaders to identify and document: 1) organizational-level quality improvement goals; 2) team competencies for leaders to target for implementation to meet their goals; 3) observations of the enablers and barriers to implementation of team competencies; and 4) success stories highlighting implementation of team competencies in practice. The tool was completed collaboratively in real-time by leaders, researchers, and coaches.

Results: The tool provided direction for leaders wanting to address enablers and barriers to performance change and to leverage success stories to build momentum toward subsequent successes. Leaders chose ongoing team activities and processes to use for targeting knowledge implementation, such as team rounds or documentation procedures.

Conclusions: The tool assisted leaders to strategize using existing team processes to increase knowledge implementation towards practice change. Findings can inform future tailored leadership coaching sessions to target performance change while empowering leaders to emphasize team strengths and relationships during the process.

O85

Adding Wind to the Sails of Acute Care Teams: A Behavioural Supports Capacity Building Package

Debbie Hewitt Colborne¹, Chantelle Archer², Susie Choi³, Terri Glover⁴, Ann Jarvie⁵, Mélissa Laroche⁶, Nancy Lesiuk⁷, Jillian McConnell⁸

¹North Bay Regional Health Centre, North Bay, Canada. ²Grand River Hospital, Kitchener Waterloo, Canada. ³Unity Health Toronto - St. Michael's Hospital, Toronto, Canada. ⁴Hamilton Health Sciences, Hamilton, Canada. ⁵St. Joseph's Health Care London, London, Canada. ⁶Queensway Carleton Hospital, Ottawa, Canada. ⁷The Royal, Ottawa, Canada. ⁸brainXchange, Toronto, Canada

Abstract

The Behavioural Supports in Acute Care: Current Practices and Opportunities for Growth Survey Report (Behavioural Supports Ontario Acute Care Collaborative, 2021) highlighted the need for additional behavioural health capacity building in Ontario's acute care hospitals. In response, the Behavioural Supports Ontario (BSO) Acute Care Collaborative committed to developing a behavioural supports education package.

Guided by the Knowledge to Practice Process Framework (Ryan et al., 2013), the Collaborative developed knowledge transfer and translation tools to be used by acute care behavioural support champions, nursing leaders and educators who can further support implementation. Three key themes were identified: (1) the importance of personhood, (2) all behaviour has meaning, and (3) your approach matters. An artist illustrated a fictional patient to elicit empathy through a human story. This fictional patient was used throughout the capacity building package to create a relatable case study.

In the spring of 2022, a capacity building package that included three posters and three presentation slide decks, in both official languages, was made publically available. Posters allowed for a visual representation of evidenced informed practices, while the slides and scripted facilitation notes built upon key messages in the posters and prompted reflective practice along with practical application strategies. Brief surveys using QR codes were used as a feedback mechanism to evaluate the applicability and impact of the educational resources.

This novel capacity building package uses a humanistic approach to engage acute care team members and enhance their practice with older adults experiencing responsive behaviours/personal expressions.

O86

Delirium Prevention and Management in the Emergency Department

Julia Forsyth

Queensway Carleton Hospital, Ottawa, Canada

Abstract

Delirium is a complex neuropsychiatric syndrome that can make patients challenging to care for, especially for less experienced nurses who lack delirium-specific knowledge. The condition is marked by acute onset, fluctuating course, disturbance of consciousness, inattention and disorganized thinking. It is a medical emergency that requires prompt treatment and affects approximately 50% of hospitalized older adults.

This project, facilitated by the Geriatric Clinical Nurse Specialist (CNS) at the Queensway Carleton Hospital (QCH) in Ottawa, took place over a three month period in the Emergency Department (ED). Its goal – to improve care for patients with delirium by focussing on early identification, and implementing individualized care plans with prevention and management strategies. The project also sought to raise awareness about the Geriatric CNS role. Each week, the CNS would identify admitted patients over the age of 65 who were at risk for delirium or currently in a delirium. The CNS would provide 1:1 coaching and teaching to the nurses caring for these individuals in order to optimize their care and build capacity. Over the course of the project, 23 nurses were provided patient specific education on delirium. Follow up emails were sent to these nurses with attached information handouts on delirium.

Following the project, a survey revealed that nurses felt more comfortable and competent around delirium prevention and management. The project proved instrumental in increasing capacity and knowledge among ED nurses, as well as greater understanding of the role of the Geriatric CNS.

O87

LIPHA: Fostering competencies in gerontological nursing through a meta-simulation game world

Emilia Giddens¹, Christina Elizabeth Gallucci¹, Raquel Meyer¹, Shoshana Helfenbaum¹, Cathy Smith², David Chandross³, Elizabeth Kelson³, Daniel Galessiere¹, Birgit Pianosi⁴, Kiira Poerschke²

¹Ontario CLRI at Baycrest, Toronto, Canada. ²Baycrest Academy, Toronto, Canada. ³Toronto Metropolitan University, Toronto, Canada. ⁴Laurentian University, Toronto, Canada

Abstract

The COVID-19 pandemic disrupted the full continuum of gerontological nursing training and education for students, new hires, and redeployed and current staff. The need emerged for compelling, virtual and scalable learning solutions that promote gerontological nursing practice as a desirable specialty and career path, particularly in long-term care (LTC). The Learning Inter-Professionally Healthcare Accelerator (LIPHA) is an innovative, educational solution developed by the Ontario Centres for Learning, Research and Innovation in Long-Term Care. To address recruitment and retention of new, future and current staff, LIPHA for LTC aimed to supplement student nurse clinical placements and to prepare new hires. By integrating simulation, case, team, and story-based learning, LIPHA creates an engaging meta-simulation game world that enables learners to acquire LTC specialty knowledge, values and skills tailored to learning competency levels. The solution is an immersive, virtual rehearsal space that fosters interprofessional practice, equitable and person-centred care values. LIPHA was piloted and evaluated with over 600 nursing and PSW staff and students in LTC. Mixed-methods process and outcome evaluation findings identified that learners experienced positive changes across numerous clinical competencies, including increased knowledge and confidence related to gerontology and geriatric care, interprofessional practice, relational care, and equity, diversity, and inclusivity. Satisfied with their overall experiences, learners and administrators described the value of using serious educational game-based learning to educate interprofessional teams on other topics critical to the sector. Based on the success of this initial pilot, LIPHA continues to be adopted by LTC homes and health professions educational programs across Ontario.

O88

Experiences of LGBTQ+ Seniors in Healthcare: A Qualitative Systemic Review

Meghan Hickey, Pamela Ward, Sue Ann Mandville-Anstey
Memorial University, St. John's, Canada

Abstract

While seniors in Canada face particular challenges in the healthcare system, there are unique issues faced by lesbian, gay, bisexual, transgender, queer and other seniors who do not identify as heterosexual and/or cisgender (LGBTQ+) (Murray, et al., 2012; Williams et al., 2021). The intersection of age, sexual orientation, and gender identity and the associated impacts of ageism and stigma present many specific barriers in relation to health care for older LGBTQ+ adults. These barriers include the absence of LGBTQ+ seniors in health policy, a lack of attention to their specific needs (McCann & Brown, 2018), and a general mistrust of healthcare systems by LGBTQ+ seniors themselves (Brotman, 2006). In this presentation, we will provide an overview of a qualitative systematic review, focused on LGBTQ+ seniors' experiences in various healthcare settings. For this review, we utilized the Joanna Briggs Institute (JBI) methodology. The databases searched included: CINAHL, Pubmed, PsycInfo, Ageline, ASSIA, Social Services abstracts and Social work abstracts, Sociological Abstracts, SocINDEX, and the Cochrane library. The review highlighted themes including: 1) stigma and barriers to accepting and affirming identities, 2) the importance of connection and community among LGBTQ+ seniors, 3) difficulties with advanced healthcare planning and meeting unique population needs, 4) disparities in resources, services, and research regarding LGBTQ+ healthcare for aging individuals, and 5) improving care for LGBTQ+ seniors. As the LGBTQ+ community ages, health systems must focus on the needs of LGBTQ+ seniors and advocate for more formal and informal spaces that welcome and affirm LGBTQ+ identities.

O89

Engaging undergraduate nursing students in gerontology through research

Shelley Canning¹, Lillian Hung²

¹University of the Fraser Valley, Abbotsford, Canada. ²University of British Columbia, Vancouver, Canada

Abstract

Within undergraduate nursing curricula, Gerontology nursing content is typically taught in an early programme course along with clinical practice experience in Long-term Care homes. After this introduction to the care of older people, students progress through clinical areas that are typically seen as more exciting placements for learning nursing skills and knowledge; subsequently, when students graduate their choice of nursing specialty area is rarely Gerontology.

COVID 19 has shone a light on care gaps, inadequacies, and inequities in the care of older people. This reality coupled with the coming demographic picture creates an imperative for undergraduate nursing programmes to explore ways to engage students to see the value of gerontology nursing in all settings – acute, community, and LTC.

During this presentation we will share our experiences related to creating rich gerontology learning opportunities for our undergraduate nursing students through our respective ageing research centres. Both the Centre for Education and Research on Ageing at UFV and the IDEAS lab at UBC offer students rich opportunities to engage in multidisciplinary gerontology projects and scholarship. These opportunities include working as research assistants on studies focused on older people including those living with dementia, conducting independent research as part of Directed Studies courses, participating in presentations and publications, and networking and mentorship. We believe these opportunities have the potential to encourage students to consider gerontology as a speciality and can better prepare all nursing graduates to meet the unique care needs of older people regardless of their specialty area and setting.

O90

Improving Practicing Nurses' Knowledge of the Cognitive Impairment, Continence, and Mobility Needs of Older People

Sherry Dahlke¹, Jeffrey Butler¹, Kathleen Hunter¹, Joanna Law¹, Lori Schindel Martin²

¹University of Alberta, Edmonton, Canada. ²Toronto Metropolitan University, Toronto, Canada

Abstract

Aims and objectives: The aim of this study was to test if two e-learning modules would address practicing nurses' knowledge needs about cognitive impairment, continence, and mobility related to working with older people.

Design: A quasi-experimental pre-post-test design was used.

Methods: Two assessments were completed by practicing nurses: a nine-item knowledge of cognitive impairment survey by 88 nurses and an 18-item true/false knowledge of continence quiz by 105 nurses. Each module additionally included a Likert-style learning feedback survey.

Results: There was a statistically significant increase in practicing nurses' knowledge about cognitive impairment, continence, and its relationship to mobility following the modules. Nurse participants provided suggestions for refining the modules to suit the needs of practicing nurses.

Conclusions: The revised modules have the potential to enhance practicing nurses' knowledge about cognitive impairment, continence, and mobility related to working with older people.

O91

Improving Practicing Nurses' Knowledge and Perceptions of Older People: A Quasi-Experimental Study

Dahlke Sherry¹, Joanna Law¹, Jeffrey Butler¹, Kathleen Hunter¹, Lori Schindel Martin², Matthew Pietrosanu¹

¹University of Alberta, Edmonton, Canada. ²Toronto Metropolitan University, Toronto, Canada

Abstract

This study aimed to determine if an e-learning module about understanding and communicating with older people can improve practicing nurses' ageist perceptions about older people. We used a quasi-experimental pre-post-test design. Participants completed the 13-item Ambivalent Ageism Scale before and after completing the Understanding and Communication with Older People e-learning module, as well as a Likert-style feedback survey with the option for qualitative feedback. Pre-post-test comparisons indicated a statistically significant decrease in ageist attitudes and self-reported increases in knowledge and confidence in working with older people. Qualitative feedback revealed that most participants felt the module enhanced their understanding of older people. The e-learning module has the potential to improve practicing nurses' perceptions about working with older people and is likely to be associated with better patient-level outcomes.

O92

Supporting better clinical placements for nursing students in long term care: A rapid review of overviews

Andrea Rochon¹, Julie Dyke², Valerie Fiset³, Ashley Fraser¹, Jessica Hogan⁴, Zsofia Orosz⁵, Natalie Spence⁵
¹St. Lawrence College, Kingston, Canada. ²St. Lawrence College, Cornwall, Canada. ³Champlain Hospice Palliative Care Program, Ottawa, Canada. ⁴St. Lawrence College, Brockville, Canada. ⁵Bruyere, Ottawa, Canada

Abstract

Background and Objectives

Gerontological nursing tends to rank last as preferred nursing specialty among undergraduate nursing students (Smith et al., 2021). This may be related to a lack of exposure to or misconceptions about the specialty and the long-term care sector. The aim of this study was to explore the evidence on how to improve the nursing student experience in long-term care (LTC) clinical placements.

Methods

A rapid review was conducted in partnership with the Campbell Collaboration. Inclusion criteria for the rapid review included Bachelor of Science in Nursing and Practical Nursing students in LTC settings, any study design, and any intervention to improve experience or enhance willingness to work in geriatric care. Studies were excluded if the population comprised nursing students in any other clinical setting, and if they focused on registered nurses. The MEDLINE and CINAHL databases were used to search for relevant publications, in addition to a search of grey literature.

Results

Facilitators to positive clinical placements in LTC included comprehensive orientation, effective supervision, and increased gerontological course content. Barriers to positive LTC placements included students' lack of interest, no engagement and enthusiasm about working with older adult populations and a lack of supervision/mentorship. Partnerships between nursing academic institutions and LTC organizations to develop clinical placements that support learning outcomes also contribute to positive student experience.

Conclusion

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Abstract Book (latest update: 30-01-23)

For the most recent version of the program, please [visit the online program](#).

Findings from the rapid review provide promising strategies on how to improve nursing student clinical placement experience in LTC settings.

O93

Nurturing Nursing Students in Long-Term Care: A Mixed Methods Study

Andrea Rochon¹, Julie Dyke¹, Valerie Fiset², Ashley Fraser¹, Jessica Hogan³, Zsofia Orosz⁴, Natalie Spence⁴

¹St. Lawrence College, Kingston, Canada. ²Champaign Hospice Palliative Care Program, Ottawa, Canada.

³St. Lawrence College, Brockville, Canada. ⁴Bruyere, Ottawa, Canada

Abstract

Background and Objectives:

There is an urgent need for skilled registered nursing staff in long-term care (LTC) homes in Eastern Ontario (MOHLTC, 2020). New nurses will be instrumental in ameliorating the situation, however, nursing students seldom rank gerontology as their preferred specialty to pursue following graduation (Smith et al., 2021). The project goal is to enhance the nursing student experience in the LTC setting to support recruitment and retention in the sector following graduation.

Methods:

A mixed methods to explore nursing student clinical placements in LTC homes in Eastern Ontario. The project included an environmental scan of the LTC placement data from one college for Bachelor of Science in Nursing and Practical Nursing programs, and a survey and semi-structured interviews with nursing students about their experiences and perceptions of placement in LTC. Finally, after collating the data, we will host a meeting with key stakeholders to develop recommendations for the critical components needed for a successful clinical placement model.

Results:

The results from the environmental scan, survey, and interviews will be presented; results yielded rich data on students' experience, attitudes and perceptions of the LTC setting. Furthermore, we will share recommendations for model development from the stakeholder meeting.

Conclusion:

This results from this study will be used to inform the development and implementation of a model for clinical placement in LTC to improve the quality and quantity of placements. While the study is focused on Eastern Ontario, we anticipate that the results will be generalizable to other regions.

O94

Fast Thinking: How unconscious bias and binary language contribute to rationing of care to older persons

Kathleen Hunter, Sherry Dahlke

University of Alberta, Edmonton, Canada

Abstract

In this discussion paper we argue that nurses working with hospitalized older people often rely on thinking quickly in hectic work environments, which can potentially contribute to unconscious bias influencing their judgments of other people and situations. Unconscious bias is reflected in the use of binary language to describe older persons and nursing tasks, resulting in rationing of care. Binary language describes older persons simplistically according to nursing tasks. For example, a person is either continent or incontinent, stable or unstable, and confused or orientated. Although these descriptions are informed in part by nurses' experiences, they also reflect conscious and unconscious biases that nurses hold towards older patients or nursing tasks. We draw on theoretical perspectives of fast (intuitive) and slow (analytical) cognitive processes to explain how nurses gravitate towards thinking fast as a survival mechanism in environments where they are not supported or encouraged to think slowly. Their survival efforts in getting through the shift by relying on fast thinking can potentially lead to the use of unconscious biases, shortcuts and missed care. We believe that it is of paramount importance that nurses be encouraged and provided with opportunities to think slowly and analytically in their clinical practice involving older persons.

O95

The use of the 48/6 model of care in conducting interprofessional rounds on a seniors care unit

Florence Paat, Lilibeth Jones-Lim

Trillium Health Partners, Mississauga, Canada

Abstract

The 48/6 Model of Care was designed to improve the care quality of hospitalized seniors by addressing six areas of functioning: bowel and bladder management, cognitive functioning, functional mobility, medication management, nutrition and hydration, and pain management. It comprises screening and assessment, followed by devising an individualized care plan for the identified problems within 48 hours of admission to help maintain baseline level of independence and promote return to home sooner.

At the present, there is no standardized approach to conducting interprofessional rounds at Trillium Health Partners which had been prioritized by the organization as an area that needs attention. In order to promote safe practice, improve patient outcomes and secure efficient care transitions, the seniors care unit which is an inpatient acute medicine unit in the hospital has adopted the above model of care as a framework to guide the weekly interprofessional rounds to identify areas that need optimization as well as barriers to discharge. This systematic approach has improved communication within the care team with respect to care and discharge planning. It has also been instrumental in ascertaining care needs that drives decisions around putting in place appropriate formal supports at home or determine the need to explore alternative living arrangements for patients.

We hope to describe this innovative approach in providing care to older adults in the inpatient setting in the context of conducting interprofessional rounds.

O96

Celebrating the Life Stories of Seniors to Create a Person-Centered Approach to Care

Lorraine Anderson, Albert Armah, Kamal Sekhon
Holland Christian Homes, Brampton, Canada

Abstract

Introduction: Canada is experiencing a pandemic never seen in recent history. This resulted in social isolation and disengagement worldwide, especially in the Long-Term Care Sector. Holland Christian Homes (HCH) has implemented the Resident and Family Centered Care Best Practice Guideline with the tagline “Nothing about me, without me” which led to the implementation of the “Who am I” initiative. This initiative is driven by residents and families that emphasize the importance of building relationships and meaningful connections using an emotion-based care model. A poster is placed on the wall of the residents’ room with specific information related to the resident.

Methods: Family Council and leadership identified the need for more meaningful conversations and more personalized care. These visually engaging posters include information on residents’ wishes, preferences, values, and choices and include simple graphics. When placed in the residents’ room, nursing, facility, and activation staff have an opportunity to engage in meaningful conversations.

Outcomes: Initial anecdotal experience has shown, an increase in meaningful conversations between staff, residents, and family. There is more comfort in staff communication with residents resulting in engagement and reduced loneliness. Boarder results to be shared at the conference.

Conclusion: Taking a resident-centered approach to care to enable consistency of care and services, enhancing care, and respecting residents’ values, wishes, choices, and preferences are foundational principles at Holland Christian Homes. Participants who attend this session will learn about effective partnerships with families and hear about the implementation journey and learn about the impact on residents, families, and staff.

O97

Staffing stability in LTC: A quality assessment of nursing and support staff working in Durham Region

Jen Calver, Farzana Rahman, Winnie Sun
Ontario Tech University, Oshawa, Canada

Abstract

Objective: To identify strategies that support recruitment and retention of the LTC workforce by exploring perceptions of nurses and personal care staff about their work.

Methods: Online survey questionnaires were distributed to staff working in four LTC homes located in Durham Region to inform this quality assurance study. Using a 5-point Likert scale, participants were asked to rate how they perceived various aspects of their work including resident care, support in their work and intention to continue their employment. Open survey questions were included for participants to elaborate on their points related to gaps in their workplace, what they like the most and the least, and what employment incentives are most valued.

Results: A total of 93 surveys were completed by Nurses (n=16) and Care Staff (n=77). Participants were nearly unanimous (Nurses, n=14; Care staff n=62) that caring for residents is what they liked most about working in LTC. Care of older people may attract LTC workers, however 16% of participants reported their perceptions of their work declined after employment. Lack of leadership support, insufficient human resources, and stressful environment were emerging themes that underpinned what participants liked the least about their work in LTC. Approximately 20% of participants reported intentions to leave their current employment and 18% of participants indicated they were in the middle between staying and leaving.

Conclusion: Perspectives of LTC staff are critical to inform the development of support and resources to promote the retention of this essential workforce and provide continuity of resident care.

O98

Developing a community health worker education and engagement framework

Darien Miyata^{1,2}, Mary Kjørven^{3,4,5,6}, Jennifer Stieda⁷, Bobbi-Jo Basarab⁸

¹University of Victoria, Victoria, Canada. ²Interior Health, Penticton, Canada. ³University of British Columbia, Kelowna, Canada. ⁴Thompson Rivers University, Kamloops, Canada. ⁵University of British Columbia, Vancouver, Canada. ⁶Interior Health, Kelowna, Canada. ⁷Interior Health, Kamloops, Canada. ⁸Interior Health, Golden, Canada

Abstract

“Stay home. Stay safe.” This is what we learned during the last two years of the COVID-19 pandemic. Regardless of the pandemic restrictions, staying safe at home is not straightforward for older Canadians living with increasingly complex conditions and co-morbidities who must manage these health conditions in addition to other daily activities such as bathing, dressing, and preparing meals. In partnership with nurses, community health workers (CHWs) often provide this care and regrettably, their significant contribution to the health and wellbeing of their clients continues to be overlooked.

Engaging CHWs has become one of the greatest challenges in home and community care (HCC) and failure to retain and develop this workforce significantly impacts the entire health care system including older adults, their families, nurses, and the CHWs who continue to provide this essential service. Relying on improved compensation and shift scheduling alone overlooks other critical predictors of retention such as job satisfaction and supportive working environments. A more robust approach to engaging CHWs includes ways to improve their experience of working as a CHW through education, connection, and collaboration with other members of the health care team. With the aim to transform CHW retention strategies, this presentation will describe the current body of knowledge on CHW continuing education and engagement, followed by the results of a survey conducted in British Columbia, Canada. Examined using interpretive description methodology and leaderful practice principles, the evidence and preliminary recommendations provide a foundation upon which to build a more collaborative approach to CHW retention.

O99

Improving Engagement and Supports for Senior Clients and Customers with Cognitive Impairment

Winnie Sun, Rabia Akhter, [Glory Gabel](#)
Ontario Tech University, Oshawa, Canada

Abstract

Background: This study evaluated the effectiveness of OSCC55+ virtual programs (VP) in addressing the needs for social connection for older adults with dementia and their caregivers during the pandemic. The study provides recommendations to both OSCC55+ and City of Oshawa on how to engage, communicate and deliver programs to older adults with cognitive impairments.

Methods: A mixed methods research design using client interviews (n=14), caregiver focus groups (n=11) and staff surveys (n=42) were used to examine the lived experiences of persons with dementia (PWD) and their informal caregivers (ICG) and examine the feasibility and effectiveness of VPs by OSCC55+ and City of Oshawa staff. Additional interviews were conducted with staff (n=3) to fill the gaps from the surveys.

Outcomes: The PWD, ICG and staff interviews/surveys provided insight into the facilitating factors, barriers, positive/negative impacts, and suggestions to enhance OSCC55+ and City of Oshawa VP. PWD and ICG participants expressed the VP created an option to allow them to remain socially connected to their community throughout the lockdowns. Program staff expressed that VPs provided enhanced social engagement for PWD, while City Staff would like to receive more dementia care training to interact with PWD customers.

Conclusion: The VP developed by OSCC55+ were perceived as effective and useful for older adults and their informal caregivers as they helped reduce their feelings of loneliness and relieved caregiving tasks during the COVID-19 pandemic. There is a need for dementia care training for staff to further support the development of a dementia-friendly community.

O100

Improving the Care Conference Experience: Engaging Residents and Families

Florence Yip¹, Lindsay Fleet-Oxenham¹, Jasjit Gill^{1,2}, Ada Chow¹, Shawna Fu¹, Charles Gali¹, Courtney Hoffman²

¹Vancouver Coastal Health, Vancouver, Canada. ²University of British Columbia, Vancouver, Canada

Abstract

The pandemic severely impacted long-term care and highlighted the need to represent all voices, especially residents and their families. In collaboration with direct care staff, the interdisciplinary healthcare team and residents and families from one Canadian urban seniors' residence with 250 residents, an initiative was established post-pandemic to engage residents and families in annual care conferences. This initiative is coordinated through one health authority's Experience in Care Team. The initiative's goal is to foreground person-centred care and to include residents and families in care planning conversations that are meaningful to them.

This presentation will review the design and delivery of our new person-centered care conference, which is based on staff and resident/family experience surveys and interviews conducted by our Experience in Care Team. Residents and families raised concerns about inconvenient care conference times and the siloed way of obtaining information from different health disciplines. Residents and families expressed a strong desire to be present and to discuss care needs with the entire team present. They also asked for devoted time to "get to know faces at the table." The staff asked to include healthcare aides in the care conferences, given their intimate knowledge of the residents and families. The staff and team recommended motivational interviewing strategies for older adults to promote useful information exchange and resident/family engagement. As we emerge from strict visitor restrictions, this initiative highlights the importance of coming together with residents and families to improve health care experiences for all.

O101

Clearing the mist of moving to long term care

Marlene Parsons, [Naoko Watanabe](#)

Minoru Residence, Vancouver Coastal Health, Richmond, BC, Canada

Abstract

Moving into long-term care feels like navigating the unknown, like being lost in a mist. Surveying families and residents showed us that the admission process is often confusing, stressful and overwhelming. We also heard that experiences are more positive when the psychosocial and emotional aspects of moving are addressed. This project aimed to improve the moving-in experience by revamping our admission process to be more resident focused, welcoming and clearer.

Changes included providing more information to families in advance and inviting them to shape the admission day. Huddles before the move-in allow nurses, care aides, allied health professionals and families, if available, to discuss the residents' needs and preferences, and create a plan to support their psychosocial emotional well-being and tailor and space out the admission assessments. A welcome person checks in with the resident during the day to help navigate the move, answer questions, and introduce them to other residents. A Welcome Tea engages new residents and families with the Minoru community.

The average experience rating of residents and families improved from “fair” to “good/very good” over the six months when the changes were trialed and implemented. Residents and families report having a more positive move-in experience, they feel less stressed, more cared for, more welcomed and they find the process smooth and well organized. Staff report better team communication, greater appreciation for the emotional aspects of moving in, positive changes to their practice. Residents settle in more easily and comfortably.

O102

A pilot study to support family engagement in delirium prevention interventions in hospital via an Essential Care Partners program.

Alexandra Curkovic¹, Emma Sood², Yasmin Khalili¹, Chris Gabor¹, Yelena Potts¹, Sarah Ruggiero¹

¹Hamilton Health Sciences, Hamilton, Canada. ²McMaster University, Hamilton, Canada

Abstract

Delirium affects 14-56% of hospitalized patients and is associated with impaired cognition, mortality, and increased costs. Staffing shortages that have emerged since the pandemic have resulted in less time available for vital delirium prevention interventions. These pressures are also a source of distress for patients and families. One approach that may address this gap and help improve outcomes is to engage family members in delirium prevention. This study encouraged families to participate in delirium prevention care through employment of an Essential Care Partners (ECP) program. Thirty-three patient-ECP dyads were enrolled over a 6-month period on a medicine unit at Hamilton General Hospital. ECP were assigned a bedside checklist of delirium interventions to perform with the patient including meal assistance, cognitive stimulation and mobilization. The last item on the checklist prompted family members to note a change in the patient's thinking or behaviour (i.e., delirium). On enrollment, ECP were provided with verbal instruction on the program and given detailed written information about delirium. Healthcare staff on the unit assisted with individualized checklists according to need and safety considerations. Feedback surveys collected from ECP and bedside checklists were reviewed to assess adherence. Median length of time enrolled in the program was 4.5 days. Meal assistance, cognitive stimulation, and sleep hygiene interventions were completed most frequently while mobility interventions were performed least frequently. The majority of ECP reported that the program helped assist their family member and improved their care. The study shows that ECP can effectively support delirium prevention interventions.

O103

Innovation in the Central Intake of North Simcoe Muskoka Specialized Geriatric Services

Wendy Forward¹, Ashley Schofield¹, Laurie Hanton²

¹NSM Specialized Geriatric Services, Barrie, Canada. ²NSM SGS Specialized Geriatric Services, Barrie, Canada

Abstract

Innovation in the Central Intake of North Simcoe Muskoka Specialized Geriatric Services.pdf

O104

Understanding Transitions in Care Experiences of Older Adult Patients, their Families and Care Providers: Before and During COVID-19

Marian George¹, Katharina Kovacs Burns^{1,2,3}

¹Alberta Health Services, Edmonton, Canada. ²University of Alberta, Edmonton, Canada. ³Patients for Patient Safety Canada, Edmonton, Canada

Abstract

One ongoing healthcare challenge is ensuring patients, particularly older adults, their families and health care providers have clear care pathways for transitioning across care settings. Understanding the experiences of all three groups including what works and where improvements are needed is critical for change. COVID-19 introduced additional challenges for care transitions. Our study builds on a real-time co-designed patient and care provider experience measurement approach comparing pre and post COVID-19 transitions-in-care pathways of eight pilot settings within Alberta Health Services, Canada. The study aimed to explore (1) relevant experience, process and outcome/impact measures regarding care transitions across various settings; and (2) the feasibility for transferring these measures and lessons learned for practice, policy and service changes as part of follow-up and post COVID new 'norm' transformation of care transitions. Each care setting involved care providers and patient/family advisors in co-designing and implementing the initiative, including survey development, and gathering, analyzing and interpreting the various group experiences. Findings included themes for what makes transitions in care successful before and during COVID-19 – e.g. clear communication, care coordination and integration, navigation and information direction for all stakeholders. These findings have guided the development of a set of core transition in care measures across various points of care for older adult patients/clients. They enhanced our understanding of what worked well, where 'holes' in the system existed leading to failed or unsatisfactory transitions, and what quality and safety improvement or changes were needed for transition practices, policies and services. Our work continues!

O105

Evaluating community hubs that address the needs of vulnerable populations including those experiencing homelessness and poverty

Volletta Peters¹, [Lucas Martignetti](#)^{1,2,3}, Winnie Sun^{1,4,5}

¹Ontario Tech University, Oshawa, Canada. ²MAP Centre for Urban Health Solutions, Toronto, Canada.

³Centre on Drug Policy Evaluation, Toronto, Canada. ⁴Advancement in Dementia Care Centre, Whitby, Canada.

⁵Ontario Shores Centre for Mental Health Sciences, Whitby, Canada

Abstract

In Durham Region, Ontario, Canada, two community hubs with wrap-around services, The Back Door Mission For the Relief of Poverty (The Back Door Mission) in Oshawa, Ontario and the Ajax Hygiene HUB in Ajax, Ontario, were created to support vulnerable communities including those experiencing homelessness and poverty. Needs of patrons were identified and the effectiveness of addressing these needs was evaluated. A mixed-methods approach was used, where surveys with both open and closed-ended questions were administered to patrons. 75 surveys were completed, 35 at the Ajax Hygiene HUB and 40 at The Back Door Mission. Almost 30% of respondents were age 55 or older. The majority of patrons identified mental health as a health issue of concern. They also ranked mental health highly among their most prevalent health issues, being the second most prevalent health issue among respondents at the Ajax Hygiene HUB and the first most at The Back Door Mission. Primary medical care was made available at The Back Door Mission, where it was one of the most frequently used services and patrons were highly satisfied by the quality of care. At the Ajax Hygiene HUB, primary care was one of the most requested services. As well, extra support for chronic issues such as diabetes was also highly requested. Both hubs were found to be highly effective and well liked by patrons. The expansion of this model, with sufficient core funding, could help vulnerable communities in other areas.

P1

Importance of standardizing implementation & training on Real-time Locating System in Long-term Care: Clinical Lessons Learned

Lisa Snodgrass, Vicki Muscat, Angela Collett, Christy Nickerson-Rak
Shannex Inc., Halifax, Canada

Abstract

Successful integration of wearable Real-time locating systems (RTLS) can provide health care practitioners (HCP) additional insights to support quality resident care, such as enhanced call-bell functionality, resident-specific notifications, infection outbreak mitigation and tracking of valuable care equipment (Gholamhosseini & Sadoughi, 2019) (Oude Weernink, 2018). Shannex Inc. launched this innovative wearable technology in several of its nursing homes mainly to trial call-bell functionality, and secondarily the resident-specific notifications. Post-qualitative research identified many HCPs were experiencing notification fatigue from the devices. To address this challenge, a senior clinical educator implemented decision trees to control overuse of notifications. Those who adopted the decision trees saw sizeable reductions in the total number of notifications per bed day (-37%). To integrate the decision trees into clinical practice, a training module has been designed to accompany implementation of the RTLS into long-term care homes.

P2

The integration of the 48/6 model of care in conducting nursing transfer of accountability on a seniors care unit

Florence Paat, Lilibeth Jones-Lim

Trillium Health Partners, Mississauga, Canada

Abstract

Transfer of accountability is the process of transferring patient information from a caregiver to another to ensure continuity of care and patient safety.

The 48/6 model of care is a care initiative that was developed to screen and assess hospitalized seniors that addresses six areas of functioning including cognitive function, nutrition and hydration, mobility, medication management, bowel and bladder function and pain. This is followed by care planning to address any areas of concern within 48 hours. There is evidence to show that its implementation can positively impact patient outcomes including improved pain management, increased detection and management of delirium, maintenance of baseline function, decreased length of stay and prevention of adverse medication related events.

At our hospital, the nursing transfer of accountability process is one area that is being examined with the goal toward standardization. On the Seniors Care Unit at Trillium Health Partners, the 48/6 model of care had been integrated in the transfer of accountability tool used by nurses. It helps not only to understand what the baseline status of patients, but more importantly, any acute clinical change in patients that needs immediate attention or close monitoring. We aim to describe what prompted this practice change and how the nursing staff, to date, has received its implementation. We intend to describe the barriers and facilitators of the tool implementation. Furthermore, we plan to investigate the impact of the practice change on patient outcomes.

P3

Physical Health Implications of Social Isolation and Loneliness Among Older Adults During COVID-19: A scoping review

Kaveenaa Chandrasekaran, Sepali Guruge, Cristina Catallo, Kateryna Metersky
Toronto Metropolitan University, Toronto, Canada

Abstract

Social isolation and loneliness are key social determinants for older adults' health and wellbeing. Safety measures, such as, stay at home orders, social distancing, quarantine, and self-isolation implemented during the COVID-19 pandemic worsened loneliness among older adults. A scoping review of the literature was undertaken using the PRISMA-ScR checklist with the aim of examining what is known about the physical health implications of social isolation and loneliness among this population during the COVID-19 pandemic. A systematic search of CINAHL, Medline, and Emcare databases was conducted for empirical literature published in English between March 2020 to September 2022. A hand search of selected journals, and reference lists of included studies was also performed. Studies were screened using a multi-step process, extracted, and appraised. Thematic analysis was used to synthesize data. The process resulted in two key themes: (1) Negative impacts on physical health of older adults who experienced social isolation and loneliness; and (2) Positive coping behaviors adopted during the COVID-19 pandemic to overcome social isolation and loneliness. As the COVID-19 pandemic continues, the results of this review provide insight into the toll that social distancing and stay at home orders have on the physical health of older adults. Nurses working in a range of care settings can also use the strategies identified in this scoping review to reduce older adults' experiences of social isolation and loneliness, and thereby promote physical health and wellbeing among this population.

P4

Substance abuse During the COVID-19 Pandemic Among Older Adults

Keisha Lovence

Eastern Michigan University, Ypsilanti, Michigan, USA

Abstract

The outbreak of coronavirus disease 19 (COVID-19) has led to measures of social distancing and quarantine worldwide. This stressful period may lead to psychological problems, including increases in substance use. The purpose of this Integrate to Review is to summarize the most common illicit substances and their motives for use by an older adult during the pandemic. The review notes that alcohol, tobacco, and cannabis consumption before and during COVID-19 lockdown and motives for using illicit substances. The review noted overall, respondents reported smoking more cigarettes than before the COVID-19 pandemic, while no significant changes in the consumption of cannabis were noted. Boredom, lack of social contacts, loss of daily structure, reward after a hard-working day, loneliness, and conviviality were the main reasons for consuming more of the various substances. It is important to understand those who are at risk for substance abuse during COVID-19 lockdown. Further research focusing on follow-up of individuals at risk may be useful to provide appropriate care in post-COVID times. Nursing assessments should be focused on identifying those who are at risk for abusing illicit substances so that programs for stress and coping can be developed.

P5

Resident Support Aide Experiences During COVID-19

Claudia Spengler¹, Lynn Haslam-Larmer², Katherine McGilton²

¹University of Toronto, Toronto, Canada. ²KITE Research Institute, Toronto, Canada

Abstract

In March 2020, Ontario declared a state of emergency within long-term care in response to the COVID-19 pandemic. Due to staffing shortages, the long-term care sector was granted the opportunity to create a new entry-level role, the resident support aide (RSA) to assist with non-care related tasks. The position focused on providing a safe and secure environment for residents, visitors and staff members by providing comfort and companionship to promote well-being of residents. Tasks included setting up resident programs, communicating with residents and family, assisting with mealtimes, organizing rooms, and sorting laundry.

A recent report demonstrated that almost 25% of the RSA's time was spent in direct social engagement activities with residents, a key element for this population, who were often isolated from family and friends for long periods of time. The RSAs reported they were able to ensure a resident's comfort in the subtle ways that the front-line staff were unable to, such as sitting with them for meals, tidying their room, or spending time with them. The RSA position permitted front-line nursing staff to focus solely on providing resident care, which was previously compromised due to the long list of non-care-related tasks.

This poster provides insight, from a nursing student who was an RSA, into how the new role provided a valuable opportunity to experience geriatric care and motivated a response to acquire furthering gerontological nursing education. The poster outlines the benefits and valuable learnings to support the RSA within the future of long-term care.

P6

Pilot Usability Study of a Web-based and Non-immersive VR Reminiscence Therapy for Persons with Dementia

Winnie Sun¹, Rabia Akhter¹, Alvaro Quevedo¹, Ramiro Liscano¹, Sheri Hornsburgh², Farzana Rahman¹

¹Ontario Tech University, Oshawa, Canada. ²Ontario Shores Centre for Mental Health Sciences, Whitby, Canada

Abstract

This paper presents the perspectives of healthcare providers using a comparative study between a web-based reminiscence therapy (RT) and non-immersive virtual reality (VR) application to understand the limitations and opportunities of both platforms for facilitating engaging experiences for PWD towards recalling memories while easing the therapy process for the healthcare providers.

The first stage of this study involved a qualitative descriptive study using focus group to explore the perspectives of healthcare providers' utilization of web-based and non-immersive RT as an intervention to support PWD's emotional health during the COVID-19 pandemic. The second stage focused on capturing healthcare providers (HCPs) perceptions when interacting with the web-based and non-immersive RT tools as interventions during RT. A total of twelve HCPs were recruited from both GTU (Geriatric Transitional Unit) and GDU (Geriatric Dementia Unit) of Ontario Shores Center for Mental Health Sciences in Ontario, Canada.

HCPs agree that both web-based and non-immersive RT provided a platform to upload customized reminiscence contents tailored to individual's needs. These approaches added value to their care and increased engagement, where PWD may connect more with the contents than traditional RT methods. They believed that the digitalization of RT would reduce their need for paper copies or collection of tangible artifacts to promote efficiency, accessibility and continuity of care. HCPs indicated that digital RT could be implemented in combination with traditional RT as it could complement each other to facilitate dementia care. Our preliminary findings suggested that digital approaches could help advance reminiscence experiences for PWD.

P7

Quality of life of older adults with venous ulcer in Primary Health Care in the south of Brazil

Ana Claudia Fuhrmann¹, Fernanda Peixoto Cordova¹, Duane Mocellin¹, Diani Oliveira Machado², Tamira Brasiliano¹, Gabriela Guimarães Andrade¹, Lisiane Manganelli Girardi Paskulin¹

¹Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil. ²Grupo Hospital Conceição, Porto Alegre, Brazil

Abstract

Introduction: Venous ulcer (VU) affects many elderly and generates physical, social and psychological implications that interfere with the well-being of individuals. Utilize the Patient-Reported Outcome Measures (PROMs), such as people's quality of life (QoL), can help in planning nursing interventions for this population. Aim: Verify the quality of life of older people with VU. Methods: Cross-sectional study linked to a randomized clinical trial (RCT) with 43 elderly with VU users of Primary Health Care (PHC) in the south of Brazil. From 2021 to 2022, the Short-Form 6 Dimensions (SF-6D) questionnaire was applied to verify the QoL, whose score varies from 0 to 1 (0 represents the worst state of health and 1 perfect health). Descriptive analysis was performed. The RCT was approved by Research Ethics Committee (16087119.2.0000.5327) and registered in the Clinical Trials (NCT04703569). Results: 53,49% (N=23) were men, with a mean age of 70,6 ($\pm 6,81$) years, and 48,9% (N=21) had not completed elementary school. The median UV time was 37,79 (3-540) months. The SF-6D score ranged from 0,62 to 0,94, and the mean score was 0,76 ($\pm 0,09$). The domains most impacted were pain and role limitation. Conclusion: PROMs are estimated from the people's perspective and are valuable and essential to support a patient-centered approach and to improve the quality of care. Moreover, UV affects the QoL of the elderly mainly due to pain and role limitation. Thus, it is important implement nursing strategies to improve the QoL this population.

P8

Associated factors with anxiety in older adults after intensive care

Duane Mocellin¹, Ana Claudia Fuhrmann¹, Carla Cristiane Becker Kottwitz Bierhals¹, Carolina Baltar Day², Marínes Aires³, Fernanda Lais Fengler Dal Pizzol⁴, Lisiane Manganelli Girardi Paskulin¹

¹Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil. ²Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil. ³Universidade Regional Integrada do Alto Uruguai e das Missões, Frederico Wbrzestphalen, Brazil. ⁴University of Alberta, Edmonton, Brazil

Abstract

Introduction: Hospitalization for critical illness can have consequences for the mental health of elderly, such as anxiety symptoms that negatively impact on the recovery of the elderly. Aim: analyze the anxiety symptoms in older adults after ICU admission and associated factors. Methods: Prospective cohort with 109 elderly after ICU admission in a general hospital southern Brazil, with length of stay ≥ 72 hours in urgent clinical or surgical cases, and ≥ 120 hours in elective surgical cases. At baseline, sociodemographic data and previous health conditions were collected. In the first and third months after ICU discharge, anxiety symptoms were assessed by Hospital Anxiety and Depression Scale. Linear regression was performed. The study was approved by Ethics Committee (4.725.268). Results: the median aged was 70 (65-76) years, 63,3% were males with a median of 5 (4-8) years of schooling. In the first and third months, the prevalence of anxiety symptoms was 19,7% and 12%. Associated factors in the first month were lung problems [$3,20 \pm 1,39$, $p=0,025$], previous ICU admission [$3,30 \pm 1,41$, $p=0,023$] and use of sedatives [$3,38 \pm 1,06$, $p=0,002$]. In the third month, only having neoplasm remained associated [$3,05 \pm 1,23$, $p=0,017$]. Conclusion: the prevalence of anxiety symptoms decreased in the third month after ICU discharge. The associated factors were different over time, and in the first month after discharge the factors were probably more related to characteristics of intensive care and in the third month were likely connected to the previous health condition of the elderly.

P9

Clarity in the Meaning: Responding to Anxious and Escalating Behaviours

Allyson Jayaweera, Laura Downey, Jamie Nelson, Maureen O'Connell, Nancy Hooper
North Simcoe Muskoka Specialized Geriatric Services, Barrie, Canada

Abstract

In 2019, the North Simcoe Muskoka Specialized Geriatric Services (NSM SGS) responded to a call by the region's Long Term Care (LTC) homes that direct care partners were requiring skills and tools to respond to escalating behaviours to improve care outcomes and bolster team communication. Older adults living with cognitive impairment are vulnerable to changes in their environment, their physical and mental health and their social engagement, which could result in anxious and escalating behaviours. LTC direct care partners may notice a change in behaviour but due to a focus on care tasks and inconsistent training, they do not always know how best to support the individual when behaviours arise.

In 2020-21, the NSM SGS developed a "Responding to Anxious or Escalating Behaviours" placemat with an accompanying video highlighting the importance of changing course in care activities and refocusing in a person-centered manner to understand what the person may be communicating about their unmet needs through behaviours. The placemat has provided care partners clarity by empowering them with a clear and concrete tool. The NSM SGS team has supported care teams to build capacity in open education sessions in using the placemat and modifying it to the home's unique needs, policies and procedures. The video allows LTC homes to upload the content to their learning management system for ongoing training. The NSM SGS team has committed to evaluation and revising the document ensuring person-centered language is utilized and that it continues to meet the needs of the homes.

P10

Short-Staffing Culture in Geriatric Care

Samantha Johns

Hamilton Health Sciences, Hamilton, Canada

Abstract

Imagine hosting a holiday family dinner and informing guests that their meal will be late because the house is “short of family members for cooking” and to be patient. Alternatively, conveying to a spouse or child that you “do not have time to attend to their needs” because of other more critical tasks around the house to complete. Short staffing in geriatric-focused complex care settings and community facilities is a long-term chronic issue in the healthcare system and has been recently exacerbated by the COVID-19 pandemic. It is noteworthy that older adults have care needs that differ from other populations, including extensive assistance in completing ADLs, incontinence care, safety awareness, and managing chronic illness and disease. These demands put pressure on staffing that requires time, attention, and critical thinking. The purpose is to explore the culture of short staffing in the workplace, which includes the attitudes and actions of care staff and the consequences on patients’ and residents’ physical & psychological well-being and quality of care. Investigative methods will include a literature review of relevant journal articles dated between 2015-2022 from Pubmed, EBSCOhost and ScienceDirect in the english language. Critical appraisal and use of exclusion criteria will guide the adoption of quality sources. A visual framework will present the results in a poster presentation format, aiming to offer an understanding of the relationship between staff shortage and the workplace culture it elicits. Additionally, it will draw conclusions that guide critical question-making for gerontological nursing leadership, management, and policymakers.

P11

Implementing Individualized Care Plans Through Geriatric Care Rounds

Thirisangi Thiruparanathan¹, Irene Azurin², Anna Pamaong¹

¹University Health Network, Toronto, Canada. ²University Health Network, Toronto, Canada

Abstract

Introduction:

The general internal medicine (GIM) units at Toronto General Hospital (TGH) provide care for approximately 60-70% of older adults over the age of 65. Nearly 20-40% of these patients require “alternative level of care” (ALC). ALC patients are no longer in the acute phase of their illness and are awaiting placement. As wait times are long, these patients are at an increased risk for cognitive and functional decline.

Problem:

Acute care settings focus on medical care, in which geriatric principles are often overlooked. The geriatric population at TGH are complex, requiring comprehensive clinical and behavioural management to meet the patient’s individual needs. Thus, The GIM units have implemented the use of geriatric care rounds (geri rounds) to address a more comprehensive and holistic approach to care.

Methods:

Biweekly, the nurses identify patients with high care needs who would benefit from a collaborative discussion and individualized care plan (ICP). The advance practice nurses and nursing staff use the modified SPICES tool to assess, develop, and document an ICP that is implemented by the interprofessional team.

Outcomes:

As our work remains ongoing, we will evaluate our intervention through chart reviews and nursing feedback to determine whether interventions were implemented and effective. We anticipate similar results from the literature which showed that geri rounds can improve the patient’s physical and cognitive functioning. Our goal is to empower nurses to translate their knowledge of geriatric principles into their own practice and to independently develop their own ICPs for geriatric patients.

P12

Will Long Haulers be forgotten as we move forward?

Fran Wolfe

Baycrest Center, Toronto, Canada

Abstract

Once COVID-19 began to take its toll across the globe, people became ill and some required ICU admissions, some began to die while patient support groups started to form. Information emerged that individuals in this group continued experiencing symptoms with a decreased functional level for an extended period. An individual with these prolonged symptoms after several weeks and months was considered to be a “long-hauler,” which is the term used for an individual who contracted COVID-19 and continued to have symptoms long after other patients had recovered. Researchers are uncertain what causes this phenomenon even to this day, we know now all parts of the body that have been affected by Covid however treatment and validation are still out of reach for many. As a Nurse Practitioner, I felt compelled to begin a support group, in order, to further understand what appeared to be an emerging Chronic Post-COVID Syndrome (CPCS), where COVID-19 had produced long-lasting or possibly permanent health changes, as well as to help people navigate a future where they are able to live well with ongoing symptoms. The aim of the group was to provide clients with a safe, non-judgmental support forum and to share their journey, receive resources from other clinicians in the healthcare community and gain knowledge and assist in their transition path to wellness. This is what we have learned.

P13

Perceived Stress and associated Eating Patterns Among Older Adults During the COVID-19 Pandemic.

Keisha Lovence

Eastern Michigan University, Ypsilanti, Michigan, USA. McMaster University, Hamilton, Canada

Abstract

The COVID-19 pandemic has impacted the mental health of people worldwide which has led to an increase in perceived stress. Perceived stress can lead to unhealthy behaviors such as increased food consumption. Differences in appetitive and cognitive traits among older adults may explain changes to and variability in food intake during COVID-19. The aim of this integrative review is to summarize the perception of stress associated with different emotional eating patterns of older adults during the pandemic. Studies note, among those who were 65 and older, among males and females, there was an increased frequency in the consumption of some foods, mainly nuts, snacks, and jellybeans, along with coffee, tea, cocoa, and soft drinks. Eating between meals was more pronounced in those with high stress than in those with moderate stress (40.4%) and low stress (20.2%). Furthermore, the respondents with high stress reported greater weight gain. Thus, the results show that the level of perceived stress during the pandemic increased food consumption. Future studies should be focused on interventions to target stress and coping management for overeating in order to prevent weight gain. Nurses can help to develop and evaluate weight management education programs that are geared towards overeating in the setting of crisis in order to promote positive eating behaviors.

P14

Evidence-based solutions for recruitment of students to nurture a new generation of gerontological nurses.

Jennifer Behun, Janet Chee, Connie Wood, Shaila Aranha
Registered Nurses' Association of Ontario, Toronto, Canada

Abstract

Front-line care providers across Canada's long-term care sector have generally been underappreciated, overworked, and underpaid, despite being the teams and individuals who care for the most frail, vulnerable, and complex amongst us. (National Institute on Ageing. 2019, Section 1. Page 18). There is a need for evidence-based teaching and a learning strategy for student nurses and preceptor support. The Registered Nurses' Association of Ontario's Best Practice Guideline on Practice Education in Nursing, and the Nursing Student and Preceptor Long-Term Care Program, provides evidence-based resources for nursing practice and education to improve the mentorship of students in gerontological nursing.

This presentation focuses on solutions for student recruitment in gerontological nursing and highlights strategies for preceptors to bridge knowledge into practice. This presentation will also discuss the utilization of preceptorship programs as a strategy for leadership growth and retention of experienced nurses.

Learners will receive innovative strategies and tools for engaging students in geriatric clinical placements; improve their ability to apply evidence-based teaching strategies; and expand their understanding on the importance of forming partnerships. Collaboratively, educational institutions and health care organizations who adopt evidence-based strategies will influence practice education across sectors. As a result, student nurses for long-term care are educated and recruited more effectively.

P15

Learning Together Across Generations Through an Intergenerational Speaker Series

Jocelyn Rempel, Emma Maguire
Mount Royal University, Calgary, Canada

Abstract

As the population ages there is a global need to foster intergenerational solidarity and reduce ageism (World Health Organization: Decade of Health Ageing, 2020). More specifically, in Calgary, Alberta, at Mount Royal University, there is a need to foster relationships between older adults in the community and university students. Research shows that educational interventions in combination with intergenerational contact has been the most effective at reducing ageist views towards the older population (Burnes et. al. 2019). The initiative called The Intergenerational Speaker Series utilized educational initiatives to promote intergenerational contact both in its planning and implementation. The Calgary Association of Lifelong Learning (CALL) partnered with Mount Royal University (MRU) to organize a series of speaker events over the academic year to foster healthy ageing, lifelong learning and interconnectedness across generations.

This project addressed two national priorities: Supporting Healthy Ageing and Celebrating Diversity and Promoting Inclusion. It allowed participants to engage with other people across generations, while being intellectually stimulated through the content presented.

The presentation will review the anecdotal findings of this age-inclusive initiative through the perspectives of the intergenerational planning committee members and participants feedback from each event. It is our hypothesis that direct exposure with different generations will enhance understanding of one another and decrease ageism.

P16

Sailing for Safety

Alison Marshall, Susan Sonmor

Sidney Care Home/The Care Group, Sidney, Canada

Abstract

As we navigate out of the mist into the blue skies, innovative and creative ideas are needed to motivate and engage team members. This initiative arose when we noted low attendance at education sessions whether in person or through our online platform.

The objective of Sailing for Safety was to increase education attendance at education sessions. Outcomes of increased attendance include opportunities for all staff to participate, have fun, and building knowledge.

Vancouver Island was the inspiration for our sailing metaphor. There are 730 nautical miles around the island. Each team member was assigned a boat to navigate the island while completing education modules at each port. Miles were collected for distance travelled. Sailing Port Alberni to Port Alice, gives participants 150 nautical miles that can be earned by completing the education. Extra nautical miles can be added if inhouse education is attended. For example, 25 nautical miles are accumulated when attending back care and safe lifting from our Physiotherapist.

The annual education plan was developed with input from staff through a survey, Topics were generated because of the survey and the requirements from the Health Authority.

Monthly team meetings highlighted educational progress and prizes were distributed.

Sailing for Safety initiative timing was important as covid restrictions start lifting. Our entire community was tired and discouraged. This provided an incentive to encourage and motivate all of us in the work environment. In addition to the enthusiasm we noted, education attendance has soared to 90%, with work related injuries decreasing.

P17

Creation a Behavioural Supports Ontario (BSO) Indigenous Land Acknowledgement Guiding Framework

Katelynn Aelick¹, [emily piraino](#)²

¹North Bay Regional Health Centre, Sudbury, Canada. ²North Bay Regional Health Centre, Sault Ste Marie, Canada

Abstract

Land acknowledgements are an important piece of reconciliation in the context of health care providers who are building capacity and providing care to Indigenous people, and in broader work towards cultural safety. Recognizing the importance of land acknowledgement, the BSO provincial coordinating office struck a working group to develop a framework for delivery. Through literature review, and partnership with Indigenous community members and colleagues, the framework was developed. This poster will outline key considerations when delivering land acknowledgement, and the importance of reflection, understanding and personalization. This document is not intended to provide a script or to be prescriptive for those wishing to deliver a land acknowledgement, rather to serve as a guide for reflection, and provide direction and consideration on what might be involved. We will provide a description of our process, findings, and details on additional resources that are valuable to engage with prior to delivering land acknowledgement. The guiding framework can be downloaded using the following link: https://brainxchange.ca/Public/Special-Pages/BSO/Files/Land-Acknowledgement/BSO_LandAcknowledgement2021-July23.aspx

Suggested citation: BSO Indigenous Land Acknowledgement Working Group (2021). Behavioural Supports Ontario Indigenous Land Acknowledgement Framework. Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.

P18

Coming together, learnings from a LTC and Hospice unit combining to provide care in an Alternate Level of Care (ALC) unit.

Brooklyn Hurman, Carol Baumgarten
Carewest, Calgary, Canada

Abstract

In 2020, 2 units (Hospice and a Long-term care unit) were combined and asked to provide care to another subsection of clientele. The Alternate Level of Care (ALC) unit is a transitional unit and was created to support a sub-acute inpatient short stay setting while clients wait their next living location. The premise was that many of these clientele would be awaiting LTC placement. This unit was then expanded to 45 beds in 2021 due to growing needs for this type of unit.

The integration of staff and processes that were unfamiliar with the needs of ALC clients translated to dissatisfaction amongst the nursing staff. Targeted conversations with staff about what were the issues and how could management support generated action plans to address their concerns.

Focus groups, education such as difficult conversation training, coordination and strong communication amongst the team moved this team from low morale to higher morale and a stronger sense of team.

P19

If you are diabetic, you might pick some things differently: Diabetes self-management for seniors in Ontario, Canada.

Pilar Camargo-Plazas¹, Madison Robertson¹, Idevania Costa², Geneviève Paré¹, Beatriz Alvarado¹, Lenora Duhn¹

¹Queen's University, Kingston, Canada. ²Lakehead University, Thunder Bay, Canada

Abstract

In this paper, we present findings of our study aimed to better understand how the social determinants of health (SDH) affect diabetes self-management for older persons living with diabetes in a rural setting. Our study was a combination of participatory, art-based, and interpretive research methodologies. Data collection included photovoice and semi-structured phone interviews. Fourteen older persons with diabetes consented to participate (11 men, and 3 women; aged 65 years or older). A SDH framework (Loppie-Reading and Wien) guided the thematic analysis. Our findings showed how the SDH play an essential role in supporting and sustaining diabetes self-management behaviours in a rural setting. The findings illuminate how participants live with the effects and pressures of the SDH. The proximal determinants of health revealed in participants' stories included health behaviours (diabetes self-management practices), physical environments (rurality), socioeconomic status (income), and food insecurity (accessing healthy food). The intermediate determinants comprised healthcare systems (accessing DSME in their community) and community resources and capacities (limited infrastructure due to rurality). The distal determinants involved the pandemic (isolation due to mobilization restrictions). Our study demonstrated how the SDH affect DSME and self-management for older persons with diabetes. Participants were continuously rearranging their diabetes needs to accommodate other life priorities. Additionally, rural living is described as a barrier to diabetes self-management, as accessing diabetes education, food, medications, and gas is at a distance - a particular inconvenience during wintertime. Our findings will guide future design, planning and implementation of DSME programs for older persons in this rural setting.

P20

The Feasibility, Acceptability, and Usability of Seated Tai Chi Exergame among Frail Older Adults with Parkinson's Disease and/or Mild dementia: A Pilot Study

Farzana Rahman¹, Winnie Sun¹, Sarah Elmi²

¹Ontario Tech University, Oshawa, Canada. ²Ontario Shores Centre for Mental Health Sciences, Whitby, Canada

Abstract

Tai Chi (TC) is a popular exercise for frail older adults with Parkinson's Disease (PD) and mild dementia for improving balance impairment. However, not all movements from conventional TC are suitable for them due to accessibility concerns and adverse events, and low adherence is reported. Virtual reality (VR) based seated TC exergame can mitigate these issues because of its ease of use, safety considerations, indoor application, minimal supervision, and real-time feedback capability.

Purpose:

To conduct a pilot feasibility study to evaluate the acceptability, safety, and usability of using seated TC exergame by frail older adults with PD and/or mild dementia.

Methods:

A mixed-methods pilot program is conducted among 6 participants with PD and/or mild dementia. The participants performed the seated TC exergame using the Xbox 360 Kinect and "your shape fitness evolved-Zen" software.

The participants completed survey questionnaires to evaluate whether, the seated TC is easy to adopt related to comfort, learning time of technology use, adverse events, and performance scores. Qualitative interviews are taken to acquire a detailed description of participants' perspectives related to their experience with the exergame.

Results:

Among the participants, 100% find this exergame enjoyable, user-friendly (75%) when there is technical guidance, training, and appropriate for group settings. Real-time feedback motivated them for future use. The average learning time was 15-20 minutes. 75% of participants have improved performance scores for the second dose of intervention.

Conclusion:

Findings from this research will guide the future application of seated TC exergame for frail older adults.

P21

Sexual expressions of people living with dementia: Using an e-module approach to educate student nurses

Lori Schindel Martin¹, Katelynn Aelick², Birgit Pianosi³, Kristy McKibbon⁴, Rosemarie Mangiardi⁵, Angel Wang⁶

¹Toronto Metropolitan University, Hamilton, Canada. ²Behavioural Supports Ontario, Sudbury, Canada.

³Laurentian University, Sudbury, Canada. ⁴Hamilton Health Sciences, Hamilton, Canada. ⁵Ontario Health, Toronto, Canada. ⁶Michael Garron Hospital, East York, Canada

Abstract

Objectives: Student nurses receive limited education about sexuality thus do not understand that sexual expressions of people living with dementia can enhance health and wellbeing. Additional education will mitigate stigmatizing practices such as inappropriate use of medication and physical restraints. A 45-minute introductory e-module was delivered to shift student beliefs about sexual expression in dementia and develop professional practice using person-centred approaches.

Methods: In Fall 2021, 550 senior students completed the e-module embedded in a required theory course. Content was based on an analysis of peer-reviewed and grey literature regarding person-centred practices. The e-module included 4 case scenarios and activities for learners to select best communication and care responses from multiple choice options. Pre- and post-module, participants completed a Likert-type self-efficacy measure. At baseline, participants described previous experiences, feelings, and approaches to sexual expressions of people living with dementia as well as their identified learning goals. Post-completion, participants identified how they would use content in their practice and satisfaction with the learning experience.

Results: At baseline students stated they wanted to learn how to assess and interpret intimacy needs of people living with dementia and challenge biases witnessed in practice. Post-completion of the e-module, self-efficacy scores significantly increased ($p < .001$) compared to baseline. Participants reported plans to use specific strategies embedded in the scenarios and expressed greater confidence in providing care to people with dementia who express their sexuality.

Conclusions: The introductory e-module provided senior nursing students with new understanding of sexual expressions in dementia and confidence to apply person-centred interventions.

P22

Designing a Knowledge Translation Product Using Geriatric Principles: The Check-Up Story

Megan Salter, Bailey Donaldson, Connie Schumacher
Brock University, St. Catharines, Canada

Abstract

During the COVID-19 pandemic, public health measures led to social isolation and difficulties visiting family physicians. For many older adults who experience chronic illness, this resulted in a gap in care. Online self-management platforms allow individuals living with health disparities and chronic illnesses to access information and take control of their health. Keeping track of one's own health conditions can pose challenges, such as distinguishing changes that are not part of the normal aging process. The Check-Up is a self-report style assessment for individuals and their caregivers to gauge current health status, identify potential risks, communicate risks to others and act to mitigate risks. Once completed, the assessment generates a printout of health function and symptoms report which can be shared with healthcare providers. We describe designing a video demonstrating the application of the Check-Up. A use-case scenario was created and storyboarding techniques were used to craft a short video intended for widespread public dissemination. This unique knowledge translation product relays the purpose and convenience of completing the Check-Up. Geriatric principles such as simple language, visual images and motion graphics were used to deliver key messages in auditory and visual mediums. Patient engagement and self-efficacy principles were used to create a realistic scenario framed by experiential constructs that were relatable, where the older adult and their care partner could envision themselves completing the Check-Up. This video will serve to facilitate use of the Check-Up assessment thus supporting self-care management and patient autonomy.

P23

GPA Bathing: A six-unit eLearning curriculum to increase confidence and knowledge of final-year nursing students when bathing persons living with dementia

Angel Wang¹, Lori Schindel Martin², Michele Bliss¹, Victoria McLelland¹

¹Advanced Gerontological Education, Hamilton, Canada. ²Daphne Cockwell School of Nursing, Toronto Metropolitan University, Toronto, Canada

Abstract

Background: Bathing can cause significant distress for persons living with dementia; yet limited formal education is available for nursing students to learn dementia-specific bathing interventions. Consequently, nursing students often experience anxiety and uncertainty, and are unprepared on how to provide person-centred care to persons with bathing-related responsive behaviours when they enter clinical practice. Advanced Gerontological Education developed a Gentle Persuasive Approaches (GPA) Bathing eLearning curriculum to strengthen care providers' knowledge, confidence, and skill to provide person-centred, evidence-informed bathing care.

Methods: Over 550 final-year Toronto Metropolitan University nursing students will complete the GPA Bathing curriculum between 2022-2023 (three units in Fall 2022 and three units in Winter 2023). The curriculum, comprised of six units, was developed upon best practice bathing competencies identified in the literature and included video case studies. Students will complete two quantitative tools measuring bathing self-efficacy and knowledge, and provide answers to open-ended questions at three time points: pre-GPA Bathing, after completing three bathing units, and post-GPA Bathing. While previous evaluations of GPA Bathing units were completed with other cohorts of nursing students, this is the first evaluation of the entire curriculum.

Results: Based on previous evaluations of GPA Bathing units with nursing students, we anticipate that the results from this cohort will be similar wherein post-GPA Bathing, students will report significantly increased scores for self-efficacy and knowledge compared to baseline.

Conclusions: We hypothesize that GPA Bathing will provide students with needed strategies, knowledge and confidence to provide person-centred bathing care in their future clinical practice.

P24

The impact of the educational activities for improving mental health, quality of life and life satisfaction of community-dwelling elderly

Radka Bužgová, Radka Kozáková, Katka Bobčíková
University of Ostrava, Ostrava, Czech Republic

Abstract

Aim: The aim of our intervention study was to determine whether educational activities within the University of the Third Age contribute to the improvement of mental health, quality of life, and life satisfaction among elderly in the community. **Methods:** The research sample included 121 elderly who participated in the annual education program 2021/2022 focused on mental health, prevention of cardiovascular diseases, and neurological diseases. The Geriatric Depression Scale (GDS), The Geriatric Anxiety Inventory (GAI), the Older People's Quality of Life Questionnaire (OPQOL-Lite) and the Life Satisfaction Index for the Thirds Age - Short form (LSITA-SF) were completed before and after the intervention. Differences were tested using the Wilcoxon paired samples test. **Results:** The average age of the respondents was 71.45 years (SD=4.61). The population was predominantly female (n=110, 90.89 %) and elderly who no longer worked (n=105, 86.5 %). Statistically significant improvement after the intervention was found only in elderly people who had at least a moderate rate of depression (GDS <5) and greater anxiety (GAI <9) prior to the start of the intervention. In these elderly, improvements were found in all three endpoints: depression (mean: -1.9, z=-2.216, p=0.027), anxiety (mean difference: -3.4, z=-3.408, p=0.001), quality of life (mean difference: 3.6, z=-4.282, p<0.001) and life satisfaction (mean difference: 2.1, z=-2.710, p=0.007). **Conclusion:** Educational activities for the elderly in the community can improve mental health, quality of life, and life satisfaction in the elderly with mild and moderate symptoms of depression and anxiety.

P25

A sense of home across the Atlantic: growing old in Canada, well-being and quality of life issues of ageing immigrants of African descent in Calgary

Joseph Osuji¹, Faith-Michael Uzoka¹, Juliet Onabadejo²

¹Mount Royal University, Calgary, Canada. ²Red Deer Polytechnic, Red Deer, Canada

Abstract

Immigrants are a vital component of the Canadian ageing population; it is projected that the numbers of those turning 65 and above will continue to rise. This increasing trend in the immigrant ageing population calls for studies to understand their unique experiences and develop culturally safe and appropriate services that support healthy ageing. Growing old in Canada can mean becoming lonely and isolated, especially as children mature and move out of the home. This is particularly challenging for older African immigrants from Africa, where communal living cushions the loneliness and enhances the social connectedness of senior citizens. This study utilized the life course perspective framework to explore the ageing experiences of older adult immigrants of African descent in Calgary and their lived experiences in constructing a sense of home in a different country. Data collection was through structured interviews with 18 randomly selected participants. Four themes emerged as participants reflected on their experiences of constructing a sense of home as they grew old in a foreign country. These themes included continued independent living, close-knit family relationships, social interactions built on unique aspects of culture, and a sense of belonging to the community and cultural organizations. Thus, family, relational, transactional, and social factors influenced older adult African immigrants in their construction or deconstruction of a sense of home within a transactional perspective. We conclude that policymakers consider culturally appropriate social policies that are significant to these seniors to support their continued sense of home and connectedness within their communities.

P26

The Impact of COVID-19 restrictions on family time in LTC: An exploration through art

Tracy Christianson¹, Evans Appiah-Kusi², Jordan Bremner³, Andrew Filewich⁴, Amna Qazi², Colin Reid⁵
¹Kamloops, Kamloops, Canada. ²Thompson Rivers University, Kamloops, Canada. ³Thompson Rivers University, Kamloops, Canada. ⁴University of BC - Okanagan, Kelowna, Canada. ⁵University of BC - Okanagan, Kelowna, Canada

Abstract

Statement of the Problem: Social connection is associated with good health and well-being. However, public health restrictions implemented during COVID-19 disproportionately affected the older adult population, particularly those in long-term care (LTC). While much of the early research on the impact of the restrictions focused on the LTC resident and the paid care staff, the purpose of this study was to explore what impacts COVID-19 restrictions had on families of residents living in LTC in British Columbia.

Methodology: As part of a larger study that used a mixed-methods design including arts-based focus groups was used. Eight Families (direct, friends, legal guardians) of residents living in long-term care settings agreed to participate in two arts-based focus groups (n=4 for each focus group). Participants were given a kit of art supplies and a written guide and asked to express, through any art form they would like, the key feelings/emotions/experience of being restricted from their loved ones due to COVID-19 public health policies.

Findings: The participants created representations of their experiences which included photographs, collages, and the written word. Although each piece of art was unique, the experiences of the participants each had similarities and common descriptions. More importantly, the focus groups offered the opportunity for the participants to share with one another, their experiences in a way that was supportive, bringing to light the similarities in their experiences and resulting in supportive understanding amongst the participants. An arts-based approach provides powerful visual expressions in ways words cannot.

P27

Nursing and policy: nurses' perspectives on ending hallway healthcare in Ontario

Jen Calver¹, David Rudoler¹, Lori Schindel Martin²

¹Ontario Tech University, Oshawa, Canada. ²Toronto Metropolitan University, Toronto, Canada

Abstract

Objective: Informed by Street-Level Bureaucracy (SLB) theory, this study aimed to explore the perspectives of nurses on policies to end hallway healthcare (EHC) in their work with patients designated as alternate level of care (ALC).

Methods: Applying a descriptive qualitative approach and using a semi-structured guide, six nurses working in hospitals situated in Ontario were interviewed. The transcribed data and field notes were analyzed using a five-stage framework analysis, including familiarization, identification of thematic framework, charting of data, description of findings, and mapping findings. Evidence was corroborated through a triangulation of multiple data sources such as peer-review, member checking and reflexivity of the lead researcher.

Results: The data were synthesized into formulated meanings to capture the essence of nurses' experience with ALC patients and EHC. Formulated meanings were grouped into three overarching themes: Minimizing awareness and application of policy, motivating the behaviour or actions of nurses, and Expressing concern for ALC patients.

Conclusion: With respect to overall policymaking and policy influence, EHC in particular, nurses felt disconnected at the local and provincial levels. Participants identified that they received little information about policy during their preparatory or professional development. Application of SLB can guide nursing education and further research to help inform governmental bodies and nurse leaders to ensure point-of-care nurses contribute to policy building. New EHC policy would then be driven by nurses' considerable knowledge and active engagement for policy implementation.

P28

Senior's Health Pilot Project: A Learning Approach

Sara Naam, Erika Dugas, Martine Poirier
Vitalité Health Network, Moncton, Canada

Abstract

Background - The Learning Approach is a strategy where interdisciplinary teams work together to address complex health problems and to bridge the Research-Practice gap. In 2019, Vitalité Health Network implemented its first Learning Approach project, the Senior's Health Pilot Project. The aim of the Senior's Health Pilot Project was to identify and to address the main health gaps among seniors. An assessment was carried out to improve the implementation process and the operation of the Senior's Health Pilot Project, as well as the Learning Approach Strategy.

Method – Semi-structured interviews were conducted with key stakeholders to understand their perspectives on the implementation and the operation of the Senior's Health Pilot Project, as well as the Learning Approach Strategy.

Results - Participants reported being generally satisfied with their experience. Participants appreciated the multidisciplinary nature as well as the involvement of researchers and patient partners in the process. Limitations identified included the huge number of meeting attendees, lack of human and financial resources, and physician engagement challenges. In addition, the COVID-19 pandemic has had a major impact on the project.

Conclusion – Several improvement recommendations have been identified by the participants. The recommendations involved offering support to the Learning Approach teams, promoting physician engagement and developing knowledge transfer strategies.

P29

A safe and healthy way for elders to express their sexuality

Caroline Grandmaison

UQO, Gatineau, Canada

Abstract

Canada's population is aging, and the proportion of elders will continue to rise over the next ten years. This trend highlights the need to focus research and resources on the health of the elderly. One general misconception is that older people are asexual. This belief is an inaccurate social construct associated with agism and is damaging to the elderly. A literature review revealed over 50% of elders were still sexually active. This research is intended to provide more information on the sexuality and needs of the elderly. It will also consider marginalized groups, such as the LGBTQ community since the healthcare system's focus tends to be heterosexist. Among the recurring themes discrimination, fear, violence, and poor care quality are the most concerning. A link has been established between the perception of health and sexual activity. Elders have a need to express their sexuality and retirement communities are not providing appropriate guidelines and education to create a safe environment for their residents to fulfil this need. Healthcare providers should discuss with new retirement home residents about their sexuality. Nurses should be provided clear directions in their care plan on how to approach resident's sexual needs. This training is integral to nurses being able to handle situations correctly and provide a safe environment for residents. The literature reveals that a holistic approach to care could help nurses guide seniors living in retirement homes on healthy ways to express their sexual needs.

P30

A mixed methods study to evaluate functional recovery, care needs and caregiver needs in older adults undergoing surgery: The Frail sub-study of the FIT After Surgery study

Cydney Low¹, Nelly Dumchin¹, Lara Cooper¹, Shabbir Alibhai², Kristen Haase³, Duminda Wijeyesundera⁴, Gianni Lorello⁵, Henriette Breunis⁶, Martine Puts¹

¹University of Toronto, Toronto, Canada. ²Toronto General Hospital, Toronto, Canada. ³University of British Columbia, Vancouver, Canada. ⁴St. Michael's Hospital, Toronto, Canada. ⁵Toronto Western Hospital, Toronto, Canada. ⁶Princess Margaret Cancer Centre, Toronto, Canada

Abstract

An increasing number of older adults are receiving surgery, however, little is known about functional recovery and care needs of these frail older adults and their caregivers.

Using an exploratory mixed-methods convergent parallel research design, the aim of the quantitative data collection is to describe the impact of surgery on Life-Space Mobility, care needs, and associations between unmet needs and health care use. The aim of the qualitative data collection is to better understand the recovery experiences, care and resource needs, and differences in recovery needs for both men and women.

So far, 79 older adults and 40 caregivers completed the survey and 22 patients and 12 caregivers took part in a semi-structured interview approximately two months after surgery once the survey was completed via telephone/virtual visit. Content analysis was used to analyze the data.

The following themes emerged in our preliminary analysis: negative implications of the government-implemented visitor restrictions within healthcare settings, specifically on caregivers; absence of adequate discharge planning post-surgery; and a lack of appropriate and available follow-up within the community once discharged. Common consequences of the inadequate follow-up process experienced by patients were incision-related, which resulted in a significant number of unplanned emergency room visits required to address these issues.

Although the collection of data is still ongoing and iterative, these preliminary results have highlighted co-constructed gaps in current surgery practices and identified the need for new recommendations that can be implemented in healthcare settings to provide evidence-informed care targeted to frail older adults undergoing surgery.

P31

Mental health assessment in community-dwelling elderly in Czech republic

Radka Kozáková, Radka Bužgová, Katka Bobčíková
University of Ostrava, Ostrava, Czech Republic

Abstract

Aim: The purpose of our cross-sectional study was to assess the aspects of mental health (depression, anxiety, self-esteem, sense of coherence) in older adults living in the community in the Czech Republic. **Methods:** This cross-sectional study was conducted from May 2021 until May 2022. The sample included older adults living in the community 60 years and older in the Czech Republic (n=1174). The self-reported Geriatric Depression Scale: Short form (GDS-15), Geriatric Anxiety Inventory (GAI), The Sense of Coherence Scale (SOC-13), and the Rosenberg Self-Esteem Scale (RSES) were used to measure the primary outcomes: mental health. **Results:** Study subjects (n=1174) had a mean age of 72.28 (SD±6.15) and were predominantly female (n=831, 70.8%). Participants' average scores on self-reported measures of anxiety were 4.69 (SD±5.19) and depression 3.04 (SD±3.03). Moderate depression has been found in 139 elderly (11.8%) and severe depression in 43 elderly (3.7%). Symptoms of depression (GDS>5) were found more frequently in women (p=0.049) and people with lower self-esteem (p=0.012). Participants' average scores on self-reported self-esteem measures were 19.48 (SD±3.39) and sense of coherence: 62.16 (SD±9.87). Statistically significant correlations have been found between depression score and anxiety score (r=0.552; p<0.001), self-esteem (r=-0.437; p<0.001), and sense of coherence (r=-0.503; p<0.001). The self-esteem score was significantly positively correlated with the sense of coherence (r=0.524; p<0.001). **Conclusions:** Early identification of mental health problems is the key to limiting their negative impacts. For selected elderly, interventions to improve mental health were recommended by a community nurse.

P32

A scoping Review on the role of the environment on older racialized immigrants' social connectedness in Canada: Lessons learned from the pandemic.

Vivian Puplampu¹, Anahit Falihi², Bukola Salami³, Christina Nsaliwa⁴, Festus Moasun¹, Joseph Osuji⁵, Florence Luhanga⁶, Jordana Salma³, Juliet Bushi⁶, Alberta Baffour-Awuah¹, Leonie Mvumbi Mambu⁶, Lori Paine⁷

¹University of Regina, Saskatoon Campus, Canada. ²Saskatoon Open Door Society, Saskatoon, Canada.

³University of Alberta, Edmonton, Canada. ⁴Edmonton Immigrant Services Association, Edmonton, Canada. ⁵Mount Royal University, Calgary, Canada. ⁶University of Regina, Regina, Canada. ⁷Calgary Seniors Resource Society, Calgary, Canada

Abstract

Racialized Older adults, individuals 65 years and above, in Canada are vulnerable and at risk of social isolation and loneliness due to factors including age, race, migration, climate, lack of knowledge of community resources, recent residency(less than five years), and challenges with driving. The purpose of the scoping review is to determine the evidence available on the impact of the environment on racialized older adults' social connectedness during and after COVID-19 pandemic. The research team will search databases such as CINAHL, Taylor and Francis Online databases, ProQuest Online databases, Google Scholar, and JBI. Keywords including older adults, Black, Chinese, Filipino, Japanese, Korean, South Asian-East, Southeast Asian, North African or Arab, and non-white Latin American will guide the search for manuscripts in English language from 2020 to 2023. The team will search grey literature and works of racialized scholars. We will upload retrieved citations to Covidence systematic review software, independently screen, read accepted manuscripts and extract data. Findings will be summarized using table and narrative summary.

P33

Promoting Outdoor Mobility via Enhancing Neighborhood Walkability for Racialized Older Women: A Community-Based Participatory Project Protocol.

Jordana Salma

University of Alberta, Edmonton, Canada

Abstract

Racialized immigrant older women have been disproportionately impacted during the COVID-19 pandemic with some evidence of negative physical and mental health consequences. Increased incidences of racism, islamophobia and COVID-19 related stigma have exacerbated social isolation and have reduced mobility outside the home for many. Walking is one aspect of mobility and is an effective, low cost and low risk activity with multiple health benefits. Restricted outdoor walking in urban neighborhoods can be exacerbated by language barriers, fears of falls, safety concerns and weather changes; all of which have been documented in immigrant and racialized populations. Our research question was identified as a priority via community consultations in an urban setting in Edmonton, Alberta: “What are racialized immigrant women’s experiences of urban walkability and how can we promote outdoor mobility in this population?” Using a community-based participatory research approach, we will first combine walking interviews, photo elicitation, and GIS mapping of objective neighborhood features to better understand participants’ experiences of walking in their neighborhoods. We will focus on older women who identify as immigrants from South Asian, Arab or African countries and who live in an urban or suburban neighborhood in the city. Second, we aim to co-design and implement local and feasible interventions with participants to maximize opportunities for outdoor walking. Final study outcomes will include an intersectional analysis of barriers and facilitators of outdoor walking for this population and tailored recommendations for promoting outdoor mobility.

P34

Grandma had a Fall a Month Into When Lockdowns First Started: One Family's Experience From a Longitudinal Study on Young Caregivers and Their Families in Ontario, Canada

Kristine Newman¹, Heather Chalmers², Arthur Ze Yu Wang¹, Sarah Ciotti¹, Luxmhina Luxmykanthan¹, Nicole Mansell¹

¹Toronto Metropolitan University, Toronto, Canada. ²Brock University, St. Catharines, Canada

Abstract

Background: Caregivers faced compounding and unique challenges because of COVID-19 public health restrictions. Young caregivers and their families face additional challenges including changes to school and social relationships due to public health policies. Another key consideration for this study is that young caregivers and their families can care for older adults who are vulnerable to severe illness when infected by COVID-19.

Aims and Methods: Using semi-structured interviews with young caregivers and their family members, we aimed to explore how COVID-19/restrictions changed their lives and how they navigated these changes over time in Ontario, Canada.

Results: Of the families who participated in our study, most cared for a sibling or parent under 65. This presentation focuses on the baseline findings of one family with an older adult who receives care (young caregiver [boy, 13], single mother, and elderly grandmother). The family lives in a small town and a month after lockdowns began, the grandmother fell and broke both her fibia and tibula. This presentation will describe this family's experience in their new caregiving role and what made life easier or more challenging as the pandemic progressed.

Conclusion: Our healthcare system has changed significantly and many families have taken on new roles during the pandemic to compensate for gaps and limitations in resources and service provision. Provincial and national levels of policy-making and regulation have a crucial role in ensuring there are expanded eligibility criteria for access to and greater numbers of supports/resources.

P35

“She can get really caught up in a fit and sometimes other family members aren’t able to de-escalate her, but somehow she is responsive to me:” A Family’s Experience of Caring for a Grandmother Living with Dementia in Toronto, Canada as Recounted by a Young Caregiver

Kristine Newman¹, Heather Chalmers², Arthur Ze Yu Wang¹, Sarah Ciotti¹, Luxmhina Luxmykanthan¹, Nicole Mansell¹

¹Toronto Metropolitan University, Toronto, Canada. ²Brock University, St. Catharines, Canada

Abstract

Background: Faced with the unique challenges brought on by the pandemic (e.g., changes/cuts to services/supports for care recipient and caregiver), caregivers are at a significant risk of experiencing poor physical and mental health. Young caregivers (informal caregivers under 25) and their families navigate employment, education, and challenges surrounding the care recipient. For example, those living with dementia are considered the highest risk for experiencing severe symptoms of COVID-19, often resulting in anxiety for caregivers surrounding infecting their care recipient. Additionally, many caregivers are losing respite/having to take on additional responsibilities during the pandemic because of the disappearance of in-person programming for the person being cared for.

Aims and Methods: Using semi-structured interviews with young caregivers and their family members, we aimed to explore how COVID-19/restrictions changed their lives and how they navigated these changes over time in Ontario, Canada.

Results: Most participants who joined our longitudinal study cared for a sibling(s) and/or parent(s). This presentation focuses on one young caregiver’s baseline interview sharing her journey of navigating the pandemic with her family including distance education, providing emotional support to her family members, and challenges faced when caring for an older adult (her grandmother) experiencing dementia.

Conclusion: Significant increase in awareness and recognition of young caregivers’ contributions and challenges are critical to governing, education, healthcare, and social welfare institutions. Currently no legislation in Canada mentions young caregivers and this is needed to increase research, policy/service development, and action.

P36

Constructs of a highly effective team, learnings from the creation and re-creation of an Alternate Level of Care Unit.

Carol Baumgarten, Hurman Brooklyn
Carewest, Calgary, Canada

Abstract

Introduction

In 2020, a hospice unit and long term care unit changed focus and became an Alternate Level of Care unit (ALC). This unit was created due to the need from acute care to have a sub-acute facility to move those seniors waiting for long term placement to stay. The need was so great that in 2021, more beds were added to this unit.

Despite the large need in acute care for these beds to be full, capacity was ~48% in 2020 and increased to 67% in 2021. Intense review from December 2021 to March 2022 increased utilization of the beds to over 95%.

This presentation will review the barriers to full occupancy, the approach taken to hear from staff and clients and strategies put into place to overcome this.

Outcomes

Working with staff, data and clients barriers to increasing bed usage were discovered, team dynamics, client needs and educational needs for staff and creating a culture of continuous improvement.

P37

What about the Dementia Sensory Lounges? The after-effects of COVID-19.

Alison Kokocinski

Victoria Hospital, Winnipeg, Canada

Abstract

Despite attempts to optimize care for persons living with dementia, care providers continue to face challenges in acute care settings. Many patients living with dementia experience responsive behaviours, described as physical or verbal expressions of unmet needs. Responsive behaviours have been shown to increase a patient's length of hospital stay and may negatively affect the patient experience.

Patients in acute care settings often lack meaningful or social activities, may be under-stimulated, and socially isolated. As cognitive function deteriorates, people experience the world from a sensory level. When a person living with dementia has an imbalance between sensory stimulating and sensory calming activities, responsive behaviours may be initiated or exacerbated.

In order to optimize care for persons living with dementia, a Dementia Sensory Lounge (DSL) project was implemented in 2018. The DSL area allowed a designated space for patients to socialize and participate in activities, that incorporates the sensory stimulation that persons living with dementia who are hospitalized might be lacking.

In March 2020, the DSL area was closed, with all sensory items removed for infection prevention and control (IP&C) purposes. We have not yet been able to re-open these areas as now they have been re-purposed as equipment storage, or patient over-capacity areas. There are many challenges presented by the pandemic and new ideas need to be incorporated creatively to optimize the care of persons living with dementia.

This presentation will aim to provide an overview of the experiences in re-creating a DSL with new IP&C guidelines.

P38

Engaging Gerontological Nursing Professionals in Identifying and Addressing the Health Impacts of Social Isolation and Loneliness in Older Adults

Bette Watson-Borg¹, Claire Checkland², Dr. David Conn³

¹Canadian Coalition for Senior's Mental Health, Halifax, Canada. ²Canadian Coalition for Senior's Mental Health, Ottawa, Canada. ³Canadian Coalition for Senior's Mental Health, Toronto, Canada

Abstract

“Social isolation among older adults is associated with increased change of premature death; depression; dementia, disability from chronic diseases; poor mental health; increase use of health and support services; reduced quality of life; poor general health; and an increased number of falls.” (National Academies of Sciences, Engineering, and Medicine. 2020). A recent Angus Read survey found that 48 % of Canadians reported themselves as being socially isolated, lonely or both (Reid, 2019). The Canadian Coalition for Senior’s Mental Health (CCSMH) is responding to this growing health crisis by developing evidence-based guidelines to support the vital work of health and social service providers across Canada. The gerontological nursing profession is a large, diverse group, and critical to this initiative as these dedicated and skilled professionals have direct and often regular contact with older adults across Canada. The focus of these guidelines is to develop a broad range of evidence-based manageable, stepped care approaches to identify and address social isolation and loneliness, particularly for our most vulnerable older adults. It is recognized that this topic is extremely complex and the guidelines will draw upon both academic and grey literature, as well as the significant knowledge and experience of providers such as nursing professionals. Engagement of older adults and their caregivers will also be part of developing relevant and practical guidelines. This project will also provide guidance, promoting wellness and reducing the risk of social isolation with targeted messaging, knowledge translation and practical tools for supporting social connection among those at highest risk.

P39

Creating a Sub-Acute Access Coordinator into a geriatric rehabilitation setting

Stephens Kerrilyn, Baumgarten Carol
Carewest, Calgary, Canada

Abstract

The organization has 6 sub acute rehabilitation sites that span 3 separate facilities. Six different nurses were screening clients for suitability to their program at the same time. In May 2022, a pilot project that was created due to staffing issues looked to see if it was feasible to have all sub-acute rehabilitation clients come through a central triage mechanism.

Over a period of a few months, educating and refining process, a sub acute access coordinator is in place and has sustained occupancy to over 90% in all rehabilitation units as well as increased coordination, communication with transition services, education of staff and enhanced collaboration with external stakeholders.

In addition, the 5 roles that had been predominantly screening admissions for their respective units have now increased frontline leadership activities on their units and day to day management.

The creation of this new role at Carewest has streamlined process for clients needing to go to a sub acute inpatient setting and was conducted with internal and external stakeholders, has positively impacted roles that are now able to fully execute their charge nurse and leadership duties.

P40

The perceptions of university students on technological and ethical risks of using robots in long-term care homes

Erika Young¹, Lillian Hung¹, Joey Wong¹, Karen Wong¹, Amanda Yee¹, Jim Mann¹, Krizstina Vasarhelyi²
¹University of British Columbia, Vancouver, Canada. ²Vancouver Coastal Health, Vancouver, Canada

Abstract

Background

The COVID-19 pandemic has disproportionately impacted LTC residents and exacerbated residents' risks of social isolation and loneliness. The unmet emotional needs of residents in LTC have driven researchers and decision-makers to consider novel technologies to improve care and quality of life for residents. Telepresence robots have been found easy-to-use and do not require older adults to learn how to operate the robot. There is a need for exploring perceptions around the implementation of these technologies with older adults living in LTC.

Methods

Between December 2021 and March 2022, our team conducted interviews with 15 multidisciplinary students. We employed a qualitative descriptive approach with semi-structured interview methods. Our study aimed to understand the perspectives of university students (under the age of 40) on using telepresence robots in LTC homes. Participants were invited to spend 15 minutes remotely driving a telepresence robot prior to the interview. A diverse team of young researchers and older adults (patient and family partners) conducted reflexive thematic analysis together.

Results

Six themes were identified: (1) Robots as supplementary interaction, (2) privacy, confidentiality, and physical harm, (3) increased mental well-being and opportunities for interactions. (4) intergenerational perspectives add values, (5) staffing capacity (6) environmental and cultural factors influence acceptance.

Conclusion

We identified a generational difference in opinions and thoughts regarding risk and privacy of using telepresence robots in LTC. Participants shared the importance of the voice of the resident and their own for creating more equitable decision-making and advocating for including this type of technology within LTC.

P41

Palliative Care: Right Care at the Right Time

Rajshree Patel, Stephanie Desgagne
CIUSSS West-Central Montreal, Montreal, Canada

Abstract

Despite high levels of mortality in nursing homes the quality of end of life and palliative care is suboptimal. This project is focused on improving nursing practice to provide the right care at the right time by implementing a validated survival prognostication tool to trigger a cascade of events targeted towards provision of high quality palliative care.

First step to fulfill the commitment to provide excellent palliative care begins with recognizing a resident who is approaching end of life. Prognostication is complex and challenging since residents often experience periods of improvement and decline in their health. Hence, discussion around death and dying is delayed with residents and their family resulting in resident's unmet needs, inappropriate hospital transfers and provision of futile aggressive treatments.

Following an intensive research, MMRI-R (Minimum Data Set Mortality Risk Index-Revised) is identified to be a promising validated tool to predict mortality within six months for residents residing in long term care homes. This tool will be implemented in January 2023 in a 70-bed long term care setting located in Montreal using a Plan-Do-Study-Act framework. The effectiveness of the tool will be evaluated using pre and post surveys filled by the nursing staff. Enhanced coordinated and shared decision making, individualized care and adequate symptom management are the identified indicators of achieving optimal palliative care.

The objective of the project is to integrate palliative care earlier in the illness trajectory; reiterate high-quality interdisciplinary care and resident-centered care planning respecting resident's unique wishes and preferences.

P42

Examining the critical need for micro-credential learning for LTC staff to advance expertise in palliative care for persons with dementia

Jen Calver¹, [Volletta Peters](#)¹, Manon Lemonde¹, Marvin Mnaymneh¹, Harry Van Bommel¹, Sheryl Thorpe², Daniel Sparks², Angela Bisschop², Winnie Sun¹

¹Ontario Tech University, Oshawa, Canada. ²Durham Region, Oshawa, Canada

Abstract

Objective: To examine staff perspectives about the usability, effectiveness and application of the palliative care micro-credential module, with the aim of exploring opportunities for using virtual self-instructional learning to promote self-efficacy in dementia care.

Methods: This mixed-methods study design will evaluate learner's perceived knowledge, skill, and attitude about palliative care for persons living with dementia. Nurses and PSWs from long-term care (LTC) homes in Durham Region will complete a self-directed micro-credential module about palliative care for persons with dementia. Pre and post assessments informed by an educational self efficacy scale will be used to evaluate learners' knowledge. Participants will be invited to individual interviews to share their experience and insights about the micro-credential module. An audit of resident charts will be conducted to review evidence-informed practices before and after completing the micro-credential module.

Results: The preliminary findings from this study will identify self-reported changes of self-efficacy for pre and post training of micro-credential modules in palliative care. Perspectives from participants will inform the enablers, barriers, applicability and usability of micro-credentialing in palliative care.

Conclusion: The unique insights and practice outcomes informed by the LTC workforce will lead to enhanced educational training in palliative care for persons with dementia. The implementation of micro-credentialing certificate programs facilitated by gamified learning management platforms will support professional development and knowledge-building for an educated workforce, as well as promoting a positive culture of care for LTC residents.

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