

**Research & Ethics Committee
AGENDA**

Tuesday, September 10, 2024 @ 5:30pm

Item	Description	MRP
1.0	Call to Order and Introductions	Tracey Burkhardt
2.0	Approval of the Agenda	Tracey Burkhardt
3.0	Declaration of Conflict of Interest	Tracey Burkhardt
4.0	Approval of Previous Minutes: April 23, 2024*	Tracey Burkhardt
5.0	Business Arising from the Minutes	
6.0	Standing Report	
	6.1 Research & Ethics Report for Q1 – Apr 1 – Jun 30, 2024*	Kelsey Rusk
	6.2 Operating Plan Progress Report*	Geri Geldart
7.0	New Business	
	7.1 Terms of Reference Review*	Geri Geldart
	7.2 Annual Work Plan 2024 – 2025*	Geri Geldart
	7.3 Master Data Sharing Agreement – UNB*	Geri Geldart
8.0	Next Meeting: October 22, 2024 @ 5:30pm	

**Denotes attachment*

Proposed Motions

1. That the minutes of April 23, 2024, be approved.



**Minutes of Meeting
Research and Ethics Committee
on April 23, 2024 at 4:30pm**

Present: Tracey Burkhardt (Chair), Brenda Bossé (virtual), Bryanna White-Aubé, Geri Geldart (ex-officio)

Regrets: Donna Curtis Maillet, Marjorie Belzile

Staff: Justine Estey, Jamie Roy

1. Call to order

Tracey Burkhardt, Chair called the meeting to order at 4:32 pm.

2. Approval of agenda

The agenda was approved as presented.

3. Declarations of Conflict of Interest

Ms. Burkhardt asked the members present if there was a need to register a conflict of interest. None expressed.

4. Approval of previous minutes – January 30, 2024

The minutes were reviewed.

Motion:

It was moved by Bryanna White-Aubé, and seconded by Tracey Burkhardt that the minutes of January 30, 2024 be approved with amendments.

Motion carried.

5. Business arising

5.1 Healthy Seniors Pilot Project Funding

Justine Estey provided an update on the status of the remaining HSPP funds. As requested, CIRA submitted a proposal for how the remaining funds could be used for knowledge translation activities. The proposal was approved. The funds, which must be used by Dec 2024, will be used for publication fees, conference attendance, etc.

6. Standing Reports

6.1 Research & Ethics Report for Q4 – January 1 – March 31, 2024

J. Estey presented the report for Q4. The report was included in the meeting package. Highlights included:

Open House

- The C.I.R.A. Open House, held on March 25, 2024, was a success with over 100 attendees, including a mix of staff, residents, family, and collaborators from other organizations.

Aging Care and Research Symposium 2024

- Plans are underway for the 2024 symposium which will be held on September 26th at the Fredericton Inn.

Project Status

- **Active Projects**
 - Passive Aware (Spark) – Project extended to Sept 2024
 - A Day In the Life (Spark) – Project extended to Sept 2024
- **New Projects**
 - CABHI Discover and Adopt: Suzy-Q
 - Intersectoral Action Funds: Human Rights Project
 - Public Health Agency of Canada: Antibiotic Stewardship

Strategic and Operational Goals

- All goals were achieved as planned.

6.2 Research Repository

J. Estey presented the Research Project Repository. The repository is meant to be an up-to-date listing of all CIRA projects. This is a work-in-progress. The committee provided feedback on format and content. The repository will be housed on the Board Portal.

7. New Business

7.1 New Projects

J. Estey provided an overview of the three new approved projects.

- **CABHI Discover and Adopt: Suzy-Q.** This project will focus on the adoption of a new approach to serving meals. The aim is to improve the dining experience.
- **Intersectoral Action Funds: Human Rights Project.** This project aims to develop, implement, and evaluate a data repository of indicators of human rights of older adults.
- **Public Health Agency of Canada: Antibiotic Stewardship** – a test of an educational intervention on the use of antibiotics for urinary tract infections.

7.2 A Day in the Life of CIRA

As a follow-up to a request from committee members J. Estey provided an overview of the work of the staff and leadership of CIRA.

7.3 Code of Ethics Review

The Research and Ethics Committee is required to conduct a review of the Code of Ethics on an annual basis. The last review was conducted in February 2023 which resulted in several modifications. G. Geldart requested that the committee’s review be deferred until the fall of 2024 to provide staff with more time to consider any necessary revisions.

8. Date of Next Meeting – To be determined.

On a motion by Bryanna White-Aubé, the meeting was adjourned at 6:05 pm.

Tracey Burkhardt, Chair

Geri Geldart, Recorder



REPORT TO THE RESEARCH & ETHICS COMMITTEE

April 1 – June 30, 2024
Quarter 1 Report

The purpose of this report is to apprise the Board's Research and Ethics Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the strategic plan's research pillar. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

Senior Leaders

Kelsey Rusk, Acting Director of CiRA
Jamie Roy, Vice President, Care Services & Quality

Key Areas of Reporting

Research Services
Ethics

General Commentary

CiRA GANTT Chart

- All past/present project timeline overview completed with Geri in August

Aging Care & Research Symposium 2024

- September 26th, 2024 – Fredericton Inn + virtual
- Speakers: Jodi Hall (CALTC), Carole Goodine MedReviewRx, Ben McLaughlin (Alzheimer's Society), Crystal Roberts & Daneen Dymond (NB Centre of Excellence of Health), Janet Durkee-Lloyd (STU/ Collaborative Care Seniors Health), Suzanne Dupuis Blanchard (Nursing Homes Without Walls). Over 25 exhibitor booths. Social Development paying for 2 staff from every facility.

Research Projects

1. Active Research Projects:

- Human Rights of Older Persons (PHAC), finishes March 31, 2025*
- SuzyQ – Mealtime Improvement on T1 (CABHI Discover + Adopt), finishes Oct/ Nov 2024*
- Antibiotics (PHAC, we are a participant), finishes Oct 2024*

2. Recently Completed Projects

- Passive Aware (CABHI Spark) final report wrapping up September 30th, 2024.*
- A Day in the Life (Spark) final report wrapping up September 30th, 2024.*

3. New Research funding applications:

- PHAC Dementia funding
 - Person Centred Universe Dementia coaching (\$600,000 requested)
 - Loch Lomond Villa – dementia best practices (supplementary partner)
 - Marc Chignell project (multidisciplinary team partner, Indigenous focus)
- New Horizons for Seniors GENIE funding (\$2.8 million over 4 years)
 - Innovator Marc Kanik is still assessing feasibility of partnering. Step 2 of project proposal due Oct 18, 2024

Operational Updates

- Kelsey Rusk: Acting Director until March 31, 2025
- Megan Plant resigned Aug 22 - returned to school
- Debbie Extended until November 30, 2024
- Norma Chinho contracted until March 31, 2025
- Emily Wright contracted until Sept 30, 2024
- Sept 4: New hire: TBD, all project support until March 31, 2025

Pillar 5: Research – Discovery, Innovation, Knowledge Transfer

YCC wants to build a self-sustaining research centre that will focus on improving care, delivering services through a person-centered approach, and to implement evidence based best practices to the betterment of YCC clients.

Key Results
<p>A. Improved quality of life for residents, clients, families and staff.</p> <p>B. Situated at the forefront of health and aging research and recognized as a reputable research organization.</p> <p>C. Increase level of quality research projects, partnerships and collaborations.</p> <p>D. Increase amounts of monetary support from granting agencies, governments, communities and foundations.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
To increase involvement in research activities that focus on promoting and improving the social, emotional and physical well-being of seniors.	Improve the dining experience through the introduction of the Suzy-Q method of meal delivery (CABHI Grant)	<ul style="list-style-type: none"> Acquire the Suzy-Q equipment by June 2024 Implementation process complete by Sept 2024 Final evaluation report by Dec 2024 	<ul style="list-style-type: none"> Complete In-progress but somewhat delayed by COVID outbreak. <p>Resp - Kelsey Rusk, Michel Boyer & Jamie Roy</p>
To foster relationships with researchers, stakeholders and members of the community.	Increase the enrollment of long term care staff at the annual research symposium	<ul style="list-style-type: none"> December 2024 	<ul style="list-style-type: none"> In-progress <p>Resp - Kelsey Rusk</p>
To promote and support the translation and transfer of research outcomes, new knowledge and innovation for the betterment of the aging population.	Develop a sustainability plan for 2 RACE with Me	<ul style="list-style-type: none"> Plan developed by September 2024 	<ul style="list-style-type: none"> Not started <p>Resp - Kelsey Rusk</p>
	Develop a sustainability plan for Genie	<ul style="list-style-type: none"> Plan developed by September 2024 	<ul style="list-style-type: none"> Not started <p>Resp - Kelsey Rusk</p>



RESEARCH & ETHICS COMMITTEE

Terms of Reference

Background

The Research and Ethics Committee is a standing committee established by the Board of Directors in compliance with its corporate bylaws.

Purpose

The purpose of the Committee is to make recommendations to the Board to ensure that ethical standards and research activities reflect the Vision, Mission and Values of the organization.

Scope

The Committee is focused on providing an academic/research environment that promotes professional development and stimulates research activity combined with and applied to a full suite of long-term care services. The work of the committee includes:

1. Ensuring appropriate policies are in place that respect the ethical standards of the organization as well as applicable privacy legislation.
2. Reviews the Code of Ethics on an annual basis and making recommendations to the Board if changes are required.
3. Reviewing policies proposed by the President & CEO related to ethical and research matters and recommending those that it supports for approval by the Board of Directors.
4. Encouraging innovation, health promotion and knowledge transfer through the following:
 - Increase involvement in research activities that focus on promotion and improving the social, emotional and physical well-being of seniors
 - Fostering relationships with researchers, stakeholders and members of the community
 - Promoting and supporting the translation and transfer of research outcomes, new knowledge and innovation to the betterment of the aging population.
5. Reviewing and approving proposed research initiatives; monitor related President and CEO actions in support and, when necessary, recommending action for the Board's consideration.
6. Monitoring adherence to the Code of Ethics and initial goals and objectives based on staff responsibilities of all research projects and, when necessary, recommend remedial action for the Board's consideration.
7. Ensuring that research activity remains focused on aging and/or long-term care.

Structure

Reporting to the Board, the membership of the committee includes the chair, and a minimum of two additional board members appointed by the board. The President and CEO and other appropriate members of the senior leadership team attend as non-voting members. Other guests may be invited at the discretion of the committee chair to support discussion. The Committee may add community members.

All committee members will be appointed for a two-year term, with the option to serve additional terms.

Quorum

A quorum shall consist of at least 50% of the members.

Meeting Frequency

The Committee will meet at least quarterly, or at the request of the Chair.

Approved: November 8, 2022



Research and Ethics Committee - Annual Work Plan 2024/25

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 provides excerpts from the committee terms of reference, specifically the purpose and scope statements. These terms of reference were reviewed and approved by the board in the 2022/23 year.

Section 2 provides excerpts from the Board's Strategic Plan which are aligned with the mandate of the Research and Ethics Committee. Work of the committee should support the organization in achieving the objectives of the strategic plan.

Section 3 provides excerpts from Management's operating plan which are aligned with the mandate of the Research and Ethics Committee. The CEO and the executive team are responsible for the developing and implementing the operating plan in support of the overall strategic plan. The Committee can expect progress updates from the leadership team.

Section 4 is a summary of the accomplishments of the Research and Ethics Committee in the previous year, as well as any issues which were considered / addressed.

Section 5 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 6 is a list of committee members.

Section 7 is a proposed workplan for the committee. This is a draft and should be discussed at the September meeting. The committee is asked to present a final work plan to the board of directors at the October meeting.

Section 1 - Excerpts from the Terms of Reference

The purpose of the Committee is to make recommendations to the Board to ensure that ethical standards and research activities reflect the Vision, Mission and Values of the organization.

The Committee is focused on providing an academic/research environment that promotes professional development and stimulates research activity combined with and applied to a full suite of long-term care services. The work of the committee includes:

1. Ensuring appropriate policies are in place that respect the ethical standards of the organization as well as applicable privacy legislation.
2. Reviews the Code of Ethics on an annual basis and makes recommendations to the Board if changes are required.
3. Reviewing policies proposed by the President & CEO related to ethical and research matters and recommending those that it supports for approval by the Board of Directors.
4. Encouraging innovation, health promotion and knowledge transfer through the following:
 - Increase involvement in research activities that focus on promotion and improving the social, emotional, and physical well-being of seniors.
 - Fostering relationships with researchers, stakeholders, and members of the community
 - Promoting and supporting the translation and transfer of research outcomes, new knowledge and innovation to the betterment of the aging population.
5. Reviewing and approving proposed research initiatives; monitor related President and CEO actions in support and, when necessary, recommending action for the Board's consideration.
6. Monitoring adherence to the Code of Ethics and initial goals and objectives based on staff responsibilities of all research projects and, when necessary, recommend remedial action for the Board's consideration.
7. Ensuring that research activity remains focused on aging and/or long-term care.

Section 2 – Excerpts from the Strategic Plan which align with the Research and Ethics Committee mandate.

The Research Pillar

- Discovery, Innovation & Knowledge Transfer
- YCC aims to build a self-sustaining research centre that will focus on improving care, delivering services through a person-centred approach, and implementing evidence-based practices for the betterment of YCC clients. YCC will continue to promote and share knowledge on policies and procedures.

Goals

1. To increase involvement in research activities that focus on promoting and improving seniors' social, emotional and physical well-being.
2. To foster relationships with researchers, stakeholders, and community members.
3. To promote and support the translation and transfer of research outcomes, new knowledge and innovation for the betterment of the aging population.

Section 3 – Excerpts from Management’s Operating Plan which align with the Research & Ethics Committee mandate.

The Research Pillar

1. Improve the dining experience through introduction of the Suzy-Q method of meal delivery (CABHI grant).
2. Increase enrollment of long-term care staff at the annual research symposium
3. Develop a sustainability plan for 2Race with Me.
4. Develop a sustainability plan for Genie.

Section 4 - Issues & Accomplishments from 2023/24

- Quarterly reporting from Executive Director of CIRA on new and active projects.
- Successful Research Symposium – held in new venue.
- Committee discussion regarding Centre of Excellence concept.
- Invited Damon Goodwin, Research NB to speak with the board regarding research opportunities.
- Development of a preliminary draft of a Project Register / Repository which would be a live document residing on the board portal.
- Committee were provided with a demonstration of the Genie technology.

Section 5 - Issues to Consider for Upcoming Year

- Generally strong results on committee evaluation. There was one person who expressed the need for more clarity regarding the terms of reference of the committee.
- The role of research in the evolution of the YCC Strategic Plan 2025-2030.
- A review of the Code of Ethics – this should be an annual exercise but this was deferred in 23/24.

Section 6 - Committee Membership

- Tracey Burkhardt, Chair
- Donna Curtis Maillet
- Bryanna White-Aube
- Wayne Albert
- Marjorie Belzile, ex officio
- Geri Geldart, ex officio
- Kelsey Rusk, Jamie Roy, staff

Section 7 - Proposed Workplan

Meeting	Date	Reports and Documents
Q1	Tuesday, Sept 10 th @ 5:30 PM	<ul style="list-style-type: none">• Review of Annual Workplan• Director's report• Review of new research proposals• Review of current terms of reference for committee education and preparation for strategic plan discussions.
Q2	Tuesday, Oct 22, 2024 @ 5:30 PM	<ul style="list-style-type: none">• Director's report• Annual Review of Code of Ethics and Professional Conduct• Review of new research proposals• Report on Symposium.
Q3	Tuesday, Jan 28, 2025 @ 5:30 PM	<ul style="list-style-type: none">• Director's report• Review of new research proposals
Q4	Tuesday, April 8, 2025 @ 5:30 PM	<ul style="list-style-type: none">• Director's report• Review of new research proposals

AMENDMENT NO. 1 TO MASTER DATA SHARING AGREEMENT

Dated the 26th day of August, 2024 (the "**Amendment**")

BETWEEN:

YORK CARE CENTRE INC., doing business as York Care Centre as represented by the President and CEO (referred to as "**York**")

AND:

THE UNIVERSITY OF NEW BRUNSWICK, a university incorporated under the laws of New Brunswick and having an office at 3 Bailey Drive, Room 215, Fredericton, New Brunswick, Canada E3B 5A3 (referred to as "**UNB**")

(Individually a "**Party**" and collectively the "**Parties**")

WHEREAS the Parties have entered into a Master Data Sharing Agreement effective February 26th, 2019 (the "**Agreement**");

AND WHEREAS the Agreement references a separate originating agreement between UNB and His Majesty the King in Right of the Province of New Brunswick as represented by the Minister of Health ("**DH**") dated January 14, 2014 (the "**2014 Originating Agreement**") and a separate operational agreement between UNB and DH dated February 26, 2014 (the "**Operational Agreement**");

AND WHEREAS on or about January 14, 2024, the 2014 Originating Agreement and the Operational Agreement were replaced by a new originating agreement dated January 14, 2024 (the "**2024 Originating Agreement**");

AND WHEREAS the Parties wish to amend the Agreement to reflect the replacement of the 2014 Originating Agreement and Operational Agreement with the 2024 Originating Agreement;

AND WHEREAS the Parties wish to update certain other terms of the Agreement.

NOW THEREFORE York and UNB hereby agree as follows:

1. Modification of Paragraph 2 of the Recitals of the Agreement

Effective January 14, 2024, Paragraph 2 of the Recitals of the Agreement is hereby deleted in its entirety and is replaced with the following:

AND WHEREAS NB-IRDT is committed to having in place all precautions and safeguards required to carry out the terms and conditions in this Agreement and as set out in the originating agreement between UNB and His Majesty the King in Right of the Province of New Brunswick as represented by the Minister of Health dated January 14, 2024 (the "**Originating Agreement**");

2. Modification of Paragraph 5 of the Recitals of the Agreement

Effective January 14, 2024, Paragraph 5 of the Recitals of the Agreement is hereby deleted in its entirety and is replaced with the following:

AND WHEREAS UNB and His Majesty the King in Right of the Province of New Brunswick as represented by the Minister of Health executed an originating agreement on the 14th day of January, 2014 and an operational agreement on the 26th day of February, 2014 to establish NB-IRDT as a Research Data Centre and to establish NB-IRDT as a Custodian pursuant to PHIPAA;

AND WHEREAS UNB and His Majesty the King in Right of the Province of New Brunswick as represented by the Minister of Health executed the *Originating Agreement* (as defined above) to continue NB-IRDT's operations as a Research Data Centre and Custodian pursuant to PHIPAA;

3. Modification of Section 6 of the Agreement

Effective January 14, 2024, Section 6 of the Agreement is hereby deleted in its entirety and is replaced with the following:

6. Incorporation of Other Agreements. The Parties agree that UNB shall comply, and shall make best efforts to ensure that all others to whom it allows access to or discloses PI to comply, with the requirements found in the *Originating Agreement* and the applicable law with respect to:

- (a) Any use of the PI;
- (b) Any disclosure of the PI;
- (c) Any analyses or reporting of research that involves the PI;
- (d) Any data linking involving the PI;
- (e) The protection of the privacy and security of the PI;
- (f) The manner in which privacy breaches, or potential privacy breaches, are addressed; and
- (g) Any other matter related to the PI to which the above agreement and the law

apply.

4. Modification of Section 12(a) of the Agreement

Effective January 14, 2024, Section 12(a) of the Agreement is hereby deleted in its entirety and is replaced with the following:

12. Termination and Secure Destruction

12. (a) If the *Originating Agreement* is terminated, UNB will give notice to York that this Agreement will be automatically terminated.

5. Modification of Section 15 of the Agreement

Effective January 14, 2024, Section 15 of the Agreement is hereby deleted in its entirety and is replaced with the following:

15. Notice. Where notice or other written communication is required under this Agreement, such notice or communication shall be delivered to the following representatives of each Party:

If directed to York, to:

York Care Centre
100 Sunset Drive
Fredericton, New Brunswick
E3A 1A3 Canada
Attention of: Geri Geldart
President and CEO, York Care Centre
Telephone: (506) 444-3880 ext. 2516
E-mail: ggeldart@yorkcarecentre.ca

If directed to UNB, to:

The University of New Brunswick Office of Research Services
PO Box 4400, 3 Bailey Drive, Room 215
Fredericton, New Brunswick, E3B 5A3
Attention of: The Vice-President (Research)
E-mail: ORS@unb.ca

With a copy to:

The University of New Brunswick
New Brunswick Institute for Research, Data and Training
PO Box 4400,

304 Keirstead Hall
38 Dineen Drive
Fredericton, New Brunswick, Canada E3B 5A3
Attention of: Director
E-mail: NB-IRDT@unb.ca

Any notice given by certified mail shall be conclusively deemed to have been given on the third business day following the day on which such notice was mailed.

6. Modification of Section 16 of the Agreement

Effective January 14, 2024, Section 16 of the Agreement is hereby deleted in its entirety and is replaced with the following:

16. Amendments. This Agreement may be amended from time to time as required only upon mutual written agreement of the Parties. Notwithstanding anything to the contrary herein contained, should a conflict between this Agreement and the *Originating Agreement* be discovered, UNB shall disclose the material term(s) of said *Originating Agreement* to the other Party, and this Agreement shall be amended in such a manner as to eliminate the conflict between this Agreement and the aforesaid *Originating Agreement*, and relieve UNB of any obligations hereunder which would place UNB in such a conflict.

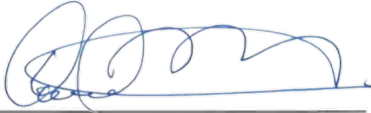
7. In all other respects, the Agreement shall remain in full force and effect subject to the terms and conditions thereof.
8. This Amendment may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Amendment and all of which, when taken together, will be deemed to constitute one and the same agreement. The exchange of copies of this Amendment and of signature pages by electronic transmission shall constitute effective execution and delivery of this Amendment as to the Parties and may be used in lieu of the original Amendment for all purposes. Signatures of the Parties transmitted by electronic transmission shall be deemed to be their original signatures for all purposes.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF the Parties have signed this Amendment as of the date set out above.

THE UNIVERSITY OF NEW BRUNSWICK

YORK CARE CENTRE INC., doing business as York Care Centre as represented by the President and CEO



Name: David MaGee
Title: Vice-President, Research

August 28, 2024

Date



Name: Geri Geldart
Title: President and CEO

Aug 26, 2024

Date

THIS INDIVIDUAL DISCLOSURE SCHEDULE TO THE MASTER DATA SHARING AGREEMENT
made in duplicate as of the 18 day of March, 2019.

BETWEEN:

YORK CARE CENTRE, doing business as York Care Centre as represented by the President and CEO (referred to as the "York")

OF THE FIRST PART

-and-

UNIVERSITY OF NEW BRUNSWICK, a university incorporated under the laws of New Brunswick and having an office at 3 Bailey Drive, Room 215, Fredericton, New Brunswick, Canada E3B 5A3 (referred to as "UNB")

OF THE SECOND PART

1. **Tracking Number: 2019IDS-YORK001-InterRAIMDS**
2. **Relationship to *Master Data Sharing Agreement*.** This Schedule is intended to be additional to the terms and conditions of the *Master Data Sharing Agreement* between the Parties.
3. **Data Elements to be Disclosed.** Department shall disclose to the NB-IRDT under this Schedule PI contained within the InterRAI database as more particularly described in Appendix "A" hereto.
4. **Special Conditions to this Disclosure.** The Parties agree that the following special conditions apply to this disclosure and that the following special conditions prevail over any provisions of the *Master Data Sharing Agreement* with which they conflict: **dataset intended for promotion to NB-IRDT platform.**
5. **Schedule of Disclosures.** Where Department commits to providing ongoing disclosures on a regular basis, the Parties agree that Department shall disclose updated PI on the following schedule:
 - a) Annual updates of data described in Appendix "A" shall be disclosed to NB-IRDT by York by March 1 of each year in accordance with the Protocol 8.0 completed for this disclosure.
6. **Termination and Secure Destruction.** A termination of the *Master Data Sharing Agreement* represents an automatic termination of this Agreement. The following restrictions on the duration of data retention by the NB-IRDT are as follows: N/A
7. **Counterparts.** This Agreement may be executed in any number of counterparts, which together shall constitute one instrument. Delivery of an executed counterpart of a signature page of this Agreement by facsimile or portable document format (PDF) shall be effective as delivery of a manually executed counterpart of this Agreement.

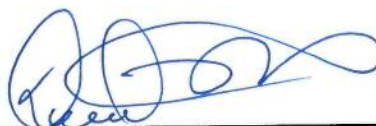
IN WITNESS WHEREOF the Parties have executed this Agreement, to take effect on the date first herein before mentioned.

YORK CARE CENTRE

per: 

Tony Weeks, President and CEO
York Care Centre

**THE UNIVERSITY OF NEW
BRUNSWICK**



David MaGee
Vice-President Research
The University of New Brunswick

Appendix A

APPENDIX A - Data Elements to be Disclosed by YorkCare to NB-IRDT

Name of Database: InterRaiMDS

Draft or Final: Draft

Date: March 14, 2019

Date range for the dataset:

Tracking Number: 2019IDS-YORK001-InterRAIMDS

Element Code	VARIABLE NAME	TYPE	DESCRIPTION
AA6	organization_code	Char	The identification number assigned to the facility by the province/territory. This number must contain a total of five (5) characters.
EPISODE_ID_MBUN	EPISODE_ID_MBUN	Num	MBUN version of the Identifier assigned to each episode, used to uniquely track each episode.
ASSESSMENT_ID_MBUN	ASSESSMENT_ID_MBUN	Num	MBUN version of the Identifier assigned to each assessment in the database
PREVIOUS_AX_ID_MBUN	PREVIOUS_AX_ID_MBUN	Num	MBUN version of Assessment ID for the previous ax of resident, if applicable, which was used in the calculation of Numerator & Denominator flag of CHSRA incidence quality indicators.

FISCAL_QUARTER_AX	FISCAL_QUARTER_AX	Char	Fiscal Quarter of assessment
	QUARTER_IND	Num	Flag for whether this particular ax is selected to represent the resident's condition in the fiscal quarter of ax (last ax in quarter)
A3	ASSESSMENT_DATE	Num	Date of assessment
AA8	AA8_ASSESSMENT_TYPE	Num	Type of assessments
AGE_ASSESSMENT	AGE_ASSESSMENT	Num	Age at assessment
A9A	A9A_LEGAL_GUARDIAN	Num	Legal guardian
A9B	A9B_DURABLE_POA_FINANCES	Num	Durable power of attorney/financial
A9C	A9C_OTHER_LEGAL_OVERSIGHT	Num	Other legal oversight
A9D	A9D_FAMILY_RESPONSIBLE	Num	Family member responsible
A9E	A9E_DURABLE_POA_HEALTH	Num	Endurable power of attorney/health care
A9F	A9F_PATIENT_RESPONSIBLE	Num	Resident responsible for self
A10A	A10A_LIVING_WILL	Num	Living will
A10B	A10B_DO_NOT_RESUSCITATE	Num	Do not resuscitate
A10C	A10C_DO_NOT_HOSPITALIZE	Num	Do not hospitalize
A10D	A10D_ORGAN_DONATION	Num	Organ donation
A10E	A10E_AUTOPSY_REQUEST	Num	Autopsy request
A10F	A10F_FEEDING_RESTRICTIONS	Num	Feeding restrictions
A10G	A10G_MEDICATION_RESTRICTIONS	Num	Medication restrictions
A10H	A10H_OTHER_TREAT_RESTRICTIONS	Num	Other treatment restrictions
B1	B1_COMATOSE	Num	Flag for resident comatose status
B2A	B2A_SHORT_TERM_MEMORY_OK	Num	Short-term memory OK/appears to recall after 5 minutes
B2B	B2B_LONG_TERM_MEMORY_OK	Num	Long-term memory OK/appears to recall long past
B3A	B3A_CURRENT_SEASON	Num	Memory/Recall ability: Current season
B3B	B3B_LOCATION_OF_OWN_ROOM	Num	Memory/Recall ability: Location of own room

B3C	B3C_STAFF_NAMES_FACES	Num	Memory/Recall ability: Staff names/faces
B3D	B3D_AWARE_IN_NURSING_HOME	Num	Memory/Recall ability: That he/she is in a facility
B4	B4_COGNITIVE_SKILLS	Num	Cognitive Skills for Daily Decision-Making
B5A	B5A_EASILY_DISTRACTED	Num	Indicators of Delirium/Periodic Disordered Thinking/Awareness: EASILY DISTRACTED
B5B	B5B_PERIODS_OF_ALT_PERCEPT	Num	Indicators of Delirium/Periodic Disordered Thinking/Awareness: PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS
B5C	B5C_EPISODES_OF_DISORG_SPEECH	Num	Indicators of Delirium/Periodic Disordered Thinking/Awareness: EPISODES OF DISORGANIZED SPEECH
B5D	B5D_PERIODS_OF_RESTLESSNESS	Num	Indicators of Delirium/Periodic Disordered Thinking/Awareness: PERIODS OF RESTLESSNESS
B5E	B5E_PERIODS_OF_LETHARGY	Num	Indicators of Delirium/Periodic Disordered Thinking/Awareness: PERIODS OF LETHARGY
B5F	B5F_MENTAL_FUNCTION_VARIES	Num	Indicators of Delirium/Periodic Disordered Thinking/Awareness: MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY
B6	B6_CHANGE_COGNITIVE_STATUS	Num	Change in Cognitive Status (previous 90 days or since last assessment)
C1	C1_HEARING	Num	Hearing
C2A	C2A_HEARING_AID_USED	Num	Communication Devices/Techniques: Hearing aid, present and used regularly
C2B	C2B_HEARING_AID_NOT_USED	Num	Communication Devices/Techniques: Hearing aid, present and not used regularly

C2C	C2C_OTHER_RECEIPT_COMM_TECH	Num	Communication Devices/Techniques: Other receptive communication techniques used.
C3A	C3A_SPEECH	Num	Modes of Expression: Speech
C3B	C3B_WRITING_MESSAGES	Num	Modes of Expression: Writing messages to express or clarify needs
C3C	C3C_SIGN_LANGUAGE	Num	Modes of Expression: American sign language or Braille
C3D	C3D_SIGNS_GESTURES	Num	Modes of Expression: Signs/gestures/sounds
C3E	C3E_COMMUNICATION_BOARD	Num	Modes of Expression: Communication board
C3F	C3F_OTHER_EXPRESSION_MODE	Num	Modes of Expression: Other mode of expression
C4	C4_MAKING_SELF_UNDERSTOOD	Num	Making self understood
C5	C5_SPEECH_CLARITY	Num	Speech Clarity
C6	C6_UNDERSTANDS_OTHERS	Num	Understands Others
C7	C7_CHANGE_IN_COMMUNICATION	Num	Change In Communication
D1	D1_VISION	Num	Vision: Indicate the resident's ability to see close objects in adequate light and with glasses, if used.
D2A	D2A_SIDE_VISION_PROBLEMS	Num	Side vision problems, decreased peripheral vision, e.g. leaves food on one side of tray, difficulty travelling, bumps into people and objects, misjudges placement of chair when seating self
D2B	D2B_SEES_HALIOS	Num	Experiences any of the following: sees halos or rings lights; sees "curtains" over eyes around
D3	D3_VISUAL_APPLIANCES	Num	Indicate whether the resident uses any of the following: glasses, contact lenses or a magnifying glass.

E1A	E1A_NEGATIVE_STATEMENTS	Num	Verbal Expressions of Distress: Resident makes negative statements
E1B	E1B_REPETITIVE_QUESTIONS	Num	Verbal Expressions of Distress: Repetitive questions
E1C	E1C_REPETITIVE_VERBALIZATIONS	Num	Verbal Expressions of Distress: Repetitive verbalizations
E1D	E1D_PERSISTENT_ANGER	Num	Verbal Expressions of Distress: Persistent anger with self or others
E1E	E1E_SELF_DEPRECATION	Num	Verbal Expressions of Distress: Self deprecation
E1F	E1F_EXPRESS_UNREALISTIC_FEAR	Num	Verbal Expressions of Distress: Expressions of what seem to be unrealistic fears
E1G	E1G_RECURRENT_STATEMENTS	Num	Verbal Expressions of Distress: Recurrent statements that something terrible is about to happen
E1H	E1H_REPEAT_HEALTH_COMPLAINTS	Num	Verbal Expressions of Distress: Repetitive health complaints
E1I	E1I_REPEAT_ANXIOUS_COMPLAINTS	Num	Verbal Expressions of Distress: Repetitive anxious complaints/concerns (non-health related)
E1J	E1J_UNPLEASANT_MOOD_IN_MORNING	Num	Sleep-cycle Issues: Unpleasant mood in morning
E1K	E1K_INSOMNIA	Num	Sleep-cycle Issues: Insomnia/change in usual sleep pattern
E1L	E1L_SAD_FACIAL_EXPRESSION	Num	Sad, Apathetic, Anxious Appearance: Sad, pained, worried facial expressions
E1M	E1M_CRYING	Num	Sad, Apathetic, Anxious Appearance: Crying, tearfulness
E1N	E1N_REPEAT_PHYSICAL_MOVEMENTS	Num	Sad, Apathetic, Anxious Appearance: Repetitive physical movements

E1O	E1O_WITHDRAWAL_FROM_ACTIVITIES	Num	Loss of Interest: Withdrawal from activities of interest.
E1P	E1P_REDUCED_SOCIAL_INTERACTION	Num	Loss of Interest: Reduced social interaction
E2	E2_MOOD_PERSISTENCE	Num	Mood Persistence: Indicate whether one or more indicators of depression, anxiety or sad mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last seven (7) days.
E3	E3_CHANGE_IN_MOOD	Num	Change In Mood: Indicate whether resident's mood status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days).
E4AA	E4AA_WANDERING_FREQ	Num	WANDERING (moved with no rational purpose, oblivious to needs or safety) seemingly
E4AB	E4AB_WANDERING_ALTER	Num	WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)
E4BA	E4BA_VERBAL_ABUSE_FREQ	Num	VERBALLY ABUSIVE BEHAVIOURAL SYMPTOMS (others were threatened, screamed at, cursed at)
E4BB	E4BB_VERBAL_ABUSE_ALTER	Num	VERBALLY ABUSIVE BEHAVIOURAL SYMPTOMS (others were threatened, screamed at, cursed at)
E4CA	E4CA_PHYSICAL_ABUSE_FREQ	Num	PHYSICALLY ABUSIVE BEHAVIOURAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)
E4CB	E4CB_PHYSICAL_ABUSE_ALTER	Num	PHYSICALLY ABUSIVE BEHAVIOURAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)

E4DA	E4DA_DISRUPTIVE_FREQ	Num	SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOURAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behaviour or disrobing in public, smeared/threw food/feces, hoarding, rummaging through others belongings)
E4DB	E4DB_DISRUPTIVE_ALTER	Num	SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOURAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behaviour or disrobing in public, smeared/threw food/feces, hoarding, rummaging through others belongings)
E4EA	E4EA_RESISTS_CARE_FREQ	Num	RESISTS CARE (resisted taking medications/injections, assistance, or eating) ADL
E4EB	E4EB_RESISTS_CARE_ALTER	Num	RESISTS CARE (resisted taking medications/injections, ADL assistance, or eating)
E5	E5_CHANGE_IN_BEHAVIOUR_SYMPTOM	Num	Change In Behavioural Symptoms
F1A	F1A_EASY_INTERACT_W_OTHER	Num	At ease interacting with others
F1B	F1B_EASY_PLANNED_ACTIVITY	Num	At ease doing planned or structured activities
F1C	F1C_EASY_SELF_INITIATE_ACTIVITY	Num	At ease doing self-initiated activities
F1D	F1D_ESTABLISH_OWN_GOALS	Num	Establishes own goals
F1E	F1E_PURSUES_INVOLVEMENT	Num	Pursues involvement in life of facility, e.g. makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services

F1F	F1F_ACCEPTS_INVITATIONS	Num	Accepts invitations into most group activities
F2A	F2A_CONFLICT_W_STAFF	Num	Covert/open conflict with or repeated criticism of staff
F2B	F2B_UNHAPPY_W_ROOMMATE	Num	Unhappy with roommate
F2C	F2C_UNHAPPY_W_OTHER_RESIDENTS	Num	Unhappy with residents other than roommate
F2D	F2D_CONFLICT_W_FAMILY	Num	Openly expresses conflict/anger with family/friends
F2E	F2E_NO_CONTACT_W_FAMILY	Num	Absence of personal contact with family/friends
F2F	F2F_RECENT_LOSS_FAMILY	Num	Recent loss of close family member/friend
F2G	F2G_ADJUST_TO_ROUTINE_CHNG	Num	Does not adjust easily to change in routines
F3A	F3A_IDENTIFY_PAST_ROLES	Num	Strong identification with past roles and life status
F3B	F3B_SAD_OVER_LOST_ROLES	Num	Expresses sadness/anger /empty feeling over lost roles/status
F3C	F3C_PERCEIVES_DIFF_ROUTINE	Num	Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community
G1AA	G1AA_BED_MOBILITY_SELF	Num	How resident moves to and from lying position, turns side to side, and positions body while in bed
G1AB	G1AB_BED_MOBILITY_SUPPORT	Num	How resident moves to and from lying position, turns side to side, and positions body while in bed
G1BA	G1BA_TRANSFER_SELF	Num	How resident moves between surfaces. to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)
G1BB	G1BB_TRANSFER_SUPPORT	Num	How resident moves between surfaces. to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)

GICA	GICA_WALK_IN_ROOM_SELF	Num	How resident walks between locations in his/her room
GICB	GICB_WALK_IN_ROOM_SUPPORT	Num	How resident walks between locations in his/her room
GIDA	GIDA_WALK_IN_CORRIDOR_SELF	Num	How resident walks in corridor on unit
GIDB	GIDB_WALK_IN_CORRIDOR_SUPPORT	Num	How resident walks in corridor on unit
GIEA	GIEA_LOCOMOT_ON_UNIT_SELF	Num	How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair
GIEB	GIEB_LOCOMOT_ON_UNIT_SUPPORT	Num	How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair
GIFA	GIFA_LOCOMOT_OFF_UNIT_SELF	Num	How resident moves to and returns from off-unit locations, e.g. areas set aside for dining, activities, or treatments. If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in ch
GIFB	GIFB_LOCOMOT_OFF_UNIT_SUPPORT	Num	How resident moves to and returns from off-unit locations
GIGA	GIGA_DRESSING_SELF	Num	How resident puts on, fastens, takes off all items of street clothing, including donning/removing prosthesis
GIGB	GIGB_DRESSING_SUPPORT	Num	How resident puts on, fastens, takes off all items of street clothing, including donning/removing prosthesis

G1HA	G1HA_EATING_SELF	Num	How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means, (e.g. tube feeding, total parenteral nutrition)
G1HB	G1HB_EATING_SUPPORT	Num	How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means, (e.g. tube feeding, total parenteral nutrition)
G1IA	G1IA_TOILET_USE_SELF	Num	How resident uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes
G1IB	G1IB_TOILET_USE_SUPPORT	Num	How resident uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes
G1JA	G1JA_PERSONAL_HYGIENE_SELF	Num	How resident maintains personal hygiene, including combing hair; brushing teeth; shaving; applying makeup; washing/drying face, hands, and perineum (EXCLUDE baths and showers)
G1JB	G1JB_PERSONAL_HYGIENE_SUPPORT	Num	How resident maintains personal hygiene, including combing hair; brushing teeth; shaving; applying makeup; washing/drying face, hands, and perineum (EXCLUDE baths and showers)
G2A	G2A_BATHING_SELF	Num	Bathing Self: Indicate how the resident takes full body bath/shower, sponge bath, and transfer in/out of tub/shower.

G2B	G2B_BATHING_SUPPORT	Num	Bathing Support: Indicate how the resident takes full body bath/shower, sponge bath, and transfer in/out of tub/shower.
G3A	G3A_BALANCE_WHILE_STANDING	Num	Balance While Standing
G3B	G3B_BALANCE_WHILE_SITTING	Num	Balance While Sitting
G4AA	G4AA_NECK_RANGE_OF_MOTION	Num	Neck Range Of Motion
G4AB	G4AB_NECK_VOLUNTARY_MOVEMENT	Num	Neck Voluntary Movement
G4BA	G4BA_ARM_RANGE_OF_MOTION	Num	Arm Range Of Motion
G4BB	G4BB_ARM_VOLUNTARY_MOVEMENT	Num	Arm Voluntary Movement
G4CA	G4CA_HAND_RANGE_OF_MOTION	Num	Hand Range Of Motion
G4CB	G4CB_HAND_VOLUNTARY_MOVEMENT	Num	Hand Voluntary Movement
G4DA	G4DA_LEG_RANGE_OF_MOTION	Num	Leg Range Of Motion
G4DB	G4DB_LEG_VOLUNTARY_MOVEMENT	Num	Leg Voluntary Movement
G4EA	G4EA_FOOT_RANGE_OF_MOTION	Num	Foot Range Of Motion
G4EB	G4EB_FOOT_VOLUNTARY_MOVEMENT	Num	Foot Voluntary Movement
G4FA	G4FA_OTHER_LTD_RANGE_OF_MOTION	Num	Other Ltd Range Of Motion
G4FB	G4FB_OTHER_LTD_VOLUNTARY_LOSS	Num	Limitation or loss in other joints not listed
G5A	G5A_CANE_WALKER	Num	Cane/walker/crutch
G5B	G5B_WHEELED_SELF	Num	Wheeled self
G5C	G5C_OTHER_PERSON_WHEELED	Num	Other person wheeled
G5D	G5D_WHEELCHAIR_PRIMARY_LOCOMOT	Num	Wheelchair primary mode of locomotion
G6A	G6A_BEDFAST	Num	Bedfast all or most of time

G6B	G6B_BED_RAILS_FOR_BED_MOBILITY	Num	Bed rails used for bed mobility or transfer
G6C	G6C_LIFTED_MANUALLY	Num	Lifted manually
G6D	G6D_LIFTED_MECHANICALLY	Num	Lifted mechanically
G6E	G6E_TRANSFER_AID	Num	Transfer aid (e.g. slide board, trapeze, cane, walker, brace)
G7	G7_TASK_SEGMENTATION	Num	Task Segmentation
G8A	G8A_RES_MORE_INDEPENDENCE	Num	Resident believes self to be capable of increased independence in at least some ADLs
G8B	G8B_STAFF_MORE_INDEPENDENCE	Num	Direct care staff believe resident is capable of increased independence in at least some ADLs
G8C	G8C_SLOW_PERFORMING_TASKS	Num	Resident able to perform tasks/activity but is very slow
G8D	G8D_AM_PM_DIFFER_ADLS	Num	Difference in ADL Self-Performance or ADL Support comparing mornings to evenings
G9	G9_CHANGE_ADL_FUNCTION	Num	Change ADL Function
H1A	H1A_BOWEL_CONTINENCE_SELF	Num	Bowel Continence Self: Control of bowel movement, with appliance or bowel continence programs, if employed
H1B	H1B_BLADDER_CONTINENCE_SELF	Num	Bladder Continence Self: Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g.oley) or continence programs, if used
H2A	H2A_BOWEL_ELIMINATION_REGULAR	Num	Bowel elimination pattern regular at least one movement every three (3) days
H2B	H2B_CONSTIPATION	Num	Constipation
H2C	H2C_DIARRHEA	Num	Diarrhea
H2D	H2D_FECAL_IMPACTION	Num	Fecal impaction
H3A	H3A_SCHEDULED_TOILETING_PLAN	Num	Any scheduled toileting plan

H3B	H3B	BLADDER_RETRAINING_PROGRAM	Num	Bladder retraining program
H3C	H3C	EXTERNAL_CATHETER	Num	External (condom) catheter
H3D	H3D	INDWELLING_CATHETER	Num	Indwelling catheter
H3E	H3E	INTERMITTENT_CATHETER	Num	Intermittent catheter
H3F	H3F	DID_NOT_USE_TOILET	Num	Did not use toilet room/commode/urinal
H3G	H3G	PADS_BRIEFS_USED	Num	Pads/briefs used
H3H	H3H	ENEMAS_IRRIGATION	Num	Enemas/irrigation
H3I	H3I	OSTOMY_PRESENT	Num	Ostomy present
H4	H4	CHANGE_URINARY_CONTINENCE	Num	Change Urinary Continence
H4A	H4A	DIABETES_MELLITUS	Num	Diabetes Mellitus
H4B	H4B	HYPERTHYROIDISM	Num	Hypert thyroidism
H4C	H4C	HYPOTHYROIDISM	Num	Hypothyroidism
H4D	H4D	ARTERIO_HEART_DISEASE	Num	Arteriosclerotic Heart Disease
H4E	H4E	CARDIAC_DYSRHYTHMIAS	Num	Cardiac Dysrhythmias
H4F	H4F	CONGESTIVE_HEART_FAILURE	Num	Congestive Heart Failure
H4G	H4G	DEEP_VEIN_THROMBOSIS	Num	Deep Vein Thrombosis
H4H	H4H	HYPERTENSION	Num	Hypertension
H4I	H4I	HYPOTENSION	Num	Hypotension
H4J	H4J	PERIPHERAL_VASC_DISEASE	Num	Peripheral Vasc Disease
H4K	H4K	OTHER_CARDIOVASC_DISEASE	Num	Other Cardiovascular Disease
H4L	H4L	ARTHRITIS	Num	Arthritis
H4M	H4M	HIP_FRACT	Num	Hip Fracture
H4N	H4N	MISSING_LIMB	Num	Missing Limb
H4O	H4O	OSTEOPOROSIS	Num	Osteoporosis
H4P	H4P	PATHOLOGICAL_BONE_FRACT	Num	Pathological Bone Fract
H4Q	H4Q	AMYOTROPHIC_LAT_SCLEROSIS	Num	Amyotrophic Lateral Sclerosis
H4R	H4R	ALZHEIMERS	Num	Alzheimers
H4S	H4S	APHASIA	Num	Aphasia

I1T	I1T_CEREBRAL_PALSY	Num	Cerebral Palsy
I1U	I1U_CEREBROVASC_ACCIDENT	Num	Cerebrovascular Accident
I1V	I1V_DEMENTIA_NOT_ALZHEIMERS	Num	Dementia Not Alzheimers
I1W	I1W_HEMIPLEGIA_HEMIPARESIS	Num	Hemiplegia Hemiparesis
I1X	I1X_HUNTINGTONS_CHOREA	Num	Huntingtons Chorea
I1Y	I1Y_MULTIPLE_SCLEROSIS	Num	Multiple Sclerosis
I1Z	I1Z_PARAPLEGIA	Num	Paraplegia
I1AA	I1AA_PARKINSONS_DISEASE	Num	Parkinsons Disease
I1BB	I1BB_QUADRIPLEGIA	Num	Quadriplegia
I1CC	I1CC_SEIZURE_DISORDER	Num	Seizure Disorder
I1DD	I1DD_TRANSIENT_ISCHEMIC_ATTACK	Num	Transient Ischemic Attack
I1EE	I1EE_TRAUMATIC_BRAIN_INJURY	Num	Traumatic Brain Injury
I1FF	I1FF_ANXIETY_DISORDER	Num	Anxiety Disorder
I1GG	I1GG_DEPRESSION	Num	Depression
I1HH	I1HH_MANIC_DEPRESSIVE	Num	Manic Depressive
I1II	I1II_SCHIZOPHRENIA	Num	Schizophrenia
I1JJ	I1JJ_ASTHMA	Num	Asthma
I1KK	I1KK_EMPHYSEMA	Num	Emphysema
I1LL	I1LL_CATARACTS	Num	Cataracts
I1MM	I1MM_DIABETIC_RETINOPATHY	Num	Diabetic Retinopathy
I1NN	I1NN_GLAUCOMA	Num	Glaucoma
I1OO	I1OO_MACULAR_DEGENERATION	Num	Macular Degeneration
I1PP	I1PP_ALLERGIES	Num	Allergies
I1QQ	I1QQ_ANEMIA	Num	Anemia
I1RR	I1RR_CANCER	Num	Cancer
I1SS	I1SS_GASTROINTESTINAL_DISEASE	Num	Gastrointestinal Disease
I1TT	I1TT_LIVER_DISEASE	Num	Liver Disease
I1UU	I1UU_RENAL_FAILURE	Num	Renal Failure

I2A	I2A_ANTIBIOTIC_RESIST_INFECT	Num	Antibiotic resistant infection, e.g. Methicillin resistant staph
I2B	I2B_CELLULITIS	Num	Cellulitis
I2C	I2C_CLOSTRIDIUM_DIFFICILE	Num	Clostridium difficile (c. diff)
I2D	I2D_CONJUNCTIVITIS	Num	Conjunctivitis
I2E	I2E_HIV_INFECTION	Num	HIV infection
I2F	I2F_PNEUMONIA	Num	Pneumonia
I2G	I2G_RESPIRATORY_INFECTION	Num	Respiratory infection
I2H	I2H_SEPTICEMIA	Num	Septicemia
I2I	I2I_SEXUALLY_TRANSMIT_DISEASES	Num	Sexually transmitted diseases
I2J	I2J_TUBERCULOSIS	Num	Tuberculosis (active)
I2K	I2K_URINARY_TRACT_INFECTION	Num	Urinary tract infection in last 30 days
I2L	I2L_VIRAL_HEPATITIS	Num	Viral hepatitis
I2M	I2M_WOUND_INFECTION	Num	Wound infection
I3A	I3A_OTHER_DIAG	Char	Other Diag
I3B	I3B_OTHER_DIAG	Char	Other Diag
I3C	I3C_OTHER_DIAG	Char	Other Diag
I3D	I3D_OTHER_DIAG	Char	Other Diag
I3E	I3E_OTHER_DIAG	Char	Other Diag
I3F	I3F_OTHER_DIAG	Char	Other Diag
I1A	I1A_WEIGHT_FLUCTUATION	Num	Weight gain or loss of 1.5 or more kilograms (3 lbs) in previous 7 days
I1B	I1B_INABILITY_TO_LIE_FLAT	Num	Inability to lie flat due to shortness of breath
I1C	I1C_DEHYDRATED	Num	Dehydrated; output exceeds input
I1D	I1D_INSUFFICIENT_FLUIDS	Num	Insufficient fluid; did NOT consume all/almost during last three (3) days
I1E	I1E_DELUSIONS	Num	Delusions
I1F	I1F_DIZZINESS	Num	Dizziness/Vertigo
I1G	I1G_EDEMA	Num	Edema
I1H	I1H_FEVER	Num	Fever
I1I	I1I_HALLUCINATIONS	Num	Hallucinations

J1J	J1J INTERNAL BLEEDING	Num	Internal bleeding
J1K	J1K RECURRENT LUNG ASPIRATIONS	Num	Recurrent lung aspirations in last 90 days
J1L	J1L SHORTNESS OF BREATH	Num	Shortness of breath
J1M	J1M SYNCOPÉ	Num	Syncopé (fainting)
J1N	J1N UNSTEADY GAIT	Num	Unsteady gait
J1O	J1O VOMITING	Num	Vomiting
J2A	J2A PAIN SYMPTOMS FREQ	Num	Pain Symptoms Frequency
J2B	J2B PAIN SYMPTOMS INTENSITY	Num	Pain Symptoms Intensity
J3A	J3A BACK PAIN	Num	Back pain
J3B	J3B BONE PAIN	Num	Bone pain
J3C	J3C CHEST PAIN	Num	Chest pain while doing usual activities
J3D	J3D HEADACHE	Num	Headache
J3E	J3E HIP PAIN	Num	Hip pain
J3F	J3F INCISIONAL PAIN	Num	Incisional pain
J3G	J3G JOINT PAIN NOT HIP	Num	Joint pain (other than hip)
J3H	J3H SOFT TISSUE PAIN	Num	Soft tissue pain, e.g. lesion, muscle
J3I	J3I STOMACH PAIN	Num	Stomach pain
J3J	J3J OTHER PAIN	Num	Pain in other site not listed above
J4A	J4A FELL IN PAST 30 DAYS	Num	Fell in past 30 days
J4B	J4B FELL IN PAST 31_180_DAYS	Num	Fell in past 31 to 180 days
J4C	J4C HIP FRACT IN LAST_180_DAYS	Num	Hip fracture in last 180 days
J4D	J4D OTHER FRACT	Num	Other fracture in last 180 days
J5A	J5A_CONDITION LEAD TO INSTABLE	Num	Conditions/diseases make resident's cognitive, ADL, behaviour patterns unstable (fluctuating, precarious, deteriorating)
J5B	J5B_EXPERIENCING ACUTE EPISODE	Num	Resident experiencing an acute episode or a flare-up recurrent or chronic problem
J5C	J5C_END_STAGE_DISEASE	Num	End-stage disease, six (6) months or less to live
K1A	K1A CHEWING PROBLEM	Num	Chewing problem

K1B	K1B_SWALLOWING_PROBLEM	Num	Swallowing problem
K1C	K1C_MOUTH_PAIN	Num	Mouth pain
K2A	K2A_HEIGHT	Num	Height of the patient
K2B	K2B_WEIGHT	Num	Weight of the patient
K3A	K3A_WEIGHT_LOSS	Num	Weight loss 5% or more in last 30 days; or 10% or more in last 180 days
K3B	K3B_WEIGHT_GAIN	Num	Weight gain 5% or more in last 30 days; or 10% or more in last 180 days
K4A	K4A_COMPLAINS_ABOUT_TASTE	Num	Complains about the taste of many foods
K4B	K4B_COMPLAINS_OF_HUNGER	Num	Regular or repetitive complaints of hunger
K4C	K4C_LEAVES_FOOD_UNEATEN	Num	Leaves 25% or more of food uneaten at most meals
K5A	K5A_PARENTERAL_IV	Num	Parenteral/IV
K5B	K5B_FEEDING_TUBE	Num	Feeding tube
K5C	K5C_MECHANIC_ALTERED_DIET	Num	Mechanically altered diet
K5D	K5D_ORAL_FEEDING	Num	Syringe (oral feeding)
K5E	K5E_THERAPEUTIC_DIET	Num	Therapeutic diet
K5F	K5F_DIETARY_SUPPLEMENT	Num	Dietary supplement between meals
K5G	K5G_PLATE_GUARD	Num	Plate guard, stabilized built up utensil, etc.
K5H	K5H_PLANNED_WEIGHT_CHANGE_PROG	Num	On a planned weight change program
K6A	K6A_TOTAL_CALORIES	Num	Parenteral or Enteral Intake: Total Calories
K6B	K6B_AVERAGE_FLUIDS	Num	Parenteral or Enteral Intake: Average Fluid Intake
L1A	L1A_DEBRIS_IN_MOUTH	Num	Debris (soft, easily removable substances) present in mouth prior to going to bed at night
L1B	L1B_DENTURES_REMOVE_BRIDGE	Num	Has dentures or removable bridge
L1C	L1C_NATURAL_TEETH_LOST	Num	Some/all natural teeth lost; does not have or does not use dentures (or partial plates)
L1D	L1D_BROKEN_LOOSE_TEETH	Num	Broken, loose or carious teeth

L1E	L1E_INFLAMED_GUMS	Num	Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes
L1F	L1F_DAILY_CLEANING_TEETH	Num	Daily cleaning of teeth/dentures or daily mouth care by resident or staff
M1A	M1A_STAGE1_ULCERS	Num	Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.
M1B	M1B_STAGE2_ULCERS	Num	Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.
M1C	M1C_STAGE3_ULCERS	Num	Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues, presents as a deep crater with or without undermining adjacent tissue.
M1D	M1D_STAGE4_ULCERS	Num	Stage 4. A full thickness of skin and subcutaneous tissues is lost, exposing muscle or bone.
M2A	M2A_STAGE_OF_PRESSURE_ULCER	Num	Pressure ulcer: Any lesion caused by pressure resulting in damage of underlying tissue
M2B	M2B_STAGE_OF_STASIS_ULCER	Num	Stasis ulcer: Open lesion caused by poor circulation in the lower extremities
M3	M3_HISTORY_OF_RESOLVED_ULCERS	Num	History of Resolved Ulcers
M4A	M4A_ABRASIONS_BRUISES	Num	Abrasions, bruises
M4B	M4B_BURNS	Num	Burns (second or third degree)
M4C	M4C_OPEN_LESIONS_NOT_ULCERS	Num	Open lesions other than ulcers, rashes, cuts, e.g. cancer lesions
M4D	M4D_RASHES	Num	Rashes: e.g. intertrigo, eczema, drug rash, heat rash, herpes zoster
M4E	M4E_SKIN_DESENSITIZED_TO_PAIN	Num	Skin desensitized to pain or pressure
M4F	M4F_SKIN_TEAR OR CUTS	Num	Skin tears or cuts (other than surgery)

M4G	M4G_SURGICAL_WOUNDS	Num	Surgical wounds
M5A	M5A_RELIEVING_DEVICE_CHAIR	Num	Pressure relieving device(s) for chair
M5B	M5B_RELIEVING_DEVICE_BED	Num	Pressure relieving device(s) for bed
M5C	M5C_TURNING_PROGRAM	Num	Turning/repositioning program
M5D	M5D_NUTRITION_INTERVENTION	Num	Nutrition or hydration intervention to manage skin problems
M5E	M5E_ULCER_CARE	Num	Ulcer care
M5F	M5F_SURGICAL_WOUND_CARE	Num	Surgical wound care
M5G	M5G_APPLY_DRESSINGS_NOT_FEET	Num	Application of dressings (with or without topical medications) other than to feet
M5H	M5H_APPLY_OINTMENTS_NOT_FEET	Num	Application of ointments/medications (other than to feet)
M5I	M5I_OTHER_PREVENT_NOT_FEET	Num	Other preventative or protective skin device (other than to feet)
M6A	M6A_HAS_FOOT_PROBLEM	Num	Resident has one or more foot problems, (e.g. corns, calluses, bunions, hammer toes, overlapping toes, pain, structural problems)
M6B	M6B_INFECTION_OF_FOOT	Num	Infection of the foot, (e.g. cellulitis, purulent drainage)
M6C	M6C_OPEN_LESIONS_ON_FOOT	Num	Open lesions on the foot
M6D	M6D_NAILS_CALLUSES_TRIMMED	Num	Nails/calluses trimmed during last 90 days
M6E	M6E_RECEIVED_PREVENT_FOOT_CARE	Num	Received preventative or protective foot care (e.g. used special shoes, inserts, pads, toe separators)
M6F	M6F_APPLY_DRESSING_FOOT	Num	Application of dressings (with or without topical medications)
N1A	N1A_TIME_AWAKE_MORNING	Num	Morning
N1B	N1B_TIME_AWAKE_AFTERNOON	Num	Afternoon
N1C	N1C_TIME_AWAKE_EVENING	Num	Evening
N2	N2_AVERAGE_TIME_ACTIVITIES	Num	Average time involved in activities
N3A	N3A_PREF_ACT_OWN_ROOM	Num	Own room

N3B	N3B_PREF_ACT_ACTIVITY_ROOM	Num	Day/activity room
N3C	N3C_PREF_ACT_INSIDE	Num	Inside facility/off unit
N3D	N3D_PREF_ACT_OUTSIDE	Num	Outside facility
N4A	N4A_PREF_ACT_CARDS_GAMES	Num	Cards/other games
N4B	N4B_PREF_ACT_CRAFTS	Num	Crafts/arts
N4C	N4C_PREF_ACT_EXERCISE	Num	Exercise/sports
N4D	N4D_PREF_ACT_MUSIC	Num	Music
N4E	N4E_PREF_ACT_READING	Num	Reading/writing
N4F	N4F_PREF_ACT_SPIRITUAL	Num	Spiritual/religious activities
N4G	N4G_PREF_ACT_TRIPS	Num	Trips/shopping
N4H	N4H_PREF_ACT_WALKING	Num	Walking/wheeling outdoors
N4I	N4I_PREF_ACT_WATCH_TV	Num	Watching TV
N4J	N4J_PREF_ACT_GARDENING	Num	Gardening or plants
N4K	N4K_PREF_ACT_TALKING	Num	Talking or conversing
N4L	N4L_PREF_ACT_HELP_OTHERS	Num	Helping others
N5A	N5A_PREFER_CHANGE_IN_ACTIVITY	Num	Resident prefers change in type of activities in which resident is currently involved
N5B	N5B_PREFER_CHANGE_IN_INVOLV	Num	Resident prefers change in extent of resident involvement in activities
O1	O1_NUM_OF_MEDICATIONS	Num	Number of Medications
O2	O2_NEW_MEDICATIONS	Num	New Medications during the last 90 days
O3	O3_DAYS_INJECTIONS	Num	Days injections: the number of days injections of any type were received in the last seven (7) days. Enter 0 if none used.
O4A	O4A_DAYS_ANTIPSYCHOTIC	Num	Antipsychotic: the number of days during last seven (7) days
O4B	O4B_DAYS_ANTIANXIETY	Num	Antianxiety : the number of days during last seven (7) days
O4C	O4C_DAYS_ANTIDEPRESSANTS	Num	Antidepressant: the number of days during last seven (7) days

O4D	O4D_DAYS_HYPNOTIC	Num	Hypnotic: the number of days during last seven (7) days
O4E	O4E_DAYS_DIURETIC	Num	Diuretic: the number of days during last seven (7) days
O4F	O4F_DAYS_ANALGESIC	Num	Analgesic: the number of days during last seven (7) days
PIAA	PIAA_CHEMOTHERAPY	Num	Chemotherapy
PIAB	PIAB_DIALYSIS	Num	Dialysis
PIAC	PIAC_IV_MEDICATION	Num	IV medication
PIAD	PIAD_INTAKE_OUTPUT	Num	Intake/output
PIAE	PIAE_MONITOR_MEDICAL_CONDITION	Num	Monitoring acute medical condition
PIAF	PIAF_OSTOMY_CARE	Num	Ostomy care
PIAG	PIAG_OXYGEN_THERAPY	Num	Oxygen therapy
PIAH	PIAH_RADIATION	Num	Radiation
PIAI	PIAI_SUCTIONING	Num	Suctioning
PIAJ	PIAJ_TRACHEOSTOMY	Num	Tracheostomy care
PIAK	PIAK_TRANSFUSIONS	Num	Transfusions
PIAL	PIAL_VENTILATOR_OR_RESPIRATOR	Num	Ventilator or respirator
PIAM	PIAM_ALCOHOL_DRUG_PROGRAM	Num	Alcohol/drug treatment program
PIAN	PIAN_ALZHEIMER_CARE_UNIT	Num	Alzheimer's/dementia special care unit
PIAO	PIAO_HOSPICE_CARE	Num	Hospice care
PIAP	PIAP_PAEDIATRIC_UNIT	Num	Pediatric care
PIAQ	PIAQ_RESPITE_CARE	Num	Respite care
PIAR	PIAR_TRAINING_COMMUNITY_SKILLS	Num	Training in skills required to return to community

PIBAA	PIBAA_DAYS_SPEECH_THERAPY	Num	Record the number of days each of the following therapies was administered (for at least 15 minutes a day) in the last seven (7) calendar days. 0 if none or less than 15 minutes daily.
PIBAB	PIBAB_MINS_SPEECH_THERAPY	Num	Record the total minutes each of the following therapies was administered in the last seven (7) calendar days.
PIBBA	PIBBA_DAYS_OCCUPATION_THERAPY	Num	Record the number of days each of the following therapies was administered (for at least 15 minutes a day) in the last seven (7) calendar days. 0 if none or less than 15 minutes daily.
PIBBB	PIBBB_MINS_OCCUPATION_THERAPY	Num	Record the total minutes each of the following therapies was administered in the last seven (7) calendar days.
PIBCA	PIBCA_DAYS_PHYSICAL_THERAPY	Num	Record the number of days each of the following therapies was administered (for at least 15 minutes a day) in the last seven (7) calendar days. 0 if none or less than 15 minutes daily.
PIBCB	PIBCB_MINS_PHYSICAL_THERAPY	Num	Record the total minutes each of the following therapies was administered in the last seven (7) calendar days.
PIBDA	PIBDA_DAYS_RESPIRATORY_THERAPY	Num	Record the number of days each of the following therapies was administered (for at least 15 minutes a day) in the last seven (7) calendar days. 0 if none or less than 15 minutes daily.

PIBDB	PIBDB_MINS_RESPIRATORY_THERAPY	Num	Record the total minutes each of the following therapies was administered in the last seven (7) calendar days.
PIBEA	PIBEA_DAYS_PSYCHO_THERAPY	Num	Record the number of days each of the following therapies was administered (for at least 15 minutes a day) in the last seven (7) calendar days. 0 if none or less than 15 minutes daily.
PIBEB	PIBEB_MINS_PSYCHO_THERAPY	Num	Record the total minutes each of the following therapies was administered in the last seven (7) calendar days.
PIBFA	PIBFA_DAYS_RECREATION_THERAPY	Num	Record the number of days each of the following therapies was administered (for at least 15 minutes a day) in the last seven (7) calendar days. 0 if none or less than 15 minutes daily.
PIBFB	PIBFB_MINS_RECREATION_THERAPY	Num	Record the total minutes each of the following therapies was administered in the last seven (7) calendar days.
P2A	P2A_SPEC_BEHAVIOR_SYMP_PROGRAM	Num	Special behaviour symptom evaluation program
P2B	P2B_EVAL_BY_LICENSED_SPECIALIST	Num	Evaluation by a licensed mental health specialist in last 90 days
P2C	P2C_GROUP_THERAPY	Num	Group therapy
P2D	P2D_RES_SPECIFIC_CHNGE_ENVIRO	Num	Resident-specific deliberate changes in the environment to address mood/behaviour/patterns, e.g. providing bureau in which to rummage
P2E	P2E_REORIENTATION	Num	Reorientation e.g. cueing

P3A	P3A_REHAB_DAYS_ROM_PASSIVE	Num	Range of motion (passive): Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3B	P3B_REHAB_DAYS_ROM_ACTIVE	Num	Range of motion (active): Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3C	P3C_REHAB_DAYS_SPLINT_ASSIST	Num	Splint or brace assistance: Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3D	P3D_REHAB_DAYS_BED_MOBILITY	Num	Bed Mobility : Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3E	P3E_REHAB_DAYS_TRANSFER	Num	Transfer: Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3F	P3F_REHAB_DAYS_WALKING	Num	Walking: Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.

P3G	P3G_REHAB_DAYS_DRESSING	Num	Dressing or grooming: Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3H	P3H_REHAB_DAYS_EATING	Num	Eating or swallowing: Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3I	P3I_REHAB_DAYS_AMPUTATION	Num	Amputation/prosthesis care: Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3J	P3J_REHAB_DAYS_COMMUNICATION	Num	Communication: Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P3K	P3K_REHAB_DAYS_OTHER	Num	Other: Record the number of days each of the rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days.
P4A	P4A_FULL_BED_RAILS	Num	Bed-rails.full bed rails on all open sides of bed
P4B	P4B_OTHER_TYPES_OF_RAILS	Num	Bed rails.other types of side rails used, e.g. half rail, one side
P4C	P4C_TRUNK_RESTRAINT	Num	Trunk restraint
P4D	P4D_LIMB_RESTRAINT	Num	Limb restraint
P4E	P4E_CHAIR_PREVENTS_RISING	Num	Chair prevents rising

P5	P5_HOSPITAL_STAYS	Num	number of times resident was admitted to hospital in last 90 days (or since last assessment if less than 90 days).
P6	P6_EMERGENCY_ROOM_VISITS	Num	number of times resident visited ER in last 90 days (or since last assessment if less than 90 days).
P7	P7_DAYS_PHYSICIAN_VISITS	Num	In the last 14 days (or since admission if less than 14 days in facility), on how many days has the physician examined the resident
P8	P8_DAYS_DOCTOR_ORDERS_CHANGED	Num	In the last 14 days (or since admission if less than 14 days in facility), on how many days has the physician changed the resident's orders
P9	P9_ABNORMAL_LAB_VALUES	Num	whether the resident had abnormal lab values during the last 90 days (or since admission).
Q1A	Q1A_WANTS_RETURN_TO_COMMUNITY	Num	Resident Expresses/Indicates Preference to Return to the Community
Q1B	Q1B_SUPPORT_POSITIVE_DISCHARGE	Num	Resident Has a Support Person Who is Positive Towards Discharge
Q1C	Q1C_STAY_SHORT_DURATION	Num	Stay Projected to be of Short Duration; Discharge Projected Within 90 Days
Q2	Q2_CHANGE_IN_CARE_NEEDS	Num	Whether the resident's overall level of self-sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days).
R1A	R1A_RES_PARTICIPATED_ASSESS	Num	Resident's Participation in Assessment
R1B	R1B_FAMILY_PARTICIPATED_ASSESS	Num	Family's Participation in Assessment
R1C	R1C_OTHER_PARTICIPATED_ASSESS	Num	Significant Other's Participation in Assessment
R2B	R2B_SIGNED_COMPLETE_DATE	Num	Date the registered nurse coordinator signed the assessment as being complete

	RUG_HIERARCHY_CATEGORY	Num	RUG Category for Hierarchical Methodology
	CMI_HIERARCHY	Num	CMI Code for Hierarchical Methodology
	CPS	Num	Score for Cognitive Performance Scale for the resident on current ax
	DRS	Num	Score for Depression Rating Scale for the resident on current ax
	ADL_LONG_FORM	Num	Score for ADL Long Form Scale for the resident on current ax
	PAIN	Num	Score for Pain Scale for the resident on current ax