

**Research & Ethics Committee  
AGENDA**

**Tuesday, January 28, 2025 @ 5:30pm**

<b>Item</b>	<b>Description</b>	<b>MRP</b>
1.0	<b>Call to Order and Introductions</b>	Tracey Burkhardt
2.0	<b>Approval of the Agenda</b>	Tracey Burkhardt
3.0	<b>Declaration of Conflict of Interest</b>	Tracey Burkhardt
4.0	<b>Approval of Previous Minutes: October 22, 2024*</b>	Tracey Burkhardt
5.0	<b>Business Arising from the Minutes</b>	
	5.1 Data Sharing Process – NBIRDT	Geri Geldart
6.0	<b>Standing Report</b>	
	6.1 Research & Ethics Report for Q3 –Oct 1, 2024 – Dec 31, 2024*	Kelsey Rusk
	6.2 Operating Plan Progress Report*	Kelsey Rusk
7.0	<b>New Business</b>	
	7.1 CIRA Research Registry – Jan 2025*	Kelsey Rusk
	7.2 HSPP Project Synopses*	Kelsey Rusk
	7.3 Human Rights Project*	Kelsey Rusk
	7.4 Code of Ethics & Professional Conduct Review* - Code of Conduct document & powerpoint	Geri Geldart
8.0	<b>Next Meeting: April 8, 2025 @ 5:30pm</b>	

***\*Denotes attachment***

## Proposed Motions

---

1. That the minutes of October 22, 2024, be approved.

**Minutes of Meeting  
Research and Ethics Committee  
on October 22, 2024 at 5:30pm**

**Present:** Tracey Burkhardt (Chair), Marjorie Belize, Donna Curtis-Maillet, Wayne Albert, Geri Geldart (ex-officio)

**Regrets:** Bryanna White-Aubé, Kelsey Rusk

**Staff:** Jamie Roy

**1. Call to order and introductions**

Tracey Burkhardt, Chair called the meeting to order at 5:28 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 identified.

**4. Approval of previous minutes – September 10, 2024**

The minutes were approved as amended. Meeting called to order time was 5:33pm.

**Motion:**

**It was moved by Donna Curtis Maillet, and seconded by Wayne Albert that the minutes of September 10, 2024, be approved as amended.**

**Motion carried.**

**5. Business arising**

**5.1 Date Sharing Process - NBIRD**

A meeting has been booked on November 19<sup>th</sup> with D. Curtis Maillet, G. Geldart, K. Rusk, S. Wiseman & M. Pike to discuss the process of reinstating data sharing with NBIRD.

**6. Standing Reports**

**6.1 Research & Ethics Report for Q2 July 1 – September 30, 2024**

G. Geldart presented the report for Q2 as K. Rusk is attending Agewell/APPTA in Calgary. The report was included in the meeting package. Highlights included:

### **Aging Care & Research Symposium 2024**

- The Symposium held on September 26, 2024, at the Fredericton Inn + virtual was a success with 175 in-person registrations and another 30 virtual attendees. Total registrations have seen a decrease this year. Post event surveys have provided positive feedback.

### **Research Projects**

- Active research projects include Human Rights of Older Persons, Suzy Q and Antibiotics.
- Current research funding applications; PHAC dementia and New Horizons for Seniors GENIE funding. Preliminary approval has been received for PHAC dementia; however the funding amount has not been announced.

### **6.2 Operating Plan Progress Report**

G. Geldart presented the Operating Plan Q2 progress report.

- The Suzy-Q equipment has been implemented for daily lunch service on Tower 1. Implementation plan and final report is due December 2<sup>nd</sup>.

## **7. New Business**

### **7.1 Code of Ethics & Professional Conduct Review**

G. Geldart provided the draft Code of Ethics & Professional Conduct document highlighting areas requiring review. Revisions will be provided at future meetings.

### **7.2 Suzy-Q Demonstration**

G. Geldart offered a demonstration of SuzyQ to the committee. Arrangements are underway to view a dinner service on January 28, 2025, at 4:45pm.

## **8. Date of Next Meeting – January 28, 2025.**

On a motion by Marjorie Belzile, the meeting was adjourned at 6:27 pm.

---

Tracey Burkhardt, Chair

---

Jennifer Vos, Recorder



# REPORT TO THE RESEARCH & ETHICS COMMITTEE

January 28, 2025

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

## Operational Updates

1. **Staff:** Nov 30 - Emily Wright's research coordinator contract finished (started Aug 2023). Dec 12 - Debbie Barton's research coordinator contract finished (started Dec 2020).
2. **Funding Opportunities**
  - a. **PHAC Dementia funding**
    - i. NO with Person Centred Universe
    - ii. NO with Loch Lomond Villa
    - iii. MAYBE with Centivizer still pending – invited to do step 2, submitted Jan 7. CiRA factored in for \$30,000/ yr for 4 years (until 2029). Recruiting rural, French seniors to use 2RWM bike in community/ congregate settings.
  - b. **New Horizons for Seniors** GENIE funding (\$2.6 million over 4 years)  
Step 2 of project proposal + budget submitted Oct 18, 2024. Still awaiting update as of Dec 18. They were quite delayed with over 40 large projects.
  - c. **CABHI Discover + Adopt** - Requested Suzy Q procurement funds of \$50,000 for a behaviour change specialist / dietician to help optimize lunch in T1 but also dietary in general. Funds to be used up by March 31, 2025. Budget: CiRA \$5,600, YCC \$3,680, and \$3,750 for innovator, \$18,900 for specialist, remaining amounts for paper materials/ training supplies.
  - d. **HSPP:** carry-over funds used up as of Dec 31. Thank you, Heather.
3. **Conferences:**
  - a. AGEWELL/APPTA Oct 23+24: Norma's PHAC Human Rights poster got good exposure.
  - b. Canadian Association on Gerontology Oct 24-26: CiRA exhibit booth split with our innovator Mark Chignell and 2RWM was on display. Met innovator Lisa Sheehy too.
  - c. HSPP Symposium Nov 6+7 Fredericton: MedReviewRx presented and CiRA was in attendance. 28,000 participants across NB and 67 projects. CiRA had 7 projects and 200 participants + 725 on our RCT poly project = 925.
  - d. November: Jamie presented about Suzy Q/ SQLI at a conference in Orlando.
4. **Misc Meetings**
  - a. **NB-IRDT / YCC Data:** Met with Donna, Sean and Meaghan in November.  
Jan 16 Kelsey met with in-house Momentum experts. Questions about a few measurements being an annual number or quarterly. 105 separate reports. Waiting on DSD involvement.
  - b. **Loch Lomond Villa** - January 28 meeting to discuss their strategic plan and see if we can align on some funding applications for the long-term care sector. LLV is down to one research manager.
  - c. **UNB Population Health Dept w/ Dr. Jennifer Russell and Emily Read:** Met Nov 28 to discuss partnership. Their Aging Families priority area might be a fit, but they will await our strategic plan to be completed. Not a guaranteed funding source, just academic support.
  - d. **PHAC:** Met Jan 13 to plan virtual CANImmunize Panel discussion with the original research team (Kelsey) / innovator. Aiming for Feb 24 / early March.
5. **The Sleep Kit** (previous CABHI Spark project): Possible YCC Unit Sleep Kits - / Activities with Aromatherapy. Possibly purchasing a few items, TBD.
6. **Research Registry:** Streamlining the Excel file and updating newer project results that were completed in Oct/Dec. One pager infographic TBC in Feb/ March. Added the other previously funded projects to the file but we don't have all final reports, so I've contacted the funders.

## Current Research Projects

1. **Antibiotics (PHAC, we are a participant), data collection finished Oct 2024**
  - a. Partial data collection extended until March 31, 2024 - Meeting Jan 22 to discuss
  - b. 4/5 Staff interviews /surveys done by PHAC in Dec so final payment of \$6,666 coming through
  - c. Knowledge translation doc to be created by CiRA to share with YCC/PHAC on findings in Feb/ March
2. **SuzyQ – Mealtime Improvement on T1 (CABHI Discover + Adopt), finished Nov 2024**
  - a. Oct 1: Implemented 7x/week at lunch and is still ongoing
  - b. 30 Staff members, 28 residents, 7 Family members surveyed and gave feedback
  - c. Implementation plan and final report submitted Dec 2
  - d. Jan 21 - \$50,000 procurement funding approved, contract details pending in coming weeks
3. **Human Rights of Older Persons (PHAC), finishes March 31, 2025**
  - a. Data collection and interviews have started. Norma is getting some good insights from organizations. Website launch in February.
  - b. 2-3 month extension request to be submitted Jan 28. Unused website funds may be redistributed.

## Recently Completed Projects

4. **2 CABHI Spark Reports** submitted Dec 2: Passive Aware / Person Centred Universe. Results to be shared after final reports are shared – no update yet.

## 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"> <li>Acquire the Suzy-Q equipment by June 2024</li> <li>Implementation process complete by Sept 2024</li> <li>Final evaluation report by Dec 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> <li><b>COMPLETE</b></li> <li><b>COMPLETE</b></li> </ul> <p><i>Resp - Kelsey Rusk, Michel Boyer &amp; Jamie Roy</i></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"> <li>December 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b> – Target not reached.</li> </ul> <p><i>Resp - Kelsey Rusk</i></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"> <li>Plan developed by September 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>Falling Behind</b> – initial draft prepared.</li> </ul> <p><i>Resp - Kelsey Rusk</i></p>
	Develop a sustainability plan for Genie	<ul style="list-style-type: none"> <li>Plan developed by September 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>Falling Behind</b> – in discussion with Activities</li> </ul> <p><i>Resp - Kelsey Rusk</i></p>

## CIRA Research Registry

#	Project name	Sustainability Status	Alias	Funding Agency	Funding Amount	Objectives	Participants	Results
19	<b>Improving mealtime service and experience: Trialing the SuzyQ HotFood Cart in long-term care - Phase 2</b>	TBD	Mealtime Improvement	CABHI - Discover + Adopt	\$50,000.00	Expand on lessons learned from phase 1 and hire a dietician / behaviour change specialist to streamline meal delivery in T1 for lunch with SuzyQ and in general. Innovator will work more closely with team to "train the trainer"	TBD	TBD
18	<b>Antibiotic stewardship in long-term care</b>	TBD	Antibiotic Resistance	PHAC	\$20,000.00	To help meet the challenges of this growing concern, the Public Health Agency of Canada (PHAC) is conducting an in-field, behavioural science informed, AMS research project. The primary focus of the trial is the implementation of quality improvement (QI) strategies that promote best practices for the management of UTI in LTCHs. The goal of the trial is to decrease unneeded testing and overprescribing of antibiotics for suspected UTI in LTCHs in Canada. The QI strategies introduce education for essential care providers (ECPs) who are typically family or close friends of the resident and feedback on urine culture ordering to nurses and physicians.	resident data TBD 5 staff interviews	TBD
17	<b>Development of an Older Persons' Rights Indicator Framework (OPRIF)</b>	TBD	Human Rights Project	PHAC - Intersectoral Action Fund	\$249,622.00	Develop an OPRIF Conduct an environmental scan to better understand existing data and indicators Collect data to support the OPRIF Create an online repository and website to house OPRIF data	TBD Community organizations and their clients and older users.	TBD
16	<b>Improving mealtime service and experience: Trialing the SuzyQ HotFood Cart in long-term care</b>	\$50,000 funds acquired from CABHI to extend	Mealtime Improvement	CABHI - Discover + Adopt	\$100,000.00	Improve the delivery of meals as perceived by staff Improve the satisfaction of meals by residents (temperature, autonomy) Improve the social aspect of mealtime delivery as perceived by residents and staff	30 Staff members 28 residents 7 Family members	Seniors Quality Leap Initiative (SQLI) data We partnered with the SuzyQ Hot Food Cart system by Lakeside Food Service to improve food temperatures and resident autonomy which were identified as priority areas on the survey. We piloted the cart in one 40-resident unit in our facility and served lunch 7 days/ week for 2 months. We surveyed staff, residents, and family members and gathered feedback and observations on the implementation. Overall, staff and residents were satisfied with the improved meal temperatures but we are still seeking ways to improve on the dining experience and overall staff satisfaction. Our team has decided to apply for procurement funding to hire a dietary change management specialist to educate YCC staff on the best processes for improving mealtimes with the cart, which will also help us identify the issues in general meal service and find a happy medium between the two. The innovator said it takes several months for staff to fully adapt to the new way of delivering meals, and we are committed to continuing and refining it with the help of ongoing education and mentor support.
15	<b>Passive Aware for at home informal dementia care</b>	Manuscript pending. Ruuvi sensor subscription is a couple thousand per year. CIRA has over 40 kits left, subscription ends Nov 2025. Recruitment challenges due to "invasive" nature of monitoring. Jan 2025: To discuss free give away with ADP/ NHWW.	Passive Aware - Spark	CABHI - Spark	\$50,000.00	Assess the feasibility and use of the Passive Aware Technology Assess the impact on informal caregiver stress, burden, and quality of life Assess impact on positive aspects of caregiving	3 caregivers 3 older adults Used sensors and completed surveys	Overall trend of decreases in caregiver stress, caregiver burden, and improvement in quality of life but unable to determine significance. Some increases between pre and mid scores were reflective of the worsening condition of their loved one living with dementia. Study primarily focused on qualitative outcomes: both caregivers found the technology beneficial and expressed an interest in continuing to use it.

## CIRA Research Registry

#	Project name	Sustainability Status	Alias	Funding Agency	Funding Amount	Objectives	Participants	Results
14	<b>A day in the life: dementia empathy training through role-play</b>	12 Facilities kept training kits and can continue to randomly offering training without additional funds.	A Day in the Life	CABHI - Spark	\$50,000.00	Evaluate the deployment of a role playing dementia training program in 10 long-term care facilities across New Brunswick Evaluate staff scores on the Empathy and Understanding in Dementia Index before and 3-months after training Assess the feasibility of a train-the-trainer format	12 Nursing Homes in NB 52 Staff members did training and surveys	Provided Dementia education training to 12 nursing homes across New Brunswick. The project is called "A Day in the Life" – Dementia Empathy Training through Role-Play". We had 40 staff members do the training, in hopes of "Training the Trainer", so that more staff can also take part in free training. An additional 6-10 staff were trained by the master trainers we oriented in our sessions. Train the trainer methods help with sustainability after funding ends and all participants were given a kit to keep and use at their facilities.
13	<b>Advanced Caregiver Training</b>	Binder created and transferred to YCC's Canva account for ongoing updates.	Advanced Caregiver Training	Health Care Excellence Canada	\$10,000.00	Assess anticipated time given back to care Assess satisfaction of care Assess Moral Distress Experienced by staff Development of a structured training manual Satisfaction of the training program by Advanced Caregivers	3 courses held with a total of 20 Advanced Caregivers Trained. 79 staff participants for Moral Distress Survey.	High levels of moral distress expressed by staff - average of 76%. Trainees highly satisfied with Advanced Caregiver Course. Detailed training manual created. Staff generally in favor of Advanced Caregivers, but more internal communication on the role is needed.
12	<b>Passively monitoring to actively predict: eastablishing a pattern of life for community dwelling seniors living with dementia and their informal caregivers in New Brunswick</b>	Manuscript pending. Ruuvi sensor subscription is a couple thousand per year. CIRA has over _ sensors left, subscription ends Nov 2025. Recruitment challenges due to "invasive" nature of monitoring.	Passive Aware	HSPP Round 3	\$490,000.00	Assess the feasibility and use of the Passive Aware Technology Assess the impact on informal caregiver stress, burden, and quality of life Assess impact on positive aspects of caregiving	Experienced significant recruitment challenges. Four total participants: 2 caregivers, 2 persons living with dementia.	Overall trend of decreases in caregiver stress, caregiver burden, and improvement in quality of life but unable to determine significance. Some increases between pre and mid scores were reflective of the worsening condition of their loved one living with dementia. Study primarily focused on qualitative outcomes: both caregivers found the technology beneficial and expressed an interest in continuing to use it.
11	<b>Reconnecting with Genie: evaluating the impact of a telecommunications platform on social isolation experienced by residents living in long-term care in New Brunswick</b>	Allyson has been point person for T1+T3 since Aug 2024. Ongoing sustainability plan meeting with Stephanie Jan 23/25. 1 regular, heavy user has been using since study ended.	Genie	HSPP Round 3	\$450,000.00	Residents living in long-term care: impact on social isolation, depression, loneliness, perceived social networks, health outcomes Family members: feasibility and use, satisfaction Long-term care staff: feasibility and use, satisfaction Genie device data from all participants (content sent and received, type of content, patterns of use)	39 residents in intervention group; 25 in control group (final comparison sample was 14 intervention and 14 control due to resident deaths or incomplete survey data). 14 family members with complete survey data. 15 family members completed semi-structured interviews.	Residents: Trend for improvements in loneliness and depression scores, but no significant differences. Perceived social networks were unique for each resident; some saw improvements, others saw no change. There were ultimate "Genie users" - high resident engagement, relative independence, and responsive family members. Significant difference in measures of Health Status - intervention group improved significantly compared to the control group.  Family members: Families that were comfortable with technology from the onset were more satisfied with Genie. Families that did not consistent means of connecting with their loved one were very satisfied with Genie.  Long-term care staff: Expressed Genie was easy to use, but not easy to implement due to staff shortages and the need for assisting residents. Expressed how many residents smiled and were happy using Genie, and this reinforced them to continue using Genie.

## CIRA Research Registry

#	Project name	Sustainability Status	Alias	Funding Agency	Funding Amount	Objectives	Participants	Results
10	<b>Spread and scale of a polypharmacy app to improve health outcomes of older adults living in New Brunswick nursing homes</b>	Software is \$5,000+ /yr and Horizon/McGill could not source more. Encourage homes to practice ANY form of deprescribing on paper/electronically/ with software of choice.	MedReviewRx Polypharmacy App	HSPPP Round 2	\$477,118.00	Family and resident perspectives on deprescribing (Revised Patient Attitudes Towards Deprescribing Survey - RPATD). Assess usability of app by prescribers and long-term care facilities Determine impact on rates of deprescribing or stopping potentially inappropriate medications Determine above impact by specific medication class (i.e., opioids, benzodiazepines)	621 residents in intervention group. 725 residents in control group. 38 family members completed Revised Patient Attitudes Towards Deprescribing (RPATD). 92 residents completed RPATD. 11 prescribers used the app and completed surveys/interviews.	Family members and residents expressed openness to changing medications if deemed appropriate by a physician. App users highly satisfied, would like to continue use. 36% of residents in the intervention had a medication deprescribed compared to 12.7% in the control group, a statistically significant difference. Most deprescribed drug classes: benzodiazepines, opioids, sedative hypnotics.
9	<b>Supporting seniors' quality of life in long-term care: early integration of a palliative approach to care</b>	iTacit module not being used at YCC or Victoria Hospice as far as I know but confirmation pending.	Palliative e-Learning	HSPPP Round 2	\$219,337.00	Develop and deploy a series of online training modules to support an early integration of a palliative approach to care Assess family members views on satisfaction and importance of palliative care measures using the CanHLeath Lite Survey. Assess staff competence using the Palliative Care Nursing Self-Competence Scale Gain insight into thoughts and perceptions on palliative care by conducting semi-structured interviews Determine the proportion of residents who die at their place of choosing (cohort before and after the study)	53 care staff in pre-test group. 35 care staff in post-test group. 7 care staff pre-test interviews. 5 care staff post-test interviews. 22 family members completed the CanHealth Lite.	A cohort of 20% of randomly selected residents before and after the implementation of the program did die at the place of their choosing (in the facility). York Care Centre has a high focus on palliative care. Staff indicated overall satisfaction with the modules but desire for more in person training. Significant difference between the pre RA group and post RA group on competence in treating physical symptoms other than pain; no significant difference on any other measure for RNs, LPNs, and RAs. All groups indicated relatively high levels of competence in palliative care measures. Family members indicated that illness management was highly important but felt less satisfied with this domain.
8	<b>Improving immunization rates among seniors using the CANImmunize digital application</b>	Software was discontinued by developer. Participants encouraged to use free public application. Publication TBD.	CANImmunize	HSPPP Round 2	\$483,659.00	Assess the feasibility and use of the vaccine tracking app in older adults living in assisted and independent living Evaluate rates and uptakes in vaccinations after a year Understand views and perceptions about vaccines, vaccine education, vaccine uptake	10 full study participants. 7 mini survey participants.	Baseline rates of pneumococcal vaccine (40%) and shingles vaccine (14%) low in study participants. All participants were up to date on influenza and Covid-19 vaccines. Participants had a mean score of 57/70 on a vaccine acceptance scale, indicating moderate to high vaccine acceptance. Participants had a mean score of 33/ 50 on a e-health literacy scale. This group is likely more inclined with technology due to their ability and interest participating in this project. 2 out of 7 participants willing to continue using app after study end; 5 of 7 prefer to use paper vaccine records over digital ones; 5 of 7 people would still recommend CANImmunize for other people to use. <i>*Note: since this study has ended, CanImmunize is no longer offering this service and as such, no further research will be conducted.</i>

## CIRA Research Registry

#	Project name	Sustainability Status	Alias	Funding Agency	Funding Amount	Objectives	Participants	Results
7	<b>Promoting physical activity with augmented reality experiences (PHASE 2)</b>	2 active volunteers currently carrying out. Meeting Stephanie Jan 23/25 to expand on activity coordinators conversation to use bike. Publication pending.	2RaceWithMe The Bike	HSPP Sustainability Funding	\$89,360.00	To expand the pilot project in long-term care to other settings including the Adult Day Program and Assisted Living at York Care Centre	6 Adult Day Program (ADP) participants. 3 Assisted Living (AL) participants.	5/6 participants demonstrated regular use of the bike when they attended the program. 3/3 participants demonstrated regular use of the bike. 7/9 participants verbally indicated that they would like to continue to use the bike, if available. 2/9 participants were unable to provide specific verbal responses to interview questions but visually indicated use of the bike by demonstrating how the hand pedals turned. One participant responded with a smile and the other with an affirmative head nod, when asked if they enjoyed using the bike. 6/6 ADP participants and 3/3 AL participants demonstrated a willingness to use the bike once a week.
6	<b>Promoting physical activity with augmented reality experiences (PHASE 1)</b>	Applied for and received \$90k of sustainability funds to maintain at YCC and Moncton site.	2RaceWithMe The Bike	HSPP Round 2	\$237,265.00	To assess the impact of the 2RaceWithMe: Physical health, cognitive health, social engagement, well-being Understand acceptance of the technologoy using a Technology Acceptance Questionnaire Analyze 2RaceWithMe device data	31 total participants. 10 YCC. 21 FdeM.	No significant differences but all data was trending in the positive direction. Participants reported enjoyment using the device and desire to keep using it. Device usage was high, with most residents using the bike at least 3 times a week. Sustainability measures are being discussed with York Care Centre because residents wish to continue using the device.
5	<b>Home-based and residence-based virtual reality training to increase rehabilitative exercise in seniors</b>	Jintronix subscription is \$5,000/year and additional funding was not found. TV Kiosks repurposed for 2RWM. Publication almost published.	VR for Rehab	HSPP Round 1	\$465,484.00	To assess the feasibility, use, and impact of a virtual reality exercise program on various physical and psychosocial outcomes on a cohort of older adults living in long-term care, and in their homes in the community.	31 LTC residents (21 females, average age = 84.9 years; 10 males, average age 79.3 years). 16 community dwelling seniors (11 females, average age = 71.5 years; 5 males, average age = 76.4 years).	Community = average of 20 sessions total (27 minutes per session). LTC = average of 14 sessions (20 minutes per session). No significant differences found on all outcome measures (SF-36, Functional Reach Test, Timed Up and Go, Balance, Gait). Non-significance primarily attributed to sample size and inability to assess this as a fully randomized controlled trial. Anecdotal feedback highly positive and participants expressed desire to continue use of VR program.
4	<b>The Sleep Kit: A Caring Approach to Sleep</b>	In 2024 Innovator discontinued product. Intellectual property discussions with Opportunities NB in 2024 but no decision reached about licensing name from Eve. Jan 2025: may purchase items and do a YCC unit Sleep Kit.	Sleep Kit	CABHI	\$50,000.00		~50 residents + family members ~20 community members	<b>Final report requested - not on CIRA drive</b>
3	<b>Reconnecting(Genie): Technology Aided Maintenance of Cognitive</b>	Iteration phase 1 of 2 (possibly 3 with pending NHFS funds)	Genie	CABHI	\$85,000.00			<b>Final report requested - not on CIRA drive</b>
2	<b>Centivizer: Physical Activity and Cognitive Activation</b>	Iteration phase 1 of 2 (possibly 3 with pending PHAC funds)	Centivizer Steering Wheels	CABHI	\$70,000.00			<b>Final report requested - not on CIRA drive</b>
1	<b>Virtual Reality Interventions for Negative Mood</b>	Initially received \$25,000 and got \$25,000 to further extend from CABHI.	Virtual Reality for Mood	CABHI	\$50,000.00			<b>Final report requested - not on CIRA drive</b>

## Summary

- Physical activity plays an important role in healthy aging. Increased levels of physical activity contribute to better quality of life and improved health outcomes. However, residents in long-term care (LTC) settings often face challenges to participating in regular exercise or social activities. These challenges include lack of motivation and long periods of time spent sitting or lying down.
- This program introduced a new exercise technology, known as 2RaceWithMe (2RWM), to encourage increased physical activity by older adults in LTC and community settings. 2RWM combines hand and foot pedals, used together or separately, with a library of interactive travel videos. Pedalling is synchronized to the video so that users must keep pedalling in order to continue watching.
  - In addition to higher levels of physical activity, use of the 2RWM was also expected to result in increased mental stimulation and more social engagement for older adult users.
- The project was conducted across two different phases. Phase 1 included individuals residing in LTC, independent living, and semi-independent living units, while Phase 2 targeted more independently mobile older adults from assisted living and adult day programs. Participants' personal and health information was collected before and after each phase to assess exercise trends and compare health and social engagement outcomes.
  - Phase 1 included 32 older adult residents (ages 55 to 99 years; 21 females and 11 males; 10 Anglophones and 22 Francophones) at two LTC facilities (Faubourg du Mascaret [FdM] and York Care Centre [YCC]). Participants' 2RWM usage was tracked for six months.
  - Phase 2 included nine older adults (4 females and 5 males), all of whom were Anglophone, at one facility (YCC). The project tracked participants' use of the 2RWM for eight weeks.

**HSPF Focus Area**  
**Project Start & End Date**  
**Organization/Agency**  
**Location/Project Sites**  
**Principal Investigator(s)**

Increasing independence, quality of life, and promoting healthy lifestyles  
 March 1, 2020 – March 31, 2024  
 Centre for Innovation and Research in Aging (CIRA)  
 Fredericton, Moncton  
[Dr. Jalila Jbilou](#), [Justine L. Estey](#), and [Dr. Mark Chignell](#)

Indicator	Impact / Outcome / Result	Quote
General Health	<ul style="list-style-type: none"> <li>2RWM usage was measured by the average number of pedal revolutions per quarter. During Phase 1, usage at YCC initially increased, then dropped partway through the intervention before increasing to the end of the intervention period. Pedal revolutions at FdM decreased over time.</li> <li>Phase 2 results demonstrated a general increase in pedal revolutions over time.</li> <li>Variations in pedal revolutions during both project phases coincided with participant absences and illness outbreaks.</li> </ul>	<p><i>"I find it's great exercise for everyone."</i></p>
	<ul style="list-style-type: none"> <li>Participants who were interviewed indicated that they enjoyed using the 2RWM. However, there were no statistically significant differences in participants' mobility, physical function, overall cognitive function, or overall quality of life following the intervention.</li> <li>Analysis of questionnaires administered before and after Phase 1 revealed that FdM participants' level of technology acceptance slightly decreased over time. FdM participants similarly demonstrated mildly increased scores for anxiety and depression indicators after the intervention. These changes may be attributed to factors including participant withdrawal, facility outbreaks, and reduced activity engagement.</li> </ul>	

Indicator	Impact / Outcome / Result
Prevention	<ul style="list-style-type: none"> <li>Compared to before the intervention, Phase 1 participants at YCC likewise demonstrated slightly reduced cognitive performance scores, which may be attributed to changes in health status and decreased activity engagement.</li> </ul>

### Methods and Comparison

2RWM device data (number of pedal revolutions and length of use) was collected throughout the intervention to measure device usage. Questionnaires on personal and health information, physical and cognitive status, and social engagement were administered before and after the intervention to assess the device's impact. Participants were also interviewed on their experience and level of satisfaction with the 2RWM.

### Conclusions and Lessons Learned

- Older adults indicated that they enjoyed using the 2RWM. However, participant absences, technical issues, facility outbreaks, and the level/availability of assistance from the project team impacted levels of device usage over the project duration. Additional research is needed to assess the full impact of the device on users' physical and mental health outcomes.
- Ongoing organizational support (from senior leadership, department leads, unit coordinators, activity directors, unit staff, volunteers, and students) and continued support from the 2RWM Customer Service Team is critical to integrate new technologies into regular practice within the LTC context.

### Recommendations

- Conduct further research over a longer duration on the impacts of the 2RWM. This research should include the use of a control group and a range of device options for older adults.
- Share training materials and implementation guidance to help organizations determine if new technologies align with existing programs, policies, staffing capacity, and financial resources.

### Next Steps

Since the end of the program, the 2RWM is still being used by residents at FdM. While the 2RWM is not consistently available for use at YCC, discussions are underway with site leadership to facilitate use of the device on three units across the facility.

### Disclaimer

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*Financial contribution from*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

# Improving Immunization Rates Among Seniors Using the CANImmunize Digital Application

Last updated: September 2024

## Summary

- Although immunizations are important for reducing negative health outcomes related to pneumococcal disease, influenza, and herpes zoster (shingles), vaccination rates for older adults are well below the Public Health Agency of Canada's target rates (e.g., 80 percent target rate for pneumococcal immunizations in adults over 65 versus 42 percent actual rate).
- A lack of awareness about which vaccines are needed and when, as well as confusion around the role of healthcare providers in recommending vaccinations, contribute to low vaccination rates among older adults.
- While monitoring and tracking vaccinations through a digital reminder system has been shown to improve immunization rates for children, there has been less focus from researchers on tracking and increasing the immunization rates of older adults.
- This program implemented an existing Canadian digital immunization platform, known as CANImmunize, to help improve immunization rates for older adults in assisted, independent, and retirement living facilities.
  - The platform allowed older adults and their caregivers to access immunization records, view recommended vaccination schedules, and receive vaccination reminders on a secure website adapted for older adult use.
  - The platform also shared the immunization status of residents with care staff, who could prompt them to receive overdue vaccines.
- The primary goal of the project was to evaluate changes in older adults' pneumococcal immunization rates. The project also assessed changes in influenza, shingles, and COVID-19 immunization rates.
- The platform was implemented at three assisted/independent living facilities in Fredericton. Ten older adults (7 women and 3 men, aged 63 to 86 years) were recruited to participate. Data was also collected from a staff member at one of the assisted living facilities.

<b>HSPF Focus Area</b>	Using supportive technologies to foster healthy aging at home and in our communities
<b>Project Start &amp; End Date</b>	May 1, 2020 – March 31, 2024
<b>Organization/Agency</b>	Centre for Innovation and Research in Aging (CIRA), CANImmunize, Bruyère Research Institute
<b>Location</b>	Fredericton
<b>Principal Investigator(s)</b>	<a href="#">Justine Estey</a> and <a href="#">Dr. Kumanan Wilson</a>

Indicator	Impact / Outcome / Result	Quote
<b>Safety</b>	<ul style="list-style-type: none"> <li>• Surveys indicated that 4 of 10 participants had received a pneumococcal immunization before the program. There was no change in pneumococcal immunizations during the program.                             <ul style="list-style-type: none"> <li>• During interviews, some participants noted that they were not aware that they should receive a pneumococcal immunization over the age of 65.</li> </ul> </li> <li>• Most participants stayed up to date with their influenza and COVID-19 immunizations over the course of the study. One participant received a shingles vaccine during the study (from a baseline rate of 1 of 10 participants).                             <ul style="list-style-type: none"> <li>• Several participants reported during interviews that they would receive the shingles vaccine if it was free.</li> </ul> </li> </ul>	<p>While the majority of participants indicated that they preferred paper vaccine records over digital records, 5 of the 7 participants who completed the final survey would still recommend CANImmunize for other people to use. One participant explained: <i>“Trying to remember a piece of paper somewhere, and not being able to find if you had a shot done, but I can check my online CANImmunize account now.”</i></p>

Indicator	Impact / Outcome / Result
<b>Caregiver Burden</b>	<p data-bbox="277 149 1455 212"><i>One assisted living facility staff member was interviewed. Although insightful, the single case limits generalizability of the outcomes. These results should be viewed with caution.</i></p> <ul style="list-style-type: none"> <li data-bbox="277 233 1513 485"> <p data-bbox="277 233 1513 289">• The staff member expressed concern about the additional time required to manage resident immunization records through a digital platform.</p> <ul style="list-style-type: none"> <li data-bbox="375 296 1513 359">○ Since staffing constraints were common in the staff member's context, they felt that staff were unable to take on additional tasks.</li> <li data-bbox="375 365 1513 428">○ The program did not reduce the participant's workload. Managing residents' immunization records was not a job responsibility before the program.</li> <li data-bbox="375 434 1513 485">○ Immunizations were not a commonly requested care need in the staff member's personal experience and facility context.</li> </ul> </li> </ul>

### Methods and Comparison

The project assessed CANImmunize data and surveyed older adult participants before and after the implementation of the digital platform to measure changes in immunization rates. Interviews were also conducted with older adult participants and one assisted living facility staff member to capture their perceptions and experiences with CANImmunize.

### Conclusions and Lessons Learned

- Project outcomes provide insight into the immunization rates of older adults in a small sample, but generalizability of the findings is limited due to the project's small sample size.
- More research is still needed on the immunization rates of older adults.
- The COVID-19 pandemic significantly impacted the project.
  - Recruitment was impacted by COVID-19 fatigue and vaccine hesitance.
  - Much of the immunization data collected relates to COVID-19, rather than pneumococcal, immunization habits and experiences.
- Older adults' access to and relationship with technology impacted their engagement with the digital immunization platform, with some participants lacking regular access to internet-enabled technology and other participants wary of spam email communications (e.g., when they received digital reminders from the project team).
- Many of the older adults in the sample still desired paper immunization records instead of, or in addition to, digital records.

### Recommendations

- Decision-makers at assisted living facilities should consider implementing policies for communal access to technology, such as shared computers for resident use.
- Experiment with different methods to engage older adults through technology (e.g., include the researcher's full name and credentials in email communications and send text messages in addition to email reminders).
- Include the option for users to print their digital records in future digital immunization platforms.

### Next Steps

The program has not secured or applied for additional funding, as the web-based digital platform used in the study has been discontinued for public use. Participants were encouraged to use CANImmunize's free public mobile application after the study.

### Disclaimer

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*Financial contribution from*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

# Reconnecting with GENIE: Evaluating the Impact of a Telecommunications Portal on Social Isolation in Long-Term Care

## Summary

- Maintaining social relationships improves mental health while helping combat feelings of social isolation. However, older adults living in long-term care (LTC) often face challenges connecting to family members, especially family who live far away.
  - Scheduling conflicts between family members, LTC residents, and LTC staff make it difficult to coordinate real-time in-person and virtual visits. Older adults in LTC may also experience barriers to navigating virtual communications platforms due to lack of familiarity with technology or challenges with hand and finger coordination.
- This pilot project introduced a standalone communications platform in LTC facilities to help address older adults' feelings of social isolation. The platform, known as GENIE, was specifically designed in collaboration with older adults to ensure ease of independent use. Because it is asynchronous (non-simultaneous), GENIE allows users to exchange messages, videos, and photos with family members and friends at convenient times for older adults and LTC staff.
- The goal of the evaluation was to assess the impact of GENIE on older adults' social isolation, loneliness, mood, emotional wellbeing, and sense of belonging.
  - Expected outcomes included improved mental and emotional health status and decreased rates of social isolation, loneliness, and depression in older adults living in LTC.
  - It was also anticipated that family members would experience lower levels of stress and worry about their loved ones, older adults and family members would report satisfaction with the platform, and LTC staff would report satisfaction with the platform and reduced burden at work.
- To assess GENIE's impact, the platform was implemented at 5 LTC homes in rural and urban locations across New Brunswick (intervention (TX) group). 5 additional facilities did not use GENIE (control (CTRL) group). At the end of the project, health outcomes were compared for GENIE users over time as well as between the TX and CTRL groups.
  - The TX group constituted GENIE users (i.e., sent >10 messages on GENIE over 3 months) and included 14 older adults (average age 88 years; 9 females and 5 males). The CTRL group included 14 non-GENIE users (average age 83 years; 9 females and 5 males). Data was also collected from 5 staff members and 15 family members at the intervention sites.

<b>HSPF Focus Area</b>	Increasing independence, quality of life, and promoting healthy lifestyles
<b>Project Start &amp; End Date</b>	August 1, 2021 – March 31, 2024
<b>Organization/Agency</b>	Centre for Innovation and Research in Aging (CIRA)
<b>Location</b>	Fredericton, Moncton, Saint John
<b>Principal Investigator(s)</b>	<a href="#">Justine Estey</a>

Indicator	Impact / Outcome / Result	Quote
-----------	---------------------------	-------

*Full findings are described in project reporting but are not presented as part of this summary. Please contact the project principal investigator for more information.*

<b>Social Isolation</b>	<ul style="list-style-type: none"> <li>• After using GENIE for 3 months, there was no significant difference in older adults' perceived level of social connections or satisfaction with their social connections/networks.</li> <li>• Observational evidence that was collected from the project team and a small number of LTC staff suggests that GENIE had a positive impact on older adults' engagement with family members.</li> </ul>	<p>GENIE was "life-changing" for one older adult participant because it was the only way they could stay in touch with their family members; they expressed feeling a shift from being distanced and unable to engage in discussion to feeling engaged and active in their loved ones' lives.</p>
-------------------------	--	---

## Indicator Impact / Outcome / Result

- | Indicator            | Impact / Outcome / Result   |
|----------------------|---|
| <b>Mental Health</b> | <ul style="list-style-type: none"><li>• After 3 months of GENIE use, there was no significant difference between GENIE users and non-GENIE users' mental health outcomes (i.e., feelings of loneliness and depression), as measured by survey responses to the UCLA Loneliness Scale and Geriatric Depression Scale.</li><li>• However, after using GENIE, older adults' self-reported emotional wellbeing was significantly higher than the CTRL group (who did not have access to GENIE), as measured by responses to the RAND 36-Item Health Survey.</li></ul> |

### Methods and Comparison

The impact of GENIE on older adults' mental and emotional health was assessed using surveys, observational data, and interviews. Outcome comparisons for GENIE users (TX group) were made before and after three months of GENIE use as well as between GENIE users (TX) and non-GENIE users (CTRL).

### Conclusions and Lessons Learned

- Observational data suggests that GENIE had a positive impact on the mental and emotional health of the small sample of older adults who participated in the study. However, these findings should be interpreted cautiously due to the subjective nature of observational data. There was also a large amount of missing data and only a limited number of statistically significant results (which is perhaps due to the small sample size of the study). Altogether, these findings indicate that further research is needed to assess GENIE's impact on older adults.
- Due to physical and/or cognitive limitations, most older adults who participated in the study were unable to navigate GENIE on their own.
- Internet stability, family dynamics, family users' access to and comfort with smart technology, LTC staff members' workload, and older adults' cognitive status were key barriers that limited older adults' engagement with GENIE.
- GENIE may not be suitable for all older adults in LTC considering high rates of cognitive decline and LTC staffing shortages. Instead, GENIE may be better suited for more independent older adult populations.
- Some validated measurement scales may not be appropriate for all older adult populations, especially those living in LTC facilities. Research tools that require recollection may not be appropriate for participants who experience cognitive decline.

### Recommendations

- Implement GENIE with more independent older adult populations.
- The project team has developed a "Best Practices Guide" based on lessons learned from the pilot project. This guide clearly outlines family member and LTC staff roles and responsibilities and should be used to guide any future implementations of GENIE.
- To ensure accurate and high-quality data, research tools and measurement scales should be adapted to the population being studied (e.g., using measurement scales that are appropriate for adults living in LTC and incorporating more comprehensive observational analysis).

### Next Steps

- The 10 LTC sites that participated in the pilot project are interested in continuing to use GENIE with their residents.
- Reconnecting with GENIE has applied for, but not yet secured, scale-up funding to implement GENIE in communities with more independent older adults (e.g., adult day programs and independent living environments). One LTC site is interested in participating in the next phase of the project if funding is secured.

### Disclaimer

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*Financial contribution from*





C0061

# Spread and Scale of a Polypharmacy App to Improve Health Outcomes of Older Adults Living in New Brunswick Nursing Homes

Last updated: July 2024

## Summary

- Older adults are living longer and taking more medication as they age. Medication is intended to help people stay healthy, and residents of long-term care (LTC) facilities are often prescribed multiple medications at once. However, some medications may cause uncomfortable or dangerous side effects.
  - To ensure patients' medications are safe, doctors or pharmacist sometimes perform a prescription check-up. During a prescription check-up, the doctor/pharmacist reviews all the medications a patient is taking to identify any potentially inappropriate medications (PIMs), and if these PIMs can be reduced or discontinued. While prescription check-ups often lead to improved patient safety, they can be complicated and time-consuming.
- To help make the medication review process easier and quicker, this program introduced a digital application (app) called MedReviewRX. Using information from a patient's medical chart, combined with medication safety information from an electronic tool, MedReviewRX generates a report that summarizes any PIMs and provides suggestions for reducing or stopping unneeded or dangerous medications.
  - The goal of the program was to test an easier way to conduct prescription check-ups while reducing the number of PIMs patients are taking in LTC facilities.
- MedReviewRX was implemented in five LTC facilities across New Brunswick following a needs assessment to understand each facility's process and workflow. Patients at the sites were divided into three groups, with each group serving as its own control group. Outcomes were compared between the control and intervention groups to assess differences in medication deprescription rates.
- 725 older adults participated in the control phase, while 621 of the same older adults participated in the intervention phase. Of the 725 total older adults enrolled in the project, 478 participants identified as women and 247 participants identified as men. 629 participants indicated that their primary language was English and 92 participants noted that their primary language was French.
  - 7 LTC staff members (6 women and 1 man) and 11 prescribers (3 women and 8 men) were also surveyed and/or interviewed on usability and satisfaction with the app.
  - Data on family member/caregiver attitudes toward deprescribing was collected from 38 informal caregivers (26 women and 12 men).

## HSPP Focus Area

Using supportive technologies to foster healthy aging at home and in our communities

## Project Start & End Date

April 6, 2020 – March 31, 2024

## Organization/Agency

Centre for Innovation and Research in Aging (CIRA), York Care Centre, Horizon Health Network, McGill University Health Centre

## Location

Fredericton, Saint John, Moncton, Riverview, Quispamsis

## Principal Investigator(s)

[Dr. Carole Goodine](#), [Dr. Emily Gibson McDonald](#), and [Justine Estey](#)

Indicator	Impact / Outcome / Result	Quote
<i>Full findings are described in project reporting but are not presented as part of this summary. Please contact the project principal investigators for more information.</i>		
<b>Safety (Deprescribing PIMs)</b>	<ul style="list-style-type: none"> <li>• 36.4% of the intervention group had one or more PIMs stopped or reduced, compared to only 12.7% of the control group. This was a statistically significant improvement.</li> </ul>	<p>"So far, from what I've heard from the drug review team, they really enjoy the app and they want to keep this available after the project is done because they do find it helpful."</p>

Indicator	Impact / Outcome / Result
-----------	---------------------------

**Safety (Deprescribing PIMs)**

- Compared to the control group, a higher level of deprescribing occurred for the intervention group across all classes of medication except for non-steroidal anti-inflammatories.
  - These included medication classes often associated with negative side effects, such as opioids (deprescribing for 34.4% of users in the intervention group versus 14.4% in the control group) and benzodiazepines (deprescribing for 18.9% of users in the intervention group versus 9.6% in the control group).
- All surveyed prescribers (n=6) indicated that they made changes to patients' medications because of the app.

All surveyed prescribers were also either "likely" or "very likely" to continue to seek out deprescribing opportunities in the future.

**Methods and Comparison**

- Older adult participants were split into three groups, with each group serving as its own control group. Control and intervention periods varied between groups: Group 1 had a 3-month control period and 9-month intervention period; Group 2 had a 6-month control period and 6-month intervention period; and Group 3 had a 9-month control period and 3-month intervention period. Deprescribing rates were compared using a statistical model.
- Prescriber feedback on app usability, acceptability, and satisfaction was collected through a survey.

**Conclusions and Lessons Learned**

- MedReviewRX is an effective tool for reducing the use of PIMs at LTC facilities, including medications that are often associated with negative side effects.
- Conducting a needs assessment at the beginning of the project was crucial to understanding each facility's work processes and ensuring a smooth roll-out of the app.
- Allocating time for troubleshooting, technology development, and incorporating user feedback helped promote the app's usability and user satisfaction.
- Some prescribers remain hesitant to use digital apps, preferring paper methods for medication management.

**Recommendations**

- Before finalizing a research study design, conduct a needs assessment to ensure that participating sites' unique processes and workflows are considered and incorporated.
- Allot sufficient time in the project design for technology updates based on user feedback.
- Educate healthcare providers on the benefits of electronic processes to reduce their hesitancy toward using a digital app.

**Next Steps**

This project has not yet secured scale-up funding. The project team is currently exploring options for sustainability of the app, including opportunities for commercialization.

**Disclaimer**

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*Financial contribution from*



Public Health Agency of Canada    Agence de la santé publique du Canada



C0062

## Supporting Seniors' Quality of Life in Long-Term Care – Early Integration of a Palliative Approach to Care

Last updated: August 2024

### Summary

- New Brunswick has an aging population, with an increasing number of older adults living in long-term care (LTC). These older adults often have serious long-term health issues, and they will eventually require end-of-life or palliative care services.
- The goal of palliative care is to improve the quality of life of people with serious illnesses and their families by way of early identification, assessment, and treatment of physical, emotional, and spiritual issues to help relieve and prevent suffering.
- Despite the benefits of palliative care for LTC residents and their family members, there are challenges to integrating palliative care into LTC services, including cost, lack of accessibility, and the time commitment required from LTC staff for palliative education, training, and mentoring.
- To help address these challenges, this program introduced a 12-module online palliative care education program for LTC staff, focusing on different end-of-life care topics. The program design originally included in-person peer mentorship, but this was deemed unfeasible due to LTC staffing constraints.
  - The program aimed to improve the experience of LTC staff in applying a palliative approach to care while integrating the palliative approach into LTC homes' usual care processes. In turn, the program was expected to improve the care experience and outcomes of older adults and their families living with serious illnesses.
- The education program was deployed at one LTC home in New Brunswick over a 12-month period, with one new module posted each month. All 168 care staff at the facility, including Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Resident Attendants (RAs), had access to the program.
- 53 LTC staff (41 women and 12 men) were surveyed on their competence in palliative care before the deployment of the education program and 35 LTC staff (30 women and 5 men) were surveyed on their palliative care competence after the deployment of the program. The pre- and post-survey participants were not all unique, as it was not possible to maintain a paired (matched) sample. 7 additional staff members (6 women and 1 man) were interviewed on their perception of palliative care at the LTC facility before and after the deployment of the education program. Data was also collected from 22 family members of LTC residents.

### HSPP Focus Area

Developing innovative care pathways

### Project Start & End Date

February 7, 2020 – March 31, 2024

### Organization/Agency

Centre for Innovation and Research in Aging (CIRA), Victoria Hospice

### Location

Fredericton

### Principal Investigator(s)

[Justine Estey](#)

Indicator	Impact / Outcome / Result	Quote
-----------	---------------------------	-------

*Full findings are described in project reporting but are not presented as part of this summary. Please contact the project principal investigator for more information.*

### Health Care System Barriers

- There were no statistically significant differences in palliative care competency scores before and after the deployment of the education program for RNs and LPNs.
- However, following the deployment of the education program, RAs demonstrated a statistically significant ( $p < .05$ ) improvement in the "Physical Needs - Other Symptoms" domain (i.e., symptoms other than pain) of the palliative care competency survey.

*"[T]he whole idea of getting to know the resident and family, you're kind of initiating it right from the get go ... because the more you know about that resident, the better end of life care you're going to provide."*

Indicator	Impact / Outcome / Result
<b>Health Care System Barriers</b>	<ul style="list-style-type: none"> <li>Results from post-program interviews (n=5) suggest that LTC staff members prefer a dedicated, quiet space for learning with access to a computer, as well as more opportunities for in-person training.</li> <li>These results should be interpreted with caution given small sample sizes.</li> </ul>
<b>Repeat Usage</b>	<ul style="list-style-type: none"> <li>The total number of LTC resident deaths in October 2020, before the deployment of the education program, was seven. The total number of resident deaths in October 2021, after the deployment of the education program, was four. All four of these residents passed away at the place of their choosing (York Care Centre).</li> <li>There were no distinct differences in the quality, quantity, or type of information in the progress notes on the individual resident charts for residents who passed away before and after the deployment of the program.</li> </ul>

### Methods and Comparison

LTC staff members completed the Palliative Care Nursing Self-Competence Scale survey before and after the deployment of the education program in order to measure their level of improvement in palliative care competence across ten different domains. Additional staff members were interviewed before and after the deployment of the program on their perception of palliative care at the LTC facility.

### Conclusions and Lessons Learned

- Based on the project results, online education is a feasible way to promote a palliative approach to care in LTC facilities. However, further research involving a larger sample size, paired samples, and additional LTC facilities is required to fully assess the impact of the intervention.
- Some LTC staff prefer opportunities for in-person training instead of, or in addition to, online education.

### Recommendations

- Conduct a needs assessment across LTC facilities to gain a better understanding of current palliative care practices, best practices, and the online and/or in-person tools that are currently in use.
- Incorporate opportunities for in-person learning into future palliative care education initiatives.
- When funding new programs, make sure to connect programs that are working on similar topics so that they can share lessons learned.

### Next Steps

The project results will be shared with other LTC facilities across New Brunswick. However, due to the success of a similar research project, Palliative Approach to Care is not planning to sustain or scale the program.

### Disclaimer

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*Financial contribution from*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada



C0103

## Proactive Care for Persons with Dementia: Using In-Home Passive Sensors to Reduce Caregiver Stress and Promote Aging in Place

Last updated: August 2024

### Summary

- New Brunswick's population is aging rapidly, with more older adults expected to be living with Alzheimer's Disease and related dementias (ADRD) in the coming years.
- ADRD can endure and worsen for up to 20 years, often necessitating hands-on care in the home. Due to the limited capacity of the formal healthcare system, this care is often provided by informal caregivers – usually family members and friends of the person living with ADRD.
  - Informal caregivers may experience high levels of stress and burden as they attempt to manage their own lives while ensuring the safety and wellbeing of the person living with ADRD.
  - Issues with timing and availability mean that there are times when caregivers are unable to check in on their loved one living with ADRD. Moreover, check-ins by informal caregivers offer only a limited snapshot of the condition and needs of the person living with ADRD.
- Behavioural monitoring devices (e.g., wearables, cameras, or listening devices) can facilitate safe aging in place for people living with ADRD while lessening the stress and burden felt by their informal caregivers. However, many of the monitoring devices that are currently available for use only provide alerts in the event of an emergency. People living with ADRD may also find these devices to be intrusive and an invasion of their privacy.
- To address these issues, this program introduced a passive monitoring system in the homes of older adults living with ADRD. Known as PassiveAware, the technology consists of “tags” placed on objects around the home to monitor behavioural patterns. The technology can detect behaviours that might signal disease progression.
  - Informal caregivers were able to receive PassiveAware notifications and alerts.
  - The project aimed to alleviate caregiver stress and burden and facilitate safe aging in place for people living with ADRD.
- Two “dyads”, each consisting of one person living with ADRD (care receiver – two women over age 65) and one informal caregiver (two women), were recruited to participate in the study. The PassiveAware technology was installed in the care receivers' homes over a period of six months.

<b>HSPF Focus Area</b>	Using supportive technologies to foster healthy aging at home and in our communities
<b>Project Start &amp; End Date</b>	July 1, 2021 – March 31, 2024
<b>Organization/Agency</b>	Centre for Innovation and Research in Aging (CIRA)
<b>Location</b>	Fredericton
<b>Principal Investigator(s)</b>	<a href="#">Justine Estey</a>

Indicator	Impact / Outcome / Result	Quote
	<i>Full findings are described in project reporting but are not presented as part of this summary. Please contact the project principal investigator for more information.</i>	
<b>General Health</b>	<p>During interviews, both caregivers indicated that PassiveAware gave them <u>increased</u> insight into the <b>schedule and behaviours</b> of the care receivers, helping them manage care needs.</p> <p>While neither caregiver reported being able to predict a <b>future medical issue</b> while using the technology, both caregivers reported an <u>improvement</u> in <b>care planning</b> and <b>decision making</b> due to a better understanding of the care receivers' behavioural patterns.</p>	<p><i>“If my mother was still in her own home I absolutely would [continue using the technology] ... I felt that it benefited my life a great deal.”</i></p>

Indicator	Impact / Outcome / Result	Quote
<b>Caregiver Burden</b>	<p>The level of <b>caregiver burden</b>, as measured by the Zarit Burden Interview, <u>decreased</u> for both caregivers by the end of the project.</p> <p>One caregiver's burden score increased mid-study before decreasing by the end of the study to a lower level than the pre-study score. Based on interview data, the mid-study increase in caregiver burden may have been the result of the care receiver's worsening condition, which contributed to the caregiver's overall level of stress.</p>	<p><i>"I feel overall more stressed because Mom is doing poorly, I feel less stress than I would without [the technology] ... I feel less stressed than I otherwise would."</i></p>

### Methods and Comparison

Caregivers were surveyed and interviewed before, during, and after use of the PassiveAware technology to measure changes in their levels of stress, burden, and wellbeing as well as their perception of the caregiving experience, care planning and decision-making process, and positive aspects of caregiving. Data on care receiver hospitalizations and transitions to long-term care was also collected.

### Conclusions and Lessons Learned

- Passive monitoring technology may be an effective tool in decreasing informal caregivers' levels of stress and burden while facilitating the longer-term care planning process. However, given the project's low sample size, further research involving both an intervention and control group is needed to measure the intervention's impact on both caregivers and care receivers.
- Recruiting caregiver participants can be challenging due to their high levels of fatigue and stress.
- Caregivers and older adults might be reluctant to participate in a research project involving technology if they do not think they need it, do not understand its value, or are uncomfortable using it.

### Recommendations

- Implement a larger-scale research study with the use of an intervention and control group.
- To facilitate increased recruitment with a more diverse group of participants, partner with community organizations who have existing relationships with caregivers and older adults.
- During the recruitment phase, emphasize the passive (non-intrusive) nature of the technology to potential participants; if possible, allow the participants to look at and/or try out the technology before they consent to the project.

### Next Steps

- Proactive Care for Persons with Dementia has secured funding through the Centre for Aging + Brain Health Innovation (CABHI) to extend the program until September 2024 with additional participants from across New Brunswick, Nova Scotia, and Ontario.
- The program is also exploring opportunities for commercialization of the PassiveAware technology.

### Disclaimer

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*Financial contribution from*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

# Home-Based and Residence-Based Virtual Reality Training to Increase Rehabilitative Exercise in Seniors

## Summary

- Regular exercise can help seniors maintain their mobility and independence and decrease their risk of injury.
  - Despite the importance of exercising, seniors often experience challenges to completing regular exercise, including transportation, cost, weather conditions, low motivation, and fear for their safety.
- This project used virtual reality (VR) to help seniors safely, enjoyably, and effectively participate in an exercise program.
- The project team assessed whether using VR would improve strength, balance and gait, and general overall health. These improvements were expected to lead to fewer falls, emergency room (ER) visits, and hospital stays.
- Two separate groups of seniors were recruited – those living in their own home and those living in a long-term care residence.
- Of the 47 seniors who participated in the project, 24 were given 20-30 minutes of VR exercises 3-5 times per week for 8 weeks (intervention group) and 23 were instead instructed to complete their usual exercises for 8 weeks (control group). At the end of the project, outcomes relating to participants' health and physical function were compared between the two groups.
  - 31 long-term care residents (21 females – average age 85 years; 10 males – average age 79 years) were split between the intervention (16 participants) and control groups (15 participants).
  - 16 community-dwelling seniors (11 females – average age 72 years; 5 males – average age 76 years) were separated into intervention and control groups (8 participants each).

<b>HSPF Focus Area</b>	Increasing independence, quality of life, and promoting healthy lifestyles
<b>Project Start &amp; End Date</b>	April 1, 2019 – March 31, 2023
<b>Organization/Agency</b>	Centre for Innovation and Research in Aging (CIRA), York Care Centre, Bruyère Research Institute
<b>Location</b>	Fredericton, Woodstock, Saint John, Stanley, Gagetown
<b>Principal Investigator(s)</b>	<a href="#">Lisa Sheehy</a> and <a href="#">Justine Estey</a>

Indicator	Impact / Outcome / Result
<b>Falls</b>	<p>Evidence suggests that <b>community- and facility-based VR is a safe way for seniors who met the study's inclusion criteria to exercise.</b></p> <ul style="list-style-type: none"> <li>• The community-dwelling sample experienced no falls, ER visits, hospitalizations, or long-term care admissions during the project period.</li> <li>• The facility-based sample experienced 4 falls (3 intervention, 1 control), 1 ER visit (control), 2 hospitalizations (control), and 1 death (control).</li> <li>• No falls occurred during VR exercise.</li> <li>• The data compare favourably to the average national senior falls rate (30% annually) and average provincial rate of senior ER visits (6% annually).</li> </ul> <p>Due to the small sample size, these findings should be interpreted with caution. These samples may not accurately represent the entire population.</p>
<b>General Health</b>	<p>Although participants reported in interviews that they <b>enjoyed the VR</b> and that <b>it helped them increase their exercise and mobility</b>, there were <b>no statistically significant improvements</b> in the intervention groups' balance, mobility, gait, or quality of life.</p> <ul style="list-style-type: none"> <li>• The facility- and community-dwelling intervention groups did an extra 22 or 23 sessions of exercise respectively, averaging 23 or 27 minutes per session over 8 weeks.</li> </ul> <p>Most of the participants who were interviewed indicated that they wanted to continue using the VR after the project was completed.</p> <div style="float: right; border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p><i>"It was excellent to stay on track with consistent exercise."</i></p> </div>

## Methods and Comparison

- The VR program's effectiveness and feasibility was measured using tests of physical function, questionnaires, participant interviews, VR system usage data, and an exercise logbook.
- To explore the program's impact on the healthcare system, the project tracked seniors' ER visits and hospital stays.

## Conclusions and Lessons Learned

- VR exercise may be a safe way to increase the uptake of exercise for seniors who can sit or stand for at least 20 minutes, have no health conditions that preclude mild to moderate exercise, and have someone available to supervise their sessions. However, further research is needed to assess the specific impacts of VR exercise on seniors' balance, mobility, gait, and quality of life.
- Technology is often presented as a challenge for seniors to learn to navigate. However, seniors' ability to engage with technology should not be underestimated. Qualitative data indicated that seniors familiarized themselves with and enjoyed using the VR technology during the project.
- Healthcare staff found it challenging to supervise VR exercise in long-term care settings due to high existing workload demands and staff turnover (partly due to the COVID-19 pandemic). Adaptations in the project design (e.g., the addition of a volunteer base to supervise VR exercise sessions) helped address this barrier.
- The effects of the COVID-19 pandemic resulted in low sample sizes. This made it difficult to recruit seniors, conduct the study, and reliably assess project outcomes.

## Recommendations

- Market the use of technology to seniors.
- Consider enlisting the help of family members and/or volunteers to supervise exercise interventions.
- Seniors living in their own homes and in long-term care residences should consider VR exercise as a safe way to increase their active minutes.

## Next Steps

- Three long-term care facilities have expressed interest in continuing to use VR with their residents, dependent on funding for equipment and licensing.
- VR for Rehabilitation has not yet secured scale-up funding. The project is continuing to explore further funding opportunities.

## Disclaimer

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*Financial contribution from*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

# Human Rights of Older Adults

Development, implementation, and evaluation of a bilingual rights-based data repository: An Educational intervention to improve knowledge about the human rights of older adults.



Aging rights are human rights.



<https://agingresearch.ca/aging-rights>



[agingrights.ca](http://agingrights.ca)

1

## Our Team



Kelsey Rusk  
Norma Chinho  
Molly Schriver

Amelie Brutinel

Dr. Natasha Gallant  
Venezya Thorenstein

## Funder



Public Health Agency of Canada / Agence de la santé publique du Canada

2

## The Problem



Nearly 1 in 5 older adults in Canada report facing age-based discrimination, a figure likely to increase as the population ages. The Older Person's Human Rights Indicator Framework (OPRIF) data repository aims to combat this by providing real-time, evidence-based insights to support the protection and promotion of older adults' rights across the country.

3

## The Plan



**Organizations that support  
older adults, stakeholders**



**Older Adults who use the  
organizations / have been  
affected by stakeholder**

The OPRIF is expected to improve access and searchability, allowing for real-time updates of data sets. This will streamline the process for decision-makers, stakeholders, governments, and NGOs to access vital information. As a result, they will be better equipped to uphold the human rights of older adults while developing, implementing, and evaluating policies, programs, and practices.

4

# Human Rights Indicators

- 1. Healthcare Access and Quality looks like**
  - Affordable healthcare access for older adults
  - Availability of geriatric specialists and age-friendly facilities
  - Preventable diseases and vaccination rates among older adults
- 2. Housing and Outdoor Spaces looks like**
  - Access to affordable, age-friendly housing and home modification programs
    - Housing quality, including safety features
  - Clean, accessible public spaces and age-friendly infrastructure
- 3. Economic Security and Transportation looks like**
  - Financial stability, poverty rates, and access to pensions for older adults
  - Employment opportunities and support for older adults who wish to work
    - Safe, affordable, accessible transportation options
- 4. Human Rights, Social Inclusion, and Legal Protections looks like**
  - Older adults' engagement in community events and decision-making
    - Ageism, discrimination rates, and anti-ageism policies
  - Access to legal representation, and rights to autonomy and self-determination
- 5. Well-being and Lifelong Development looks like**
  - Physical and mental health indicators
    - Indicators for chronic conditions
  - Access to mental health support and social networks
  - Opportunities for education, skill-building, and accessible information

5

## Project Participants Wanted for a Research Study Activities



Aging rights are  
human rights.

We are looking for **participants** for a research study on human rights. We are looking for older adults, organizations, industry partners and decision makers in your area.



[agingresearch.ca](https://agingresearch.ca)

### Participation includes:

- Consent form
- A couple of surveys
- An interview (optional)
- Participate as little or as much as you'd like, and help create a new database of helpful resources

6

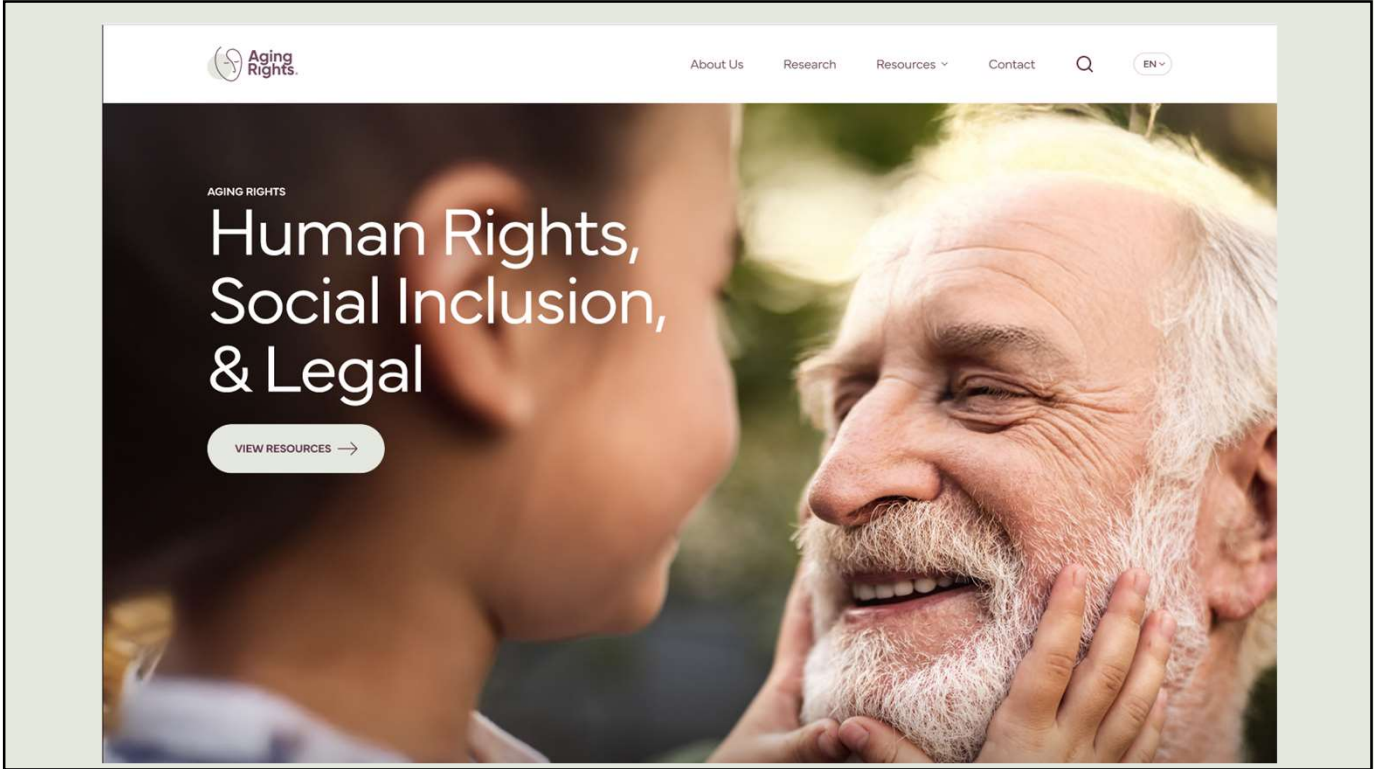
## Recruitment

- 6 organizations surveyed so far
- 2 qualitative interviews done with organizations (Ability NB and [Bien vieillir chez soi Beausoleil](#) from the Aging Symposium)
- Dozen interviews/ surveys scheduled
- Molly is doing policy document scans for the resource section of the website
- Website launch Feb and phase 2 of users evaluating the site content will begin

7



8



9

OUR MISSION

# To create a Canada where the rights of older adults are protected, valued and understood.

Through the Older Person's Human Rights Indicator Framework (OPRIF), we provide communities with accessible, bilingual data tools to ensure that the dignity, autonomy, and wellbeing of older individuals are respected and upheld. We are committed to empowering community action and fostering a society that champions the rights of all older persons.



10

OUR GOALS

## I

### Promote Awareness & Advocacy

Provide accessible research driven data and resources to educate communities and support advocacy efforts focused on the human rights of older adults.

## II

### Enable Data-Driven Community Action

Offer customizable tools that allow organizations and individuals to monitor, assess, and respond to local needs, ensuring that older adults' rights are recognized and prioritized.

## III

### Foster Collaboration and Knowledge Sharing

Build a platform for stakeholders—policymakers, service providers, and communities—to share insights, best practices, and strategies that protect and uplift the rights of older adults across Canada.

11

+
Public Health Agency of Canada

Q
Search

Our Socials

**Contact Us**  
 100 Sunset Drive  
 Fredericton, New Brunswick  
 E3A 1A3  
 Canada

✉ 1-506-444-3880 ext. 2562  
 ☎ communications@ycc-cira.ca

**About Us**  
 Our Partners

**Research**  
 Case Studies  
 Participation

**Resources**  
 Healthcare Access  
 Housing & Outdoor Spaces  
 Social Inclusion & Legal Protection  
 Well Being & Lifelong Development  
 Economic Security & Transportation


**Contact Us**  
 Get in Touch

## Aging Rights are Human Rights.

Copyright © 2024 CiRA / Centre for Innovation and Research in Aging - All Rights Reserved.

12

## Resource Categories.




INDICATOR AREA FOUR

### Human Rights, Legal & Social Inclusion

[VIEW RESOURCES →](#)

- + Older adults' engagement in community events and decision-making.
- + Ageism, discrimination rates, and anti-ageism policies.
- + Access to legal representation, and rights to autonomy and self-determination.



INDICATOR AREA TWO

### Housing & Outdoor Spaces.


[VIEW RESOURCES →](#)

- + Access to affordable, age-friendly housing and home modification programs.
- + Housing quality, including safety features.
- + Clean, accessible public spaces and age-friendly infrastructure.

13

## Most Recent Resources.


[VIEW ALL →](#)



January 12, 2025

**Evaluating the Impact of a Telecommunications Portal on Social Isolation**


Human Rights Home Care  
Social New Brunswick



January 12, 2025

**A study protocol for a stepped wedge cluster randomized trial.**


Housing Age 65-70  
Living at Home Canada



January 12, 2025

**Older Adults Living in Long-term Care in New Brunswick a baseline.**


Housing Age 75-90  
Mobility New Brunswick



January 12, 2025

**Early Implementation of a Palliative approach to care, quality of life.**

Well Being Age 60-70  
Quality of Life Palliative



January 12, 2025

**Spread and scale of an electronic deprescribing software to improve heal...**

Healthcare Age 75-90  
Heart Health Canada

14

All 224 Healthcare 128 Housing 38 Economic 26 Human Rights 82 Well Being 53

Population Group Health Conditions Type of Care Place of Care Health System Overview HSP Framework Data Holding Clear All X

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality Rates in the Aging →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality Rates in the Aging →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

January 12, 2025  
30 Day Acute Myocardial In Hospital Mortality →

15

## Future Research Directions

- Discussion with Seniors Advocate / Centre on Aging and Health (U Regina) pending to discuss ongoing updates post-funding
- Could pay to use this new base site as a new CIRA website

16



## **CODE OF ETHICS & PROFESSIONAL CONDUCT**

For Employees and Members of the Board

DRAFT

January 2025



# CODE OF ETHICS & PROFESSIONAL CONDUCT

## Message from the Board Chair and the President and Chief Executive Officer

The reputation of our organization is shaped by our actions, choices, and decisions each day. Together, we must:

- Work in the best interests of our residents and clients
- Act fairly and objectively
- Recognize and address conflicts of interest
- Think about how our actions may impact our residents, co-workers, clients, and community partners

Exercise our best judgment

- Protect the confidentiality of the information entrusted to us
- Come forward if we see something significant or material that we think is not in the best interests of the people we serve or our organization
- Have the courage to stand up for what is right

Our Code of Ethics & Professional Conduct (Code) outlines the values, principles and standards of conduct that guide our actions and interactions.

The Code is at the heart of our bylaws, principles, directives, policies, procedures, protocols, standards, codes of practice and any other applicable guidelines, regulations and directives that set out how we conduct ourselves as we carry out our work on behalf of York Care Centre, The Centre for Innovation and Research in Aging, and York Developments, herein referred to “The Organization”.

Sincerely,

---

Board Chair

---

President & CEO

# CODE OF ETHICS & PROFESSIONAL CONDUCT

## Table of Contents

APPLICABILITY .....	1
PURPOSE OF THE CODE.....	2
BASIC OBJECTIVES .....	2
ABIDING BY THE LAW.....	3
NON-DISCRIMINATION/RESPECTFUL BEHAVIOUR.....	3
HIRING.....	4
RELATIONSHIPS WITH SUPPLIERS .....	4
RIGHT TO INFORMATION.....	4
PUBLIC STATEMENTS/COMMENTS .....	4
PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION).....	5
CONFIDENTIAL INFORMATION – NON-PERSONAL .....	5
CONFIDENTIAL INFORMATION – PERSONAL .....	5
CORPORATE PROPERTY .....	5
MISAPPROPRIATION .....	6
CORPORATE RECORDS .....	6
SOFTWARE USAGE.....	6
INTERNET USAGE.....	6
WORK ETHIC.....	7
EXPENSES.....	7
RELATIONSHIPS.....	7
DRUG AND ALCOHOL-FREE WORKPLACE.....	8
OUTSIDE EMPLOYMENT .....	8
COMMUNITY ACTIVITIES .....	8
CONFLICT OF INTEREST .....	9
CONCLUSION.....	10

# CODE OF ETHICS & PROFESSIONAL CONDUCT

## APPLICABILITY

The provisions of this Code are mandatory and full compliance is required from all board members, employees, contractors, and volunteers.

Although specific elements of this Code are employee-specific, contractors and business partners are also required to comply where the provisions are relevant to doing business with the organization. For greater clarity, where applicable, the term ‘employees’ is inclusive of everyone working or doing business (paid or unpaid) with the organization.

This Code will be supplied to each employee at the time of hiring and will be reviewed by employees, when doing their annual on-line education modules. Any employee who becomes aware of a contravention of the Code must report the facts promptly to his or her supervisor or to a higher authority or see that they are so reported. Employees who make reports in good faith regarding another employee will be protected against retaliation, discipline, and other sanctions as stipulated in the *Whistleblower Protection Policy and the Public Interest Disclosure Act*.

Employees who are members of professional bodies, such as nurses, licensed practical nurses, and accountants must also conform to their respective professional codes of conduct.

Each department may have additional Operational Policies and Procedures that may be applicable in a particular situation. Employees should familiarize themselves with the applicable rules within their department as well as Corporate Policies and Procedures.

The Research and Ethics Committee of the Board of Directors has been charged with the responsibility for monitoring compliance of the Code with respect to the Board of Directors and the Chief Executive Officer.

# CODE OF ETHICS & PROFESSIONAL CONDUCT

## **PURPOSE OF THE CODE**

Employees continue to show their support for maintaining a commitment to excellent care to residents of the nursing home, tenants of its independent and supportive living units, and clients in the community.

This Code was developed with an understanding that personal integrity is quality of character and cannot be created by written rules. However, in assessing their conduct against general standards of integrity, employees may require some guidance.

The primary purpose of this Code is to provide such guidance to employees in making lawful and ethical decisions during employment.

Employees must fully comply with the rules contained herein which, when used with sound judgment and common sense, protect the organization, its employees, residents, tenants and clients in the community. Employees who breach the Code may be subject to disciplinary actions up to and including termination of their employment.

## **BASIC OBJECTIVES**

Underlying the Code of Ethics are the following objectives:

- To provide information about standards and practices for employees, prospective employees and other stakeholders.
- To promote universal understanding and application of ethical standards.
- To assist employees and directors in avoiding situations that might give rise to unprofessional conduct and/or conflict of interest.
- To encourage the most efficient and productive use of corporate resources while discouraging wasteful or fraudulent practices.
- To promote fair and honest dealings amongst employees, fair hiring and promotion practices, and equitable treatment of all employees, .
- To assist Senior Leadership and the Board of Directors in carrying out their responsibility of ensuring integrity of operations.

## **ABIDING BY THE LAW**

The organization has an obligation to comply with all applicable laws and regulations. Employees play a key role in maintaining such compliance.

Employees should make themselves aware of the complex and changing laws and regulations applicable to their functions. Should an employee be in doubt about these legal requirements or their responsibilities, they should contact Human Resources. A safeguard for employees is strict adherence to this Code, policies and procedures, operating rules, and regulations, including governance rules and financial signing limitations.

## **NON-DISCRIMINATION/RESPECTFUL BEHAVIOUR**

All persons are equal in dignity and human rights without regard to race, colour, national origin, place of origin, ancestry, religion, age, marital status, sex (including pregnancy and gender identity), sexual orientation, physical disability, mental disability, social condition (includes source of income, level of education and occupation), political belief or activity.

All employees are required to understand and adhere to the *York Care Centre Code of Professional Conduct*.

We seek to foster and promote safety, competence, care, respect, recognition, and inclusion in the workplace.

# CODE OF ETHICS & PROFESSIONAL CONDUCT

## HIRING

The organization has implemented and follows policies governing the hiring of new employees. Employees involved in a hiring process are required to be familiar with and adhere to these policies.

## RELATIONSHIPS WITH SUPPLIERS

The organization strives to maintain the highest ethical standards in its buying practices. In purchasing materials and services from numerous suppliers within and outside of New Brunswick, we subscribe to the principles outlined in the *Procurement Act* and the *Crown Construction Contracts Act*.

Employees responsible for buying, leasing, or otherwise acquiring materials and services are required to be familiar with these Acts and are required to follow the various procedures laid out by their department.

The organization does not require suppliers to forgo trade with others seeking similar service or products in the marketplace. It may, however, refuse to deal with a supplier who is in an actual or perceived conflict-of-interest situation.

## REQUESTS FOR INFORMATION

Unless prohibited by law, the organization meets all reasonable requests for information and provides information that is accurate, complete, and comprehensible. All requests for information are dealt with by the President & CEO and/or their designate.

## PUBLIC STATEMENTS/COMMENTS

On behalf of the Board of Directors, the President & CEO and/or their designate is the official spokesperson for the organization. Other than the CEO, board members, employees, volunteers, and contractors may not make any public statement or comment on policy issues on behalf of the organization, unless authorized by the President & CEO. This restriction applies to all forms of expression, including use of social media.

All employees are required to be familiar with and adhere to the organization's policies on use of social media. . ~~Statements of Policy and Procedures related to internet usage and social media.~~

The reputation of the organization represents significant effort to generate goodwill. No employees may make any public remarks that disparage its services, brand, reputation, or personnel.

# CODE OF ETHICS & PROFESSIONAL CONDUCT

## **PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION)**

The organization maintains a position of public trust and employees are expected to conduct themselves with honesty and integrity throughout the course of performing their duties. The *Public Interest Disclosure Act*, known as whistleblower legislation for the public service, provides the framework for the disclosure and investigation of significant and serious matters in the public service that are potentially unlawful, dangerous to the public or injurious to the public interest. The Act also provides protection to those employees who make a disclosure.

All employees are encouraged to become familiar with the *Whistleblower Protection Policy* and to make disclosures about any serious wrongdoings. The *Whistleblower Protection Policy* and related procedures are supplement to the Code of Ethics.

## **CONFIDENTIAL INFORMATION – NON-PERSONAL**

Confidential information gained by virtue of employment with the organization shall not be used for personal gain, and disclosure of said information to anyone outside is strictly prohibited without permission either during the employee's term of employment, or at any time thereafter. As a function of their employment, employees should share confidential information on a need-to-know basis only.

## **CONFIDENTIAL INFORMATION – PERSONAL**

Employees may from time to time collect, use, and have the need to disclose the personal information of its residents, tenants, clients in the community, fellow employees and/or third parties. The collection, use and disclosure of personal information shall be in strict compliance with the *Personal Health Information Privacy and Access Act*.

All employees shall adhere to the security measures as set out under the corporate policy *C-08-Confidentiality – Employees*, and *C-10 Confidentiality – Resident Information*, as well as any procedures and guidelines approved by their department.

## **CORPORATE PROPERTY**

Employees are responsible for the protection of all corporate property, including intellectual property, documents, electronic data and information, equipment, tools, materials, supplies and vehicles, including exercising safeguards to prevent theft, negligence or misuse. Without permission from the appropriate Director, employees may neither loan nor borrow corporate property for their personal use or the personal use of others. Specific processes exist and must be followed for the sale or destruction of corporate property.

# CODE OF ETHICS & PROFESSIONAL CONDUCT

## MISAPPROPRIATION

Employees are prohibited from making use of corporate funds, assets, or property, including electronic and information facilities, for their own personal gain or benefit, or from knowingly assisting another in such misappropriation.

The acquisition, disposal or removal of funds and assets by employees in the course of their employment must be transparent, and funds or assets must not be diverted for other than their proper use.

## CORPORATE BUSINESS RECORDS

Corporate business records must be prepared reliably and accurately. They are of critical importance in meeting our financial, legal, technical and management commitments. They are to be carefully safeguarded and kept current, relevant and accurate. Records should be disclosed only to authorized personnel or in accordance with lawful processes. In addition:

1. No unrecorded or inadequately recorded fund or asset shall be established or maintained.
2. No false, artificial, or misleading entries in the books and records shall be made.
3. No transaction shall be affected, and no payment shall be made with the intention or understanding that the transaction or payment is other than as described in the documentation evidencing the transaction or supporting the payment.
4. Records may only be destroyed according to the ~~applicable retention standards~~ – Corporate Policy A-G-052 Records and Documents – Retention and Destruction.

## SOFTWARE USAGE

Software agreements licensing the use of software permit the use of that software only in a specific manner. The agreements also typically contain clauses restricting the duplication, modification, conversion or otherwise alteration of the product. All employees must strictly adhere to provisions contained in the various agreements.

## INTERNET USAGE

The organization may provide employees with access to the information resources of the internet with the intention of providing access to knowledge while increasing productivity. It is important to use the Internet in a manner that ensures any actions fall within the corporate policies and acceptable levels of performance.

In addition to corporate restrictions, employees must be aware of and abide by restrictions relative to the downloading or copying of any material on the internet including but not limited to copyright restrictions regarding multimedia and music.

All employees are required to be familiar with and adhere to the corporate policies on Social Media (HR 5.14.NB and Wireless Devices P-14).

# CODE OF ETHICS & PROFESSIONAL CONDUCT

## WORK ETHIC

Employees are expected to show a strong work ethic, both with honesty regarding working hours and with concentration while at work. However, lack of concentration is sometimes not deliberate but is due to personal circumstances beyond the employee's control. Theft of time, that is, doing more than a nominal amount of personal business on company time, is prohibited.

Employees who find themselves distracted or preoccupied by personal issues during working hours should talk to their manager and/or seek assistance from Employee and Family Assistance programs which can be accessed through the Human Resources department.

## EXPENSES

Employees, volunteers, and contractors are required to ensure that reasonable expenses are charged only in accordance with corporate policy.

Anyone spending corporate money or personal money that will be reimbursed is expected to strive to ensure good value.

## RELATIONSHIPS

The organization makes substantial efforts to avoid compromising, or the appearance of compromising, the objectivity and reputation of our employees or the Corporation. Employees must maintain an appropriate relationship with those who report to them or to whom they report.

In addition, employees are required to maintain a professional boundary between themselves and the residents, tenants, clients, and their partners and families, and other people chosen by the residents and/or tenants to be involved in their care. Interactions of a sexual nature between a staff member and a resident/tenant/client are prohibited. All employees are required to understand, sign and adhere to York Care Centre's Code of Professional Conduct – Form C-9.

This section of the Code is not intended to impede the development of strong working relationships between employees or the development of appropriate relationships with our residents, tenants and/or clients.

# CODE OF ETHICS & PROFESSIONAL CONDUCT

## DRUG AND ALCOHOL-FREE WORKPLACE

The organization is committed to the highest practical standards of health and safety by providing a safe and comfortable work environment for all its employees. Due to the nature of our operations, all employees are considered to be in ‘designated safety-sensitive positions’.

The organization recognizes that the use of illegal or non-prescription drugs, alcohol or any other controlled substances can adversely affect job performance, the work environment and the safety of our employees, residents, and the public.

To help ensure a safe, healthy workplace, the organization strictly prohibits its employees and/or its contractors from reporting to work while under the influence of any illegal or non-prescription drugs, alcohol or any other controlled substances including recreational and/or medical cannabis.

## OUTSIDE EMPLOYMENT

While the organization recognizes its employees’ right to privacy and their right to make use of their spare time as they see fit, care should be taken by employees in accepting outside employment. For example, employees should not accept outside employment:

1. When the employment or business activities encroach on working hours or otherwise adversely affect, in a real or perceived way, an employee's performance on the job;
2. When the employment results in an obligation that could affect, in a real or perceived way, the employee's judgment or ability to act in the best interests of the organization.

## COMMUNITY ACTIVITIES

Employees have the right and are encouraged to become active members of their respective communities. With appropriate management approval, support of non-profit organizations may occasionally involve the provision of "in-kind" services.

Outside activity must not be allowed to interfere with the employee's performance on the job, nor must it conflict with the organization’s responsibilities or best interests.

Political activity by any employee is governed by provincial government guidelines and employees are required to be familiar with and adhere to these guidelines.

## CONFLICT OF INTEREST

All employees must conduct their duties in a manner reflecting the best interests of the organization. Conflict of interest exists in any situation where an employee's ability to fulfill their responsibility may be adversely affected by their private interests or personal considerations. While it is difficult to provide a comprehensive list of conflict-of-interest situations, in general terms it can be said that an employee should avoid any situation that could:

1. Impair the employee's judgment, initiative, or efficiency on the job.
2. Give rise to questions of integrity in relation to employees exploiting the vulnerability of persons who are or have been in our care.
3. Be harmful or detrimental to the organization's activities or reputation.

- **GIFTS AND BRIBERY**

The organization subscribes to the principles outlined in the *Procurement Act and the Crown Construction Contracts Act* and holds a position of public trust. It is essential to preserve its reputation for fair and unbiased business dealings by avoiding any reasonable apprehension of bias in its relationship with suppliers. Bribery or kickbacks in the criminal sense (the giving or accepting of money or valuables intended to influence decisions) is generally obvious and is strictly prohibited. However, exchanging of gifts on a lesser scale can be a grey area, since it is a routine aspect of modern business practice that organizations give and receive small gifts for promotional or recognition purposes. It is acceptable for employees to participate in the giving or receiving of such gifts provided the item has a real or perceived value that is nominal (generally considered to be under \$100 Canadian). If you are offered or receive a gift whose value is greater than nominal, you should refuse and/or return the item promptly, together with an explanation of the organization's policy.

In addition, employees are expected to act in ways that cannot be interpreted as, or do not result in employees gaining personal benefit from their position. Accepting gifts or favours of hospitality may compromise the professional relationship with our residents and/or tenants. Gifts of more than a token value could be interpreted as the employee gaining personal benefit and/or taking advantage of a vulnerable resident and/or tenant in an attempt to gain preferential treatment. Under no circumstances are employees to ask for or accept loans or bequests from residents and/or tenants or anyone close to a resident and/or tenant.

# CODE OF ETHICS & PROFESSIONAL CONDUCT

- **ENTERTAINMENT**

An employee may not participate in excessive or extravagant entertainment while conducting business on behalf of the organization. This is not intended to preclude the exchange of reasonable meals, social amenities or hospitality between persons doing business together.

- **PRIVATE BUSINESS BENEFIT**

It is a conflict of interest for an employee to participate in, or attempt to influence, a corporate decision that could result in financial benefit to that employee or his/her immediate family. Examples include the awarding of contracts for the supply of goods or services to a company in which the employee has a private interest.

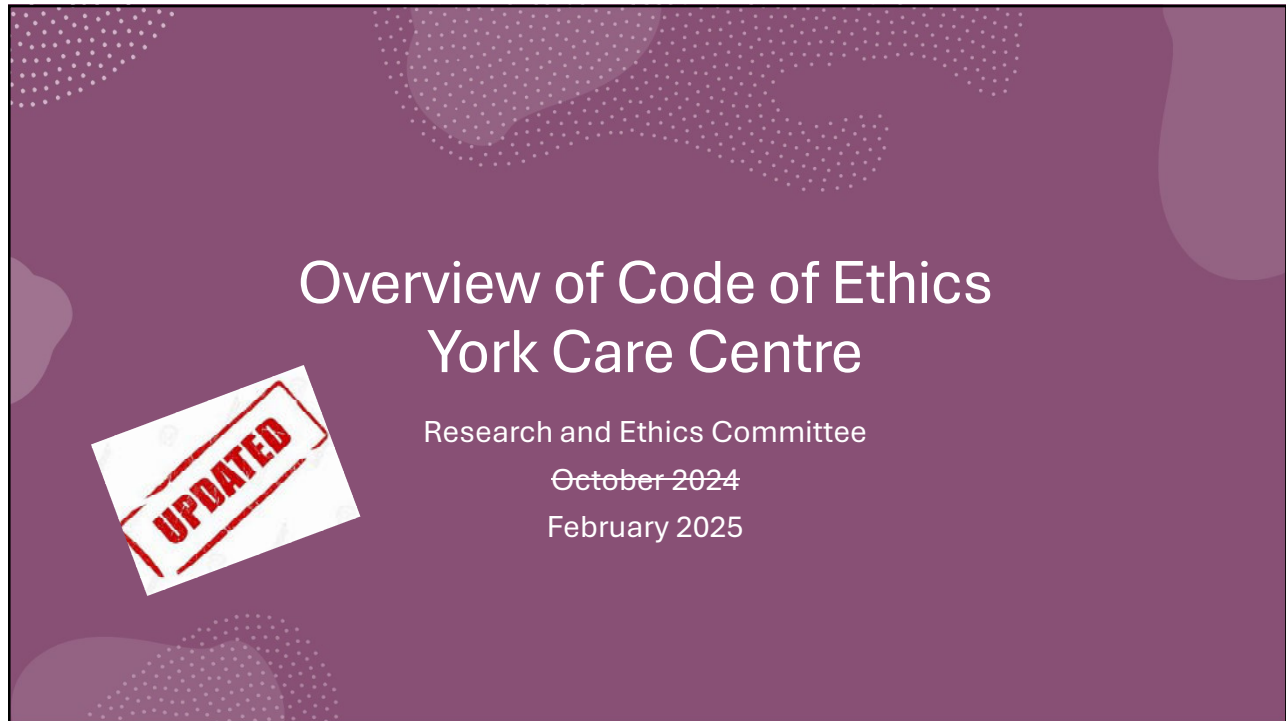
Transactions with a business owned or controlled by an employee are prohibited unless written approval is requested and received from the Board of Directors.

## **CONCLUSION**

This Code is designed to reaffirm the value of high ethical standards and to provide employees with certain rules of behavior. The topics included herein are neither complete nor exclusive but will serve to give employees a clearer understanding of what is expected. Ethical conduct however is, and always will be, every employee's responsibility.

Employees must fully comply with the rules contained herein which, when used with sound judgment and common sense, protect the organization, its residents, tenants or clients, its employees and the public. Employees who breach the Code may be subject to disciplinary actions up to and including termination of their employment.

In the event questions arise concerning the application of a specific rule or policy, an employee should consult his or her supervisor. Should the situation not be resolved at this point, the employee or supervisor shall refer the matter to Human Resources.

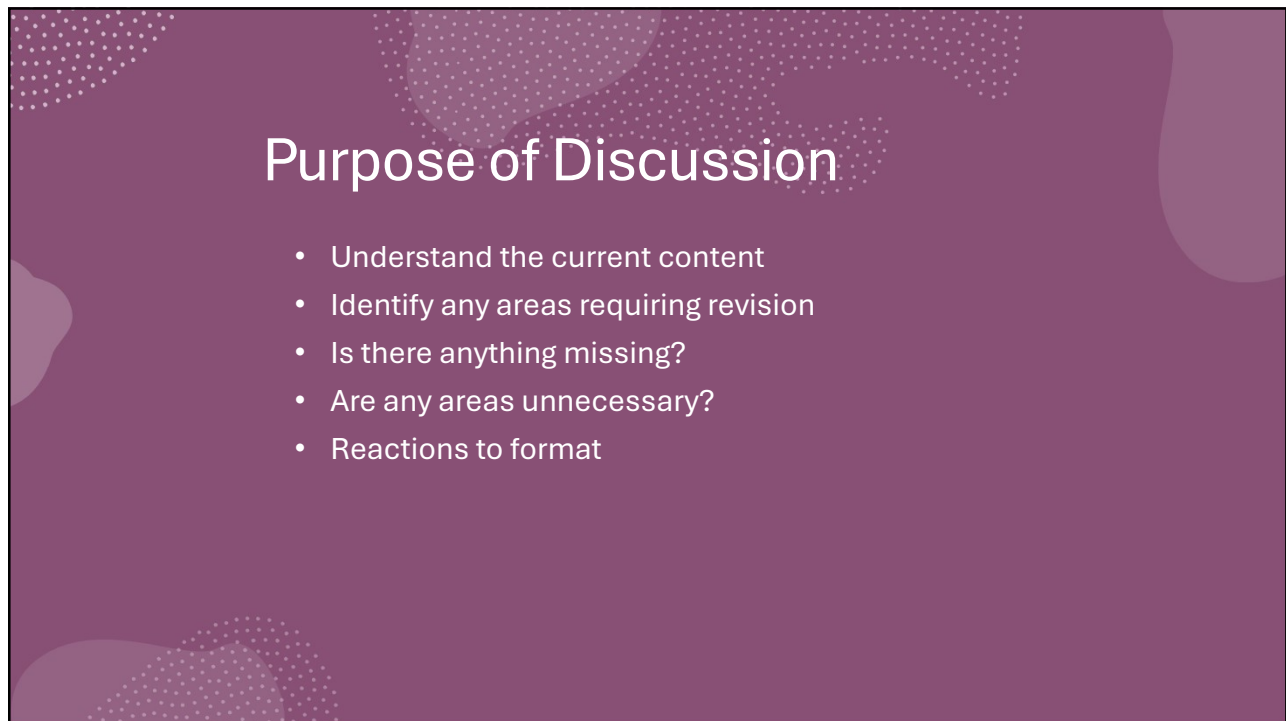


# Overview of Code of Ethics York Care Centre

Research and Ethics Committee  
October 2024  
February 2025

**UPDATED**

1



## Purpose of Discussion

- Understand the current content
- Identify any areas requiring revision
- Is there anything missing?
- Are any areas unnecessary?
- Reactions to format

2

## Applicability

-  Code applies to board members, employees, contractors, and volunteers.
-  Full compliance is required from all individuals working with the organization.
-  Reporting noncompliance and protection for whistleblowers.

3

## Purpose of the Code

- Guide employees to make lawful and ethical decisions.
- Emphasis on personal integrity.
- Compliance with the Code ensures protection for the organization and individuals.

4

## Basic Objectives



Promote ethical standards.



Encourage transparency, integrity, and professionalism.



Prevent conflicts of interest and misuse of resources.

5

## Abiding by the Law

- Compliance with all applicable laws and regulations.
- Employees must be aware of relevant laws and seek guidance when needed.




6



## Non-Discrimination / Respectful Behavior

- Equal dignity and rights regardless of personal characteristics.
- Foster a safe, respectful, and inclusive workplace.

7



## Hiring Practices

- Follows hiring policies.

*Not sure if the current wording adds much....*

8

## Relationships with Suppliers

- Ethical buying practices.
- Compliance with Procurement Act and other relevant laws.


*This section will need to be updated to reflect that the Crown Construction Contracts Act was repealed in 2022, and elements incorporated into the Procurement Act.*

*We should reconsider if we wish to keep this section - to be discussed.*


9

## Requests for information

- Reasonable requests are met, in compliance with laws
- CEO responsible



10



## Public Statements / Comments




- Clear statement on who is official spokesperson for York Care Centre.
- References our social media policy.

*Our social media policy is out of date.  
Needs a full review / revision.*

11

## Public Interest Disclosure & Confidential Information

*We have a whistleblower policy which is specific to YCC.  
Was last updated in 2018.*

-  Expectations for employees and the organization
-  Whistleblower protection.
-  Confidentiality – personal and non-personal

12

## Corporate Property and Misappropriation

- Safeguarding corporate property.
- Prohibition against using corporate assets for personal gain.



13

*Our policies – social media, wireless devices, etc. require updating.*



## Software and Internet Usage

- Awareness of licensing conditions.
- Appropriate and inappropriate use of internet
- Copyright issues
- Awareness of corporate policies (social media, etc)

14

## Work Ethic and Expenses

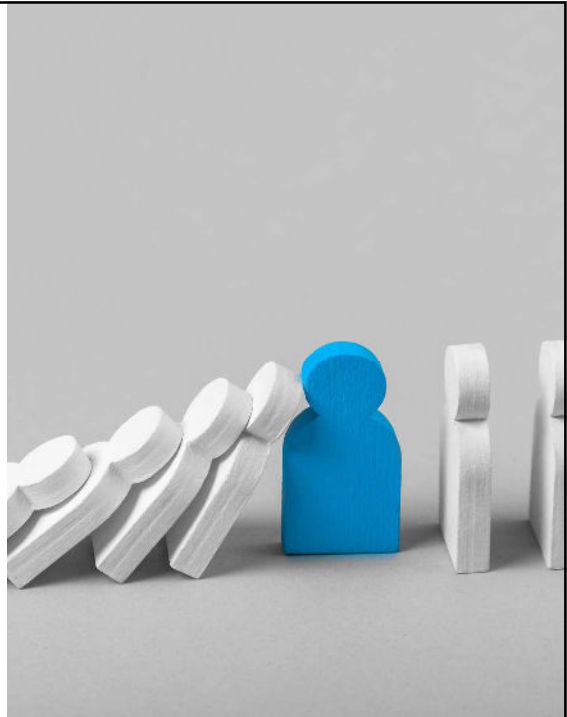
- Honest and focused work ethic.
- Proper documentation and accountability for expenses.



15

## Relationships and Boundaries

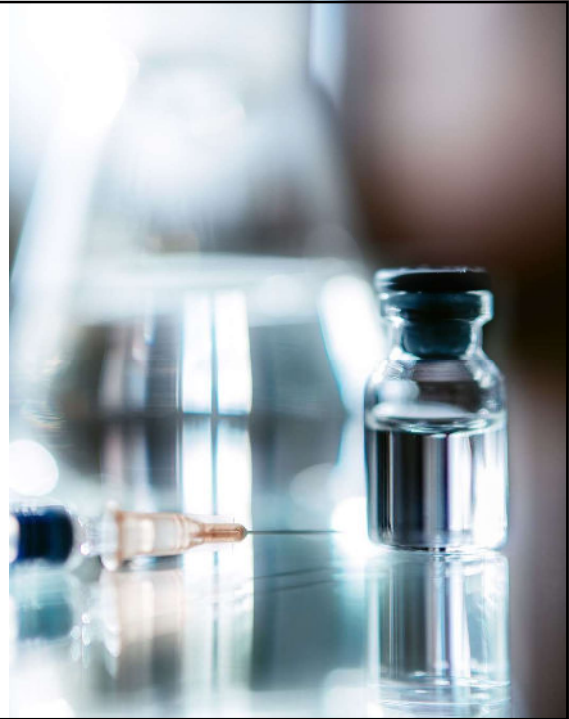
- Professional relationships with residents, clients, and employees.
- Clear boundaries to maintain integrity and prevent conflicts.



16

## Drug and Alcohol-Free Workplace

- Commitment to safety.
- Strict prohibition on substances that affect job performance.



17

## Outside Employment

- Must not encroach on working hours or otherwise adversely affect performance
- Prohibited if it creates an obligation which affects employee's judgment or ability to act in best interest of organization



18



## Community Activities


- Volunteer work
- Community events
- Political activity

*We need to modify to outline our principles / policies rather than say that we are governed by provincial guidelines.*

19

## Conflict of Interest

- Avoid situations where personal interests conflict with the organization's best interests.
- Clear guidelines for managing potential conflicts.



20

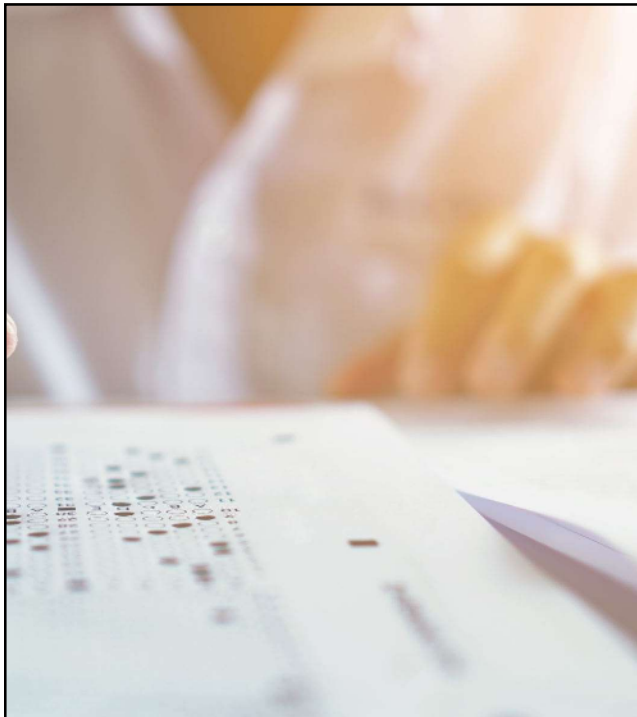


## Gifts, Bribery, Entertainment

- Restrictions on accepting gifts that could influence decision-making.
- Ensure objectivity and integrity in all dealings.

*Need to update our  
employee expense  
policy*

21




## Conclusion

- The Code is designed to ensure high ethical standards.
- Compliance protects the organization and fosters a culture of integrity.
- Every employee's responsibility to adhere to ethical conduct.

22

## What's Missing?


- Our values
- Should contractors be included in this document or is there a better way to address expectations of contractors.



23

## Questions and Discussion

- Open the floor for any questions or clarifications.



24

# Next Steps

- Final discussion with SLT
- Final revisions
- Final draft to Q4 meeting of Research and Ethics.
- If approved, final draft to Q4 meeting of Board of Directors for approval.

