

**Research & Ethics Committee
AGENDA**

Thursday, September 18, 2025 @ 5:30pm

Item	Description	MRP
1.0	Call to Order and Introductions	Tracey Burkhardt
2.0	Approval of the Agenda	Tracey Burkhardt
3.0	Declaration of Conflict of Interest	Tracey Burkhardt
4.0	Approval of Previous Minutes: April 8, 2025*	Tracey Burkhardt
5.0	Business Arising from the Minutes	
	5.1 Code of Ethics – Short form*	G. Geldart
6.0	New Business	
	6.1 Annual Work Plan 2025 – 2026*	G. Geldart
	6.2 Terms of Reference Review*	G. Geldart
	6.3 CEO Report*	G. Geldart
	6.4 Operating Plan – Discussion with NBANH and DSD	G. Geldart
7.0	Next Meeting: November 13, 2025 @ 5:30pm	

**Denotes attachment*

Proposed Motions

1. That the minutes of April 8, 2025 be approved.



**Minutes of Meeting
Research and Ethics Committee
on April 8, 2025 at 5:30pm**

Present: Tracey Burkhardt (Chair), Marjorie Belize, Wayne Albert(virtual), Bryanna Aubé White, Geri Geldart (ex-officio)

Regrets: Donna Curtis-Maillet

Staff: Kelsey Rusk, Jamie Roy

1. Call to order and introductions

Tracey Burkhardt, Chair called the meeting to order at 5:32 pm.

2. Approval of agenda

The agenda was approved as presented.

3. Declarations of Conflict of Interest

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

4. Approval of previous minutes – January 28, 2025

The minutes were approved as presented.

Motion:

It was moved by Bryanna Aubé-White and seconded by Wayne Albert that the minutes of January 28, 2025, be approved as presented.

- Motion carried

5. Business arising

5.1 Code of Ethics & Professional Conduct (revised draft)

G. Geldart present the revised Code of Ethics & Professional Conduct, which was included in the meeting package.

Motion:

It was moved by Marjorie Belzile and seconded by Bryanna White-Aubé that the edited Code of Ethics and Professional Conduct be recommended to the Board of Directors by the Research & Ethics Committee for approval.

- Motion Carried

5.2 Code of Ethics & Professional Conduct – options

G. Geldart provided a briefing note to consider different options for the format and use of our Code of Ethics and Professional Conduct. Further discussion at future meetings.

6. Standing Reports

6.1 Research & Ethics Report for Q4 January 1, 2025 – March 31, 2025

K. Rusk presented the report for Q4. The report was included in the meeting package. Highlights included:

Staffing

- PHAC allowed for repurposing of remaining Human Rights project funding for staffing. Norma & Molly's contract were renewed until June 30, 2025, and Kelsey until July 23, 2025.

Funding Opportunities

- Awaiting further funding information for PHAC Dementia and New Horizons for Seniors projects. Last updates received on February 21, 2025.
- CABHI discover & adopt (SuzyQ) – The team decided not to proceed due to time constraints and having to commit to buying a 2nd cart. Alternate plans are being discussed.

Human Rights of Older Persons

- Attending the Grand Bay-Westfield Senior's Day event on May 24th to assist in recruitment for the Human Rights project.

Meetings

- Loch Lomond Villa – 2nd meeting to discuss partnership option to be announced.
- PHAC – CANImmunize webinar was rescheduled until June 24th due to government changeover.

Publication Updates

- There have been 6 of the 7 completed projects published.

Antibiotics

- Data collection from Momentum finished March 31, 2025.
- Knowledge translation document TBD as PHAC has not received the other site results yet.

6.2 Operating Plan Progress Report

- There were no further updates since Q3 on the Operating Plan progress report.

7. New Business

7.1 Research Approval Form

G. Geldart provided a sample of a research approval form for discussion on reactivating the use of this form. The committee decided on the implementation of a methodological approval

process.

- A statement from the board will be established reflecting the focus for projects along with the strategic vision.
- All project grant applications are to be reviewed by the President & CEO prior to submission.
- The President & CEO will discuss with SLT members to determine the benefits the project would bring to residents, along with any undue pressure on staff, and possible harm to residents.
- If determined beneficial and aligned to the strategic plan, the President & CEO will send an email communication to the members of the Research & Ethics committee for feedback.
- If approved, the President & CEO will inform the research team, who will then submit the grant application.

7.2 Committee Interest

T. Burkhardt asked members for their interest in remaining on the Research & Ethics committee for the 2025 – 2026 year.

8. Date of Next Meeting – September 18, 2025 @ 5:30pm.

On a motion by Bryanna White-Aubé, the meeting was adjourned at 6:32pm.

Tracey Burkhardt, Chair

Jennifer Vos, Recorder

BRIEFING NOTE

To: Research and Ethics Committee of the Board

From: Geri Geldart, President and CEO

Date: September 12, 2025

RE: Code of Ethics – Short Form

Purpose

To approve the use of a short form Code of Ethics, in addition to the full Code of Ethics and Professional Conduct

Background

York Care Centre has a Code of Ethics and Professional Conduct which is reviewed and updated annually, under the guidance of the Research and Ethics Committee of the Board.

In addition, the organization has a “York Care Centre Code of Professional Conduct” which addresses some elements of the “Code of Ethics and Professional Conduct”, but also includes elements such as “the Golden Rule”, Professional Appearance and Professional Behavior. This is a form, with no associated policy. All employees are asked to sign this form as part of their orientation.

The larger document “Code of Ethics and Professional Conduct”, is long, somewhat hard to follow and does not appear to be used in any meaningful way beyond the onboarding process. There is confusion caused by the similar names of the two documents and the intended purpose of each.

Current Status

1) Replacement of the Long-Form Version of the Code of Ethics

At the March 2025 meeting of the Research and Ethics Committee, I had asked that we consider replacing the long-form document with a one-page document which would more succinctly address the critical elements. This document would be provided to employees during orientation and could be more easily used in poster format, etc on an ongoing basis. The proposed document is attached for the committee’s consideration, as well as the long form document. We have two options:

- a) We can eliminate the long-form document and use only the short form version. We would still require employees, during orientation, to sign that they have received, read, understand and agree to comply with the code.
- b) We can use the short-form document during orientation, and keep the long-form as a reference document which provides the background and context of the statements in the short-form.

2) Code of Professional Conduct

Regarding the additional document “York Care Centre Code of Professional Conduct”, we will replace this document with a form which addresses specific York Care Centre policies which are important to cover during orientation, such as dress code, use of social media, confidentiality, etc. This will also require the employee’s signature attesting to their understanding.

3) One more thing...

In our review process, we identified an important statement in the Code of Professional Conduct which did not appear in the long-form Code of Ethics and Professional Conduct. The statement was "The York Group of Companies is committed to provided an environment free from any harassment".

I have taken the liberty of adding this statement to the short-form Code of Ethics and Professional Conduct. If the board wishes to retain the long-form document, it will need to be added.

Recommendation

- 1) That the Research and Ethics Committee recommend to the Board of Directors that the long-form Code of Ethics be replaced by the short-form code of ethics.

Message from our Board Chair and CEO

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,
- Come forward if we see something significant that we think is not in the best interest of the people we serve, and
- Have the courage to stand up for what is right.
- 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.

This code is mandatory and applies to all board members, employees, students and volunteers of the York Care Group of Companies.

**The full document can be found at
www.yorkcarecentre.ca**



Code of Ethics and Professional Conduct



RESPECT AND DIGNITY

- We treat everyone with equal dignity regardless of race, colour, national origin, religion, age, marital status, gender, sexual orientation, disability, social condition, or political belief.
- We uphold human rights principles in all interactions
- We promote safety, competence, care, respect, recognition and inclusion in our workplace.
- We maintain professional boundaries with staff, residents, clients and their families. Interactions of a sexual nature between staff and residents are strictly prohibited.
- We are committed to providing an environment free of harassment.

CONFIDENTIALITY AND PRIVACY

- We protect confidential information, personal and non-personal, obtained through our work.
- We collect, use, and disclose personal information in compliance with PHIPAA and PIPEDA.
- We share confidential information on a “need-to-know” basis.
- We report serious misconduct, confidentially. Employees are protected when speaking up about unethical or illegal activities.

PROFESSIONALISM

- We demonstrate a strong work ethic. We demonstrate honesty regarding working hours and maintain focus while at work.
- We maintain a drug and alcohol-free workplace and prohibit working under the influence of drugs or alcohol.
- We represent York Care Centre positively in public communications.
- We are familiar with and comply with all applicable laws, regulations and organizational policies.
- We follow established policies for procurement, hiring, and financial management.

INTEGRITY AND TRANSPARENCY

- We provide accurate and complete information when responding to reasonable requests.
- We maintain complete and accurate documentation and financial records and follow retention standards.
- We use organizational resources responsibly, for their intended purposes and not for personal use.
- Purchasing decisions reflect value for money and avoid conflict of interest.
- We ensure expenses are reasonable and follow corporate policy. We avoid excessive entertainment costs when conducting business.
- We avoid conflicts of interest and disclose any potential conflicts promptly.
- We do not participate in decisions that could financially benefit ourselves or family members.
- We never accept loans or bequests from residents. We may accept only nominal gifts from residents or families.
- We protect all corporate assets including intellectual property.
- We do not allow outside activity to interfere with job performance.
- Employees shall not engage in any form of political activity during working hours or on the premises of York Care Centre.



Research and Ethics Committee - Annual Work Plan 2025/26

Introduction

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

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

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

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

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

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

Section 6 is a list of committee members.

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

Section 1 - Excerpts from the Terms of Reference

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

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

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

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

Centre of Excellence

- Develop and Promote the Centre of Excellence Model
 - Conduct a sector-wide needs assessment and gap analysis.
 - Develop a role definition for the Centre of Excellence which may include the provision of education, management support services, expert guidance, etc.
 - ~~Secure resources and partnerships to support operation of the Centre of Excellence.~~
 - ~~Consider a formal accreditation process.~~
- Expand Research and Professional Outreach
 - Develop research priorities aligned with our mission and strategy.
 - Explore the opportunity for an academic partnership to support research
 - Develop mechanisms for professional outreach in the long-term care sector, such as education, conferences, social media, public campaigns.

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

Centre of Excellence

- Leader in Aging Care
 - Host a Region 3 Support Services Managers Forum
 - Explore the possible elements of the Centre of Excellence role with NBANH and Region 3 Administrators.
- Employer of Choice
 - Examine the feasibility / requirements for recognition as a top employer.

Section 4 - Issues & Accomplishments from 2023/24

- Quarterly reporting from Executive Director of CIRA on new and active projects.
- Successful Research Symposium

Section 5 - Issues to Consider for Upcoming Year

- The status of CiRA – closed, on-hold, evolving?
- New format for Code of Ethics document

Section 6 - Committee Membership

- Tracey Burkhardt, Chair
- Donna Curtis Maillet
- Wayne Albert
- Marjorie Belzile, ex officio
- Geri Geldart, ex officio
- Jamie Roy, staff

Section 7 - Proposed Workplan

Meeting	Date	Reports and Documents
Q1	Thursday, Sept 18, 2025 @ 5:30 PM	<ul style="list-style-type: none">• Review of Annual Workplan• CEO Report – Wrap up of CIRA projects• Code of Ethics – shortform• Progress Report – Discussions with NBANH and DSD
Q2	Tuesday, Nov 13, 2025 @ 5:30 PM	<ul style="list-style-type: none">• Discussion – Research Priorities for YCC• Progress Report – Discussions with NBANH and Region 3
Q3	Tuesday, Feb 12, 2026 @ 5:30 PM	<ul style="list-style-type: none">• Recognition as Top Employer – review of options• Discussion – Potential for Academic Partnership• Report on Region 3 Support Service Managers Forum
Q4	Tuesday, May 7, 2026 @ 5:30 PM	<ul style="list-style-type: none">• Discussion – Options for Professional Outreach• Centre of Excellence – role definition



RESEARCH & ETHICS COMMITTEE

Terms of Reference

Background

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

Purpose

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

Scope

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

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

Structure

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

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

Quorum

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

Meeting Frequency

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

Approved: November 8, 2022



REPORT TO THE RESEARCH & ETHICS COMMITTEE

September 10th, 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

Gerri Geldart, President and CEO
Jamie Roy, Vice President, Care Services & Quality

Key Areas of Reporting

Research Services
Ethics

Research Updates

1. **CiRA Resources:** All staff contracts have been completed. There are no staffed positions at this time. The CiRA office has been closed and the inventory of furniture and equipment has been prepared.
2. **Recently Completed Projects**
 - a. **Human Rights (PHAC):**
 - i. Final report was submitted in mid-July. University of Regina & Senior's Advocate of NB are partners. University of Regina has agreed to maintain the website.
3. **Current Research Projects**

None
4. **Funding Opportunities**
 - a. **PHAC Dementia funding: Centivizer – Not approved**
 - b. **New Horizons for Seniors: GENIE funding (\$2.6 million over 4 years) - Not approved**
 - c. **CIHR – Team Grant: Strengthening Resilient and Equitable Public Health Systems** – The team who led the VR for Rehab project are now considering a funding opportunity through CIHR focused on tele rehab within the public health sector (broadly defined). As past partners we have been asked to consider being part of the proposal. One discussion meeting has occurred (meeting notes are attached to this report). We will most likely indicate that we are interested in participating in further discussions. No commitment at this time.
 - d. **Heart Function in Long Term Care:** Dr. George Heckman, a Geriatrician at Western University, is submitting an application for a planning grant to bring together Canadian patients and care partners, researchers, clinicians, and knowledge users to achieve consensus on research questions related to the management of HF in LTC homes and develop a program of research to address these. As a member of the SQLI group, we were invited to be included in the discussion group. Current status - Awaiting the funding decision.

Strategic Plan - Centre of Excellence

Based on discussions at the Executive Committee in August, I am presuming that the Research and Ethics committee will assume oversight responsibilities for the strategic plan elements under the Centre of Excellence pillar. One of the objectives of this plan is to develop a role definition for the Centre of Excellence. For this reason, I will report to the committee on a series of discussions I have held with the Department of Social Development, the NB Association of Nursing Homes and Loch Lomond Villa.

- Loch Lomond Villa in Saint John provides a range of services similar to York Care Centre. There is a desire to collaborate with York Care Centre in the areas of research and, perhaps, something larger that would be a benefit to the long-term care community. Both Loch Lomond and York Care Centre have been asked to provide management support to smaller homes which have encountered challenges in areas such as clinical care, governance, policy, etc.
- NBANH, under new leadership, is embarking on a strategic planning process to help define its range of priorities and services. They have historically provided labour related services, including collective bargaining and legal services. They have, sporadically, been involved in areas such as recruitment, clinical program guidance, research, quality improvement, etc. Although it is too early to tell what strategic priorities will be identified, the current CEO has indicated that elements related to clinical care are likely out-of-scope for NBANH unless there was a major funding infusion.
- In August, Ashley King (LLV), Richard Losier (NBANH), Ben Mersereau (DSD) and I met for an exploratory discussion. There was general agreement on the following points:
 - Recruitment of qualified and experienced leaders in long term care has been a challenge in New Brunswick, particularly in smaller homes. As a result, there is a significant learning curve for these leaders, with limited resources to tap into for their orientation and development.
 - The governing boards of certain nursing homes have struggled with leadership, recruitment and board development.
 - The provision of professional development opportunities for long term care staff and leadership has been limited in NB. With funding from the federal government, a contract was awarded to Beacon Clinical to provide a variety of programs through a virtual platform. The effectiveness of the initiative has not yet been assessed. The contract is for five years and there is no indication that funding will continue. The leadership of Beacon Clinical have suggested that they do not intend to continue in this role after five years and would be looking for other players to take on the function.
 - DSD acknowledged many of these points but did not make any commitments.
 - We agreed to continue discussion and to see how the NBANH strategic planning progressed. LVV and YCC see the potential to provide services such as education and management support services to other facilities, but only if there is additional funding to support such work.

Appendix 1
Meeting Summary for Meeting CIHR Team Grant Discussion
Date: Friday September 5 2:30-4pm

Summary of the meeting

The main focus of this meeting was on discussing the CIHR team grant application related to telerehabilitation, exploring rehabilitation services in emergency situations, on emergency response capabilities and how to offer a focus on public health systems. The team discussed various aspects including funding models, leadership roles, and the need to clearly articulate public health aspects of rehabilitation services, while also considering the importance of including diverse perspectives and addressing gaps in service delivery. The meeting served as an introduction for potential team members, who included researchers, clinicians, community workers and professionals from various institutions across Canada, all sharing an interest in telehealth equity and access to care.

Dahlia presented a CIHR team grant opportunity focused on strengthening resilient and equitable public health systems, emphasizing the need for system-level impact rather than individual clinical changes. She highlighted key requirements including a core tripartite leadership team with researchers, decision-makers, and knowledge users from public health organizations, as well as an iterative knowledge mobilization strategy. The team discussed the relevance of tele-rehabilitation in this context, noting its potential to become more integrated into public health systems.

Dahlia presented a proposal for a project focused on developing an agile, equity-driven telerehabilitation system that can quickly respond to emergencies and public health needs. The team aims to create a national interdisciplinary group including people with lived experiences, clinicians, researchers, and policy actors to advance ethical telerehabilitation for people with physical disabilities. Key objectives include synthesizing existing guidelines, influencing curricula and professional competencies, and developing a living framework that can adapt to changing circumstances. The team plans to register in 10 days, identify team members, and submit a full grant proposal in January, with decisions expected in May.

The team discussed concerns raised about how to frame rehabilitation as a public health issue given its traditional association with treatment rather than prevention. Joy M. emphasized the need to clearly articulate the public health aspects, particularly around population health and prevention, making sure the link between rehabilitation and prevention is clear. while Mirella V. noted that public health now encompasses all levels of prevention including treatment and rehabilitation. Meiqi G. suggested a focus on cardiac telerehabilitation as a potential solution. Lisa S. suggested to use the project as an opportunity to look broader and use the lessons of telerehabilitation for other "public health" initiatives, for ex. sexual health or healthy children. The group agreed to explore examples of successful team grants, with Claudine A. suggesting a model from her past work with Bill M., and Bill confirming he would support this approach with three key themes aligned with digital health.

Bill M. suggested the 3 pillars:

- What are we doing (organisation of services)
- What is working (and where are the needs, gaps in services)

- How can we improve it

The team discussed the possibility of creating pillars or streams that would be led by key people who would develop key projects. Potential streams mentioned included: identifying needs, rural/remote, Indigenous, emergencies/emergency preparedness/essential services/emerging public health concerns, policies, community approach, culturally responsive care, Francophone minorities.

The team discussed using surveillance data and health promotion aspects in their research. The group also discussed the need for a senior decision maker and knowledge user from a public health organization, with Lisa C. suggesting Dr. Allison Ezzat as a potential candidate. Joy M. highlighted the need for urgent rehabilitation services for emergency responders, while Allyson J. emphasized the importance of addressing the needs of pregnant women and diabetics during evacuations.

The group discussed various aspects of telerehabilitation services, including the need to clarify definitions around physical disabilities and neuropsychological interventions. They explored potential decision-makers at regional health board levels and considered the role of community programs in providing or linking clients to telerehabilitation services. The conversation highlighted gaps in services, particularly for long-term care residents and those in rural or remote areas and emphasized the importance of identifying these needs and potential solutions.

Geri G. mentioned some challenges in including her organization and her clientele while others confirmed that the voices of people working with long-term residents is relevant to identify service gaps. The group discussed the structure and funding models for residencies, with Ingrid V. highlighting equity and ethical issues in long-term residencies. They explored the need to redefine competencies for speech-language pathologists and audiologists, with Ingrid V. suggesting collaboration with relevant professional orders. The conversation also touched on the importance of potentially including pediatric populations in their project, while Claudine emphasized the need for a clear definition of telerehabilitation. The group considered how to provide rehabilitation services in emergency situations, such as during natural disasters. They explored potential partnerships, including academic institutions and healthcare organizations, and identified key decision-makers who could support the project.

The meeting ended discussing the next step, which would be the registration in September 17. Jennifer will send an email summarizing the meeting and asking confirmation of participation.

Some readings suggested by team members:

https://www.who.int/health-topics/rehabilitation#tab=tab_1

<https://pubmed.ncbi.nlm.nih.gov/?term=rehabilitation+unmet+needs+COVID-19+jessica+wong>

<https://pubmed.ncbi.nlm.nih.gov/37736382/>

<https://pubmed.ncbi.nlm.nih.gov/40575143/>

Participants who attended the meeting were:

Dahlia Kairy, (Université de Montréal, CRIR)

Jennifer Sigouin, (CRIR)

Joy Christine MacDermid (Western University)

Bill Miller (University of British Columbia)

Claudine Auger (Université de Montréal, CRIR)
Daniel Gillespie (University of Alberta)
Jennifer Wadds (SAC Canada, University of Toronto)
Stacey Lovo (Saskatchewan University)
Dany Gagnon (Université de Montréal)
François Desmeules (Université de Montréal)
Mirella Veras , (University of Manitoba)
Martine Lévesque (Université de Montréal)
Andrea MacLeod (University of Alberta)
Jennifer O'Neil (University of Ottawa)
Simon Beaulieu-Bonneau (Université Laval)
Jennifer Cameron-Turley (Speech-Language and Audiology Canada)
Geri Geldart (York Care Centre, Fredericton)
Allyson Jones (University of Alberta)
Calaina Brooke (Parkinson Canada)
Lisa Carroll (Canadian Physiotherapy Association)
Jessica Wong (Western University)
Ingrid Verduyckt (Université de Montréal)
Lisa Sheehy (Bruyere Health Research Institute)
Meiqi Guo (University Health Network)
Names suggested to contact:
Aliko Thomas or Annie Rochette
Health Networks in French Canada: <https://www.santefrancais.ca/>
<https://www.cihi.ca/en/virtual-care-in-canada>
1-800 Rehab Advice line