



2010 Canadian interRAI Conference

OCTOBER 4-6, 2010  
TORONTO, ONTARIO

[www.canadianinterRAI.org](http://www.canadianinterRAI.org)

# PRELIMINARY PROGRAM

HOSTED BY



## 2010 CANADIAN interRAI CONFERENCE

Being held in downtown Toronto, this annual conference provides an important forum that brings together researchers, policy makers and practitioners using the interRAI system of instruments used in Acute Care, Community and Home Care, Long-Term Care, Assisted Living, Mental Health, Palliative Care and Developmental Services. These evidence-based electronic instruments capture client assessment information that is used to support care planning and delivery, quality improvement, health system management and policy development.

### CONFERENCE VENUE:

**89 Chestnut Conference Centre; 89 Chestnut Street, Downtown Toronto**

Located in the heart of downtown Toronto, 89 Chestnut Conference Centre is owned and operated by the University of Toronto. It is directly north of City Hall and Nathan Phillip's Square and is within steps of the Eaton's Centre, as well as downtown Toronto's shopping and entertainment districts.

## HOST ORGANIZATIONS



interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Our goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data about the characteristics and outcomes of persons served across a variety of health and social services settings.



Founded in 1924, the Ontario Hospital Association (OHA) uses advocacy, education and partnerships to build a strong, innovative and sustainable health care system for all Ontarians. Today, representing approximately 154 public hospitals, the OHA assumes a leadership role, focused on patients, promoting an efficient and effective health system.



Established in 1994, the Canadian Institute for Health Information (CIHI) is an independent, not-for-profit corporation that provides essential information on Canada's health system and the health of Canadians. Funded by federal, provincial and territorial governments, we are guided by a Board of Directors made up of health leaders across the country. CIHI collaborates with interRAI in supporting standardized pan-Canadian information across hospital, home care, continuing care and mental health sectors.



The Ontario Ministry of Health and Long-Term Care (MOHLTC) provides overall strategic direction and provincial priorities for the health system in Ontario. It develops legislation, regulations, standards, policies, and directives to support those strategic directions, and it monitors and reports on the performance of the health system and the health of Ontarians. It plans for and establishes funding models and levels of funding for the health care system and ensures that ministry and system strategic directions and expectations are fulfilled.



The Ontario Association of Community Care Access Centres (OACCAC) is the voice of the CCAC sector, a key player within a sustainable integrated health care system. The OACCAC fosters strategic alliances within the health care system while continuously delivering high quality innovative shared services to members and health care partners.



The Ontario Community Support Association (OCSA) represents the home and community support sector in Ontario. OCSA members are community based, not-for-profit organizations that provide services to help people live at home.



The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) is the provincial association representing not-for-profit providers of services across the full spectrum of the long term care continuum. Members include municipal, charitable and non-profit long-term care homes, seniors' housing projects and community service agencies.



The Ontario Home Care Association (OHCA) is an organization of home health and social care service providers and serves as the voice of home care in Ontario. OHCA members deliver nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment in the home throughout rural and urban Ontario.



The Ontario Long Term Care Association (OLTCA), as the voice of long term care, provides trusted leadership in influencing and shaping public policy and perception to enable the potential of long-term care for the success of those who live and work in LTC homes in Ontario.

# MONDAY, OCTOBER 4

## REGISTRATION

7:30 am–3:00 pm

## PRE-CONFERENCE WORKSHOP – DEMISTIFYING DATA: SUCCESSFUL COMMUNICATION OF INFORMATION FOR DECISION- MAKING (Ticketed event – separate registration required) 9:00 am–12 noon

What do you need to know to make statistics more meaningful? What are some of the most common myths and pitfalls around data interpretation? How best to convey data to key strategic decision-makers?

This two-part Canadian Institute for Health Information (CIHI) pre-conference workshop opens with an opportunity to explore key statistical concepts in plain language. Real-life examples from Canadian clinical and health system managers will then demonstrate innovative presentations of data.

Using examples from various interRAI instruments, groups of workshop participants will discuss, critically analyze, and then apply various concepts and examples to practical situations.

The workshop is aimed at a broad range of individuals with varying levels of statistical, analytical, decision support, and strategic backgrounds.

## CONTINENTAL BREAKFAST and INFORMAL NETWORKING (for pre-conference workshop participants only) 7:30 am

## WELCOME and ICEBREAKER 9:00 am

## PART I: DATA, STATISTICS, MYTHS and JARGON 9:15 am

## NETWORKING REFRESHMENT BREAK 10:25 am

## PART II: INNOVATIVE WAYS TO CONVEY DATA AND INFORMATION 10:40 am

## WRAP-UP and EVALUATION 11:50 am

## ADJOURNMENT TO LUNCH (for pre-conference workshop participants only) 12 noon

WORKSHOP FACILITATORS:

**Ian Joiner** (Manager, Rehabilitation and Mental Health, Canadian Institute for Health Information); **Nancy White** (Manager of Home and Continuing Care Development, Canadian Institute for Health Information)

## WELCOME and OPENING REMARKS 1:00–1:30 pm

MASTER OF CEREMONIES:

**Keir Johnson** (Winnipeg, Manitoba)

OPENING REMARKS:



**John Hirdes**  
*Professor, Health Studies and Gerontology, Faculty of Applied Health Sciences, University of Waterloo; Scientific Director, Homewood Research Institute; Fellow and Board Member, interRAI; and Chair, 2010 Canadian interRAI Conference Planning Committee*



**John Wright**  
*President and Chief Executive Officer, Canadian Institute for Health Information*



**Saäd Rafi**  
*Deputy Minister of Health, Ontario Ministry of Health and Long-Term Care*

## PLENARY SESSION #1 CELEBRATING CHANGE: POLICY, PLANNING AND PEOPLE 1:30–2:30 pm

The cornerstone of the interRAI instruments is the information that supports real and measurable change – change in policy, change in planning processes and change in the lives of the people we serve. This panel brings to life real-world stories that illustrate the potential for innovation and positive change across sectors and communities in Canada using RAI information and CIHI tools.

## NETWORKING REFRESHMENT BREAK, EXHIBITS and POSTER VIEWING 2:30–3:00 pm

## CONCURRENT SESSIONS A 3:00–4:00 pm

### A1 – COMMUNITY/ DECISION SUPPORT

#### MAPLe, North-West RAI, MI-CHOICE: What Predicts What?

PRESENTER:

**Jeff Poss** (University of Waterloo)

Using Hamilton Niagara Haldimand Brant Community Care Access Centre RAI and administrative data, three RAI-HC based algorithms (MI-CHOICE, MAPLe, North West RAI Score) will be compared in their ability to predict outcomes of interest and to differentiate home care clients according to their characteristics, outcomes, and services.

# MONDAY, OCTOBER 4

## Putting interRAI CA into Practice at Central and North Simcoe Muskoka CCACs: Supporting Consistency and Accountability

PRESENTERS:

**Lorelei Parrenas** (Central Community Care Access Centre); **Cindy Brunelle** (North Simcoe Muskoka Community Care Access Centre); **Jaime Roa** (Central Community Care Access Centre); **Stacey Grammick** (Central Community Care Access Centre)

The goal of this presentation is to demonstrate the value of evaluating the RAI-CA and RAI-HC data as decision support tools, to promote consistency of practice and fiscal accountability. The preliminary comparisons of the RAI-CA and RAI-HC outcomes have generated recommendations to guide business process re-design and service provision.

## Our Quest for Data: Implementation Strategies to Support the Transition to a Standard Electronic Assessment in Community Services

PRESENTERS:

**Janeil Neilsen** (VON Canada – Ontario); **Mary Anne Nicholson** (Community Home Support Lanark County); **Pat Dobb** (Community Care for Central Hastings)

The transition to a common electronic assessment involves a significant paradigm shift for the community support sector in both technical skills and thinking process. The implementation plan for rolling out the electronic version of the interRAI CHA in south east Ontario will be shared. This presentation will outline the critical elements of the implementation plan and the principles used in its development.

## A2 – LONG-TERM/ RESIDENTIAL CARE

### Practical Utilization of MDS Indicators and Outcome Measures to Reduce Falls Rate, and Restraint Usage

PRESENTER:

**Daile Moffat** (Specialty Care Inc.)

Using the MDS data, and a quality improvement model, Villa Leonardo Gambin successfully reduced their falls rate, and restraint usage. A multidisciplinary team evaluation of MDS quality indicators, scores, and RAPs assisted in providing a foundation for their quality project, and was the driver for the process improvement.

### Using RAI Outputs to Determine the Effectiveness of Restorative Care Programming in LTC Sites Across Canada

PRESENTERS:

**Marijana Pretty** (Revera Living Long Term Care); **Leslie Wilfong** (Revera Living Long Term Care)

This presentation will focus on a sample of Revera homes across Canada that offer restorative care programs and use the RAI outputs to see the effectiveness of this program in long-term care. In addition, this presentation will explore the lessons learned, challenges to implementation and the benefits of restorative care programs on the quality of life of the residents we serve.

### The Bubble Gum Factor: Utilizing RAI 2.0 to Make Practice Changes Stick

PRESENTER:

**Jo-Ann Tait** (Vancouver Coastal Health)

The Bubble Gum Factor emphasizes that in order for clinical practice change to sustain, changes must be sticky. In order for changes to occur, 30 participating residential care facilities selected an area of clinical focus: least restraint, continence and palliative care. Utilizing RAI 2.0 data, sites selected data elements for pre, mid and post benchmarking to show improvements during this quality improvement initiative using an adapted PDSA (Plan-Do-Study-Act) cycle for improvement, called a “Sticky Story.”

## A3 – HOME CARE

### Use of Medications for Management of Alzheimer’s Disease in Ontario’s Home Care Population

PRESENTER:

**Micaela Jantzi** (University of Waterloo)

Multivariate analysis of 321,013 RAI Home Care assessments from Ontario showed that clients with Alzheimer’s disease (AD) had decreased odds of receiving medications for their AD if they had contraindicating clinical characteristics. However, many clients received medications when provincial guidelines would likely restrict their reimbursement.

### Supporting Caregivers: The Heart of Home Care

PRESENTER:

**Norma Jutan** (Canadian Institute for Health Information)

Informal caregivers provide the majority of care for seniors at home. This study of over 100,000 home care clients examines the prevalence and drivers of caregiver distress, which is associated with adverse outcomes. The results inform clinicians and policy-makers on the risks to caregivers – the heart of home care.

### Complex Patient Populations: Improving Chronic Disease Management Using the RAI-HC

PRESENTER:

**Andrea Foebel** (University of Waterloo)

Older home care clients with heart failure (HF) are a clinically complex group, but many do not receive optimal drug management for their condition. Designing interventions to improve coordination between home care and primary care providers may improve HF management and represent a model of practice for other chronic diseases.

# MONDAY, OCTOBER 4

## A4 – MENTAL HEALTH

### Development and Future Implementation of a Risk Adjustment Methodology for interRAI Mental Health Quality Indicators

PRESENTERS:

**Ian Joiner** (Canadian Institute for Health Information); **Christopher Perlman** (Homewood Research Institute)

This presentation will provide an overview of current and new approaches to reporting quality indicators for mental health using risk adjustment. Improving the comparative utility of quality indicators using risk adjustment has implications for understanding and improving quality of mental health care.

### An Examination of Criminal Behaviour in Youth admitted to Adult Psychiatric Beds Using the MDS-MH

PRESENTER:

**Shannon Stewart** (Child and Parent Resource Institute)

Youth with criminal involvement have more cognitive problems, self-care and substance abuse problems, compared to those youth without criminal histories. Early lifetime investment in mental health can avoid accelerated paths of mental health capital depreciation. A comprehensive suite of instruments to address the specifics of child/youth psychopathology is needed.

### Examining Community and Psychiatric Inpatients using the Suicidality and Purposeful Self-Harm Clinical Assessment Protocol (SPS-CAP)

PRESENTER:

**Eva Neufeld** (University of Waterloo)

This analysis compared clinical characteristics and service utilization among individuals at high risk of self-harm across inpatient and community mental health settings. Results of the study support the clinical utility of the SPS-CAP to identify individuals at risk of suicide-related behaviour who may benefit from individualized care planning and intervention.

## A5 – ACROSS THE CARE CONTINUUM

### Care Planning: It's Not One Size Fits All-Cross-Sectoral and Individual Differences in Older Adults Expressed Goals of Care

PRESENTER:

**Katherine McLaughlin** (University of Waterloo)

Cross-sectoral and individual differences in older adults expressed goals of care (GoC) were identified and examined against the interRAI outcome measures and CAPs to explore relationships between self-reported GoC, chronic disease and behaviours. Qualitative research was synthesized in a quantitative way to establish common goal categories which were used in descriptive analyses. Incorporating each person's GoC into the care plan can ultimately help to achieve desired outcomes and improve quality of life.

### Share Our Journey – Upgrading to a Web Application

PRESENTERS:

**Joanne Boudreau** (Nova Scotia Department of Health, Continuing Care); **Donna Dill** (Nova Scotia Department of Health)

Join us as we share our journey upgrading to a web-based application for referral, RAI-HC assessment, care plan, and waitlist. We'll highlight the challenges and share our delight with a successful go-live. We will also share our lessons learned so when you embark on this journey, it will be a smoother ride!

## PLENARY SESSION #2 WHAT CANUCKS CAN LEARN FROM KIWIS?: THE NEW ZEALAND EXPERIENCE 4:00–5:00 pm

New Zealand is in the process of newly adopting some of the interRAI instruments. Given the evolution of these globally-used tools, it is often found that jurisdictions will implement new innovations and customize their use. Hear about how we can learn from this international partner as they move forward on this journey.

### Team Work – What Can Happen When Home Care Organizations and Service Providers Work Together



Catie Noble

Managing Director,  
Lifestyle Potential Ltd., New Zealand

### The Use of interRAI Instruments with Cultural Minorities – Lessons Learned from New Zealand



Brigitte Meehan

interRAI Senior Project Manager,  
Health of Older People Policy, Health and Disability Services Policy, Population Health Directorate, New Zealand Ministry of Health

FACILITATOR:

**John Hirdes**

## WELCOME RECEPTION and EXHIBIT VIEWING 5:00–7:00 pm

# TUESDAY, OCTOBER 5

## REGISTRATION

7:00–10:00 am

## CROSS-COUNTRY CHECK-UP BREAKFAST

7:15–8:45 am

As an annual interRAI Conference event, the Cross-Country Check-up Breakfast provides an opportunity for conference attendees to hear from their colleagues about key implementation successes, challenges and aspirations. Updates and highlights from each province and territory currently implementing one or more of the interRAI instruments will be presented. Microphones will be available throughout the room for all who wish an additional opportunity to share their thoughts and ask questions. The Cross-Country Check-up Breakfast: get your fill not only of delicious breakfast fare, but also of valuable information and advice. What better way to start your day!

FACILITATOR:

**Ian Joiner** (Manager, Rehabilitation and Mental Health Canadian Institute for Health Information)

## PLENARY SESSION #3 HOSPITALIZATION RATES: USING THE MDS-RAI TO INFORM DECISION-MAKING AND QUALITY OF CARE

9:00–10:00 am

Vince Mor, Ph.D. is the principal investigator of research recently completed for the National Institute of Health (NIH) into the impact that state-wide policy has on the rates of hospitalization for long-term/residential care settings. Within his presentation, Vince will explore the importance of MDS-RAI data as it relates to hospitalization and its influence at all levels from the bedside to government policy. In addition to this research, Vince has been the principal investigator of more than 25 other NIH-funded grants focusing on the organizational and health care delivery system factors associated with variation in use of health services and the outcomes of the frail elderly and chronically ill experience. Currently, he is a fellow of the American Gerontological Society and is on the editorial board of Health Services Research and BMC: Health Services Research.



Vince Mor

*Professor, Department of Community Health, Alpert Medical School of Brown University; and, Florence Pirce Grant University Professor of Community Health, Providence, Rhode Island*

FACILITATOR:

**Katherine Berg** (Chair and Associate Professor Department of Physical Therapy and Graduate Department of Rehabilitation Science, University of Toronto)

## NETWORKING REFRESHMENT BREAK, EXHIBITS and POSTER VIEWING

10:00–10:30 am

## CONCURRENT SESSIONS B

10:30 am–12 noon

### B1 – EMERGENCY CARE

#### A Review of Home Care Clients Visiting Emergency Departments

PRESENTER:

**Lori Mitchell** (Winnipeg Regional Health Authority Home Care Program)

This study links RAI-Home Care data with emergency department (ED) and hospital discharge records to examine home care clients' use of EDs and visit outcomes. The results highlight client characteristics associated with ED visits and areas where community prevention efforts may affect client visits to an ED.

#### A Clinical Background to the interRAI Emergency Department Screener

PRESENTER:

**Fredrik Sjostrand** (Karolinska Institute)

The emergency department (ED) is a major point of entry into the health care system for older adults. They often have a complex medical history and require sophisticated care planning. ED staff are not trained in dealing with this, and furthermore, there is a lack of screening tests for the care needed and decision-tools to ascertain a proper care planning. This presentation will describe the clinical aspects of not having a screener or a decision-tool to be used at the ED when taking care of acute ill elderly patients.

#### The M.O.P.E.D. Study: Using the interRAI ED Screener in Canada to Support Referral Decision-Making

PRESENTER:

**Andrew Costa** (University of Waterloo)

The use of screening assessments to advance emergency department (ED) care and referral decision-making is an essential strategy for improving patient and administrative outcomes. This presentation will describe the interRAI ED Screener as well as present analyses from the M.O.P.E.D. Study (interRAI ED Screener pilot study in multiple provinces).

### B2 – LONG-TERM/ RESIDENTIAL CARE

#### Establishing Accountability Across the Organization – the Key to Successful Integration of RAI Process into Daily Practice

PRESENTERS:

**Donna Melton** (Revera Inc.); **Sandra Dudziak** (Revera Inc.)

Establishing an accountability framework for all homes to embrace is a critical step that ensures successful integration and sustainability of the RAI process. Promoting empowerment and ownership of management and staff in all steps of the process ensures an enhancement of care delivery as well as identification of quality initiatives, vital to our seniors' quality of life.

# TUESDAY, OCTOBER 5

## Knowing Isn't Always Easy But Ignorance Isn't Bliss

PRESENTERS:

**Leslie Orlikow** (Revera Long Term Care); **Marion Pringle** (Revera Inc.)

While ignorance may be bliss, knowledge has power to improve long-term care residents' lives. This presentation deals with turning RAI data into information and using this information to improve quality. Accountability dashboards with selected indicators will be discussed, as well as the successes and challenges of using them effectively.

## Adding Capacity Reduces Waitlists – Or Does It? Looking to RAI Data for Evidence and Answers?

PRESENTERS:

**Janet Ivory** (Nova Scotia Department of Health, Continuing Care); **Donna Dill** (Nova Scotia Department of Health)

Was it simply a case of “build it and they will come” or were there other reasons for our increasing waitlist, such as aging population, or the attractive new nursing homes? Learn how Nova Scotia used data to provide the evidence to address our mounting waitlist for long-term care.

## Relationships between Quality of Life and Selected Resident and Facility Characteristics in LTC Facilities in Canada

PRESENTER:

**Vahe Kehyayan** (University of Waterloo)

This presentation will examine the extent of the relationship between long-term care residents' self-reported quality of life, as measured by the interRAI Self-Report Nursing Home Quality of Life Survey instrument, and their socio-demographic and clinical characteristics and facility attributes. The study findings will have implications for evidence-based practice and policy development.

## B3 – ACROSS THE CARE CONTINUUM

### The Integrated Assessment Record – Enabling Collaborative Client Centred Care

PRESENTER:

**Kelly-May Moreau** (Community Care Information Management)

Demonstrate the benefits associated with the use of Integrated Assessment Record such as secure single point access to cross sector standard assessments such as the RAI-MH, the support of health service provider collaboration, as well as client centred approaches to provide continuity of care within the continuum.

### Towards Integrated Care Evaluation: The Belgian Approach

PRESENTERS:

**Jurgen Berden** (Pyxima NV); **Dirk Vanneste** (UCAS – Katholieke Universiteit Leuven)

BelRAI registers online the care needs of the elderly using a flexible approach via a multilingual, multi-disciplinary and multi-setting environment. Outcomes are available on micro-, meso-, and macro-levels and are used for aggregation across multiple care settings. BelRAI aims to become an integrated care system for all care settings.

### BelRAI: The Belgian Road to Multidisciplinary, Sectoral Connectivity and Longitudinal Research

PRESENTERS:

**Dirk Vanneste** (LUCAS – Katholieke Universiteit Leuven); **Jurgen Berden** (Pyxima NV)

The BelRAI Project 2010 has the intention of implementing three instruments of the interRAI suite as a third generation tool in some of the Belgian care settings and evaluating the effect on the micro-level (quality of care), the meso-level (management) and the macro-level (policy). The availability of an integrated multi-setting clinical information system provides a wide array of opportunities for clinicians, administrators and researchers.

## B4 – HOME CARE

### CAN-STRIVE: What the Data Say About RUG-III in Canada

PRESENTER:

**Jeff Poss** (University of Waterloo)

CAN-STRIVE's data collection phase is complete and its analytic phase is nearing completion. Results will be shown relating to RUG-III performance and Canadian case mix weights, along with notable differences between Ontario complex continuing care hospital and long-term care home settings.

### Population Based Care Delivery – How RAI-HC Outcome Measure Identifies Client Groups

PRESENTER:

**Nancy Ackerman** (Toronto Central Community Care Access Centre)

The Toronto Central CCAC uses a population based case management model to provide care to its clients. The consistent understanding and use of outcome measures at the care coordination level coupled with a client centred approach is a key part of this model of care.

### Transformational Change – How RAI Outcomes Informed the Development of a Population Based Model of Care

PRESENTERS:

**Dipti Purbhoo** (Toronto Central Community Care Access Centre); **Tom Marincic** (Toronto Central Community Care Access Centre)

On February 1st, the Toronto Central Community Care Access Centre (CCAC) launched a new transformation model of service delivery that changed home care history. It focuses on delivery services to key populations and has led to the movement of this type of model for all CCACs across the province of Ontario. This presentation will describe the approach used to segment the CCAC population and the usefulness of RAI outcome data to understand key home care populations and their needs for services and for case management.

# TUESDAY, OCTOBER 5

## B5 – COMMUNITY

### The interRAI CHA – Creating and Acting on Evidence in the Community Support Sector

PRESENTERS:

**Leslie Eckel** (University of Waterloo); **Monica Gabriel** (Community Care Information Management); **Narain Motwani** (St. Clair West Services for Seniors); **Roxana Guerreno** (St. Clair West Services for Seniors); **Janeil Neilson** (VON Canada); **Lori Cooper** (VON Canada); **Lisa Gammage** (Nucleus Housing)

The introduction of the interRAI Community Health Assessment (RAI-CHA) as a standardized assessment tool for the Community Services Sector (CSS) in Ontario enables the collection of comprehensive health information that supports clinical decision-making, resource allocation, best practices and quality initiatives for the vulnerable adults living in the community. This session will provide an overview of the interRAI CHA tool and related applications and demonstrate how the Ontario CSS sector is creating and applying evidence to inform decision-making and policy-making from the level of front-line care planning by health care providers, through to high-level health care policy defining by administrators. In addition, CCIM will present the implementation strategy for the interRAI CHA in the Ontario CSS sector.

### NETWORKING LUNCH, EXHIBITS and POSTER VIEWING 12 noon – 1:30 pm

## PLENARY SESSION #4 ENGAGING INNOVATION AND THE interRAI MENTAL HEALTH INSTRUMENTS 1:30–2:30 pm

These panel presentations highlight key advancements and innovative approaches related to interRAI mental health instruments. Given the wide applicability of these instruments, and also the prevalence of mental illness across all ages and life situations, the topics are relevant for a range of services and service delivery settings.

PANELLISTS:

**John Hirdes; Ian Joiner; Diane Minhas** (Regional Manager Central Newfoundland Regional Health Centre)

FACILITATOR:

To be confirmed

## NETWORKING REFRESHMENT BREAK, EXHIBITS and POSTER VIEWING 2:30–3:00 pm

## CONCURRENT SESSIONS C 3:00–4:30 pm

### C1 –LONG-TERM/ RESIDENTIAL CARE

#### The Integration of RAI-MDS 2.0 to Ontario New Inspection Program

PRESENTERS:

**Karen Slater** (Ontario Ministry of Health and Long-Term Care); **Karin Fairchild** (Ontario Ministry of Health and Long-Term Care)

The ministry's systematic approach to the "new inspection process" for Ontario will "create and act on evidence". RAI-MDS data is a key component to this process. It is incorporated in the sampling methodology, key risk indicator measures, risk threshold rate, inspection tool redesign, and decision matrix to determine inspector action for areas of non-compliance (judgment matrix).

### Development of the First Web-Based Long-Term Care Public Report in Canada

PRESENTER:

**Natalie Ceccato** (Ontario Health Quality Council)

This presentation aims to discuss the importance of risk adjusted RAI-MDS indicators to support the first web-based long-term care public report in Ontario and Canada. Risk-adjusted RAI-MDS quality indicators enable homes to compare with one another and provide a mechanism for homes to identify priority areas of impact for quality improvement efforts and a platform to share resources. In addition, benchmarking and standards can be developed over time.

### Putting It All Together: RAI-MDS® and P.I.E.C.E.S.™ Integration

PRESENTERS:

**Shirley MacAlpine** (MacAlpine Access To Care Inc.); **Pam Hamilton** (Providence Care – Mental Health Services); **Wendy Campbell** (Stayner Nursing Home)

This presentation highlights the strengths of bringing together researchers and clinicians to leverage/integrate two assessment processes, the RAI-MDS and P.I.E.C.E.S. Assessment Framework. Tools (Job Aid and Decision Pathways) were developed to integrate the RAI-MDS and P.I.E.C.E.S. Assessment Framework for evidence-based decision-making and are being launched through the support of the Alzheimer Knowledge Exchange in a provincial education strategy.

# TUESDAY, OCTOBER 5

## C2 – REHABILITATION

### Heterogeneity among Home Care Clients: A K-Means Cluster Analysis of Rehabilitation Service Users

PRESENTER:

**Joshua Armstrong** (University of Waterloo)

As part of a CIHR-sponsored study on rehabilitation services for home care clients (InfoRehab), this study examines how home care clients that utilize rehabilitation services cluster together based upon a range of clinical factors and has the aim of developing client profiles.

### Sharing Information and Insights From InfoRehab, RAI-HC Data Analyses and Practice

PRESENTERS:

**Catie Noble** (Lifestyle Potential Ltd.);  
**Paul Stolee** (University of Waterloo);  
**Katherine Berg** (University of Toronto)

In workshops with case managers and rehabilitation providers, InfoRehab investigators have examined barriers and facilitators on information sharing. Concurrently, they have explored Ontario RAI-HC data to examine the benefit of physiotherapy (PT) and occupational therapy (OT) on subsequent functional status, discharge and death. A New Zealand practice includes the use of specific CAPS as an indicator for the need of PT or OT. This session discusses the potential relevance of RAI data to rehabilitation professionals and to a system approach in determining the benefits.

## C3 – HOME CARE

### Nerdies on the Loose: When RAI Researchers Partner with a CCAC, Good Things Happen

PRESENTERS:

**Jeff Poss** (Hamilton Niagara Haldimand Brant Community Care Access Centre/ University of Waterloo); **Jane Blums** (Hamilton Niagara Haldimand Brant Community Care Access Centre)

Hamilton Niagara Haldimand Brant Community Care Access Centre (CCAC) and the University of Waterloo have entered into an innovative partnership that brings RAI researchers together with CCAC decision support, IT, and client services to utilize RAI-HC and CCAC administrative/clinical data. This presentation will describe this partnership and the applied research that is informing policies, practices and strategic directions within the CCAC.

### Use of Evidence and Its Link to Policy

PRESENTER:

**Brigitte Meehan** (New Zealand Ministry of Health)

New Zealand is in the early stages of adopting and utilizing data with respect to interRAI and its use in home care. This session will focus on the policy challenges of trying to work within this evolving paradigm.

### Using RAI Data Visibly and Responsively to Improve Care

PRESENTERS:

**Tilly Schalkwyk** (Providence Health Care, Vancouver); **Heather Mak** (Providence Health Care, Vancouver)

Providence Health Care is breaking new ground using RAI data to generate validated quality indicators to track the preventative and responsive care provided in our complex care program. Visible and responsive use of RAI data via quality indicators will ensure that leaders have a clear understanding of the current resident population and ensure alignment of clinical improvement initiatives based on real time resident needs and risks.

## C4 – MENTAL HEALTH

### Factors Predicting Readmission Following a First Lifetime Hospitalization for Depression: Analysis of OMHRS RAI-MH Data

PRESENTER:

**Nawaf Madi** (Canadian Institute for Health Information)

This presentation summarizes analysis of Ontario RAI-MH data that examined various socio-demographic, treatment, clinical and discharge environment characteristics and the relationship to subsequent hospitalization following a first lifetime hospital admission for depression. Actionable risk factors were identified that may influence outcomes and interventions across the continuum of mental health services.

### Staff Perceptions on the Impact of Using Compatible Assessment Instrumentation in Hospital-based Mental Health Services

PRESENTERS:

**Lynn Martin** (Lakehead University);  
**Sue Garton** (St. Joseph's Healthcare Hamilton)

The Ontario Ministry of Health and Long-term Care highlighted the need for a seamless continuum of well-coordinated mental health services. Focus groups were held with hospital- and community-based staff to discuss how professionals currently work together and how use of compatible instrumentation might affect communication, coordination, and continuity of care.

# TUESDAY, OCTOBER 5

## Comparative Study of Psychopathology and Mental Health Service Utilization Across the Life Span

PRESENTER:

**Shannon Stewart** (Child and Parent Resource Institute)

A comprehensive mental health policy requires understanding psychopathology and service utilization across the life span. Intensity of mental health services was higher in younger than older populations studied. Early and appropriate services can reduce lifespan costs, the intent of a comprehensive screening tool addressing specific child/youth psychopathology and service utilization.

## The Utility and Validity of the InterRAI-CHA for Community Living Adults with Acquired Brain Injuries

PRESENTER:

**Bruce Linder** (Brain Injury Services)

The interRAI-CHA was found to correlate with other extensively validated standardized measures for functional adaptive behaviour, service support needs, mental health, level of current service and supervision required for adults with acquired brain injuries, thus, validating its use for this special population.

## C5 – PALLIATIVE CARE

### Identification of Risk Factors for Caregiver Distress using the interRAI-Palliative Care Assessment Instrument: Implications for Care Planning

PRESENTER:

**Shannon Freeman** (University of Waterloo)

This study provides a comprehensive examination of terminally ill homecare clients, with distressed caregivers, in Ontario. 4,473 caregivers were identified from 2006 to 2009. Cross-sectional and longitudinal analyses of health and service utilization are assessed. Identification of risk factors for caregiver distress can help reduce the impact of those stressors.

### J'adouce: The Next CHEAD Move [Part II] Evaluating the Integration of RAI 2.0 Outputs into a Palliative Care Planning Process

PRESENTERS:

**Jo-Ann Tait** (Vancouver Coastal Health); **Sandy Howey** (Haro Park Care Centre)

As winners of the 2008 interRAI Conference Innovation award for "The Next CHEAD Move: Integrating RAI 2.0 Outputs into the Palliative Care Planning Process," the authors implemented and evaluated the integration of this initiative. Using retrospective analysis, the authors identified residents who had passed away and examined the practice of implementing palliative or actively dying care plans. Their results indicated the need for a shift in culture around establishing the goals of care when a resident moves into a care facility and when resident changes occur. The use of RAI 2.0 continues to support the ongoing development of decision making based on data analyses.

## Implementing the interRAI Palliative Care: Lessons Learned in Community Home Care

PRESENTERS:

**Trevor Smith** (Nipissing University); **Mary Ellen Ryman** (North East Community Care Access Centre); **Karen Lacelle** (North East Community Care Access Centre)

In December 2009, the North East Community Care Access Centre (CCAC) implemented the interRAI Palliative Care as the common intake/needs assessment form for community-based palliative care clients. Palliative case managers were trained in a number of different community locations from the CCAC's service catchment area. This presentation will discuss issues encountered in training and lessons learned during the roll-out of the instrument. Feedback and evaluation of the instrument from the palliative case managers will be highlighted.

**RAI FEST (Ticketed event – separate registration required)  
6:30–11:00 pm**

**COCKTAILS  
6:30 pm**

**DINNER and ENTERTAINMENT  
7:00 pm**

# WEDNESDAY, OCTOBER 6

## REGISTRATION and EXHIBIT VIEWING

7:00–9:00 am

## NETWORKING BREAKFAST

7:15–8:45 am

## CONCURRENT SESSIONS D

9:00–10:30 am

### D1 – ASSISTED LIVING

#### Understanding Frailty in Assisted Living Residents

PRESENTER:

**Colleen Maxwell** (University of Calgary)

This presentation is based on a longitudinal cohort study of 930 assisted living residents in Alberta. It explores the predictive validity of different frailty measures, including one defined with RAI data, for identifying those at high risk for adverse health outcomes over time.

#### Factors Predicting Discharge to Long-Term Care among Residents in Alberta Assisted Living Facilities

PRESENTERS:

**Erin Gilbert** (University of Alberta);  
**Colleen Maxwell** (University of Calgary)

This presentation is based on a cohort study of assisted living and long-term care (LTC) residents in Alberta. Factors found to predict transfer from assisted living to LTC settings will be discussed. As alternatives to traditional LTC develop, it is critical that standardized information on clinical outcomes be used to guide policy.

#### Decision Support Algorithm for Supportive Housing

PRESENTER:

**Norma Jutan** (Canadian Institute for Health Information)

An essential component of managing the health care system effectively is to provide care to seniors in the care setting that can best meet their needs. Appropriate placement decisions require a balance between needs and resources and the monitoring of both over time. Supportive housing is a rapidly emerging alternative care setting for seniors who can no longer have their needs met at home. This presentation

will highlight findings from the newly developed Decision support Algorithm for Supportive Housing (DASH), developed and validated using a large sample of Provincial interRAI-CHA, RAI-HC and MDS 2.0 data.

### D2 – HOME CARE – HOSPITAL

#### Accessing Residential Care, Choosing the Right Person for Care

PRESENTER:

**Mary Henderson Betkus** (Northern Health, British Columbia)

Northern Health has developed a Decision Support Tool using various combinations of RAI-HC outcomes to describe several subpopulations that are suitable for complex long-term care placement. This presentation will address the effectiveness of the Decision Support Tool and the acceptance of the case managers regarding the relevance of the tool.

#### Alternate-Level-of-Care: Upstream and Downstream Approaches to Intervention

PRESENTER:

**Andrew Costa** (University of Waterloo)

Hospital patients designated “alternate level of care” (ALC) are those who no longer require acute care, but cannot be discharged due to the lack of post-hospital resources. Many ALC patients waiting for long-term care actually transition to home care. This presentation explores the outcomes and trends for ALC patients that transition to home care.

#### Implementation and Sustainability: Quality Program Integrating Convalescent Care Clients into a Long-Term Care Setting

PRESENTERS:

**Daile Moffat** (Specialty Care Inc.);  
**Cathy Cotton** (Wood Park)

The quality project of integrating convalescent care into long-term care has allowed for a “combined” model of care bringing community partners into the home, sharing a common vision, and breaking down healthcare sector “silos”. The use of the outputs from a standardized tool (MDS 2.0) provided the quality metrics for a sustainable model of care which can be replicated across the continuum of care.

### D3 – LONG-TERM CARE / HOSPITAL CONTINUING CARE

#### Can we Trust our Data: Building Leader Confidence in Using RAI Data

PRESENTERS:

**Tilly Schalkwyk** (Providence Health Care, Vancouver); **Heather Mak** (Providence Health Care, Vancouver)

Engaging leaders in using RAI data inevitably brings out the question, “Can we trust our data?” At Providence Health Care (PHC) in Vancouver, a 695 bed complex care residential care program, we have worked to address this question and build confidence in our data generated from RAI resident assessments. In order to use RAI data visibly and responsibly to improve clinical care, leaders must have confidence in the accuracy of the data. Strategies used by PHC to increase both data accuracy and leaders’ confidence in RAI data will be shared.

#### From Indicators to Quality: How Do We Get There? A Quality Initiative Framework for Front Line Staff

PRESENTER:

**Kathy Flegg** (Providence Care, Kingston)

To support care teams in moving forward with quality initiative projects and to assist teams in viewing the data being collected as meaningful, a simple quality framework, which speaks in clinical language, was developed. The framework includes four stages: the Trigger (asks the question why); Investigation (is this a quality issue?); Quality Initiative Identification; and, Quality Indicator Identification. Teams are encouraged to keep their quality initiatives simple and meaningful.

#### Alberta Sets the Stage for “5 Star” Quality in Long-Term Care

PRESENTER:

**Susan Carriere** (Alberta Health Services)

This presentation will provide an overview of the Quality Improvement and Measurement project, highlight results of a review of current approaches in Canada and the US, outline the role of the RAI Quality Consultants hired to support long-term care facilities, and discuss anticipated outcomes and recommendations from the project evaluation.

# WEDNESDAY, OCTOBER 6

## Paint by Numbers: Using RAI MDS Outcome Scales to Select Participants for the Restorative Rehabilitation Program at PRVHC

PRESENTER:

**Mervin Taylor** (Perley Rideau Veterans Health Centre)

Discussion of the interdisciplinary Rehabilitative Restorative Care Program developed at Perley Rideau Veterans Health Centre, based on section P3 of the RAI MDS 2.0 Canadian Version Outcome Scales. Periodic re-evaluation is based on the RAI MDS outcome scales. Short discussion of the process and development of a clear policy, standards for documentation and the care plan library will be discussed. This is a program to which every resident is eligible for consideration based on fair, unbiased and objective data, and changing health status.

## D4 – LONG-TERM/ RESIDENTIAL CARE

### A Day in the Life of a RAI Coordinator

PRESENTERS:

**Shirley Connelly** (Regional Municipality of Durham – Hillsdale Estates); **Julie Rowett** (Regional Municipality of Durham – Hillsdale Terraces)

This presentation will summarize our implementation and current practice with regards to RAI-MDS, policy development and the introduction of the Durham Region Network.

### Pilot of an Approach to Assessing Relationships Between RAI-MDS 2.0 Indicators of Quality

PRESENTER:

**Hannah O'Rouke** (University of Alberta)

This presentation describes a pilot approach to examining the interrelationships between RAI-MDS 2.0 quality indicators. A model that displays the interrelationships between quality indicators may lead to a more parsimonious set of indicators that are easier for providers to prioritize and implement into practice.

## Pain in Long-Term Care

PRESENTERS:

**Marjorie Hammond** (Baycrest Geriatric Health Care System); **Clara Nisan** (Baycrest Geriatric Health Care System)

Reporting of pain on the RAI MDS tool is associated with improved pain care. The under-detection of pain in long-term care remains a significant problem. Standardized pain assessment processes, appropriate resources and performance management can improve the reliability of RAI MDS derived data and ensure improved pain care.

## D5 – MENTAL HEALTH

### Shining a Light on Depression among Seniors in Residential Care

PRESENTER:

**Lacey Langlois** (Canadian Institute for Health Information)

This presentation will shed light on the prevalence of depression and the associated health and quality of life challenges faced by seniors living in residential care. Based on nearly 50,000 RAI-MDS 2.0<sup>o</sup> assessments submitted to CIHI, the study provides important new information with implications for both clinical practice and policy.

### interRAI Forensic Supplement: Preliminary Findings of an Ontario Pilot Study

PRESENTER:

**Krista Mathias** (University of Waterloo/ Homewood Research Institute)

A review of preliminary findings from the interRAI Forensic Supplement pilot project that is being conducted in eight provincial forensic programs in Ontario will be examined. The interRAI Forensic Supplement will assist in the development of Mental Health CAPs for forensic special services and will contribute to care planning with the development of treatment plans targeting criminogenic needs.

## Leveraging RAI Assessment Systems for Accreditation

PRESENTERS:

**Christopher Perlman** (Homewood Research Institute); **Edgardo Pérez** (Homewood Health Centre and Homewood Corporation); **Marty Huynh** (Accreditation Canada)

This presentation will outline a framework for leveraging interRAI assessment information for the accreditation process by integrating risk assessment, care planning, and outcome measurement. This framework could be used to improve accountability at the patient care and organizational levels and help organizations demonstrate this accountability through the accreditation process.

## NETWORKING REFRESHMENT BREAK, EXHIBITS and POSTER VIEWING

10:30–11:00 am

## PLENARY SESSION #5 CAN-STRIVE

11:00 am–12 noon

This session will examine the results from the CAN-STRIVE case mix work recently completed across long-term care, home care and complex continuing care. Findings will be shared with respect to resource utilization groups, algorithms and suggested future directions will be explored.

**John Hirdes** (Professor, Health Studies and Gerontology, Faculty of Applied Health Sciences, University of Waterloo; Scientific Director, Homewood Research Institute; and Fellow and Board Member, interRAI)

Additional speakers to be confirmed

FACILITATOR:

**Lou Reidel** (Director, Health Finance and Research, Ontario Hospital Association)

## INNOVATION AWARDS

12 noon–12:30 pm

## CLOSING REMARKS

12:30–12:45 pm

## ADJOURNMENT

12:45 pm

# POSTER PRESENTATIONS

## **The Health, Cognitive and Functional Status of Older Home Care Clients With and Without Vision and Hearing Impairment**

**Jeremiah Beggs** (Wilfrid Laurier University); **Dawn Guthrie** (Wilfrid Laurier University)

To highlight the key differences between older home care clients who have vision and hearing impairment, with those who do not, across domains such as health, functional ability and risk for various health outcomes as measured by the Clinical Assessment Protocols (CAPs).

## **Using RAI 2.0 Data as a Foundation to Effectively Manage Behavioural Symptoms and Improve Quality of Life**

**Amber Ross** (Revera Long Term Care) Management, health care aides, and recreation staff meet weekly to discuss resident aggressive behaviours using PIECES and Supportive Pathways frameworks to lower the facility Behavioural Symptoms Quality Indicator and Resident Aggressive Behaviour Scale scores. Montessori and Nonviolent Crisis Intervention training provides staff with additional tools in prevention of aggressive behaviours. Implications are training for all staff and implementation of ad hoc quality improvement teams.

## **Comparing ALC Patients to LTC Admissions Using Ontario RAI/MDS Data**

**Andrew Costa** (University of Waterloo) Opportunities to make better use of long-term care (LTC) are being explored with the aim to redirect some of the alternate level of care (ALC) patients waiting for LTC back to the community. The objective of this study was to compare ALC patients waiting for LTC in hospitals to LTC admissions from the community.

## **The Geropsychiatry Placement System (GPS): Client Characteristics across Care Settings**

**Krista Mathias** (University of Waterloo/Homewood Research Institute)

A cross-sectional analysis of patient characteristics and staff ratings on the lowest level of care needed and on patient barriers for making these transitions was conducted among five subpopulations.

The Geropsychiatry Placement System will assist in the establishment of a uniform classification system that can differentiate between the best, least-restrictive care setting for older adults with mental health needs.

## **Take the CIHighway – Education Roadmap to Excellence in Home and Continuing Care**

**Carol Heuvelmans** (Canadian Institute for Health Information); **Debbie Camelin** (Canadian Institute for Health Information)

CIHI has evolved its Home and Continuing Care education curriculum into a flexible, modular program using multiple modes of delivery. Role-based learning pathways have been designed to meet specific needs of stakeholders. The training uses real-life examples, updated materials, job aids and relevant activities to sharpen new skills.

## **Evaluating the Toronto Central CCAC Seniors Enhanced Care Program – the Impact of an Intensive Case Management Approach on Frail Seniors Caregivers' Burden**

**Jamie Arthur** (Toronto Central Community Care Access Centre); **Corey Boimer** (University of Toronto)

The Toronto Central CCAC implemented its Seniors Enhanced Care Team in August 2009 to support high risk/frail seniors and their caregivers in the community. Through research we set out to answer the question: Among the frail elderly who receive homecare services through the Toronto Central CCAC, does the Seniors Enhanced Care (SEC) program reduce rates of caregiver burden?

## **Beyond Assessment – Year 2: Use of RAI-HC Outcome Measures to Improve Use and Utility as a Case Management Practice Tool**

**Jamie Arthur** (Toronto Central Community Care Access Centre)

In June 2008, the Toronto Central CCAC intentionally focussed on using RAI-HC outcome measures as key components in case management practice by providing education and engaging staff in a year long change process. A sustained change has been demonstrated over a two year period by continuing to

implement practice changes using RAI outcomes as well as using them to plan and implement a population-based case management model. As a result, we have moved from 60% of all clients with a RAI assessment to over 90%.

## **“Let’s Not Talk About It”: A Portrait of Depression and Purposeful Self-injurious Behaviour among Older Adults in Long-Term Care**

**Eva Neufeld** (University of Waterloo)

Long-term care assessment data collected from two Canadian provinces were examined for this study (N = 1,972). A portrait of depression and purposeful self-injurious behaviour among older adults in Canadian long-term care will be presented. By increasing awareness, health professionals may address seniors' mental health needs through improved care planning and programs.

## **Making MDS Helpful by Design: Teamwork, Software and Workflow**

**Heather Mak** (Providence Health Care, Vancouver); **Tilly Schalkwyk** (Providence Health Care, Vancouver)

Our e-Care system designed by an interdisciplinary team is an innovative practical way to integrate interRAI-MDS questions throughout the cycle of care. Customizing the software to match our workflow allows interdisciplinary contribution to the interRAI MDS. It has strengthened team work and we now meet targets for assessment completion.

## **Who are the Oldest Old in Long-Term Care? Unravelling the Mystique of Centenarians Using Data from the Resident Assessment Instrument (RAI MDS)**

**Shannon Freeman** (University of Waterloo)

Centenarians in long-term care facilities (N=423) were assessed using the MDS 2.0 between July 1, 2005 and April 1, 2008. Cross-sectional analysis of service utilization includes prevalence of various health conditions, physical and mental health indicators, and disease diagnosis. Findings can assist clinicians to this heterogeneous cohort and enable more effective resource distribution.

The Conference Planning Committee gratefully acknowledges the contributions of the following organizations:

## SPONSORS



### Gold

Established in 1994, the Canadian Institute for Health Information (CIHI) is an independent, not-for-profit corporation that provides essential information on Canada's health system and the health of Canadians. Funded by federal, provincial and territorial governments, we are guided by a Board of Directors made up of health leaders across the country. CIHI collaborates with interRAI in supporting standardized pan-Canadian information across hospital, home care, continuing care and mental health sectors.



### Bronze

The Ontario Association of Community Care Access Centres (OACCAC) is the voice of the CCAC sector, a key player within a sustainable integrated health care system. The OACCAC fosters strategic alliances within the health care system while continuously delivering high quality innovative shared services to members and health care partners.



### Innovation Awards

AIS is Canada's leading provider of RAI education solutions. Our 'AIS Central' learning portal provides web-based access to rich learning content, competency evaluations, reports and analytics. We serve the needs of assessors, educators, administrators, managers and executives as well as the operational needs of long term, home, and community care.



### Monday Evening Welcome Reception (exclusive sponsor)

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### Tuesday Evening RAI FEST (exclusive sponsor)

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### Lanyards

GoldCare is a leading provider of healthcare management software for the completion and submission of the interRAI CHA and other assessments. GoldCare contains a full suite of integrated applications including health care records, care plan builder, reporting engine and more. Its centralized interface streamlines data access to increase operational efficiencies.



### Delegate Tote Bags

HInext is an experienced and licensed interRAI software vendor. HInext's flagship product, TREAT, is a complete EMR solution with integrated interRAI instruments. The TREAT system ([www.treat.ca](http://www.treat.ca)) features powerful assessment tools, progress notes, care planning, and reporting. TREAT solutions for OMHRS, NRS, and CCRS programs are CIHI certified.

## EXHIBITORS



# REGISTRATION

Registration will begin on Monday, October 4, 2010, at 7:30 am at 89 Chestnut Conference Centre, 89 Chestnut Street; Toronto, Ontario. *Space is not guaranteed, unless payment is received prior to the event.*

## Full Education Conference Registration Fee (excludes RAI FEST and Pre-Conference Workshop)

Early Bird: May 1–September 3, 2010:

**\$546.00 + \$70.98 (HST) = \$616.98**

Effective September 4, 2010: **\$650.00 + \$84.50 (HST) = \$734.50**

## One Day Education Conference Registration Fees (excludes RAI FEST and Pre-Conference Workshop)

Monday Only: **\$286.00 + \$37.18 (HST) = \$323.18**

Tuesday Only: **\$390.00 + \$50.70 (HST) = \$440.70**

Wednesday Only: **\$286.00 + \$37.18 (HST) = \$323.18**

## RAI FEST & Entertainment

Tuesday Night (October 5) Dinner & Entertainment:

**\$65.00 + \$8.45 (HST) = \$73.45**

## Pre-Conference Workshop

Demystifying Data: Successful Communication of Information for Decision-Making (Monday, October 4, 9:00 am to 12 noon):

**\$95.00 + \$12.35 (HST) = \$107.35**

## Cancellation Policy

Notice of cancellation must be provided in writing 3 days prior to the date of the program. A 50% administration fee will apply to all refunds. Registrants who fail to attend the program or cancel after the deadline date shall be liable for the entire fee. Substitutions are welcome. The Ontario Hospital Association reserves the right to cancel or reschedule a program.

## Accommodation

The Metropolitan Hotel is located across the street from the Conference Centre. If you require accommodations, please contact the Metropolitan Hotel Toronto at 416-599-0555 or 1-800-668-6600. Please be sure to indicate that you are attending the Canadian interRAI Conference to secure a special room rate of \$145 for single/double occupancy. Be sure to make your hotel reservation before **September 3, 2010**, as accommodations for that time period are filling up quickly.

*If you require extra assistance or have special requirements, please let us know when registering for the conference to ensure we can accommodate them.*

## Three Easy Ways to Register

**1. Online:** [www.canadianinterRAI.org](http://www.canadianinterRAI.org)

**2. Fax:** 416-205-1340

**3. Mail:** If paying with a cheque, complete the form and mail together with payment to:

### 2010 Canadian interRAI Conference Educational Services Division

Ontario Hospital Association

200 Front Street West, Suite 2800, Toronto, Ontario M5V 3L1

For additional registration and program information, please contact Gertrude Fernandes at **416-205-1398** (toll free at **1-800-598-8002 x1398**) or [gfernandes@oha.com](mailto:gfernandes@oha.com).

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Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

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*\*To be used for registration confirmations and conference material.*

## Emergency Contact Information (if different from above)

Please indicate your emergency contact information below. We will contact you in case of an emergency, i.e. program cancellation, etc. The information will be kept in confidence.

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If paying by cheque, please make cheque payable to Ontario Hospital Association.

Registration Fee: \$ \_\_\_\_\_ + 13% HST: \$ \_\_\_\_\_

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Pre-Conference Workshop: \$ \_\_\_\_\_ + 13% HST: \$ \_\_\_\_\_

= Total: \$ \_\_\_\_\_

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*The Ontario Hospital Association is acting as this year's  
Conference Secretariat.*



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