ACCELERATING OUR INNOVATION POTENTIAL: ACTIONS TO ADVANCE INNOVATION IN ONTARIO’S LONG-TERM CARE ECOSYSTEM
The Strategic Innovation Council is pleased to put forward a set of recommendations to accelerate innovation in the long-term care ecosystem. The long-term care ecosystem includes a diverse set of stakeholders, each which play a crucial role in enabling innovation to flourish (see Figure 1). This report focuses on actions that long-term care homes, the Ontario Long Term Care Association, and the provincial and federal governments can take to significantly impact residents and staff living and working in long-term care.

The Strategic Innovation Council believes that the long-term care sector in Ontario has an optimal window of opportunity to leverage innovation to:

- optimize resident and caregiver experience by employing empathetic approaches;
- improve outcomes by delivering higher quality and integrated care; and
- achieve better value for money by realizing system efficiencies.

The proposed recommendations are not intended to be comprehensive; but rather to point to tangible actions key partners can undertake to collectively advance innovation in long-term care, while simultaneously emphasizing the clear benefits innovation can have for residents, operations and the broader health system. The e-report format was purposefully chosen to enable us to leverage existing assets and build on our strengths. As such, throughout the report there are several links to existing innovation leaders and resources.
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This Strategic Innovation Council report has been produced in an e-report format, allowing for key organizations and resources to be identified (by gold text and/or underlined font) and hyperlinked.
INNOVATION IS EVERYONE’S JOB

A MESSAGE FROM THE ASSOCIATION’S 2017 LIFETIME ACHIEVEMENT AWARD RECIPIENT

I’ve lived in long-term care for the last six years. I see how clinicians, administrators, and even bureaucrats work hard to improve care and quality while achieving efficiencies.

And the silver bullet to health care improvement is – innovation. Right? Sure, but successfully driving innovation isn’t just about developing the latest technology, gadget or gizmo; it’s about ensuring that the new product, service or process is actually adding value to the resident.

I spent most of my career leading the technology department for a large beverage company. I know first-hand that we need to think and work collaboratively with consumers – residents, families, staff and system stakeholders – to truly understand from their perspective where the system is falling short, and co-creating solutions that are meaningful.

Getting innovation right is a collective effort, and it’s why I’m so pleased to be part of the Ontario Long Term Care Association’s Strategic Innovation Council, to put forward recommendations for our community of stakeholders that, together, can create the conditions for a culture of innovation to thrive.

Innovation is everyone’s job!

In a publicly-funded and regulated system, governments are essential in laying the foundation for innovation to flourish. We must work to find a balance, which shifts from a compliance culture to one that is truly resident-centred, allowing operators and employees to focus on what matters to residents instead of what an inspector has on a checklist.

“Successfully driving innovation isn’t just about developing the latest technology, gadget or gizmo, it’s about ensuring that the new product, service or process is actually adding value to the resident”

Long-term care homes have a tricky job of navigating the network of academics and industry vendors to develop, pilot, and adapt products and services. But the greatest asset is literally in your backyard – residents, families and staff. Through purposeful engagement with the community, homes can think to the future and understand what seniors and caregivers want, as well as how their expectations are changing. We also need to recognize that residents are diverse – both in what matters most personally as well as our abilities. By directly engaging in co-design and conversation, innovative ideas will be grounded in a deeper understanding, getting a jumpstart in meeting user needs and creating the products, services and processes that will lead us into the future.
A SECTOR RIPE FOR INNOVATION

A MESSAGE FROM THE CHAIR OF THE STRATEGIC INNOVATION COUNCIL

Innovation may be the latest buzz word in health care, but it has been a mainstay in the management and business domain for decades. Having worked in health care management across North America for more than forty years, I have had the privilege of observing and participating in the evolution of the seniors’ care and housing industry, where innovation has played a fundamental role.

Long-term care, as compared to other sectors in Ontario, is uniquely positioned to leverage innovation on a broad scale. The sector has evolved drastically, moving from a custodial model of care prominent in the 1960s and 70s, to a social model that aspires to put our residents, families and staff first, yet increasing regulation has created barriers to success. Through this journey, Ontario’s 626 long-term care homes have championed the design, implementation and adoption of new technologies and processes, from incremental to disruptive, with a focus on wellness and purpose, in addition to expertise in care.

Part of our success can be attributed to our optimal pathway for the adoption and diffusion of innovations. The long-term care sector is highly standardized, in both funding and policy environment, allowing innovation a platform to evolve and spread quickly in a controlled environment after incubation and testing stages.

And yet, the sector – and health care in general – is at a tipping point. With the system at capacity, expectations of our residents increasing, and a drive to continuously provide better outcomes for our residents, there is no better time to look for direction on furthering our innovation agenda.

The Strategic Innovation Council was established to bring together thought leaders on this very subject. Rather than itemizing barriers to innovation or proposing lofty goals, this report puts forward actionable recommendations targeted to our collective group of stakeholders, building on our existing assets and strengths. It is our belief that with each incremental change we can continue to advance innovation in our province and beyond, to ensure we are continually adding value for our residents, optimizing our operations and realizing system efficiencies.

“Long-term care, as compared to other sectors in Ontario, is uniquely positioned to leverage innovation on a broad scale”
INTRODUCTION: LEVERAGING HEALTH CARE INNOVATION IS CRITICAL

Home to more than 100,000 residents annually, our 626 long-term care homes are tasked with caring for a segment of our society’s most vulnerable citizens – and they do so with pride, care and compassion. Long-term care homes provide relief when caring for a loved one becomes too complex for them to remain in their family home, by providing complete care in a home-like environment. It’s the place in Ontario’s health system where almost every resident receives help with their daily living activities (e.g., bathing, dressing, eating, using the bathroom), as well as 24/7 nursing care.

Ontario’s long-term care sector has an impressive track record, demonstrating consistent gains in quality indicators in recent years. But, we know we can do even more to support our communities and to excel at meeting resident expectations, all while achieving health system efficiencies and better outcomes. The key to realizing additional gains in long-term care is accelerating our innovation potential. There are three fundamental reasons why we need to accelerate innovation in long-term care:

1. **Innovation results in more effective, higher quality care**

   By definition, innovation is a process that adds both economic and social value, delivering better outcomes for the same or at a lower cost. In the business of health care, effective and high-quality care are what we strive for on a daily basis. To get there, we need to explore and test new models, tools and approaches that can – and will – outperform the status quo when it comes to resident outcomes.

2. **Ontarians expect better; using empathy to drive innovation improves resident experience**

   As baby boomers retire and come into greater contact with health and social care systems, they are taking a greater role in their own health care decisions, including how they access care. Seniors health, particularly long-term care, is no different. When it is time for a loved one to transition into long-term care, families and residents expect not only the highest quality of care, but an experience that is tailored to their individual needs. This means to do better, we need to enable empathy to drive innovation. Every innovative effort starts with someone realizing that something needs to be done better; but we must ensure this realization is not just about capitalizing on the next exciting technology, but rather that it will genuinely provide new benefits for residents and business operations. Innovations that will truly make an impact must start and end with an understanding of residents’ and families’ challenges, and hopes for their lives in long-term care.

3. **In an era of fiscal restraint, innovation drives efficiencies**

   Financial austerity combined with rising health care costs means that new investments will be scarce. Increasing pressures to gain efficiencies and demonstrate return on investment remain a top priority for governments, all while maintaining quality and access to services. Enabling innovation allows us to be creative to do more with less, and deliver better outcomes for the same or lower costs. In this way we can increase the productivity of our health system by creating, testing and scaling new methods to deliver health services.

"The key to realizing additional gains in long-term care is by accelerating our innovation potential"
LONG-TERM CARE IS UNIQUELY POSITIONED TO ADVANCE INNOVATION NOW

The long-term care sector, compared to other sectors in Ontario, is uniquely positioned to lever innovation and make a broad scale impact.

Universality supports spread and scale

There are currently 626 homes that are licensed to operate in Ontario, encompassing more than 78,000 beds. Although the sector has a broad footprint, there is a unique opportunity to spread and scale-up quickly. The very nature of the sector includes a number of enablers of innovation including standardized funding, significant IT infrastructure and a policy environment that encourages consistency from home to home. One example of a successful scale-up initiative were the recent changes to the physiotherapy program in the province (see box below).

Opportunity to optimize investments in redevelopment and new beds

Over the next 20 years it is anticipated that there will be twice as many seniors over the age of 75 and, by extension, a growth in the number who need long-term care and other supports. Today, we are seeing the symptoms of a system at the brink: hospitals overflowing with individuals who have no place else to go and a wait list for long-term care reaching almost 33,000. At the same time, nearly half of Ontario’s long-term care homes need to be renovated or rebuilt by 2025. Further, the recently elected government has committed to adding another 15,000 beds in the next five years. This presents a unique and timely opportunity – while optimizing capital investments to support current homes, we can also increase system capacity and improve integration by enabling long-term care to implement innovative ways to deliver health services that move beyond our current models.

OPTIMAL GROUND FOR SYSTEM-WIDE SPREAD AND SCALE: A HISTORICAL EXAMPLE

In 2013, publicly funded physical therapy (PT) services were removed from the Ontario Health Insurance Act and reformed to a budget-based program, meaning long-term care homes received funding on a per bed basis rather than by physiotherapy providers directly billing OHIP. An aim of the policy change was to shift away from PT services functioning as maintenance and prevention programs, and to focus on improving physical function and mobility. An additional per diem allotment was provided for residents in all long-term care homes to participate in general falls prevention and exercise classes that may or may not have been provided by a physical therapist.

Value-Added:

- Successful spread and scale-up with universal implementation of the program across 600+ homes in Ontario.
- Block-funding approach resulted in system efficiencies, by directly reducing overall spend on PT services.
- Services were allocated more appropriately, with fewer residents receiving PT overall, while maintaining level of PT for those who did require it.
- PT service delivery change appears to be associated with improved performance on several ADL (activities of daily living) quality indicators.
- Resident/family concerns were alleviated by complementary funding towards falls prevention and exercise programs.
Leverage the Ontario Long Term Care Association’s leadership in innovation

The Ontario Long Term Care Association (OLTCA) is Canada’s largest association representing the full spectrum of operators, with a vision of a “high performing, progressive sector and workplace environment, which delivers safe quality care, and supports a quality of life that engages abilities, respects humanity, and promotes comfort.” Members include 70 per cent of the province’s long-term care homes, which provide care and accommodation services to more than 70,000 residents annually, as well as more than 250 commercial and affiliate members, innovators who provide products and services for the long-term care environment.

In recent years, the Association has elevated its focus on innovation by:

• launching This is Long Term Care, the largest research, quality and innovation conference for long-term care in Canada, and recently partnering with the Global Ageing Network to elevate the conference to an international audience in 2019;

• expanding its commercial and affiliate programs by establishing a partnership with the Centre for Aging + Brain Health Innovation, its inaugural Strategic Alliance Partner in 2016, to advance a common objective to foster a culture of innovation in the long-term care sector;

• developing and deploying business intelligence tools for members, to increase the access and use of data to drive decision making; and

• taking on a leadership role in provincial programs aimed to advance and scale up innovation across the entire sector (see box to the left).

The Association established the Strategic Innovation Council in the Fall of 2017. The intention of establishing the Council was not only to provide direction to external stakeholders, but to work collaboratively with innovation thought leaders to define how the Association could continue to leverage relationships and lead the sector towards new models of care, programs, approaches and technologies that will improve care outcomes, quality of life and system efficiencies. The Association and its members have a long history of being solutions-oriented and created a mandate for the Council to identify actionable recommendations to accelerate, optimize and elevate the innovation efforts in the ecosystem.

The Association can play a critical leadership role in continuing to broker conversations and align resources to bridge partnerships with government, long-term care homes and innovation leaders. Resources to build capabilities and capacities exist through many system partners, and the Association can continue to raise awareness and support uptake and adoption across the sector.
The Strategic Innovation Council is pleased to put forward a set of recommendations to accelerate innovation in the long-term care sector. The proposed recommendations are not intended to be comprehensive; but rather to point to tangible actions key partners can undertake to collectively advance innovation in long-term care, while simultaneously emphasizing the clear benefits innovation can have for residents, operations and the broader health system.

The Council believes that innovation in long-term care can be illustrated by adapting a model first proposed for the private sector, in which innovation is the result of the interaction of three key elements in the “Innovation System” – the supply of innovation, the demand for innovation, and the support of innovation (Figure 2). Each of these elements is critical for success, but all three need to work together in balance, and success in one element does not compensate for gaps in others.

The characteristics of health care systems set the context for the Innovation System, and influence whether innovators flourish or struggle. They include the economic, political, legal and regulatory environment, as well as the size and structure of the systems. In health care, a disproportionate amount of resources are often used to develop new ideas (“supply of innovation”); and less consideration is given to successful adoption by the wider system (“demand for innovation”). Our recommendations reflect this model, and offer suggestions aimed at rebalancing and strengthening the Innovation System. For example, reviewing certain regulatory barriers will strengthen “support for innovation” and building procurement capacity will improve “demand for innovation.” We point to several innovation leaders and highlight examples of useful resources to employ, all with an eye to building a stronger innovation system.

DEFINING INNOVATION

The Council adopted the Conference Board of Canada definition of innovation, as “the process through which economic and social value is extracted from knowledge through the generation, development, and implementation of ideas to produce new or improved strategies, capabilities, products, services, or processes.”

The Strategic Innovation Council recommendations point to tangible actions key partners can undertake to collectively advance innovation in long-term care.”
RECOMMENDATIONS FOR LONG-TERM CARE HOMES

1. Maximize the participation of all stakeholders in innovation activities to drive a culture of innovation based on empathy. Supporting staff champions was ranked globally as the most important driver to health innovation, followed closely by harnessing the efforts of patients and the public as co-producers.

   a. Use co-design principles to support the engagement of residents and families in innovation efforts from the outset. Utilize expert resources such as those curated by The Change Foundation, Lessons from Changing CARE to guide co-design projects.

      The Change Foundation is an independent health policy think-tank that works to inform positive change in Ontario’s health care system. Recently, the Foundation has focused on the family caregiver experience as part of the patient experience, and to identify promising models or initiatives for effective and collaborative engagement between family caregivers and providers.

      FIGURE 3. REVERA’S ICHALLENGE TOOLKIT

      b. Leverage the expertise of front-line staff by implementing a staff-driven innovation program, potentially modelled after the Revera iChallenge program, or by participating in point-of-care driven projects such as the Centre for Aging + Brain Health Innovation (CABHI) Spark Program.

      Revera Inc. is a leading owner, operator and investor in the senior living sector committed to helping older adults live life to the fullest. Revera’s Innovators in Aging Program is a $20 million commitment to bring innovations to seniors. Revera’s iChallenge is an award-winning employee innovation program.

      The Centre for Aging + Brain Health Innovation (CABHI) powered by Baycrest aims to accelerate the development, validation, commercialization, dissemination and adoption of innovative products, services and best practices to support brain health and aging. CABHI is the Association’s inaugural Strategic Alliance Partner, and since 2016 the organizations have worked together strategically to advance a culture of innovation in long-term care.

      c. Consider embedding the concept of empathy into staff training, as showcased in the Responsive Group Inc.’s Empathy video.

      Responsive Group Inc. is a recognized leader in managing senior living environments. For over 30 years, Responsive Group has sought and built lasting strategic relationships with owners, non-profits and diverse health and wellness communities, working together to build capacity for meeting the needs of the communities they serve.

      d. Commit to innovation at the most senior levels of the organization. The Board of Directors and long-term care homes should embed innovation into their strategic plans and tie innovation outcomes to executive performance appraisals and/or compensation.
2. Improve adoption and uptake of existing innovation by employing techniques to ensure innovations realize their potential for scale and spread.

   a. Assess readiness to engage in partnerships for innovation validation and adoption projects. Utilize innovation pilot readiness to spread assessment and/or readiness to receive assessment checklists, such as those adapted by the Canadian Foundation for Healthcare Improvement (CFHI).

   **Canadian Foundation for Healthcare Improvement (CFHI)** is a not-for-profit organization funded by Health Canada, dedicated to accelerating health care improvement. CFHI plays a unique, pan-Canadian role in spreading health care innovations.

   b. Apply Behavioural Economics concepts and methods, such as choice architecture and nudging, to influence those involved in an innovation to make choices that support the change management efforts related to its adoption. Utilize expert resources such as Behavioural Economics in Action at Rotman (BEAR) Practitioners Guide to Nudging.

   **Behavioural Economics in Action at Rotman (BEAR)** is an academic and field research group, helping their partners to accomplish behaviour change through better touchpoints and interventions, and engagement in a variety of educational and outreach activities. They focus on non-financial, non-regulatory solutions that preserve freedom of choice but guide people toward better decisions.

3. Create partnerships with local universities, research institutes, national networks and businesses to co-create, validate, and pilot health innovations. This allows innovators to obtain data and real-world evaluation of their products and services, and ensure they are designed around pain points that matter most to long-term care homes and residents.

   a. Consider participation as a trial site for CABHI Industry Innovation Partnership Program (I²P²) and the Researcher-Clinician Partnership Program (RCP²).

   b. Engage with national networks and research institutes focused on research priorities that greatly impact long-term care residents, such as the Canadian Consortium on Neurodegeneration in Aging (CCNA), Canadian Frailty Network (CFN), AGE-WELL and the Schlegel-UW Research Institute for Aging (RIA).

   **Canadian Consortium on Neurodegeneration in Aging (CCNA)** is research hub for all aspects of research involving neurodegenerative diseases that affect cognition in aging – including Alzheimer’s disease.

   **The Canadian Frailty Network** is funded by the Government of Canada’s Networks of Centres of Excellence (NCE) program. The NCE program’s goal is to mobilize collaborations between researchers, industry and other organizations to produce programs and products that further Canada’s economic strength and improve the quality of life of Canadians.

   **Aging Gracefully across Environments using Technology to Support Wellness, Engagement and Long Life (AGE-WELL)** launched in 2015 through the federally-funded NCE program. AGE-WELL is dedicated to the creation of technologies and services that benefit older adults and caregivers.

   **The Schlegel-UW Research Institute for Aging (RIA)** is a charitable foundation dedicated to enhancing care and quality of life for older adults. Their vision is to become one of the top five innovation institutes in aging in the world.
4. Build value-driven innovation procurement capacity. Innovation procurement enables organizations to procure a broader range of value through a focus on outcomes, with the potential to improve resident quality of life and satisfaction. Typically, innovation procurement models are used when organizations have a particular pain point, but don’t know how to solve that problem. Innovation procurement allows the market to offer varied solutions, taking new approaches that optimize value across the system.

- Build innovation procurement capabilities into strategic sourcing departments, where applicable. Procuring organizations must focus on the value the solution can bring as well as the development of new skills to manage the complexity.

- Utilize existing innovation procurement tools such as the Ministry of Government and Consumer Services (MGCS) BPS Primer on Innovation Procurement and the Innovation Procurement Toolkit developed by the Healthcare Supply Chain Network. These tools offer practical guidance based on extensive, multi-jurisdictional research.

**Healthcare Supply Chain Network** is an industry association of supplier and provider professionals with the goal of improving the effectiveness of Canada’s health care supply chain.
RECOMMENDATIONS FOR THE ONTARIO LONG TERM CARE ASSOCIATION

5. Prioritize innovation efforts. Focusing on a few areas at a time will allow substantial collaboration and development in areas that are most important to support residents and business operations.
   a. Establish a “grand challenges” list, aligning to annual planning cycles and focusing on one or two areas of improvement. Align supporting activities around the challenges (e.g., research, new initiatives and member services).
   b. Host purposeful and targeted events aimed at developing solutions to priority areas. The events could follow the five types of challenges used by the Canadian Foundation for Innovation ImagineNation Challenges, which span from ideation stages to acceleration. Most importantly, the events need to be grounded in empathetic understanding to deliver solutions that will truly make the most impact for residents and staff.

6. Facilitate capabilities, capacities and competencies of long-term care homes and staff to create, seek and adopt innovation. This involves a focus on skill-building, organizational abilities, processes and learning. It also involves creating more opportunities for effective dialogue and engagement between vendors and operators, residents and stakeholders.
   a. Offer workshops and leverage existing tools and resources to build skills and better prepare homes for the innovation adoption process. This includes resources such as the Community of Innovation podcast offered by CABHI. Additional key topics include: how to procure innovation, including building capacity to do value-based procurement; leadership training to equip those in senior positions to manage large scale and disruptive change; and a tech school for homes that do not have their own in-house IT support.
   b. Leverage the Association’s business intelligence expertise to expand support beyond its current membership base. Expand communications beyond current member distribution lists in order to attract a broader group of innovators, companies and vendors to engage in the long-term care market. Consider partnering with CABHI to connect with new players in health innovation and establish more specific supports for start-ups, with a primary focus on building strategic relationships with homes.
   c. Expand current conference offerings to enhance engagement opportunities. For example, the existing “Fast Chats” program could be optimized to mirror Lincoln Healthcare Leadership’s events, introducing a concierge-style approach where profiles of companies and home staff are available prior and matchmaking steps are completed to establish a meeting schedule in advance.

Canada Foundation for Innovation (CFI) makes financial contributions towards infrastructure for Canada’s universities, colleges, research hospitals and non-profit research organizations to increase their capability to carry out high quality research.

Lincoln Healthcare Leadership is a health care intelligence company serving C-level leaders of large providers. Their mission is to inspire excellence in leadership, strategy and innovation, and help providers accelerate change as health care moves from fee-for-service into a value-based system.
7. Showcase innovation experiences across the sector to support the spread and scale of effective innovations.
   a. Curate new, trending and recently released innovations to showcase what the industry is doing in Ontario and beyond.
   b. Continue to share success stories of recent adoptions of innovation in long-term care homes through conference offerings such as *This is Long Term Care, Together We Care*, and Quality and Innovation Awards. Consider introducing an “Innovation Roadshow,” which replicates the scale and spread goals of major conferences, but increases access and participation by bringing content to regional meetings.
   c. Broaden participation in conferences by residents and staff. For example, add a staffing stream to the *This is Long Term Care* Innovators’ Den session to better enable bottom-up innovations to flourish beyond their organizations.
   d. Partner with organizations such as [Choosing Wisely Canada](https://www.choosingwisely.ca) to identify practices that are ineffective or low impact that should be stopped on a provincial level.

[Choosing Wisely Canada](https://www.choosingwisely.ca) is the national voice for reducing unnecessary tests and treatments in health care. They engage health care professionals to take leadership in reducing unnecessary tests, treatments and procedures, and enable them with simple tools and resources that make it easier to choose wisely.

8. Strengthen partnerships with existing aging, innovation-related, organizations to leverage and shape opportunities for participation of home members.
   a. Continue to work collaboratively at executive and senior levels with [CABHI](https://cabhi.ca) and the [Ontario Centres for Learning, Research and Innovation in Long-Term Care](https://www.ontario.ca/page/ontario-centres-learning-research-innovation-long-term-care), through the Association’s Strategic Alliance Partnership program, to leverage resources and expertise on advancing innovation in the sector.
   b. Develop partnerships with colleges and universities to encourage long-term care as an employer of choice. Consider techniques such as creating [living classrooms](https://www.aging2.ca) to support skill development and attract the next generation of workers, who will be crucial in bringing new ideas to our market.
   c. Forge new relationships with the National Centres for Excellence, including [AGE-WELL](https://www.agewell.ca), and industry leading incubators such as [Aging2.0](https://www.aging2.org).

[Ontario Centres for Learning Research and Innovation in Long-Term Care](https://www.ontario.ca/page/ontario-centres-learning-research-innovation-long-term-care) is a provincially-funded program of teaching nursing homes, created to enhance quality in long-term care. Their resources aim to address the pressing issues in Ontario long-term care, including an aging population, medical complexity in resident care, and workforce recruitment and capacity building.

[Aging 2.0](https://www.aging2.org) supports innovators taking on the biggest challenges and opportunities in aging. Aging2.0 is international, interdisciplinary and intergenerational – focused on changing the conversation from 1.0 (local, clinical, siloed approaches) to 2.0 (collaborative, lifestyle-oriented, opportunity-driven). Over the past six years, they have hosted more than 550 events around the world.
Long Term Care Plus introduces models of care that build on current long-term care homes’ expertise to provide a broader range of services to Ontario’s seniors. Many of the models have been applied in other jurisdictions, and some components have been implemented on a small scale in some Ontario homes. We call these models of care Long Term Care Plus, because they offer so much more than the traditional long-term care model that is currently funded in the province.

Long Term Care Plus will create added system value by simplifying consumer choice, improving access and accountability, and improving coordination of care and community-based services for older adults and their caregivers.

New models of care can help to keep people living in the community longer, reduce unnecessary hospital visits and readmissions, improve transitions across the care continuum, and benefit quality of life outcomes.

**FIGURE 4: LONG TERM CARE PLUS**
ROLE OF THE MINISTRY OF HEALTH AND LONG-TERM CARE:

• Long-term care is licensed, regulated and funded by the provincial government. Long-term care is known to have the most stringent requirements in the country.

• Provincial funding for long-term care represents 7% of the overall provincial health budget (2018).

• The province is responsible for administering the inspection system.

• 30,000 beds in Ontario will need to be renovated or rebuilt before their licenses expire in 2025. This is supported by the Enhanced Long-Term Care Home Renewal Strategy program.

• A commitment has been made by the current government to add another 15,000 beds to the system in the next five years.

• The Ministry hosts regular engagements with the sector including a Long-Term Care Stakeholder Liaison Committee, with a scope inclusive of discussing legislative and regulatory changes impacting residents and staff.

RECOMMENDATIONS FOR THE GOVERNMENT OF ONTARIO AND MINISTRY OF HEALTH AND LONG-TERM CARE

10. Allow greater flexibility in the use of existing long-term care funding. This will allow homes to be creative and move forward with innovation pilots and programs that support resident outcomes.

“Allow greater flexibility in the use of existing long-term care funding”

a. Enact a policy that allows long-term care home licensees to use the NPC (nursing and personal care) and PSS (program and support services) envelopes to support innovations that can enable better value in care outcomes and/or delivery. Allowable expenses should include both hard (e.g., connectivity and mobile device accessibility) and soft (e.g., leadership and change management) components.

b. Information technology capacity should be a minimum standard across homes and at the bedside, as well as futureproofing for additional innovations. Specifically, WiFi on every site should be an eligible expense in the NPC envelope.

c. Modify parameters for other existing funds to enable flexibility for innovation. For example, the High Intensity Needs Fund is very restrictive and prescriptive. Allow more opportunity to use this to test/pilot/drive for outcomes. For example, the fund will pay for one-on-one staffing for a behavioral-challenged person, but does not support getting at the root cause of their behaviour. Another example is related to funding for wounds, where access to the fund requires the wound be at Stage 3 or 4. However, this prevents using any exceptional treatment early in the treatment trajectory, even for wounds that could be predicted to be hard to heal. If the fund was accessed earlier, resources would be saved in the long-term and better resident outcomes achieved.

“Allow homes to be creative and move forward with innovation pilots and programs that support resident outcomes”
11. Modify regulations to directly reduce barriers to innovation and focus on the creation of enabling legislation and policies.
   a. Revise regulations to allow for more flexibility related to staffing, to alleviate current challenges with staff shortages and proactively mediate future challenges, such as the high average age of current workers that will add to staffing shortages. Regulations are very specific regarding nursing and personal support workers (PSWs). Modifications could include allowing for flexibility in work assigned to other health professionals (e.g., kinesiologists, paramedics, etc.), but also allowing homes to reengineer existing PSW functions and allowing existing staff to work to their full scope of practice. In addition, staffing support required is not always about physical care needs, but also about engaging residents in meaningful activities. This work will also require collaboration from labour leaders and organizations.
   b. Revise regulations that are not innovation- and technology-enabling. For example, Section 82 of Regulation 79/10 indicates that the attending physician “attends regularly at the home to provide service, including assessments.” This seems to preclude using technology to conduct assessments virtually.
   c. Make changes to wait list management policies that promote system integration and resident-centred care. For example, in the Greater Toronto Area, there are approximately 200 beds for palliative care within hospitals. Provincially, palliative care beds could be more efficiently placed in long-term care to reduce admissions to hospital at end-of-life, capitalize on long-term care’s expertise in end-of-life care, and provide a more person-centred experience for individuals at the end of life.
   d. Increase the frequency of the existing Long-Term Care Stakeholder Liaison Committee from quarterly to bi-monthly, with a standing agenda item to focus on removing barriers and creating enabling legislation.

12. Leverage opportunities to embed global best practices in design and delivery by aligning requirements to the Enhanced Long-Term Care Home Renewal Strategy program and announcements of new beds. The new focus should be on environments that support resident choice and needs, based on evidence.11
   a. Introduce new design standards that use dementia care principles that are evidence-informed and support residents to live with success, humanness and compassion. One such example is the internationally accepted architectural principals to include smaller dementia inclusive home areas (households) of 8 to 10 beds.12 This will enable home structures to be built in a way that enables new models of care, to allow Ontario to be a global leader in dementia. In addition to new design guidelines, changes to provincial building codes and flexibility in funding envelopes will be required to enable implementation and delivery of best practices.
   b. Create an additional pool of funding allocated per new home (or per new bed), dedicated to an innovation initiative to design a new building and/or program. The impact should be evaluated by post-occupancy assessments and the Ministry of Health and Long-Term Care should catalogue and share this with the broader health sector.
13. Shift funding and accountability models to focus on outcomes. There is an opportunity for engagement between the Ministry of Health and Long-Term Care and operators to move to a more collaborative and inclusive approach, versus the current compliance-based approach.

   a. Pilot a quality-based funding approach linked to implementation of quality standards through the Clinical Support Tools project.

   b. Restructure the current compliance management and inspection program. Consolidate inspection offices and reduce the number of inspectors by 50 per cent, re-investing those resources into a long-term care ombudsman program to support the management and resolution of complaints that are important to residents and families. The remaining compliance infrastructure should focus on issues of high risk that directly relate to the safety and security of residents. The number of in-home inspection resources could be substantially reduced by introducing self-reporting of critical incidents. This shift will be complementary to the existing accreditation programs that more than 80 per cent of homes participate in on a voluntary basis.

   c. Allow long-term care homes with a strong track record of compliance and quality improvement to operate in a regulation-reduced environment, allowing for more flexibility and creativity in developing and testing new/innovative models of care and technologies.

14. Build innovation receptor capacity to adopt and scale innovation among long-term care homes and their leadership teams. Invest in building change management skills across the sector. Leadership is a key factor in supporting change management.

   a. Create a dedicated management training fund that covers all essential leadership skills, with a focus on change management. This could be co-designed by the sector and the University of Toronto Rotman Executive Programs. Courses and resources could be deployed and delivered by the Ontario Centres for Learning, Research and Innovation in Long-Term Care. The training fund should also allow for the development of reference materials or guides to support sustainability of key learnings within homes.

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**Rotman Executive Programs:** As part of the University of Toronto, the Rotman School of Management is Canada’s leading business school and has Canada’s largest group of management faculty. The Executive Programs group partners with organizations to develop customized programs closely aligned to the organization’s strategy and relevant to stakeholders.
15. Continue to support innovation accelerators and programs that have shown demonstrable results.
   a. Renew the mandate for the Centre for Aging + Brain Health Innovation, to support its goal to act as an accelerator and facilitate the development, testing and adoption/commercialization of innovations, and at the same time foster a culture of innovation across the country. CABHI has a current pipeline of 150+ projects across 75 test sites (see box below for an example of a scalable solution supported by CABHI and CLRIs).
   b. Continue to support the Ontario Centres for Learning Research and Innovation in Long-Term Care (CLRI). As one of only five coordinated groups of “teaching” nursing homes internationally, the CLRIs have the opportunity to incubate, spread and scale innovations. The CLRIs should also continue to have a role in supporting homes, colleges and universities to develop innovative learning opportunities and placements.

FIGURE 5. HOW GERIMEDRISK WORKS

GERIMEDRISK: A SCALABLE GERIATRIC PHARMACOLOGY AND PSYCHIATRY CONSULTATION SERVICE TO OPTIMIZE OLDER ADULTS’ MEDICATIONS

GeriMedRisk is a telemedicine consultation service that connects physicians, nurse practitioners and pharmacists to geriatric specialists. GeriMedRisk provides equitable access to geriatric specialist expertise for Ontario seniors with polypharmacy and complex medical and mental health diagnoses. Using eConsult and telephone, GeriMedRisk specialists in geriatric medicine, geriatric psychiatry, geriatric pharmacy and clinical pharmacology provide recommendations, drug information and education to clinicians regardless of geographic location. It is a clinician-led initiative launched in the Waterloo-Wellington Region in 2017 and hosted by the Schlegel-UW Research Institute for Aging.

Impacts:
• This service supports medication optimization in seniors and aims to prevent adverse drug events, one of the leading causes of death and disability North America.
• GeriMedRisk’s goal is to build geriatric clinical pharmacology and psychiatry capacity within the patient’s local health team without being an additional prescriber.

With the CABHI Spark grant, the feasibility of GeriMedRisk was demonstrated in four long-term care homes in the Waterloo-Wellington Region, showing a trend towards improved patient outcomes and decreased health costs. The study results will be published this year. Leveraging technology, GeriMedRisk has the ability to cost-effectively spread and scale, supporting Ontario clinicians and their older patients in rural and remote communities, or those with fewer geriatric specialists, with clinical expertise and education.
HEALTH TECHNOLOGIES FUND SUCCESS STORY: PHARMACIST-LED MEDREC, REMOTE PHARMACY COORDINATION FOR SENIORS

This communication and documentation tool ensures the accuracy of medications when vulnerable patients transition from hospital to long-term care. It includes automated drug dispensing machines and a pharmacy technician, which supports an efficient supply chain, increased safety and reduces medication errors, as well as releases time for direct care. A Telepharmacist is also available to support after-hours admissions. The tool is integrated with current software already in use within long-term care homes (PointClickCare).

Impacts (across four long-term care homes, serving 408 residents):

- Initial time and motion studies indicate Pharmacist-Led MedRec can reduce errors, improve efficiency and save homes, and ultimately the health system, money.
- Medication error rates have decreased from 70% to 4%.
- An increase from 60% to 100% in compliance for medication reconciliation during resident transitions (MedRec is now completed for every new admission and transition).
- Approximately 250 hours of nursing time was given back to direct resident care in the eight months of the project.
- Reduction in medication load for residents.
- Reduction in the time a resident needed to wait between admission and their first medication dose, down from more than five hours to just one hour.

RECOMMENDATIONS FOR THE GOVERNMENT OF ONTARIO AND MINISTRY OF HEALTH AND LONG-TERM CARE

c. Extend the mandate of the Office of the Chief Health Information Strategist. Their existing programs (see box below) have fostered many innovative and impactful projects. These programs could be improved by evaluating program impacts, and building in long-term care focused resources, such as adding a new innovation broker specifically focused on long-term care. Innovation brokers work to build receptor capacity so that technologies and processes get into our health care system and to patients and residents faster.
16. Continue to support agencies that act as accelerators for the development, implementation and spread of innovation.

a. The Public Health Agency of Canada (PHAC) should fund a second mandate for the Centre for Aging + Brain Health Innovation, which supports its goal to act as an accelerator and facilitate the development, testing and adoption/commercialization of innovations, and at the same time foster a culture of innovation across the country.

b. Continue to support Network Centres of Excellence that drive innovation for the seniors’ care environment, including AGE-WELL and the Canadian Frailty Network.

c. Continue to support the Canadian Foundation for Healthcare Improvement (CFHI), an organization that is dedicated to advancing health care improvement and innovation by supporting pan-Canadian collaboration for spread and scale.

17. Enact the recommendation from the Canadian Association for Long Term Care (CALTC) to mandate and fund a standardized system for collecting residential and financial performance data in long-term care homes across the country.

18. Enact the recommendations for the Naylor report to establish a National Health System Innovation Fund, targeted to provinces and territories to support the adoption of health system innovations. Funding criteria should be designed not only to support the development of these innovations but to incent their adoption on a scaled-up basis.

19. Allocate funding from the Canadian Institutes of Health Research – Institute of Aging’s targeted priority area of “health care and services that combine and integrate continuity, innovation and efficiency,” to protocols that leverage and support innovation in long-term care.

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**Public Health Agency of Canada (PHAC)** is a federal institution that is part of the health portfolio. In partnership with others, its activities focus on preventing disease and injuries, promoting good physical and mental health, and providing information to support informed decision making. They are a contributing partner to CABHI.

**The Canadian Association for Long Term Care (CALTC)** is a national organization comprised of provincial associations and long-term care providers that deliver publicly-funded health care services for seniors across Canada.

**Canadian Institutes of Health Research (CIHR)** is composed of 13 institutes that provide leadership and support to health researchers and trainees across Canada. Each institute provides funding for both investigator-driven research and on targeted priority areas.
20. The Canada Revenue Agency (CRA) should modify the Scientific Research and Experimental Development Tax Incentive Program, which is intended to encourage businesses of all sizes (particularly small to medium and start-up firms) to conduct research and development that will lead to new, improved, or technologically advanced products, processes, devices, and materials.¹⁸

a. Align the review process with that performed by the Tax Court of Canada. This would modify the review process to reflect program eligibility by directly referencing criteria that demonstrates the incentive nature of the program. This would ensure that reviewers are applying the intended criteria “on the balance of probabilities” rather than “beyond a reasonable doubt.”

b. Provide more explicit resources for claiming costs related to information and communications technology expenditures and costs (e.g., cloud subscriptions, access fees), to clarify program eligibility and appropriate categorization.
Accelerating the innovation potential in long-term care can have broad impacts on our society, but it will take a collective effort to optimize our success. We need to work together to lay a foundation that fosters a culture of innovation in our homes and breaks down systemic barriers. Partnerships with residents, families, and staff will be critical to build empathy and create meaningful solutions – and to make them stick.

Even so, the long-term care sector, compared to other sectors in Ontario, is uniquely positioned to lever innovation on a broad scale. The Ontario Long Term Care Association can play a critical leadership role in brokering conversations and aligning resources to bridge partnerships with government, long-term care homes and innovation leaders, in order to help accelerate innovation across all of Ontario’s long-term care homes.
APPENDICES
C.W. (Bill) Dillane, Chair
Responsive Group Inc.
As President of Responsive Group Inc., Bill oversees the operations of 16 long-term care and 18 retirement homes in Ontario. He also provides financial, operational, strategic consulting and advisory services. Bill’s career has focused entirely on health care management including experience in the administration of private hospital, long-term care, retirement and assisted living communities. Bill participates in several proprietary and not for profit boards and organizations. He is a founding member of the Canadian Association for Long Term Care, and past president, Board of Directors of the Ontario Long Term Care Association.

Patricia (Trish) Barbato
Revera Inc.
Trish is Senior VP, Innovation & Strategic Partnerships for Revera Inc. She has also served as SVP, Retirement and SVP, Home Health. In her current role, Trish is responsible for creating and driving an innovation culture within Revera. She has held executive roles at COTA Health, Providence Healthcare and Bayshore Healthcare. Trish is a Fellow of the Chartered Professional Accountants Association, author of Inspire Your Career and recipient of the Queen’s Diamond Jubilee Award.

William (Bill) Charnetski
Office of the Chief Health Innovation Strategist, Ministry of Health and Long-Term Care
As Ontario’s Chief Health Innovation Strategist, Bill drives collaboration across the public and private sectors to bring innovative health technologies to market in Ontario and beyond. He is a champion for leveraging Ontario’s investment in health as an economic driver and accelerating the shift towards value-based health care.
Bill has a track record of leading transformational change and integrated health solutions around the world. He most recently led global government affairs and public policy in the UK with AstraZeneca and previous to that was an executive at AstraZeneca in Canada, and a corporate law partner in the Toronto office of the law firm Torys LLP, where he also formed and led the Privacy Law Group.

Candace Chartier
Ontario Long Term Care Association
Candace brings a wealth of sector experience to her role as Chief Executive Officer of the Ontario Long Term Care Association. She is a practiced health care professional who leads and delivers results on wide ranging and complex projects. Candace started her career as an RN and has previously held a variety of front line and executive positions within long-term care. Candace is a strong advocate for long-term care both provincially and nationally as an executive with the Canadian Association for Long Term Care. Candace holds an MBA from the Richard Ivey School of Business and is a graduate of Queens University Executive Development Program and the Rotman School of Management, Advanced Health Leadership Executive Program. Candace also holds the ICD.D designation with the Institute of Corporate Directors.
Sarah Friesen  
Friesen Concepts Inc.
Sarah leads Friesen Concepts Inc., an independent practice specializing in health care procurement solutions. Areas of focus include strategic sourcing transformation, innovation procurement and professional development. Sarah supports health care organizations as they navigate the complexities of innovation procurement initiatives and she is leading a project to develop an Innovation Procurement Toolkit. Sarah participates in various sectoral innovation initiatives and served as a member of the Ontario Health Innovation Council.

Rosemary Hannam  
Sandra Rotman Centre for Health Sector Strategy,  
Rotman School of Management, University of Toronto
Rosemary has a passion for building connections between management education and the healthcare and life sciences sector. Aside from research initiatives focused on applying management principles to the Ontario health system, primarily in long-term care, home care and primary care, Rosemary supports Rotman faculty research in health care and life sciences as well as student experiences including conferences, case competitions, events, and research projects. Most recently, Rosemary supported the Expert Advisory Committee on Primary Care which produced The Price/Baker Report and the launch of Rotman’s new Global Executive MBA for Healthcare and the Life Sciences, which will welcome its first class in October 2018.

Vinita Haroun  
Ontario Long Term Care Association
As Director, Research and Knowledge Translation, Vinita drives a culture of learning and innovation, while supporting long-term care operators in providing safe, quality care and excellent quality of life for residents. Vinita provides senior leadership to the Strategic Innovation Council, leads program development for This is Long Term Care, and is responsible for strategic partnerships. Previously, Vinita held positions at Public Health Ontario, the University of Toronto, Women’s College Research Institute, and the Toronto Rehabilitation Institute. Vinita obtained a Master’s of Science, Health Administration with a specialization in Knowledge Translation from the University of Toronto and an Honours Bachelor of Science, Health Studies and Gerontology from the University of Waterloo.
William (Bill) Jarvis  
Northridge Long Term Care Centre

Bill is a resident at Revera’s Northridge Long Term Care home in and Revera’s first Resident Innovation Ambassador. He is an active member of the Northridge community, serving as the Head of its Resident Council. Bill assists Revera in building a culture of innovation, representing the voice of the resident in the design and implementation of the company’s innovation programs, and providing valuable insights on leveraging new products, services and technologies to improve seniors’ lives. He is also a member of the Revera Innovation Council.

Prior to his time at Northridge, Bill served as a Flight Lieutenant in the Royal Canadian Air Force, as the Director of Information Technology at Labatt Breweries of Canada, and co-founded The Transition Group, an IT management consulting firm. He also served as the Chairman and Chief Executive Officer of Gartner Canada and worked as a counsellor for families dealing with a suicide event. Bill holds an MBA from the Richard Ivey School of Business.

Jill Knowlton  
primacare™ Living Solutions Inc.

Jill’s reputation as an experienced visionary leader and highly effective executor in Ontario’s long-term care sector is built on 35 years of dedication and commitment to high quality compassionate care and service. As Chief Operating Officer for primacare™, Jill is responsible for daily operations and transformational change across the organization. A member of the Ontario Long Term Care Association Board of Directors, Jill is frequently called upon to engage in collaborative projects with government, university and health-sector partners.

Erik Yves J. Landriault  
Saint Elizabeth

Erik serves as the Director of Innovation with SE Futures Team at SE Health where he works to identify, incubate, test and scale new practices and business models focused on healthy ageing. With expertise in systems thinking, Erik leads the development and partnership efforts in creating innovative health system solutions that support improved health outcomes and care delivery processes for an aging population.

William (Bill) O’Neill  
Kensington Health Centre

Bill joined Kensington in 2000 as the founding Executive Director. He brings a combination of for-profit and not-for-profit experience and is responsible for the operations of Kensington Gardens and Kensington Hospice, as well as the Second Mile Club. Bill leads the marketing, technology, purchasing, human resources and business development portfolios, including new projects and strategic planning.

Bill is a Certified Long-Term Care Administrator, working in health care for 30 years and as a senior manager for 25 years. He’s graduated from Ryerson University, Humber College and George Brown College and has completed a number of executive certificate programs. Bill is the former Chair of the Ontario Long Term Care Association and sits on numerous committees. He is also a founding Board member of Toronto Central Palliative Care, as well as Global Institute of Psychosocial Palliative and End of Life Care.
Christine Quinn  
Canadian Foundation for Healthcare Improvement  
As Director of Programs at CFHI, Christine oversees the development, delivery and evaluation of quality improvement collaboratives focused on strengthening our long-term care as well as CFHI programs in palliative and end-of-life care. Christine has played a key role in helping to develop CFHI’s screening and selection criteria for spreading innovation. She has a degree in nursing, a Master’s of Public Administration and over 25 years’ experience working in health care.

Debby Riepert  
Trinity Village  
Debby is the Chief Operating Officer at Trinity Village, a supportive retirement and long-term care continuum community in Kitchener, where she has worked for more than 34 years, dedicating her entire career to the health and wellness of seniors in Waterloo Region with a specialty in the caring of seniors with dementia.

Trinity Village won OLTCA’s Workplace of the Year in 2015, and in 2017 won the Waterloo Region Top Employer and a MaRS Innovation Partnership Procurement by Co-Design program for its app “DOCit.” In 2015, Debby won the Kitchener-Waterloo Oktoberfest Rogers Woman of the Year Award in the Health and Wellness category, which recognizes women for promoting and helping others achieve and promote mental, physical or spiritual well-being in their career or through community involvement.

Steve Robertson  
The Responsive Group  
Steve is the Director of Technology and Innovation for The Responsive Group and has 20 years’ experience in the senior care and retirement living industry. He has started several technology companies focused on providing solutions for senior care and retirement communities across North America, sits on the Board of Directors and advises several senior care solutions providers in their business and technology development efforts.

Michelle Stillman (Grouchy)  
Schlegel-UW Research Institute for Aging (RIA)  
Michelle is the Senior Director of Operations at the Schlegel-UW Research Institute for Aging, where she develops partnerships in research, education and practice with the aim of enhancing the quality of life and care of older adults. Michelle has a strong track record of leading, planning and implementing complex programs, working with multi-disciplinary teams to inspire change and impact.

She has held positions at St. Joseph’s Healthcare Hamilton, Ontario Long Term Care Association and the Council of Academic Hospitals of Ontario designing strategic initiatives, developing partnerships and supporting the uptake of research and innovation across Ontario. Michelle holds a Masters of Public Policy, Honours Bachelor of Health Sciences, and certificates for Knowledge Translation and Leadership.
Alisha Tharani
Centre for Aging + Brain Health Innovation

Alisha is Manager of Strategic Partnerships at CABHI. She is responsible for identifying, building and leading relationships with government, SQLI, and other network partners. Alisha has more than 10 years of experience in the healthcare system, with a focus on driving and executing strategic collaborations between policy makers, industry, academia and healthcare providers. Most recently, Alisha was Manager at the Toronto Academic Health Science Network and the Council of Academic Hospitals of Ontario where her role encompassed shared responsibilities for both organizations in the areas of health research policy and academic collaborations. Alisha received a Master’s Degree in Health Administration, a Certificate in Health Service Management and Bachelor of Science in the field of Kinesiology.

Additional Contributors
Harpreet Bassi, The Change Foundation
Kim Lucchetta, Ontario Long Term Care Association
Yinka Macaulay, The Change Foundation
Patrick Rooney, Behaviour Economics in Action at Rotman (BEAR), University of Toronto
Jonathan Sachs, Office of the Chief Health Innovation Strategist
Allison Sekular, VP Research Baycrest Health Sciences and CABHI Managing Director
Andrea Wilkinson, CIHR-OLTCA Health System Impact Fellow, University of Toronto
APPENDIX B: STRATEGIC INNOVATION COUNCIL MANDATE – ESTABLISHED OCTOBER 2017

Background

The Ontario Long Term Care Association (OLTCA) has a history of providing leadership in innovation for long-term care and broader health sector. In 2011 we commissioned an expert panel to develop an innovation strategy for older adults, we have established strategic partnership with global leaders like the Global Ageing Network and the Centre for Aging and Brain Health Innovation, we have a broad commercial membership and we are currently leading several provincial projects, LTC eConnect and Clinical Support Tools which are strategic and significant initiatives for the LTC sector.

This fall we will launch the Strategic Innovation Council – a time-limited working group – to provide recommendations on how OLTCA can capitalize on our momentum in the innovation space, and continue to foster a culture of innovation in the LTC sector and broader health sector in Ontario.

Mandate:

▸ To provide leadership to accelerate innovation in the long-term care sector and broader health ecosystem.

Objectives:

▸ To understand and assess how health innovation leaders, long-term care homes, and OLTCA are currently engaging in and support innovation (current state analysis).

▸ To explore leading opportunities and strategies used in LTC as well as other sectors or jurisdictions to advance health innovation and critically evaluate their feasibility and potential for success in Ontario (identify possibilities).

▸ To provide recommendations that will promote a range of actions from incremental advances to disruptive transformational change in the next 3-5 years. Recommendations will be aligned to OLTCA’s vision – to support a sustainable sector which delivers safe, quality care and supports a quality of life and workplace environment that engages abilities, respects humanity, and promotes comfort.

Membership

The Strategic Innovation Council is composed of OLTCA home, academic and educational partners with a focused interest in innovation. A broader group of stakeholders including the Ministry of Health and Long-Term Care’s Chief Health Innovation Strategist, who have an expertise and interest in health innovation have also been invited to participate.

OLTCA’s Board of Directors has appointed Bill Dillane, President of The Responsive Group to Chair the Council. Bill brings over 40 years’ experience in health care administration, as well as experience co-Chairing an international panel of innovation experts, who produced the comprehensive report, Why Not Now – A Bold, Five-Year Strategy for Innovating Ontario’s System of Care for Older Adults.

The Committee is supported by the Association CEO and the Director, Research & Knowledge Translation.
## APPENDIX C: RESOURCE LIST

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<thead>
<tr>
<th>RESOURCE</th>
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<tr>
<td><strong>Lessons from Changing CARE:</strong> The Discovery Phase of Experience Based Co-Design (The Change Foundation)**</td>
<td>This is the first in a series of reports focused on listening and learning from, as well as co-designing with, family caregivers and health care providers in their communities. The report features 40 practical tips that are organized in five sections: (1) project planning; (2) engagement planning; (3) recruitment for engagement; (4) engagement; (5) post engagement.</td>
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<td><strong>iChallenge Toolkit</strong> (Revera Inc.)</td>
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<td>The iChallenge Toolkit is an award-winning staff innovation program developed at Revera Inc. The toolkit is comprised of a set of idea-generating questions for brainstorming and promotional materials such as posters. The toolkit can be accessed by Ontario Long Term Care Association members by logging into the Association member’s website and visiting their “Innovation Exchange.”</td>
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<td><strong>Spark Program</strong> (CABHI)</td>
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<td>The Spark Program supports the development of early-stage innovations with the potential to drive forward solutions in the field of aging and brain health. Ideas will have been conceptualized by point-of-care staff and/or service delivery staff involved with health care delivery for older adults.</td>
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<td><strong>Empathy Video</strong> (Responsive Group Inc.)</td>
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<td>The Responsive Group Inc. Empathy video was developed as a resource for staff training. The video was modeled on seminal work by the Cleveland Clinic.</td>
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<td><strong>Readiness to Spread Assessment</strong> (CFHI, adapted from Kaiser Permanente)</td>
<td>The purpose of this tool is to help spread successful practices widely. One key factor is picking the ripest opportunities, as some practices are not ready to be spread widely. This tool can help program champions and leadership understand whether a promising practice is ripe for successful spread across organizations. Using it can prevent wasting energy from trying to spread a practice that has not yet been developed sufficiently.</td>
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<td><strong>Readiness to Receive Assessment</strong> (CFHI, adapted from Kaiser Permanente)</td>
<td>The purpose of this assessment tool is to help a site determine its readiness to receive an effective practice from elsewhere. This tool is not a “pass/fail test” but rather, is meant as a discussion guide to support informed decision-making, to assist sites to be successful in their implementation efforts, and to help set realistic expectations.</td>
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<td><strong>Practitioners Guide to Nudging</strong> (Rotman School of Management)</td>
<td>This guide provides and introduction to the behavioural economics concept of nudging, and provides several illustrative case examples. It provides a guide to the nudging process including how to: (1) map the context; (2) select the nudge; (3) identify the levers for nudging; (4) design and iterate.</td>
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<td><strong>Industry Innovation Partnership Program (I²P²)</strong></td>
<td>The Industry Innovation Partnership Program (I²P²) is intended to accelerate the evaluation and adoption of innovative products and services that address the needs of aging adults and the challenges presented by an aging population. It is expected that through this testing process, companies will be able to derive scientific evidence and user validation for their products or services, which is then intended to provide a stronger foundation for future uptake by seniors’ care organizations.</td>
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<td><strong>Researcher-Clinician Partnership Program (RCP²)</strong></td>
<td>The Researcher-Clinician Partnership Program (RCP²) is uniquely designed to greatly enhance the effectiveness of connecting point-of-care clinicians in the seniors’ care sector with university-based researchers to collaboratively design, test and validate innovative products, services or health practices in aging and brain health in a real-world care setting.</td>
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<td><strong>BPS Primer on Innovation Procurement</strong></td>
<td>This primer is intended to help organizations in Ontario with planning, designing, and implementing innovation procurement. It outlines the complex issues and considerations that organizations should be aware of as they pursue procurement planning. This primer contains seven early market engagement strategies and six procurement models that have been developed based on expert opinion and practices from other jurisdictions.</td>
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<tr>
<td><strong>Innovation Procurement Toolkit</strong></td>
<td>The Innovation Procurement Toolkit includes tools, templates and guidance documents to support health service provider organizations in managing innovation procurement initiatives.</td>
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<td>(Healthcare Supply Chain Network)</td>
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<td><strong>ImagineNation Challenges</strong></td>
<td>The ImagineNation Challenges seek to inspire, provoke, and promote innovation in health and health care, and foster a community of innovators in Canada.</td>
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<td>(Canadian Foundation for Innovation)</td>
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<td><strong>Community of Innovation Podcast</strong></td>
<td>The Community of Innovation is a podcast by and for innovators working in the aging and brain health sector. Every month the Centre for Aging + Brain Health Innovation hosts experts from the fields of: industry, clinical implementation, research and ethics, and end user engagement. Each episode features a different innovator dealing with the real-world issues of disrupting the status quo.</td>
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<td>(CABHI)</td>
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<td><strong>The Living Classroom Resource</strong></td>
<td>The Living Classroom is an interprofessional approach, whereby a post-secondary education program is delivered within the context of a long-term care home. Team members consist of faculty, students, staff, residents and families, who engage with each other within a culture of interactive learning.</td>
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1. Ontario Long Term Care Association (2018). This is Long-Term Care 2018. Toronto, Ontario: Ontario Long Term Care Association.
ABOUT THE ONTARIO LONG TERM CARE ASSOCIATION

The Ontario Long Term Care Association is the largest association of long-term care providers in Canada and the only association that represents the full mix of long-term care operators — private, not-for-profit, charitable, and municipal. The Association represents nearly 70% of Ontario’s long-term care homes, located in communities across the province. Our members provide care and accommodation services to more than 70,000 residents annually. For more information, please contact info@oltca.com.