Webinar Series
April 12, 2017

Web-Based Videoconferencing (WBVC) for Rural Palliative Care Consultation in the Home

Linda Read Paul, RN, MN, CHPCN(C)
University of Calgary

Charleen Salmon, BHSc (Hons.)
University of Calgary

www.cfn-nce.ca

Canadian Frailty Network | Réseau canadien des soins aux personnes fragilisées

Reminder: Q-&-A session

- **Follows the presentation**
- **Submit your Qs online during presentation**
- **We will answer as many Qs as time permits**

Reminder: Survey & Webinar

- **Survey will pop up on your screen after webinar**
  - **Feedback on how to improve webinar series**
- **Webinar slides & video available for viewing online within 1-2 days at:**
  - **cfn-nce.ca/news-and-events/webinars**

Reminder: Upcoming Webinars

Register at:

http://www.cfn-nce.ca/news-and-events-overview/webinars/

- **Wednesday, April 26, 2017 at 12 noon ET**

  Implementing the 'Frailty Portal' in Community Primary Care Practice: Evaluating feasibility, effects and expansion needs – CFN-funded Implementation Grant Program – Paige Moorhouse, Tara Sampalli and Ashley Harnish, Nova Scotia Health Authority

- **Wednesday, May 31, 2017 at 12 noon ET**

  Improving Palliative Care in Long-Term Care Homes Using Participatory Action Research – CFN-funded Strategic Impact Grant Program – Sharon Kaasalainen and Pamela Durepos, McMaster University and Tamara Sussman, McGill University

Reminder

Register now!

https://canadianfrailtynetwork.wildapricot.org/event-2458569/Registration

www.cfn-nce.ca

Canadian Frailty Network | Réseau canadien des soins aux personnes fragilisées

Presenters

Web-Based Videoconferencing (WBVC) for Rural Palliative Care Consultation in the Home

- Clinical Associate Adjunct Professor in the Faculty of Nursing at the University of Calgary
- Clinical Nurse Specialist-Palliative Care with the Alberta Health Services Calgary Zone Rural Palliative Care Consultation Team

Linda Read Paul, RN, MN, CHPCN(C)

- Second-year Masters of Science student at the University of Calgary
- Earned her Bachelors of Health Science Honours Degree with a major in Health & Society and a concentration in Sociology

Charleen Salmon, BHSc (Hons.)

Web-Based Videoconferencing for Rural Palliative Care Consultation in the Home

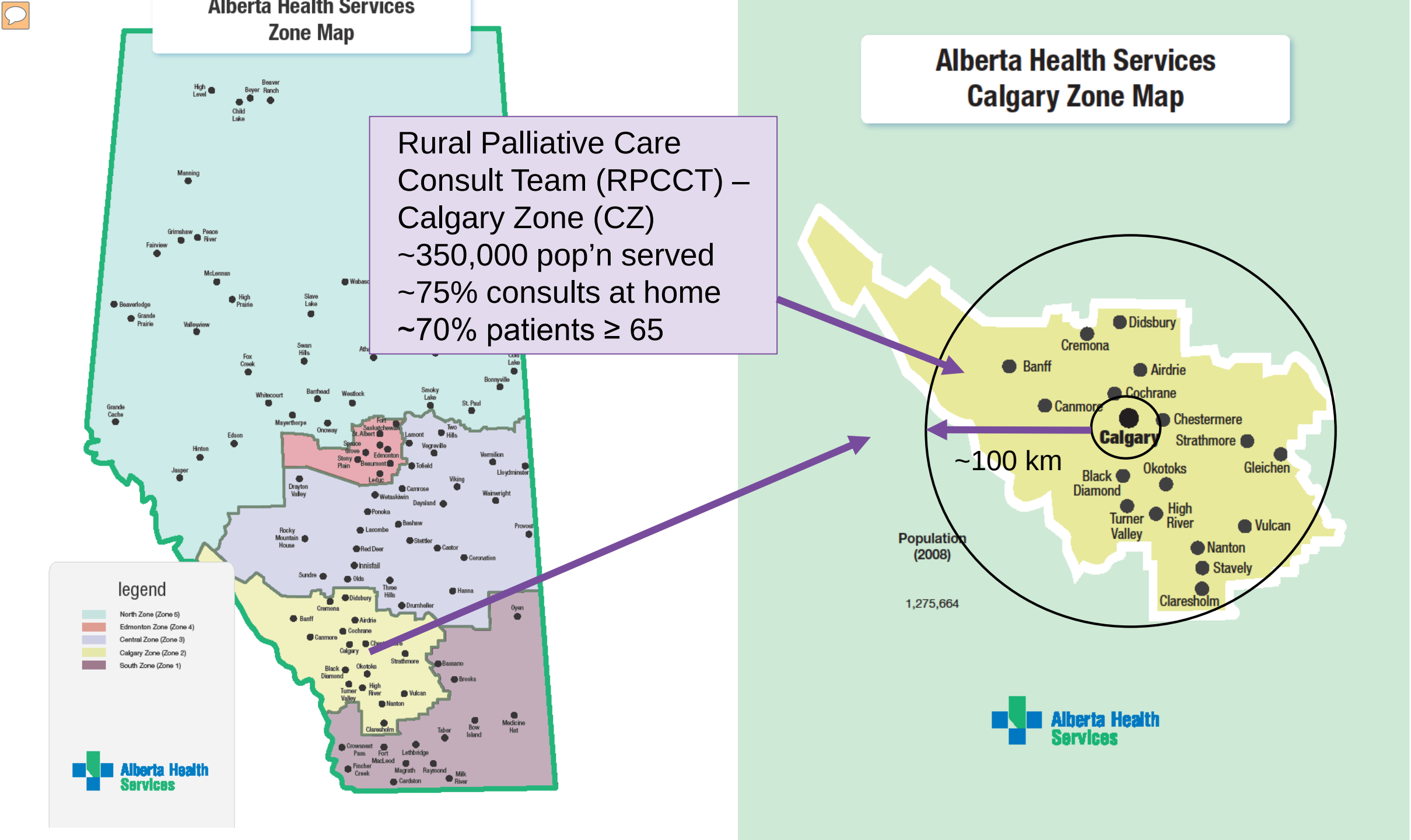
Linda Read Paul RN MN CHPCN(C)
Clinical Nurse Specialist, AHS Calgary Zone Palliative Care Consult Service – Rural
Clinical Associate Adjunct Professor, University of Calgary Faculty of Nursing

Charleen Salmon
2nd Year MSc Candidate - Epidemiology, University of Calgary
Research Assistant, WBVC Project

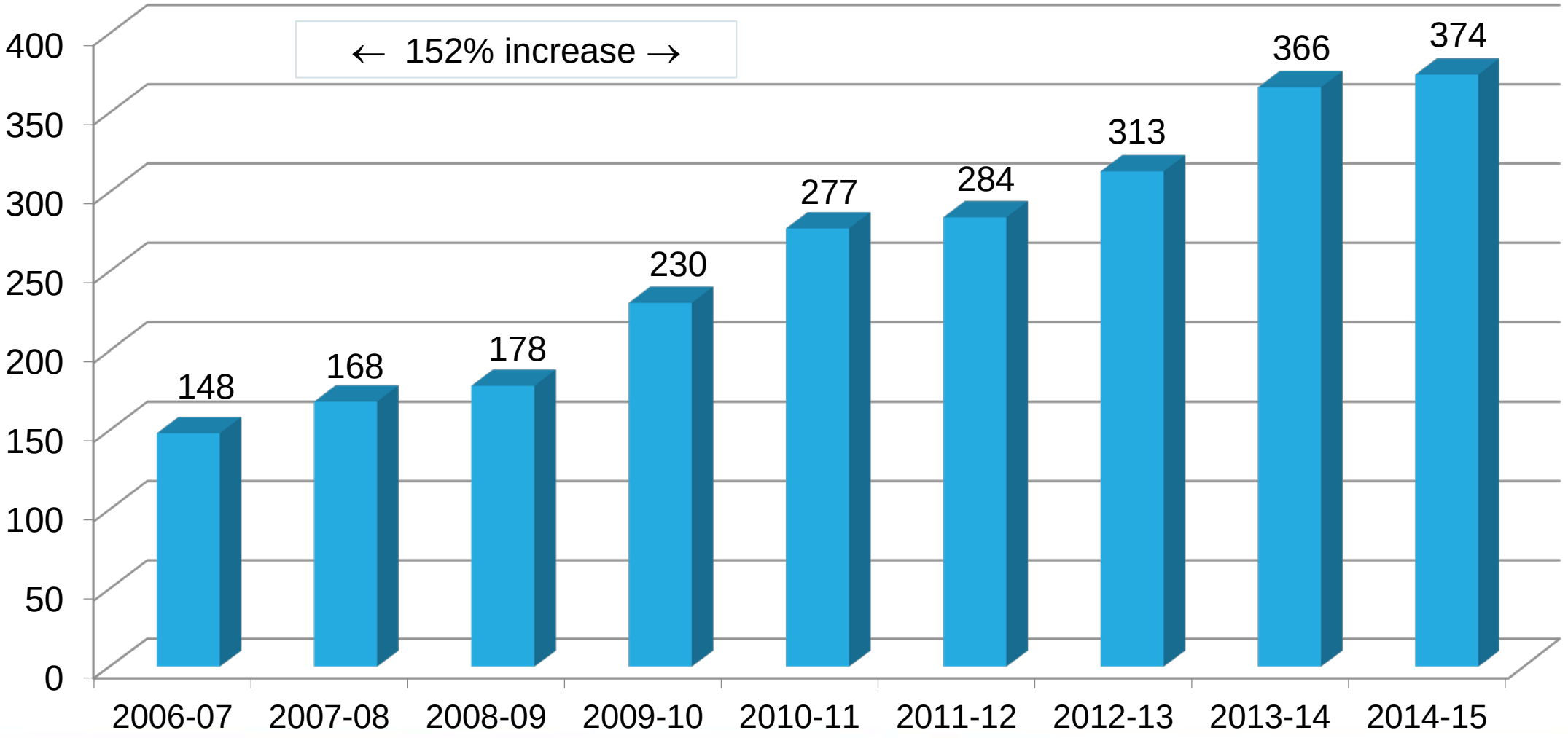
CFN Webinar April 12, 2017

Canadian Frailty Network | Réseau canadien des soins aux personnes fragilisées

- This research was funded by the Canadian Frailty Network (known previously as Technology Evaluation in the Elderly Network, TVN), which is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) Program.


Alberta Health Services
Zone Map
Rural Palliative Care Consult Team (RPCCT) – Calgary Zone (CZ)
~350,000 pop'n served
~75% consults at home
~70% patients ≥ 65
legend
North Zone (Zone 5)
Edmonton Zone (Zone 4)
Central Zone (Zone 3)
Calgary Zone (Zone 2)
South Zone (Zone 1)
Alberta Health Services
Alberta Health Services
Calgary Zone Map
~100 km
Population (2008)
1,275,664
Didsbury
Cremona
Banff
Airdrie
Cochrane
Canmore
Calgary
Chestermere
Strathmore
Gleichen
Okotoks
Black Diamond
Turner Valley
High River
Vulcan
Nanton
Stavely
Claresholm
Alberta Health Services

AHS CZ RPCCT Initial Consults per fiscal year



Study Rationale

1. In-person RPCCT home visits not always feasible due to barriers of:

Time

Increasing consult requests

Study Rationale

2. Telephone consult does not provide opportunity for consultant and patient / family to see each other

- Limited assessment
- Less interpersonal connection

Study Rationale

3. Travel by elderly Patient/Family to RPCCT office or nearest facility with telehealth not feasible due to:

Poor health

Limited finances

Few transportation options

In-home videoconferencing is an option we need to explore

WBVC Research Project Team

Role	Name
Principal Investigator	Linda Read Paul[1,2]
Co-Investigators	Ron Spice[1,2], Gilian Ho[1,2], Marie Webb[1], Jill Uniacke[1], Joanne Linsey[1] – Rural Palliative Consult Team members Ayn Sinnarajah[1,2] – Medical Director, Palliative EOL Care
Research Assistant	Charleen Salmon[2]
Collaborators	Jason Kettle[3] – Provincial Director, Unified Communications & Telehealth Technology Rakib Mohammed[3] – Provincial Director, Clinical Telehealth

[1]Palliative/End of Life Care (EOL), Alberta Health Services (AHS) – Calgary Zone; [2]University of Calgary; [3]Information Technology - AHS

Project Budget

- $20,000 - CFN Health Technology Innovation Grant
- $22,250 - In-kind funding from AHS IT Clinical Telehealth and Unified Communications & Telehealth Technology Teams
  - $12,500 – equipment
  - $9,850 – technical support and training

Study Purpose

- To trial and evaluate the use of mobile Web-based videoconferencing (WBVC) to connect frail elderly patients with life limiting illness to a distant palliative care physician from the comfort of their rural homes.

WBVC Visit Set up

- RPCCT Clinical Nurse Specialist (CNS)
  - In home with patient / family, Home Care (HC) nurse
  - Brings AHS laptop computer, speakerphone, webcam to conduct WBVC with distant RPCCT Physician (MD)
- RPCCT Physician (MD)
  - In private location with AHS laptop, webcam, headset
- Microsoft Lync® videoconferencing software – encrypted, secure

Why this Set Up?

- Health Care Provider (HCP) in home for support and clinical exam (CNS with HC HCP for proof of concept, HC HCP only in future)
- Patient/family not burdened with managing technology
- Technology doesn't stay in home - avoids medicalization of home, loaning of equipment
- Standardization of equipment and software
- Distant consultant provides support and education to BOTH primary care provider and patient/family

Technology

Dell E7440
$1500

Lync
Enterprise-ready
Unified communications platform

Microsoft LifeCam HD
$100

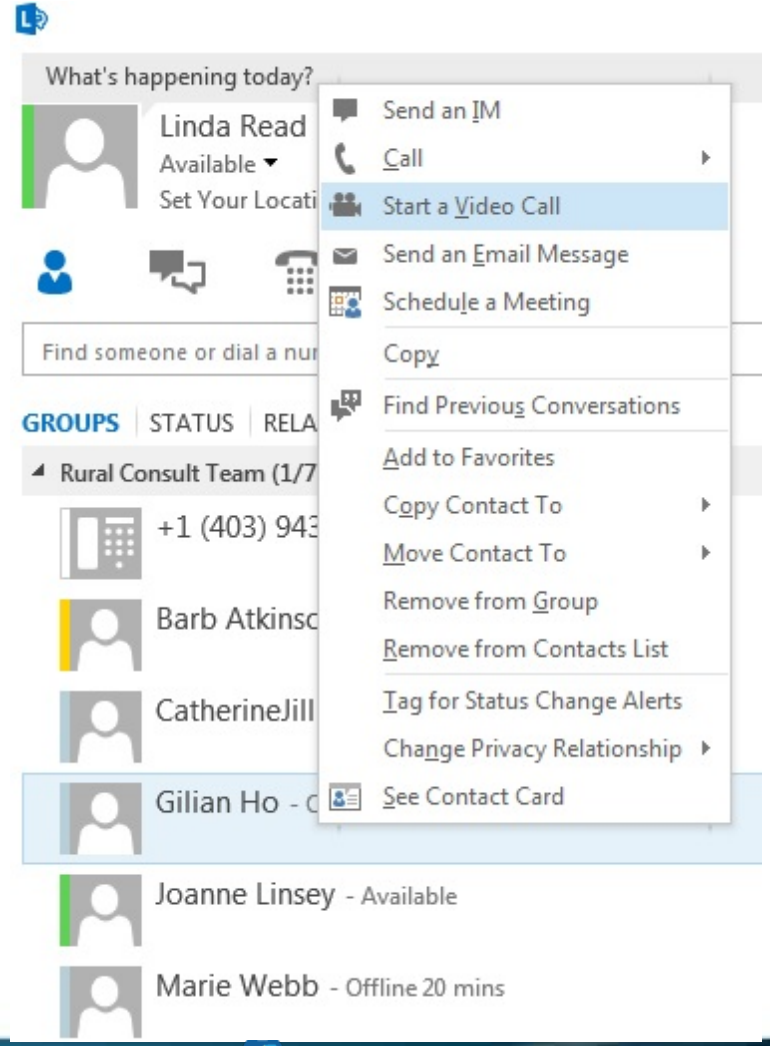
Jabra GN2000
$80

Jabra 410
$135

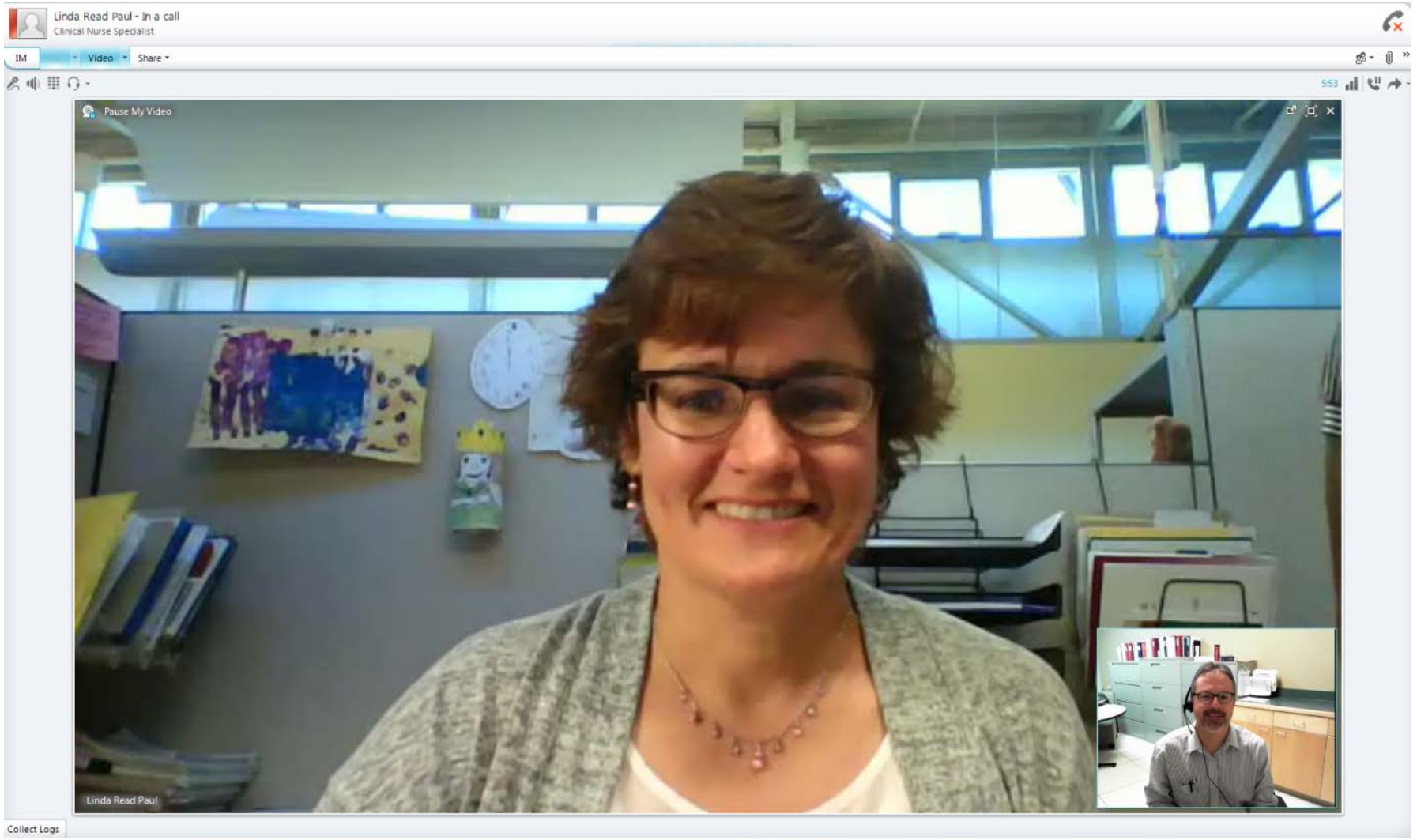
3G AirCard
Cellular Data Plan

Google Advanced Image Search: https://www.google.com/advanced_image_search (Creative Commons)

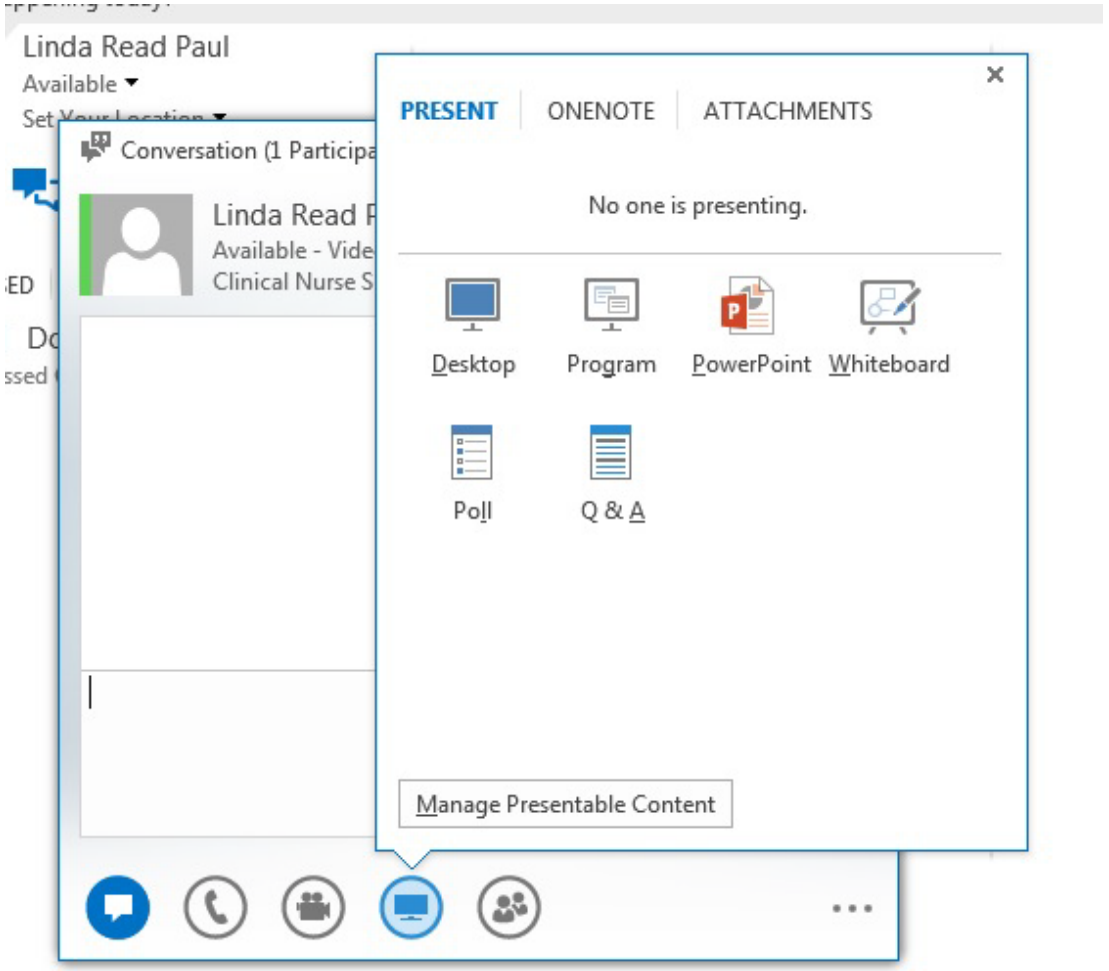
Lync Point to Point (PTP) Video Call



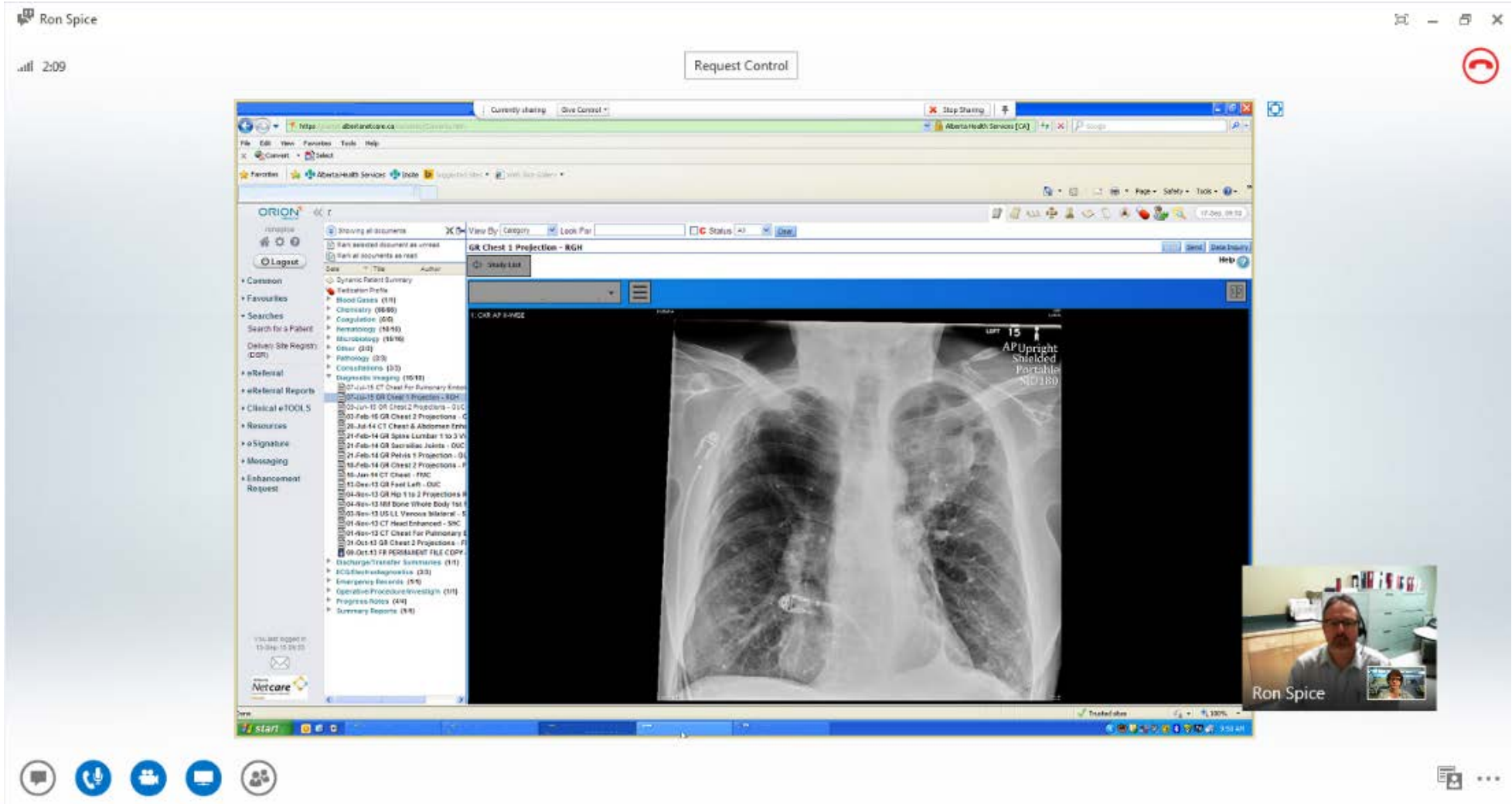
Lync PTP Video Call – Screen Images



Lync Content Sharing



Sharing Diagnostic Images



Project Outcomes Measured

- Feasibility
- Acceptability
- Effectiveness
- Quality
- Impact on access
- Impact on cost and resource use

Experimental Design

Proof of Concept

Descriptive

Mixed Methods

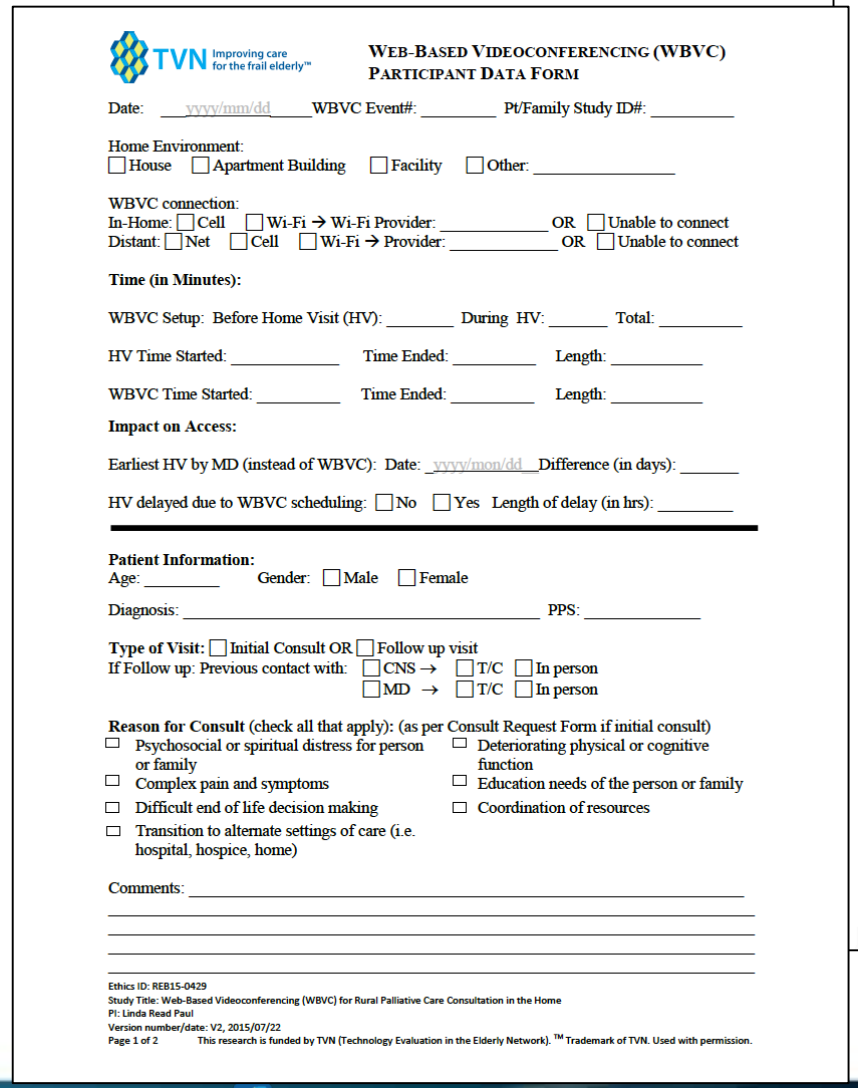
Quantitative

Qualitative

Google Advanced Image Search: https://www.google.com/advanced_image_search (Creative Commons)

Questionnaires

Participant Data Form



TVN Improving care for the frail elderly™

WEB-BASED VIDEOCONFERENCING (WBVC) PARTICIPANT DATA FORM

Date: ___yyyy/mm/dd____WBVC Event#: _____ Pt/Family Study ID#: _____

Home Environment:
☐ House ☐ Apartment Building ☐ Facility ☐ Other: _____

WBVC connection:
In-Home: ☐ Cell ☐ Wi-Fi → Wi-Fi Provider: _____ OR ☐ Unable to connect
Distant: ☐ Net ☐ Cell ☐ Wi-Fi → Provider: _____ OR ☐ Unable to connect

Time (in Minutes):

WBVC Setup: Before Home Visit (HV): _____ During HV: _____ Total: _____

HV Time Started: _____ Time Ended: _____ Length: _____

WBVC Time Started: _____ Time Ended: _____ Length: _____

Impact on Access:

Earliest HV by MD (instead of WBVC): Date: _yyyy/mon/dd__Difference (in days): _____

HV delayed due to WBVC scheduling: ☐ No ☐ Yes Length of delay (in hrs): _____

Patient Information:
Age: _____ Gender: ☐ Male ☐ Female

Diagnosis: _____ PPS: _____

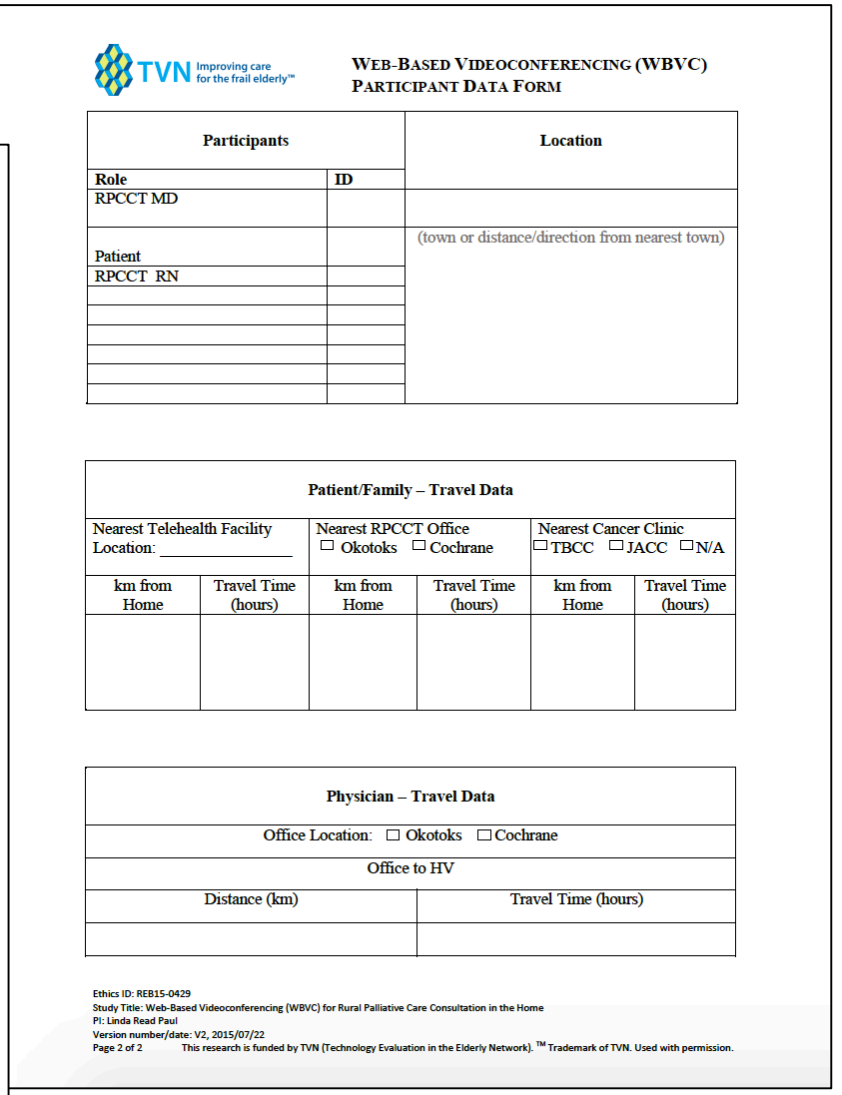
Type of Visit: ☐ Initial Consult OR ☐ Follow up visit
If Follow up: Previous contact with: ☐ CNS → ☐ T/C ☐ In person
☐ MD → ☐ T/C ☐ In person

Reason for Consult (check all that apply): (as per Consult Request Form if initial consult)

- ☐ Psychosocial or spiritual distress for person or family
- ☐ Complex pain and symptoms
- ☐ Difficult end of life decision making
- ☐ Transition to alternate settings of care (i.e. hospital, hospice, home)
- ☐ Deteriorating physical or cognitive function
- ☐ Education needs of the person or family
- ☐ Coordination of resources

Comments: _____

Ethics ID: REB15-0429
Study Title: Web-Based Videoconferencing (WBVC) for Rural Palliative Care Consultation in the Home
PI: Linda Read Paul
Version number/date: V2, 2015/07/22
Page 1 of 2 This research is funded by TVN (Technology Evaluation in the Elderly Network). ™ Trademark of TVN. Used with permission.



TVN Improving care for the frail elderly™

WEB-BASED VIDEOCONFERENCING (WBVC) PARTICIPANT DATA FORM

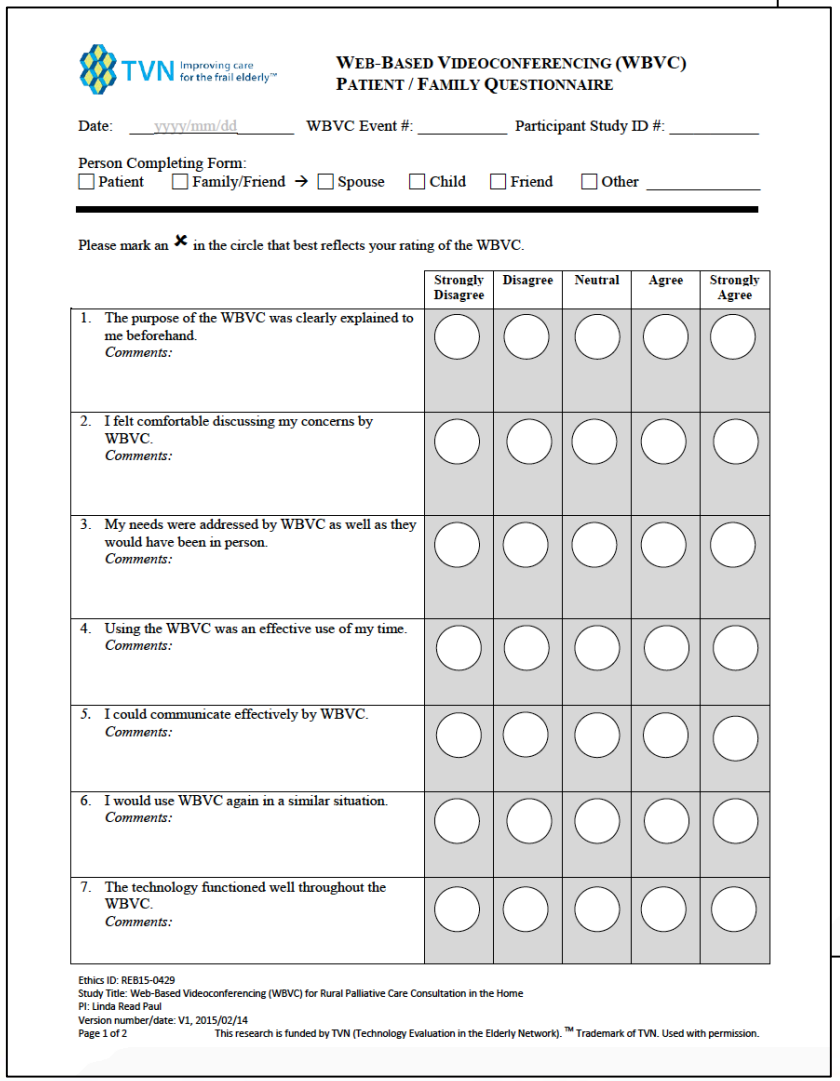
Participants		Location
Role	ID	
RPCCT MD		
Patient		(town or distance/direction from nearest town)
RPCCT RN		

Patient/Family – Travel Data					
Nearest Telehealth Facility Location: _____		Nearest RPCCT Office ☐ Okotoks ☐ Cochrane		Nearest Cancer Clinic ☐ TBCC ☐ JACC ☐ N/A	
km from Home	Travel Time (hours)	km from Home	Travel Time (hours)	km from Home	Travel Time (hours)

Physician – Travel Data	
Office Location: ☐ Okotoks ☐ Cochrane	
Office to HV	
Distance (km)	Travel Time (hours)

Ethics ID: REB15-0429
Study Title: Web-Based Videoconferencing (WBVC) for Rural Palliative Care Consultation in the Home
PI: Linda Read Paul
Version number/date: V2, 2015/07/22
Page 2 of 2 This research is funded by TVN (Technology Evaluation in the Elderly Network). ™ Trademark of TVN. Used with permission.

Patient / Family Questionnaire



TVN Improving care for the frail elderly™

WEB-BASED VIDEOCONFERENCING (WBVC)
PATIENT / FAMILY QUESTIONNAIRE

Date: yyyy/mm/dd WBVC Event #: _____ Participant Study ID #: _____

Person Completing Form:
☐ Patient ☐ Family/Friend → ☐ Spouse ☐ Child ☐ Friend ☐ Other _____

Please mark an ✖ in the circle that best reflects your rating of the WBVC.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The purpose of the WBVC was clearly explained to me beforehand. *Comments:*	○	○	○	○	○
2. I felt comfortable discussing my concerns by WBVC. *Comments:*	○	○	○	○	○
3. My needs were addressed by WBVC as well as they would have been in person. *Comments:*	○	○	○	○	○
4. Using the WBVC was an effective use of my time. *Comments:*	○	○	○	○	○
5. I could communicate effectively by WBVC. *Comments:*	○	○	○	○	○
6. I would use WBVC again in a similar situation. *Comments:*	○	○	○	○	○
7. The technology functioned well throughout the WBVC. *Comments:*	○	○	○	○	○

Ethics ID: REB15-0429
Study Title: Web-Based Videoconferencing (WBVC) for Rural Palliative Care Consultation in the Home
PI: Linda Read Paul
Version number/date: V1, 2015/02/14
Page 1 of 2 This research is funded by TVN (Technology Evaluation in the Elderly Network). ™ Trademark of TVN. Used with permission.

TVN Improving care for the frail elderly™

WEB-BASED VIDEOCONFERENCING (WBVC)
PATIENT / FAMILY QUESTIONNAIRE

During the WBVC,	Very Poor	Poor	Average	Good	Very Good
1. the overall video image quality on the device was…	○	○	○	○	○
2. the overall sound quality of the call was…	○	○	○	○	○

Please mark an ✖ in the circle beside any **technical issues** that may have occurred during the WBVC.

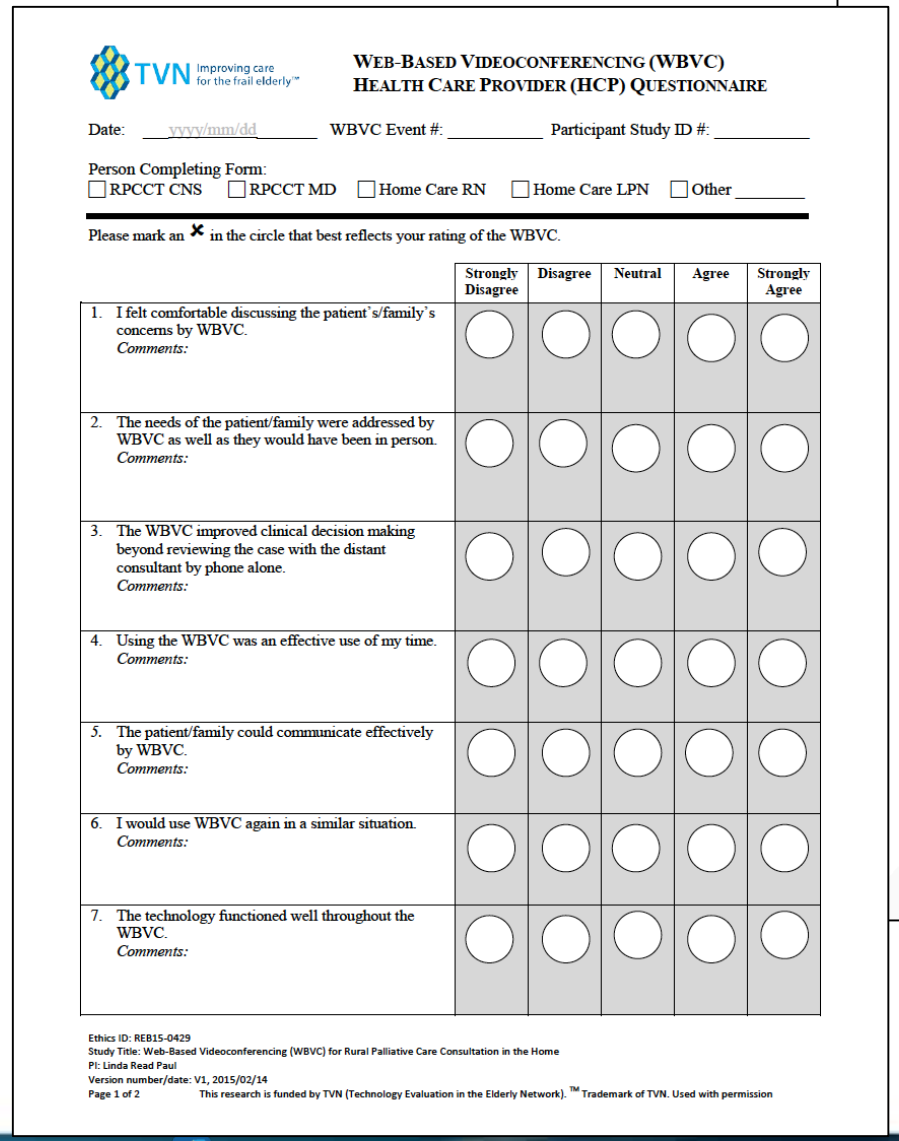
There was a black or blank screen.	○	Was unable to hear the patient/family properly (too loud, too quiet, not at all).	○
Camera was out of focus, or image was blurry.	○	The sound was delayed.	○
The image would freeze throughout the appointment.	○	There was echo with the sound.	○
The image was delayed, unclear, or blurry.	○	It took a long time to connect.	○
Other: *(specify)*	○	The connection was lost.	○

Please describe your **overall impression** of the WBVC experience (e.g. what you liked and didn't like, what worked well and didn't work well):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Ethics ID: REB15-0429
Study Title: Web-Based Videoconferencing (WBVC) for Rural Palliative Care Consultation in the Home
PI: Linda Read Paul
Version number/date: V1, 2015/02/14
Page 2 of 2 This research is funded by TVN (Technology Evaluation in the Elderly Network). ™ Trademark of TVN. Used with permission.

Health Care Provider (HCP) Questionnaire



TVN Improving care for the frail elderly™

WEB-BASED VIDEOCONFERENCING (WBVC) HEALTH CARE PROVIDER (HCP) QUESTIONNAIRE

Date: ____yyyy/mm/dd_____ WBVC Event #: _____ Participant Study ID #: _____

Person Completing Form:
☐ RPCCT CNS ☐ RPCCT MD ☐ Home Care RN ☐ Home Care LPN ☐ Other _____

Please mark an ✖ in the circle that best reflects your rating of the WBVC.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I felt comfortable discussing the patient's/family's concerns by WBVC. *Comments:*	○	○	○	○	○
2. The needs of the patient/family were addressed by WBVC as well as they would have been in person. *Comments:*	○	○	○	○	○
3. The WBVC improved clinical decision making beyond reviewing the case with the distant consultant by phone alone. *Comments:*	○	○	○	○	○
4. Using the WBVC was an effective use of my time. *Comments:*	○	○	○	○	○
5. The patient/family could communicate effectively by WBVC. *Comments:*	○	○	○	○	○
6. I would use WBVC again in a similar situation. *Comments:*	○	○	○	○	○
7. The technology functioned well throughout the WBVC. *Comments:*	○	○	○	○	○

Ethics ID: REB15-0429
Study Title: Web-Based Videoconferencing (WBVC) for Rural Palliative Care Consultation in the Home
PI: Linda Read Paul
Version number/date: V1, 2015/02/14
Page 1 of 2 This research is funded by TVN (Technology Evaluation in the Elderly Network). ™ Trademark of TVN. Used with permission

TVN Improving care for the frail elderly™

WEB-BASED VIDEOCONFERENCING (WBVC) HEALTH CARE PROVIDER (HCP) QUESTIONNAIRE

During the WBVC,	Very Poor	Poor	Average	Good	Very Good
1. the overall video image quality on the device was…	○	○	○	○	○
2. the overall sound quality of the call was…	○	○	○	○	○

Please mark an ✖ in the circle beside any **technical issues** that may have occurred during the WBVC.

There was a black or blank screen.	○	Was unable to hear the Health Care Provider(s) properly (too loud, too quiet, not at all).	○
Camera was out of focus, or image was blurry.	○	The sound was delayed.	○
The image would freeze throughout the appointment.	○	There was echo with the sound.	○
The image was delayed, unclear, or blurry.	○	It took a long time to connect.	○
Other: *(specify)*	○	The connection was lost.	○

WBVC Setup: Please describe how the WBVC was set up and conducted (e.g. location, setting, lighting, timing) and comment on what worked well and didn't work well.

Other Comments: _____

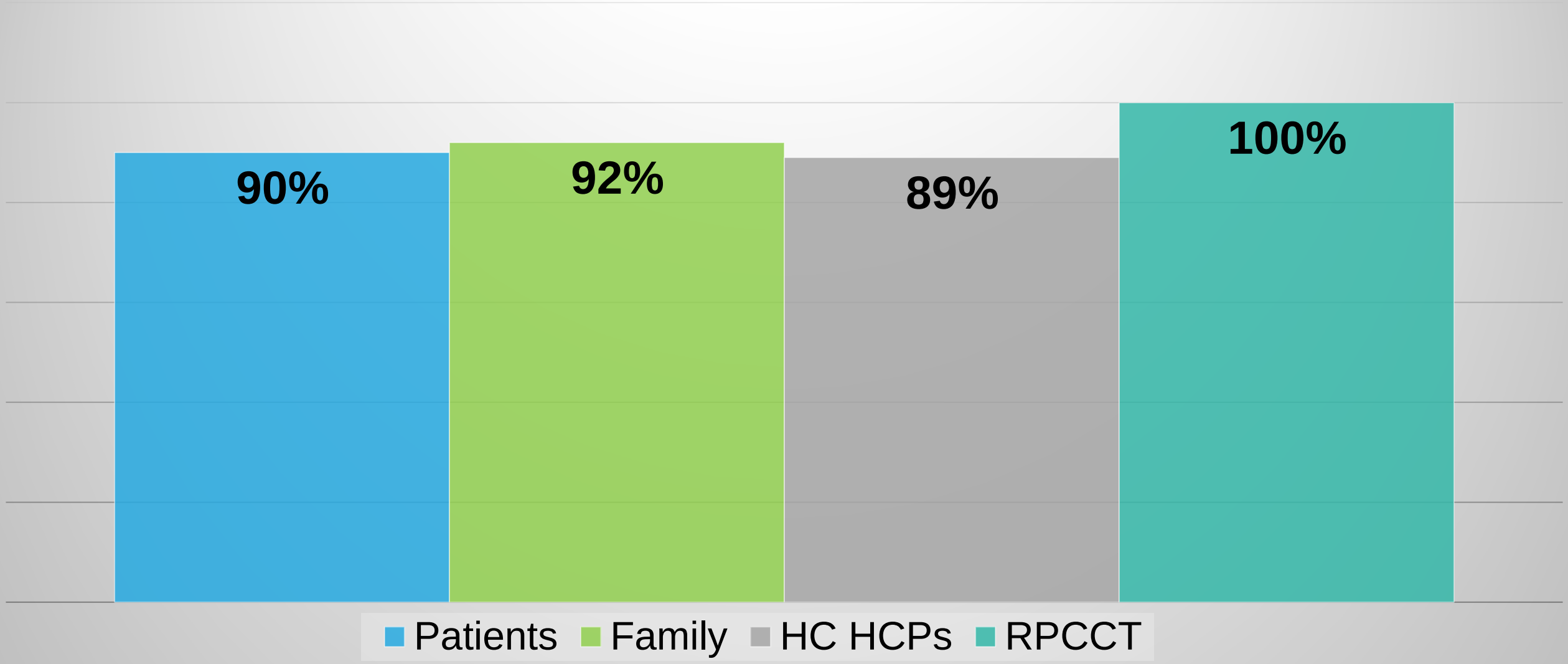
Ethics ID: REB15-0429
Study Title: Web-Based Videoconferencing (WBVC) for Rural Palliative Care Consultation in the Home
PI: Linda Read Paul
Version number/date: V1, 2015/02/14
Page 2 of 2 This research is funded by TVN (Technology Evaluation in the Elderly Network). ™ Trademark of TVN. Used with permission

Alberta Health Services

Canadian Frailty Network

UNIVERSITY OF CALGARY

Questionnaire Response Rates



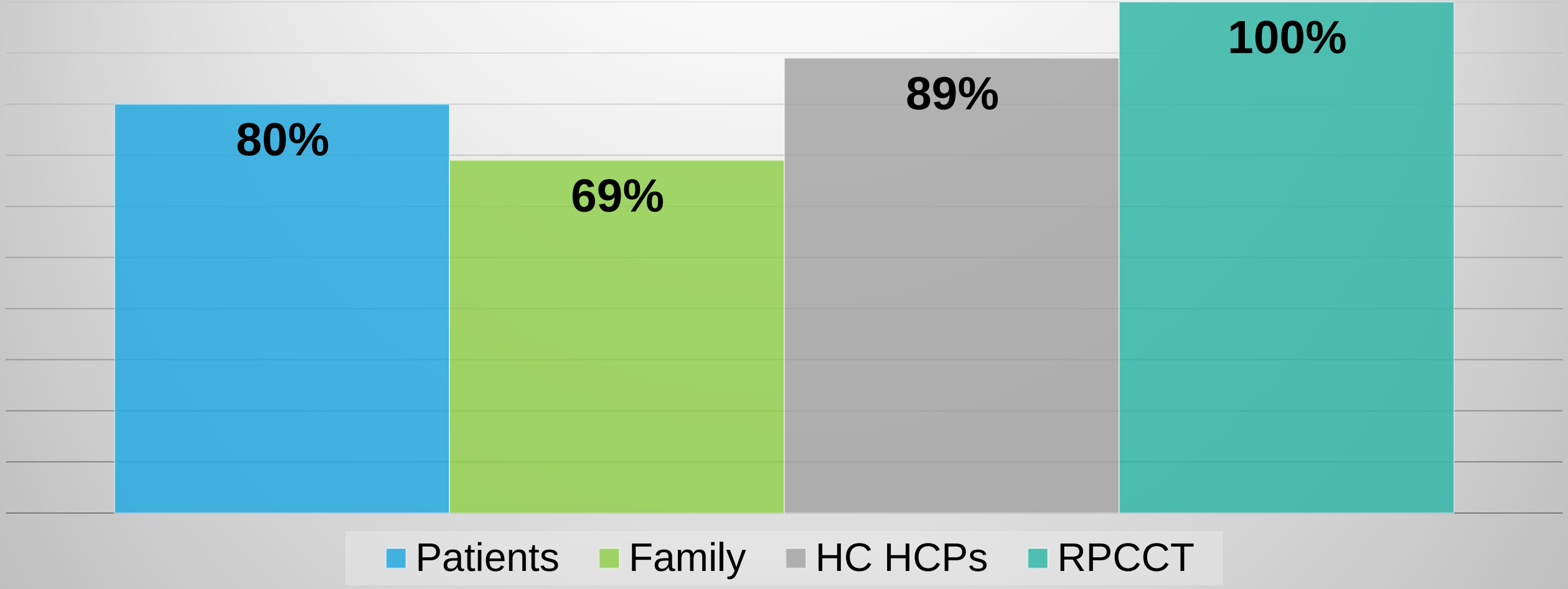
Semi-Structured Interviews with Patients/Families

iStock.com

Focus Groups with HCPs

https://d3irk3g7luh32r.cloudfront.net/wp-content/uploads/sites/5/2015/04/focus-group-main-image.png (Creative Commons)

Interview / Focus Group Participation Rates



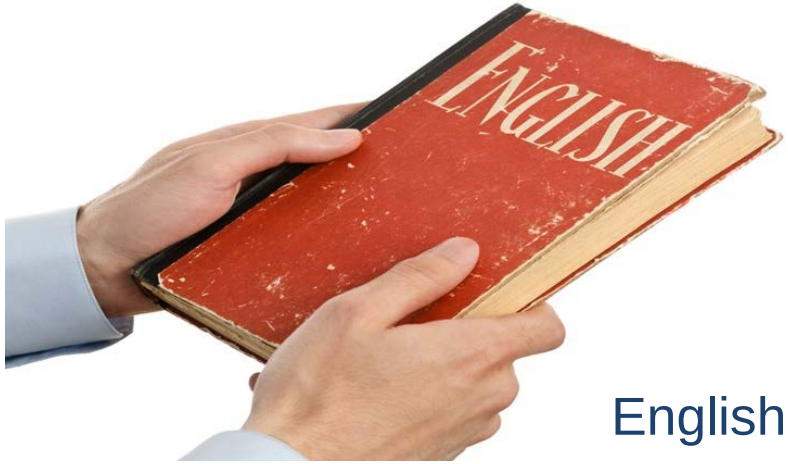
Patient Inclusion Criteria

Referred to RPCCT
for initial/follow-up consult

http://b2bsalesprospects.com/wp-content/uploads/2016/03/referral.png
(Creative Commons)

Alberta Health Services Faces of Health Care Photo Gallery

Age ≥ 65 years



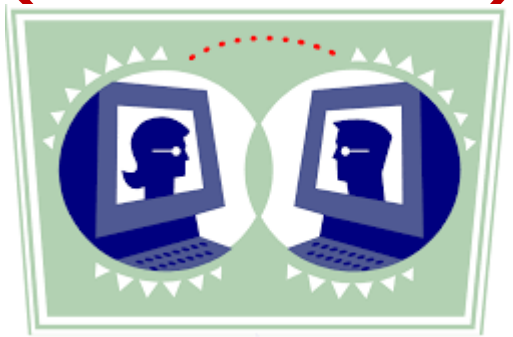
English-speaking

http://study.com/cimages/course-image/9th-grade-english-textbook_136276_large.jpg
(Creative Commons)

Live at home

Convenience Sample

10 WBVC Visits



- Patient
- RPCCT CNS
- Family*
- HC HCP*

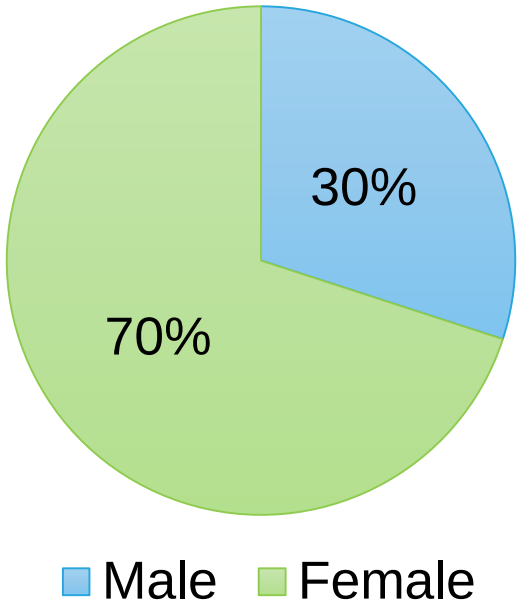
(* if present at visit)

- RPCCT MD

Participants

- 10 patients

Gender

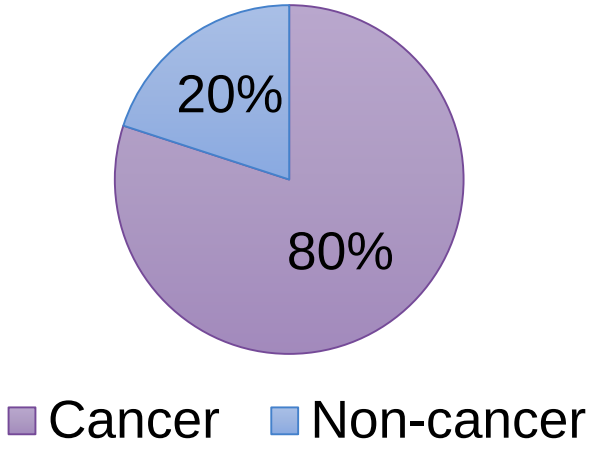


Age

Range: 69 – 92 years old

Mean: 76.9 years

Diagnosis



Palliative Performance Scale (PPS)

Range: 30-100%

Median: 50%

Type of Consult

Initial: 5

Follow-up: 5

Participants

- 13 Family members
  - 8 children
  - 3 spouses
  - 2 siblings
- 9 Home Care Nurses (HC HCP)
- 3 RPCCT Clinical Nurse Specialists
- 2 RPCCT Physicians

Data Analysis

Quantitative

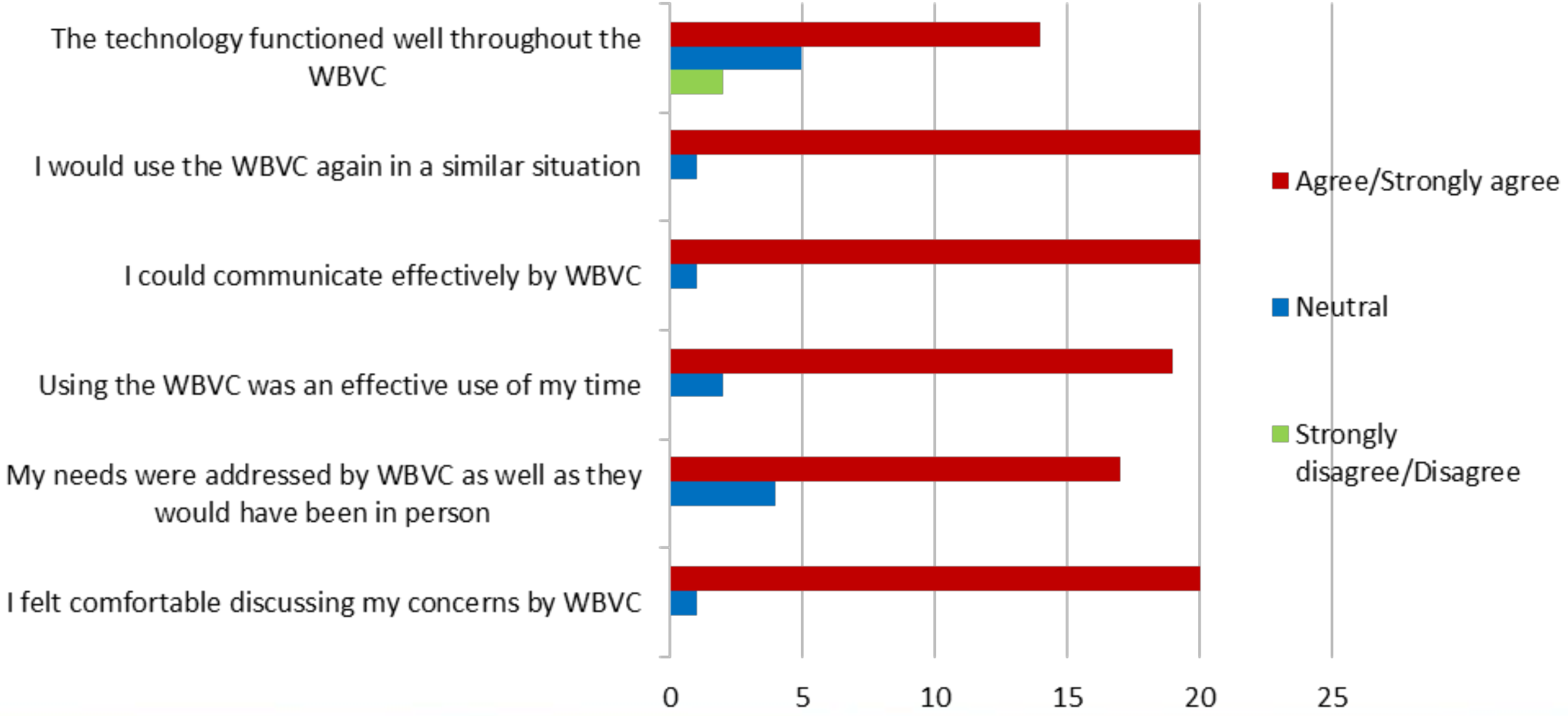
- Descriptive Statistics
  - SPSS software
  - Means, ranges, percentages, proportions

Qualitative

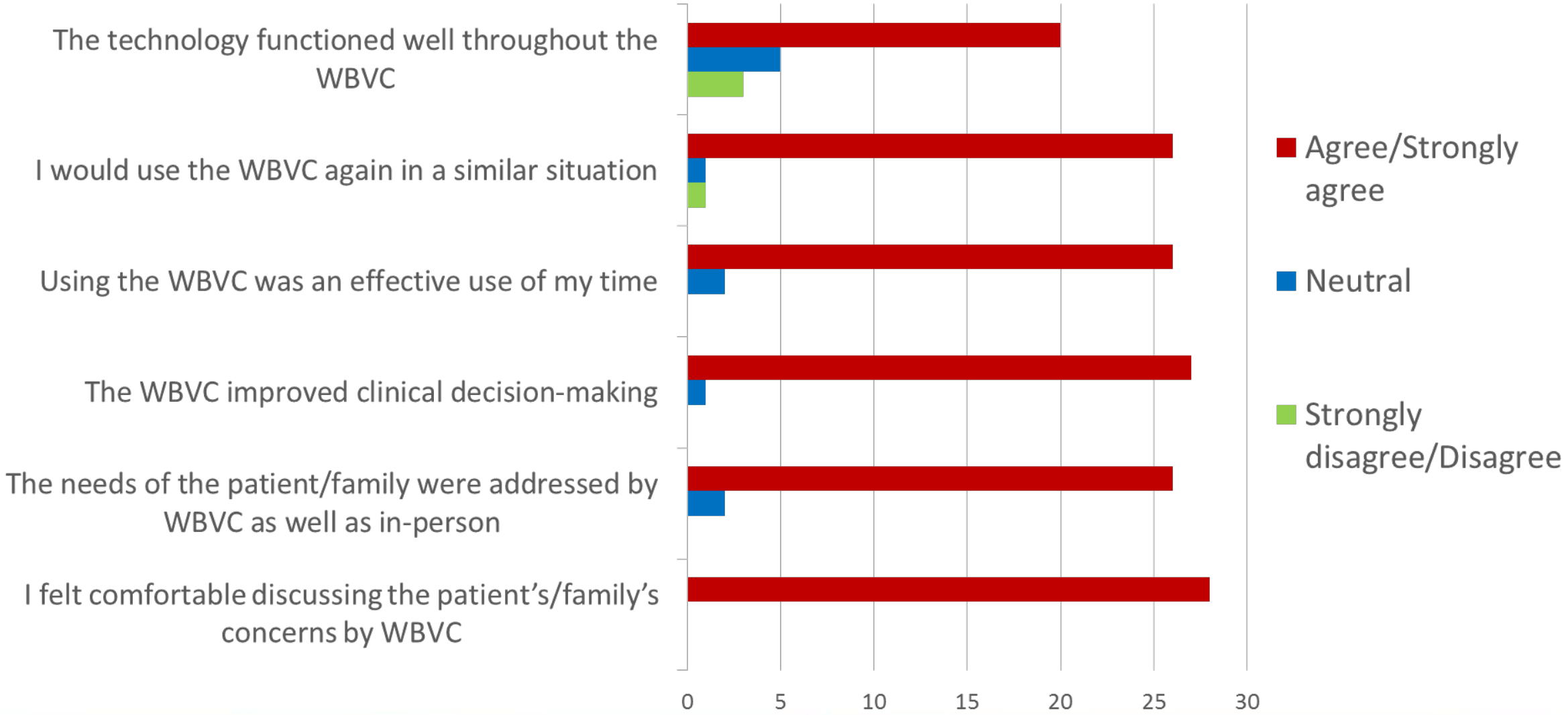
- Interpretive Description & Content Analysis Methods
  - Iterative process with multiple research team members
  - Nvivo software
  - Themes, Codes

Quantitative Results

Results from Patient/Family Questionnaires (N=21)



Results from HCP Questionnaires (N=28)



Time and Travel Saved by WBVC HV[1]

	RPCCT MD (compared to in person HV[2])		**Patient / Family** (compared to Telehealth visit at nearest facility)	
	Travel Time Saved (hrs)	Travel Distance Saved (kms)	Travel Time Saved (hrs)	Travel Distance Saved (kms)
Range	0.56 to 2.2	38.6 to 176.8	0.14 to 1.34	2.2 to 100
Mean	1.5	110.7	0.424 (25 min)	22.3

[1] Reflects 2-way travel

[2] Same travel / time savings for Patient/Family when compared to in-person visit at MD Office

Impact of WBVC on Access to RPCCT

- Earliest MD would have seen patient in person (if no WBVC)
  - ➢ 5 hours to 6 days later

Google Advanced Image Search: https://www.google.com/advanced_image_search

Costs Associated with WBVC

- Cost of WBVC Equipment for 7 RPCCT Members
  - Laptops, webcams, speakerphones, headsets - $12,400
- Cost of IT Support and Training - $9,850
- Added time for WBVC Set up
  - Range – 5-38 min
  - Mean – 24 min

Qualitative Results

Themes

- Communication
- Logistics
- Trust
- Technical Issues

Qualitative Results - Communication

Communication Codes

• Impact of technology (on communication)
  • Comfort
  • Personal connection
  • Topics
  • Openness / Honesty
  • Flow of conversation

• People to include
• Comparison to other methods
• Non-verbal
• Communication outcomes

Communication

Alberta Health Services Faces of Health Care Photo Gallery

*"I felt like she [RPCCT MD] was very, very present and…it was much more personal for us…We were more engaged….The communication was actually **better** via Skype [WBVC] than it would have been if we were all just sitting in the room."*

(Impact of Technology – Personal Connection - Family)

Communication

"I think it enhanced continuity of care in a seamless fashion because all of the clinicians involved in the care of the patient, uh, were hearing first-hand what the patient had to say – all at the same time."

(Communication Outcomes - RPCCT CNS)

Alberta Health Services Faces of Health Care Photo Gallery

Qualitative Results - Logistics

Logistics Codes

• Less burden
  • Comfort with own environment
  • Easy / convenient
  • Risk avoidance
  • Travel
  • Cost

• Access
• Clinical Assessment
• Length of visit

Logistics

"I'm dying. That's the bottom line. And as a result I think it [WBVC]…gives me a little more freedom than I would have if I had to go in and…sit and wait…plus the fact there's a whole room full of people that are sick. They've got bugs, diseases, what have you… You may not die right away – but you may end up [dying] because you've picked up a bug from somebody in a waiting room."

(Less Burden - Patient)

Alberta Health Services Faces of Health Care Photo Gallery

Alberta Health Services Faces of Health Care Photo Gallery

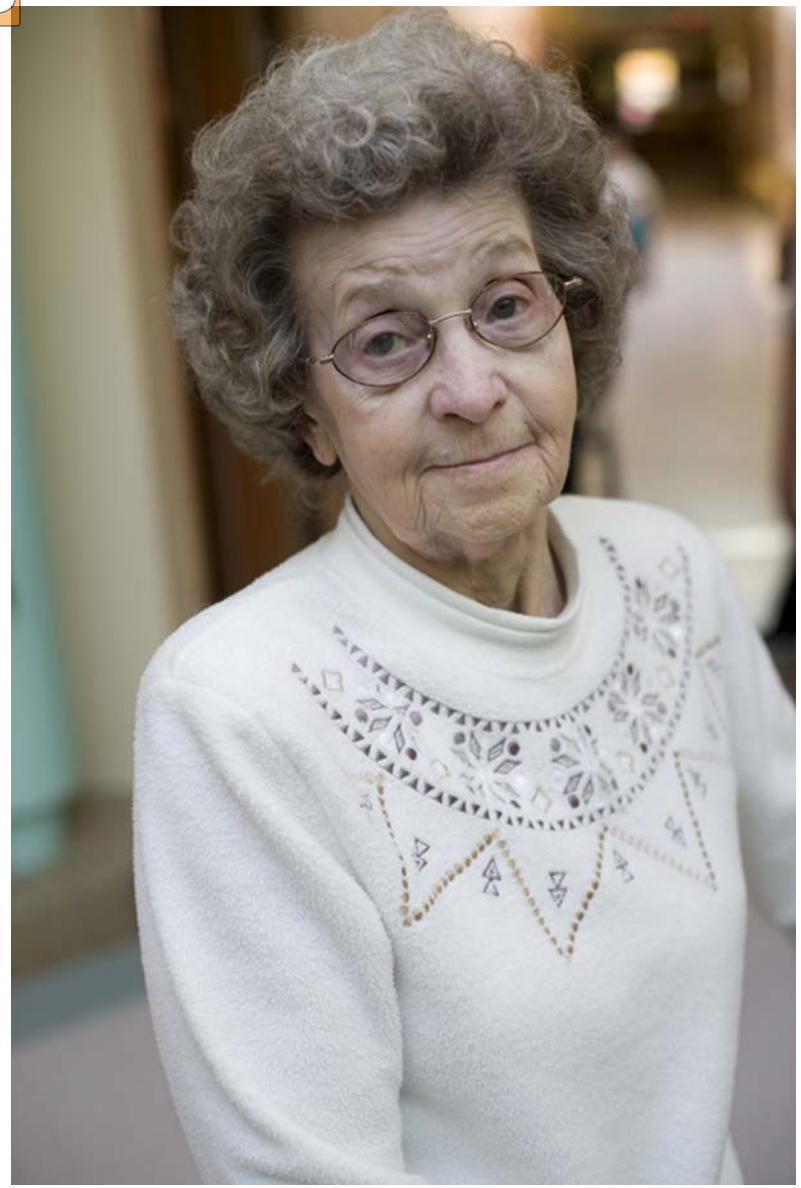
Logistics

"Well if you really needed her to say feel like a lump or something like that she wouldn't be able to with this technology."

(Clinical Assessment - Patient)

Qualitative Results - Trust

Trust Codes
• Internet Security / Privacy
• Physician identity



Alberta Health Services Faces of Health Care Photo Gallery

Trust

"Even though you're assured that it's private and everything else, there's still that… These days everybody's hacking into something… So there's always that little bit of doubt ."

(Internet Security / Privacy - Patient)

Qualitative Results – Technical Issues

Technical Issues Codes
• Set up
• Audiovisual quality, connectivity

Technical Issues

"We kept losing her picture and you know… it would be nice if they could make it run all smooth."

(Audiovisual quality / connectivity - Patient)

Alberta Health Services Faces of Health Care Photo Gallery

Technical Issues

"That is very frustrating when you get that weird choppy audio thing or you lose audio altogether for …like 2 minutes, then you have to back track."

(Audiovisual quality / connectivity - RPCCT MD)

Alberta Health Services Faces of Health Care Photo Gallery

Conclusions

1. WBVC for Palliative Care Consultation in the home is a convenient, acceptable, effective, feasible way to provide more timely support to elderly patients and families in rural areas.

2. Audiovisual quality is not ideal but is adequate to enable communication.

Conclusions

3. WBVC reduces the burden and expense of travel for patients, families, and consultants; and increases consultants' efficiency and productivity.

4. Real time, whole team discussion via WBVC enhances communication, assessment, and continuity of care; and facilitates more timely decision-making and care planning.

Conclusions

5. WBVC is better than a phone call **but not as good as an in-person visit.**

→ Ideally, WBVC should be an optional ALTERNATE visit format, not a REPLACEMENT for in-person visits.

- The touch of warm hands is critical for support, connection, and assessment.

iStock.com

Next Steps

1. Operationalize Microsoft Lync® (now Skype for Business ®) as a clinical telehealth platform within AHS → Incorporate WBVC as a routine alternate RPCCT consult format.
2. Conduct further studies on using WBVC to support palliative patients at home (e.g. WBVC initiated by HC Nurse to RPCCT, GP, specialist) AND trial peripheral devices to augment clinical assessment over WBVC (e.g. Digital stethoscope).

→ Phase II project currently underway within CZ Rural HC

Lessons Learned	Carry Forward to Phase II (WBVC to RPCCT initiated by HC)
1. WBVC Training / Practice and current equipment are vital	• Training sessions implemented and recorded • HC Equipment updated
2. Lengthy WBVC visit burdensome for clients	• HC & client develop focused WBVC Consult agenda before video connection
3. WBVC can interfere with communication if malfunctioning	• Troubleshooting algorithm developed • HC allows time for set-up and troubleshooting • HC and Consultant use strategies to optimize audiovisual quality (e.g. direct internet connection, no programs open, use phone for audio or turn off consultant video)
4. Clients have fears regarding internet security and identity of distant HCP	• Privacy / Security information included in Client Information Sheet and HC script • HC provides ample opportunity for questions about privacy / security before starting session • Distant Consultant is well-lit, introduces self, explains private location and has visible name tag

Contact Information

- Linda.ReadPaul@ahs.ca
- Phone: 403-995-2714

Post-webinar survey

Survey will pop up on your screen after webinar

- **Feedback on how to improve webinar series**

Upcoming webinars

Register at:

http://www.cfn-nce.ca/news-and-events-overview/webinars/

- **Wednesday, April 26, 2017 at 12 noon ET**

  Implementing the 'Frailty Portal' in Community Primary Care Practice: Evaluating feasibility, effects and expansion needs – CFN-funded Implementation Grant Program – Paige Moorhouse, Tara Sampalli and Ashley Harnish, Nova Scotia Health Authority

- **Wednesday, May 31, 2017 at 12 noon ET**

  Improving Palliative Care in Long-Term Care Homes Using Participatory Action Research – CFN-funded Strategic Impact Grant Program – Sharon Kaasalainen and Pamela Durepos, McMaster University and Tamara Sussman, McGill University