



Technology Evaluation IN THE ELDERLY



**ANNUAL
REPORT
2012-13**



Technology Evaluation in the Elderly Network (TVN) is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) Program. The Networks of Centres of Excellence is a joint program of the Natural Sciences and Engineering Research Council (NSERC), the Social Sciences and Humanities Research Council (SSHRC), the Canadian Institutes of Health Research (CIHR) and Industry Canada.



NCE RCE

Networks of Centres of Excellence of Canada | Réseaux de centres d'excellence du Canada

Technology Evaluation in the Elderly Network is hosted by Queen's University, and the Administrative Centre is located at Kingston General Hospital.



Technology Evaluation in the Elderly Network
Kidd House, 100 Stuart Street • Kingston, ON K7L 3N6

Telephone (613) 549-6666 x7965

Email info@tvn-nce.ca

Website www.tvn-nce.ca

Twitter TVN_NCE

Facebook [TechnologyEvaluationInTheElderlyNetwork](https://www.facebook.com/TechnologyEvaluationInTheElderlyNetwork)



Canada Networks of Centres of Excellence (NCE) programs strategically mobilize expertise and collaborations in specific areas of need. Under the NCE framework, a network's success is ultimately judged by the impact it has on Canadian society as a whole.

"With a growing population of elderly people in Canada, and continued advance in medical care, the technology and methods of the treatment of the frail elderly and the provision of appropriate end-of-life care is a major issue facing Canada's health and social care systems."

—Networks of Centres of Excellence Expert Panel Review



Table of Contents

Introduction	1
Our Leadership	2
2012–2013 Highlights.....	5
Transformational Research	5
Currently Funded Research.....	6
Recruitment and Training.....	9
Strategic Planning and Partnerships	9
Strategic Priorities.....	10
Networking and Communications Activities	11
Network Management	11
What’s Next.....	12
Our Network Community	14
Financial Information	16

Introduction

Technology Evaluation in the Elderly Network (TVN) is a not-for-profit research network funded by the Government of Canada's Networks of Centres of Excellence (NCE) program. TVN aims to improve the care of seriously ill, elderly patients through the development, rigorous evaluation, and ethical implementation of health care technologies, which includes any drug, device, knowledge product, improvement strategy or tool used for diagnosis, treatment or palliative care.

We achieve this by *supporting* a globally recognized multidisciplinary program of research excellence, *nurturing* multi-sectoral partnerships, *translating* research evidence into best practice, and *training* the next generation of highly qualified personnel.

We focus on the sickest of the sick, the frail elderly with multiple chronic conditions, across all settings of care – from acute and critical care to community care. We use a family-centric model that engages a wide range of stakeholders to achieve our mission.



Our Vision:

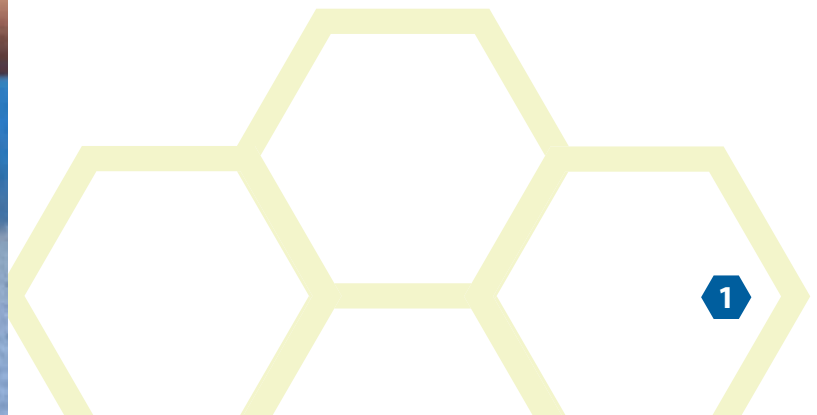
To position Canada as a global leader in providing the highest quality of care for its aging population.

Our Mission:

To improve the care of seriously ill, elderly patients and support their families and caregivers.

What We Do:

- We fund research that fills gaps identified by our researchers and other stakeholders to build a targeted program of knowledge creation and exchange.
- We fund research and undertake activities that disseminate research results, best practices and tools to a wide range of audiences through seminars, workshops, conferences and online activities that influence policy and practice.
- We recruit world-class researchers and highly qualified personnel, and offer training that promotes multidisciplinary and multi-sector approaches to care.
- We build national and international strategic partnerships and provide valuable networking opportunities for researchers, stakeholders and partners.



Our Leadership



The Honourable Sharon Carstairs, P.C.
Chair, Board of Directors

Welcome from the Chair— The Honourable Sharon Carstairs, P.C.

On behalf of the Board of Directors, it truly is a pleasure to report on the inaugural year of the Technology Evaluation in the Elderly Network. In just nine short months, our stakeholders, partners, committees and staff have coalesced to develop a strong foundation for our mission to improve the care of seriously ill, elderly patients.

We know that there are significant gaps in understanding the health needs of our target group – and given our aging population, it's critical that we work together to understand and improve the quality of life for these Canadians.

As a Network Centre of Excellence, we are mandated to create a multidisciplinary and multi-sectoral network aimed at addressing complex, societal issues. For TVN, this requires the engagement of a broad array of stakeholder groups dedicated to improving care. All TVN stakeholders must be willing and able to participate in open and equal dialogue, working hand in hand to translate research into evidence-based best practices and policy.

We have engaged in a number of stakeholder engagement activities over the past year in an effort to fully inform our strategy and priorities. These activities provide patients and families, academics, decision makers, health professionals, researchers, community associations and other interested groups with valuable opportunities to share their expertise with others, and provide clear direction for a targeted five-year agenda for research and knowledge translation.

Our first core research grant funding competition gives life to important work from multidisciplinary investigators and members of the practice community from across Canada and internationally. Along with funding, we are focused on delivering training and mentorship opportunities for the next generation of scientists and practitioners, and are developing a two-year graduate training fellowship program to provide multidisciplinary experiential learning opportunities that prepare graduate/post-doctoral students for a collaborative approach to care.

I'd like to congratulate all TVN members on a very successful and productive year. I hope that you enjoy reading about our accomplishments, and invite you to contact us with any feedback or if you wish to become involved in the Network.

A handwritten signature in cursive script that reads "Sharon Carstairs".



Dr. Richard Birtwhistle
Interim Scientific Director

Message from the Interim Scientific Director— Dr. Richard Birtwhistle

The strength of any network depends on the determination of talented people working together for a common good. As we celebrate the first anniversary of TVN, we are proud of the birth of new collaborations and partnerships created by multi-sectoral teams with a sole focus: to work towards Canada being a global leader in providing the highest quality of care for its aging population.

Our initial competition has resulted in funding for a number of research disciplines and sectors with innovative projects in the areas of advance care planning, end-of-life care, nutritional intervention and use of medical technology. These projects involve 47 investigators from Canada, the US and the UK, along with physicians, nurses, academics, advocacy organizations and patients and families. The research would not be possible without NCE Network funding.

While research is central to our goal, we have also worked hard to develop processes and programs for training the next generation of researchers and practitioners to enable them to

Board of Directors

INCOMING BOARD NOMINATIONS **

- **The Honourable Sharon Carstairs, P.C. ***
Chair
- **Dr. Richard Birtwhistle**
Professor, Departments of Family Medicine and Community Health and Epidemiology, and Director, Centre for Studies in Primary Care, Department of Family Medicine, Queen's University
Family physician and clinical epidemiologist
- **Dan Ciuriak +**
Principal and Director, Ciuriak Consulting Inc. (Ottawa)
Research Fellow, C.D. Howe Institute (Toronto)
Associate, BKP Research and Development (Munich)
- **David Crane +**
Journalist
- **Brian Gray ***
Senior Partner
Norton Rose Fulbright Canada LLP
- **Dr. Nuala Kenny**
Bioethicist and Professor Emeritus, Department of Bioethics
Dalhousie University
- **Dr. Bernard Lapointe**
Chief, Division of Palliative Care, Montreal Jewish General Hospital
Associate Professor, Palliative Medicine, Departments of Family Medicine and Oncology, McGill University
- **Dr. Steven Liss ***
Vice-Principal (Research)
Queen's University
- **Dr. John Muscedere**
TVN Scientific Director
Research Director, Intensive Care Unit
Kingston General Hospital
Associate Professor and Research Director, Critical Care Program, Queen's University
- **Dr. Tom Noseworthy**
Professor, Health Policy and Management, Department of Community Health Sciences and Institute for Public Health, University of Calgary
- **Joyce Resin**
Public Engagement Consultant
- **Deborah Thorlakson**
Member and Treasurer, Board of Directors, Manitoba Foundation for the Arts
Chair, Nomination Committee, Health Sciences Centre Foundation
- **Dr. Peter Tugwell**
Director, Centre for Global Health, Institute of Population Health, and Canada Research Chair in Health Equity, University of Ottawa
Professor, Medicine, Epidemiology & Community Medicine, University of Ottawa
Staff physician and practicing rheumatologist, Ottawa Hospital
- **Russell Williams ****
President
Canada's Research-based Pharmaceutical Companies (Rx&D)
- **Danielle Arsenault**
NCE Liaison (non-voting)
- **Michelle MacDonald ****
TVN Executive Director (non-voting)

* Member, Executive Committee

+ Member, Audit & Finance Committee

** Put forth for vote at the Annual General Meeting to be held September 26, 2013

MEMBERS OF INAUGURAL BOARD

- **Dr. Daren Heyland**
Founding Scientific Director, TVN
Professor, Critical Care Program, Department of Medicine, Queen's University
Director, Clinical Evaluation Research Unit, Kingston General Hospital
- **Ms. Leslee Thompson**
President and Chief Executive Officer, Kingston General Hospital
- **Dr. David Walker**
Professor, Departments of Emergency Medicine and Family Medicine, School of Medicine, and Professor, School of Policy Studies, Queen's University

2012–2013 Highlights

Transformational Research

Our initial funding call resulted in seven research projects receiving financial support totaling \$1.2 million in the areas of advance care planning (ACP), end-of-life care (in ICU and primary care), nutritional intervention and the use of medical technology.

Funding was preferentially awarded to research that fills gaps in current research, and pushes research into application.

Preference was also given to projects that would not be funded by other granting agencies and fit the following criteria:

- scientific excellence
- relevance to the Network's mission and goals
- alignment with Network priorities
- evidence of progress
- strength of networking and partnerships
- contribution to training

Along with funding, we have engaged researchers in a multidisciplinary environment by providing opportunities to foster partnerships and share knowledge that advance discovery, including:

- a two-day KT Boot Camp that engaged nearly 70 cross-disciplinary stakeholders in discussions on innovative KT approaches and potential partnerships
- a cross-thematic networking meeting held for over 30 researchers within the nutrition/rehabilitation and critical care themes
- a cross-thematic networking meeting for 42 researchers from nutrition and end-of-life care themes



“The expertise of the researchers engaged with Technology Evaluation in the Elderly Network is outstanding. TVN will enable researchers to be more effective in translating their research into practice than they could be without a network infrastructure.” —Networks of Centres of Excellence report

Currently Funded Research

Funded projects include multidisciplinary teams from Canada, the United States and the United Kingdom across a wide range of disciplines and sectors. The projects are a mix of knowledge creation and knowledge translation, involving investigators and research collaborators, universities, hospitals and local health authorities, and providing valuable cross-disciplinary training and educational experiences for 17 medical professionals and scientists.

PRINCIPAL INVESTIGATORS:

Jessica Simon, MBChB, FRCPC
University of Calgary

John You, MD, MSc, FRCPC
McMaster University

CO-INVESTIGATORS:

Kevin Brazil, PhD
Queen's University, Belfast, UK

Diana Sherifali, PhD, BScN
McMaster University

PRINCIPAL INVESTIGATOR:

Robert Fowler, MD, MSc
Sunnybrook Research Institute

CO-INVESTIGATORS:

Daren Heyland, MD, MSc
Kingston General Hospital

Jean-François Kozak, PhD
Providence Health, Vancouver

Ken Rockwood, MD
Dalhousie University

COLLABORATORS:

Gordon Rubinfeld, MD, MSc
Sunnybrook Health Sciences Centre

Damon Scales, MD, PhD
Sunnybrook Health Sciences Centre

Jon Skinner, PhD
Dartmouth College

Therese Stukel, PhD
University of Toronto

Hannah Wunsch, MD, MSc
Columbia University

ADVANCED CARE PLANNING

Talk to me: A mixed methods study on patients' views on physician behaviours that influence the quality of advance care planning communication

Talk to Me is a study where patients at four hospitals in Ontario and Alberta will be surveyed and interviewed to better understand the communication needs of patients engaged in advance care planning (ACP) with their physicians.

Recent work at Canadian hospitals has found that there is often poor quality of communication between seriously ill patients and their physicians about ACP. The Talk to Me results will inform ongoing efforts across Canada to improve doctors' ACP skills. The findings will provide key information to be included in ACP skill-building seminars and workshops for physicians, and will help to design other strategies to improve the quality of ACP in Canada.

Ultimately this will improve the care of the seriously ill. Health care providers will be more informed about their patients' preferences for communication around ACP and be better equipped to care for patients as they consider their wishes for care at the end of life.

END-OF-LIFE CARE: *In the ICU*

A national comparison of intensity of end-of-life care in Canada: Defining changing patterns, risk factors and targets for intervention

Up to 70% of elderly patients are admitted to hospital and/or intensive care units at the end of life; however, when asked, most would prefer a less aggressive treatment plan focusing on providing comfort rather than a technologically supported, institutionalized death. This care that may be unwanted is also expensive. Currently, there is no provincial or national system of reporting upon how end-of-life care is delivered by our medical system. Therefore our ability to recommend more patient-focused end-of-life care is limited.

This project will be the first to determine, in detail, our national delivery of end-of-life care. In partnership with each province and territory, the investigators will develop a comprehensive health care "atlas" that describes interactions with the healthcare system through the complete spectrum of end-of-life care. This will lead to a far better understanding of patient wants and needs at end of life; target areas for system improvement; improve resource planning (regionally and nationally); and provide a mechanism to monitor and evaluate system performance

Practices in end-of-life care and in discontinuing ventilation in elderly critically ill patients: A nested study within an international observational study

This project will be a key part of a large-scale international observational study, involving approximately 150 adult intensive care units (ICUs) in six different regions of the world (Canada, the US, the UK, India, Europe and Australia/New Zealand) to describe how clinicians discontinue breathing machines and the effect of different methods of discontinuation on important clinical outcomes.

This component study will examine how end-of-life care is provided and how breathing machines are discontinued in elderly, critically ill patients.

The investigators want to find out if important information can be obtained from an unsuccessful initial test of an elderly patient's ability to breathe on his/her own that is often conducted prior to discontinuing breathing machines, and how a form of ventilation, delivered using a mask, is used in practice to help elderly patients to be removed from breathing machines and to provide comfort at the end of life.

This information will improve the understanding of differences in how end-of-life care is provided and how breathing machines are discontinued in elderly patients admitted to ICUs around the world.

Sex differences in admission to intensive care units: The role of social support factors in primary care

This study will address issues of equity related to access to critical care. The investigators will assess whether the differences in admission to intensive care units for men and women over the age of 65 years are due to differences in social supports (marital status, number of children), and prior personal or family member experience with critical care.

Researchers have found that for certain illnesses patients may be more likely to receive certain kinds of care depending on whether they are men or women. Previous studies by this team have suggested: that men receive more critical care treatments for almost all kinds of conditions; this male predominance of critical care is accentuated in elderly people; and that women are less likely to survive their critical illness, despite being about as sick as men when they are admitted to the hospital or intensive care unit. A better understanding of the factors that influence health care decisions and outcomes for critically ill older people and differences by gender is needed to develop action plans to ensure equitable delivery of care to these individuals.

END-OF-LIFE CARE: *In Primary Care*

A knowledge translation project on benchmark end-of-life care practices for the elderly in primary care

This three-year project will increase the uptake of benchmark end-of-life (EOL) care for elderly patients with advanced illness. It involves the development of quality indicators associated with primary care best practices in EOL care and promoting their integration into the electronic medical record (EMR) of practicing primary care physicians in British Columbia.

The investigators want to find out if integrating the palliative approach into the EMR of primary care physicians can enhance EOL care in ways that are measurable, scalable and sustainable. Increasing the knowledge about identification, assessment and pro-active care planning and the technology supports for those processes in practice will mitigate unnecessary suffering and promote quality care for elderly patients with advanced disease, and promote more efficient use of health care resources.

The project is being done at primary care practice sites at Fraser Health and several Divisions of Family Practice in BC. Primary care physicians will also be directly involved as they are well positioned to provide palliative and end-of-life care to patients.

PRINCIPAL INVESTIGATOR:

Karen Burns, MD, MSc, FRCPC
St. Michael's Hospital, Toronto

CO-INVESTIGATORS:

Deborah Cook, MD, MSc
McMaster University

Peter Dodek, MD, MHSc
St. Paul's Hospital, Vancouver

Maureen O. Meade, MD, MSc
McMaster University

PRINCIPAL INVESTIGATORS:

Allan Garland, MD, MA, BSc
University of Manitoba

Clare Ramsey, MD, MSc, FRCPC
University of Manitoba

CO-INVESTIGATORS:

Peter Dodek, MD, MHSc
St. Paul's Hospital

Malcolm Doupe, PhD, MSc, BPEd
University of Manitoba

Robert Fowler, MD, MSc
Sunnybrook Research Institute

Randy Fransoo, PhD
University of Manitoba

Jean-François Kozak, PhD, MA
Providence Health

Hubert Wong, PhD
Providence Health

PRINCIPAL INVESTIGATORS:

Doris Barwich, MD
Fraser Health Authority

Francis Lau, PhD, MBA, MSc
University of Victoria

CO-INVESTIGATORS:

Neil Hilliard, MD
Fraser Health Authority

Bruce Hobson, MD
Private Practice, Powell River

Morgan Price, MD, PhD, CCFP
University of British Columbia

COLLABORATORS:

Mary Lesperance, PhD, PStat
University of Victoria

Douglas McGregor, MD
Victoria Hospice

PRINCIPAL INVESTIGATORS:
Sean Bagshaw, MD, MSc, FRCPC
University of Alberta
Ron Wald, MDCM, MPH, FRCPC
St. Michael's Hospital, Toronto

CO-INVESTIGATORS:
Neill Adhikari, MDCM, MSc, FRCPC
Sunnybrook Health Sciences Centre/
University of Toronto
Karen Burns, MD, MSc, FRCPC
St. Michael's Hospital/
University of Toronto
Jan Friedrich, MD, MSc, DPhil, FRCPC
St. Michael's Hospital

PRINCIPAL INVESTIGATOR:
Deborah Cook, MD, MSc, FRCPC
McMaster University

CO-INVESTIGATORS:
Daren Heyland, MD, MSc, FRCPC
Kingston General Hospital
Jennie Johnston, MD
McMaster University
François Lauzier, MD, MSc
L'Enfant Jesus Hospital/
Université Laval
John Marshall, MD,
St. Michael's Hospital
Maureen O. Meade, MD, MSc
Hamilton Health Sciences/
McMaster University
Paul Wischmeyer, MD, BSc
University of Colorado Hospital

USE OF MEDICAL TECHNOLOGY

Optimal selection for and timing to start renal replacement in critically ill older patients with acute kidney injury

Severe acute kidney injury (AKI) has a high risk of death and permanent loss of kidney function and usually occurs in an intensive care setting. Dialysis is commonly prescribed and there is substantial debate about when to start, particularly in the elderly who make up half of all patients receiving this treatment. This study seeks to address the severe lack of information on the optimal circumstances for starting dialysis in older patients with AKI and older critically ill Canadians. The results will ensure these decisions are consistently guided by high-quality evidence across Canada.

The study will also address the large variations in practice between providers, hospitals and across jurisdictions that undermines the optimal selection and delivery of high-quality care to older critically ill patients with AKI. Practice will be improved and tools will be developed to select older patients who are most likely to benefit from acute dialysis in the setting of critical illness.

NUTRITIONAL INTERVENTION

Probiotics: prevention of severe pneumonia and endotracheal colonization Trial: a feasibility pilot trial

Several studies have suggested multiple benefits to critically ill patients who receive probiotics in the intensive care unit. Probiotics appear to mitigate infections, which can lead to costly long stays in the ICU and even fatalities. However, whether probiotics are truly helpful is unclear because of the typically small sample sizes and variable study quality to date.

Before a large expensive international study is done to evaluate the true effects of probiotics in critically ill patients, a pilot trial is needed. This pilot project will assess the feasibility of a large future study in mechanically ventilated ICU patients in six ICUs in Ontario, Quebec and Colorado. This preliminary pilot trial approach has increased the efficiency and cost-effectiveness of many subsequent large-scale studies in the critical care community.

The PROSPECT Pilot Trial should prove highly instructive to the ongoing search for more effective strategies to prevent serious infection during critical illness. Probiotics may be a simple, easy-to-use, readily available, inexpensive approach to help reduce infection rates in critically ill elderly patients worldwide.

Recruitment and Training

We are dedicated to training Highly Qualified Personnel (HQP) with disciplinary, interdisciplinary, and trans-disciplinary skills, experiences, and attitudes compatible with the provision of the highest quality of care for seriously ill, elderly patients.

Each Network-funded research or knowledge translation (KT) project includes a training component—and in 2013, we will launch a call for trainee proposals for supervised student research or KT projects independent of funded Network research as part of our Interdisciplinary Fellowship Program.

During its first nine months, TVN made significant progress in developing a comprehensive training plan and program for the next generation of HQP that is unmatched in Canada with respect to experiential learning in the context of the seriously ill elderly. The plan, which features learning programs

that range from three-month orientation and mentorship opportunities to full two-year certificate programs that venture beyond traditional academic and clinic programs to provide enriched learning in a patient-centered, multi-disciplinary environment.

The Interdisciplinary Fellowship Program, for example, includes a range of experiential learning opportunities that deepen appreciation for holistic care, increase exposure to interdisciplinary research through knowledge creation and translation projects, and advance intellectual and professional development. It has been purposefully designed to allow trainees to work together to improve care, while respecting the qualities and skills of each professional.



“There are still Canadians dying in needless pain because health care providers do not know what a good death is. Many physicians do not know how to have a helpful conversation about death and dying.”

—Hon. Senator Sharon Carstairs, P.C.,
Raising the Bar: A Roadmap for the
Future of Palliative Care in Canada,
June 2010

Strategic Planning and Partnerships

In January 2013, TVN undertook a strategic planning process that involved consultation with key research groups, the TVN Board of Directors and the Research Management Committee, interviews with selected partner organizations, a survey, an environmental scan, input from Network-funded protocol development meetings and KT Camp, and a stakeholder engagement initiative.

We have also built strong relationships with industry,

government, the not-for-profit and community sectors as well as with researchers and practitioners from multiple disciplines. Our strategic planning process has resulted in the identification of over 700 potential partners to support the realization of our goals.

These activities culminated in a strategic plan that identifies key priority areas to guide a national agenda for improving the care of the frail elderly in Canada.

Strategic Priorities

Our 2013–2016 Strategic Plan features five priorities developed through an extensive consultation process:

Foster Matching Care to Values

Our health system needs to align with the values of Canadians, providing appropriate interventions that maximize outcomes and quality of life and reduce moral distress in care providers. To support this, we will:

- develop an ethical framework for care of the frail elderly and their family caregivers that provides a foundation for choices and decisions for the creation, dissemination and implementation of health care technologies
- develop interventions to address “moral distress” in health care providers working with the seriously ill elderly
- foster improved inter-professional collaboration for health care providers working with the seriously ill elderly

Empower, Engage and Support Patients and Their Families/Caregivers

More knowledge and support is required to help patients, families and caregivers navigate the health care system and make decisions, particularly during times of acute illness or at the end of life. We will:

- support strategies that engage patients and families in research and knowledge translation
- develop and evaluate tools for care planning and shared decision making
- develop interventions to improve communication between the health care providers and patients, families and caregivers

Improve Clinical Outcomes

We need to know more about the impact of treatments and health decisions on the frail elderly, who commonly suffer from multiple chronic conditions and are often excluded from studies. We will:

- increase evidence-informed practice to improve and maintain function in the frail elderly
- develop and encourage the appropriate use of technology in both treatment and in end-of-life care
- promote quality indicators for care of the sick elderly at the individual, institutional and system levels

Improve Care Across the Continuum

The care needs of the frail elderly are complex and often require collaboration among a number of health professionals, community organizations and institutions, in a system that typically isolates institutions and methods of care. We must:

- develop standardized measurement and evaluation frameworks for the system of care for the frail elderly
- promote the implementation of best practices around systems of care
- provide capacity and awareness to break down barriers and improve care between different care settings
- evaluate methods to improve the effectiveness of patient and system navigation

Build the Capacity of Technology Evaluation in the Elderly Network

We have a unique opportunity to develop an innovative, multi-sectoral, multidisciplinary network aimed at building a system of care that addresses the needs of our aging population. To achieve this, we will:

- build national and international strategic partnerships
- promote networking opportunities for members
- engage stakeholders, particularly patients and families
- strengthen governance and management of the Network

Networking and Communications

TVN has hosted a number of stakeholder sessions and developed communications tools designed to promote discourse and collaboration, and to inform our strategic plan, including:

- **Multidisciplinary KT Camp**—our KT Camp was held over two days and engaged a wide range of stakeholders including, among others, patients/families, researchers, health professionals, not-for-profit organizations, gerontology specialists, ethicists and government representatives.
- **Cross-Canada stakeholder meetings**—stakeholder sessions were hosted in Vancouver, Winnipeg, Ottawa, Toronto, Montreal and Halifax to inform TVN strategy through open dialogue around the needs of our patient population.
- **New website**—our newly-branded website allows for an expandable KT platform and interactivity with stakeholders and serves as a community hub for our geographically diverse network.
- **Public and media outreach**—regular announcements and messaging have been delivered to over 150 media contacts and over 700 identified partner contacts, who re-distribute our messages across their own established channels of communication.
- **Social media**—we have set up a social network to continue to connect with our stakeholder groups and to enhance accessibility to information and collaborations.

Network Management

We have invested a great deal of time and energy into establishing strong processes, policies and frameworks to ensure that the Network is strong and sustainable. Along with ethics and conflict of interest policies, RFP and grant structures, several committees have been established to further our work.

TVN has a diverse, engaged board that has been actively involved in all aspects of the network, including the development and implementation of by-laws and committee and board governance processes to support our activities and growth.

The Network's administrative team structure has also been identified and several team members have been recruited to lend their expertise to our mission. Foundational policies and processes have been created to support finance, human resource and administrative functions as a stable base for our evolving network.

Our Research Grant Programs

To manage TVN's research agenda, four types of research grant programs have been developed:

- **Core Grant Program:**
large multidisciplinary projects (two to three years) that pursue integrated goal-directed programs to address major research outcomes.
- **Catalyst Grant Program:**
one-year awards for pilot studies, feasibility studies, and novel new approaches.
- **Knowledge Synthesis Grant Program:**
projects to synthesize existing research to identify gaps and to develop reports, brochures and tools where appropriate for Network knowledge translation activities (up to nine months).
- **Strategic Impact Grant Program:**
funds that leverage new partnerships, address research in emerging strategic areas, or have a high potential for impacting policy, practice or commercialization (up to one year).

What's Next

Fostering Partnerships, Nurturing New Ideas

TVN has made great strides in nurturing an environment for sharing ideas and translating research into action. Now, we must continue to build on our national and international partnerships by actively promoting and facilitating networking opportunities, engaging stakeholders from all sectors, and strengthening our governance and management of the Network to ensure quality results that meet our strategic priorities.

We have already accelerated our progress by pioneering new research, training and networking opportunities:

Research

A **Knowledge Synthesis Grant Program** supports teams of researchers and knowledge users in producing knowledge syntheses and scoping reviews that will contribute to the use of synthesized evidence in decision-making and practice

The **Core Research Grant Program** will provide a further \$5.5 million in funding for projects that fit within the Network's strategic priorities. The core grant program forms the basis of the Network's research program and address major research outcomes, with high requirements for partnership and engagement of external stakeholders.

In addition, several innovative granting programs will leverage new partnerships and provide flexibility in responding to unique opportunities as they arise.

Recruitment and Training

In the first quarter of 2013–2014, we introduced a number of new funding competitions designed to support our strategic priorities and build capacity for knowledge translation and HQP training:

The **TVN Summer Student Awards** are unique in providing students with interdisciplinary experience, while developing their knowledge of the opportunities and challenges in caring for an aging population. Students work with supervisors from their disciplines, but also meet regularly with mentors from a complementary discipline. The program will fund ten summer students in 2013.

The **TVN Interdisciplinary Fellowship Program** was based on a needs assessment and a comprehensive survey, and will fund eight fellowships in 2013. This program is unique in going beyond traditional academic and clinical training opportunities, offering enriched experiential learning based on the concept of interdisciplinary collaboration. Other granting programs will also provide the foundational modules for the Fellowship Program, allowing trainees to develop initial skills before moving into this more intense program.

Networking

Defining our path—annual meetings and conferences:

Our annual conference, initiated in September 2013, will provide invaluable opportunities for interdisciplinary collaboration and networking. Participants from all stakeholder groups and from across disciplines of science and practice, non-profit and government sectors will work together with our new strategic priorities to identify existing and new opportunities and questions or challenges that can be addressed through TVN.

We are excited about the many opportunities to realize our mission and influence necessary change in our health system. As we grow, we intend to continue expand our scope by seeking out new ideas and partnerships that add value to our Network and improve health choices for our aging population.



Our New Scientific Director

The Board of Directors of Technology Evaluation in the Elderly Network announced the appointment of Dr. John Muscedere, MD, FRCPC as Scientific Director, effective August 1, 2013.

Dr. Muscedere is an intensivist at Kingston General Hospital (KGH), and Associate Professor in the Critical Care Program, Department of Medicine, in the School of Medicine at Queen's University. He is Research Director of the Critical Care Program at Queen's, and serves as the Local Health Integrated Network (LHIN) Critical Care Leader for the South East LHIN.

An accomplished critical care researcher, Dr. Muscedere's primary research interests include ventilator-associated pneumonia, clinical practice guidelines, quality improvement, knowledge translation and venous thromboembolism.

Message from our Scientific Director— Dr. John Muscedere

I'm honoured to serve as TVN's Scientific Director, particularly at this pivotal time in its development. So much groundwork has been completed in our first year, particularly in terms of setting up critical processes, policies and partnerships to guide us through our next stages of growth and impact.

Under the Networks of Centres of Excellence framework, our success will be evaluated by a range of criteria, including the excellence of our program, the development of highly qualified personnel and our ability to grow our networking and partnership activities. They will also measure our knowledge and technology exchange and exploitation, as well as the quality of our Network management.

Ultimately, we are measured by the impact that we have on Canadian society as a whole. To realize our agenda, we must continue to develop and act on priorities that engage all stakeholders for our common purpose.

I'm truly impressed by the progress of our Network to date, and excited about our future. I invite you to contact me at any time to discuss opportunities to work together to improve our health system for Canadians.



John Muscedere
Scientific Director

A handwritten signature in black ink, appearing to read "J. Muscedere". The signature is stylized with a large, looping initial "J" and a long horizontal stroke at the end.

Beyond the Classroom: TVN Interdisciplinary Fellowship Program

The TVN Interdisciplinary Fellowship Program provides trainees with unique educational experiences that deepen appreciation for holistic care, increase exposure to interdisciplinary research through knowledge creation and translation projects, and advance intellectual and professional development. The program's approach allows patients, families, and their support systems to feel listened to rather than "talked at", and

challenges fellows to collaboratively overcome complex and multifaceted barriers to care for patients, families, and caregivers.

This two-year training program goes beyond traditional academic and clinical programs to offer enriched experiential learning opportunities, including:

- the inclusion of patient/family support system (PFSS) in the improvement of research and practice;

- interdisciplinary collaboration;
- refining and improving funding procurement, knowledge creation, and knowledge translation within and across disciplines;
- the translation of research to innovation in practice; and
- effective and dynamic engagement in new learning as both a mentor and a mentee.

Our Network Community

In its first year of operation, Technology Evaluation in the Elderly Network has made great progress through an incredible community of support. Thank you to our member institutions, committee members, scientific reviewers, investigators and stakeholders. Your expertise and commitment to the development of TVN has been significant, and integral to our growth.

NETWORK MEMBERS

Dalhousie University
Fraser Health Authority
Lakehead University
Laval University
McMaster University
Mount Sinai Hospital
Queen's University
St. Michael's Hospital
Sunnybrook Research Institute
The University of Alberta
The University of British Columbia
The University of Manitoba
The University of Toronto
The University of Western Ontario
Trinity Western University
Université de Sherbrooke
University of Calgary
University of Guelph
University of Ottawa
University of Victoria

PREVIOUS COMMITTEE MEMBERS

Dr. Denise Alcock
Dr. Deborah Cook
Rupinder Dhaliwal
Dr. Peter Dodek
Dr. Rylan Egan
Dr. Ian Graham
Dr. Maureen Meade
Dr. Marina Mourtzakakis
Dr. Kelli Stajduhar
Dr. Kristine Votova

RESEARCH MANAGEMENT COMMITTEE (as of September 23, 2013)

Dr. John Muscedere
TVN Scientific Director, Chair
Josef Amann
Dr. Arlene Bierman
Dr. Rob Fowler
Dr. Leah Gramlich
Dr. Gloria Gutman
Dr. Jayna Holroyd-Leduc
Chair, Knowledge Translation Committee
Alies Maybee
Dr. Daryl Pullman
Dr. Duncan Robertson
Dr. Art Slutsky
Chair, Scientific Review Committee
Dr. Denise Stockley
Chair, Education and Training Committee
Dr. Josie Visentini
Danielle Arsenault
NCE Observer (non-voting)
Michelle MacDonald
TVN Executive Director (non-voting)

SCIENTIFIC REVIEW COMMITTEE (as of September 23, 2013)

Dr. Art Slutsky
Chair
Dr. Robin Cohen
Dr. Eddy Fan
Dr. Allan Garland
Dr. Richard Hall
Dr. Grace Johnston
Dr. Tom Stelfox

EDUCATION AND TRAINING COMMITTEE (as of September 23, 2013)

Dr. Denise Stockley
Chair
Dr. Lana Bistriz
Dr. Paula Chidwick
Dr. Kathryn Downer
Dr. Michelle Gibson
Dr. Ana Johnson
Dr. Jennifer Kryworuchko
Dr. Marg McKee
Dr. Aaron McKim
Dr. Valencia Remple
Dr. Patricia Strachan
Dr. Klodiana Kolomitro (non-voting)
Michelle MacDonald
TVN Executive Director (non-voting)

KNOWLEDGE AND TRANSLATION COMMITTEE (as of September 23, 2013)

Dr. Jayna Holroyd-Leduc
Chair
Dr. Doris Barwich
Carlota Basualdo-Hammond
Sharon Baxter
Dr. Margaret Harrison
Faye Martin
Dr. Paddy Rodney
Dr. Tasnim Sinuff
Michelle MacDonald
TVN Executive Director (non-voting)

2012 SCIENTIFIC REVIEWERS

Dr. Eddy Fan	Dr. John Devlin	Dr. Jeremy Road	Dr. Andre Amaral
Dr. David August	Dr. Mike Hartwick	Dr. Pierre Cardinal	Dr. Jose Morais
Dr. Christine McPherson	Dr. Marc Leone	Dr. Anne Woods	Dr. John Drover
Dr. Duncan Robertson	Dr. Bruce Light	Dr. Stuart Lowson	Dr. Raisa Deber
Dr. Denise Alcock	Dr. Jose Hoffhuis	Dr. Anand Kumar	Dr. Lisa Schwartz
Dr. Arlene Bierman	Dr. Richard Ricker	Dr. Phillippe Jovet	Dr. Donald Griesdale
Dr. Denise Stockley	Dr. Denise Marshall	Dr. Dean Fergusson	Dr. Karen Detering
Dr. Claude Martin	Dr. Chris O'Conner	Dr. Christy Simpson	Dr. Claudio Rigatto
Dr. Sangeeta Mehta	Dr. Jim Kutsogiannis	Dr. Tom Stelfox	
Dr. Gil Fraser	Dr. Niall Ferguson	Dr. Gail Tomblin Murphy	

STAKEHOLDERS

Advocacy Centre for the Elderly (ACE)	Hôpital Maissoneuve	Physician Information Technology Office
Alberta Health Services	Impact BC	Providence Healthcare
Bruyere Continuing Care	Institute for Clinical Evaluative Sciences	Royal Alexandra Hospital
Canadian Dementia Knowledge Translation Network	Kingston General Hospital	Rx&D
Canadian Foundation for Healthcare Improvement (CHSI)	L'Enfant Jesus Hospital	School of Nursing and Midwifery, Queen's University, Belfast
Canadian Healthcare Association (CFHI)	London Health Sciences Centre	Simon Fraser University
Canadian Homecare Association (CHCA)	McGill University	Society of General Practitioners of BC
Canadian Hospice Palliative Care Association (CHPCA)	Montreal Jewish General Hospital	St Paul's Hospital
Canadian Medical Association (CMA)	National Initiative for the Care of the Elderly (NICE)	St. Joseph's Hospital
Canadian Nurses Association (CNA)	Nestle Nutrition	Sunnybrook Health Science Centre
Canadian Nutrition Society (CNS)	Ontario Ministry of Health and Long-Term Care Seniors Secretariat	Université de Montréal
Canadian Partnership Against Cancer	Ottawa Hospital	University of Colorado
Canadian Virtual Hospice	Ottawa Hospital Research Institute	University of Saskatchewan
Centre hospitalier universitaire de Sherbrooke	Pallium Foundation	Vancouver Coastal Health
CIHR	Patients Canada	Vancouver Island Health Authority
CIHR Institute on Aging	Pfizer Canada	Waterloo University
Columbia University		William Osler Health System
Commonwealth Fund		
Dartmouth College		
Eastern Health		
Government of PEI		
Health Canada		
Health Sciences Centre		
Heart and Stroke Foundation		

STAFF (as of September 23, 2013)

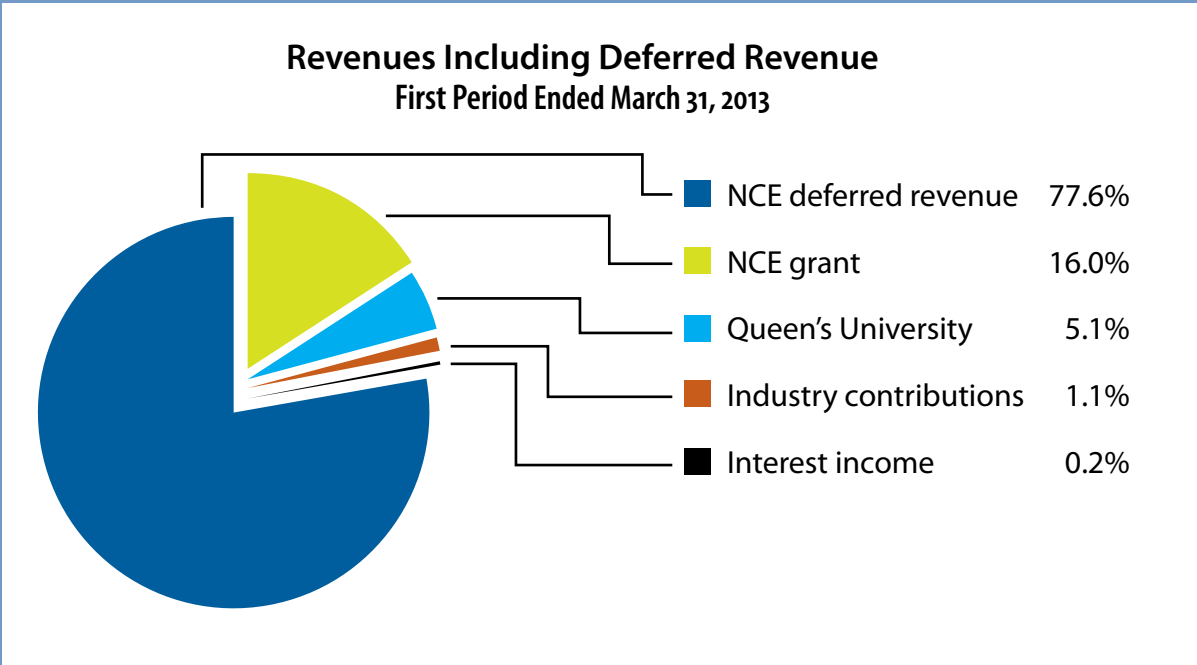
Dr. John Muscedere Scientific Director	Young Kim Research Program Manager
Michelle MacDonald Executive Director	Kate Cooke Communication Services
Carol Barrie Financial Officer	LeeAnne Howland Administrative Assistant

Financial Information: A Snapshot of Year 1

Revenues Including Deferred Revenue First Period Ended March 31, 2013

Total revenue for the fiscal year was \$5,227,860. Revenue in the abbreviated (May 2012–March 31, 2013) start-up year of operation was primarily from the Networks of Centres of Excellence (NCE) grant (\$836,855), and \$4,056,645 was deferred to support planned activity for subsequent fiscal years of the overall NCE grant period. Year-one revenue also included \$268,700 from Queen’s University (our host institution) and \$55,000 in industry contributions.

Revenue and Deferred Revenues:	\$	%
NCE deferred revenue	\$4,056,645	77.6%
NCE grant	\$836,855	16.0%
Queen’s University	\$268,700	5.1%
Industry contributions	\$55,000	1.1%
Interest income	\$10,660	0.2%

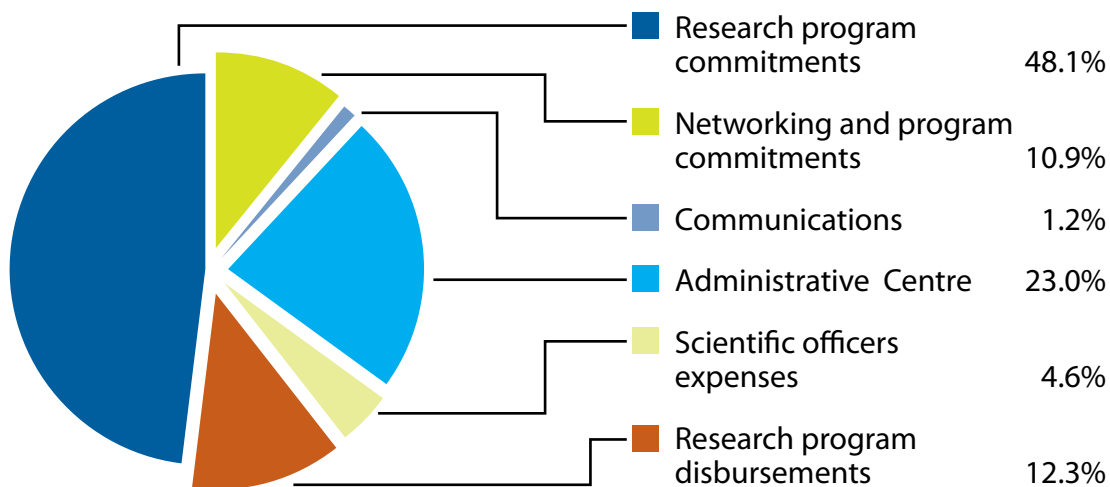


Expenses and Research Program Commitments First Period Ended March 31, 2013

Commitments and Expenses:	\$	%
Scientific officers expenses	\$92,473	4.6%
Research program disbursements	\$248,093	12.3%
Research program commitments	\$969,778	48.1%
Networking and partnerships	\$219,438	10.9%
Communications	\$23,340	1.2%
Administrative Centre	\$462,738	23.0%

Total expenses and commitments for the fiscal year were \$2,015,860. This included \$969,778 in research program commitments extending after this past fiscal (ending March 31, 2012). These funds are to underwrite the winning projects from our first funding competition (see “Currently Funded Research” pages 6–8). The balance of expenses for the year was to support a myriad of meetings/conference calls nationwide, including: networking, protocol development, KT, partnership, HQP program development, stakeholder engagement, and committee and governance meetings. The numbers reported below also include: communications, operations of our administrative centre and all salaries of network management and staff.

Expenses and Research Program Commitments First Period Ended March 31, 2013



Founding Investigators

TVN would like to thank Dr. Daren Heyland and those involved in creating the original proposal to the NCE Program for their vision of building an internationally recognized, multidisciplinary research and KT network dedicated to improving care for the seriously ill elderly in Canada.

Dr. Daren Heyland, Founding Scientific Director

CARENET

Canadian Researchers at the End of Life Network

NUTRIC

Nutrition and Rehabilitation Investigators Consortium

CCCTG

Canadian Clinical Care Trials Group

CERU

Clinical Evaluation Research Unit at Kingston General Hospital

Dr. Martin Albert

Dr. Sean Bagshaw

Dr. Doris Barwich

Sharon Baxter

Dr. Lana Bistriz

Dr. Kevin Brazil

Dr. Tim Bryant

Dr. Robin Cohen

Dr. Deborah Cook

Dr. Peter Dodek

Dr. Alison Duncan

Dr. Rob Fowler

Dr. Terry Graham

Dr. Leah Gramlich

Dr. George Heckman

Dr. Khursheed Jeejeebhoy

Dr. Ana Johnson

Kristen Jones

Dr. Mary Lou Kelley

Dr. Jean François Kozak

Dr. Murray Krahn

Dr. Jennifer Kryworuchko

Dr. Anand Kumar

Dr. Jim Kutsogiannis

Dr. François Lamontagne

Dr. Marg McKee

Dr. Maureen Meade

Dr. Marina Mourtzakis

Dr. John Muscedere

Dr. David Mutch

Dr. Ian Newhouse

Dr. Dave Pichora

Dr. Kenneth Rockwood

Dr. Paddy Rodney

Dr. Tasnim Sinuff

Dr. Yoanna Skrobik

Dr. Kelli Stajduhar

Dr. Denise Stockley

Dr. Pat Strachan

Carolyn Tayler

Dr. Angelo Tremblay

Dr. Karen Yeates

Dr. John You

Thank you to our hosts and supporters:

In addition to hosting TVN, financial and in-kind support for TVN activities and programs has been provided by Queen's University (Faculty of Health Sciences, Office of the Vice-Principal Research, Department of Medicine) and Kingston General Hospital.



TVN has also received financial support for its programs and activities from Pfizer Canada and Canada's Research-based Pharmaceutical Companies (Rx&D).





Technology Evaluation IN THE ELDERLY™
Informing health care choices for an aging population

™ Trademark of Technology Evaluation in the Elderly Network. ©Technology Evaluation in the Elderly Network, 2013.
Unless otherwise stated, information presented is as of March 31, 2013. Released 2013 09 23.