



TVN Improving care
for the frail elderly

TVN Update

**Victoria MindMerge
November 10, 2015**

**Dr. John Muscedere
TVN Scientific Director**



This Presentation

- **Current status of TVN**
 - **TVN Research Priorities and Projects**
 - **Knowledge Mobilization**
 - **Partnering and Collaborating with TVN**
- **TVN Survey**



What is TVN?

- **National non-profit network funded by Networks of Centres of Excellence to develop, evaluate and disseminate knowledge on health care for frail elderly Canadians, their families and caregivers**
 - Supported by CIHR, SSHRC, NSERC, Industry Canada, Health Canada
- **TVN host partners: Queen's University, Kingston General Hospital**
- **TVN launched in July 2012; renewal application in June 2016**



The Network...

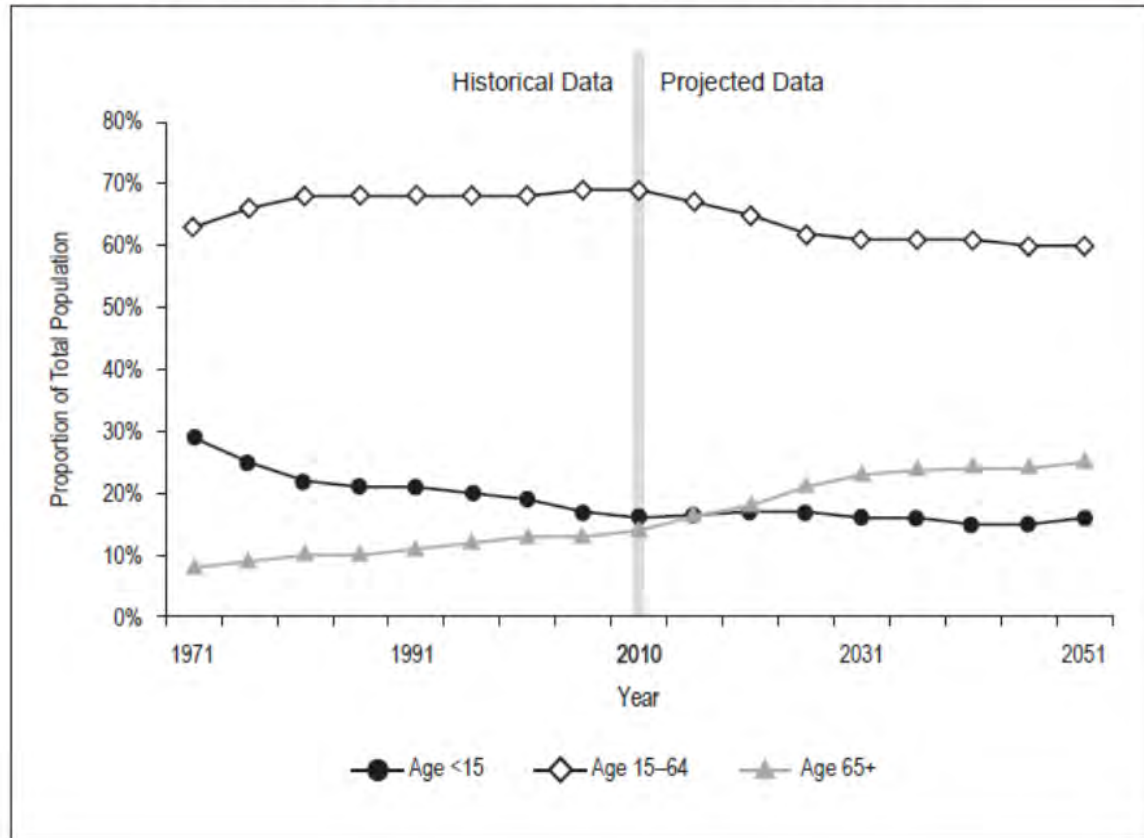


40 member institutions
400 researchers
Over 100 funded Research Projects
230 trainees
2400 members from across Canada

Aging in Canada

- Proportion age 65+ increasing
- Older (age 85+) growing rapidly
- Present: 4.46 working adults for every 1 senior
- Future: 2.84 working adults for every 1 senior (by 2025)

Figure 1: Composition of the Population, by Age, Canada, 1971 to 2051

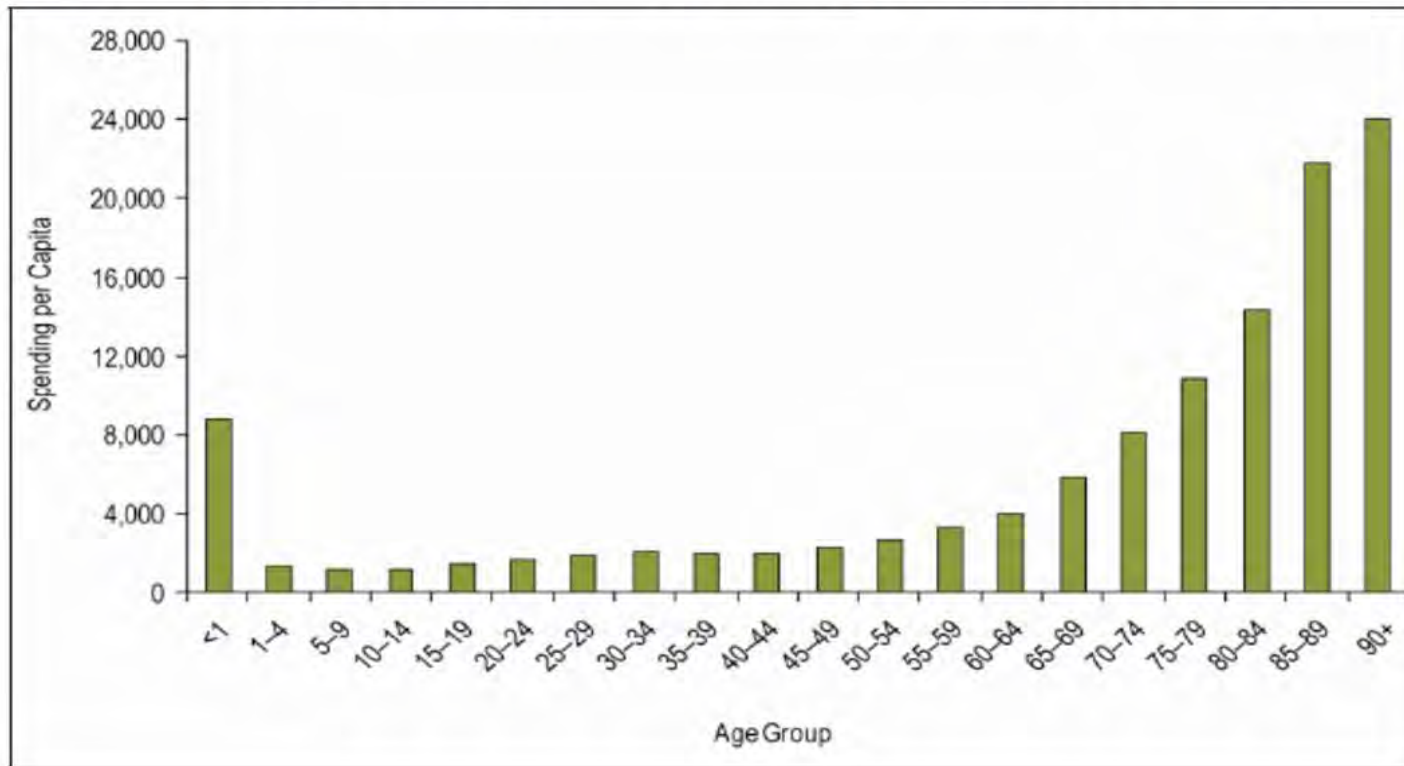


Source: Canadian Institute for Health Information



Increasing costs with age

Figure 12: Provincial/Territorial Health Expenditure per Capita, by Age Group, 2008



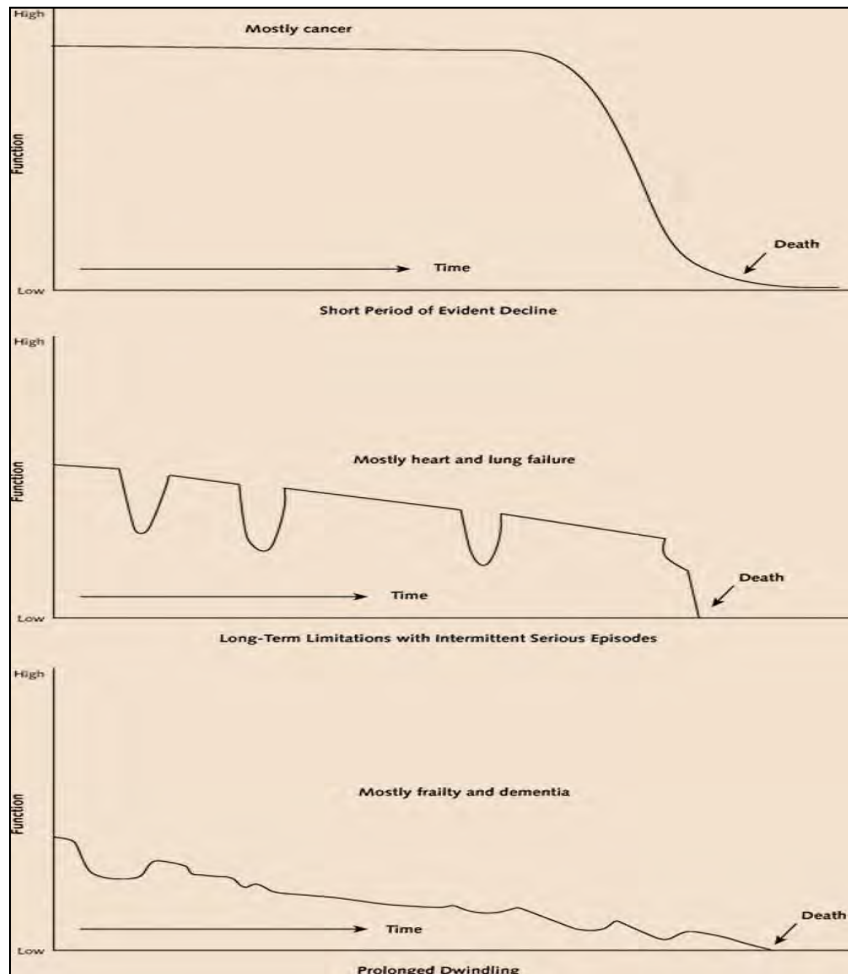
Over 40% of total health care spending occurs in > 65 y.o.; 20% in last year of life

Source: Canadian Institute for Health Information



TVN Improving care
for the frail elderly

Trajectories of late life illnesses



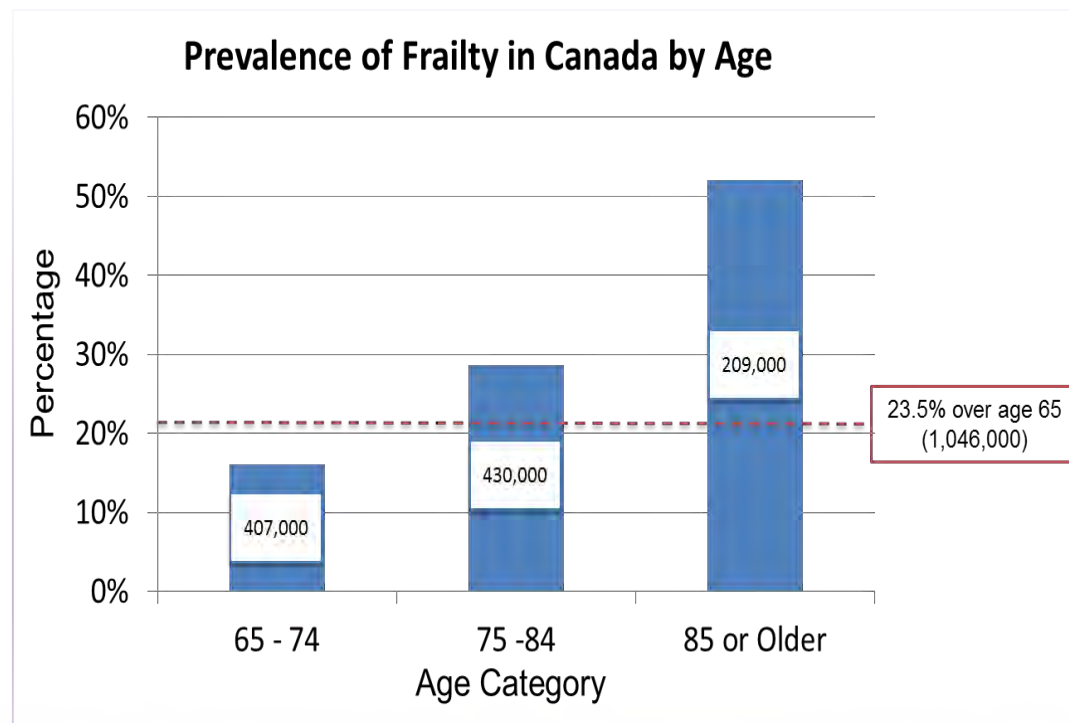
- Different patterns of decline at end of life
 - Depend on disease group
- Broad Groups
 - Cancer diagnoses
 - Organ failure
 - Frailty and dementia
- Are not exclusive

Source: *Evidence for Improving Palliative Care at the End of Life: A Systematic Review*, *Ann Intern Med.* 2008;148(2):147-159



Frailty in Canadians

- Aging and Frailty are not synonymous but frailty becomes increasingly common as age advances
- Decline in health status and higher health care use driven more by frailty than age



Sources: Rockwood et al, *Journal of Gerontology*: 2004; 59: 1310; statcan.gc.ca/pub/82-003-x/2013009/article/11864-eng.htm



Lack of evidence (1)

- Clinicians, knowledge users and decision makers face difficult decisions in treating frail elderly
 - Is health care intervention/technology effective in this population?
 - Do individual patients/families prefer one kind of technology/treatment/ care setting over another?
 - Is the risk/benefit ratio similar to that of younger patients?
 - Is this technology good value for money?
 - Is escalation of acute care interventions warranted?
 - When/how should palliative care interventions be instituted?
 - What is the most appropriate setting for care?



Lack of evidence (2)

- Little evidence to guide practice in the frail elderly
- Without evidence, aggressive and expensive technologies are often overused without improvement in outcomes, causing undue suffering to patients, undue distress to their families/caregivers and health care practitioners, and wasted health care resources



TVN conceptual path



- Three potential terms of 5 years- up to 2027
- What should we aim to accomplish by the end?
- Each project we fund, or activity or initiative we undertake needs to be a “brick on the road” to get us there



Impact of TVN

Improved Care

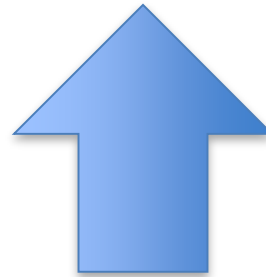
- Measurable Patient Centered Outcomes

Improved Efficiency

- Measurable Health Care Resource Utilization Outcomes

Strategic Priorities/Themes

- Research program
- Training of Highly Qualified Personnel



Strategic Priorities/Themes

- Networking and Partnerships
- Knowledge Mobilization



Evaluating long term success

- **Need to understand baseline!!!**
 - Health care outcomes, resource utilization of frail elderly

Environmental scan of health care climate for seriously ill, frail elderly: *PI- Anik Giguere*

A National Comparison of Intensity of End-of-Life Care in Canada: Defining Changing Patterns, Risk Factors and Targets for Intervention: *PI- Rob Fowler*



TVN Improving care
for the frail elderly

SUCCESS



**WHAT PEOPLE THINK
IT LOOKS LIKE**

SUCCESS



**WHAT IT REALLY
LOOKS LIKE**

Addressing Frailty in the Canadian Health Care System

“A journey of a thousand miles begins with a single step.”

Lao-tzu, Chinese philosopher (604 BC - 531 BC)



TVN Improving care
for the frail elderly

TVN approach to frailty

- Systematic identification of frailty in Canadians
 - All elderly should be assessed for frailty in any contact with health care system
- Improve evidence base for decision making and treatment of those identified as being frail



Why frailty screening/assessment matters

- Health care system built around single organ systems
 - **One thing wrong at a time**
- People with frailty likely to have multiple conditions, but want and need coordinated, person-centred care rather than treatment as a collection of separately treated diseases



Why frailty screening/assessment matters

“You can’t manage what you don’t measure”

- Could serve as catalyst for innovative care solutions/interventions that:
 - Improve health, quality of life of older people and caregivers
 - Avoid unnecessary hospitalization, institutional care
 - More efficiently use resources, skills, technology; increase sustainability of health and care systems
 - e.g. PATH program



Increasing Recognition of frailty...

Target Groups

- a. **Frail Elderly, Caregivers:** Citizen engagement, Public Outreach
- b. **Health care providers:** Routine Screening, Assessment
- c. **Policy, Decision Makers**

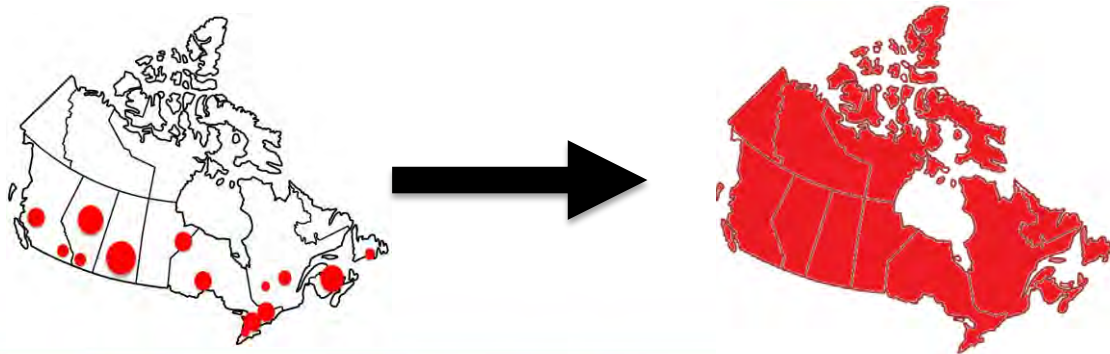


TVN

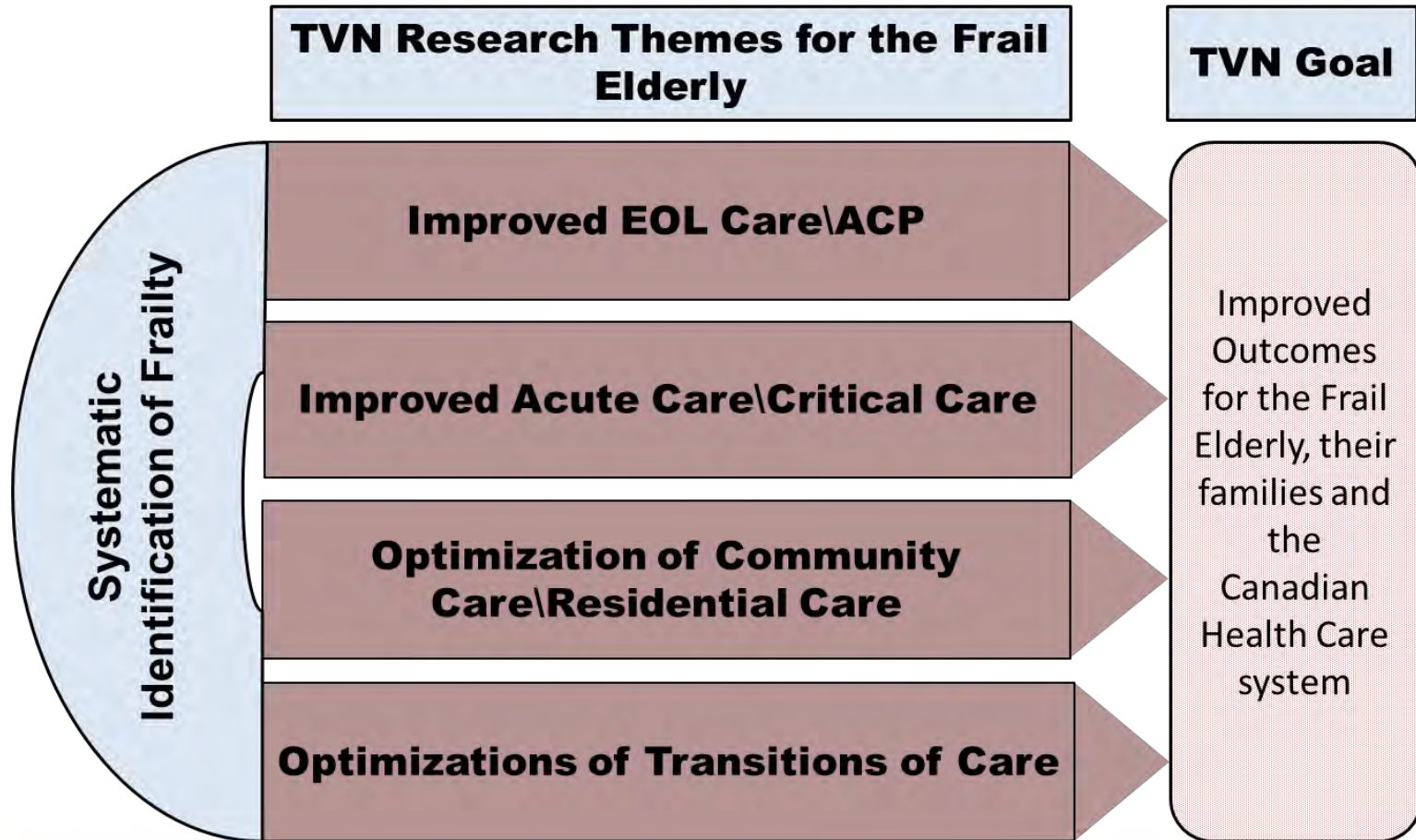
Improving care
for the frail elderly

Improving care for frailty and late life care...

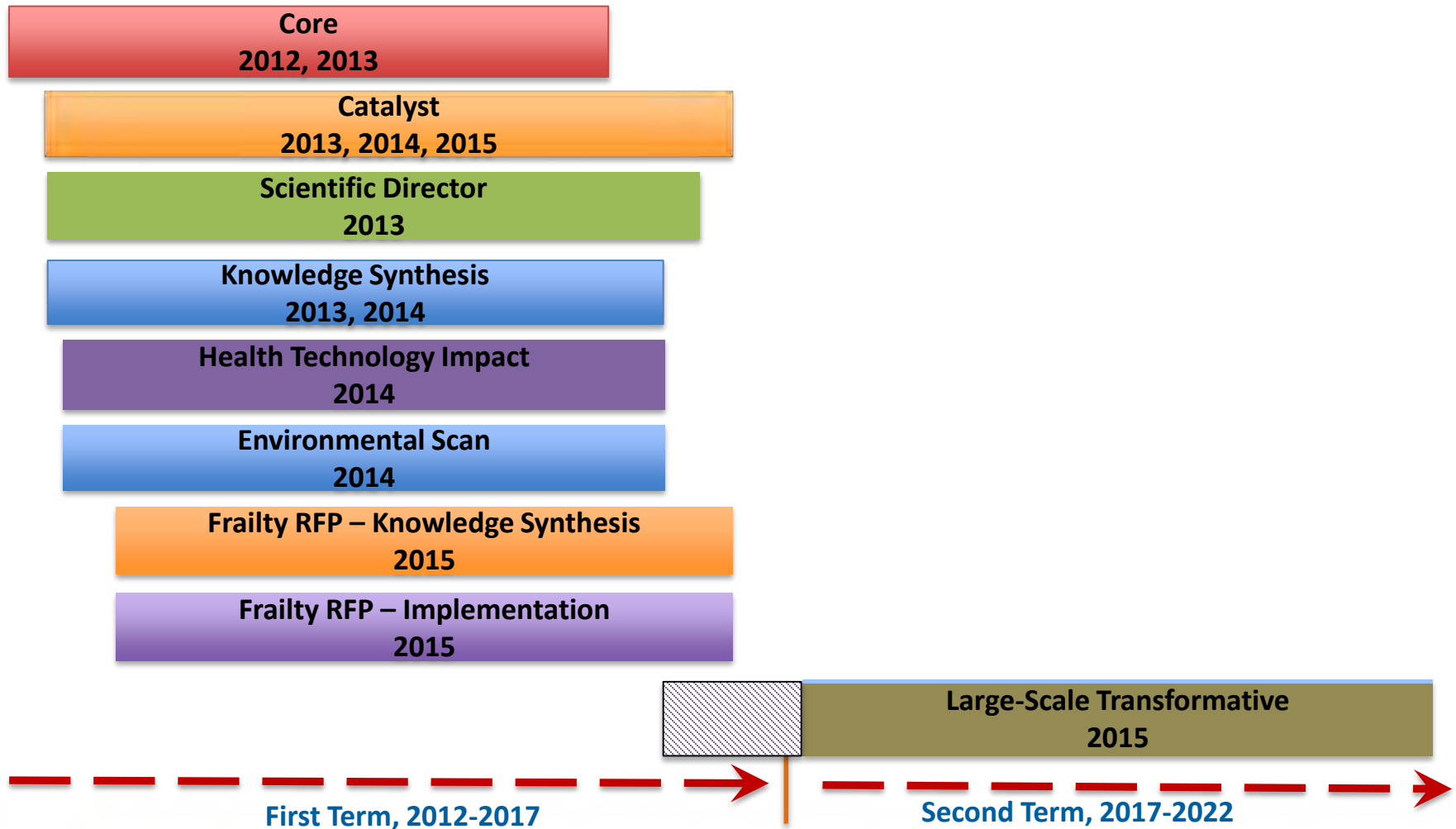
- Apply existing evidence or improve evidence base for the prevention, treatment, decision making, end of life care for frailty
 - a. Research where evidence gaps exist**
 - b. Scale up successful regional projects**
 - c. Learn from Health systems around the world**



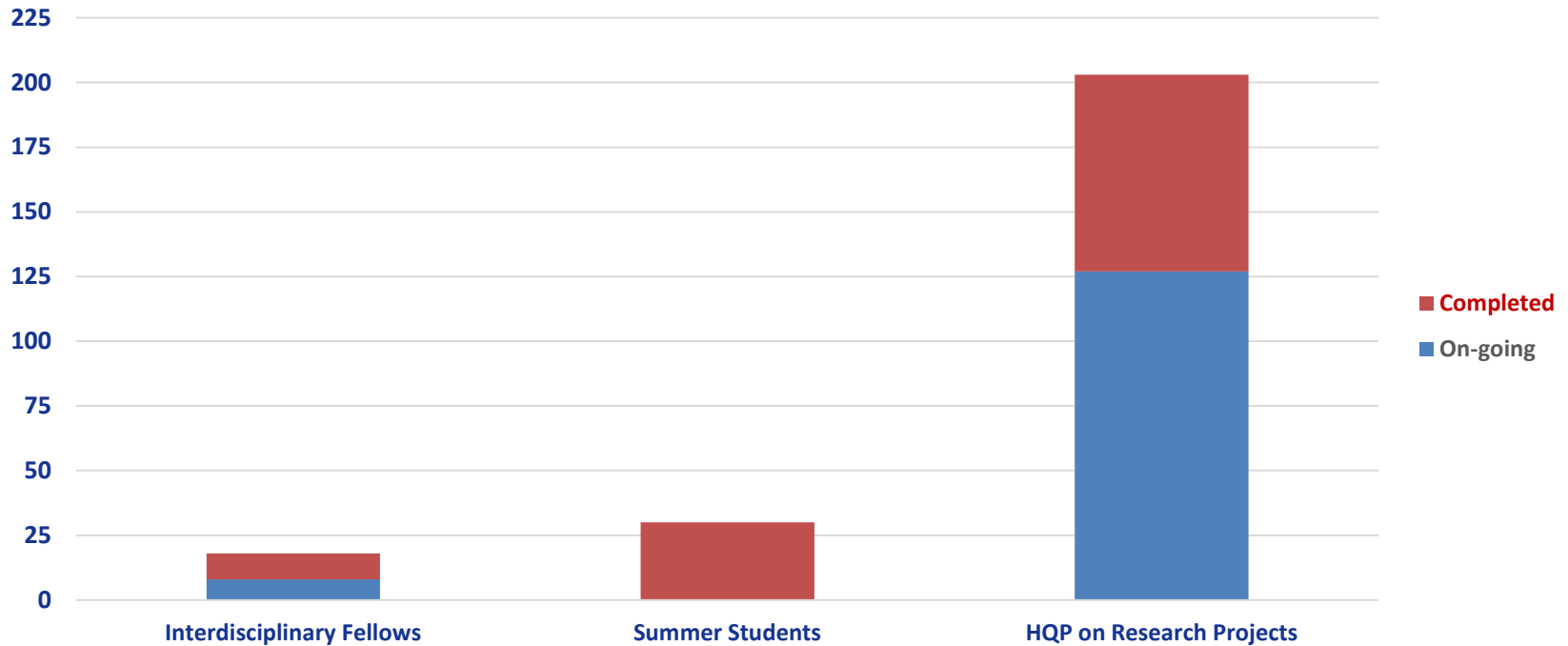
Improving research evidence for frail elderly



TVN research grant programs



Enrolment in TVN training programs



- **Fellows, Summer Student and HQP on Research Projects**
- **Recently launched a call for TVN-Mitacs Accelerate internship proposals**



TVN partnership development

- Partnering with industry, government, NGO, community groups and other networks to enhance capacity
- Developing research groups that span academic/non-academic collaborators for integrated, generalizable solutions
- Leveraging TVN resources to expand research scope through partner contributions
 - Focus on securing on average 1:1 NCE dollar matching



Knowledge Mobilization

- **Advocating for frailty awareness, detection, screening**
 - **Frailty Position Paper advocating implementation of Frailty Screening in the Canadian Health Care System**
 - Developed by leading frailty, clinical, policy experts
 - Circulated widely- Frailty Forum 2015, Planned 2016 frailty forum
- **Increasing the Engagement of Frail Elderly and Care Givers in Health System Administration, Policy Making, Research**
 - ‘Giving Voice to Frail Elderly Canadians’ KM initiative



Bringing partners together

TVN National Forum on the Frail Elderly

Creating Strategic Change: Developing a strategy for the frail elderly

- **First:** June 4, 5, 2015 – Toronto
- **Second:** Planned for Spring 2016
- **Bringing together clinicians, researchers, policy makers, decision makers, NGOs, other relevant organizations**
- **Aim: Articulate the impact, implications and possible solutions for frailty**
 - Implementation of Frailty Screening within Canadian Health Care
 - Frailty Screening Tools
 - Societal Determinants of Frailty
 - Ethical/Legal Implications of Frailty
 - Economic and Policy Implications of Frailty



Bringing partners together

TVN National Forum on the Frail Elderly 2016

Geared towards Policy and Decision Makers

Pre-work: Working groups being assembled

- Ethical and legal implications of Frailty
 - *Lead: Mary McNally, Halifax*
- Health policy, political and economic implications of Frailty
 - *Lead: Bill Tholl and Jennifer Kitts, HealthCareCan*
- Societal Implications of Frailty
 - *Lead: Mellissa Andrews, Halifax*
- Screening tools
 - *Lead: TBD*



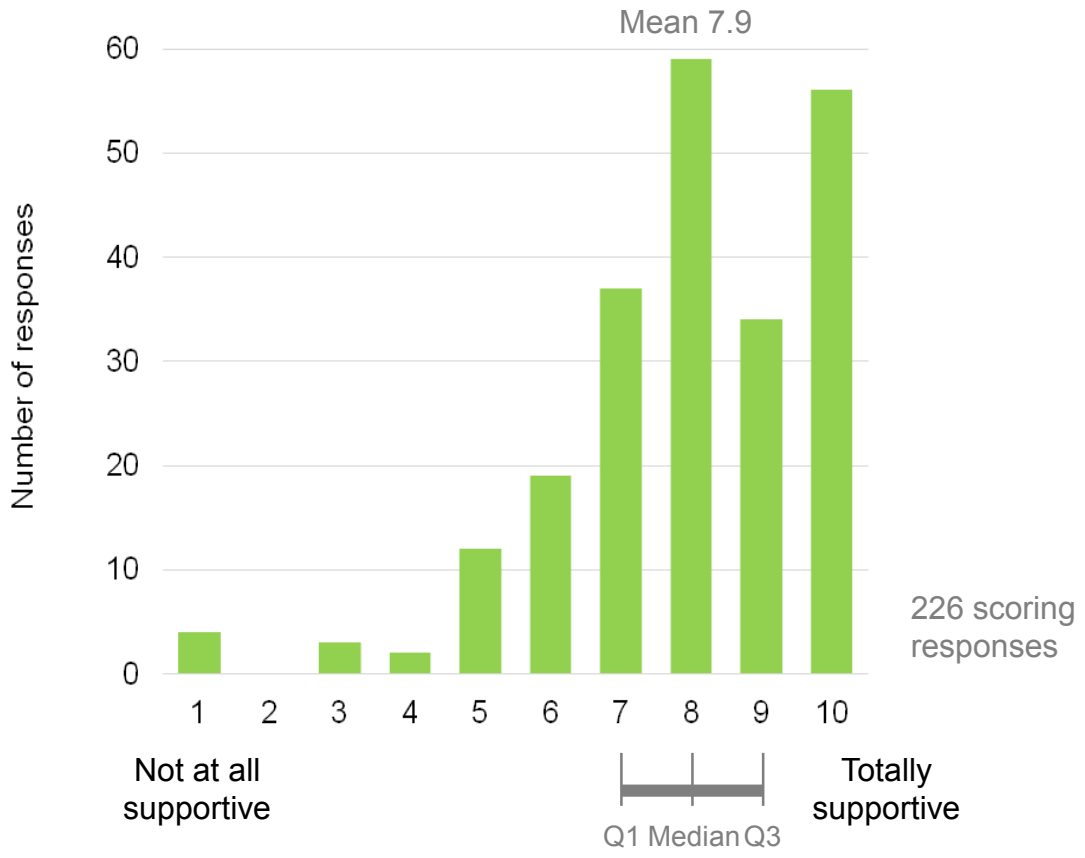
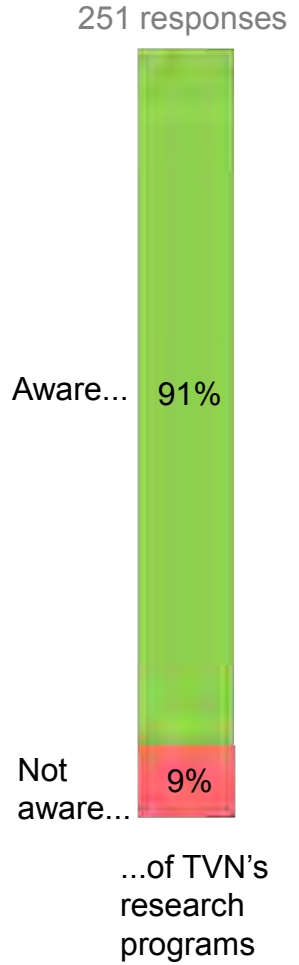
Network Evaluation

- Survey of Network members, affiliates
- Survey piloted, developed in consultation with key informants



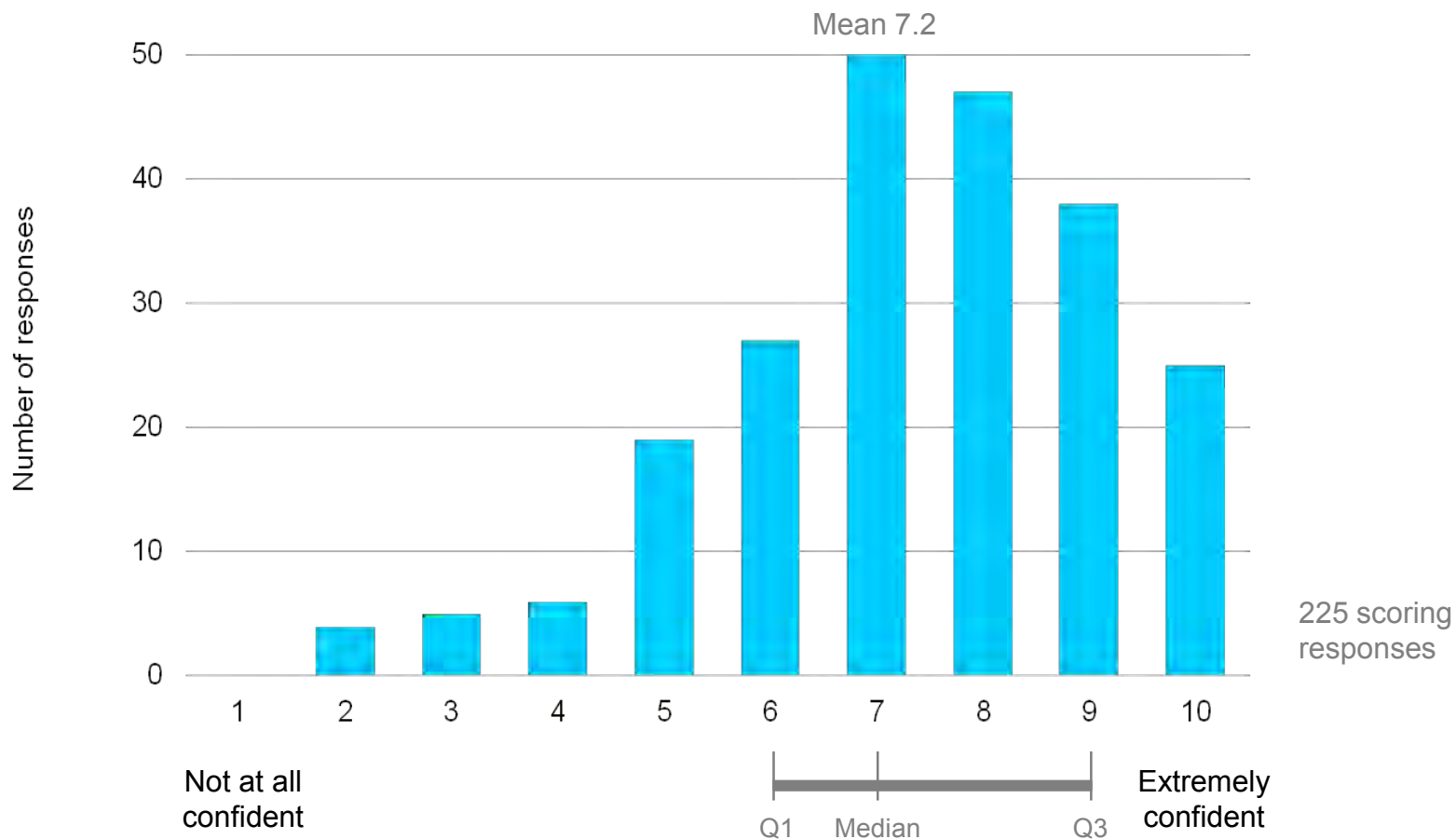
Overall support for the direction of TVN’s research programs is high

How supportive are you of the direction of TVN's research programs?



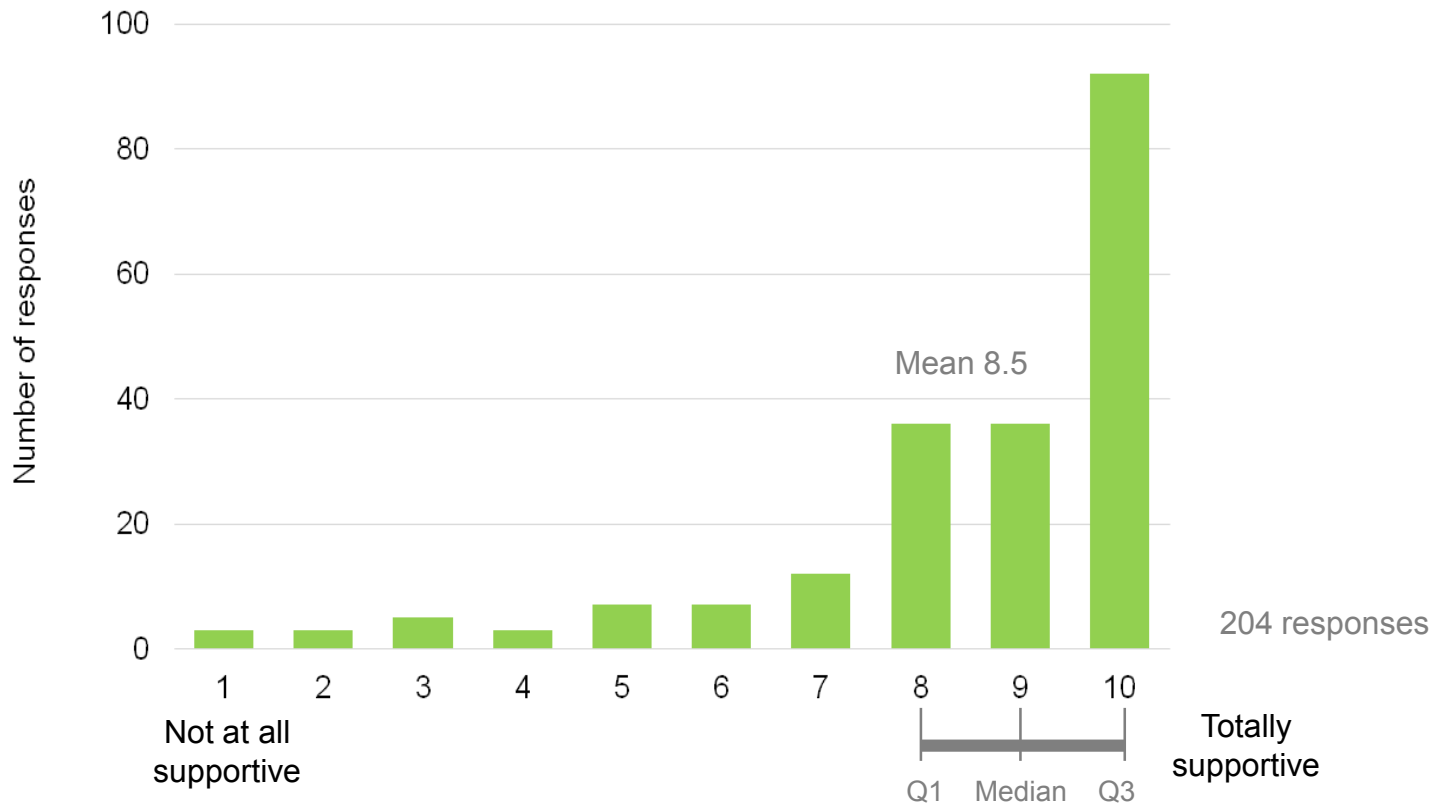
There is a good level of confidence that TVN's work will improve the care of frail elderly Canadians

How confident are you that current or future investment in the work of TVN will improve the care of frail elderly Canadians?



There is strong support for TVN’s work towards increasing recognition of frailty and systematic screening

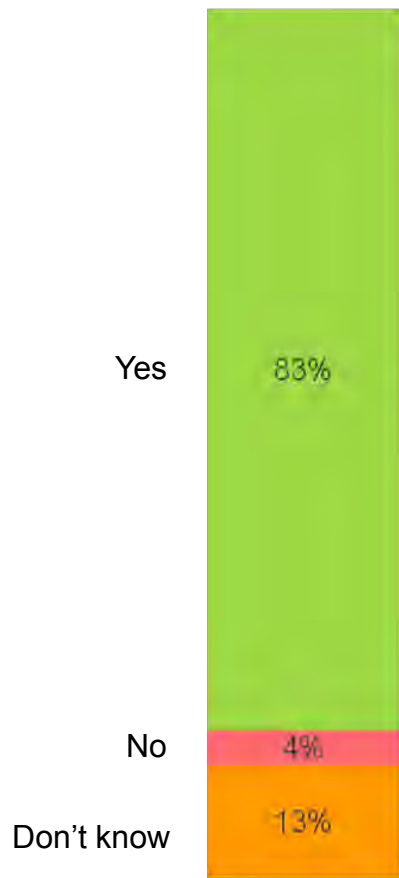
How supportive are you of TVN’s work towards increasing the recognition of frailty together with systematic screening and/or assessment for frailty in selected populations in all settings of care?



Over 80% of respondents support TVN being funded over the longer term

Are you supportive of TVN being funded over the longer term (potentially up to 2027)?

248 responses

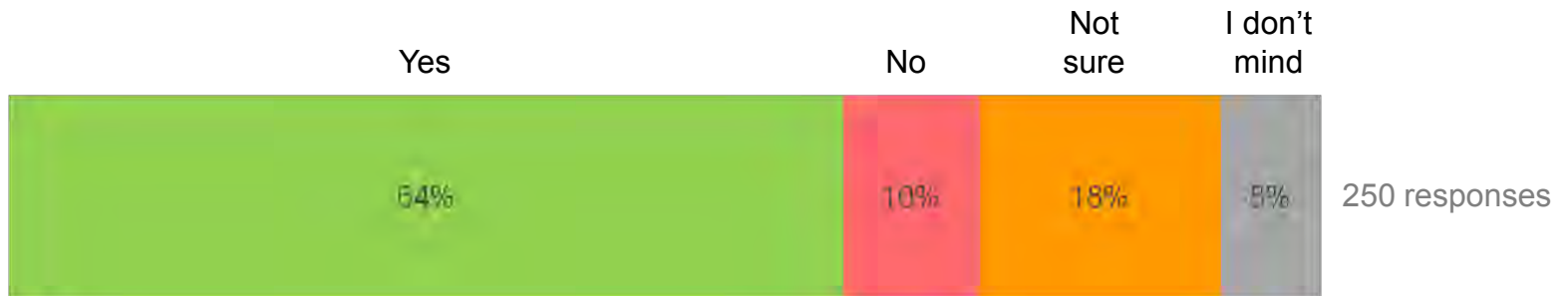


- I believe that TVN's goals will take time, especially for translation into the clinical world; therefore, long term financial support is crucial.
- Older adult health care needs further investment. Many areas of inquiry are in their early stages and TVN funding helps to get research programs started and sustained.
- It will allow for more detailed planning and longevity of some studies.
- Yes, but the senior-level organizational challenges/changes that have plagued the network since its inception need to be clearly addressed so that TVN can move forward in a stable and inclusive fashion.

- I don't see anything programmatic in what has been funded. All safe, low impact investments.
- Not at all. TVN has become the political arm of the few. Leave funding at CIHR and its more rigorous and fair adjudication. TVN is now an 'old boys club'.

Nearly two thirds of respondents would like TVN to change its name

Do you think TVN should change its name to better reflect its focus?



Potential New Names

- (Canadian) Late Life and Frail Elder Network
 - LLiFE Net or Can LLiFE Net
- Leading Innovations in Care for Vulnerable Elders Network
 - LIVE Net
- Canada's Frailty Network
 - CFN



TVN

Improving care
for the frail elderly

Conclusion

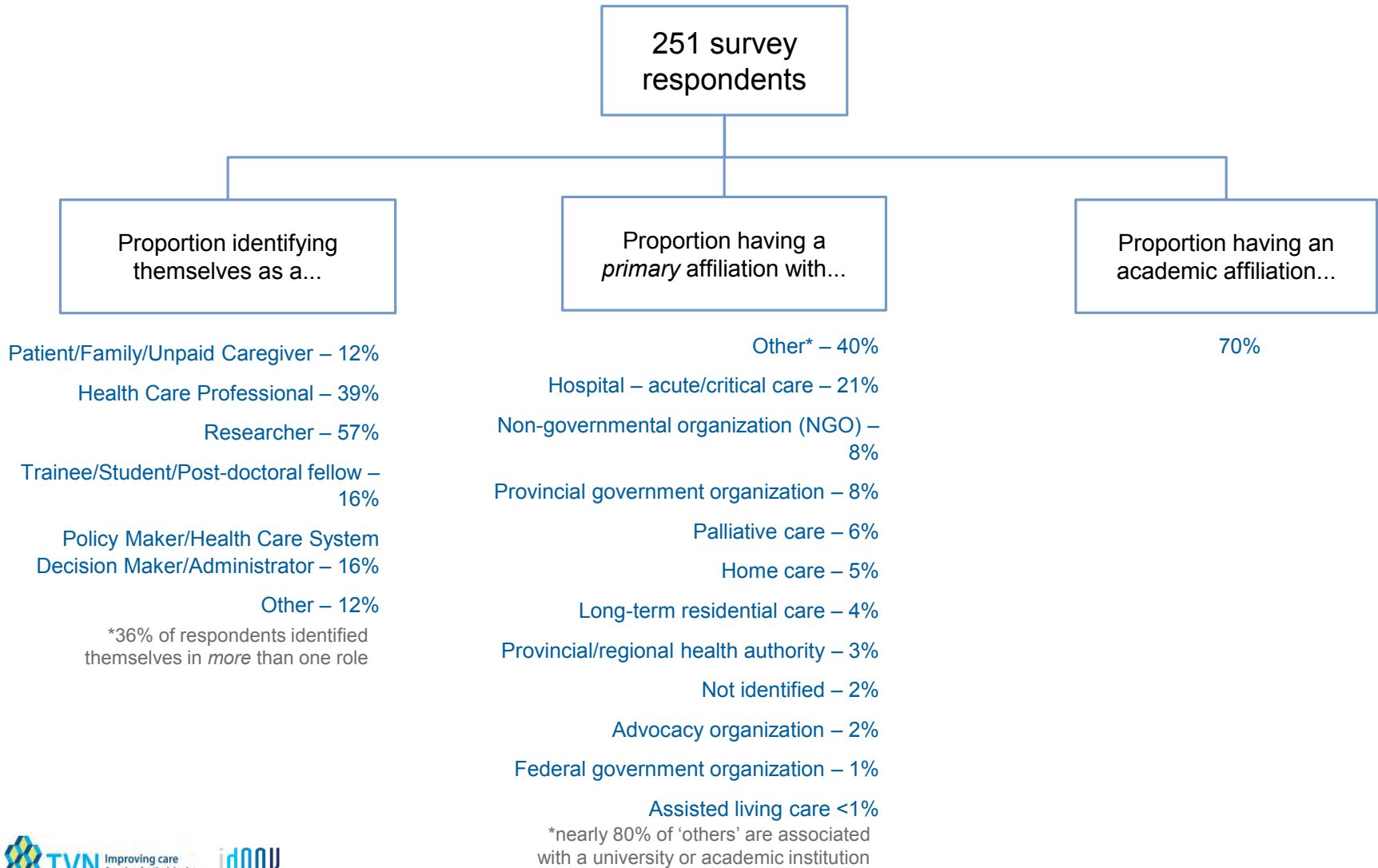
- To impact frailty and late life, need multi-faceted, multi-jurisdictional, intra-disciplinary efforts
- Incremental steps
- Need broad engagement

*“But we have promises to keep,
And miles to go before we sleep”*

Robert Frost



251 people responded to the survey covering a wide range of roles and affiliations



Many highlight the significance of the work,

How confident are you that current or future investment in the work of TVN will improve the care of frail elderly Canadians?

- TVN has shown vision.
- TVN has established a strong network of researchers and is funding cutting edge research on care for the frail elderly.
- Many good research projects are underway that will effectively inform quality service delivery.
- The combination of funding plus assembly of some of the best minds in this area in Canada augers well to enhance frail elderly care in Canada.
- The theme areas of research are sound. The encouragement of collaborative research is great to see.
- The work is very relevant and multidisciplinary.
- Very innovative. The research is rigorous.

...although there are some doubts as to how it will be translated into policy and practice and a recognition that it will take some time

How confident are you that current or future investment in the work of TVN will improve the care of frail elderly Canadians?

- Translation into policy and practice
 - It is unclear how TVN initiatives will result in health policy development and change.
 - I am concerned that TVN is too focused on technologies and measurement at the expense of public policy.
 - Your efforts have to influence our very reluctant politicians.
 - A lot also depends on governments, health authorities, and individual practitioners.
- Greater emphasis on knowledge transfer (KT)
 - The TVN KT committee ought to also consider engagement with ministries of health in our provinces.
 - It is not clear what the translational pathway is from TVN to the elders market.
- TVN is just starting out and could build more on existing work
 - I think that TVN is at the grassroots stages and is just starting to be able to make impacts.

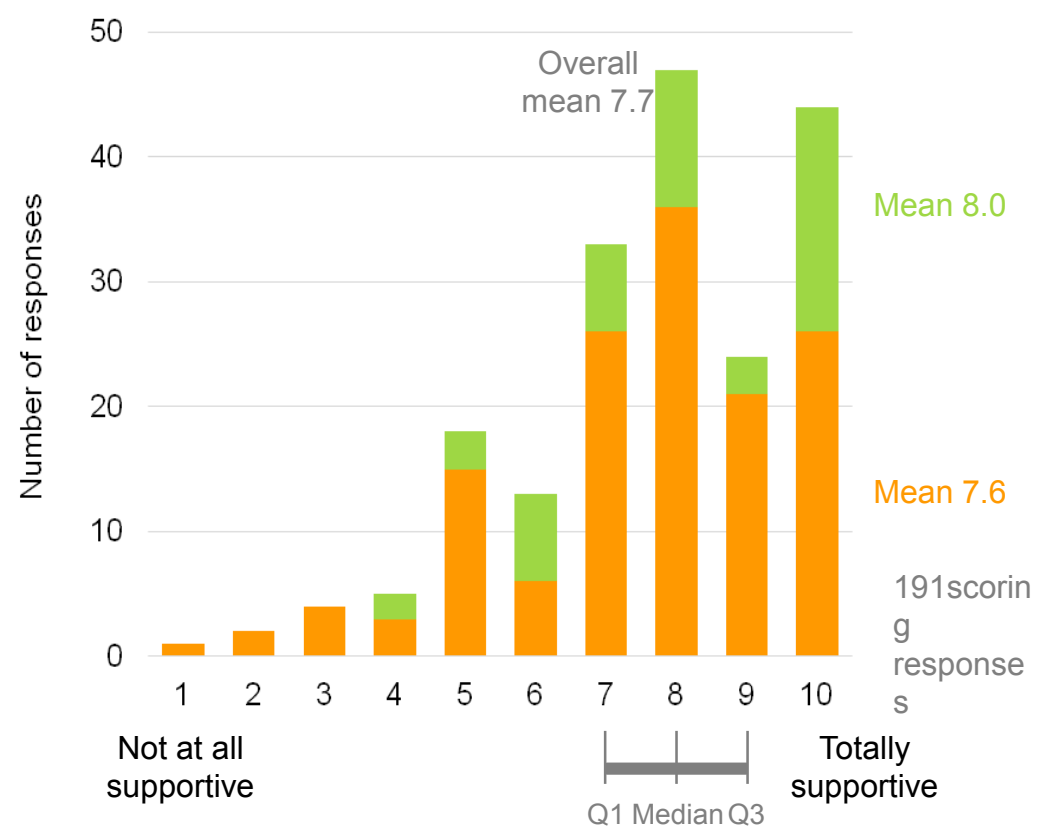
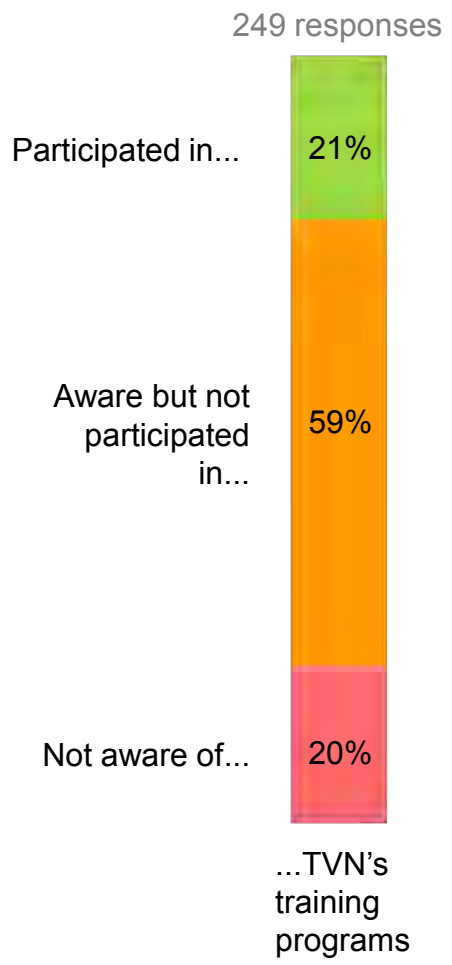
There are also suggestions for more community based initiatives and wider inclusion

How confident are you that current or future investment in the work of TVN will improve the care of frail elderly Canadians?

- Is the focus of the work right?
 - Too much focus on palliative care and not enough on other important aspects of elder care.
 - TVN seems to only support acute care related, critical care research and not community frail elderly.
 - I have not heard of any TVN related work that is on the agenda for seniors care reform. My perspective is that TVN has funded safe, low impact work.
- Wider inclusion
 - Lack of focus on First Nations is troubling.
 - I worry that there is insufficient attention to diversity and the diverse experiences of end of life.

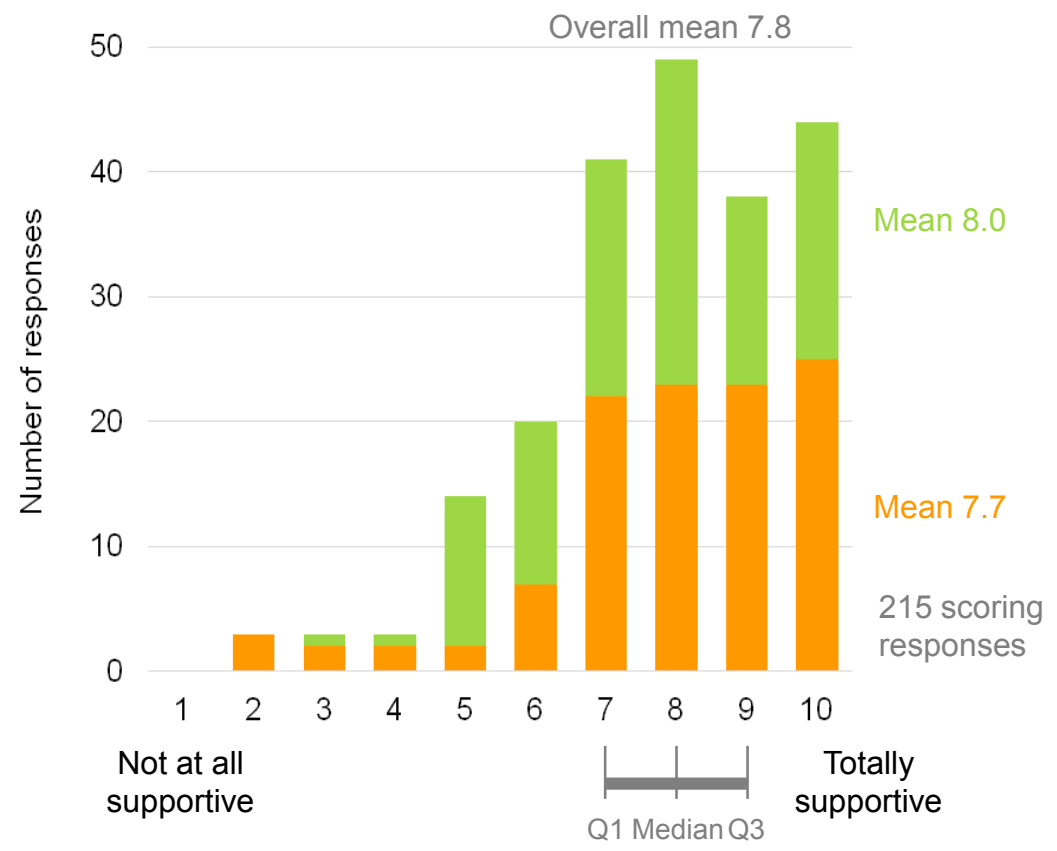
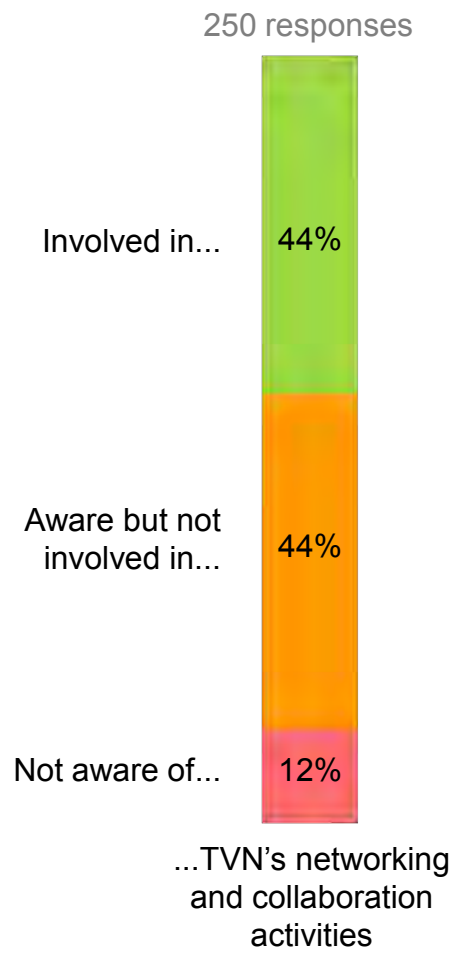
Support for the direction of training is high – particularly among those who have participated in the courses,

How supportive are you of the direction of TVN's training program?



Support for the direction of networking and collaboration activities is high, particularly from those who've been involved

How supportive are you of the direction of TVN's networking and collaboration activities?



Contact

Dr. John Muscedere

tel: 613.549.6666 ext. 4642

email: scientificdirector@tvn-nce.ca

www.tvn-nce.ca

 [@TVN_NCE](https://twitter.com/TVN_NCE)



TVN

Improving care
for the frail elderly

Support among those who were not successful in applying for funding is lowest. There are a number of suggestions to further refine the direction

How supportive are you of the direction of TVN's research programs?

Of those who are aware...	The mean level of support from this group (/10) is...	Comments on direction
... 50% have been part of a team that received a grant	8.3	<ul style="list-style-type: none"> • I would like to see more smaller scale/catalyst opportunities. There are not many opportunities for junior investigators. • I'm not sure the initial four areas really represented where change was needed compared to Staying at home, Improving care in facilities (including acute care), Preparing for and achieving quality end of life care.
31% haven't applied for a grant	8.0	<ul style="list-style-type: none"> • ...too much emphasis is being directed to the measurement of frailty and too little to the mixture of health and social services that are necessary to improve the care of frail elderly people and of their families. • Suggest considering needs of frail seniors living in the community and receiving home care.
19% have been part of a team that applied for funding, but were not successful	6.7	<ul style="list-style-type: none"> • The focus on a limited definition of 'frailty' (which seems to be mostly critical care in hospital or palliative care) seems to be too narrow to provide appropriate direction. • Some more practice based projects would be useful.

...although understanding of the detail is low and some have found the requirements onerous and the program to be poorly organized

How supportive are you of the direction of TVN's training program?

- Understanding of the detail
 - I don't know enough about the offerings to really comment. Not sure if there is enough engagement of trainees to be impactful.
- The program requirements can seem onerous
 - The idea is nice but the requirements are high. 10 hours a month, plus a mentor, plus journal entries, plus webinars, etc. It's a lot to ask and not necessarily a lot of value added.
- The organization and communications surrounding the program needs to be improved
 - Great opportunities for students in theory but my personal experience was not great. Terrible organization / communication and a lack of clarity around my on-going participation in the program when my role changed.
 - Although I have had trainees on my grants, they have not received info about the training or been engaged at all. One trainee contacted TVN but received no response.
 - Horrible experience for Fellows - no support, inconsistent information, unreasonable expectations.

There are a number of additional training opportunities

How supportive are you of the direction of TVN's training program?

- There is an opportunity for TVN to consider training patients/caregivers to participate in research on research teams and to train researchers on how to incorporate patients/caregivers onto their teams.
- TVN might consider training programs that enable Canadian and American students to work together on projects.
- There is a critical need for collaboration with community groups and family members of the elderly.
- Added training opportunities are needed for experienced researchers.

The conferences, webinars and workshops are highly valued

How supportive are you of the direction of TVN's networking and collaboration activities?

- I found the annual conference very helpful and it gave me a better understanding of the goals of TVN. It also gave me an opportunity to network with others.
- The conference was excellent - the quality of presentations and discussion was at a very high level. Again, the atmosphere was one of collegiality and interest in learning about the work of others.
- TVN is an extremely important and critical forum for introducing people to each other and to relevant research out side the area they would normally consider.
- I like the size of the annual meeting and appreciate the webinars.
- My involvement has been at the last national forum and it was excellent. I appreciate the invitation.

Note, many who are aware, but have not been involved so far reported that they did not currently know very much about the activities themselves

...although they could feel more inclusive and there are some suggestions to further improve collaboration and engagement

How supportive are you of the direction of TVN's networking and collaboration activities?

- I am very supportive of the ideas, although sometimes I think TVN is an exclusive, slightly in-transparent club.
- I would like to see these activities be more inclusive of the practice community.
- It seemed a bit of a closed research shop, maybe due to insufficient involvement of clinicians and administrators from geriatrics, care settings etc.
- There are a lot of people who already know each other and work together - some have been great at expanding and reaching out to other and new collaborations, but others are very much committed to their cliques.
- I was disappointed with the forum to be honest. It seemed that a lot of people were there because they had to be (i.e. they got a grant and so they came and presented and then left). I did not feel an active sense of engagement. Perhaps this was a function of the venue - the room was far too big for the number of attendees. Also, the presenters were too far removed from the audience (i.e. up high on a podium, looking down).

Over 150 potential partner organizations were mentioned - those receiving the most mentions are listed

To increase TVN's chances of long term success, who or what organizations do you think TVN should be seeking to build a partnership with?

- AGE-WELL
- Alzheimer Society of Canada
- Canadian Association of Gerontology
- Canadian Geriatrics Society
- Canadian Society of Palliative Care Physicians
- Canadian Institutes of Health Research
- Canadian Critical Care Trials Group
- Canadian Hospital Palliative Care Association

However, it is important to recognize that screening is the first step and that there are other indicators of risk

How supportive are you of TVN's work towards increasing the recognition of frailty together with systematic screening and/or assessment for frailty in selected populations in all settings of care?

- Screening is only the first step
 - If there isn't an investigation or widespread knowledge of what to do with the results of screening, the results will not be robust.
 - What interventions exist to be applied after screening, what resources are being mobilized to support the frail elderly, how is policy being affected to change the spending culture of the country to acknowledge the needs of this growing population.
- Yes, although there are other indicators of risk
 - I think that frailty is just one facet of risk - but I do support its importance and inclusion.
 - Great idea but I would suggest the screening and assessment should not just concentrate on frailty unless it is broadly defined. There are other indicators to consider.
 - There is also the need to see agency, capacity and adaptation potential of older persons. Frailty may sometimes be circumstantial or partial. It is necessary to go beyond a medical model and see older persons in context of other domains of their lives.

Others feel that TVN should build on existing work, while a few are wary of the risks of focusing too narrowly in this area

How supportive are you of TVN's work towards increasing the recognition of frailty together with systematic screening and/or assessment for frailty in selected populations in all settings of care?

- Use existing scales and work
 - This is already happening in many provinces.
 - There are multiple validated tools to meet this need
 - Ideally using Dr. Ken Rockwood's frailty scale: simple and effective.
 - There is a great frailty scale that marries with the Palliative Performance scale that I wish everyone used!
 - I am concerned that the current efforts of TVN are too focused on the reinvention of the frailty measurement wheel.
- Is a focus on frailty screening correct?
 - Frailty is a black box with a moving definition that varies too much, depending on the stakeholder, researcher or perspective.
 - There is little evidence to support this approach.
 - A focus in this area seems unimaginative in light of all other issues associated with the problem of frailty. It excludes many great researchers and types of research

Others feel that TVN should build on existing work, while a few are wary of the risks of focusing too narrowly in this area

How supportive are you of TVN's work towards increasing the recognition of frailty together with systematic screening and/or assessment for frailty in selected populations in all settings of care?

- Use existing scales and work
 - This is already happening in many provinces.
 - There are multiple validated tools to meet this need
 - Ideally using Dr. Ken Rockwood's frailty scale: simple and effective.
 - There is a great frailty scale that marries with the Palliative Performance scale that I wish everyone used!
 - I am concerned that the current efforts of TVN are too focused on the reinvention of the frailty measurement wheel.
- Is a focus on frailty screening correct?
 - Frailty is a black box with a moving definition that varies too much, depending on the stakeholder, researcher or perspective.
 - There is little evidence to support this approach.
 - A focus in this area seems unimaginative in light of all other issues associated with the problem of frailty. It excludes many great researchers and types of research

There is scope to do more in raising awareness, in home care and palliative care

What other major programs of activity do you think TVN should be doing which would make a difference to you and others you work with?

- Increasing public awareness of frailty and the work
 - TVN should become the head of a national movement in support of frail citizens.
 - Letting the public know what they should be doing earlier on to prevent or slow down the development of frailty.
 - Publicize to taxpayers what improvement findings (as result of research) i.e. the activities being implemented and the results/value/benefits seniors and their family caregivers are experiencing from these.
- Further work in home care
 - Online support, self-management, technology integration in the home (eg medication dispensers with healthcare records), tele-rehab, ‘cohesive’ homecare.
- Continuing work on palliative care
 - Advance directives.
 - Integration into under and post-graduate education.

There are a number of service areas in which short-term activity could have an impact,

Are there any specific things which TVN should be working on in the short term that would most improve health care for frail seniors?

- Provision of community based care
 - Home care/hospital at home
 - Broaden community outreach
 - Using inputs from patients and their carers
 - Wrap-around care models
- Use of existing evidence based tools and guidelines
 - Access to referral pathways
 - Acute to home pathways
 - Post hip surgery initiative
 - Rapid assessment
- Reducing polypharmacy and rationalizing prescribing

In addition, there are suggestions for initiatives in supporting areas

Are there any specific things which TVN should be working on in the short term that would most improve health care for frail seniors?

- Prevention
 - Primary prevention strategies
 - Assessing the stages of dementia to predict future healthcare needs
 - Promoting self management
- Awareness raising and education
 - Increasing public awareness of frailty both locally and nationally
 - Knowledge transfer outside the research community
 - Activate the TVN network to bring issues to the fore in upcoming federal elections
 - Educate MDs on issues relating to gerontology

There are mixed feelings on the use of the word elderly

Do you have any suggestions* (and possible acronyms) for the new name?

- 50% of the suggestions include the word elderly or elders. Ideas include:
 - Frail Elderly Research Network (FERN) (this was the most popular idea given by 10% of respondents who suggested a name)
 - Improving care of elderly Canadians (ICE-C)
 - Advancing Care of the Elderly (ACE)
 - Evaluation of Elderly and End of life interventions Network (EEEnet)
 - Elders Living Well (ELW)
 - The InnoVation Network for Improving the QualiTY of Living And Dying in the FraiL Elderly (VITAL)
- Although nearly 20% felt that use of the word elderly is outdated or pejorative and should be replaced by seniors, older people or adults, advanced age, frailty. Ideas include:
 - Improving Care for Frail Seniors (I-CaFS)
 - (I)mproving quality of (L)ife in (F)rail citizens network: ILF network
 - Seniors Care Evaluation Network (SCEN)
 - Network for the study of advanced age

There is evidence that the acronym TVN has misled some, while the continued use of the word 'technology' also receives little support

Do you have any suggestions* (and possible acronyms) for the new name?

- 17% reported finding TVN positively misleading:
 - Here I was thinking it stood for Tissue Viability Network!
 - I must admit, based on the name I would never draw the conclusion that this work involves frailty
 - TVN sounds like a television network. Even the logo does not help identify the mandate
 - Honestly, at first I thought that TVN was spam
 - There is a disconnect between the current name and focus
- 10% mentioned that they would prefer not to use the word technology (and indeed only very few of the suggestions include the word)

Our focus

- **Frail elderly Canadians where there are questions on which technology to apply to improve survival and quality of life or quality of death, including end-of-life care**
- **Technology in broadest sense: digital media to health care interventions (life support modalities to methods of care)**
- **All settings: from acute and critical care to community care**
- **Family-centric care including patient's family and caregivers**



Today's agenda – next steps (p.m.) (2)

- 4:00 – 4:45pm

Frailty Health Care Working Groups

- Structured on themes in Frailty Paper
- Informed by feedback on Discussion documents
- Individual groups to develop approaches/strategy
- Reporting: August 2015: lead up to TVN Conference

Your involvement is critical – please sign up!

Essentials of TVN research

- **Scientific excellence**
- **Fill gap in research landscape**
- **Multidisciplinary, multi-sectoral, multi-institutional**
- **Recognizable knowledge mobilization potential**
 - **Integrate knowledge users and patients/families**
- **Training of HQP**
- **Contribute to TVN mandate**



TVN funded as an NCE to...

Develop, evaluate and disseminate knowledge on health care for the frail elderly, their families and caregivers

such that...

Frail elderly Canadians receive the right treatment in the right setting at the right time.



TVN

Improving care
for the frail elderly

Research Theme Leads



Improved End-of-Life Care (EOL)/Advance Care Planning (ACP)
Trajectories of Care

John You, MD, MSc, FRCPC, McMaster University



Improvement of Acute/Critical Care

Paul Hébert, MD, Centre de recherche du CHUM



Optimization of Community and Residential Care

Michel Tousignant, PhD, Pht, Université de Sherbrooke



Optimization of Transitions of Care

Marilyn Macdonald, PhD, MSN, BN, Dalhousie University



Knowledge mobilization (KM) focus

- Engage frail elderly and family/caregivers in:
 - Design of research that informs their care
 - Determining their involvement in health care system
 - How the system is managed, policy advocacy and their role as health consumers
- Informed by best evidence
 - Published literature
 - Expert opinions of patient/citizen advocates, researchers, health care providers, administrators

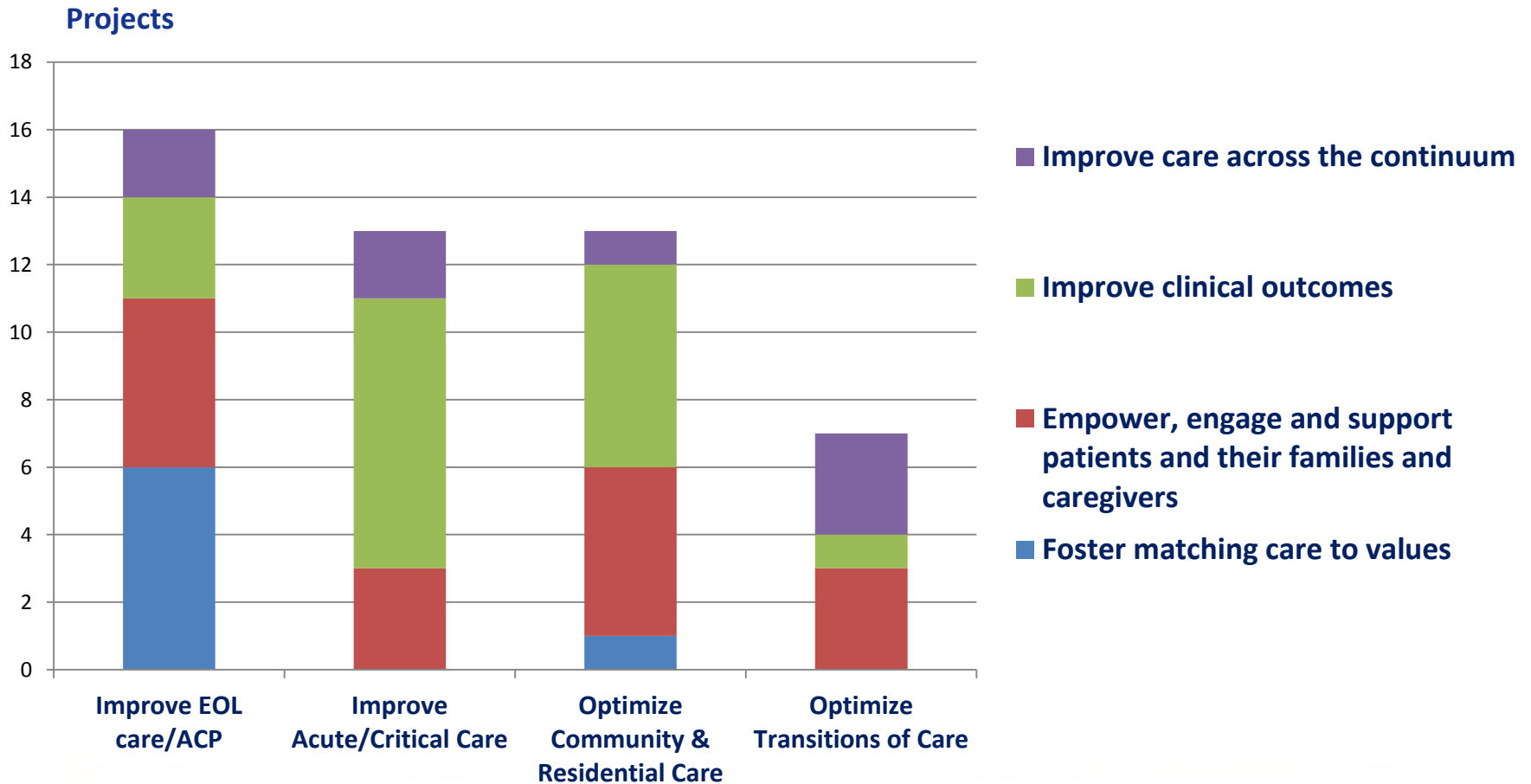


Fully integrated research, partnership and KM strategy



TVN Improving care
for the frail elderly

Research projects in progress



Components

- 1. Research Program**
- 2. Training of Highly Qualified Personnel (HQP)**
- 3. Knowledge Mobilization**
 - Giving voice to frail elderly Canadians
 - Frailty assessment in all settings of care
- 4. Partnerships and Network Expansion**



TVN partnerships

Partnering with industry, government, NGO, community groups and other research networks to enhance TVN capacity's to:

- **Incorporate knowledge users' needs and perspectives into research priorities and in design and development of research and KT projects**
- **Develop research groups that span academic and non-academic collaborators for robust analyses and integrated solutions**
- **Transfer knowledge to frail elderly patients, families and caregivers; decision makers; policy makers and health care practitioners to advance evidence-informed best practices and policies**
- **Expand research scope through partner contributions**

