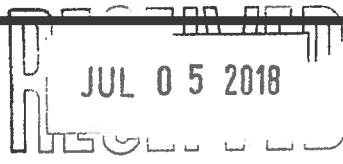


11631

From: Ellen Withers <withersellen@Dal.Ca>
Sent: Thursday, July 5, 2018 11:42 AM
To: Roxanne St. Germain
Cc: jibutler@yorku.ca
Subject: Please Post and Circulate: Call for Participants for Research Study on Transitional Care in Rural Ontario
Attachments: Rural TC Lay Abstract.docx.pdf; MOH Advertisement For Flyer & Newspaper_Patients & Families 30 01 2018.pdf



Hello,

I am writing on behalf of Professor Mary Fox, Associate Professor at York University. Dr. Fox is leading a research project on the care that patients and their families in rural Ontario receive in hospital and when they come home after a hospital stay. The project team includes researchers (e.g. at York University, Ryerson University, and Trent University) and home care and hospital administrators and clinicians (e.g. nurses, doctors).

We are looking for patients and family caregivers to participate in our study. Can you please post the attached flyer and short summary of the research on any bulletin boards, websites, or social media that you have where the community might access them, and forward to any individuals or groups you think may be interested in participating? Any help you can provide in raising awareness of the project would be most appreciated.

If you have any questions about the study, please contact Dr. Jeffrey Butler, the project manager, via email at jibutler@yorku.ca or by phone at 647-951-2055.

Kind regards,

Ellen Withers
 Research Assistant
 School of Nursing, Faculty of Health

- File Incoming Other
- Mayor
- Council I A
- CAO
- Building
- Finance S C
- Ec Dev S C
- Parks & Rec S C
- Planning S C
- Public Wks S C
- PPP
- Social Services
- FAMILY
- _____

MEDICAL TEAM

Title. Adapting hospital-to-home transitional care interventions to the Ontario rural healthcare context

Project Lead. Mary Fox, Associate Professor, York University

Lay abstract.

When hospital discharges are poorly planned, patients may not know how to manage their post-discharge care. They may need to visit the emergency room or be readmitted to the hospital. Hospital-to-home Transitional Care (TC) is provided by Ontario nurses to help patients and their families manage care after a hospital stay, but patients in rural areas have more emergency room visits and hospital readmissions than patients in urban areas. These trends indicate problems in TC in rural areas. Because TC was designed and evaluated with patients in urban areas, it may not meet the needs of rural patients or their families.

The overall goal of this study is to improve TC in rural areas in Ontario.

This goal will be achieved by inviting patients from rural areas, their families, and nurses who provide TC to them, to tell us how to revise TC to better meet their post-discharge care management needs. This will result in more relevant and feasible TC for people living in rural areas. The expected impacts are better prepared patients and families for managing care after hospital discharge, fewer emergency room visits and hospital readmissions, and cost savings to Ontario's healthcare system.



PARTICIPANTS NEEDED FOR RESEARCH ON: RETURNING HOME AFTER A HOSPITAL STAY

We are looking for volunteers to take part in a study about their experience with discharge from hospital to home.

Your voluntary participation in the study will involve 2 telephone interviews. Participants will receive up to \$75 in COMPENSATION for their time.

You may be eligible if you:

- i) Are 18 years of age or older**
- ii) Live in a rural community in Ontario**
- iii) Are being discharged from hospital or have been discharged from hospital in the past 30 days**
- iv) Are caring for a family member who was discharged in the past 30 days**

**For more information about the study
please contact:**

Jeffrey Butler at jibutler@yorku.ca or call 1-647-951-2055



Ministry of
Health and Long-Term Care

