Behind the Breakthrough Podcast - University Health Network

Season 4 - Dr. Andrea Iaboni

Transcript

BTB

Welcome to Behind the Breakthrough, the podcast all about groundbreaking medical research and the people behind it at Toronto's University Health Network, Canada's largest research and teaching hospital. I'm your host, Christian Coté and joining us on the podcast today, Dr. Andrea Iaboni, award winning geriatric psychiatrist and scientist at UHN's Toronto Rehabilitation Institute Research Center called KITE, which stands for knowledge, innovation, talent everywhere. During the COVID 19 pandemic, Dr. Iaboni developed a toolkit to help long term care staff implement infection control protocols, while at the same time deliver compassionate and safe care to residents with dementia who had to be quarantined. That toolkit has since gone viral and is now a standard of care in many long-term care homes around the world. Dr. Andrea Iaboni, welcome to Behind the Breakthrough.

DR. ANDREA IABONI

Thank you.

BTB

Outbreaks in long term care is not a new phenomenon. So, walk us through the typical challenges for residents and staff in these situations?

DR. ANDREA IABONI

Long term care homes, unfortunately, are high risk environments for infectious disease spread even before COVID. They had outbreaks of flu, other respiratory viruses, viral gastroenteritis, all sorts of things. And the reason is that they're congregate living environments, everyone is in a space together and they're often overcrowded. Many people share rooms, and then there are also shared living spaces and washrooms and staff and residents in long term care are in close contact with each other, by necessity. People who live in long term care need help with their daily activities. And so many long term care residents really depend on the caregivers in the home and then also on outside caregivers, like families and friends to help fill in gaps. And so obviously, people coming into the home from outside the home are potential vectors for infection.

DR. ANDREA IABONI

So, residents of long-term care are also at more risk from the infection. So, they have impaired immune functions related to aging and their medical illnesses. And of course, fundamentally long-term care

homes are communities, you know, residents gather to eat together, they enjoy activities together, and they enjoy visits from family and friends. So social contact is really central in these settings, and then also contributes to the risk of outbreak.

BTB

So, when you throw in, you know, the profile of residents in long term care today and their care needs, what challenges does that typically present when dealing with an outbreak?

DR. ANDREA IABONI

Yes, so people who live in long term care typically need help every day with physical tasks like bathing, dressing, eating, walking, and most need help with many of those tasks. And the majority of people who live in long term care also have cognitive impairment, and may have challenges and understanding what they need to do to help prevent the spread of infection like reminding them to wear masks or wash their hands or stay in their room if they're sick, for example, and to also say that people who live in long term care are a group that may find it hard to follow the sorts of typical protocols that we have in place around infection control.

BTB

Alright, so Andrea, take us back then to those first weeks of the COVID 19 pandemic, there's no vaccine. And given this population, long term care homes are especially vulnerable to the virus, the first public health measures to prevent spread are being handed down, including quarantine. What were you thinking as all this is unfolding?

DR. ANDREA IABONI

It was a very scary time for those of us who care about people in long term care. The reality is we had fair warning, we could see what was happening in Italy, where they were having huge outbreaks in care homes with large numbers of deaths and serious illness. And we knew it was coming. It was worrying because it didn't seem like we were preparing long term care homes well for what was coming. And there was a lot of focus at that time about acute care hospitals and capacity and acute care. And then of course, the devastating outbreak started in long term care and the long-term care homes in Ontario went into lockdown. Family members and the caregivers were locked out, they were prevented from visiting.

DR. ANDREA IABONI

And then at the same time, the staffing levels were being decimated. People got sick and couldn't work. And some people quit because you know, they didn't feel safe. They didn't feel like they were being protected. And so, it was clear, early on that long term care residents were in terrible danger. And the danger wasn't just from the virus, it was also from the neglect of their basic needs, the inability for the long-term care homes to provide the care that they were used to. And then also the impact of the very

strict measures that were put in place and basically long-term care homes were overwhelmed and residents were really suffering.

BTB

In terms of that suffering. Talk to us a bit about you know, the mental and physical effects on residents during a quarantine?

DR. ANDREA IABONI

So, I'm a mental health professional supporting long term care. We see the effects of quarantine and isolation on residents of long-term care that was similar to solitary confinement. Someone in their room would have very little sensory stimulation other than the background noises that you know you would hear in long term care homes, there was no social cues, no routines, and people lost the sense of when was day or night. And then, you know, older adults are very vulnerable to physical deconditioning to like loss of muscle mass and strength, and they had no physical activity. And then this led to a loss of mobility.

DR. ANDREA IABONI

And from a mental health perspective, we actually saw residents who became profoundly depressed and stopped eating. And we saw residents who even developed delusional ideas about what was happening, you know, trying to understand what was going on, and not really understanding and then they come up with these ideas, you know, believing that they were being punished in some way, or that, you know, because they hadn't seen their family in some time that their family had died or abandoned them.

BTB

You also observed that after a quarantine measure maybe was lifted, residents did not simply just bounce back. In fact, some never did. What's the effect there?

DR. ANDREA IABONI

You know, long term care home lockdowns of one degree or another were in present across the province during the first and second and third waves altogether was almost one year. I mean, that's an incredibly long time to be isolated. And you know, a long-term care resident’s experience of this lockdown was very different from what our general public's or mine or your experience of lockdown was. Because we had a lot of resources, personal resources, cognitive resources, financial resources, you know, to manage our fear our anxiety, our boredom. You know, we reached out to other people on Zoom, or on the phone, we could watch the news to you know, understand what was happening, we entertained ourselves by Netflix and baking, we could go for walks you know, we were allowed to leave our homes. But long-term care residents did not have any of those luxuries, many live in these single or

double rooms, they may not have access to TV, internet or telephone most don't, they may have very few personal items in the room, they really might be staring at bare walls.

DR. ANDREA IABONI

These measures were so strict that they weren't allowed out of their rooms to exercise or get fresh air. And so, they may have a few hours of human contact in 24 hours if they were lucky. And really very little contact with their loved ones outside of the home. And so overall, we really failed to put into place the measures that we needed to to balance the harms of these public health measures. So, there was certainly this accelerated process of decline for residents in long term care over that year.

BTB

And when it came to staff being able to assess residents who had dementia for whether they had COVID 19 symptoms, what was the challenge there?

DR. ANDREA IABONI

One thing that we learned pretty early on was that people with dementia were getting COVID. But they didn't really show necessarily the typical symptoms, particularly in those early waves, it was actually really rare for someone with dementia to present with a fever or a cough. And so, they were getting confused and agitated, or they were losing their balance and falling, or they would stop eating. And that would be really their only symptoms of COVID. You know, a bit unfortunate that the the long-term care staff were being asked to check residents' temperatures multiple times a day. And in retrospect, that seems like probably it was a waste of time and effort when you know, they were already short staffed that that effort could have been put towards other things. So, we did put a lot of effort into education around how COVID looks a bit different and people with dementia.

BTB

So, you and your team set out to provide a solution to health care teams and residents living in long term care to balance the demands of infection control measures and upholding safety with compassionate care. Talk to us about how you came up with the idea for the dementia isolation toolkit?

DR. ANDREA IABONI

To be honest, I think that the beginnings of the DIT came out of my own moral distress about what was happening in the pandemic. And moral distress is this interesting idea. It's about the feelings that you get when you know what the right thing to do in a situation is but you're being prevented from doing the right thing, usually by something that you don't have any control over. And it felt a lot like that at the beginning of a pandemic watching my patients go through what they were experiencing in long term care made me concerned about how we were making decisions.

DR. ANDREA IABONI

And then this led me to speak to ethicists here at UHN. And also, to some researchers here at UHN who focus on person centered and relational caring. And you know, during that sort of period of crisis, we all came together. And we realized that there was this gap in ethical guidance about these public health measures and information that was written at a level accessible to people who work in long term care, that these were the people who really needed this information. And most of the writing was very academic. So, before the end of April, we had finished the first version of the toolkit and it was on its way to being shared widely.

BTB

That's fast, within almost a month of the pandemic being declared.

DR. ANDREA IABONI

Yeah, it was done by the end of April. And that's a testament to like how people came together here at UHN and how much urgency there was around this at the time.

BTB

Okay, so Andrea, walk us through what did the toolkit provide?

DR. ANDREA IABONI

So, there are a few sort of key elements to the DIT. As I mentioned a moment ago, there is this plainly written guidance about ethics around this issue of isolation and quarantine. And part of that is we also included a decision-making worksheet that talks about the key elements of ethical decision making, like how to make decisions in a way that is open and accountable and responsive. That really the centerpiece in some ways, one of the most popular elements is the person-centered isolation worksheet. And that comes up with a care plan for someone who's being isolated to make sure that their basic personhood needs are being met.

DR. ANDREA IABONI

And this has also now been adapted into a debrief structured huddle, so a way to help staff talk about how they can help a resident who needs isolation. The last component of the DIT are instructions on how to set up a tablet for residents and we call it DIT tech. And the DIT tech tablet just uses commercially available software to turn a tablet into a remotely controlled device. So that staff or caregivers can actually connect with residents without actually having to be in the room with them so that they can access the tablet remotely.

BTB

The person-centered isolation care part of the toolkit, how does that work?

DR. ANDREA IABONI

The key term, there is person centered care and Person-Centered Care is a bit of a buzzword, but it's actually a really important evidence-based way to care for someone with dementia. And the basic idea is that care is person centered when it respects someone's personhood, respects who they are as a person. And the care itself needs to focus on meeting the residents needs and those needs are needs for attachment. So, needs to have important people around them, people they care about, their needs for inclusion, they just feel part of a community, their needs for identity, so that they're recognized as being individual people with individual histories, the need for occupation, and occupation is a good activity, you know, something to do. And then comfort is the last one that they feel free of distress and discomfort. And so that's the idea of person-centered care.

DR. ANDREA IABONI

And so, the problem was that isolation rules that were put in place were really one size fits all. And they didn't leave a lot of space for the individual. And so, we know, of course, that everyone experiences isolation differently. And from our perspective, the best way to help someone get through a period of isolation is to understand what their personal needs are, what their unique needs are. And the other thing that is important about this is that the usual approaches to caring for someone kind of go out the window once they go into isolation. And so, there was a real need to tailor their care to the new situation. So it might be in the past that there was a particular approach to encourage them to eat that had to do with having them in the dining room and having people around them. But maybe that doesn't work anymore because they're in their room. And so how can we encourage them to enjoy their meals when they're eating them by themselves in their room. So that's the idea behind the person-centered isolation care.

BTB

Talk to us about the ethical rationale for creating the toolkit.

DR. ANDREA IABONI

When we ask people to do something such as isolate themselves in their room for a long period of time, we have a duty towards them to minimize any harms that may come from that. And this is a basic, ethical principle that goes along with public health measures. It's the same principle that went into why the government provided financial assistance for people who were unable to work during the pandemic. We have this duty, we ask people to sacrifice to some extent their freedom and their movements. And in response, we have a duty to support them and minimize the harms of that event. And for long term care residents. We didn't really get that part of the equation quite right, where we had them isolate themselves, but we didn't probably do as much as we should to protect them from the harms of that isolation.

BTB

You talked about how you were able to generate this toolkit within weeks of the pandemic being declared. Did you have a sense that you needed to have proof of concept first?

DR. ANDREA IABONI

We were very fortunate in Toronto Rehab here; I work on a unit called the specialized dementia unit. And here we care for people with moderate to severe dementia, many for the most part, residents who come to us from long term care, who have psychiatric care needs behavioral and psychological symptoms of dementia. So, our unit, in some ways, very similar to long term care, we face the same challenges during this time, we had periods of time when we needed to isolate the patients who were on our unit, we were very concerned about how we could do that in a way that respected the residents, dignity, and it was safe for them. And so, it was really an ideal place for us to try out some of the concepts before we were disseminating the tool most widely. So, in a way it kind of arose out of our work here on the specialized dementia unit. And we're really lucky on our unit to have some very skilled staff who were able to come up with some ideas and take these ideas and run with them.

BTB

So once the toolkit was out there in terms of the long-term care homes in Ontario, what was the reaction of staff in the homes to the toolkit?

DR. ANDREA IABONI

For the most part, reactions to the toolkit have been very positive. I think people really benefited from being reminded about these basic principles, these things that I think that they knew, but that were kind of overwhelmed in the moment, by the crisis, by all of these other things that they were being asked to do. And certainly, we've got a lot of very positive feedback, not just from long term care, but it's also been used in acute care settings, you know, for people with dementia who are in hospital, or also psychiatric settings. And even in some group home settings. We've heard about them applying these sort of same principles.

BTB

And I understand the toolkits gone worldwide?

DR. ANDREA IABONI

Yeah. So, from our website, www.dementiaisolationtoolkit.com. It's been downloaded in 94 different countries. And we're actually working with some international researchers to have the toolkit translated, and culturally adapted in a few other countries. In the past, like just in the past year, and if you think the past year has not been the peak of the pandemic, we've actually had 10,000 visitors to our website, and it's been downloaded over 2,000 times. So, I think that's just a testament to the fact that the pandemic is far from over. And the need for this toolkit is carrying on.

BTB

Is there a way to measure impact of the toolkit in the homes?

DR. ANDREA IABONI

And literally this is a bit difficult how we gather evidence in medicine is through things like clinical trials or randomized controlled trials. It's not easy to do a trial where you would have, you know, two homes with outbreaks and then one using the DIT and one without, we haven't really got to the point of evaluating it quite like that. More, we've been gathering more anecdotal information, more qualitative information about people's experiences using the DIT and how it has changed their practice. We did actually get some funding, research funding to study to study this precisely and in three Ontario long term care homes that partnered with us. And we're we've actually finished that study. And we're in the process of analyzing that. So hopefully, we'll have some answers soon.

BTB

I'm curious, Andrea, what's been your reaction to the pickup for the use of the toolkit?

DR. ANDREA IABONI

It's been really wonderful to have our work on the DIT recognized. And I guess the key is to emphasize here that it was actually a real team effort. You know, I'm fortunate to work in a center where there are so many experts in dementia care and so much passion for the long-term care sector. And of course, a lot of community partners came to the table as well. And were really enthusiastic and really instrumental in getting the word out. So different organizations in Ontario that are involved in dementia care and in long term care. And there was you know, such a wonderful sense of urgency and purpose as we worked, that it was a very positive experience.

BTB

I'm curious, then also, is there a legacy aspect to what you've created in terms of it living beyond COVID?

DR. ANDREA IABONI

I hope so, certainly, COVID isn't over. And we learned in the most recent wave this summer. As a group, I think we're all very strong advocates of the idea that any pandemic related measures really need to be equitable, that it's not really fair to lock down long term care residents unless we're also willing to lock down somewhat in our wider society that would be inequitable. So, this idea of isolating or shielding seniors to protect them somehow from the virus while we just carry-on living is not only is it not fair, it doesn't really work. So, when the COVID numbers go up in the community, it's inevitable that there'll be outbreaks in long term care. And so, we hope that the DIT will continue to influence how we

approach those outbreaks, and how we make them safer and more dignified for the residents. And yeah, so long as there are infectious diseases, there will be outbreaks in long term care.

BTB

I read a quote from you from a couple of years back in an interview where you said, the pandemic has led to a real crisis in seniors mental health, particularly in those who live in congregate settings, like long term care, who have been under a long period of restriction. I'm curious going forward. Do you have any thoughts on what needs to be done to address that crisis?

DR. ANDREA IABONI

You know, there's no question that we need to find a better ways of delivering long term care forward. And there are some, you know, amazing ideas and models, evidence-based models for care, that are not new, but just have not been embraced and put into policy by our leaders, in part because they're more costly than what we're doing right now. So, the hope is that we will start being more aspirational for long term care. You know, we really want long term care homes to be places that do more than meet the basic needs of the residents. And I think that's true, like long term care staff want that, you know, families want that. And so how do we convince our leaders and those people who are making the decisions about investment and policy for long term care? How do we convince them that we need to do this as well?

BTB

I know you're a passionate advocate for the elderly, especially residents in long term care. In your experience, are we doing right by them in terms of their health and living conditions in these facilities?

DR. ANDREA IABONI

You know, it's easy to it's easy to pile on the long-term care, but you know, recognizing that long term care is a really terribly under-resource sector. So, I actually believe that the majority of our long term care homes and long term care staff are working just so incredibly hard to provide a good quality of care and life for the residents. Despite these resource constraints and other constraints that are placed upon them, and some long-term care homes are actually truly vibrant communities where older adults thrive. And so, I think the goal is really for all long term care homes and all residents to have that standard of care. And and I think it is possible if there was adequate investment in those very good evidence-based models of care that are out there.

BTB

You're listening to Behind the Breakthrough, the podcast all about groundbreaking medical research and the people behind it at Toronto's University Health Network, Canada's largest research and teaching hospital. I'm your host, Christian Coté. And on this episode, we're speaking with Dr. Andrea Iaboni, award winning geriatric psychiatrist and scientist at UHN's Toronto Rehabilitation Institute

Research Center called KITE. Doctor Iaboni developed the dementia isolation toolkit for staff and residents of long-term care homes in Ontario. That toolkit is now in use worldwide. Andrea, you were born in Toronto, raised in King City and your parents are first generation Italian immigrants who dreamed of their daughters becoming doctors. So when you were accepted into both a PhD, and medical degree program out of your bachelor degree, what was your thought process on how to choose between the two?

DR. ANDREA IABONI

At the time it felt a bit like I was choosing to spite my parents because I chose to go for the PhD. But it wasn't to spite my parents, you know, at that time, my passion did really lie in science, and you know, the scientific method. And in some ways, I was able to kind of contemplate both because I was able to ask for a deferral of admission to medical school. So, I kind of held that option in reserve, if my career in science didn't work out.

BTB

And I imagine that deferral came in handy because after becoming a Rhodes Scholar getting your PhD, you did decide to pivot walk us through your thinking to actually go to medical school?

DR. ANDREA IABONI

I loved being in Oxford, it was a wonderful place to meet interesting people with diverse perspectives and experiences. So, I wouldn't say anything wrong about that experience of doing my PhD. But the daily grind of bench work was not a great match for my temperament, I think. I really liked working more closely with people. And I knew that by the end of my PhD that a career in basic science wasn't for me. But it was a really valuable experience for a lot of reasons. And so, I don't regret having done the PhD before going to medical school, you know, the skills I learned during my PhD have been so invaluable throughout my career. And it set me up really well to become the sort of the doctor, the clinician scientist that I am now.

BTB

I'm curious to make a career pivot like that, you know, after the years it took to get your PhD and then to go back to med school, obviously required some patience and persistence, how do those attributes of yours translate into your research pursuits?

DR. ANDREA IABONI

Well, research yes, is a slow and methodical sort of process. And it does require a lot of thoughtfulness and problem solving, the more difficult transition was to the fast-paced clinical world. You know, in healthcare, you're often making judgments and decisions, you know, very quickly with limited information. And so, it's kind of amazing, I feel very privileged to have a career where I can do a bit of both, where I can take my observations from the clinical care, and then use those to inform my

research, and then use that research to then inform my approaches to clinical care. It's been a really interesting combination.

BTB

Talk to us about the aha moment that drew you to geriatric work.

DR. ANDREA IABONI

I often say that behind every geriatric psychiatrist or geriatrician, or really anyone who works closely with older adults is often a, like a much-loved grandparent. And I was very close to my grandparents growing up. And I think that's instilled in me a respect and an affection for older people, and an appreciation for their importance in our society. And I also really liked how the care of older adults involves caring for the whole family, you know, so it's not just the individual, you're supporting the caregivers as well. And as an added bonus, it's an area of psychiatry, where there's actually quite a bit of medicine and neurology mixed in really a place where brain and behavior manifests the interaction between those two and so I really enjoyed the complexity of that.

BTB

Another quote I read of yours from a couple of years ago in an interview is you said, as a clinician researcher, I feel it's my duty to use my skills and knowledge to try to find solutions, and to be an advocate for older adults. That dedication to service where does that come from for you?

DR. ANDREA IABONI

It is a bit hard for me to say I've always been aware that there are people in society who are are vulnerable or marginalized. And during my education, I volunteered in shelters for homeless women and in children's literacy programs for disadvantaged children. And I worked in a crisis line in Oxford for many years. And I think I just I try to recognize how privileged I have been in my life in many ways to have such a loving and supportive family to have had so much education and such a good educational experience, and that, really how others have not enjoyed those advantages. And so, you know, my work is so rewarding. And I feel lucky to have a job where I can meet interesting people who are at a very difficult time in their lives and try to help them. And to be able to do that, as well as also contributing more widely to our knowledge about how to care for people with dementia, it is really a place of privilege.

BTB

Talk to us about mentorship, how is that served you over the course of your career?

DR. ANDREA IABONI

You know, it's not easy becoming a scientist, there is a lot to learn about doing science, about getting funding about, you know, supervising students about writing, you know, there's so many different skills involved. And, you know, I've been very fortunate to have been mentored by a colleague here at U. H. N, Dr. Alistair Flint, who has really helped me to develop my scientific mind, and often, you know, serves that function to help me see the bigger picture, you know, when you get really mired in the details of things, and particularly, I think, encouraged me to persist, particularly, you know, early in the start of my career, where it could get a bit discouraging when you were, you know, not getting the grants that you needed, or, you know, not having the funds that you needed to do the research you wanted. And so having his encouragement to persist was really important.

BTB

You've talked about the importance of collaboration, how does that multidisciplinary input enhance your work?

DR. ANDREA IABONI

Well, for example, outside of the dementia isolation toolkit that we've been talking about, I do a lot of work on technology development and evaluation in long term care. And I say, I do a lot of work. But it really should be we because I can barely program my microwave, I rely very much so on the engineers and the computer scientists here at KITE to help develop the technology solutions, and help work with me around ways of using these technologies. And, you know, it's so rich and fulfilling to work with a really wide variety of people, because it allows me to constantly learn and grow in a way that I think if I only was working with the, you know, within a community of psychiatrists, I wouldn't have the same experience.

BTB

So, you've mentioned, you know, you're a scientist and a clinician, you see patients, you know, the urgency of their needs. And I'm curious, how do you reconcile that urgency with the fact that medical research takes time?

DR. ANDREA IABONI

Yes, research does take time. And even after you have the evidence that maybe a particular approach is better, it can still take ages to put that approach into clinical practice. And, and in some ways, that's the hardest part of the work, you need a lot of patience, you know, because it's a lot of small steps towards progress. And you need to be able to celebrate the little bits of progress that you make along the way. The example is, we've known for years that smaller unit sizes in long term care, home design is better for residents and staff on a lot of levels. But you think about all the changes that have to happen, like changes in building codes and funding policies and building new homes based on these new standards, it really takes generations to make change sometimes. So hopefully, this pandemic is really going to be a catalyst for some of this change going forward.

BTB

Do you ever feel pressure in your work?

DR. ANDREA IABONI

Yeah, pressure, but good pressure, I think. The pressures in doing science come from the need to be accountable in a way for the research funds and the other supports you've been given. You know, and fair enough. It's important that you do good science, that you make sure your science is actually getting out there in the world, and that your work has impact. It can be, you know, a little bit overwhelming at times, when you think about that people, you know, that your country, that your institution, you know, donors are investing their time and effort and money into my research. And I want to make sure that these investments make important progress.

BTB

You mentioned some early disappointments in terms of grant writing, early in your career, when you experience failure. How do you navigate those challenges, because it's not like we're taught that in school?

DR. ANDREA IABONI

I mean, it's a good idea probably to reframe as a start, what is failure? Does it for example, you know, if I do a study or an experiment, and I don't get the results, I expect that's not a failure, that science and actually that's quite fascinating. You know, if I don't get a grant that I applied for, that is disappointing, but you know, you can't begrudge the success of others who got the grant, you know, they had a better idea than me this time, and that's also fun. And then if I send around a draft of a research paper and it comes back to me and it's full of track changes, you know, that's not failure either. That's You know, an opportunity for me to do better with that paper. And so I think there are very few failures per se.

BTB

You've done a number of media interviews over the years. I'm curious what your take is on the value for scientists to communicate their work in a way that's accessible to a mainstream audience?

DR. ANDREA IABONI

I didn't do a lot of media interviews before the pandemic, I will say, but since the pandemic it has been an exceptional time and many doctors have spoken out during this time to advocate for appropriate public health measures and appropriate supports for people who are being affected by them. So I was you know, one of many people trying our best to advocate for older adults and residents in long term care. It you know, it's pretty terrifying to stick your head above the parapet, particularly at that time, there was so much disinformation and, and also like frank, ageism, you know, the devaluing of older adults in society. I have a lot of respect for those colleagues of mine who were brave enough to go

further than I did, and to really advocate for what they thought was right. And I think it's a real duty for those of us who have the knowledge and the expertise to make sure we communicate it when it's needed.

BTB

And COVID. You know, the pandemic certainly exposed long known cracks and that long term healthcare system. In some ways, this examination is an opportunity, perhaps to press further on behalf of residents in long term care. My question to you though, is as the pandemic fades, do you think this opportunity will fade as well?

DR. ANDREA IABONI

I think that's a bit of a trick question, because I honestly feel like the pandemic isn't fading, and maybe it's fading a little bit in our attention. It's not at the front of our minds as much. But the long-term care homes in Ontario are still having COVID outbreaks repeatedly and the same across North America and the world, it's still a constant threat to their well-being. And long-term care homes are still understaffed and still under resourced. So, I'm hoping that the community has been galvanized by this and that we will keep the pressure up on our leaders to change the status quo and find better ways to deliver care to face this new reality, this new disease that threatens our homes.

BTB

There's a leadership author, Simon Sinek, who I love to quote, he says people don't buy what you do. They buy why you do it. Why do you do what you do?

DR. ANDREA IABONI

I believe that older people in our society have value, and that they deserve to be treated with dignity and with respect. And that is why I do what I do.

BTB

What's next for you, Andrea? What should we be looking for?

DR. ANDREA IABONI

A lot of my work at the moment is focused on technology in aged care. So finding ways to use technology to enhance the care of people with dementia in places like long term care, while also like looking to make sure that we're addressing and minimizing the risks that come along with technology use. And so you know, DIT Tech was a project that's linked to some of that work, and we do other work that uses artificial intelligence and computer vision, wearable technologies, location based technologies like trackers. And so that's basically where my work is going. And I'm hoping that we will be able to have some important impacts and long-term care through that work.

BTB

Dr. Andrea Iaboni award winning geriatric psychiatrist and scientist at UHN's Toronto Rehabilitation Institute Research Center called KITE, thanks so much for sharing your groundbreaking research with us and continued success.

DR. ANDREA IABONI

Thank you so much for having me.

BTB

For more on Dr. Iaboni's pioneering work and the podcast, go to our website, www.behindthebreakthrough.ca. And let us know what you think. We love feedback. That's a wrap for this edition of Behind the Breakthrough, the podcast all about groundbreaking medical research and the people behind it at the University Health Network in Toronto, Canada's largest research and teaching hospital. I'm your host Christian Coté. Thanks for listening.