

Capacity Enhancement

What's all the fuss about ?

Opening the 5 Doors to Quality Health and Health care



Keys to authentic change for individuals at risk or with responsive behaviors and their care partners

A photograph of a woman and a man smiling together. The woman is on the left, looking towards the man on the right. They are both smiling broadly. The image is framed with a white border and rounded corners.

***Changing Directions
Changing Lives***

Challenging and Responsive
Behaviors
A Cross Provincial Dialogue

Learning
leveraging and
leading together

Capacity Enhancement; What's all the Fuss about ?

Evidenced informed vs based

- The practice based evidence
- The research evidence
- The lived experience (reasons)





TRADITION

JUST BECAUSE YOU'VE ALWAYS DONE IT THAT WAY
DOESN'T MEAN IT'S NOT INCREDIBLY STUPID.

The Whys for Capacity development and Change



The Main actor has changed



You can't provide quality care alone



Acute care in a chronic care world



© 1972 Universal Press Syndicate

2-143

"I think we had much nicer diseases when I was a girl."



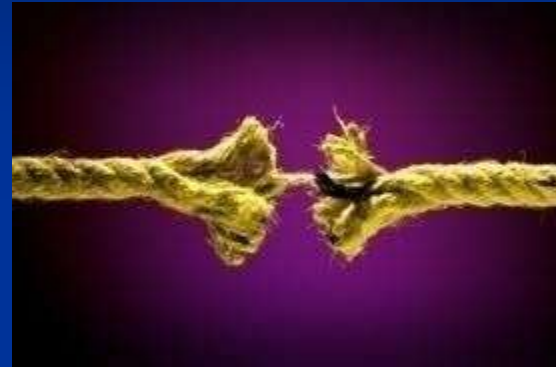
For people Over 45,
80 % of have a
chronic illness

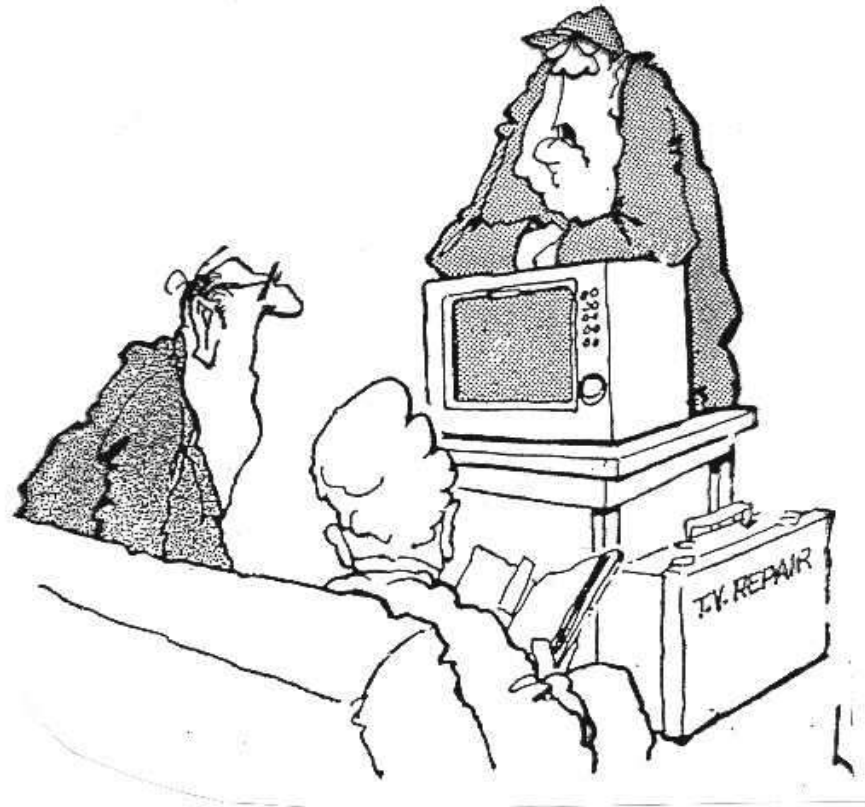
CIHI



Other Side of the Mirror, Caregivers

Responsive
Behavior
Tipping
point





"Folks, the main reason you're not getting a good picture is because you bought yourselves a microwave oven."

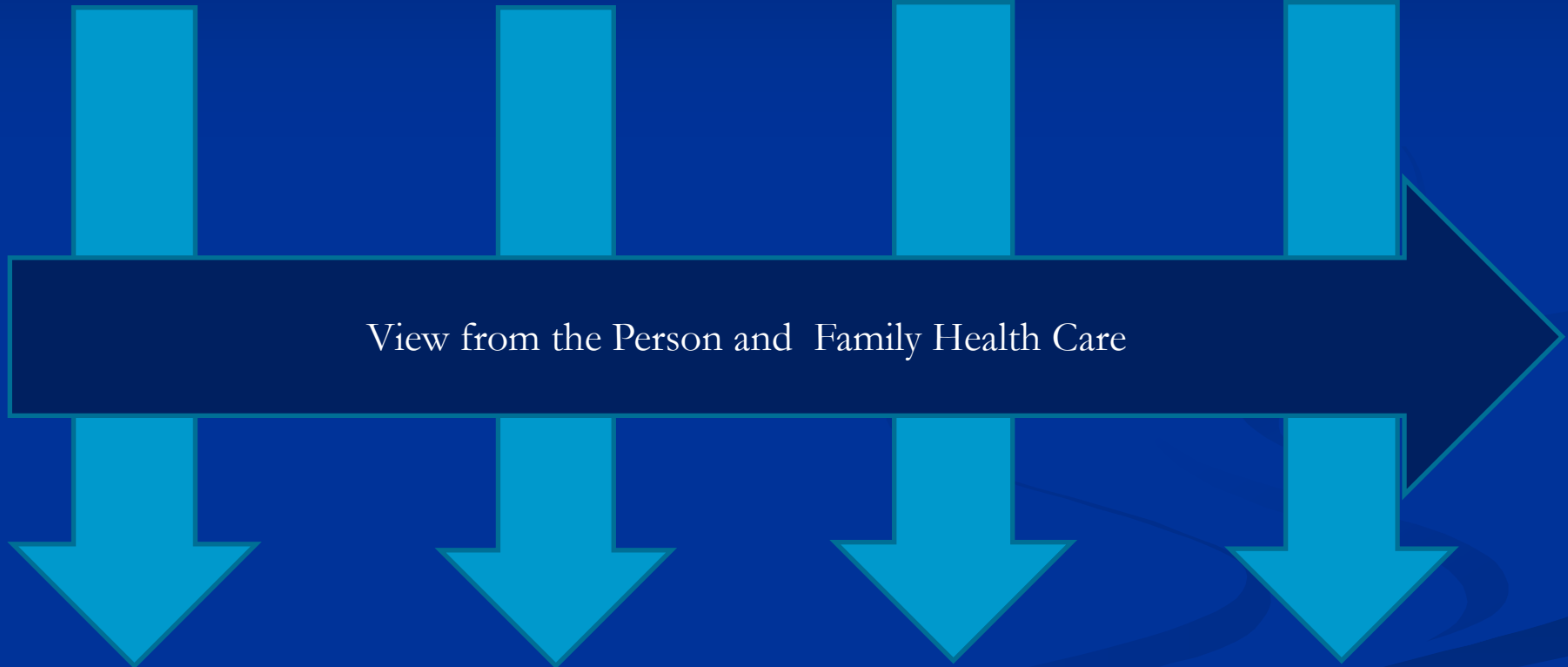
View from the Sector Health care

Primary Care

Community Care

Acute Care

LTC



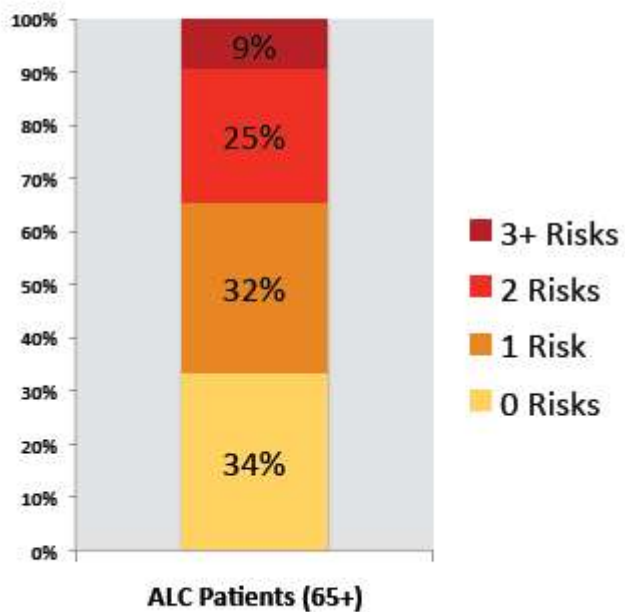
View from the Person and Family Health Care

7 good reasons

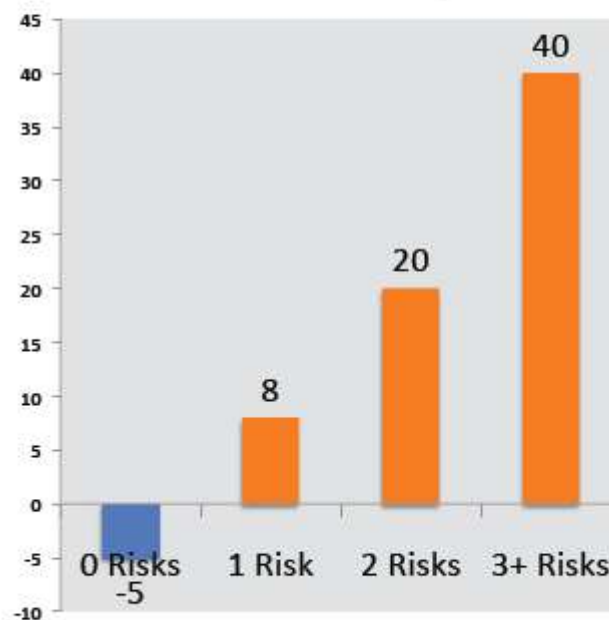
- 4 It now about people at risk and with responsive behaviours and their care partners (prevention and, not care by body parts and diagnostic labels but people and their relationships
- 5 The cost curve for health care must be altered responsive behavior mental health and cognitive disorders are triad for multiplying costs and burden

ALC Days relative to the average by Proportion of Cumulative Risks, 'Big Ont. Hospital', 2008-09

Distribution



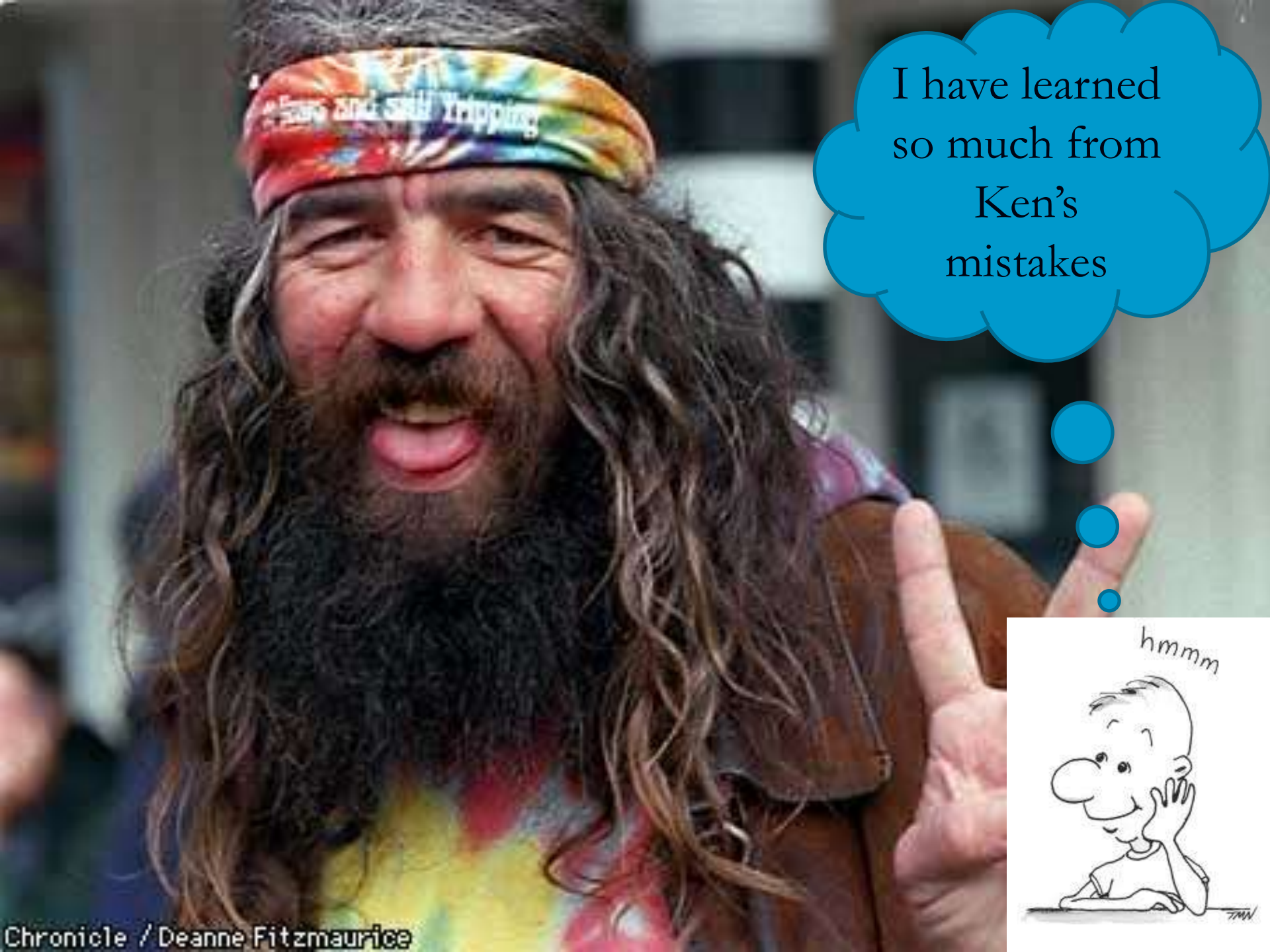
Mean ALC Days



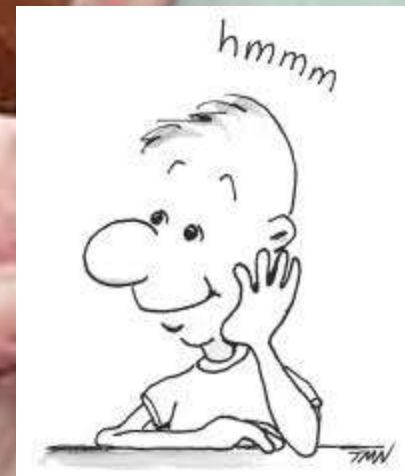
Risks Include: Stroke, Psychiatric Diagnosis, Behaviours, Cognitive Impairment

7 good reasons

- Responsive behavior is the prototype for the new world of health care demanding new ways of thinking and doing
- What we are doing just isn't good enough and we can't afford to fail



I have learned
so much from
Ken's
mistakes



Failing forward ,What would I do if I had a chance to do it all over again

Obsessive focus on person and care partner
powered health and health care in every area of
development

Skill building across the person provider and
health care leaders in the heart and the hand and
then the head

Up front investment in Knowledge exchange and
quality

Failing forward ,What would I do if I had a chance to do it all over again

- Active meaningful continuous engagement and interaction of partners in all levels of health and health transformation
- Doing the right evaluation at the right time with increase emphasis on data to inform sustainability and spread

The Conversation Overall Approach

- The doors at different levels
- The doors and key partners



Critical levels and Partners for Health Care Change

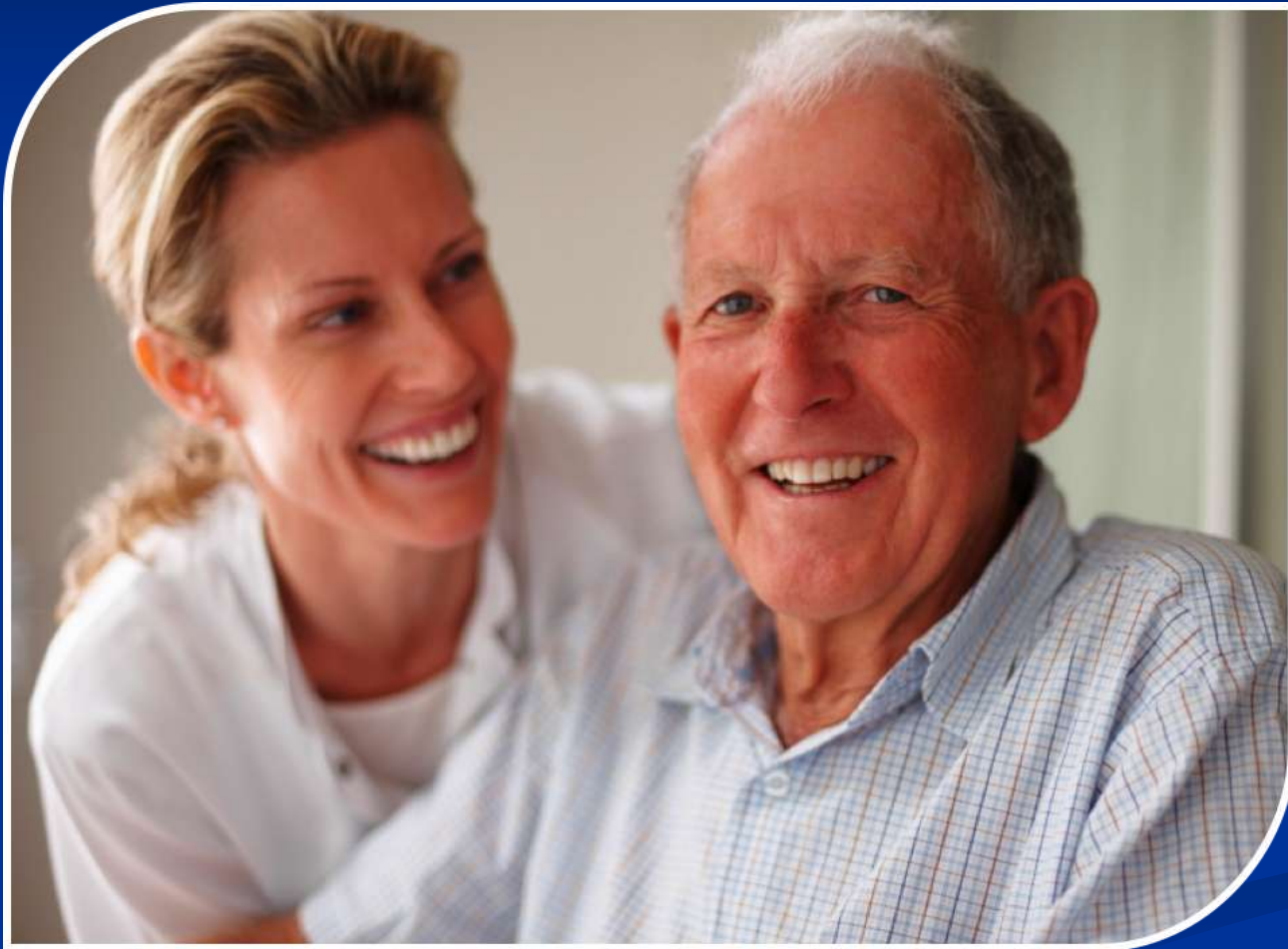
- Community /universal
- Health care system and organizations
- The point of care, person and family team
- Target groups (D Offord)

- NGO, Service organizations Policy makers
Consumers and Researchers and Educators
(L Chambers)

Opening the 5 doors to success

- Considering the broader community context
- Paving the way and developing the system supports
- Opening the critical door person and family powered care
- Building the skills, (this is a contact and human interaction Olympic event)
- Implementing the enablers(knowledge exchange solutions and quality)

The Community / Universal Door



the Community / universal door

- Its not just access its acceptability(social inclusiveness)
- Its not just health care its about the community we live in (senior friendly communities)
- Its not just about the disease it about the persons life

Triple Jeopardy

“Ageism and Mental Illness Addiction and dementia and responsive behavior”

The Many Hidden Faces, The Ghosts of the Past ,effecting the lives in the present



Reflections

Old 2 words to describe

Dementia 2 words to describe

Mental health and Addiction 2
words to describe

Old, Demented, Mentally Ill and Substance misuse and
responsive behavior2 words to describe

“It will affect most of us”

Stigma

“Get your own house in order”

Negative attitudes

- Failure of Diagnosis
- Lack of Treatment, medical surgical conditions
- Involving people in decisions
- Premature placement

Benbow S.

Hosp. Medicine

2000 vol 6, no.3

Stigma and discrimination

Mental Health Commission of Canada

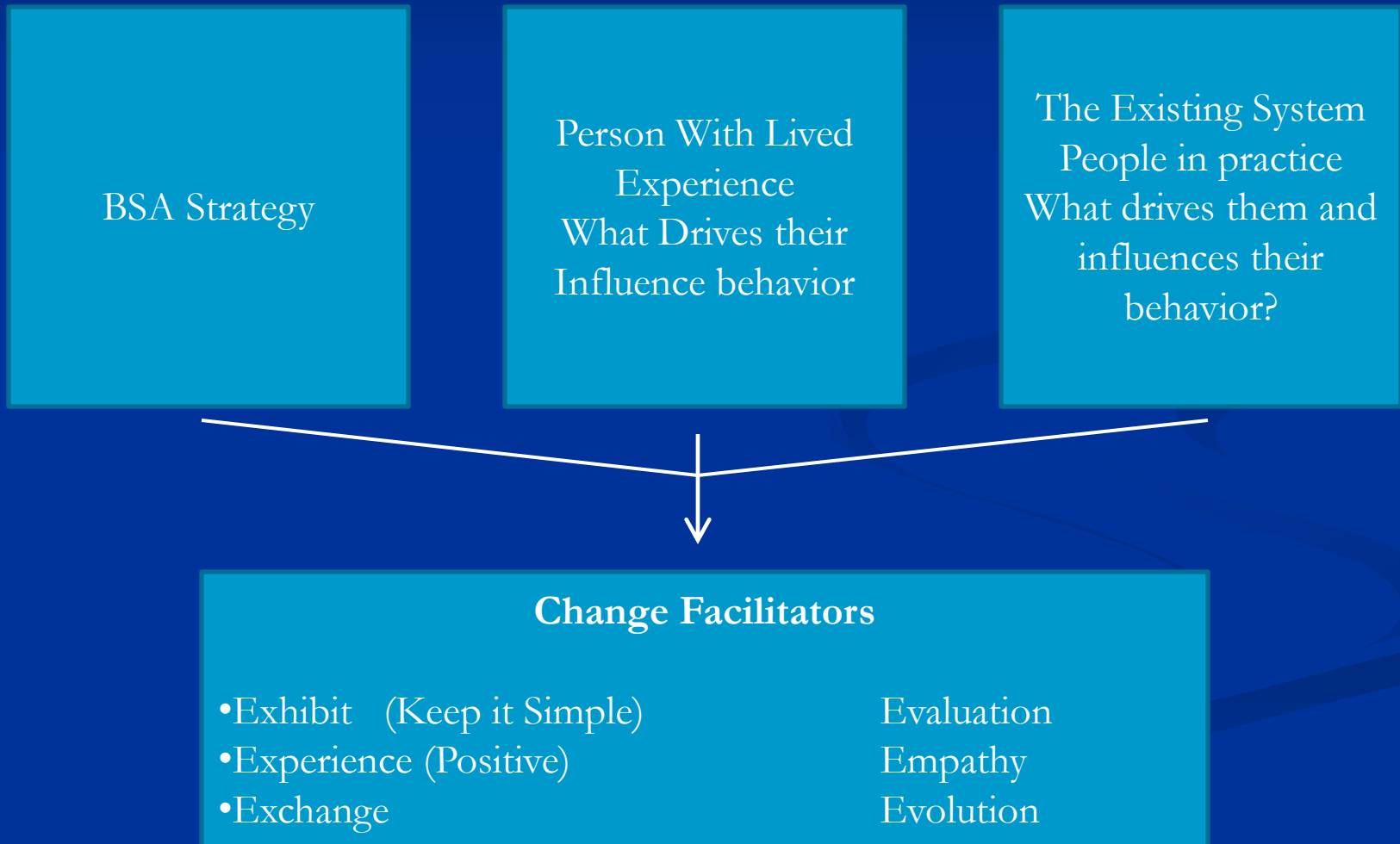
- Soon to be released a framework for stigma and older person
- A learning module for providers

Kim Wilson

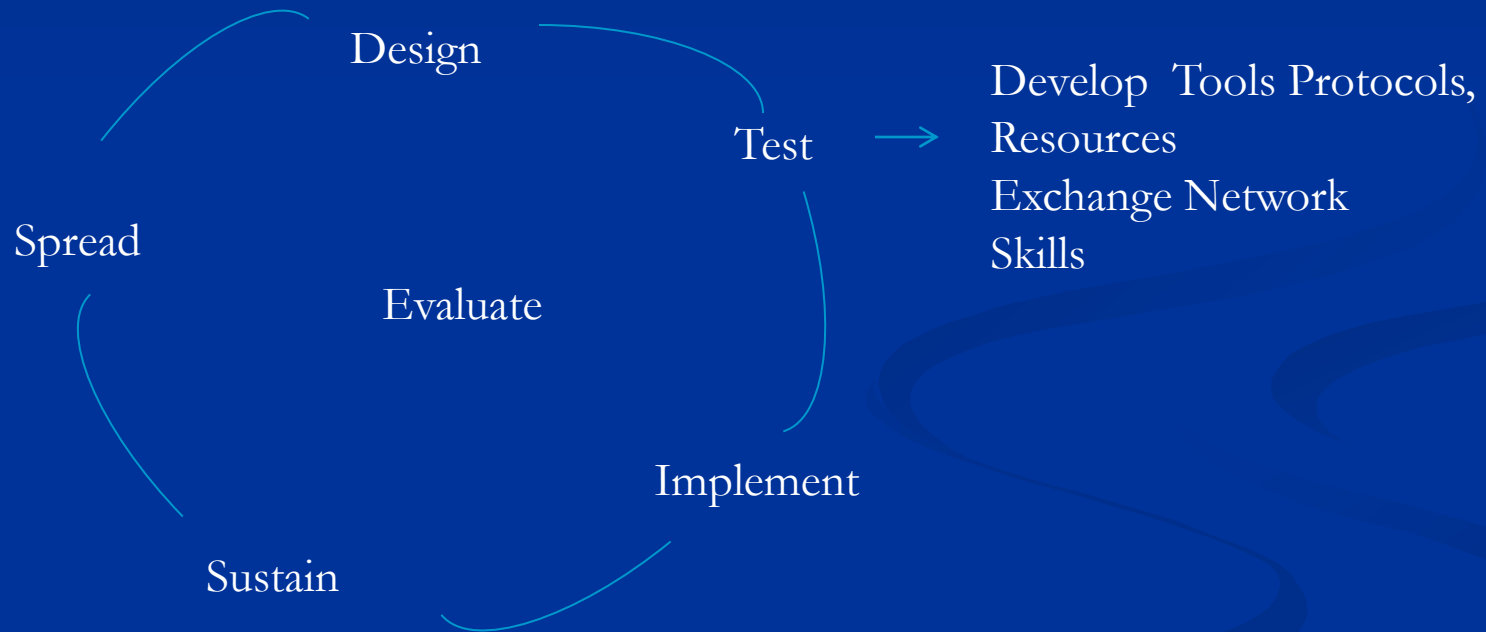
The Health Care Systems Door



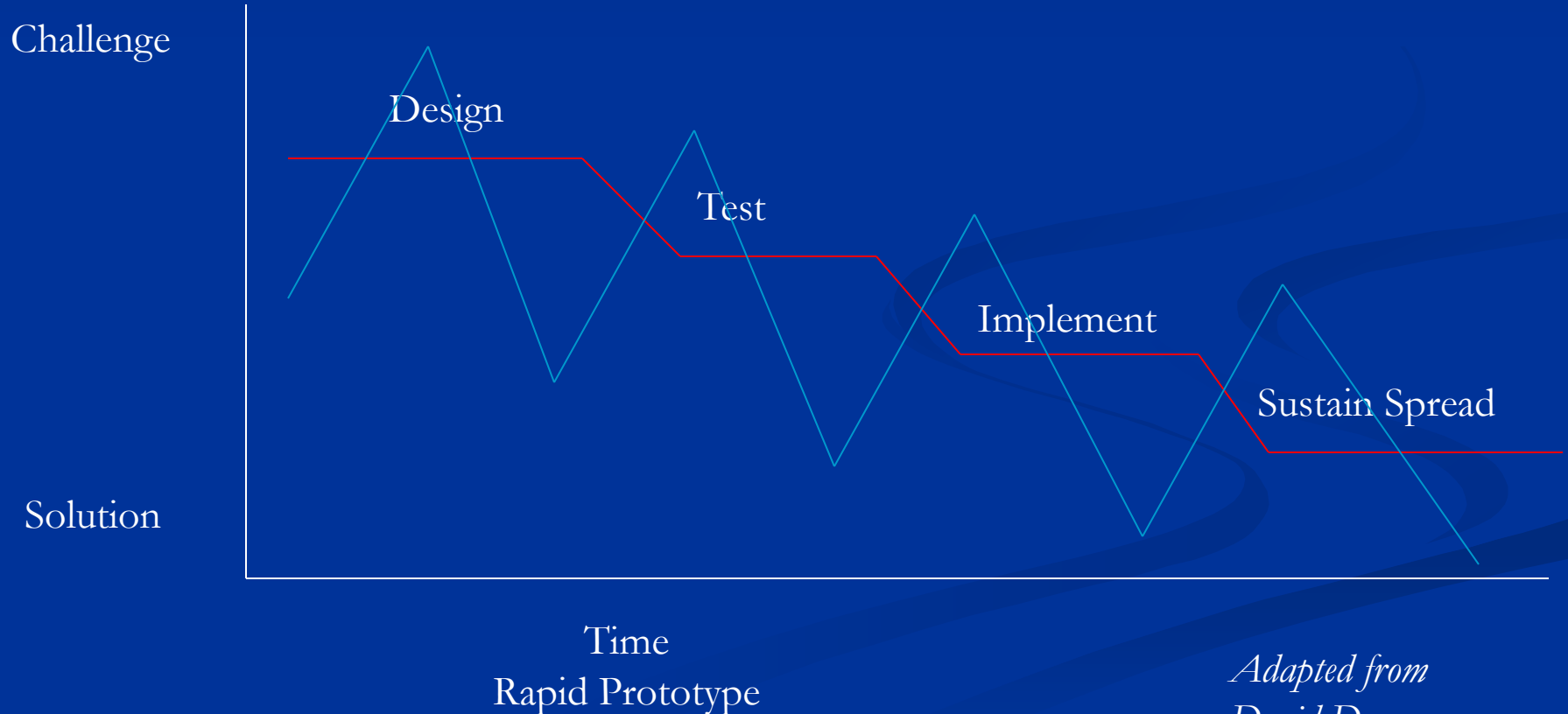
From design(policy to practice) Systems Transformations



Circular Approach to Systems Transformation



Systems Transformation Demands a Non Linear Approach



*Adapted from
David Dunne*

Performance and Measurement

- Must statement
- Measurement ,numerator and denominator
- Target

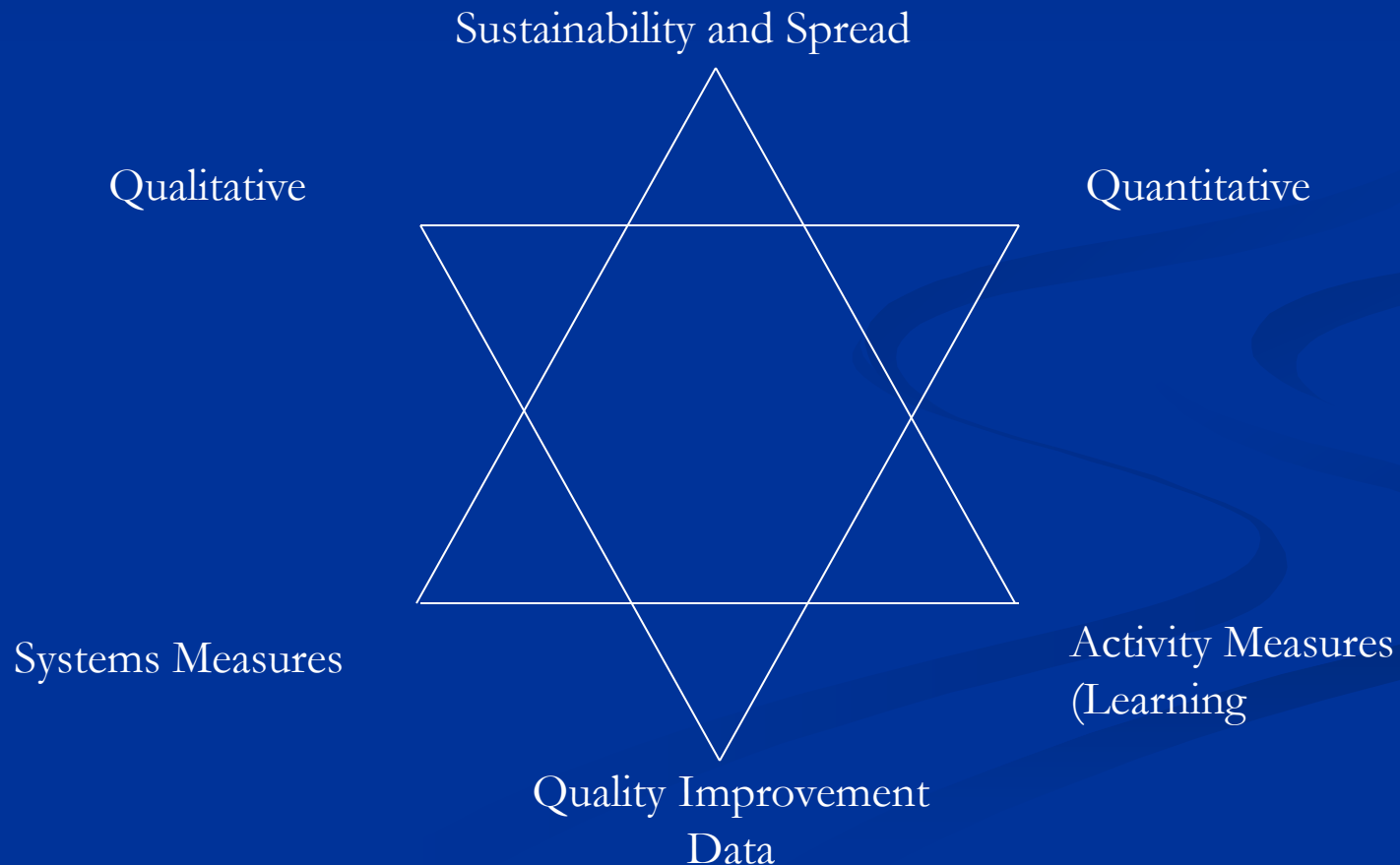
Temperature check measure for change

- do you understand
- Do you believe
- What percentage of your practice is aligned with

Data Measurement and Evolution

The Triad

Health Care Experience, Clinical
Systems Outcomes



Applying the approach to BSO

- Eloquent by its simplicity
- Driving principle person and care partner directed
- Three pillars for Change 2 supporting ,service coordination and systems structures capacity enhancement high performance teams I goal pillar person and care partner directed quality coordinated health care service
- Enabled by knowledge exchange solutions and quality improvement

Target Population:

Older adults at risk or with complex health care challenges over time, with responsive behaviors as a result of mental health, dementia neurological disorders and or addictions

And their caregivers.

**Person and caregiver direction interdisciplinary collaborative cross-sectoral care
(From prevention to high-risk)**

Translation Within Service System Clusters

Prevention,
Early
Detection
and Primary
Care

Acute Decline
in Community

Complex
High Risk
and High
Need

**System
Management**

**Capacity
Building**

Enabled by knowledge exchange and quality improvement

Lessons learned

- Person and care partner powered (health care cares)
- Incorporate into everyone's thinking
- Systems to service service to system
- Continuous interaction between policy and practice and evidence not episodic
- Reframe providers approach from a service to a support for the system

words and mandates are so important

Lessoned learned

- No more tell and sell set the approach
- Think person and systems outcomes and quality indicators not organizational/ provider
- Use a rapid prototype approach and the circle of development
- Evolution not revolution within a set of operating principles

The Most important Door the



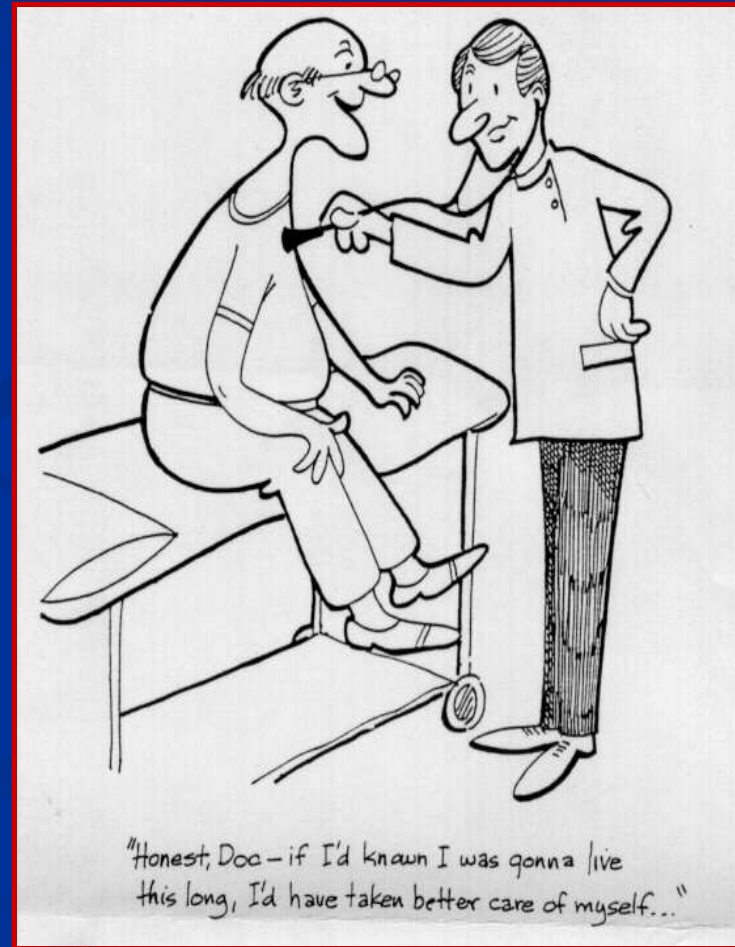
The lived experience door



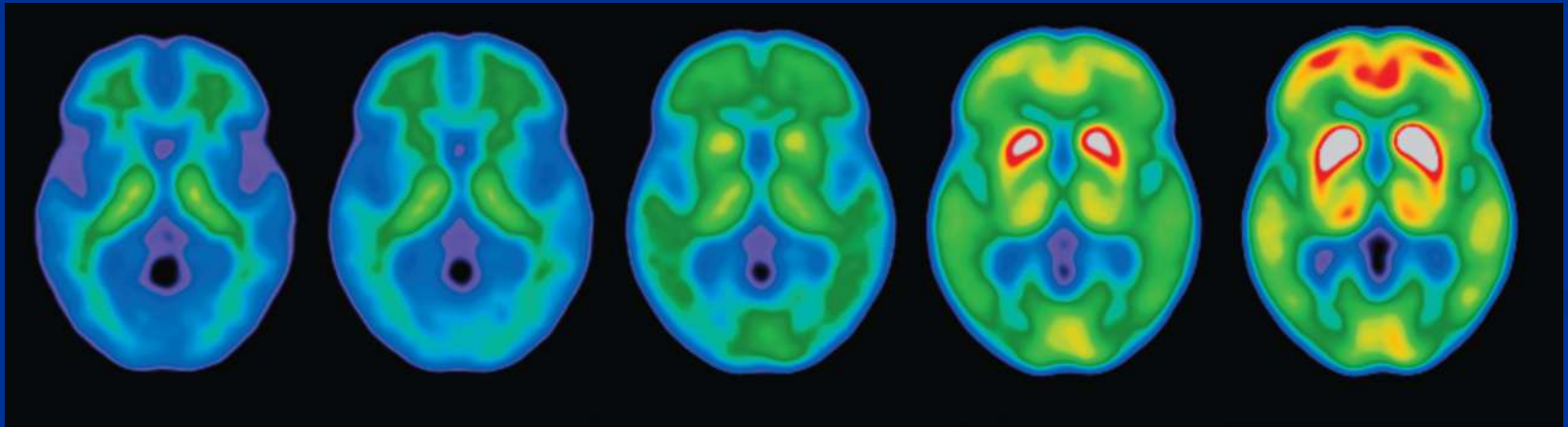
Self Management and Prevention Ignites person directed practice

The average person spends 12 hours
each year with their health care
providers...

They spend 8, 748 hours each year
managing their own condition

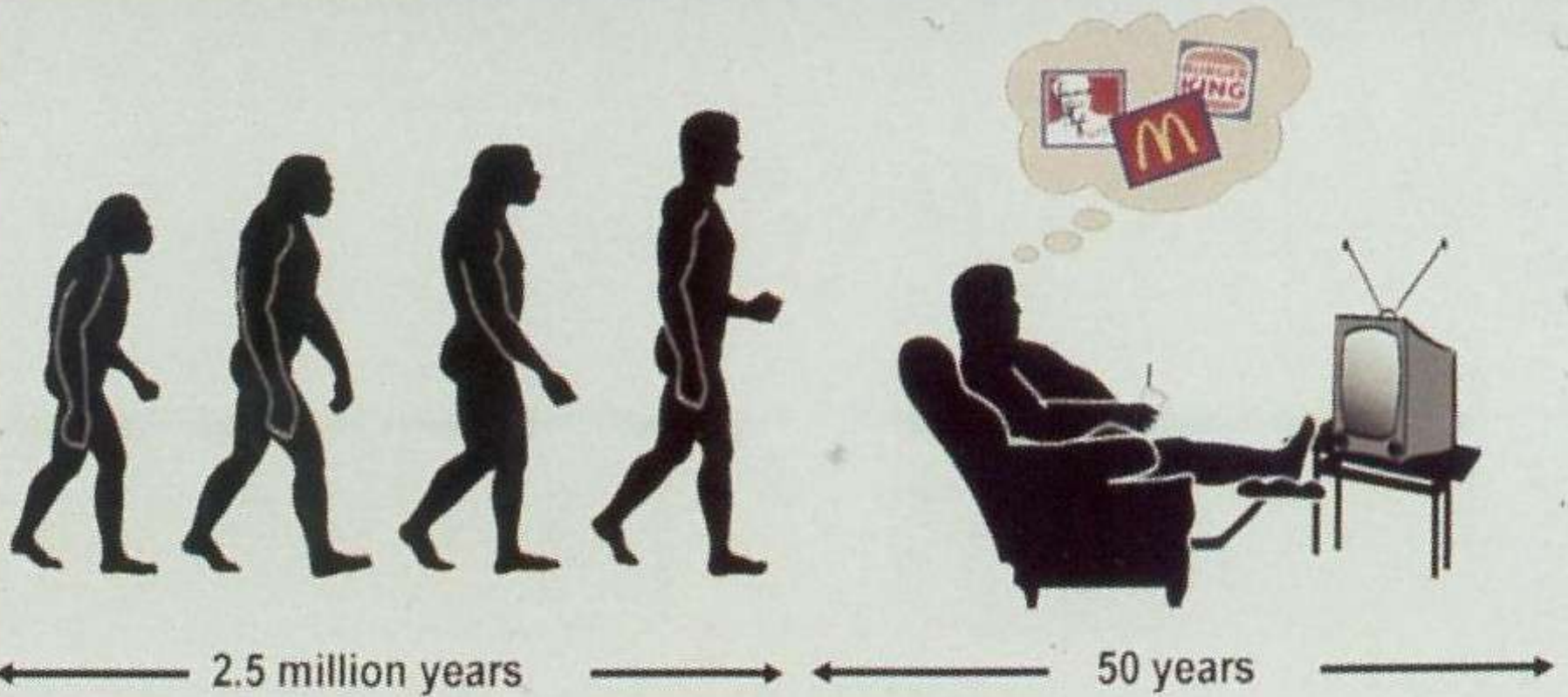


Brain scans of person with a mutation that causes early-onset Alzheimer's disease at 5-year intervals - evidence of amyloid accumulation (warmer colors) up to 20 years (far left) before the expected onset of symptoms (far right)



G Miller Science 2012;337:790-792

Darwinism and Risk of Cardiovascular Disease



Starting with the person for capacity development

Adherence the diabetes example imagine what it is for people with responsive behavior with complex health challenges

- 14 to 21% never fill their prescriptions
- 60% cannot identify their own medications
- 30 to 50% ignore or compromise medications instructions
- 25% admissions related to poor self administration and 15 to 20% take others meds
- And this is in the context that 95% of diabetics treatment is self administered

Transforming and requires reframing and capacity development

- Don't accept the problem reframe it
- From patient perspective
- Underlying issues
- Analogies
- Move from model madness to what matters and methods

Adapted from David Dunne and CAMH

The Persons Health System Journey and every person is a universe of one e Erickson



Empathetic design to transform and capacity build (Spark)

- The enabling interview
- The participatory observation
- The whole person experience focus group vs Unitary experience

Reference Spark innovation through empathetic design Leonard D and Rapport F Harvard business Review

The Main actor is the persons and the carepartners

Authentic involvement in

- Planning
- Skill building
- Implementation and evaluation
- Hiring performance reviews

Strategies

Knowledge exchange co creation events

Lived experience virtual networks

Experiential design

The Health care provider skill building and practice door



Skill building and knowledge to practice

The Knowing to doing gap

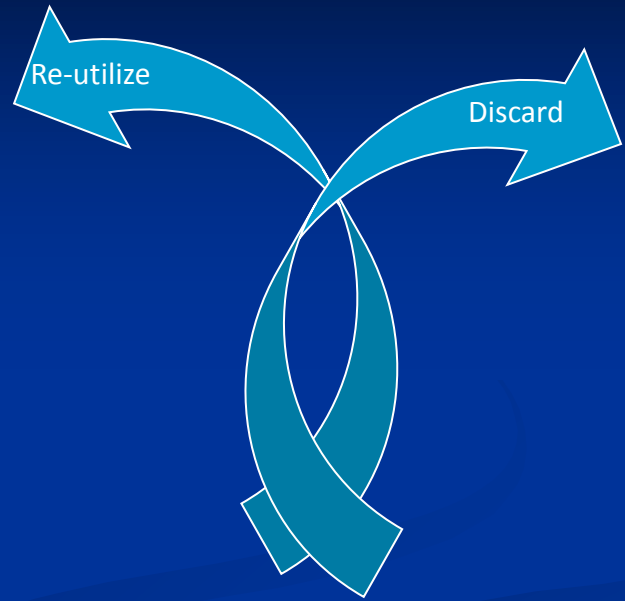
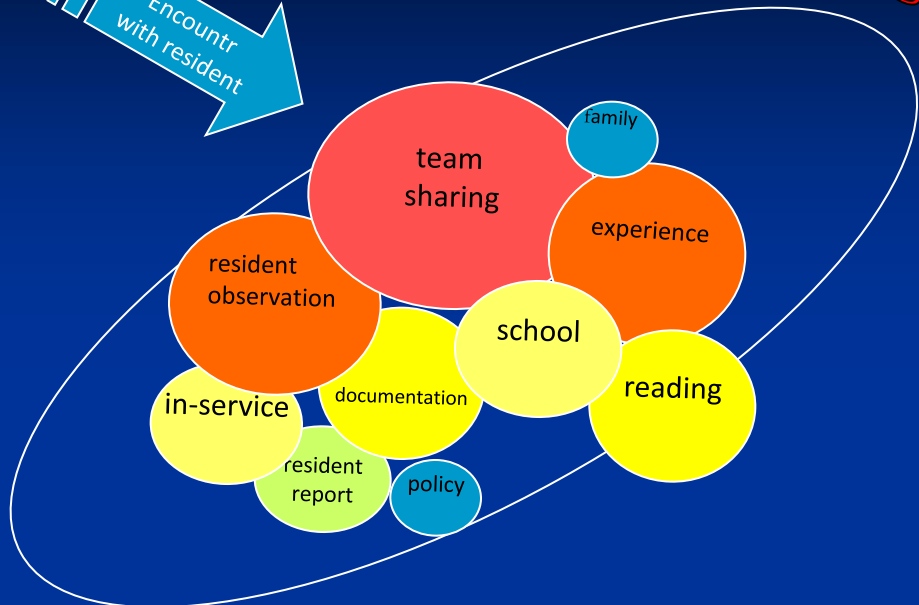
- The evidence is out of context
- the evidence is not for our population
- The evidence is not longitudinal
- The evidence is measured by the wrong indicators

The Knowing to Doing Gap

- Incentives and factors influencing practice change are not understood (culture and context eats content for breakfast)
- The PSW knows but doesn't do example from the field Nadine James

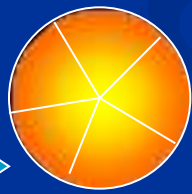
Melding

Encounter with resident



If it were me

What is best for me?
What is best for my resident?
What is possible?



Did I do a "good job"?

Appraising

Trialing

Contextualizing



Formal Care Providers

Nadine James

Back to the person and care partner directed skills(heart and the hand)

Strategies/ solutions

- Ecological self management not just a program but a way of being
- Strength based interviewing
- Knowing what to say but more how to say it
- Moving from a conversation about body part and dx to one of more emphasis on the person and relationships

Leaving PBL behind:



Capacity Enhancement and whats
all the fuss
Have we been doing it wrong all
this time?

Focus on the 97 and the 3

Start with the person and family
service and practice future state using
value steam mapping among others

Define the skills of the person team

Define the skills of the individual learner
in context of what they bring to the team

Use the core competencies heart hand and head

- Use knowledge and strategies that leave a
continuing effective service learning
environment and practice change

Pillar 3 Capacity Enhancement Framework and Toolkit for Health Care Transformation (the 97 vs 3 percent)

Person and practice based learning

*Decision making framework for capacity building
enabling person centred team based
knowledge to practice outcomes*

■ Capacity Building Roadmap

Decision making framework for provider
skill building

■ Behavioural Education and Training Supports Inventory

“BETSI” Decision Making Framework
for learning and development programs

New addition to toolkit

The Road Ahead, identifying situations strategies and solutions for
sustainability and spread (BSO/Gestalt /AKE)



Health Care Transformed through Capacity Enhancement Toolkit

Shared Solution finding Frameworks
i.e. PIECES / UFIRST, GPA

Clinical Toolkits, College of Family Physician BPSD, CCSMH Best practice guidelines, algorithms

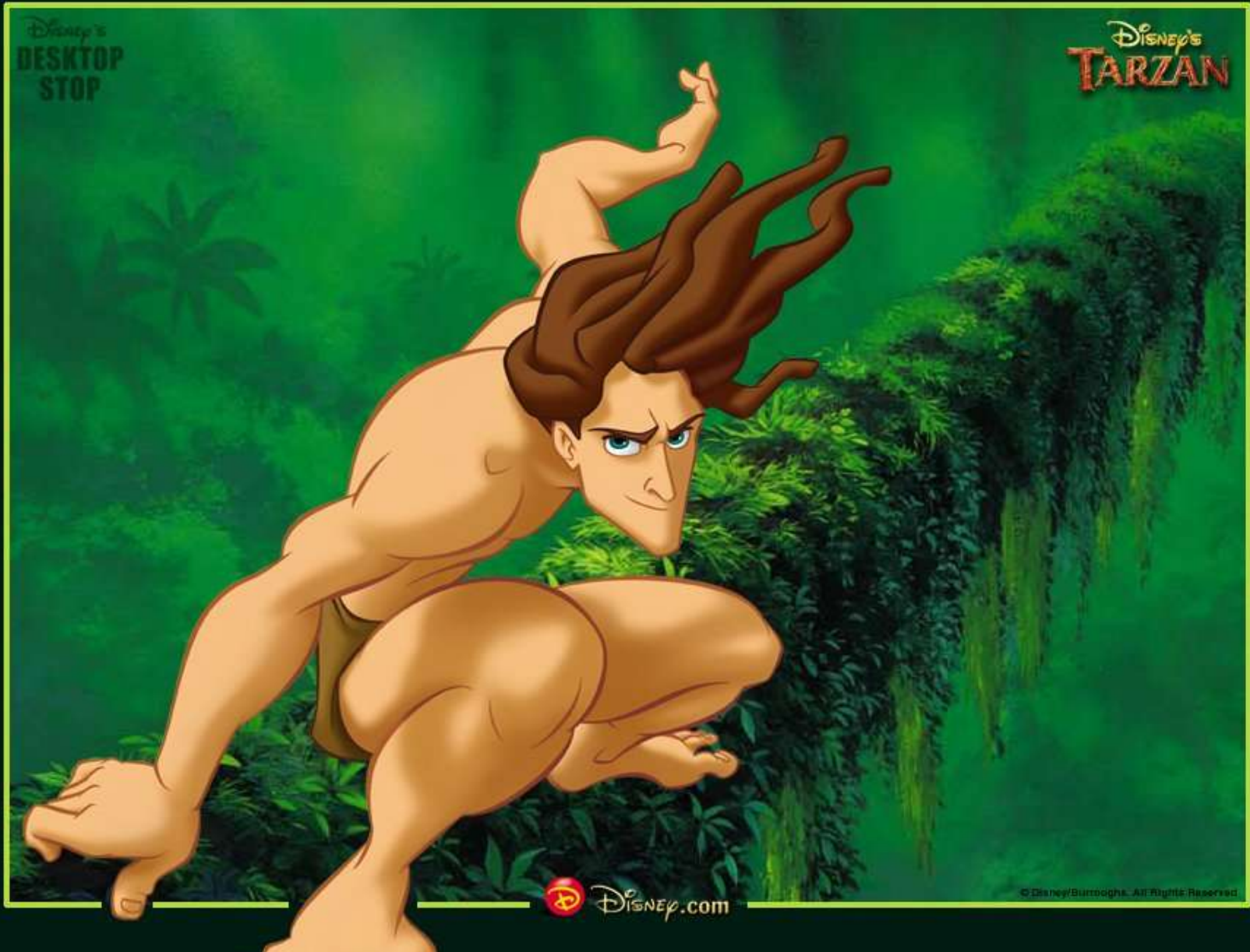
Person / Family Toolkits MAREP by Us for Us
Family guides CCSMH

New hot off the press

Shifting focus for responsive behavior CDRAKE?AKE and ASO

the Ultimate Alberta toolkit

Capacity enhancement learning by doing and discovering in the field one interesting example



Knowledge Translation in Transitions the mobile team experience

Approach to service
learning using inter
agency teams

The Discovery

The Critical element for
translation

The Discovery

Three phase translation

A) Support

B) Contact provider
translation

C) Facility wide translations

- Service and clinical shared care plan
- Emotional translation plan
- Environmental plan
- Knowledge translations plan

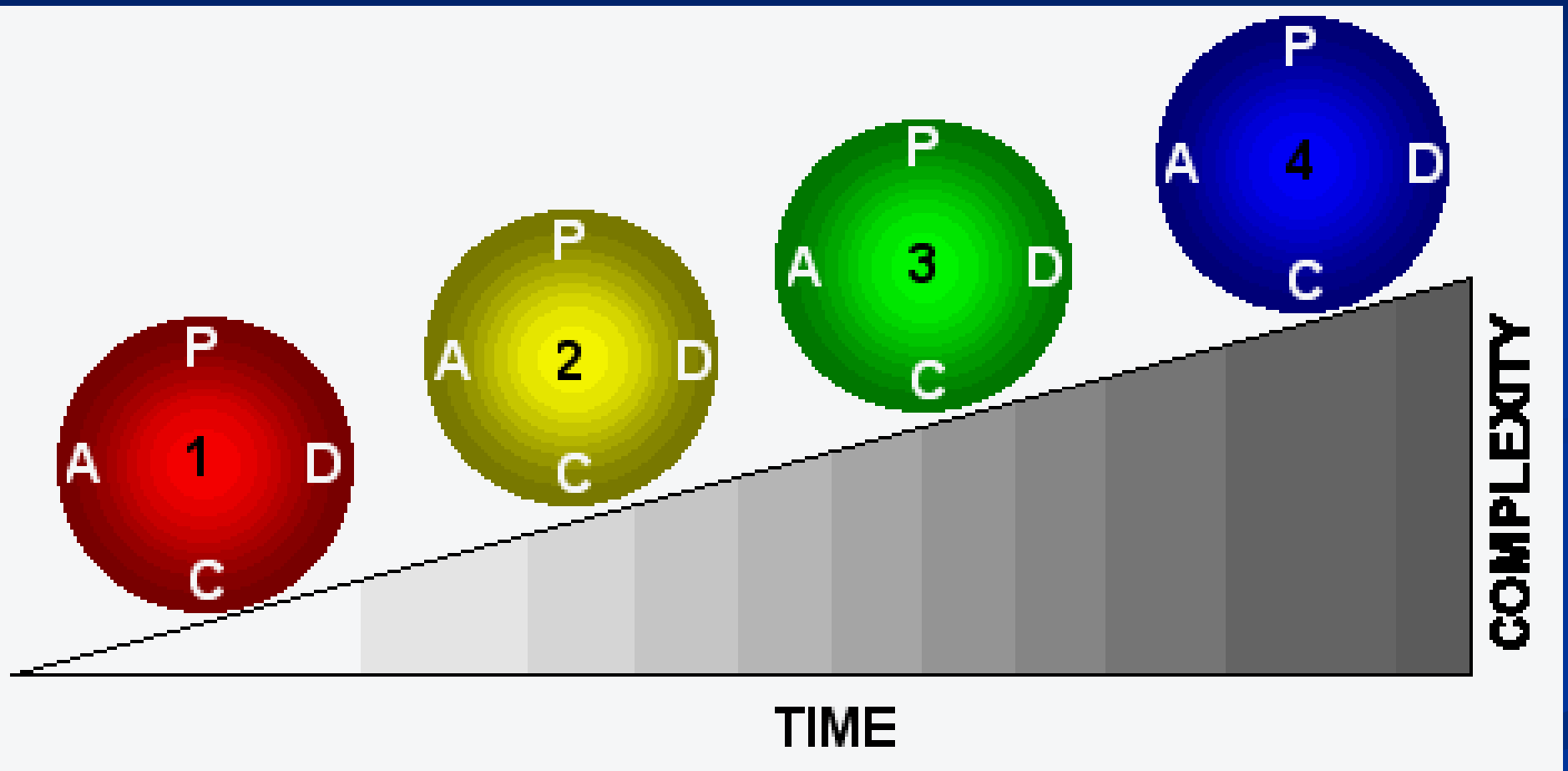
Knowledge Exchange Solutions and Quality Improvement Door Leveraging learning and leading together



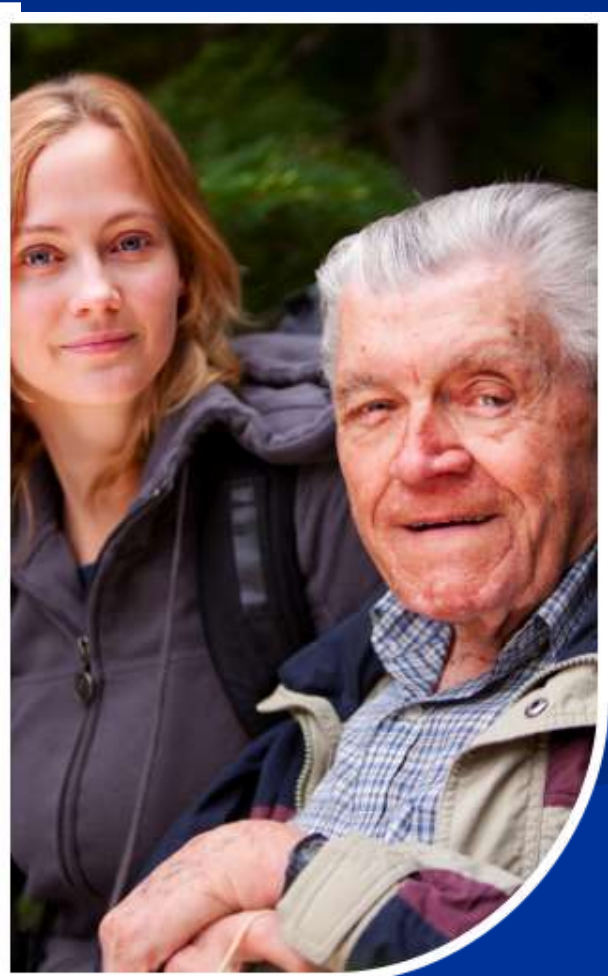


“My team is having trouble thinking outside the box. We can’t agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors.”

PDSA cycles – Plan Do Study Act



Canadian Dementia Knowledge Translation Network [cdrake/ake](http://cdrake.ake)





-  HOME
-  ABOUT US
-  EVENTS
-  KNOWLEDGE BROKER Q & A
-  COMMUNITIES OF PRACTICE
-  RESOURCE EXCHANGE
-  EDITORS BLOG



Looking for answers?

The Knowledge Broker Q & A can help you find the answers you're looking for

[ASK A QUESTION](#)

CANADIAN DEMENTIA RESOURCE AND KNOWLEDGE EXCHANGE

Advocacy and the impact of public engagement...

Mr. Lamoureux will review methods to engage advocates and influence decision makers. He will then examine strategies to approach and connect with stakeholders as well as discuss public policy and grass roots advocacy. He will look at some of the challenges associated with developing, implementing and maintaining a robust advocacy framework.

Apr 6, 2011 | 12:00PM - 1:30PM EDT

[REGISTER NOW!](#)

LET'S WORK TOGETHER

Upload documents and project files. Then share them in an online workspace. Get more done when you work as a team!

[SHARE A RESOURCE](#)

Alzheimer Knowledge Exchange

Supporting Quality Improvement

Communities of Practice (CoPs): Groups of people who are committed to each other to offer support, share learning, and develop new knowledge in order to advance practice on a specific topic

Topics/ Groups:

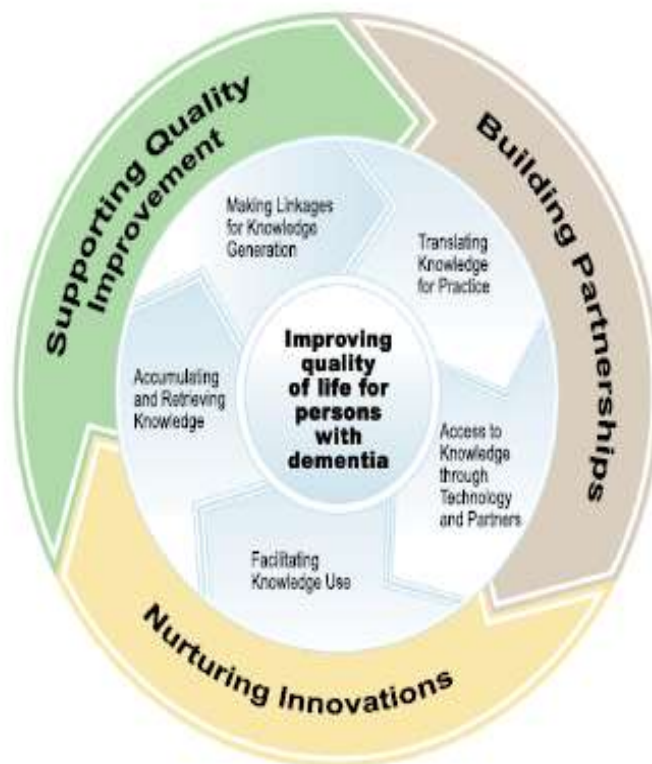
- Dementia and Environmental Design
- Dementia Champions in Academia
- Driving and Dementia
- Health Care Consent and Advance Care Planning
- Nurturing Knowledge Transfer and Exchange Leaders
- Policy and Dementia Care
- Primary Care
- Psychogeriatric Resource Consultants
- Supporting Family Caregiving

Knowledge Brokers: Support the development and nurturing of CoPs, link people to people, information or resources, and support innovation and change by leveraging the knowledge of the ADRD community

Library Service: Information specialists provide paid caregivers with free access to health-related evidence

Access to Knowledge: Free online tools provide timely and resource-efficient support for knowledge exchange and dissemination

Resource Centre: Contains thousands of links to people, resources, information, blogs, and discussion forums



Building Partnerships

Examples of strategic partnership include, but are not limited to, the following:

	Improving Dementia Care	Reducing ALC premiums	Aging at Home	Complex Chronic Disease Management	Training and Education
Alzheimer Society of Ontario	✓	✓	✓	✓	✓
Canadian Dementia Knowledge Translation Network	✓		✓	✓	✓
Local Health Integration Networks	✓	✓	✓	✓	✓
Murray Alzheimer Research and Education Program	✓		✓		✓
Ontario Association of Community Care Access Centres	✓	✓	✓	✓	✓
Ontario Association of Non-Profit Homes and Services for Seniors	✓	✓			✓
Ontario College of Family Physicians	✓	✓		✓	✓
Ontario Community Support Association	✓	✓	✓		✓
Ontario Dementia Network	✓	✓	✓	✓	✓
Ontario Home Care Association	✓	✓	✓		✓
Ontario Long Term Care Association	✓	✓			✓
Registered Nurses' Association of Ontario	✓			✓	✓
Seniors Health Research Transfer Network	✓	✓	✓	✓	✓

To learn more about these opportunities visit the AKE website:

www.AKEontario.org



The AKE is funded in part by the Province of Ontario and is hosted by the Alzheimer Society of Ontario

Nurturing Innovations

The AKE stimulates and supports innovation through collaborations with partners on projects that advance the care of persons with ADRD. Some current and past collaborations include:

- **Behavioural Assessment Units Information Exchange:** A series of knowledge exchange interfaces for MOHLTC, LHINS, stakeholder organizations and long-term care homes to share models of development and practice
- **Alzheimer International Conference (2011):** A collaboration between AKE, Alzheimer Society of Canada, and Alzheimer Disease International to bring the international ADRD community to Canada
- **Ontario Dementia Network:** A united provincial network of local and regional networks that facilitates the sharing of knowledge and prevents duplication
- **First Link Program:** A program designed to help health care professionals link persons with ADRD and their caregivers with local information and support
- **Age Friendly Communities:** A collaboration to develop a planning framework for age-friendly communities
- **Dementia Care Showcase Series:** An information exchange for Ontario change champions on Aging at Home innovations for dementia care
- **Aging and Developmental Disabilities Program Showcase and Knowledge Transfer Project:** An information exchange, coaching and building of partnerships between developmental services, long-term care and community care for seniors
- **Canadian Networking the Networks Initiative:** An initiative of several national partners working together to accelerate knowledge transfer and exchange practice within the context of senior's mental health and dementia

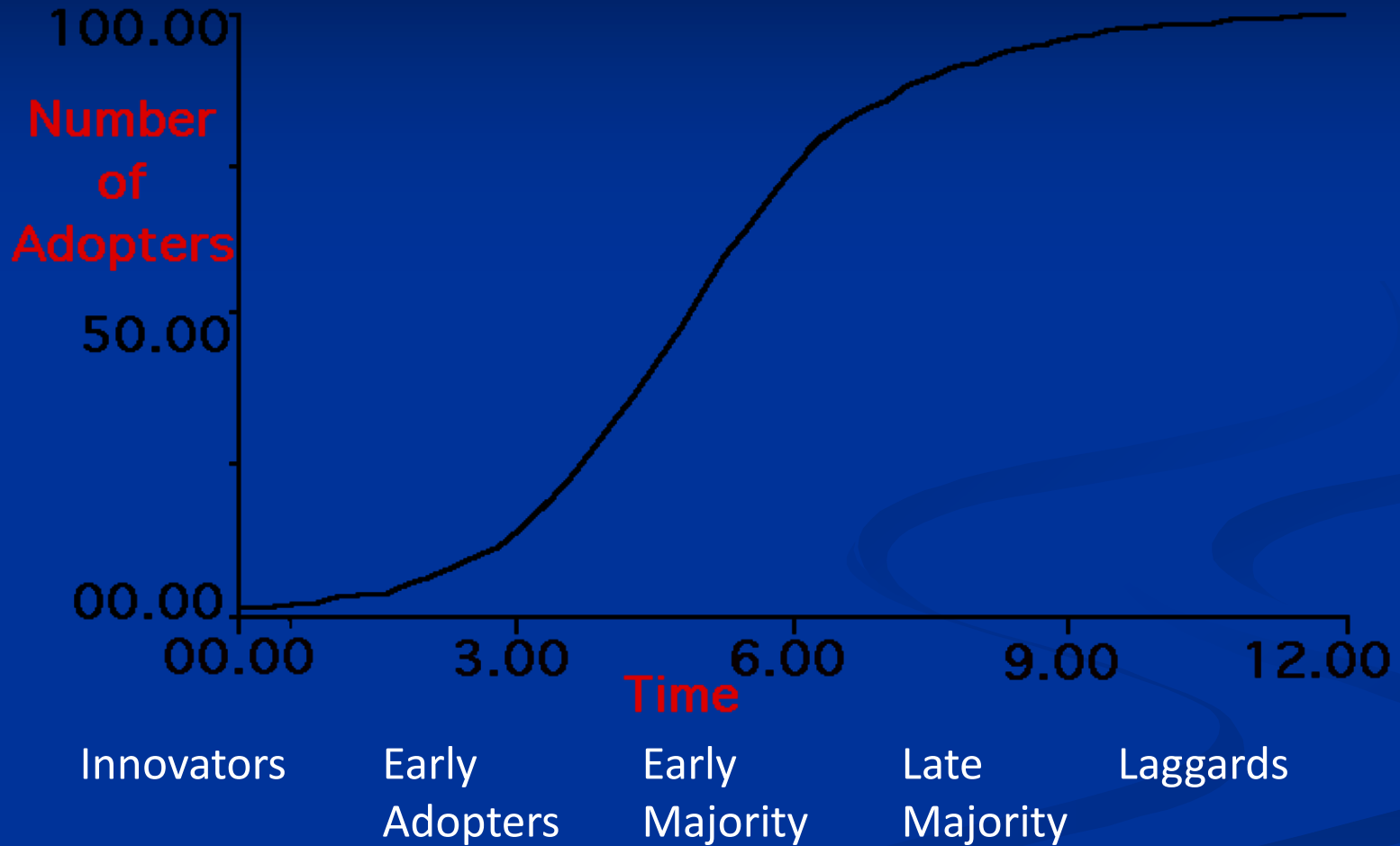
Quick Stats

- 2,000+ members
- 175 online knowledge exchange events each year, reaching over 2,500
- 3,000 visits to the AKE Resource Centre each month
- 800 new resources in the AKE Resource Centre

A few last words and thoughts
“I Live With Me”

Dorothy

Rogers diffusion of innovation theory



Rough waters



“There are those who look at things
the way they are and say why

I dream of things the never were and
ask, why not

One fifth of the people are against
everything all of the time”

Robert F. Kennedy

WE HAVE ONLY JUST BEGUN

**“The best way to predict the future
is to invent it”**

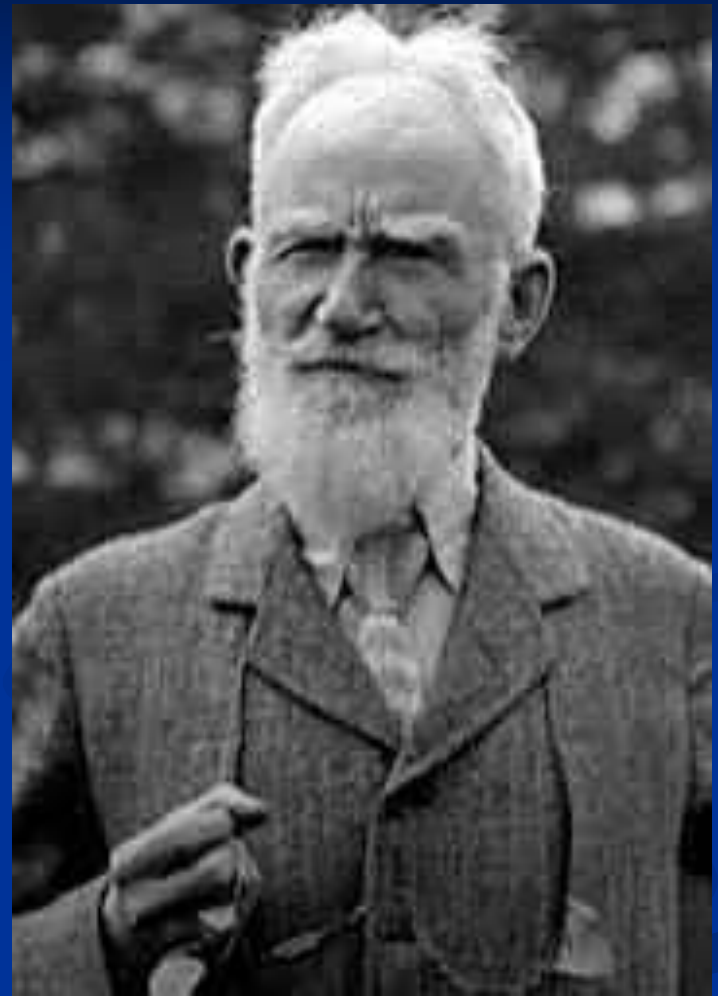
Allan Kay

**How Wonderful it is that nobody need to
wait a single moment before starting to
improve the world**

Anne Frank

“Some look at things that are, and ask why. I dream of things that never were and ask why not?”

George Bernard Shaw



thank you for
your attention

