Alberta Health Services

Seniors Health
Strategic Clinical Network - UPDATE

BSA – Symposium

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Alberta Strategic Clinical Networks

1) Diabetes, Obesity & Nutrition
2) **Seniors Health**
3) Bone & Joint Health
4) Cancer
5) Respiratory
6) Addiction & Mental Health
7) CV Health and Stroke
8) Emergency
9) Critical Care
10) Surgery

SCNs planned for 2015:
11. Primary Care
12. Maternal/Child
13. Kidney

Plans for:
Diagnostics
Gastrointestinal
Neuroscience
Infectious diseases

What are Strategic Clinical Networks (SCNs)?

- Collaborative clinical teams (with a strategic mandate)

- Led by clinicians and driven by clinical needs of older adults

- Comprised of:
  - Front-line physicians and clinicians from all professions (including primary care and community-based providers)
  - Zone and other Clinical Leaders
  - Primary & Community Care
  - Researchers
  - Public/ patients
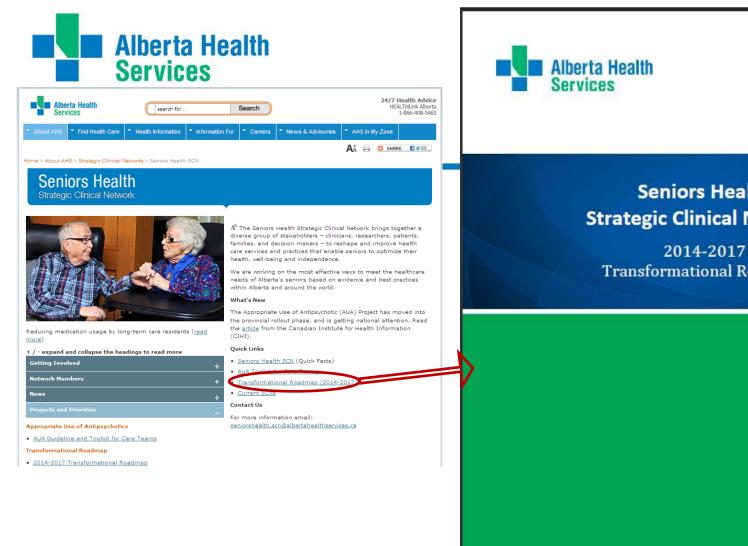 - AH & other external partners

Seniors Health SCN

- Launched June 2012

- Core Committee
  (40 members)

- 4 Working Groups

- 300+ Community of Practice Members

- 80+ Researcher Network

Seniors Health SCN Leadership Team

Lynne Mansell, Senior Provincial Director
Duncan Robertson, Senior Medical Director
Heather Hanson, Assistant Scientific Director
Jayna Holroyd Leduc, Scientific Director
Mollie Cole, Manager
Dennis Cleaver, Executive Director

http://www.albertahealthservices.ca/Strategic%20Clinical%20Networks/ahs-scn-srs-roadmap.pdf

SCN Update

http://www.albertahealthservices.ca/7702.asp

Alberta Health Services

Projects

•*Dementia Link (discussed earlier this morning)*

•AUA project

•Elder Friendly Care

Mission: To make improvements to health care services and practices that enable Alberta's seniors to optimize their health, well-being, and independence.

Platforms:

Healthy Aging and Seniors Care

Aging Brain Care   (Dementia)

Anticipating an Aging Alberta

Pillars:

| Research and Innovation | Engagement | Communication | Quality Improvement and Measurement |

Overview of the progress

- AUA Guideline and AUA Toolkit -
  http://www.albertahealthservices.ca/auatoolkit.asp

- 11 Early Adopter Sites (2013-14)
    - 50% reduction in number of residents on antipsychotics

- Provincial spread – 170 LTC sites (2014-15)

- Sustainability (2015-16)

Provincial Rollout

- Guideline and Toolkit resources shared with all sites
  - eLearning modules
  - Multiple presentations/KT strategies

- Tailor intervention strategy to 'need'
  - "Lower use" sites invited to education sessions

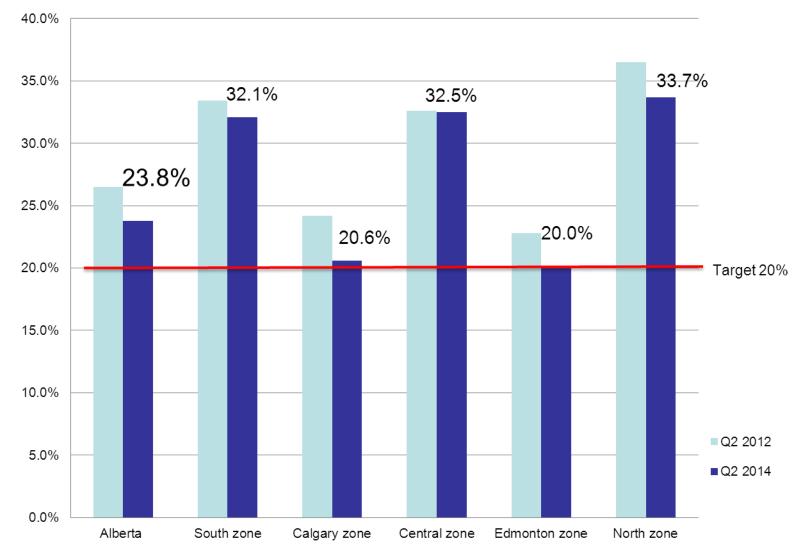 - "Higher use" sites offered more support (Collaboratives)

Content of Learning workshops

Learning Workshop #1 June 2014	Learning Workshop #2 October 2014	Learning Workshop #3 February 2015
Clinical rationale for reducing use of antipsychotics Build desire to change Offer suggestions on strategies: inform; educate staff; focus on medication reviews; engage families ACTION PLANNING	Report back on successes and challenges Content on strategies to engage families ACTION PLANNING	Report back on successes and challenges "meaningful activities" ACTION PLANNING for sustainability into the future

CIHI data

Adjusted, 4 quarter rolling, definition includes delusions

Enhanced Quality of Life

see videos on AUA Toolkit (right hand column)

http://www.albertahealthservices.ca/auatoolkit.asp

When residents are taken off antipsychotics:

- Most teams see little change in behaviours
- Teams report some residents are "waking up"
- Less than 10% are put back on antipsychotics
   (submitted on unit reporting sheets)

Families share stories:

- not sleeping all the time; eating better;
- better conversations/participation in activities
- "I have my mom back"

Planning for AUA Post Project Sustainability

The Elements of Sustainability

1. Unit – ongoing individual and team actions to reduce reliance on antipsychotic medications to help manage behaviours: med reviews; care-planning; family engagement; staff education

4. System

(AHS, AH) broader system supports

Policy established: CC Standards; AUA Guideline (updates)

Ongoing monitoring strategy established

Embed AUA concepts in P.I.E.C.E.S. and Supportive Pathways

Medication Reconciliation

Outcome to be maintained (low antipsychotic use continues)

2. Site & Organization

Actions to support individuals and team:

monitoring antipsychotic use/corporate indicator;

Fostering a culture that supports person-centred dementia care

Staff competencies

Successes celebrated

3. Zone – actions to support sites to sustain outcomes

Maintain awareness of AUA project – standing agenda items; auditing

Geriatric Mental Health Consulting teams; physician and pharmacy support

Update on Elder Friendly Care (EFC)

- EFC promotes evidence-informed quality improvement interventions: e.g., comfort rounds, delirium detection and least restraint use

- Provincial Elder Friendly Care Coordinating Group in place

- "Comfort Rounds" (also known as Intentional Rounding) is a seminal intervention of Elder Friendly Care. An aspect of CoACT

- PRIHS: Elder-friendly Approaches to the Surgical Environment (EASE)

- QI Project: EFC being implemented at 4 hospitals (28 units)

- Exploring collaboration opportunities with the Emergency Strategic Clinical Network

Summary

- SCN Update
- Update on AUA
- Update on EFC

Opportunity for Participation:

SCN Community of Practice

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