



CARING FOR SENIORS IN RESIDENTIAL CARE

Dignity in heart, mind & action

Mary Lou Lester, Quality Leader
BC Psychogeriatric Association Conference | May 2, 2014



Objectives

- Outline how the CLeAR initiative started
- Provide an update on the progress of CLeAR
- Have a CLeAR team share their story to date

Shifting How We Support Seniors in Residential Care

Caring With Dignity & Less Antipsychotic Medication

0900 – 1600, FRIDAY, JANUARY 18, 2013
DELTA AIRPORT HOTEL 3500 CESSNA DRIVE, RICHMOND BC

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“How best can we work together and support each other in our efforts to improve care?”



Attendees

- UBC Department of Family Practice & Capilano University
- MoH
- Medical Directors & Directors of Care at residential care facilities (province-wide)
- Members of Shared Care Committee – Polypharmacy Committee
- BCMA; College of Physicians and Surgeons
- Patient Voices Network
- WorkSafe BC
- Community & Health Authority Pharmacists
- Health Authority Administrators for Residential Care Programs (VIHA, VCH, IHA, Fraser, Providence)
- Alzheimer Society of BC, Advocates for Care Reform
- Geriatric Psychiatrists, Family Physicians & Geriatricians



Our CLeAR Vision

To enhance the dignity of seniors in residential care by supporting residential facilities throughout BC to work collaboratively and with partners to deliver individualized assessment and evidence-based care, which will lead to a reduction in the use of anti-psychotic medications.

Call for Action: Call for Less Antipsychotics in Residential care

- A voluntary quality improvement initiative designed to support interested teams in their efforts to address BPSD (within the context of Ministry and health authority priorities, policies and initiatives)
- Enhanced support to achieve goals for work already underway vs new work being created
- Build capability and capacity for improvement in residential care
- Bring system together to create vision of what we can achieve



Our CLeAR Aim

Achieve a 50% reduction province-wide from baseline in inappropriate use of antipsychotics through evidence-based management of the behavioural and psychological symptoms of dementia for seniors living in residential care by December 31, 2014.

Alignments

- Shared Care Polypharmacy
- Clinical Care Management
 - Medication reconciliation in residential care
 - 48/6 in acute care
- Seniors Action Plan
- Provincial Dementia Action Plan
- BPSD Guideline Implementation Working Group
- Provincial PIECES Education Planning Working Group

Supporting Partnership Alliance Members

- Alzheimer's Society of BC
- Advocates for Care Reform
- BC Care Providers
- BC College of Family Physicians
- College of Pharmacists of BC
- Denominational Housing Association
- Division of Geriatric Psychiatry, UBC
- Ministry of Health – Health Authorities & Pharmaceutical Division
- Patient Voices Network
- Office of the Public Guardian & Trustee, BC



Clinical Advisory Group

Chris Rauscher (Chair)	Clinical Lead, Senior's Care	BCPSQC
Andrea Felzmann	Clinical Practice Leader	Vancouver Coastal Health
Betty Murray	Patient Representative	Patient Voices Network
Caitlin McFadden	Medical Director & General Practitioner	Yucalta Lodge
Carol Ward	Geriatric Psychiatrist	Interior Health
Chris Hunter	Pharmacist	Reid's Prescriptions
Elisabeth Antifeau	Practice Lead, Home Health, Special Populations	Interior Health
Elisabeth Drance	Geriatric Psychiatrist	Providence Health Care
Faria Ali	Director of Care	Three Links Care Centre
Gillian Baird	Quality Leader	BCPSQC
Gina Gaspard	Clinical Nurse Specialist	Fraser Health
Louise Joycey	Manager, Recreation & Therapeutic Programs	New Vista Care Home



Faculty

Ann Marie Leijen	Director of Care	Cheam Village, Glenwood
Andrea Felzmann	Clinical Practice Leader	Vancouver Coastal Health
Barbara Radons	Nurse Practitioner	Minoru Residence
Betty Murray	Patient Representative	Patient Voices Network
Caitlin McFadden	Medical Director & General Practitioner	Yucalta Lodge
Cindy Reiger	Director, ALC Management, Access & Flow	Interior Health
Carol Ward	Geriatric Psychiatrist, Tertiary Mental Health	Interior Health
Dena Kanigan	Director of Care	Castlevue Care Centre
Elisabeth Drance	Geriatric Psychiatrist	Vancouver Coastal Health
Gina Gaspard	Clinical Nurse Specialist	Fraser Health
Janice Vance	Regional Knowledge Coordinator, Mental Health & Behaviour	Interior Health
Johanna Trimble	Patient Representative	Patient Voices Network
Sandy Psiurski	Quality Review Coordinator	Interior Health
Trevor Janz	Regional Residential Care Medical Director & General Practitioner	Interior Health
Wendy Carmichael	Manager, Residential Services	Kiwanis Village



CLeAR Participation: Response from Call for Action, summer 2013...

AWESOME!

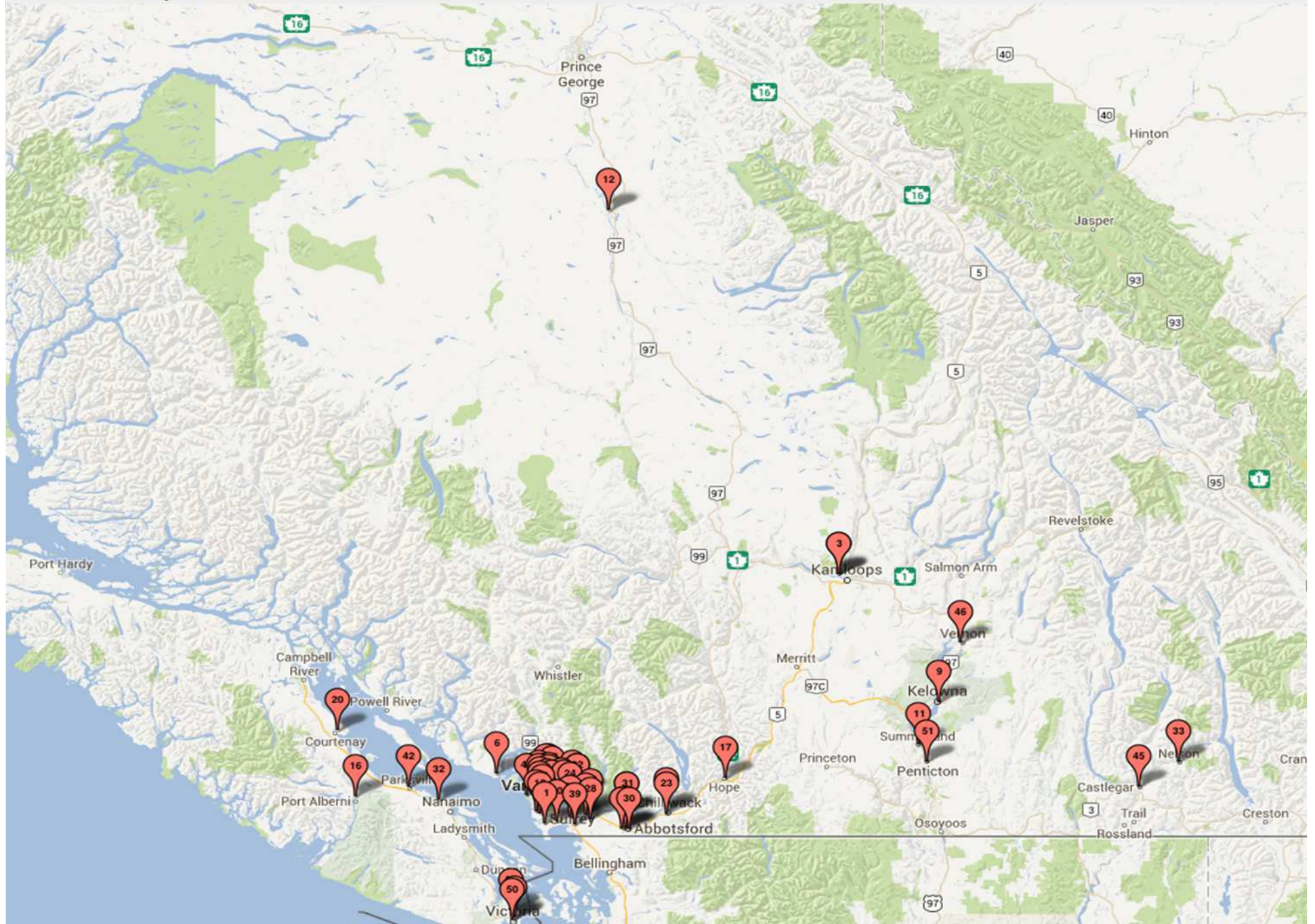
Facility Based Action & Improvement Teams

- Located in each HA
- Range of facility sizes (known from 31 beds to 225 beds)
- HA owned/operated (17) as well as Affiliate sites (35), both private/for profit and non-profit
- Varied operational and denominational affiliations

Location	Number of Teams
Fraser Valley	13
Interior	8
Lower Mainland/Central Coast	23
North	1
Vancouver Island	7
TOTAL	52

CLeAR Action and Improvement Teams

CLeAR Action and Improvement Teams



Individual Members

- Varied backgrounds
- Includes: HA staff, MH staff, case managers, family advocates and caregivers, University educators and researchers, and observers from outside BC

Location	Number of Teams
Fraser Valley	11
Interior	22
Lower Mainland/Central Coast	41
North	9
Vancouver Island	15
Other	5
TOTAL	103

Organizational Partners

- Includes: facilities, operators of residential site chains, educators

Location	Number of Teams
Fraser Valley	23
Interior	16
Lower Mainland/Central Coast	30
North	5
Vancouver Island	16
Other	1
TOTAL	91



Support Activities for Action & Improvement Teams

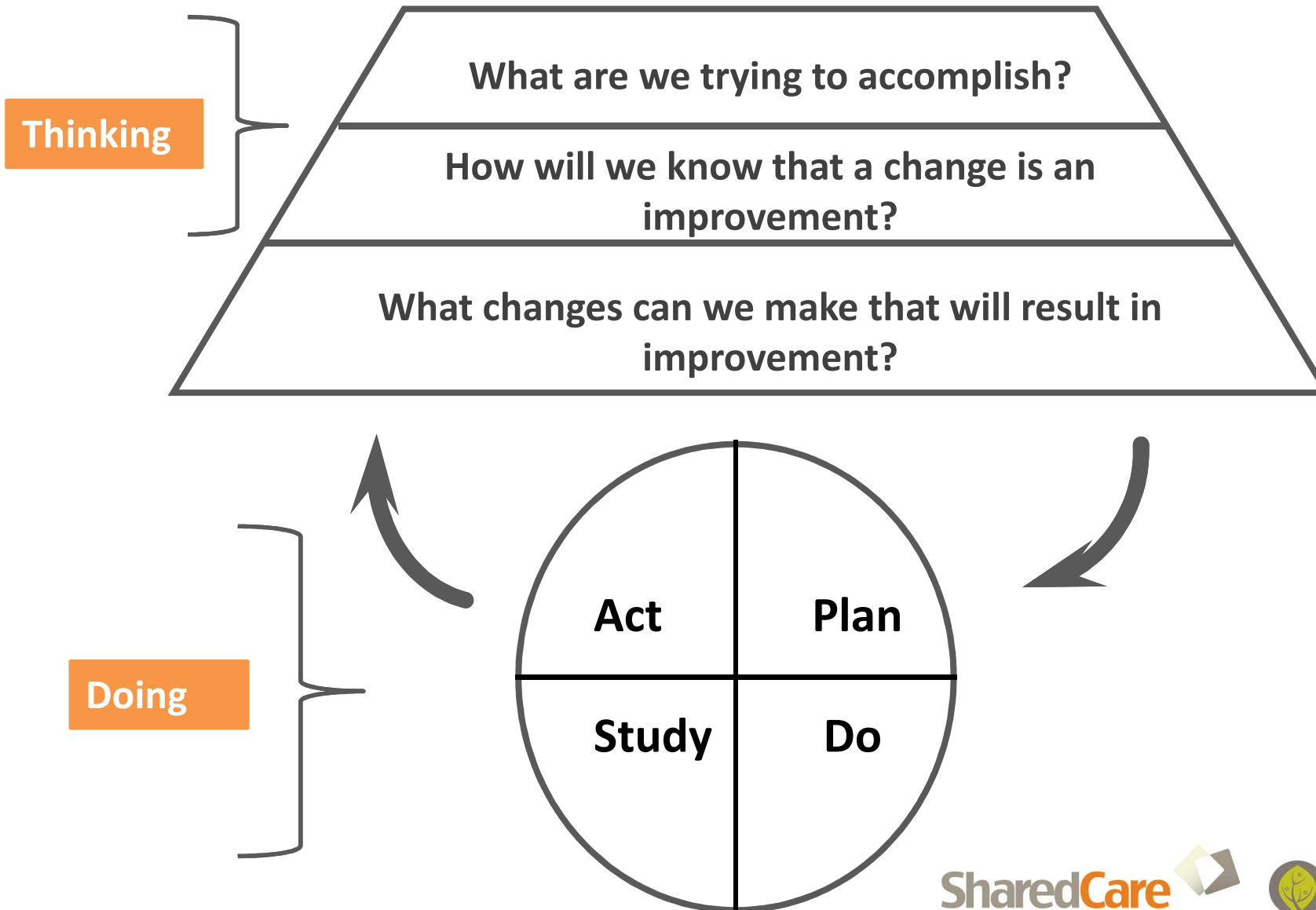
- Guidance through quality improvement (QI) work at the sites by three Improvement Advisors from BCPSQC
- Consultation with CLeAR Faculty
- Support and discussion throughout changes via webinars, individual calls and group calls, site visits, regional workshops



Support Activities for Action & Improvement Teams

- Access to a network of others doing similar work
- Access to a resource data base and tools so don't have to invent new processes
 - www.clearbc.ca
 - CLWK website community of practice
 - Connecting Learners **W**ith Knowledge
- An opportunity to learn from and align with other QI initiatives and improvement work going on across BC and beyond BC

Model for Improvement



Team Members

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“Dave can think outside of the box, Larry can think outside of the bag, Sue can think outside of the cup, Vinnie can think outside of the balloon, Lucy can think outside of the duffel bag, Mitch can think outside of the mitten...we’re ready for anything!”



CLeAR Teams Created

- Process map current state
- Identify gaps in process – areas for improvement
- Choose your area of focus
 - Individualized for each site
- Additional team members
- **Plan-Do-Study-Act**
- Involve staff and families



Areas of Focus for Improvement: CLeAR Driver Diagram



AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
<p>Achieve a reduction of 50% in the inappropriate use of antipsychotics in participating facilities across the province through evidence-based management of the behavioural and psychological symptoms of dementia (BPSD) for seniors living in residential care by December 31, 2014.</p>	<p>1 Appropriate antipsychotic use in residential care</p>	<ul style="list-style-type: none"> » Reduced use of antipsychotics: regular dose and PRN » Improved medication needs assessments, prescribing and medication review processes » Communication with care team and caregivers prior to decision to start new medication
	<p>2 Best practice management for residents with BPSD</p>	<ul style="list-style-type: none"> » Use BPSD Algorithm and Guidelines » Non-pharmacological interventions tested and reviewed before starting antipsychotics » Use alternative communication and care delivery strategies to reduce BPSD » Involve family and caregivers in learning about residents and best responses to reduce distressed reactions
	<p>3 Culture: Enhance Teamwork and Communication in Workplace and Workflow</p>	<ul style="list-style-type: none"> » Develop and support an environment of respectful communication, teamwork and learning from mistakes » Support sharing and communication between team members » Implement Administrative Leadership Walkarounds
	<p>4 Resident Care Planning for Quality of Life and Safety</p>	<ul style="list-style-type: none"> » Expand "care team" definition to include family, caregivers and all multi-disciplinary team members » Implement team communication tools for consistent care approach and delivery of person-centred care » Work with staff to develop, implement and evaluate effective person-centred, individualized care plans

Measuring Success

Facility data for QI purposes is collected and monitored locally over time to support the work of teams

Required and optional measures:

- Required: collected on a monthly basis and reported to BCPSQC to track success toward achieving provincial CLeAR Aim and help us design support of most benefit to teams
- Optional: in areas teams may also want to monitor to support local QI activities

Optional Measures

- **Process**
 - # residents on a reduced dose
 - # care reviews conducted using BPSD Algorithm
 - # reviews with family &/or caregiver involvement
 - # BPSD related incidents
 - # ER visits for assessment/treatment of BPSD
 - # of calls to MRP to request antipsychotic use

Optional Measures

- **Balancing**
 - # residents with antipsychotics discontinued but restarted within 1 month
 - # ER visits for assessment/treatment of BPSD
 - Fall rates
 - # other meds started post antipsychotic reduction or discontinuation
 - Antidepressant, Benzodiazepine
 - Family satisfaction/Staff surveys

What we know: Facilities

- Need for antipsychotic & BPSD education
- Increase involvement of residents/families/caregivers in care planning required
- Involve non-professional care givers to effect change in medication use by reporting behaviours observed
- Move attitudes and behaviours of staff from reactive to proactive
- Lack of teamwork and communication between physicians and facility staff results in increased prescribing

What we know: CLeAR

- Medications are NOT the first choice all the time
 - Facilities want to change the thinking that drugs are the first line option
- Limited experience with QI processes/tools
- Data collection may be a challenge time-wise
- Concerns about the time involved – conflicting priorities:
 - Accreditation
 - Other QI expectations (e.g., fall prevention)
 - Other education programs (e.g., RAI)
- Enjoying and learning from networking, sharing of ideas and listening to others

Timelines

- Kick Off: October 9, 2013
- First Monthly Webinar held October 22, then 1 or 2 / month,
 - varied QI and clinical topics
- Facility support calls with IAs: monthly
- Facility visits by Improvement Advisors
- Establish CLeAR community of practice on CLWK website
- 4 Regional workshops in May & June
- Facility group support calls
- Continued alignment with related provincial activity
- End date: December, 2014



What is CLeAR?

A balanced approach to reducing antipsychotic medication use while increasing the dignity of those in residential care.



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CLeAR Team

- **Maplewood Seniors Care Society in Abbotsford**
 - Corey Primus
 - Director of Care
 - Karla Stowards
 - Manager of Recreation Services