

IHE Innovation Forum XI

“Meeting the Challenge: Dementia and Continuing Care “

Edmonton, Alberta 2014-05-27

Panel Discussion:

**What is Alberta’s Seniors’ Health Strategic Clinical Network (SH SCN)?
How is the SH SCN addressing emerging issues in an aging Alberta?**

Duncan Robertson FRCP(Lond. & Edin.)FRCPC, FACP.
Senior Medical Director; Seniors Health Strategic Clinical Network

Strategic Clinical Networks are provincial, clinically-led teams designed to

improve:

- patient **outcomes**, using evidence & measurement (effectiveness)
- patient **satisfaction & experience** (accessibility and acceptability)
- **clinical practices**, including appropriateness of care (effectiveness & appropriateness)
- **efficiency and reduction in unjustifiable clinical practice variation** (efficiency & effectiveness)
- patient & system **safety** (safety)
- **value for money** (efficiency, effectiveness, appropriateness)
- **prevention** of disease and **lessen burdens** of illness in AB.

Alberta SCNs –May 2014

2012 - 2014 (under consideration)

1. Diabetes, Obesity and Nutrition

2. Seniors Health

3. Bone & Joint Health

4. Cardiovascular Health and Stroke

5. Cancer

6. Addiction & Mental Health

7. Emergency

8. Critical Care

9. Surgery

10. Respiratory

11. Primary Care

12 Maternal, Child, Newborn & Youth Health

13 Kidney

14 Gastrointestinal

15 Neurological, Eye ,Ear

Seniors Health SCN

- Launched June 2012
- Core Committee (40 members)
- 4 Working Groups
- 300+ Community of Practice Members
- 60+ Researcher Network



Seniors Health SCN leadership team

Lynne Mansell, Senior Provincial Director

Duncan Robertson, Senior Medical Director

Heather Hanson, Assistant Scientific Director

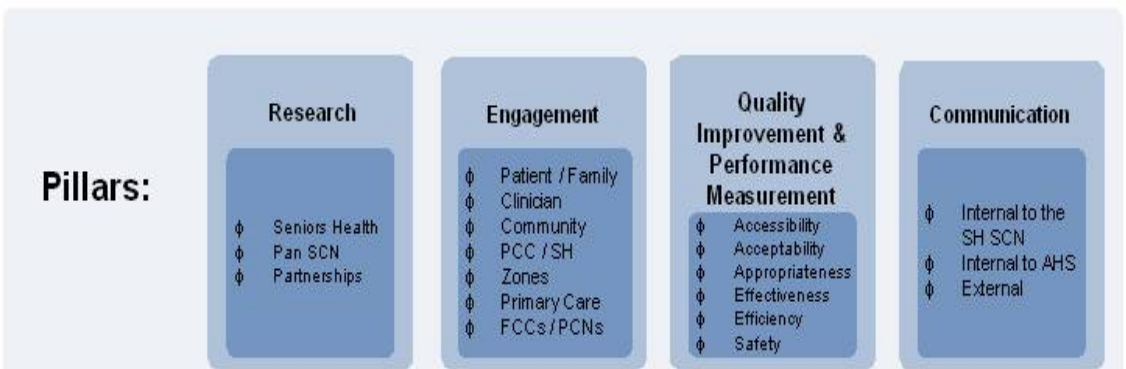
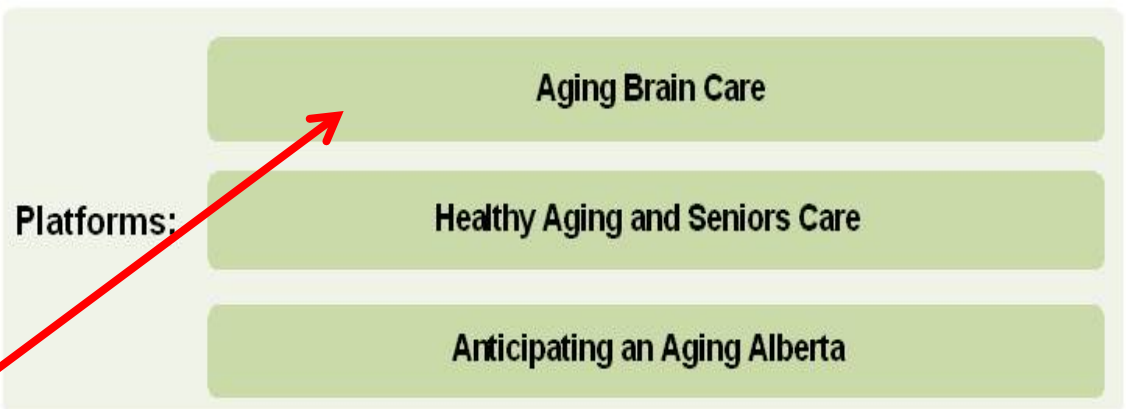
Jayna Holroyd Leduc, Scientific Director

Mollie Cole, Manager

Dennis Cleaver, Executive Director

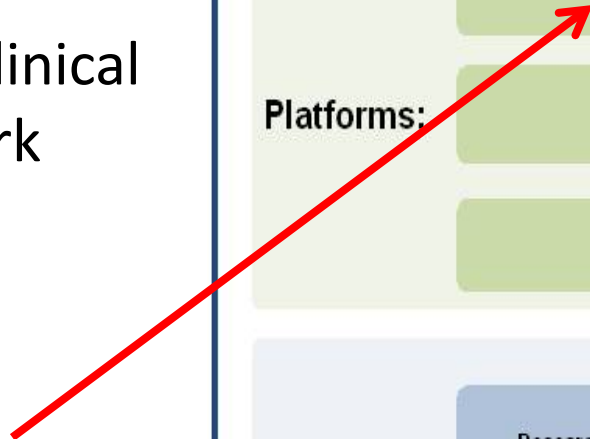
Seniors Health SCN Platforms and Pillars for Success September 2013

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



Seniors Health
Strategic Clinical
Network

**Appropriate Use of
Antipsychotics
(AUA) project**



Anticipating an Aging Alberta

- Address opportunities and challenges posed by Alberta's demographic changes
- Influencing and informing health policies developed by:
 - Government of Alberta
 - Alberta Health Services
 - municipalities
 - professional groups
 - community organizations
- Partnering with educational institutions

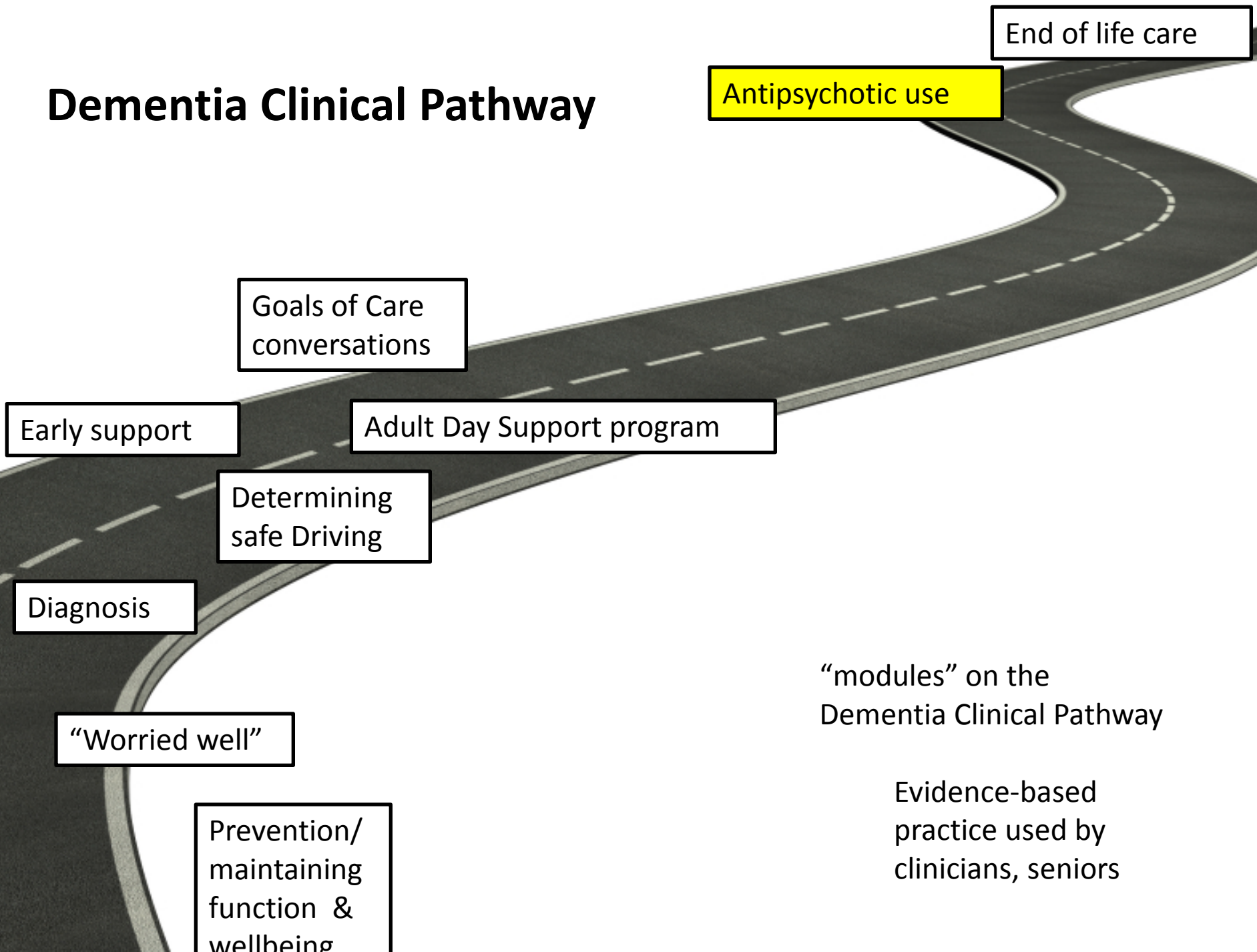
Healthy Aging and Seniors

- Preventing, anticipating, optimizing and living with conditions that compromise health and functional abilities in later life.
- Minimize the impact of frailty, illness and disability on independence and quality of life:
 - falls prevention
 - delirium prevention
 - co-morbid depression
 - “elder friendly care” – acute care and across all settings
- Resilience in seniors

Aging Brain Care (ABC)

- preventing, anticipating, and living with conditions common in later life that **result in cognitive changes**
- provincial framework and strategy for dementia
- public education
- dementia care in the community
- assessment of technology
- evidence-informed **care pathway**: health promotion to end of life care
 - evidence based modules
 - guidelines
 - protocols
- for use by caregivers, seniors and health care providers

Dementia Clinical Pathway



End of life care

Antipsychotic use

Goals of Care conversations

Early support

Adult Day Support program

Determining safe Driving

Diagnosis

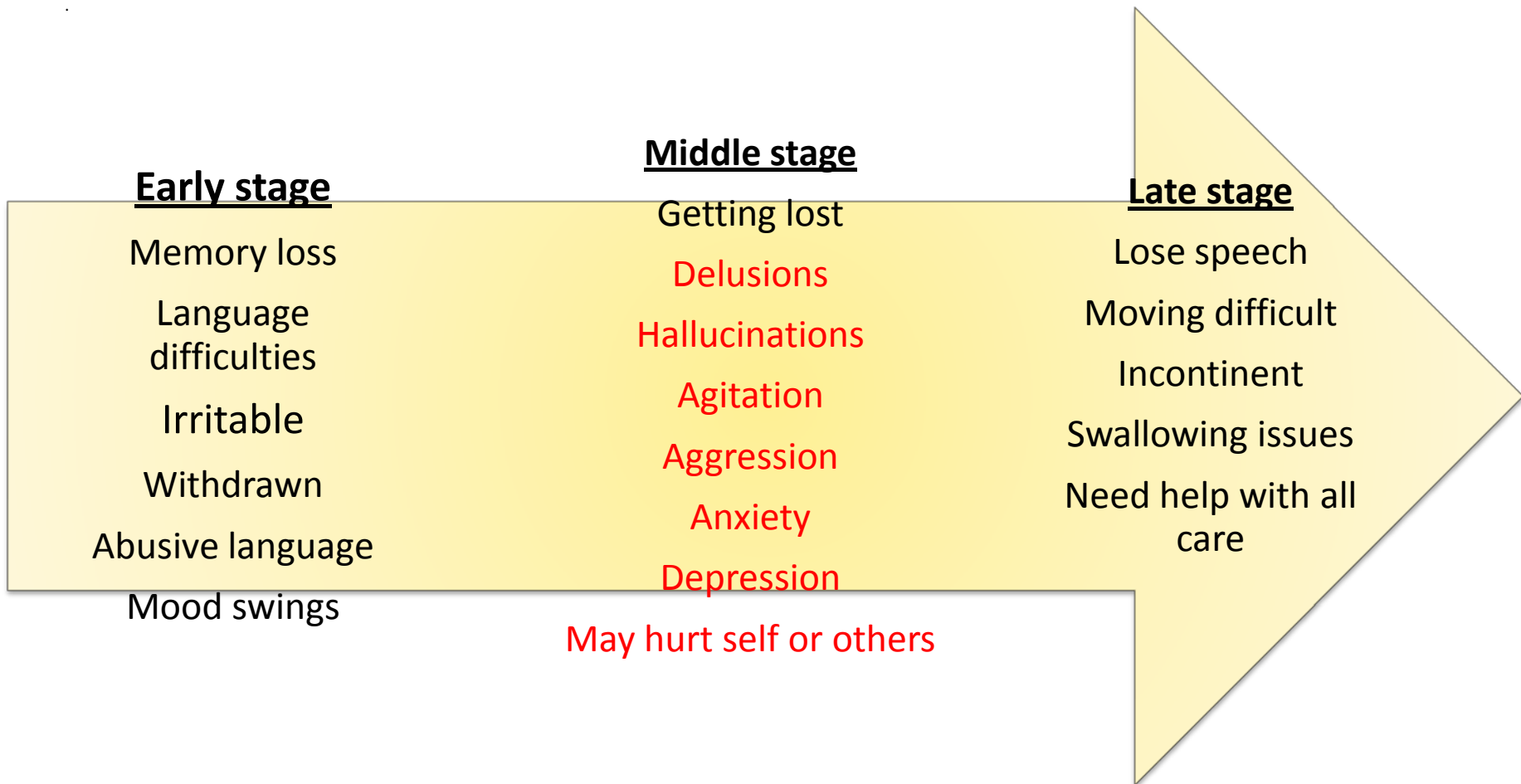
“Worried well”

Prevention/
maintaining
function &
wellbeing

“modules” on the
Dementia Clinical Pathway

Evidence-based
practice used by
clinicians, seniors

Expected Progression of Dementia



Key Outcomes & Deliverables of AUA Project

- Reduce the use of antipsychotic medication in LTC
- Develop AUA Clinical Practice Guideline & Toolkit of Resources to Manage Responsive Behaviors
- Key Performance Indicator: RAI 2.0 indicator on the use of antipsychotic medication without an indication (mental health/hallucinations)

Our Key Performance Indicator

<u>Prevalence of Antipsychotic Drug use in Absence of Psychotic and Related Conditions (%) – April 2011 – March 2012</u>						
North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone	Alberta	Rest of Canada
34.4	27.3	33.3	26.4	35.4	28.1	32.5

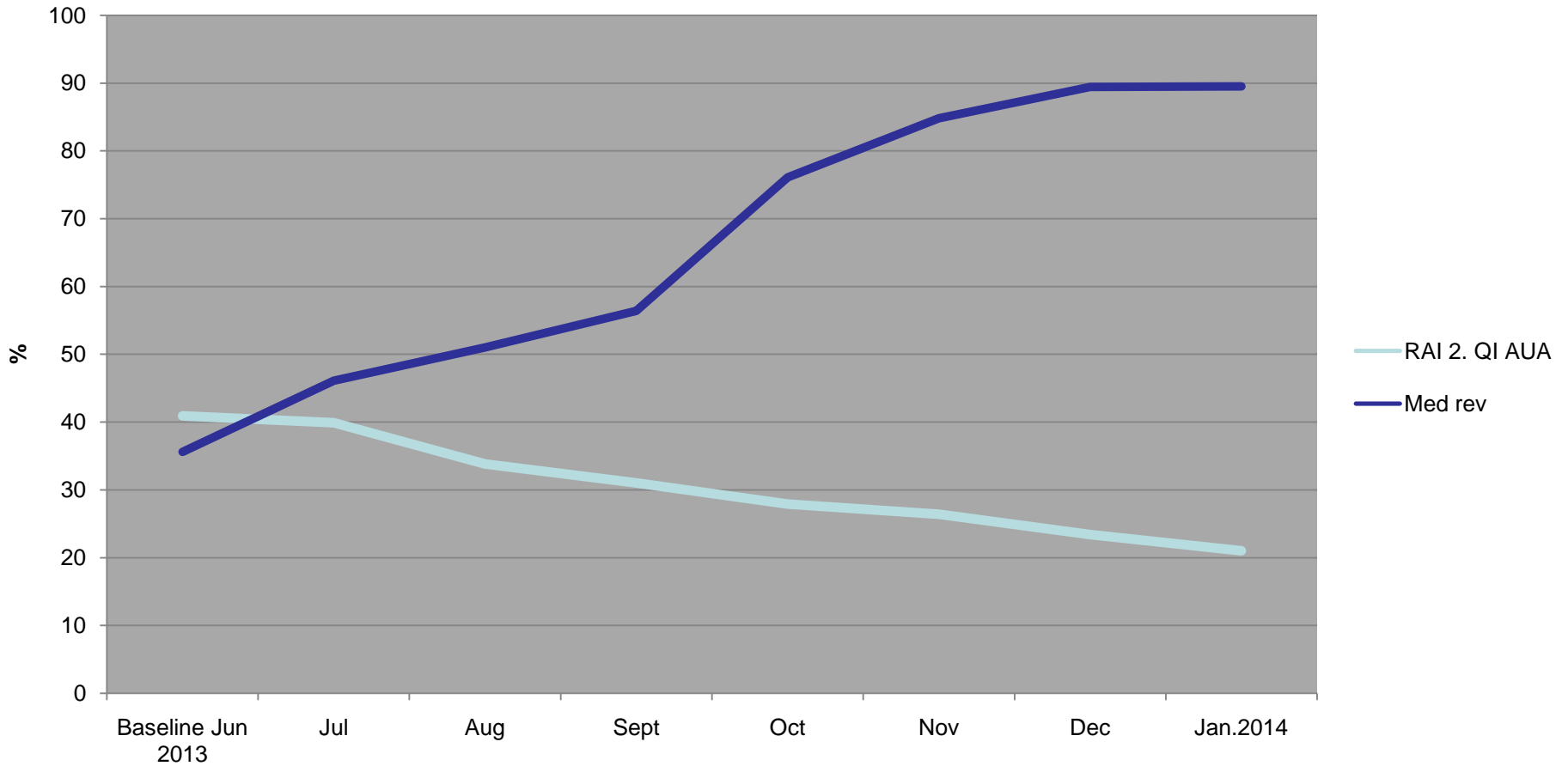
Provincial Target - 20% by March 2018 (A five year target)

11 Early Adopter Sites (units)

- All zones
 - Urban/rural
 - Small and larger sites
- Variety of owner/operator models



RAI 2.0 QI AUA & Monthly medication review Baseline Jun 2013 – Jan 2014



Phase 3 – Provincial Rollout

- Guideline and toolkit resources to all sites
 - eLearning modules
 - multiple presentations/Knowledge Transition strategies
- Tailor intervention strategy to ‘need’
 - 4 cohort approach: over 30%; 25-30%; 21-25%; under 20%
 - sites with higher AUA use were offered more support
 - currently 38/170 sites are under 20%



Seniors Health Strategic Clinical Network

2014-2017
Transformational Roadmap

Edmonton, Alberta

Version 1.4
April 2, 2014

Home > About AHS > Strategic Clinical Networks > Seniors Health Strategic Clinical Network

Seniors Health Strategic Clinical Network

The Seniors Health Strategic Clinical Network (SH SCN) brings together a diverse group of stakeholders – clinicians, researchers, patients, families, and decision makers – to focus on reshaping and improving health care services and practices that enable seniors to optimize their health, well-being and independence.

Today, one in nine Albertans are over the age of 65 increasing to one in five over the next two decades. The aging population creates both challenges and opportunities for the health care system. The Seniors Health SCN is working on the most effective ways to meet the healthcare needs of Alberta's seniors based on evidence and best practices within Alberta and around the world.

By attending to the unique needs of seniors within our healthcare system, we can have a positive impact on both the individual's health outcomes and the efficiency of the healthcare system. As examples of their unique needs, Alberta seniors currently visit emergency departments at twice the rate of non-seniors and are admitted from there to an inpatient unit at five times the rate of non-seniors. Lengths of stay also increase dramatically with age.

Priorities and projects

Over the long term, the three major platforms for the SCN will be: 1) Healthy Aging and Seniors Care; 2) Aging Brain Care; and, 3) Anticipating an Aging Alberta.

A proposed project within the Healthy Aging and Seniors Care platform is the implementation of the best practice of "elder-friendly care" that is emerging in research and practice across Canada. The goal is to improve

Quick Facts

- [Seniors' Health SCN](#)

Network Leadership

- [Dr. Duncan Robertson](#)
Senior Medical Director
- [Lynne Mansell](#)
Senior Provincial Director
- [Dennis Cleaver](#)
dennis.cleaver@albertahealthservices.ca
Executive Director
- [Dr. Jayna Holroyd-Leduc](#)
Scientific Director
- [Mollie Cole](#)
mollie.cole@albertahealthservices.ca
SCN Manager

Membership

To see who is involved check out our [core membership list](#)

Transformational Roadmap

- [2013-2017](#)

Success Stories

- [Fewer dementia patients using antipsychotic medications](#)
January 31, 2014

Newsletters

- [September 2013](#)
- [March 2013](#)

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

Some Principles of SGS

- Target Frailty, Complex Co-morbidity, and Cognition
- Self-referral and screening usually inappropriate but case-finding and anticipatory care is vital
- Real opportunities for prevention exist
- Apply evidence-informed body of knowledge but decision-making often in grey areas
- Address physical, mental, functional, social support in team-based approach.
- Relationship with primary and community care vital
- Build capacity, transfer knowledge and develop skills in all professions/caregivers