Welcome and Introductions

- Kaye Phillips, Senior Director, CFHI
- Kevin Harter, CEO, York Care Centre
- Julie Coughran, Unit Coordinator, York Care Centre
- Reagan Gale, Yukon Continuing Care
- Dawn Vallee, Director of Care, Capliano Care Centre, Revera
Session Objectives

- Discuss the CFHI pan-Canadian collaborative approach to anti-psychotic reduction and better dementia care.
- Share participating long term care (LTC) teams’ experiences, tools and results
- Explore the role of leadership in spreading innovation

Session Overview

- The CFHI pan-Canadian Collaborative Overview
- Team Experiences (enablers and challenges)
- The Role of Leadership
- World Café Discussion Tables
- Wrap Up

Agenda

1. 
2. 
3.
About CFHI

Kaye Phillips

The Canadian Foundation for Healthcare Improvement (CFHI)

Our Vision
Timely, appropriate, efficient and high-quality services that improve the health of Canadians

Our Mission
CFHI is dedicated to accelerating healthcare improvements and transformation for Canadians
Accelerating Healthcare Improvement

In 2014:
- **799** Healthcare leaders
- **141** Improvement teams
- **10** Collaborations
- **2** EXTRA cohorts

Antipsychotic Collaborative Video Presentation

Reducing Antipsychotic Medication Use
in Long Term Care Collaborative

cfhi-fcass.ca | @CFHI_FCASS
Collaborative Preliminary Results:

52% (216/416) of the target residents had their antipsychotic medication **discontinued** or their dose **reduced** *

- **16.4%** n=68
  - Percent of Target Residents for whom the doses of antipsychotics prescribed was **reduced** by second intervention quarter

- **35.6%** n=148
  - Percent of Target Residents for whom the doses of antipsychotics prescribed was **discontinued** by second intervention quarter

* Results based on preliminary analysis of Q3 data.

Collaborative Preliminary Results:
Better Health Outcomes

Number of Target Residents discontinued or reduced (52%) **216/416**

- **41** Falls **↓6%**
- **29** Verbal Abusive Behaviours **↓4.6%**
- **27** Aggressive Behaviour **no increase**
- **55** Resisting Care **↓5.6%**
- **56** Social Engagement **↑1%**

With the exception of one LTCH, there was no increase in the use of physical restraints among residents discontinued or reduced.

* Results based on preliminary analysis of Q3 data.
The York Care Centre Experience

Julie Coughran

York Care Centre
Center of Excellence in Aging Care

York Care Centre Implementation

- Largest LTC facility in NB - 214-bed LTC facility
- Initial pilot took place in one unit (Birch Grove).
- **Aim:** Reduce inappropriate medication prescribing by 25% by Sept, 2015
- Successful spread to three additional units (Tower 1, 2, & 3)
- Next wave of spread to final unit of YCC (Dixon); Spread within YCC to be complete by Sept 2016
About the YCC Birch Grove Pilot Cohort

24 Birch Grove Residents:
• 11 qualified for the study in August 2014 (diagnoses of Alzheimer’s/Dementia at different stages).

Baseline:
• 82% target residents on antipsychotic medication prior to admission
• 18% of target residents had more than one type of antipsychotic medication prescribed

Strategy for Change

1. Care team identified a small number of residents with some behavioural concerns and began studying them.
   o What were the triggers?
   o Would we be able to curve the behaviours?
   o Was it safe for them to be reduced at this time?

3. Staff training: PIECES/UFIRST

4. Team huddles

5. Consult with MD and families

6. Reassess, monitor and continue with more challenging residents, one at a time.
Initial Pilot Unit: Birch Grove

Reducing Antipsychotic Medication Use in Residents without a Diagnosis of Psychosis at Birch Grove Pilot Unit
Sept. 2014 - Sept. 2015, Target resident sample = 11

- 27% target residents with antipsychotics discontinued (n=1)
- 28% target residents with antipsychotic dose reduced (n=3)
- 9% with antipsychotic dose reduced prior to transfer (n=1)
- 27% with antipsychotic dose discontinued prior to death (n=3)
- 9% no changes made yet (n=3)

Results: Target resident sample

Target resident outcomes at baseline and each follow-up period

- Baseline (Sept. 2014, n=11)
- Q1 (Jan. 2015, n=10)
- Q2 (Apr. 2015, n=8)
- Q3 (Sept. 2015, n=7)
Results: Target Resident Sample

Behavioural outcomes of the target resident sample at baseline and each follow-up period

<table>
<thead>
<tr>
<th>Behavioural Outcome</th>
<th>Baseline (Sept. 2014, n=11)</th>
<th>Q1 (Jan. 2015, n=10)</th>
<th>Q2 (Apr. 2015, n=8)</th>
<th>Q3 (Sept. 2015, n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibiting verbally abusive behaviour daily or less than daily</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Exhibiting physically abusive behaviour daily or less than daily</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Exhibiting socially inappropriate/disruptive behaviour daily or less than daily</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Resisting care daily or less than daily</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

York Care Centre Spread Results

<table>
<thead>
<tr>
<th>Tower 1</th>
<th>Number of Residents (N=5)</th>
<th>Amount Antipsychotic Reduced (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>deceased</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tower 2</th>
<th>Number of Residents (N=21)</th>
<th>Amount Antipsychotic Reduced (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>unchanged</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>deceased</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tower 3</th>
<th>Number of Residents (N=11)</th>
<th>Amount Antipsychotic Reduced (%)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>100%</td>
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<tr>
<td></td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>unchanged</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>deceased</td>
</tr>
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Lessons Learned

• GO SLOW
• Communicate to ALL staff
• Involve the full team
• Reassess, reassess, reassess

Keys to Success

• Engage families
• Be creative
  o E.g. Did they love painting when they were younger? Did they “tinker” with electronics, or fishing rods?
• Put together photo albums.
• Pet therapy
• Use music
Sustaining the Gains and Future Spread

Maintaining the successful spread to all five units at YCC:

- Quarterly assessments on each unit to follow residents’ progress
- Develop policy and procedures to ensure new residents are assessed for eligibility and need for reduction.
- PIECES/UFIRST education included in orientation for new staff

Future Spread:

- Support the spread of this initiative to other long term care facilities throughout NB.

The Revera Experience

Dawn Vallee
Our Pilot

- National performance for the indicator of percentage of residents using antipsychotics without a diagnosis of psychosis in 2013 was above average (CIHI)

<table>
<thead>
<tr>
<th>Focus of Intervention</th>
<th>Baseline AP rate</th>
<th>Sample Population</th>
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</thead>
<tbody>
<tr>
<td>2 Ontario LTCHs</td>
<td>39% 36%</td>
<td>50</td>
</tr>
<tr>
<td>1 BC LTCH</td>
<td>34%</td>
<td></td>
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<tr>
<td>Additional LTCHs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>23%-43%</td>
<td></td>
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<tr>
<td>Total number of LTC Homes - 15</td>
<td></td>
<td>Total target population - 441</td>
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Aim Statement:
To reduce antipsychotic medication use without a related diagnosis of psychosis by 10% by August, 2015.

Spread Goal:
To spread to the remaining 43 Ontario homes by the end of 2015 through in class training for Montessori based activities, post responsive behaviour huddles education by webinar and monthly review of residents on antipsychotics by the interdisciplinary team.
Strategy for Change

Implementation Strategies:
• Huddles
• Education/training for physicians, families and staff
• Person centered care planning
• Monthly Indicator monitoring
• Monthly medication utilization reports from pharmacy
• Medication reconciliation upon move-in
• Support through monthly Community of Practice calls

Target Resident Population

Reducing Antipsychotic Medication in Residents without a Diagnosis of Psychosis at 3 Revera LTC Facilities*
Sept-Nov 2014 - Jun-Aug, 2015, Target Resident Sample = 50

*James Bay LTC Home (AB), Main Street Terrace (ON), McGarrell Place (ON)

- % target residents with antipsychotics discontinued (n=13)
- % target residents with antipsychotic dose reduced (n=1)
- % with antipsychotic dose reduced prior to death (n=1)
- % with antipsychotic dose discontinued prior to death (n=2)
- % discharged to another home or died before any changes made (n=6)
- % no changes made yet (n=32)
Key Results

- All 15 homes saw positive results!

% of Residents with Antipsychotics Reduced or Discontinued Across 15 Revera Homes (Sept 2014-Jun, 2015)
(Target Population n=441)

Results for Target Sample n=43

Percent of target residents on other psychotropic medications (n=43)

Percent of target residents with an ADL Long Form Score greater than 14 (n=43)

Percent of target residents who fell in the last 30 days (n=43)
Challenges and Enablers

**Enablers**

- Increased involvement by our local pharmacists.
- Physician engagement in the quality improvement process.
- Provincial leads have been a driver for the change.

**Challenges**

- One of the toughest challenges is finding dedicated time to obtain, enter, and analyze the data for our targeted populations.
- Lack of a visual of the home’s progress.
- Strong resistance from attending physicians or Medical Directors.

Sustaining the Gains and Future Spread

**Sustaining Change**

- Education (Montessori method of purposeful activity);
- Huddles;
- monthly medication reviews for residents on antipsychotics;
- monthly tracking of antipsychotic usage in all homes.

**Spread AIM**

To reduce the % of residents on antipsychotic medication without an appropriate diagnosis of psychosis to 20% by December 31, 2015 using:

- Non pharmacological interventions;
- Monthly medication reviews for residents on antipsychotics;
- Post responsive behaviour huddles using SBAR form and documentation to care plans.
Sustaining the Gains and Future Spread

Measures during Spread

- % residents on antipsychotics without diagnosis of psychosis
- Number of Monthly Medication Reviews for Antipsychotics
- Number of staff trained in person-centred care
- Number of huddles completed

The Yukon Care Centre Experience

Reagan Gale
**Spread Goal**

**Pilot Site:**
- 24-bed secure unit - most behaviourally complex residents
- August 2014 – 60% residents receiving anti-psychotics without documented diagnosis of psychosis
- No organizational policies or guidelines around use of chemical restraint (sedation)

**Goal:**
- To reduce the use of antipsychotic by 15-20% (4 residents / unit).
- To spread the regular use of Person-Centred Care (PIECES) by all front-line staff.
- To initiate regular multi-disciplinary medication review meetings for residents.

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**Our Strategy- An investment in Staff**

- We focused on education for staff and community partners
  - Day-long, mandatory workshop of the dementia PET modules
  - Three-day PIECES training
  - Mandatory non-violent crisis prevention training.

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**Cost of Training over Collaborative**

- Estimated total cost per quarter
- Cumulative Total
- Linear (Cumulative Total)
Progress Results at Yukon Continuing Care

Reducing Antipsychotic Medication Use in Residents without a Diagnosis of Psychosis at Copper Ridge Place and Thomson Centre
Jul-Sept. 2014 (Baseline) - Apr-Jun 2015 (Q3), Target residents at Q3 = 33

- 27% target residents with antipsychotics discontinued (n=9)
- 6% with antipsychotic dose reduced (n=2)
- 6% with antipsychotic dose increased (n=1)
- 18% died or transferred to non-project unit (n=6)
- 3% no changes made yet (n=15)

Initial Pilot Site: Copper Ridge Place Special Care Unit

Outcomes of Target Residents followed from baseline to Q3 (n=10)

- Baseline (Jul-Sept. 2014)
- Q3 (Apr-Jun. 2015)
### Lessons Learned

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| 1. | **Communication with staff is most important.**  
    | listen to and hear concerns; give ample notice to upcoming focus areas during spread.                   |
| 2. | **Allow time for change and acceptance.**  
    | don’t force decisions, and use modeling vs directing where possible to effect changes such as ways to interact with residents. |
| 3. | **Be persistent in connecting with partners: trust the innovation of the teams and bring the focus to common ground—the welfare of the residents.** |

### Sustaining the Gains and Future Spread

- Assign responsibility for ongoing huddles
- Maintain training for all staff
- Identify newly admitted residents taking antipsychotics
- Include antipsychotic medication information in orientation for all new staff
- Assign unit managers responsibility to report on all residents on antipsychotics with rationale for these prescriptions
- Require meaningful activities as part of Resident’s care plans
- Work towards medication review meetings
Role of Leadership in Spreading Innovation

Kevin Harter

Setting the Tone and Motivating

- Set the tone about the importance of the issue
- Motivate the spread
Support, Resources & Tools

• Provide the resources and tools to enable implementation and spread

Engage and Motivate

Engaging and motivating staff throughout the change
Opportunity Costs

The opportunity-costs of spread initiatives.

I hope you appreciate that each “walk” costs $175 of my billable time.

I hope you appreciate that I’m your only friend.

Advice for other Leaders

THE LEADER IS IN
World Café
Discussion Tables

Kaye Phillips

World Cafe

An opportunity to explore the initiative and dig deeper into the experience.
World Café: Exploring the Innovation

- 4 Topics
- Choose 2 tables to visit
- 10 minutes / topic

Topics:

1) Multi-site/Inter-provincial Spread
2) Measuring Spread
3) Onboarding and Educating staff for Spread
4) Role of Leadership in Spread

World Café: Reflections @ Your Table

- What is one good idea that you heard?
- What will you do to spread that idea?
World Café: Final Checking In

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Questions?