

**SPECIAL  
POINTS OF  
INTEREST:**

- **Seniors Health SCN Core Committee** has been formed.
- **Seniors Health SCN** will start work on the **Aging Brain Care Pathway**.
- **The Appropriate Use of Antipsychotics** project is underway.

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## Seniors Health Strategic Clinical Network Update

The goal of the Seniors Health Strategic Clinical Network (SH SCN) is to optimize the well-being of Alberta's seniors through the pursuit of best practices that are based on research and other evidence.

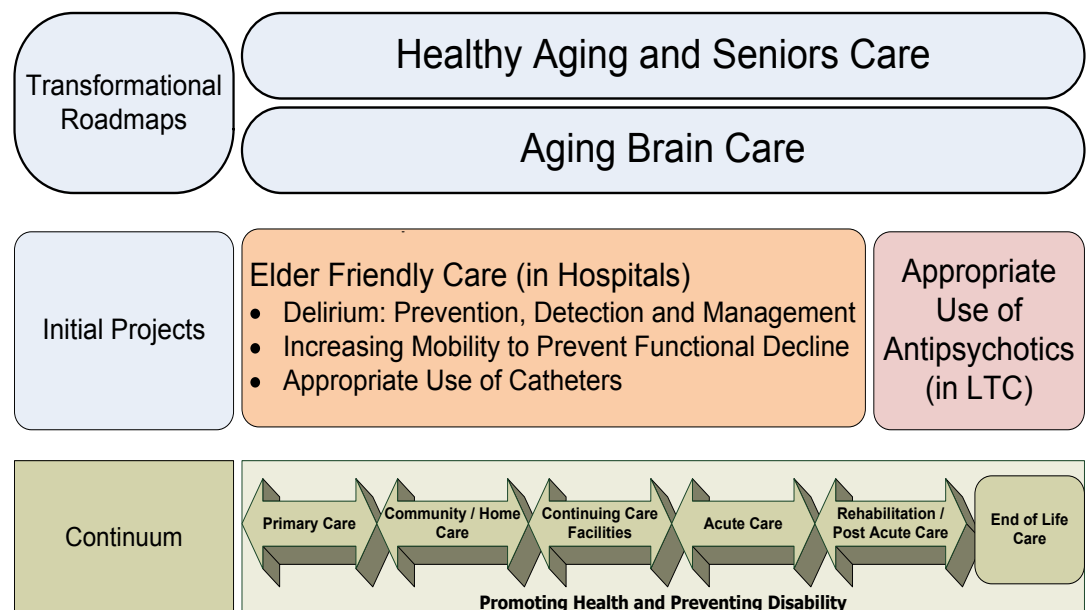
To date the Seniors Health SCN has:

- Formed a Core Committee of physicians, front-line clinicians, a patient engagement researcher, others that specialize in care for the elderly .
- Determined the initial priorities for our SH SCN work over the next 3-5 years, which are outlined in our framework diagram (below).
- Started our work to develop an Aging Brain Care Transformational Roadmap
- Launched the Appropriate Use of Antipsychotics project.

## Seniors Health SCN Framework

### Seniors Health SCN Mission:

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



# Who is on the Seniors Health Core Committee?

## Seniors Health SCN:

- Dr. Duncan Robertson Senior Medical Director, Seniors Health SCN
- Dr. Jayna Holroyd-Leduc Scientific Director, Seniors Health SCN
- Dr. Heather Hanson Assistant Scientific Director, Seniors Health SCN
- Lynne Mansell Vice President, Seniors Health SCN
- Dennis Cleaver Executive Director, Seniors Health SCN
- Mollie Cole Manager, Seniors Health SCN

## South Zone:

- Dr. Roland Ikuta Geriatrician
- Kathy James-Fairbairn Pharmacist
- Cheryl Knight Primary & Community Care
- Trudy Harbidge Primary & Community Care, Seniors Health Strategy
- Colin Zieber Zone Leader, Seniors Health South
- Bev Rhodes Information Technology
- Claire McCrank Primary & Community Care

## Edmonton Zone:

- Dr. Mary Hurlburt Physician, Primary Care
- Dr. Ernst Schuster Primary Care Physician
- Dr. Adrian Wagg U of A Chair of Healthy Aging
- Dr. Jasneet Parmar Medical Lead, Home Living, Edmonton Zone
- Dr. Mehrnosh Mirhosseini Palliative Care Medicine
- Michele Sutor Nurse Practitioner
- Grace Maeir Glenrose Specialized Geriatrics
- Carol Anderson Zone Leader, Seniors Health
- Lynette Lutes QHI Liaison
- Shelley Rattray Communications
- Corinne Schalm Alberta Health

## Central Zone:

- Dr. Valerie Smith Family Physician, Care of the Elderly
- Lori Sparrow Zone Leader, Seniors Health Central

## Calgary Zone:

- Dr. David Hogan Geriatrician
- Dr. Diana Turner AMA Family Medicine
- Dr. James Silvius Senior Medical Director, Seniors Health Primary & Community Care
- Dr. Eric Wasylenko MD Clinical Ethics
- Jessie Trenholm Occupational Therapist
- David O'Brien Vice President, Primary & Community Care
- Nicola Brooks Provincial Access Team
- Pam Brown Zone Leader, Seniors Health
- Pin Cai Population Health
- Deborah Katz Clinical Analytics
- Sylvia Teare Patient Engagement Researcher

## North Zone:

- Dr. Heinrich Brussow Physician
- Robyn Maddox Zone Leader, Seniors Health North

## Aging Brain Care

We have started to work on the Aging Brain Care transformational roadmap. As our population ages, our health care system will see an increase in the number of older adults who experience changes in cognition. Some of the key questions we want to address are: How can we best provide care to individuals who have a

cognitive impairment and those who support them? What supports can we offer when changes to brain function are first noticed? What care is needed by the person and care partner in the middle stages to keep the person with cognitive decline in the community? What care is needed at the later stages of the dementia journey and at end of life?



The health care system will see more older adults who experience changes in cognition.

## Elder Friendly Care Initiative

The Seniors Health Strategic Clinical Network will be pursuing the development of elder friendly environments and services across the continuum of care, beginning with prevention promotion, that accommodate and respond to the wide range of needs and opportunities to support the healthy aging of Alberta's seniors. During these early stages of the SH SCN, we have been pursuing elder friendly care initiatives within the acute care sector.

The Elder Friendly Care (EFC) initiative focuses on enhancing the care provided to older patients in acute care. This upcoming project will focus on implementing key interventions to prevent common complications experienced by older patients upon being admitted to acute care, such as: falls, delirium (acute confusion associated with an underlying medical condition), and de-conditioning (becoming less able to move or take care of themselves).

The key interventions under this project are:

- comfort rounds (helping patients to the bathroom every 2 hours and assessing pain)
- delirium assessment and management
- reduction in catheter use
- reduction in use of restraints

This project will be aligned with the provincial Path to Home initiative as a key strategy to help prevent long lengths of stay for older patients—the details of this collaboration are still in development.

# Appropriate Use of Antipsychotics

This approved project focuses on **reducing** the use of antipsychotic medications in Long Term Care (LTC) sites. Current research has shown that there is little benefit to using these medications to manage the behaviors associated with dementia and, in fact, there can be some harm caused to those who unnecessarily take these medications for extended periods of time. Literature supports that alternative care approaches work as well, or even better, than using these medications. This **Appropriate Use of Antipsychotic (AUA)** project is a reassessment project. This means we will stop, or reduce, doing something that is the current practice in many LTC sites while replacing it with a better practice.

Antipsychotic Medications and a companion Toolkit of Resources. In phase two of the project, starting in September 2013, we will implement these resources in 10 “early adopter” LTC sites. An expression of interest to be an early adopter site has identified the initial sites where this work will be implemented. The early adopter sites will begin preparation by forming site-based teams to look at their current practices regarding the use of antipsychotic medications. Based on the feedback from phase 2 of the project, we will update the guideline and toolkit. We will then spread the initiative to all LTC sites in the province during phase 3 of the project, starting in January of 2014.

This project focuses on reducing the use of antipsychotic medications.



The project will proceed in three phases. In the first phase, we are focused on developing a Clinical Guideline on the Appropriate Use of

We have created an AUA Working Group to oversee this project. A number of sub-committees (as shown below) are being formed to develop the Guideline and Toolkit, an Evaluation Framework, a Knowledge Translation strategy and a Staff Engagement Strategy.

## Research Updates

### Falls Network Meta-Analysis Funded by CIHR

The negative consequences of falls among older adults are well documented. However, there is still uncertainty around the details that make fall prevention interventions most successful.

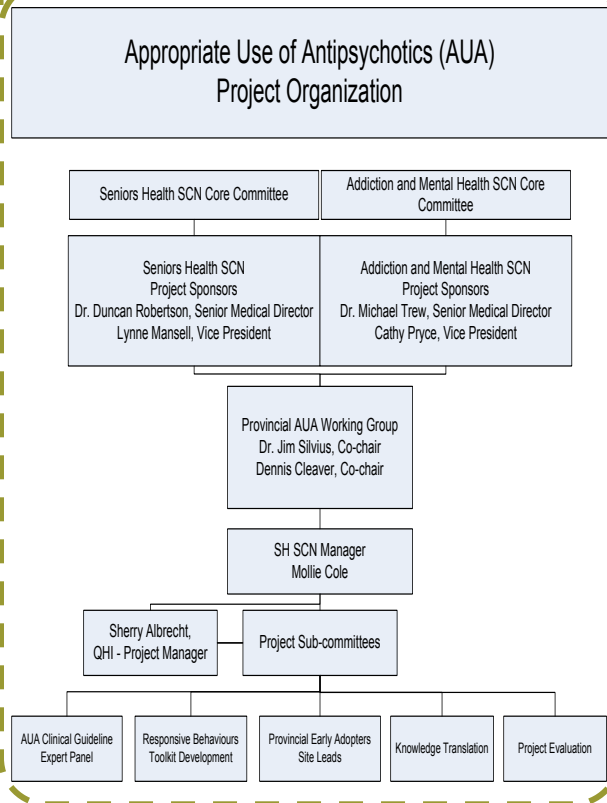
With the direct involvement of the Seniors Health SCN, and with support from the Bone and Joint Health SCN, a falls network meta-analysis will be conducted to synthesize the existing evidence on fall prevention interventions. The knowledge synthesis will identify existing fall prevention interventions and evaluate the research to determine the most optimal interventions to prevent falls across settings, from community through to long term care. This 1-year grant nearing \$100,000 has been funded by the Canadian Institutes of Health Research (CIHR).

### Networking and Strategic Planning Events

Researchers in the field of health and aging were invited to attend our first Networking and Strategic Planning events (March 4th and 18th, 2013.). The purpose of these events was to:

- Gain insight into the top research priorities for SH SCN, as informed by the research community and network members, for the development of the strategic research plan,
- Understand the research community composition, including the breadth of backgrounds/interests and identification of additional key stakeholders.

Attendee feedback from the events was favorable. An event summary will be circulated in April. Content from the interactive discussions will be used to inform strategic planning that will take place over the coming months.



If you would like to add your name to our network list, please e-mail Dr. Heather Hanson, Assistant Scientific Director, at [heather.hanson@albertahealthservices.ca](mailto:heather.hanson@albertahealthservices.ca)

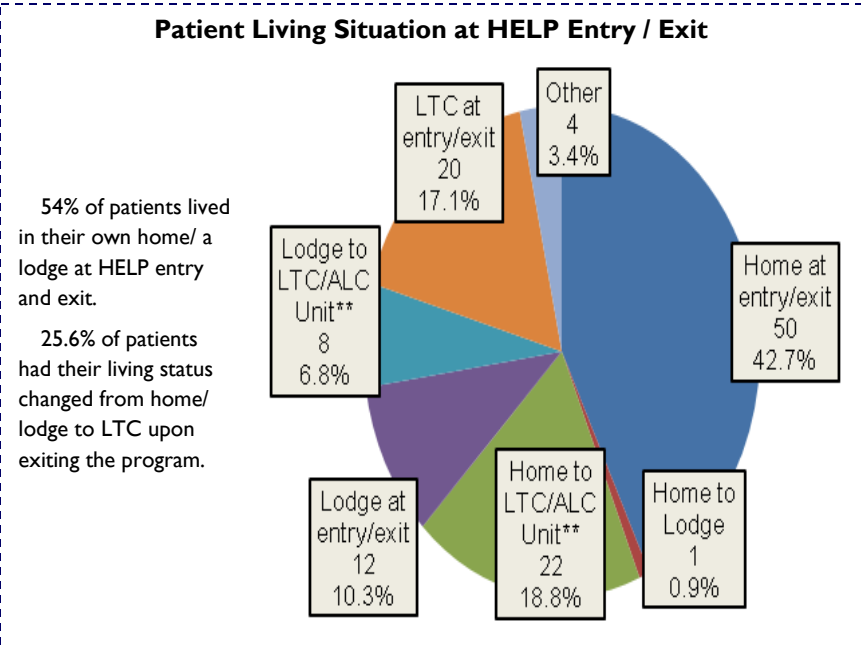
# Innovations

## Hospital Elder Life Program (HELP)

The Hospital Elder Life Program (HELP) is an evidence-informed, cost-effective program that utilizes volunteer resources to reduce delirium (acute confusion) rates and other adverse outcomes among hospitalized medical patients 75 years of age and older. The Foothills Medical Centre (FMC) in Calgary has launched HELP on Unit 46 (Fall 2011) and Unit 32 (Summer 2012).

Since the program launch, HELP volunteers have spent more than 1000 hours working with more than 240 patients, assisting with tasks such as keeping the older patient oriented to their location and assisting with mobilizing patients within the limits of their physical abilities.

The outcomes for patients assisted by HELP demonstrate a positive step towards elder friendly hospital care within FMC. Patients that benefited from HELP had shorter acute care hospital stays (median 9 days for HELP patients compared to 11 days for baseline patients). More than half of HELP patients exited the program because they were successfully discharged from hospital. Of those who were community-dwelling prior to their hospitalization (at entry into HELP), 68% were able to return to their home/ lodge at hospital discharge, avoiding transfers to more assisted care settings.



HELP was also successful in reducing delirium rates. Less than 5% of patients experienced delirium while in HELP, compared to 12% of baseline patients.

*Comfort Rounds* In addition to HELP, FMC Units 32 and 46 have initiated Comfort Rounds. A comfort round is intentional rounding that is scheduled and purposeful. During comfort rounds, patients are offered a trip to the bathroom, their pain is assessed, their position is adjusted or they are mobilized, and personal items are brought close by for convenience and comfort. All staff work together to ensure this simple in-

tervention is methodically carried out and documented on a worksheet. Comfort Rounds are done in conjunction with HELP to improve patient care and the patient experience.

### More Information?

In the coming months we will keep you posted on the work of our Seniors Health SCN. If you wish to learn more, or become more involved, please contact either:  
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 Dennis Cleaver @ [dennis.cleaver@albertahealthservices.ca](mailto:dennis.cleaver@albertahealthservices.ca)

