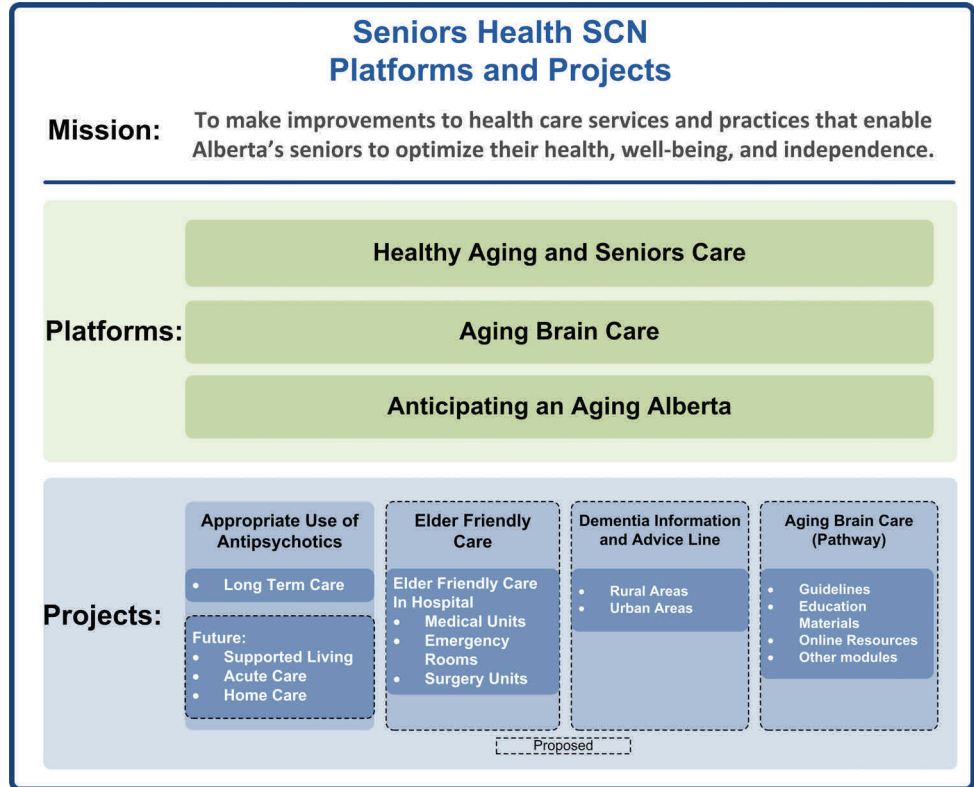


SENIORS HEALTH STRATEGIC CLINICAL NETWORK

Highlights of recent work:

- The AUA Project is engaged with 11 early adopter sites including three Innovation Collaborative Learning Workshops. Planning for provincial spread is underway (launching in Spring 2014).
- We have collaborated with the SH SCN Research Community on grant application submissions to a number of Fall 2013 competitions and are planning a networking and brainstorming event later this month.
- We refined the potential projects for consideration in 2014/15.



- The Transformational Roadmap, the guiding document for our work over the next 3-5 years, was circulated broadly and 170 people provided comment using the Challenge Dialogue approach.
- Based on feedback received during the Challenge Dialogue, we have expanded our platforms to include advocacy and planning for “Anticipating an Aging Alberta”.

In This Issue

- Highlights of Recent Work and Update to Platforms and Projects
- Leading Practice: Prevent Catheter Associated Urinary Tract Infections (CAUTI) Initiative
- CAUTI Training Opportunity January 23rd (telehealth)
- Upcoming Research Community Networking Event January 20th in Calgary
- Research In Motion: Preventing Physical Decline through Mobilization of hospitalized seniors
- Announcement of the PRIHS Grant Competition Results
- AUA Project Update

Leading Practice in Seniors' Care

In every newsletter, a leading practice in care for seniors is featured based on information submitted to the SH SCN Core Committee:

Reducing Unnecessary Infections:

The “Prevent Catheter Associated Urinary Tract Infections” Initiative

Prolonged or inappropriate catheter use is a major risk factor for catheter-associated urinary tract infections (CAUTI), a common but preventable complication for hospitalized older adults. Foley catheters increase the risk of infection and cause patient discomfort. Patients with catheters tend to be less mobile and stay in bed, increasing the risk of skin breakdown, deep vein thrombosis, and pneumonia. CAUTI are associated with longer hospital stays and higher costs of medical care, and complications of CAUTI have substantial impact on patient safety and on antibiotic consumption. Therefore, to improve health outcomes, clinicians in the South Zone are leading efforts to address CAUTI by addressing change in the practice, policy, and training domains.

The Prevent CAUTI Initiative, currently offered for use in the South Zone, is based on promoting five components of care. Together, these components create a practice bundle that is based on research evidence and Centre for Disease Control guidelines. Termed “Bladder Bundle”, the goal is to improve care by: 1) avoiding unnecessary urinary catheters, 2) maintaining urinary catheters based on recommended guidelines, 3) using a portable bladder scanner as an assessment tool to avoid CAUTI, 4) inserting urinary catheters using the aseptic technique, and 5) reviewing urinary catheter necessity daily and removing an unnecessary catheter promptly.

The use of best practices in catheter monitoring and removal has been supported by Zone leaders. Interim policies were created and sponsored by Executive Leaders, including a catheter management policy and ultrasound scanning of the bladder policy. Further, work is currently underway with a provincial consultant to update these policies and add related documents, including a protocol for insertion and removal of indwelling urinary catheters, a guideline for bowel management for constipation, and a hydration protocol.

Knowledge of the Prevent CAUTI policies and guidelines, along with the Bladder Bundle care components, has been promoted through a number of teaching and learning strategies. Learning sessions have been held monthly for the medical and surgical orientation at Lethbridge and rural sites. A poster board presentation has been used for Foley catheter and CAUTI training at the monthly Skills Day for Seniors Health Program at sites across the South Zone (Lethbridge, Medicine Hat, Brooks, Crowsnest Pass, and Fort Macleod). There is also an upcoming training session planned for Chinook Regional Hospital Emergency Department, with the aim of improving evidence-informed practice in policy-compliant insertion of catheters and insertion of intermittent catheters rather than indwelling catheters to obtain urine samples for patients unable to void on their own. Finally, learning sessions are being offered for clinicians across the province by telehealth (see next page for the upcoming presentation details).

In summary, the Prevent CAUTI initiative is addressing catheter use and urinary tract infections among hospitalized older patients. Through the combination of increasing clinician knowledge and developing appropriate guidelines and policies, the Prevent CAUTI team is changing practice, ultimately improving health outcomes for older adults.

For more information, please contact Jeannette Barsky (Jeannette.Barsky@albertahealthservices.ca).

CAUTI Training Opportunity

Remove That Foley:
Prevent Catheter Associated
Urinary Tract Infections
(CAUTI)
[Session No. 561578]

Target audience: clinicians across
the continuum of care and from all
Zones

Date: January 23, 2014

Time: 1330-1530hrs

Location: Please see AHS Video-
Conference Scheduler to register
as a Telehealth site.

Research Community Networking Event

January 20, 2014
10am - 3:30pm, Calgary

Members of the SH SCN Research
Community are invited to attend an
upcoming networking and brain-
storming event. The purpose is to
bring together researchers to learn
about the upcoming PRIHS grant
competition and brainstorm re-
search project ideas and foster
province-wide collaborations.

To learn more, please contact Yas-
min Lalji ([Yasmin.Lalji@
albertahealthservices.ca](mailto:Yasmin.Lalji@albertahealthservices.ca)).



moveEZ Volunteers walk with hospitalized older adults to encourage activity.

Research In Motion

Preventing physical decline through mobilization of hospitalized seniors: moveEZ

Without mobilization, older adults lose 1 to 5% of muscle strength each day while in hospital. In addition, one-third of older adults develop a new disability in an activity of daily living during hospitalization and half of these are unable to recover functions. The beneficial effects of physical activity on health are well known and firmly established in the research literature; there is also a growing body of knowledge related to the deleterious effects of sedentary behaviour. Yet, early mobilization is not well integrated across all programs for hospitalized patients and is not typically a required component of every-day care.

The moveEZ Project aims to improve knowledge translation about the importance of incorporating mobility into daily activities of older adults across the continuum of care. A modification of a successful mobility initiative started in Ontario, called MOVE ON (Mobilization of Vulnerable Elders in Ontario), the project began in January 2013 and has 3 areas of focus including functional mobility guidelines, a volunteer program, and an evaluation. This Research in Motion profile shares successes of the volunteer program.

The moveEZ Volunteer Program has undergone a three month pilot at Glenrose Rehabilitation Hospital (GRH) in Edmonton. Fifty volunteers were recruited and trained, including GRH Volunteers and University of Alberta students. Patient mobility status was assessed by a Physical Therapist; patients who could safely walk could then be approached by volunteers and invited to go for a walk. The volunteers' role was to motivate and encourage patients to be more active, and escort the patient during the walk. During the pilot, 78 patients were identified to participate and 302 volunteer hours were contributed over 182 volunteer shifts.

Next steps for moveEZ include spreading the volunteer program through the Edmonton Zone, finalizing the moveEZ Functional Mobility Guidelines and initiating a research study to investigate the impact of the moveEZ volunteer program on increasing mobility of older patients. The moveEZ Program is now part of 'usual care' on all units at the Glenrose with the exception of the control unit that will be used in the evaluation. Sites within other zones are also planning a similar MOVE AB program, as part of a collaboration with researchers from MOVE ON. For more information on moveEZ, please contact Grace Maier (Grace.Maier@albertahealthservices.ca).

Announcement of the PRIHS Grant Competition

Elder Friendly Surgical Unit

The Partnerships for Research and Innovation in the Health System (PRIHS) funding competition results have been announced. We are pleased to share that the Seniors Health SCN submission, “Optimizing Seniors’ Surgical Care—The Elder-Friendly Surgical Unit”, was successful.

Led by Principal Applicant Dr. Rachel Khadaroo, a member of the SH SCN Research Community and University of Alberta Assistant Professor in the Faculty of Medicine & Dentistry, Department of Surgery, the grant aims to examine the impact of a specialized interdisciplinary elder-friendly surgical unit on in-hospital morbidity and mortality in older adults undergoing acute abdominal surgical care. This reassessment project aligns with the SH SCN focus on Elder Friendly Care and includes both clinical and cost outcomes. The project will use a controlled before-and-after design and will be conducted at the University of Alberta Hospital (intervention site) and Foothills Medical Centre (control site).

The PRIHS competition was jointly launched in 2013 by Alberta Innovates—Health Solutions and Alberta Health Services to promote research and innovation activities within the SCNs. The next competition cycle is scheduled to be announced in the coming months.

Happy New Year!

The Seniors Health SCN Leadership Team extends best wishes to our colleagues, collaborators, and members. You were key to our successes in 2013 and we look forward to continuing to work with you in 2014.



The Seniors Health SCN Leadership Team, from left to right: Lynne Mansell (Vice President); Duncan Robertson (Senior Medical Director); Heather Hanson (Assistant Scientific Director); Jayna Holroyd-Leduc (Scientific Director); Mollie Cole (Manager); Dennis Cleaver (Executive Director).

AUA Project Update

The Appropriate Use of Antipsychotic Medications in Long Term Care (AUA) Project has reached an important milestone.

We are currently at the apex of Phase 2, which serves as the foundation of the project and includes collaboration with 11 early adopter LTC sites from across the province. The final Innovation Collaborative Learning Workshop for the early adopter sites is scheduled for Feb. 28th, and the evaluation of this phase is gearing up. We anticipate the early adopter evaluation report will be completed by the end of March.

Planning for Phase 3 is well underway. This phase will build upon the learnings of Phase 2 and spread the project to the remaining LTC sites across the province. Sites will be encouraged to adopt the Guideline and Toolkit and supported in their efforts through a number of strategies.

More Information

If you would like to learn more about the work of the Seniors Health SCN, or become involved, please contact:

Lynne Mansell, Vice President: Lynne.Mansell@albertahealthservices.ca

Dennis Cleaver, Executive Director: Dennis.Cleaver@albertahealthservices.ca

Physicians interested in joining the work of the Seniors Health SCN, please contact:

Dr. Duncan Robertson, Senior Medical Director: DuncanDr.Robertson@albertahealthservices.ca

Researchers interested in joining the Seniors Health SCN Research Community, please contact:

Dr. Jayna Holroyd-Leduc, Scientific Director: Jayna.Holroyd-Leduc@albertahealthservices.ca

Dr. Heather Hanson, Assistant Scientific Director: Heather.Hanson@albertahealthservices.ca