

# SENIORS HEALTH STRATEGIC CLINICAL NETWORK

## SH SCN Research Update

The Partnerships for Research and Innovation in the Health System (PRIHS) is a research funding opportunity with joint contributions from Alberta Innovates-Health Solutions and Alberta Health Services. PRIHS aims to support research with an emphasis on sustainably improving quality and value for money.

The 2014-15 PRIHS competition involved a letter of intent stage. Out of 45 initial applications submitting letters of intent, 17 were invited to submit a full proposal. Seniors Health SCN supported 3 full applications and we are pleased to report that all 3 were awarded:

Strategies Targeting Osteoporosis to Prevent Recurrent FRACTURES (STOP Fracture Study) (Majumdar, Beaupre, **Heather Hanson**, Juby, & Kivi)

Development, Implementation and Evaluation of a Provincial Kidney Conservative Care Clinical Pathway (Davison & Fassbender)

Evaluating the Economic Impact and Quality of Care of the Smart-e-Pants Innovation for Pressure Ulcer Prevention (Mushahwar, Dukelow, McCabe, & Zygun)

Congratulations to the successfully funded applicants!



## Issue Highlights:

- Elder Friendly Care (EFC) 2  
An overview of the modified Learning Collaborative Model being used to support the implementation of the EFC Initiative at the 4 adults acute care sites in Calgary.
- AUA Project Update 3  
The Appropriate Use of Antipsychotic project spreads across Alberta.
- Provincial Dementia Strategy 4  
Work commences on the Alberta Dementia Strategy and Action Plan.
- OPTIC Program 5  
Old Persons' Transitions in Care (OPTIC) Program develops tool to measure long term care residents' transitions.
- Dementia vs. Normal Aging 6  
Article retrieved from:  
[www.johnshopkinshealthalerts.com/alerts/memory](http://www.johnshopkinshealthalerts.com/alerts/memory).

## Elder Friendly Care Initiative Calgary Zone



One-third of elderly patients develop new cognitive and functional disabilities unrelated to what caused their hospital admission. The Elder Friendly Care (EFC) initiative promotes evidence-informed quality improvement interventions: e.g., comfort rounds, delirium detection and least restraint use. This initiative received funding through a peer-reviewed QI grant sponsored by the Calgary zone Medical Affairs.

*...continued on page 2*

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

Dr. Jayna Holroyd-Leduc, Scientific Director, SH SCN: [Jayna.Holroyd-Leduc@albertahealthservices.ca](mailto:Jayna.Holroyd-Leduc@albertahealthservices.ca)  
Dr. Heather Hanson, Assistant Scientific Director, SH SCN: [Heather.Hanson@albertahealthservices.ca](mailto:Heather.Hanson@albertahealthservices.ca)

... continued from page 1

# Elder Friendly Care Initiative Calgary Zone

A modified Learning Collaborative Model is being used to support the implementation of the Elder Friendly Care Initiative at the four adult acute care sites in Calgary. Developed by the Institute for Healthcare Improvement (IHI), a Collaborative is a short-term (6-15 month) learning system that brings together a number of teams (units) to implement improvement. The Collaborative provides the structure for teams to easily learn from each other and from recognized experts in Seniors Care. The first Learning Collaboratives were held in Calgary in the Fall 2014. The Learning Collaboratives were well attended at all sites; with attendance ranging from 40 to 105 participants each. A second set of Learning Collaboratives will be held in Spring 2015 in order for teams to learn from each other, report data and discuss lessons learned and barriers. Between the site learning collaboratives, the project coordinator meets with each participating unit to develop action plans and scorecards. The coordinator also helps facilitate implementation and provides any developed resources. In total, 28 units across the four sites are voluntarily participating.

A Balanced Scorecard is being used in this initiative to track progress on identified key measures (or key performance indicators, KPIs). These KPIs were identified in a June 2014 meeting attended by provincial Elder Friendly Care specialists and other stakeholders. Both process and outcome measures were identified and classified based on the Health Quality Council of Alberta's quality framework into the following dimensions: *Acceptability, Accessibility, Appropriateness, Effectiveness, Efficiency and Safety*. This allows measures in EFC to cover all aspects of quality. Two KPIs were identified as being mandatory, the remaining optional. Units have been encouraged to choose at least one KPI from each of the quality dimensions. The optional indicators allow flexibility amongst units to focus on what makes most sense for them.

*Balanced Score Card shown below. For questions, please contact: Mollie Cole @ [mollie.cole@albertahealthservices.ca](mailto:mollie.cole@albertahealthservices.ca) or Jayna Holroyd-Leduc @ [jayna.holroyd-leduc@albertahealthservices.ca](mailto:jayna.holroyd-leduc@albertahealthservices.ca)*

Efficient	Accessible	Accessible	Acceptable	Acceptable	Acceptable	Effective	Appropriate	Appropriate	Safe	Safe	Quality Dimensions
Call Bell Use	Staff Training	Comfort Rounds (CRs)	NOD (Name, Occupation, Duty)	Staff Engagement	Patient Experience	Incidence of Delirium (CAM Conversion)	Urinary Catheters	Physical Restraints (PRs)	Delirium Screening (CAM Documenting)	Falls	Selected Measure
<b>Ideal Target Based On What Can Be Realistically Achieved</b>											
Calls/B.line Calls (#)	Ed. Staff/Total Staff (%)	CR Pts/Pts (%)	NOD/Observation (%)	(SAT Work/Total Surveys) (%)	(Courtesy/Total Surveys) (%)	(+) Pts/(-) Arriv. Pts (%)	UC Pts/Total Pts (%)	PR Pts/Total Pts (%)	CAM Pts/Total Pts (%)	Falls/B.Line Falls (#)	Performance Level
											10 – Ideal
											9
											8
											7
											6
											5
											4
											3 – Baseline
											2
											1



## AUA Project Spreads Across Alberta!

More than 100 of Alberta's 170 LTC centers have attended AUA Learning Workshops! The goal is to reduce use of antipsychotics from the current provincial average of 25.8% to under 20%, by March 2018. LTC sites accomplish this by:

- Monthly interprofessional medication reviews
- Assessments of underlying reasons for agitation and aggression such as pain, overstimulation, fatigue, loneliness and boredom. Person-centered strategies are then described in resident care plans
- Staff education regarding antipsychotic side-effects, dementia care strategies, responsive behaviours and person-centered care
- Family consent and involvement in addressing responsive behaviours
- Measurement and celebration. Many facilities are already below 20%!

### There is much to celebrate!

- **Discharged Home from LTC?** Staff questioned the diagnosis and antipsychotic medications on a new admission with a sudden and very recent onset of cognitive impairment. Delirium was treated and discharge planned!
- **Difficult to Delightful!** Care teams are enjoying the residents more; many staff are more satisfied with their work.
- **Still Difficult; Antipsychotics Weren't Helping.** A 2006 meta analysis in the American Journal of Geriatric Psychiatry showed 5 to 14 people need to be treated for 12 weeks for 1 person to show significant improvement in aggressive symptoms associated with dementia. Creativity required! One woman is more settled after having make-up applied. Another resident is calmer when personal care occurs in the bathroom.
- **Good Surprises!** Some residents are speaking after years of being mute.

## EASE Study Update

The Elder-friendly Approaches to the Surgical Environment (EASE) study is well underway, with almost 200 patients enrolled at both the Calgary and Edmonton sites so far.

A review of the first 140 patients showed that major post-complications rates for the elderly undergoing emergency surgery were 31% and rates of delirium were 23%. All pre-EASE patients are expected to be enrolled by the spring and planning for implementation of the EASE initiatives is well underway.

Through collaborations with Alberta Health Services and the Seniors Health SCN, the University of Alberta Hospital is preparing to host elder-friendly knowledge sessions with surgeons and nursing staff, taught by Seniors Health SCN Scientific Director Dr. Jayna Holroyd-Leduc and Manager Mollie Cole. So far two graduate students have joined the team to help implement a bedside rehabilitation program and to assess patients' muscle mass through their recovery. Principle Investigator Dr. Rachel Khadaroo was recently successful in receiving a Technology Evaluation in the Elderly Network (TVN) Catalyst Grant for Elderly-friendly Approaches to the Surgical Environment - using Biological sample to Identify and provide Optimized care (EASE-BIO) sub-study. The *objective* of EASE-BIO is to understanding how muscle characteristic and patient's biologic samples (blood, urine, and stool) provide an insight to overall health outcomes. This knowledge would not only identify high-risk patients, but also allow for future personalized treatment (e.g. nutritional/diet modifications, targeted rehabilitation programs), preventative strategies and objective tools to help with patient decision making.



# Work Commences on the Alberta Dementia Strategy and Action Plan

**DUNCAN ROBERTSON**  
*Senior Medical Director*  
*Seniors Health SCN*

The SCN leadership team and several other Seniors Health SCN members are supporting Alberta Health to develop an Alberta Dementia Strategy and Action Plan. The Strategy, which builds on an earlier 2002 document, will serve to guide actions and policy decisions to improve care and support for Albertans living with dementia and their care partners.

Corinne Schalm, Executive Director, Continuing Care Branch, Alberta Health and I co-chair the Steering Committee. Several members of the SCN serve on the Steering Committee, which started meeting late in 2014, and on the Advisory Committee, which met for the first time in January 2015. We have established the following working groups that address specific themes and we are seeking volunteers to participate in meetings and phone conferences between now and June 2015.

- Public Awareness
- Care Partner Support
- Primary Health Care
- Dementia Journey
- Acute Care and Crisis Management

In addition to these, a Research and Innovation Working Group, co-chaired by Jayna Holroyd-Leduc and David Hogan, will begin meeting very soon.

We will use SH SCN Core Committee meetings and other professional association meetings to consult widely and seek suggestions and present draft reports.

At the Alberta College of Family Physicians Seniors Care Conference in Edmonton on Saturday April 25 we have arranged two 90 minute consultation sessions. Dr. Linda Lee, an Ontario Family Physician, will give a keynote address and participate in discussions. We are looking forward to hearing from her as she has led the development of over 63 Memory Clinics in primary health care settings from large urban to small rural communities across Ontario. This work includes training several hundred Family Physicians and other interdisciplinary team members. For information on the ACFP conference please visit: [www.albertaseniorscarecoalition.ca](http://www.albertaseniorscarecoalition.ca)

Working to a tight schedule we anticipate release of the completed Dementia Strategy and Action Plan late in 2015. Key to success will be our ability to recruit and select individuals prepared to participate as members of working groups, focus groups and/or on line surveys over the next 4-5 months. If anyone is interested, please contact me at [DuncanDr.Robertson@albertahealthservices.ca](mailto:DuncanDr.Robertson@albertahealthservices.ca).



# OPTIC Program Develops Tool to Measure LTC Residents' Transitions

Continuity of care can be challenging when residents of long term care are transferred to emergency departments. The Older Person' Transitions in Care (OPTIC) program, led by SH SCN Research Community member Dr. Greta Cummings from the Faculty of Nursing at University of Alberta, emerged to address this issue.

The research program has been busy tracking transitions of older adults in British Columbia and Alberta. After gathering data on more than 600 transitions from long term care to the emergency department and back again, the project has identified the characteristics that contribute to successful transitions. Their findings are based on chart reviews, administrative databases, scholarly literature and the perspectives of long term care, emergency medical services, and the emergency department.

Based on this work, the research team is now developing and testing a tool to measure successful transitions in this population and has identified avenues for further investigation. The Improving Communications during Aged Care Transitions (IMPACT) study is pilot testing an Inter-Facility Patient Transfer form with sections to be completed by long term care facilities, emergency medical services and the emergency department. This form is intended to improve communication and continuity of care between care settings. Examining Aged Care Transitions (EXACT) is a qualitative study that will investigate decisions-to-transfer and not-to-transfer long term care residents to emergency departments in cases where it is ambiguous whether the resident needs emergency care. EXACT will develop guidelines for transfer decision-making in ambiguous cases.

For more information on OPTIC, IMPACT, or EXACT, please contact Dr. Cummings at [greta.cummings@ualberta.ca](mailto:greta.cummings@ualberta.ca).



Brain  
Awareness  
Week  
MARCH 2015

---

Several exciting activities are taking place across Alberta for Brain Awareness Week, the global campaign to increase e public awareness of the progress and benefits of brain research.

Check out <http://www.albertaneuro.ca/> for more information

# Anticipating an Aging Alberta

## How to Tell the Difference Between Dementia and Normal Aging: 10 Warning Signs



As more brain researchers are finding that subjective cognitive complaints may be the earliest sign of Alzheimer's disease, how can you tell the difference between normal age-related memory problems and early Alzheimer's?

The following 10 warning signs from the Alzheimer's Association will help you differentiate the two:



1. **Significant memory changes.** Forgetting important dates, events or appointments and repeatedly asking for the same information. *If you are aging normally, you may sometimes forget names and doctor appointments, but not important events. Once you are reminded, you will continue to remember them.*
2. **Difficulty solving problems or making plans.** Difficulty doing things that were once easy such as keeping track of bills, working with numbers or following a recipe. *When you age normally, you may occasionally make mistakes on these tasks but not routinely.*
3. **Difficulty completing familiar tasks at home, work and play.** Inability to complete normal daily tasks, trouble driving a car to and from a familiar location or difficulty remembering the rules of a favorite game. *An age-related issue would be needing help to work an HD television or change settings on a microwave.*
4. **Confusion with time or place.** Losing track of the passage of time, forgetting day and year or not knowing how one arrived at a destination. *With age-related changes, a person can be slightly confused about the day of the week but will figure it out when given clues and then retain it.*
5. **Trouble understanding visual images and spatial relationships.** Difficulty with judging distance, reading and determining color or contrast. Vision troubles may be a sign of Alzheimer's for some people. Recognizing familiar places or people, not just family or friends but even famous people, may become challenging. *Blurred vision or changes in eyeglass prescription are typical age-related changes.*
6. **New problems with words in speaking or writing.** Increasing trouble joining a conversation, calling things by the wrong name or repeating oneself. *Occasional trouble finding the right word is a normal age-related issue.*
7. **Misplacing things and losing the ability to retrace steps.** Putting things in unusual places, losing things and being unable to find them or accusing people of stealing. *Misplacing things from time to time but being able to retrace steps to find them is not an uncommon age-related issue.*
8. **Decreased or poor judgment.** Difficulty dealing with money or giving money away, often to strangers, when this is not a lifelong behavior. *Making a bad decision once in a while is a normal age-related problem.*
9. **Withdrawal from work or social activities.** Becoming weary of work, family and social obligations: trouble remembering how to complete a favorite hobby or how to keep up with a favorite sports team. *People with normal age-related complaints will sometimes complain of work, family and social obligations but their activity level does not dramatically decrease.*
10. **Changes in mood and personality.** Becoming confused, suspicious, depressed, fearful or anxious. *A normal age-related change entails doing things a certain way and becoming irritable when the routine is disrupted.*