

SENIORS' HEALTH STRATEGIC CLINICAL NETWORK

NEWSLETTER

April 2016

ALBERTA'S FIRST

ADVANCING DEMENTIA DIAGNOSIS AND MANAGEMENT COLLABORATION WORKSHOP

The Seniors' Health Strategic Clinical Network hosted the first Advancing Dementia Diagnosis and Management in Alberta (ADDMA) public forum on Feb 25th and collaboration workshop on Feb 26th in Red Deer. Both events were well attended with 115 people participating in the public forum and more than 225 clinicians and care partners attending the workshop. Twenty Primary Care Networks were represented, along with researchers, primary care specialists, care partners and community organizations. The purpose of the workshop was to explore primary health care models of focused geriatric care that currently exist in communities throughout Alberta and to learn from Dr. Linda Lee, a primary care physician from Waterloo, Ontario who has developed over 80 primary care Memory Clinics. Dr. Brad Bahler, a primary care physician from Sylvan Lake, opened the workshop with an overview of current challenges in primary care regarding caring for people living with dementia in the community.

"The workshop was fantastic. A great opportunity to bring people together from across the province to learn and collaborate together"

"The care partner presentation at the end of the day was very powerful."

ADDMA Public Forum Audience



Picture: Charlene Knudsen (left) SH SCN Practice Lead and Dr. Shannon Spenceley (right), Researcher, University of Lethbridge

Throughout the workshop, storyboards were displayed by primary health care teams, specialized services and other partners to showcase their practices and achievements in dementia diagnosis and care. During the afternoon selected storyboards and other key topics were the focus of a world café style activity. Preliminary themes from the café conversations centered on

- Further development of team based collaborative learning opportunities for primary health care teams on diagnosis and management of dementia
- Standardizing assessment templates and sharing of resources within/between primary health care teams
- Collaboration and coordination between primary health care teams, ASANT, Home Care and community mental health to support persons living with dementia and their care partners in the community
- Connecting primary health care teams to a broad range of specialized services
- Dementia friendly community supports such as housing, transportation and meals to help persons living with dementia and their care partners to live well in the community, and
- Development of different approaches to ensure access to specialized services and community supports in rural communities.

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ALBERTA'S FIRST

ADVANCING DEMENTIA DIAGNOSIS AND MANAGEMENT WORKSHOP Continued

A highlight of the workshop was a wrap-up presentation from a panel of care partners that highlighted 5 things that need to be done from their perspective:

1. Certification and better education in dementia care for all health care professionals
2. Earlier diagnosis with care partner input
3. Referral and access to current available dementia resources and development of more comprehensive resources and a better delivery system through a multidisciplinary team
4. Better community-based services to support persons with dementia and their care partners at home, and
5. Emphasis on person centered care across the continuum of care.



Mary Anne Deines (Left), Bill Hanrahan, R. Dean Cowan (middle), Ronni Dixie and Jean Barclay

Overall, participants at the ADDMA workshop expressed significant support for enhancing the capacity of primary health care teams to diagnose and manage dementia in the community, with support from a broad range of specialized services and community partners, including the Alzheimer Society of Alberta and the Northwest Territories and the Alzheimer Society of Calgary. Furthermore, the importance of involving and consulting with care partners and advisors throughout future development cannot be underestimated.

Valuable feedback from the post workshop survey is being reviewed. There were 81 responses, 44% of which were from primary health care team members and home care, 12% from care partners and the remainder from specialized services, community agencies and other AHS staff and managers. 100% of respondents rated the workshop as good or excellent in showcasing best practices in primary care and specialized services and 94% felt the workshop supported a collaborative learning process.

Examples of ideas that participants felt they may be able to implement in their programs included:

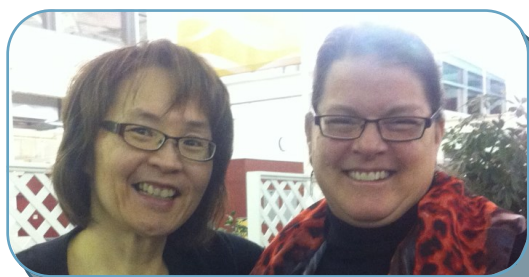
“Improving home based geriatric care, switching from a consultative model to a primary care based model providing continuity of care to home bound patients.”

“The Ontario model was very interesting - looking forward to investigating more how we could implement or integrate some of their ideas in to our work.”

“The need to have a more collaborative model that focuses on client centered approaches to individuals diagnosed with a dementia illness.”

“Need for early diagnosis, single point of contact.”

“I believe we need to revisit how we are working as an inter-professional team and look at ways to better support our clients, families, and work.”



Dr. Linda Lee (left), keynote speaker and Mollie Cole (right), SH SCN Manager

“Our PCN is looking at implementing a seniors program in the near future so it was helpful to hear what currently is offered in other PCN's and AHS sites.”

“Using the teams first to complete parts of the assessment and using the Physicians as a resource. Trusting the team to do great work.”

“A focus on dementia recognition at an early stage.”

All feedback will be used by the Seniors' Health SCN in its work including working with Alberta Health on the development of an Alberta Dementia Strategy and Action Plan. Copies of the storyboards, keynote speaker presentations, key articles and world café notes will be posted on the SH SCN website in April.

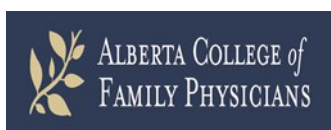


The Seniors' Health Strategic Clinical Network would like to thank the primary health care teams, researchers, care partners and organizations that developed storyboards and contributed resources to the Advancing Dementia Diagnosis and Management workshop, all contributing to the success of the day.

- Alberta Health
- Calgary Foothills PCN
- Calgary West Central PCN
- Camrose PCN
- Edmonton West PCN
- Heartland PCN
- Leduc/Beaumont/Devon PCN
- Provost PCN
- Calgary Zone Integrated Home Living
- Division of Care of the Elderly, Department of Family Medicine, University of Alberta
- Edmonton Zone Home Living
- AHS Health Professions Strategy and Practice

- Dr. Shannon Spenceley
- Westview Geriatric Assessment Team
- Good Samaritan Seniors Clinic
- Alzheimer Society of Calgary
- Alzheimer Society of Alberta and Northwest Territories
- Edmonton Southside PCN
- Edmonton Oliver PCN
- Covenant – Network of Excellence in Seniors' Health and Wellness
- Care Partners of People Living with Dementia
- Early Onset Dementia Alberta
- Alberta Health Services

Conference Partners



2016 Summer Studentship Competition Outcome

The Scientific Office of the Seniors' Health SCN launched the first Summer Studentship Competition, which aims to increase the number of undergraduate students engaged in health and aging research across Alberta, facilitate the pursuit of knowledge, and build capacity related to the SH SCN priority areas.

In this first year, 13 applications were submitted to the competition. The submissions addressed research questions relevant to the Aging Brain Care and/or Healthy Aging and Seniors Care platforms of the Seniors Health SCN. All applications were adjudicated by 3-4 reviewers based on 4 assessment criteria.

The Scientific Office is able to support 5 high-quality applications through a student stipend valued at \$6,000 per studentship.

Student	Supervisor	Univ.	Title
Grace Lee	Esther Kim	U of A	Transcranial direct current stimulation (tDCS) paired with reading treatment for seniors with acquired reading impairments
Santhosh Nathan	Jayna Holroyd-Leduc	U of C	Recommencement of anticoagulation among older adults with chronic subdural hematoma: a systematic review and meta-analysis
Ana Subota	Jayna Holroyd-Leduc	U of C	The epidemiology of dementia in epilepsy
Jonathon Thomson	Cheryl Sadowski	U of A	Function and drugs in the elderly: a scoping review
Kim Tworek	Susan Slaughter	U of A	Examining the impact of knowledge translation interventions on uptake of interventions in LTC



In Loving Memory

**Dr. David Skelton
passed on February
25th, 2016.**

He was arguably one of the first full-time trained geriatricians in Edmonton. Soon after his 1963 graduation as a doctor from London's Westminster Hospital medical school, he felt himself slipping into a form of despair while working on a pediatric neurosurgery service. He heard Cicely Saunders deliver a speech that, he said, "radically changed" his life. Saunders' "simple," "obvious," and "honest" words made sense; he visited her on rounds several times at the original St. Christopher's in the late 1960s. "She was magnificent," he said.

While still a trainee, Skelton had also been influenced by two other distinguished scholars: professor of social medicine Thomas McKeown (1912-1988), whose ideas about the role of medicine in the decline tuberculosis mortality are still hotly debated; and, physician Marjory Warren (1897-1960), a strong advocate for improved care of the elderly through precise diagnosis and treatment.

Soon, Skelton became an ardent promoter of geriatrics and was invited to lecture in Winnipeg for a two-week period in 1973. At the time, St. Boniface Hospital was building a new 200-bed extension on five floors. Skelton saw the potential for a palliative care unit on one floor with a geriatric short-term ward on another; his enthusiasm for these ideas resulted in a job offer, which he accepted.

The St. Boniface hospice ward opened in November 1974, slightly earlier, some claim, than that of Balfour Mount's at the Royal Victoria. The outspoken Skelton ran into difficulty with the Manitoba College of Physicians after exposing negative outcomes of hospital care for seniors. Finding that combining palliative care with geriatrics was too complicated, he chose to concentrate on geriatrics and accepted a new offer from Edmonton, Alberta. The Edmonton General Hospital was also expanding by 200 beds, and, once again, he established a new palliative-care unit, which he handed over to a colleague 18 months later.

Skelton sings the praises of his successors, both of whom earned significant honors for their palliative-care contributions: Manitoban Paul Henteleff, and English-born pain specialist Helen Hays. Skelton retired from the Edmonton Chair of Geriatric Medicine in 1986, but continued to work as a roving geriatrician in remote areas of Alberta and the Arctic until 2010. In addition to these energetic pursuits, Skelton was ordained as an Anglican priest.

Research Update:

Improving the outcomes of Elderly in Acute Care

Article written by Karen Osiowy, Research Associate, Seniors Health

There have been several initiatives endorsed by the Seniors' Health Strategic Clinical Network looking at improving outcomes of the Elderly in acute care. As the proportion of older people in Alberta continues to increase, the number of individuals seeking acute care services is likely to increase.

The Elder Friendly Care Initiative (Calgary) focused on a holistic approach to the patient using: Comfort Rounds, Delirium Detection and Least Restraint Use.

Two learning collaboratives were held (attendance ranging from 40-100 people at each of the 4 acute care sites in Calgary). Fifteen units implemented and collected data. There were noted improvements in key improvement indicators. For example, baseline data showed that comfort rounds were documented correctly 76% of the time (range 65%-90%), and that observed completion of comfort rounds as prescribed occurred 77% (47%-98%) of the time. Documentation and completion of comfort rounds improved by 8% and 5%, respectively, over a second collection period. Over two measurement periods, the average amount of call bell use decreased 17%. The funding for this initiative ended in December 2015, however, several units have continued with measurement to date.



COMFORT ROUNDS

Please follow the information below for all patients
(Particularly if the patient is having difficulties with 1 or more activity of daily living or has sensory impairment)

AT LEAST EVERY 2 HOURS during the Day and Evening:

- Approach patient calmly
- Introduce yourself and your role
- Orient patient to time/place as needed
- Make sure patient is wearing their aids (e.g. glasses, hearing aids)
- Offer drink unless fluid restricted
- Offer snacks or meal set-up as appropriate
- Ask about and address pain
- Assist patient (as independently as possible) with:
 - Getting out of bed/chair
 - Toileting
 - Repositioning
- Keep bed in a low position
- Use bedrails as little as possible
- Make sure the call bell and personal items are within reach
- Ask patient if they need anything else
- Remind patient to call for help if needed
- Inform patient when the next rounds will be
- Inform other health care team members of relevant changes in patient's condition

EACH EVENING: Try to promote sleep at night

- Warm milk
- Warm blanket
- Back or hand massage
- Reduce noise
- Low light
- Talk quietly

In the spirit of the EFC initiative, additional funding was sought and awarded to implement the **MOVE AB and MOVE Calgary** initiatives. The purpose of the Mobilization of Vulnerable Elders project is to implement and evaluate the impact of an evidence-based strategy to promote early mobilization in older patients admitted to hospital. Early mobilization strategies for older patients have been shown to decrease acute length of stay, improve the rates of return to functional status, and increase rates of discharge to home.

The MOVE project strategy shifts mobilization from being a designated task assigned to a single professional group to a shared team responsibility. Hospitals/units select and tailor educational activities that best suit their needs, such as education modules, team huddles and/or coaching. Audits are used to collect mobility data. The MOVE AB project is currently running at three community hospitals: Sturgeon, Chinook Medicine Hat and Olds Hospitals. We are seeing improvements in rates of mobilization early in the post-implementation evaluation. A modified version of MOVE AB is just starting in Calgary acute care units.

Funding for the Elder Friendly Care and the MOVE Calgary initiatives is through the Chief Medical Office (CMO Calgary Zone Medical Affairs Quality Improvement Initiative. Funding for MOVE AB is through a CIHR Knowledge to Action grant.

Articles and Quick Links of Interest

[World Dementia Council; Message from the Scientific Director Dr. Yves Joannette](#) by CIHR Institute of Aging Newsletter [Click here](#)

[Palliative Care: THE OLDEST PROFESSION](#) By Jacalyn Duffin [Click here](#)

[The Difference between Care & Caring:](#) by the Royal Alexandra Hospital Foundation [Click here](#)

[Treating disruptive behaviour in people with dementia: Antipsychotic drugs are usually not the best choice](#) by Choosing Wisely Canada [Click here](#)

[‘They’re Waking up’: Reducing drugs for dementia patients yields dramatic results](#) by Global News with Dr. Robertson and Mollie Cole from the SH SCN [Click here](#)



Active Living for Healthy Brains: A Community Engagement Event

You are invited to join the University of Calgary and its partners at an upcoming community engagement event. “Active Living for Healthy Brains” will offer two days of stimulating speakers and sessions to address the role of active living, physical activity, and exercise on brain health. Day 1 (Tuesday April 19, 2016) will target researchers and decision-maker attendees and review the latest research findings from an interdisciplinary research group and leaders in the field on the beneficial effects of exercise and physical activity on brain health, sleep, and cognitive performance in older adults. Day 2 (Wednesday April 20, 2016) will target practitioners, decision-makers, and the public and provide a forum for sharing information on the role of active living and physical activity in preventing age-associated cognitive decline and enhancing mental health.

Day 1 - Tuesday 19 April, 2016

“Impact of Exercise on Brain Health and Cognition in Older Adults”

Clara Christie Theatre, Foothills Campus, University of Calgary

Day 2- Wednesday 20 April, 2016

“Active Living Forum: A Community of Knowledge Exchange Event”

Rozsa Centre, Main Campus, University of Calgary

For more information or to register [Click here](#)

Coming Soon... May 2016

New Advancing Dementia Diagnosis and Management in Alberta—Web Page

Visit our current Web page @ <http://www.albertahealthservices.ca/scns/Page7702.aspx>



For 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 us at seniorshealth.scn@ahs.ca