# SENIORS HEALTH STRATEGIC

# CLINICAL NETWORK

Volume 1, Issue 2 SEPTEMBER 2013

# **Our Mission**

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

# Highlights of recent work:

- Continued progress on the Appropriate Use of Antipsychotics Project
- Continued development and refinement of the next round of SCN potential projects for 2014/15
- Continued research community engagement and research activities
- Continued SH SCN partnerships, including: Delirium in the ED (Emergency OCN); Falls Prevention (BJH SCN); Enhanced Recovery After Surgery (ODN SCN); Palliative/End of Life Care (Cancer SCN); Seniors Depression Pathway (AMH SCN)
- Started development of the SH SCN Transformational Roadmap—a strategic plan for the next 3 to 5 years

"Strategic Clinical Networks are well positioned to carry out knowledge translation activities. This can include identification of the knowledge gaps, development of evidence-informed knowledge tools relevant to practice, assessing barriers to knowledge use, and tailoring implementation strategies."

**Alberta Health** 

Services

Dr. Jayna Holroyd-Leduc, Scientific Director, SH SCN

#### **Upcoming Educational Opportunities:**

September 26-27: Grey Matters 2013, Lethbridge October 8-9: IQ 2013 - Inspiring quality in Continuing Care, Edmonton



### In This Issue

- Feature Article: Supporting Older Adults to Remain in the Community
- AIHS-AHS Partnership Funding Grant Submission
- AUA Project Progress
- Remembrance of Dedicated Service
- Summer Students in the SH SCN: Positive Experiences in the Field of Health and Aging
- Hot off the Press: Improving the Quality of Care for Older Adults After Hip Fracture

# **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:

# Supporting Older Adults to Remain in the Community

### Comprehensive Home Options of Integrated Care for the Elderly

As announced in the recent AHS Health and Business Plan, there is an increasing need to provide the services and care necessary to allow older Albertans to remain in the community. One model for such delivery is the Comprehensive Home Options of Integrated Care for the Elderly (CHOICE) program.

CHOICE has been successful in meeting the needs of aging seniors by providing an integrated team case-management model to older Albertans who are functionally frail and at high risk for further decline. The CHOICE program can be described as a complex day program, but it's more than that. It targets individuals with real ongoing medical needs or in complex social or living situations. CHOICE clients are individuals who require continued medical supervision; typically they have health histories or medical needs that would cause them to be high users of the health system. However, CHOICE aims to better meet the needs of these individuals by providing them with the medical supervision and services required to remain in their own homes and apartments.

There are currently 372 CHOICE client spaces in the Edmonton Zone; programs modelled on CHOICE are offered in other cities across the province. CHOICE provides clients with regular social contact through the day centre programming. Clients attend the day centre a few times a week, so staff develop a rapport with clients and get to know them on a personal level. Clients receive medical services including physician and nursing care, rehabilitation, and coordinated pharmacy services. CHOICE also has two, 10-bed units that provide short term 24 hour care to clients. These designated beds can be used for both booked and emergency respite care, additional recovery time after discharge from an acute admission but prior to returning home, and when care is required while awaiting placement to long term care.

In addition to the centre-based program, CHOICE also offers outreach. CHOICE Outreach serves older adults who are traditionally hard to reach based on interest or ability to attend a day program. This includes those older adults who are homebound or who do not have a primary care provider. CHOICE Outreach offers the medical component of the CHOICE centre-based program but allows the client to maintain any of their existing community services and providers. Staff partner with the community providers to problem-solve and keep people at home for as long as they can. Approximately 205 clients are served by CHOICE Outreach.

### **Program Successes**

CHOICE has been successful in meeting the needs of its clients, including some encouraging health outcomes based on recent CHOICE evaluations. Three major outcomes include a significant decrease in: acute care utilization (1) decline in the number of patients visiting ER, from 64.6% to 40.5% and, 2) decline in the number of patients hospitalized, from 64.7% to 29.8%) in the year following CHOICE admission, and 3) the number of falls (from 66.0% to 29.8% in the year following CHOICE admission [publication pending- Samuel et al. 2013]. In summary, CHOICE clients receive the care and support they need to remain in their own homes and apartments.

For more information on the CHOICE Centre-based or Outreach program, please contact: Michele.Jessop@albertahealthservices.ca



- Decreased utilization of acute care services (emergency visits and hospitalizations)
- Reduced incidence of falls experienced by all clients and those diagnosed with dementia

In the year following CHOICE admission, CHOICE clients decreased utilization of acute care services and incidence of falls when compared to the year prior to CHOICE admission.

# PRIHS Grant Submission

### The Elder-Friendly Surgical Unit

Alberta Innovates—Health Solutions and Alberta Health Services launched their partnership funding opportunity this summer to support research and innovation activities within the SCNs and OCNs. The Partnerships for Research and Innovation in the Health System (PRIHS) funding competition aims to support highimpact health research with an emphasis on reassessment.

Members of the SH SCN community, including researchers, clinicians, and administrators, collaborated to put forward a strong application aligned with the work of the SH SCN. This work was supported by the Surgery OCN and operational units across AHS. We hope to share good news of the review process in coming newsletter issues.





# **AUA Project Progress**

The Appropriate Use of Antipsychotics (AUA) Project is making great strides.

The development of the Alberta Clinical Guideline on the Appropriate Use of Antipsychotic Medications and Toolkit of Alternate Strategies for Managing Responsive Behaviors are both well underway. The members of these two working groups will meet in September and share their work with the provincial Steering Committee and then the Early Adopter Sites.

The 11 Early Adopter Sites are hard at work and showing some early successes. The second Innovation Collaborative Learning Workshop will take place on October 17th in Calgary; sites will share their progress and learn from one another.

We are pleased to share that Vanja Jovic has joined the AUA Team as Practice Lead and will support the Early Adopter Sites as they implement change to reduce the use of antipsychotic medications.

# In Remembrance of Dedicated Service

Dr. Peter N. McCracken, highly regarded across Canada as an enthusiastic and committed academic and clinical leader in Geriatric Medicine, passed away in June, 2013. Peter influenced and encouraged many who followed him in his field and was a valued mentor and colleague to many and an inspiration to all.

His many years of service nationally, at McGill, at the University of Alberta and Edmonton hospitals was recognized by the award of the Distinguished Service Award from the Canadian Geriatrics Society and the Queen Elizabeth II Diamond Jubilee Medal in 2012. A "Dr. Peter N. McCracken Legacy Fund" has been established at Glenrose Rehabilitation Hospital.

# Positive Experiences in the Field of Health and Aging

# Summer Student Engagement in SH SCN Research

Students assisted with SH SCN research during the summer months. Supported through the Research Excellence Support Team (REST), the students learned about the research process and assisted in the evaluation of the Comfort Rounds Project in the Calgary Zone. We caught up with Kai Homer, a 2<sup>nd</sup> year Anatomy and Cell Biology student at McGill University, and Brandon Pentz, a grade 12 student at St. Timothy High School, before they started classes for the fall term:

#### What new skills did you learn?

**KH:** Working on the Comfort Rounds Project allowed me to develop several skills that are valuable in the research process, including data capture instrument design and the collection of data itself. In addition, I developed my ability to communicate with team members by collaborating on a data collection protocol that met our standards as a group, as well as through establishing decision rules for some of the more ambiguous elements of the data collection process.

**BP:** I learnt how to perform literature searches and reviews. Being able to search for credited literature via online databases and organize it through reference management software has been very beneficial, especially towards my current studies. This experience in research will greatly benefit me when I get to university as I will already have some research knowledge.

#### What did you find most rewarding about your involvement?

**KH:** It was exciting to be involved with a project that will ultimately aid in implementing a province-wide improvement in the daily bedside care of Alberta's aging population.

**BP:** I found the networking very rewarding. Interacting and learning from highly-educated employees was remarkable.

# Overall, has your experience influenced your career path or thinking about the future?

**KH:** Treating a frail patient population with the best possible care, respect, and dignity as they near the end of their lives should be integral to a provincial health care system, and geriatricians are the physicians who are most actively involved with attaining this standard of care. As an aspiring physician, working on this project has opened my eyes to the possibility of specializing in geriatrics, something that I will further consider as I progress in my studies.

**BP:** I have found out that I really enjoy doing research-based work. The ability to evolve a question and formulate a solution to the problem really interests me. Without this program, I would have not been able to learn that I enjoy research, and I now include research in my possible career aspirations for the future.

## Did you know?

AHS Knowledge Resource Services, formerly Library Services, has launched an improved website, found here: http://krs.libguides.com/

# Improving the Quality of Care for Older Adults After Hip Fracture

A newly published, open access article highlights the success of collaborations to address quality of care after hip fracture.

The study evaluated the development of the provincial hip fracture pathway and the pilot work conducted at select sites in the province. The findings influenced the provincial implementation plan and offer an example of how the SCNs provide a platform for collaboration to improve healthcare delivery and patient care.

Citation: Holroyd-Leduc, et al. (2013). Improving the quality of care for older adults using evidence-informed clinical care pathways. *Canadian Geriatrics Journal*, 16(3):111-113.

### **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, SH SCN: Lynne.Mansell@albertahealthservices.ca Dennis Cleaver, Executive Director, SH SCN: Dennis.Cleaver@albertahealthservices.ca

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

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