Seniors Health Strategic Clinical Network

June 2017



Celebrate 5 Years

Dementia AdviceAvailable through Health Link



Dementia Advice Milestone

Dementia Advice through Health Link began provincially in May 2016. Since that time the service has supported 1010 new referrals. As one referral will impact at least two Albertans (the caregiver and the person living with dementia) as well as potentially other family members and friends, the Dementia Advice through Health Link as had a significant impact assisting Albertans that are on this dementia journey.

For more information visit **Dementia Advice**



Dr. Verna Yiu, President and CEO AHS (left) with Dr. Kathryn Todd, our Vice President of Research, Innovation & Analytics (right)

sharing one of the best examples of innovation of the SCN's.

A Blog Series with Dr. Verna Yiu

Help for Seniors Travelling to Medical Appointments

Improvements have been announced to the medical trip benefits that aid low-income seniors travelling from rural or remote areas in the province for treatment or care.

The provincial budget for 2017, invests an additional \$550,000 to help low-income seniors cover costs like transportation and accommodation associated with travel for specialist medical appointments.

For more information visit
Alberta Government Website

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Seniors Health Strategic Clinical Network™

Quick Links



Alberta Dementia Strategy Coming Soon



Six things
Physicians and
Patients Should
Question—
Choosing Wisely
Canada



Transformation Roadmap

Toward
Optimized
Practice (TOP) has
Released a New
Two-Part Clinical
Practice Guideline
(CPG)

Cognitive Impairment
- Part 1: Symptoms to
Diagnosis

Cognitive Impairment
- Part 2: Diagnosis to
Management

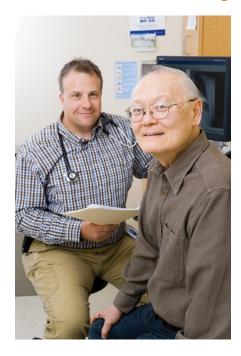
The updated CPG's was a joint effort by the AMA TOP Program and the Seniors Health SCN Community of Practice Members.

Primary Health Care Integrated Geriatric Services Initiative

Education Workshop #1: Supporting People Living With Dementia in the Community

The Seniors Health Strategic Clinical Network and the Primary Healthcare Integration Network are currently working with five Central Zone Primary Care Networks (Big Country, Provost, Red Deer, Wainwright & Wolf Creek) and the Alzheimer's Society of Alberta and Northwest Territories to develop, implement and evaluate education and service delivery model changes in order to better support people with dementia and their care partners who are living in community.

The first in a series of three learning workshops will be hosted this June in Red Deer and is entitled "Supported Well, Living Well". The focus of this first workshop is recognition and



pro-active, post diagnostic care and support of people affected by dementia. We anticipate up to 100 attendees including physicians, other primary healthcare professionals and community partners. Follow up workshops will be held in the fall of 2017 and early 2018.



For more information please email seniorshealth.scn@ahs.ca

Canadian Frailty Network Funds Landmark Research Projects

The Canadian Frailty Network (CFN) supports research and training for health professionals and scientists to improve outcomes for frail older Canadians across all care settings. CFN has made a major investment in transforming care for older Canadians living with frailty with four research projects.

The Seniors Health SCN has supported one of the successfully awarded projects:

Transforming primary healthcare for frail elderly Canadians

led by Dr. Paul Stolee at University of Waterloo, researchers from Laval University, University of British Columbia, Dalhousie University and University of Calgary. They will develop a new healthcare screening system for older Canadians, allowing for earlier identification of frailty leading to improved outcomes for patients and a decreased burden on the healthcare system.

Part of this project will include the development of a new app (My Care Mapp) to enable patients and care delivery personnel to monitor and share information on treatment.



Transforming Primary Healthcare for Frail Elderly Canadians Grant

Elder Friendly Care in Acute Care



A series of three learning workshops will be held between February and December 2017, with representatives from nine acute care pilot sites, with action periods in-between to implement unit and sitespecific priorities. Sites

involved in the Elder Friendly Care pilot are a mix of rural, urban and regional.

February 2017 Innovation Collaboratives ranged in size from eight to 80. Staff attended from a combination of medical/surgical inpatient units, emergency departments, LTC and/or primary care. Attendance of care team members from across the spectrum of care allowed for idea sharing, collaboration and problem-solving.

Staff are exploring ways to enhance communication between shifts, facilities and departments. They've challenged each other to think outside the box to use fewer restraints and prevent adverse outcomes.

These are just a few examples of the innovative and leading practices being shared and discovered.

Learning Workshop #2 will focus on support of sleep and delirium prevention:

- Emergency Department (ED) teams questioned their practice of keeping their patients 'nothing by mouth' or NPO and how it might contribute to responsive behaviours and delirium; this practice had already been adjusted by the surgical teams. ED teams shared their intervention of non-slip socks for fall prevention with medical and surgical teams.
- Teams were introduced to behaviour maps (to identify triggers and patterns for responsive behaviours) versus behaviour logs – which merely keep a record of why the patient can never be discharged, and needs antipsychotics.
- An inpatient staff member explained why lap belts were required to prevent patients falling down a back stairwell. An emergency department staff member suggested a code or swipe card for the back door, and the unit manager said, "I can check into that!"



For more information on Elder Friendly Care



2017 Summer **Studentship** Competition Outcome

The 2017 competition was offered as a follow-up to the success of the initial cohort of summer students supported by the Seniors Health SCN.

Five awards were granted in the 2016 competition, with each student presenting his/her findings to the Core Committee in Fall, 2016. Two students have since had their projects published in the peerreviewed literature, and both are in journals with high impact factors.

Ann Subota published on the association between dementia and epilepsy in the journal "Epilepsia".

Santhosh Nathan published on anticoagulant/antiplatelet use in seniors with chronic subdural hematoma in the journal "Neurology".

The IHE SCN Open Innovation Platform

Identifying and solving complex health care challenges together

Alberta Innovates, Alberta Health, the Institute of Health Economics (IHE), Alberta Health Services and the Strategic Clinical Networks (SCN) have partnered on the IHE SCN Open Innovation Platform.

The Platform is a secure and powerful crowdsourcing tool managed by the IHE to engage communities to identify innovative approaches to solving challenges in health care or to ideate around topics of relevance to its partners.

> Join the platform at ihe.ideascale.com











Seniors Health, Strategic **Clinical Network—Community** of Practice

Currently there are over 350 members of varied backgrounds and expertise ranging from Physicians, Social Workers to Physiotherapists.

What is the Community of Practice?

How can you get involved?

Find out!



Seniors Health Strategic Clinical Network™

Congratulations!

Seniors Health SCN Manager Appointed New President of The Canadian Gerontological



Nursing Association (CGNA)!

Mollie Cole (seen above) RN, MN, GNC has been instated as the new president of the Canadian Gerontological Nursing Association (CGNA).

The CGNA is an organization that represents gerontological nurses and promotes gerontological nursing practice across national and international boundaries.

The vision of CGNA is to promote excellence in gerontological nursing through leadership, knowledge and scholarship.



Congratulations!

Dr. Jim Silvius (right) has been named the 2017 recipient of the CMA's Dr. William Marsden Award in Medical Ethics for his leadership in helping create Alberta's response to the 2015 Supreme Court ruling that paved the way for Medical Assistance In Dying (MAID).



"I think part of the reason we were successful was that we took into account the diversity of opinion around the issue and ensured the rights of everybody would be protected by what we put in place," Dr. Silvius says.

"We tried to design a system for the entire province, not just Alberta Health Services, and one that works for everyone – including those who object to medical assistance in dying," says Dr. Silvius, who is also the AHS Provincial Medical Director for Seniors Health and the Senior Medical Director for the Seniors Health Strategic Clinical Network.

"By all accounts, Dr. Silvius was a master of negotiation and reconciliation on an emotionally charged topic," the AMA says in its nomination letter, signed by its Executive Director, Michael Gormley. "He spent hundreds of hours interviewing, listening and soliciting diverse viewpoints, and he did it all in an incredibly short time frame for such a monumental task."

Don't Suffer in Silence with Incontinence

Edmonton Metro: Monday, June 5, 2017 world's leading experts in

Accidental bladder leakage is a major problem to the health and well-being of millions of people worldwide.

Despite being treatable and manageable, many people think it is a normal part of aging and either don't seek help or suffer in silence.

"Incontinence remains something that's not talked about, we need to change this in order to allow people to benefit from the help and support they need to improve the situation," says Dr. Adrian Wagg, Head of the Division of Geriatric Medicine at the University of Alberta.

Dr. Adrian Wagg (below) is one of the world's leading experts in



incontinence and runs a continence clinic at the Glenrose Rehabilitation Hospital.

His research focuses on improving the quality of life of individuals with urinary incontinence.

"We aim, as part of our research program and clinical service, to find ways in which people of all ages can benefit from treatments for incontinence and to find new ways of treating the problems which lead to incontinence."

New Brunswick—
Appropriate Use of
Antipsychotics (AUA)
Collaborative Workshop



Dennis Cleaver (left),
Executive Director SH SCN,
Dr. Douglas Faulder (middle),
Continuing Care and Mollie
Cole, Manager SH SCN (right)
recently attended the Collaborative Workshop in New
Brunswick to assist 58 nursing
homes with their AUA
Initiatives.