

# Clear Webinar Series: Strategies for Sustainment

December 13, 2018



# Please note:

*This webinar is being recorded*

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# Your Clear team



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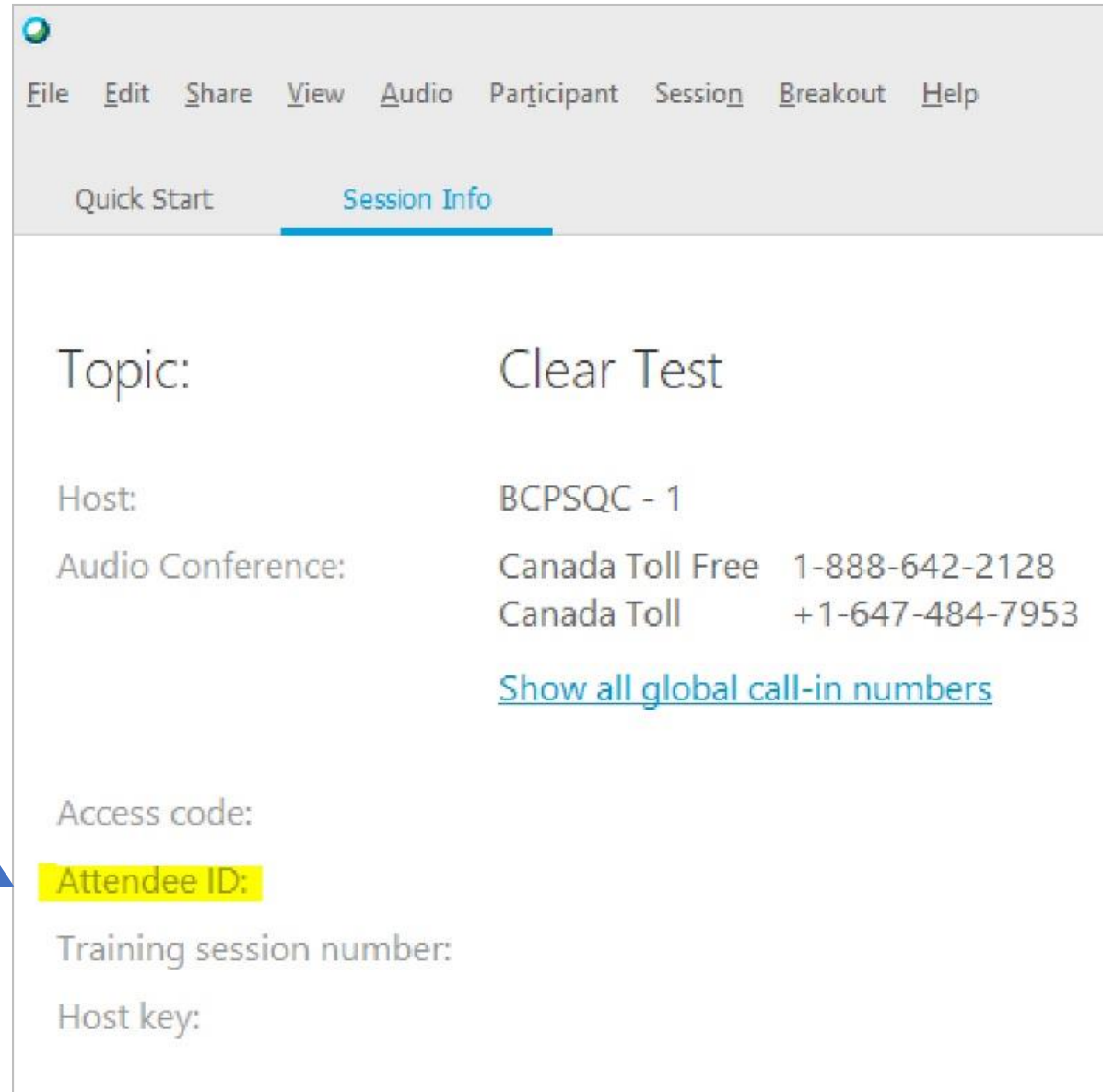
**Tom Majek**, Director, Health System  
Improvement



**Meagan Brown**, Program Assistant,  
Health System Improvement



# Interacting in WebEx



The screenshot shows the WebEx interface with the 'Session Info' tab selected. The 'Attendee ID' field is highlighted in yellow, and a blue arrow points to it from the left.

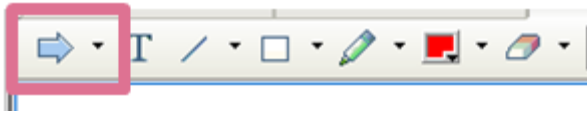
Session Info	
Topic:	Clear Test
Host:	BCPSQC - 1
Audio Conference:	Canada Toll Free 1-888-642-2128 Canada Toll +1-647-484-7953
	<a href="#">Show all global call-in numbers</a>
Access code:	
Attendee ID:	
Training session number:	
Host key:	

# Interacting in WebEx

The screenshot displays the WebEx interface with several key components highlighted by red boxes:

- Top Toolbar:** A red box highlights the blue arrow icon, which is the Pointer tool.
- Main Content Area:** The text "Today's Tools:" is followed by a list of four items: "1. Pointer" (with a blue arrow icon), "2. Raise Hand" (with a hand icon), "3. Yes / No" (with green checkmark and red X icons), and "4. Chat".
- Participants Panel:** A red box highlights the "Raise Hand" icon (hand), the "Yes / No" icons (checkmark and X), and the "Chat" icon (speech bubble).
- Bottom Panel:** A red box highlights the "Send to:" dropdown menu (set to "All Participants"), the text input field for chat messages, and the "Send" button.

The interface also shows a "Speaking:" section with "Panelist: 1" and "Attendee: 0", and a "BCPSQC - 2 (Host, me)" entry with a video icon. The bottom status bar includes "Full Screen", "63%", and "View" options.



# Which care home are you from?

- ☐ Aberdeen Hospital
- ☐ Augustine House/Haven House
- ☐ Beacon Hill Villa
- ☐ Bevan Lodge Residential
- ☐ Comox Valley Seniors Village
- ☐ Cumberland Lodge
- ☐ Dufferin Care Centre
- ☐ Elim Village, The Harrison/Harrison West
- ☐ Glacier View Lodge
- ☐ Good Samaritan Wexford Creek
- ☐ Gorge Road Hospital
- ☐ Guildford Seniors
- ☐ Heritage Square
- ☐ Jackman Manor
- ☐ Kamloops Seniors Village
- ☐ Kiwanis Village Lodge
- ☐ Louis Brier Home and Hospital
- ☐ Maple Ridge Seniors Village
- ☐ Nanaimo Seniors Village
- ☐ Nanaimo Traveller's Lodge (Eden Gardens)
- ☐ Peace Villa
- ☐ Powell River General Hospital

- ☐ Qualicum Manor
- ☐ Renfrew Care Centre
- ☐ Richmond Lions Manor Bridgeport
- ☐ Rosemary Heights Seniors Village
- ☐ Rotary Manor
- ☐ Royal City Manor
- ☐ Selkirk Place (Selkirk Seniors Village)
- ☐ Shorncliffe
- ☐ Simon Fraser Lodge
- ☐ Stanford Place
- ☐ The Pines
- ☐ The Residence at Morgan Heights
- ☐ The Residence in Mission
- ☐ Valhaven Rest Home
- ☐ Valleyhaven
- ☐ Waverly-Grosvenor House Ventures
- ☐ Willingdon Creek Village
- ☐ Woodgrove Manor
- ☐ Yucalta Lodge

**Don't see your name? Use the text tool to tell us in the Chatbox!**

# Quick Reminder...

## Monthly Reports & Data Due



# Learning Objectives

- Connect with other teams around the struggles and successes
- Validate and reflect on learning day findings from regional workshops
- Identify key strategies for sustainment (resources, networks, support) to be developed after Clear is complete
- Explore and assess the new website and resources online for usability and comprehensiveness



# Learning objectives

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# Agenda

- Get connected!
  - Dial in using your user ID or your computer
- Update around measurement
  - Why it's still important (story from FHA)
  - Update from Eric's presentation
  - Mid-initiative survey
- Themes from regional workshops
  - (30) Breakout groups
  - \*exit the Breakout and not the WebEx
- Meet the new website!
- Questions and next steps
  - Sustainment, moving into evaluation...don't forget the survey!



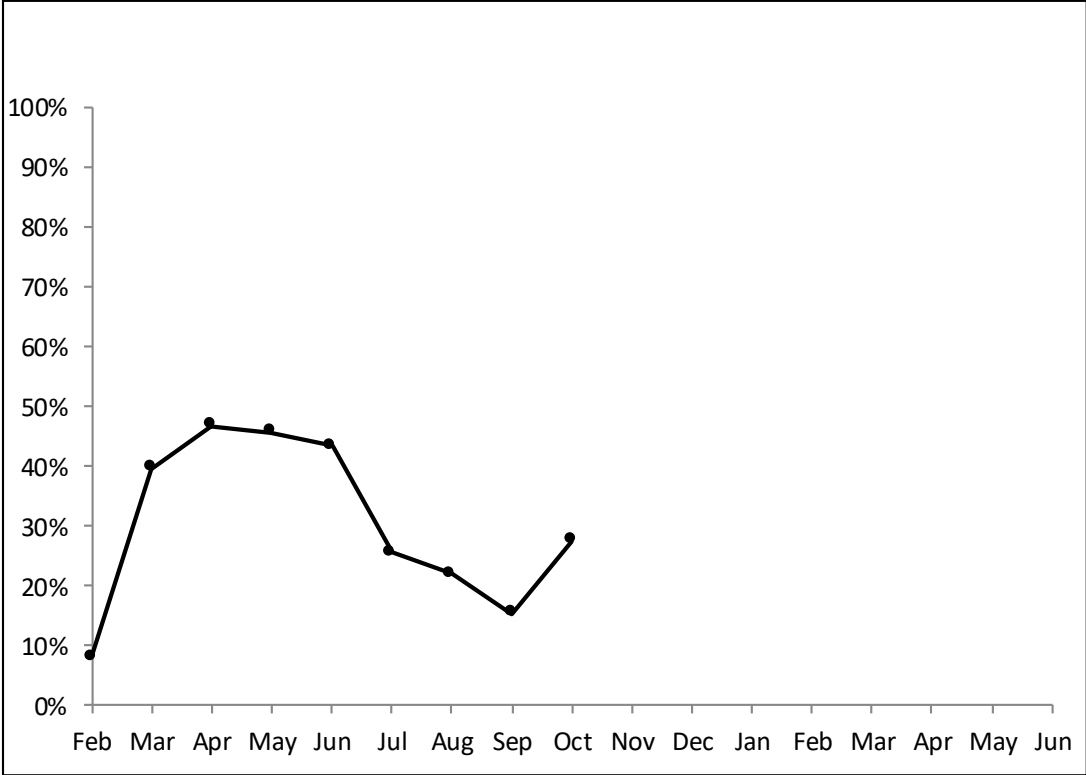
# Measurement Update

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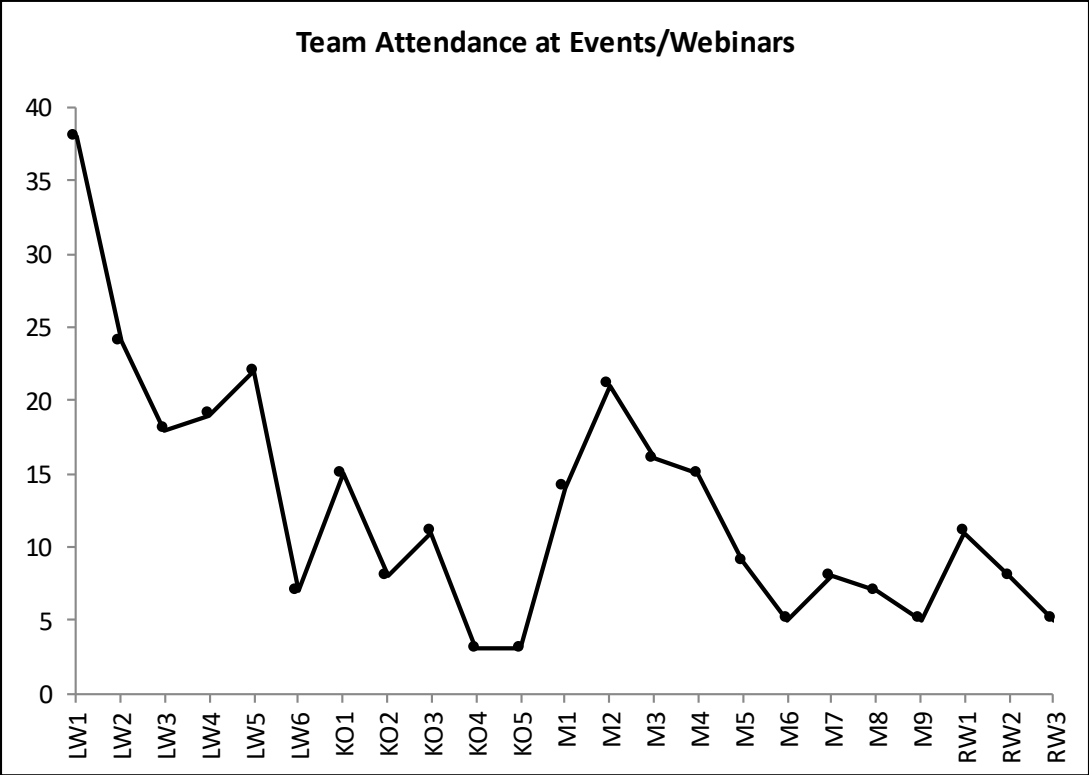


# Team Reporting over Time

Teams Completing Monthly Reports

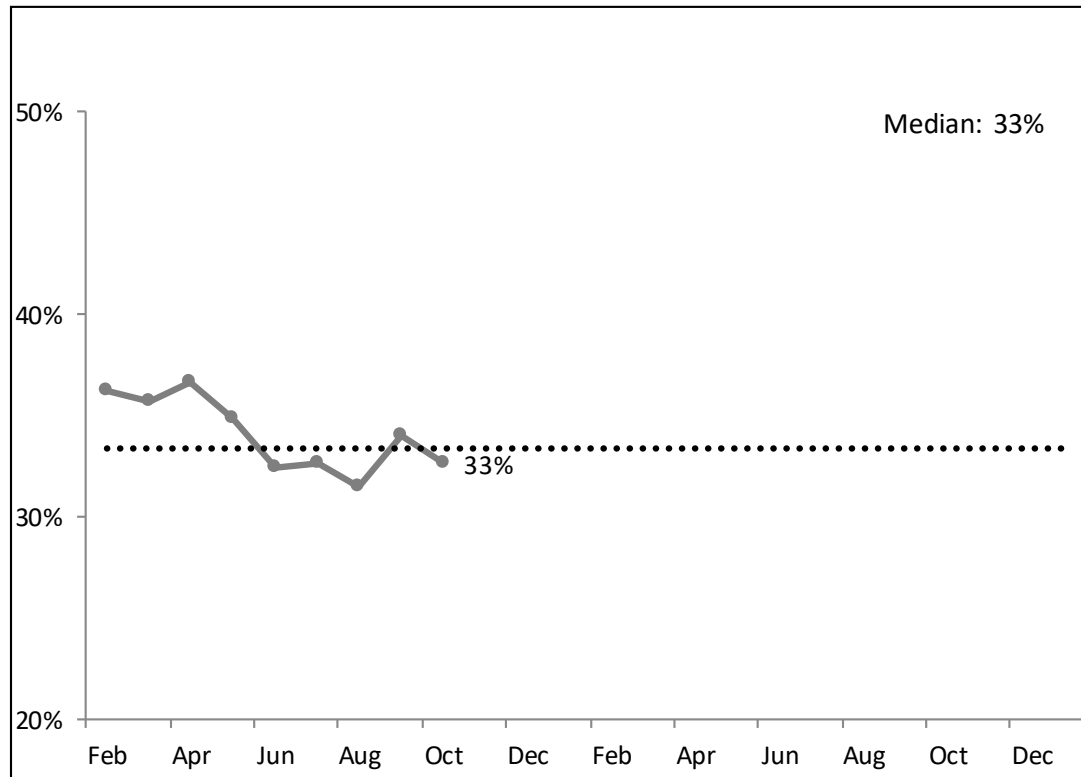


Team Attendance at Events/Webinars

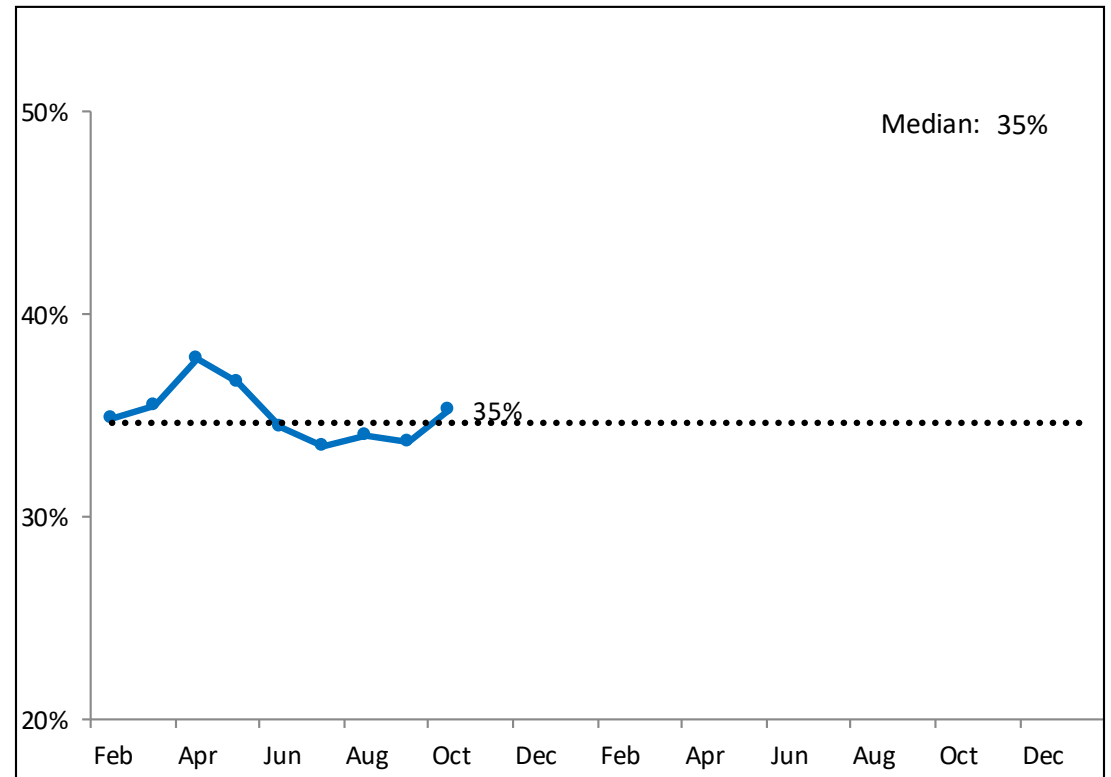


# Antipsychotic Use: All Clear Teams

**% of residents on any antipsychotics  
(total use)**

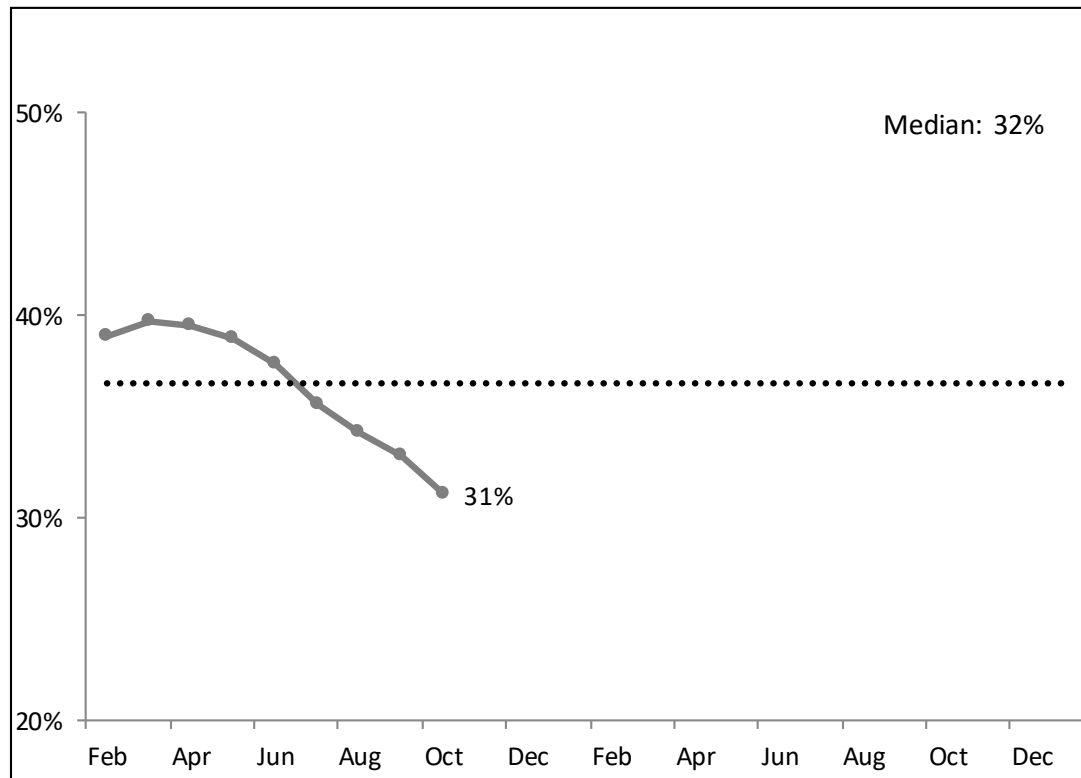


**% of residents on antipsychotics without a diagnosis  
of psychosis (potentially inappropriate)**

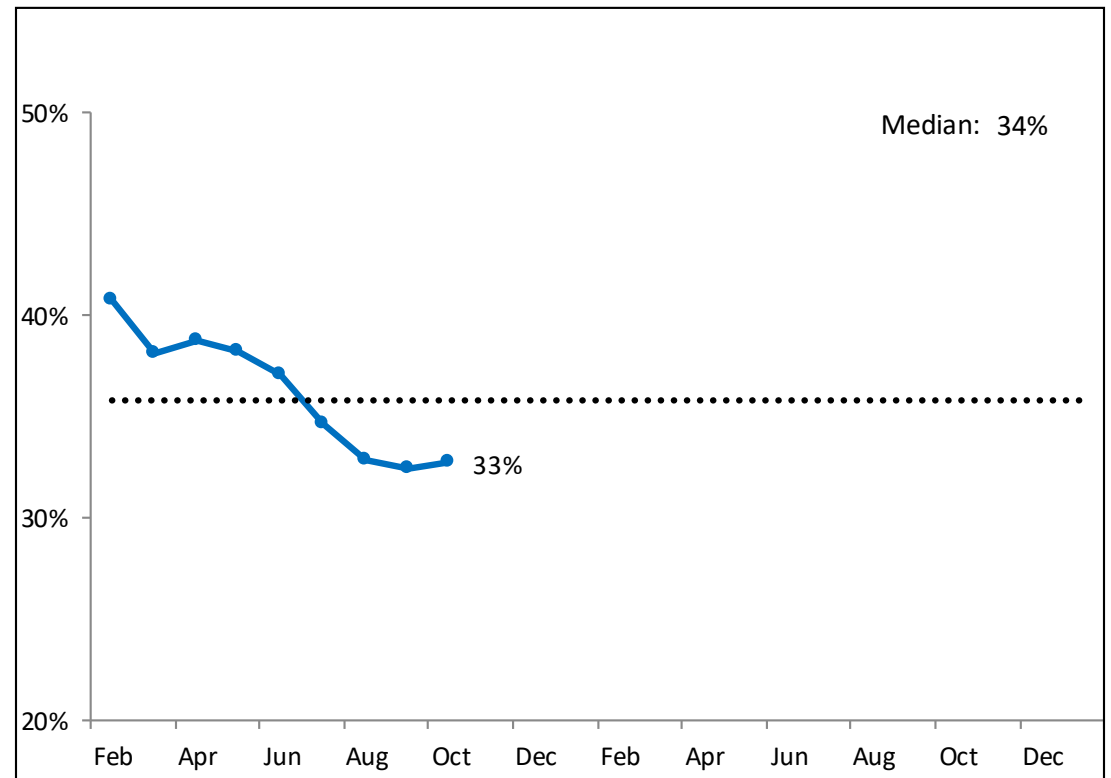


# Antipsychotic Use: Teams reporting since August (n=12)

**% of residents on any antipsychotics  
(total use)**



**% of residents on antipsychotics without a diagnosis  
of psychosis (potentially inappropriate)**



# Cumulative Progress

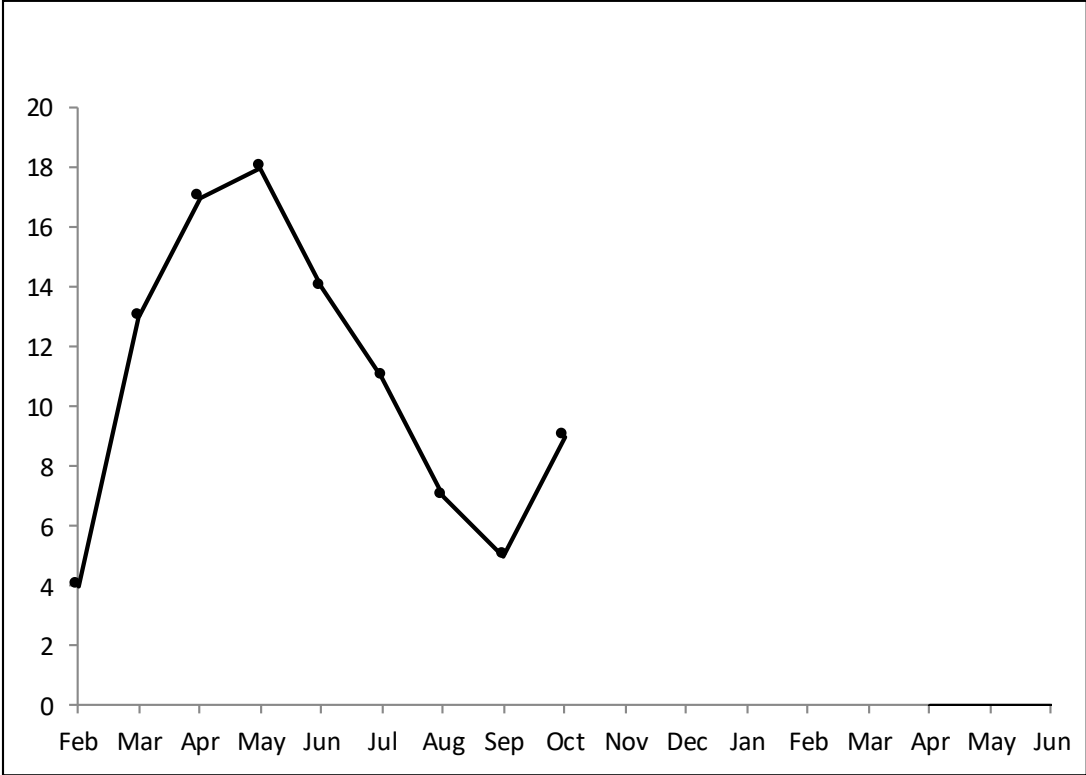
In a sample of ~1000 residents, there were:

- 63 residents with antipsychotics discontinued
- 37 residents had antipsychotics reduced

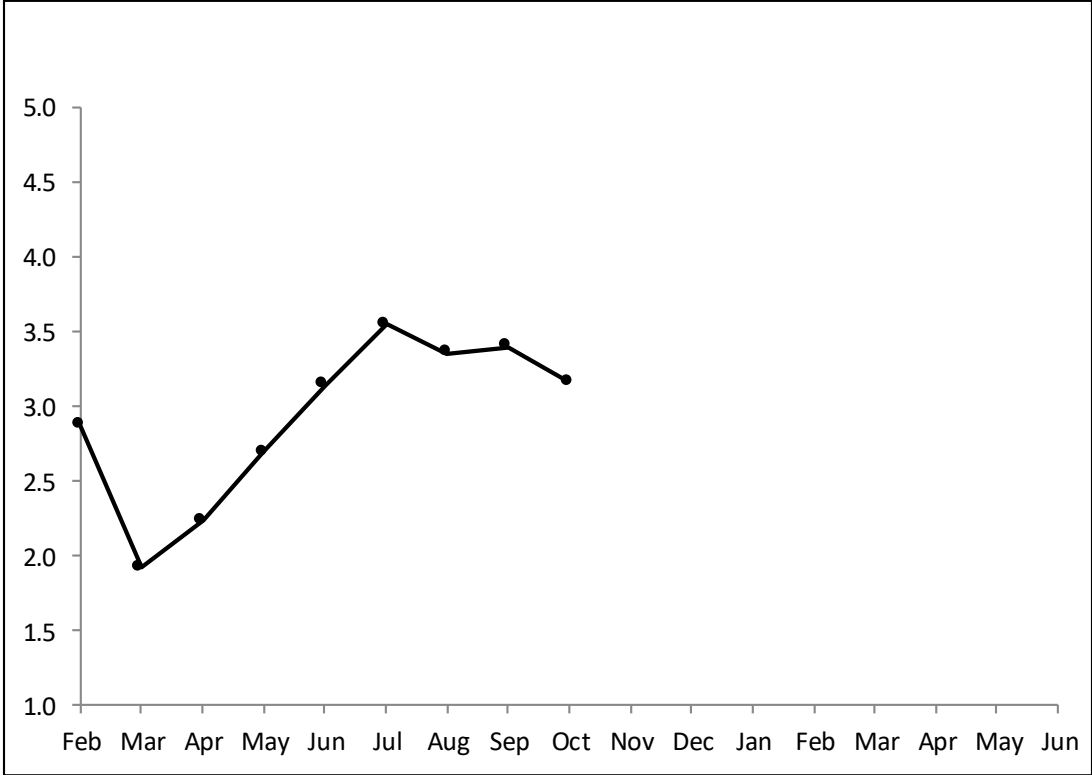
*This translates to 1 out of 10 residents on antipsychotics impacted by improvement work*

# Team Self-Assessments

**Number of Reporting Teams**



**Average Score**







# Regional Workshops and Change Ideas

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# Regional Workshops

- Majority of teams came to a Regional Workshop! (~65%!)
  - **Nanaimo**
    - September 27
    - Team attendance: 11
  - **Langley**
    - October 2
    - Team attendance: 8
  - **Northern workshops**
    - November 2
    - Team attendance 5 (in 3 locations!)



# Developing key change ideas

- Hundreds of ideas were crowd sourced over 3 facilitated regional workshop exercises around key barriers faced by Clear teams (approximately 100 participants!)
- Small groups of participants validated and identified key strategies
- Notes were transcribed and distilled into key themes





# Breakout groups!

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# Overarching Change Ideas

- **Leadership support**
- **Open, transparent, multi-level communication**
- **Organizational values that support Clear**
- **Identify and empower change champions**
- **People centered care:** focus on relationships and individual care goals rather than tasks
- **Start small and focused:** focus on reducing antipsychotic use and adapting care in one resident

# Barrier: Lack of Buy-in/Resistance to Change

- Communicate with the whole team
  - Ongoing communication about changes
  - Empower staff so that they feel they can help inform the change
- Share success stories
  - Celebrate successes together
- Start small and show impact
  - Start with one resident, show impact, then slowly grow
- Explore concerns
  - Why is there resistance?
  - Ask for feedback and address the core issues
- Leadership support
  - Embed change into policy – make it an organizational/ culture shift
  - Have an on the ground viewpoint – know what challenges the staff are facing
- Identify change champions and empower them to champion the change
  - Peer to peer championing is key
  - Change champions are staff who actively promote the change and integrate the change into their daily work
  - Care homes have found that champions are key for involving other staff and spreading the change to others who resist change

# Communication matters

- Language matters
  - Tone/body language/language matter when speaking to residents and colleagues
  - Choice of words matters
  - Involve families to assist with spoken language
  - Communicate with a smile
  - Pictograms on ADLs (Activities of Daily Living)
- Cultural safety
  - Take time to understand the residents' varied cultures
  - Understand and respect diversity
- Difference in shifts
  - Overlap shifts to reduce difference between day, evening and night shifts
  - Group emails work well with different shifts - allows everyone to stay updated
  - Standing agenda item for unit meetings
- Open communication
  - Leaders lead by example
  - Transparency - open and honest communication
  - Use the experience cube tool
  - Involve family in decisions
- Streamline processes
  - Streamline processes and eliminate duplication
  - Standardize forms

# Barrier: Lack of Resources (time, staff, etc.)

- Spread work between shifts
  - Team approach: all for one, one for all
  - Eliminate distinction of roles when interacting with residents
    - Everyone can spend 1:1 time with residents
  - Identify change champions on different shifts
- Resident-focused, not task-focused
  - Shifting priorities and values
  - Support 1:1 time with residents
  - Culture shift: resident focused
  - What matters to you?
- Use data to enable change
  - Display on common board, newsletters, email
  - Use color and make it accessible
  - Share Q&A sheet to provide information
- and dispel myths
- Share out resources
  - Peer to peer
  - Communication books
- Brainstorm with staff
  - How can we use our time more effectively?
  - Brainstorm creative ideas
  - Positive framing
    - Message to staff: you're doing this already
    - Recognize staff and small wins
  - Process mapping
    - Identify stress points and root cause analysis
  - Build trust and validate needs
  - What is manageable?
- Tap into existing resources
  - Dementia Care Team
  - Clear Team



# Barrier: Lack of Senior Leadership Support

- Data helps
  - Show the data ex: time, money, staff, injuries
  - Document your needs (leaders and staff)
- Involve in planning
  - Ask for help, welcome new suggestions
  - Make organizational priorities understandable
  - Make connections with various pieces of work (Rain, Poly PH, Clear, Pieces)
  - Tell staff what you're struggling with as a leader (Ask for advice/ ideas)
- Understand your team
  - Ensure sustainable resourcing
  - Help staff get education (Dementia education)
  - Pitch in on the floor as leader, come dressed to help
  - Understand each other's roles
  - Think through cultural differences
  - Acknowledge successful strategies and share them
- Be approachable
  - Be open to change
  - Make space to share ex: huddles
  - Include family representatives at leadership meetings

# Barrier: Lack of Effective Measurement/ Data/ Feedback

- Data access
  - Make sure all staff have access to Clear data collection and summary
  - Chart audits
  - Use the data you have ex: CIHI and RAI
  - Analyse the data and use for feedback to reduce worries
  - Simplify data collection as much as possible
- Working together
  - Empower all staff to be well versed in the Clear objective and method (early and often)
  - Approach: See one, do one, teach one (ex: DOS)
  - Active coaching to complete forms
  - Publicly display tracker (ex: thermometer)
  - Brainstorm with all staff
- Data seems to show up many times...
- It has cropped up in many of the discussions. We can bring them all into here?
- Is this about communicating early and often re: what the objective is? (not just about 'taking away antipsychotics'?)

# Barrier: Limitation of Physical Environment

- Suggested strategies for success:
- Home sweet home
  - Inviting scents and smells - aromatherapy
  - Activity pictures ex: eating in dining room
  - Different colored toilet seats for easy recognition
  - Colored walls to help orient and keep space bright
  - Visit from animals/ pets
- Facilitate interactions
  - Shared room or cuddle space for couples
  - Establish small social areas or common interest areas
  - Chart near or with residents in a common space
  - Use courtyard for BBQ/ cooking
  - Cook together using convection oven/ toaster oven
  - Group by Gem/ Cognition by POD/ Area

# Barriers



- Lack of buy-in and resistance to change
- Lack of effective communication
- Lack of resources (time, staff, etc.)
- Lack of senior leadership support
- Lack of effective measurement/data/feedback
- Limitations of physical environment

# Data Measurement Strategies

- Data can be discouraging when rates increase due to influx of new residents, etc.
- Start small
  - Start with one resident, one unit, one floor
  - Get help from nursing students
- Track strategies for mitigating behavior
  - Ensure targets are well documented
  - Summary notes at the end of the week
  - Document strategies and trials until success
- Share the data
  - Send out 2-3 points around successes and graphs to nursing interdisciplinary staff
  - Considerations:
    - Ensure message is not guilty inducting/blaming
    - Make data accessible (# of residents)

# Clinician and Staff Engagement Strategies

- Incentives
  - Provide food at meetings (potlucks, etc.)
    - Make your own tea/ coffee to save money
  - Give stars to attend meetings
  - Complete required trainings and get entered in a change to win draws
- Share strategies and successes
  - Appreciate staff with small thank you notes or newsletter mention
  - Staff newsletters, share with families
  - Language: you are already doing non-pharmacological approaches, not another thing to add to your list to do
  - Share successes at staff report times
- Empower staff
  - Safety huddles pre-planned and timely
  - Empower staff and validate experience
  - Support staff to allow for 1:1 time with residents
- Family involvement
  - Message: you don't have to do everything
  - Education sessions with staff and families
  - Flexible timings to allow families to attend meetings (evenings)
- Communication
  - Email and direct phone numbers of senior leaders posted in newsletters/ easily accessible
    - Allows families and staff to be heard
  - Staff meet and greet
  - What do you want to share?
- Filling out online trainings (required) and get a chance to win prizes

# Meaningful Medication Review Strategies

- Start small
  - Start with one resident (PRNs, etc.)
  - Physician/ nurse can review antipsychotics
  - Antipsychotic review can be harmonized with medication review list
  - Focus on reducing antipsychotic use, not 100% elimination
  - Guideline for structured conversation useful (AUA resource)
- Get the whole picture
  - Track pain, sleep patterns, bowel patterns, behaviors – DOS tool
  - May need background information to understand why antipsychotics were started in the first place
  - Examine history and context to determine if resident has undiagnosed psychosis
  - What other meds might be contributing to their symptoms? Ex: side effects may cause confusion, nausea
  - Get psych consults, put all heads together
- Adapt to include nurses
  - Nurses may not be able to attend med reviews, but can provide info/ context ahead of time
  - Role and education around nursing role
- Consent for changes
  - Inform families/ caregivers
  - Be willing to re-examine protocols
  - Provide advance notice to help speed up and prepare family discussions

# Physician and Medical Director Engagement Strategies

- Build in accountability
  - Specialized training and deeper understanding and commitment to care for residents
  - Develop a broad, long term strategy
  - RCI med reviews with physicians having tools completed before med reviews (DOS) puts things in context, speeds up discussion and brings evidence
  - Need for unified care plan across all shifts
- Relationship building
  - Foster and support long standing relationships
  - Foster open, personable relationships
  - Schedule visits to help prepare staff
    - Get feedback/ insight from casual workers as well
  - Invite physicians to polypharmacy events
- Communication
  - What do you need to make your work more effective here?
  - Scheduled visits allow for a chance for families to connect too
  - Clarity of roles and expectations, timelines
  - Clarity of scope and responsibility
  - Make mental health team aware of drive to reduce antipsychotics
  - Fax nursing notes to physicians as additional information
  - Foster face to face communication



# Non-Pharmacological Approaches

- Get to know the resident
  - Use existing resources
    - My Life Story
    - Getting to Know Me
  - Meal times alone is okay for some
    - Connect with family if resident is agitated during meal times to determine history, and adapt to better suit the resident's needs
  - Detailed care plans
  - Assess activity levels – Pool Activity Levels (PAL) checklist
- Community building
  - “free hugs day”- one day in the year that the residents go to a location and offer free hugs in the community
  - Arrange for children visiting (without masks)
- Managing behavior
  - Weighted blankets
  - Behavior tracking – DOS tool
- Note patterns of behavior What do these contain? Any examples?
- Activities
  - Activity/ Snoezelen carts – carts with a variety of items to passively or actively engage residents in the moment
  - Individual music therapy
  - Horticulture therapy
  - PVC pipe fittings
  - Busy aprons from family
  - Twiddle mitts
  - Painting
  - Dolls – babies
  - Outdoor walking program
  - Involve residents in care home tasks ex: delivering newspapers
  - Cooking – cookies, pickles
  - Ex: old classic car donated - residents keep it clean and tuned

# Opiate Use Strategies

- Set up changes as trials, not something final
  - Check that pain medications are effective and/or stop them if they are not
  - Antipsychotic reduction may be possible at initial medication review, but may take 1-2 weeks to settle in and establish new behaviors

# Strategies



- Data measurement strategies
- Clinician and staff engagement strategies
- Meaningful medication review strategies
- Physician and medical director engagement strategies
- Non-pharmacological approaches (access, education, resourcing)
- Opiate use strategies

# Regroup and Debrief



# Change strategies – *Next steps*

- Develop and map existing resources to support strategies
- Disseminate support strategies for sustainment with you!
- Incorporate findings into evaluation





# Next steps for Clear...

- You asked, we listened - Check out the new website!
  - Love it? Hate it? We want to know!
- Evaluation...it's coming!
  - Please complete the mid-initiative survey by tomorrow!
- Webinars – hiatus the next few months
  - Jam spaces – open office hours again? Time set aside to work on website? Let us know!





new!  
Meet the website



# Thank You

Participating Teams

Faculty

Support Team

Guest presenters



# Evaluation!

Please complete the evaluation of the webinar after you close the webex **and the mid-initiative survey!**



FEEDBACK