Clear Wave 3 Summary Report

Clear was a long-term care quality improvement initiative intended to address the behavioural and psychological symptoms of dementia (BPSD), with a focus on reducing antipsychotics prescribed and used on people without a diagnosis of psychosis. Clear supported improving the dignity and quality of life for those living in long-term care homes by introducing and supporting person- and family-centred care, as well as promoting best practices for caring for those living with BPSD.

Clear was led by the BC Patient Safety & Quality Council. The Council is a driving force for high-quality health care in British Columbia. Using evidence-informed strategies, we shift culture, improve clinical practice and advance person- and family-centred care to support the best care possible for every person in our province.

INTRODUCTION

Clear was developed utilizing the Institute for Healthcare Improvement's (IHI) Breakthrough Series Collaborative model. Fifty-four teams from across BC originally signed up to participate in Clear Wave 3 and 33 teams completed the collaborative. The Council supported these 33 teams, with guidance from Faculty and Partnership Alliance committees, to reduce and track the number of antipsychotics being used in participating long-term care homes. The initiative spanned from December 2017 to May 2019 and involved regional kick-off events, webinars, team coaching sessions with Improvement Advisors, regional workshops and cycles of reporting from the participating teams.

The aim of Clear Wave 3 was to reduce the rate of antipsychotic use in residents without a diagnosis of psychosis in participating care homes across the province from baseline to the national average (21.6%)[1] by April 30, 2019.

This evaluation is based on information collected throughout the initiative from paper and electronic surveys, storyboard posters, notes from coaching calls and discussions with teams, self-reported data, website analytics and comparison of outcomes to information provided by the Canadian Institute of Health Information (CIHI) database.

To achieve this, four primary objectives, adapted from previous waves of Clear, were identified as "drivers" of change:

Appropriate antipsychotic use in long-term care

Best practice management for residents with BPSD

Enhance teamwork in the workplace and workflow

Resident care planning for quality of life and safety

[1]Canadian Institute for Healthcare improvement. Your health system: potentially inappropriate use of antipsychotics in long-term care details for British Columbia [Internet]. Canada: 2017. Available from: https://bit.ly/2Cvszmt

FINDINGS

Decrease in Overall Antipsychotics Used

237 out of **1834**

residents (17.9%) who had a prescription for antipsychotics had their medications reduced or discontinued during the initiative.

↓**17.5%** reduction

of residents on antipsychotics without a diagnosis of psychosis (decreased from 34.2% at the beginning of the initiative to 28.2% at the end).

Decrease in Both Scheduled and As-Needed Antipsychotics Used

↓**12.4%** reduction

Scheduled antipsychotics decreased from 26.3% to 23.0%.

↓**22.9%** reduction

As-needed antipsychotics decreased from 13.2% to 10.2%.[2]

Decrease in Antipsychotics Used Brings Participating Care Homes Closer to BC Average

32.7% to **27.6%**

Clear care homes decreased the percentage of antipsychotics used from 32.7% to 27.6%, while the rate among non-participating care homes remained unchanged at 22.6% from 2017 Q4 (December 2018) to 2019 Q1 (June 2019)[2].

Improved Culture through Teamwork and Communication

- Adopting a **person- and family-centred care** approach that focused on the needs of the resident first;

- Working in **interdisciplinary teams** to ensure a diversity of disciplines are present in care conferences, care planning and delivery, and led to an increased understanding of care goals by all levels of staff and leadership;

- Aligning team members to a **common purpose** that included new non-pharmacological ways of providing care and increased human connection between clinicians, staff and residents; and

- Shifting the culture around medication use to include an understanding of the potential of other, **non-pharmacological approaches**.

[2]Note that there was a 17.9% decrease in antipsychotic use overall and a 17.5% decrease in antipsychotic use among residents without a diagnosis of psychosis

[2]Canadian Institute for Health Information. (2013). CCRS Quality Indicators Risk Adjustment Methodology. Canada. Retrieved from https://www.cihi.ca/sites/default/files/document/ccrs_qi_risk_adj_meth_2013_en_o.pdf

KEY LEARNINGS

Wave 3 was unique in that it specifically targeted care homes that were overprescribing antipsychotics to residents without diagnoses of psychosis. There is evidence around the key components of effective collaboratives based on the Breakthrough Series model; however, these learnings assume that high performing, early adopters and motivated teams constitute most of the membership of the collaborative. As such, the following are consolidated learnings of special consideration when running a collaborative based on the Clear Wave 3 recruitment model as reflected in the evaluation:

Be clear on the time commitment required. Ensure teams enrolled in the collaborative have a clear understanding of the time commitments required to successfully participate. This was proven especially true of those 'voluntold' sites in which leadership may have been eager to commit without giving adequate thought to the resources and capacity required to support teams to be successful. Incorporating a readiness assessment would explore the overall potential and capacity for change at sites.

Plan for lower levels of engagement. The collaborative approach is specifically designed and targeted at high performing teams that have the capacity, interest and engagement to create change and take on quality improvement work. Careful consideration should be given prior to applying the collaborative model to enforce or incentivize low performing or struggling sites.

Understand where you are starting so you know where to go. Conduct a broad-based survey of team attitudes and knowledge toward the initiative topic as a baseline for measuring impact at the conclusion of the collaborative. Improvement in team morale, engagement and job satisfaction were reflected in teams participating in the collaborative. In sites that may be struggling, involvement in a collaborative may provide additional positive outcomes around team and individual performance.

**Consider complimentary initiatives and their impact on participation.** During Wave 3 of Clear, there were a number of similar initiatives happening in the province. Prior to embarking on improvement work with lower-capacity teams, it may be helpful to conduct an environmental scan of complementary initiatives and consider their potential impact on participation.

Make participation easy. Staff turnover and time to plan and execute tests of change were consistently cited as barriers for Wave 3 teams. Help remove barriers to participation by enabling step-by-step milestones to guide improvement. Provide resources and tools to facilitate engagement and participation for teams that may have additional barriers to success.

Keep measurement simple and accessible. Data collection was frequently noted as a major burden for participating teams. Integrating a low barrier progress survey, as well as identifying progress touch points and more universal process measures for teams may help teams gain traction in early stages of the collaborative. These low barrier measures will help teams build energy for change. This increased sensitivity and responsiveness in measures may help increase engagement.
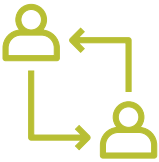
Build relationships and be prepared for turnover. Lower performing teams also seemed to experience a high degree of turnover. Teams experiencing high turnover can struggle with gaining momentum for change. Plan for turnover and help mitigate its impact by maintaining relationships with all participants, creating a contact database, ensuring shared leadership, developing transition tools and documentation and ensuring effective communication at all levels.

Ensure support from leadership. Leadership support helps to remove barriers to participation and enable team members to have protected time to participate by collecting data, reporting on progress and attending initiative events. Build progress reporting into leadership meetings at the local and regional levels and set out clear expectations for participation at the onset of the collaborative. Establish a formal process for reviewing and addressing systemic barriers that may surface during the collaborative. Offer a certificate, ceremony, or accreditation to help incentivize team progress and participation.

CONCLUSION

Long-term care homes participating in Clear Wave 3 showed a statistically significant reduction in the percentage of residents on antipsychotics without a diagnosis of psychosis over time. While the collaborative did not achieve the goal, the average rate of antipsychotics being used at participating care homes was closer to the provincial average at the end of the initiative compared to the beginning.

The key learnings from Clear Wave 3 can be used to further other initiatives that aim to improve quality of care for older adults as well as to inform future collaboratives, especially those aimed at engaging sites that are underperforming, or where the traditional collaborative model and modes of engagement are less effective.

Learn more about Clear and the ways it improved long-term care.

Read the full report at **BCPSQC.ca/improve-care/clear.**