



Clear Webinar Series: Engaging with Physicians

March 21, 2018



Your Clear team



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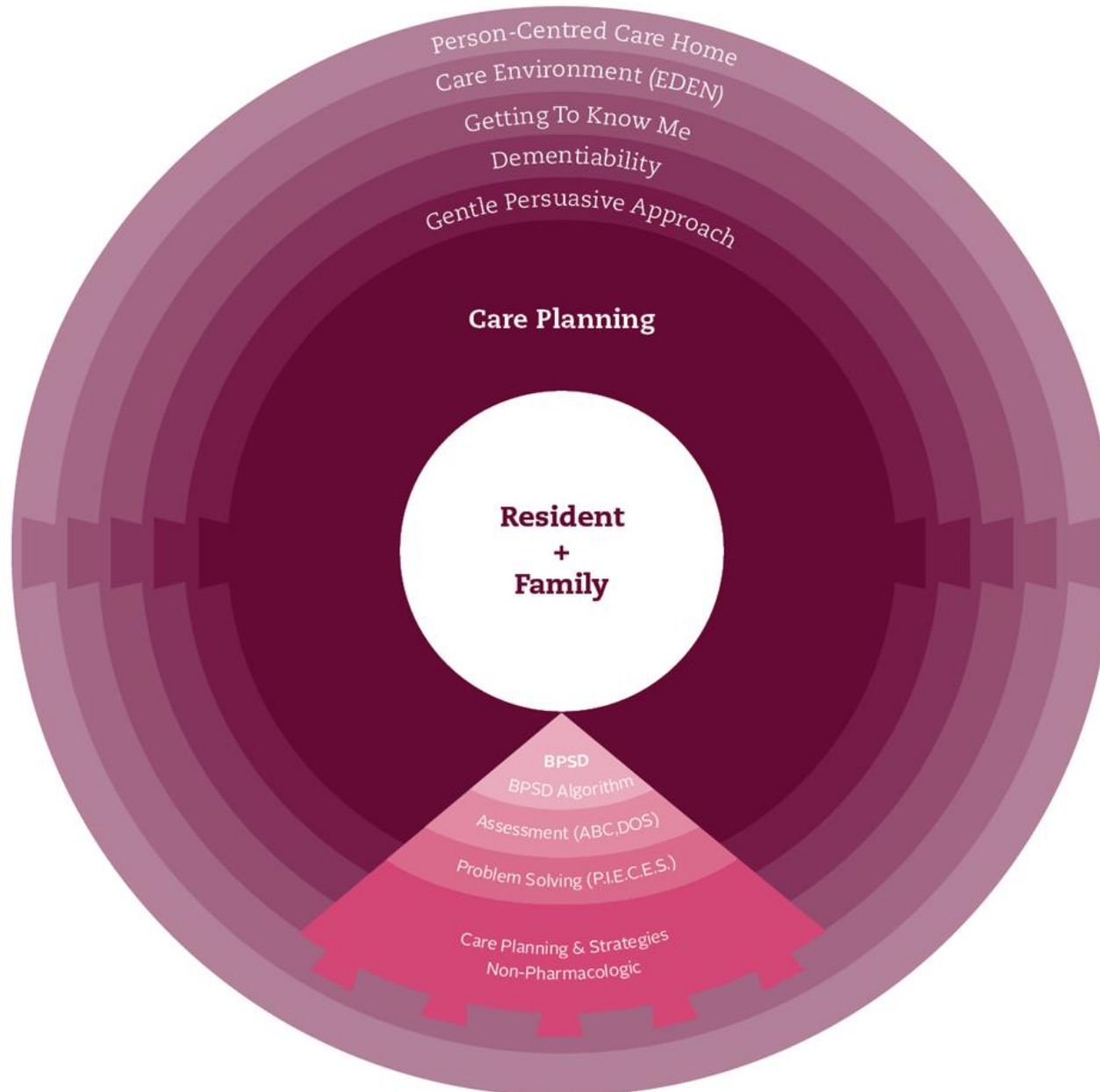
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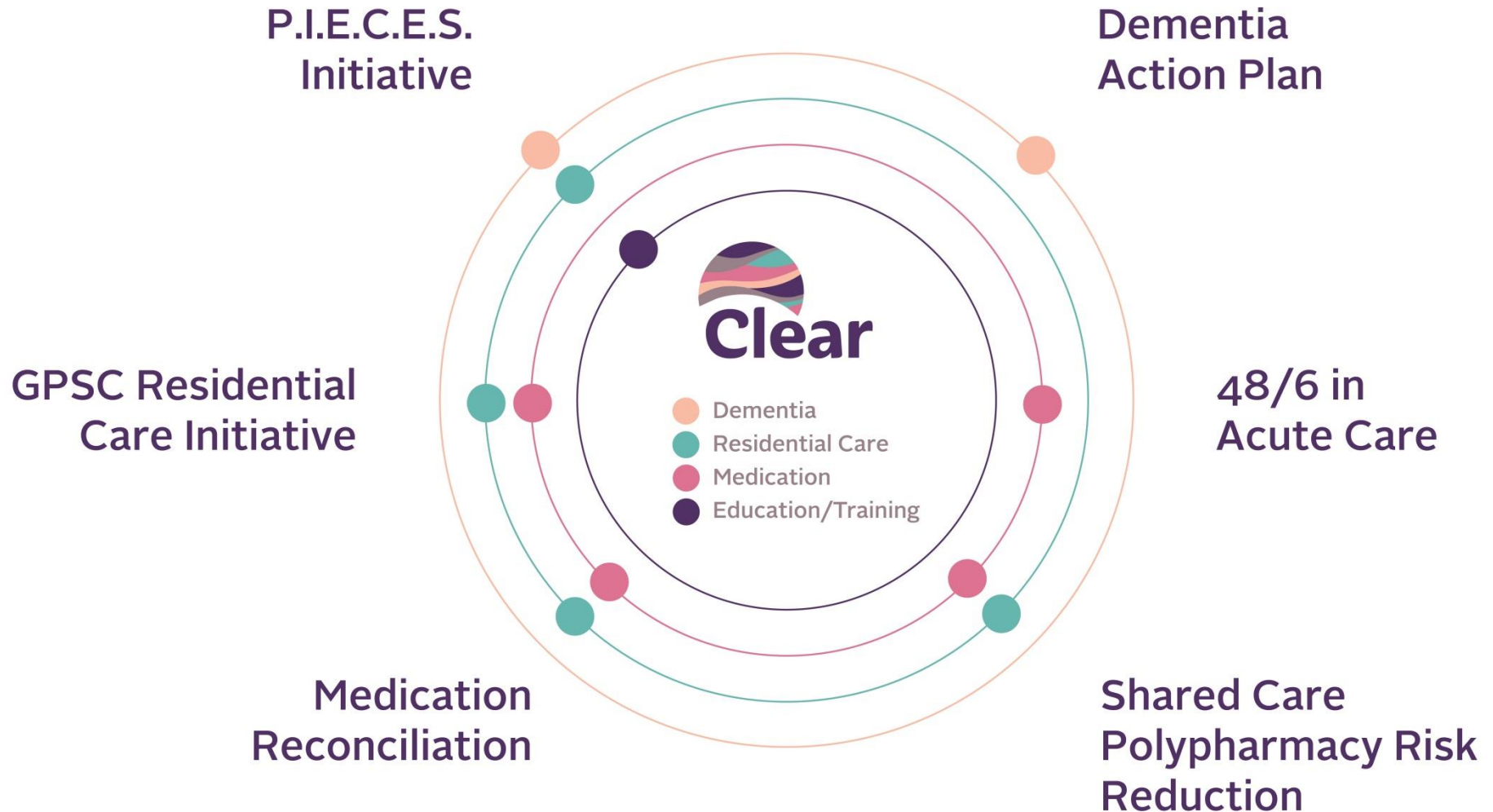
Learning Objectives

1. Recognize the opportunity to engage physicians through the Residential Care Initiative.
2. Understand key principles for successful physician engagement.
3. Identify techniques to increase physician engagement and support physicians through stages of change.
4. Understand how to use tools in a way that encourages collaboration and partnership with physicians in Clear.

BPSD Approach in Person-Centred Care



Clear Connections



Residential Care Initiative: Divisions of Family Practice

Best practice expectations:

- 24/7 availability and on-site attendance, when required
- Proactive visits to residents
- Meaningful medication reviews
- Completed documentation
- Attendance at case conferences

The Physician's Role

- Being aware of the care home approach: assessment, non-drug interventions
- Asking relevant questions, e.g. : What is the “number one” problem you need help with?

Approach to Assessment for BPSD: eg. PIECES 3 Questions

1. What has changed?
2. What are the risks and possible causes?
3. What Is the action?

Dementia Observational System



Name: _____

Dates: From _____ to _____

Use corresponding numbers to record behaviours in ½ hour intervals:

- | | | | | |
|----------------------|---------------|--------------------|--------------------------|------------------|
| 1. Sleeping in Bed | 3. Awake/Calm | 5. Restless/Pacing | 7. Aggressive – verbal | 9. Other: _____ |
| 2. Sleeping in Chair | 4. Noisy | 6. Exit Seeking | 8. Aggressive – Physical | 10. Other: _____ |

Dates:							
Time							
0730							
0800							
0830							
0900							
0930							
1000							
1030							

The Physician's Role

- Diagnosis and treatment (look for untreated medical conditions)
- Medication review/review for polypharmacy
- Appropriate prescribing – When and Why?
 - talking with the family (consent)
 - therapeutic trial
 - taper & discontinuation

For Your Care Home

- How are you improving your assessment?
- Who is involved?
- How are you involving families?
- How would you want the physician to be involved?
- What information will you be:
 - wanting from the physician?
 - providing the physician?- SBAR, DOS

Physician Engagement - Case




Mr. Fraser had some agitation and resistance to care last summer. Risperidone 0.25 mg at 09:00 and 16:00 was started. He hasn't had undesirable behaviours since.

The team thinks they should try tapering the antipsychotic.

How do we engage the GP in this plan?

It depends...



	Dr. Orange	Dr. Green	Dr. Pink	Dr. Blue
Visit Frequency	Every second week	Basically never	About 4 times a year	Frequently
Approachable; Teamwork		?		
Medication Prescription habits	Tries to minimize meds	Can't tell	Average – tries to minimize	Rarely stops, often adds
Responsiveness to faxes	✓✓	✓	✓✓	✓✓
Patient rapport	Good	?	OK	Poor

**STAGE 1:
PRECONTEMPLATION**

Physician Involvement
Knowledge of Clear's goals, the project process and possible impact to their patients

Care Homes can:

- Tell the GP community about Clear's aim and which care homes are participating
- Send GPs who are caring for your residents the Clear Template Letter for Physicians
- Help GPs understand the benefits of reducing antipsychotics for residents and families on quality of life
- Designate one or two people to be the contact persons (RNs or CNLs) for questions from GPs

**STAGE 2:
CONTEMPLATION**

Physician Involvement
Supportive of Clear's goals, the project process and possible impact to their patients

Care Homes can:

- Invite GPs to your care home to meet your team and hear more about your care home's Clear aim, progress, and change ideas
- Emphasize a focus on 'finding the right dose', not blind elimination
- Reassure them your team is ready to use non-pharmacologic interventions to address behavioural and psychological symptoms of dementia

**STAGE 3:
PREPARATION**

Physician Involvement
Agreeable to act on requests for medication changes

Care Homes can:

- Ask GPs for an indication of why a resident is on an antipsychotic
- Ask for permission to taper antipsychotic

**STAGE 4:
ACTION**

Physician Involvement
Agree to provide patient's indication for using antipsychotics. Evaluate data from tapering process; take action.

Care Homes can:

- Share resident-specific behaviour tracking results (frequency and severity) from tapering trial with GPs
- Share overall care home progress to date with GPs
- Ask GPs to participate in PIECES

**STAGE 5:
MAINTENANCE**

Physician Involvement
Close participation in med reduction team process and PIECES

Clear Engagement Tools

STAGE 1: PRECONTEMPLATION

Physician Involvement
Knowledge of Clear's
goals, the project
process and possible
impact to their
patients

STAGE 2: CONTEMPLATION

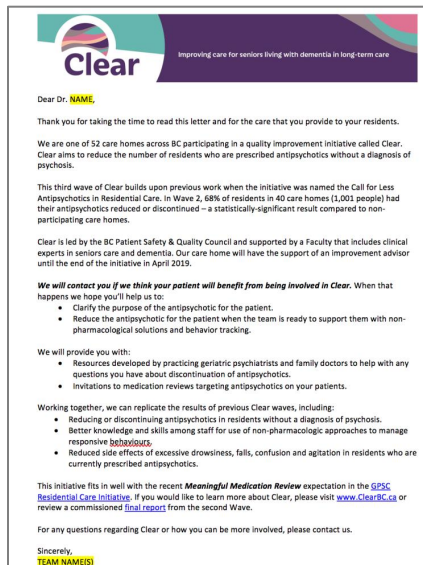
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STAGE 3: PREPARATION

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STAGE 4: ACTION

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Agree to provide patient's
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Clear
Improving care for seniors living with dementia in long-term care

Dear Dr. **NAME**,

Thank you for taking the time to read this letter and for the care that you provide to your residents.

We are one of 52 care homes across BC participating in a quality improvement initiative called Clear. Clear aims to reduce the number of residents who are prescribed antipsychotics without a diagnosis of psychosis.

This third wave of Clear builds upon previous work when the initiative was named the Call for Less Antipsychotics in Residential Care. In Wave 2, 68% of residents in 40 care homes (1,001 people) had their antipsychotics reduced or discontinued – a statistically-significant result compared to non-participating care homes.

Clear is led by the BC Patient Safety & Quality Council and supported by a Faculty that includes clinical experts in seniors care and dementia. Our care home will have the support of an improvement advisor until the end of the initiative in April 2020.

We will contact you if we think your patient will benefit from being involved in Clear. When that happens we hope you'll help us to:

- Clarify the purpose of the antipsychotic for the patient.
- Reduce the antipsychotic for the patient when the team is ready to support them with non-pharmacological solutions and behavior tracking.

We will provide you with:

- Resources developed by practicing geriatric psychiatrists and family doctors to help with any questions you have about discontinuation of antipsychotics.
- Invitations to medication reviews targeting antipsychotics on your patients.

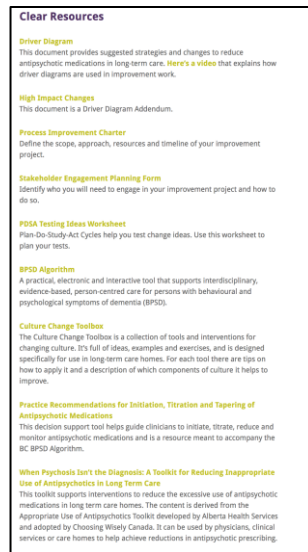
Working together, we can replicate the results of previous Clear waves, including:

- Reducing or discontinuing antipsychotics in residents without a diagnosis of psychosis.
- Better knowledge and skills among staff for use of non-pharmacologic approaches to manage responsive **behaviours**.
- Reduced side effects of excessive drowsiness, falls, confusion and agitation in residents who are currently prescribed antipsychotics.

This initiative fits in well with the recent **Meaningful Medication Review** expectation in the **GPSC Residential Care Initiative**. If you would like to learn more about Clear, please visit www.ClearBC.ca or review a commissioned **final report** from the second Wave.

For any questions regarding Clear or how you can be more involved, please contact us.

Sincerely,
TEAM NAME(S)



Clear Resources

Driver Diagram
This document provides suggested strategies and changes to reduce antipsychotic medications in long-term care. **Here's a video** that explains how driver diagrams are used in improvement work.

High Impact Changes
This document is a Driver Diagram Addendum.

Process Improvement Charter
Define the scope, approach, resources and timeline of your improvement project.

Stakeholder Engagement Planning Form
Identify who you will need to engage in your improvement project and how to do so.

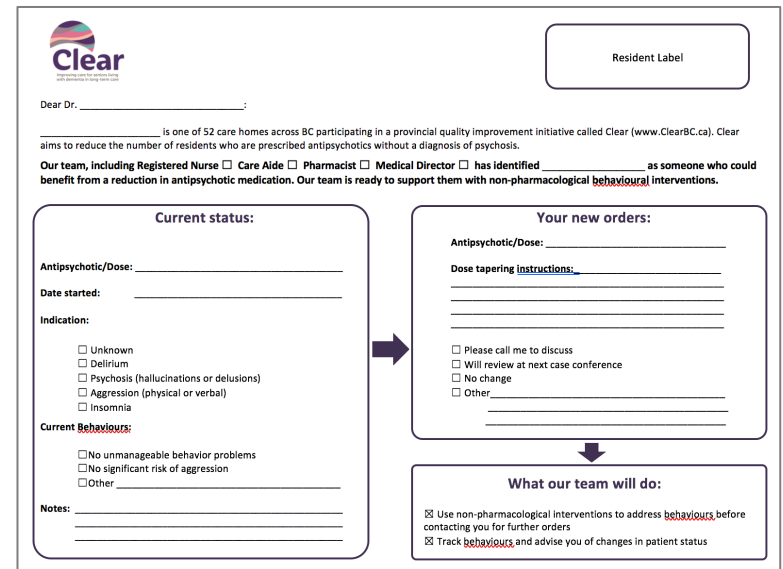
PDCA Testing Ideas Worksheet
Plan-Do-Study-Act Cycles help you test change ideas. Use this worksheet to plan your tests.

BPSD Algorithm
A practical, electronic and interactive tool that supports interdisciplinary, evidence-based, person-centred care for persons with behavioural and psychological symptoms of dementia (BPSD).

Culture Change Toolbox
The Culture Change Toolbox is a collection of tools and interventions for changing culture. It's full of ideas, examples and exercises, and is designed specifically for use in long-term care homes. For each tool there are tips on how to apply it and a description of which components of culture it helps to improve.

Practice Recommendations for Initiation, Titration and Tapering of Antipsychotic Medications
This decision support tool helps guide clinicians to initiate, titrate, reduce and monitor antipsychotic medications and is a resource meant to accompany the BC BPSD Algorithm.

When Psychosis Isn't the Diagnosis: A Toolkit for Reducing Inappropriate Use of Antipsychotics in Long Term Care
This toolkit supports interventions to reduce the excessive use of antipsychotic medications in long-term care homes. The content is derived from the Appropriate Use of Antipsychotics Toolkit developed by Alberta Health Services and adopted by Choosing Wisely Canada. It can be used by physicians, clinical services or care homes to help achieve reductions in antipsychotic prescribing.



Clear
Improving care for seniors living with dementia in long-term care

Resident Label

Dear Dr. _____:

_____ is one of 52 care homes across BC participating in a provincial quality improvement initiative called Clear (www.ClearBC.ca). Clear aims to reduce the number of residents who are prescribed antipsychotics without a diagnosis of psychosis.

Our team, including Registered Nurse ☐ Care Aide ☐ Pharmacist ☐ Medical Director ☐ has identified _____ as someone who could benefit from a reduction in antipsychotic medication. Our team is ready to support them with non-pharmacological **behavioural interventions.**

Current status:

Antipsychotic/Dose: _____

Date started: _____

Indication:

- ☐ Unknown
- ☐ Delirium
- ☐ Psychosis (hallucinations or delusions)
- ☐ Aggression (physical or verbal)
- ☐ Insomnia

Current Behaviours:

- ☐ No unmanageable behavior problems
- ☐ No significant risk of aggression
- ☐ Other _____

Notes: _____

Your new orders:

Antipsychotic/Dose: _____

Dose tapering **instructions**: _____

☐ Please call me to discuss
☐ Will review at next case conference
☐ No change
☐ Other _____

What our team will do:

☒ Use non-pharmacological interventions to address **behaviours**, before contacting you for further orders

☒ Track **behaviours** and advise you of changes in patient status

Letter to GPs
at your facility

Resources about
reducing antipsychotics

Fax to GP to reduce a patient's
antipsychotic

Letter to GPs at your facility



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Other ideas

Care Homes can:

- Invite GPs to your care home to meet your team and hear more about your care home's Clear aim, progress, and change ideas
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- Reassure them your team is ready to use non-pharmacologic interventions to address behavioural and psychological symptoms of dementia

- Direct physicians to our resources page or send out some resources on how to reduce antipsychotics
- Talk to them (call them on the phone even) about your plan and ask if they have any concerns
- Basically, build relationships and work in real-time.

Potential Pitfalls

Physicians can be 'touchy' - you are getting involved in something they may feel "in charge of".

Try to avoid having them feel threatened by reassuring them that these areas will remain same:

- Status
- Certainty
- Autonomy
- Relationships
- Fairness

Targeted ideas



Dr. Orange

- Show them the fax form – ask if it will work for them
- Keep them connected with data results
- Invite them to dementia training/PIECES
- Ask them for help with other physicians
- Ask them for success quotes

Dr. Green

- Call them on the phone
- If they are not interested, include their patients last
- Give suggested antipsychotic taper on the fax form

Dr. Pink

- Tell them about other physician involvement and success
- Connect them with family who are interested in reduction
- Send article about tapering

Dr. Blue

- Everything you did for Dr. Green and Dr. Pink

Key Messages

- Build knowledge and support before faxing – a phone call will let you know where you stand and establish the partnership
- Use non-threatening language
- Adjust your approach to the personality

Next in our Webinar Series

Antipsychotics: Detect, Select, Effect

Date TBD

Non-pharmacologic Approaches to BPSD

Date TBD

Recreation Therapy

Date TBD

Exploring Foundations of Strong Teamwork & Communication

Date TBD

All webinars are held at: www.bcpsqc.webex.com

All recordings and slides are available for download at: www.ClearBC.ca

Questions?

Thank you!

We'd love your **feedback**.

Please complete our webinar evaluation **survey**.