



Clear Webinar Series: Strategies for Sustainment

December 13, 2018



Please note:

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Your Clear team



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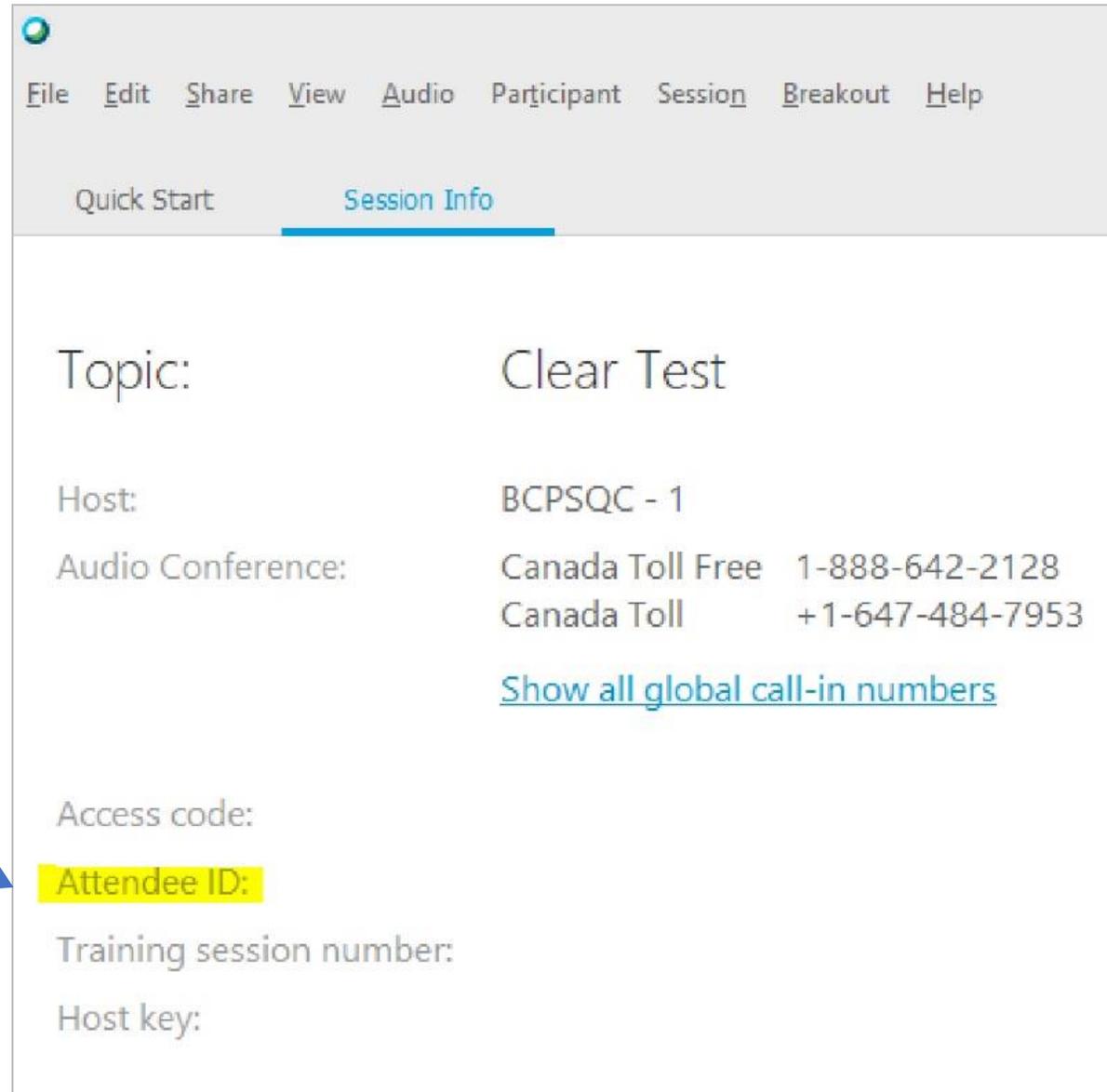
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Interacting in WebEx



File Edit Share View Audio Participant Session Breakout Help

Quick Start Session Info

Topic: Clear Test

Host: BCPSQC - 1

Audio Conference: Canada Toll Free 1-888-642-2128
Canada Toll +1-647-484-7953

[Show all global call-in numbers](#)

Access code:

Attendee ID:

Training session number:

Host key:

Interacting in WebEx

The screenshot displays a WebEx meeting interface. On the left, a presentation slide titled "Today's Tools:" lists 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. The top toolbar of the presentation window includes a pointer icon, a hand icon, and a Yes/No icon, all highlighted with a pink box. The right side of the interface shows a "Participants" panel with a "Speaking:" section. Below this, there are icons for "Raise Hand", "Yes", and "No", also highlighted with a pink box. The bottom of the interface features a chat area with a "Send to:" dropdown menu set to "All Participants" and a "Send" button, both highlighted with a pink box. The bottom status bar shows "Full Screen", "63%", and "View" options.

Today's Tools:

1. Pointer 
2. Raise Hand 
3. Yes / No  or 
4. Chat

Participants

Speaking:

Panelist: 1

 BCPSQC - 2 (Host, me) 

Attendee: 0

Make Presenter Audio

Send to: **All Participants**

Select a participant in the Send to menu first, type chat message, and send...

Send

Full Screen 63% View



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!



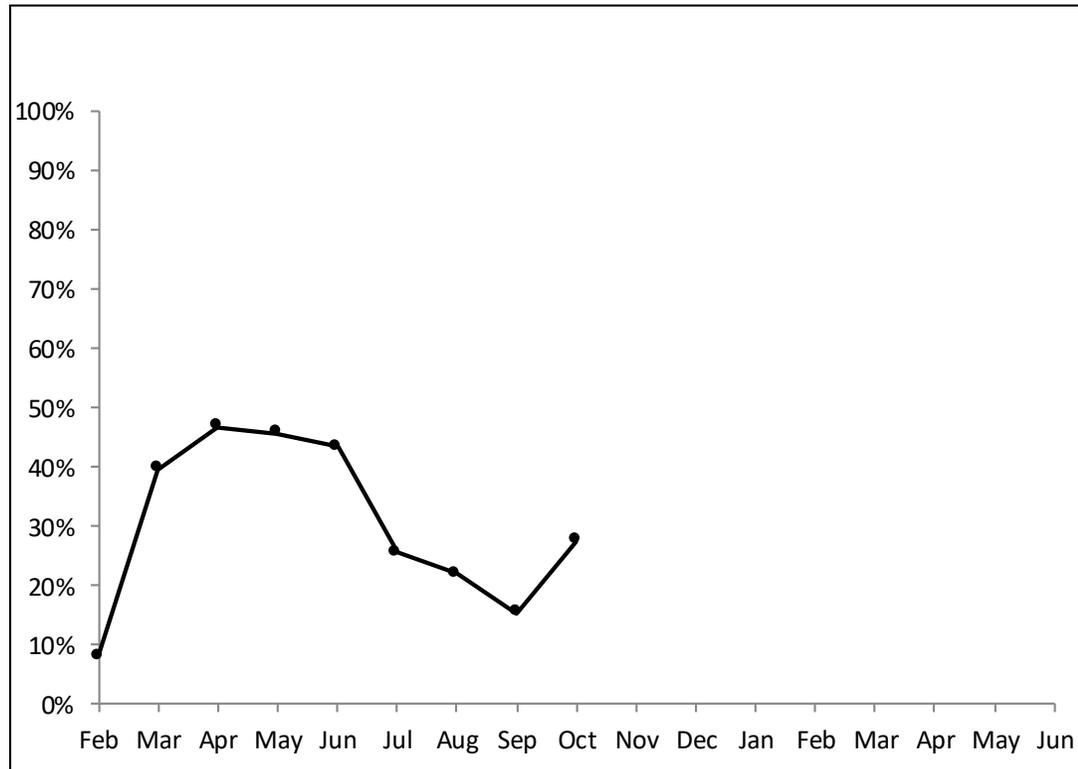
Measurement Update

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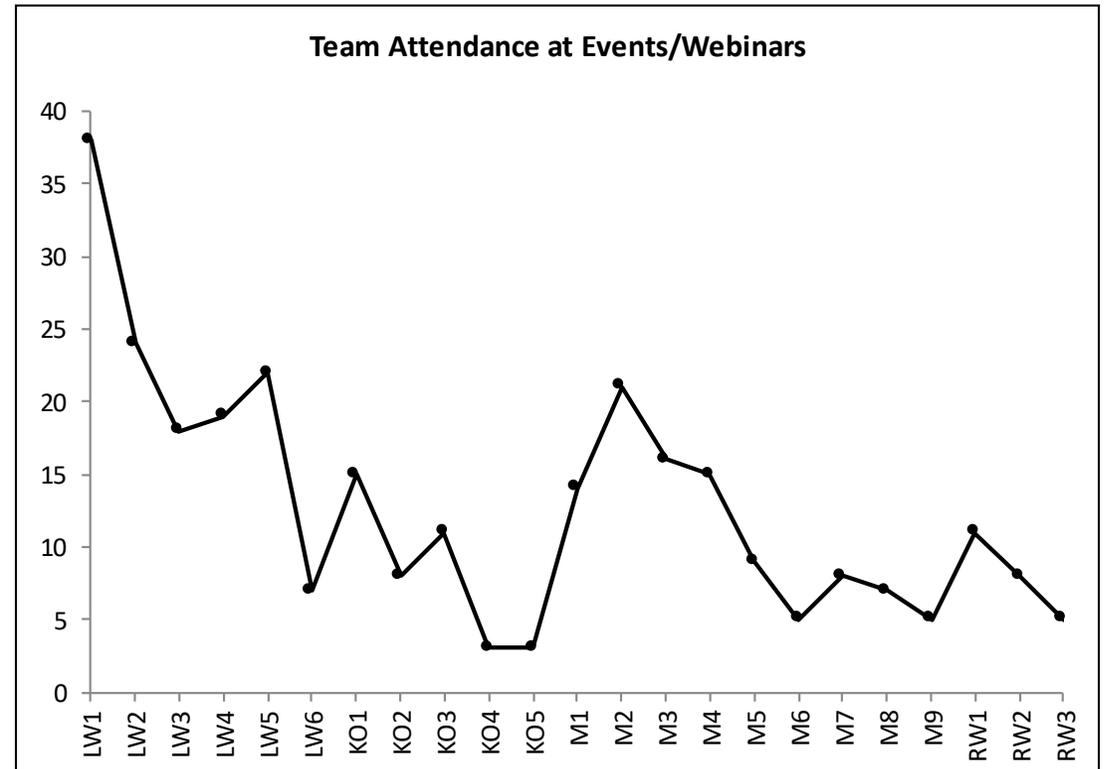


Team Reporting over Time

Teams Completing Monthly Reports

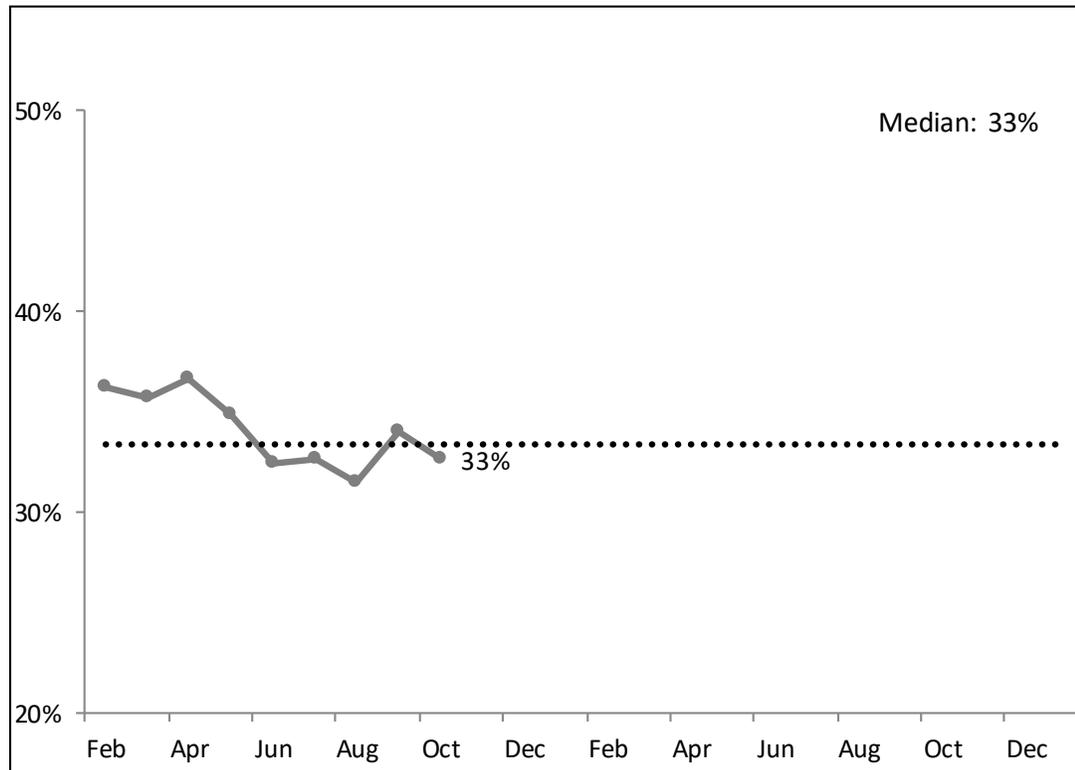


Team Attendance at Events/Webinars

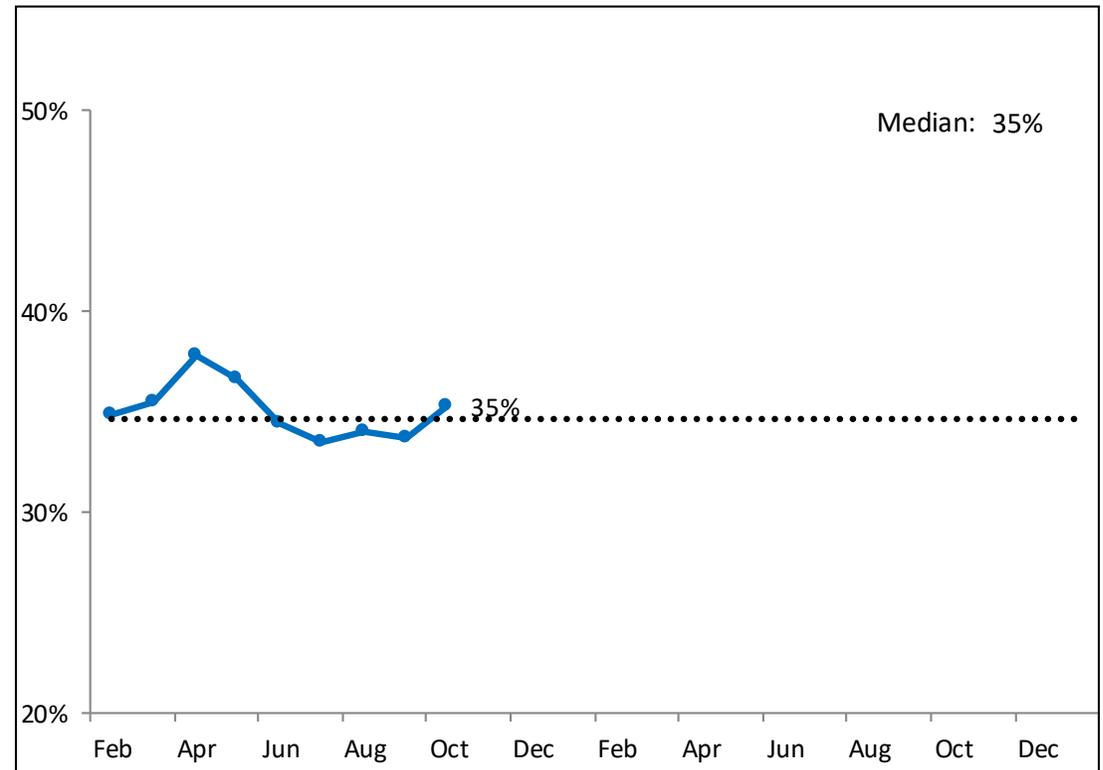


Antipsychotic Use: All Clear Teams

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

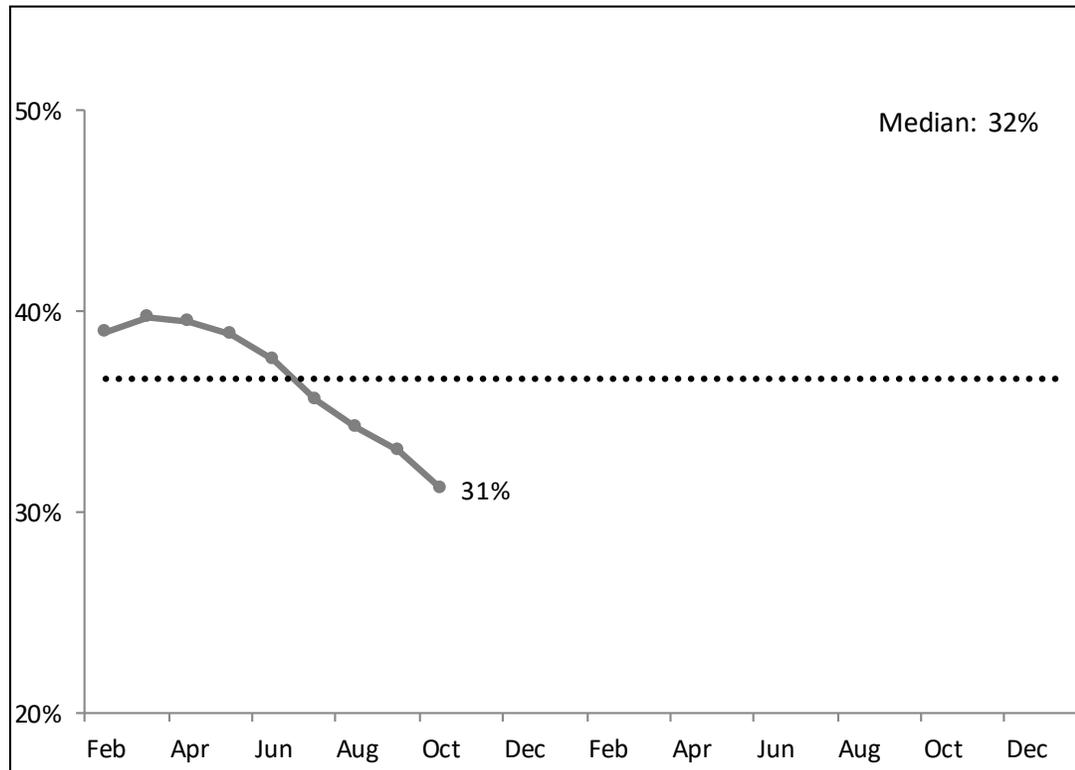


**% of residents on antipsychotics without a diagnosis
of psychosis (potentially inappropriate)**

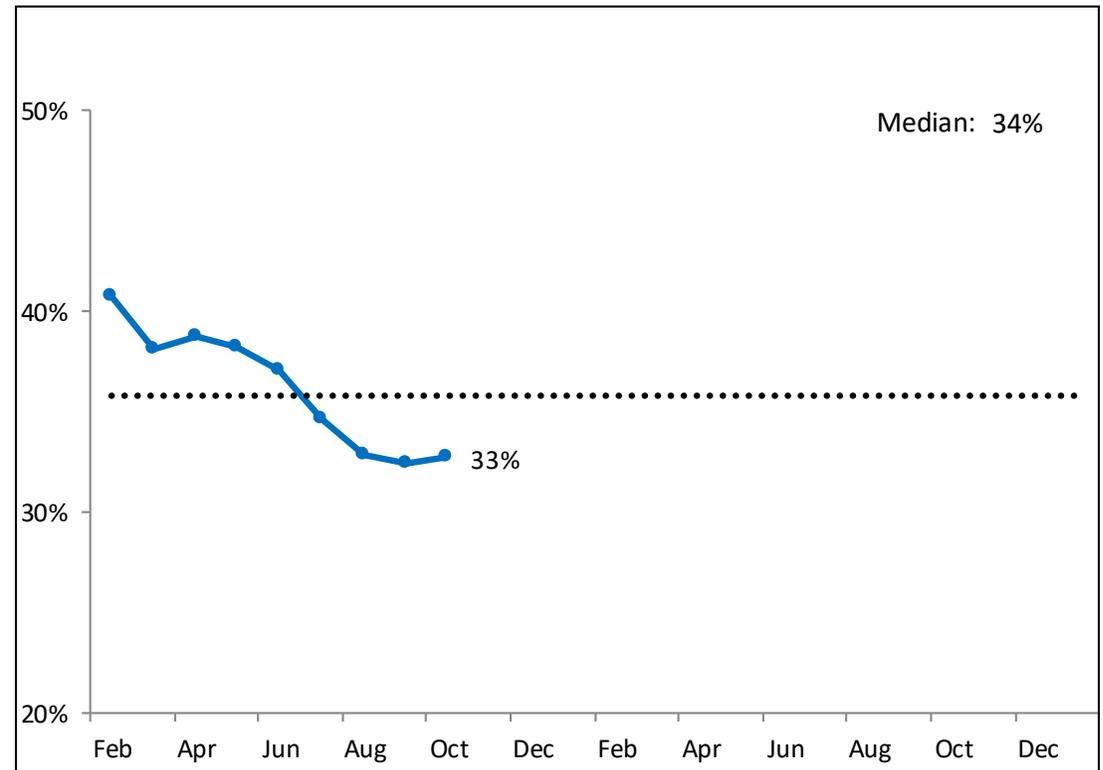


Antipsychotic Use: Teams reporting since August (n=12)

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



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



Cumulative Progress

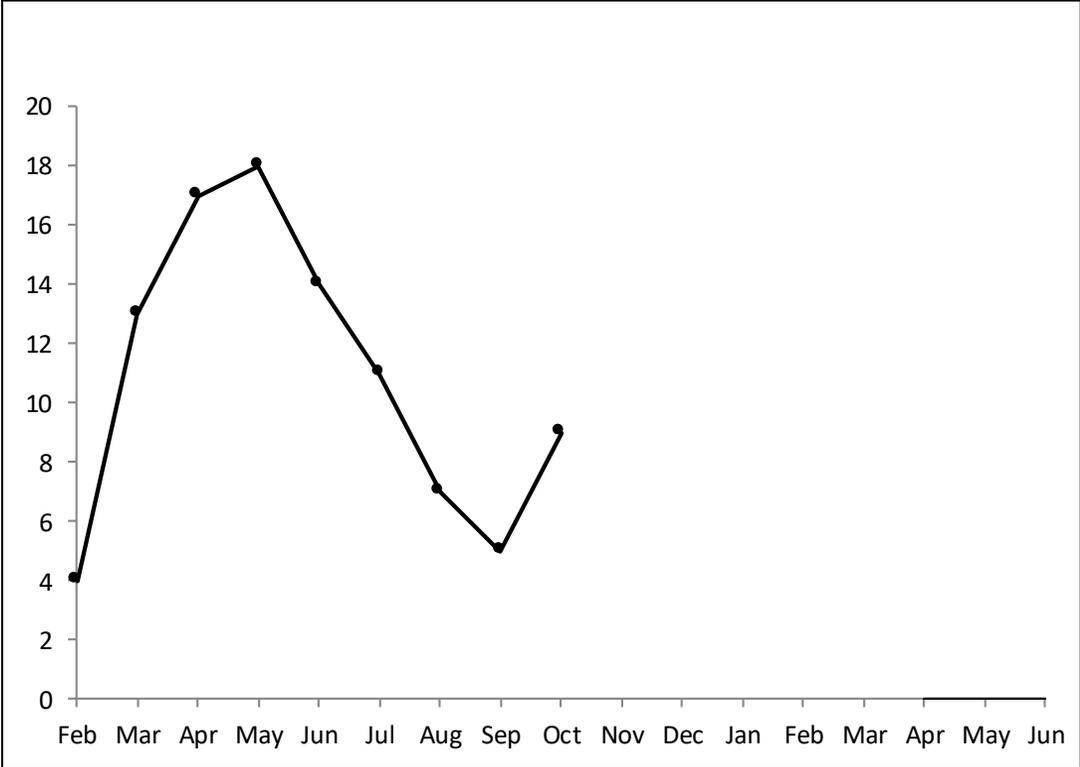
In a sample of ~1000 residents, there were:

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

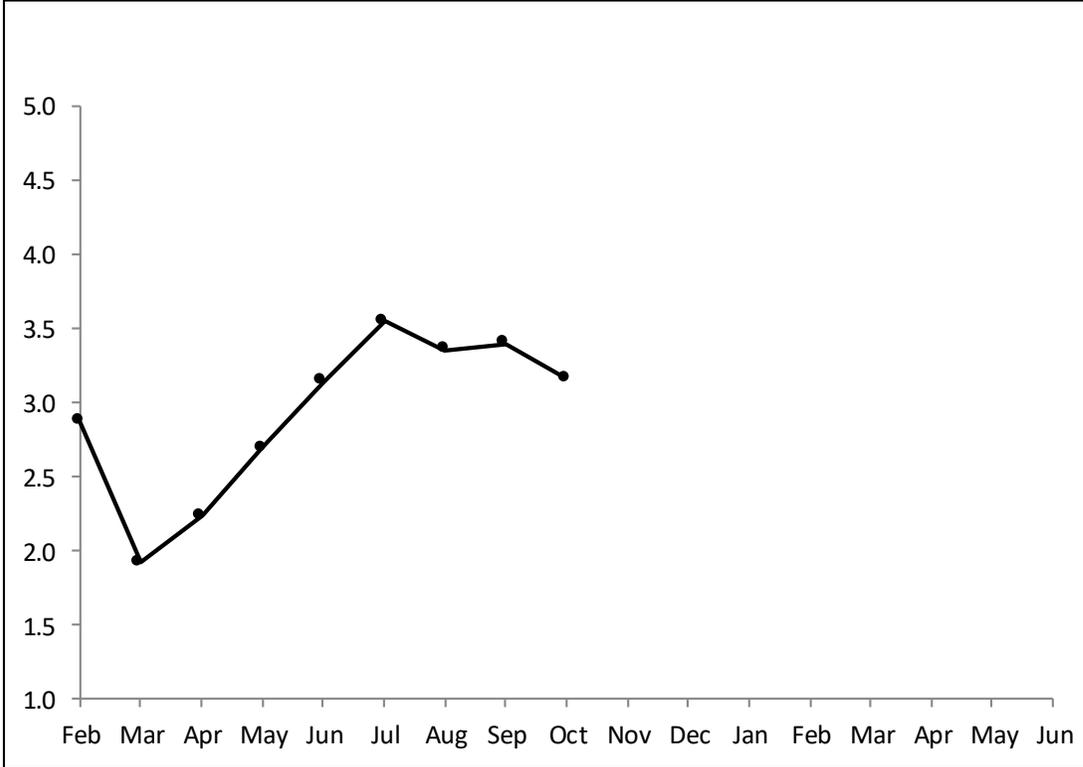
This translates to 1 out of 10 residents on antipsychotics impacted by improvement work

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

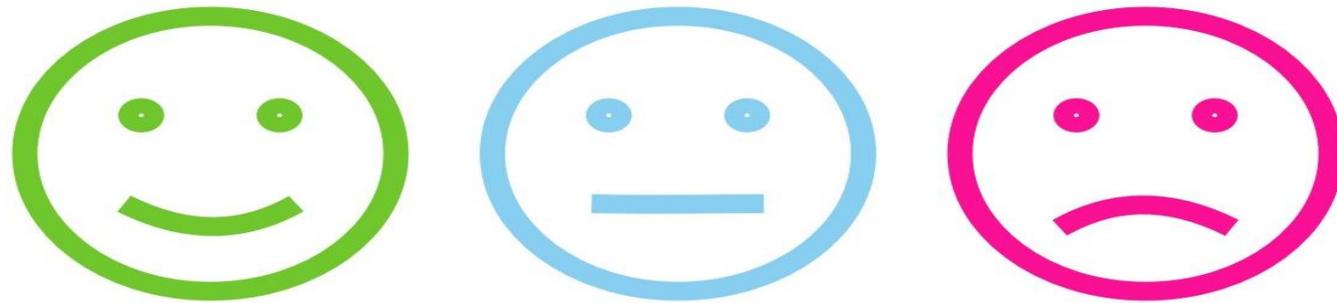
Faculty

Support Team

Guest presenters

Evaluation!

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



FEEDBACK