



Celebrate and Share

Reimagining LTC BC Collaborative
Webinar 5 – December 14, 2023

Health Quality BC, which does its work throughout the province, would like to acknowledge that we are living and working with humility and respect on the traditional territories of the First Nations peoples of British Columbia.

We specifically acknowledge and express our gratitude to the keepers of the lands of the ancestral and unceded territory of the xʷməθkʷəyəm (Musqueam), Skwxwú7mesh (Squamish), and səlilwətaʔt (Tsleil-Waututh) Nations, where our main office is located.

Health Quality BC also recognizes Métis people and Métis Chartered Communities, as well as the Inuit and urban Indigenous peoples living across the province on various traditional territories.





Reimagining LTC

BC Collaborative: Appropriate Use of Antipsychotics

Webinar 5 - Share and Celebrate
December 14, 2023

MINORU RESIDENCE:
Enhancing Relational Connections





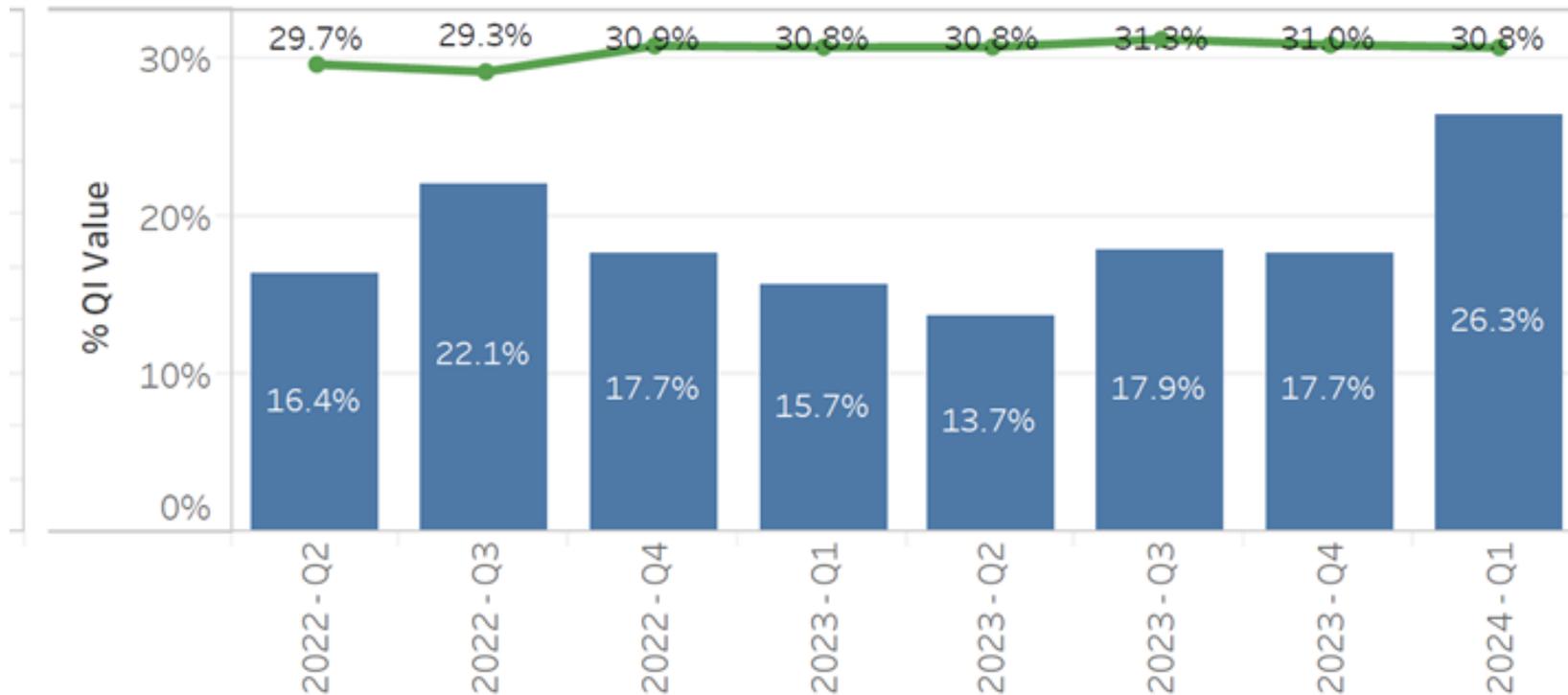
Minoru Residence

- ▶ In Richmond, VCH owner operated
- ▶ 250 residents, 5 neighbourhoods, mostly 2 person shared rooms
- ▶ High percentage of residents without English
- ▶ Many residents are cognitively challenged

Minoru Residence

Lower antipsychotic use compared to VCH long term care average

Potentially Inappropriate Use of Antipsychotics in LTC





Our question

Can our relational interactions with residents improve their quality of life and reduce responsive behaviours and thereby reduce the need for antipsychotic medications?

Project team

Operations
Initiative Lead -
Jas

Clinical
Operations
Supervisor -
Charles

Educators -
Ilana, Kiran

Nurses, care
aides

Social Workers -
Naoko, Fiona

Spiritual Health
Practitioner -
Marlene

Physician -
Dr Amayem

Input from
residents,
family members

Aim Statement

To enhance our relational connections with residents as a way to reduce the use of antipsychotic medications in our target group.



The aim was to reduce this antipsychotic use by 10% by December 2023, from 17 doses per day for the target group to 15 doses.

Change Ideas & Implementation Strategies - A focussed approach

Chose neighbourhood with highest antipsychotic (AP) use without a mental health diagnosis (MHD)

Focussed on seven residents on one wing of neighbourhood

These 7 were the only residents on that wing receiving AP without MHD

Change Ideas & Implementation Strategies - Learning about residents

Conducted medication reviews - dosing, frequency, effects - discussion with residents, family, physician

3 day DOS (Dementia Observation Record)

Modified PIECES* huddles for the target group - included families, care aides, nurses, housekeeping, allied health

*looking at physical, intellectual, emotional, capabilities, environmental, social aspects

Change Ideas & Strategies - Tailored relational care

Updated care plans based on what we learned from PIECES huddles and conversations with family

Focussed on relational interventions tailored to each resident, to enhance engagement and reduce distress



Change Ideas & Strategies - Input

Interviewed 11 families and residents to learn how they experience the interactions between staff and residents and what we could do better

Interviewed 7 care aides about how they interact with residents, what works best, and the barriers to relational care

“Slow down and take time to engage”

“The little interactions in the moment make a difference”

“Our care can help shift a resident’s mood”

“Vary your approach depending on the resident’s cues”

Family: “I appreciate when care staff talk with him, include him in care, and treat him as though he understands”

“Involve residents in their care. Tell them: ‘Let’s do this together’”

Resident:
“I like it when staff take time to talk with me”

Family: “I love to see my mum smile when she’s engaged in a positive interaction with staff”

“Knowing a resident’s life story helps you connect in meaningful ways”

Change Ideas & Strategies - Education and Practice



- ▶ U-FIRST training for 24 staff members
- ▶ PIECES and GPA training for staff, focussed on 1 West
- ▶ Learned from care staff what approaches work best
- ▶ Modelled and encouraged relational interactions with residents

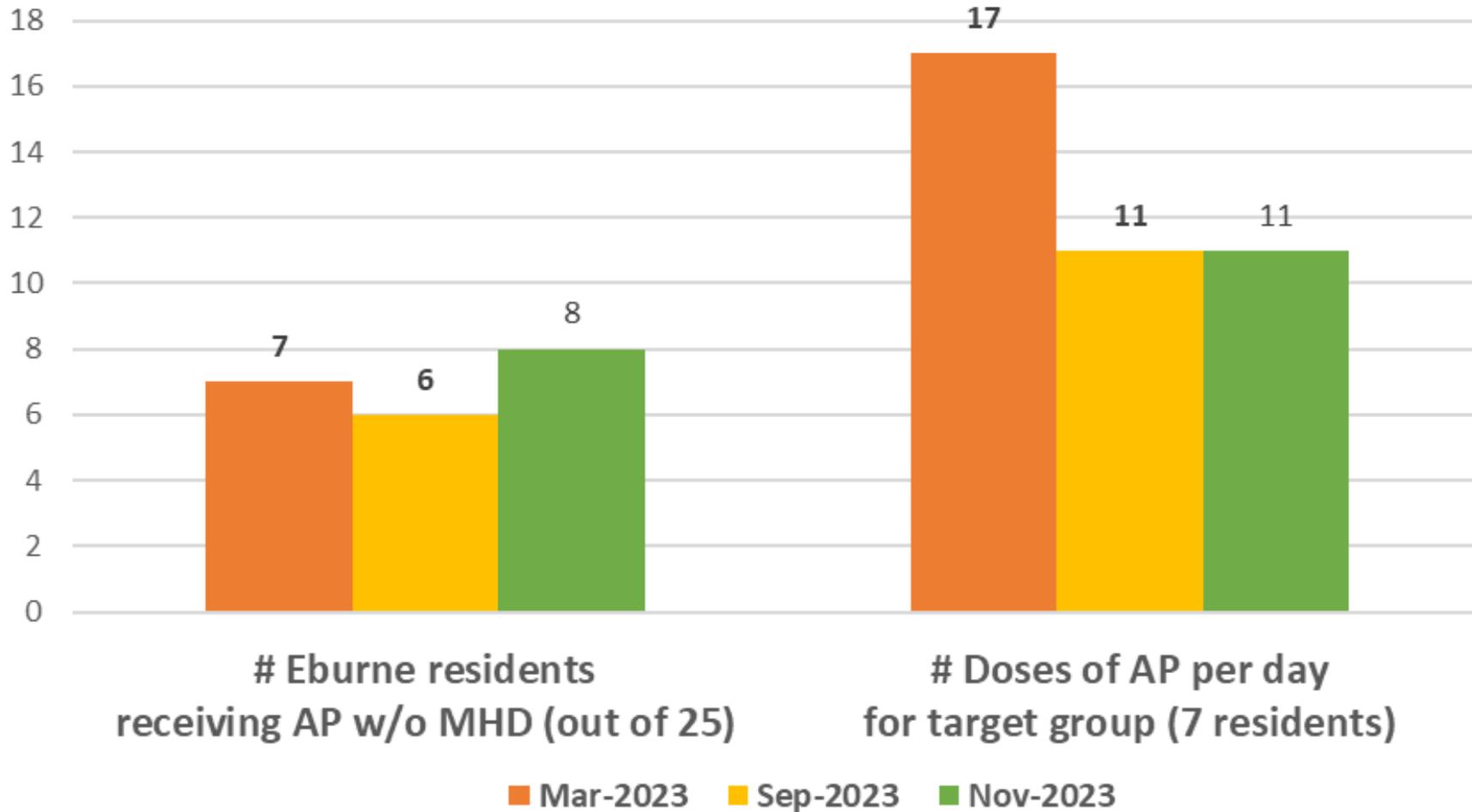
Results

- ▶ Reduced use of antipsychotics
- ▶ Fewer responsive behaviours



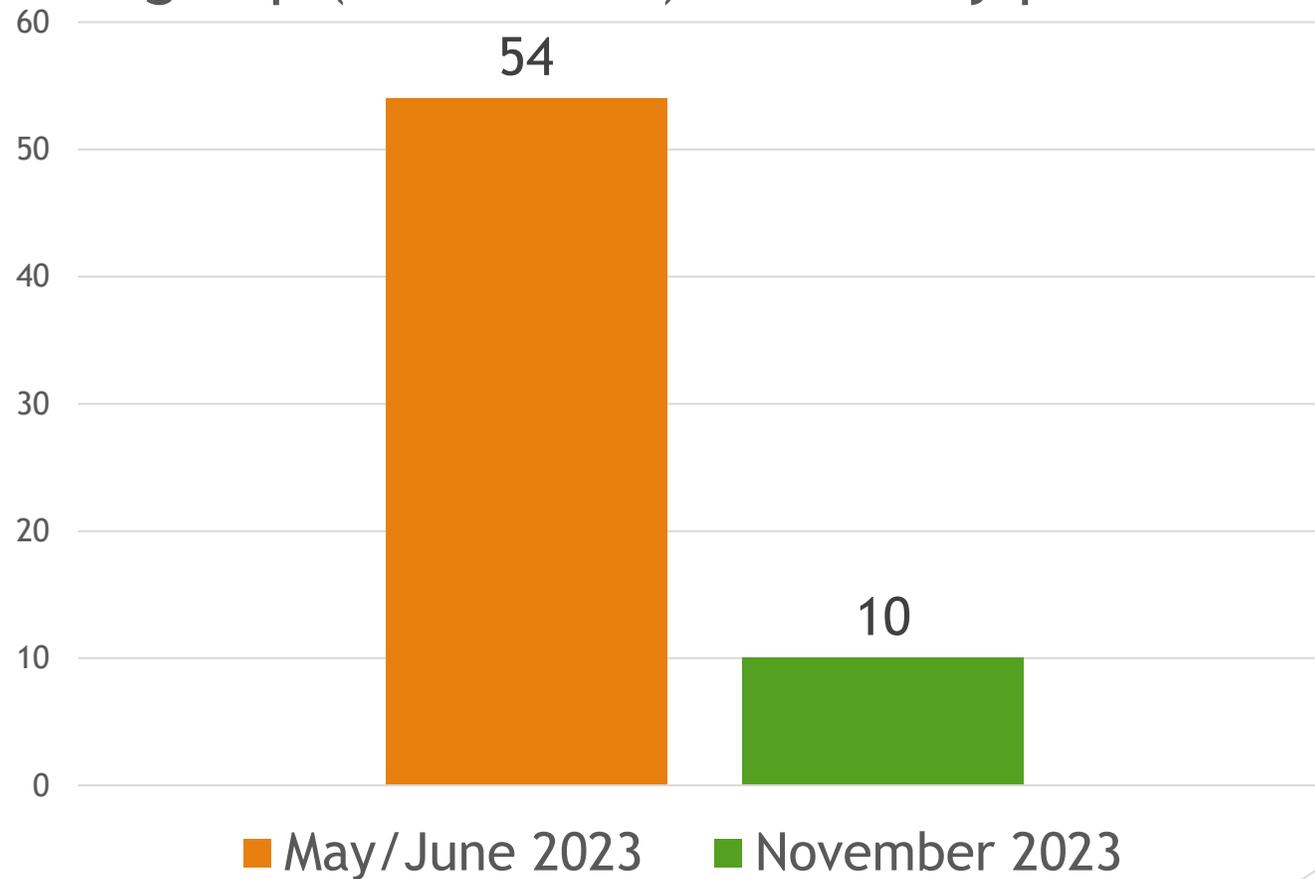
Results - fewer doses

1 West Eburne Wing - use of antipsychotic medications (AP) without a mental health diagnosis (MHD)



Results - fewer responsive behaviours

of responsive behaviours for target group (7 residents) over 3 day period



Key learnings

- ▶ Relationship focussed care can help reduce behavioural symptoms of dementia and improve quality of life
- ▶ Involvement of families and the wide base of staff is important to develop a successful care plan
- ▶ Staff education reinforces what they already do naturally



Successes & Enablers

Great 1 West team to work with

Families and resident involvement

U-FIRST training offered through VCH

Physician support

Support from April Price

HEC funding

Challenges & Barriers

Weaving relational connections into care-giving moments

Including more staff in relational care education

Project limitations - Can we duplicate this?

Next steps

Expand to other neighbourhoods

Ongoing conversations with families and team to find best ways to support residents

Do more PIECES huddles, not wait for problems

Integrate relational care learning

Thank you!

**To our great residents,
families, and care team!**

**Thanks for this opportunity
to share our project**



German-Canadian Benevolent Society of BC

German - Canadian Care Home

- Operating in Vancouver, BC since 1969 with 132 beds, 60 in special care neighbourhoods.
- We take an innovative, resident-focused approach to elder care and describe our model of care as **Comfortzeit**[®] - a state of being which is offered to people who move to and receive care our care home.
- The meaning of "Zeit" in German is "time" and the idea is that residents and families are able to experience physical, emotional, mental, spiritual and interpersonal comfort during this time of their life.
- Comfortzeit identifies with the Eden Alternative[®] and its subsequent care philosophies such as the 7 Domains of Well-being.

Aim Statement

To reduce the inappropriate use of antipsychotics without a diagnosis to 30% by December 2023 (from 44% in the beginning of 2022).

The team started the project for reducing inappropriate use of antipsychotics without a diagnosis in July – September 2022 (2023-Q2); the funding from the Reimagining LTC initiative was used in March 2023 (2023-Q4).

Change Ideas & Implementation Strategies

The funding was used to train 16 staff members to become Certified Eden Alternative[®] Associates that armed them with the tools and mindset to:

- Reduce the inappropriate use of antipsychotic medications by finding creative non-pharmacological approaches to address responsive behaviours.
- Alleviate helplessness and boredom in residents, which could easily lead to frustration and responsive behaviours
- Support an overall culture change that is centered around person-directed care and breaks down institutional barriers to create a home environment for residents.

Successes & Enablers

The trained Certified Eden Alternative® Associates formed a focus group, that met regularly to discuss take away from the training, exchange ideas and develop strategies, like:

- Environmental improvements (e.g. supply kitchenettes on the floor to be able to provide access to coffee and tea outside of existing schedule; unlock patio doors, so residents can walk freely in the gardens, equip kitchenettes on the neighbourhoods with sinks, where residents can wash their hands frequently), all aimed to reduce resident helplessness, agitation, frustrations, and possible responsive behaviours.
- Communication improvements, like a board on each floor with tips, ideas for operationalizing Eden and celebrating little successes.
- Providing residents with freedom to choose and determine themselves how their day unfolds.

Successes & Enablers *continued*

In conjunction to the focus group, the team developed the following strategies to address the inappropriate use of antipsychotics:

- Reviewing the MDS data frequently and providing continuous education to nursing team to maintain the accuracy of the MDS data.
- Creating opportunities for meaningful activities for the residents (e.g. introducing Virtual Reality through an UBC Research program decreased residents looking how to leave the care home and brought them joy).
- Holding PIECES conversations with interdisciplinary team to ensure focusing on the responsive behaviours wholistically.
- Proactively reviewing antipsychotic medications at medication audits, and care conferences.
- Seeking consult from resources such as VCH professional practice team, or Alzheimer's Society.

Results

VCH – German-Canadian Care Home *Source: VCH*
Potentially Inappropriate Use of Antipsychotics in LTC

DATE LEGEND:

Q1 = APRIL - JUNE

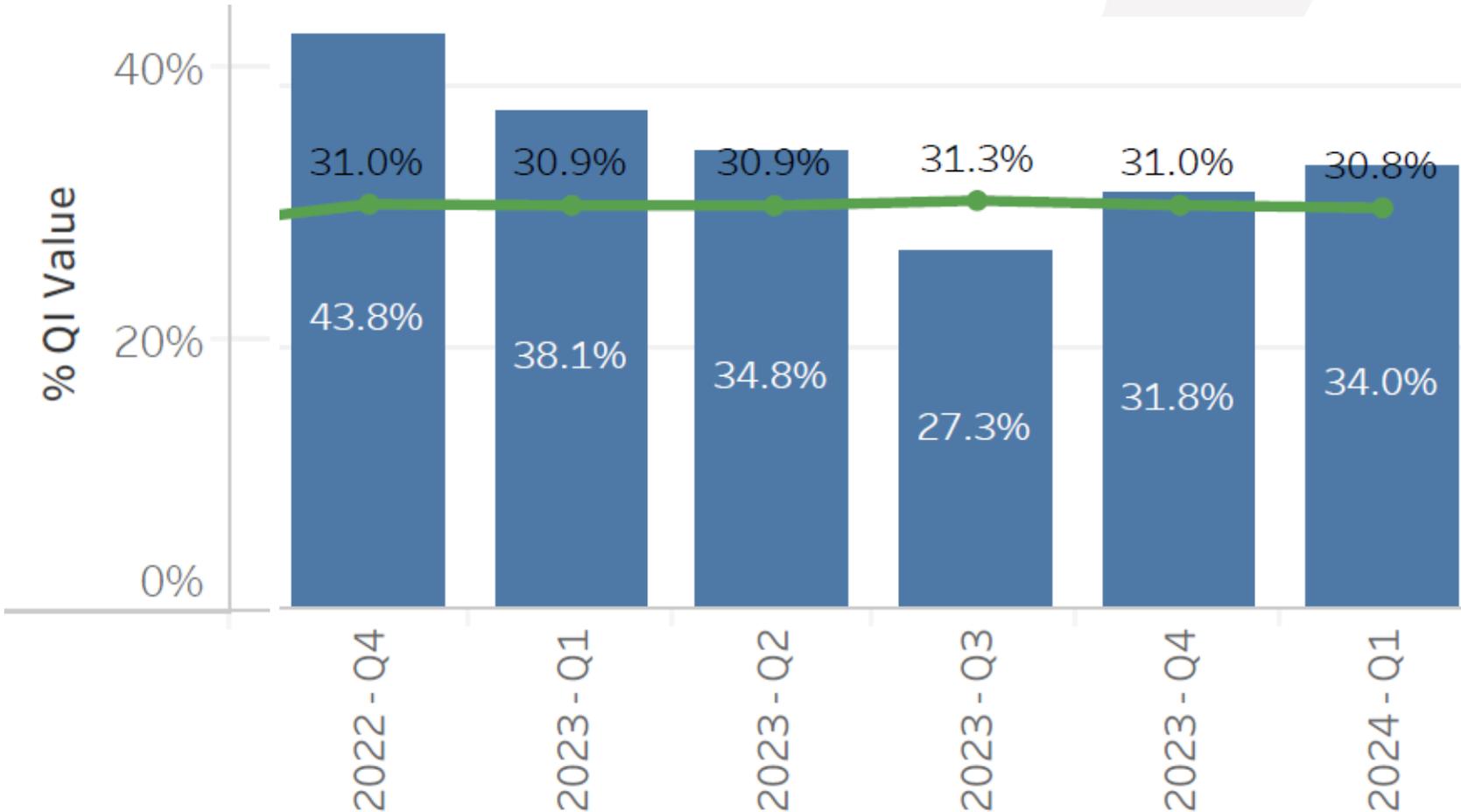
Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2023 Q2 DATA (Jul1 2022 - Sep30 2022)

PE: PROGRAM TARGET END DATE = 2024 Q3 DATA (Oct1 2023 - Dec31 2023)



GCCH
VCH

2024-Q2 (July 1-September 30 2023): 31.6%

Results

German-Canadian Care Home Resident Profile

Source: CIHI

DATE LEGEND:

Q1 = APRIL - JUNE

Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

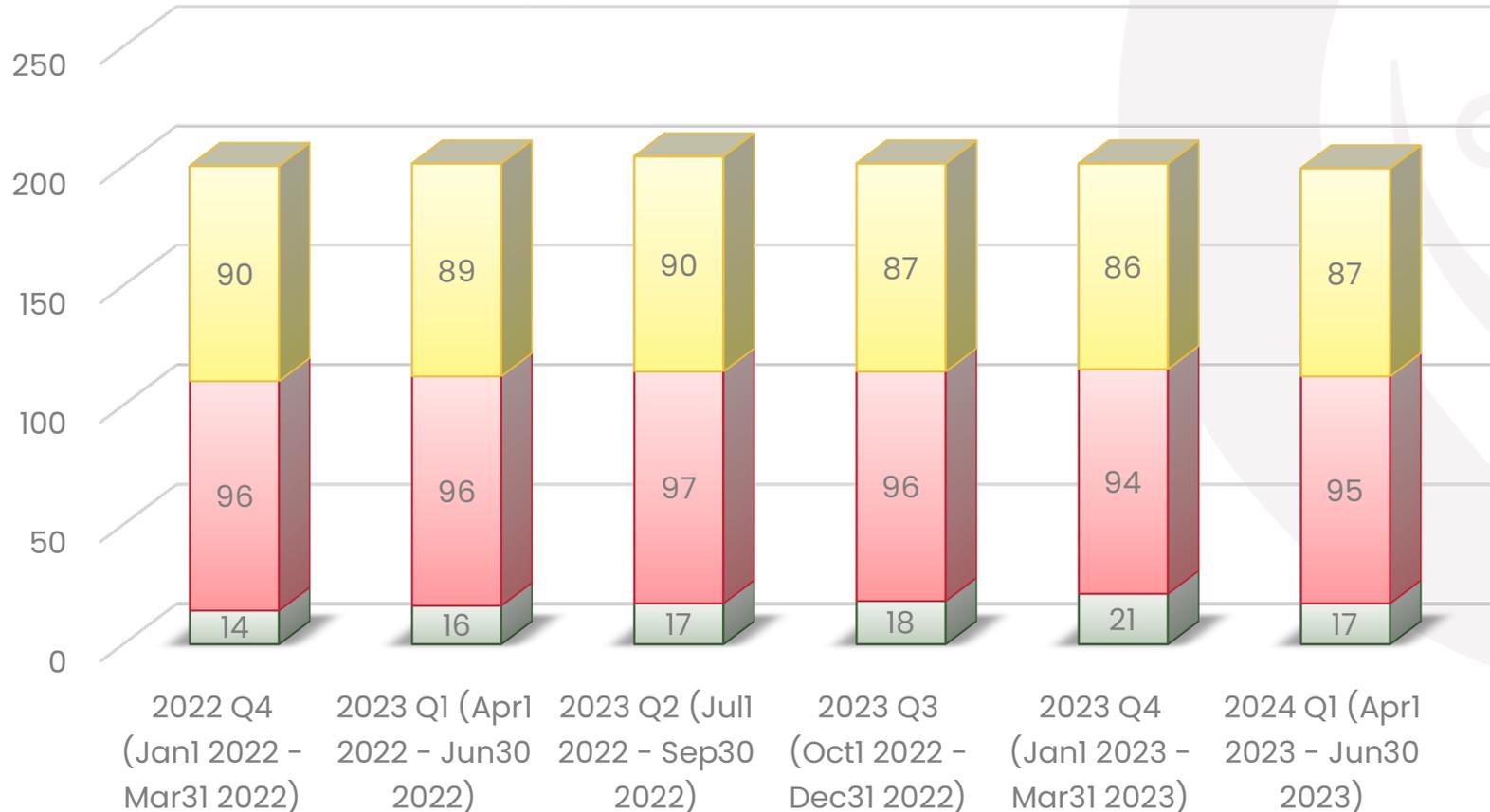
PS: PROGRAM START DATE = 2023 Q2 DATA (Jul1 2022 - Sep30 2022)

PE: PROGRAM TARGET END DATE = 2024 Q3 DATA (Oct1 2023 - Dec31 2023)

■ % of residents with cognitive impairment (Score of 1 or more on Cognitive Impairment Scale)

■ % low on Depression Rating Scale (Score of 0-2)

■ % high on Index of Social Engagement (Score of 5-6)



Results

German-Canadian Care Home *source: GCCH*

DATE LEGEND:

Q1 = APRIL - JUNE

Q2 = JULY - SEPT

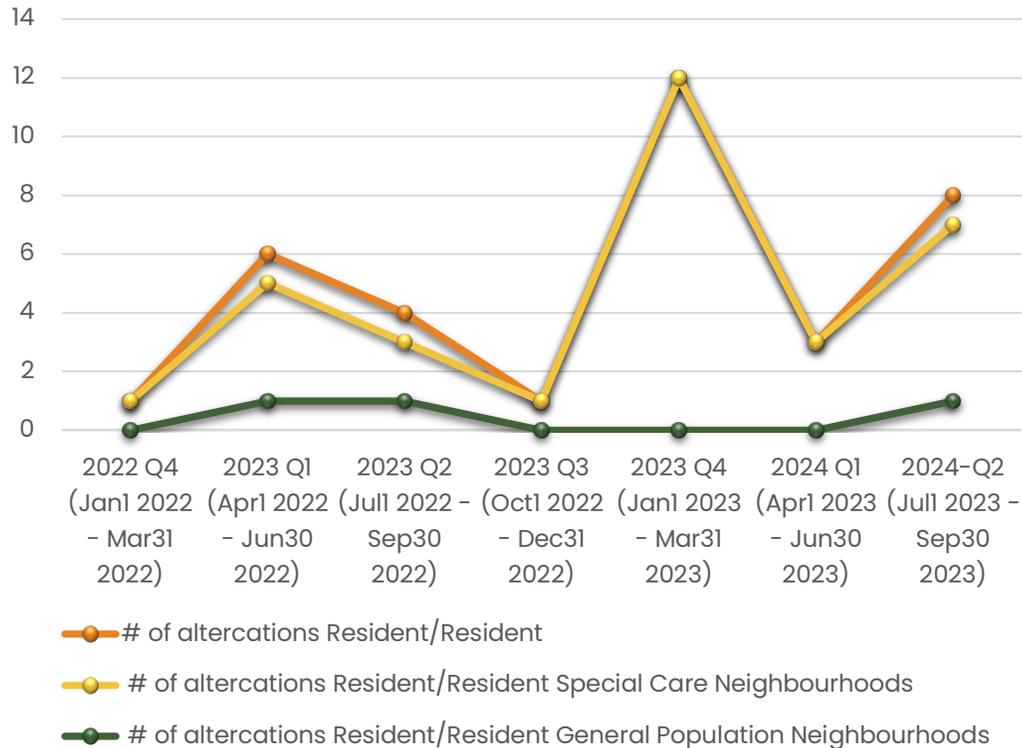
Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

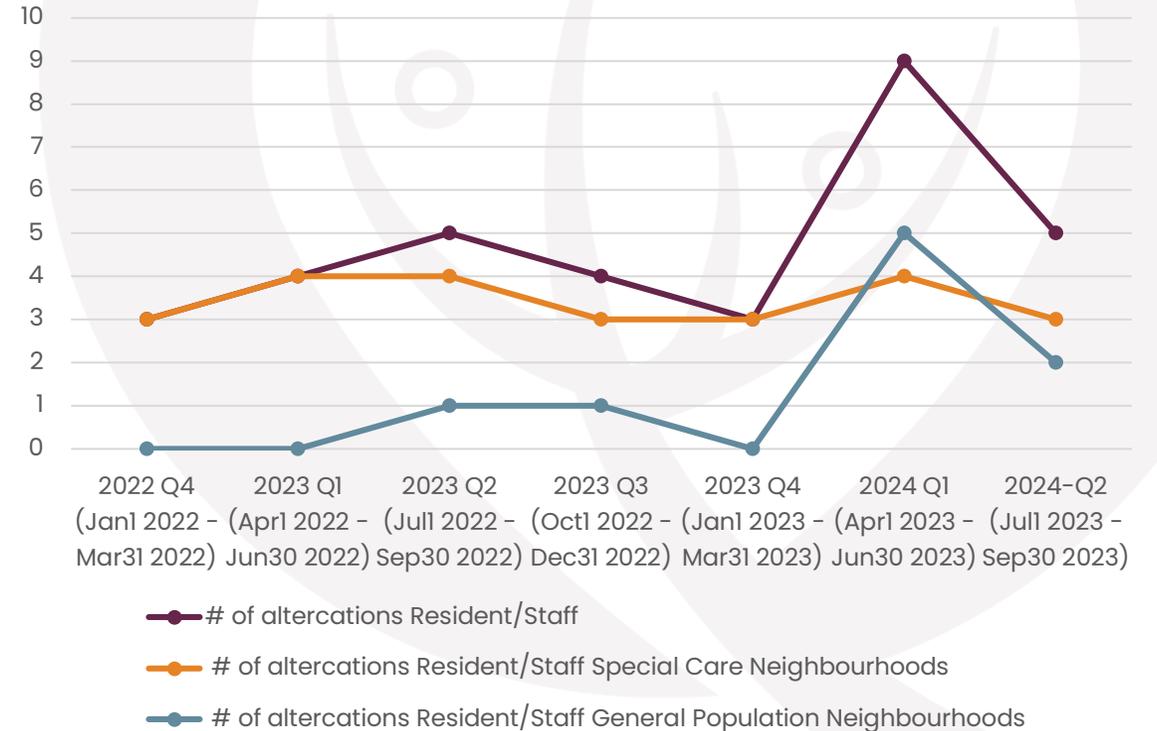
PS: PROGRAM START DATE = 2023 Q2 DATA (Jul1 2022 - Sep30 2022)

PE: PROGRAM TARGET END DATE = 2024 Q3 DATA (Oct1 2023 - Dec31 2023)

Altercations Resident/ Resident



Altercations Resident/ Staff



Results

German-Canadian Care Home *Source: GCCH*

DATE LEGEND:

Q1 = APRIL - JUNE

Q2 = JULY - SEPT

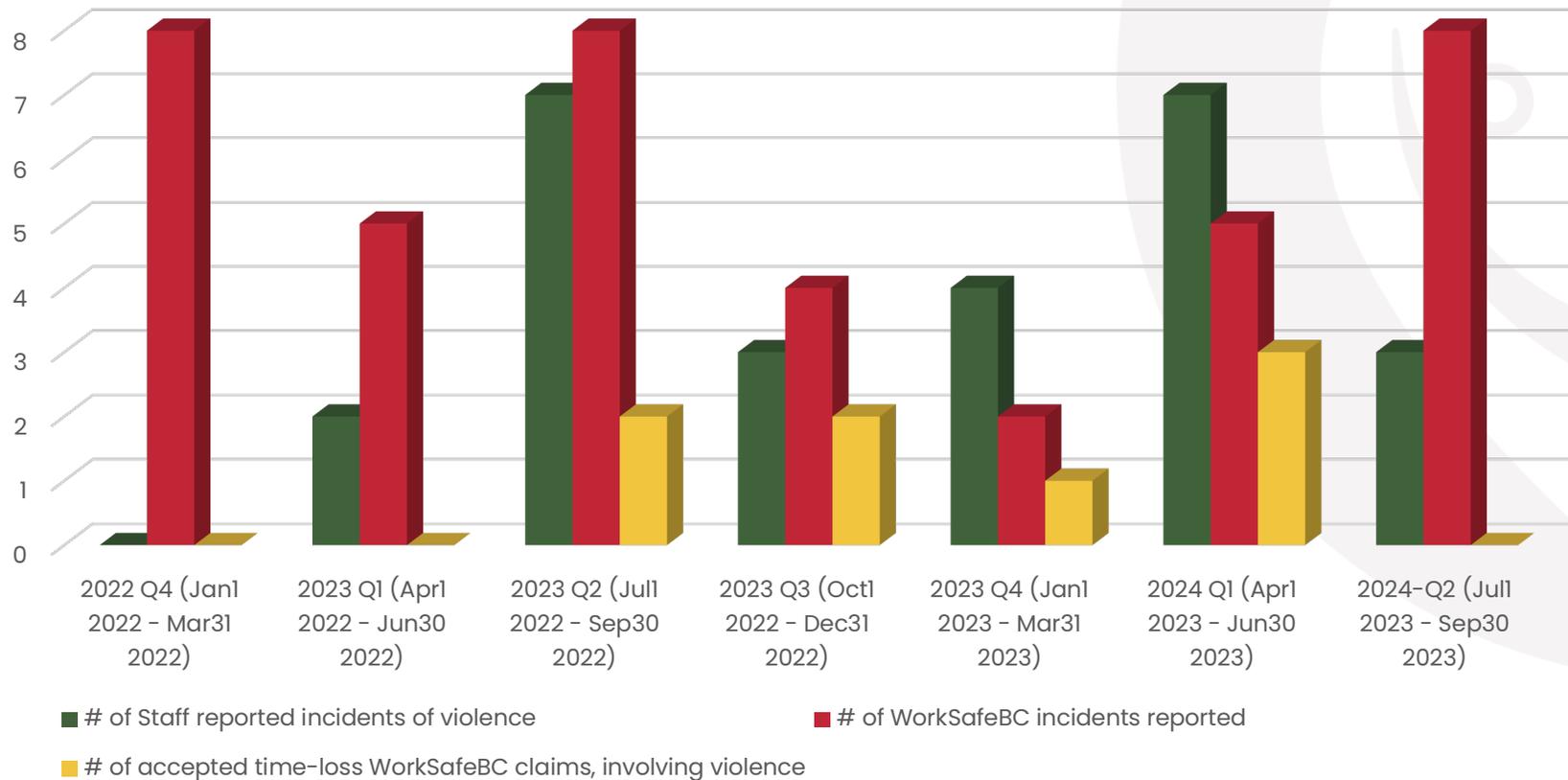
Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2023 Q2 DATA (Jul1 2022 - Sep30 2022)

PE: PROGRAM TARGET END DATE = 2024 Q3 DATA (Oct1 2023 - Dec31 2023)

Violence Reported Staff



Results Summary

- ❑ GCCH's Potentially Inappropriate Use of Antipsychotics is down to 31.6% at September 2023 (from 44% in the beginning of 2022).
- ❑ No significant change in resident profile (re cognitive impairment, depression and social engagement).
- ❑ Improvement in incidents of altercations between residents and residents to staff from 2023 Q3, however slight increase compared to previous periods.
- ❑ Increase in staff WorkSafeBC claims and staff reported incidents, involving violence compared since launching the Reimagine LTC imitative however still lower than pre-project launch levels.

Our results confirm that despite the decrease in the use of antipsychotics there is no substantial increase in the resident responsive behaviours.



Challenges & Barriers

- Culture change is a process and needs consistency
- Age and layout of our existing building (e.g. shared rooms in special care neighbourhoods).
- Increased in complexity of care needs of the residents
- Insufficient hours per resident per day (HPRD) – funding limitations
- Increased WSBC incidents due to resident to staff altercations which could lead to shortage of staffing.
- Licensing limitations
- Limitations of a unionized environment.

Key Learnings & Next Steps

- Continuously review resident medication.
- Train, empower and provide opportunities for staff to provide non-pharmacological solutions and drive the change process.
- Seize the moment of staff enthusiasm about making a difference in residents' lives.
- Share knowledge.



The Pines

- Arlene Buckham- Recreation Therapist (CTRS)
- Located in Burns Lake, BC
- 36 beds & Integrated Adult Day Program
- Project Team included myself, LPN Team lead, Pharmacist, Activity Workers and the Resident Engagement Ambassador.

Aim Statement

The Pines will maintain the percentage of 11-20% of residents triggered for potential inappropriate use of antipsychotics.

To maintain our low percentage The Pines will pilot a student internship position to increase opportunity for resident engagement in group and 1 on 1 activities.

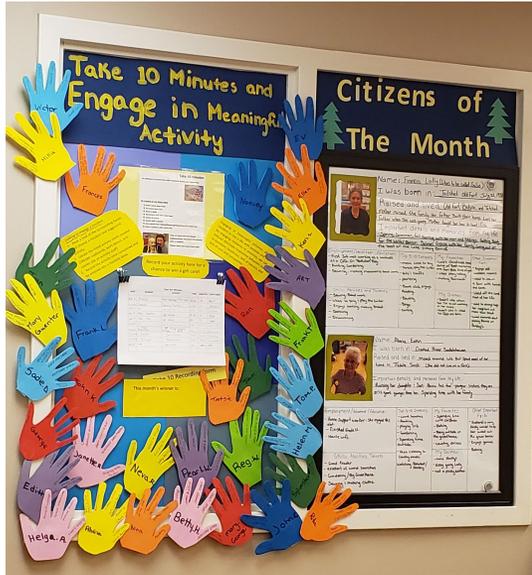
Change Ideas & Implementation Strategies

DementiAbility
2016-2023

Junior
Volunteer/Resident
Engagement
Ambassador

Medication Reviews

Dementiability Projects since 2020



Sharing residents' life stories and interests with all staff



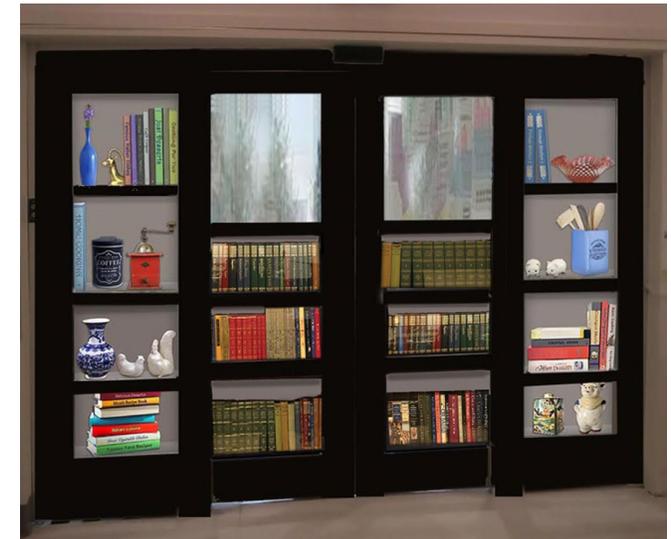
Themed Library Area



Current front entrance



Environmental changes



Future front entrance disguise

Resident Engagement Ambassador (REA)

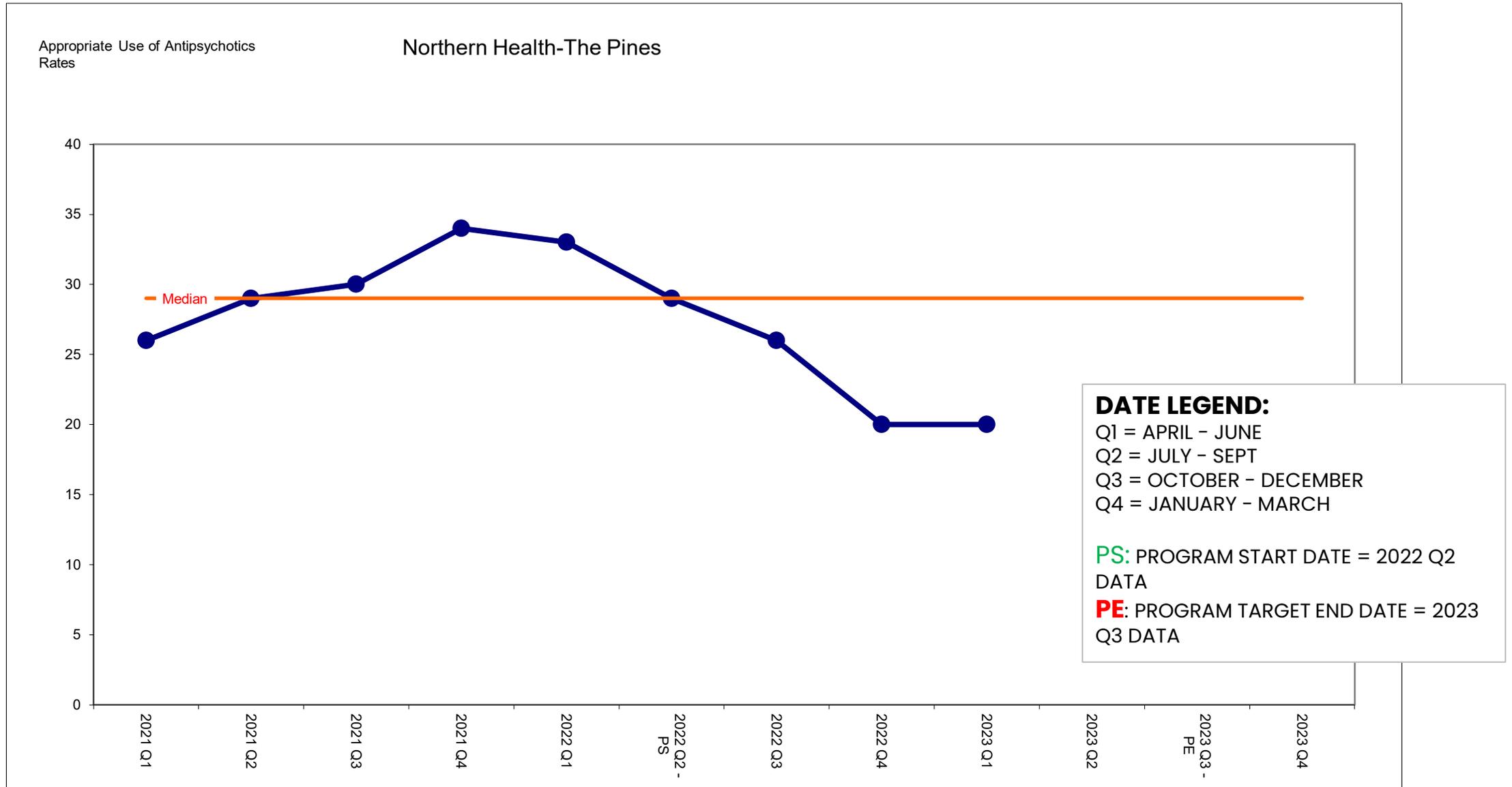


- Provided 1 on 1 activities
- Facilitated small social groups, and games
- Assisted Recreation staff with larger groups.
- August - 26 hours per week
- September-December 12 hours per week plus every 3rd Saturday
- Wage 17.88

Medication Reviews

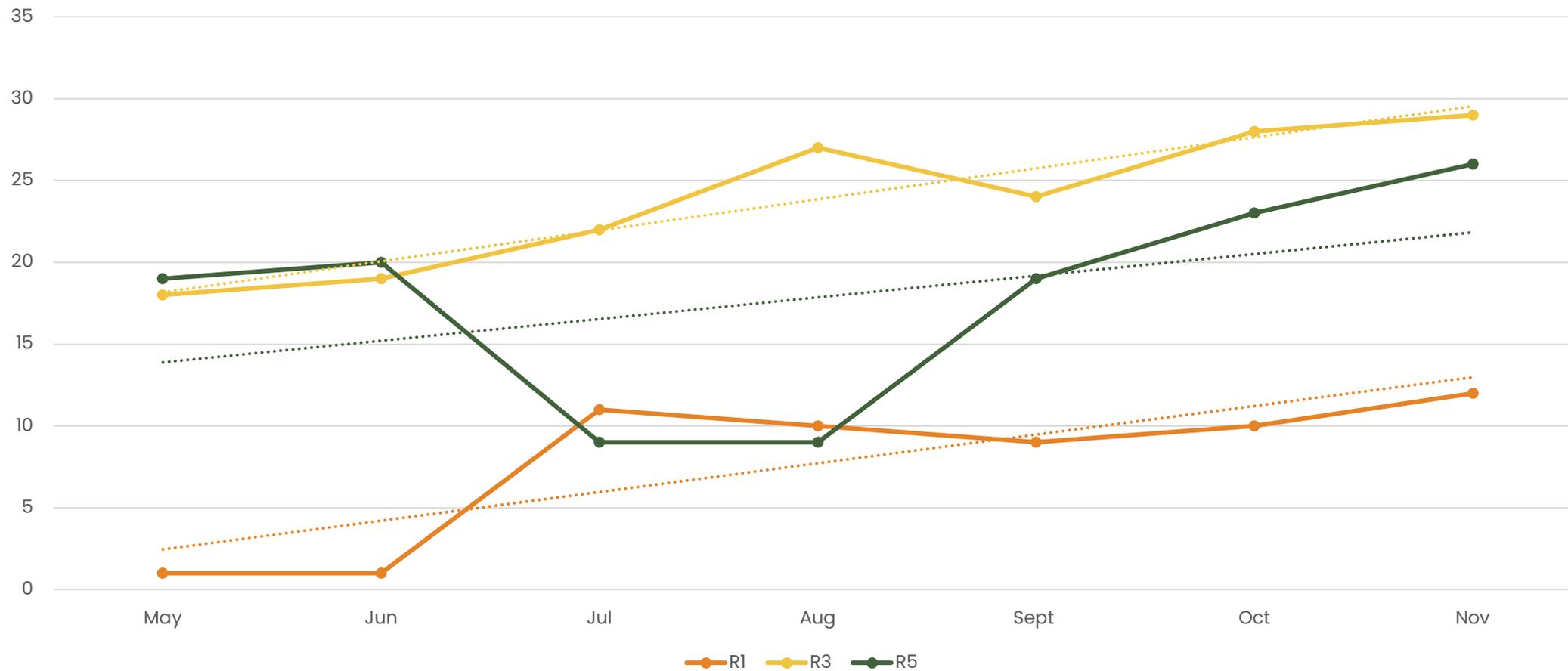
- Quarterly care conferences were done for each resident.
- Care conference involved the multidisciplinary team & family (LPN , LPN Clinical Lead, Rec Therapist, OT, RCA, Pharmacist and occasionally the resident's Doctor)
- Antipsychotic medications reviewed at each care conference
- Behavior care plans were discussed
- Families are involved in decision making and informed of medication side effects

Results



Results

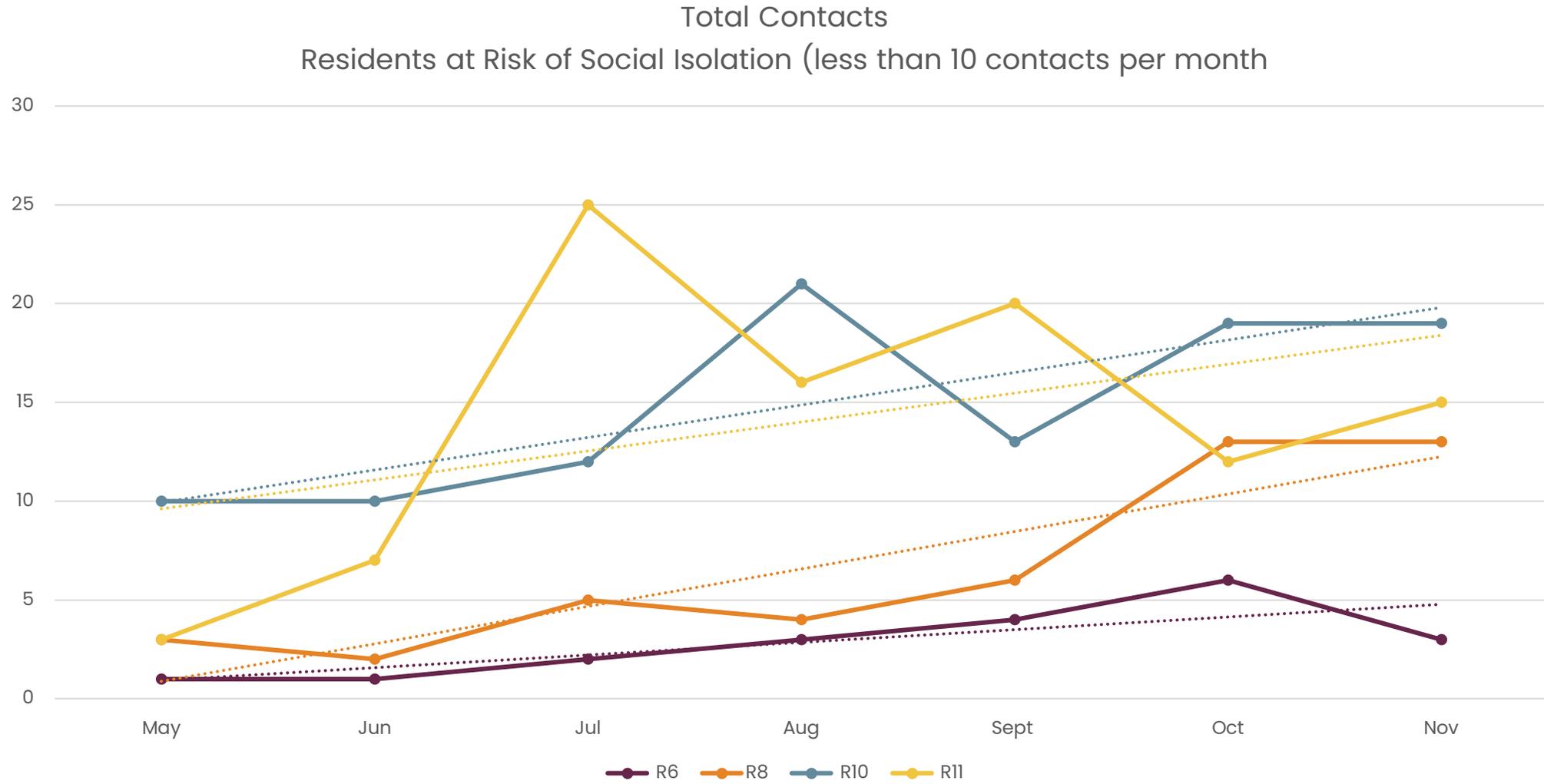
Total Contacts
Residents on an Antipsychotic without a Diagnosis



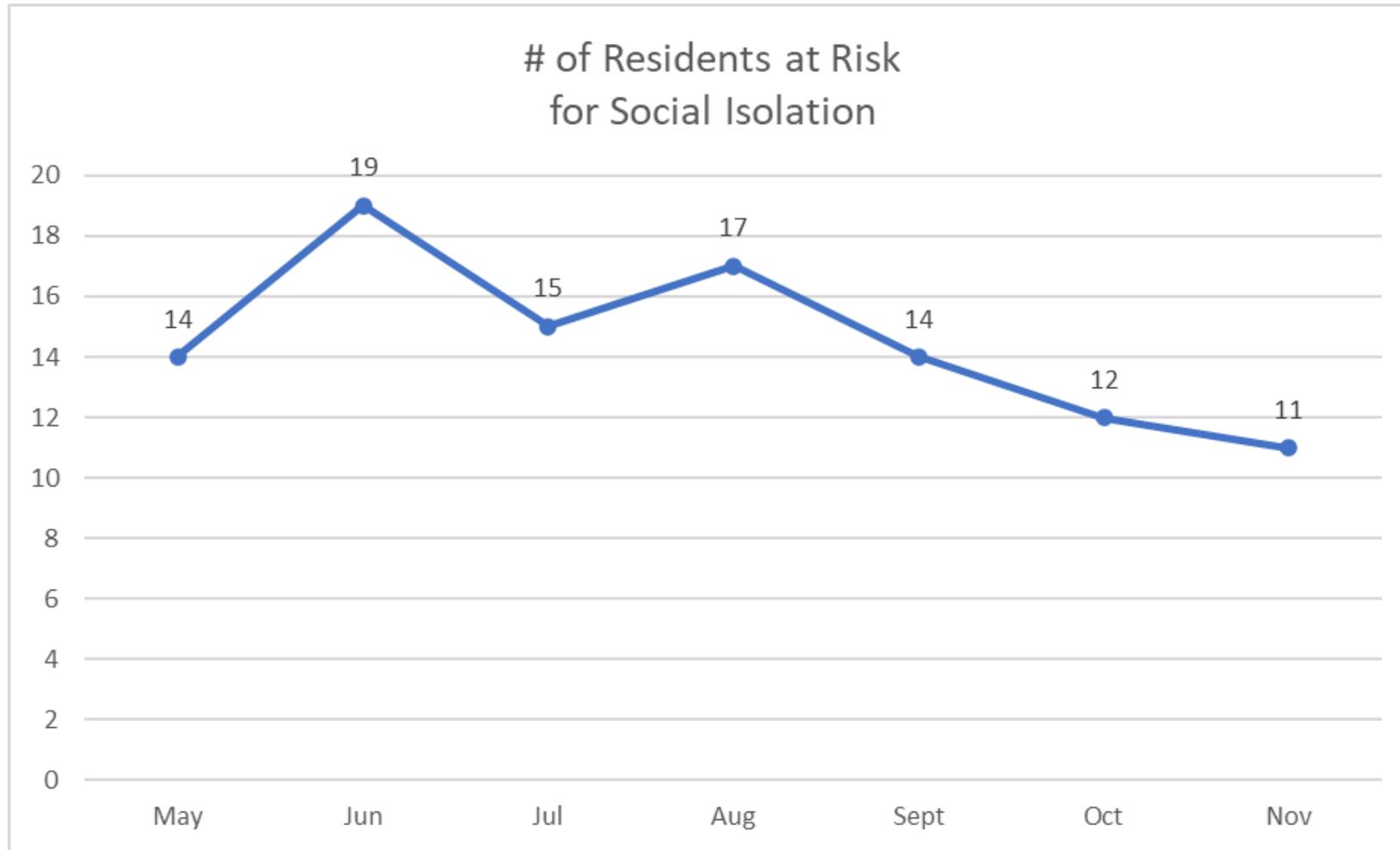
Results – Antipsychotic Use Selected Residents

RESIDENT	JUL	AUG	SEPT	OCT
R1	n/a	↓	↓	PRN
R3	↓	n/a	↓	n/a
R5	n/a	n/a	↓	↓

Results



Results



Results

Contacts Made by Resident Engagement Ambassador

August	
Group	78
1:1	23
Total Contacts	101
Total Minutes	3205

September	
Group	13
1:1	55
Total Contacts	68
Total Minutes	1695

October	
Group	30
1:1	52
Total Contacts	82
Total Minutes	2330

November	
Group	34
1:1	49
Total Contacts	83
Total Minutes	2385

"A resident I spend time with a lot once told they wished I could come in every day to see them, and it made me feel good to know that they were happy and enjoyed visiting with me"- Alex

**Grand Total
Contacts:
334**

**Grand Total
Minutes:
9615**

Challenges & Barriers

- Late start. The project was initiated in August.
- Team communication regarding AUA reductions
- Minimal education around inappropriate use of antipsychotics available to nursing and care staff.
- Staff have a fear-based reaction towards residents' behaviors = requesting increase
- RAI assessment accuracy

Successes & Enablers

- Positive impact on resident engagement and student intern
- Significant Support from Pharmacist has improved AUA medication review and frequency.
- Frequent discussions regarding AUA and behaviour care plans

"I have learned better ways of interacting with residents who have dementia. Also, since I've started working at the pines, I have been able to experience what its like working in a care home, and I am now considering a future career in recreation therapy."- Alex

Key Learnings & Next Steps

- Non-pharmacological approaches are most successful when family and volunteers are included in the multidisciplinary team
- Making reductions slower generates better success
- Student volunteers/ interns can make a significant impact in resident engagement
- Next step is to make the Resident Engagement Ambassador a sustainable position while continuing to focus on antipsychotic reductions.
- Continue work around improving the Junior Volunteer program and tracking volunteer hours/engagements

Terrace View Lodge

- Located in Terrace, BC
- 99 beds



Change Ideas & Implementation Strategies

- DementiAbility
- **Care Boards**
- Staffing Changes
- Physical Space



Life Story Trees

Sample Board for All To See



Incentives for Maintenance to Put up Boards



Aim Statement

To reduce the inappropriate use of antipsychotics without a diagnosis by 5% from 30% to 25% by December 2023.

Successes & Enablers

- Able to source care boards that met all of our criteria: affordability, infection control, keyed the same, low profile, rounded corners, size for space available and consistent with home-like environment
- Maintenance agreed to install the boards
- A Team Approach (ensuring life story trees and resident care plans up to date)
- Care Boards have remained on walls

Results

DATE LEGEND:

Q1 = APRIL - JUNE

Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

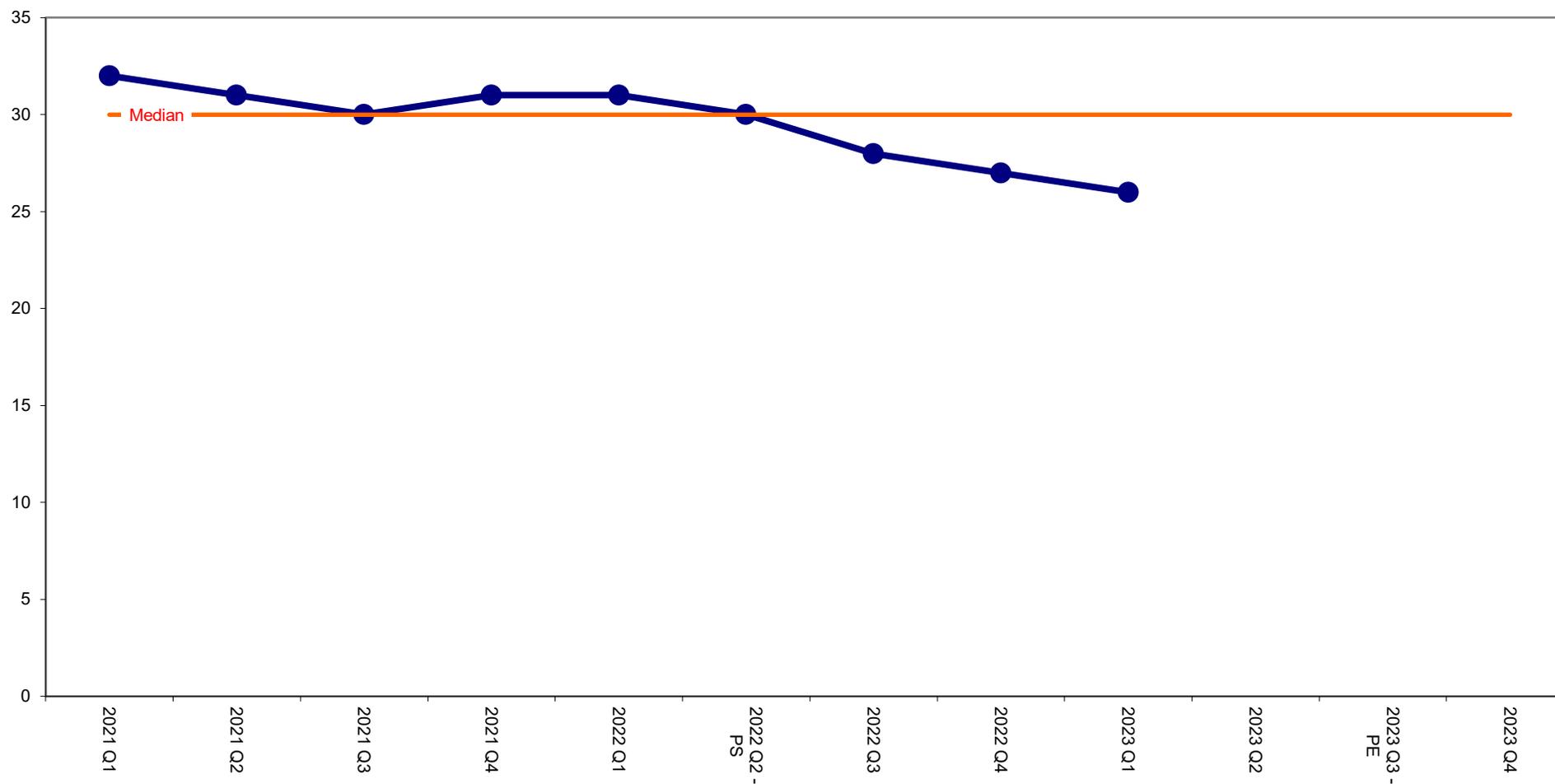
Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA

Appropriate Use of Antipsychotics Rates

Northern Health-Terrace View Lodge



Results of Care Boards – November Audit

- **Copper – Project started in Feb 2023**

Life Tree Templates Present – 19 of 24 = 79% (r.15-19)

Visual Care Plans Present – 19 of 24 = 79% (r.18-24)

Families Displaying Info – 10 of 24 = 42% (r.8-10)

100% of care boards have remained up

- **Lakelse – Project started in Oct 2023**

Life Tree Templates Present – 15 of 25 = 60%

Visual Care Plans Present – 15 of 25 = 60%

Families Displaying Info – 4 of 25 = 16%

100% of care boards installed in Oct.

Results of Care Boards – Initial Audit

- **Skeena – Project started in December 2023**

Life Tree Templates Present – 7 of 19 = 37%

Visual Care Plans Present – 10 of 19 = 53%

Families Displaying Info – ? of 19 = ?

22 new care boards installed

- **Naas – Project started in November 2023**

Life Tree Templates Present – 13 of 22 = 59%

Visual Care Plans Present – 21 of 22 = 95%

Families Displaying Info – ? of 22 = ?

22 new care boards installed

Challenges & Barriers

- Family engagement – low survey participation and some residents don't have advocate or family member
- The unit is continuous change and flux – respite changes, admissions & discharges, a challenge staying up to date
- Big change in management team in the middle of the project, needed to engage new leadership in awareness and follow-up
- Hard to generate enthusiasm over a bulletin board

Key Learnings & Next Steps

- Helpful to have a consistent spot for life story trees and care plans (not getting “shopped” for in Copper)
- Sustainability
Requires developing and maintaining consistent processes
- Spread
Need to communicate with families and others around what a basic care board looks like (boards are not locked on other unit)
Needed to create strategy on how to spread

Key Milestones of Our Multi-Year Journey

2016 – Focus on FUNction

Introduction of activity kits and education for staff in all TVL communities

2017 – 2021 – TVL Top 10

Standard foundation of DementiAbility principles to be implemented throughout TVL. All TVL communities have most of these in place.

2019 – Kalum Café

Our very own “coffee shop”. A purposeful and familiar destination for residents, family and staff.

2020 – The Shop” on Copper

Living Room upgrades and new furniture for Copper

Focus on FUNction

Our Travelling Carts



TVL Top 10 DementiAbility Priorities: Creating a Framework for Success

1. ACTIVITY KITS AND ACTIVITY AREA



2. DINING ROOM NAME PLATES



3. LET'S CHAT CONVERSATION BOARD



4. DINING ROOM ACTIVITY CARTS



5. "CARRY ON READING" GROUPS



TVL Top 10 DementiAbility Priorities: Creating a Framework for Success

6. SIGNAGE



7. NOW AND THEN SIGNS



8. "HELP WANTED" BOARD



9. NAMETAGS



10. TVL DEMENTIABILITY TEAM



Kalum Café

“Let’s go for coffee” – It just makes sense!

Before



After

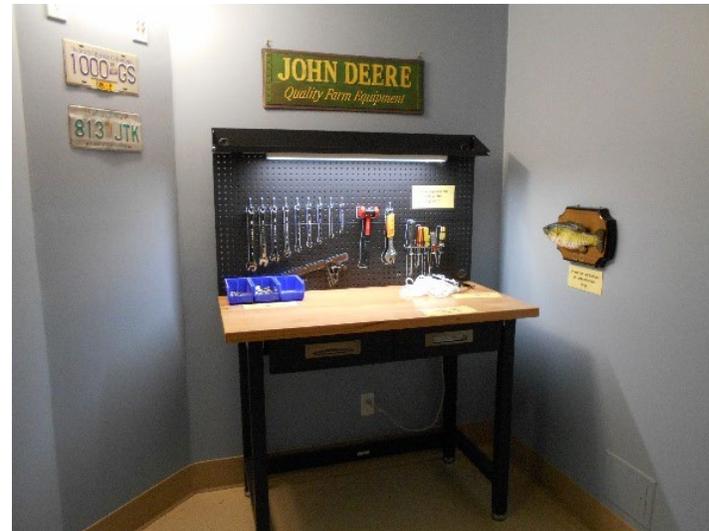


Room 17 – “The Shop”

Before



After



Copper Living Room

Before



After



Key Milestones of Our Multi-Year Journey

2020/21 “Front Door” wraps – now funded for every resident door throughout TVL

2021 Train the Trainer – Bonnie and Cheryl are now certified to teach DementiaAbility workshops.

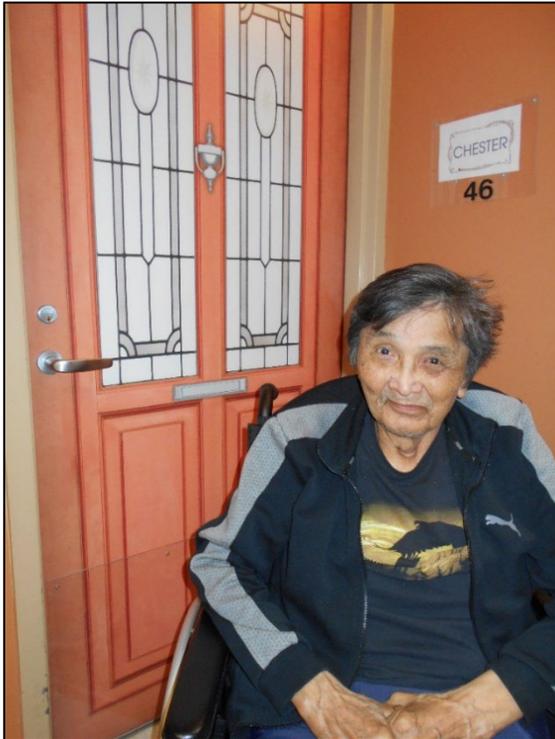
2017–2021 Exit Diversion Wraps – Throughout the building on exit doors as needed.

2022 TVL Outdoors – Healthcare Excellence Canada Grant – Engaging our Elderly by making outdoor spaces accessible and fun!

2023 Resident Care Boards for Copper – Healthcare Excellence Canada Grant

2023 Activity Worker Trial for Copper – Focus on creating a consistent daily schedule for the community to set up both residents and staff for success.

“Wrap a Door for Christmas” in 2020 was a HUGE success. Thank you to the REM Lee Foundation for all your help and support with this campaign.



Spruce Courtyard

Before



After



Activity Worker Trial in Copper – Summer 2023

The impact on resident's quality of life - very high at 91.25%

The impact on the work of others in the unit - very high at 90%

See the benefits of this position being continued - very high at 92.8% (Martha did an amazing job)

Observations of Residents:

less agitation, restlessness, pacing, anxiety and more engagement, enjoyment, calm, busyness and happiness

Most Helpful Interventions:

cooking, coffee time, music & pet therapy, Dementia Ability bins & activities, hand massages

Rose Kennedy said...

“Life isn’t a matter of milestones, but of moments.”

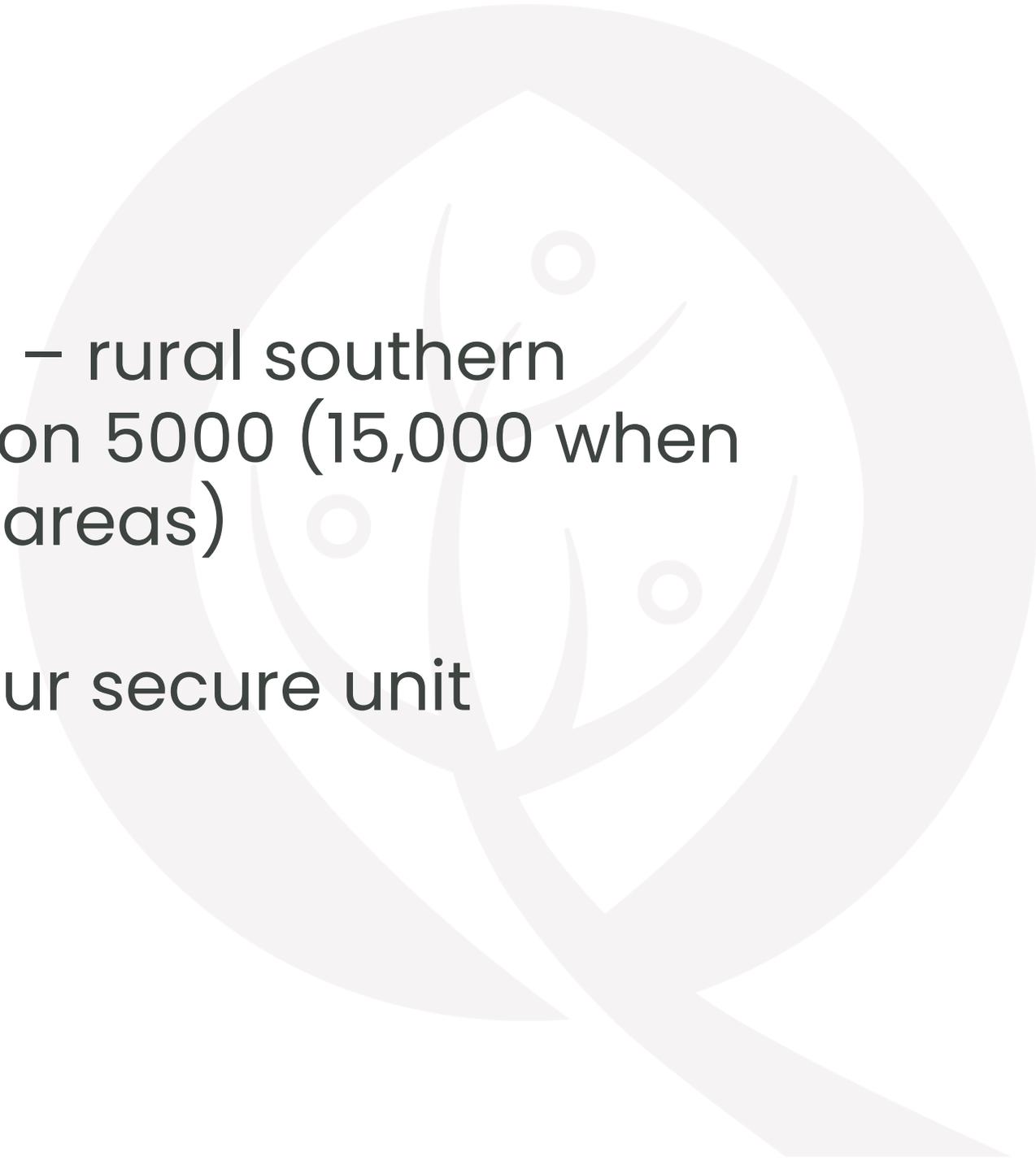
LET’S MAKE EVERY MOMENT COUNT!

**Huge THANK YOU
to Healthcare
Excellence Canada
for providing
support to make
each moment
count!**



Swan Valley Lodge

- Located in Creston, BC – rural southern community – population 5000 (15,000 when including surrounding areas)
- 90 beds – 23 beds in our secure unit



Aim Statement

To reduce the inappropriate use of antipsychotics without a diagnosis by 5% from 29% to 24% by December 2023.

Results

DATE LEGEND:

Q1 = APRIL - JUNE

Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

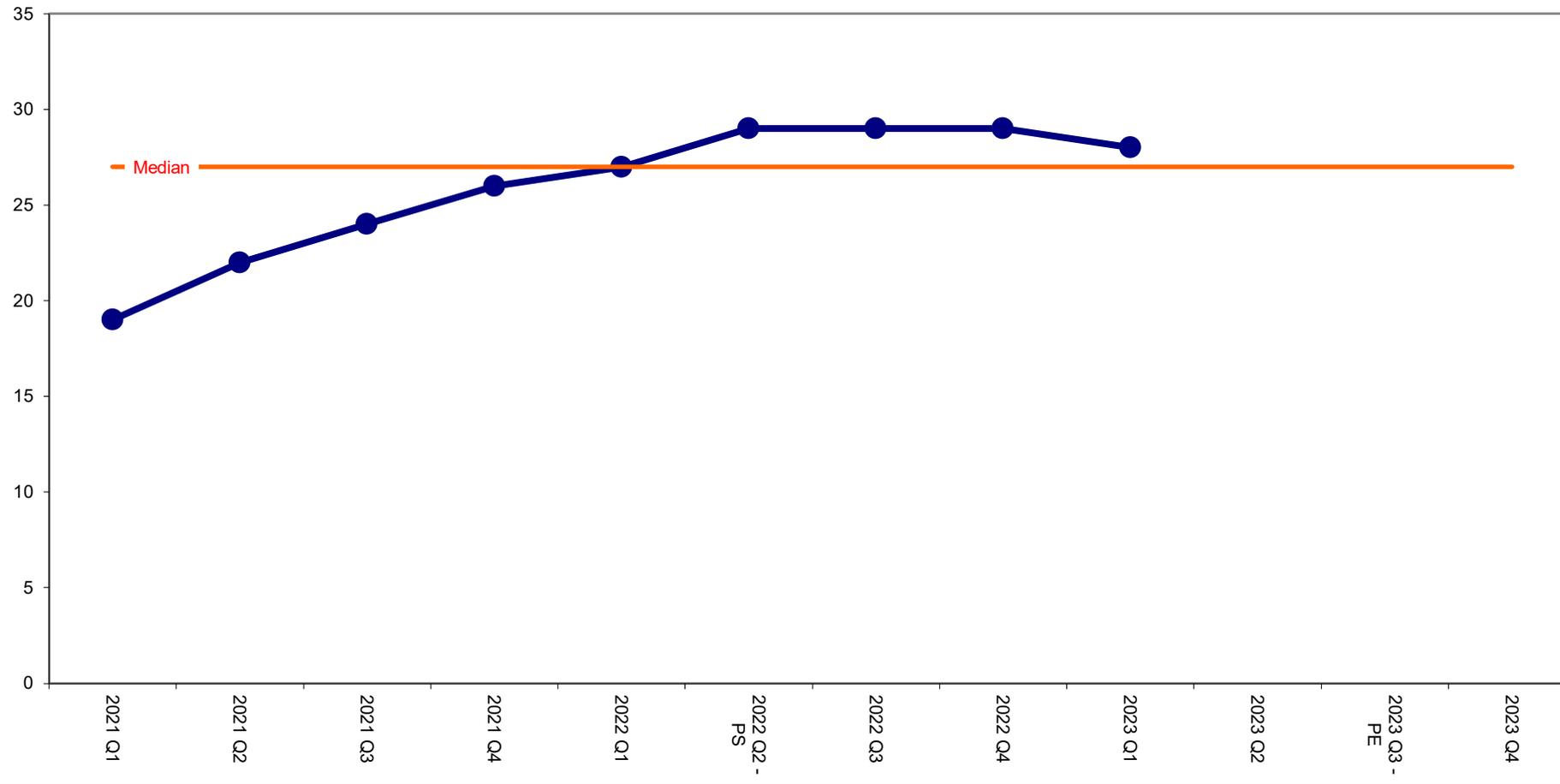
Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA

Appropriate Use of Antipsychotics Rates

Interior Health-Swan Valley Lodge



Change Ideas & Implementation Strategies

- 2020 rate was 15.2%
- 2021 rate was 29% - Why?
- 20% staff lost due to vaccination requirements (provincial average 3%)
- Increase in # of vacant lines, OT, Staff injury, Sick Time

Residents are living longer than previous generations.

Development of dementia and associated behavioral and psychological symptoms more likely.

Given staff fatigue, offering more training could be experienced as invalidating.

Decided to focus on staff wellness, encouragement and supportive measures. Assumption: When we take care of each other we provide even better care to others.

Successes & Enablers

- About Me
- Hearts and Hands
- Staff Wellness





About Me. . . Jane Doe

I was born in Italy and worked on the family farm with my brothers and sisters, and later married Silvio Celli. Our prospects in Italy were not good, so Silvio came to Canada to work on the railway. He had a sister-in-law here.

By that time we had three children, and I was having a hard time, so decided to come, too. Our last child was born in Canada.

I love to cook for others, and spent many years working at the Billy Barker. Silvio and I had a big garden and grew lots of tomatoes. I did a lot of canning! I enjoy knitting and crocheting, and spending time with family and friends.

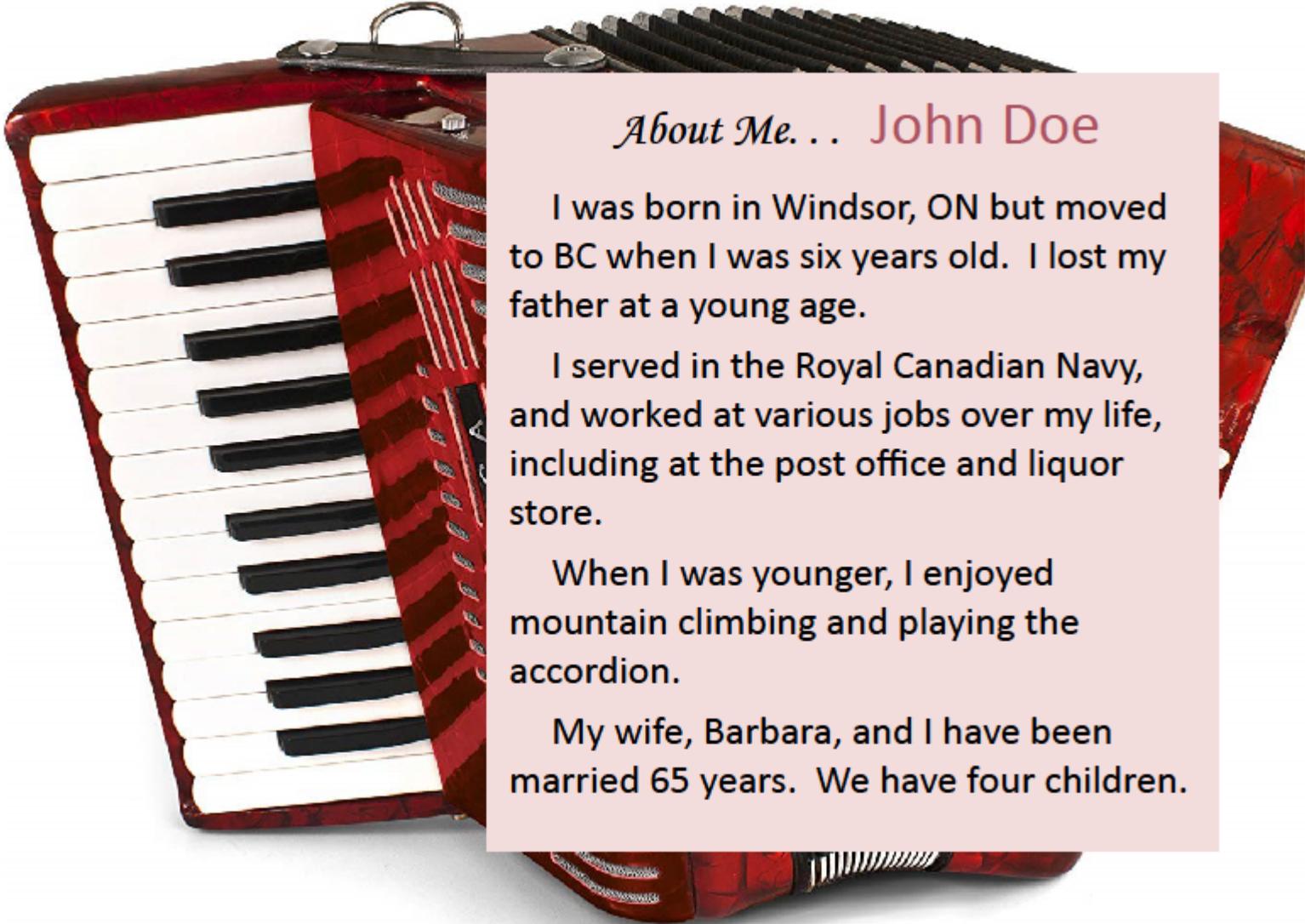
I have discovered bingo here, and am looking forward to outings and walks outside. I also like Italian music, cats, and soap operas!

About Me

Borrowed from
Dunrovin Park Lodge in
Quesnel.

Resident – sense of
identity, belonging,
way- finding

Staff – increased
compassion,
understanding,
opportunities for
engagement.



About Me... John Doe

I was born in Windsor, ON but moved to BC when I was six years old. I lost my father at a young age.

I served in the Royal Canadian Navy, and worked at various jobs over my life, including at the post office and liquor store.

When I was younger, I enjoyed mountain climbing and playing the accordion.

My wife, Barbara, and I have been married 65 years. We have four children.

- **Chart reviewed**
- **Family interviewed**
- **Results shared with individual**
- **Posted on individual's door**
- **Copy in chart**

MEET CARRIE!

What is your name and your role at Swan Valley Lodge? When did you start here?

My name is Carrie MacAulay. I am a Care Aide. I started 2000.

Why did you become a Care Aide?

I actually have no idea.

What do you like most about working at Swan Valley Lodge?

Oh the residents & I like the staff too...lots of fun.

What are you most proud of in your career?

All the people's lives I have touched.

What is your super power?

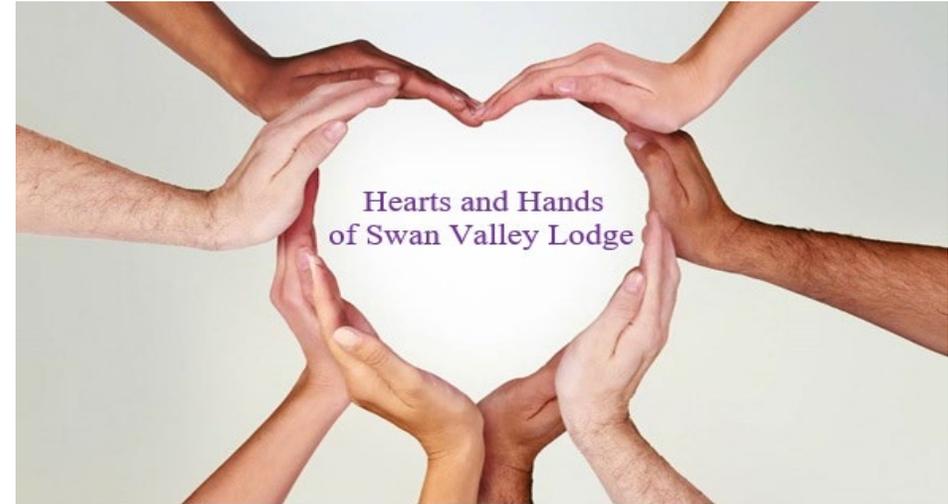
Laughter

When you are not at work, where are we most likely to find you?

At home with family & friends. "Shit Show Camping"

Will you tell us something we don't know about you?

I have a twin sister. As we get older we look more & more alike



- **Staff appreciation.**
- **Recognizes work-life balance and diversity.**
- **Provides opportunity for collegial appreciation.**
- **Sent out via email and posted in the facility.**

Staff Wellness Survey 2023



TOTAL

AVERAGE

	Happy	Neutral	Sad	TOTAL	AVERAGE
20-Jun	28	6	3	37	55%
21-Jun	48	12	6	66	98%
22-Jun	20	8	9	37	55%
23-Jun	26	5	11	42	63%
24-Jun	15	2	3	20	30%
25-Jun	14	3	5	22	33%
26-Jun	29	3	2	34	51%
27-Jun	14	5	4	23	34%
28&29-Jun	35	9	9	53	79%
30-Jun	22	5	2	29	43%
1-Jul	27	12	20	59	88%
2-Jul	27	13	14	54	81%
TOTAL	64%	17%	18%		53%
10-Oct	13	4	1	18	27%
11-Oct	14	6	36	56	83%
12-Oct	12	10	8	30	45%
13-Oct	6	5	4	15	22%
14-Oct	10	10	7	27	40%
15-Oct	10	4	1	15	22%
16-Oct	4	1	2	7	10%
17-Oct	10	5	5	30	45%
18-Oct	13	12	5	33	49%
19-Oct	20	5	8	22	33%
20-Oct	10	4	8		
TOTAL	44%	24%	32%		33.60%

**Spring Survey – 53% engagement
- 64% report good shift**

Roundtable discussions – What would make your work even place better?



**Fall Survey – 33.6% engagement
- 44% report good shift**

Sick Time

Month	January	February	March	April	May	June
Sick Hours	976.19	948.29	906.78	1106.94	900.96	773.70
Total Hours	17115.84	14894.87	16975.93	16591.38	17321.88	16307.18
% of Sick Time	5.70%	6.37%	5.34%	6.67%	5.20	4.74%

Month	July	August	September	October	November
Sick Hours	1079.73	1216.26	1534.53	1794.59	1514.45
Total Hours	16297.41	16149.07	16014.57	16644.46	15388.58
% of Sick Time	6.63%	7.53%	9.58%	10.78%	9.84%

* Our sick time has in fact increased since implementing these Staff Wellness initiatives.

Card given to grocer who provided snacks

- *Thank you so much and greatly appreciated.
- *Thank you for looking after our well being
- *We love snacks.
- *Thank you so much, appreciate having something healthy, something in a hurry when I forgot my lunch.
- *Thank you for the pick me ups.
- *Thanks for all the delicious treats.
- *Thank you for your generosity.



Challenges & Barriers

- Coffee and healthy snacks require ongoing funding
- Massage – Are staff accessing their benefit package?
- Second survey – decreased engagement, fewer report a good shift. Why? Anecdotally we hear the supports are appreciated.
- Reduction of 1% – Is target of 5% unrealistic?
- Sick time measured showed increase over Flu season and COVID – 19 resurgence. Is it a useful measure?



Key Learnings & Next Steps

Engagement may increase if staff better informed about the project and purpose of survey

Sent out email, Ongoing discussions at roundtable

Hearts and Hands slow going

Hire staff to complete?

Are staff aware of benefit package?

HR in-service re benefit package

Key Learnings & Next Steps

Physician education rollout needed

Staffing numbers increasing - Local college increased frequency of Care Aide program - Consider staff education regarding non-pharmacological approaches

Initiate a new survey in the Spring

What is the best measure to use?

Providence Health Care (PHC)

LTC HOME	# OF BEDS
Holy Family Hospital	126
Mount Saint Joseph's	75
St. Vincent Brock Fahrni	140
St. Vincent Langara	197
Youville Residence	42

Aim Statement

By April 1, 2024, the PHC LTC program will create sustainable strategies to decrease the amount of inappropriate antipsychotic usage in our five LTC homes. In addition, we will support staff in building confidence and competence in working with residents who are expressing their needs.

Our overall average rate of potentially inappropriate antipsychotic use will decrease to a goal of 17% (level comparable to Q3 2019 PHC LTC)

LTC Home	Baseline %	Aim
Holy Family Hospital	26%	17%
Mt. Saint Joseph	28%	17%
St. Vincent Brock Fahrni	25%	17%
St. Vincent Langara	23%	17%
Youville Residence	41%	17%

Results – Holy Family Hospital

DATE LEGEND:

Q1 = APRIL - JUNE

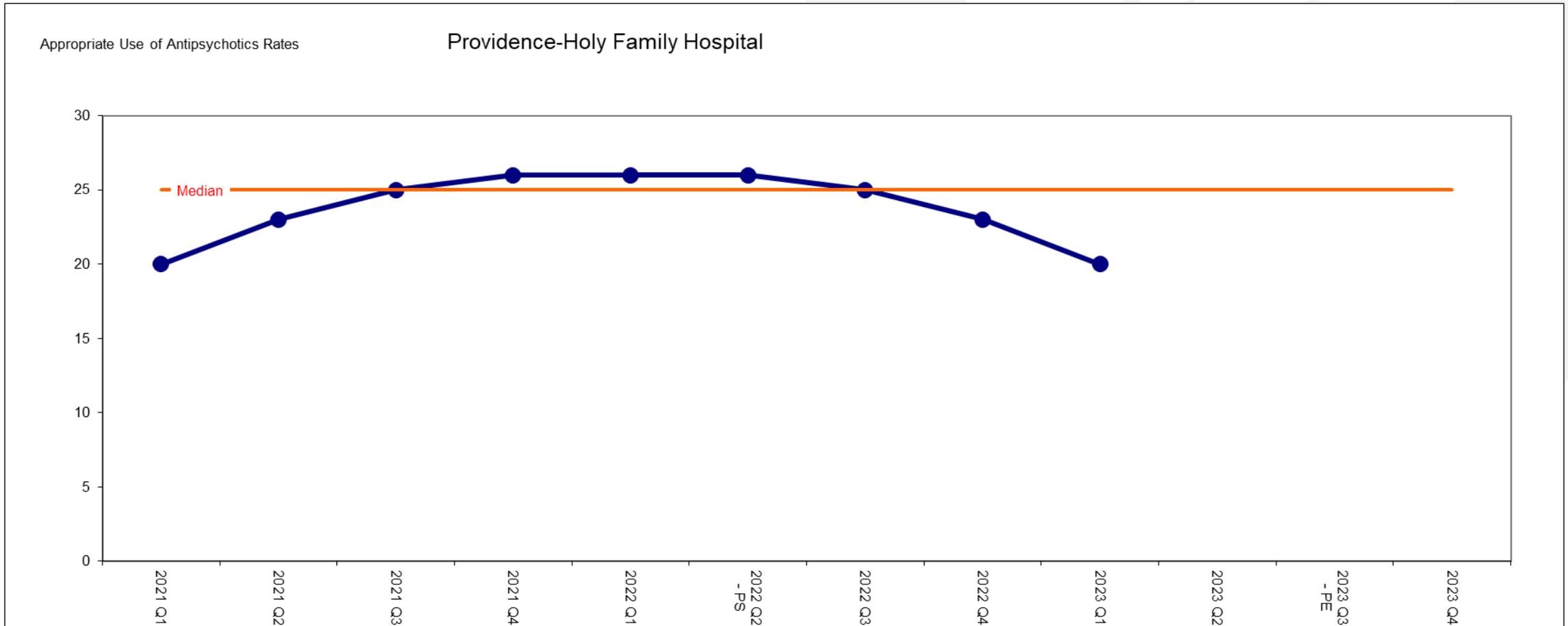
Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA



Results - MSJ

DATE LEGEND:

Q1 = APRIL - JUNE

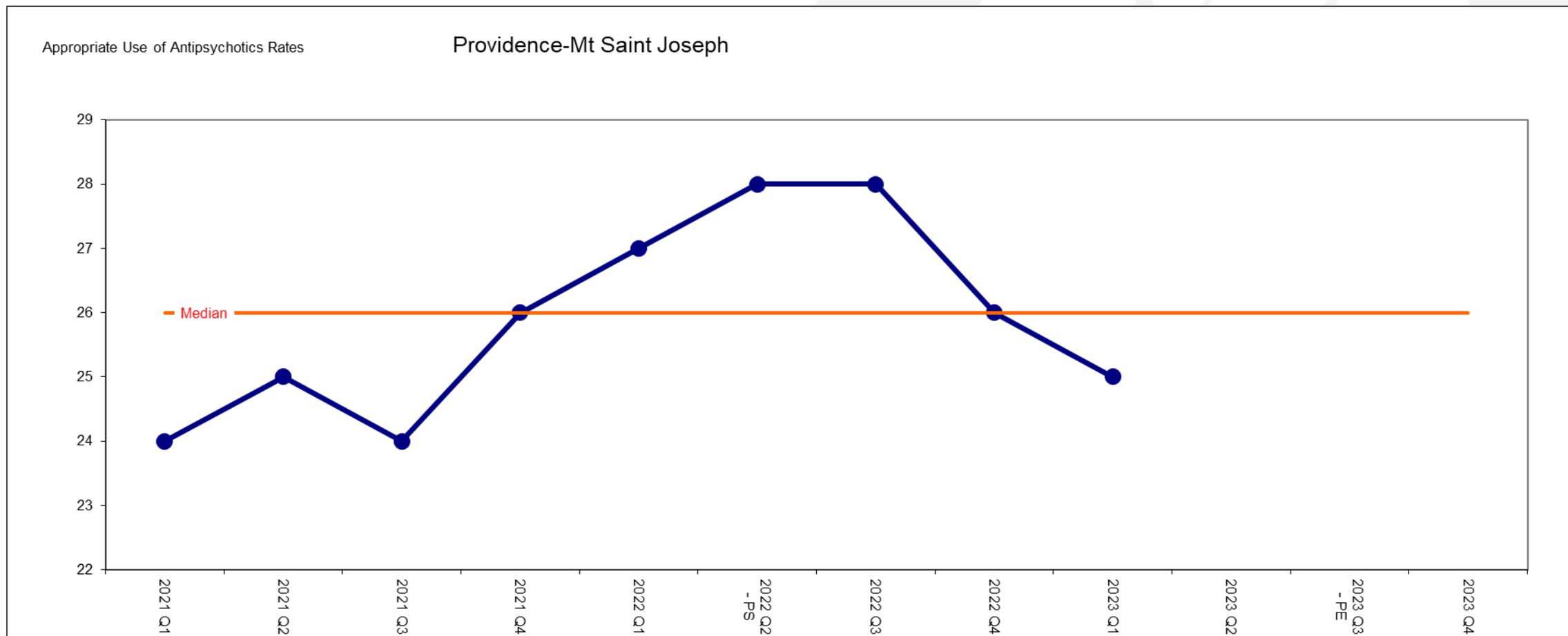
Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA



Results – Brock Fahrni

DATE LEGEND:

Q1 = APRIL - JUNE

Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

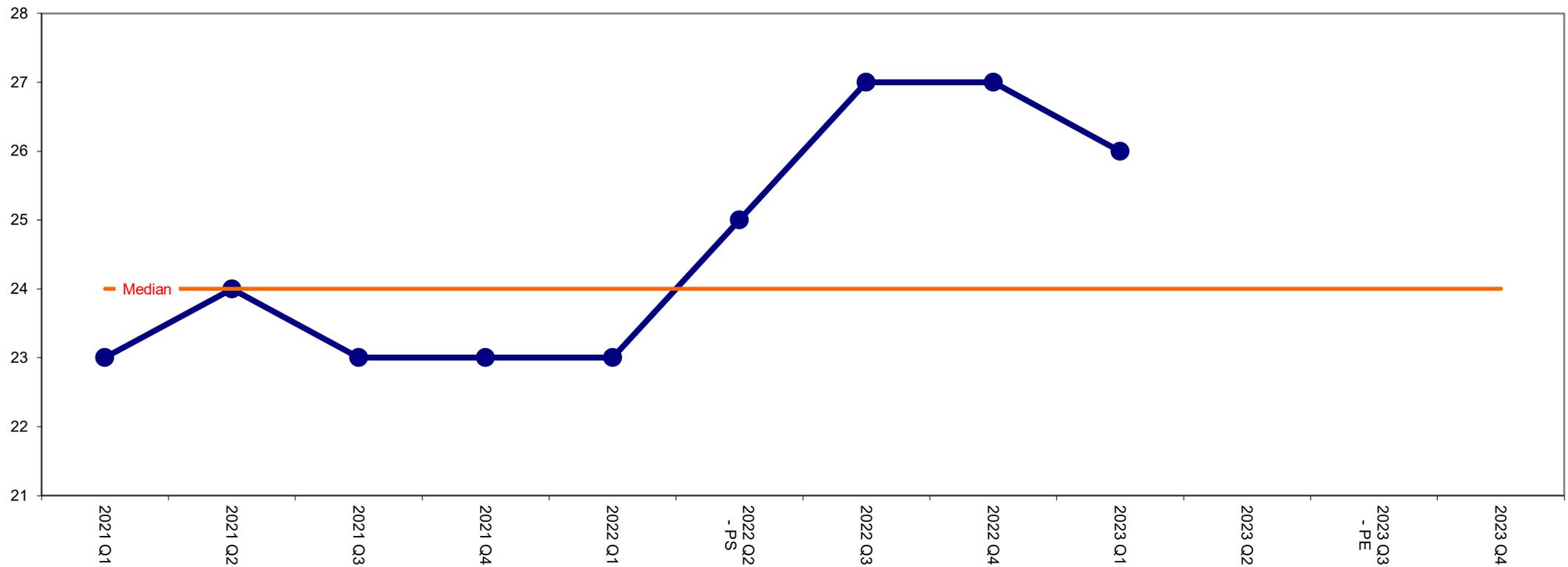
Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA

Appropriate Use of Antipsychotics Rates

Providence-St Vincent Brock Fahrni



Results – Langara

DATE LEGEND:

Q1 = APRIL - JUNE

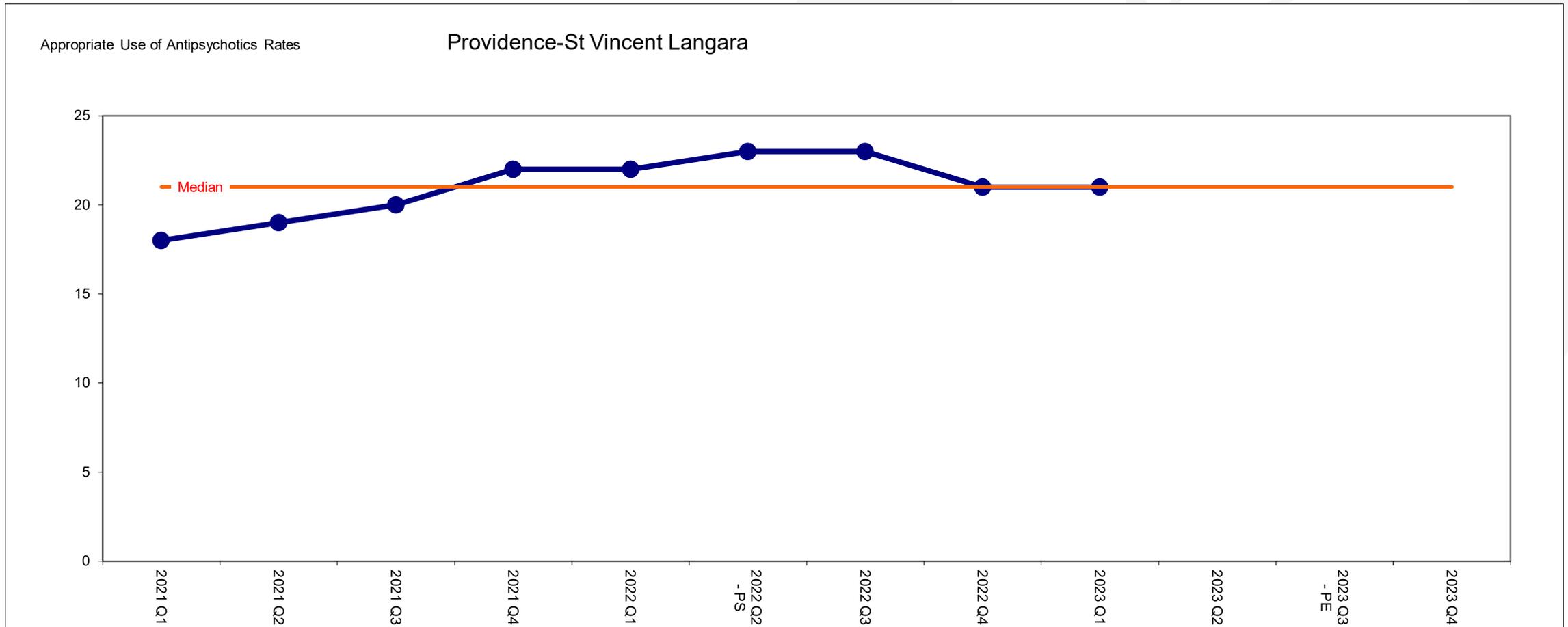
Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA



Results - Youville

DATE LEGEND:

Q1 = APRIL - JUNE

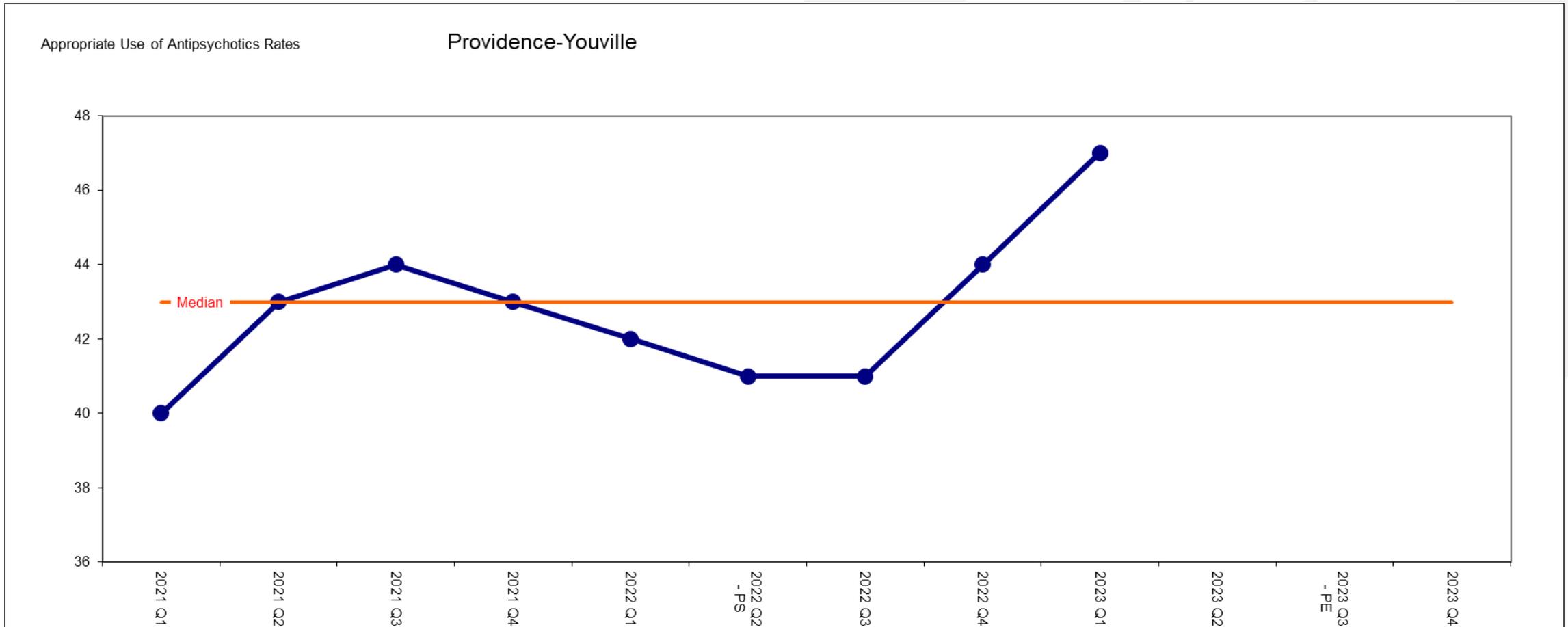
Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA



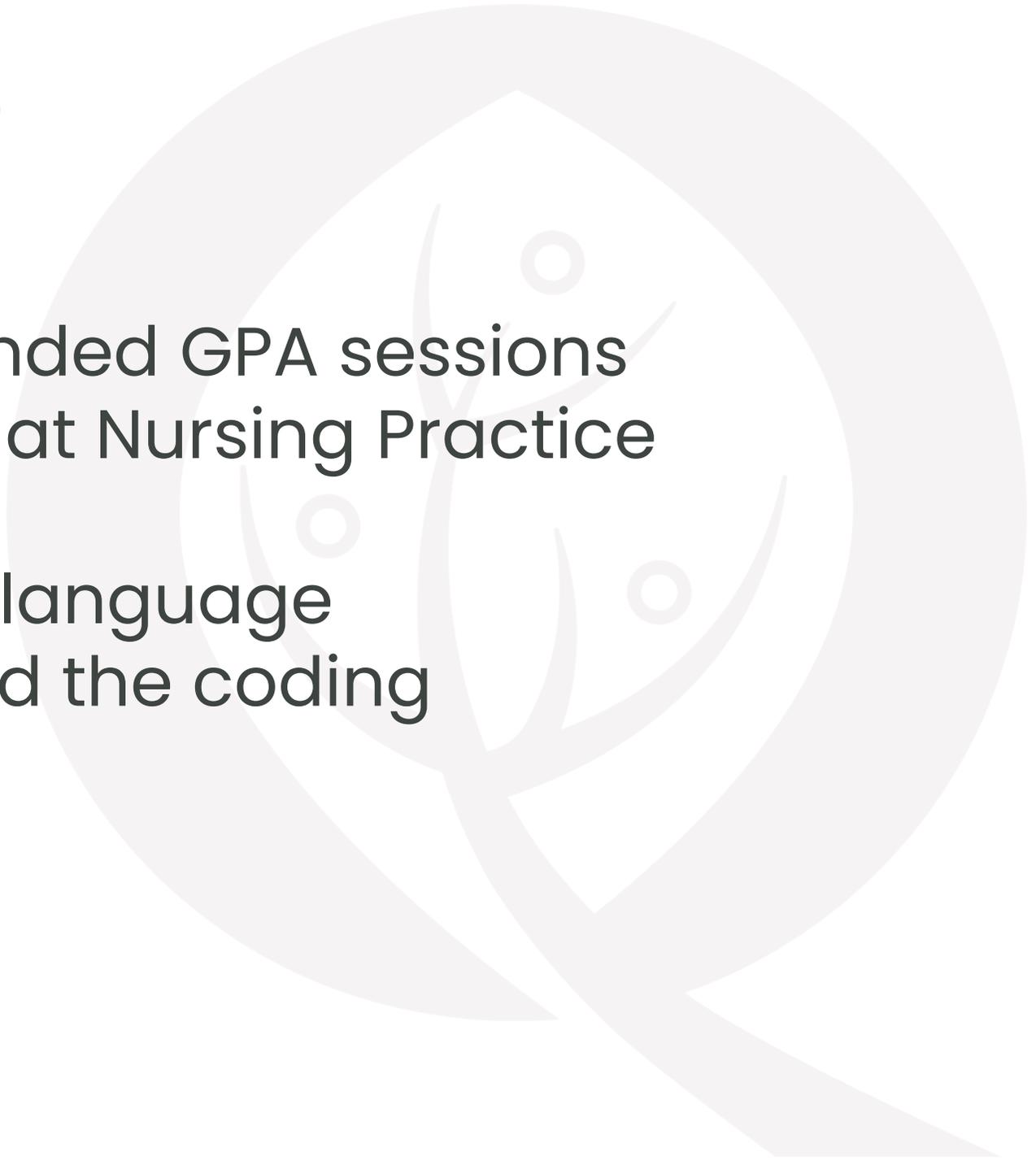
Change Ideas and Implementation Strategies

Change Idea	Implementation Strategies
Adopt 'My Daily Care Needs'	Utilize existing template or create new and add person centered language
Create and adopt a new process for interdisciplinary monthly medication reviews	Started at Youville in November 2023; led by site Medical Coordinator
Provide GPA Training	Successfully coordinated GPA Training for 5 care homes; paid Train the Trainer workshops and paid education time for staff to attend including service support, Allied and Clinical staff
Communication Structure	Structure for families and family meetings when resident is expressing needs
Language	Explore opportunities to change language in our forms, process and huddles
Mentorship program	Creation of mentorship program with GPA champions
Coding of MDS Inter-RAI	Ensure correct coding of MDS Inter-Rai data through education, auditing and quality assurance

Change Ideas & Implementation Strategies

- Focus Groups to address change:
 1. MDS/Cerner Data Analysis Working Group
 2. Compliance Criteria
 3. Operationalize: Medication review process
 4. Forms and Communication
 5. Implementation of GPA
 6. Knowledge Translation and Dissemination

Successes & Enablers

- GPA: 98 staff have attended GPA sessions
 - GPA workflow – shared at Nursing Practice meetings
 - Staff speaking the GPA language
 - Begin review of MDS and the coding
- 

Challenges & Barriers

- Competing priorities and projects planned for 2023:
 - LPN Integration
 - Medication Administration System Change
 - New care home
- Staff experiencing moral distress and feelings of being burnt out

Key Learnings & Next Steps

- Focused time on working groups
- Aligning our efforts with MDS-RAI workflows
- Working with Pharmacy and larger working group to establish goals for Youville for April 2024

Gorge Road Care Tower

Gorge Road E. Victoria BC



Beds: WVU 53 Regular Beds, 2 Respite
AVU 55 Regular Beds, 1 Respite

Aim Statement



- We aim to reduce antipsychotic medication use by 3% by Dec. 2023
- Quarterly Progress: Q1: __% Q2: __% Q3: ___%

Results

DATE LEGEND:

Q1 = APRIL - JUNE

Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

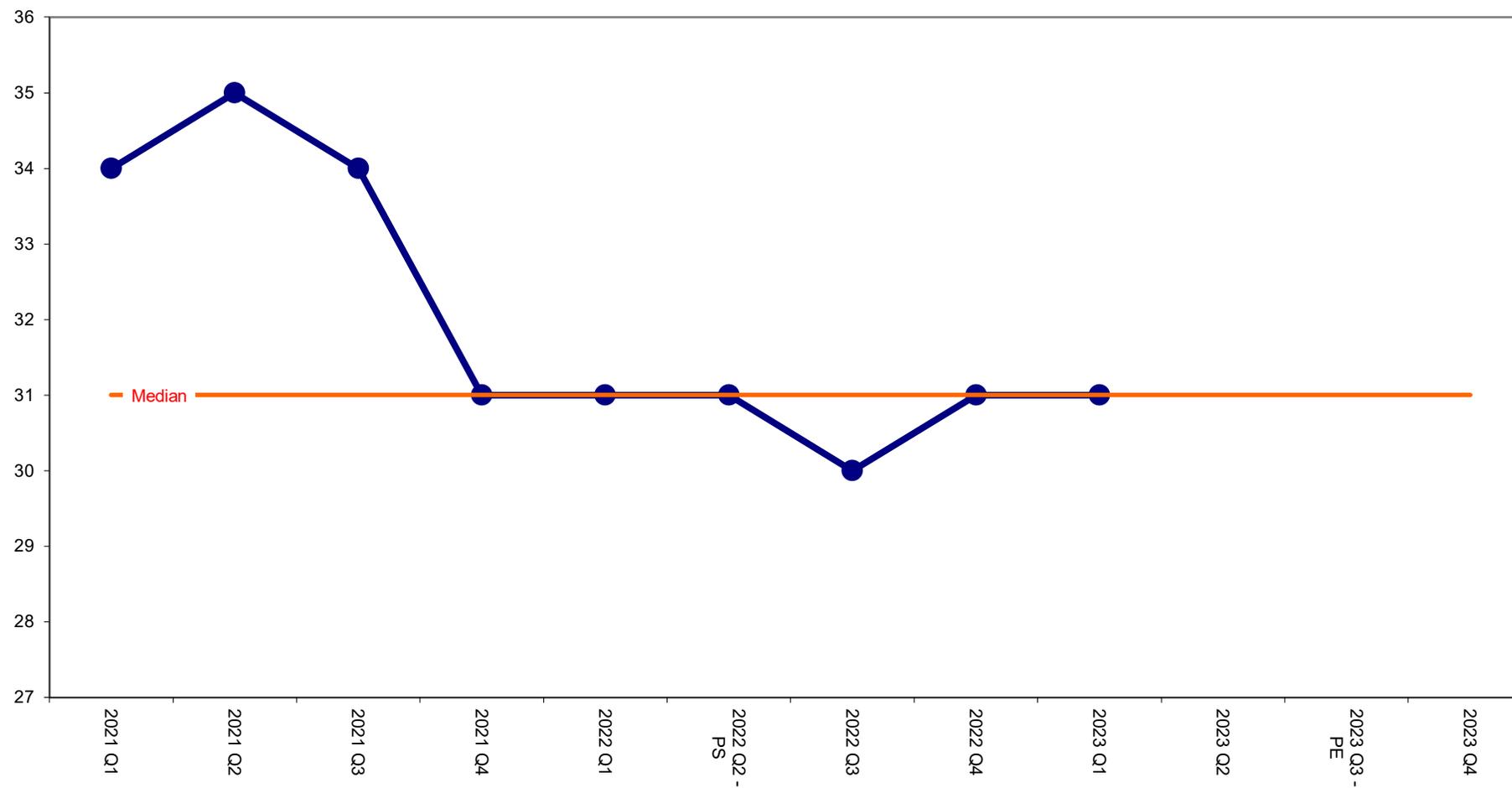
Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA

CIHI AUA Rates

Island Health-Gorge Road Hospital



Change Ideas & Implementation Strategies

- **Change Ideas:**
 - ❖ **Implementation of non-pharmacological interventions**
 - ❖ **Behavioral observation and analysis**
 - ❖ **Care Aides coaching on effective strategies**
 - ❖ **Care plans tailored for behavior challenges**
- **Results (Outcome Measures)**
 - ❖ **Reduction in agitated behaviors by ___%**
 - ❖ **Improved resident quality of life indicators.**
- **Results (Process Measures)**
 - ❖ **Monthly staff training on non-pharmacological interventions.**
 - ❖ **Regularly review and adjust resident care plans.**

”MY STORY”

I prefer to be called: Joan but my stage name was*Joan Frances*

Family, friends and animals that are important to me are:

My mother's name was Margaret and my brother is Ian.
I have a son Eric and two grandchildren, Raven and Briar.
Sharon and Daisy are my good friends from Chemainus.

My hobbies and leisure interests include:

My love for activity started in childhood where I had a talent for the stage and Drama.
As a teenager I was a member at the Sea Rangers Sailing Club, where I participated in small sailboat races.
I used to love riding my bike through the streets of England and take vacations where I could go sailing with friends.
When away from the sea you could find me dancing and socializing with my friends.\

People would describe me as:

“The life of the party”

I am social person who likes to chat with others and share my life stories.

At home, my usual day includes:

Days at home where spent making my own clothing and cooking for family and friends.

Things that might distress me or make me nervous are:

When pushing me in my WC please go slow... the fast motion causes anxiety because I am visually impaired and often not sure of my surroundings. The shiny floor looks like water and makes me feel scared.

If you need to porter me from one location to the next please introduce yourself and explain where I am and where we are going.

I really don't like to be cold so dressing in layers, warm blankets, and reassurance of why we are changing clothes during care helps me cope with the temperature change. I have recently had a change in my vision which makes life around me challenging to understand. Explaining in detail what I am eating and who is around me helps keep my anxiety down and comforts me. I have sunglasses in my bedside table for the bright lights during care and for outside outings.

When I'm upset, something that makes me feel better is:

I sometimes find it hard to express myself when I have a need to be met. Crying out or saying ‘where do I go’ often means I need to use the toilet, feel cold or need to move to a less stimulating space.

At this time my needs/wants are:

Being able to interact with other residents that like to listen to my stories of the past. I also would like to spend more time outside in the garden with others.

Music is important to me and want to be able to enjoy in group activities and at my bedside.

At this time I would like/need to know:

Being reminded of my family members names and past history helps me with my worries and allows me to feel calm. I need to be reminded of where I am and what city I live in often as forgetting this brings a lot of anxiety to me.

Successes & Enablers



- ❖ Enhanced staff skills in addressing behavior challenges
- ❖ Positive feedback from residents and families

- ❖ Initial resistance to change
- ❖ Ongoing need for staff education and support
- ❖ Ongoing need for financial support





Sustainability Plan/Next Steps

- ❖ Continuous staff training and development
- ❖ Regular reviews and adaptations of care plans
- ❖ Engagement with families in the care process
- ❖ Exploration of additional non-pharmacological interventions.
- ❖ Ongoing collaboration for resident well-being

SUSTAINABILITY PLANNING

STAKEHOLDERS

3 PRIORITIZING QUESTIONS

Langley Memorial Hospital LTC

- Located in Langley, BC
- 200 beds LTC facility in LMH
- Staffing Models



Aim Statement

To reduce the use of antipsychotic medications without a diagnosis rate from 29% to 21.6% by December 2023.

Results

DATE LEGEND:

Q1 = APRIL - JUNE

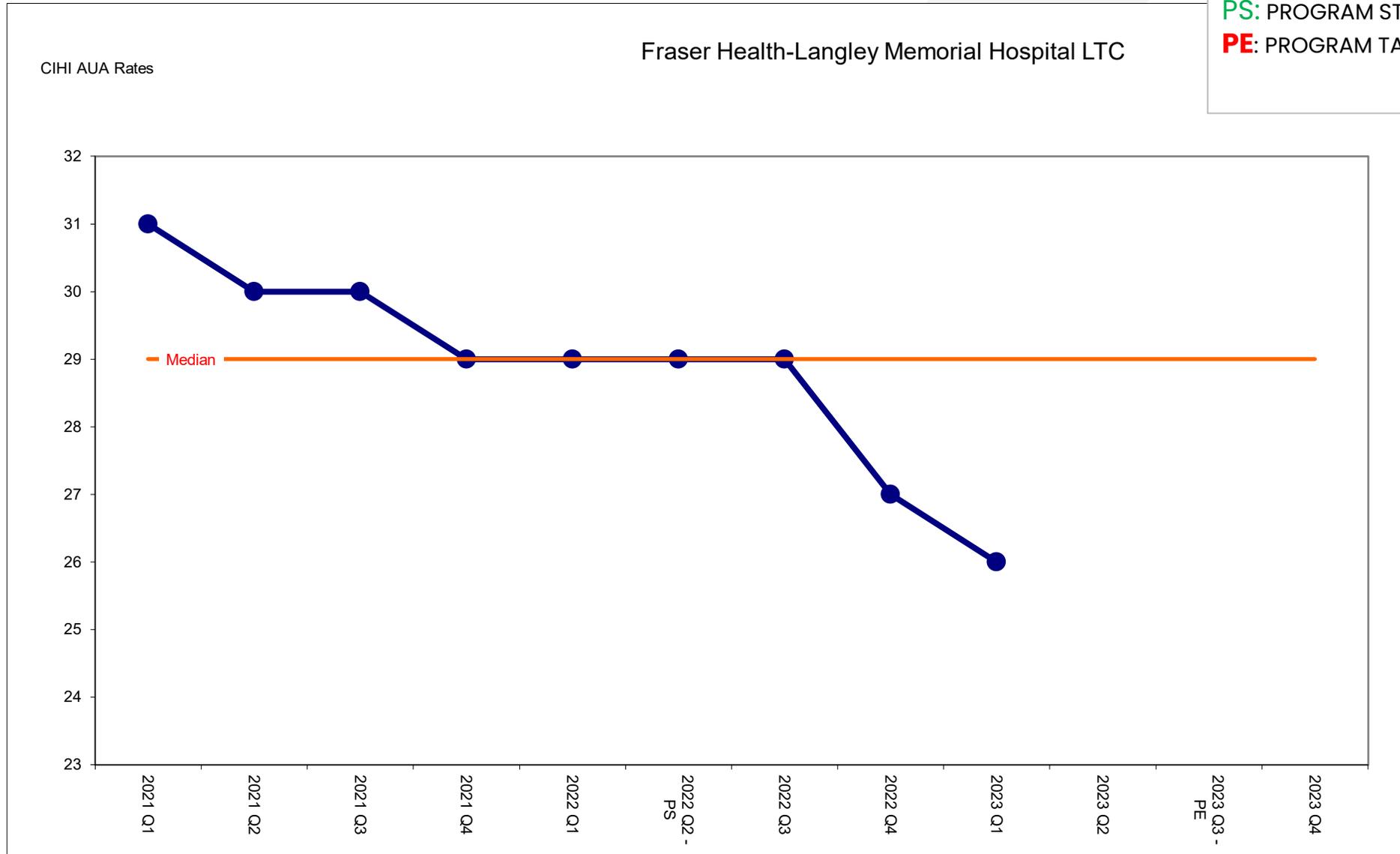
Q2 = JULY - SEPT

Q3 = OCTOBER - DECEMBER

Q4 = JANUARY - MARCH

PS: PROGRAM START DATE = 2022 Q2 DATA

PE: PROGRAM TARGET END DATE = 2023 Q3 DATA



Change Ideas & Implementation Strategies

- Staff Engagement
- RAI assessments
- Director and Managers Engagement
- Physician Engagement
- Pharmacist Engagement



Change Ideas & Implementation Strategies

16/03/2023 11:57

fraserhealth

Request for Orders and Directives Long-Term Care



Form ID: DRDO105780B Rev: Sept. 7/2017 Page: 1 of 1

Food and Drug Allergies:

Sender's Facility: _____ Neighbourhood within Facility: _____

Sender's Contact Number: _____ Sender's Fax Number: _____

Number of pages in total being faxed to prescriber's office (including this page 1): _____

Urgent response required OR Non-urgent - response required by: _____ (specify date and/or time)

Dear Prescriber: _____ Prescriber Fax Number: _____

Please review the following SBAR and reply by fax to sender with your medication orders and/or care directives.

S Situation	Polypharmacy QI team members have reviewed and assessed this resident's medication profile. And identified the following medication orders can be discontinued
B Background	Attached: <input type="checkbox"/> MAR/Med Profile <input type="checkbox"/> Lab Results <input type="checkbox"/> MOST <input type="checkbox"/> Vital Signs: BP _____ Pulse _____ Respiratory Rate _____ Temperature _____ <input type="checkbox"/> Other: _____ Weight _____ GFR _____
A Assessment	As per 3 months' MAR records: <input type="checkbox"/> PRN not used in last 2 months: Drug _____ <input type="checkbox"/> Refusing frequently: Drug _____
R Recommendation	Pharmacist has discontinued the above medication as per FH Pharmacist Authorities Policy. This is FYI.

Date (dd/mm/yyyy)	Time	Sender's Signature	Printed Name and Title
-------------------	------	--------------------	------------------------

Prescriber Orders, Directives and/or Comments:

Date (dd/mm/yyyy)	Time	Prescriber's Signature	Printed Name or College ID#
-------------------	------	------------------------	-----------------------------

This facsimile is directed in confidence and is intended for use by the individual or entity to which it is specifically addressed. Any other distribution, copy, or disclosure is strictly prohibited. The contents of this facsimile may also be subject to privilege and all rights to that privilege are expressly claimed and not waived. If you have received this facsimile in error, please notify us immediately by telephone. Thank you for your co-operation.

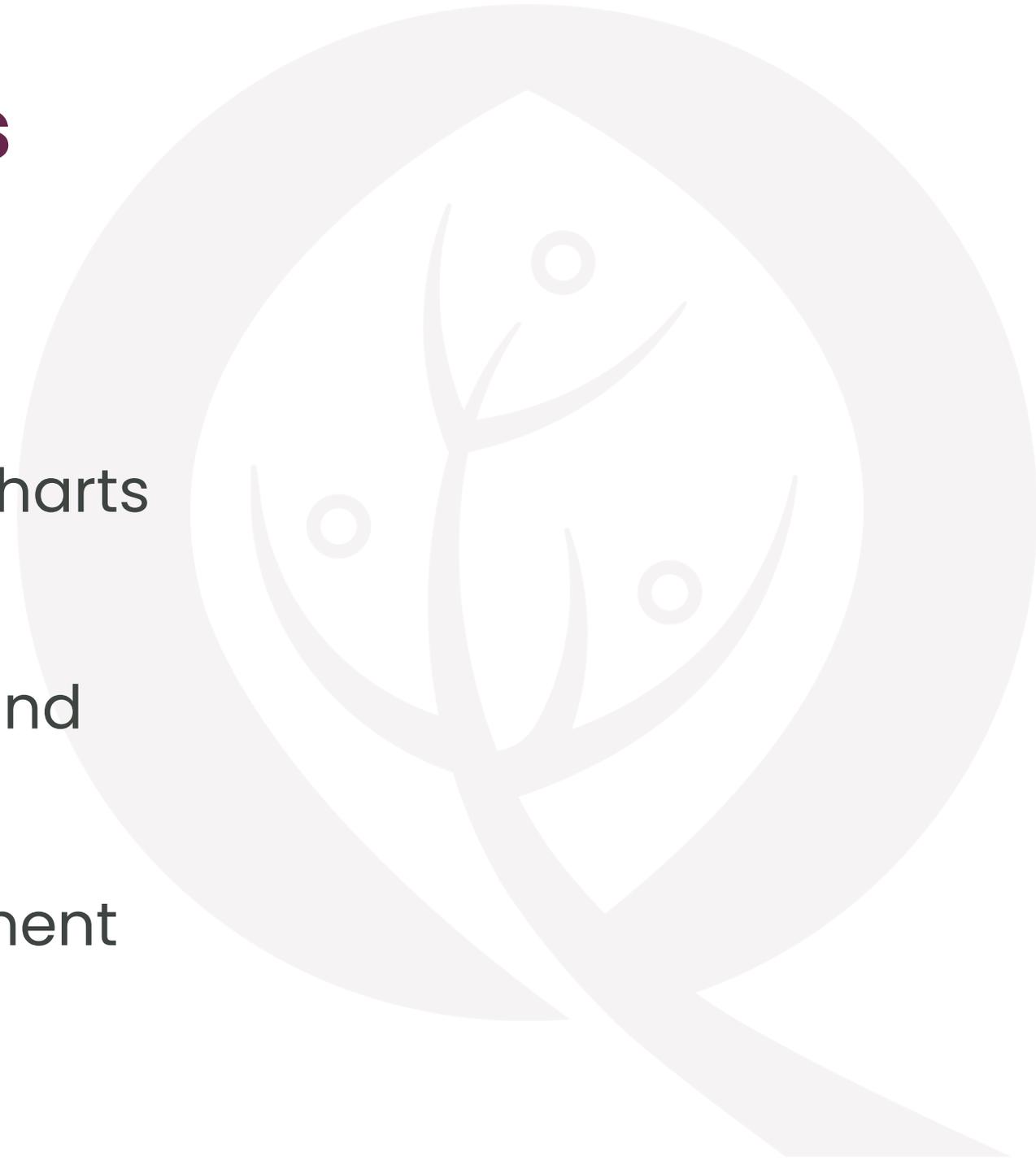
Balancing Measures

- Polypharmacy Rate
- Restraints Rate
- Falls Rate
- New Admission Number



Successes & Enablers

- Staff Engagement
- Additional Monthly MAR/Charts Reviews
- Management, Physician, and Pharmacist Engagement
- Residents/Family Involvement



Challenges & Barriers

- Data Collection
- Staffing Challenge
- Residents High Turn Over



Key Learnings & Next Steps

- Management Support
- Team Work
- More Effort, Better Results
- Long Term Goals/Sustainability



Cascades LTC

In Memory of
Dr. Melanie Madill





Thank You

Appropriate Use of Antipsychotics (AUA)
2024