Physician Learning Program

October 26, 2021

Our Vision

By 2025, all Alberta physicians will care for patients in a supportive culture, driven by evidence informed, reflective practice improvement.

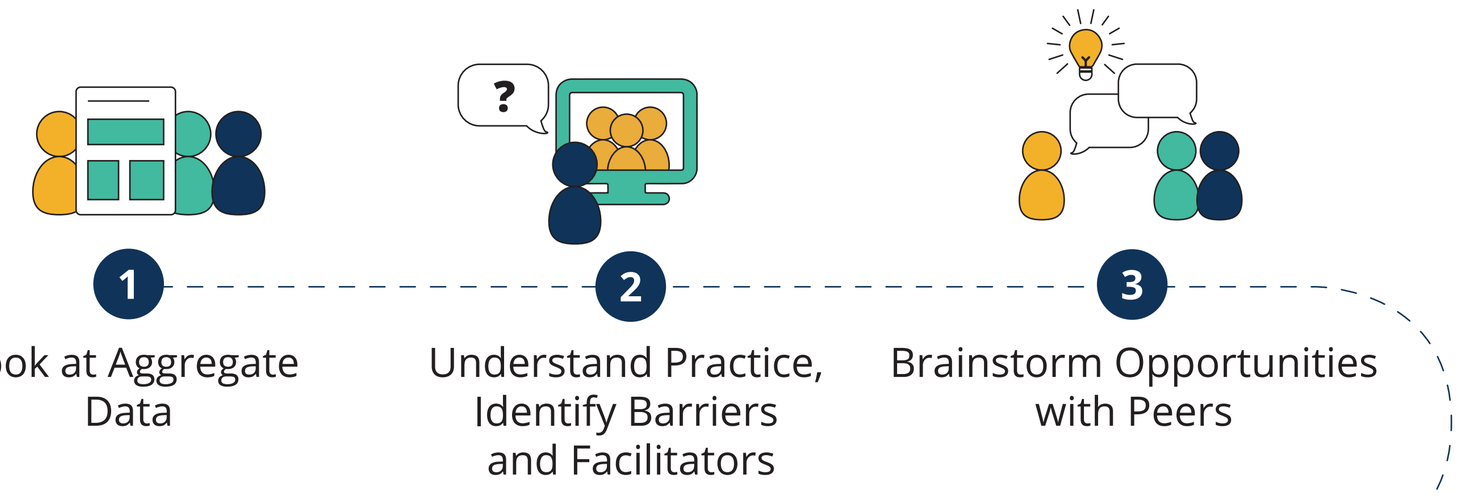
Our Mission

The PLP creates actionable clinical information and engages with physicians, teams, partners, and patients to co-create sustainable solutions to advance practice.

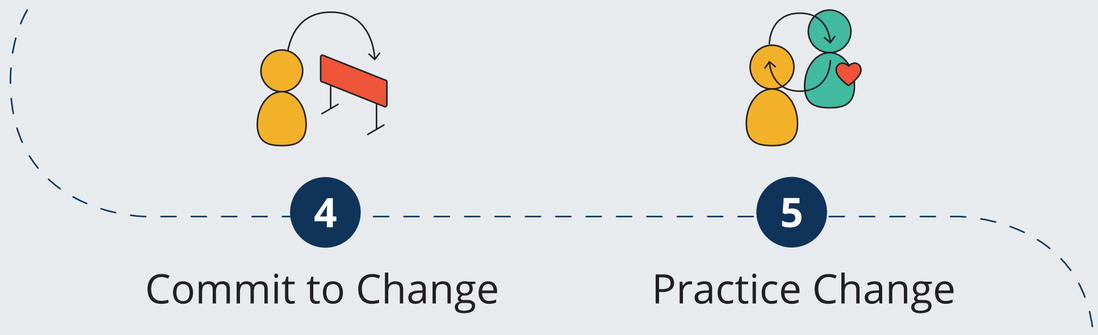
To support practice improvement one of our common activities is **Audit and Feedback**.

Next pages show a summary of a recent Audit and Feedback session run by one of our Medical Directors **Dr. Douglas Woodhouse**. The session summary contains the outcomes of the Feedback phase of the displayed process below. The session duration was 1 hour, with 100+ participants.

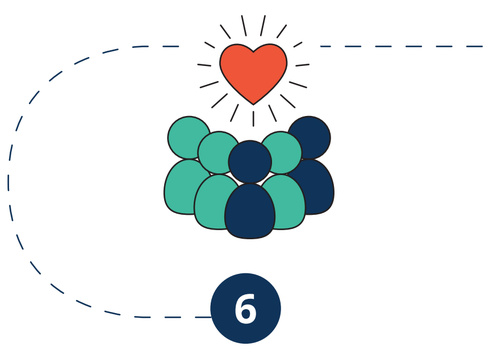
Feedback
During the Interactive Session



Implementation



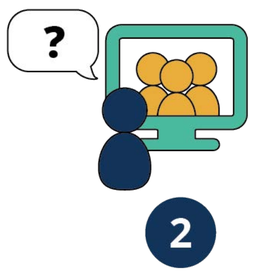
Outcome



Geriatrics Update: Clinical Pearls
Prescribing Sedating Medications to Seniors in Community

September 23, 2021

Presented by: Dr. Douglas Woodhouse, PLP Medical Director

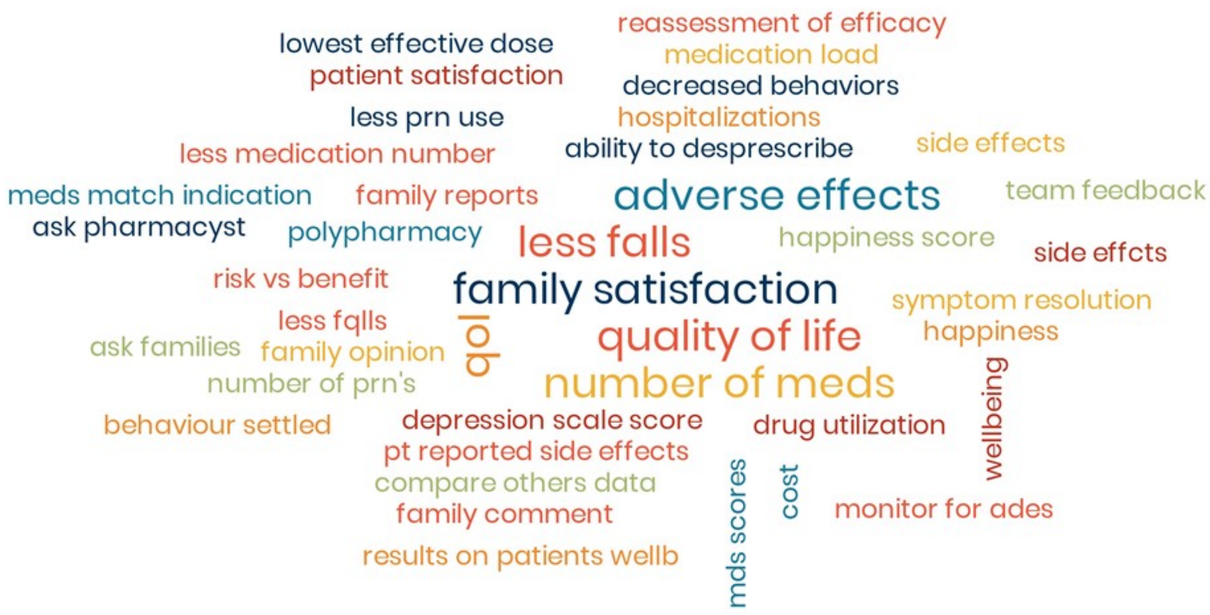


Understand Practice, Identify Barriers and Facilitators

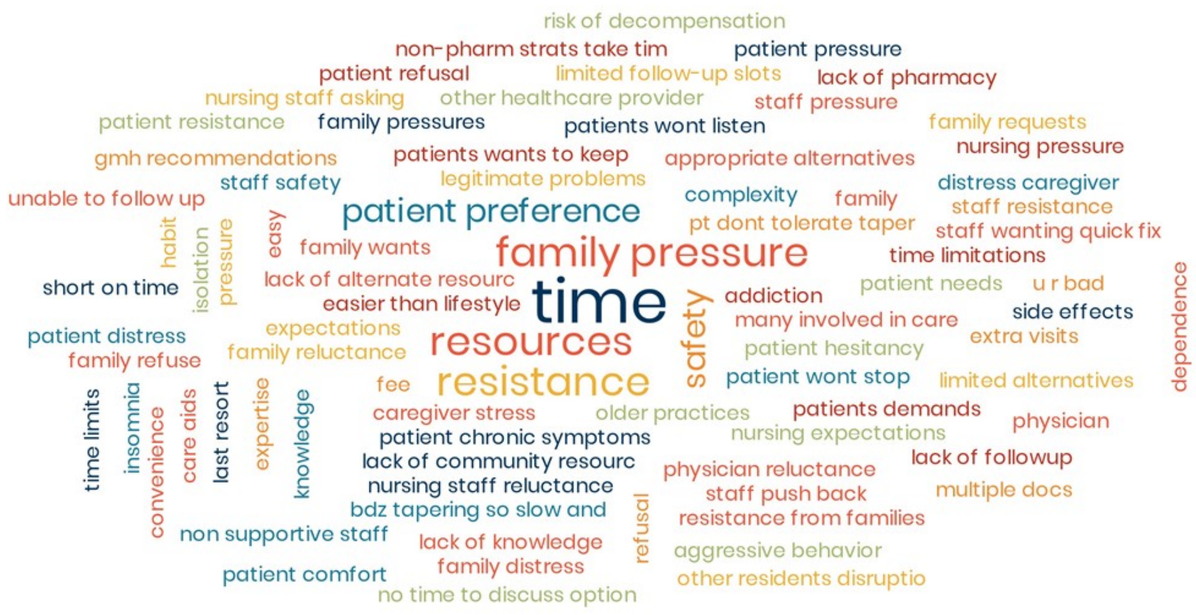
Word clouds generated during the session, using MentiMeter

Why is prescribing of sedating medications important?

How could you measure appropriate prescribing?



What are the BARRIERS to changing your sedative prescribing practice?



What are the FACILITATORS to changing your sedative prescribing practice?

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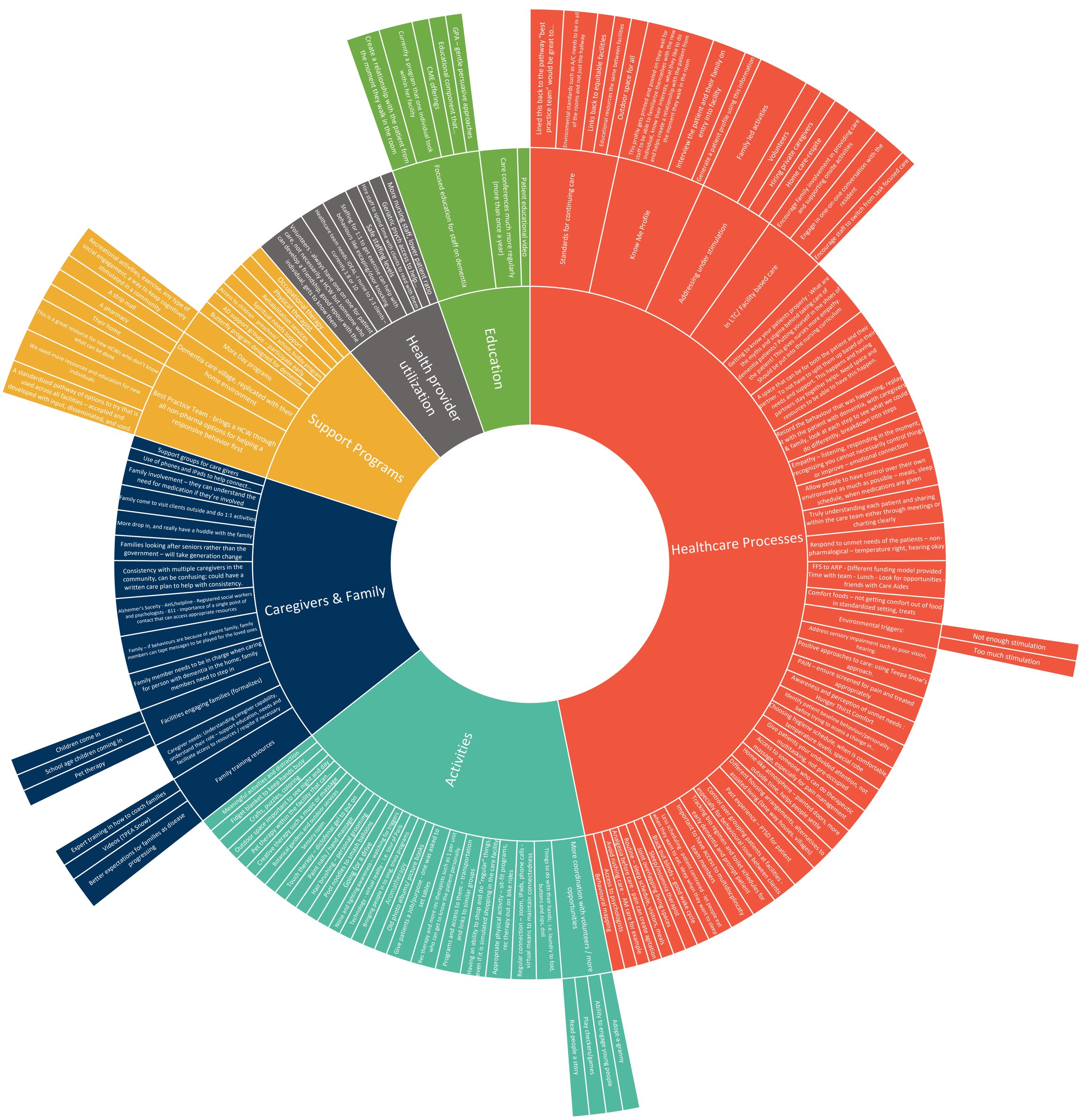
Brainstorm Opportunities with Peers

Summary of the ideas generated during the group breakout rooms

The question asked:

What could be done to manage **responsive behaviours** in dementia?



Click on the groups to read all the generated ideas

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What could be done to manage **responsive behaviours** in dementia?

Programs	**Best Practice Team - brings a HCW through all non-pharma options for helping a responsive behavior first**	This is a great resource for new HCWs who don't know what can be done
		We need more resources and education for new individuals
		A standardized pathway of options to try that is used across all facilities – accepted and developed with input, disseminated, and used.
	Dementia care village, replicated with their home environment	A strip mall
		A pharmacy
		Their home
	More Day Programs	Recreational activities, exercise, any type of social engagement, a way to keep cognitively stimulated in a community
	Occupational Therapy	
	Physical therapist	
	Rehabilitation Services	
	Spiritual needs support	
	Access to children - preschool/ school, buddy program	
	AD support groups – participate early	
	Butterfly program designed for dementia	

What could be done to manage **responsive behaviours** in dementia?

Healthcare Provisions	**Environmental Triggers**	Too much stimulation	Not enough stimulation
	Addressing under stimulation	Family Led Activities	Home care-respite
		Hiring private caregivers	Volunteers
	In LTC/Facility based care	Encourage family involvement in providing care and supporting onsite activities	
		Engage in one-on-one conversation with resident	
		Encourage staff to switch from task focused care	
	Know me profile	Interview the patient and their family on entry into facility	
		Generate a patient profile using this information	
		This profile gets printed and posted on their wall for staff to be able to familiarize themselves with the new individual, know their interests, what they like to do and helps create a relationship with the patient from the moment they walk in the room	
	Standards for continuing care	Environmental standards such as A/C needs to be in all of the rooms and not just the hallway	
		Outdoor space for all	
		Educational resources the same between facilities	
		Lined this back to the pathway “best practice team” would be great to have shared	
		Links back to equitable facilities	
		Record the behaviour that was happening, replay it with the patient with dementia, with caregivers & family, look at each step to see what we could do differently, breakdown into steps	
		Identify patient baseline behaviour/personality - before trying to assess a change in behaviour/personality	
		Empathy – listening, responding in the moment, recognizing you cannot necessarily control things or improve – emotional connection	
		Truly understanding each patient and sharing within the care team either through meetings or charting clearly	
		Control over grouping patients at facilities - especially for behavioural issue between clients	
		Less scheduling - patient centered - let people eat when they want to eat, sleep when they want to sleep	
		FFS to ARP - Different funding model provided Time with team - Lunch - Look for opportunities - friends with Care Aides	
		A space that can be for both the patient and their partner. To not have to split them up based on their needs and support. This happens and having partners stay together helps. Need space and resources to be able to have this happen.	

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What could be done to manage **responsive behaviours** in dementia?

Healthcare Provisions

- Getting to know your patients properly - What are the myths and stigma behind taking care of dementia patients? Putting yourself in the shoes of the patient! This gives nurses more empathy. Should be put into the nursing curriculum
- Allow people to have control over their own environment as much as possible – meals, sleep schedule, when medications are given
- Tracking bio regimen and toilet schedules for early dementia and prompt patient
- Choosing hygiene schedule, when is comfortable, temperature levels, special robe
- Access to someone who can do therapeutic massage, especially for pain management
- Home-like atmosphere – painted doors, more outside time, helps people settle
- Different housing arrangements, alternatives to assisted living (lane way houses, villages)
- Respond to unmet needs of the patients – non-pharmaceutical – temperature right, hearing okay
- Behavioural Mapping
- Sleep/insomnia therapist
- Black out blinds – good wake cycle
- Routine – sleep schedule, visitors, meals
- Avoid rushing care - AM care for example
- Awareness and perception of unmet needs : Hunger, Thirst, Comfort
- Positive approaches to care: using Teepa Snow's approach.
- Important to have access to multidisciplinary team members
- Tracking bio regimen and toilet schedules for early dementia and prompt patient
- Past experience – PTSD for patient
- Black out blinds – good wake cycle
- Joint overlapping living spaces
- Analgesia before care - pain can create agitation
- Access to psychologists
- PAIN – ensure screened for pain and treated appropriately
- Address sensory impairment such as poor vision, hearing.
- Give patients your undivided attention, not multitasking, not pre-occupied

What could be done to manage **responsive behaviours** in dementia?

Caregivers & Family	**Facilities engaging families (formalizes)**	Children come in
		School age children coming in
		Pet therapy
	Family training resources	Better expectations for families as disease progressing
		Expert training in how to coach families
		Videos (TPEA Snow)
	Support groups for care givers	
	Consistency with multiple caregivers in the community, can be confusing; could have a written care plan to help with consistency.	
	Family involvement – they can understand the need for medication if they're involved	
	Family – if behaviours are because of absent family, family members can tape messages to be played for the client	
	Family come to visit clients outside and do 1:1 activities	
	Family member needs to be in charge when caring for person with dementia in the home; family members need to step in	
	Use of phones and iPads to help connect with family	
	Families looking after seniors rather than the government – will take generation change	
	Alzheimer's Society - AHS/helpline - Registered social workers and psychologists - 811 - Importance of a single point of contact that can access appropriate resources	
	Caregiver needs: Understanding caregiver capability, understand their role – support education, needs and facilitate access to resources / respite if necessary	

What could be done to manage **responsive behaviours** in dementia?

Activities	**More coordination with volunteers / more opportunities**	Read people a story
		Play checkers/games
		Ability to engage young people
		Adopt-a-granny
	Pool noodles to smash balloons	Outdoor space important to see night and day
	Going for a drive	Paint nails / hand massage
	Aromatherapy	Hair brushing – personal grooming
	Old photo albums/ picture books	Creative therapy such a music or massage
	Meaningful activities and distraction	Botanical gardens and outdoor services
	Fidget blanket to keep hands busy	Touch therapy – diclofenac gel to put on
	Crafts, puzzles, coloring	Sensory room
	Rec therapy and more rec therapists such as 1 per unit who can get to know the patient personally	
	Give patients a Job/purpose - one was asked to set tables	
	Pet therapy within the facility that can occur often	
	Programs and access to them – transportation and links to similar groups	
	Having an ability to shop and do “regular” things, even if it is simulated shopping in the care facility	
	Appropriate physical activity – sit-fit programs, rec therapy out on bike rides	
	Regular connection – zoom, iPads, phone calls - virtual means to maintain connectedness	
	Noise and lighting awareness – watching for triggers	
	Things to do with their hands; i.e. laundry to fold, buttons and zips, doll	
	Technology - virtual reality - i.e. tour of Paris	
	Bringing people in to sing, trivia programs	

What could be done to manage **responsive behaviours** in dementia?

<table>
<tr><td rowspan="5">Education</td><td rowspan="4">Focused education for staff on dementia</td><td>GPA – gentle persuasive approaches</td></tr>
<tr><td>Currently a program that one individual...</td></tr>
<tr><td>Educational component that shares information</td></tr>
<tr><td>CME offerings</td></tr>
<tr><td>Create a relationship with the patient from the moment they walk in the room</td></tr>
<tr><td colspan="2">Care conferences much more regularly (more than once a year)</td></tr>
<tr><td colspan="2">Patient educational video</td></tr>
</table>

What could be done to manage **responsive behaviours** in dementia?

Health Provider Utilization	More nursing staff, lower patient ratio
	Geriatric psych access to help with medications
	Hire staff to spend time with clients to read with them
	Safe staffing levels
	Staffing for 1:1 to get exercise can help with behaviours like escaping/door knocking
	Healthcare team needs: IDEAL -I nurse to 2-3 clients – currently 1:8 or 10
	Volunteers - always have one on one for patient care, not necessarily a HCW but someone who can develop a friendship, good repour with the individual, gets to know them