



**Alzheimer
Knowledge
Exchange**



Strategic Engagement of Primary Care to Improve Care for Seniors with Complex Care Needs: *Tools & Processes, Leadership*

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This Series

- Share the Strategic Elements for broad application
- Share examples of how strategic elements are being implemented
- Identify success factors and lessons learned related to the strategic element
- Gather information, resources and tools related to the element



Primary Care Strategic Elements

- Developed through Behavioural Supports Ontario (BSO) project
- Include:
 - Leadership
 - Engagement
 - Education
 - System Integration
 - Tools and Processes



Tools and Processes to Support Patient Care

- Support to provide better in-the-moment, evidence-based, best practice tools and processes to care to patients with complex care needs and their families



Tools & Processes

Keys to Success:

- Understand what tools and processes are most needed by primary care providers
- Scan for existing tools and processes to avoid duplication. Then determine how existing resources fit the needs and adapt only as necessary
- Use best practice evidence (research, practice-based and lived experience) when developing tools and processes
- Ensure processes integrate Primary Care with other service providers and include all stakeholders in development



Primary Care Leadership

- Dedicated responsibility of an individual or group to continue to engage and support primary care



Leadership

Keys to Success:

- Make supporting Primary Care an integral part of an individual or committee's responsibilities rather than leaving it to chance.
- Find the "right" leadership – leverage relationships, include key stakeholders and opinion leaders, include those with an ability to build connections.
- Use leadership resources to engage in ways that work for primary care (when, where, how is best for them)





Behavioural Supports Ontario

What did we Learn?
Developing the BSO Primary Care Toolkit

Primary Care
Behavioural Supports Ontario



Toolkit

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Agenda



- **BSO Provincial Project**
- **HNHB Improvement Plans & Context**
- **Development of the Toolkit**
 - Engagement of Experts
 - Testing & Spread
 - Lessons
 - Successes & Challenges with the process
- **Clinical Applications:**
 - Components & Benefits
 - Teaching Tool applications
 - Successes & Challenges



**Primary Care
Behavioural Supports Ontario**



Toolkit

Behavioural Supports Ontario (BSO): Provincial Context



Project focus on BSO population:

Older people with cognitive impairments due to mental health problems, addictions, dementia, or other neurological conditions who exhibit, or are at risk of exhibiting, responsive or challenging behaviours such as aggression, wandering, physical resistance and agitation

(BSO Data Management and Evaluation Committee, 2012)

- Multiple Provincial structures (AKE, CRO, PRT, Community of Practices & committees)
- New funding for each LHIN
- Foundations of **Quality Improvement**
- Philosophy of **system re-design** & '**building-on**' existing resources
- Reporting & **Sharing** Provincially
- **Sustainability** Planning
- Implementation of individualized **Action Plans**
- Ongoing exploration of **new opportunities**

Behavioural Supports Ontario (BSO): HNHB Context



HNHB Context & BSO Improvement Plans:

- **Simultaneous** implementation of 5 improvement plans/models
- Tight timelines for identification, development, testing & implementation

	<u>New Service Models</u>	
1	BSO Connect	"one place to call" warm connection to services
2	Integrated Community Lead (ICL)	Navigator function within existing roles
3	BSO Community Outreach Team (<i>Crisis</i>)	Added new staff (geriatric expertise) to existing mental health crisis teams
4	BSO Long-Term Care Team	Transitions, Episodic Support & Protocol for Escalating Behaviours
5	Primary Care Model	BSO Toolkit, single point of entry to access services to support clients

Development of the Toolkit



Engaging Experts:

- Variety of experts
- Time-limited committee / short-term commitment
- Clear goal / deliverable
- Build on existing tools (environmental scan, lit review & interviews)
- Virtual work via email/calls to maximize time
- Project Management facilitating progress
- LHIN Leadership support & vision
- Health Quality Ontario (HQO) for quality improvement support
- Evening meetings

Development of the Toolkit



Testing:

- Small tests of change (PDSAs)
- Primary Care practices
 - FHT
 - CHC
 - Independent Practitioners
- Further testing in NSM
- Ongoing use of tool by Dr. Moore
- Feedback to revise tool
- Finalization delayed due to copyright work, other model implementations
- Expectation of re-review in one year with further use (QI)

Spread:

- Limited efforts
- Timing related to Health Links
- Dr. A. Moore continues to utilize & spread to residents
- 'softer' spread :
 - sharing link
 - other HCPs in the field
 - other BSO models use
 - Health Connectors (CCAC)
 - Care Coordinators (CCAC)
 - looking for opportunities to utilize toolkit

Development of the Toolkit



	Lessons
What is the need?	<ul style="list-style-type: none"> Request of HNHB to focus on primary care, yet Value Stream Mapping already completed. Plan may not have been a toolkit. Process! Process! Process!
'Best fit'	<ul style="list-style-type: none"> Retirement or LTCHs: Help to create consistent assessments & increase knowledge Clinical teaching tool: For residents in family medicine rotation, others?
Links to models	<ul style="list-style-type: none"> Given simultaneous implementation of 5 models, difficult to test the BSO Connect model.
Broader applications	<ul style="list-style-type: none"> Consistency across service models (BSO Community Outreach Team using toolkit) CCAC Care Coordinators & Care Connectors (CCAC) use tools in a phone assessment Integrated Community Lead role (help with new functions of ICL) May help providers support primary care physicians with initial assessment info.
Limitations	<ul style="list-style-type: none"> PDSAs primarily with physicians. Feedback from other practitioners occurred Without a broader spread, the Toolkit will have limited use. Exploring other opportunities via Healthlinks where clients are from BSO population

Development of the Toolkit



Successes

Engaged !

- Engaged participants, both on committee, virtual work and testing toolkit
- Saw the potential to impact clients through this system re-design, one component

Built on Momentum

- Momentum of BSO – quick timelines, achievable goal & product
- 4 other service models developed simultaneously shows commitment to population
- Linking models to provide a broader system of support

Passion & Champions

- Participants passionate to share expertise, help to progress the work
- Supportive of the focus on this population
- 'Champions' in the field that are willing to help the broader work

Challenges

Know the Need

- Perform value stream mapping, surveys, focus groups or interviews
- Work to align the idea/project to the stated issue/need
- Timelines hindered full understanding (! *Process*)

Copyrights

- Legalities unknown until into the process, unanticipated (newer/evolving issue)

Existing Tools

- Toolkits already exist, not being utilized. Want... 'referral' to assessment centre

Our Process.....what elements in our approach align with AKE's recommended PC Strategic Elements?

(supporting engagement)



- **All primary care providers:** Learning through the process of opportunities for all professionals in PC settings
- **Tools:** Suggestions to help in the assessment of clients in community
- **Processes:** Incorporating the other BSO models simultaneously to ensure connections to services / teams
- **Leadership:** Dr. Everson leading the work; Dr. Moore testing & ongoing use of toolkit & BSO work
- **Engagement:** Primary Care, geriatric psychiatry, geriatricians involved in the process through development & testing; and the over-all project
- **System integration:** Not just a 'toolkit', but integrating into the system re-design of community to support primary care. Clinical Leader at HNHB

Toolkit Components



- Flow Diagram
- Safety Checklist
- Behavioural Assessment Tool (Cohen-Mansfield Agitation Inventory)
- Caregiver Burden Assessment Tool
- Cognitive Assessment Tools:
 - MMSE -Mini Mental State Examination
 - GPCOG – General Practitioner Assessment of Cognition
- Potentiating Factors Checklist
- Depression Assessment Tool
- Treatment / Management

The Story of Mrs. Winter



Presentation in Primary Care setting:

- 89 yr woman
- Retirement home
- Staff reporting increased agitation, aggression, paranoia
- Daughters (POA health) live in USA
- Decreased capacity for self care
- Increased withdrawal from social activities

The Story of Mrs. Winter



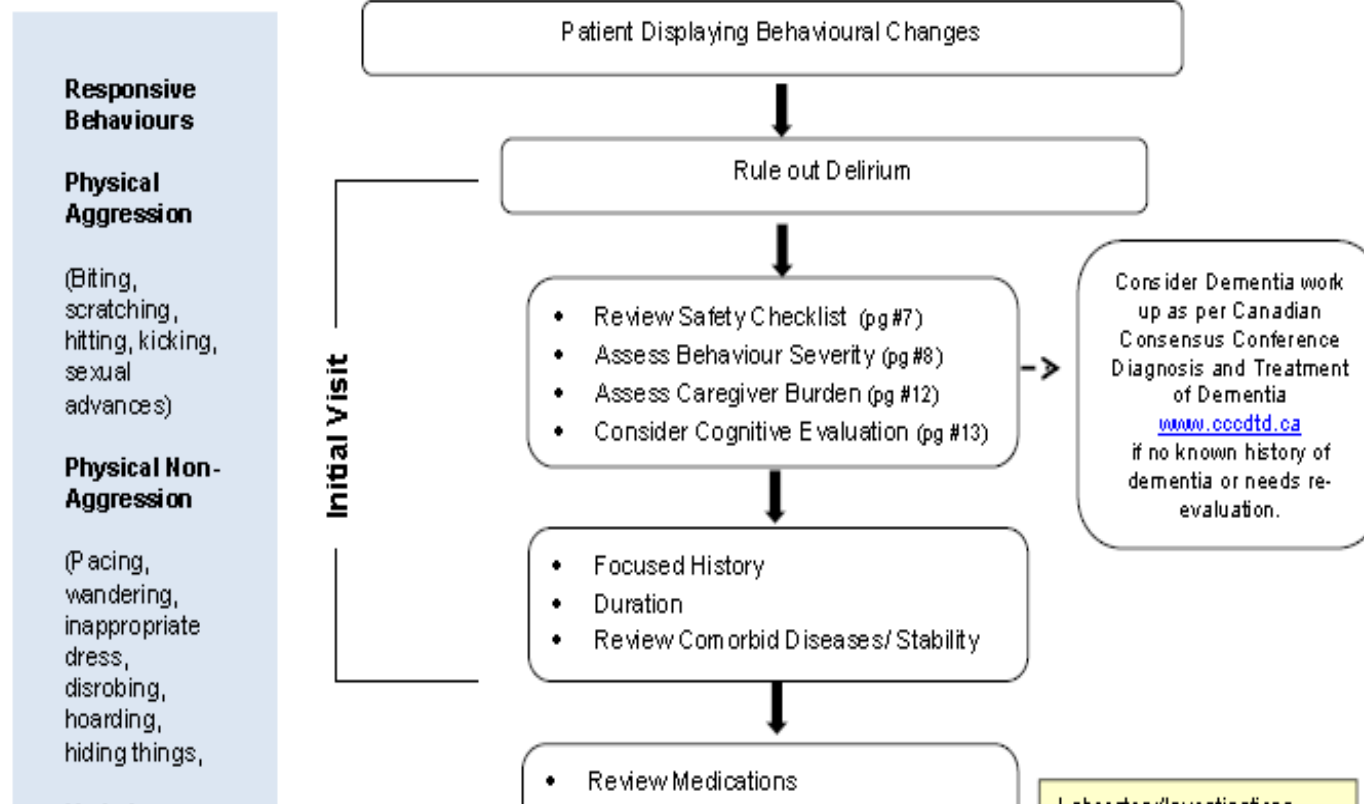
Presentation in Primary Care setting:

- Known dementia for years
- Gradual, progressive chronic low level paranoia (stealing)
- HTN, LBP, Constipation, Urinary incontinence, A fib, Hypothyroid
- POLYPHARMACY (amlodipine, bisprolol HCTZ, ASA, Micardis, Thyroxine, Colace, Vit D Ca)
- Active Senior (shopping, errands)

Clinical Application of the Toolkit



Pathway for a Patient Displaying Behavioural Changes



Clinical Application of the Toolkit



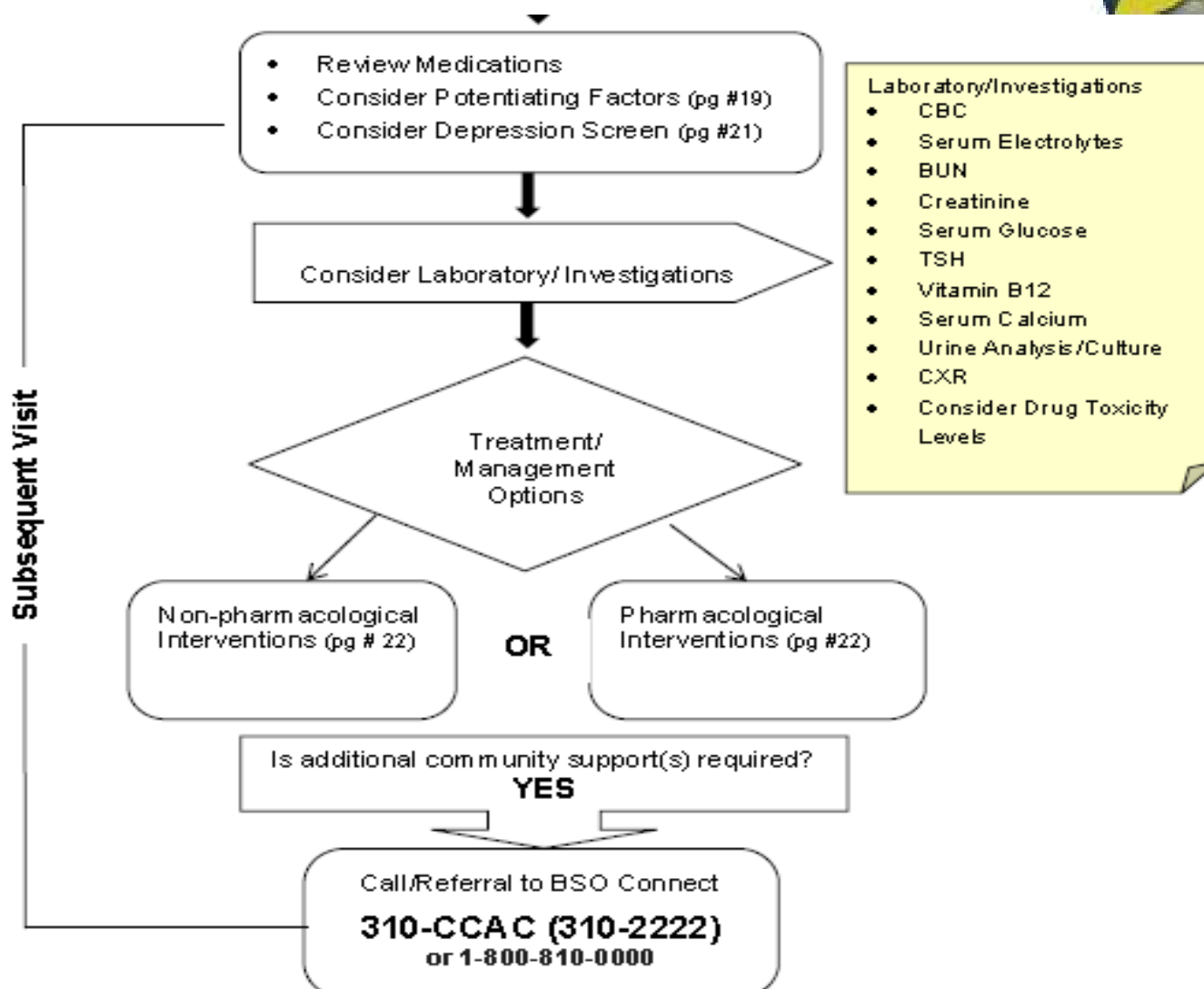
Repeating,
hiding things,

Verbal Aggression

(Yelling,
accusing,
swearing)

Verbal Non-aggression

(Repetitive
sentences or
questions,
constant
requests)



Clinical Application of the Toolkit



Rule out Delirium (Onset, Course, LOC)

- Blood-work (CBC, Lytes, Glucose TSH)
- Urine analysis
- CXR + flat plate abdomen

Clinical Application of the Toolkit



Rule out Delirium:

- Labs – Normal
- CXR – RML Pneumonia
- Abdo X-ray – Constipation
- Pneumonia treated Abx,
- Constipation addressed (med changes)
- Staff reporting agitation improved, but still persists

Safety Checklist: *Risks At a Glance*

This tool is to be used to explore potential risks for your patients and act as a reminder of the issues that can develop.

Risk	Yes	No
Rule out Delirium		✓
Risk to self		✓
Risk to others (firearms, weapons, assault, sexual)		✓
Unable to call for help		✓
Access to firearms		✓
Person lives alone and/or has no social support		✓
Fire risk		✓
Wandering	✓	
Driving (Contact Ministry of Transportation if there is sufficient grounds for concern)		✓
Altercations with the police		✓
Financial Risk (i.e. abuse by others or person themselves mismanaging their funds)		✓
Impact on dwelling arrangements (i.e. is the client at risk of being evicted or potentially evicted)		✓

Clinical Application of the Toolkit

Caregiver Burden Assessment Tool

1. Zarit Burden Interview (ZBI) – 12 item version

While originally the ZBI was widely distributed for free, the current official version must be ordered through MAPI Research Trust. A User Agreement needs to be completed and signed to acknowledge the specific conditions required by the Author.

A representative from MAPI Research Trust has advised the LHIN that the ZBI is free of charge to physicians when using in their individual clinical practices, but a User Agreement still needs to be completed. Please see link below.

<http://www.mapi-trust.org/services/questionnairelicensing/catalog-questionnaires/307-zbi>

Clinical Application of the Toolkit

Behaviour Assessment

The Cohen-Mansfield Agitation Inventory (CMAI) – Short Form³

Thinking of all related instances over the past two weeks, please rate the frequency of each type of behaviour that you have observed on a scale of 1 to 5. For example:

1 = never observed

2 = less than one per week

3 = once several times per week

4 = several times per day

5 = a few times per hour or continuously for half an hour or more⁴

Please circle the most appropriate rating when you consider the past two weeks.

	Never	Less than once a week	Once or several times a week	Once or several times a day	A few times an hour or continuous for half an hour or more
	1	2	3	4	5
1. Cursing or verbal aggression	1	2	3	4	<input checked="" type="checkbox"/>
2. Hitting (including self), kicking, pushing, biting, scratching, aggressive spitting, (including at meals)	<input checked="" type="checkbox"/>	2	3	4	5
3. Grabbing onto people, Throwing things, Tearing things or destroying property	<input checked="" type="checkbox"/>	2	3	4	5
4. Other aggressive behaviours or self-abuse including: Intentional falling, Making verbal or physical sexual advances, Eating/drinking, chewing	<input checked="" type="checkbox"/>	2	3	4	5

Clinical Application of the Toolkit

	Never	Less than once a week	Once or several times a week	Once or several times a day	A few times an hour or continuous for half an hour or more
inappropriate substances, Hurt self or other					
5. Pace, aimless wandering, Trying to get to a different place (e.g. out of the room, building)	<input checked="" type="checkbox"/>	2	3	4	5
6. General restlessness, Performing repetitious mannerisms, tapping, strange movements	1	2	3	4	<input checked="" type="checkbox"/>
7. Inappropriate dress or disrobing	1	2	3	4	<input checked="" type="checkbox"/>
8. Handling things inappropriately	<input checked="" type="checkbox"/>	2	3	4	5
9. Constant request for attention or help	<input checked="" type="checkbox"/>	2	3	4	5
10. Repetitive sentences, calls, questions or words	1	2	3	4	<input checked="" type="checkbox"/>
11. Complaining, negativism, refusal to follow directions	1	2	3	4	<input checked="" type="checkbox"/>
12. Strange noises (weird laughter or crying)	<input checked="" type="checkbox"/>	2	3	4	5
13. Hiding things, Hoarding things	1	2	3	4	<input checked="" type="checkbox"/>
14. Screaming	<input checked="" type="checkbox"/>	2	3	4	5

Clinical Application of the Toolkit

Cognitive Assessment Tools

Two tools have been identified:

1. MMSE (Mini Mental State Examination) with Clock Drawing

The MMSE is a brief, quantitative measure of cognitive status in adults. It can be used to screen for cognitive impairment, to estimate the severity of cognitive impairment at a given point in time, to follow the course of cognitive changes in an individual over time, and to document an individual's response to treatment.

While originally the MMSE was widely distributed for free, the current official version must be ordered through the copyright owner since 2001, Psychological Assessment Resources: ([PAR](#)).

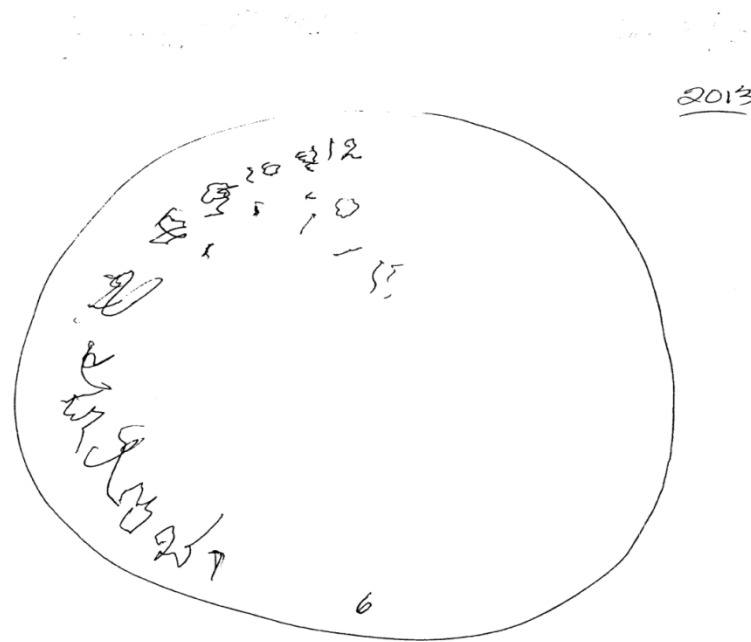
<http://www4.parinc.com/Products/Product.aspx?ProductID=MMSE>

2. GPGOG (The General Practitioner Assessment of Cognition) Screening Test

- Refer to page 16 for the GPGOG Screening test
- In the absence of being able to get details directly from the patient, refer to page 17 to ask a caregiver (or 'informant') questions related to the patient's cognition

Clinical Application of the Toolkit:

Cognitive Assessment – Clock Drawing



mmse 18/30
recall 2/3
clock: see above

Geriatric Depression Scale (short form)

Instructions: Circle the answer that best describes how you felt over the past week.

- | | | |
|---|--------------------------------------|----|
| 1. Are you basically satisfied with your life? | yes | no |
| 2. Have you dropped many of your activities and interests? | yes | no |
| 3. Do you feel that your life is empty? | yes | no |
| 4. Do you often get bored? | yes | no |
| 5. Are you in good spirits most of the time? | yes | no |
| 6. Are you afraid that something bad is going to happen to you? | <input checked="" type="radio"/> yes | no |
| 7. Do you feel happy most of the time? | yes | no |
| 8. Do you often feel helpless? | <input checked="" type="radio"/> yes | no |
| 9. Do you prefer to stay at home, rather than going out and doing things? | <input checked="" type="radio"/> yes | no |
| 10. Do you feel that you have more problems with memory than most? | yes | no |
| 11. Do you think it is wonderful to be alive now? | <input checked="" type="radio"/> yes | no |
| 12. Do you feel worthless the way you are now? | yes | no |
| 13. Do you feel full of energy? | yes | no |
| 14. Do you feel that your situation is hopeless? | <input checked="" type="radio"/> yes | no |
| 15. Do you think that most people are better off than you are? | yes | no |

Total Score _____

Clinical Application of the Toolkit

Potentiating Factors

This tool is to be used to assess if there are any underlying reason(s) to the patient's behaviour

Contributing Factor	Yes	No		
Medical				
Pain	Long standing pain difficulty localizing Confirmed xray			
Constipation				
Urinary Retention				
Dehydration/Hunger		Medications		
Renal Failure		Dose changes	Celexa added	
Pneumonia	RML	Anticholinergics, psychotropics		
Alcohol and/or illicit substance use		New Medications including over the counter medications and any herbals		
		PRN Analgesia		
		Anxiolytics		
Psychiatric		Environment		
Depression	Severe	Any recent changes to the environment i.e / move, loss of a loved one etc.		
Anxiety	Severe	Temperature, Noise, Lighting		
Psychosis	Paranoia			

Clinical Application of the Toolkit

Treatment/Management

Non-pharmacological Interventions
Caregiver support/education Alzheimer Society, First Link, CCAC, Respite, Day Programs, Caregiver Connect, BSO Connect
Referrals to Geriatric Psychiatry, Geriatric Medicine

Pharmacological Interventions
Stop unnecessary Medications i.e./ anticholinergics, tricyclics, psychotropics
**Consider Selective Serotonin Reuptake Inhibitor (SSRI)
***If dementia, consider cognitive enhancer
****Consider antipsychotic

The Story of Mrs. Winter



Benefits of using the Toolkit:

- Comprehensive and rapid assessment
- Rapid implementation of care plans
- Medical Safety
- Clear communication across sectors (Family medicine, Community and specialists)

Impact for Mrs. Winter:

- Decreased distress and discomfort
- Management of pneumonia and constipation
- Improved social connection with co-residents
- Time for optimal LTC placement

Clinical Application of the Toolkit



Navigating the BSO Models:

- Home Visit (retirement home)
- Assessment (Primary Care tool kit)
- BSO Services? (call...310-CCAC to link to "Lead" ICL/role)
- BSO Community Outreach Team (via COAST)
- Geriatric specialty (Telephone consult)
- Rapid implementation of care plan and communication with POA

Clinical Application of the Toolkit



Successes

Learning Tool

- Ease of use by new residents
- Appreciation of tools to guide practice

Engrained into Practice

- Use in daily practice, ensures consistency & fulsome assessments of patients

Slow but steady uptake in PC

- Front line HCPs using in home visits, enables succinct and accurate communication with specialists and rapid implementation/adjustment of care plans

Challenges

Takes Time

- The BSO population requires time to fully assess
- Split assessment into two visits or share with others in primary care (or CSS)

HNHB BSO Resources



[HNHB BSO Primary Care Toolkit](#)

[HNHB BSO Protocol for Responsive Behaviours in LTCH](#)

[HNHB Sustainability Report](#)

[HNHB BSO Protocol for Responsive Behaviours Guide](#)

Links to Archived Webinars

Presentations Highlighting HNHB BSO Models with **Success Stories** to exemplify the '*models in action*'.

[HNHB BSO Models - Presentation to Community](#)

[HNHB BSO Community Outreach Team \(crisis\) & Hospitals: Partnering with Hospitals](#)

[HNHB BSO Models - Presentation to Hospitals](#)

[HNHB BSO Working Together for BSO Clients in Crisis, in the Community](#)

[HNHB BSO Models - Presentation to Long-Term Care, Hospitals & Community](#)

[HNHB BSO Long-Term Care Mobile Team: Assisting Hospitals with Transitions](#)

[HNHB BSO Long-Term Care Mobile Team: Case Scenarios](#)

HNHB BSO Resources



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Newsletters:

[BSO Update-March 2013](#)
[BSO Update – April-May 2013](#)
[BSO Update June-Aug 2013](#)
[BSO Update Sept-Oct 2013](#)

Learn more....

[HNHB BSO Webpage](#)
[HNHB BSO Sustainability Report](#)
[Phase 1 \(2012\) Progress Report](#)

Flyers for Clients/Caregivers:

[BSO Connect](#)
[BSO Community Outreach Team \(crisis\)](#)
[BSO Long-Term Care Mobile Team](#)

Flyers for Health Providers:

[BSO Connect](#)
[BSO Community Outreach Team \(crisis\)](#)
[BSO Long-Term Care Mobile Team](#)