SUPPORTING TRANSFORMATIONS IN LONG TERM CARE

October 26, 2019

PRESENTATION OVERVIEW

Champlain Dementia Network Background and Role

Supporting Transformations in LTC Working Group: Development and Purpose

Current state: LTC Homes Transformational Approaches

Implications for the Future

CHAMPLAIN DEMENTIA NETWORK OVERVIEW

- Network and sub-groups represent caregivers, people living with dementia, community, acute care, LTC, specialized services, academic leaders across Eastern Ontario
- Members bound by partnership agreement
- 2013 Integrated Model of Dementia Care / Updated 2017

- Vision to 2025: A supportive community that empowers people with dementia and their families to live well
- Strategy and pillars streamlined and updated to reflect provincial directions (which were informed via the 2013 IMDC)
- Actions focused at the strategic, planning and implementation levels
- All initiatives consider people's journey in the system: diagnostic and primary care services; community services; acute care; long term care; and palliative care

Champlain Dementia Network
Réseau de la démence de la région Champlain

WHAT DRIVES OUR WORK

What caregivers and people with dementia tell us

System Sustainability: People with dementia drive 50% of all ALC days, high risk of readmission / re-presentation, experience more harmful events in hospital

Community Tenure: People who aren't supported well in the community are admitted to LTC prematurely

Wellness and Quality of Life: Caregiver burden and stress is significant in this population, and develop their own health issues over time if not supported

Health: Dementia has a significant 'destabilizing' effect on other chronic diseases

Acting Proactively: Early identification is key for early intervention and strategies that diminish burden, increase quality of life

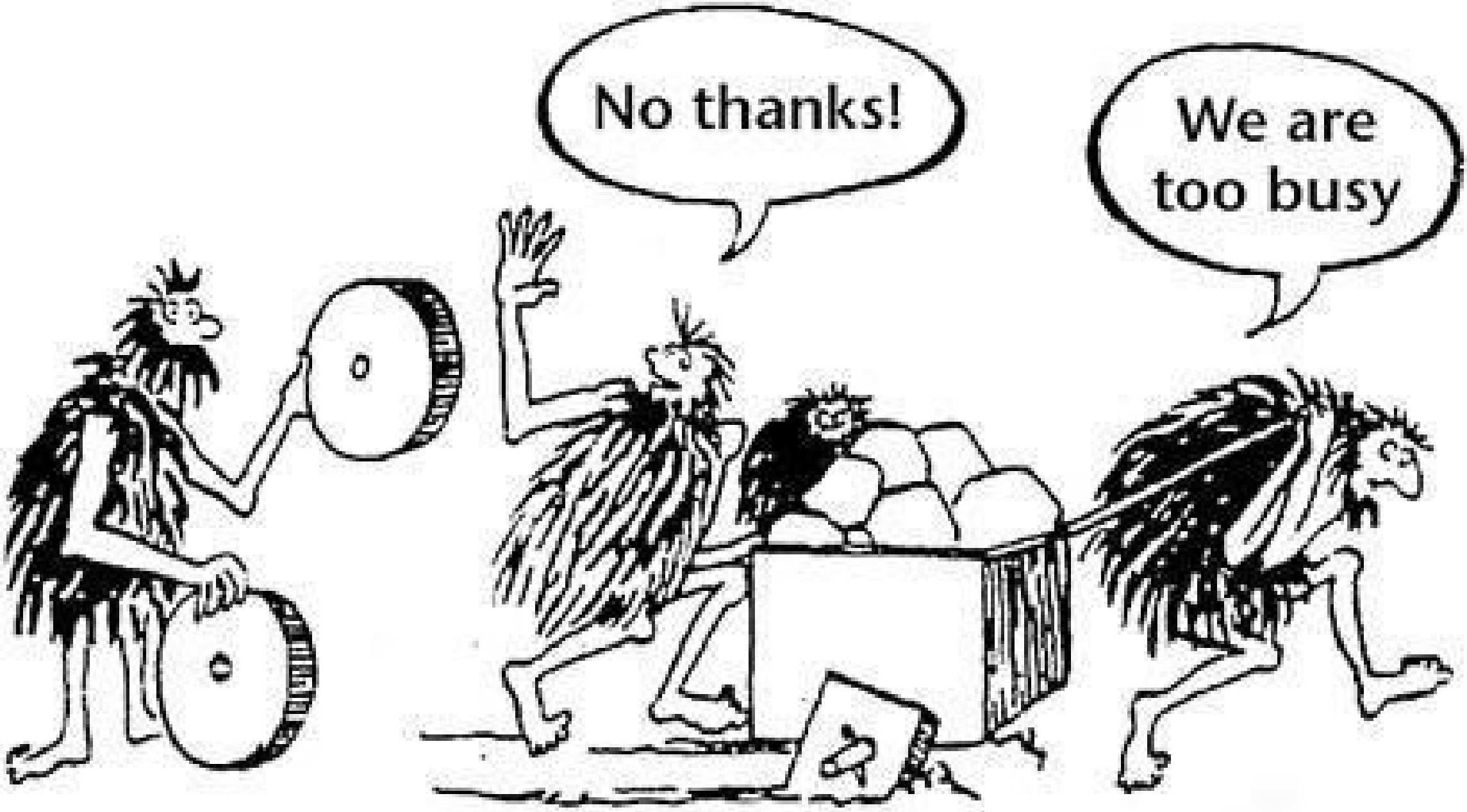
Pillar	Outcome
Supports for People Living with Dementia and Their Caregivers/care partners	People living with dementia and their caregivers/care partners have access to supports that empower them to live well with dementia, including crisis prevention and respite supports.
Education and Training	A well-trained workforce that uses evidence-informed practice. Persons with dementia and caregivers/care partners are empowered through accessible education and coaching to live well with dementia.
Accessing Services	Earlier detection, diagnosis, and intervention to manage the consequences of dementia Prevent & manage the complications of dementia, by building capacity in other sectors Persons with Dementia & caregivers/care partners know what to expect and where to find it
Coordinated Care	Provide timely and coordinated access to a continuum of dementia care and supports. Enable a system of support that is tailored & targeted to their changing needs
Public Education	Improved understanding & acceptance of dementia as a chronic condition Greater public awareness of dementia and inspire a clear commitment to improving the lives of persons with dementia and their caregivers/care partners amongst health system leaders.

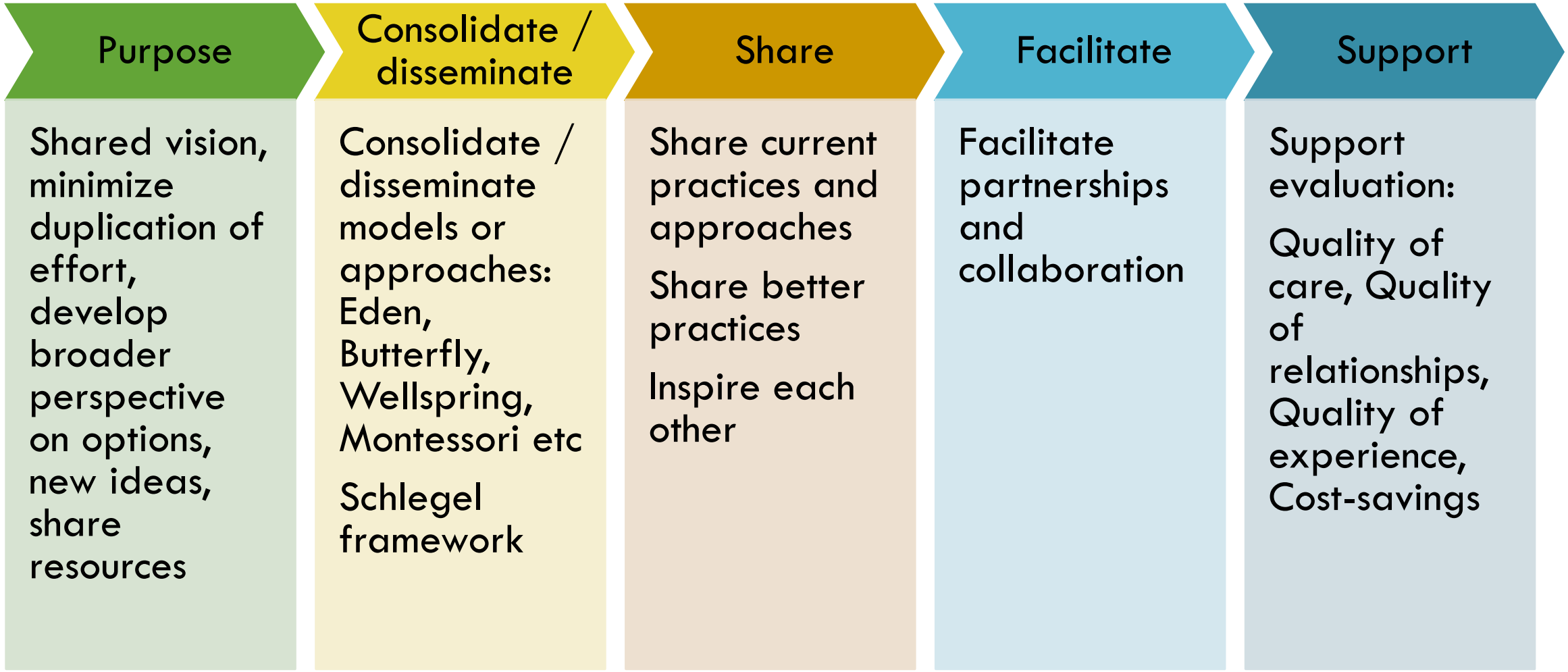
Building	An operational framework that reflects where we're going as a system
Addressing	Crucial system pressure points: people being in the wrong place, wrong time, wrong resources
Supporting	System transformation initiatives (Long Term Care)
Educating	Volunteers, professionals, and caregivers in creating a healthy, knowledgeable community supporting people with dementia and their families.

OUR CURRENT FOCUS

SUPPORTING TRANSFORMATIONS: GENESIS

- Strong interest from Champlain Region expressed to Peel Region following Toronto Star
- Approach from CDN to Advantage Committee
- Initial assessment of activities in LTC homes
- Open invitation to LTC homes through Advantage Committee and LHIN Liaison Committee for a collaborative working group, project management support through CDN
- First meeting April 26


No thanks!
We are too busy



SUPPORTING TRANSFORMATIONS: MANDATE

SUPPORTING TRANSFORMATIONS: CURRENT STATUS

- Membership evolution from 9 to 19 LTC homes all at various stages of transformation / exploration
- Significant caregiver representation: Mind the Gap, Champlain Regional Family Council Network, Individual Family Council reps
- Non-voting: Champlain Regional Palliative Care Program, Royal Ottawa Health Care Group, BSO and Geriatric Mental Health Outreach (ROHCG), Bruyere Centre for Learning, Research and Innovation (CLRI), Champlain LHIN
- Sharing of key documents and resources, profiling individual homes in-depth, sharing of assessment processes, experiences being shared, guest speakers identify resources and opportunities

WHAT DOES TRANSFORMATION MEAN?

- Leadership (at all levels) committed to the guiding principles
- Approaches to care, focusing on care as a relationship and on individuals
- Flexibility for residents and staff as well as in the division of labour, which requires structural empowerment
- Physical environments, especially small, homelike units, plants, outdoor access

TRANSLATING PRINCIPLES TO APPLICATION

Resident Direction: To the degree possible, residents should direct the care they receive.

Homelike atmosphere: Units should be small (10–15 residents) and feel like a home rather than an institution. Meals should be prepared on units, with residents having access to fridges, cooking facilities and gardens.

Close relationships: The homes and work routines should be organized to foster close relationships between staff, residents and family. This requires reducing turnover and having consistent staff assignment.

Staff empowerment: Staff should be supported and empowered so they can respond appropriately to residents' needs.

Collaborative decision-making: Hierarchies should be flattened, participatory management systems encouraged, and aides given decision-making authority.

Quality improvement processes: Culture change is ongoing and requires processes for continuous quality improvement and assessment.

COMMON BARRIERS TO IMPLEMENTATION

First try failure People give up too soon. Many attempts do not succeed the first time around nor do they produce quick results, leading to disillusionment and the abandonment of the change process.

The model is not worthwhile There are many fads and not all models have the evidence, sustainability, or codified processes to enable successful replication.

Resistance to change Staff's resistance to change is a significant barrier. Those with seniority or long tenure may be particularly recalcitrant and sabotage the process.

Persistence Most homes already face serious challenges and do not have the time or resources to fully implement culture change and allow it to take hold.

OTHERS: Resources, Sustainability of Change, Evaluation of Change, There is no End Point

KEY MESSAGES

- Don’t go it alone
- Engage and co-design with your staff, your residents, your families, your volunteers
- Identify your champions / dedicate resources
- Take the time to assess where you’re at today – be honest
- Be clear on your objectives, balance pragmatism and aspiration – but don’t check mark initiatives
- Measure your progress on objectives
- Maintain momentum

"I don't want to change. I want all of you to change!"

Transformation is a Team Effort

SUPPORTING TRANSFORMATIONS CONFERENCE: THE ART OF THE POSSIBLE

- Many presentations, webinars on different models
- Overall objective of this event:
  - Bring together "teams" from LTC Homes, not individuals alone: staff, management, families, volunteers, residents
  - Help homes to understand what transformation is, why it matters, and what it looks like / how it's achievable (even with resource constraints)
  - A deeper dive on overall approaches to implementing and sustaining transformational change
- Evening of November 12th: Dr. Sue Braedley and Jennifer Hartwick
  - Encouraging other service sectors to join
  - All Family Councils welcome and strongly encouraged to participate

CURRENT STATUS LTC HOMES

- Document is a constant work in progress
- Provide snapshots of 14 homes current state
- Focused not just on “what” but “how” and “who”
- A combination of models and strategies
- Strengths and opportunities
- Oversimplifies the amount of work and time invested!

ARRAY OF MODEL ELEMENTS

- Hillel Lodge: Exploring options – identified three targeted areas of focus for next steps
- The Grove: Held community focus group to explore current and future strategies to make environment a “home”
- Grace Manor: Exploring options – participation in Dementia Care Matters training
- Perley Rideau: Visited Butterfly Home in Peel (Management and Front Line), Dementia Care Matters conference, implementing environmental changes

CITY OF OTTAWA LTC HOMES

- Creating Dementia Care strategy
- Exploring different models to integrate elements
- DCS Steering Committee with staff across four homes
- Administrator lead has completed Dementia Care Matters (principles of Butterfly)
- Each home will have a working group to support best practices
- Examples of elements being incorporated: Montessori nooks, décor / colour, indoor gardening, Music and Memory, Virtual Reality, ballet, replica bus stops
- Leverage BSO Champions

SAINT-LOUIS RESIDENCE

- Kicked off culture change journey with "Shared Aspirations in LTC" Workshop with 70 stakeholders (residents, families, staff, volunteers, management, physicians, researchers)
- Five year transformation journey with four themes
- Transformation Advisory Team meets quarterly and guides workplan
- Exploring some dimensions of various models for culture change – priorities are based on our stakeholders
- Example of Schlegel framework for change

ST. PATRICK'S

- 5 year person-centred care journey
- Incorporates elements of Butterfly, Eden, other models - Artifacts of Culture Change tool
- Strong focus on building leadership and champions across levels e.g. Pioneer Network Conference
- How this translates – examples:
  - Annual mandatory training – person-centred sessions
  - Residents participate in interview panel
  - Resident council participates in decision-making
  - DementiAbility, Music and Memory, Social Engagement program (internal and external), cultural events
- In process: decorating plan for each home area, use of colour, picking own room colour, family dining opportunities
- Lessons learned: Marathon not a sprint, engagement is key, empower staff, there will be bumps, will not work for everyone, MOHLTC Compliance is not a barrier, celebrate the small steps

OSGOODE CARE CENTRE: EDEN ALTERNATIVE

- Transformation / culture change over the last several years
- Link to St. Patrick's for support
- Moving forward with Eden Alternative and our working through steps of mastery
- Currently have 3 certified Eden Associates – training remainder of leadership in Spring 2020
- Hold neighbourhood team huddles
- Examples of current activities include: Java Music Club, Java Memory Club, Cycling Without Age

BUTTERFLY IMPLEMENTATIONS

- Glebe Centre
  - Finalized contract with Memory Care Matters – launched in September
  - Significant training across leadership, trainers, front line team beginning in January
  - Beginning to make modifications to physical environment
  - PSW Living Classroom initiating in January 2020
- Miramichi Lodge
  - Announced in August – will be joining working group
- St. Joseph's Continuing Care
  - Began Butterfly implementation in June 2018
  - Started with physical changes and subtle changes to care
- NOTE: other homes as noted have sent 1 or more staff for Dementia Care (Memory Care) Matters training

IMPLICATIONS AND MOVING FORWARD

- THE WORKING GROUP PROVIDES INSIGHT INTO THE CULTURE CHANGE / TRANSFORMATION JOURNEY
- KNITS TOGETHER A TRANSFORMATION TEAM AT A SYSTEMS LEVEL
- INTEGRATES AND ELEVATES THE FAMILY PERSPECTIVE
- HELPS SHARE KEY RESOURCES RELATED TO PERSON CENTRED CARE CULTURE CHANGE
- POTENTIAL TO DEVELOP AS A COMMUNITY OF PRACTICE
- PROVIDES A MODEL FOR TRANSFORMATIONAL CHANGE FOR OTHER SECTORS
- OPPORTUNITY TO PROFILE APPROACH PROVINCIALLY