Improvements in Residential Care

Ministry of Health

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Introduction

The Ministry of Health (the ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. As B.C.'s population ages (and the incidence of chronic disease increases) the demand for health services is increasing and changing. Evidence suggests that primary and community-based health care are best suited to provide care to frail seniors, and can play a critical role in improving health and reducing the need for emergency department visits and hospitalizations. B.C. is working to improve the quality and experience of care for patients, and to provide better support for their families and caregivers.

Residential care services are part of this continuum of care in British Columbia. B.C. currently has a wide range of mechanisms in place to ensure the health, safety, and quality of care for people receiving residential care services, such as legislation, policy and standards, inspection and monitoring, health authority service contracts and complaint resolution processes.

To strengthen these mechanisms, government released the seniors action plan, "*Improving the Care of B.C. Seniors: An Action Plan*" in February 2012. The seniors action plan outlines numerous actions that will be made across the system, resulting in sustainable and lasting improvements that will better serve seniors across the province.

To promote provincial consistency in quality of care, the ministry is working together with health authorities and key stakeholders to build on existing quality approaches that are being undertaken across the province and to develop new foundational approaches to quality improvements.

A key provincial initiative undertaken in the beginning of 2010 to ensure residential care remains sustainable and accessible to all British Columbians was the implementation of a more equitable rate structure that reduces the burden on low-income seniors. Health authorities were required to reinvest the incremental client revenue for this rate change to support priority investments resulting in ongoing improvements to the residential care system and improved resident outcomes. The priority investments included:

- Increased nursing, allied health and care aide staffing levels per resident day.
- Education, clinical leadership and evidence based tools and resources to improve and sustain competencies of professional and non-professional care staff (including the InterRAI assessment).
- Specialized services and supports for distinct populations such as dementia, acquired brain injury, and palliative care.
- Non capital equipment, such as specialized mattresses and rehabilitation supplies.
- Recruitment and retention initiatives.

The ministry is monitoring and evaluating the health authority investment of revised residential care client rate revenue for the years 2010/2011 (year one) to 2011/2012 (year two). The year one report (*Health Authority Investment of Revised Residential Care Client Rate Revenue 2010/11- Year One Analyses, Report Summary*) shows that while investment priorities varied across health authorities,

- the majority of the health authority reinvestments were related to priority investments;
- direct care and allied health care worked hours per resident day increased by 3.7% across the province;
- at the end of 2010/11, there were 917,000 more direct and allied healthcare hours worked; and
- adoption of a more collaborative approach by health authorities in working with residential care facilities, increased fairness and consistency in staffing levels between owned- operated and contracted facilities.

Detailed year one report is available at www2.gov.bc.ca/assets/gov/topic/AE132538BBF7FAA2EF5129B860EFAA4E/pdf/residential_reinvestment.pdf. The year two report is currently under development.

This document, Improvements in Care in Residential Care, focuses on initiatives undertaken to improve the quality of care provided to seniors in residential care since the release of the seniors action plan in February 2012. It focuses on three specific areas that were identified in the action plan for residential care improvements, although other initiatives – the subject of a later report – have also been implemented in many of B.C.'s residential care facilities. As well, and separately, a *Plan to Standardize Benefits and Protections for Residential Care Clients* was released in February 2013 outlining actions taken to ensure consistent benefits and protections for seniors living in publicly subsidized residential care facilities since the release of the seniors action plan.

The three specific areas of focus for improvements in care in residential care include:

1. Regular medication reviews.
2. Enhanced training for care providers.
3. Consistent medical oversight.

In each section of this report, provincial initiatives will be indentified first, followed by initiatives being undertaken and evaluated across the province for potential expansion.

Key Priorities to Improvements in Care in Residential Care

This report describes provincewide improvement initiatives; those implemented within each of the regional health authorities; and initiatives led by the BC Care Providers Association and the Denominational Health Association who are key partners in promoting quality care in B.C.'s residential care system.

Regular Medication Reviews

Medication Safety and Advisory Committees

As part of good quality care, it is essential that all medicines be reviewed regularly, especially for those patients on multiple medications. A regular medication review process helps the practitioner prioritize the patient's health goals, eliminate unnecessary drugs, review monitoring requirements for existing or on-going therapies and reduce the risk of adverse reactions.

In the *Community Care and Assisted Living Act* Residential Care Regulation, it is stated that a licensee must appoint a medication safety and advisory committee for their facility. The licensee must also keep, for each person in care, a medication administration record showing when all the medications were administered and keep a record of all accidents, unexpected events and reportable incidents. With respect to residential care, a pharmacist must review each patient's drug regimen at least every six months. The intent of this regulation is to ensure that a resident's medication is regularly reviewed with the client and those who are a member of the client's care team and look at whether the medication continues to be appropriate for the person residing in the home, including whether the medication and dosage are achieving desired clinical outcomes and that medications that are not required are discontinued.

Pharmacists for Each Residential Care Facility

Pharmacists are appointed to each residential care facility across the province and must monitor all pharmaceutical treatment and conduct medication reviews for individual residents, in keeping with College of Pharmacists bylaws. Reviews involve collaboration between the client and/or care provider and appropriate members of the health care team, including doctors, nurses, and other health care professionals. Since the release of the seniors action plan, health authorities have started standardizing bi-annual medication reviews which include all members of the client's health care team.

Shared Care Polypharmacy Group Initiative

The Shared Care Polypharmacy initiative supports family and specialist physicians to improve the management of patients on multiple medications that may impact quality of life and patient safety.

The initiative aims to improve communication and consultations between family and specialist physicians regarding medication regimens for individuals residing in residential care, and to improve the collaboration of physicians, pharmacists, nurses, and other caregivers who form a circle of care around them.

The plan is to implement the initiative in phases:

- Phase One - Residential care (present focus).
- Phase Two - Hospital-based care.
- Phase Three - Community-based care.

Divisions of Family Practice (www.divisionsbc.ca/provincial/home), which are community-based groups of family physicians working together with patients, health authorities and community groups to achieve common health care goals, have been instrumental in the initiative's engagement, development, and implementation work across the province on Phase One prototypes to enhance medication reviews in residential care.

In Interior Health, a new request for proposals for the provision of pharmacy services to licensed facilities in the region is underway. Key deliverables of the professional pharmacist include medication reconciliation, medication reviews, participation in medication safety committees, as well as conducting audits and providing education.

A new /revised Interior Health policy on restraints, which includes chemical restraints, is slated for implementation in the summer of 2013.

Fraser Health has a standardized bi-annual care conference practice that includes medication reviews. A pilot site implemented medication reviews using shared care criteria (the collaboration of family physicians and specialist physicians working to improve health outcomes and the patient journey through the health care system) for addressing polypharmacy in the senior population.

Northern Health holds medication reviews every six months that includes pharmacists, physicians and nursing staff all working together to ensure that resident's medications are consistent on admission or re-admission to a facility.

In Vancouver Coastal Health, medication reviews are audited as part of licensing reviews in all owned, operated and affiliated residential care sites. In addition, a Behavioural and Psychological Symptoms of Dementia Clinical Practice Guideline has been developed.

Vancouver Island Health has regular medication reviews using Resident Assessment Instrument data to guide this review. The Residential Services Medical Advisory Committee is currently working on a formal process of reviewing the use of antipsychotics. There is a restraint procedure for when a restraint should be used, including the use of chemical restraints, and the data are compiled and monitored on a monthly basis to improve resident safety.

A member of the BC Care Providers Association has implemented a Systematic Medication Optimization program over the past five years and an Antipsychotic Medication Optimization program in the past two years. The outcomes of these programs include increased physician and family engagement; reduced use of medications; and stronger assessment and clinical decision-making skills in staff.

The Denominational Health Association has committed to conduct regular reviews at all member sites with their pharmacy provider to ensure appropriateness of medication. They completed an audit in December 2011 and refined and revised their processes in 2012.

Enhanced Training for Care Providers

B.C.'s senior population currently makes up 15 per cent of the total population and it is expected to double within the next 20 years. As the population ages, we will continue to see an increase in the prevalence of dementia, making dementia care a priority. As behavioural and psychological symptoms increase over the span of the disease, caregivers are often challenged and need support and guidance.

Best Practice Guidelines for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care

In order to promote a consistent provincial approach to accommodating and managing behavioral and psychological symptoms of dementia, the ministry released in November 2012 the *Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care*. Health authorities, physicians, clinical experts and care staff in all of B.C.'s health care settings are encouraged to use the guideline for its evidence-based tips and tools to deliver best practice, non-pharmacological approaches to person-centred dementia care.

The guideline aims to:

- improve the quality of care for persons with dementia who live in residential care;
- improve resident/family/substitute decision maker engagement in consent to care and treatment;
- identify the appropriate use of antipsychotic drugs in treating behavioural and psychological symptoms of dementia (BPSD) in residential care, and
- increase the capacity of the residential care sector to provide appropriate assessment and care for persons experiencing BPSD.

Integral to the guideline is a two-part algorithm - a practical, electronic decision support tool designed to support clinical assessment and care decisions of persons with BPSD.

Through a working group of ministry, health authority and stakeholder representatives, a draft strategic implementation plan has been developed which identifies priorities for implementing these best practice guidelines across the residential care sector. To assist in the adoption of these guidelines across health authorities as the standard of care for B.C., health authorities in collaboration with the ministry will be developing regional implementation plans, including a comprehensive educational program, that offers a consistent evidence-based approach that will be applied provincewide and across all health care settings.

Provincial Dementia Education Approach

The delivery of a comprehensive educational program was supported by the ministry in 2012, through the provision of $25,000 to each regional health authority for dementia education that provides a person-centred approach to understanding why a person behaves the way he or she does and what resources are available. This training provides a systematic approach to the common issues, diagnosis, and challenges of older persons at risk including those with aggressive behaviour.

In March 2013, the ministry signed a three year license for the P.I.E.C.E.S.™ (Physical, Intellectual, Emotional health; Capabilities, Environment, Social self) program to be used by the province and health authorities as part of the enhancement of its dementia care training to residential care providers within British Columbia. This training provides a framework for assessment and supportive care strategies for clients with behavioural and psychological symptoms of dementia. This licence will be available to health authorities to support them in implementation of their plans to adopt the best practice guidelines and to support other educational initiatives that provide a client centred approach to care.

In Interior Health, a standardized orientation program for residential care staff is under development. Phase One will be available in spring 2013, with Phase Two slated for launch in fall of 2013. An annual strategic plan for education is developed with input and endorsement from the leadership team. The plan includes a BPSD decision support tool and an enhanced dementia training program for care coordinators.

Education has been delivered to residential services medical directors and key medical leads regarding the BPSD decision support tool and the new Interior Health Antipsychotic Pre-Printed Orders for BPSD. Education will be provided to all care staff in spring of 2013.

A behavior consultant position has also been implemented to support site staff through coaching, mentoring, enabling links to resources and promoting site education and development, to support managing individuals who have challenging behaviors.

In the previous year, Interior Health provided education sessions on: use of the Resident Assessment Instrument and care planning (355 trained); palliative care (538 trained); managing aggressive behavior (2,049); and accommodating and managing responsive behavior for dementia patients (444).

Fraser Health implemented a number of enhanced training initiatives in 2012, including: caring journey dementia education; palliative dementia approach education; it takes a village to manage pain education; development and implementation of enhanced skills for responding to behaviours education; and BreatheWELL education about prevention of chronic obstructive pulmonary disease.

Northern Health has provided dementia workshops for staff and distributes educational DVD's to each residential site. Dementia e-learning is offered to all staff. The gentle care philosophy has been in place in Northern Health facilities for many years, but frequent reminder opportunities are always utilized.

In Vancouver Coastal Health, Resident Assessment Instrument training and Assessment Investigation service testing continues in all residential care sites. 276 staff recently trained in Clinical Assessment Protocols and Outcome Scales as part of B.C. health care education funding. VCHA is focusing on falls and pain management as part of its 2012/13 regional quality practice team work plan. Six facilities participated in provincial musculoskeletal injury prevention (MSIP) industry accepted practices initiative. MSIP rates are monitored quarterly and Violence Alert is now implemented.

In Vancouver Island Health new guidelines were developed regarding the process of documentation and care conferences, with the focus on Resident Assessment Instrument data and resident/family participation. In addition, palliative care education has been implemented for all levels of staff. Dementia care training was provided in 14 sessions.

BC Care Providers Association implemented a Violence Prevention program at one site resulting in significant improvements in managing challenging situations. Another site has implemented the Supportive Pathways (Carewest) approach to person-centred dementia care and has developed a new curriculum called "The Dementia Difference" focusing on end-of-life care for residents with dementia.

The Denominational Health Association has implemented educational programs provided at each site for caregivers. Best practice standards are supported through training sessions.

Consistent Medical Oversight

Consistent provincewide standards are required for all residential care services, including the requirement for medical oversight. In the last year, health authorities have worked to retain medical directors and nurse practitioners to implement residential care policies and coordinate medical care in each facility.

In Interior Health, three medical directors for residential services were recruited and a new medical oversight model was developed. Interior Health is also recruiting for its first nurse practitioner in residential care.

On February 2, 2013, Interior Health held a medical leadership planning and education day focusing on the model and processes for consistent medical and nurse practitioner oversight.

Fraser Health has a program medical director and standardized facility medical director with associated contracts and agreements. In addition, two nurse practitioner positions are currently posted with the goal of improving greater consistency of medical oversight in Fraser Health residential care facilities.

In Northern Health, each community has a different approach to medical management. These approaches include the use of house doctors, general practitioners and nurse practitioners. In Prince George, there is a long term care group of physicians who specialize in residential care. The Geriatric Outreach program serves some of the smaller communities and involves specialists for the coast and elderly services out of Prince George.

In Vancouver Coastal Health, nurse practitioners are in place in five facilities across three communities of care. In addition, a general practice division has been established to provide support to residential care facilities.

In Vancouver Island Health, the Residential Care Medical Advisory Committee is advancing a "care by design" model and medical coordinators are being hired for all facilities.

The BC Care Providers Association has implemented a behavioural unit within the province which integrates general practitioner and psychiatrist services to ensure better client outcomes. One facility has developed a physician core group where 12 physicians provide care for most of the 225 residents at the facility. The facility is also completing a three year successful pilot implementing a nurse practitioner role in residential care.

The Denominational Health Association has a medical advisor at each site. General practitioners are encouraged to regularly attend care conferences for multidisciplinary discussion with residents and families. Physicians are involved in atypical antipsychotic medication reviews, medication reviews, medical advisory committee work, and medical quality improvement.

Conclusion

Many improvements have been made in residential care to improve the health, safety, and quality of care in the three areas identified in this report. As these and other improvements continue, an updated report will be published yearly to highlight the work being done to meet the needs of persons in care.