WORKSHOP

Changing Practice (48/5) to Improve the Care of Seniors: Exploring Principle-based Practice Change

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Faculty/Presenter Disclosure

- **Faculty:** Janet McElhaney

- **Relationships with commercial interests:**
    - **Honoraria:** Merck, GSK, Sanofi
    - **Consulting Fees:** Sanofi
    - **Travel / Accommodation Reimbursement:** GSK

- No Disclosures related to this presentation

- **Faculty:** Marion C. E. Briggs
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Learning Intentions

In this workshop we will:

1. Define 48/5 and articulate its implementation and impact in one acute care setting
2. Articulate the difference between "Best" and "Critical" practice
3. Compare traditional and developmental evaluation
4. Explore practice change as social innovation rather than standardization

Learning Outcomes
By the end of the workshop, participants will be able to:

1. Define and explain the potential benefits of the "48/5" Seniors Care strategy

2. Differentiate between "Best" and "Critical Practice"

3. Articulate a powerful "why" statement to support great care for seniors

4. Explain practice change in the context of social innovation rather than scientific standardization

5. Consider the potential of developmental evaluation as an approach to practice innovation.
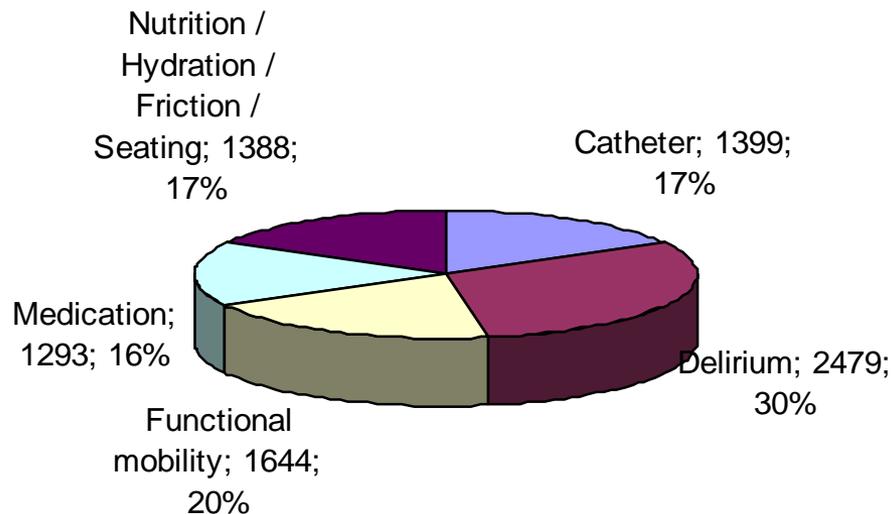
The Care Pathway: "48/5"

- Starts within 48 hours of hospital admission and focuses on evidence-informed decisions about:
  - Medication reconciliation/appropriateness
  - Delirium / Cognition
  - Functional mobility – "Every day is an activation day"
  - Nutrition / Hydration
  - Bowel / Bladder

- Interprofessional collaborative practice

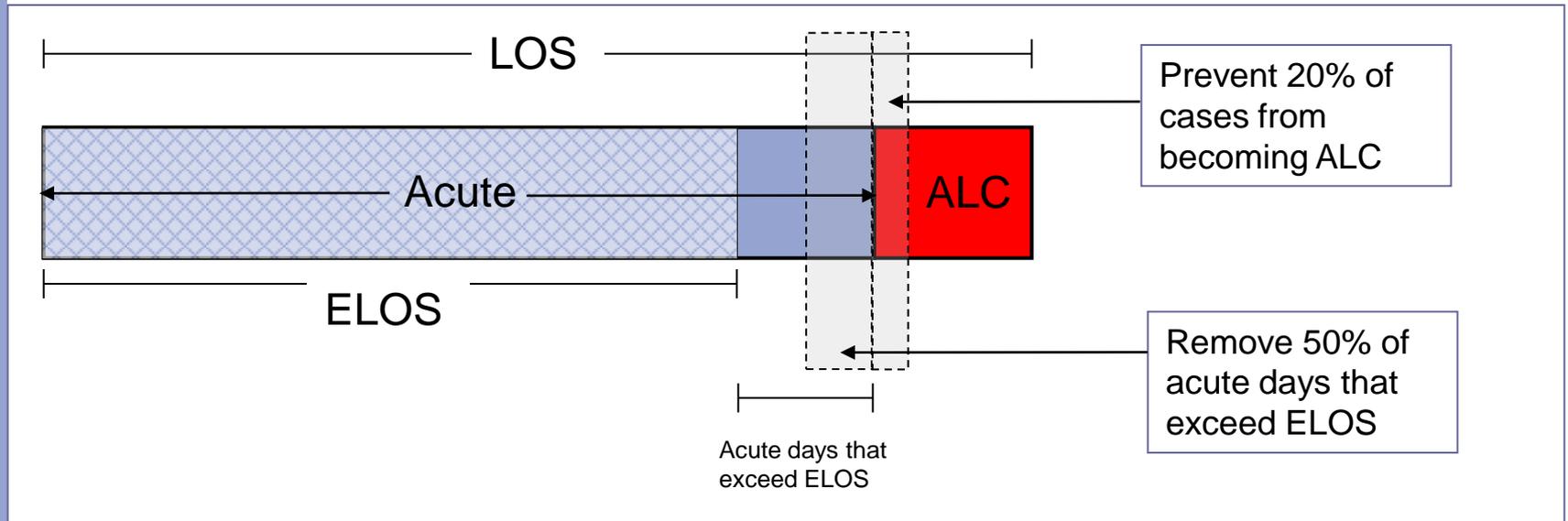- Pain is a critical symptom to be managed - Mobility is the "fifth vital sign"

Quality improvement:
A focus on "48/5" in Acute Care

- Geriatric Medicine Unit at PHC
  reduced ALOS:ELOS ratio by 0.5 (1.35 to 0.83)

- Acute Care for Elders (ACE) unit at VGH
  ALOS reduction of 4.8 days

Seniors Transformation Opportunity in Vancouver by Guideline - (Days; Percentage of Total)

- Nutrition / Hydration / Friction / Seating; 1388; 17%
- Catheter; 1399; 17%
- Delirium; 2479; 30%
- Functional mobility; 1644; 20%
- Medication; 1293; 16%

Quality improvement:
Better outcomes for seniors and increased system capacity

LOS

Acute

ALC

ELOS

Acute days that exceed ELOS

Prevent 20% of cases from becoming ALC

Remove 50% of acute days that exceed ELOS

Reduction of acute days by 12,300 per year

Includes:

CMGs grouped by guideline

Seniors aged 70+

VCH residents only

Excludes:

COPD (CMG 139) & Stroke

48/5 PROBLEM STATEMENT

There is a lack of early intervention, comprehensive assessment, treatment and care framework to maintain function in the elderly leading to irreversible loss of function as well as extending their length of stay in hospital.
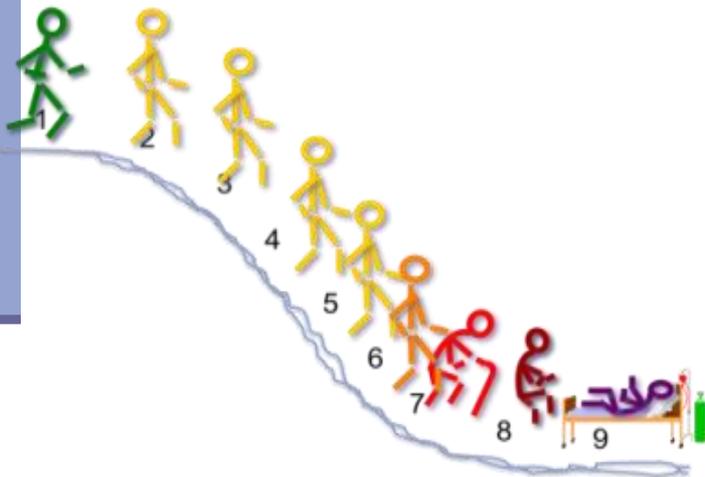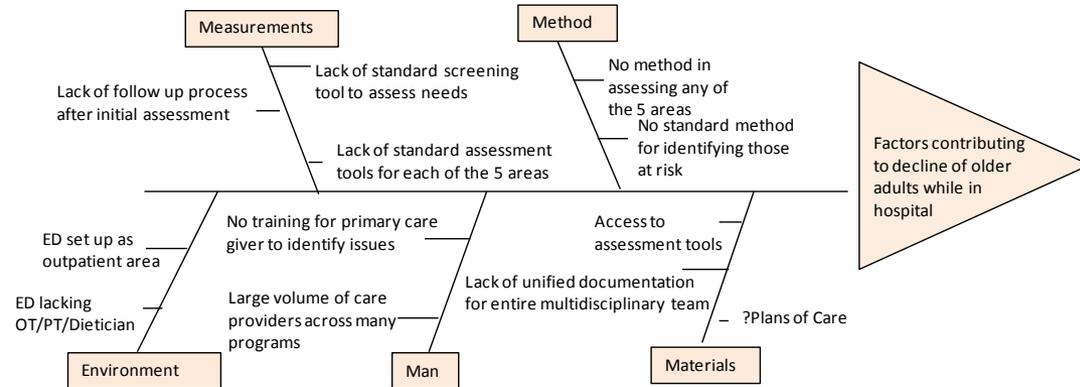
5 Care Areas	Practice Statements
Mobility	If no evidence of skin breakdown, d/c foley and assist your patient with ambulation to washroom as requently as tolerated.
	Assist your patient with ambulation down half the length of the hallway 2x/day
Cognition	If patient has a positive CAM document specific behavior and begin the following: -vitals ; implement medication practice; statement; contact physician with above results and suggest the following:CBC/lytes, blood cultures, urinalysis, c-xray
Medication	**Ativan, Gravol, Morphine** and **Imovane** flagged for physician to review for alternatives: If patient delirious, consider alternates to **Tramacet** such as scheduled Tylenol 650mg QID; Dilaudid 0.5-1mg QID PRN (no adjustments to chronic pain meds unless delirium on admission.
Bowel/Bladder	If no BM x3 days request oder for Milk of Magnesium 30ml x3 days or until BM then change to PRN and obtain order to push 1500ml/day unless on fluid restriction.
Nutrition/Hydration	if patient's dietary intake is less than 50% over all 3 meals, implement intervention strategies= supervision by staff or family, set up for meals; proper oral care before meals; encouraging favorite foods/preferences

Problem Analysis results – In Progress

WORK IN PROGRESS COMING

April 18th, 2014!

Measurements
- Lack of follow up process after initial assessment
- Lack of standard screening tool to assess needs
- Lack of standard assessment tools for each of the 5 areas

Method
- No method in assessing any of the 5 areas
- No standard method for identifying those at risk

Factors contributing to decline of older adults while in hospital

Environment
- ED set up as outpatient area
- ED lacking OT/PT/Dietician

Man
- No training for primary care giver to identify issues
- Large volume of care providers across many programs

Materials
- Access to assessment tools
- Lack of unified documentation for entire multidisciplinary team
- ?Plans of Care

Barriers & opportunities

Barrier	Mitigation Plan
Frontline staff to be at full day meeting without replacement	Meetings changed to ½ day (Tuesday & Thursdays)
Lack of aim/focus initially and poor alignment/clear Roles & Responsibilities	Governance structure implemented , Roles & responsibilities established.

Importance of having the right people on the team & providing constant feedback to all stakeholders (ie. physician leads, dietician – COMMUNICATION, COMMUNICATION, COMMUNICATION)

Importance of having frontline staff and having representation of day/night shift

Use of visual management to help anchor discussion.

Importance of discussing and addressing barriers , establishing mitigation plan and following up (did it work?)

Next Steps

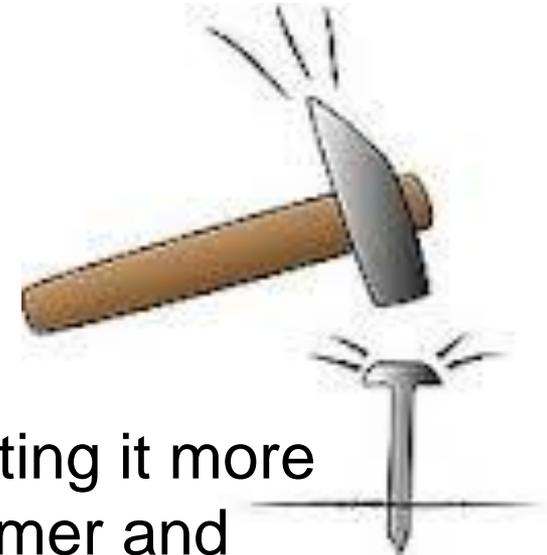| Action	When
Leadership Meeting	April 16th, 2014
Complete Data Collection	April 18th, 2014
Analyze Data	April 23rd, 2014
Improvement Team Session	April 29th, 2014

Small Group Discussion (1)

"Why" is more important than "what" or "how …
Why do you want to improve care for seniors? (32 word 'Why" statement

Synthesis Discussion (1)
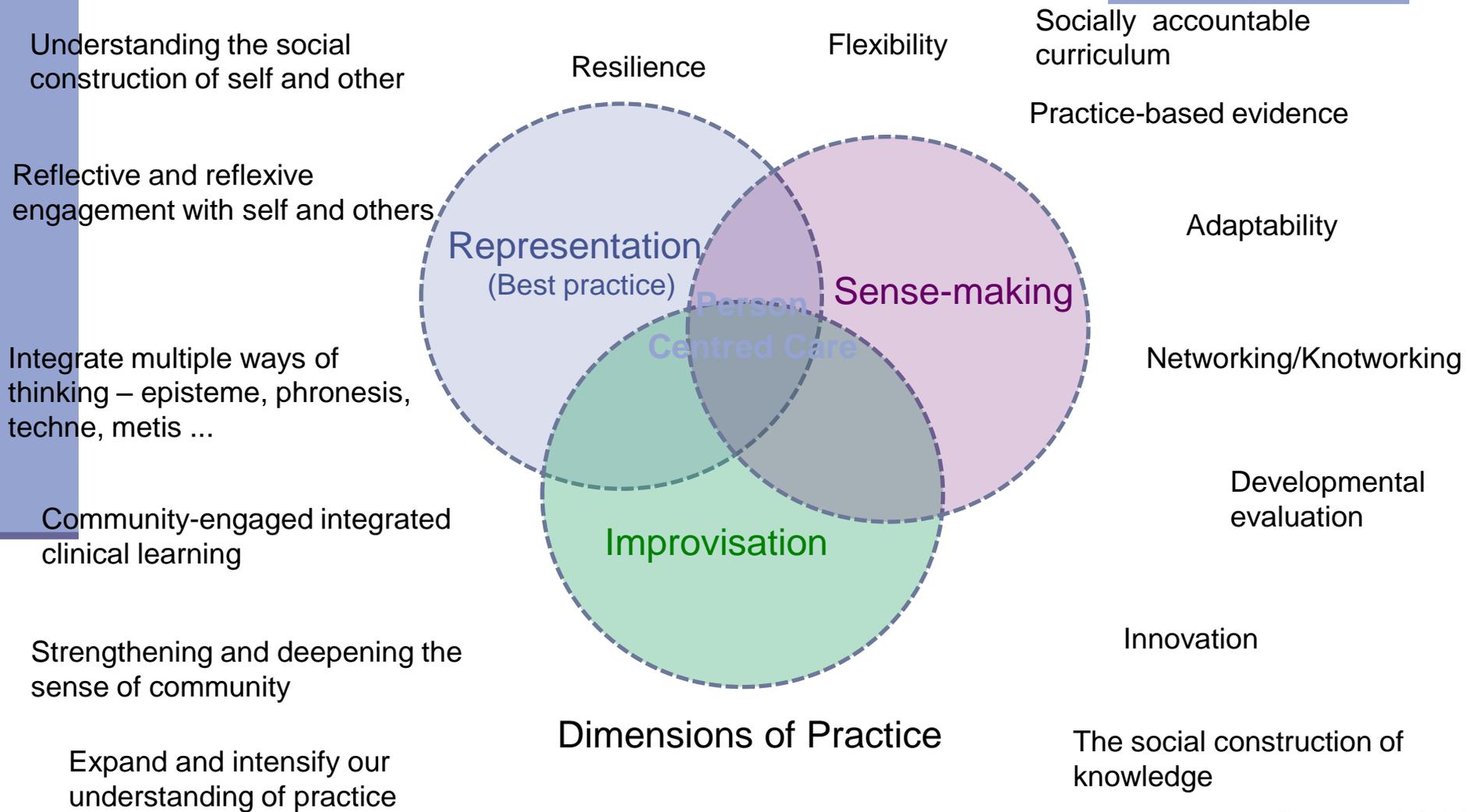
When translation of "best" into practice fails...

...we respond by improving the evidence (getting it more right) or the translation strategy (like the hammer and the nail) ... it's a bit like trying the same thing again expecting different results (Stacey 2005)

Researchers, practitioners and policy makers face a choice between two competing kinds of practice knowledge …

- **Evidence-based Practice:**
  - Based upon technical know how and skills; drive to standardization
  - Equated with a 'search for certainty' and accountability
  - Policy tells people what to do and how to do it

- **Critical Practice:**
  - Concerned with **critical exploration and development** to promote innovative forms of practice and education that work locally
  - Makes creative use of uncertainty and considers context as vital
  - Policy tells people what outcomes are needed and what improvements in outcomes are expected (**why**, not what or how)

Stepney 2011

New Emphasis on:

Understanding the social construction of self and other

Resilience

Flexibility

Socially accountable curriculum

Practice-based evidence

Reflective and reflexive engagement with self and others

Representation
(Best practice)

Person Centred Care

Sense-making

Adaptability

Integrate multiple ways of thinking – episteme, phronesis, techne, metis ...

Networking/Knotworking

Community-engaged integrated clinical learning

Improvisation

Developmental evaluation

Strengthening and deepening the sense of community

Innovation

Expand and intensify our understanding of practice

Dimensions of Practice

The social construction of knowledge

Briggs 2012

Small Group Discussion (2)

What assets does your unit/organization have that are already involved in social innovation? Who are your champions? Who is your "core team"? What one thing could you do tomorrow that would make a small difference? What is one big, audacious idea that would be a game changer? What is working well that you can use as leverage to make an even more positive difference?

Synthesis Discussion (2)

A word about developmental evaluation (14)

- Supports real-time, adaptive learning

- Actively shapes the initiative, informs decision-making

- New measuring/monitoring mechanisms evolve to deepen understanding and enhance adaptation - flexible and evolving

- Can be used as a precursor to more traditional formative and summative evaluation strategies

- Evaluation starts at the beginning, is an integral part of the whole process, and never ends – much like quality improvement processes but continuous innovation rather efficiencies and standardization – a clear focus on "your" patients and your "why

Dozois et al, 2010
Patten, 2011

Traditional vs. Developmental Evaluation

Characteristic	Traditional	Developmental
Purpose	Validate a model or hypothesis; accountability	Help develop and adapt the project (rather than validating the approach)
Situation	Stable, goal oriented, predictable	Complex, dynamic, changing
Mind set	Effectiveness, impact compliance	Innovations in early stages and emergent situations, learning
Measurement	Based on predetermined indicators	Based on emergent indicators
Evaluation methods	Emphasis on RCTs	Emphasis on how outcomes change
Evaluator	Typically outside the team	Is integrated into the team
Target of the change	Depends on project	System

Source: Adapted from Patton, 2011 and expanded to include realist evaluation.

Traditional and DE Evaluation (Fagen 2011)

Textbox 2: Ten Key Points on **Developmental Evaluation Approaches**

1.	Reflecting on what is useful and sensible for evaluation is the foundation of developmental evaluation.
2.	Internal and external approaches can be used in developmental evaluation but needs to include providers at the front lines of care to understand the local context.
3.	Identifying mechanisms that facilitate progress can be used to materials for program development (e.g., interprofessional development processes, interprofessional curriculum guides, interprofessional practice statements templates for staff/student meetings and retreats)
4.	Watching for and being open to what emerges is central to developmental evaluation.
5.	Timely engagement and rapid feedback is required for developmental evaluation (e.g., similar to a PDSA cycle but using development rather than improvement strategies)
6.	Evaluation becomes the engine for program development rather than the endpoint of program implementation as in a randomized clinical trial.
7.	Ongoing program development and evaluation becomes mutually reinforcing to ensure sustainability.
8.	Project leadership and support is critical for developmental evaluation.
9.	Competent evaluators immersed in care processes of the organization are essential for successful developmental evaluation.
10.	Development evaluation produces more than improvements; it supports innovation in program development.

Characteristics: Developmental Evaluation

Adaptation and change.
- Changing conditions create a complex environment - linear evaluation methodologies are a poor fit.
- Purpose is more about assisting the partnerships to develop   and   adapt the project approach, not just validating the   approach (Fagen, 2011).
- Emphasis is on adaptive learning rather than accounting to an   external authority (Dozois, 2010).

Innovation and learning.
- Ongoing, continuous improvement (Fagen, 2011; Dozois, 2010) and creative thinking (Gamble, 2008) is a key focus.

Context is considered.
- In traditional evaluation methodologies, context can be treated as noise to be controlled or ignored. DE explicitly considers these contextual variables (Fagen, 2011).

Integrated evaluator role.
- The evaluator, rather than being an outsider, is a "critical friend" who engages with ongoing evaluation discussions with the project team (Fagen, 2011; Dozois, 2010; Gamble, 2008).

Flexibility.
- New measures and monitoring mechanism are developed as the understanding of the situation deepens (Dozois, 2010). Both the path (how CE is unfolding) and the destination (what partners want to achieve) are evolving (Gamble, 2008).

Critical Thinking and Innovation with DE

"'Scaling' innovations is not about growing programs or organizations, but about increasing their impact in ways that are appropriate to different contexts.

Even successful projects can rarely be 'duplicated'; what is required is a deep knowledge of what works - and why - so that the essence can be preserved while allowing for flexibility and adaptation to different circumstances.

The notion of 'best practices' or templates for success stifles innovation. 'Next practice' better describes an approach based on continuous observation and adaptation.

Conventional evaluation methods, which test outcomes against set objectives, can stifle innovation, which requires risk, experimentation, freedom to fail and the chance to learn from failure and the unexpected.

The Foundation participated in the creation of Developmental Evaluation: balancing creative and critical thinking in guiding and assessing innovation.

While the term 'social innovation' has spread quickly, along with notions of complex adaptive systems and related concepts, it is not clear that its use is leading to or associated with transformational change.

The Foundation has learned that collaboration across sectors requires concerted effort to overcome differing organizational norms and values. It requires a commitment to social learning that includes the ability to adapt one's own viewpoints and practices." (J.W. McConnell Foundation website, 2014)

Small Group Discussion (3)

The potential of DE … How might DE be a game changer in terms of understanding practice and how practices change? How can you incorporate DE into the planning phase and then just keep going?

Synthesis Discussion (3)

Final Thoughts….

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