Capacity Enhancement
What's all the fuss about?
Opening the 5 Doors to Quality Health and Health care

Keys to authentic change for individuals at risk or with responsive behaviors and their care partners
Changing Directions
Changing Lives

Challenging and Responsive Behaviors
A Cross Provincial Dialogue

Learning leveraging and leading together
Capacity Enhancement; What's all the Fuss about?

Evidenced informed vs based

- The practice based evidence
- The research evidence
- The lived experience (reasons)
TRADITION

Just because you’ve always done it that way doesn’t mean it’s not incredibly stupid.
The Whys for Capacity development and Change

The Main actor has changed

You can’t provide quality care alone

Acute care in a chronic care world
"I think we had much nicer diseases when I was a girl."
For people Over 45, 80 % of have a chronic illness
Other Side of the Mirror, Caregivers

Responsive Behavior
Tipping point
“Folks, the main reason you're not getting a good picture is because you bought yourselves a microwave oven.”
View from the Sector Health care

Primary Care  Community Care  Acute Care  LTC

View from the Person and Family Health Care
4 It now about people at risk and with responsive behaviours and their care partners (prevention and, not care by body parts and diagnostic labels but people and their relationships

5 The cost curve for health care must be altered responsive behavior mental health and cognitive disorders are triad for multiplying costs and burden
ALC Days relative to the average by Proportion of Cumulative Risks, ‘Big Ont. Hospital’, 2008-09

Distribution

- 0 Risks: 9%
- 1 Risk: 25%
- 2 Risks: 32%
- 3+ Risks: 34%

Mean ALC Days

- 0 Risks: 40
- 1 Risk: 20
- 2 Risks: 10

Risks Include: Stroke, Psychiatric Diagnosis, Behaviours, Cognitive Impairment

A. Costa 2011
7 good reasons

- Responsive behavior is the prototype for the new world of health care demanding new ways of thinking and doing

- What we are doing just isn't good enough and we can’t afford to fail
I have learned so much from Ken’s mistakes.
Failing forward, What would I do if I had a chance to do it all over again

Obsessive focus on person and care partner powered health and health care in every area of development

Skill building across the person provider and health care leaders in the heart and the hand and then the head

Up front investment in Knowledge exchange and quality
Failing forward, What would I do if I had a chance to do it all over again

- Active meaningful continuous engagement and interaction of partners in all levels of health and health transformation

- Doing the right evaluation at the right time with increase emphasis on data to inform sustainability and spread
The Conversation
Overall Approach

- The doors at different levels
- The doors and key partners
Critical levels and Partners for Health Care Change

- Community /universal
- Health care system and organizations
- The point of care, person and family team
- Target groups
  - NGO, Service organizations, Policy makers
  - Consumers and Researchers and Educators

(D Offord)
(L Chambers)
Opening the 5 doors to success

- Considering the broader community context
- Paving the way and developing the system supports
- Opening the critical door: person and family powered care
- Building the skills, (this is a contact and human interaction Olympic event)
- Implementing the enablers: (knowledge exchange solutions and quality)
The Community / Universal Door
the Community /universal door

- It's not just access, it's acceptability (social inclusiveness)
- It's not just health care, it's about the community we live in (senior friendly communities)
- It's not just about the disease, it's about the person's life
Triple Jeopardy

“Ageism and Mental Illness  Addiction and dementia and responsive behavior”

The Many Hidden Faces, The Ghosts of the Past , effecting the lives in the present
Reflections

Old  …………………….  2 words to describe

Dementia ……………  2 words to describe

Mental health and Addiction ……………..  2
words to describe

Old, Demented, Mentally Ill and  Substance misuse and
 responsive behavior  …..2 words to describe

“It will affect most of us”
Stigma

“Get your own house in order”

Negative attitudes

- Failure of Diagnosis
- Lack of Treatment, medical surgical conditions
- Involving people in decisions
- Premature placement

Benbow S.
Hosp. Medicine
2000 vol 6, no.3
Stigma and discrimination

Mental Health Commission of Canada

- Soon to be released a framework for stigma and older person
- A learning module for providers

Kim Wilson
The Health Care Systems Door

Community

Health care system
From design(policy to practice)
Systems Transformations

BSA Strategy

Person With Lived Experience
What Drives their Influence behavior

The Existing System
People in practice
What drives them and influences their behavior?

Change Facilitators

- Exhibit (Keep it Simple)
- Experience (Positive)
- Exchange

Evaluation
Empathy
Evolution
Circular Approach to Systems Transformation

- Design
- Test
- Implement
- Evaluate
- Spread
- Sustain

Develop Tools Protocols, Resources, Exchange Network, Skills
Systems Transformation Demands a Non Linear Approach

- Challenge
- Solution

- Time
  - Rapid Prototype
  - Design
  - Test
  - Implement
  - Sustain Spread

Adapted from David Dunne
Performance and Measurement

- Must statement
- Measurement, numerator and denominator
- Target

Temperature check measure for change
- do you understand
- Do you believe
- What percentage of your practice is aligned with
Data Measurement and Evolution

The Triad

Health Care Experience, Clinical Systems Outcomes

Sustainability and Spread

Qualitative

Quantitative

Systems Measures

Activity Measures (Learning)

Quality Improvement Data
Applying the approach to BSO

- Eloquent by its simplicity
- Driving principle person and care partner directed
- Three pillars for Change 2 supporting service coordination and systems structures capacity enhancement high performance teams I goal pillar person and care partner directed quality coordinated health care service
- Enabled by knowledge exchange solutions and quality improvement
Target Population:
Older adults at risk or with complex health care challenges over time, with responsive behaviors as a result of mental health, dementia neurological disorders and or addictions

And their caregivers.

Person and caregiver direction interdisciplinary collaborative cross-sectoral care (From prevention to high-risk)

Translation Within Service System Clusters
- Prevention, Early Detection and Primary Care
- Acute Decline in Community
- Complex High Risk and High Need

Enabled by knowledge exchange and quality improvement
Lessons learned

- Person and care partner powered (health care cares)
- Incorporate into everyone's thinking
- Systems to service service to system
- Continuous interaction between policy and practice and evidence not episodic
- Reframe providers approach from a service to a support for the system
  
  words and mandates are so important
Lessoned learned

- No more tell and sell set the approach
- Think person and systems outcomes and quality indicators not organizational/provider
- Use a rapid prototype approach and the circle of development
- Evolution not revolution within a set of operating principles
The Most important Door the

The lived experience door
The average person spends 12 hours each year with their health care providers...

They spend 8,748 hours each year managing their own condition.
Brain scans of person with a mutation that causes early-onset Alzheimer's disease at 5-year intervals - evidence of amyloid accumulation (warmer colors) up to 20 years (far left) before the expected onset of symptoms (far right)
Darwinism and Risk of Cardiovascular Disease

- 2.5 million years
- 50 years
Starting with the person for capacity development

Adherence the diabetes example imagine what it is for people with responsive behavior with complex health challenges

- 14 to 21% never fill their prescriptions
- 60% cannot identify their own medications
- 30 to 50% ignore or compromise medications instructions
- 25% admissions related to poor self administration and 15 to 20% take others meds
- And this is in the context that 95% of diabetics treatment is self administered
Transforming and requires reframing and capacity development

- Don’t accept the problem reframe it
- From patient perspective
- Underlying issues
- Analogies
- Move from model madness to what matters and methods

Adapted from David Dunne and CAMH
The Persons Health System Journey
and every person is a universe of one

e Erickson
Empathetic design to transform and capacity build (Spark)

- The enabling interview
- The participatory observation
- The whole person experience focus group vs Unitary experience

Reference Spark innovation through empathetic design Leonard D and Rapport F Harvard business Review
The Main actor is the persons and the carepartners

Authentic involvement in

- Planning
- Skill building
- Implementation and evaluation
- Hiring performance reviews

Strategies

Knowledge exchange co creation events

Lived experience virtual networks

Experiential design
The Health care provider skill building and practice door
Skill building and knowledge to practice

The Knowing to doing gap

- The evidence is out of context
- The evidence is not for our population
- The evidence is not longitudinal
- The evidence is measured by the wrong indicators
The Knowing to Doing Gap

- Incentives and factors influencing practice change are not understood (culture and context eats content for breakfast)

- The PSW knows but doesn’t do example from the field Nadine James
What is best for me?
What is best for my resident?
What is possible?

If it were me

Contextualizing

Trial

Appraising

Formal Care Providers

Did I do a "good job"?

Discard

Re-utilize

Melding

Nadine James
Back to the person and care partner directed skills (heart and the hand)

Strategies/ solutions

- Ecological self management not just a program but a way of being
- Strength based interviewing
- Knowing what to say but more how to say it
- Moving from a conversation about body part and dx to one of more emphasis on the person and relationships
Leaving PBL behind:

Capacity Enhancement and what's all the fuss
Have we been doing it wrong all this time?

Focus on the 97 and the 3
Start with the person and family service and practice future state using value stream mapping among others

Define the skills of the person team

Define the skills of the individual learner in context of what they bring to the team
Use the core competencies heart hand and head

• Use knowledge and strategies that leave a continuing effective service learning environment and practice change
Pillar 3 Capacity Enhancement Framework and Toolkit for Healthcare Transformation (the 97 vs 3 percent)

Person and practice-based learning

*Decision making framework for capacity building*
  *enabling person centred team based knowledge to practice outcomes*

- **Capacity Building Roadmap**
  *Decision making framework for provider skill building*

- **Behavioural Education and Training Supports Inventory**
  *“BETSI” Decision Making Framework for learning and development programs*

New addition to toolkit

The Road Ahead, identifying situations strategies and solutions for sustainability and spread (BSO/Gestalt/AKE)
Health Care Transformed through Capacity Enhancement Toolkit

Shared Solution finding Frameworks
i.e. PIECES / UFIRST, GPA

Clinical Toolkits, College of Family Physician BPSD, CCSMH Best practice guidelines, algorithms

Person / Family Toolkits MAREP by Us for Us
Family guides CCSMH

New hot off the press
Shifting focus for responsive behavior CDRAKE?AKE and ASO

the Ultimate Alberta toolkit
Capacity enhancement learning by doing and discovering in the field one interesting example
Knowledge Translation in Transitions
the mobile team experience

Approach to service learning using inter agency teams

The Discovery

Three phase translation

A) Support
B) Contact provider translation
C) Facility wide translations

The Critical element for translation

- Service and clinical shared care plan
- Emotional translation plan
- Environmental plan
- Knowledge translations plan
Knowledge Exchange Solutions and Quality Improvement Door Leveraging learning and leading together
“My team is having trouble thinking outside the box. We can’t agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors.”
PDSA cycles – Plan Do Study Act
Advocacy and the impact of public engagement...

Mr. Lamoureux will review methods to engage advocates and influence decision makers. He will then examine strategies to approach and connect with stakeholders as well as discuss public policy and grass roots advocacy. He will look at some of the challenges associated with developing, implementing and maintaining a robust advocacy framework.

Apr 5, 2011 | 12:00PM - 1:30PM EDT

REGISTER NOW!
Alzheimer Knowledge Exchange

Supporting Quality Improvement

- Communities of Practice (CoPs): Groups of people who are committed to each other to offer support, share learning, and develop new knowledge in order to advance practice on a specific topic.
  - Topics/Groups:
    - Dementia and Environmental Design
    - Dementia Champions in Academia
    - Driving and Dementia
    - Health Care Consent and Advance Care Planning
    - Nurturing Knowledge Transfer and Exchange Leaders
    - Policy and Dementia Care
    - Primary Care
    - Psychogeriatric Resource Consultants
    - Supporting Family Caregiving
- Knowledge Brokers: Support the development and nurturing of CoPs, link people to people, information or resources, and support innovation and change by leveraging the knowledge of the ADRD community.
- Library Service: Information specialists provide paid caregivers with free access to health-related evidence.
- Access to Knowledge: Free online tools provide timely and resource-efficient support for knowledge exchange and dissemination.
- Resource Centre: Contains thousands of links to people, resources, information, blogs, and discussion forums.

Improving quality of life for persons with dementia

- Building Partnerships

Examples of strategic partnership include, but are not limited to, the following:

- Alzheimer Society of Ontario
- Canadian Dementia Knowledge Translation Network
- Local Health Integration Networks
- Murray Alzheimer Research and Education Program
- Ontario Association of Community Care Access Centres
- Ontario Association of Non-Profit Homes and Services for Seniors
- Ontario College of Family Physicians
- Ontario Community Support Association
- Ontario Dementia Network
- Ontario Home Care Association
- Ontario Long Term Care Association
- Registered Nurses’ Association of Ontario
- Seniors Health Research Transfer Network

Nurturing Innovations

The AKE stimulates and supports innovation through collaborations with partners on projects that advance the care of persons with ADRD. Some current and past collaborations include:

- Behavioural Assessment Units Information Exchange: A series of knowledge exchange interfaces for MOHLTC, LHINs, stakeholder organizations and long-term care homes to share models of development and practice.
- Alzheimer International Conference (2011): A collaboration between AKE, Alzheimer Society of Canada, and Alzheimer Disease International to bring the international ADRD community to Canada.
- Ontario Dementia Network: A coupled provincial network of local and regional networks that facilitates the sharing of knowledge and prevents duplication.
- First Link Program: A program designed to help health care professionals link persons with ADRD and their caregivers with local information and support.
- Age Friendly Communities: A collaboration to develop a planning framework for age-friendly communities.
- Dementia Care Showcase Series: An information exchange for Ontario change champions on Aging at Home Innovations for dementia care.
- Aging and Developmental Disabilities Program Showcase and Knowledge Transfer Project: An information exchange, coaching and building of partnerships between developmental services, long-term care and community care for seniors.
- Canadian Networking the Networks Initiative: An initiative of several national partners working together to accelerate knowledge transfer and exchange practice within the context of seniors’ mental health and dementia.

Quick Stats

- 2,000+ members
- 175 online knowledge exchange events each year, reaching over 2,500
- 3,000 visits to the AKE Resource Centre each month
- 800 new resources in the AKE Resource Centre

To learn more about these opportunities visit the AKE website:

www.AKEontario.org
A few last words and thoughts
“\textquotedblleft I Live With Me\textquotedblright”

\textit{Dorothy}
Rogers diffusion of innovation theory

Number of Adopters

Innovators Early Adopters Early Majority Late Majority Laggards
Rough waters
“There are those who look at things the way they are and say why.

I dream of things the never were and ask, why not.

One fifth of the people are against everything all of the time.”

Robert F. Kennedy
WE HAVE ONLY JUST BEGUN

“The best way to predict the future is to invent it”

Allan Kay
How Wonderful it is that nobody need to wait a single moment before starting to improve the world

Anne Frank
“Some look at things that are, and ask why. I dream of things that never were and ask why not?”

George Bernard Shaw
thank you for your attention