Please note:

This webinar is being recorded

Personal information in this initiative is collected under s.26(c) and 26(d)(ii) of the Freedom of Information and Protection of Privacy Act. The information is being collected in order to facilitate training and education as part of Clear. This webinar is being recorded and will be shared with program participants. We ask that you refrain from identifying patients, specific team members or offering any other personal information. If you have further questions, please contact the BCPSQC at 604 668 8210 or clearbc@bcpsqc.ca.

Your Clear team

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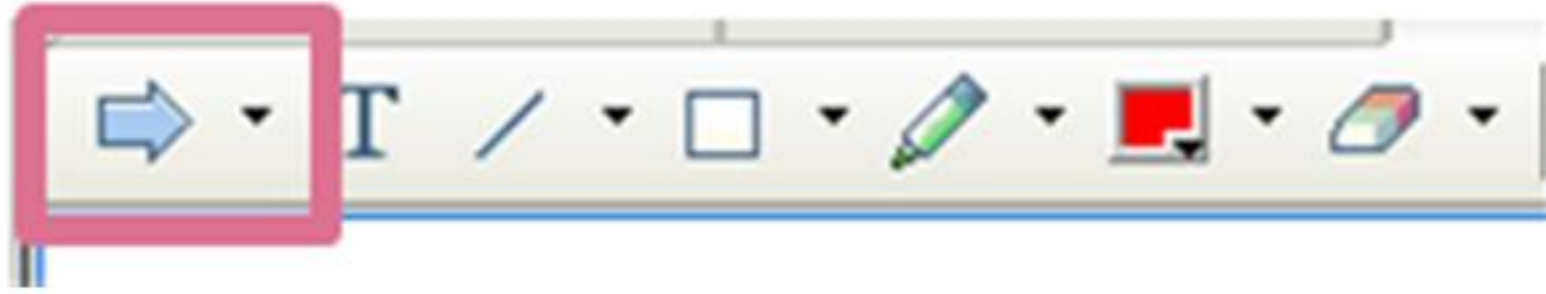**Kevin Smith**, Director of Communications

Dr. Ian Bekker, Clinical Lead

Leanne Couves, Interim Clear Director

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Interacting in WebEx

Today's Tools:
1. Pointer ➡
2. Raise Hand ✋
3. Yes / No ✔ or ✖
4. Chat

Who's Online?

- Aberdeen Hospital
- Augustine House/Haven House
- Beacon Hill Villa
- Bevan Lodge Residential
- Comox Valley Seniors Village
- Cumberland Lodge
- Dufferin Care Centre
- Elim Village, The Harrison/Harrison West
- Glacier View Lodge
- Good Samaritan Wexford Creek
- Gorge Road Hospital
- Guildford Seniors
- Heritage Square
- Jackman Manor
- Kamloops Seniors Village
- Kiwanis Village Lodge
- Louis Brier Home and Hospital
- Maple Ridge Seniors Village
- Nanaimo Seniors Village
- Nanaimo Traveller's Lodge (Eden Gardens)
- Peace Villa
- Powell River General Hospital

- Qualicum Manor
- Renfrew Care Centre
- Richmond Lions Manor Bridgeport
- Rosemary Heights Seniors Village
- Rotary Manor
- Royal City Manor
- Selkirk Place (Selkirk Seniors Village)
- Shorncliffe
- Simon Fraser Lodge
- Stanford Place
- The Pines
- The Residence at Morgan Heights
- The Residence in Mission
- Valhaven Rest Home
- Valleyhaven
- Waverly-Grosvenor House Ventures
- Willingdon Creek Village
- Woodgrove Manor
- Yucalta Lodge

Don't see your name? Use the text tool to tell us in the Chatbox!

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What Do We Want to Achieve?

The provincial average for potentially inappropriate use of antipsychotics is 25.9%, which is above the national average of 21.8%.

AIM: To reduce the rate of antipsychotic use in residents without a diagnosis of psychosis in participating care homes across the province from baseline to the national average (21.8%) by the end of the Clear initiative.

*The percent figures are reported from CIHI for 2016-17 Q4 (adjusted rate).

Quick Reminder...
Monthly Reports & Data Due

Driver Diagram

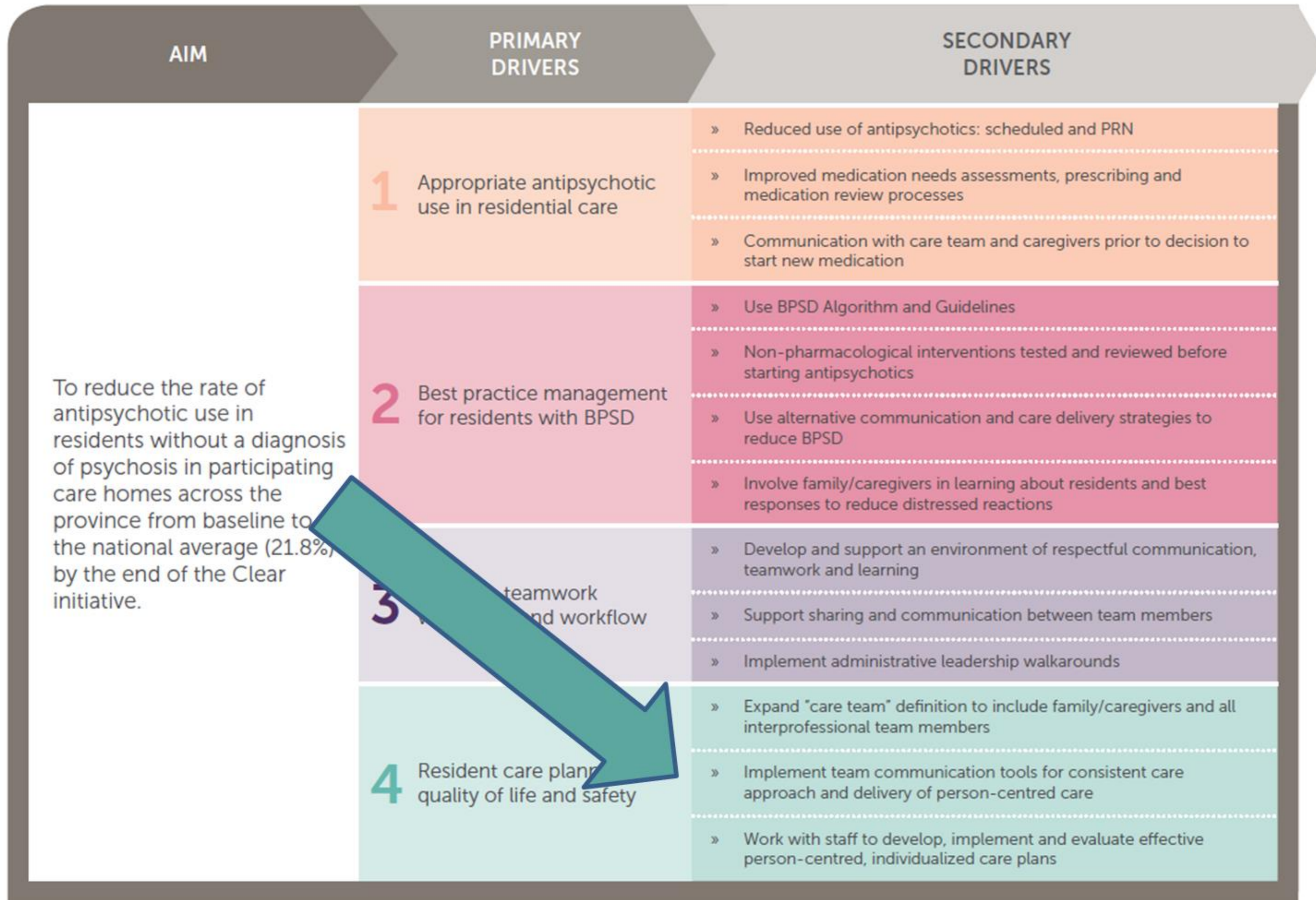| AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
To reduce the rate of antipsychotic use in residents without a diagnosis of psychosis in participating care homes across the province from baseline to the national average (21.8%) by the end of the Clear initiative.	**1** Appropriate antipsychotic use in residential care	» Reduced use of antipsychotics: scheduled and PRN
		» Improved medication needs assessments, prescribing and medication review processes
		» Communication with care team and caregivers prior to decision to start new medication
	2 Best practice management for residents with BPSD	» Use BPSD Algorithm and Guidelines
		» Non-pharmacological interventions tested and reviewed before starting antipsychotics
		» Use alternative communication and care delivery strategies to reduce BPSD
		» Involve family/caregivers in learning about residents and best responses to reduce distressed reactions
	3 teamwork nd workflow	» Develop and support an environment of respectful communication, teamwork and learning
		» Support sharing and communication between team members
		» Implement administrative leadership walkarounds
	4 Resident care plann quality of life and safety	» Expand "care team" definition to include family/caregivers and all interprofessional team members
		» Implement team communication tools for consistent care approach and delivery of person-centred care
		» Work with staff to develop, implement and evaluate effective person-centred, individualized care plans

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Learning Objectives

1. Outline the importance of team culture and non-technical skills

2. Identify the factors that can influence non-technical skills and impact culture

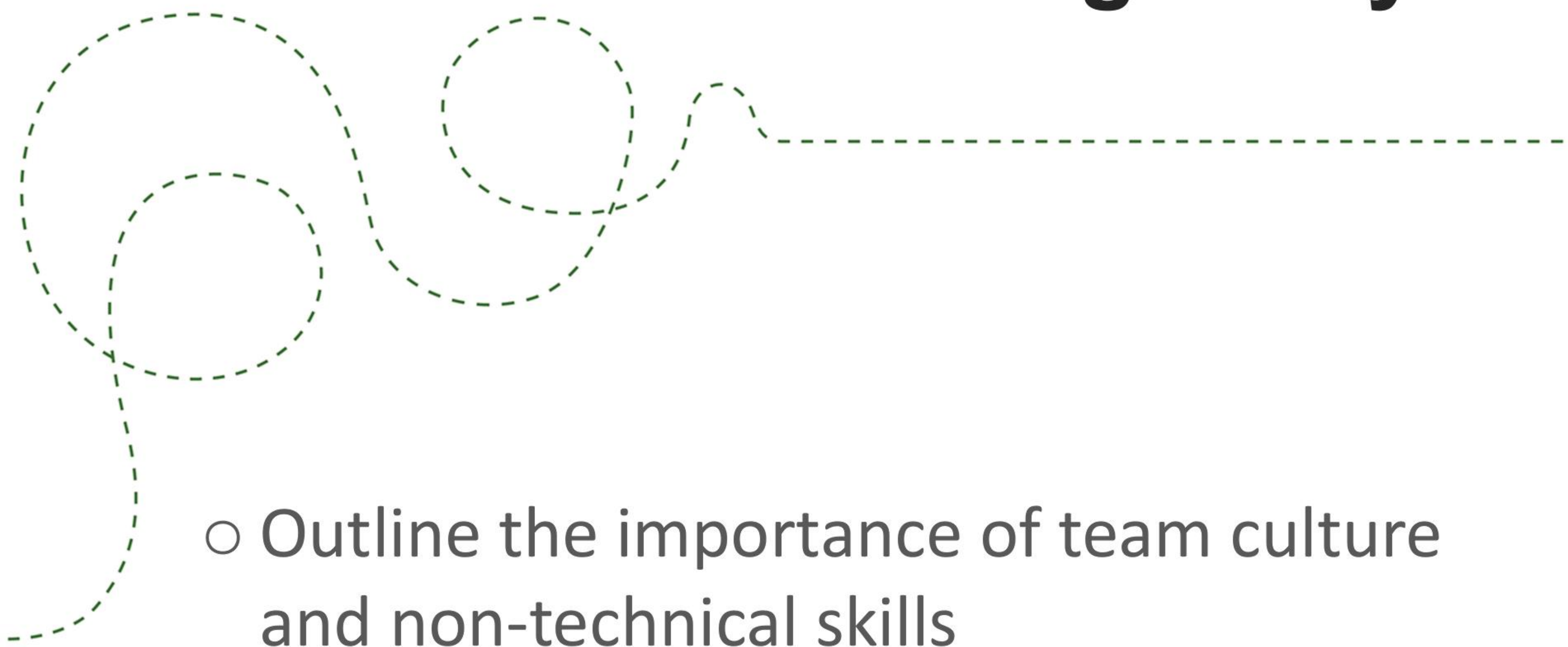# Exploring Foundations of Strong Teamwork and Communication

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Welcome!

Geoff Schierbeck

Kathryn Proudfoot

What we are covering today

○ Outline the importance of team culture and non-technical skills

○ Identify the factors that can influence non-technical skills and impact culture

Defining an Organizational Culture

"The way we are expected to things around here ..."

Davies, Nutley and Mannion, 2000

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Image source: https://blogs.hope.edu/getting-race-right/wp-content/uploads/sites/30/2014/09/What-is-culture.png

To Add to the Complexity...

- Diversity of cultures between:
  - professional groups
  - "geographic areas" (e.g., LTC, acute care, ED)
  - Levels of the organization (e.g., executive vs front-line)
  - Gender, traditions, generation
- Rivalry and competition between groups (i.e. different care homes under one larger organization)
- Different "sub-cultures" may be more or less open to change
- Outside cultural influences exists; can be at odds with internal culture
- Organizational culture can conflict with values and beliefs of organizational members

Davies, Nutley and Mannion, 2000

Everyone has a role to play in culture

because we are humans!

Why Does Culture Matter?

to provide equality of care

delivering person centered care - culture of individuals

Better working relationships if we understand our co-workers better

thoughts are different then its hard to fit in

It can make a difference if I come to work or not.
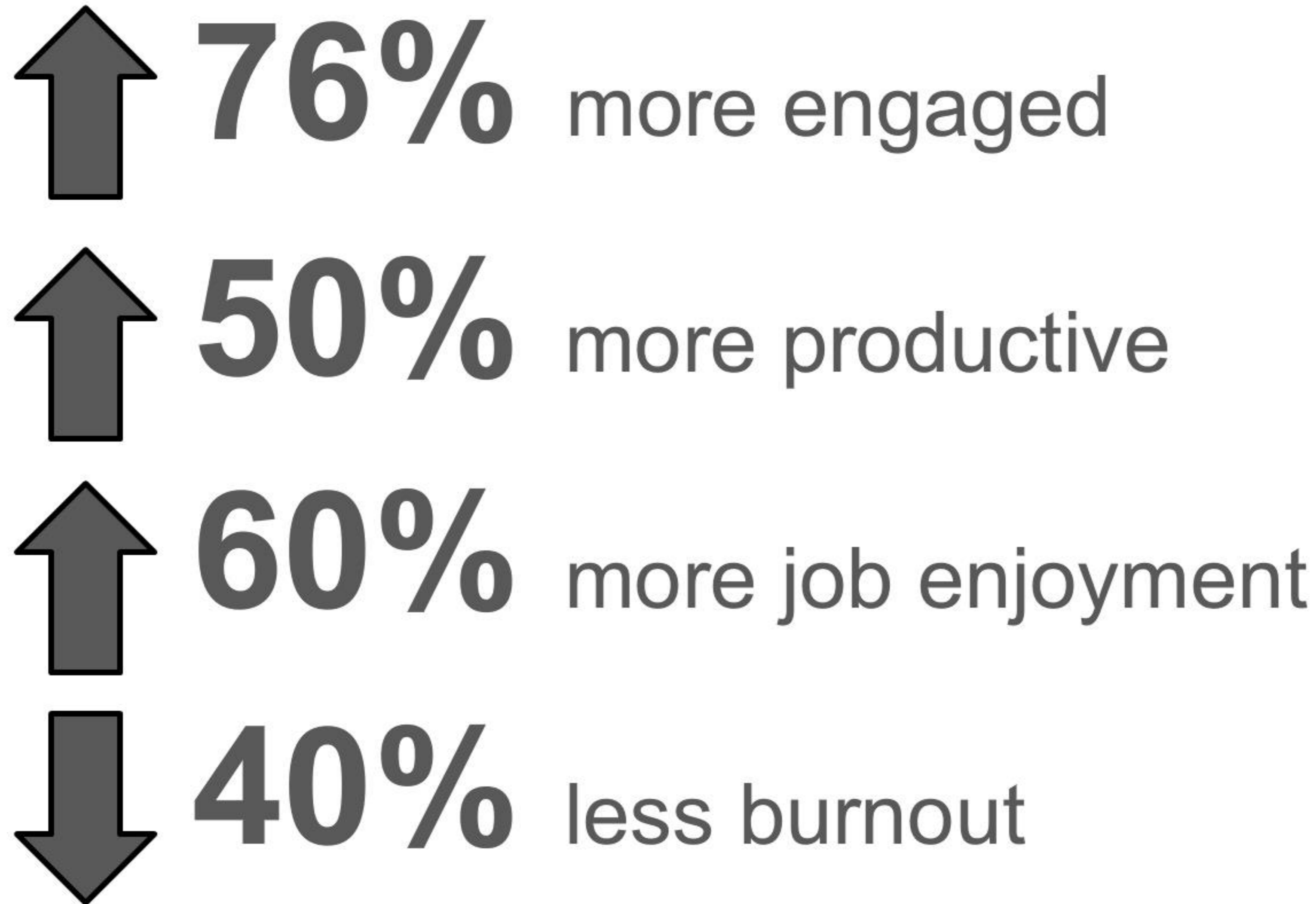
affects how we think and act

Affects person centered care

Gossip can be hard to handle and I think that is a

workplace satisfaction

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Why Does Culture Matter?

- System outcomes:
  - Mortality rates
  - Transfer rates
  - Adverse events (i.e. medication errors)
- Clinical outcomes:
  - Pressure ulcers
  - Falls
  - UTIs

Braithwaite et al, 2017

Why Does Culture Matter?
# Health Care Providers

↑ **76%** more engaged

↑ **50%** more productive

↑ **60%** more job enjoyment

↓ **40%** less burnout

Harvard Business Review, 2017

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Non-Technical Skills

- **Communication** was a causal factor in **43% of errors** made during surgery

- Joint Commission identified that **communication breakdown** was the most common cause in **63% of adverse events**

Gawande, 2003 | Joint Commission, 2004

Non-Technical Skills
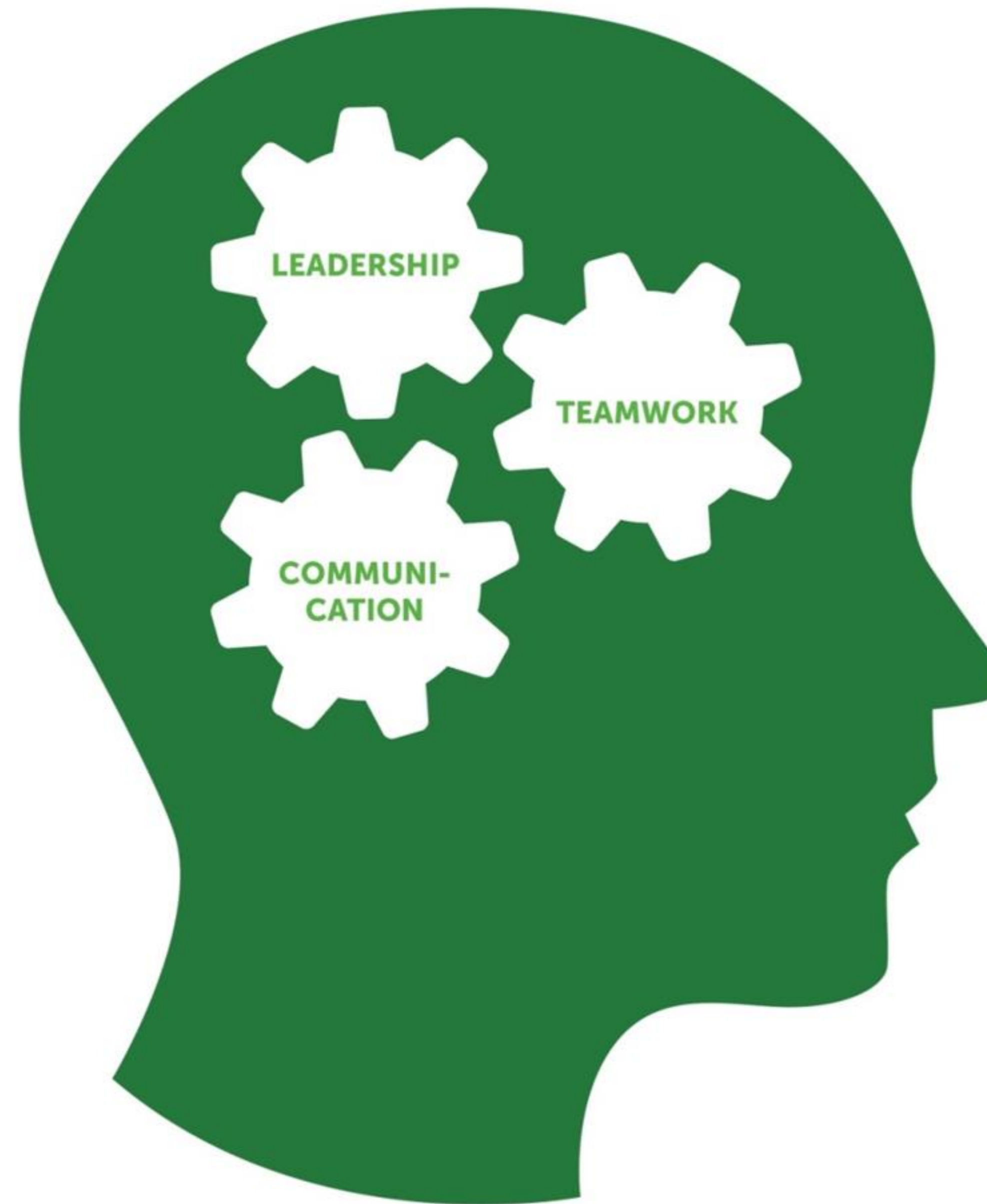
Yule et al. 2006

So busy - hard to find the time to do what is important vs. what is urgent (fire fighting)
communication
- breakdown in communication
I think we dont communicate as well as we could

What are some challenges your team is having with non-technical skills?

- external relationships

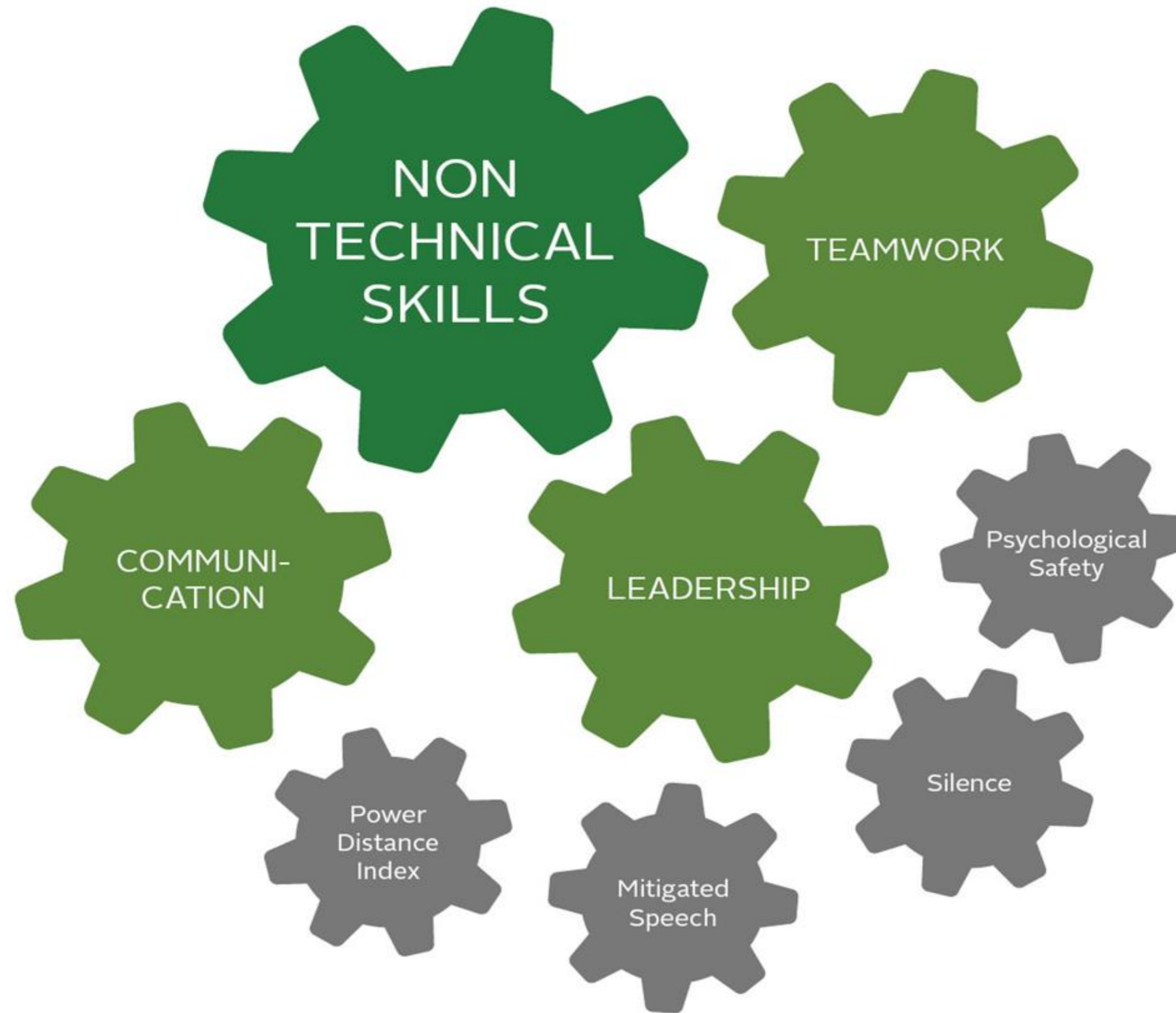- people are fearful of hurting each others fe

time to communicate face to face

Need to improve on communication

- too many emails

energy to stay positi

I don't feel like I am always supported to talk frankly

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The Impact of Non-Technical Skills on Culture

Power Distance Index (PDI)

Power distance is the extent to which the less powerful members of organizations and institutions accept and expect that power is distributed unequally.

What was the outcome of PDI in your workplace?

- ✓ Unpleasant work environment
- ✓ Lack of communication between team members
- ✓ Resident harm
- All of the above

Improving the PDI on your team

○ Have an open discussion on your team about PDI and its role

○ Reduce the use of titles

○ Ensure all team members know each other's names and roles

○ Use of huddles

Mitigated Speech

Any attempt to downplay or sugarcoat the meaning of what is being said.

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The higher the PDI, the more we mitigate our speech

Gladwell, 2008

Mitigated speech in health care

Dekker, 2011

Hint	• "Maybe we could do something different."
Preference	• "Perhaps we could look at the driver diagram for change ideas."
Query	• "Do you think using an antipsychotic our only option?"
Team Suggestion	• "Let's try doing a med review within a week."
Team Obligation	• "We must update and communicate the resident's care plan."
Command	• "STOP! This is not an appropriate use of antipsychotics."

Fischer and Orasanu 1999

trying pain medication versus antipsychotic

Have you been in a situation where you mitigated your speech to the detriment of resident care?

Not always honest to family members when situations arise

Teams are not always communicating openly
 - going to back to the resident's preferences versus staff preferences
When speaking is brought to attention they brush it off
Being straightforward and frank can be misinterpreted as being rude and insensitive

difficulty communicating severity to family

Nurses are not always open to hearing from the care aids

How can we do this in a respectful way? When is it too forceful?

Strategies to address mitigated speech

- Have an open discussion about the role mitigated speech plays on your team
- Create a teamwork agreement with your team
- Use a structured approach for communication

Silence

"We should seek to understand the multi-faceted meanings and impact of silence, and, rather than seeking to eradicate silence from team communication, we should educate practitioners to use and interpret silence wisely and safely." (Linguard 2012)
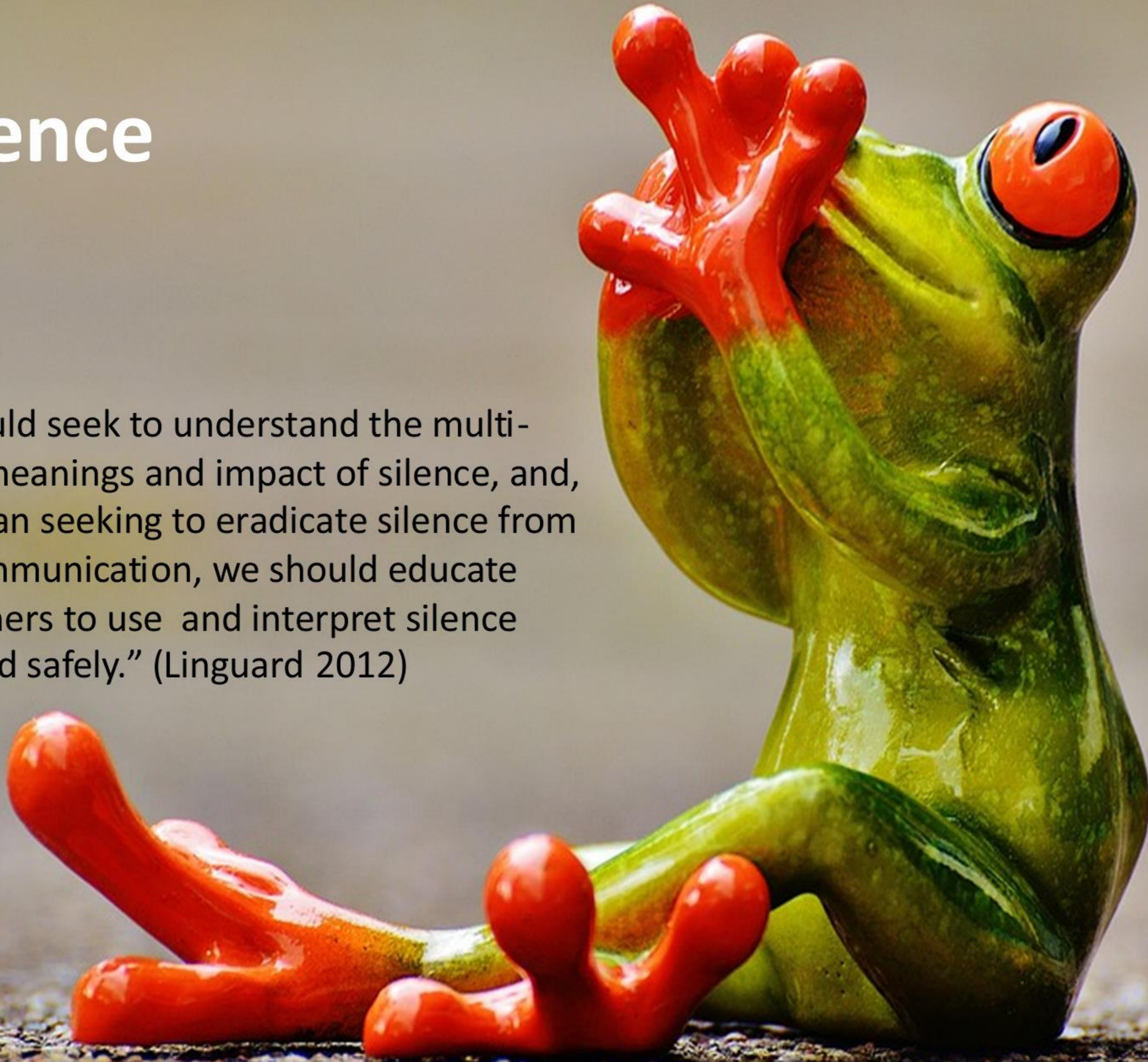
Psychological Safety

Psychological safety translates to...

- More confidence to engage in learning behaviour

- Allows team members to bring forth concerns and issues that can help the team

- Higher levels of engagement at work

Carmeli et al. 2009

Improving silence and psychological safety in your team

- Name the elephant

- Leadership support

- Trust

- Facilitate collaboration across disciplines

- Ask for feedback
  - Listen
  - Respond. If you can't, close the loop.

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Applied Learning Challenge!

1. Self-reflection
2. Create a teamwork agreement with your team
3. Other applied learning activities
   - Pick 1, 2, 3 or all 4 additional activities
   - Work through them as a team
4. We will share our experiences at the next webinar

Key Messages

- Completed monthly reports are needed for your IA to provide you any necessary coaching for your improvement.

- Culture, teamwork and communication all play an important role in the outcomes of our residents.

- Non-technical skills are as valuable as technical skills in how a team performs.

Capturing PDSA's in your spreadsheet

Physician Letters and Faxing Template

Antipsychotic Tapering Request Form

Date: _____   Form completed by: _____

Dear Dr. _____,   Care Home Fax #: _____

[Resident Label]

_____ is one of is one of 52 care homes across BC participating in a provincial quality improvement initiative called Clear (www.ClearBC.ca). Clear aims to improve dignity for seniors with cognitive impairment by using best practices to address the behavioural and psychological symptoms of dementia (BPSD), leading to a reduction in the use of antipsychotics for this population.

Our team has identified _____ as someone who could benefit from a reduction in antipsychotic medication.

☐ Our team is ready to support them with care planning which includes non-pharmacological behavioural interventions.
☐ The resident (if capable) and/or their substitute decision maker supports the plan.

History

Date of admission to care home: _____
Clinical diagnosis(es) of dementia: Yes ☐   No ☐
Current antipsychotic(s)/dose/frequency:
_____ Date started:_____
_____ Date started:_____

PRN antipsychotic(s)/dose:
_____ Given Last 7 days? ☐
_____ Given Last 7 days? ☐

Being Used For:
☐ Physical aggression
☐ Verbal aggression
☐ Delirium
☐ Insomnia
☐ Psychotic symptoms (hallucinations/delusions)
☐ Other or Unknown:_____

Current Status

☐ No risk of physical aggression
☐ No unmanageable verbal aggression
☐ No psychotic symptoms (hallucinations/delusions)
☐ Other: _____

deprescribing.org

Antipsychotics: 25%-50% dose reduction every 1-2 weeks
Strong Recommendation
(from Systematic Review and GRADE approach)

Your New Orders *(to be completed by Physician, fax back to Care Home)*

☐ Please call me to discuss.
☐ Remind me to address at next visit.
☐ Will review at next medication review or case conference.
☐ No change.   Reason: _____
☐ Other: _____
_____

Dose tapering instructions: _____
_____
_____

What our team will do

☒ Within our care planning, use non-pharmacological interventions to address behaviours before contacting you for further orders
☒ Track behaviours and advise you of changes in patient status either
      ☐ weekly ☐ bi-weekly

Form Version: Final as 24-May-2018
To provide feedback on the form, contact clearbc@bcpsqc.ca

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What is one thing you heard today that you may start to use by next Tuesday?

Upcoming Webinars

- June 28 – Engaging in Effective Communication
- July 12 - Fostering Trust and Leadership
- August 2 – Navigating Conflict Successfully

Regional Sessions
Mark Your Calendars!

- Island Health (Nanaimo) Sept. 25

- Fraser Health (Langley) Oct. 2

- Vancouver Coastal (Vancouver) Oct. 3

- Northern Health (Dawson Creek) Nov. 2

Thank You

Participating Teams

Faculty

Support Team

Evaluation!

Please complete the evaluation of the webinar after you close the webex.