

CARE OF THE ELDERLY



Family Medicine

Development of long-term care interest groups

Workshop (407-19 and 507-19)

Kanwal Shankardass

Sunday, October 27, 2019



Learning Objectives

- Describe how a long-term care interest group is organized.
- Show the benefits and supports for colleagues with a shared clinical interest.
- Give examples of interesting cases.





Disclosures

- Kanwal Shankardass has no disclosures of financial compensation from pharmaceutical or medical device companies.

History of
long-term care
clinicians
interest group

- 10 year history
- Started by Care of the Elderly Working Group with support from St. Peter's Resident @ Chedoke
- Started as LTC medical directors interest group
 - LTC physicians interest group
 - LTC Clinicians Interest Group of Hamilton (Medical Directors, MDs, administrator's, pharmacist, NPs, nurses, paramedics, DOCs)

CARE OF THE **ELDERLY**



Background Statistics

- Population of Hamilton approximately 600K
- 26 LTC facilities in Hamilton
- Approximately 100 family physicians
- 6 NPs
- 7 Pharmacies



Master List

- Managed by Kanwal Shankardass:
 - Updated yearly.
- Includes long-term care homes, administrator's, DOCs, medical directors, physicians.
- Separate list including NPs, pharmacists, and others interested in long-term care



Structure


- Subcommittee of Care of the Elderly Working Group – Department of Family Medicine at McMaster University : Also chaired by Kanwal Shankardass
- MAC COE: Mission, vision, values
- Administrative support to update the list, organize agenda, email
- Minutes prepared by Kanwal Shankardass



Capacity



- Goal: Quarterly meetings
- Attendance initially 20, now ranging 30-50.



Topics
already
covered

- INR monitoring
- Periodic Health Exam in LTC
- Billing issues in LTC
- Deprescribing
- MD management issues
- Osteoporosis - Dr. Papaianou
- Diabetes in LTC
- UTI - Dr. Loeb
- ED transfers
- Cholesterol Treatment guidelines
- Research - probiotics
- Anticoagulation in LTC
- NP initiative
- Responsive Behaviours in LTC
- MAID
- Cannabinoids
- Transfers to ER from LTC

Challenges

- Single leader: Efficient, but time-consuming
- Updating master list: Still mostly by Kanwal Shankardass
- Keeping minutes
- Looking for venues:: As increase success limits venues due to size of group rooms.
- Funding for dinners: Cost approximately \$13-\$18 per person.



Challenges Continued

- Interest in research and changing practices in long-term care: Getting commitment from administrators, medical directors, DOCs.
- Interest another geographic areas: Niagara, Branford
- Guidelines developed a St. Peter's: Looking to disseminate (deprescribing statins, CBG monitoring)



Successes

- Free space from 2 Long-Term Care Homes & offers from others
- Research interests growing
- 10 year Legacy: Building in attendees.
- Reviewed numerous critical learning topics in a timely manner



Successes
continued


- Interest from other communities to join
- Funding: Initially sponsored by Big Pharma, administrator's from long-term care,
- New funding by local physician Grant develop research network: Devote 10-15 minutes of each meeting to discuss this.
- Approached for second time in 6 years by LHIN Physician lead to discuss ED transfers



Most recent
meeting

- Transfers to ED / Advance Care Planning
October 18, 2019





Take-home
messages

- 1 person commitment
- Start with a small community: choose a region
- Contact medical directors first, determine interest.
- Involve medical directors to approach administrators
- NPs and pharmacies showed a lot of interest
- Develop master list: Have administration support
- Administration support: Agenda's, invitations, update list
- Topics: Survey interest, choose broader topics (cannabinoids, ED transfer)

Question & Answer

- Please complete the evaluation

