Senior Wellness Program: An innovative collaborative approach to provide comprehensive patient-centered care to promote health and independent living at home

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ÉQUIPE DE SANTÉ FAMILIALE DE CHAPLEAU & DISTRICT FAMILY HEALTH TEAM

NORTH WEST TELEPHARMACY+ Solutions

BACKGROUND

- The number of seniors aged 65 and over is projected to more than double from about 2 million in 2012 to almost 4.2 million by 20361
- Many rural and remote Family Health Teams (FHTs) in Ontario still do not have access to a dedicated clinical pharmacist as part of the team to implement a collaborative, comprehensive patient-centred initiatives
- Focus of Senior Wellness Programs (SWP) is to educate seniors on how best to manage their health and activity levels for optimal function and performance

FHT DESCRIPTION

- Chapleau and District Family Health Team (CDFHT) is located in remote northern Ontario
- Population of around 2500 with an increasing senior population
- FHT roster of 1950 patients
- Staff includes 3 physicians, 2 nurses and 1 RPN; a visiting chiropodist holds quarterly clinics
- Since 2012, a remote clinical pharmacist has been contracted to provide pharmacist services to both staff and patients using teleconference or Ontario Telemedicine Network (OTN) videoconference technology for 2.5 hours a week

DESCRIPTION

- SWP developed in fall of 2013 with roll-out for Feb 2014
- Program highlights a combination of preventative care, ongoing health and safety maintenance, customized plan for aging patient and their circumstances
- A SWP specific stamp created in EMR to enforce consistency during interview process
- Health care practitioners (HCP) can refer seniors to physiotherapy, occupational therapy, audiology, CCAC programs, CNIB and lifeline and other services offered in community

ACTION

Letter of invitation sent to all seniors over age of 65 on FHT roster February 2014

Nurse (RN) conducts a comprehensive holistic assessment addressing physical, psychological, cognitive, sexual and social aspects of living, identifying areas of concern or need.

Remote Clinical Pharmacist conducts medication review including Falls Risk and Osteoporosis Risk. Medication concerns are addressed along with educating patients on chronic disease and drugs.

Physician reviews assessments and recommendations from nurse and pharmacist, and then physician completes a final assessment and plan of care with the patient

SENIORS WELLNESS VISIT
Ht:
Wt:
VS:
Allergies:
Immunizations up to date:
Prevnar Jun 28, 2011
Prevnar Jun 29, 2011
flu vaccine Nov 1, 2011
Nov 21 , 2011
Jun 28, 2011
flu vaccine
flu vaccine
Fluviral
Refused on Dec 28, 2012
Dec 28,2012
Risk Factors: no recreational drug use
no known genetic risks
no dietary concerns
no known dangerous behaviours
abuse ...
sedentary lifestyle
current smoker, uses cigars ...
Patient's/family concerns:

WORK HISTORY
Retired or working:
Occupational risk:
Work related injuries:
Pension plan:
Drug plan:

CURRENT LIVING SITUATION
Address: 100 Forest St.
Rent or own home:
Lives with:
Lives alone:
One or two story house:
Where is laundry located:
How do you heat your home:

FAMILY
Marital Status:
Children, dependent/independent:
Grandchildren:
Family living in town:

CAREGIVER SUPPORT
Family/friend caregiver:
Community support/CCAC services:

Help line necklace:
Family/friends assistance (cooking, cleaning, groceries, firewood):
Travel to and from doctor's appointments in town:
Travel to and from doctor's appointments out of town:
Are there times when you do not receive necessary support:
Can your caregiver provide you all the time you need:

ADLS
Dressing:
Eating:
Ambulation:
Toileting:
Hygiene:

IADLS
Housework:
Taking medications:
Banking:
Grocery Shopping:
Using the telephone:
Home Maintenance:
Snow removal:
Care of pets:

COGNITION
MOCA:
Family history of Alzheimer's/Dementia:
Hx of stroke or uncontrolled HTN:
Do you have any concerns about your memory:
Have you ever forgotten to turn off the stove or lock the doors:
Have you ever gotten somewhere and forgot why you were there:

DEPRESSION
Diagnosis of depression:
Do you feel depressed:
Sleep - insomnia or hypersomnia:
Interest reduced:
Guilt and self-blame:
Energy loss and fatigue:
Concentration problems:
Appetite changes increase in appetite/weight or decrease in appetite/weight:
Psychomotor changes - agitation/anxiety, retardation:
Suicidal thoughts:

HEARING
When was your last audiology appointment:
Do you own/use hearing aids:
Do you experience difficulty hearing in crowds or when using the phone:
Have you noticed a decline in your hearing:
Have your family/friends notice a decline in your hearing:

VISION
Visual Acuity:
Last optician appointment:
Prescription or "cheater" reading glasses:
Vision history (cataracts, glaucoma):
Risks (diabetes):
How is your vision at night:
Have you ever tripped or fallen because you couldn't see:
Last CNIB van visit:

DENTAL
Teeth or dentures, full or partial:
Last dentist appointment:
Dental plan:
Any tooth or mouth pain:
Chewing and swallowing:

NUTRITION
Do you take any supplements:
How much do you drink in a day:
How many meals do you eat in a day:
Any changes in appetite:
Weight gain/loss:
Do you see a dietician:
Do you cook independently:
Does someone cook for you:
Do you receive meals on wheels:

ELIMINATION
Continent of urine (full, stress, occasional):
Continent of stool:
Any changes in urine or bowel control:
Constipation:
FOBT:

SLEEP
How many hours of sleep at night:
Sleep symptoms (sleep apnea)
Do you feel rested:
Do you nap during the day:

FALLS/MOBILITY
Mobility aids:
History of falls:
What caused the fall:
Injuries related to falls:
How do you manage with stairs:
How do you manage getting in and out of the tub:
Benefit from raised toilet seat/safety bars:
Any obstacles in the home (throw rugs, uneven stairs/floor, loose or no railing on stairs):
Do you use furniture to help you get up from a sitting position or to stabilize yourself:
Adequate exterior lighting:
Exterior steps with railing:

OSTEOPOROSIS
Family history:
Last bone mineral density test:
Assess medications for risk of osteoporosis:
Do you take Vit D or calcium supplements:
Height as adult and height now:
History of fractures:

DRIVING
Are you currently driving:
Do you have a valid driver's license:
Do you drive at night:
When did you stop driving:
Who drives you now:

SOCIAL LIFE
What do you do for fun/to keep busy:
Spirituality/Religion:
Travel:
Groups/Committees:
Community events:

SEXUALITY
Are you sexually active:
Do you have an interest in sexual activity:
Is there anything preventing you from sexual activity:
Any associated symptoms (pain, impotence):

INTEGUMENTARY
Braden scale:
Any bruises, lumps, bumps, cuts, scrapes:
Any abnormal moles:

ELDER ABUSE
Do you feel unsafe:
Does anyone make you feel unsafe:
Does anyone try to take advantage you financially:
Do you feel manipulated or used by anyone:
Does anyone humiliate or embarrass you?
Does anyone hurt you physically (grabbing, hitting, etc):
Does anyone deprive you of basic necessities (food, clothes, heat, medication):

PAIN ASSESSMENT
Do you have pain?
PQRST:

MEDICATIONS
Updated med list:
Any vitamins, supplements, patches, creams:
PRN meds for pain, heartburn, constipation:
Which pharmacy do you use:
Do you have blister packs:

PHARMACIST
Does pt take any medications that increase falls risk:
Does pt take any medications that increase osteoporosis risk:
Would pt benefit from Vit D or calcium supplements:

Nurse Flagged Issues:
Pharmacist recommendations:

PHYSICIAN
Assessment:
Power of Attorney personal care:
Power of Attorney financial care:
Up to date will:
End of Life care directions:
Assessment of issues flagged by nurse and pharmacist recommendations:
Referrals as necessary.

EVALUATION

- 341 patients identified eligible to receive invitation (17.5% of FHT roster)
- Total of 62 patients enrolled into Senior Wellness Program between February 2014 and September 2014
- RN identified 52 issues to be acted on by the pharmacist or the physician
- Additional 23 areas of need identified by RN which could be managed by RN including referrals to other HCPs (9), cognitive testing (8), and monitoring/education (6)
- I patient directed by RN to ER for admission due to serious SOB during interview
- 35 patients interviewed by remote pharmacist for comprehensive medication review and health education (56% of total SWP patients) (see table below)

Number of Recommendations Requiring MD Acceptance	Number of Recommendations Not Requiring MD Acceptance	Number of Recommendations Accepted by MD	Recommendation Acceptance %
34	42	19	55.8 %

- 2.1 recommendations were made by pharmacist to resolve potential drug related problems (DRPs) per patient

DISCUSSION

- SWP well received by patients invited to participate
- Opportunity for seniors to have dedicated time to discuss their issues and concerns openly
- Promotes collaboration between FHT HCPs and provide patient-centered care
- RN component of program allows for identification of issues which would not be otherwise brought up by patient
- RN is able to help co-ordinate with resolving many of the issues including referrals to other HCPs and programs.
- The SMART (Seniors Medication Assessment Research Trial) has provided evidence to support integration of clinical pharmacists into primary care practice sites.2
- The SMART Trial demonstrated the willingness of physicians and pharmacists collaborating to resolve drug-related problems (DRPs)
- 2.5 DRPs per senior were identified by the pharmacist with physicians accepting 72.3% of recommendations in the SMART Trial
- Our SWP demonstrated a lower MD recommendation acceptance rate than the SMART study despite a similar number of recommendations per patient; pharmacist not being physically present could explain lower acceptance rate for recommendations
- Challenges included:
- French speaking patients required translator especially when communicating with pharmacist
- Timely follow-up on recommendations; Pharmacist not on site so communication with physician delayed at times
- Identifying a process to follow-up implementation of recommendations

CONCLUSION

- A collaborative approach to implement a patient-centered Senior Wellness Program helps with identifying health and medication issues in a more timely manner to help improve patient health
- Remote technology is a feasible option to include a clinical pharmacist into the program for those FHTs unable to have one physically on site

REFERENCES

1. Ontario population projections update. Ontario Ministry of Finance. Spring 2013. http://www.fin.gov.on.ca/en/economy/demographics/projections/
2. Sellers J, Kaczorowski J, Sellers C, et al. A randomized controlled trial of a pharmacist consultation program for family physicians and their elderly patients. CMAJ 2003; 169:17-22

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