Choosing Wisely Canada: Introducing a New National LTC Program

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Conflict of Interest

Sid Feldman

- Relationships with financial sponsors:
  - **Grants/Research Support:** Canadian Institutes of Health Research, PHAC, University of Toronto Academic Health Sciences Innovation Funds
  - **Any direct financial relationships including receipt of honoraria:** Ontario College of Family Physicians, Ontario Osteoporosis Strategy, Choosing Wisely Canada
  - **Memberships on advisory boards or speakers' bureau:** Osteoporosis Canada (volunteer member Scientific Advisory Council)
  - **Patents for drugs or devices**: None
  - **Other: financial relationships/investments** Salary support from Baycrest Centre, U of T DFCM, Baycrest Global Solutions

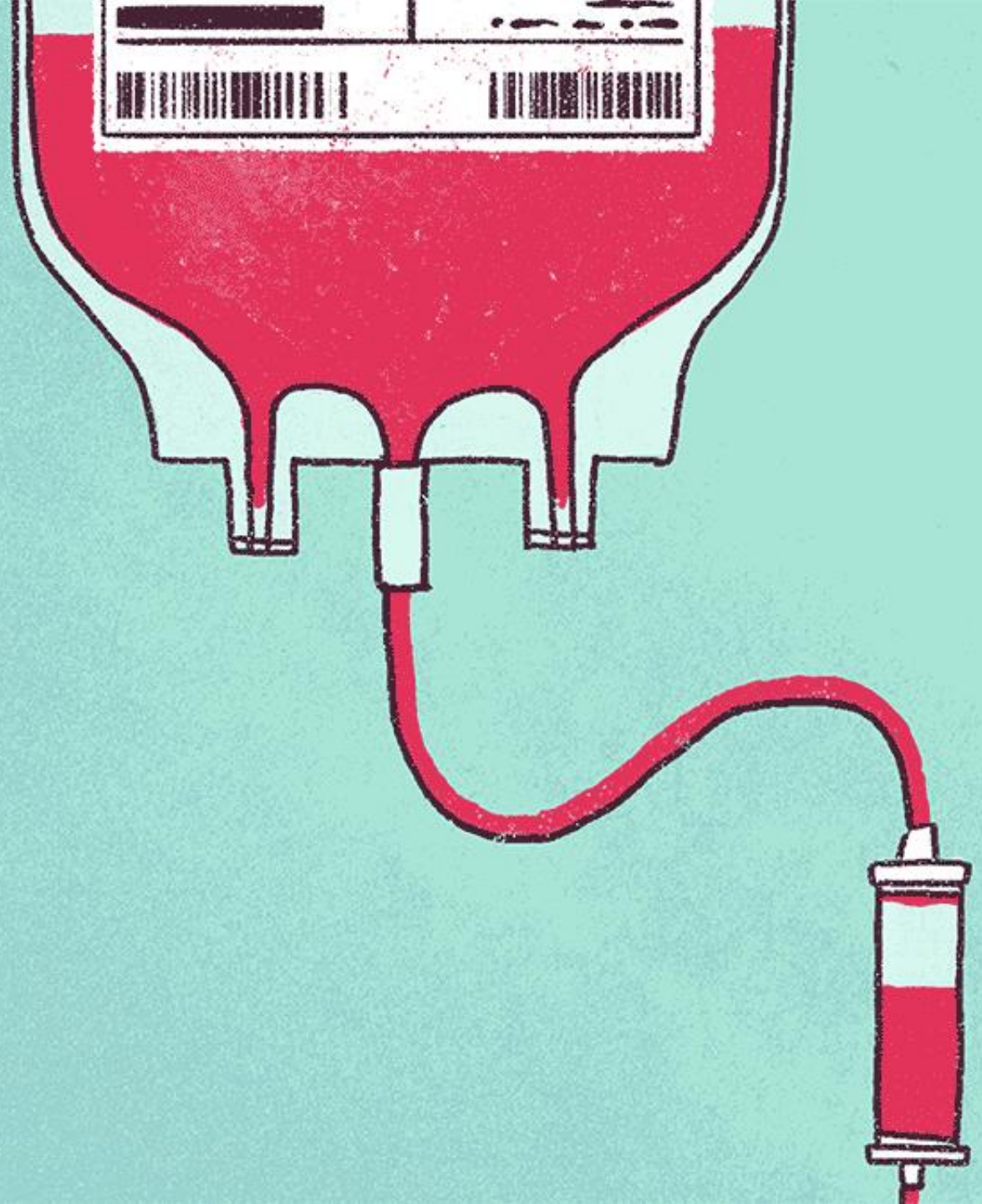
Julie Weir

- Relationships with financial sponsors:
  - **Any direct financial relationships including receipt of honoraria:** Choosing Wisely Canada

Objective

To describe the national program aimed to decrease inappropriate medication use in long-term care settings

- Discuss the strategy for the program elements
- Review current prescribing rates in antipsychotics
- Discuss next steps



Make every drop count.

Is your hospital using blood wisely?
Take the challenge.

Using Blood Wisely.

An initiative of:
Choosing Wisely Canada
Canadian Blood Services

Benchmarks

- At least **65%** of red blood cell transfusion episodes are single unit, and
- At least **80%** of inpatient red blood cell transfusions have a pre-transfusion Hb 80 g/L or less

ACCREDITATION CANADA

Using Blood Wisely.

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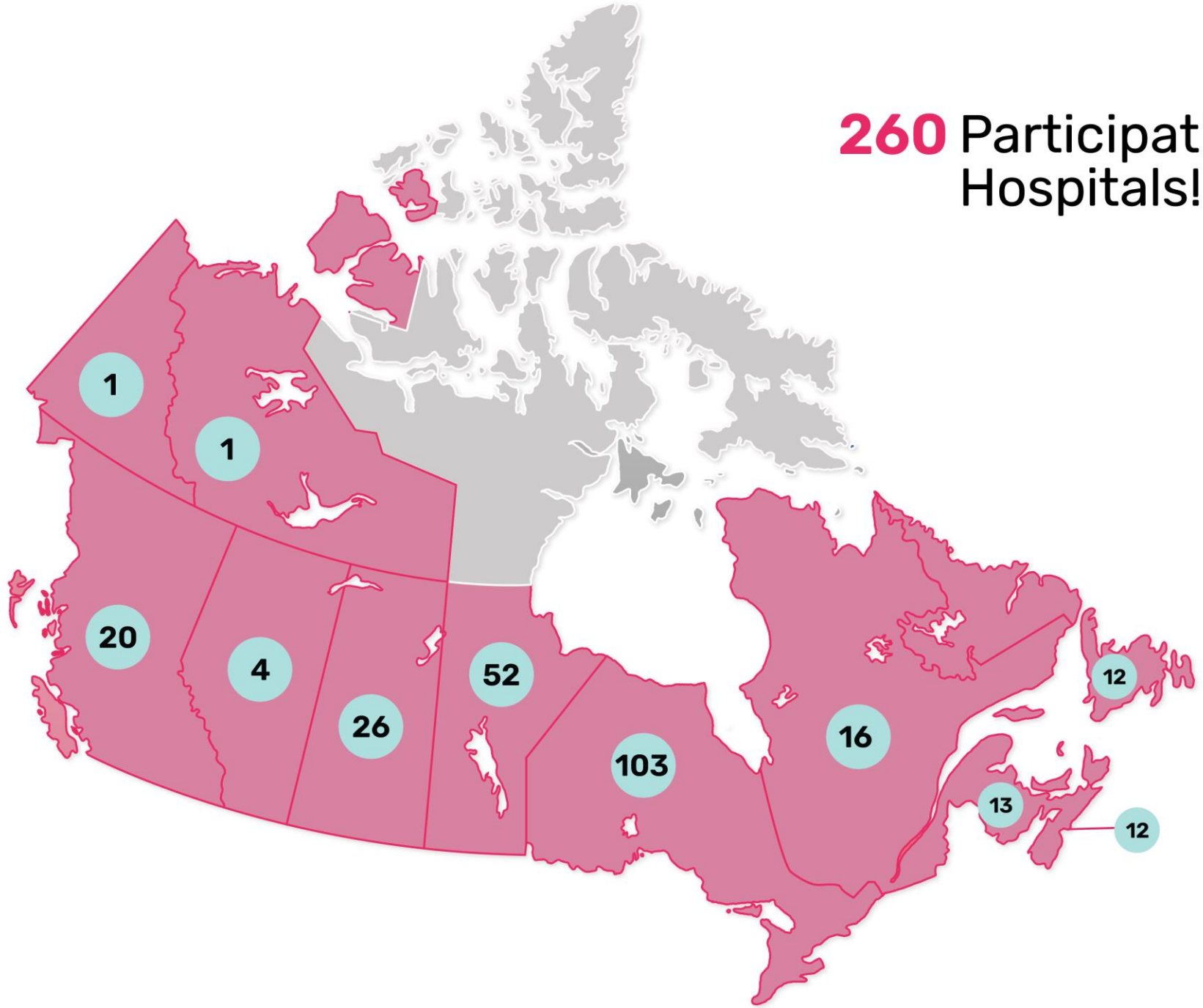
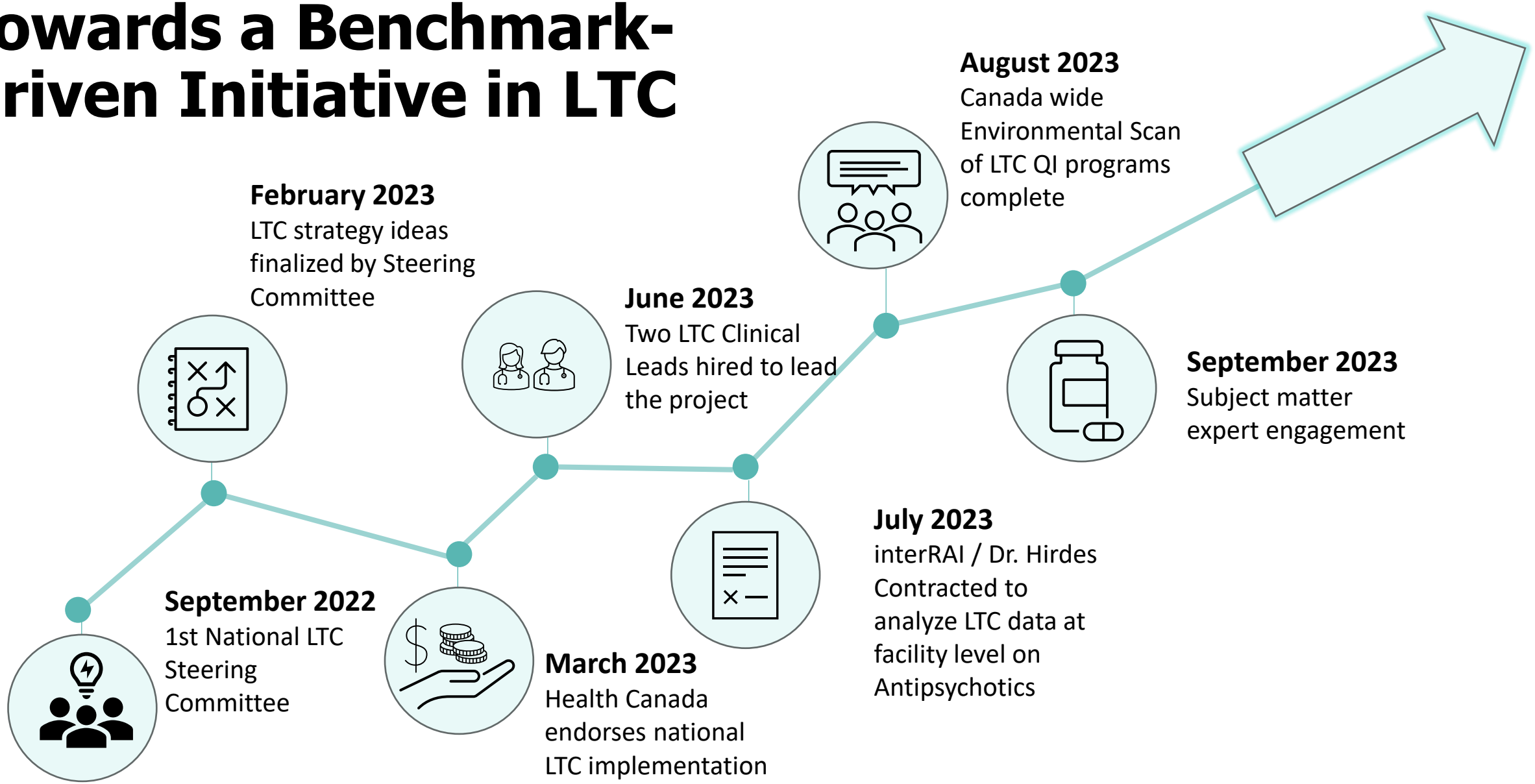
Héma-Québec

260 Participating Hospitals!



155 Hospitals Designated!

Towards a Benchmark-Driven Initiative in LTC



CWC National LTC Program

Data Report:
National Benchmarks on medications

Recognition:
Acknowledgement of facilities who meet the benchmark(s)

Quality Improvement:
Highlight resources to help facilities who want to meet benchmarks

Data & benchmarking

- Conduct analysis of appropriate prescribing at the home-level for a basket of drugs
- Develop and publish national appropriateness benchmarks

Dr. John Hirdes
University of Waterloo
Chair for InterRAI

First Phase –2024/25

- Antipsychotics
- Benzodiazepines
- Antibiotics

Steps to benchmark development include:

1. interRAI team propose benchmark based on evidence
2. Delphi process to validate benchmark led by CADTH
3. Publication written on benchmark
4. Public rollout of benchmark

Recognition

Meet benchmark?

- Public recognition for appropriate prescribing
- One year only

Process for recognition – details to be workout

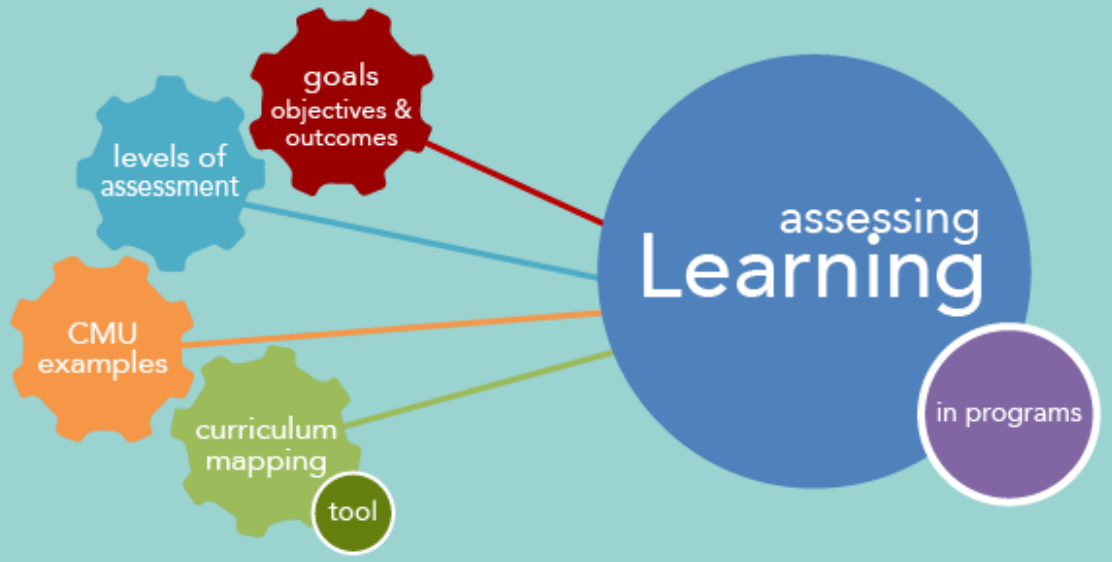
- Certificate sent to facility?
- Acknowledge on CWC website?
- CWC Talks promoted to share excellent work
- Prescribing rate relative to the benchmark acknowledged by CIHI in public reporting
- Awards given to facilities?
- Other?

Don’t meet benchmark?

QI programs

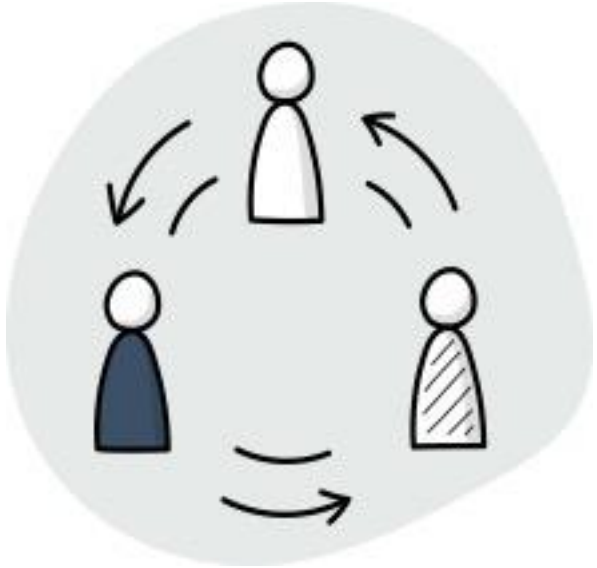
Objectives:

- Avoid reinventing the wheel
- Leverage what exists as much as possible
- Make it easy and rewarding to do QI work



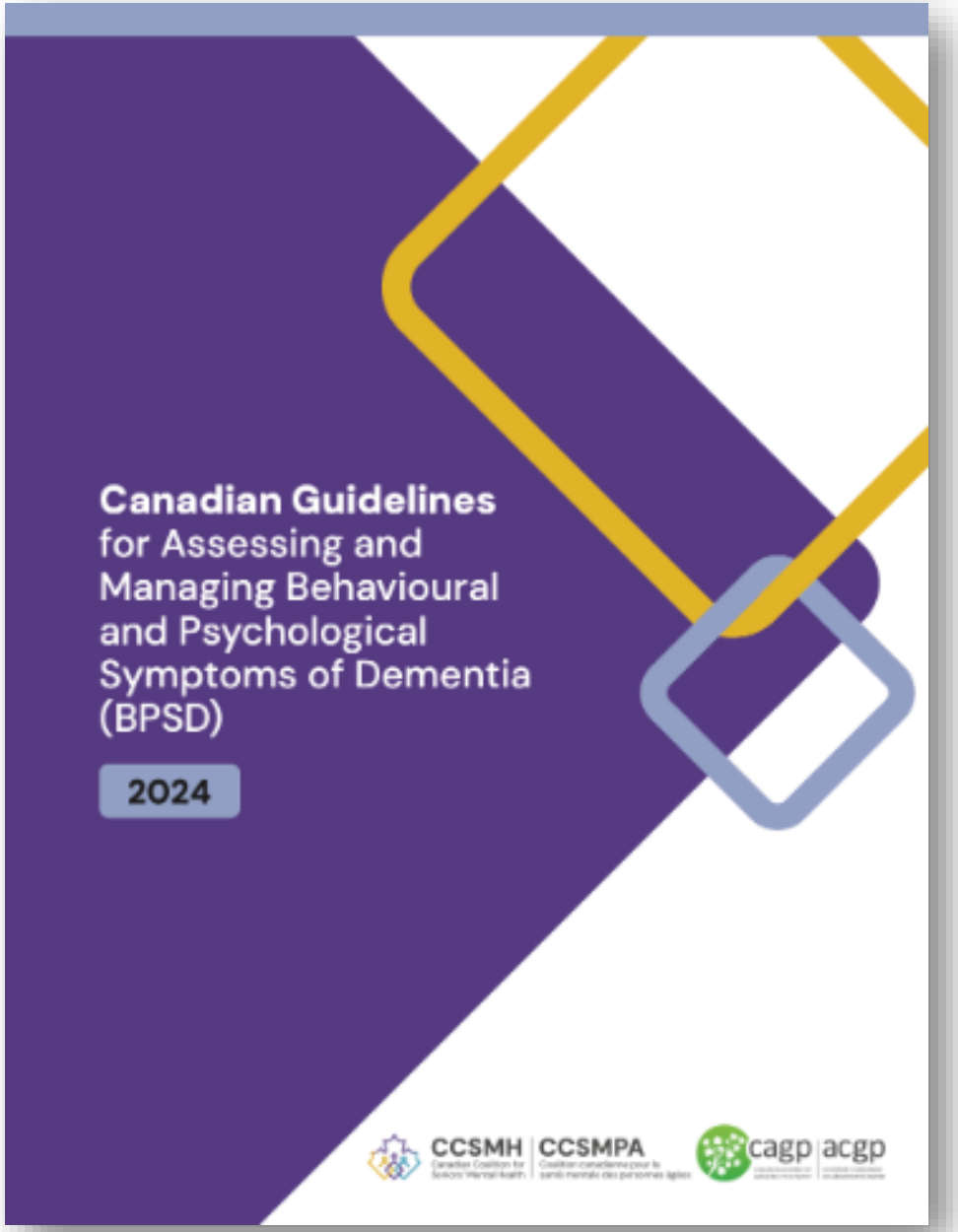
Reconvening: National AUA LTC Committee

- Committee with provincial and territorial representatives – May 2024
- Share and create tools and resources
- Community of Practice – to share QI best practice strategies and learnings
- Facilities not meeting benchmark will be encouraged to work with their provincial/territorial QI program



Questions… Comments?

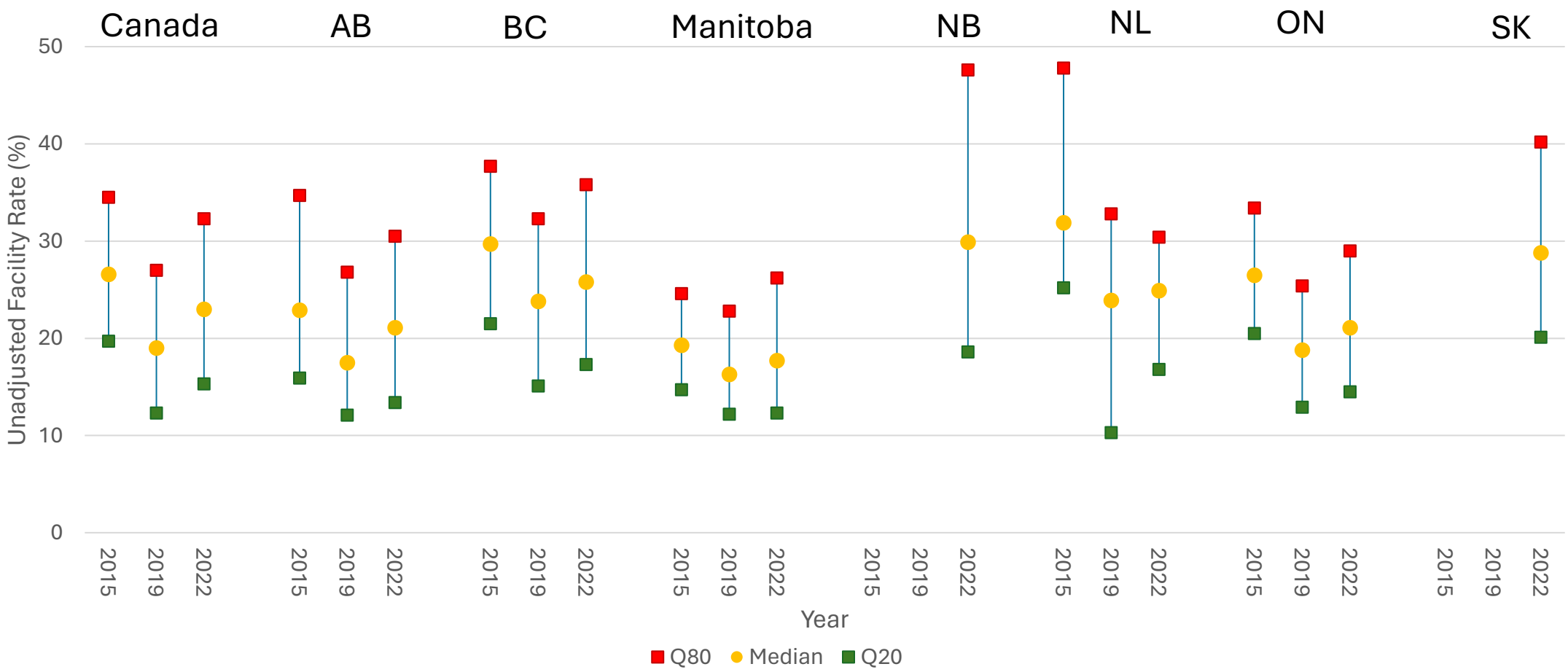
A National Benchmark on Antipsychotics for LTC


Canadian Guidelines
for Assessing and
Managing Behavioural
and Psychological
Symptoms of Dementia
(BPSD)
2024
CCSMH
CCSMPA
cagp
acgp

Facility Level Analyses of Psychoactive Medication Use, Canada, 2015-2022

- Use both CCRS and IRRS data where available
- Compute facility level rates for first quarter
  - Raw unadjusted rates with no exclusions
  - Risk adjusted antipsychotic QI
  - Facility level covariates
    - Demographics: age, sex
    - Diagnostic: schizophrenia, bipolar disorder, depression, anxiety, UTI
    - Clinical indicators: CPS, ABS, DRS, sleep, hallucinations/delusions, delirium
    - Facility characteristics: Province, region, size
- Provinces (# facilities)
  - Includes: BC (288), Alberta (174), Saskatchewan (156), Manitoba - WRHA (38), Ontario (628), New Brunswick – 2022 only (69), Newfoundland & Labrador (36)
  - Excludes: Nova Scotia (3), Yukon (3)

Canadian Trends in Risk Adjusted QI for Potentially Inappropriate Use of Antipsychotics in Long-term Care Homes, First Quarters of 2015-22, by Province



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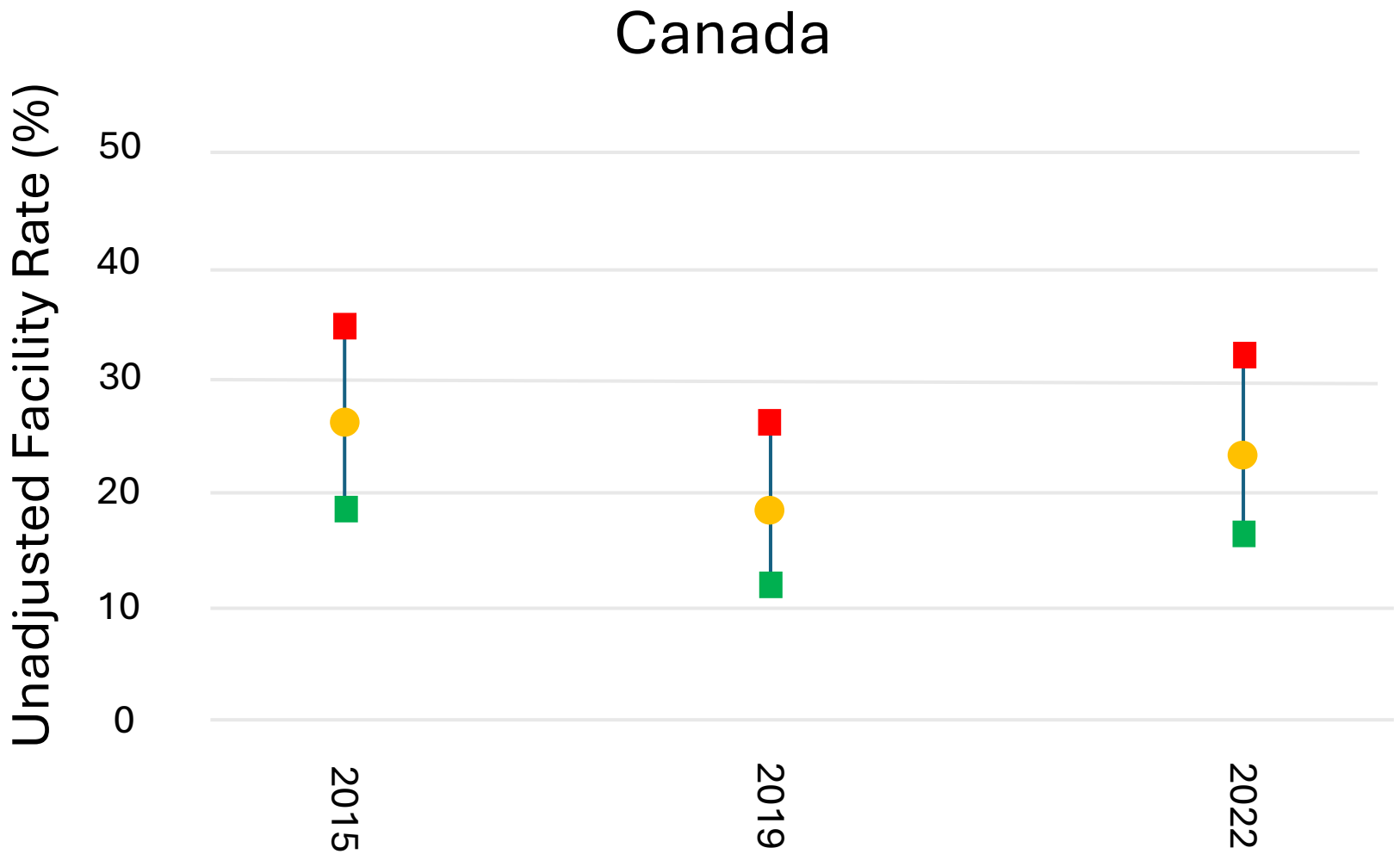

Small Group Discussion

1. How have you seen benchmarks used to improve practice? Where have you seen the use of benchmarks done well? What made it so good?

2. Are there any cautions that you think are important to note about benchmarking and do you have suggestions on how to address it?