



# **E.J. McQUIGGE LODGE**

**Life is a Story. Live it Well.**

## **MEDICAL DIRECTOR'S REPORT 2017/2018**

### **OVERVIEW**

Over the past year, the Medical/Nursing team at E.J. McQuigge Lodge has continued to build on the excellent foundation of evidence-based practice established.

Over the past year we have worked collaboratively with all staff at E.J. McQuigge Lodge to help promote evidence-based care, build efficiency into our workflows and promote standardization of care for all residents. Overall, our team continues to work toward improving the quality of life and health of all of our residents.

### **MEDICAL INITIATIVES/PROTOCOLS REVIEWED ANNUALLY**

- Protocols for vaccines
- Resident Consent for Herpes Zoster Vaccine
- Tetanus Diphtheria Pertussis combinations Immunization
- Management of Acute Anaphylactic Reaction
- Two Step Mantoux testing
- Anticoagulant/Coumadin Protocol
- Hypoglycemia Treatment Protocol
- Influenza Season Protocol
- Ear Wash Protocol
- Pneumovax Immunization Protocol
- Palliative Care – Subcutaneous Medication Administration via Infusion Set Protocol
- Baby Shampoo Eye Wash Protocol
- Quarterly Diabetic Review Protocol

## **DEPRESCRIBING INITIATIVES**

Through a multidisciplinary and collaborative approach involving Pharmacy, Geriatric Psychiatry and nursing staff, we review evidence on high-yield deprescribing initiative acknowledging the body of evidence demonstrating negative outcomes associated with polypharmacy. This past year, we have been able to maintain our overall use of antipsychotics to below the provincial and LHIN average. We have also been able to optimize the Vitamin D prescribing to reduce fracture risk.

**STATIN INITIATIVE:** We review charts and systematically review indication and contraindications for statins. We have had success in reducing unnecessary statin prescriptions over the past year

**DOCUSATE SODIUM:** Pharmacy and the Medical Director identified the limited evidence supporting docusate sodium for treatment of constipation and transitioned residents to more evidence-based laxatives to optimize constipation management. This was added to the Bowel Program.

**OPIOID INITIATIVE:** Pharmacy and the Medical Director, along with nursing staff worked collaboratively to ensure our home is striving to follow the most evidence-based opioid guidelines. We worked to review indications for opioids, review dosing guidelines and successfully identified candidates who tolerated reduced dosages or were able to be weaned off opioids.

**SEDATIVE HYPNOTICS:** Pharmacy and the Medical Director, along with nursing staff have acknowledged the high risk and unfavourable side-effect profile associated with sedative hypnotic medications used in the long term care population. We reviewed indication for these medications and applied evidence-based approaches, including utilizing the BEERS CRITERIA to prescribe safer alternatives where appropriate.

**ANTIPSYCHOTIC DEPRESCRIBING:** In response to national and provincial efforts to focus on appropriate use of antipsychotic medications, the Medical Director worked with the Collaborative Team and pharmacy to follow an evidence-based approach to antipsychotic prescribing. We work to regularly reassess the indication as well as the risk/benefit profile for all residents on antipsychotics. We remain below provincial and LHIN levels.

## **MEDICATION OPTIMIZATION**

**VITAMIN D AND OSTEOPOROSIS:** Current evidence demonstrates benefit for Vitamin D supplementation in all elderly at risk for Vitamin D deficiency. Canadian LTC residents are particularly at risk given their limited sun exposure. The Medical Director is also collaborating with the pharmacy team to optimize the appropriate prescribing of osteoporosis medications. We are systematically reviewing charts to risk stratify residents.

## **REDUCING POLYPHARMACY**

The Medical Director works with pharmacy and nursing staff to identify opportunities to reduce unnecessary medications limit the amount of dispensed pills and reduce pill burden for residents. In particular, we attempt to consolidate the administration times of medications to reduce med pass burden and change medications to less frequent dosing when possible. Beyond the clear benefit to residents.

## **COLLABORATION WITH NURSE PRACTITIONER**

The Medical Director has developed an excellent relationship with our Nurse Practitioner who is an instrumental part of the clinical care team at E.J. McQuigge Lodge.

- Nurse Practitioner has been valuable in helping reduce ER visits
- The Collaborative Team including the Nurse Practitioner and Medical Director communicate regarding :
  - Review of Clinical cases
  - Antibiotic stewardship
  - Antipsychotic Prescribing
  - Responsible use of sedative-hypnotic medications
  - Appropriate use of opioid analgesics
  - Use of suture kits, mobile x-ray and cryotherapy for treatment options

## **RESIDENT AND FAMILY CENTRED CARE**

The medical staff along with nursing, dietary and activation are committed to focusing on resident centred care, while also recognizing the integral role that families play in the care of our residents.

The Medical Director strives to speak with residents and families to discuss more in-depth and complicated medical issues as well as continuously review goals of care.

The Medical Director would like to highlight the incredible work of all staff in ensuring medical care is resident centred as well as ensuring that family member's feel engaged in the care of their loved ones. The residents and families have also enjoyed alternate therapies such as Therapeutic Touch, Physiotherapy, and other therapeutic activities within their plan of care

## **OTHER**

- Our home has access to MAID via the consultation and on-call structure developed by Quinte Health Care
- Medical cannabis is becoming more widespread and available. As evidence continues to emerge, the Medical Director will review provincial and national guidelines, as well as work with pharmacy staff to determine the evidence based and appropriate prescribing protocols.