

NS Centre on Aging 20th Anniversary

The Canadian Frailty Network (CFN) Transforming Healthcare for Canada's Aging, Frail Population

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CFN



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This Presentation

- Canadian Frailty Network (CFN)
- Frailty in Canada
- Linking Research to Practice & Policy



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What is CFN?

- National non-profit network funded by Networks of Centres of Excellence to develop, evaluate and disseminate knowledge on health care for frail Canadians, their families and caregivers

“Frail Canadians receive the right care, in the right setting, at the right time”

- All settings spanning from home/community care to acute/critical care including transitions of care.
- Launched in July 2012; potential renewals till 2027

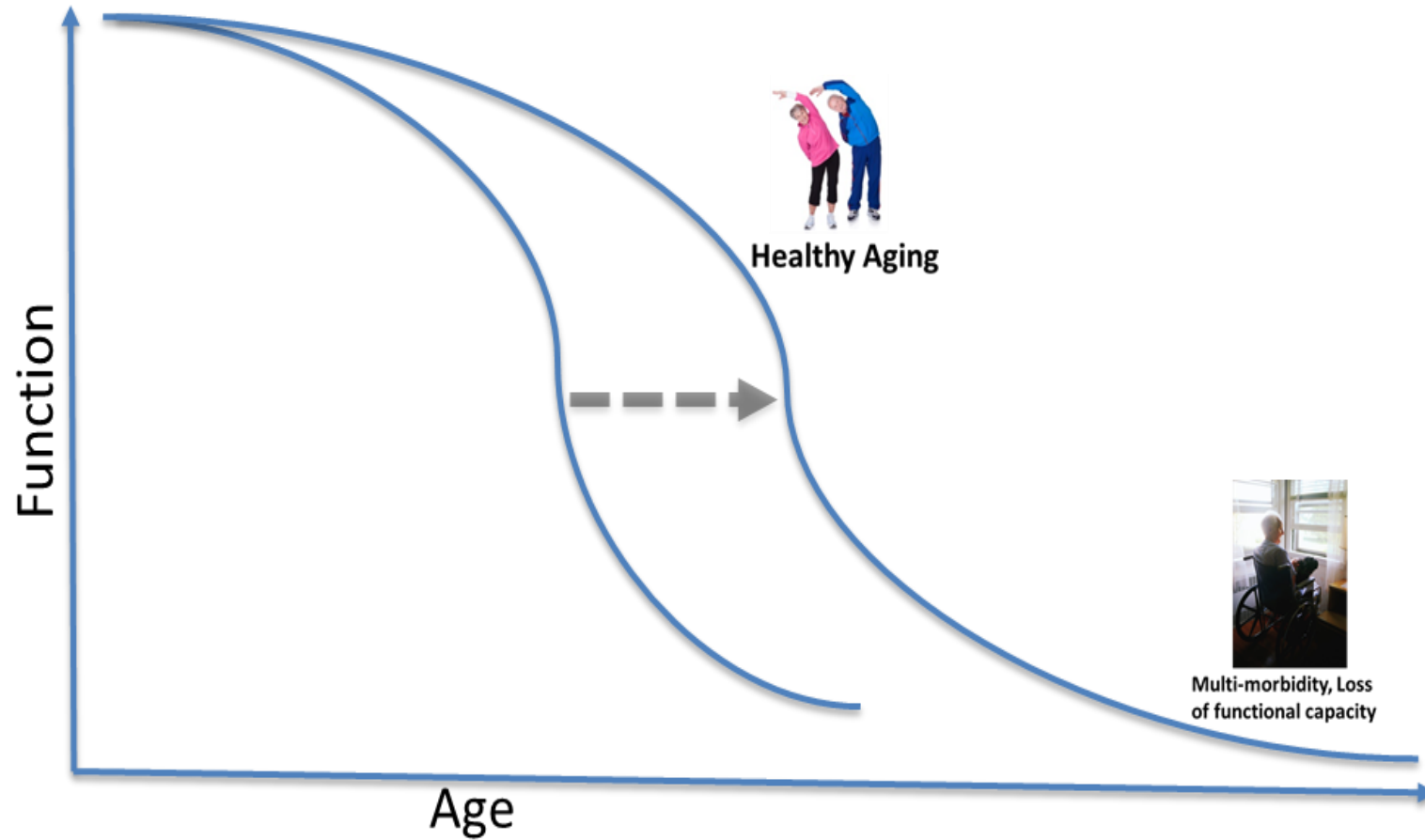


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CFN Focus (tail-end of Curve)

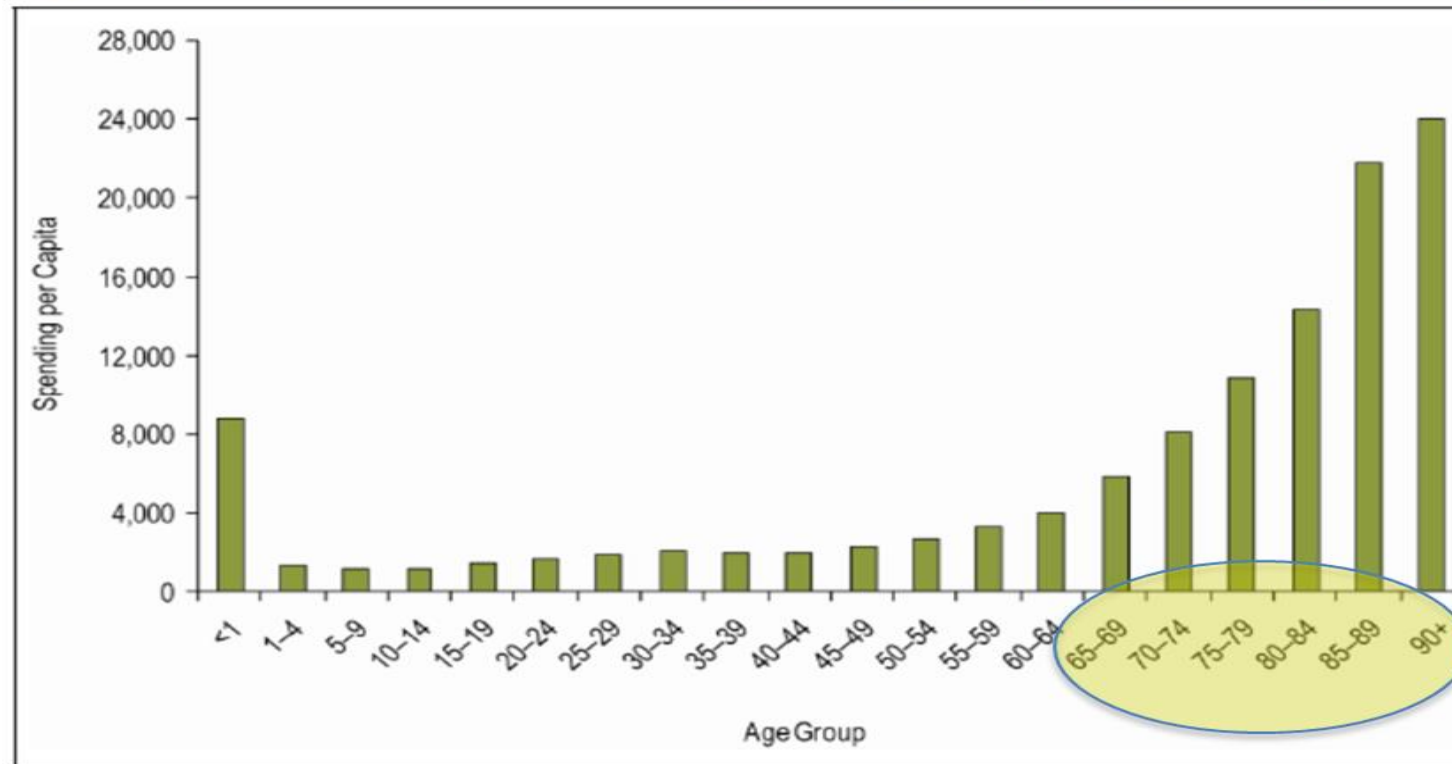


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Increasing costs with age

Figure 12: Provincial/Territorial Health Expenditure per Capita, by Age Group, 2008



Over 40% of total health care spending occurs in > 65 y.o.; 20% in last year of life



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Source: Canadian Institute for Health Information

Frailty in the health care system matters...

- It is under-recognized and its impact is under-appreciated
- The healthcare system has not taken into account the wishes of those with frailty or their caregivers
- Evidence for decision making generated from studying fit people may not apply



The problem

- The frail, the elderly, and those with significant comorbidities routinely excluded from clinical trials
- Similar risks/benefits?
- Applicability or generalizability of evidence?

Eligibility Criteria of Randomized Controlled Trials Published in High-Impact General Medical Journals

A Systematic Sampling Review

Harriette G. C. Van Spall, MD

Andrew Toren, MD

Alex Kias, PhD

Robert A. Fowler, MD, MS

Context Selective eligibility criteria of randomized controlled trials (RCTs) are vital to trial feasibility and internal validity. However, the exclusion of certain patient populations may lead to impaired generalizability of results.

Objective To determine the nature and extent of exclusion criteria among RCTs published in major medical journals and the contribution of exclusion criteria to the re-

REVIEWS

Examining the Evidence: A Systematic Review of the Inclusion and Analysis of Older Adults in Randomized Controlled Trials

Donna M. Zulman, MD, MS^{1,2,3}, Jeremy B. Sussman, MD, MS^{1,2,3}, Xisui Chen⁴, Christine T. Cigolle, MD, MPH^{2,5,6}, Caroline S. Blaum, MD, MS^{2,6}, and Rodney A. Hayward, MD^{1,2,3}

Unjustified exclusion of elderly people from studies submitted to research ethics committee for approval: descriptive study

Antony Bayer, Win Tadd

Under-representation of the elderly in clinical trials

H.U. Rehman*

Broomfield Hospital, Broomfield, Chelmsford, Essex, CM1 7ET, United Kingdom

Received 15 July 2005; accepted 4 August 2005



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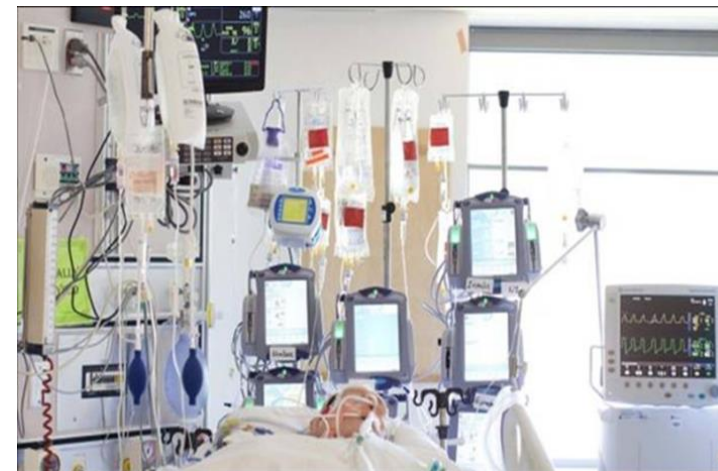
Generalization to the frail elderly...

- Treatments generalized to the frail elderly
 - May not be effective and result in harm or wasted healthcare resources
 - May have been shown to be not effective in non-frail populations but actually be effective in those who are frail
- In the absence of evidence aggressive and expensive technologies are often over used without improvement in outcomes, causing undue suffering and wasted health care resources.
- Escalation may not be wanted



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Silos in the health care system



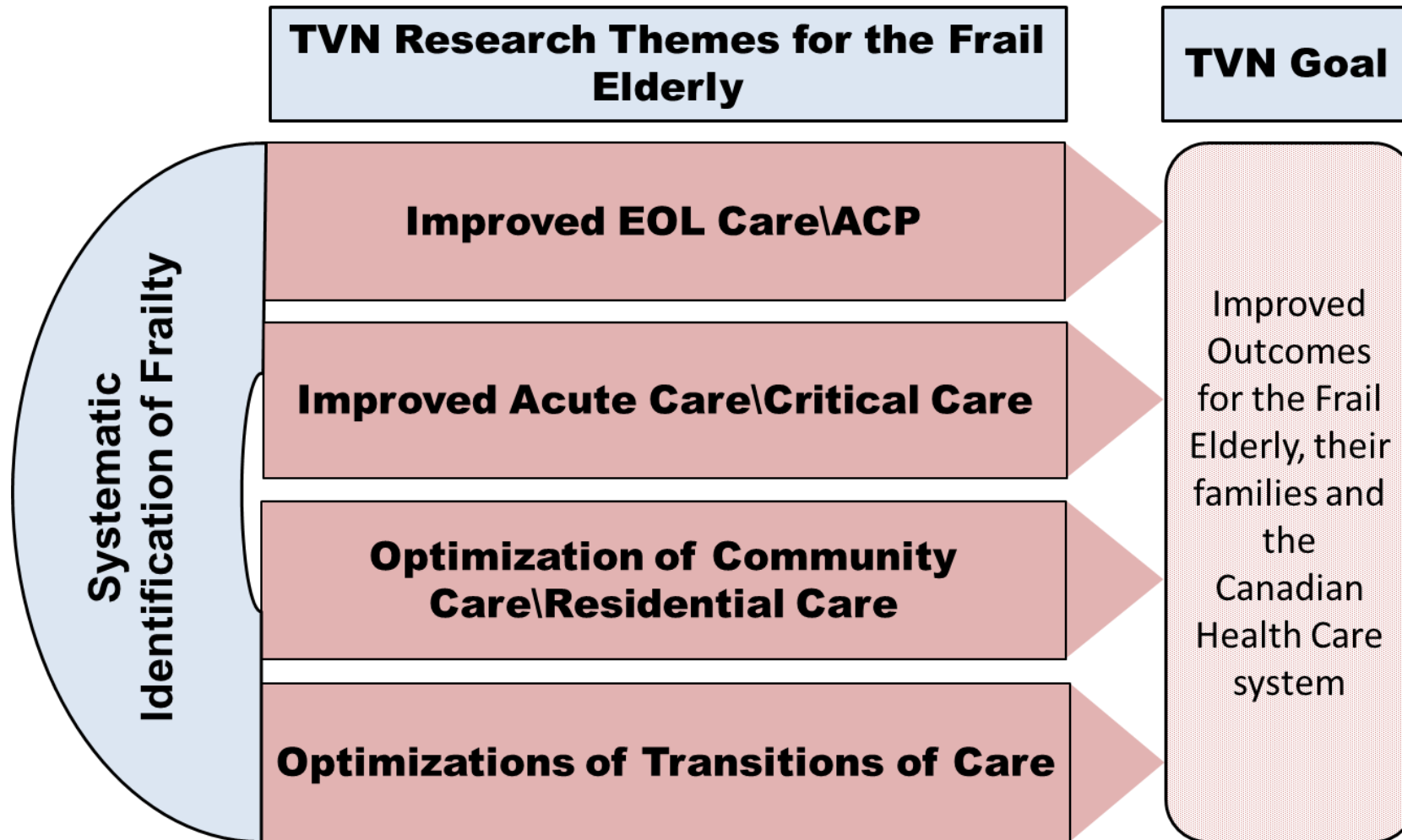
What are required multi-jurisdictional, multi-disciplinary efforts across settings of care aimed at improving the care of those with multi-morbidity, functional loss and in late life or those who are frail.



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Improving evidence for frailty...



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Network Reach



- 43 Universities
- 400 Researchers
- 3,200 researchers, trainees, partners, institutions and industry associates



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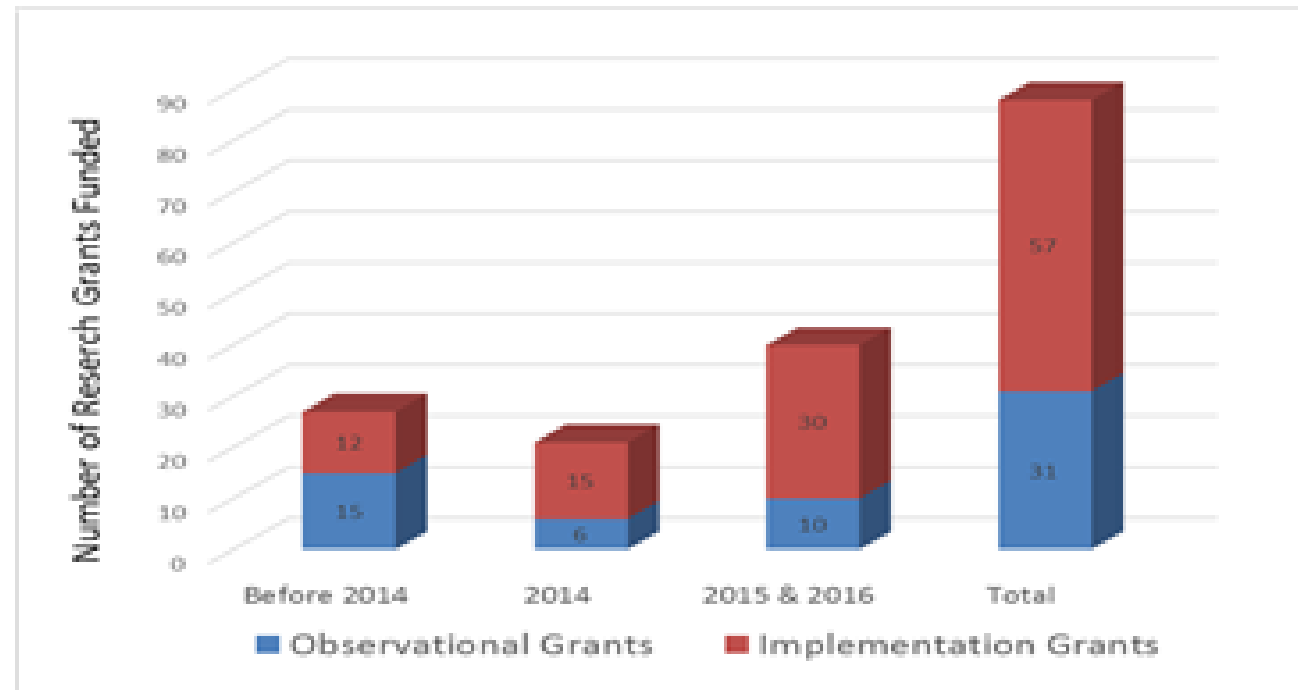
Components

1. Research Program
2. Training of Highly Qualified Personnel (HQP) 200 to date
3. Knowledge Mobilization
 - Giving voice to frail elderly Canadians
 - Frailty Identification, Assessment in all settings of care
4. Partnerships and Network Expansion
5. Disciplines: Medicine, Nursing, Nutrition, Physiotherapy, Occupational Therapy, Social Work, Psychology, Engineering, Biostatistics, Pharmacology



Research Program...

Figure 2: Implementation vs. Observational Studies within CFN



88 Studies in Total: 12.8 Million CFN funding- 6 Million partner funding



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Expected Outcomes

- Every frail person has an appropriate care plan commensurate with their stage on the frailty continuum
- Care plans are evidence based and regularly updated with new high quality evidence
- Frailty data are readily available to inform research, health system administration and policy
- Delivery of care is tracked through quality indicators



Results, Commissioned Study by Dalhousie and Laval Universities and PHAC

State of the evidence, healthcare services, resource utilization and quality of care for frail seniors

- 22 studies reporting impact of interventions
- Most Canadians ≥ 65 are characterized as frail at death
- The frail receive most services in the last year of life
- Frail males more likely visit ED, hospitalized more than females, spend more days in hospital and in ICU ventilated
- HCPs and the frail reported caring about: QOL, HCP skills, caregiver burden and continuity of care



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Results End of Life Care

Completed

- **Dr. K. Rockwood:** A National Comparison of Intensity of End-of-Life Care in Canada: Defining Changing Patterns, Risk Factors and Targets for Intervention
- **Duggleby et al.** Navigation competencies to care for older rural adults with advanced illness: provide patient/family screening; facilitate community connections, coordinate access to services and resources; promote active engagement
- Duggleby, W., Robinson, C. A., Kaasalainen, S., Pesut, B., Nekolaichuk, C., MacLeod, R....Swindle, J. (2016). Developing navigation competencies to care for older rural adults with advanced illness. *Canadian Journal on Aging*, 35 (2), 206-214. doi: 10.1017/S0714980816000131



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Works in Progress End of Life Care

WIPs:

- A Knowledge Translation Project on Benchmark End-of-life Care Practices for the Elderly in Primary Care
- iGAP- Improving General Practice Advance Care Planning
- Fostering End-of-Life Conversations, Community and Care Among LGBT Older Adults



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Results Transitions in Care

- OPTIC – Older Persons Transitions in Care Study
 - Part I examined issues with transitions between ED and Nursing Homes – Major finding – Communication failures
 - Part II – developed 2 page communication form
 - Results – Usage 39% of transfers completed by end-users, page 2 of form frequently missing
- Cummings et al.



Transitions In Care cont'd

- Implementing Assessment Urgency Algorithm (AUA-InterRAI) in Primary Care for Frail Adults
- 3 sites (1) rural
- 600 AUAs completed by end-users
- 75% low risk
- 20% moderate risk
- 5% high risk
- 10% high risk in rural site



WIPs Acute and Critical Care

- Discontinuing mechanical ventilation processes
- Optimal timing and selection to start renal replacement
- Developing quality indicators
- Probiotics in prevention of pneumonia: A pilot feasibility study – Pilot determined a full scale study is feasible and will be planned



Results Acute and Critical Care

- Nutrition pathway for acute care developed using a modified Delphi approach
- Deemed to have greater breadth and depth than previous pathways
- Developed with and by service users

Keller, H. H., McCullough, J., Davidson, B., Vesnaver, E., LaPorte, M., Gramlich, L., ...Jeejeebhoy, K. (2015). The integrated nutrition pathway for acute care (INPAC): Building consensus with a modified Delphi. *Nutrition Journal*, 14, 63 doi: 10. 1186/s12937-015-0051-y



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WIPs Optimization of Community and Residential Care

- Frailty and appropriate medications in LTC
- Family Caregiver support needs assessment intervention
- Implementing the 'Frailty Portal' in community primary care



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Discussion



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