

Pilot Project – Healthy Seniors Clinical Learning Units

Summary

- Clinical learning units (CLU) represent an innovative strategy to deal with complex health problems and bridge the gap between research and clinical practice.
- CLUs are regional multidisciplinary teams that bring together patients, doctors, health care professionals, managers, decision makers and researchers. They establish clinical best practices, foster a culture of continuous improvement and contribute to succession training.
- In 2019, the Vitalité Health Network established its first CLU, the objective of which was to identify and address the main shortcomings relating to seniors' care.
- The aim of the project was to evaluate implementation process of the Healthy Seniors CLU and its impact on service options offered to seniors.
- 13 key stakeholders and members of the CLU were recruited to evaluate the implementation.

HSPP Focus Area

Developing pathways to innovative care

Project Start and End Dates

September 2, 2019 – March 31, 2024

Organization/Agency

Vitalité Health Network

Location

Northern and Southeastern New Brunswick

Principal Investigator(s)

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Indicator	Impact/ Outcome / Result	
Implementation evaluation	Participants in the semi-directed interviews were generally satisfied with the implementation process and appreciated, in particular, the multidisciplinary nature of the CLU. In addition to the partnership between researchers and health care professionals, the participants greatly appreciated the presence of partner patients.	<i>“By being present, the patients forced people to analyze the health problem from another perspective, specifically from the patient’s perspective, which, in essence, is the most important perspective.”</i>
Process evaluation	<p>Eight barriers or limitations of the Healthy Seniors CLU were identified: (1) The COVID-19 pandemic; (2) The lack of human and financial resources; (3) The major turnover of persons responsible for CLUs and contact persons of CLUs; (4) The many participants who took part focus groups/meetings; (5) Insufficient understanding of the CLU concept; (6) Difficulty accessing internal data; (7) A lack of commitment on the part of doctors; (8) Insufficient frequency of meetings or follow-up. Solutions were proposed and implemented for each of these limitations.</p> <p>At CLU meetings, members identified three shortcomings and priorities relating to seniors' services and health care: (1) increased access to care and services; (2) the development of screening tools for vulnerable seniors who come to the emergency department; and (3) the reduction of risks associated with polypharmacy. Based on these findings, the Vitalité Health Network prioritized three initiatives:</p> <ul style="list-style-type: none"> • A geriatric day hospital: these clinics, which were established at various stages in all Vitalité Health Network areas, provide seniors with evaluation and rehabilitation services and care from multidisciplinary teams. • The Ami des aînés (Elder Friendly) Health Network : the aim of this initiative is to improve the navigation of seniors in institutions by modifying spaces to accommodate them more effectively, particularly by increasing the number of hospital beds. • Evaluation of polypharmacy: Indicators have been developed to measure the impact and risks of polypharmacy on patients, and evaluation tools are in the process of being developed. 	
Barriers to the health care system		

Methods and Comparison

Semi-structured interviews involving 13 key stakeholders and CLU members were conducted to document various aspects of CLU implementation.

Conclusions and Lessons Learned

The findings of this study suggest that CLUs, in spite of implementation-related challenges, do have the potential to tackle actual and complex problems confronting health care networks. The Healthy Seniors CLU has enabled seniors to benefit from new programs and initiatives and has brought about a cultural shift, particularly by showing the importance of interdisciplinary and patient-partner collaborations.

Recommendations

- Continue deploying a learning-based culture within the Vitalité Health Network.
- Foster collaboration and the alignment of priorities and objectives among patients, doctors, health care professionals, decision makers and researchers.
- Develop the ability to produce and use quality primary data and link it to major databases.
- Adopt a continuing improvement approach for care and services.
- Integrate research and evaluation into the delivery of daily care.
- Encourage and integrate patient-partner participation in the decision making process relating to services and research.

Next Steps

- The health research and evaluation sector within the Vitalité Health Network is growing.
- Continued integration of the support unit team of the Maritime Strategy for Patient-Oriented Research into the health research and evaluation sector.
- Development of medical-administrative dyads and client learning programs.
- Partnership involving the Vitalité Health Network, the Université de Moncton, the Atlantic Cancer Research Institute, the Centre de formation médicale du Nouveau-Brunswick (New Brunswick Medical Training Centre) for the development of the New Brunswick Health Research Institute.
- The Vitalité Health Network stresses a learning culture within its organization to continue striving for excellence in health care and services.

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