RaDAR
RURAL DEMENTIA ACTION RESEARCH

UNIVERSITY OF SASKATCHEWAN

Rural PHC Memory Clinics
2020 Report

The Rural Dementia Action Research (RaDAR) Team at the University of Saskatchewan collaborates with primary health care teams in southeast Saskatchewan to offer one-day rural memory clinics. Each clinic sees patients every 1-2 months as needed in the Saskatchewan communities of Kipling, Weyburn, Bengough, and Carlyle.

Rural Primary Health Care Memory Clinic Teams (some individuals not pictured)
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> "I think it is absolutely wonderful that this pilot program has begun. It is very difficult for some patients to make it to the big cities. To have the clinic come to the patient is absolutely amazing because the patient is more calm/relaxed and I believe this would lead to more accurate assessment of their condition."
>
> *Care Partner*

Memory Clinic Teams

Communities. Memory clinics are regularly offered in Kipling, Weyburn, Bengough, and Carlyle, Saskatchewan. Clinics are held every 1-2 months depending on patient need, and are considered a regular part of primary health care team operations within the Saskatchewan Health Authority.

Team configuration. The composition of each team varies depending on the availability of health care professionals in the larger primary health care team. All teams include either a nurse practitioner or physician, home care or social work, occupational therapist, physiotherapist, and Alzheimer Society First Link Coordinator. The clinic team may also be adapted to suit available resources.

Decision support tools. Assessments in the memory clinic are guided by team-based EMR flow sheets that contain separate sections for each team member to complete. The flow sheets follow the PC-DATA algorithm (Primary Care Dementia Assessment and Treatment Algorithm) based on Canadian guidelines. A handbook consisting of forms used in the memory clinics, role descriptions of team members, and other resources has also been developed to guide teams.

Education sessions. Each new memory clinic team takes part in PC-DATA education sessions with geriatric psychiatrist Dr. Dallas Seitz (University of Calgary). RaDAR also offers 3-4 continuing education sessions each year on dementia-related topics suggested by memory clinic teams. Sessions are provided at no cost by medical specialists and other experts, and participants attend virtually via WebEx, making them accessible to health care providers outside of major cities. Topics have included substance-induced cognitive impairment, management of behavioural symptoms of dementia, legal capacity, dementia and driving, dementia medications, and differential diagnosis.

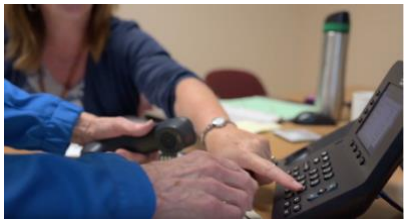
RaDAR Role

Memory clinics are affiliated with the RaDAR team led by Dr. Debra Morgan at the University of Saskatchewan. RaDAR provides ongoing support to the memory clinic teams and holds workgroup teleconferences every 1-2 months with each team to assist with clinical and operational issues.

RaDAR also meets with a Steering Group every 3 months, to share information across health sectors in southeast Saskatchewan about services and programs for people living with dementia and families. The group includes the Alzheimer Society of Saskatchewan, and SHA representation from the former Sun Country Health Region (chronic disease, primary health care, long-term care, therapies, and mental health and addictions).

Memory Clinic Appointments

Pre-Assessment. Patients are referred to the memory clinic for an initial evaluation by health care professionals within and outside of memory clinic teams. Patient bookings and family member accompaniment are arranged by office staff. Prior to evaluation, a CT scan or bloodwork may be ordered and completed for review on clinic day.



Initial Evaluation (Clinic Day). Each appointment is about 3 hours, with the team assessing one patient in the morning and one in afternoon. The appointment begins with a team huddle, followed by a meeting with the patient and family to discuss their concerns and review the appointment plan. The patient then undergoes separate assessments with team member, and the family consults with an Alzheimer Society First Link Coordinator and team members as appropriate, to review available services and support. The team then debriefs, and a meeting is held with the patient and family to discuss the results, recommendations, and follow-up plans.

Follow-up. Follow-up visits in the memory clinics are scheduled as needed.

Decision Support Tools. The clinic team uses EMR flow sheets to guide initial evaluation and ongoing management. Each team member has a dedicated section in the flow sheet, which includes sections to guide assessments by the Physician/NP, Home Care Nurse/Social Worker, Occupational Therapist, Physical Therapist, and the end-of-day case conference with the patient and family. EMR flow sheets are based on Canadian guidelines and have been adapted for use from the Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA™; Seitz 2020).

Photos from the *Rural Primary Health Care Memory Clinic Video*
(Credit: Tara Yolan Productions)

> "The biggest difference it is getting people in touch with resources they need, letting them know the resources in our community, home care and (OT) and hooking them up with that. And it's nice to let them know, "ok it's not just in my head that I'm having trouble with memory" or whatever they come in thinking. But the biggest thing is definitely setting them with resources that can help them, is where I think we really make a difference for people with these clinics."
>
> *Memory Clinic Team Member*

Memory Clinic Research Projects

Patient and Family Experiences (Dr. Melanie Bayly, Lead)

Despite Covid-19-related disruptions to the memory clinics, we are still examining patient and family experiences of clinic assessment and diagnosis to determine how the memory clinics are functioning and whether they can be further improved.

To date, 32 individuals (9 people with dementia and 23 family members) have shared their experiences either through a mail-in questionnaire (15) or short telephone interview (8). Their feedback continues to be very positive, especially regarding the primary health care team members and how they collaborate to provide a supportive environment for assessment, diagnosis, and future planning.

> "It was a positive experience, from the start through to the finish. And the lead physician was so respectful of my dad. And one of the things I've learned is we tend to talk about folks with dementia about them when we're in the same room, rather than engaging them. And everyone was just so professional and so patient with him. And always seeking his understanding at all of the juncture points too. So again, leading to a very positive experience."
>
> *Care Partner*

Although few clinics have been held since the start of the pandemic, patient and family feedback thus far has suggested families are happy with the Covid-19 protocols put in place and still feel satisfied about their clinic experiences with assessment and diagnosis.

Process Evaluation

Process evaluation data to assess the implementation and sustainability of memory clinics are collected during regular workgroup meetings and via electronic communication with memory clinic teams, as well as a Steering Group. Since the start of 2020, we have held meetings with 27 individuals across 13 workgroups with memory clinic teams and 3 meetings with the steering group.

Action Plans to Spread and Sustain Memory Clinics

Over the course of 2020, we held 6 focus groups with memory clinic teams to inform a plan to spread the memory clinic model to primary health care teams in other Saskatchewan communities. Spread strategies that were suggested included identifying teams with the capacity and resources to implement a clinic, ensuring new teams have an engaged and confident leader, and allowing flexibility in team composition. We also sought input on sustaining the current 4 memory clinics, and teams noted the importance of providing access to continuing education, and opportunities to shadow and receive mentoring from counterparts in existing teams.

Education Sessions

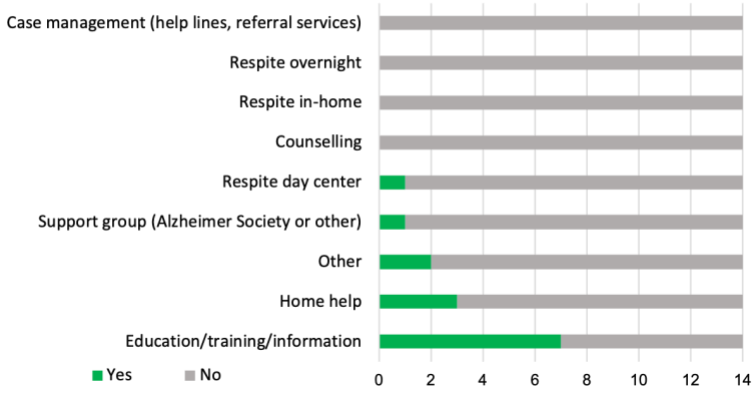
Since February 2020, we hosted 3 dementia-related education sessions by WebEx that were attended by over 60 individuals across memory clinic teams and other health care settings. The sessions were highly rated by participants who completed evaluations, with 96% indicating the sessions were appropriate for their professional needs and 96% agreeing that they learned new information.

Care Partner Service and Support Needs

In the last year, 16 care partners accompanying family members to a memory clinic evaluation took part in an initial interview and 6 in a second interview 1-month later, about their use and experiences with community services . Based on initial interviews with 14 care partners, including spouses, adult children, and other close relatives, the majority lived apart from their family member but kept in regular contact through phone calls and visits.

- Most care partners reported their family member had received services in the 30 days leading up to the memory clinic evaluation, the majority of which involved home care visits.
- Care partners themselves reported using very few services in the same 30-day period. Of the services used, education/training/information was accessed most often (Figure 1 below).

Figure 1. Care Partner Use of Services
in 30 days before family member's memory clinic evaluation



- While no care partners reported difficulties gaining access to community services, several identified services they had not yet used that may be beneficial: help with housecleaning and yardwork, home care and bathing assistance for their family member, meal preparation and meals-on-wheels, financial assistance with fuel costs, and Alzheimer Society information and virtual sessions.
- In terms of self-confidence as a care partner, all agreed they had people to turn to when they needed help, and most knew where to go for services. Fewer were confident they could manage changes related to their family member's memory or behavior, and manage future caregiving challenges.

> "I think from the family's perspective it's probably- because I think everyone probably has their own view of what's happening. It just kind of brings them all together and gives them an opportunity as a family to all be on the same page or to try to get everyone together to hear the same information and to make a plan."
>
> *Memory Clinic Team Member*

Media

Video with RaDAR Team by Tara Yolan Productions. 2019.

Video with Rural PHC Memory Clinics by Tara Yolan Productions. 2019.

Publications & Presentations

Publications

Morgan et al. 2019. Barriers and Facilitators to Development and Implementation of a Rural Primary Health Care Intervention for Dementia: A Process Evaluation. *BMC Health Services Research,* 19:709. Google Scholar

Morgan et al. 2019. A 5-step approach for developing and implementing a rural primary health care model for dementia: A community-academic partnership. *Primary Health Care Research & Development,* 20 (e29). Google Scholar

Presentations available to view on the RaDAR website

Morgan 2020. Welcome to Summit 2020 and RaDAR Team updates.

Morgan et al. 2020. Strategies for scaling up rural primary health care memory clinics: Perspectives of clinic team members and researchers.

Kosteniuk et al. 2020. Self-efficacy and service/support needs of primary care partners accompanying individuals evaluated in rural primary health care memory clinics.

Elliot et al. 2020. Rural memory clinic health care professionals' perceptions of targeted dementia care education sessions.

Funding

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References

Seitz, D. 2020. *PCDATA Primary Care Dementia Assessment & Treatment Algorithm*. Available at: http://www.pcdata.ca/.