

Recommendations for Adoption: Behavioural Symptoms of Dementia

Quality
Standards

Recommendations to enable widespread adoption of this quality standard

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About this Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for behavioural symptoms of dementia.

At the local and regional levels, health care providers and organizations in all settings where applicable, local health integration networks (LHINs), and other health system partners across the province are encouraged to use the quality standard as a resource for quality improvement by assessing the care that is currently being provided against the evidence-based care outlined in the quality standard.

While many organizations and providers may be offering the care described in the quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The [Getting Started Guide](#) outlines the process for using this quality standard as a resource to deliver high-quality care.

An important next step will be to action the recommendations included in this document. In some situations, this may require a more detailed plan, new resources, or to leverage or expand existing programs. At the same time, many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

The Behavioural Symptoms of Dementia Quality Standard

This quality standard addresses care for people living with behavioural symptoms of dementia. It focuses on care for patients who are in an emergency department, who are admitted to a hospital, or who live in a long-term care home. It also provides guidance to improve care when patients/residents transition between these settings.

A separate quality standard is being developed to address care for people living with dementia in the community.

Click [here](#) to access the quality standard.

The Recommendations for Adoption

The approach to developing these recommendations was guided by the principle of using the quality standards to promote practice improvement among health care professionals.^{i ii iii}

Click [here](#) to download the detailed process and methods guide for the development of quality standards and recommendations for adoption.

The recommendations for adoptions were developed after review of the available evidence and a scan of existing programs,

as well as extensive consultation with the Behavioural Symptoms of Dementia Quality Standard Advisory Committee, key stakeholders, and organizations that work in this area; public comment on the quality standard; a series of structured interviews with clinicians (further detail specific to the development of these specific recommendations is provided in [Appendix A](#)). These recommendations aim to bridge the gaps between current care and the care outlined in the quality statements.

THE RECOMMENDATIONS FOR ADOPTION CONTINUED

These conversations highlighted some common themes: the need for staff and clinician education and training on best practices in dementia care; the need for recommendations to leverage existing resources to support adoption of topics such as consent, restraints, and provider and caregiver training; and an understanding that a focus on transitions in care is “extremely important” and an area with significant room for improvement.

Equity considerations: Equity issues should be taken into consideration to ensure specific adoption strategies do not reinforce current states of inequity and inequality, but rather, where possible, contribute to improvements or highlight areas of opportunity for equality and equity.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
 - Quality improvement
 - Coordination of care
- Education and training
- Policy and system planning

Three time frames for adoption are referenced: Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.

Note that the organizations, programs, and initiatives referenced in this document are examples for consideration, and do not reflect all the organizations, programs, and initiatives doing work in this area across the province.

[Appendix B](#) includes a list of these same recommendations aligned to specific organizations and groups.

ⁱ French SD, Green SE, O'Connor DA, et al. *Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework*. *Implementation Sci.* 2012;7:38.

ⁱⁱ Bero LA, Grilli R., Grimshaw JM, Harvey E, Oxman AD, Thomson M. (1998). *Closing the gap between research and practice: An overview of systematic reviews of interventions to promote the implementation of research findings*. *BMJ.* 1998;315:465-68.

ⁱⁱⁱ National Implementation Research Network. *Implementation Drivers* [Internet]. Chapel Hill, NC: FPG Child Development Institute, University of North Carolina [cited 2017 Feb 8]. Available from: <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

Integrating the Quality Standard into Practice - *Quality Improvement*

Gap: There is a lack of practical tools to help providers and organizations integrate the quality standard into daily care practices. Use of common tools would help mitigate duplication of information.

Recommendations	Quality Statements	Action Needed By	Time Frame
Assess the care being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the Action Plan Template as a tool to support quality improvement	All	Hospitals Long-term care homes	Immediate
Sub-regional clinical leadership should work with health care organizations to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to make improvements to care.	All	LHINs	Medium-term
Develop a methodology for assessing whether existing clinical pathways and other tools can be used to support the standard or whether new tools or pathways are required (e.g., comprehensive assessment templates, dose titration schedules, policies for medical restraint use).	1: Comprehensive Assessment 8: Mechanical Restraint 5: Titrating and Monitoring Psychotropic Medications	Health Quality Ontario	Immediate
Adapt/adopt existing clinical pathways and guidance materials (where appropriate), such as comprehensive assessments and treatment protocols, and work in collaboration with Behavioural Supports Ontario and others to disseminate these resources.	1: Comprehensive Assessment 4: Indications for Psychotropic Medications 5: Titrating and Monitoring Psychotropic Medications 6: Switching Psychotropic Medications 7: Medication Review for Dosage Reduction or Discontinuation	Health Quality Ontario	Medium-term

Adoption Consideration: A number of existing care pathways can be adapted or leveraged to support standardization, including the Centre for Addiction and Mental Health's integrated care pathway for dementia, agitation, and aggression.

Integrating the Quality Standard into Practice - *Quality Improvement*

Gap: Better access to timely data to enable organizations and providers to track performance and improvement is required.

Recommendations	Quality Statements	Action Needed By	Time Frame
Ensure the order sets that are underway for long-term care are aligned to the quality standard.	All	Ontario Long Term Care Association (OLTCA)	Immediate
Include indicators related to the quality standard in long-term care practice reports to support local quality improvement.	All	Health Quality Ontario	Medium-term
Provide access to the Registered Nurses' of Ontario (RNOA) nursing order sets through the Health Quality Ontario website.	All	Health Quality Ontario	Immediate

Adoption Considerations:

- Existing programs and resources at Health Quality Ontario can be leveraged to further disseminate and support uptake of the standard, including Quality Improvement Plans, which currently reinforce indicators related to restraints and antipsychotics and will be expanded to address issues like transitions in care.
- Education and training materials for the RNOA's Dementia, Delirium and Depression in Older Adults best practice guideline can support organizations as they implement the quality standard.

Integrating the Quality Standard into Practice - *Coordination of Care*

Gap: Barriers to effective transitions between care settings include lack of provider access to patient records, variations in information within those records, and privacy issues related to information sharing.

Recommendation	Quality Statements	Action Needed By	Time Frame
Ensure this patient population is considered in the development of the quality standard focused on transitions.	14: Transitions in Care	Health Quality Ontario	Medium-term

Adoption Considerations:

- *Health Links, eHealth, Ontario MD, and other provincial digital health activities are underway to enhance connectivity, and these can be leveraged to ensure improved transitions.*
- *Behavioural Supports Ontario's Behavioural Supports Integrated Teams have done considerable work on the development of transition models to support effective transitions. Learnings from these initiatives can also be leveraged.*

Education and Training

Gaps: Enhanced and more specialized training on dementia for front-line care providers is needed. Health care providers feel that current training on dementia is limited in length and breadth.

Information and education materials targeted to families and caregivers are also needed. Individuals often look to providers for these materials, so ensuring they can easily locate and disseminate them is important.

Recommendation

Quality Statements

Action Needed By

Time Frame

Embed the quality standard into professional development programs for providers

All

Clinical and continuing education programs

Medium-term

Adoption Consideration: Many organizations offer training programs and supports that could be leveraged, including Behavioural Supports Ontario, BrainXChange, Ontario Long Term Care Clinicians, Regional Geriatric Programs of Ontario, Senior Friendly Care Initiatives, and the Registered Nurses' Association of Ontario, to name a few.

Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally directed the following recommendations about the behavioural symptoms of dementia quality standard to the Minister of Health and Long-Term Care.

Recommendations

Time Frame

1. Ensure the quality standard informs capacity planning activities underway as part of the provincial dementia strategy.
2. Ensure the provincial dementia strategy includes an approach to evaluating, coordinating, and disseminating educational materials to providers and to patients, informal caregivers, and families.

Immediate

Immediate

Measurement and Reporting

Health Quality Ontario will develop a monitoring and evaluation plan for these recommendations as part of the broader quality standards evaluation. This plan may require the development of measures and/or a resource plan to support data collection and monitoring. The evaluation will include the following components:

1. Monitor existing databases available through information briefs, Quality Improvement Plans (QIPs), and public reporting. Note identified gaps and areas for improvement. For this standard, the outcome indicators below are currently measurable and have been prioritized:
 - Percentage of long-term care home placement applications that are rejected by a long-term care home owing to an inability to meet client care needs.
 - Percentage of long-term care residents who showed improvement in behavioural symptoms.
 - Number of incidents in hospitals and long-term care homes related to symptoms of aggression in dementia: patient-on-patient or patient-on-staff incidents (this indicator is in development).

2. Monitor the uptake of the recommendations for adoption.

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined (the Re-Aim Framework that includes measurement of Reach, Effectiveness, Adoption, Implementation, and Maintenance provides a useful approach for larger scale improvement interventions that are proposed). This approach could leverage process measures that can be collected from embedded tools, such as order sets.

Health Quality Ontario will recommend that the Ontario Quality Standards Committee receive twice-annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders across the province, from a variety of professional roles and perspectives.

The following organizations and groups were consulted in the development of these recommendations:

- Ministry of Health and Long-Term Care (MOHLTC)
- Behavioural Supports Ontario
- BrainXchange
- Alzheimer Society of Ontario
- Centre for Addictions and Mental Health: Provincial System Support Program
- Regional Geriatric Program of Toronto
- Centre for Effective Practice (CEP)
- Registered Nurses' Association of Ontario (RNAO)
- Ontario Hospital Association (OHA)
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)
- Ontario Long Term Care Association (OLTCA)
- Ontario Long Term Care Clinicians (OLTCC)
- LHIN/Health Quality Ontario Clinical Quality Leads

Note: Between December 2016 and February 2017, Health Quality Ontario interviewed clinicians and held meetings with organizations from across the province. This engagement was informed by the Theoretical Domains Framework, which uses 14 domains (knowledge, skills, attitudes, etc.) to identify barriers to behavioural change and/or the ability to put the quality standard into practice. Fourteen front-line providers and administrators across seven LHINs participated in these interviews, the results of which were used to further inform the gaps in knowledge, behaviours, and attitudes related to this standard.

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

Health Quality Ontario	Time Frame*
Provide access to the Registered Nurses' Association of Ontario nursing order sets through the Health Quality Ontario website.	Immediate
Develop a methodology for assessing whether existing clinical pathways and other tools can be used to support the standard or whether new tools or pathways are required (e.g., comprehensive assessment templates, dose titration schedules, policies for use of medical restraints).	Immediate
Include indicators related to the quality standard in long-term care practice reports to support local quality improvement.	Medium-term
Ensure this patient population is considered in the development of the quality standard focused on transitions.	Medium-term
Adapt/adopt existing clinical pathways and guidance materials (where appropriate), such as comprehensive assessments and treatment protocols, and work with Behavioral Supports Ontario and others to disseminate these resources.	Medium-term
Local Health Integration Networks	Time Frame*
Sub-regional clinical leadership should work with health care organizations to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to make improvements to care.	Medium-term

APPENDIX B CONTINUED

Health Care Organizations

Time Frame*

Assess the care being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the Action Plan Template as a tool to support quality improvement.

Immediate

Ontario Long Term Care Association

Time Frame*

Ensure the order sets underway for long-term care are aligned to the quality standard.

Immediate

Clinical and Continuing Education Programs

Time Frame*

Embed the quality standard into professional development programs for providers.

Medium-term

**Three time frames for adoption are referenced: Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.*

For more information:

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Email: qualitystandards@hqontario.ca

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