

About this consultation document

The enclosed document is a preliminary **consultation draft** of Health Quality Ontario's **Quality Standard for Behavioural Symptoms of Dementia**.

Quality Standards are a new form of evidence-based guidance developed by Health Quality Ontario in topics that are identified as high priority areas for quality improvement in Ontario. Quality Standards are intended to support health care professionals in providing the best care possible, and to help patients, caregivers and the public know what kind of care they should expect.

Each Quality Standard is a concise set of 5-15 quality statements in a particular topic area, supported by the best available evidence and representing prioritized key components of the best possible care for that area. They are not intended to be comprehensive (as with some clinical practice guidelines) of all aspects of care, but instead reflect areas prioritized as having high potential for quality improvement in Ontario. Health Quality Ontario develops Quality Standards by working in partnership with multidisciplinary committees of clinicians, researchers, administrators, patients and caregivers with expertise and lived experience in each Quality Standard topic area.

Each statement is interpreted in the document from the perspectives of patients, clinicians and health services (or, health care professionals with administration, planning and funding responsibilities). Each statement is also accompanied by one or more quality indicators, categorized as structural, process and outcome indicators, that are intended to support quality improvement activities by health care providers and organizations in measuring their current practice against the statements in the Quality Standard. A set of outcome indicators has also been developed for the Quality Standard as a whole.

Health Quality Ontario is interested in receiving feedback on all aspects of this Quality Standard, but in particular we are seeking feedback on the following questions:

- 1. How well does each quality statement reflect the key aspect of care that it describes? If you would like to suggest changes to statements, please provide supporting evidence such as high quality clinical practice guidelines**
- 2. What factors currently prevent the care described in the Quality Standard from being achieved in Ontario?**
- 3. What factors can support the adoption of this Quality Standard in Ontario?**
- 4. How relevant are the suggested indicators in supporting the monitoring of the quality statements by providers and health service organizations?**
- 5. How should the Quality Standard be disseminated? What can Health Quality Ontario and others do to support uptake and adoption?**

Please email feedback, accompanied by a brief description of your background and professional or lived experience in the topic area, to: QualityStandards@hqontario.ca

Please note that this document does not include technical details for the calculation of quality indicators. Technical specifications for the Quality Standard indicators determined to be measurable

using current provincial data elements will be released in a separate technical appendix. It should be noted that most of the process and structure indicators in this document are unlikely to be measurable through provincial data; they are intended to guide local data collection and quality improvement.

Please note that the contents of this document are subject to change following consultation and should not be cited without Health Quality Ontario's permission.

Health Quality Ontario

Quality Standards

Behavioural Symptoms of Dementia: Quality Standard

MAY 2016

SUMMARY

This quality standard addresses care for people with dementia and the specific behaviours of agitation and aggression. The quality standard focuses on care for people who are in an emergency department, admitted to a hospital, or in a long-term care home. It also provides some guidance to improve the care given when a patient is transitioned between these settings—for example, when someone is discharged from a hospital to a long-term care home.

ABOUT QUALITY STANDARDS

Health Quality Ontario, in collaboration with clinical experts, patients, and caregivers across the province, is developing quality standards for Ontario.

Quality standards are concise sets of statements that will:

- Help patients and families know what to expect (and ask for) in their care
- Help health care providers know what care they should be offering, based on evidence and expert consensus
- Help health care organizations measure, assess, and improve their performance in caring for patients with these conditions

Let's make our health system healthier



ABOUT HEALTH QUALITY ONTARIO

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians.**

Who We Are

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

What We Do

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

Why It Matters

We recognize that, as a system, we have much to be proud of, but also that it often falls short of being the best it can be. Plus certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent at Health Quality Ontario is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.

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DRAFT

QUALITY STATEMENTS IN BRIEF

Quality Statement 1: Comprehensive Assessment

People with dementia and symptoms of agitation or aggression receive a comprehensive interprofessional assessment when symptoms are first identified and after each transition in care.

Quality Statement 2: Individualized Care Plan

People with dementia and symptoms of agitation or aggression have an individualized care plan that is developed, implemented, and reviewed on a regular basis with caregivers and agreed upon by substitute decision-makers. Ongoing review and update of care plans includes documentation of behavioural symptoms and the person's responses to interventions.

Quality Statement 3: Individualized Nonpharmacological Interventions

People with dementia and symptoms of agitation or aggression receive nonpharmacological interventions that are tailored to their specific needs and symptoms, as specified in their individualized care plan.

Quality Statement 4: Indications for Psychotropic Medications

People with dementia are prescribed psychotropic medications for the management of agitation or aggression only when they pose a risk of harm to themselves or others or are in severe distress.

Quality Statement 5: Titrating and Monitoring Psychotropic Medications

People with dementia who are prescribed psychotropic medications for the management of agitation or aggression are started on low dosages, with the dosage increased gradually to reach the minimum effective dosage for the patient, within an appropriate range. Target symptoms for the use of the psychotropic medication are monitored and documented.

Quality Statement 6: Switching Psychotropic Medications

People with dementia who are prescribed psychotropic medications for the management of agitation or aggression are switched to an alternative psychotropic medication if symptoms do not improve after a maximum of 12 weeks. Ineffective medications are discontinued to avoid polypharmacy. The reasons for the changes in medication and the consideration of alternative psychotropic medications are documented.

Quality Statement 7: Medication Review

People with dementia who are prescribed psychotropic medications for the management of agitation or aggression receive a documented medication review on a regular basis to consider reducing the dosage or discontinuing the medication.

Quality Statement 8: Mechanical Restraint

People with dementia are not mechanically restrained to manage agitation or aggression.

Quality Statement 9: Informed Consent

People with dementia and symptoms of agitation or aggression are advised of the risks and benefits of treatment options, and informed consent is obtained and documented before treatment is initiated. If a person with dementia is incapable of consenting to the proposed treatment, informed consent is obtained from their substitute decision-maker.

Quality Statement 10: Specialized Interprofessional Care Team

People with dementia and symptoms of agitation or aggression have access to services from an interprofessional team that provides specialized care for the behavioural and psychological symptoms of dementia.

Quality Statement 11: Provider Training and Education

People with dementia and symptoms of agitation or aggression receive care from providers with training and education in the assessment and management of dementia and its behavioural symptoms.

Quality Statement 12: Caregiver Training and Education

Caregivers of people with dementia and symptoms of agitation or aggression have access to comprehensive training and education on dementia and its associated behavioural symptoms. This training and education includes management strategies that are consistent with people's care plans.

Quality Statement 13: Appropriate Care Environment

People with dementia and symptoms of agitation or aggression whose behavioural symptoms have been successfully treated are transitioned to an appropriate care environment as soon as possible.

Quality Statement 14: Transitions in Care

People with dementia and symptoms of agitation or aggression who transition between settings have a team or provider who is accountable for coordination and communication. This team or provider ensures the transmission of complete and accurate information to the family, caregivers, and receiving providers prior to the transition.

SCOPE OF THIS QUALITY STANDARD

This quality standard focuses on care for people with dementia and the specific behaviours of agitation or aggression who are in an emergency department, admitted to a hospital, or in a long-term care home. It provides guidance on the care given when a patient is transitioned between these settings; for example, when someone is discharged from a hospital to a long-term care home.

WHY THIS QUALITY STANDARD IS NEEDED

Dementia is a chronic and progressive decline in mental ability that interferes with daily functioning. It can be caused by disease or injury. Dementia affects about 15% of Canadians aged 65 and older. In 2011, about 750,000 Canadians were living with dementia; an expected 1.4 million Canadians will be living with dementia by 2031.¹

Signs and symptoms of disturbed perception, thought, mood, or behaviour may occur in people with dementia; these are known collectively as the behavioural and psychological symptoms of dementia.² Among these symptoms, agitation and aggression are two of the most common, with complex causes that can be biological, social, or psychological. It has been estimated that 80% of people with dementia who are living in long-term care homes display symptoms of aggression at some stage of their dementia.³ Both nonpharmacological interventions and pharmacological interventions can be used to manage agitation or aggression in dementia.

Agitation and aggression in dementia pose care and safety issues for people with dementia and for those who care for them. Unlike the cognitive and functional deficits of dementia that decline over time, the episodic nature of agitation and aggression contributes to the complexity of their prevention and management. These symptoms are a major cause of hospitalizations and transfers to long-term care homes.⁴⁻⁶ Furthermore, they can burden and distress families and caregivers of people with dementia and are challenging for health professionals.^{7,8}

There are important gaps in the quality of care received by people with dementia in Ontario. For example, the proportion of long-term care home residents prescribed antipsychotic medication varies widely between homes.⁹ There is also variation between homes in the use of physical restraints.¹⁰ With the incidence and prevalence of dementia growing with Ontario's aging population, there is a need for a provincial quality standard focusing on the care of people with dementia and symptoms of agitation and aggression.

Based on evidence and expert consensus, this quality standard addresses key areas identified as having significant potential for quality improvement in the care of people with dementia and symptoms of agitation or aggression in Ontario. The 14 quality statements that make up this standard each provide guidance on high-quality care, with accompanying indicators to help health care providers and organizations measure their quality of care. Each statement also includes details on how its successful delivery impacts people with dementia, their caregivers, health care professionals, and health care services at large.

PRINCIPLES UNDERPINNING THIS QUALITY STANDARD

This quality standard is underpinned by the principle that people with dementia have the right to receive services that are respectful of their rights and dignity and that promote self-determination.

People with dementia and symptoms of agitation or aggression are provided service that is respectful of their gender, sexual orientation, socioeconomic status, housing, age, background (including self-identified cultural, ethnic, and religious background), and disability.

HOW WE WILL KNOW HOW WE'RE DOING

The following set of outcome indicators has been selected to measure the impact of this quality standard as a whole:

- Percentage of people with dementia and symptoms of agitation or aggression who experience fewer or less frequent behavioural symptoms
- Percentage of people with dementia and symptoms of agitation or aggression who are admitted to mental health beds in hospital under the *Mental Health Act* (Form 1)
- 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 people with dementia and symptoms of agitation or aggression who are readmitted within 30 days of hospital discharge
- Rate of emergency room use by people with dementia and symptoms of agitation or aggression, per 1,000 population
- Number of incidents related to symptoms of aggression in dementia: incidents in hospitals and long-term care homes of patient-on-patient assault, patient-on-staff assault, or patient and staff injuries

QUALITY STATEMENT 1: COMPREHENSIVE ASSESSMENT

Quality Statement 1: Comprehensive Assessment

People with dementia and symptoms of agitation or aggression receive a comprehensive interprofessional assessment when symptoms are first identified and after each transition in care.

Background

A comprehensive assessment ensures an accurate diagnosis and the collection of baseline information. The assessment allows for the identification of potential underlying conditions or issues (e.g., physical, cognitive, functional, psychiatric, psychosocial, and environmental factors) that may be causes of behavioural and psychological symptoms and thus informs treatment and management. The assessment also provides the opportunity to establish likely factors (or “triggers”) that may contribute to future occurrences of agitation or aggression. Comprehensive assessments should be performed at a person’s initial presentation to a health care setting as well as at transitions between care settings.

Definitions Used Within This Quality Statement

Comprehensive interprofessional assessment: This includes, at a minimum, the following components:

- Physical health assessment, medical history, and medication review
- Cognitive and functional assessments
- Psychiatric and behavioural assessments for other conditions (e.g., depression, suicidality, danger to self and others, potential for aggression)
- Psychosocial assessment (e.g., for abuse or neglect, inadequate supervision, poor communication, interpersonal conflict, lack of engagement or activities, personal social history)
- Physical environment assessment (e.g., for overcrowding, lack of privacy)
- Investigation and treatment of potentially contributing factors to symptoms of agitation or aggression (e.g., pain, discomfort, delirium)

What This Quality Statement Means

For patients: You can expect an examination and full assessment every time you arrive at or leave a hospital or long-term care home. It should include questions about your physical health, medical history, and cognitive and functional statuses.

For clinicians: Perform a standardized, comprehensive assessment (as described in the Definitions section of this statement) when people present to a hospital or long-term care home, or when they transition from another care setting.

For health services: Ensure hospitals and long-term care homes have comprehensive assessment tools, systems, processes, and resources in place to assess people at presentation and discharge.

Quality Indicators

Process Indicator

Percentage of people with dementia and symptoms of agitation or aggression who receive a comprehensive assessment at first presentation and at transitions

- Denominator: total number of people with dementia and symptoms of agitation or aggression who present to or leave a hospital or long-term care home
- Numerator: number of people in the denominator who receive a comprehensive assessment
- Data sources: local data collection, Resident Assessment Instrument Minimum Data Set (RAI-MDS) in long-term care homes

Sources

- American Psychiatric Association, 2007¹¹
- Canadian Coalition for Seniors' Mental Health, 2006¹²
- Canadian Consensus Conference on the Diagnosis and Treatment of Dementia, 2012¹³
- National Institute for Health and Care Excellence, 2006¹⁴
- Scottish Intercollegiate Guidelines Network, 2006¹⁵
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 2: INDIVIDUALIZED CARE PLAN

Quality Statement 2: Individualized Care Plan

People with dementia and symptoms of agitation or aggression have an individualized care plan that is developed, implemented, and reviewed on a regular basis with caregivers and agreed upon by substitute decision-makers. Ongoing review and update of care plans includes documentation of behavioural symptoms and the person's responses to interventions.

Background

An individualized care plan is essential to coordinate, document, and ultimately guide the care of people with dementia and symptoms of agitation or aggression. The care plan is agreed upon by providers and caregivers to ensure consistent and coordinated delivery of care that considers the changing needs of people with dementia. An ongoing review supports the tracking of behavioural triggers and symptoms and allows for the assessment of treatment responses to interventions.

Definitions Used Within This Quality Statement

Reviewed on a regular basis: The care plan is reviewed at least once a month in a hospital inpatient setting and every 3 months in a long-term care setting, or sooner according to clinical need.

Caregivers: These are paid or unpaid people who help a family member, friend, or another person in need of assistance or support with daily living. In the case of a person with dementia, a caregiver may or may not also be the person's substitute decision-maker.

What This Quality Statement Means

For patients: You can expect a care plan that meets your individual needs and that is regularly reviewed. The plan should be reviewed once a month if you are in a hospital, and every 3 months if you live in a long-term care home.

For clinicians: Work with people with dementia, their caregivers, and substitute decision-makers to create an individualized care plan that documents behavioural symptoms and responses to interventions. For people in hospital, review and update care plans each month. For people in long-term care homes, review and update care plans every 3 months. Also update care plans every time there is a significant change in people's health or care arrangements.

Health services: Ensure that hospitals and long-term care homes have standardized templates for developing care plans for people with dementia. Ensure there are systems, processes, and resources in place to create and regularly update care plans.

Quality Indicators

Process Indicators

Percentage of people with dementia and symptoms of agitation or aggression who have an individualized care plan

- Denominator: total number of people with dementia and symptoms of agitation or aggression who have had a comprehensive assessment
- Numerator: number of people in the denominator who have an individualized care plan
- Data source: local data collection

Percentage of people with dementia and symptoms of agitation or aggression who have an individualized care plan that has been implemented

- Denominator: total number of people with dementia and symptoms of agitation or aggression who have an individualized care plan
- Numerator: number of people in the denominator who receive care in concordance with their individualized care plan
- Data source: local data collection

Percentage of people with dementia and symptoms of agitation or aggression who have an individualized care plan that has been reviewed

- Denominator: total number of people with dementia and symptoms of

agitation or aggression who have an individualized care plan

- Numerator: number of people in the denominator who have an individualized care plan that has been reviewed (every month in the inpatient setting; every 3 months in long-term care)
- Data source: local data collection

Structural Indicator

Availability of an electronic system that captures information about individualized care plans, including the plan itself and care associated with the plan

- Data source: local data collection

Sources

- American Psychiatric Association, 2007¹¹
- Canadian Coalition for Seniors' Mental Health, 2006¹²
- National Institute for Health and Care Excellence, 2006¹⁴
- Scottish Intercollegiate Guidelines Network, 2006¹⁵
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 3: INDIVIDUALIZED NONPHARMACOLOGICAL INTERVENTIONS

Quality Statement 3: Individualized Nonpharmacological Interventions

People with dementia and symptoms of agitation or aggression receive nonpharmacological interventions that are tailored to their specific needs and symptoms, as specified in their individualized care plan.

Background

There are a variety of nonpharmacological interventions that can be effective in managing symptoms of agitation or aggression in people with dementia. A multimodal approach should be adopted combining different nonpharmacological interventions that are individualized based on the person's needs, symptoms, preferences, and history. Nonpharmacological interventions may be oriented to the senses (e.g., aromatherapy, multisensory therapy) or cognition (e.g., reminiscence therapy) and should have some evidence for effectiveness in improving behavioural and psychological symptoms of dementia. Recreational activities and exercise may also improve people's ability to function and their quality of life.

Definitions Used Within This Quality Statement

Nonpharmacological interventions:

The following nonpharmacological interventions should be considered:

- Aromatherapy
- Multisensory therapy
- Music therapy
- Dance therapy
- Pet-assisted therapy
- Massage therapy
- Reminiscence therapy
- Recreational activities
- Exercise

What This Quality Statement Means

For patients: You can expect nondrug therapies to be tried first. These may include music or recreation therapy, and will depend on your needs, preferences, and history.

For clinicians: Before considering drug therapies, offer people one or more nonpharmacological interventions (described in the Definitions section of this statement) for managing their symptoms. Tailor nonpharmacological therapies to people's needs, symptoms, and history, as documented in their individualized care plan.

For health services: Ensure that hospitals and long-term care homes have the systems, processes, and resources in place to offer a variety of nonpharmacological interventions (described in the Definitions section of this statement).

Quality Indicators

Process Indicators

Percentage of people with dementia and symptoms of agitation or aggression who receive nonpharmacological interventions

- Denominator: total number of people with dementia and symptoms of agitation or aggression
- Numerator: number of people in the denominator who receive one or more nonpharmacological interventions
- Data source: local data collection

Percentage of people with dementia and symptoms of agitation or aggression who receive nonpharmacological interventions as specified in their individualized care plan

- Denominator: total number of people with dementia and symptoms of

agitation or aggression who have an individualized care plan

- Numerator: number of people in the denominator who receive nonpharmacological interventions as specified in their individualized care plan
- Data source: local data collection

Sources

- American Psychiatric Association, 2007¹¹
- Canadian Coalition for Seniors' Mental Health, 2006¹²
- National Institute for Health and Care Excellence, 2006¹⁴
- Scottish Intercollegiate Guidelines Network, 2006¹⁵
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 4: INDICATIONS FOR PSYCHOTROPIC MEDICATIONS

Quality Statement 4: Indications for Psychotropic Medications

People with dementia are prescribed psychotropic medications for the management of agitation or aggression only when they pose a risk of harm to themselves or others or are in severe distress.

Background

Because of their potential for adverse events, psychotropic medications should not be considered first-line therapy for people with dementia. In particular, the use of antipsychotics is cautioned for people with dementia as it is associated with an increased risk of serious adverse events such as worsening cognition, parkinsonism, diabetes, sedation, cerebrovascular disease, and premature death. Nonpharmacological interventions should be considered first-line therapy for people with dementia, and psychotropic medications should be used only when people pose a risk of harm to themselves or others or are in severe distress.

Definitions Used Within This Quality Statement

Psychotropic medications: There are four major categories of psychotropic medications that are typically used for managing agitation and aggression in people with dementia:

- Antipsychotics
- Anxiolytics
- Antidepressants
- Mood stabilizers

What This Quality Statement Means

For patients: Psychotropic drugs (drugs such as antidepressants, anti-anxiety medications, mood stabilizers, and antipsychotics that help manage symptoms of agitation and aggression) should be prescribed only if you are in severe distress or pose a risk of harm to yourself or others.

For clinicians: Only prescribe psychotropic medications to manage agitation or aggression in people with dementia when they pose a risk of harm to themselves or others or are in severe distress. If psychotropic medications are prescribed, provide information to people and their caregivers about the risks and side effects of the medication, the rationale for prescribing it, and the plan for reviewing and reducing or discontinuing its use.

For health services: Ensure that hospitals and long-term care homes have systems, processes, and resources in place to document the rationale, plan for review, and provide information to people with dementia and their caregivers when psychotropic medications are prescribed.

Quality Indicators

Process Indicator

Percentage of people with dementia and symptoms of agitation or aggression who are prescribed a psychotropic medication typically used to manage distress, without clear documentation that they are in severe distress or pose a risk of harm to themselves or others

- Denominator: total number of people with dementia with symptoms of agitation and aggression who are prescribed a psychotropic medication typically used to manage distress
- Numerator: number of people in the denominator who are prescribed the psychotropic medication without clear documentation that they are in severe distress or pose a risk of harm to themselves or others
- Data source: local data collection

Sources

- American Psychiatric Association, 2007¹¹
- Canadian Coalition for Seniors' Mental Health, 2006¹²
- Canadian Consensus Conference on the Diagnosis and Treatment of Dementia, 2012¹³
- National Institute for Health and Care Excellence, 2006¹⁴
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 5: TITRATING AND MONITORING PSYCHOTROPIC MEDICATIONS

Quality Statement 5: Titrating and Monitoring Psychotropic Medications

People with dementia who are prescribed psychotropic medications for the management of agitation or aggression are started on low dosages, with the dosage increased gradually to reach the minimum effective dosage for the patient, within an appropriate range. Target symptoms for the use of the psychotropic medication are monitored and documented.

Background

People with dementia are usually elderly, often with comorbid conditions, and may be at increased risk for adverse effects from pharmacological agents. To reduce the risk of adverse events, initial low dosages of medications are suggested, with slow titration to reach the optimal tolerated therapeutic dosage.

Definitions Used Within This Quality Statement

Psychotropic medications: There are four major categories of psychotropic medications that are typically used for managing agitation and aggression in people with dementia:

- Antipsychotics
- Anxiolytics
- Antidepressants
- Mood stabilizers

What This Quality Statement Means

For patients: If you are prescribed psychotropic drug therapy, it should be started at a low dosage and gradually increased until your symptoms improve.

For clinicians: When prescribing psychotropic medication, start with a low dosage and gradually increase it to reach the minimum effective dosage for the person, within an appropriate range. Regularly monitor and document the person's target symptoms.

For health services: Ensure there are systems, processes, and resources in place in hospitals and long-term care homes for appropriately introducing and adjusting the use of psychotropic medications and monitoring people's target symptoms.

Quality Indicators

Process Indicator

Percentage of people with dementia and symptoms of agitation or aggression receiving psychotropic medications who have their target symptoms monitored and documented

- Denominator: total number of people with dementia and symptoms of agitation or aggression who are prescribed a psychotropic medication
- Numerator: number of people in the denominator whose target symptoms are monitored and documented
- Data source: local data collection

Sources

- American Psychiatric Association, 2007¹¹
- National Institute for Health and Care Excellence, 2006¹⁴
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 6: SWITCHING PSYCHOTROPIC MEDICATIONS

Quality Statement 6: Switching Psychotropic Medications

People with dementia who are prescribed psychotropic medications for the management of agitation or aggression are switched to an alternative psychotropic medication if symptoms do not improve after a maximum of 12 weeks. Ineffective medications are discontinued to avoid polypharmacy. The reasons for the changes in medication and the consideration of alternative psychotropic medications are documented.

Background

Psychotropic medications should be switched after a maximum of 12 weeks for people with dementia and symptoms of agitation or aggression if there has been no clinical improvement in the target behavioural symptoms. An alternative type or class of medication may be considered for trial instead. The medications should not be combined in an attempt to improve effectiveness, except in very special circumstances such as augmentation for a partial drug response. Multiple medications can lead to issues of polypharmacy and the increased likelihood of drug–drug interactions and adverse events.

Definitions Used Within This Quality Statement

Psychotropic medications: There are four major categories of psychotropic medications that are typically used for managing agitation and aggression in people with dementia:

- Antipsychotics
- Anxiolytics
- Antidepressants
- Mood stabilizers

What This Quality Statement Means

For patients: You can expect help finding the right drug that works for you. Your health care provider should prescribe a new psychotropic drug if your symptoms do not improve within 3 months.

For clinicians: When people with dementia are taking psychotropic medications to treat agitation or aggression, switch them to an alternative psychotropic medication if their symptoms do not improve after a maximum of 12 weeks. Discontinue ineffective medications before switching to avoid polypharmacy. Document your reasons for the change in medication and considerations of alternative psychotropic medications.

For health services: Ensure there are systems, processes, and resources in place in hospitals and long-term care homes for switching psychotropic medications in people who do not respond after 12 weeks, and for documenting the reasons for the change in medications as well as consideration of alternative medications.

Quality Indicators

Process Indicator

Percentage of people with dementia and symptoms of agitation or aggression receiving psychotropic medications who are switched to an alternative psychotropic medication if symptoms have not improved after 12 weeks

- Denominator: total number of people with dementia and symptoms of agitation or aggression who continuously receive a psychotropic medication and whose symptoms do not improve after 12 weeks
- Numerator: number of people in the denominator who are switched to an alternative psychotropic medication after 12 weeks
- Data source: local data collection

Source

- Expert consensus

QUALITY STATEMENT 7: MEDICATION REVIEW

Quality Statement 7: Medication Review

People with dementia who are prescribed psychotropic medications for the management of agitation or aggression receive a documented medication review on a regular basis to consider reducing the dosage or discontinuing the medication.

Background

Evidence for the effectiveness of psychotropic medications to treat behavioural symptoms in dementia is usually based on short-term trials (e.g., 12–20-weeks long); the benefit of long-term (i.e., maintenance) medication therapy is unclear. Because of the risk of severe adverse events from these types of medications, people with dementia and symptoms of agitation or aggression who are prescribed psychotropic medications should be considered for regular dosage reductions or medication discontinuation once the behavioural symptoms have stabilized. However, it is important to consider the risk for relapse in behavioural symptoms during or after the withdrawal of medication.

Definitions Used Within This Quality Statement

Medication review: This is performed at least once a month in a hospital inpatient setting or every 3 months in a long-term care setting, or sooner according to clinical need.

Psychotropic medications: There are four major categories of psychotropic medications that are typically used for managing agitation and aggression in people with dementia:

- Antipsychotics
- Anxiolytics
- Antidepressants
- Mood stabilizers

What This Quality Statement Means

For patients: You can expect a regular review of your psychotropic drug therapy to see if it can be reduced or discontinued. This review should happen once a month if you are in a hospital and every 3 months if you live in a long-term care home.

For clinicians: If prescribing psychotropic medications to a person with dementia, conduct and document a medication review at least once a month in hospital or every 3 months in long-term care to determine whether the dosage can be reduced or discontinued.

For health services: Ensure there are systems, processes, and resources in place in hospitals and long-term care homes to conduct regular documented medication reviews for people who are prescribed psychotropic medications. These reviews should occur at least once a month in hospital or every 3 months in long-term care.

Quality Indicators

Process Indicators

Percentage of people with dementia and symptoms of agitation or aggression who are on psychotropic medications who have had a medication review (within the past month in an inpatient setting or within the past 3 months in long-term care)

- Denominator: total number of people with dementia and symptoms of agitation or aggression who are receiving a psychotropic medication
- Numerator: number of people in the denominator who have had a medication review (within the past month in an inpatient setting or within the past 3 months in long-term care)
- Data source: local data collection

Percentage of people with dementia and symptoms of agitation or aggression who are on psychotropic medications who are considered for tapering or discontinuation during a medication review (at least once a month in the inpatient setting; at least every 3 months in long-term care)

- Denominator: total number of people with dementia and symptoms of

agitation or aggression who are receiving a psychotropic medication and have undergone a medication review

- Numerator: number of people in the denominator who have their psychotropic medications tapered or discontinued during a medication review
- Data source: local data collection

Sources

- American Psychiatric Association, 2007¹¹
- Canadian Coalition for Seniors' Mental Health, 2006¹²
- Canadian Consensus Conference on the Diagnosis and Treatment of Dementia, 2012¹³
- National Institute for Health and Care Excellence, 2006¹⁴
- Scottish Intercollegiate Guidelines Network, 2006¹⁵
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 8: MECHANICAL RESTRAINT

Quality Statement 8: Mechanical Restraint

People with dementia are not mechanically restrained to manage agitation or aggression.

Background

Mechanical restraints are associated with serious injury and increased mortality, and do not provide any clinical benefit for the management of agitation or aggression in people with dementia. Through the proper management of behavioural symptoms, it is possible to avoid the use of restraints. Hospitals and long-term care homes should move toward zero use of mechanical restraints.

Definitions Used Within This Quality Statement

Mechanical restraints: These are devices that restrict peoples' freedom of movement in emergency situations and are attached to, adjacent to, or worn by people involuntarily when they pose an imminent risk of harm to themselves or others. Mechanical restraints are different from safety devices—such as bed rails—that are used in nonemergency situations to enhance peoples' safety, mobility, or quality of life. The intent of the device use determines whether it is a mechanical restraint or a safety device.

What This Quality Statement Means

For patients: You can expect that you will not be restrained to manage your symptoms.

For clinicians: Avoid the use of mechanical restraints for managing agitation or aggression in people with dementia. Always use alternative strategies.

For health services: Ensure that hospitals and long-term care homes have systems, processes, and resources in place to support health care providers in zero use of mechanical restraints for managing agitation or aggression in people with dementia. Examples include appropriate staffing and access to health care professionals with specialized training.

Quality Indicators

Process Indicator

Percentage of people with dementia and symptoms of agitation or aggression who are placed in mechanical restraints for agitation or aggression

- Denominator: total number of people with dementia and symptoms of agitation or aggression
- Numerator: number of people in the denominator who are placed in mechanical restraints for symptoms of agitation and aggression
- Data sources: local data collection; proxy measures could be calculated

based on data; currently collected for restraint use in acute mental health care (Ontario Mental Health Reporting System, provided by the Institute for Clinical Evaluative Sciences) and for daily physical restraints in long-term care (Continuing Care Reporting System, provided by the Canadian Institute for Health Information)

Source

- Expert consensus

QUALITY STATEMENT 9: INFORMED CONSENT

Quality Statement 9: Informed Consent

People with dementia and symptoms of agitation or aggression are advised of the risks and benefits of treatment options, and informed consent is obtained and documented before treatment is initiated. If a person with dementia is incapable of consenting to the proposed treatment, informed consent is obtained from their substitute decision-maker.

Background

The law requires that providers obtain capable, informed, and voluntary consent prior to initiating a treatment, as stated in the *Health Care Consent Act, 1996*.¹⁷ In addition, people with dementia may be assessed for decision-making capacity. If it is determined they do not have the capacity to make decisions with respect to the proposed treatment, a legal substitute decision-maker may be appointed; this is outlined in the *Substitute Decisions Act, 1992*.¹⁸ Treatment may be initiated without consent in the event of an emergency situation, where people with dementia and symptoms of agitation or aggression are at risk of causing serious bodily harm to themselves or others or are experiencing severe suffering. According to legislation, “treatment may be continued only for as long as reasonably necessary” to obtain consent from the substitute decision-maker, or from the person with dementia if they regain the capacity to make their own decision.¹⁹ In either case, the provider must document justification of the treatment.

Definitions Used Within This Quality Statement

Incapable: In this context, being incapable is a person’s inability to make appropriate decisions. Capacity is always considered with respect to the proposed treatment that requires consent. A person’s capacity can fluctuate depending on the proposed treatment and timing. A person can be capable with respect to some proposed treatments, but incapable for others. Similarly, capacity can be present for a proposed treatment at one time but absent at another time.

What This Quality Statement Means

For patients: You can expect information about benefits and harms about changes in treatment before any changes are made. Your health care provider should advise you or anyone making decisions for you of any recommended changes to your treatment. However, no changes should be made until you or your decision-maker has given permission.

For clinicians: Provide information on and discuss the risks and benefits of different treatment options with patients, their caregivers, or substitute decision-makers. Always obtain and document informed consent before initiating or stopping a treatment. If a person is unable to consent, obtain informed consent from their substitute decision-maker.

For health services: Ensure that all important information on peoples’ capacity to consent and their substitute decision-makers (if applicable) is documented and

accessible in hospitals and long-term care homes.

Quality Indicators

Process Indicator

Percentage of people with dementia and symptoms of agitation or aggression receiving a medical treatment whose informed consent (obtained directly or from the substitute decision-maker) is documented prior to the initiation of the treatment

- Denominator: total number of people with dementia and symptoms of

agitation or aggression who are receiving a medical treatment

- Numerator: number of people in the denominator whose informed consent (directly or by substitute decision-maker) is documented prior to initiation of the treatment
- Data source: local data collection

Sources

- National Institute for Health and Care Excellence, 2006¹⁴

QUALITY STATEMENT 10: SPECIALIZED INTERPROFESSIONAL CARE TEAM

Quality Statement 10: Specialized Interprofessional Care Team

People with dementia and symptoms of agitation or aggression have access to services from an interprofessional team that provides specialized care for the behavioural and psychological symptoms of dementia.

Background

The needs of people with dementia and symptoms of agitation or aggression are multifactorial and complex. Individualized management from providers of various disciplines who are specialized in dementia care is necessary. This interprofessional team allows for the delivery of specialized care for behavioural symptoms through a multifaceted approach, and the development and implementation of an individualized care plan to prevent these symptoms.

Definitions Used Within This Quality Statement

Specialized interprofessional care team:

This team, which includes at least one physician and one nurse, specializes in dementia care. Other health professionals may include psychologists, occupational therapists, pharmacists, behavioural support workers, social workers, caregivers, and administrative staff.

What This Quality Statement Means

For patients: You can expect a team of health care providers (including at least a doctor and a nurse) who are educated and trained specifically in dementia care.

For clinicians: Ensure that people who have dementia with symptoms of agitation or aggression are cared for by an interprofessional team specialized in the behavioural and psychological symptoms of dementia.

For health services: Ensure that hospitals and long-term care homes have timely access to an interprofessional team that specializes in care for the behavioural and psychological symptoms of dementia.

Quality Indicators

Structural Indicator

Access to an interprofessional team that provides specialized care in the behavioural and psychological symptoms of dementia; it consists of at least one physician and one nurse, in addition to a member from one other discipline

- Data source: local data collection

Sources

- American Psychiatric Association, 2007¹¹
- Canadian Coalition for Seniors' Mental Health, 2006¹²
- National Institute for Health and Care Excellence, 2006¹⁴
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 11: PROVIDER TRAINING AND EDUCATION

Quality Statement 11: Provider Training and Education

People with dementia and symptoms of agitation or aggression receive care from providers with training and education in the assessment and management of dementia and its behavioural symptoms.

Background

People with dementia and symptoms of agitation or aggression have complex needs and should receive individualized care by providers with comprehensive training and education in dementia and its behavioural and psychological symptoms. Identification and knowledge of the triggers for behavioural symptoms and the relevant treatment options allow for appropriate treatment and care strategies that meet people's needs and help reduce the occurrence of symptoms. Training and education materials or programs should be tailored specifically to providers' roles and responsibilities.

Definitions Used Within This Quality Statement

Provider training and education: These should include at minimum the following skills and information:

- Comprehensive assessment of people with dementia
- Dementia symptoms and disease progression
- Early identification of behavioural risks
- Appropriate use of pharmacological and nonpharmacological treatment options
- De-escalation strategies for challenging behaviours
- Communication with patients and caregivers
- Coordination of multidisciplinary care
- Impacts of dementia on patients, caregivers, families, and social networks
- Ethical and medical legal considerations
- Detection of and strategies to manage abuse and neglect
- Palliative care
- Outreach strategies to connect patients and caregivers with available resources

What This Quality Statement Means

For patients: You can expect a team of health care providers (including at least a doctor and a nurse) who are educated and trained specifically to treat symptoms of agitation and aggression.

For clinicians: Ensure that you have the training and education required to effectively provide care for people with dementia and symptoms of agitation and aggression, in accordance with your professional role. This includes identifying and avoiding triggers for behavioural symptoms, and developing strategies for managing these symptoms if they occur.

For health services: Ensure health care professionals caring for people with dementia in hospitals and long-term care homes have training and education in managing dementia and associated behavioural symptoms.

Quality Indicators

Process Indicator

Percentage of providers who care for people with dementia who have received training and education in the assessment and management of dementia and its behavioural symptoms

- Denominator: total number of health care providers who care for people with dementia
- Numerator: number of people in the denominator who receive training and education in the assessment and management of dementia and its behavioural symptoms
- Data source: local data collection

Structural Indicator

Providers who care for people with dementia have access to staff with training and education in the assessment and management of dementia and its behavioural symptoms

- Data source: local data collection

Sources

- American Psychiatric Association, 2007¹¹
- Canadian Coalition for Seniors' Mental Health, 2006¹²
- National Institute for Health and Care Excellence, 2006¹⁴
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 12: CAREGIVER TRAINING AND EDUCATION

Quality Statement 12: Caregiver Training and Education

Caregivers of people with dementia and symptoms of agitation or aggression have access to comprehensive training and education on dementia and its associated behavioural symptoms. This training and education includes management strategies that are consistent with people's care plans.

Background

Caregivers of people with dementia and symptoms of agitation or aggression should be provided with the information and support services required to provide adequate care. In particular, they need to understand how to identify triggers for challenging behaviours and how to use de-escalation techniques to help manage these behaviours. Understanding how to identify the needs of people with dementia helps reduce occurrences of agitation or aggression and may also reduce caregiver stress and burden.

Definitions Used Within This Quality Statement

Caregivers: These are paid or unpaid people who help a family member, friend, or another person in need of assistance or support with daily living. In the case of a person with dementia, a caregiver may also be the person's substitute decision-maker.

Caregiver training and education: This should include at minimum the following skills and information:

- Dementia symptoms and disease progression
- Prognosis and care plan strategy and monitoring
- Benefits and risks of pharmacological and nonpharmacological treatment options
- Detection of behavioural risks and de-escalation and management techniques
- Functions of different professionals and health care settings
- Medical-legal issues
- Financial and legal planning for the person's eventual incapacity
- Advance care planning
- Disagreement resolution processes for the person's health care

- Sources of local support services and groups
- Sources of financial and legal advice and advocacy

What This Quality Statement Means

For patients: You can expect support and information for your caregivers. Education should be offered to your caregivers about dementia and behavioural symptoms to better enable them to care for you.

For clinicians: Offer families and caregivers comprehensive training and education programs on dementia and its associated behavioural symptoms.

For health services: Ensure that hospitals and long-term care homes are able to offer families and caregivers comprehensive training and education programs on dementia its associated behavioural symptoms.

Quality Indicators

Process Indicators

Percentage of caregivers of people with dementia and symptoms of agitation or aggression who are offered access to comprehensive training and education on dementia and its associated behavioural symptoms

- Denominator: total number of caregivers of people with dementia and symptoms of agitation or aggression
- Numerator: number of people in the denominator who have access to comprehensive training and education on dementia and its associated behavioural symptoms
- Data source: local data collection

Percentage of caregivers of people with dementia and symptoms of agitation or aggression who receive comprehensive training and education on dementia and its associated behavioural symptoms

- Denominator: total number of caregivers of people with dementia and symptoms of agitation or aggression

- Numerator: number of people in the denominator who receive comprehensive training on dementia and its associated behavioural symptoms
- Data source: local data collection

Structural Indicator

Availability of comprehensive training and education programs on dementia and its associated behavioural symptoms for caregivers

- Data source: local data collection

Sources

- American Psychiatric Association, 2007¹¹
- Canadian Coalition for Seniors' Mental Health, 2006¹²
- National Institute for Health and Care Excellence, 2006¹⁴
- Scottish Intercollegiate Guidelines Network, 2006¹⁵
- Sistema Nacional de Salud, 2010¹⁶

QUALITY STATEMENT 13: APPROPRIATE CARE ENVIRONMENT

Quality Statement 13: Appropriate Care Environment

People with dementia and symptoms of agitation or aggression whose behavioural symptoms have been successfully treated are transitioned to an appropriate care environment as soon as possible.

Background

Once people with dementia have been successfully treated for symptoms of agitation or aggression, they should be moved to an appropriate environment that is calm and free from potentially disturbing stimuli. This helps prevent retriggering of behavioural symptoms related to the physical environment (e.g., overcrowding, lack of privacy, loud noise levels). This also benefits other service users who might experience violence or harm when witnessing the behavioural symptoms of the person with dementia.

Definitions Used Within This Quality Statement

Appropriate care environment: This is an environment that prevents the retriggering of behavioural symptoms for the person with dementia by minimizing factors that may contribute to the symptoms.

What This Quality Statement Means

For patients: You can expect transfer to a stress-free space once your symptoms of agitation or aggression have been treated. This move should be to an environment free from noise or activity that may disturb you.

For clinicians: Once a person with dementia's behavioural symptoms are successfully treated, move them as soon as possible to an appropriate care environment that is free from potentially disturbing stimuli and ensures the safety of other service users.

For health services: Ensure that there are calm, stimuli-free care environments available in hospitals and long-term care homes to avoid triggering behavioural and psychological symptoms of dementia.

Quality Indicators

Process Indicator

Percentage of people with dementia and symptoms of agitation or aggression whose behavioural symptoms have been successfully treated and who are transitioned to the most appropriate environment as soon as possible

- Denominator: total number of people with dementia and symptoms of agitation or aggression whose behavioural symptoms have been successfully treated
- Numerator: number of people in the denominator who have been transitioned to the most appropriate environment
- Data source: local data collection

Structural Indicator

Availability of appropriate environments to which people with dementia and symptoms of agitation or aggression can be transitioned once their behavioural symptoms have been successfully treated

- Data source: local data collection

Source

- Expert consensus

QUALITY STATEMENT 14: TRANSITIONS IN CARE

Quality Statement 14: Transitions in Care

People with dementia and symptoms of agitation or aggression who transition between settings have a team or provider who is accountable for coordination and communication. This team or provider ensures the transmission of complete and accurate information to the family, caregivers, and receiving providers prior to the transition.

Background

Transitions between settings can pose problems in continuity of care for people with dementia. Untimely or uncoordinated transition processes may delay treatment and increase the risk of behavioural symptoms being triggered. People with dementia and their caregivers should be involved in the transition preparation process so their needs and questions are addressed. When they are aware of what will happen during the transition, they are empowered to play an active role. In addition, the most up-to-date information should be documented in the care plan by all providers. A provider or team should be accountable to ensure the accurate and timely transition of information to the proper recipients, to achieve a seamless transition process.

Definitions Used Within This Quality Statement

Information: The following should be communicated to the patient, family, caregivers, and receiving providers prior to the transition:

- Approaches to care
- Updated care plan
- Treatment history, including treatment options that have failed

What This Quality Statement Means

For patients: You can expect a smooth transition between care environments at all points of your care. Your health care providers should work with you and your caregivers to ensure all important information is transferred to your new health care provider or health setting.

For clinicians: Ensure that people moving between providers or care settings have a person or team responsible for coordinating their care and transferring information among providers. Keep people with dementia and their caregivers involved in and informed about their transition process.

For health services: Ensure that hospitals and long-term care homes have systems, processes, and resources in place to enable smooth transitions between care settings for people with dementia.

Quality Indicators

Process Indicators

Percentage of people with dementia and symptoms of agitation or aggression whose information is received by the new facility prior to their transition

- Denominator: total number of people with dementia and symptoms of agitation or aggression who transition to a new facility
- Numerator: number of people in the denominator for whom complete and accurate transmission of information is received by the new facility prior to their transition
- Data source: local data collection

Percentage of people with dementia and symptoms of agitation or aggression whose information is incomplete or inaccurate when received prior to their transition

- Denominator: total number of people with dementia and symptoms of

agitation or aggression who transition to a new facility that has received information regarding their care and treatment

- Numerator: number of people in the denominator whose care and treatment information is incomplete or inaccurate during the transition process
- Data source: local data collection

Sources

- Canadian Coalition for Seniors' Mental Health, 2006¹²
- National Institute for Health and Care Excellence, 2006¹⁴
- Scottish Intercollegiate Guidelines Network, 2006¹⁵
- Sistema Nacional de Salud, 2010¹⁶

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