Behavioural Symptoms of Dementia
Care for Patients/Residents in Hospitals and Long-Term Care Homes
Summary

This document outlines a process for using the Behavioural Symptoms of Dementia Quality Standard as a resource to deliver high-quality care. It includes links to templates, tools, and stories and advice from health care professionals, patients, and caregivers.

Who is this guide for?

This guide is designed for people who are interested or involved in using the quality standard to improve care for people living with behavioural symptoms of dementia.

These people may include clinicians, quality improvement and program leads, administrators, executives, and anyone else in the health system.
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Introduction to Quality Standards

What are quality standards?

A quality standard is a set of 5 – 15 statements that describe what high-quality care looks like across the Ontario health system, based on the best available evidence. Each quality standard addresses an area where there is currently a high variation in care in the province and where data demonstrate that there are opportunities for improvement.

Developed in collaboration with physicians, nurses, other clinical experts, patients/residents, families, caregivers, and organizations across the province, Health Quality Ontario’s quality standards are designed to help:

• Health care professionals offer the highest quality care based on the evidence;
• Patients/residents know what to discuss about their care with their health care professionals;
• Health care organizations and professionals measure, assess, and improve the quality of their care; and
• Health system planners create the environment for health care professionals and organizations to deliver quality care.

The following materials are produced for each quality standard:

• A clinical guide for health care professionals clearly outlining what quality care looks like for that condition based on the evidence;
• A patient/resident reference guide for patients or residents so they know what to discuss about their care with their health care professionals;
• An information and data brief to help people understand why a particular quality standard has been created;
• This guide to putting quality standards into practice to provide health care professionals and organizations with tools and resources to support their use of the quality standards;
Introduction to Quality Standards

- A technical guide for the indicators within the clinical guide to enable health care professionals and organizations to track their improvement efforts; and
- An implementation plan with recommendations about system-wide and regional requirements to help health care professionals and organizations use the standards. The plan will include recommendations to develop tools to support the integration of quality standards into care practices. As they become available, tools will be posted on the Health Quality Ontario’s website.

How quality standards can be used to improve care across Ontario

Quality standards define what high-quality care looks like across the Ontario health system. They also include specific indicators that can be used to measure the extent to which this care is being provided. Achieving the high-quality care outlined in the quality standard may require change at the organizational, regional, and system levels.

At the organizational level, the goal is for organizations across Ontario to assess the care that they are providing against the evidence-based care in the quality standards, and use the quality statements and related indicators as resources to make improvements to care. This guide will largely focus on this process.

At the regional level, there may be opportunities to use the quality standard to set and guide collaborative improvement within the Local Health Integration Networks (LHINs). Regional quality tables and clinical quality leads can help drive this process.

Finally, there may be changes (e.g., access to services) that will need to occur at the system level for some quality statements. As described above, Health Quality Ontario is developing an implementation plan based on consultation with key stakeholders and front-line providers that will contain recommendations to the Ministry of Health and Long-Term Care regarding how to address these system-level issues. As an example, these recommendations may include enhanced access to data or professional services, and/or expansion of education and training programs. The implementation plan and associated tools and supports such as order sets will be available on Health Quality Ontario’s website.
How quality standards can complement and support quality improvement initiatives and other programs

Provider level

Continuing Professional Development
Health care providers who use the quality standards to guide practice improvement and enhance learning about evidence-based care may be eligible for continuing professional development credits, as this work can be included as part of their learning plans or self-assessment curriculum.

Organization level

Quality Improvement Plans
Certain health care organizations in Ontario are required to prepare and submit a Quality Improvement Plan to Health Quality Ontario each year. In a Quality Improvement Plan, organizations identify the quality issues they wish to address, select the indicators they will use to track their progress toward improvement, set targets for improvement, and describe planned interventions (i.e., “change ideas”) to achieve these targets. The Quality Improvement Plan can be used as a tool to track and share progress on the indicators provided with the quality statements.

Refer to the sample Quality Improvement Plan Template in Appendix B for examples of how you might integrate the quality standard for Behavioural Symptoms of Dementia into your organization’s Quality Improvement Plan.

Strategic Plan
The quality standard can serve as a tangible link between an organization’s strategic plan and its quality agenda. Quality standards identify specific and measurable priority areas that ground strategy into quality initiatives and actions. For example, this quality standard can serve as a resource for providing evidence-informed, high-quality care to patients or residents living with behavioural symptoms of dementia.

Accreditation
Many hospitals and long-term care homes participate in accreditation programs to improve quality, safety, and accountability. Some quality statements in the quality standards align closely with these accreditation standards. The quality standards include indicators, definitions, background information, and resources for implementation that may assist organizations in meeting accreditation standards.
Introduction to the Behavioural Symptoms of Dementia Quality Standard

The Behavioural Symptoms of Dementia Quality Standard includes 14 quality statements that address care for people living with dementia and the specific behaviours of agitation and aggression. This quality standard focuses on care for patients who are in an emergency department, admitted to a hospital, or individuals who reside in a long-term care home. It also provides guidance to improve the care given when patients/residents transition between these settings.

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

Read the full text of the Behavioural Symptoms of Dementia Quality Standard on Health Quality Ontario’s website.

Clinical Guide
Patient/Resident Reference Guide

The case for change

Why create a quality standard for people living with behavioural symptoms of dementia?

According to a report published by the Alzheimer Society of Ontario in 2012, about one in ten Ontarians over the age of 65 are living with dementia. This represents an increase of 16% over the previous four years. The same report estimated that by 2020, approximately 250,000 seniors in Ontario will be living with the disease.¹ It has been estimated that 80% of people living with dementia who are living in long-term care homes display symptoms of aggression at some stage of their dementia.²

Data suggest that there are significant gaps in the quality of care received by people living with dementia in Ontario. For example, there is considerable variation among long-term care homes with regard to the percentage of their residents who are prescribed antipsychotic medications.³ There is also variation in the use of physical restraints among homes.⁴ This quality standard addresses these and other areas where there may be variations in care for people living with behavioural symptoms of dementia in Ontario.

More information on why this quality standard is needed is available in the Information and Data Brief for this quality standard.
Introduction to the Behavioural Symptoms of Dementia Quality Standard

What does this quality standard mean for patients/residents/caregivers?

"It was a long and lonely job to take care of my wife at home…it was eight and half years until she passed. It was hard to get her into long-term care homes for respite because she had behavioral issues, and there is no standard out there. The hardest thing for someone who jumps into the job of caregiver is to navigate the fragmented health care system. There is no manual, no training. I [joined the Committee] to create some kind of foundation to improve care for dementia patients and their family caregivers, to change usual practices which seem less than adequate at present, especially in hospitals and long-term care facilities. And maybe also with these standards for quality care, we are able to help people to understand the struggles caregivers are going through, and be more compassionate and knowledgeable.

Ken Wong, Quality Standards Advisory Committee member"

What does this quality standard mean for health care professionals?

"Implementing the behavioural symptoms of dementia quality standard represents an opportunity to advance quality in a way that we have never had before … Implementing the quality standards will represent a paradigm change. The biggest change relies on replacing non-evidence-based interventions with evidence-based interventions. [This paradigm shift] is going to provide a better service user experience, a different lens that is more aligned with recovery and better clinical outcomes for the patient. I hope organizations are going to embrace the opportunity to reduce the gap between the emergence of evidence and the delivery of best practices to their patients. And if patients and family members have these statements in front of them, … they will request and ask the right questions to make sure they get the best evidence based treatments.

Dr. Phil Klassen, Quality Standards Advisory Committee member"
Introduction to the Behavioural Symptoms of Dementia Quality Standard

Quality Statements for the Behavioural Symptoms of Dementia Quality Standard*

Quality Statement 1: Comprehensive Assessment
People living 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 living 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 living with dementia and symptoms of agitation or aggression receive nonpharmacological interventions that are tailored to their specific needs, symptoms, and preferences, as specified in their individualized care plan.

Quality Statement 4: Indications for Psychotropic Medications
People living with dementia are prescribed psychotropic medications to help reduce 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 living with dementia who are prescribed psychotropic medications to help reduce agitation or aggression are started on low dosages, with the dosage increased gradually to reach the minimum effective dosage for each patient, within an appropriate range. Target symptoms for the use of the psychotropic medication are monitored and documented.

* Please note that these are abbreviated or summary statements. The full-length Clinical Guide includes more detailed information and indicators.
Introduction to the Behavioural Symptoms of Dementia Quality Standard

Quality Statement 6: Switching Psychotropic Medications
People living with dementia who are prescribed psychotropic medications to help reduce agitation or aggression have their medication discontinued and an alternative psychotropic medication prescribed if symptoms do not improve after a maximum of 8 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 for Dosage Reduction or Discontinuation
People living with dementia who are prescribed psychotropic medications to help reduce 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 living with dementia are not mechanically restrained to manage agitation or aggression.

Quality Statement 9: Informed Consent
People living 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 living 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 living 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.
Introduction to the Behavioural Symptoms of Dementia Quality Standard

**Quality Statement 12: Caregiver Training and Education**
Caregivers of people living 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 living 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 living 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.

**How to make the most of this quality standard**
1. **Assess** current practice against the evidence-based care described in the quality statements to identify where current practice does not align with the quality standard.
2. **Identify** the changes you can make to your current practice based on the statements outlined in the quality standard. Create an Action Plan to help you make these changes.
3. **Track** your progress using the indicators in the quality standard.
4. **Share** the patient/resident reference guide with patients/residents and their families and caregivers to stimulate discussion with their care providers.
Making changes to practice

Making and sustaining changes to practice to align with evidence-based best practices can be challenging, particularly in the context of a complex health system. However, a thoughtful approach to change that is rooted in implementation science can help to improve uptake of best practices.

This guide presents evidence-based approaches to implementing changes to practice that use key concepts from implementation science as well as quality improvement science. For the purposes of this guide, we describe the implementation process in three phases:

- Planning for change
- Implementing changes
- Sustaining change

“If organizations begin to look carefully into what is going on at the point of care level, [they will find that] many treatments may or may not be evidence based and may not be producing good outcomes. The biggest change will be a transformation from having to gradually (and maybe not so gradually) reduce non-evidence-based interventions and replace them with evidence-based interventions. You certainly can’t add 20% to the workload of every psychologist, social worker, occupational therapist, and physician. This is a replacement process. This is a recalibration process. This is not an ‘addition to’ the workload of the various health professionals.”

Dr. Phil Klassen, Vice-President Medical Services, Ontario Shores

Quality Improvement Framework

Many of the steps described in this guide align with those in Health Quality Ontario’s Quality Improvement Framework on Quality Compass. This framework includes many additional quality improvement tools and resources, as well as links to more information. You may find this a useful resource as you work to improve care using this quality standard.

* The Tool icon is presented throughout this guide to denote links to useful tools and resources. The tools and resources highlighted with this icon are examples and do not represent an exhaustive list; there are many more available that you may find useful as you work to implement changes to practice.
Introduction to the Behavioural Symptoms of Dementia Quality Standard

Understanding the problem before jumping to solutions

Taking a systematic approach that starts with understanding the problem can help to structure the implementation and improvement process. One approach suggests guiding implementation based on the following four questions:

1. **Who** needs to do **what** differently?
2. Which **barriers** and **facilitators need to be addressed** that might impede or facilitate the ‘who’ from doing the ‘what’, differently?
3. Which **intervention** strategies can be used to overcome the identified barriers and enhance the facilitators?
4. How can the changes be **measured** and understood?

“This does not feel like rocket science when it’s presented this way. But our experience is that people normally jump to ... solutions without actually thinking about what the problem is that they’re trying to solve, and to understand the determinants of that problem and how best to address them.”

*Dr. Jeremy Grimshaw* at the BehaviourWorks Australia Research Forum, March 15, 2016

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**The Action Plan Template**

The Action Plan Template will help you to prepare a plan for implementing changes to practice that align with the care described in the quality standard. It will help you to assess current practice, identify barriers and facilitators to change, record interventions, and track progress. Download the Action Plan Template to complete it with your team, and refer to a sample completed Action Plan Template in Appendix A.
Planning for Change

The role of leadership

Strong and committed leadership is necessary to drive efforts toward changing practice within an organization. Leaders must play a visible and active role in supporting the implementation team and championing the use of quality standards across the organization and beyond.

Leaders within the organization will need to drive the allocation of resources to support implementation of changes, where possible, communicate regularly about the value of the changes being made, and promote celebrations of success of the implementation.\(^9\)

Some leaders will be actively involved with the implementation team, or may serve as executive sponsors. If a leader is not directly involved with the team, they should be aware, connected, and supportive of the effort.

Form an implementation team

With leadership committed to making changes to practice, developing a formal implementation team will be the next step.

The team’s role

The team’s role is to lead the implementation of changes to practice, monitor progress to ensure implementation is on track, and champion the work with their peers.

Who they are

The team should be multidisciplinary, and should include physicians and other health care professionals who can represent all disciplines involved in the practice change.

The team should include clinical leads and key opinion leaders, who will be able to lead the change among their peers and generate buy-in. The team may also include quality improvement specialists, decision support specialists, and patients, residents, family members, or caregivers with lived experience dealing with behavioural symptoms of dementia.

In larger organizations, there may be different branches of the team in different departments or sites; in smaller organizations, the team may consist of only a few people. Establishing the team may involve pulling people in from other areas of the organization or rearranging tasks so that people have the capacity to be part of the team.
Select the quality statements that are relevant to your sector and organization

The quality statements that make up a quality standard describe what best care looks like in different disciplines and sectors. The implementation team will need to review the quality statements and identify those that apply to your sector, organization, and patient/resident population.

For some statements, the changes to practice can occur within the organization. For statements that require a broader effort beyond the organization, connect with leadership to identify regional partners through the LHIN and other organizations in the community.

Compare current practice with the quality standard

Once the statements that apply to your organization have been selected, the next step is a careful and detailed assessment of how current practice compares to these quality statements.

The implementation team should carry out this assessment. However, everyone who is involved in providing the care should be represented, as well as those receiving care.

As you assess your current performance, consider and document the following points using the Action Plan Template:

- What are we doing now with regard to this aspect of care? Can we say we are meeting the statement to the full extent, partially, or not at all?
- What are the gaps between our current practice and the quality statement?
- What is the behaviour or process that needs to change?
- Whose behaviour needs to change—i.e., who is involved in the aspect of care that does not meet the quality standard, or who should be involved?

Information and Data Brief

The Information and Data Brief for this standard may include valuable data related to current practice across the province.
Incorporate the following as you compare current practice with the quality standard:

**Discussions with staff, patients/residents, and their families and caregivers**
- Create a list of key stakeholders for consultation
- Conduct interviews, focus groups, discussion forums, or surveys of both staff and patients/residents and their families and caregivers
- Consult with the Patient and Family Advisory Committee, Residents’ Council or Family Council to understand their experiences of care

**Measurement of quantitative data**
Use the indicators provided with the quality statements to assess your current performance against the quality statement.
- Consider existing data you may have available that you can access/utilize
- Conduct audits or chart reviews to assess your current performance on these indicators
- Review other provincial, organizational or provider-level data reports as available (e.g., Long-Term Care Practice Reports)
- Involve decision support, if available

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**Long-Term Care Practice Reports**

Physicians in the long-term care sector may find [Long-Term Care Practice Reports](#) a helpful tool. They provide customized information about physician practice and comparator data at the regional and provincial level, including cross-sectional and longitudinal data on practice demographics, prescribing patterns, resident clinical characteristics, and suggested change ideas/interventions. These reports are created by Health Quality Ontario using data provided by the Institute for Clinical Evaluative Sciences.
Planning for Change

If you find that your current practice is already aligned with the quality statement:
• Highlight it in your organization’s Quality Improvement Plan
• Connect with other organizations to share your learnings
• Think about where there might be opportunities for additional improvement

Prioritize quality statements for improvement

While you might identify multiple areas where you will need to modify practice to provide high-quality evidence-based care, you will need somewhere to start. Focus your efforts on a few key changes at a time. Successes with the first changes will help build trust and confidence for future changes.

Here are a few tips for how to prioritize these changes:
• Consult with your staff and clinicians, as well as with patients/residents, families and caregivers—they can help you identify which changes are most important to them
• Prioritize the changes that are relatively simple to make
• Begin by addressing statements that align with organizational or department priorities and/or quality improvement work you are already doing in your organization

Identify the barriers and facilitators that need to be addressed

Taking the time to understand the environment in which you wish to introduce change is crucial at all stages of implementation. To develop a strategy for change within your organization, you need to understand the types of barriers and facilitators at play in your organization.

Some barriers and facilitators will be common and easily identifiable, whereas others may be less so. Being comprehensive in assessing barriers and facilitators can help to surface issues that might otherwise not have been considered.

Implementation scientists have developed comprehensive approaches to guide inquiry across a range of issues that might help or hinder change. One approach synthesizes factors from dozens of models of behaviour change into a Theoretical Domains Framework, which highlights 14 domains relevant to understanding behaviour change.

The list below includes questions that may help you identify common barriers and facilitators within these 14 domains as you consider who needs to do what differently and what might help or prevent them from making these changes.
Planning for Change

Knowledge
• Does the health care professional know about the evidence-based best practices described in the quality statement?

Skills
• Do they have the skills and competencies to carry out these practices yet?

Beliefs about capabilities
• Does the health care professional feel confident that they can carry out the practice described in the quality statement? Which barriers reduce their confidence?

Social/professional role and identity
• Does the practice align with how the health care professional sees their professional identity?
• Does the practice fit within their current job role?

Beliefs about consequences
• What does the health care professional think will happen, either positive or negative, if current practice was changed to align with the quality statement? (e.g., in terms of patient/resident outcomes, processes of care, relationship with colleagues, impact on self as a health care professional)
• Does the health care professional believe the benefits of the change in practice outweigh the costs?

Environmental context and resources
• Does the health care professional have sufficient time to perform the new practice?
• Are there competing tasks that might prevent the health care professional from performing the new practice? If so, what are they?
• Are the necessary resources available to enable the change? If not, what is needed (physical space change, adding tools and equipment, software, financial)?

Optimism
• Overall and in general, does the health care professional feel that doing this will lead to positive outcomes?

Intentions
• Do the health care professionals want to perform the new practice? If not, why not?
• With how many of their patients/residents do they want to? If not all, why not?
Planning for Change

Goals
• Have challenging but achievable goals been set with health care professionals in relation to the statements selected?

Reinforcement
• What sorts of incentives and rewards are in place for doing this? (e.g., meeting organizational standards, obtaining accreditation, job satisfaction, financial incentives, and satisfaction with providing high-quality care)
• Are there any disincentives in place for doing this?

Memory, attention, and decision processes
• How likely is the new practice to slip their mind?

Social influences
• Who thinks they should do this? Does anyone think that they should not? (e.g., peers, colleagues, managers, professional organisations, or patients/residents and their families)? To what extent do these people influence whether they will?
• Do others already do this?

Emotions
• How do they feel about doing the behaviour? Will doing the new practice create stress, anxiety, or worry?
• Is the changed practice seen in a positive or a threatening way?

Behavioural regulation
• What procedures and steps are already in place to help enact this practice?
• Are there tools in place to help health care professionals remember to perform the new practice (e.g., reminders, prompts, triggers, or cues)?
• What additional strategies might help?

Toolkit: Implementation of Best Practice Guidelines

Other groups have described approaches to identifying barriers and facilitators. One useful example is the Registered Nurses’ Association of Ontario’s Toolkit: Implementation of Best Practice Guidelines, Second Edition.\(^6\)
Planning for Change

Identify interventions to address your barriers and enhance your facilitators

Once you have identified the barriers and facilitators to making a change, you need to start identifying interventions that will help overcome the barriers while making use of the facilitators. You may need to use multiple interventions that target the same barrier. Look for change ideas that have demonstrated impact to support change from other organizations or from the literature where available. Engage staff in identifying interventions to address each of the barriers and suggestions for how to deploy them. Some examples of interventions are listed in Table 1 (note that this list is not exhaustive). Once you begin implementing your interventions, you will need to measure how effective they are and make adjustments if necessary.

Health Links Innovative Practices
Learn about the innovative practices being used by Health Links to support coordinated care management and transitions between hospital and home to identify interventions related to these aspects of care.

Tools and resources to support this quality standard
We will continue to share tools and resources to help you use this quality standard as they become available. These may be helpful as you plan your interventions. Check the Behavioural Symptoms of Dementia Quality Standard website regularly for new material.
### TABLE 1.
Examples of intervention strategies to support implementation of changes to practice.\(^7,14-18\)

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Intervention Strategies</th>
</tr>
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<tbody>
<tr>
<td>Health care professionals do not have the knowledge or skills to complete the practice as intended</td>
<td>Educational outreach/training(^15)</td>
</tr>
<tr>
<td>Description</td>
<td>Education and outreach is provided to health care professionals. This may include interactive educational meetings/workshops that include role play and discussion or one on one visits with health care professionals to discuss practice change.(^14,15,19)</td>
</tr>
<tr>
<td>Example</td>
<td>Partner with organizations (e.g., Behavioural Supports Ontario) who may be able to offer education to staff. Ensure training is reflected in practice by embedding the education in policy documents and orientation materials.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Barrier</th>
<th>Intervention Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care professionals are not aware of the reality of their current practice</td>
<td>Audit and feedback(^15)</td>
</tr>
<tr>
<td>Description</td>
<td>Performance is measured and then compared to professional standards or targets.(^20) This could be at the level of the individual health care professional up to an organizational level. Performance is summarized over a period of time, and the health care professional or team receives feedback on their performance.</td>
</tr>
<tr>
<td>Example</td>
<td>Conduct routine audits on practices that were not previously measured, such as comprehensive assessments, and share the results with staff, the team, and individual health care professionals.</td>
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*continued...*
### TABLE 1.
Examples of intervention strategies to support implementation of changes to practice.\textsuperscript{7,14-18}

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Health care professionals are busy and may forget to perform the practice</td>
<td>Prompts to encourage change in clinical practice may include automated reminders, data collection systems, order sets, etc.</td>
</tr>
<tr>
<td>Interventions and Strategies</td>
<td>Integrate structured templates/order sets/medical directives/automated decision support tools into electronic systems.</td>
</tr>
<tr>
<td>Some health care professionals do not believe the benefits of the change in practice will outweigh the cost</td>
<td>Health care professionals are engaged in discussions about the relevance of the issue, the need for practice change, and their role in implementation.</td>
</tr>
<tr>
<td>Description</td>
<td>Engage all staff who will be affected by the change in practice early and often. Incorporate their input as the implementation team conducts the barrier assessment and designs interventions (e.g., interventions that require resource re-allocation or partnerships to accomplish).</td>
</tr>
<tr>
<td>Example</td>
<td>continued...</td>
</tr>
</tbody>
</table>
TABLE 1. Examples of intervention strategies to support implementation of changes to practice.7,14-18

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Intervention Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care professionals do not recognize the positive impact the change in practice will have on patients'/residents’ experience</td>
<td>Patient-mediated interventions14</td>
</tr>
<tr>
<td>Description</td>
<td>Patients/residents, caregivers, and family members are given materials needed to help with decision making. Patients/residents/caregivers/family members are engaged in improvements to care.</td>
</tr>
<tr>
<td>Example</td>
<td>Share the Patient/Resident Reference Guide by posting it in the emergency department and in long-term care homes. Include patients/residents, caregivers, and family members on the implementation team. Consider posting run charts and other displays of progress in public areas.</td>
</tr>
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</table>
Connect with other organizations

It’s likely that other organizations in your region or sector are also working to improve care for individuals living with behavioural symptoms of dementia using the quality standard. They may be able to share what worked or did not work for them, which could inform your team’s plan. Information and/or tools (e.g., order sets or educational materials for health care professionals) could also be shared among organizations or developed through collaboration. Leadership at the organization can also help to build connections with other organizations through the LHINs, or through participation in regional quality tables or other initiatives.

Create a measurement plan to track progress

Measuring changes to practice will enable the team to identify whether the intervention has led to an improvement.

To help organizations measure and track implementation and improvement, every quality standard includes three types of measures: outcome indicators, which measure the impact of the quality standard in Ontario and, if possible, within an institution; process indicators, which track progress on the implementation of a quality statement; and structural indicators, which measure whether the system and its institutions have the characteristics needed to implement the standard.

**SAMPLE OUTCOME INDICATOR**

Sample outcome indicator for the quality standard: Percentage of people living with dementia and symptoms of agitation or aggression who experience fewer or less frequent behavioural symptoms.

Data source: Continuing Care Reporting System, Ontario Mental Health Reporting System
Planning for Change

SAMPLE PROCESS INDICATOR

Sample process indicator for Quality Statement #5: Percentage of people living with dementia and symptoms of agitation or aggression receiving psychotropic medications who have their target symptoms monitored and documented.

Data source: Local data collection

SAMPLE STRUCTURAL INDICATOR

Sample structural indicator for Quality Statement #10: Access to an interprofessional team that provides specialized care for the behavioural and psychological symptoms of dementia; it consists of at least one physician and one other regulated professional.

Data source: Local data collection

Identifying indicators to measure

There are many indicators included in each quality standard. There is no expectation that organizations will measure and report on all of these indicators. Select only the indicators that will help you to track progress on the interventions that you have designed. You can also design your own indicators if appropriate. Tracking performance on these indicators will allow you to determine whether new processes are being followed, detect slippage, and alert leaders, managers, and staff if processes are not functioning as intended.

Establishing Measures for Improvement

Refer to the Institute for Healthcare Improvement’s useful summary of establishing measures for improvement.

Collecting data

You will need to collect data through chart audits, internally administered surveys, or electronic medical records to track your performance on your indicators. Be sure to collect baseline data on the indicators. Use existing data collection systems whenever possible. Some indicators may be captured in administrative databases, such as the Discharge Abstract Database (DAD), the Resident Assessment Instrument—Mental Health (RAI-MH), National Ambulatory Care Reporting System (NACRS), and the Ontario Health Insurance Plan (OHIP).
In addition to collecting data by measuring indicators, consider collecting qualitative data. These include stories from health care professionals or patients/residents, and lessons learned or reflections on the implementation/practice change.\textsuperscript{22,23}

**The measurement plan**

The measurement plan should include documentation for how frequently performance on these indicators will be assessed and how that data will be shared with those making the change. Where possible, integrate measurement into daily routines. Plan to share both quantitative and qualitative data widely, and review the data with the team regularly so that they can see whether progress is being made. Consider using academic detailing and audit and feedback processes to share measurement data.

At this point you will have created an Action Plan to guide you through implementation.
Implementing Changes

Once you have designed an intervention, the team needs to monitor the implementation of this intervention, adjusting according to performance to ensure that you are progressing toward your goal. Quality improvement refers to a team working towards a defined aim, gathering and reviewing frequent measures, and implementing change strategies using rapid cycle improvements.\textsuperscript{24,25} Quality improvement science provides tools and processes to assess and accelerate efforts for testing, implementation, and spread of quality improvement practices. See below for quality improvement tools that will help you achieve the change in practice you need to make. Refer to Health Quality Ontario’s Quality Improvement Framework or the Institute for Healthcare Improvement’s website for more information.\textsuperscript{24,25}

Set Goals and Aims

Set goals/aims for performance on indicators. Your aims should be specific (i.e., include a numeric goal and a timeline) and measurable.

**Sample Aim Statement**

Here is a template for an aim statement from Health Quality Ontario’s Quality Compass:\textsuperscript{24}

“The aim of the _________________ (issue) team is to increase/reduce _________________ (issue) by ____%, from ____ (baseline number) to ____ (target number) persons/percent by _________________ (date).”

Track and Monitor

Track and monitor performance. This will be how you determine whether the change you have made (i.e., your intervention) is an improvement. You have already planned how you will do this when you prepared the measurement plan.
Implementing Changes

Run Charts
Run charts are a way to graphically track performance on the indicator of interest over time. Analyzing the patterns on your run charts will help to determine whether the interventions you are testing are leading to improvement, or whether you need to make adjustments. Refer to Health Quality Ontario’s quick-reference document on how to interpret run charts.

Test Change

Conduct small tests of change to ensure improvement. Plan-Do-Study-Act (PDSA) cycles are used to test interventions through small tests of change, which are interventions tested in a small part of the organization for a short period of time. Through each PDSA cycle, the implementation team may learn something new and/or tweak their intervention to better suit the needs of the organization. One intervention may undergo several PDSA cycles to refine the idea before applying it to the entire organization.

Plan-Do-Study-Act (PDSA) Cycle

1. **Plan**
   - Objective
   - Questions and predictions (why)
   - Plan to carry out cycle (who what where when)
   - Plan for data collection

2. **Do**
   - Carry out the plan
   - Document problems and unexpected observations
   - Begin analysis of the data

3. **Study**
   - Complete analysis of the data
   - Compare data to predictions
   - Summarize what was learned

4. **Act**
   - What changes to be made?
   - Next cycle?

Adapted from Health Quality Ontario’s Quality Compass and the Institute for Healthcare Improvement’s How to Improve.

PDSA Cycle
Refer to Health Quality Ontario’s tool to help you conduct PDSA cycles.
Implementing Changes

Document your progress
As changes are being implemented, progress on the indicators should be documented along with details of the new practices. The data you collect can be used to identify interventions that led to improvement and which could be spread to other units, departments, and organizations. Consider posting this in a public space so that staff, clinicians, and patients/residents are aware of the team’s goals and progress.

Communicate about the implementation
Communicating to all staff and clinicians as well as patients/residents, family members, and caregivers about the implementation will increase awareness and improve support for change. Consider who will be impacted by the implementation and what those individuals or groups might be most interested in or concerned about. Be sure to address any potential concerns in your messaging.

Influential groups within your organization
Influential groups within the organization can spread awareness of and support for the quality standard and the related improvements, and help to drive implementation across the organization. These groups can share information through presentations, newsletters, and webinars, and can also be actively engaged in development of the change strategies.

The following are examples of influential groups that should be involved in communicating about implementation:

- The Medical Advisory Committee
- Other clinical committees
- The Board or the Quality Committee of the Board
- The Patient and Family Advisory Council
- The Residents’ Council and Family Council
- Other volunteers
Implementing Changes

**Health care professionals**

In communications to health care professionals, as much information as possible should be made available in a concise manner, including how and when reporting and measurement will take place. Clearly articulate staff and provider roles in implementation as well as the expected impact of the implementation process on staff throughout the organization. Consider creating a notice to staff with the following information:

- A description of the implementation initiative
- Why you are doing it
- The evidence supporting the initiative
- The go-live date
- Their responsibilities regarding the initiative
- The training and implementation resources that will be available to staff to support them along the way, if any
- Data about current performance of the organisation, region, and/or province
- A contact person who will receive any questions or comments

**Patients/residents, families, and caregivers**

When you communicate with patients/residents, families, and caregivers changes you are making, you should:

- Highlight that these changes are associated with the quality standard. The quality standard can help patients/residents and families and caregivers be informed about their condition and can engage in informed discussions with their providers about their care.
- Use plain language when communicating. Explore the use of talkback to allow patients/residents and families and caregivers to reiterate what they heard.
- Identify who they should speak with if they would like more information or have questions about the quality standard or the intervention.
Communications strategies

The strategies you use to communicate and engage with different stakeholders around the changes you are making using the quality standard should be tailored to the target audience.

Here are some strategies for spreading the word:

- Disseminate the quality standard to clinical care staff at professional practice councils
- Share information on how the quality standard will be used to improve care in organization/ regional blogs/newsletters (both internal and patient/resident and caregiver-facing) and staff meetings
- Incorporate the quality standard into messaging on organizational action plans/strategic plans
- Solicit feedback and recommendations about the changes from staff and clinicians, quality committee and Patient and Family Advisory Councils, Residents’ Councils, and Family Councils
- Provide updates on your Action Plan at senior management meetings
- Ask your leaders and champions to speak at implementation team meetings/steering committees
- Encourage health care professionals to share the quality standard with their patients/residents
Sustaining Change

Monitor your performance for slippage

Evaluation and measurement are key to sustainability, and will allow you to assess whether the changes are ‘sticking’ and are leading to the improvements in care you had intended. Continue to monitor the indicators you measured during the Implementing Changes phase. Use the Action Plan you have developed to track progress.

The implementation team should identify and proactively plan for situations that may lead to slippage (e.g., staff turnover, vacation periods, etc).

Having coaches or training available to provide staff with ongoing mentoring and support can be helpful when challenges or difficulties arise during implementation. Check in with the team (including patients/residents, families and caregivers) on a regular basis. Creating open channels of communication will ensure that the team stays committed to the change process.

Embed the changes into existing processes

There is a risk that improvements or practice changes could be lost through turnover of staff or shifting implementation or quality improvement priorities. Formalizing and standardizing the changes that have been made, and documenting the new processes will help to support adherence. Include information about the new processes during new staff orientation, in training sessions for current staff, in interprofessional engagement activities, and in performance appraisals.

Celebrate success

The teams should share their successes and how these changes have positively impacted patients’/residents’ experience and outcomes. Feature success stories in your organization’s blog or newsletter, and share stories at quality improvement events or meetings. Continue to update the groups you have involved throughout the implementation process (e.g., your organization’s Patient and Family Advisory Council or Residents’ Council/Family Council).

Spread the changes you have made

Spreading the changes you have made may involve moving beyond your current unit or department to the entire organization, or beyond your organization to other organizations.

If you participate in a local or provincial community of practice (e.g., the Long-Term Care Community of Practice, the Ontario Surgical Quality Improvement Network), share your experience using the quality standards to improve care. Your experience and input will be valuable to other organizations that are looking to make similar changes.
Sustaining Change

If you have the capacity, consider submitting an abstract to a local or provincial conference. Consider Health Quality Ontario’s annual Health Quality Transformation conference, or conferences held by associations in which you or your organization participates.

**Participate in regional, provincial, or national quality improvement activities**

Health Quality Ontario will continue to identify existing or new larger-scale quality improvement initiatives or activities to support this quality standard (for example, communities of practice, and quality improvement interventions through practice reports, or regional quality collaboratives). These initiatives provide opportunity for knowledge exchange between teams working to address similar challenges, and often offer access to experts and shared resources. For more information, visit Health Quality Ontario’s [website](#).

**Want to get involved in the development of quality standards?**

Participate in a Quality Standards Advisory Committee, or provide feedback on our implementation guide and tools to help us improve them. Visit our [website](#) or email [qualitystandards@hqontario.ca](mailto:qualitystandards@hqontario.ca).

**Tools and resources to support this quality standard**

Tools, resources, and implementation plans will be updated on the [Behavioural Symptoms of Dementia Quality Standard website](#). Check back regularly for new material.
Acknowledgements

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Appendix A: Action Plan Template

Here is an example of a completed Action Plan. Click on the image to download the sample.

To download a blank Action Plan, click on the button below:
Appendix B: Quality Improvement Plan Template

Quality Improvement Plans (QIPs) provide a way for organizations to track their progress on key measures. There are a number of ways to link quality standards with QIP issues:

- Each quality statement can be a source of change ideas that can be included in the QIP.
- Many of the quality statements already align with priority or additional QIP indicators (e.g., use of restraints in long-term care homes or hospitals). The quality statements that do not directly align with priority or additional indicators can be included as custom indicators in the QIP.
- If you plan to use a quality statement as a change idea, there are potential process measures that can be added to the QIP to test the change idea.

The example below shows how a Quality Statement (# 8 – Mechanical Restraint) can be presented as a change idea to help an organization to meet a priority or additional indicator (“Daily restraints use”).

<table>
<thead>
<tr>
<th>SAMPLE</th>
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<table>
<thead>
<tr>
<th>Planned Improvement initiatives (Change Ideas)</th>
<th>Methods</th>
<th>Process measures</th>
<th>Target for process measure</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate staff, residents and family members on Health Quality Ontario’s Behavioural Symptoms of Dementia Quality Standard, Quality Statement #8: Mechanical Restraint (People with dementia are not mechanically restrained to manage agitation or aggression) and educate staff on the negative impact of the use of physical restraints and alternatives to the use of physical restraints.</td>
<td>Two sessions will be conducted and facilitated by staff explaining Health Quality Ontario’s quality standard, examples and available literature. Percent of residents with a diagnosis of dementia who are physically restrained to manage agitation or aggression will be documented before the training and monthly thereafter for 6 months using run charts.</td>
<td>Percent of staff, resident and family members that attended the initial training sessions. Percent of staff, residents and family who show an adequate understanding of the materials presented in the training sessions. Evaluation will indicate that they: 1) are aware of Health Quality Ontario’s Behavioural Symptoms of Dementia Quality Standard, and 2) understand at least 3 negative impacts of the use of physical restraint.</td>
<td>100% of staff, 70% of family members and 50% of residents will have attended the initial training sessions (add timeframe). Six months following the initial training session (add timeframe), 90% in all groups will indicate they: 1) are aware of the Behavioural Symptoms of Dementia Quality Standard and 2) understand at least 3 negative impacts of the use of physical restraint.</td>
<td>Residents’ Councils and Family Councils were instrumental in developing this change idea. Particular attention will be paid to including alternatives to the use of restraints that are culturally sensitive.</td>
</tr>
</tbody>
</table>
Appendix C: Additional Resources

Change management and implementation resources

- Theoretical Domains Framework for behaviour change research. https://www.biomedcentral.com/collections/TDF

Quality improvement resources

- Lean Enterprise Institute. What is Lean? http://www.lean.org/WhatsLean/
Appendix C: Additional resources

Resources related to dementia care

- brainXchange. http://brainxchange.ca/
- The Centre for Effective Practice. Antipsychotics and Dementia Tools https://thewellhealth.ca/dementia
- Senior Friendly Hospitals Toolkit. http://seniorfriendlyhospitals.ca/toolkit
- Registered Nurses’ Association of Ontario. Delirium, Dementia, and Depression in Older Adults: Assessment and Care. Long-Term Care Case Study and Discussion Guide. http://rnao.ca/sites/rnao-ca/files/Delirium_dementia_and_depression_in_older_adults_LTC_case_study_and_discussion_guide.pdf
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.