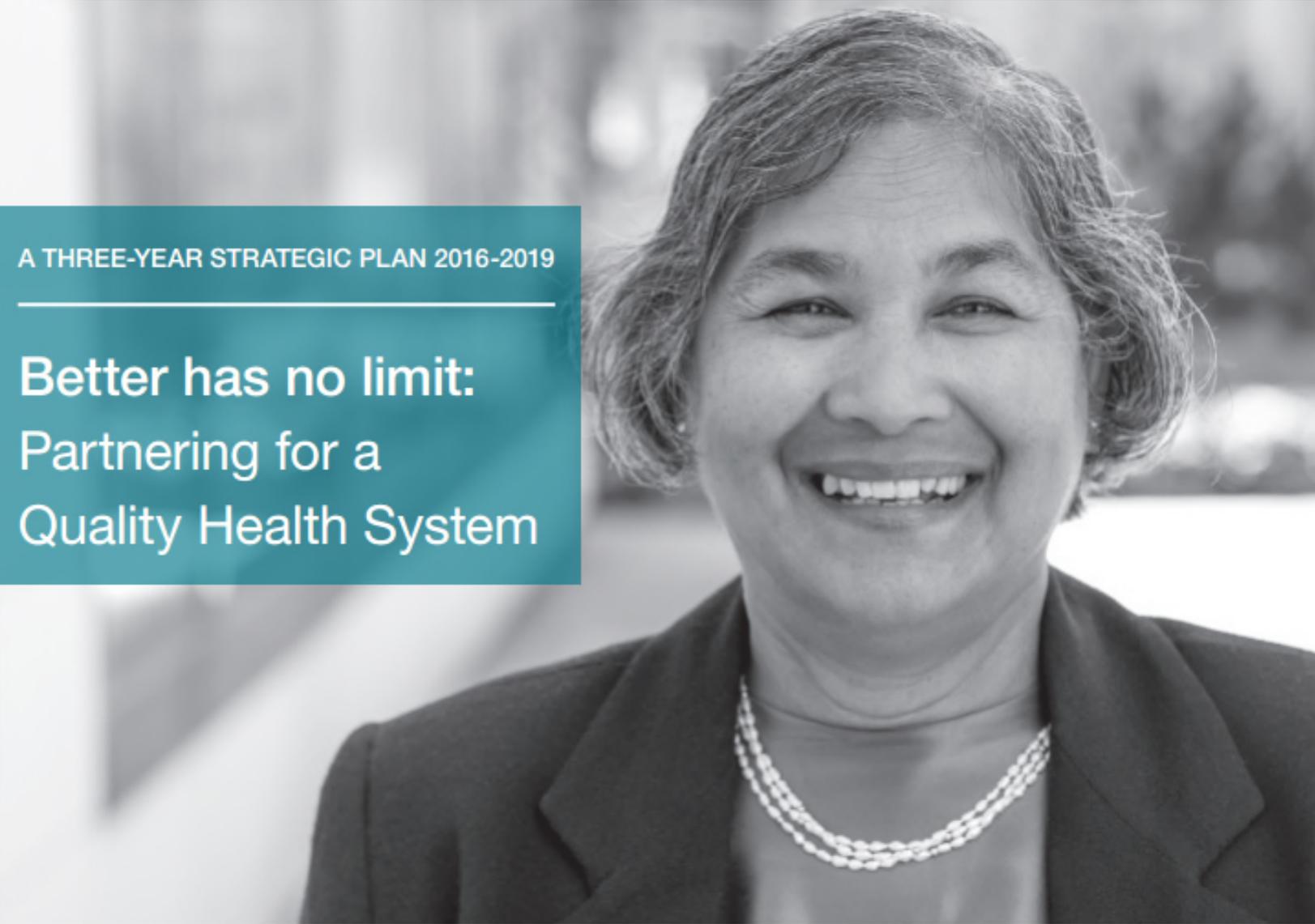


Health Quality Ontario's Quality Standard for Behavioural Symptoms of Dementia: Guiding Evidence-Based, High Quality Care

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Objectives

- Discuss the development, measurement, implementation and ongoing monitoring of Health Quality Ontario's quality standards
- Discover how the new Quality Standards program can be used to improve care for people living with behavioural symptoms of dementia in long-term care homes in Ontario



A THREE-YEAR STRATEGIC PLAN 2016-2019

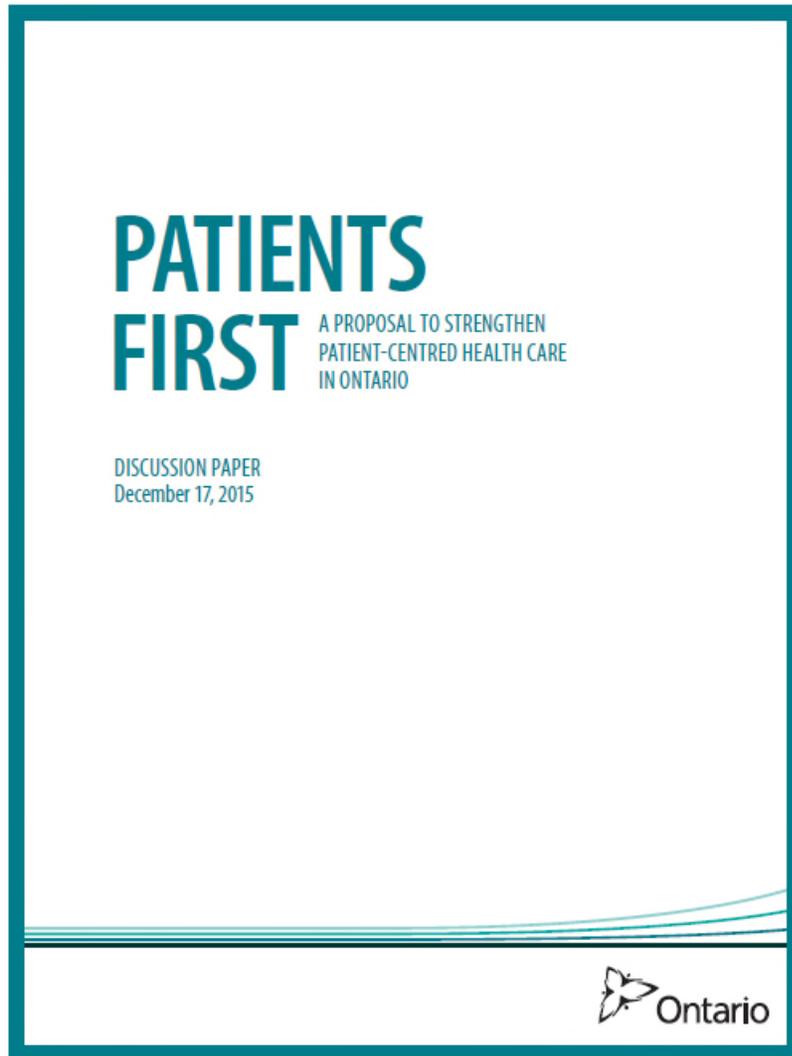
**Better has no limit:
Partnering for a
Quality Health System**

Let's make our health system healthier



WHY QUALITY STANDARDS?

Patients First

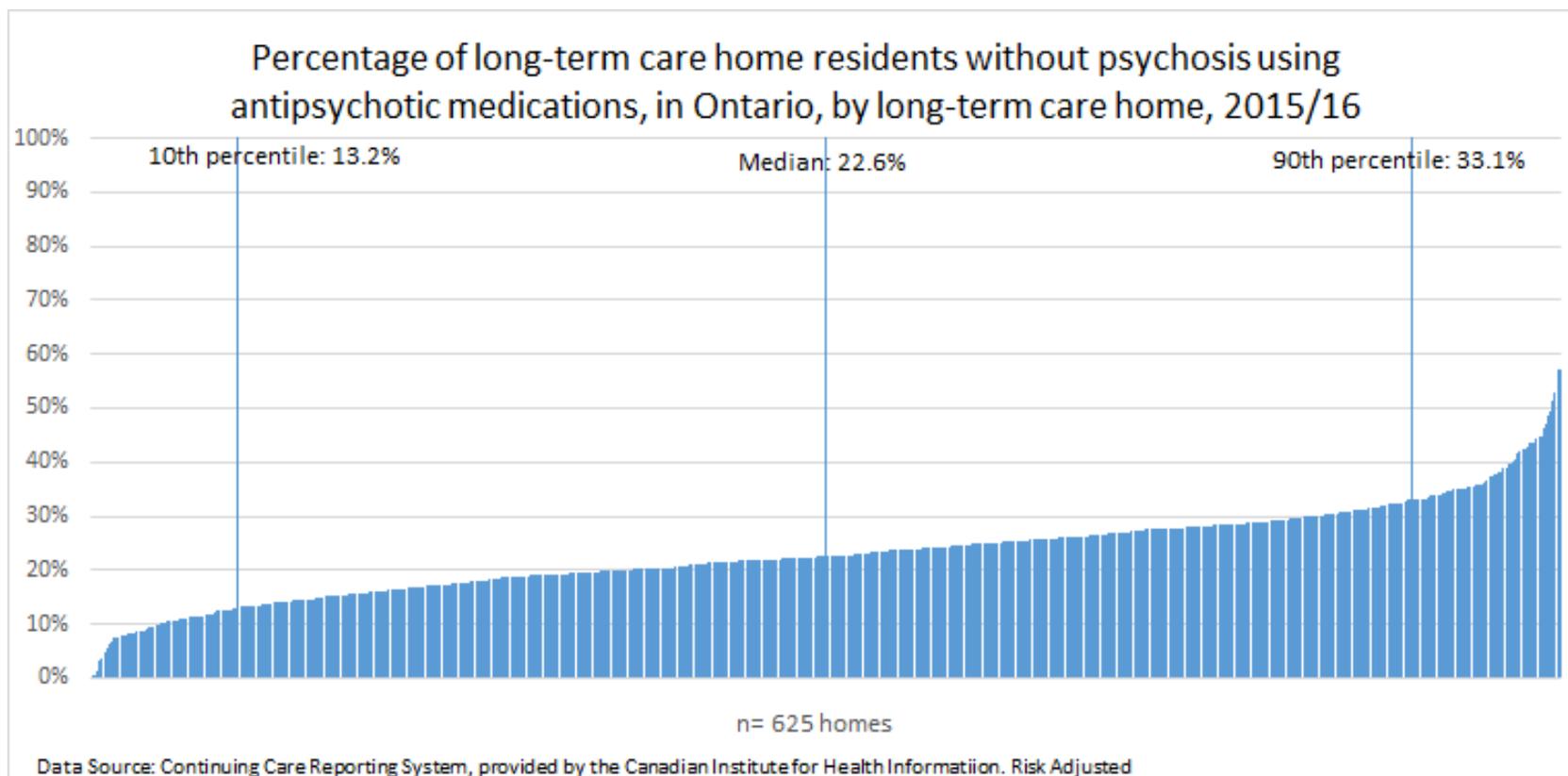


- Support evidence based quality improvement to address variation/gaps in care across sectors (primary care, homecare, acute care, LTC, etc...) that are caused by factors outside of patient choice
- Provide patients and the public with information, based on the best evidence, to help them know what to look for in their care

Ontario's Dementia Strategy

- In September, the Ontario government released a discussion paper about improving access to quality care for people living with dementia and supporting those who care for them.
- Topics include: supports for people living with dementia, accessing dementia services, coordinated care, support for care partners, a well trained dementia workforce, awareness, stigma and brain health.
- The discussion paper, along with a link to the survey, is available in English at **ontario.ca/dementia**, or in French at **ontario.ca/demence**

Across long-term care homes, the percentage of residents without psychosis using antipsychotic medications varied from 0.7% to 57.1%.



WHAT ARE QUALITY STANDARDS?

Introducing: HQO Quality Standards

- **Concise:** five to 15 statements versus the hundreds that can appear in many practice guidelines
- **Accessible:** for clinicians to easily know what care they should be providing; and for patients to know what care to expect
- **Measurable:** each statement is accompanied by one or more quality measures
- **Implementable:** they come with quality improvement tools and resources targeted to each standard, to fuel adoption

Behavioural Symptoms of Dementia

Quality Standard: Clinical Guide

Quality
Standards

Behavioural Symptoms of Dementia

Care for Patients in Hospitals and
Residents in Long-Term Care Homes

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Let's make our health system healthier



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The Statement

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.

Background

There are a variety of nonpharmacological interventions that can be effective in managing symptoms of agitation or aggression in people living with dementia. Treatment approaches should include a combination of 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 demonstrated effectiveness in improving behavioural and psychological symptoms of dementia. Recreational activities and exercise may also improve a person's ability to function and their quality of life.

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

The Audience Statements

What This Quality Statement Means

For Patients

Non-drug treatments should be tried first.

For Clinicians

Before considering drug therapies, offer people at least three nonpharmacological interventions (described in the Definitions section of this statement) for managing their symptoms. Tailor nonpharmacological therapies to people's needs, symptoms, preferences, 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).

Definitions

DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

Nonpharmacological interventions

Effective nonpharmacological interventions may include the following:

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

This list is not intended to be exhaustive. Other nonpharmacological interventions may also be effective for some individuals.

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The Indicators

Individualized Nonpharmacological Interventions CONTINUED FROM PAGE 14

Quality Indicators

Process Indicators

Percentage of people living with dementia and symptoms of agitation or aggression who are offered nonpharmacological interventions

- Denominator: total number of people living with dementia and symptoms of agitation or aggression
- Numerator: number of people in the denominator who are offered at least three nonpharmacological interventions
- Data source: local data collection

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

- Denominator: total number of people living 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

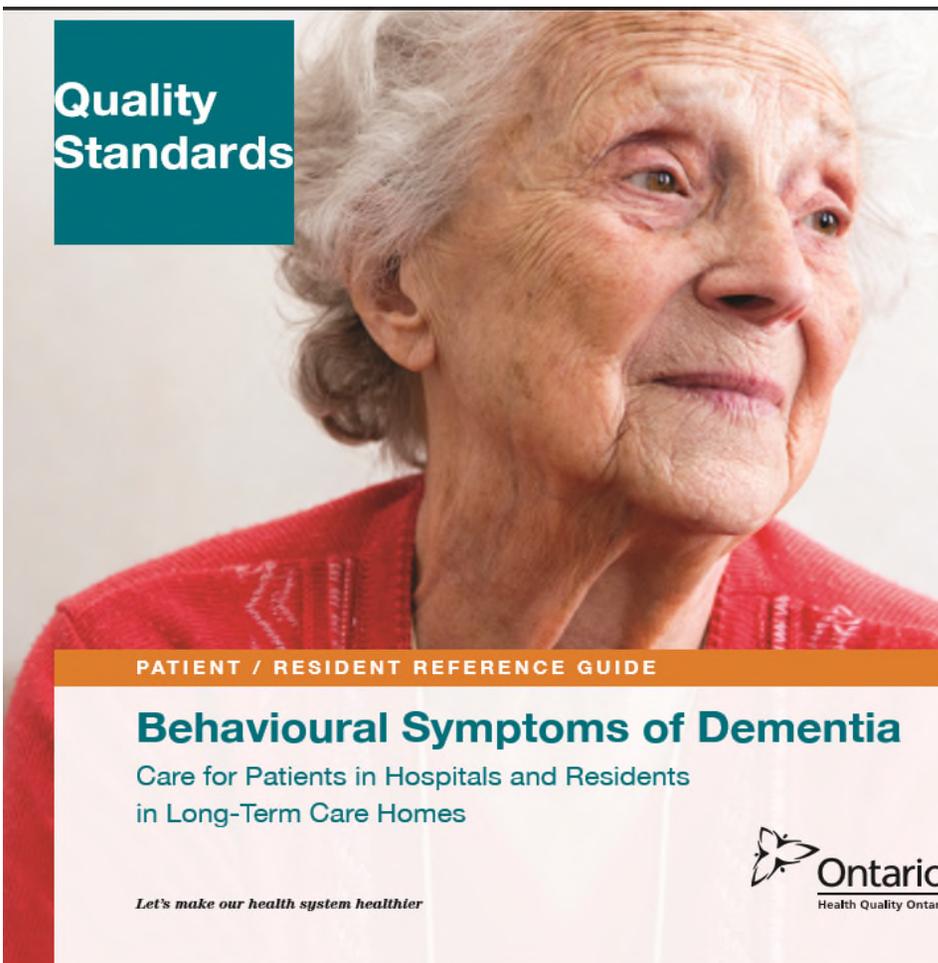
Structural Indicator

Availability of three or more evidence-based nonpharmacological interventions to manage the symptoms of agitation and aggression in people living with dementia

- Data source: local data collection

Example: Patient/Resident Reference Guide

Quality Standards



Patients, residents, families, and health care professionals partnered together on this guide to define what the best care should look like for people living with dementia and experiencing behavioural symptoms such as agitation or aggression. The information in this guide has been created to help patients, residents, families, and caregivers know what to ask for when receiving treatment in a hospital or long-term care home. It is based on the best available research and is designed to help ensure the highest-quality care possible.

If you or your loved one is living with dementia and experiencing behavioural symptoms...

You can use this list of recommendations to help you and your health care professionals develop a care plan that works for you. You should use this information to become aware of what high-quality care looks like and to ask informed questions about your care. Care plans can be very different for each person, so it is important to work closely with your health care professionals.

Here are some things to consider if you or a loved one is being treated in a hospital or long-term care home.

Understanding and Planning Your Care

- You should receive an examination and full assessment every time you arrive at or leave a hospital or long-term care home. An assessment means that your care team will want to learn more about you to understand how best to help you. It should include questions about your physical health, your medical history, what medications you're taking, how you spend your time, and how you're feeling.
- A care plan should be created to meet your individual needs. A care plan is a written statement that describes the care you receive, who provides it, and what medications you are on. It is based on your full assessment.
- No changes should be made to your treatments until you have been given information about their benefits and harms and have agreed to these changes. In very rare circumstances, where someone is at risk of being hurt, you might be treated first and then provided with information as soon as possible.
- You should receive care from a team of health care professionals who have been trained to care for people living with dementia.

QUALITY STANDARDS IMPLEMENTATION AND IMPROVEMENT

What does successful implementation look like?



Residents & Caregivers

- Jane and her caregivers know that the behavioural symptoms of dementia quality standard exists and know how where to find it
- Jane and her family know are using the QS in conversations with their providers about the care they can expect to receive
- Jane and her family feel empowered to make decisions about her care and have improved care experiences



Providers

- Are familiar with Quality Standards program
- Are using them in discussions with patients to support delivery of effective and high quality care
- QS are being embedded in their practice (EHR, order sets, prescribing practices)



Health System

- Disease-based organizations are actively sharing and promoting QS
- QS are incorporated into professional education
- New QS topics are being requested
- QS used for monitoring and reporting
- QS are guiding QI initiatives at regional level
- QS used for funding decisions (in select cases)

In 5 years, adoption and implementation will look like...

Implementation

- Without a clear implementation strategy, most guidelines or standards have little impact
- Two major activities for each standard:

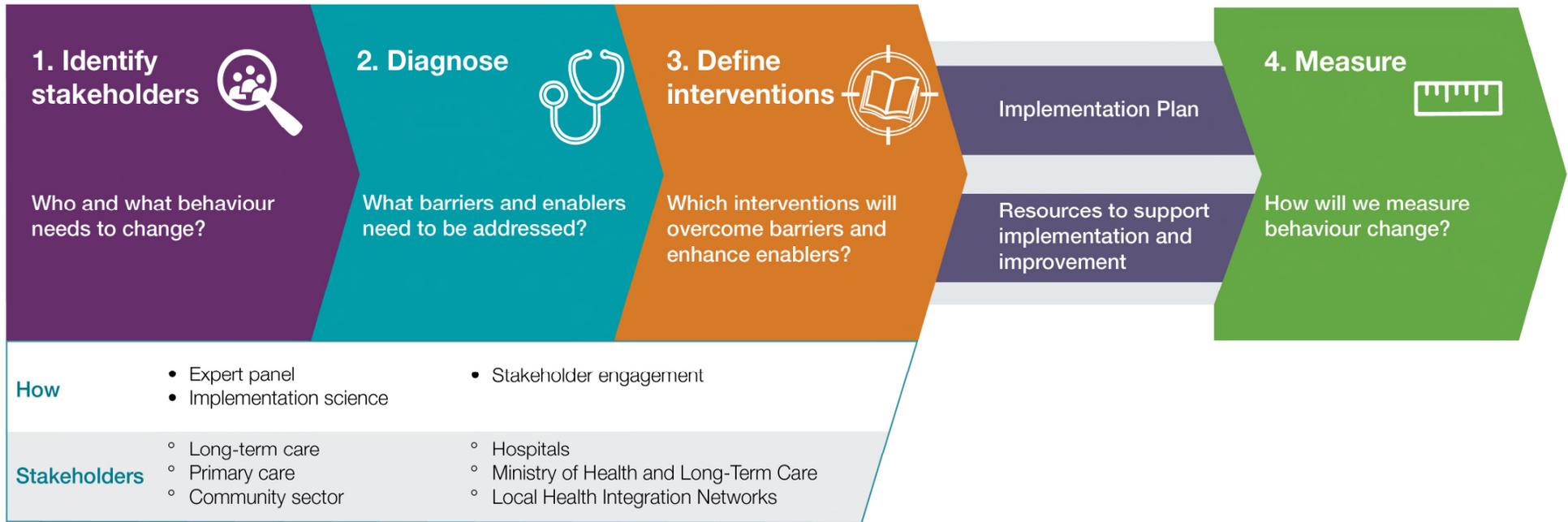
**Quality Standards (QS)
Implementation Plan**

**Take action to implement
plan and improvements**

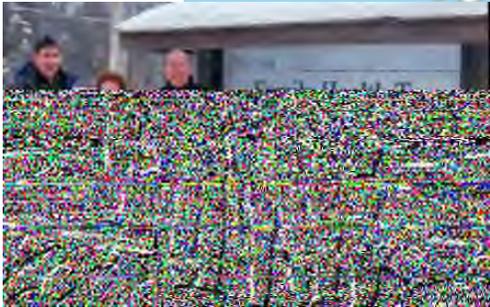
- Each plan would be unique for a given standard
- Each implementation plan would be created by a Quality Standards Advisory Committee
 - Implementation plan would be informed by evidence informed strategies, broad consultations including regional/local context
- Implementation plan forms basis of formal ‘recommendations’ for each standard, is a ‘system’ plan

How do we get there?

Quality Standards Implementation Planning Process



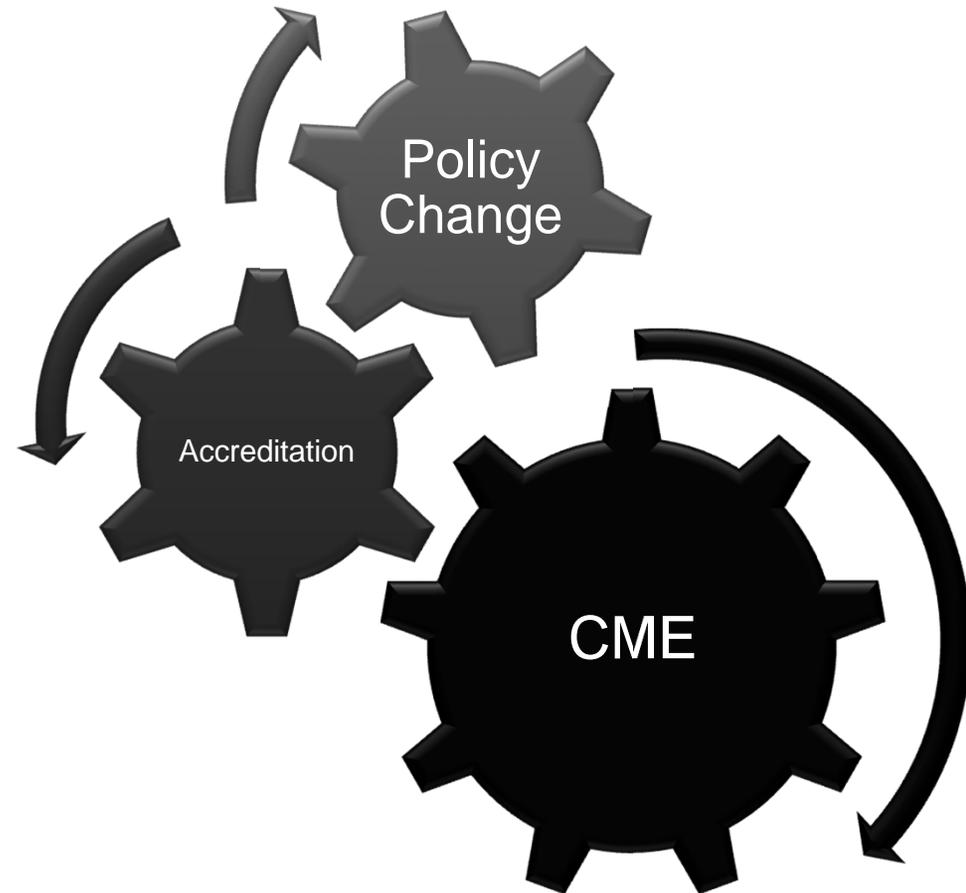
Regional Contextualization



Multiple approaches to support Improvement



Examples of HQO Programs & Supports



Examples of other levers and approaches to supporting improvement with partners

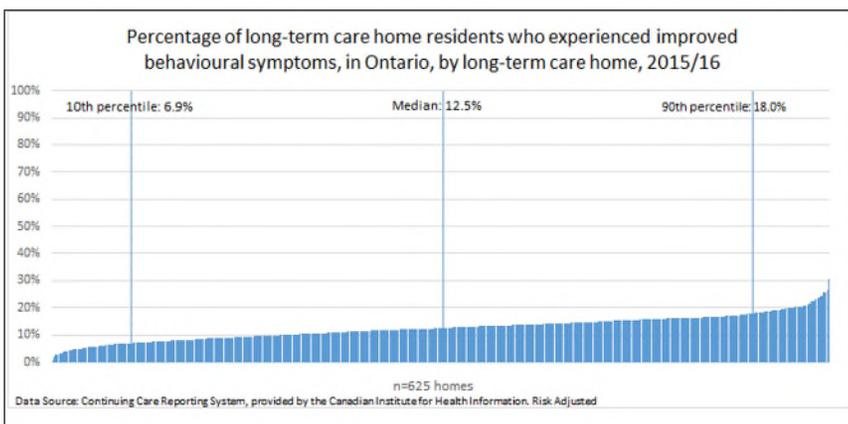
Case for Quality

Quality Standards

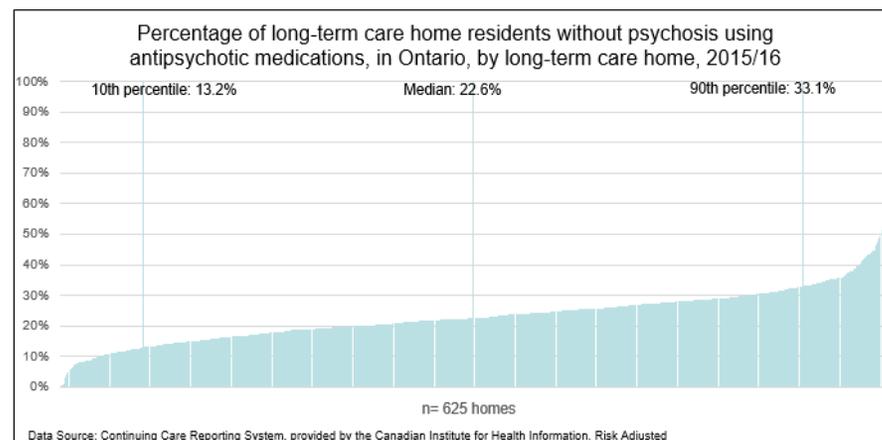
INFORMATION AND DATA BRIEF: Why this quality standard is needed

Behavioural Symptoms of Dementia Care in Hospitals and Long-Term Care Homes

The percentage of long-term care residents who showed improvement in behavioural symptoms ranged from 0% to 30.7%.



Across long-term care homes, the percentage of residents without psychosis using antipsychotic medications varied from 0.7% to 57.1%.



Resources

- Quality Standard Guide
- Patient/Resident Reference Guide
- Information and data package
- Getting Started Guide
- Action Plan Template
- QIP Template
- Champion Slide Deck

Available Now at
www.hqontario.ca/evidence-to-improve-care/Quality-Standards

Coming Soon!

Questions and comments? Email the Quality Standards team at
QualityStandards@hqontario.ca

What can Quality Standards do for you?



Help deliver resident-centred care across the care continuum

Identify what excellent care looks like

Improve the care for residents during transitions between healthcare settings

Improve, measure and assess your performance

Complement ongoing quality improvement initiatives (e.g. Annual QIP, Accreditation, etc.)

Timing

- First three quality standards will be released in October 2016
 - Major depression for adults and adolescents
 - Schizophrenia care for adults in hospitals
 - Behavioural symptoms of dementia for people treated in hospitals or living in long-term care homes
- Implementation plan and supports for quality improvement
 - January 2017 onwards
- Initial focus will be to share and support use with clinicians and providers
- Gradually increase communication with patients and public

Current Topics

- Major Depression
 - Schizophrenia (Hospital)
 - Behavioural Symptoms of Dementia (Hospitals and LTC)
- Launched
Oct 20, 2016**
- Heavy menstrual bleeding (Winter 2017)
 - Hip fracture (Winter 2017)
 - Wound care (diabetic foot ulcers, venous/mixed ulcers, pressure injuries) (Spring 2017)
 - Vaginal birth after C-section (Fall 2017)
 - Dementia care (for people living in the community) (Fall 2017)
 - Opioid use disorder (Winter 2018)
 - Prescribing opioids for pain (Winter 2018)
 - Schizophrenia care (for people in the community) (Winter 2018)
 - End-of-life care (2018)

Discussion

- How do you see this quality standard supporting your work with individuals living with behavioural symptoms of dementia?
- What supports do you need to help you use the quality standard as a resource for quality improvement?
- Are there barriers to using this quality standard?
If so, what are they?
- Are there existing programs, initiatives or organizations that could support implementation of the quality standard?



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