



North Saskatchewan Dementia Assessment Program

*Kim Taylor, Manager of Interprofessional Practice
Suzanne LeClaire, MSW/RSW (SK)*

Objectives

- Program Overview
- Introduce the Dementia Assessment Team (DAT)
- Dementia Refresher
- Program Focus
- Client Journey – Outreach through Eastview
- Program Outcomes
- Challenges and Successes

Program Overview

- Dementia Assessment Outreach Team and Eastview are located at Parkridge Centre
- Outreach started taking referrals in March 2017 and Eastview opened April 19, 2017
- Our goal is to provide support to persons with the diagnosis of dementia who are experiencing highly responsive behaviours

Dementia Assessment Team

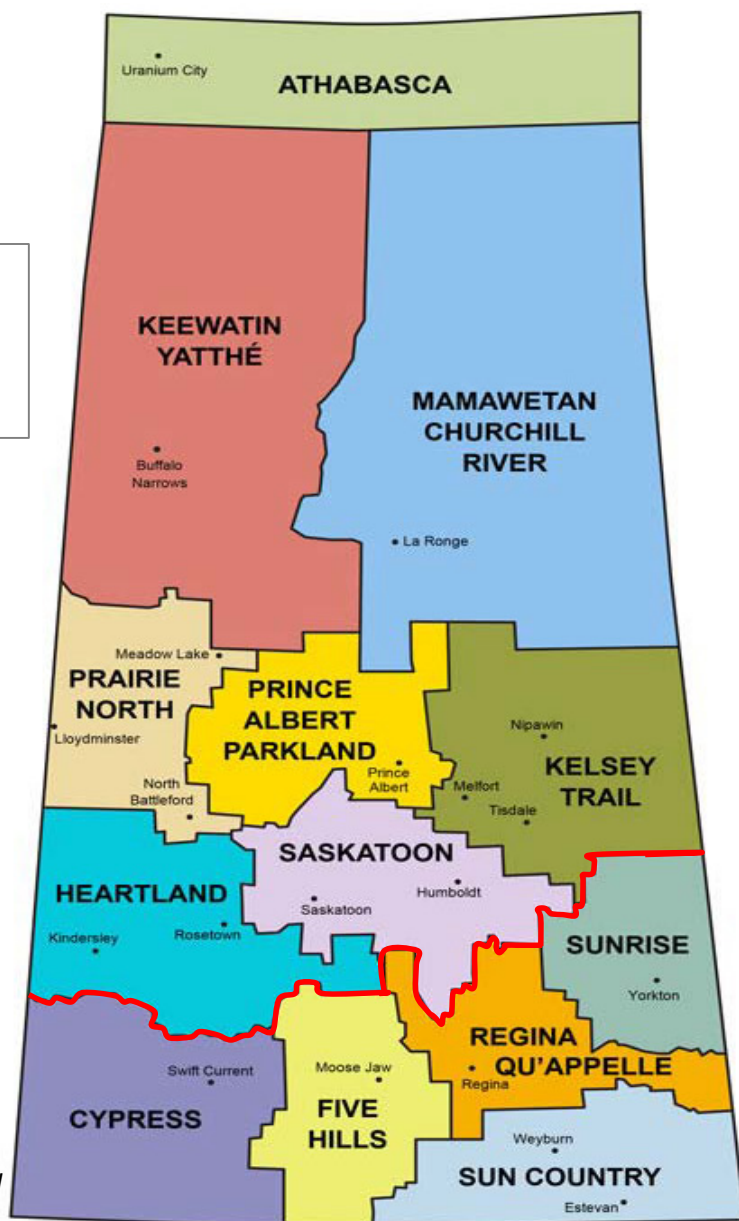
Outreach Team:

- Geriatric psychiatrist – Dr. Alanna Baillod
- Psychologist – Rebecca Lalonde
- Social Worker – Suzie LeClaire
- Occupational Therapist – Jesse Dziad

Eastview Team:

- Physician – Dr. Patricia Caldeira
- Recreation Therapist – Kristen Freistadt
- Recreation Coordinator – Sharla Guenther
- Pharmacist – Tera Jensen

North: 8 health regions
Age >65: 85,436
489,418 square km



South: 5 health regions
Age >65: 78,667
161,618 square km

Stat Source: Government of SK Covered
Population 2014

Program Focus

- Primary diagnosis of dementia
- Responsive Behaviours
 1. All individual expressions have **meaning**
 2. Individual expressions communicate **meaning, needs, and concerns**
 3. To understand the individuals' meaning, one must consider **the factors that are influencing the individuals' behaviour**

(Alzheimer's Society: <http://www.alzheimer.ca/en/on/We-can-help/Resources/Shifting-Focus/What-are-responsive-behaviours>)

Normal Aging vs. Dementia

Normal Aging	Dementia
Not being able to remember details of a conversation or event that took place a year ago	Not being able to recall details of recent events or conversations
Not being able to remember the name of an acquaintance	Not recognizing or knowing the names of family members
Forgetting things and events occasionally	Forgetting things or events more frequently
Occasionally have difficulty finding words	Frequent pauses and substitutions when finding words
You are worried about your memory but your relatives are not	Your relatives are worried about your memory, but you are not aware of any problems

(Alzheimer's Society Canada: <http://www.alzheimer.ca/en/About-dementia/What-is-dementia>)

Statistics

- By 2036, seniors are expected to number 25% of the total population, and rise to 28% by 2061

(Statistics Canada: http://www.statcan.gc.ca/eng/dai/smr08/2014/smr08_191_2014#a4)

- Approximately 45% of long-term care residents have a diagnosis of dementia
- This number drastically increases to 71% for individuals over the age of 80

(Statistics Canada: <http://www.statcan.gc.ca/pub/82-003-x/2016005/article/14613-eng.htm>)

Statistics

- The annual cost of caring for individual living with dementia is \$10.4 billion
- 56,000 Canadians with dementia are being cared for in hospitals

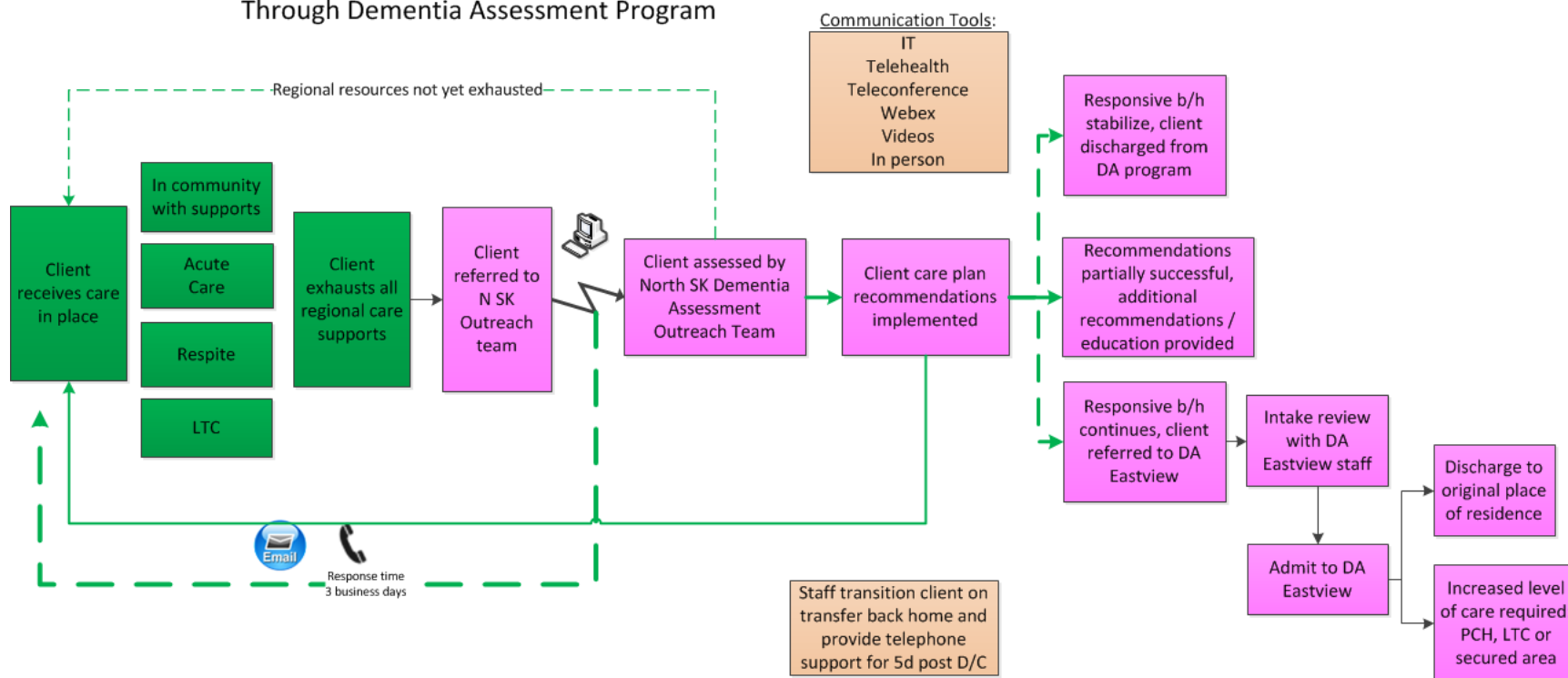
(Statistics Canada: <http://www.statcan.gc.ca/pub/82-003-x/2016005/article/14613-eng.htm>)

Why is this program necessary?

- Saskatchewan has an *aging population*
- ↑ age = ↑ dementia
- Limited resources in *rural areas*
- *Service gap*
 - The services available in Saskatchewan struggle to meet the needs of those diagnosed with dementia

Client and Family Journey – DA Program

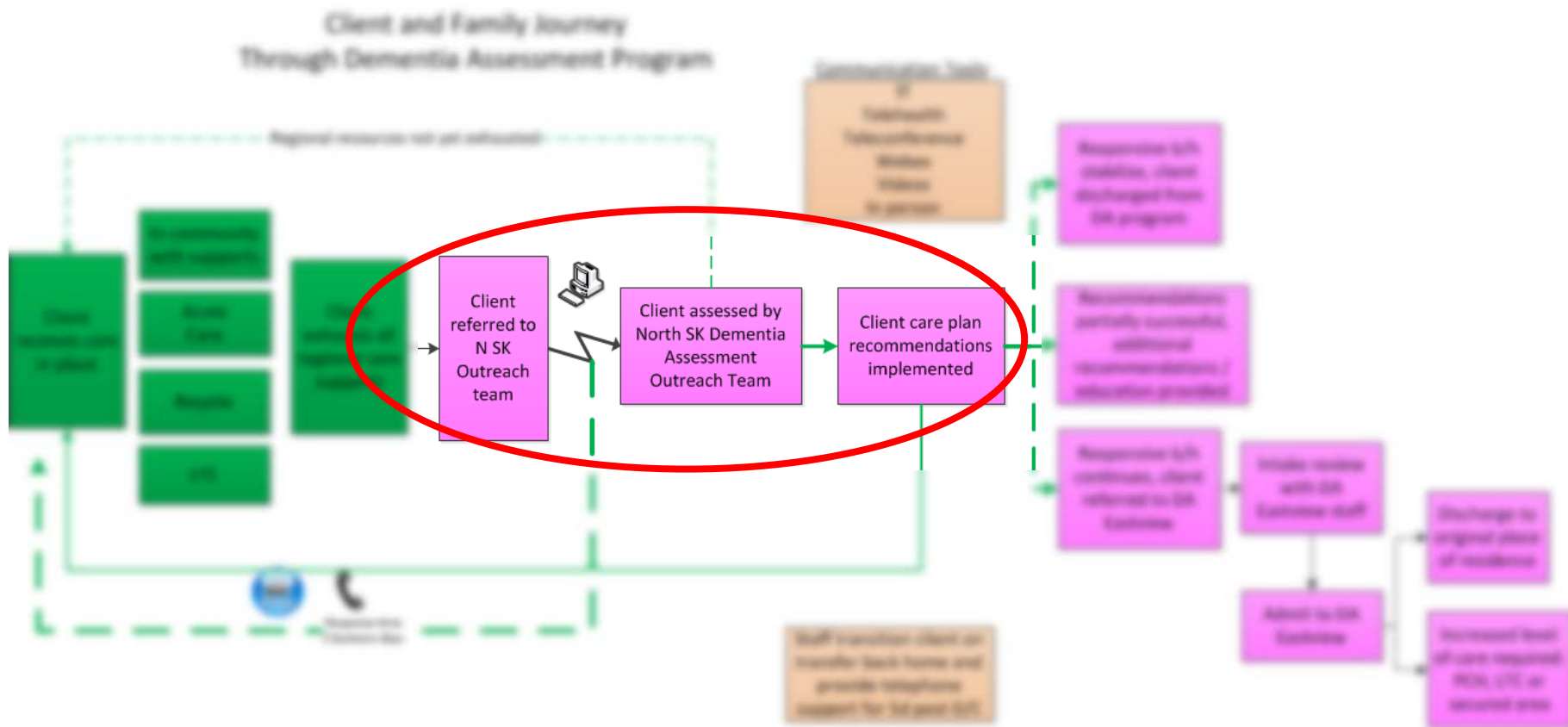
Client and Family Journey Through Dementia Assessment Program



Referral Process

- Referral Form is available both internally and externally:
- https://www.saskatoonhealthregion.ca/locations_services/Services/Senior-Health/Pages/North-Saskatchewan-Dementia-Assessment-Unit.aspx

Outreach Process



Recommendations Example

Recommendations/Plan
MEDICATION RECOMMENDATIONS
<ol style="list-style-type: none"> 1. Citalopram 10mg <u>po</u> daily could be trialled to decrease anxiety and agitation. If there is some improvement, the dose could be increased to 20mg or 30 mg daily. As the client expressed suicidality while on sertraline, the client should be monitored for the same with the initiation of citalopram. 2. Risperidone has best evidence for treatment of aggression in major neurocognitive disorders. It is unclear what the previous response to risperidone was. It is reasonable to trial Risperidone 0.25-0.5 mg <u>po</u> at noon or <u>midafternoon</u>, before the <u>sundowning</u> behaviours begin. Alternately, Quetiapine 12.5mg could be used in an afternoon and/or evening doses for agitation, either prn or scheduled. Monitor for sedation. Quetiapine could be further increased as tolerated to 200 mg daily (in divided doses). 3. Suggest discontinuing or minimizing Lorazepam prn, which can increase <u>disinhibition</u> and agitation. It can also increase fall risk and sedation. 4. For sleep, if <u>zopiclone</u> was unhelpful, may try Quetiapine 12.5mg <u>hs</u>, which could be increased as needed up to 100 mg QHS.
FUNCTIONAL BEHAVIOURAL RECOMMENDATIONS
<ol style="list-style-type: none"> 1. Think carefully about how to redirect undesired behaviours. Instead of using direct confrontation when the client is engaging in an undesired behaviour, ask for their help in completing an associated task to have them stop. For example, If they are holding an item that needs to be taken away, ask if they would help by putting it on a ledge to "decorate", or in a bin to "clean up", depending on the item. If the client feels like they are helping, they are less likely to think they are being challenged and will in turn be less protective of his space or activity. When redirected, the more empowered and in control the client feels, the less cautious or protective the client will be about being redirected.
PHYSICAL RECOMMENDATIONS
No further recommendations at this time.

Recommendations Example con't

COGNITIVE & MENTAL HEALTH RECOMMENDATIONS

1. Continue to work towards up-to-date GPA training to inform approaches for redirection.
2. Allow the client to have as much control over his choices as possible

FUNCTIONAL PERFORMANCE & ENVIRONMENTAL RECOMMENDATIONS

Consider some sleep strategies to assist with sleeping:

1. Structure bedtime and sleep schedule, maintain a consistent schedule of bedtime
2. Follow a bedtime routine. This may include a sequence of activities such as light snack, putting on pajamas, brushing teeth, and quiet time
3. Avoid screen time before bed
4. Limit napping during the day
5. White noise such as a fan can be calming and help individuals if they wake during the night

SOCIAL LIFE RECOMMENDATIONS

1. Provide the client with additional structure and activities will assist in reducing behaviours, consult the family in creating a structured daily routine
2. Increase physical activity and structure into daily routine
3. Provide the client choices in his physical activities – the client liked to bike, if a stationary bike/bike is available, possibly by engaging in a physical activity that the client used to enjoy would provide the client with stimulus and exercise, resulting in decreased behaviors
4. Involve the family as much as they are able/willing

Direct Observation System

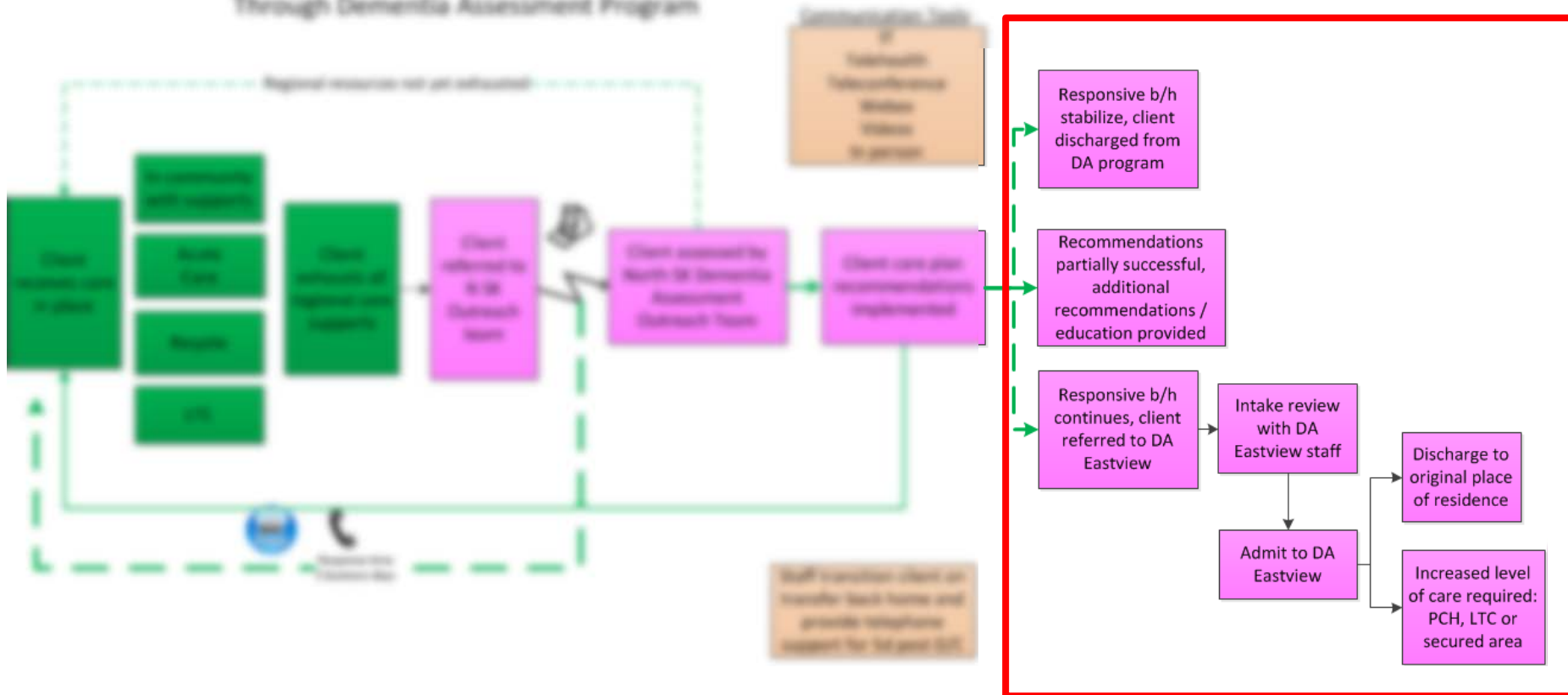
Instructions: Use the corresponding numbers to record the behaviour in ½ hour intervals.

1. **Sleeping in Bed** 3. **Awake/Calm** 5. **Verbal Aggression (swearing)** 7. _____
2. **Sleeping in Chair** 4. **Calling Out** 6. **Physical Aggression (slapping)** 8. _____

Date:	Jan. 1/16	Jan. 2/16	Jan. 3/16	Jan. 4/16	Jan. 5/16
Time					
0000	1	1	3	1	1
0030	1	3	3	3	1
0100	3	4	3	5	3
0130	4	5	3	5	3
0200	4	5	4	5	3
0230	3	3	4	3	4
0300	3	3	3	3	3
0400	3	3	3	4	3
0430	3	3	3	4	3
0500	3	3	3	4	5
0530	3	4	3	3	3
0600	4	5	5	5	3
0630	3	5	3	5	5
0700	3	3	3	5	5
0730	1	3	3	5	3
0800	1	1	3	4	3
0830	3	1	3	3	3
0900	3	1	3	1	3
0930	3	3	3	1	3
1000	3	3	1	3	3
1030	4	5	1	5	1
1100	5	3	5	5	1
1130	3	3	3	3	1
1200	3	4	3	3	3
1230	3	4	3	3	3
1300	3	3	3	4	3
1330	3	3	3	4	4
1400	3	3	4	3	4
1430	3	3	3	3	3
1500	3	3	4	3	3
1530	3	3	4	3	3
1600	3	3	3	1	1
1630	4	1	3	1	1
1700	4	1	1	1	1
1730	1	4	1	3	1
1800	1	4	3	3	3
1830	1	1	3	3	3
1900	1	1	3	1	1
1930	1	1	1	1	1
2000	1	3	1	1	1
2030	1	3	1	3	3
2100	4	1	4	1	3
2130	1	1	4	1	3
2200	1	3	3	1	4
2230	1	1	1	3	1
2300	3	1	1	3	3
2330	3	1	1	1	1
2400	1	1	3	1	1

Outreach Process

Client and Family Journey
Through Dementia Assessment Program



Eastview



Program Costs

- There is no charge for accessing the Dementia Assessment Outreach Team, or admission to the Eastview Neighbourhood
- Clients are expected to continue paying “rent” at their home
- There will be nominal charges for personal care items

Program Outcomes

Referrals Mar 21, 2017 – October 27, 2017:

- Total # of referrals = 23
 - 15 clients receiving/received care in place
 - 2 referrals referred successfully to resources in home region
 - 6 clients transferred to Eastview
- # of referrals by region
 - KTHR – 2 clients
 - HHR – 1 client
 - PAPHR – 4 clients
 - MCRHR – 2 clients
 - KYHR – 1 client
 - PNHR – 1 client
 - SHR – 12 clients
- # of closed files = 7 (all from Outreach Team)
- # of discharges from Eastview = 3

Challenges

- Lengthy referral process
- Northern continuing care consultant vacancy
- Lack of funding for transportation and accommodation
- Program not structured to respond to crises
- Staffing levels
- Geographical barriers – unable to see all referrals in person

Successes

- Aging in place
- Provision of transferrable knowledge
- Integration of new skills
- Direct Observation System
- Controlled environment for observations
- Use of telehealth
- Compliment of professionals

Contact Information

Dementia Assessment Team can be reached:

Email: dementia.assessment@saskatoonhealthregion.ca

Phone: 306.655.3844

References

- Alzheimer's Society Canada. (2017). Retrieved from <http://www.alzheimer.ca/en/About-dementia/What-is-dementia>
- Alzheimer's Society Canada. (2017). Retrieved from <http://www.alzheimer.ca/en/on/We-can-help/Resources/Shifting-Focus/What-are-responsive-behaviours>
- Alzheimer's Society Ontario. (2017). Retrieved from <http://www.alzheimer.ca/en/on/We-can-help/Resources/Shifting-Focus/Examples-of-responsive-behaviour>
- Statistics Canada. (2010). *An aging population*. [Catalogue no. 11-402-x/2010000]. Ottawa: Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/11-402-x/2010000/chap/pop/pop02-eng.htm>
- Statistics Canada. (2016). *Health reports Alzheimer's disease and other dementias in Canada*. [Catalogue no. 82-003-X]. Ottawa: Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/82-003-x/2016005/article/14613-eng.htm>
- Statistics Canada. (2016). Ottawa: Statistics Canada. Retrieved from http://www.statcan.gc.ca/eng/dai/smr08/2014/smr08_191_2014#a4

Questions & Discussion