Dementia Quality Standard: Care in the Community for People Living With Dementia and their Caregivers

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Learning objectives

1. Gain an understanding of Health Quality Ontario’s Quality Standards
2. Learn about the Dementia Care in the Community Quality Standard
3. Learn how the dementia quality standard aligns with the Ontario Dementia Strategy and Dementia Capacity Planning to improve care and supports for people living with dementia and their caregivers.

HealthAchieve
Quality Standards:
A PRIMER
Health Quality Ontario mandate

**OUR VISION:**
Better health for every Ontarian. Excellent quality care.

**OUR MISSION:**
Together, we work to bring about meaningful improvement in health care.

Set standards to improve quality care based on the best evidence

Measure and report on variations in quality

Build capacity for quality improvement across the system

HealthAchieve
Quality standards

Help patients, residents, families, and caregivers know what to ask for in their care

Help health care professionals know what care to offer, based on evidence and expert consensus

Help health care organizations measure, assess, and improve the quality of care they provide

Help ensure consistent, high quality care across the province
Developing standards - Engagement & governance

- Topic specific advisory committee recruited through an open-call
- Broad engagement throughout with stakeholders from across the Province
- Oversight and approval from the Ontario Quality Standards Committee
A guide for health care professionals clearly outlining what high-quality health care looks like for aspects of care that have been deemed a priority for quality improvement in the province. It is based on the best available evidence.
Clinical guide

The Statement

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.

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 behavioral and psychological symptoms, and thus informs care for people living with dementia with symptoms of agitation or aggression. The patient, family/caregiver, or substitute decision-maker should be included in the assessment. The assessment also provides the opportunity to establish early 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 healthcare setting as well as at transitions between care settings.

Audience Statements

What This Quality Statement Means

For Patients
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 a discussion about your physical health, your medical history, what medications you’re taking, how you spend your time, and how you’re feeling.

For Clinicians
Perform a standardized, comprehensive assessment as described in the Definitions section. This assessment will provide context for a patient’s long-term care needs, including the need for medications and other care directives.

For Health Services
Ensure hospitals and long-term care homes have comprehensive assessment tools, systems, procedures, and resources in place to assess people at presentation and discharge.

Quality Indicators

Process Indicator
Percentage of people living with dementia and symptoms of agitation or aggression who receive a comprehensive assessment at first presentation or after a transition in care

- Number of people living with dementia and symptoms of agitation or aggression who receive a comprehensive assessment

- Number of people in the denominator who receive a comprehensive assessment

- Data source: local data collection, Resident Assessment Instrument Minimum Data Set (RAI-MDS) in long-term care homes

Definitions

Definitions used within this quality statement:

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

- Physical health assessment, medical history, and medication review
- Cognitive and functional assessments
- Psychosocial assessment
- Physical and environmental assessment
- Other conditions (e.g., depression, anxiety, stress, and grief)

- Number of people in the denominator who receive a comprehensive assessment

- Data source: local data collection, Resident Assessment Instrument Minimum Data Set (RAI-MDS) in long-term care homes

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A guide for patients, families, and caregivers so they know what to discuss with their health care professionals.
Data and information distilled into an easy-to-understand infographic highlighting key findings
Recommendations for adoption

**Recommendations** which have been identified by stakeholders as requiring a system level focus in order to enable widespread adoption of the quality standard.
Quality standards in progress

- Diabetic Foot Ulcers
- Venous Leg Ulcers
- Pressure Injuries
- Vaginal Birth after C-Section
- Dementia Care in the Community
- Opioid Use Disorder
- Opioid Prescribing for Pain
- Opioid Prescribing for Chronic Pain
- Schizophrenia Care in the Community
- Palliative Care
- Chronic Obstructive Pulmonary Disease
- Osteoarthritis
- Low Back Pain
- Heart Failure
- Chronic Pain
- Transitions from Hospital to Home

http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards

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Quality Standard:
CARE FOR PEOPLE WITH DEMENTIA LIVING IN THE COMMUNITY
Why do we need a quality standard?

**WHY WE NEED A QUALITY STANDARD FOR**

**Dementia Care in the Community**

Many of the 107,000 people in Ontario who live with dementia and reside in the community have complex care needs.

With proactive care and the right support, they can live safely and independently at home, easing demands on caregivers and emergency services.

*Cancer Care Ontario, 2017*
The number of people living with dementia in the community increased by 40% between 2009/10 and 2014/15, and is projected to rise by a further 23% between 2014/15 and 2019/20.

Cancer Care Ontario, 2017
The percentage of those receiving home care varies by region – between 52% and 61% of people living with dementia in the community received home care in 2014/15.
Nearly half of long-stay home care patients living with dementia have caregivers who are distressed.

Among long-stay home care patients who exhibit difficult behaviours associated with dementia, more than 60% have caregivers who are distressed.¹

¹ Source: Resident Assessment Instrument-Home Care (RAI-HC). University of Waterloo. 2013/14 data.
Scope

• Addresses care for people living with dementia in the community
• Support for caregivers of people living with dementia
• Settings: Primary care, specialist care, hospital outpatient services, home care, and community support services
Advisory committee

Dementia Care in the Community Quality Standard Advisory Committee (24 members)

- Lived Experience Advisors
- Direct care providers
- Administrators
- Service planners
- Research & Data experts
Comparison of the HQO dementia quality standards

Dementia – Care in the Community Quality Standard

Behavioural Symptoms of Dementia Quality Standard
Dementia planning in Ontario

- **Regional & local planning**: Dementia Capacity Planning
- **Dementia Quality Standard**: Direct clinical care and services people and their caregivers receive
- **Ontario Dementia Strategy**: Policy direction for the province
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