2022 Update

RaDAR
Primary Care Memory Clinics

Memory Clinic Teams

Memory Clinic locations

RaDAR primary care memory clinics in southeast Saskatchewan are a collaboration between primary health care teams and the *Rural Dementia Action Research (RaDAR)* Team at the University of Saskatchewan.

The first memory clinic was held in Kipling in 2017. Memory clinics are offered as a regular service by primary health care teams in the communities of **Kipling**, **Weyburn**, Rural West (**Bengough** and **Radville**), **Carlyle**, and **Maryfield**.

New Memory Clinic teams

We are pleased to welcome 3 primary care teams to the RADAR program. After completing orientation and training, the **Maryfield** team recently held their first memory clinic in September 2022.

The **Lampman** and **Esterhazy** teams are the latest to join and plan to hold their first clinics in the coming months after taking part in orientation and PC-DATA™ training with Dr. Dallas Seitz. Funding to support involvement of the Esterhazy team is provided by a grant to Dr. Debra Morgan from the *Dementia Supports in Rural Saskatchewan* study. The study supports initiatives in Yorkton and surrounding communities that aim to increase social inclusion of people living with dementia.

About the RaDAR Memory Clinics

RaDAR memory clinics are offered by primary health care teams within the Saskatchewan Health Authority. Clinics are intended to provide coordinated care for patients and support for families, reducing travel and wait time for specialist appointments for those living in rural communities.

One-day memory clinics are held every 1-2 months or as needed by each team, with two patients assessed during the day (AM and PM). A short video of a Kipling memory clinic appointment is *available here*. Each half-day appointment begins with a team huddle, followed by a team meeting with the patient and family to discuss their concerns. Each team member then assesses the patient while the family meets with the Alzheimer Society and home care nurse/social worker. The appointment ends with a team huddle to review the assessments and a discussion with the patient and family to review recommendations and care plan.

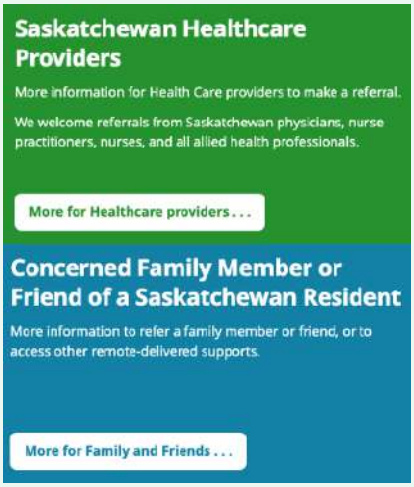
Interprofessional care

Every memory clinic team includes physicians and/or nurse practitioners, home care nurses/social workers, occupational therapist, physiotherapist, and Alzheimer Society First Link Coordinator. Team configuration depends on the availability of health professionals. Teams use a shared EMR PC-DATA™ template to guide their evaluation and to make decisions about the diagnosis, care planning, and recommendations to the patient and family.

Decision support

Assessment and management during clinic appointments are guided by PC-DATA™ templates in the teams' EMR system. The templates consist of a separate section for each health professional to complete during the clinic appointment.

PC-DATA™ (Primary Care Dementia Assessment and Treatment Algorithm) is a decision support tool for primary care professionals, based on Canadian guidelines, that was developed by Dr. Dallas Seitz (UCalgary) and adapted by RaDAR for memory clinic teams. Further decision support is provided through the RaDAR handbook, a comprehensive resource available to all teams that facilitates memory clinic functioning. The handbook includes templates for patient letters, scripts to enable discussions about driving and other topics, an education manual with detailed information about tests and items in the PC-DATA™ templates, Alzheimer Society brochures, and other materials.



Specialist support

Specialist support is available virtually from the Rural and Remote Memory Clinic at the University of Saskatchewan. The *Rural and Remote Memory Clinic* also offers remote interventions; patients and family members may be referred or self-refer and research participation is optional. More information about the remote interventions is *available here.*

Feedback about RaDAR Memory Clinics

Patient and family experiences with the RaDAR memory clinics have been highly positive. Patients and families appreciate the comfort and convenience of team-based care that is close to home and more easily accessible. They also report feeling supported and at ease.

"I very much appreciate access to the team in the community where my mom lives. This support is extremely helpful during this time. I feel I can call any of the team if I have questions." (Care partner)

"When my doctor asked me "How is your memory?" I said "Not that great", so he presented to me the idea of taking part in a clinic. I was very unsure about participating in a memory clinic. Over a period of time I began to feel that may be a good way to learn more about dementia. The team of health care workers made me feel at ease by explaining each in their way some of the early signs of dementia that I am starting to see in myself. I feel that the time spent with them was very worthwhile." (Patient)

"I got a lot more on dementia and the Alzheimer's, we brought home a lot. We were given a lot on that, and just general information too. And you sort of have the feeling - well we were told too, if we had anything that we thought of after that we wanted to ask and didn't think of it, just to get ahold of them even, they were all really good." (Care partner)

Memory clinic team members value a team-based approach to diagnosis and care planning and recognize benefits to patients and families.

"Where I feel like things are more comprehensive is just having a better understanding of what the different team members can provide, as far as support or assessment for dementia. And just so that the actual assessment is more comprehensive as far as making sure that they're connected with more team members than they probably were prior to being involved with the memory clinics." (RaDAR memory clinic team member)

RaDAR Team's role in supporting RaDAR Memory Clinics

Clinical and operational guidance

Training with PC-DATA™ developer Dr. Dallas Seitz is provided to each primary health care team before implementing a memory clinic. Teams also receive an orientation to standardized clinic processes and tools in the RaDAR handbook.

Shadowing and peer mentorship opportunities are available to new memory clinic teams with colleagues in nearby memory clinics. Clinical guidance is also provided by Kipling nurse practitioner Jeanie Daku and operational support is offered in all clinics by RaDAR team member Chelsie Cameron. RaDAR also holds workgroup meetings with teams in the implementation phase to address issues in the early stages, and ongoing check-in meetings with PHC facilitators and managers.

"It's all laid out for you how you set it up and how you do it, so that makes it easier to start a clinic in a town with the support that you get... So, that makes it maybe not quite so daunting of a task." (RaDAR memory clinic team member)

Continuing education

RaDAR regularly offers continuing education webinars with specialists and other experts on subjects related to dementia care. Webinar topics are often suggested by the teams. Examples of past topics include differential diagnosis, medications used in dementia management, capacity and competency, and end of life issues in advance dementia.

Resources

To ensure memory clinic teams have the necessary resources for operation, RaDAR offers funds for purchasing equipment such as laptops, conference phones, and testing materials, as well as assists with the cost of training and travel for health professionals.

Dementia Working Group

The Dementia Working Group mandate is to improve public awareness and share initiatives in dementia care in terms of what is working and opportunities for improvement. The group also supports RaDAR in sustaining and spreading the memory clinics. Group members include SHA leadership, health professionals, the Alzheimer Society of Saskatchewan, and RaDAR.

Memory Clinic research project

Role of the First Link Coordinator in RaDAR Memory Clinics

Objective: To examine the role and impact of including a First Link Coordinator in RaDAR memory clinics.

Methods

- Semi-structured telephone interviews with 3 First Link Coordinators serving 4 RaDAR memory clinic teams
- Alzheimer Society of Saskatchewan e-Tapestry database data comparing *RaDAR Memory Clinic, self,* and *direct referrals from primary care professional*

Preliminary findings

First Link Coordinator Interview Themes

1. Benefits to patients & families of FLC involvement

- Team approach provides a better experience; team shares information on clinic day
- Meeting face-to-face establishes bond with FLC; makes follow-up more comfortable and opens doors to further support

2. Benefits to memory clinic and team members

- FLC has unique role; fills a gap in providing emotional support, directing to services; dementia support is what they do
- Other team members can focus on their unique contributions
- Coordinator involvement shows team FLC role & benefits

3. Benefits to ASOS, First Link Program, and First Link Coordinators

- Relationships with team means FLC can refer other patients or contact team members about clinic patients
- FLC involvement validates and raises awareness of FLC role
- Mutual learning among team members from different disciplines is highly valued

Alzheimer Society e-Tapestry Database

- 127 clients were referred to ASOS from Dec 2017 – Dec 2021(42% spouses, 33% children, 17% PLWD, 8% other).
- Clients: 38% female, 23% % male; sex missing for 40%
- We compared memory clinic (n = 49), self (n = 25), and direct referrals from primary care professionals in the same area as the memory clinics (n = 53).
- **Statistically significant ($p < 0.05$) differences between memory clinic clients and self/direct referrals included:**
  - **Memory clinic clients contacted sooner after referral** than direct referrals (75% same day or within 3 days)
  - **Longer duration of first contact for memory clinic clients** (76% had 3-4 hour contact vs. 15-90 minutes)
  - **More in-person contacts for memory clinic clients** (85% vs. 15% for self-referral, 6% for direct referral)
- No differences in number of completed contacts or number of topics discussed at first contact

Conclusions: Together these findings provide evidence of the value of an embedded First Link Coordinator as a core team member in RaDAR primary-care based memory clinics.

Memory Clinic research project

Formative Evaluation of the Kipling Active Living Program

Objective: To conduct an evaluation of the Kipling Active Living Program during the initial stages of the 8-wk program to determine whether short-term outcomes are meeting expectations.

Methods

- Self-report questionnaire completed by 5 participants
- Participant well-being assessment completed by 7 participants on the first day of the 8-wk program (pre) and 5 participants on the last day (post)

Preliminary findings

Figure 1. KALP participant satisfaction (n = 5)

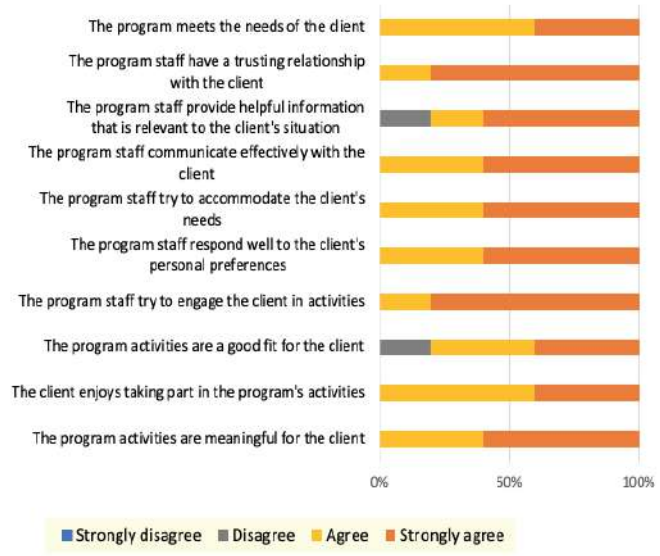
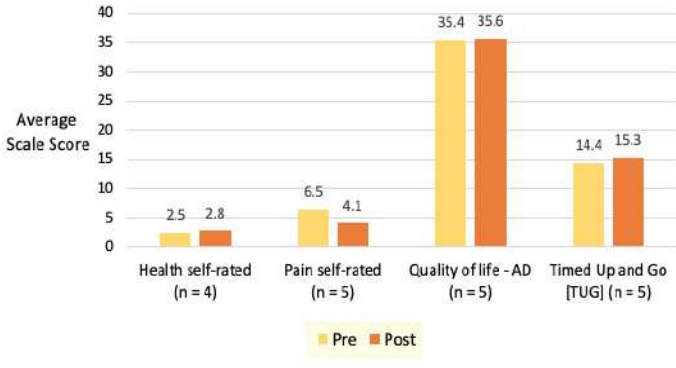


Figure 2. Participant Wellbeing at Pre- and Post-assessment



Activity highlights

- *Gardening in a teacup*
- *Sharing dance*
- *Baking granola bars*
- *Dice games*
- *Painting birch trees*
- *Warm-up walk*
- *Balloon and pool noodles game*
- *Drumming*
- *Campfire sing-along*
- *Tea and visiting*
- *Wrap-up picnic*

"Exercises, fellowship, interesting activities, caring staff, and put a lot of effort and time in prep."

"They are all very kind and helpful."

"The staff had very interesting projects for us each week (different each week). Wonderful."

"Very good plan."

"Just to say, thank you."

"Would be nice to know when next time program is on for me to possibly join."

Conclusions: The initial goals of cognitive, social, and physical stimulation were addressed. Participants reported highly positive experiences in terms of the varied and engaging program activities, opportunities for visiting, and interactions with program staff. The program appears to fill a gap for people with cognitive impairment and dementia living in Kipling and surrounding areas.

Memory Clinic research project

Environmental Scan of Services and Supports

Objective: To identify and describe programs and services for older adults in RaDAR memory clinic communities and surrounding areas.

Methods

- Focus group with health care professionals and managers; review of secondary sources of information; systematic internet search

Preliminary findings

- Most programs and services fell into the *Social & Leisure Activities* or *General Support & Referrals* categories, and were self-referral or other-referral, and were provided locally.
- Nearly half were free to access and were available remotely, and nearly 20% were volunteer-based.
- 17 programs were related to dementia, most of which (10/17) were provided by the Alzheimer Society.

Results: 43 Programs & Services Across 7 Categories[3-5]

Program & Service Types (*n*)	Available to all communities remotely	Available in-person in the communities of						*TOTALS
		*Kipling	*Weyburn	*Radville	*Bengough	*Carlyle	Wawota, Kennedy, Kenosee Lake, Manor	
Social & Leisure Activities (*n*=14) • counselling, relationship such as senior centres, libraries, coffee clubs, activity programs	n=3	n=3	n=2	n=2	n=2	n=2	n=5	N=19
General Support & Referrals (*n*=13) • counselling, relationship/ behaviour management, support groups, referrals	n=12 *(n=1 initial consult in home community, remote follow-up)*	nil	nil	nil	nil	nil	n=1	N=13
Transportation (*n*=7) • such as volunteer driver programs, Handi-vans	nil	n=2	n=1	n=1	n=1	n=2	n=3	N=10
Information & Education (*n*=4) • education/information sessions, leaflets/flyers, awareness events	n=4	nil	nil	nil	nil	nil	nil	N=4
Respite (*n*=2) • in-home, overnight, day centres	nil	n=1	n=2	nil	nil	n=1	n=1	N=5
Home & Personal care (*n*=2) • medical or non-medical care in the home such as Home Care, house cleaning/laundry, gardening/lawn mowing, showering, meal prep	nil	n=1	n=2	n=1	n=1	n=1	n=1	N=7
Safety (*n*=1) • MedicAlert® Safely Home® - Canada-wide medical identification service	n=1	nil	nil	nil	nil	nil	nil	N=1
TOTALS (n=43)	N=20	N=7	N=7	N=4	N=4	N=6	N=11	N=59

**Total N's in this column include some duplicate service types offered in-person within multiple communities (e.g., SE Regional Public Libraries)*
**Locations of RaDAR memory clinics*

Next steps: To identify unmet service needs and barriers to accessing services among people with dementia and/or their family caregivers, to help guide program interventions, inform decision makers, and enhance the participation of people with dementia and their families within their communities.

Memory Clinic research project

Care Partner Service/Support Use and Experiences

Objective: To examine service/support use and experiences among family care partners participating in an initial RaDAR memory clinic assessment of their family member.

Methods

- On the day of memory clinic assessment, semi-structured interviews with 28 care partners and collection of information from 22 patients (age, sex, cognitive and functional scores)

Preliminary findings

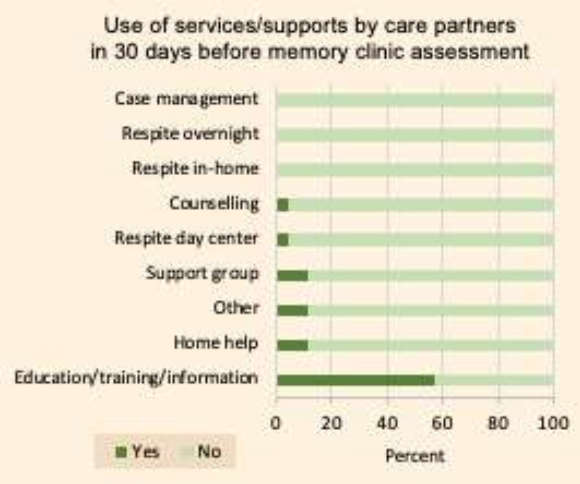
Participant characteristics

- Of the 28 care partner participants, 61% were female and average age was 64 years
- Of the 22 patient participants, 73% were female and average age was 80 years

Carers (N = 28)	n (%) or SD, range
Sex	
Female	17 (61)
Male	11 (39)
Age mean (SD, range)	63.7 (12.7, 37-85)
Relationship to family member	
Spouse	11 (39)
Adult child	14 (50)
Other	3 (11)
Patients (N = 22)	**n (%) or SD, range**
Sex	
Female	16 (73)
Male	6 (27)
Age mean (SD, range)	79.7 (10.0, 41-89)
Cognitive and functional score mean (SD, range)	
MMSE	23.5 (4.1, 13-29)
MoCA	16.7 (5.2, 7-24)
FAQ	14.2 (9.3, 0-28)
KATZ	5.6 (0.8, 3-6)

Use of services/supports by care partners

- Although most care partners reported using at least one service/support (67%) for themselves in the 30 days prior to the memory clinic assessment, the service accessed most often was education/ training/information (57%). Very few carers had used respite, support groups, or home help [*graph*].



Experiences with services/supports

- Many care partners (71%) identified potentially beneficial services/supports they had not yet received. These included information/education, support group, housecleaning/yardwork, home care or bathing assistance, and meal preparation.
- Carers' experiences with services/supports they had received prior to memory clinic assessment were highly positive. They appreciated service providers' prompt attention and being kept informed of the status of their family members' care and health.

Next steps: Continue to collect 1-month follow-up data; examine effect of memory clinic participation on care partners' service/support use, experiences, and self-efficacy.

RaDAR Memory Clinic Sites

Kipling Primary Health Care Clinic
200 4th Street South
Kipling, SK S0G 2S0
306-736-2559

Weyburn Primary Health Centre at the Weyburn Health Centre
36 4th Street NE
Weyburn, SK S4H 0X7
306-842-8790

Carlyle Medical Clinic
214 Main Street
Carlyle, SK S0C 0R0
306-453-6795

Bengough Health Centre
400 2nd Street West
Bengough, SK S0C 0K0
306-268-2222

Maryfield Medical Clinic
233 Main Street
Maryfield, SK S0G 3K0
306-646-2133

Future RaDAR Memory Clinic Sites

Lampman Community Health Centre
309 2nd Avenue
Lampman, SK S0C 1N0
306-487-2561

Esterhazy District Medical Clinic
300 Gonczy Avenue
Esterhazy, SK S0A 0X0
306-745-6681

Publications

Morgan et al. 2022. Factors influencing sustainability and scale-up of rural primary healthcare memory clinics: Perspectives of clinic team members. *BMC Health Services Research,* 22:148. Google Scholar.

Kosteniuk J., Morgan D., O'Connell M.E., Seitz D., Elliot V., Bayly M., Cameron C., Froehlich Chow A. 2022. Dementia-related continuing education for rural interprofessional primary health care: perceptions and needs of webinar participants. *Primary Health Care Research and Development, 23* (e32): 1–7. Google Scholar.

Morgan et al. 2019. Barriers and facilitators to development and implementation of a rural primary health care intervention for dementia: A process evaluation. *BMC Health Services Research,* 19:709. Google Scholar.

Morgan et al. 2019. A 5-step approach for developing and implementing a rural primary health care model for dementia: A community-academic partnership. *Primary Health Care Research & Development,* 20 (e29). Google Scholar.

Presentations

Morgan, D., Bayly, M., Kosteniuk, J. Perceptions and outcomes of an embedded Alzheimer Society First Link Coordinator in rural primary healthcare memory clinics. A poster presentation at the *Canadian Association on Gerontology Conference*, Regina, October 20-22, 2022.

Morgan, D., Bayly, M., Kosteniuk, J. Perceptions and outcomes of an embedded Alzheimer Society First Link Coordinator in rural primary healthcare memory clinics. A poster presentation at the *CCNA Partners Forum and Science Days* (virtual format), October 11-14, 2022.

Elliot V., Morgan D., Kosteniuk J., Bayly M., Cameron C., O'Connell M.E. Environmental scan of services and supports for older adults in rural memory clinic communities and surrounding areas. A poster presentation at the *CCNA Partners Forum and Science Days* (virtual format), October 11-14, 2022.

Kosteniuk J., Morgan D., O'Connell M., Cameron C., Elliot V., Bayly M. Service use and self-efficacy of family carers participating in a rural primary health care memory assessment. A poster presentation at the *35th Global Conference of Alzheimer's Disease International* (virtual format), June 9-11, 2022.

Elliot, V., Morgan, D., Kosteniuk, J., Bayly, M., Cameron, C., O'Connell, M.E. Environmental scan of community-based programs that may be used by rural memory clinic patients and families. A poster presentation at the *35th Global Conference of Alzheimer's Disease International* (virtual format), June 8-10, 2022.

Newsletters

Co-editors Elliot V, Morgan D, and Kosteniuk J. (2022 June). *RaDAR Newsletter: Summer 2022,* available online.

Elliot V, Morgan D, and Kosteniuk J. (2022 January). *RaDAR Newsletter: January 2022,* available online.

Media

Podcast introduction to the Kipling Memory Clinic, featuring the story of Leanne and her mother Marjory. *Dementia Dialogue System Journey Podcast Series*. Sept 28, 2020.

Rural PHC Memory Clinics video by Tara Yolan Productions. 2019.

RaDAR Team video by Tara Yolan Productions. 2019.

RaDAR Website. The website serves as a repository of RaDAR research, interventions & initiatives, and publications.

Funding

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For more information about implementing a memory clinic in your community:

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