

2021 Update

Rural Memory Clinics



Rural 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 one-day clinics offer a team-based approach to dementia assessment and management including support for care partners and families. Clinics are intended to provide effective care and coordinated services close to home, reducing travel and wait time for specialist appointments for those living in rural communities.

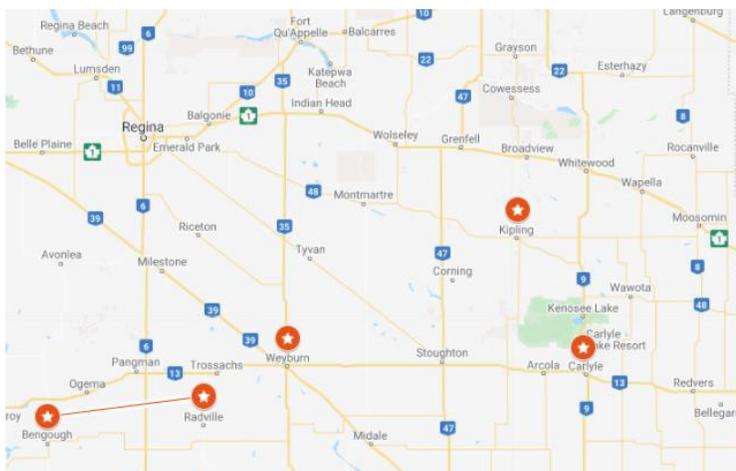


Figure 1. Rural memory clinic locations

The first rural memory clinic launched in Kipling in late 2017. Clinics also operate in Weyburn, Rural West (Bengough and Radville), and Carlyle as a regular service offered by primary health care teams in these communities (figures 1 and 2).

New memory clinic team and Accuro EMR adaptation

A fifth team recently completed training and plans are underway to launch a memory clinic in their practice.

All teams use a Med Access EMR version of PC-DATA™ flow sheets to guide their memory clinic assessments. The fifth team will be the first to test an adapted version of the flow sheets for the Accuro EMR system.



Figure 2. Rural memory clinic teams

Feedback about rural memory clinics

Feedback about the memory clinics continues to be highly positive. Patients and families appreciate the comfort and convenience of team-based care that is close to home and more easily accessible.

“It is wonderful to see this clinic in a small town. It is so important to the elderly to have local health care and not have to travel many miles or come to a big city to get help.”
(Care partner)

“They all were really open to questions, and that was nice to have a panel of all the different professionals. Because what one didn’t cover in one area, another covered in the therapy area and the other one would cover the medical area, so that was really a very good approach to do it that way.” (Care partner)

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

“We’re working together and pulling depts together for the better of the patient, which is primary health care. We’re wrapping the services around the patient, bringing our therapies, our NP, our physician, Alzheimer Society, kind of that one-stop shop, which is how we’re trying to really build our networks. Of course there has to be a benefit to the patient because all of those resources are there on that one day for them.” (Rural memory clinic team member)

Clinic appointment

Rural memory clinics are offered by primary health care teams within the Saskatchewan Health Authority. One-day memory clinics are held every 1-2 months by each team, with two patients assessed during the day (figure 3).

Video of a Kipling memory clinic appointment overview is [available here](#). The 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 in turn while the family meets with the Alzheimer Society and home care nurse/social worker. The



Figure 3. Team conference with patient and family, Kipling Memory Clinic

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. The configuration of teams varies depending on the professionals in the communities.

During the clinic appointment, every health professional conducts their own assessment. However, they use a shared EMR PC-DATA™ template to guide their evaluation and to make shared decisions about the diagnosis, care planning, and recommendations to the patient and family.

Figure 4. Excerpt from the PC-DATA™ Initial Evaluation template

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 every health professional to complete during the clinic appointment (figure 4).

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 rural memory clinic teams.

Further decision support is provided through the RaDAR handbook, a comprehensive resource available to all teams that facilitates

RaDAR Handbook – Rural Primary Health Care Memory Clinics		
TABLE OF CONTENTS		
PRE-CLINIC		
Letters/Forms		
Patient Appointment Confirmation Letter		1
Patient Information Form		3
Wait List/Referral Tracking Form		5
Pharmacy Letter		7
Memory Assessment Referral Form		9
Scripts		
Patient Invitation Script		11
Patient Booking Script		12
Work Standards		
Kipling Pre-Clinic Work Standard		14
PC-DATA EMR Flowsheets		
Pre-Assessment Flowsheet		15
CLINIC DAY		
Clinic Day Flow		
Kipling		16
Weyburn		17
Carlyle		18
Professional Roles		
Medical Office Assistant / Office Staff		19
PHC Facilitator		20
Physician/Nurse Practitioner		21
Occupational Therapy		22
Physiotherapy		23
Home Care		24
Social Work		25
Alzheimer Society First Link Coordinator		26

Figure 5. RaDAR Handbook

memory clinic functioning (figure 5). 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 (figure 6). If patients are complex to diagnose, they may be referred for remote specialist assessment. The Rural and Remote Memory Clinic also offers remotely-delivered interventions; patients and family members may be referred or self-refer. Sleep interventions, cognitive rehabilitation, and virtual socialization groups are available and research participation is optional.

Figure 6. Virtual specialist support from the Rural and Remote Memory Clinic in Saskatoon

RaDAR’s role in supporting memory clinic teams

RaDAR provides ongoing guidance and resources to memory clinic teams including clinical and operational support, continuing education, and clinic resources (e.g., laptops, conference phones).

Clinical and operational guidance

Prior to establishing a rural memory clinic, teams take part in training with PC-DATA™ developer Dr. Dallas Seitz, and an orientation to standardized clinic processes and tools in the RaDAR handbook.

Figure 7. Clinical and operational guidance

Shadowing and peer mentorship opportunities are available to new memory clinic teams with their colleagues in existing rural memory clinics, and through the specialist Rural and Remote Memory Clinic at the University of Saskatchewan.

RaDAR also provides ongoing operational guidance to teams. Clinical support and mentorship are available from Kipling NP Jeanie Daku and operational support is offered in all clinics by RaDAR team member Chelsie Cameron (figure 7). RaDAR also holds workgroup and check-in teleconferences with teams to address issues as they emerge.

“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.” (Rural memory clinic team member)

Continuing education

RaDAR regularly offers continuing education webinars with specialists and other experts on subjects related to dementia care (figure 8).



Figure 8. Continuing education session with Dr. Dallas Seitz, 2019

Webinar topics are often suggested by the teams.

Before 2020, in-person education and webinars were delivered to one team at a time. However, with memory clinics spreading to other communities, interested health professionals from neighboring areas are invited to take part as well. Examples of past topics include differential diagnosis, medications, and capacity and competency. See Figure 11 for 20/21 topics.

Resources

To ensure teams have the necessary resources to operate the rural memory clinics, RaDAR provides funds toward the purchase of equipment such as laptops, conference phones, and testing materials, as well as assists with the cost of training and travel for health professionals.

Steering Group

The mandate of the steering group 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 the memory clinics and identifying new teams.

Group members include administrators and health care providers, the Alzheimer Society, and RaDAR. The steering group has been meeting every 3 months since 2013 (figure 9).



Figure 9. Sun Country Steering Group, 2015

RaDAR research projects

Memory clinic teams, patients, and families are invited on an ongoing basis to take part in RaDAR research projects. We also conduct research to better understand services and programs available in the clinic communities and surrounding areas.

Strategies to sustain and spread memory clinics project

Focus groups and workgroup meetings were held with rural memory clinic teams to identify approaches for sustaining and spreading the clinics. A total of 11 factors were identified, with five relevant to both sustain and spread (figure 10).

Understanding these factors is important to the long-term viability of the clinics.

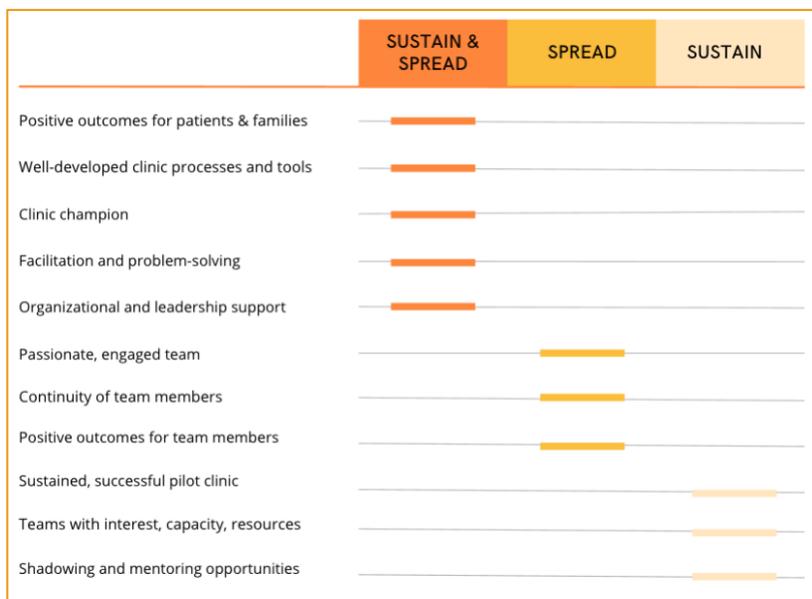


Figure 10. Factors related to sustaining and spreading rural memory clinics

Patient and family experiences project

As Covid-19-related disruptions to the memory clinics decrease, we will continue to collect patient and family experiences of assessment and diagnosis at the clinics. Feedback continues to be very positive, especially regarding the primary health care team members and how they collaborate to provide a supportive environment for assessment, diagnosis, and future planning. Patients and families are happy with the Covid-19 protocols put in place and still feel satisfied about their clinic experiences with assessment and diagnosis. As the rural memory clinics spread to additional areas of Saskatchewan and new PHC teams, ongoing process feedback from patients and their families will help to ensure the memory clinics are functioning well and whether there are areas for further improvement.

Patient quality of life and service needs project

We are conducting interviews with memory clinic patients to better understand how they feel about their quality of life and how their health and community service needs are being addressed. Interviews take place in person on clinic day and three months later by telephone. Data collection began in August 2021 and is ongoing.

Continuing education webinar evaluation project

A total of 73 individuals attended at least one of the 5 RaDAR webinars offered between February 2020 and May 2021 (figure 11).

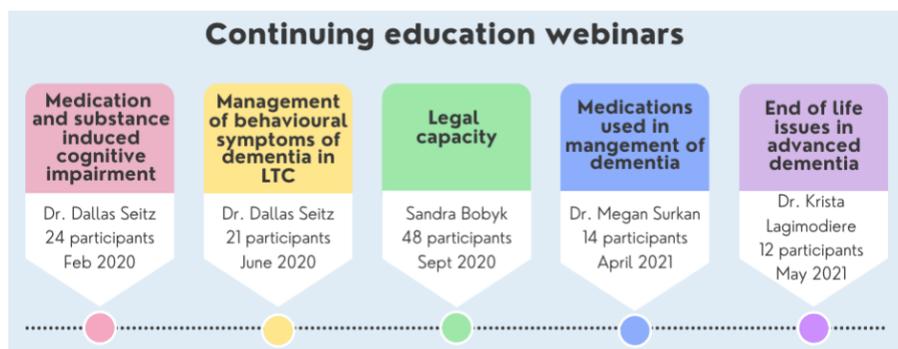


Figure 11. RaDAR continuing education webinars, 2020-2021

In evaluation surveys completed after the 2020 webinars, participants noted the most effective aspects were the topics and interactive question and answer format. They also appreciated the case studies included in the presentations, the presenters' knowledge, and applicability of the education to their practice.

Care partner service and support needs project

In this ongoing project, care partners who accompany family members to a rural memory clinic evaluation are invited to share their experiences with community services. Preliminary data from interviews with 16 care partners show that prior to the memory

clinic evaluation, one-half of care partners had accessed education/information and few had accessed home help, support groups, respite, or counselling. Care partners who had not yet received services reported they may have benefitted from assistance such as housecleaning/yardwork, meal preparation, information/education, bathing, home care, medication checks, and assistance with expenses. Overall, care partners reported positive experiences with services/supports and none reported difficulties gaining access.

Environmental scan project

RaDAR is conducting an environmental scan of local, community-based programs and services in and around memory clinic locations, that might provide post-diagnostic services to patients and families.

Our goal with this project is to identify programs, training and experience of program providers, changes to programs resulting from the memory clinics, patient and family needs, the impact of COVID-19, gaps in services and recommendations to address those gaps. Ultimately, the information we are gathering will be used to create inventories and maps of community programs and track changes over time. The scan will be conducted at two time points over three years via focus groups with memory clinic team members and managers, a review of secondary sources, and a systematic internet search. Data collection for the first time point is now complete.

In addition, we are hoping to conduct interviews with people living with dementia and family caregivers of people with dementia about their experience with local, community-based services in and around the memory clinic communities. See Figure 12 for study recruitment information.

RaDAR
RURAL DEMENTIA ACTION RESEARCH

Canadian Centre for Health and Safety in Agriculture
104 Clinic Pl, Box 23 Saskatoon SK S7N 2Z4
ph: 306-966-7905, fx: 306-966-8799
e-mail: rural.dementia@usask.ca
www.cchsa-ccsma.usask.ca/ruraldementiacare

UNIVERSITY OF SASKATCHEWAN

The Rural Dementia Action Research (RaDAR) Team at the University of Saskatchewan is

LOOKING FOR PARTICIPANTS

To take part in a telephone interview about local community-based programs and services that might be used by people living with dementia and family caregivers of people living with dementia.

Research Participant Criteria:

- A person living with dementia or a family caregiver of a person living with dementia
- A person who might use local, community-based programs and services in Kipling, Weyburn, Bengough, Radville, and Carlyle or the surrounding areas
- A person with the capacity to provide informed consent and participate in a telephone interview

As a participant in this study, you would be asked to participate in one phone interview that would take approximately 45-60 minutes of your time. Persons living with dementia and their family caregivers may opt to participate on their own or in a joint interview if they wish. Your participation would be completely voluntary and you would have the right to withdraw from participating at any time for any reason.

Interested or Want to Learn More?

- Contact Valerie Elliot (Research Officer, RaDAR Team) either by
 - Email: v.elliott@usask.ca or
 - Telephone: 306-966-6645

This study has been approved by the University of Saskatchewan Behavioural Research Ethics Board

UNIVERSITY OF SASKATCHEWAN | usask.ca

Figure 12. Study recruitment information

Publications and presentations

Publications

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, Kosteniuk J, O'Connell ME, Kirk A, Seitz D, Elliot V, Bayly M, Daku J, Hack T, Hoiium F, Kennett-Russill D, Sauter K, Cameron C. **Saskatchewan rural primary health care memory clinics** (virtual poster presentation), *Saskatchewan Health Research Showcase 2021*. November 16 and 18, 2021. [Video](#).

Morgan, D. **Welcome to Summit 2021 and RaDAR Team Updates.** An oral presentation at the *Knowledge Network in Rural and Remote Dementia Care: 14th Annual Summit* (virtual format), November 2 & 3, 2021. [Video at Summit 2021 site](#).

Kosteniuk J, Morgan D, O'Connell ME, Seitz D, Bayly M, Elliot V, Cameron C. **RaDAR Memory Clinics in Rural Saskatchewan.** A poster presentation at the *Knowledge Network in Rural and Remote Dementia Care: 14th Annual Summit* (virtual format), November 2 & 3, 2021. [Video at Summit 2021 site](#).

Elliot V, Morgan D, Kosteniuk J, Bayly M, Cameron C, O'Connell ME. **Environmental scan of rural community programs that may be used by memory clinic patients/families.** A poster presentation at the *Knowledge Network in Rural and Remote Dementia Care: 14th Annual Summit* (virtual format), November 2 & 3, 2021. [Video at Summit 2021 site](#).

Morgan, D. **The Rural Dementia Action Research (RaDAR) program in Saskatchewan, Canada.** Presentation to *ACTS 2: The African American Alzheimer's Caregiver Training and Support Program*. Florida State University, College of Medicine, March 5, 2021.

Kosteniuk J, Morgan D, O'Connell ME., Kirk, A., Seitz, D. **Navigating remote and rural dementia care in the future: lessons from Canada.** Presentation to *Webinar Series in the Institute for Lifecourse and Society*. National University of Ireland Galway, May 20, 2021. [Video](#), start at 12:05.

Newsletters

Co-editors Elliot V, Morgan D, and Kosteniuk J. (2021 June). *RaDAR Newsletter: Summer 2021*, [available online](#).

Elliot V, Morgan D, and Kosteniuk J. (2021 January). *RaDAR Newsletter: January 2021*, [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 Yolán Productions. 2019.

[RaDAR Team](#) video by Tara Yolán Productions. 2019.

[RaDAR Website](#). The website serves as a repository of RaDAR research, interventions & initiatives, and publications.

Funding

Research funding is provided by a Canadian Institutes of Health Research Foundation grant to Dr. Morgan, and funding from the Saskatchewan Health Research Foundation through Phase 2 of the Canadian Consortium on Neurodegeneration in Aging (Co-Leads Drs. Megan O'Connell and Debra Morgan).

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

Debra G. Morgan, PhD, FCAHS
Professor and Chair, Rural Health Delivery
Director, Rural and Remote Memory Clinic
University of Saskatchewan
Email debra.morgan@usask.ca
Phone 306-966-8773