

Final Report from The Fifth Annual Summit of The Knowledge Network in Rural and Remote Dementia Care

Saskatoon, November 15th & 16th, 2012

Final Report



Healthcare Delivery Across the Continuum for Rural and Remote Seniors with Dementia

SAVE THE DATE!

*THE NEXT MEETING OF THE
KNOWLEDGE NETWORK IN RURAL AND REMOTE
DEMENTIA CARE IS PLANNED FOR
OCTOBER 24TH & 25TH, 2013.*

MARK YOUR CALENDAR NOW



This report summarizes the activities of Summit 5, the Fifth Annual meeting of the Knowledge Network in Rural and Remote Dementia Care in Saskatoon on November 15th & 16, 2012.

Funding to make this Summit possible was provided by Canadian Institutes of Health Research and Saskatchewan Health Research Foundation.

Support provided by the University of Saskatchewan, and the Canadian Centre for Health and Safety in Agriculture.

Photos from the Summit used in this report were taken by Debra Marshall.

University of Saskatchewan
Saskatoon, Saskatchewan
February, 2013

Contents

Welcome from Dr. Debra Morgan - - - - -	2
Introduction to the Summit - - - - -	3
Thursday Evening Scientific Poster Session - - - - -	4
Summit Agenda - - - - -	6
Meeting Introduction and Overview - - - - -	7
Summit Keynote Michele Board - - - - -	8
Morning Presentation & Discussion - <i>Rural Dementia Action Research (RaDAR)</i> - - - - -	9
Greetings from the Honourable Randy Weekes - - - - -	10
Afternoon Presentation - <i>Northern Cultural Assessment of Memory (N-CAM) development</i>	10
Afternoon Presentation - <i>Alzheimer Society of Saskatchewan Telehealth Delivered Frontotemporal Dementia Caregiver Support Group</i> - - - - -	11
Afternoon Presentation - <i>Connecting with Journalism</i> - - - - -	11
Summit Evaluation - - - - -	12
Supplemental Resources - - - - -	13
Appendix A: Friday Morning RaDAR Small Group Discussion & Feedback - - - - -	15
Appendix B: RaDAR Research Plan Poster - - - - -	16
Appendix C: Summit Contact Information - - - - -	18
Appendix D: List of Posters Presented at Summit - - - - -	20
Appendix E: Rural Dementia Care Research Team - Selected Publications - - - - -	22



Welcome

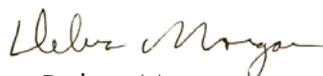
Dear Knowledge Network Members,

On November 15th and 16th 2012 the 5th Summit of the Knowledge Network in Rural and Remote Dementia Care took place in Saskatoon. The Thursday evening poster session and Friday knowledge exchange day were attended by 52 people. The annual Summit provides an opportunity for our research team to meet with our research partners and advisors, to discuss both new and ongoing studies, and plan future research. This exchange is critical to ensuring that the research is relevant and produces findings of interest to those involved in planning and providing dementia care.

This year we were fortunate to be joined by Michele Board, University of Bournemouth, who presented the keynote address. Michele's presentation about dementia services in the UK and research being conducted at the Bournemouth University Dementia Institute was engaging and informative. We were delighted to be joined by The Honourable Randy Weekes, Minister of Rural and Remote Health. Steve Pasqualotto of CBC Saskatchewan wrapped up the day with a screening of his TV and radio stories with Edna Parrott, a caregiver for her husband who has dementia. As this report shows, the agenda included a full day of excellent presentations, and I would like to thank all of the presenters for their contributions to an outstanding day.

At the Summit I provided some background about our team's most recent initiative—RaDAR (Rural Dementia Action Research). This new program was launched by the Canadian Institutes of Health Research to support interdisciplinary research teams to develop, implement, and evaluate innovative models for chronic disease management and improve access to primary healthcare for vulnerable populations. Our team has held two consultation and planning meetings with stakeholders, including family members, healthcare providers, and administrators. The recommendations from the consultations were used to develop a 5-year research program to improve primary healthcare for individuals with Mild Cognitive Impairment and dementia in rural and remote settings. This program includes partnerships with international researchers and decision-makers. Results of the competition are expected in April 2013. Thank-you to all of the Summit participants for the helpful input into developing the Gap Analysis study, which will provide baseline data for the RaDAR program.

I would like to acknowledge the Canadian Dementia Knowledge Translation Network, which provided funding for the Summit. The Canadian Institutes of Health Research, and the Saskatchewan Health Research Foundation also supported the Summit through a CIHR-SHRF Applied Chair in Health Services and Policy Research.


Debra Morgan



If you did not attend the Summit, and are interested in attending future meetings please contact

*Debra Morgan at:
debra.morgan@usask.ca*

Of the 52 Summit participants, over half were located in Saskatoon. The rest of the participants travelled from rural and remote communities in order to attend. The average round-trip made by participants to attend the Summit was 535 kilometers.

Introduction to the Summit

Following the order of events as described in the Summit agenda, this report summarizes the activities of Summit 5, the Fifth Annual Summit of the Knowledge Network in Rural and Remote Dementia Care held in Saskatoon on the 15th and 16th of November, 2012.

The Knowledge Network in Rural and Remote Dementia Care met for the first time at the first Summit meeting in 2008. Since then the Network has met annually to share knowledge and learn more about dementia care research and practice. The groundwork for the Knowledge Network started with an interdisciplinary team focused on research, interprofessional training, and capacity development at the University of Saskatchewan. The Team is now known as the Rural Dementia Care team, and includes researchers from a variety of disciplines. The Rural and Remote Memory Clinic at Royal University Hospital in Saskatoon operates today as a direct result of the team's efforts to bring a variety of disciplines and technology together to better serve people living in rural and remote areas of the province. The Network serves to inform and help to direct the work of the Rural Dementia Care team.

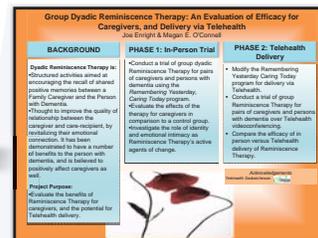
In 2009 Dr. Morgan was awarded a five year jointly-funded CIHR-Saskatchewan Health Research Foundation (SHRF) Applied Chair in Health Services and Policy Research. The aim of the Chair, titled Healthcare Delivery Across the Continuum for Rural and Remote Seniors with Dementia, is an integrated program of research, mentoring and education, and knowledge translation and exchange. The Knowledge Network in Rural and Remote Dementia Care is a key activity of this applied chair, and the Summit is an important annual opportunity for the Network.

The sharing of experience, knowledge, and expertise among members of the Network is an important goal of the annual Summit meetings. The Network includes a diverse mix of: researchers, people who work to provide care to individuals in rural and remote areas, policy-makers, and family and friends of individuals with dementia. All of these members are tied together by an interest in dementia and in the provision of care - across the continuum of healthcare - to people with dementia in rural and remote locations.

Network members at Summit 5 had many opportunities to share their knowledge and learn from one another, as is highlighted in the following pages. The appendices of this report provide further detail, and more information about the work of the Network to date.



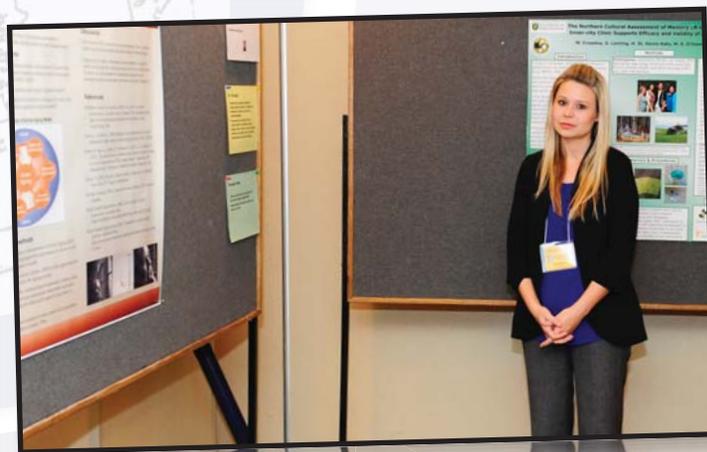
Thursday Evening Poster Session

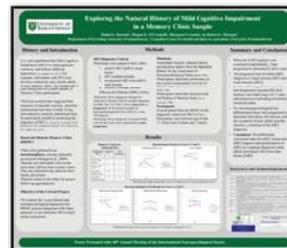
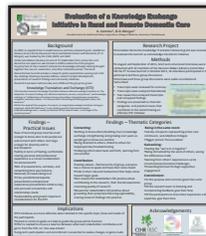
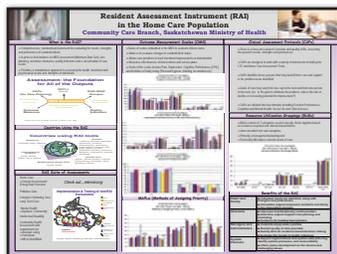
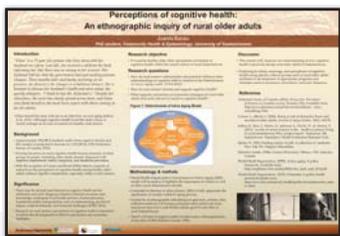


The list of poster titles and authors as presented at the Summit is available in Appendix D, page 20 of this report. A booklet of all of the posters displayed at the Summit was published for the event. See page 13 to learn how to get a copy.

Thursday evening's pre-Summit program included participant registration, a welcome greeting from Debra Morgan, and an evening-long scientific poster session featuring twenty posters and displays that highlighted projects from researchers and decision makers.

Presenters included: Juanita Bacsu, Michele Board, Camille Branger, Rachel Burton, Allison Cammer, Margaret Crossley, Tracy Danylyshen-Laycock, Joe Enright, Elaine Halvorsen, Leslie Holfeld, Paulette Hunter, Julie Kosteniuk, Xiangfei Meng, Joanne Michael, Darrell Mousseau, Solin Saleh, Sheena Walls-Ingram.





Student Poster Prize

Since the first Summit in 2008 students from various disciplines have been valued participants. The Summit not only provides a learning opportunity, but also an opportunity to strengthen student's communication skills with others about their area of research interest.

This year, thanks to financial support from Pfizer, the Summit offered a student poster prize. Posters were adjudicated by a small panel comprised of the Summit Keynote presenter, a research team member, and a community based decision-maker. Tracy Danylyshen-Laycock, a Health Sciences PhD student from the University of Saskatchewan won for her poster: Evaluation of the Gentle Persuasive Approaches Program in Long-Term Care Homes in Saskatoon Health Region.



(from left to right) Debra Morgan, Tracy Danylyshen-Laycock, and Tracey Jason from Pfizer in front of Tracy's prize-winning poster.





Summit Agenda

When participants arrived at the Summit they were provided with a binder of information, which included copies of the presentations. To request a copy of this information, please see "Supplemental Resources" on page 13.



Agenda

Knowledge Network in Rural and Remote Dementia Care
Summit Five
November 15th & 16th, 2012
Sheraton Hotel – Saskatoon

Thursday, November 15th - Sheraton Hotel – South & West Rooms

7:00 pm – 10:00 pm Registration, Wine and Cheese Poster session and informal networking. Please join us in the South-West room to review posters which highlight a variety of projects from summit attendees. Appetizers will be served, and a cash bar will be available.

Friday, November 16th - Sheraton Hotel – South & West Rooms

8:00 am – 8:25 am **Registration and Full Breakfast served in the South/West room**

8:30 am – 9:00 am Intro, welcome, and overview of day – Debra Morgan

9:00 am – 10:00 am Keynote Presentation: Michele Board – Senior Lecturer in Nursing Older People at Bournemouth University, England.

10:00 am – 10:20 am **Morning Break and Coffee**

10:20 am – 10:40 am Rural Dementia Action Research (RaDAR) Overview of Program

10:40 am – 11:45 am RaDAR Small Group Discussion & Feedback
Methods to be used for environmental scan/inventory of services as part of the RaDAR research program. Small group discussion will be followed by a reporting-back and large group discussion.

11:45 am – 12:00 Saskatchewan Minister of Rural and Remote Health – Hon. Randy Weekes – addresses attendees.

Noon to 1:00 pm **Lunch served in the South/West room**

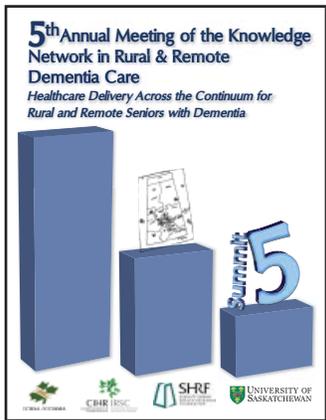
1:00 pm – 2:00 pm Presentation on the Northern Cultural Assessment of Memory (N-CAM) development. Discussion follows.

2:00 pm – 3:00 pm Alzheimer Society of Saskatchewan Telehealth Delivered Frontotemporal Dementia caregiver support group. Panel Style discussion follows.

3:00 pm – 3:30 pm Steve Pasqualotto of CBC Saskatchewan Presents: CONNECTING WITH JOURNALISM: How to turn numbers into stories that matter.

3:30 pm – 3:45 pm Evaluation of Summit

4:00 pm **Adjourn – thank you for your participation and have a safe trip home**



Meeting Introduction and Overview

Friday morning Dr. Morgan welcomed attendees and shared some of the history of the current Rural Dementia Care research team at the University of Saskatchewan. The history starts with the first Rural Dementia Care Study in 1997 during which all 30 existing Saskatchewan Health District boards were visited and asked to participate in the design of a research study focused on dementia care. She then highlighted the New Emerging Team (NET) grant that brought the team together in 2003 and funded their activities through to 2009. Dr. Morgan also explained how her Applied Chair in Health Services and Policy Research (2009 - 2014) currently funds research activities of the team, and how this annual Summit meeting is an integral activity of her research Chair.

Over the past four years the Summit has grown to play an integral role as a knowledge translation and exchange activity for both researchers and decision makers and has led to many successes as attendees learn from each other. As we look toward the future, our current focus is on a community-based primary healthcare initiative: Rural Dementia Action Research (RaDAR) which focuses on primary healthcare along the continuum of care for rural and remote people affected by dementia. Summit 5 activities included collecting input from the Network in developing one of the early research projects that will inform the RaDAR project.

Stakeholders from throughout Saskatchewan were present at the Summit, including people who make decisions about or influence health policies or practice (Decision Makers). Participants included representatives from: The Ministry of Health, Primary healthcare and Chronic Disease, Long-term Care, Home Care, Health Region administration, Nurse Practitioners, family physicians, family members, research team members and students, and the Alzheimer Society of Saskatchewan.



Rural Dementia Care Study – 1997

- Meetings with 30 Health District Boards
- Study Day in Saskatoon with representatives from 29 Health Districts
- Outcome: design for a study that was then conducted in one rural health region, focusing on:
 - Facility-based care
 - Community-based care

Applied Chair in Health Services & Policy Research (2009-2014)

- “Healthcare Delivery Across the Continuum for Rural and Remote Seniors with Dementia”
- An integrated program of:
 - Research
 - Mentoring and education
 - Knowledge translation and exchange (KTE)
 - involve decision-makers “early and often in the research process”
- Funding partners:

“Knowledge Exchange”

Involves interaction between decision makers and researchers and results in *mutual learning* through:

- planning
- producing
- disseminating, and
- applying research in decision-making
- is *integrated* throughout the research process

Reference: Canadian Health Services Research Foundation

Why use integrated knowledge translation and exchange (KTE)?

- Decision makers identify emerging issues, needs, and priorities
- Collaboration leads to:
 - increased quality and relevance of research
 - more feasible recommendations
 - better uptake
- Researchers and knowledge users learn about each others’ worlds

Reference: CIHR

Goals of this Summit

- Knowledge exchange between and among decision makers and researchers
 - Poster presentations
 - Keynote: Michele Board
 - Presentations and discussions
- Future research directions
 - Community-Based Primary Healthcare initiative (RaDAR)

Morning Keynote Michele Board



Michele Board, Senior Lecturer in Nursing Older People at Bournemouth University, England, was the keynote presenter at Summit 5.

Her presentation highlighted the newly formed Bournemouth University Dementia Institute (BUDI) at Bournemouth University in Dorset in the South of England. Dr. Anthea Innes (who was the keynote presenter at the 2009 Summit), formerly of Stirling University, is the Director of BUDI.

The south of England draws many tourists to its beaches and one of BUDI's research projects has explored how tourism can respond to the needs of people with dementia and their caregivers.

Ms. Board's presentation highlighted her experience working as a part of an interdisciplinary team in a memory clinic operated out of Christchurch Hospital, and the process that patients go through at the clinic to receive a diagnosis.

Ms. Board also discussed her research work exploring the meaning of home in later life, and then linked this to the important role home plays for those with dementia. Her work includes the use of images to illuminate the meaning of home. She shared many of these images with the group during her presentation.

BU Why BU focusing on dementia: The Facts

- 820,000 people living with dementia in the UK today (with over a million people with dementia by 2021)
- One in three people aged over 65 will die with a form of dementia
- Dementia costs the UK economy £23 billion per year. That is twice that of cancer, three times the impact of heart disease and four times that of stroke
- Delaying the onset of dementia by 5 years would reduce deaths directly attributable to dementia by 30,000 a year.
- The financial cost of dementia to the UK will be over £23 billion in 2012.
- Family carers save the UK over £8 billion a year.
- 64% of people living in care homes have a form of dementia.
- Two thirds of people with dementia live in the community while one third live in a care home.
- Only 40% of people with dementia in the UK receive a diagnosis

Sources: Alzheimer Research UK and Alzheimer Society

BU Thinking progress for the Bournemouth and Poole District Health Authority

Improving the Individual Experience -

EARLY DIAGNOSIS INTEGRATED CARE PATHWAY

RBCH Model

“The meaning of home is embedded in human, and in particular, family relationships, that issues of human emotion and identity, and independence and autonomy must be reckoned with in any effort to create a home-like environment”

Robinson et al 2010.



Michele Board - Senior Lecturer in Nursing Older People at Bournemouth University, England.

Michele Board is a qualified adult nurse and has worked in acute care trusts, in the community and private organisations. More recently she has been working in a memory clinic where people with problems with their memory are assessed and when necessary given a diagnosis of a dementia. She is

currently a Senior Lecturer in Nursing Older People at Bournemouth University. She teaches undergraduate and post graduate nursing students, specialising in promoting the essentials of nursing care, and the needs of the individual regardless of age or diagnosis. She also has a special interest in dementia, running courses for health and social care staff, as part of the BUDI (Bournemouth University Dementia Institute). She is due to commence a National Institutes of Health Research study looking at the home environment for those with a diagnosis of dementia and who are partially sighted. She is currently writing up her PhD thesis which has explored the meaning of home using photographs to elicit a deeper understanding of the significance of home.

Learn more about Bournemouth University Dementia Institute, go online: www.bournemouth.ac.uk/dementia-institute

Morning Presentation & Discussion Rural Dementia Action Research (RaDAR)

Following the keynote presentation and morning break, Dr. Morgan returned to the podium to explain a new initiative that the team is embarking on. This new Rural Dementia Action Research (RaDAR) project is focused on community-based primary healthcare and explores better models of care for provision of primary healthcare services with respect to dementia. Research team members from the UK and from within Canada have been added to the RaDAR team. The team has held consultative meetings and collected input from Saskatchewan based healthcare workers, and has submitted a research proposal to CIHR for consideration for funding this work. The results of the proposal application will not be known until April 2013, yet the team has already begun the groundwork to start the research process.

Julie Kosteniuk presented an overview of the planned RaDAR-Health Quality Council Gap Analysis that will collect baseline information before the other RaDAR initiatives begin. One component of the analysis will include an environmental scan or inventory to determine the availability and access to dementia-related services within health regions in the province. The Summit attendees were divided into small groups to review the existing inventory checklist that had been developed and provided feedback on the checklist. The small groups added to the inventory checklist and further refined the items. A larger discussion among all attendees followed the small-group



sessions, with each small group reporting back to the room and further refining the feedback to the research team members.

A summary of this feedback is provided on page 15 of this report, and a poster that further explains the RaDAR Team and research focus is provided on page 16.



③ Environmental Scan/Inventory

Purpose

- Compare outcomes in dementia-related services with best practices in dementia care
- compare outcomes by health region
- compare outcomes between baseline and 5-year follow-up

Sample

- telephone interviews and will be conducted with health region staff familiar with available dementia-related services

Outcomes

- Access (availability of dementia-related health and social services, access challenges, factors associated with access and availability)
- Quality/safety (examples of safety issues, accidents)
- Equity (service availability associated with geography, income, other issues?)
- Fit with community needs (do needs exceed services available?)
- Intersectoral collaboration (cooperation between health and non-health sectors)
- Patient/community participation in service planning

Today's Small Group Exercise

SMALL GROUP EXERCISE SUMMIT 5 (2012)

Environmental Scan of Dementia-related Services and Strategies

The RaDAR Team will soon be conducting a baseline environmental scan of all health regions across the province to identify gaps in dementia-related services and strategies along the continuum of care in rural and remote communities. The scan will be conducted again in 5-year follow-up of the RaDAR scan given a similar scan.

The scan will be conducted in a consultative manner with health region staff. The scan will be conducted in a consultative manner with health region staff. The scan will be conducted in a consultative manner with health region staff.

Inventory checklist (1 page handout)

The RaDAR Team will soon be conducting a baseline environmental scan of all health regions across the province to identify gaps in dementia-related services and strategies along the continuum of care in rural and remote communities. The scan will be conducted again in 5-year follow-up of the RaDAR scan given a similar scan.

Small group exercise

Small groups will be reviewing the existing inventory checklist and providing feedback on the checklist. The small groups will be reviewing the existing inventory checklist and providing feedback on the checklist.

Today's Small Group Exercise

Inventory checklist of dementia-related services and strategies across the continuum of care for rural and remote seniors with dementia

Pre-diagnosis	Diagnosis	Post-diagnosis	Long-term Care
<input type="checkbox"/> Dementia awareness (family, public, health care providers)	<input type="checkbox"/> Early referral to services	<input type="checkbox"/> Caregiver respite	<input type="checkbox"/> Continuing care/respite
<input type="checkbox"/> Health care professionals	<input type="checkbox"/> In-home assessment	<input type="checkbox"/> Patient counselling	<input type="checkbox"/> Special Care Units
<input type="checkbox"/> Brain reduction (ph. physical activity, stress management, alcohol consumption)	<input type="checkbox"/> Medication assessment team	<input type="checkbox"/> Transportation assessment	<input type="checkbox"/> Suburban care units
	<input type="checkbox"/> Home Care - respite	<input type="checkbox"/> Home Care - Transportation	<input type="checkbox"/> Palliative care
	<input type="checkbox"/> Patient support	<input type="checkbox"/> Respite care	
	<input type="checkbox"/> Respite care	<input type="checkbox"/> Professional care in home	
	<input type="checkbox"/> Alternative housing		

Services/strategies that may be needed at several points along the continuum

- Patient assessment/assessment care
- Medication primary health care teams
- Medication primary health care teams
- Home care
- Multi-disciplinary outreach teams
- Transportation assessment
- Other respite services
- Transportation assessment
- Care strategies
- In-home assessment
- Support to transition through stages of care
- Transportation assessment
- Home care
- Respite care
- Professional care in home
- Alternative housing
- Continuing care/respite
- Special Care Units
- Suburban care units
- Palliative care



Greetings from the Honorable Randy Weekes Minister for Rural and Remote Health



To close the morning sessions the Honorable Randy Weekes, Minister for Rural and Remote Health, spoke to the Summit attendees. He lauded the efforts of those working to address the needs of people with dementia in our province's rural and remote areas, and he spoke of the challenges to health care service provision in a province as vast as Saskatchewan. The Minister then joined attendees for lunch and some informal networking.

Afternoon Presentation: Northern Cultural Assessment of Memory (N-CAM) development



Video still from N-CAM video shown at the Summit. The test administrator (on the right) is using familiar, everyday objects (in this case a key) to assess the participant's cognitive ability

Dr. Margaret Crossley started the afternoon presentations with an overview of the development of the N-CAM. The N-CAM is an assessment tool developed in collaboration with Aboriginal health-care providers and communities in Saskatchewan's Keewatin Yatthé Regional Health Authority that is used in the Rural and Remote Memory clinic in Saskatoon. Many existing cognitive assessment protocols have been developed with majority culture adults, and the challenge for the team was to develop a culturally appropriate tool for the assessment of cognitive function in Aboriginal seniors and others not from the majority culture. She discussed the N-CAM's intended use and shared preliminary information about its utility as a cognitive screen for early-stage dementia. Dr. Crossley explained how the test is administered, and illustrated a portion of the test procedure by sharing an excerpt from a training video for the N-CAM that the team has produced. After her presentation, she answered questions from the audience.



N-CAM: Family Interview and Cognitive Screen

- Assessment measures designed to be gentle, enjoyable, contextually rich and culturally respectful, and sensitive to cognitive change in Aboriginal seniors.

Other Barriers to Accessing Dementia Care for Aboriginal and other Ethnic Minority Seniors:

- Language and cultural differences
- Dementia may not be viewed as an illness
- Feelings of shame, stigma, and negative experiences with the health care system
- Assessment protocols have been developed with majority culture adults

(Mukadam, Cooper, Livingston, 2014)

Characteristics of the N-CAM

- Can be administered in the language of the patient using translation by a caregiver
- Family member or other caregiver involvement in the assessment is assumed
- Cognitive test items do not require or assume literacy
- Test materials are colourful and include easily assembled and "everyday" household items

There are challenges...

- The N-CAM is designed for use by frontline staff and is not intended to be a protected psychological instrument. But this necessitates a major commitment to training workshops, consultation, and ongoing support (e.g., training tapes, carefully prepared guidelines for administration and scoring), with limited resources.

Afternoon Presentation: Alzheimer Society of Saskatchewan Telehealth Delivered Frontotemporal Dementia Caregiver Support Group



Research team member, Dr. Megan O'Connell, and Alzheimer Society of Saskatchewan Program Services Manager Joanne Michael presented about their experience taking lessons learned from a research-based project and turning it into a sustainable resource for caregivers of people with frontotemporal dementia. At the 2010 Summit Dr. O'Connell presented on a unique research project that uses the Telehealth network to connect caregivers of people with Fronto-temporal dementia (an atypical dementia) from around the province for regular videoconferenced group therapy meetings. The research suggested that

this format was helpful for the group members and that the bonds created over telehealth were important to their coping and mental health. As explained at this year's Summit, the Alzheimer Society of Saskatchewan was asked to partner with the research team. The Society and the researchers have used the "blueprint" developed by the original research project to further develop this program. Utilizing their expertise with support programming, and the technical support of the research team members, the Society now continues to offer this unique support group to the people of Saskatchewan. The benefits of knowledge translation between researchers and service providers, as in this evolving project, were heard in the experience shared by Paul Bunz who joined the presentation to share his perspective as a current support group member.



What helped the Alzheimer Society get involved

- We were asked!
- There was an identified need
- There was a model to follow based on the research project
- There is a method (First Link) to connect spouses to the group from RRMC

Putting Research into Practice Together

- Researcher and Community-based Organization Collaboration
- Natural partnership between RRMC & ASOS
- Facilitators each have different areas of strength and knowledge they share with the group

Future Directions

- Original group originated by O'Connell & Crossley down to 4 members
- Adding another ASOS staff member
- Adding new members referred through the ASOS
- Begin in January 2013 this second group to increase capacity for additional staff
- RRMC practicum students involved to increase capacity
- Additional types of groups needed

Afternoon Presentation: Connecting with Journalism



Reporter Steve Pasqualotto from CBC television presented the last session of the day. Using video and audio clips from the 'Taking the Pulse' news series episode created to highlight how dementia impacts Saskatchewan residents, Steve's presentation focused on the positive role the media can play with research. By adding context such as vignettes from the lives of individuals affected by research, the media can help to further share and translate research findings to the broader public. This can be done by developing stories that matter to viewers from research results, rather than relying on reporting the results alone.



These video images are taken from Steve's presentation. To learn more about the Taking The Pulse survey please visit: www.cbc.ca/sask/features/pulse/



2012 Summit Evaluation

One of the questions we asked on the Summit Evaluation was "Did you receive, or download, a pre-Summit newsletter this year?" Only about half of the respondents answered this question. To ensure that you receive a newsletter, please email Duane at duane.minish@usask.ca and ask to be added to our mailing list.

Congratulations to Dawna Abrahamson who was the winner of the draw for the hand-made porcelain art tile drawn from the names of all Summit attendees who returned their Summit evaluation form.

Of the fifty-two attendees at this year's Summit, thirty-one completed and returned the Summit evaluation form at the end of the day. Those responses provide valuable feedback on this year's event, and give us important insights and suggestions for making future meetings more inclusive and engaging.

Those who attended the poster session on Thursday reported that the session was a good use of their time, and that it was a good way to prepare for the meetings the next day by meeting other attendees and learning more about the projects represented by the posters.

The majority of respondents strongly agreed that Friday's meetings were a good use of their time. Respondents also let us know that the 'flow' of the order of events was good at the Summit, and that they felt that we were able to meet our objectives for the day.

We heard that what people enjoyed most at this year's Summit were: the diversity of groups represented in attendance this year (including representatives from government), the links between research and practice illustrated by the presentations, the keynote presenter Michele Board, the opportunity to hear from caregivers, and the use of video to "bring to life" presenter's topics. As this was the fifth meeting of this group in as many years, it was also helpful to hear that the overall feeling of familiarity, innovation and knowledge sharing was enjoyed at this year's event.

We heard that next year we can improve on our successes by: providing more time in the agenda for networking opportunities, linking research and policy, inviting more caregivers/people with dementia and providing them more opportunities to speak, continuing to have a wide range of presenters from differing backgrounds, and 'opening-up' the poster session evening to more students, aside from those associated with the research team.

"Like"

"[what I liked best was] "The interaction, the venue, the overall feeling of familiarity, innovation and knowledge sharing."

"You are doing a fantastic job . . ." "So much value in this session."

"All of the talks were really excellent. Nice diversity."

"... The variety of groups represented, having representation from the decision-makers (including the minister) and the media - how very clever."

"All presentations were awesome - I think the Summit gets better each year."

"I love being in a room filled with such a diverse group of people all with a keen interest in dementia care. Wonderful networking."



Supplemental Resources

Attendees of the Summit come from a variety of backgrounds and all share a common interest in rural and remote dementia care. Page 18 of this report includes contact information for the attendees of Summit 5.

Copies of handouts and information provided during this year's Summit are available. Please contact Duane Minish, Research Assistant, at duane.minish@usask.ca or phone: 306-966-4098 for assistance in obtaining these resources.

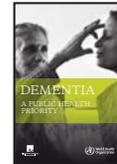
The 2012 report *Dementia: A Public Health Priority* co-prepared by the World Health Organization and Alzheimer's Disease International is available for download online:
www.who.int/mental_health/publications/dementia_report_2012

From the United Kingdom, the Prime Minister's challenge on dementia is available for download: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133170

The Alzheimer Society of the UK has created a report: *Dementia 2012: A national Challenge* available for download that includes measures of how well people are living with dementia, on 7 outcomes identified by people with dementia and their caregivers. Find it here: www.alzheimers.org.uk/dementia2012

Innovations in Dementia, a UK based community interest company, focuses on innovations to improve quality of life for people with dementia. From their site: www.innovationsindementia.org.uk/resources.htm you can download the document *Checklists for dementia-friendly environments*. Creating dementia-friendly communities is one of the goals of the National Dementia Strategy in England.

The UK based Local Government Association website contains another helpful document titled *Developing dementia-friendly communities: Learning and guidance for local authorities* that can be download from their site: www.local.gov.uk



Team Update

On November 27th, 2012, Dr. Jenny Basran and Dr. Andrew Kirk were each presented with a Queen's Diamond Jubilee Medal by Joanne Bracken of the Alzheimer Society of Saskatchewan, and the Honourable Dustin Duncan, Minister of Health at an Alzheimer Awareness Reception at the Saskatchewan Legislature. The award pays tribute to the doctors' contributions to the Alzheimer Society, to the medical community, and to Saskatchewan residents who are affected by dementia.



(from left to right) Joanne Bracken, Dr. Jenny Basran, Dr. Andrew Kirk, Honourable Dustin Duncan

Supplemental Resources - continued

Upcoming Conferences

Over the year there are a number of conferences that may be of interest to researchers and people working in the field of dementia. A few of these include:

March 4-5, 2013: Dementia Care 2013 - Winnipeg, MB
www.alzheimer.mb.ca/dementiacare2013/

July 13-18, 2013: Alzheimer's Association International Conference - Boston, MA
www.alz.org/aaic/overview.asp

October 3-5, 2013: The Canadian Conference on Dementia - Vancouver, BC
www.canadianconferenceondementia.com

Web based resources

There are a number of excellent web-based resources related to dementia that are available on-line. Be sure to check some of these out:

The Rural Dementia Care team maintains their own site about team-based research and projects:

www.cchsa-ccssma.usask.ca/ruraldementiacare/

The Canadian Dementia Action Network (CDAN) - brings together Canada's world-class biomedical researchers and clinicians for the purpose of quickly identifying promising treatments for ADRD:

www.cdan.ca

Canadian Dementia Resource and Knowledge Exchange (CDRAKE) - is a network of people dedicated to improving the quality of life for persons with dementia and their family:

www.dementiaknowledgebroker.ca/

Canadian Dementia Knowledge Translation Network (CDKTN) - a resource for current research, news, events and information about dementia.

www.lifeandminds.ca



Appendix A

Friday Morning RaDAR Small Group Discussion & Feedback



Project: *Environmental Scan/Inventory of Dementia-related Services in Health Regions across the Care Continuum*

Summary

To evaluate the outcomes of the RaDAR Program, the RaDAR Team and the Health Quality Council have partnered to conduct the first-ever provincial-level evidence-based analysis of gaps between actual and best dementia care practices. This gap analysis will provide baseline and follow-up outcome data for the RaDAR Program as well as highlight priorities for research, policy, and practice.

The RaDAR-HQC gap analysis consists of three components:

1. Synthesis of best practices in dementia care
2. Environmental scan/inventory of available dementia-related services along the continuum of care in SK health regions
3. Analysis of administrative health databases, de-identified and linked by beneficiaries' unique health services number, covering the periods 2009 to 2012 (baseline) and 2014 to 2017 (follow-up)

The purpose of the environmental scan/inventory is to compare the availability of dementia-related services across health regions, with best practices in dementia care, and between baseline and 5-year follow-up. The environmental scan/inventory will consist of a 1-page inventory checklist and a semi-structured interview administered to health region staff on the front lines of service delivery. Referring to the checklist, interview participants will be asked to rate the availability of services in their communities, and comment on the issues of quality/safety, equity, community fit, intersectoral collaboration, and patient/community participation in planning of dementia-related services.

Small Group Discussion & Feedback

Summit attendees participated in the development of the 1-page inventory checklist of services and strategies for dementia care. The checklist was first pre-populated with items extracted from the October 2011 Planning Session Report (Morgan et al. 2011, <http://www.cchsa-ccsma.usask.ca/ruraldementiacare/radar.html>), then circulated to Summit attendees for discussion and feedback. Summit attendees recommended that the inventory checklist include the following services and strategies (includes pre-populated items):

- Pre-diagnosis stage: dementia awareness, brain health promotion, healthy lifestyle promotion, risk reduction, physician education, community-based screening, patient education to improve system navigation, social activities, and chronic disease management
- Diagnosis stage: early referral to services, in-home assessment, immediate assessment, multidisciplinary assessment teams, case management, criteria for diagnosis, timely and accurate diagnosis, caregiver engagement, and medication access
- Post-diagnosis stage: patient counseling, home care (homemaking, respite, transportation), daycare, peer support, respite care, behavioural management, personal care homes, alternative housing, caregiver follow-up, home adaptation, family checklist, and medication management
- Long-term Care stage: Special Care Units, adequate long-term care beds, palliative care, specialized staff training, healthcare directives, and housing for couples
- Services that crossed one or more stages in the care continuum: assistance with system navigation, caregiver registry, improved access to family physician, transportation assistance, end-of-life planning, recreational activities for older adults, family support, case manager/navigator to assist with system navigation, ongoing caregiver counseling, driver assessment, patient-centred care, family-centred care, multidisciplinary outreach team, travelling primary health care delivery, crisis management, telehealth access, public education to reduce stigma, cultural diversity and recognition, specialized training for health care professionals, age-friendly community initiatives, financial support for caregivers, and falls prevention and education.

Next Steps

The RaDAR-HQC gap analysis is currently in progress, and feedback from Summit participants has been incorporated into the design of the environmental scan/inventory of health region staff. This feedback has been instrumental in identifying the services and strategies that matter most to patients requiring these services, their families, and health care professionals on the frontlines of service delivery.

Appendix B

RaDAR Research Plan Poster



Background

The RaDAR Team is an interdisciplinary group of researchers, health professionals, decision-makers, and community members from four Canadian provinces and the UK.

The team formed in 2011 in response to an initiative from the Canadian Institutes of Health (CIHR) to fund research teams in the area of community-based primary healthcare for a minimum of five years, with the possibility of extension to ten years.

Rural and remote individuals with Mild Cognitive Impairment (MCI) or dementia are a vulnerable population that faces considerable geographic challenges accessing necessary services - challenges that are intensified by age, behavioral symptoms, and comorbidities. An effective model of community-based primary health care will provide appropriate support and services across the care continuum to individuals with MCI or dementia and their families.

Purpose

The aim of the RaDAR Innovation Program is to develop and implement a process to improve the quality of care and quality of life of people with dementia and their families in rural and remote settings, through fostering brain health and the creation of dementia-friendly communities. The objective of our programmatic research is to evaluate the outcomes and process of the program.

RaDAR Team Members

Principal Investigator
Debra Morgan

Co-Applicants
Sheila Achilles (Saskatoon Health Region)
Anna Biley (Age UK Dorchester)
Margaret Crossley (U of S)
Vanina Dal Bello-Haas (McMaster University)
Dorothy Forbes (University of Alberta)
Anthea Innes (Bournemouth University, England)
Andrew Kirk (U of S)
Julie Kosteniuk (U of S)
Megan O'Connell (U of S)
Norma Stewart (U of S)

Collaborators
Joanne Bracken (Alzheimer Society of Saskatchewan)
Carl D'Arcy (U of S)
Lesley McBain (First Nations University)
Haizhen Mou (U of S)
Ian Murdoch (NHS Shetland, Scotland)
Edna Parrott (Yorkton, SK)
Jacqueline Quail (Health Quality Council)
Sridhar Vaitheswaran (NHS Grampian, Scotland)

Work to Date

October, 2011 Planning Session

- One-day session held in Saskatoon in October 2011.
- Ethics approval was obtained from the University of Saskatchewan Behavioural Research Ethics Board (BEH# 11-192) to collect focus group and survey data.

Purpose

- Bring together researchers, health professionals, decision-makers, and family caregivers, to identify important issues in primary healthcare and innovative service delivery models for people with dementia and their caregivers living in rural and remote areas

Participants

- **53 participants**, in addition to the RaDAR Team, included family physicians, nurse practitioners, health region directors and staff, family caregivers, Alzheimer Society, RxFiles, and Saskatchewan Health Quality Council.

Recommendations from Planning Session participants

- Develop dementia care coordinators to provide case management and system navigation
- Offer education and training to improve the knowledge base of primary healthcare professionals
- Establish a screening program to improve early diagnosis
- Introduce standardized care pathways for use by primary healthcare professional



June, 2012 Planning Retreat

- One-day session held in Saskatoon in June 2012.

Purpose

- Bring together researchers, health professionals, decision-makers, and family caregivers, to further develop the RaDAR CIHR team grant proposal

Participants

- **15 participants**, in addition to the RaDAR team, included family physicians, nurse practitioners, health region directors, Alzheimer Society, and Saskatchewan Health Quality Council.

Outcomes of the Planning Retreat

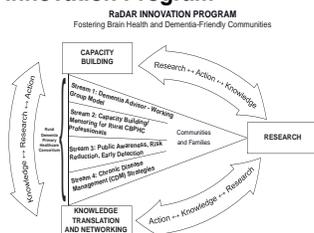
- Participants reported a need for access to expertise on dementia best practices and support to adapt these practices to their regional context
- A Dementia Advisor model, proposed by decision makers at our 1-day Planning Session, was further developed to include regional or cross-regional Dementia Working Groups

Rural Dementia Action Research (RaDAR)

Planning for the Rising Tide: New Models of Rural Community-Based Primary Health Care for Persons with Mild Cognitive Impairment or Dementia

Proposed Research

RaDAR Innovation Program



The RaDAR Innovation Program consists of four conceptually linked research streams that will be implemented across five years:

- Stream 1: develop and evaluate a Dementia Advisor-Working Group model to facilitate innovation at the health region level
- Stream 2: develop, implement, and evaluate a capacity-building and mentoring program in quality improvement and dementia care for rural primary health care professionals
- Stream 3: develop and evaluate public awareness programs aimed at risk factors for dementia and early detection, and a community-based screening program
- Stream 4: develop and evaluate chronic disease management strategies targeted to rural PHC professionals.

Timeline of Proposed RaDAR Innovation Program

	Year 1 2013-14	Year 2 2014-15	Year 3 2015-16	Year 4 2016-17	Year 5 2017-18
Setting up local health regions with establishing Working Groups, assist with forming Dementia Advisors					
RaDAR INNOVATION PROGRAM IMPLEMENTATION					
STREAM 1 - Dementia Advisor Model					
STREAM 2 - Capacity Building/Mentoring for Rural CDPHC Professionals					
STREAM 3 - Awareness, Risk Reduction, Early Detection					
STREAM 4 - Chronic Disease Management/CDM Strategies					
OUTCOME EVALUATION					
Streams 1-4					
Environmental Scan/Inventory (Gap Analysis)					
Administrative Health Data Study (Gap Analysis)					
Community-Family Community Council					
Stream 1					
Interviews with Home Care Staff and Dementia Advisors					
Stream 2					
Survey					
PROCESS EVALUATION					
Stream 1					
Interviews with Dementia Advisors					
Focus groups with Working Groups and Regional Advisory Committees					
Documentary sources					
Non-participant observation					
Integrated knowledge translation and exchange					
Reports from Working Groups submitted to the research team					
Final reports, report writing					
Final year knowledge translation and exchange					
Community and partner consultations to develop 2016 CDRP CDPHC Innovation Team Grant application					

The Dementia Advisor-Working Group (DA-WG) model will be the cornerstone of the proposed program. The DA-WG model will be implemented in 3 Intervention health regions. Outcomes of the DA-WG model will be compared to outcomes in 3 Comparison health regions (matched on proportion of seniors).

A Rural Dementia Primary Healthcare Consortium will be formed to bring together members of the regional Working Groups, Dementia Advisors, representatives from Comparison regions, and any other interested regions. The Consortium will meet annually to exchange best practices.

In Intervention health regions, Regional Advisory Committees will form which consist of 6 to 12 members, including individuals with MCI or early-stage dementia, family caregivers, and community members. Two representatives from each committee will serve on their regional Working Group.

Current Research

RaDAR-HQC Gap Analysis

The RaDAR Team and the Health Quality Council have partnered to conduct the first-ever provincial-level evidence-based analysis of gaps between actual and best dementia care practices,

The purpose of the gap analysis is to highlight priorities for research, policy, and practice and to provide baseline and follow-up outcome data for the RaDAR Innovation Program.

The gap analysis consists of three components:

- ① **Synthesis of best practices** in dementia care
- ② **Environmental scan/inventory** of available dementia-related services along the continuum of care in SK health regions.

Purpose: To compare outcomes in dementia-related services between baseline and follow-up and between Intervention and Comparison groups

Sample: Telephone interviews and focus groups will be conducted with family physicians and health region staff familiar with available dementia-related services.

Outcomes: Access, quality/safety, equity, fit with community needs, intersectoral collaboration, and patient/community participation in service planning
- ③ **Analysis of administrative health databases**, de-identified and linked by beneficiaries' unique health services number, covering the periods 2009 to 2012 (baseline) and 2014 to 2017 (follow-up)

Purpose: To compare outcomes between baseline and follow-up and between Intervention and Comparison groups, as well as to compare actual patterns of care with best practices in dementia care before the start and at the end of the Innovation program.

Sample: Two cohorts of dementia patients aged 55+ will be identified in all 13 SK health regions (baseline and follow-up cohorts). The baseline cohort for the current gap analysis will cover the period 2010-11. The projected cohort is 17,148.

Outcomes: Access (health service use), Equity (group differences in health service use), Quality/Safety (e.g., "crisis admissions" to long-term care), Health Status (and dementia prevalence), and Efficiency (cost-benefit of community-based vs. long-term care)

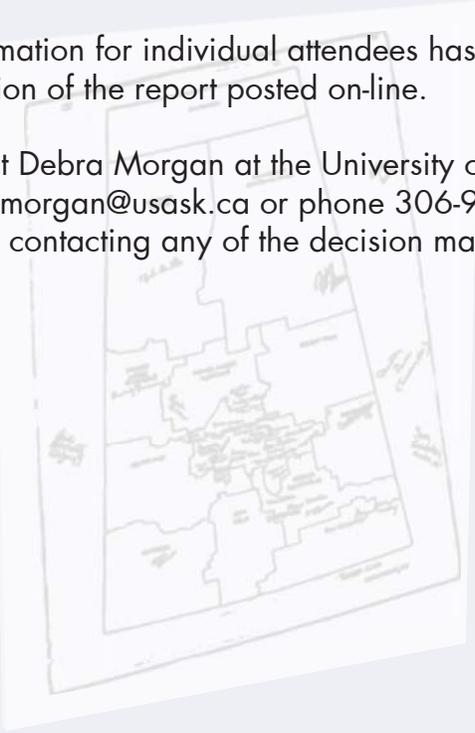
To learn more about the RaDAR Program or to become involved, contact Dr. Debra Morgan at debra.morgan@usask.ca or 966-7905.



Appendix C Summit Contact Information

Contact information for individual attendees has been removed from this version of the report posted on-line.

Please contact Debra Morgan at the University of Saskatchewan email: debra.morgan@usask.ca or phone 306-966-7905 for assistance contacting any of the decision makers.







Appendix D

List of Posters Presented at Summit

Poster Presenter	Authors & Poster Title
Leslie Holfeld	Holfeld L, Morgan D, O'Connell M, Crossley M, Kirk A, Stewart N, Dal Bello-Haas V, McBain L, Cammer A, Minish D Rural and Remote Memory Clinic Update (March 2004 - March 31, 2012)
Sheena Walls-Ingram	Morgan D, Walls-Ingram S, Cammer A, Crossley M, Dal Bello-Haas V, Forbes D, Innes A, Kirk A, O'Connell M, Stewart N The Anticipated and Experienced Benefits of Early Diagnosis According to Informal Caregivers of Memory Clinic Patients
Solin Saleh	Saleh S, Kirk A, Morgan D, Karunanayake C Less Formal Education Predicts Cholinesterase Inhibitor Discontinuation in Rural and Remote Patients with Dementia
Darrell Mousseau	Woloschuk D, Duda T, Blakley B, Chaharyn B, Bekar L, Wei Z, Devon R, Chlan J, Mousseau D Effects of the Familial Alzheimer's Disease-Associate Presenilin-1 M146V Mutation on Hippocampal Morphology and Microvessel Structure in Mice
Margaret Crossley	Crossley M, Lanting S, St. Denis-Katz H, O'Connell M, Haugrud N, Morgan D The Northern Cultural Assessment of Memory (N-CAM): Normative Data from an Inner-city Clinic Supports Efficacy and Validity of a Screen for Aboriginal Adults
Juanita Bacsu	Bacsu J Perceptions of Cognitive Health: An Ethnographic Inquiry of Rural Older Adults
Tracy Danylyshen-Laycock	Danylyshen-Laycock T Evaluation of the Gentle Persuasive Approaches Program in Long-Term Care Homes in Saskatoon Health Region
Elaine Halvorsen	Halvorsen E Resident Assessment Instrument (RAI) in the Home Care Population: Community Care Branch, Saskatchewan Ministry of Health
Allison Cammer	Cammer A, Morgan D, Stewart N, Rycroft-Malone J, Dopson S, McGilton K, Estabrooks C The Hidden Complexity of Long-Term Care: A Case Study of Contextual Factors that Mediate Knowledge Translation and Best Practice
Allison Cammer <small>*Due to printing time constraints, this poster is not included in the Summit booklet</small>	Cammer A, Morgan D Evaluation of a Knowledge Exchange Initiative in Rural and Remote Dementia Care

Paulette Hunter	Hunter P, Hadjistavropoulos T, Smythe W, Malloy D, Williams J, Kaasalainen S Do Beliefs About Personhood in Dementia Influence Health Providers' Approaches to Care?
Michele Board	Heaslip V, Board M, Fuggle K, Gallager J Human Beings Not Human Doings....
Michele Board	Innes A, Page S, Cutler C, Crossen-White H, Cash M, McParland P Dementia Friendly Tourism: Exploring How the Tourism and Leisure Industry Can Respond to the Needs of People with Dementia and Their Carers
Michele Board	Innes A, Szymczynska P, Stark C Diagnostic Processes and Post Diagnostic Support in the Scottish Highlands
Joanne Michael	McAiney C, Harvey D, Hillier L, Stolee P, Schultz M, Michael J Early Referral for Support of Dementia Caregivers: Evaluation of the First Link Demonstration Project
Julie Kosteniuk	Morgan D, Crossley M, Kirk A, Kosteniuk J, O'Connell M, Stewart N, Mou H, D'Arcy C, Forbes D, Dal Bello-Haas V, Innes A, Vaitheswaran S, Murdoch A, McBain L, Quail J, Achilles S, Biley A, Bracken J <u>R</u> <u>r</u> <u>u</u> <u>r</u> <u>a</u> <u>l</u> <u>D</u> <u>e</u> <u>m</u> <u>e</u> <u>n</u> <u>t</u> <u>i</u> <u>a</u> <u>A</u> <u>c</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> <u>R</u> <u>e</u> <u>s</u> <u>e</u> <u>a</u> <u>r</u> <u>c</u> <u>h</u> (RaDAR) Planning for the Rising Tide: New Models of Rural Community-Based Primary Health Care for Persons with Mild Cognitive Impairment or Dementia
Rachel Burton	Burton R, O'Connell M, Crossley M, Morgan D Exploring the Natural History of Mild Cognitive Impairment in a Memory Clinic Sample
Joe Enright	Enright J, O'Connell M Group Dyadic Reminiscence Therapy: An Evaluation of Efficacy for Caregivers, and Delivery via Telehealth
Camille Branger <small>*Due to printing time constraints, this poster is not included in the Summit booklet</small>	Branger C, O'Connell M Factor Analysis of the 12-Item Zarit Burden Interview in Rural Caregivers of Persons Diagnosed with Dementia
Xiang Fei Meng <i>video presentation</i>	Meng X, D'Arcy C Preventing Alzheimer Disease and Dementia: An Evidence-based Toolkit for Population Intervention. Video prepared for Grand Challenges Canada-Stars in Global Health Round 4 Application

Appendix E Rural Dementia Care Research Team

Selected Publications

PEER REVIEWED PAPERS

Published/In Press/Accepted:

Kosteniuk, J., Morgan, D., & D'Arcy, C. (In Press). Use and perceptions of information among family physicians: sources considered accessible, relevant, and reliable. *Journal of the Medical Library Association*.

Estabrooks, C., Poss, J., Squires, J., Teare, G., Morgan, D., Stewart, N., Doupe, M., Cummings, G. & Norton, P. (Accepted for publication Dec, 2012). A profile of residents in prairie nursing homes. *Canadian Journal on Aging*.

O'Connell, M., Crossley, M., Cammer, A., Morgan, D., Allingham, W., Cheavins, B., Dalziel, D., Lemire, M., Mitchell, S., & Morgan, E. (accepted November 2012). Development and evaluation of a Telehealth videoconferenced support group for rural spouses of persons diagnosed with atypical early-onset dementias. *Dementia: The International Journal of Social Research and Practice*.

McCormack, B., Roberts, T., Julienne, M., Morgan, D., & Boscart, V. (accepted May 25, 2012). Practice development section: Role of the nurse in LTC, Paper 1: Appreciating the 'Person' in long-term care. *International Journal of Older People Nursing*.

O'Connell, M., Germaine, N., Burton, R., Stewart, N., & Morgan, D. (May 2012). Degree of rurality is not related to dementia caregiver distress, burden, and coping in a predominantly rural sample. *Journal of Applied Gerontology*.

Meng, X., D'Arcy, C., Morgan, D., & Mousseau, D. (Feb 6, 2012. Epub ahead of print). Predicting the risk of dementia among Canadian seniors: A useable practice-friendly diagnostic algorithm. *Alzheimer Disease & Associated Disorders*.

DOI: 10.1097/WAD.0b013e318247a0dc

Forbes, D., Finkelstein, S., Blake, C., Gibson, M., Morgan, D., Markle-Reid, M., Culum, I., & Thiessen, E. (online 2012). Knowledge exchange throughout the dementia care journey by rural community-based health care practitioners, persons with dementia, and their care partners: an interpretive descriptive study. *Rural and Remote Health, 12*, 2201.

Cranley, L., Birdsell, J., Norton, P., Morgan, D., & Estabrooks, C. (2012). Insights into the impact and use of research results in a residential long-term care facility: A case study. *Implementation Science, 7*, 90

DOI:10.1186/1748-5908-7-90

Slaughter, S., & Morgan, D. (2012). Functional outcomes of nursing home residents in relation to features of the environment: Validity of the Professional Environmental Assessment Protocol. *Journal of the American Medical Directors Association, 13*(5), 487.e1-487.e7.

DOI: 10.1016/j.jamda.2012.01.003

Lacny, C., Kirk, A., Morgan, D., & Karunanayake, C. (2012). Predictors of cognitive impairment severity in rural patients at a memory clinic. *Canadian Journal of Neurological Science, 39*(6), 774-781.

Kosteniuk, J., Morgan, D., & D'Arcy, C. (2012). Diagnosis of anxiety and depression in clinical scenario patients: Survey of Saskatchewan family physicians. *Canadian Family Physician, 58*, 144-151.

Kosteniuk, J., Morgan, D., & D'Arcy, C. (2012). Treatment and follow-up of anxiety and depression in clinical scenario patients: Survey of Saskatchewan family physicians. *Canadian Family Physician, 58*, 152-158.

Rural Dementia Care Research Team

Selected Publications - *continued*

Morgan, D., Cammer, A., Stewart, N., Crossley, M., D'Arcy, C., Forbes, D., & Karunanayake, C. (2012). Nursing aide reports of combative behavior by residents with dementia: Results from a detailed prospective incident diary. *Journal of the American Medical Directors Association, 13*(3), 220-227. DOI: 10.1016/j.jamda.2011.07.003

Heggie, M., Morgan, D., Crossley, M., Kirk, A., Wong, P., Karunanayake, C., & Beever, R. (2012). Quality of life in early dementia: Comparison of rural patient and caregiver ratings at baseline and one-year. *Dementia: The International Journal of Social Research and Practice, 11*(4), 521-541. DOI: 10.1177/1471301211421085

Andrews, M.E., Stewart, N., Morgan, D., & D'Arcy, C. (2012). More alike than different: a comparison of male and female RNs in rural and remote Canada. *Journal of Nursing Management, 20*(4), 561-570. DOI: 10.1111/j.1365-2834.2011.01195.x

Forbes, D., Montague, P., Gibson, M., Hirdes, J. & Clarke, K. (2011). Social support deficiency in home care clients. *Perspectives, 34*(3), 5-17.

Meng, X., D'Arcy, C., Tempier, R., Kou, C., Morgan, D., & Mousseau, D. (2011). Survival of patients with incident dementia who had a pre-existing psychiatric disorder: A population-based 7-year follow-up study. *International Journal of Geriatric Psychiatry, 27*(7), 683-691. DOI: 10.1002/gps.2764

Lacny, C., Kirk, A., Morgan, D., & Karunanayake, C. (2011). Does day length affect cognitive performance in rural and remote memory clinic patients? *Canadian Journal of Neurological Sciences, 38*(3), 461-464.

Slaughter, S., Morgan, D., & Drummond, N. (2011). Functional transitions of nursing home residents with middle-stage dementia: Perspectives of family members and nurses. *Journal of Gerontological Nursing 37*(5), 50-59. DOI: 10.3928/00989134-20110106-07

Lanting, S., Crossley, M., Morgan, D., & Cammer, A. (2011). Aboriginal experiences of aging and dementia in a context of sociocultural change: Qualitative analysis of focus groups with Aboriginal seniors. *Journal of Cross-Cultural Gerontology 26*(1), 103-117. DOI: 10.1007/s10823-010-9136-4

Slaughter, S., Eliasziw, M., Morgan, D., & Drummond, N. (2011). Incidence and predictors of eating disability among nursing home residents with middle-stage dementia. *Clinical Nutrition, 30*, 172-177. DOI: 10.1016/j.clnu.2010.09.001

Estabrooks, C., Morgan, D., Squires, J., Boström, A.M., Slaughter, S., Cummings, G., & Norton, P. (2011). The care unit in nursing home research: Evidence in support of a definition. *BMC Medical Research Methodology, 11*:46. DOI:10.1186/1471-2288-11-46

Jansen, S.L., Forbes, D., Duncan, V., & Morgan, D.G., & Malouf, R. (2011). Melatonin for the treatment of dementia. *The Cochrane Database of Systemic Reviews, 3*(20). (Original publication: 2006, Issue 1. Art. No.: CD003802. DOI: 10.1002/14651858.CD003802.pub3).

Morgan, D., Crossley, M., Kirk, A., McBain, L., Stewart, N., D'Arcy, C., Forbes, D., Harder, S., Dal Bello-Haas, V., & Basran, J. (2011). Evaluation of telehealth for pre-clinic assessment and follow-up in an interprofessional rural and remote memory clinic. *Journal of Applied Gerontology, 30*, 304-331. DOI: 10.1177/0733464810366564

Morgan, D, Innes, A., & Kosteniuk, J. (2011). Dementia care in rural and remote settings: A systematic review of formal or paid care. *Maturitas. 68*, 17-33. DOI: 10.1016/j.maturitas.2010.09.008

Appendix E Rural Dementia Care Research Team

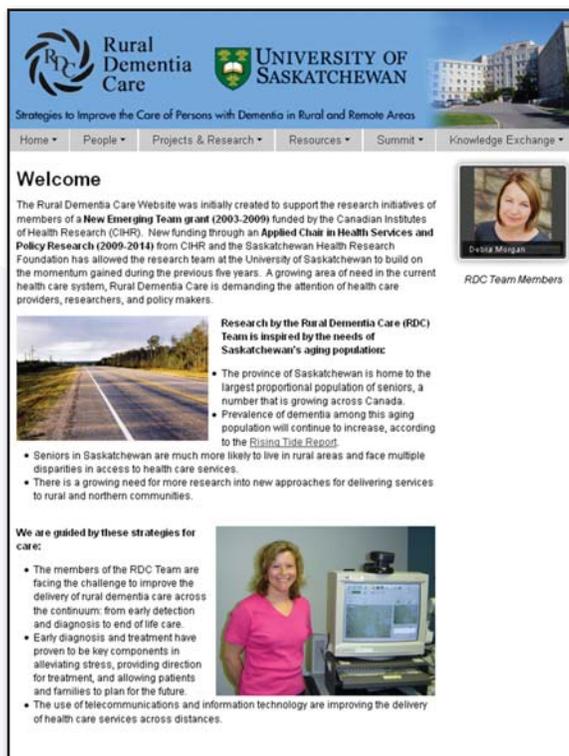
Selected Publications - *continued*

- Innes, A., Morgan, D., & Kosteniuk, J. (2011). Dementia care in rural and remote settings: A systematic review of informal/family caregiving. *Maturitas*, *68*, 34-46. DOI: 10.1016/j.maturitas.2010.10.002
- Slaughter, S., Eliasziw, M., Morgan, D., & Drummond, N. (2011). Incidence and predictors of disability in walking among nursing home residents with middle-stage dementia: A prospective cohort study. *International Psychogeriatrics*, *23*(1), 54-64. DOI: 10.1017/S1041610210000116
- Stewart, N., D'Arcy, C., Kosteniuk, J., Morgan, D., Forbes, D., MacLeod, M., Kulig, J., & Pitblado, R. (2011). Moving on? Predictors of intent to leave among rural and remote RNs in Canada. *The Journal of Rural Health*, *27*, 103-113. DOI: 10.1111/j.1748-0361.2010.00308.x
- Peacock, P., Forbes, D., Markle-Reid, M., Hawranik, P., Morgan, D., Jansen, L., Henderson, S., & Leipert, B. (2010). The positive aspects of the caregiving journey with dementia: Using a strengths-based perspective to reveal opportunities. *Journal of Applied Gerontology*, *29*(5), 640-659. DOI: 10.1177/0733464809341471
- Andrews, M.E., Stewart, N., & Morgan, D. (2010). Dementia awareness in northern nursing practice. *Canadian Journal of Nursing Research*, *42*(1), 56-73.
- Haugrud, N., Lanting, S., & Crossley, M. (2010). The effects of age, sex, and Alzheimer's Disease on strategy use during verbal fluency tasks. *Aging, Neuropsychology, and Cognition*, *17*, 220-239. DOI: 10.1080/13825580903042700

Technical Reports

- Forbes, D., Harrison, W., Strain, L., Peacock, S., Morgan, D., Hawranik, P., Woytkiw, T., & Blake, C. (March, 2012). *Contextual Factors within Northern Home Care Centres that Influence the Spread and Uptake of Research Evidence: A Pilot Study*. Report printed at University of Alberta (39 pages).
- Morgan, D., & Minish, D. (February, 2012). *Knowledge network in rural and remote dementia care: Final Report, 4th Annual Summit Oct 27th and 28th, 2011*. Report printed at the University of Saskatchewan (28 pages).
- Morgan, D., Kosteniuk, J., Crossley, M., Kirk, A., O'Connell, M., Stewart, N., Forbes, D., Dal Bello-Haas, V., Innes, A., Keady, J., Vaitheswaran, S., & Murdoch, A. (January, 2012). *Report on the Community-Based Primary Healthcare Team Grant Planning Session, October 17, 2011, Planning for the Rising Tide: New Models of Rural Primary Healthcare for Persons with Dementia*. Report printed at University of Saskatchewan (108 pages).
- Morgan, D., & Minish, D. (February, 2011). *Knowledge network in rural and remote dementia care: Final Report, 3rd Annual Summit Oct 28 and 29th, 2010*. Report printed at the University of Saskatchewan (28 pages).

**If you would like assistance accessing any of these
publications, or if you would like more information about research
conducted by the team, please contact
Duane Minish, Research Assistant:
duane.minish@usask.ca or by phone at 306-966-4098**



The Rural Dementia Care Team at the University of Saskatchewan has a website with more information about team members, their projects, and contact information. The site also features reports and photos from past Summit events. Learn more online:

www.cchsa-ccssma.usask.ca/ruraldementiacare/

