Overview of Results from the Evaluation of Initiative #8: Psychogeriatric Resource Consultants

Ontario's Strategy for Alzheimer Disease and Related Dementias

February 2006

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BACKGROUND

Through Initiative #8 of Ontario's Strategy for Alzheimer Disease and Related Dementias, new funding was provided to hire 50 full time equivalent (FTE) Psychogeriatric Resource Consultants (PRCs). The overall goal of the PRC role was to support staff in long-term care homes and community service agencies on how to care for individuals with dementia, complex mental health needs and associated behaviours. This goal was to be achieved through the three primary roles of the PRC: educator, consultant and networker/developer.

The evaluation of the PRC role included numerous activities. Results from these activities are reported in detail elsewhere. The purpose of this report is to provide an overview of the evaluation of this initiative and highlight the key results.

OVERVIEW OF EVALUATION

A multi-pronged approach was used to evaluate the PRC role. That is, multiple approaches involving various stakeholders were used to assess the three components of the role. The following table provides a summary of the evaluation activities undertaken. Table 2 indicates which aspects of the PRC role each evaluation activity targeted.

Table 1: Overview of Evaluation Activities

Evaluation Activity (Time Frame)	Purpose & Methods
Units of Service (2002-03) (2003-04)	*Purpose:* ▪ to provide information on how/where the PRC spends time (i.e., proportion of time spent with each sector, proportion of time spent in each of the PRC roles) *Method:* ▪ standardized data collection tool completed by PRC and submitted annually
Evaluation of Case-based activities (Spring 2003) (Winter 2004)	*Purpose:* ▪ to provide a summary of the information on education/consultation activities undertaken by the PRCs during selected time periods ▪ to obtain feedback on a sample of these activities *Method:* ▪ PRCs submitted information on their case-based educational activities during selected time periods (e.g., type of organization, type of staff involved, educational topic) ▪ feedback on a sample of activities was sought from the contact person who was involved in the education ▪ feedback collected through telephone interviews
Evaluation of Topic-specific activities (Winter 2004)	*Purpose:* ▪ to obtain feedback on a sample of topic-specific educational activities undertaken by the PRCs *Method:* ▪ standardized feedback form administered to participants in all topic-specific sessions conducted during certain time periods
Feedback on PRCs from LTC homes (Spring 2003)	*Purpose:* ▪ to obtain feedback on the PRC role from LTC homes *Method:* ▪ survey of all LTC homes in Ontario conducted in Spring 2003 ▪ one part of the survey asked about contact with PRC, satisfaction with assistance provided, impact of support received
Survey of PRCs (Spring 2004)	*Purpose:* ▪ to gather information on the activities undertaken by the PRCs, identify benefits realized and challenges faced, and identify need for supports, etc. *Method:* ▪ survey of PRCs conducted
Survey of PRC Sponsor/Partners (Spring 2004)	*Purpose:* ▪ to gather information from sponsoring and partner agencies on how the PRC has fulfilled their mandate, identify benefits realized and challenges faced by the PRCs, and assess the success of the initiative *Method:* ▪ survey of PRC sponsoring and partner agencies conducted

Survey of Outreach Teams (Spring 2004)	*Purpose:*	▪ to obtain feedback on the PRC role from geriatric mental health outreach teams not serving as PRC sponsoring or partner agencies ▪ feedback was sought on linkage with local PRCs and the benefits and challenges associated with the role
	Method:	▪ survey of geriatric mental health outreach teams conducted

Table 2: Evaluation Activity Target Areas

Evaluation Activity	PRC Role Target Area		
	Educator	Consultant	Networker
Units of Service	X	X	X
Evaluation of Case-based activities	X	X	
Evaluation of Topic-specific activities	X	X	
Feedback on PRCs from LTC homes	X	X	X
Survey of PRCs	X	X	X
Survey of PRC Sponsor/Partners	X	X	X
Survey of Outreach Teams			X

HIGHLIGHTS OF EVALUATION RESULTS

The following highlights some of the key results from the evaluation of the PRC role. These results have been summarized according to the components of the PRC role (i.e., educator/consultant and networker).

Highlights related to the PRCs' Educator/Consultant Roles

- In 2003-04, an average of 60% of the PRCs' time was spent on consultation and education activities; 40% of their time was spent on networking activities.

- In terms of their consultation and education activities, PRCs spent approximately 64% of their time working with staff in long-term care (LTC) homes, 18% of their time with staff in community support services, and 12% of their time with CCAC staff.

- The PRCs spent similar proportions of their consultation and education time on case-based and topic-specific educational activities. Approximately 46% of their time involved case-based activities and 48% of their time involved topic-specific activities.

- Based on a sample of the PRCs' case-based activities, approximately 55% of activities involved regulated staff only, 5% involved unregulated staff only, and 39% involved a mix of regulated and unregulated staff.

- The reported reasons for contacting the PRCs for case-based activities most often involved a request for assistance with challenging residents/clients and/or the need for education/in-service. Those accessing the PRCs were typically looking for the PRCs to help increase their staff's understanding of behaviours (or the issues being faced) and to provide staff with tools, advice and/or resources to assist them in managing the situation.

- In terms of the feedback provided on a sample of case-based activities in 2004:

  - 95% (125/132) reported that their expectations regarding what they wanted the PRC to do were met;

  - 96% (126/132) reported that staff were able to use the information provided by the PRC;

  - 86% (113/132) reported that because of the PRC, staff would change their approach if faced with a similar situation in the future; and

  - the average rating of satisfaction with the support provided by the PRC was 6.4 on a 7-point scale (where 1= "not at all satisfied" and 7= "extremely satisfied").

- In terms of the feedback provided on a sample of topic-specific education activities in 2004:

  - the average rating of understanding of the topic prior to the session was 3.4; the average rating after the session was 4.1 (using a 5-point scale where 1= "poor" and 5= "excellent");

  - the average rating of confidence in one's ability to care for individuals with ADRD was 3.8 prior to the session and 4.3 after the session (using a 5-point scale where 1= "not at all confident" and 5= "very confident"); and

  - close to 50% (2369/4868) reported that they planned to change how they provide care to individuals with ADRD as a result of the session; examples of practice change included: taking more time to gather personal history information; viewing residents/clients holistically; increasing their use of assessment tools; and improving how they communicate with residents/clients.

- In a survey of all LTC homes in Ontario in 2003:

  - 83% of respondents reported that their staff had been in contact with the local PRC; the average number of contacts in the 6 months preceding the survey was 5.5;

  - the average rating of satisfaction with the assistance provided by the PRC was 4.1 or "satisfied" (using a 5-point scale where 1= "not at all satisfied" and 5= "very satisfied"); and

  - 83% of LTC homes that had accessed the PRC reported that the support provided by the PRC had met their expectations.

- In the survey of PRCs in 2004:

  - 90% of PRCs reported serving as a mentor/coach for In-house Psychogeriatric Resource Persons (PRPs); 76% served as a mentor/coach for other staff in LTC homes, CCACs, and community agencies; and 60% served as a mentor/coach for other PRCs and

  - 43% of PRCs reported that they are involved as a member of the P.I.E.C.E.S. Educator Team and 45% as a member of the U-First! Educator Team.

Highlights related to the PRCs' Networker Role

- In terms of the PRCs networking activities, approximately 27% was spent on Dementia Network activities and 73% on other networking activities.

- In the survey of PRCs in 2004, 88% reported being involved in their local Dementia Network. The type of involvement included being a member of the Steering Committee (53%), being a member of a subcommittee (49%), and serving as the Network Chair or Co-Chair (33%).

- In the 2004 PRC survey, 78% of PRCs reported that service providers in their area with P.I.E.C.E.S. training met on a regular basis. PRC involvement in these meetings included helping to plan or coordinate the meetings (89% of PRCs) and facilitating the meetings (82% of PRCs). The PRCs reported that these meetings helped to increase the support for the In-house PRPs as well as other LTC home staff, and provided participants with educational and networking opportunities.

- In addition to their involvement with the local Dementia Network, 86% of PRCs reported that they were involved with other networking activities. The average number of activities (or groups) they were involved in was 3.2 (range of 1 to 8 activities).

- The majority of PRCs reported that they link with the Public Education Coordinator in their area. Examples of the way they link include: using each other as resources; conducting joint educational sessions; and working together to plan educational events in their area.

- In the survey of geriatric mental health outreach teams that do not serve as PRC sponsoring or partner agencies, 89% of the outreach teams reported that they link with the PRC in their area.

Overall Ratings of Success of the PRC Role

- In 2004, surveys were conducted with the PRCs, the PRCs' sponsoring and partner agencies, and with geriatric mental health outreach teams not serving as PRC sponsoring or partner agencies. Each group was asked to rate the success of the initiative using a 7-point scale (where 1= "not at all successful" and 7= "extremely successful"). The average rating for each group was:

    - 5.3 (or between "quite successful" and "very successful") for PRCs
    - 5.5 (or between "quite successful" and "very successful") for sponsoring and partner agencies
    - 4.7 (or between "fairly successful" and "quite successful") for outreach teams.

Reported Benefits of the PRC Role

- Examples of benefits of the PRC role include:

    - increased knowledge and skills among staff in LTC homes and community agencies;

    - improved networking and collaboration among LTC homes, community agencies, and other services;

    - increased number of educational opportunities; improved coordination of educational opportunities;

    - increased support for the In-house PRPs;

- support for local Dementia Networks; and
- appropriate utilization of external resources.

Challenges faced related to the PRC Role

- Examples of challenges related to the PRC role include:
  - the ongoing need to educate others about the PRC role (what it is and what it is not);
  - having a split role (PRC and clinical role);
  - increasing demands on the role as use of the role increases;
  - lower use of the PRC role by CCACs and community support services;
  - increases in salaries with limited increases in budgets; and
  - travel and travel costs.
- Examples of challenges related to LTC homes, CCACs, and community support services:
  - lack of buy-in/support from some LTC homes, CCACs, and community support services and
  - time constraints among staff inhibit participation in educational activities.

Concluding Comments

The overall goal of the PRC role was to support staff in long-term care homes and community service agencies on how to care for individuals with dementia, complex mental health needs and associated behaviours. This goal was to be achieved through the three primary roles of the PRC: educator, consultant and networker/developer.

The results from the evaluation of Initiative #8 demonstrate the positive impact of the PRC role. The PRCs have been actively engaged in consultation, education, and networking activities. Demonstrated benefits of the role include the support provided to staff in LTC homes and community agencies, including P.I.E.C.E.S.-trained staff, and improved networking and coordination within the health and long-term care sectors (e.g., through the PRCs' role with local Dementia Networks and collaboration with the local Public Education Coordinator, service providers, and organizations). Some challenges related to the PRC role and resistance by a few providers to utilize their services still exist. However, the overall evaluation findings reveal that the PRC role has evolved into a highly valued resource within the health care system that supports individuals with cognitive and mental health needs and associated behavioural issues.

ACKNOWLEDGEMENTS

There are numerous individuals and groups who contributed to this evaluation. First, I would like to thank the PRCs for their support of the evaluation and the time taken to participate in the various evaluation activities. I would also like to thank the other individuals who contributed to the evaluation data including participants in the PRCs' case-based and topic-specific education sessions, staff from LTC homes, the PRCs' sponsoring and partner agencies, and the geriatric mental health outreach programs across Ontario.

I would also like to acknowledge the contribution of the members of the Ontario Ministry of Health and Long-Term Care (MOHLTC), the MOHLTC Regional Work Group, and the PRC Evaluation Subcommittee for their assistance with the development of evaluation plans, tools, and processes.

Finally, I would like to extend my gratitude to the following individuals for their assistance with the administrative and data management aspects of the evaluation:

Kirstin Stubbing
Arron Service
Michelle O'Brien
Lindsay Barber
Teresa Leung
Mary White
Loretta Hillier

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