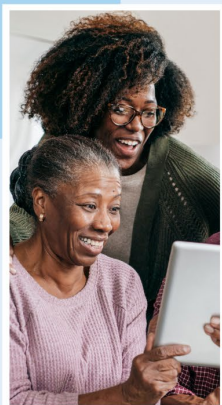
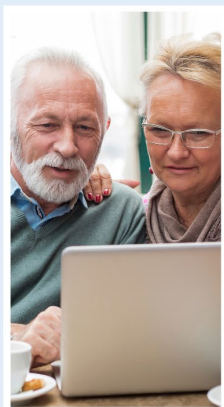


Emerging Best Practices for Virtual Service Delivery

for Persons Living with Dementia and Care Partners
within the Alzheimer Societies of Ontario



AlzheimerSociety
ONTARIO

brainXchange

Emerging best Practices for Virtual Service Delivery

for persons living with
Dementia and Care Partners
within the Alzheimer Society of
Ontario

Christine Pellegrino

Program Manager,
Provincial Programs and Knowledge
Translation

Alzheimer Society of Ontario
cpellegrino@alzon.ca

Overview

- **Background**
- **Purpose**
- **Scope**
- **Acknowledgements**
- **Definition of Key Terms**
- **Summary of Key Recommendations**
- **Implementation and Next Steps**

Background

- Organizations quickly pivoted to offer service virtually during the COVID-19 pandemic
- Challenges and benefits were evident right from the onset
- With support from New Horizons, The Alzheimer Society of Ontario engaged the brainXchange to lead this initiative, looking at:
 - Experiences of people living with dementia and care partners related to COVID-19 and access to Alzheimer Society virtual services
 - Aspects of virtual service delivery that have been especially helpful
 - Barriers experienced in accessing or participating in virtual services
 - Suggestions for improvement to existing services and additional supports needed

Background (continued)

- 28 Alzheimer Societies in Ontario had the opportunity to participate in the opportunity to provide feedback from both clients and staff
- Findings from virtual consultations (3 participants), electronic surveys from clients of Alzheimer Societies in Ontario (88 respondents) and electronic surveys from staff of Alzheimer Societies in Ontario (36 respondents) were used to develop and disseminate multiple recommendations for organizations that offer virtual service delivery.

Purpose

1. Enhance the capacity of all individuals involved in the implementation and delivery of virtual services for persons with dementia and care partners.
2. Establish suitable infrastructures to support virtual service delivery for persons with dementia and care partners; and,
3. Promote quality virtual services to support persons living with dementia and care partners

Scope

- Information / feedback was gathered from previous participants of virtual programs and services offered by the Alzheimer Societies in Ontario, as well as those who were not able to participate in virtual services, via survey and focus group opportunities.
- A scan of the literature and other existing evidence regarding virtual service delivery was also conducted
- Recommendations provided in this document are relevant to individuals involved in the implementation and delivery of virtual services delivery.

Limitations

- This resource does not provide guidance on:
 - the utility of different virtual care solutions or platforms
 - determining which virtual services an organization should offer
 - operationalizing virtual care workflow
- Additionally, information collected was specific to community settings/ community support services specifically, rather than from other health services or healthcare as a whole.

Acknowledgements

- Lived Experience Committee
- Clients
- Staff
- brainXchange
- The New Horizons for Seniors Program, Government of Ontario

Definition of Key Terms

- “Care partner” refers to a family member or friend of a person living with dementia who provides ongoing support to that individual.
- “Clients” refers to both persons with dementia and/or informal care partners (family members, friends etc.) who offer support to the person with dementia.
- “Dementia” is an overall term for a set of symptoms that are caused by disorders affecting the brain. Symptoms can include memory loss, difficulties with thinking, problem-solving or language and changes in mood or behaviour.

Definition of Key Terms

- “Video Conferencing” is a live video-based meeting between two or more people in different locations using video-enabled devices. Video conferencing allows multiple people to meet and collaborate face to face long distance by transmitting audio, video, text and presentations in real time through the internet.
- “Virtual Services” refers to any service including but not limited to counselling, education, support groups, recreation/social programs which are delivered remotely via phone, email or video conferencing platforms (e.g., ZOOM, MS Teams, Google Meets etc.).

Demographics of client survey respondents:

- 7.86% were people living with dementia
 - (100% resided in the community in their own homes)
- 92.13% were care partners of a person living with dementia (e.g., spouse, adult child, friend, neighbour etc.)
 - The person living with dementia that they were supporting:
 - 63.63% lived in the community (in their own home)
 - 16.88% lived in a long-term care home
 - 7.79% lived in a retirement home
 - 7.79% lived in a care partners home (e.g. adult child)
 - 2.59% were recently deceased
 - 1.29% were currently in an acute care setting.
- 1.12% identified themselves as “other”

Demographics of staff survey respondents:

- 80.56% per staff members delivering virtual services
- 8.33% managers/leadership
- 11% were “other”

Recommendations:

- Access and Communication
- Risk Management
- Privacy and Consent
- Technology
- Planning
- Facilitation
- Types of Programming

Recommendations:

Access and Communication

- **Recommendation 1:** An organization should clearly communicate the availability of virtual services to clients and potential clients using a variety of communication methods.
- **Recommendation 2:** An organization should determine the appropriateness of virtual service delivery and the virtual service modality best suited for individual clients.

“The challenge is identifying those who can't use or struggle using this type of service. It is important for the societies to have a good understanding on these at-risk people and help to develop a solution of support other than virtual services or in addition to virtual services.”

~ Staff member providing virtual services within Alzheimer Society services in Ontario

Recommendations:

Access and Communication

- **Recommendation 3:** An organization should prepare clients who have registered for virtual services in advance of the commencement of services, to ensure clients have all the information, tools, and resources they need to access these services.
- **Recommendation 4:** Organizations and staff should clearly explain the role/involvement of care partners for services being provided to persons living with dementia.

Recommendations:

Access and Communication

- **Recommendation 5:** Organizations and staff should make every effort to ensure equitable access to virtual services.

“Having access to the correct technology is important in order for the person living with dementia would feel comfortable enough to participate and engage.”

~ Client accessing Alzheimer Society Services in Ontario

Recommendations:

Access and Communication

- **Recommendation 6:** Organizations should consider offering virtual services in some capacity.

“I love the easy online access, I don't need to drive, I can get support right in the comfort and privacy of my own home, and best of all, I don't need to leave my spouse alone to get much needed support. This virtual service (zoom) has been a lifeline for me, I would be in a very stressed, and burnt-out place if it were not for the support I have received

~ Care partner accessing virtual services through the Alzheimer Society of Ontario

Client perceived benefits regarding accessing virtual services through Alzheimer Societies in Ontario:

Responses:	Response in %	Response in #'s
It was convenient	84.8%	56
I was comfortable using the technology	68.18%	45
I did not need to drive or arrange for transportation	60.60%	40
The staff were knowledgeable about the technology being used	53.05%	35
Group guidelines were set and clear (eg. making sure everyone had a chance to share, ask questions etc.)	45.45%	30
The group size worked well for me	43.9%	29
It was a different way to connect with others	36.36%	24
I was able to participate in a new program or service	36.36%	24
I was able to use services further from my home	27.27%	18
Other: This gave me the care partner respite	1.51%	1
Total Number of responses		379
Total Number of respondents		66

Staff perceived benefits for clients accessing virtual services through Alzheimer Societies in Ontario:

Responses:	Response in %	Response in #'s
Clients were able to access services from home	100.00%	36
It was convenient for clients	91.67%	33
The clients were comfortable with the technology	47.22%	17
It was a different way for clients to connect with others	63.89%	23
Clients did not need to drive or arrange for transportation	97.22%	35
Clients were able to participate in a new program or service	83.33%	30
Clients were able to continue using the same programs and services they were using before the pandemic	66.67%	24
A family member or friend supporting the client to participate in virtual services	72.22%	26
Clients were able to participate with family members or friends	75.00%	27
Clients were encouraged to try something new	63.89%	23
Total Number of responses		376
Total Number of respondents		36

“Using this technology, I did not need to leave home and be worried about spouse (has dementia) while I was away and could receive support without leaving home.”

~ Care partner of a person living with dementia who is accessing Alzheimer Society services in Ontario

“It's opened up so many opportunities to be able to do programs from home. We're very rural and in the winter the roads are often closed, and through covid we've been reliant on virtual outreach for education and socialization. It would be wonderful to see it continue in some format.”

~ Care partner of a person living with dementia who is accessing Alzheimer Society services in Ontario

Client interest regarding future access to virtual services

Responses:	Response in %	Response in #'s
My experience with virtual services was positive, and I would like to use both a virtual and in-person services	45.45%	30
My experience with virtual services was positive and I would like to continue using virtual services	33.33%	22
My experience with virtual services was positive, but I would prefer in-person services	16.66%	11
Virtual services did not work well for me, and I would rather attend in-person services	4.54%	3
Total Number of responses		66
Total Number of respondents		66

Recommendations: Risk Management

- **Recommendation 7:** Organizations should complete a risk assessment as part of the intake process and prior to initiation of services to identify potential risks of engaging in virtual programs and implement strategies to mitigate these identified risks.
- **Recommendation 8:** Organizations should have a policy in place to support clients identified at risk who do not attend virtual services as scheduled.

Recommendations: Risk Management

- **Recommendation 9:** Organizations should have a policy in place to guide staff as to how support clients who experience challenges or other issues during a virtual service.
- **Recommendation 10:** Organizations and staff must determine the appropriate staff to client ratio for each virtual service being delivered.

Recommendations: Privacy and Consent

- **Recommendation 11:** Informed consent for virtual services must be obtained by staff within the organization.

Recommendations: Technology

- **Recommendation 14:** Organizations need to determine which virtual visit modalities (and its various functions) will be used to provide effective and efficient virtual service delivery and ensure that staff are provided with adequate training on the use of the chosen technology to ensure they are comfortable and have an appropriate level of understanding.

Recommendations: Technology

Format of virtual services for clients accessing services	Responses in %	Response in #'s
Live by videoconference (e.g. Zoom)	47.96%	59
Individual telephone calls	29.26%	36
Pre-recorded videos	7.31%	9
I and/or the person with dementia I am supporting have not accessed virtual services	5.69%	7
Live by teleconference	3.25%	4
Not sure	0.81%	1
Other: In Person	4.06%	5
Other: Mailed information	0.81%	1
Other: Email	0.81%	1
Total Number of responses		379
Total Number of respondents		66

Recommendations: Technology

Preferred format of virtual services for individuals not currently accessing services	Responses in %	Response in #'s
Live by videoconference (e.g. Zoom)	45.45%	5
Individual telephone calls	27.7%	3
Not sure	9.09%	1
Live by teleconference	0%	0
Pre-recorded videos	0%	0
I and/or the person with dementia I am supporting have not accessed virtual services	0%	0
Other: Online (format not specified)	27.7%	3
Other: I will not access any services except those offered in person	9.09%	1
Total Number of responses		14
Total Number of respondents		11

Recommendations: Technology

- **Recommendation 15:** Organizations/staff should clearly communicate to client's the specific technology clients will need to access virtual services and where possible, offer options to trial needed equipment (e.g., Via library access, suggestion to borrow from a family member, or other lending programs)

Recommendations: Technology

- **Recommendation 16:** Organizations should offer tutorial sessions/orientation/resources to clients on how to use the technology required for the virtual services in advance of service commencement or refer to organizations who offer digital literacy training.

Recommendations:

Facilitation

- **Recommendation 21:** Staff should become familiar with and make use of facilitation strategies to support engagement of participants in virtual services.
- **Recommendation 23:** Organizations and staff should consider providing access to virtual programs 15 minutes before the session, and not close the session until 15 minutes after the service to ensure people that have questions or need additional support have the opportunity to discuss them with the facilitator.

Recommendations: Planning

- **Recommendation 24:** The content for each virtual service should be carefully selected.
- **Recommendation 25:** Organizations and staff should determine the best time of day to offer virtual services to clients.
- **Recommendation 26:** Staff and organizations should consider providing sessions of varying lengths.

Recommendations:

Types of Programming

- **Recommendation 29:** Organizations should consider the types of virtual services clients need and want, including but not limited to support groups, social/recreation programs (eg. music, bingo, trivia), education, and counselling.

Implementation

If your organization is adopting these practices, we recommend the following approach:

1. Assess your existing policies, procedures, protocols, and programs in relation to the recommendations in this document.
2. Identify existing needs or gaps in your virtual service delivery policies, procedures, protocols, and programs.
3. Note the recommendations that address your organization's existing needs or gaps.
4. Develop a plan for implementing the recommendations.

Future:

- Organizations are encouraged to discuss the future of virtual services within their organizations.
- This may include virtual services, in-person services or a combination of both, either being facilitating separately, or in a hybrid model.

Questions???