

Centre for Effective Practice's Tool Development Process: Working with Evidence, Experience, and Providers to Meet the Needs of LTC Homes for Behavioural and Psychological Symptoms of Dementia (BPSD)

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Background

The Centre for Effective Practice (CEP) is a federally-incorporated, not-for-profit organization that works to enable appropriate care through the development and implementation of relevant, evidence-based programs and tools. CEP has developed expertise in assessing care gaps and the quality of evidence, synthesizing evidence-based recommendations for best clinical practice, training health professionals in critical appraisal skills, and providing advisory and support services for evidence implementation initiatives.

What Is Academic Detailing?

- Academic Detailing offers one-on-one visits with providers to discuss clinical topic areas. It entails service-oriented visits focused on delivering providers with objective, balanced, evidence-informed information on best practices.
- Academic Detailers are licensed healthcare professionals who are responsible for delivering the visits to providers. They have undergone training to enhance their communication skills, as well as develop the ability to assess and understand providers' personal needs, motivations for practice, and ways to overcome barriers to change.

Academic Detailing Service

Currently, CEP is offering its Academic Detailing Service to support appropriate prescribing in long-term care. This Service is being offered to 40 long-term care homes from September 2015 to March 2017.

The first topic for this service, antipsychotic prescribing best practices in long-term care, was selected by the Ontario Ministry of Health and Long-Term Care as a result of the reported variation in antipsychotic medication use across Ontario's long-term care homes.

In order to support this service, CEP developed a toolkit to assist providers with managing appropriate prescribing of antipsychotics for their residents with behavioural and psychological symptoms of dementia (BPSD).

Why Develop a Toolkit?

While the effectiveness of Academic Detailing is dependent on the visit and relationship between the Detailer and provider, materials are developed to support these interactions. A discussion guide or toolkit is intended to reinforce discussion points and key messages from the evidence and experience. It is offered as a value-add to the providers participating.

Toolkit Development Process

This toolkit was developed through extensive evidence review and stakeholder engagement. The development of the tool (**Figure 1**) involved a literature search of the implementation and clinical evidence in order to identify gaps in current practice, and strong evidence-based recommendations. An environmental scan of relevant tools was also conducted in order to identify any existing resources that could be leveraged as part of the toolkit. This information was then used by the clinical leads and project team to develop content for the tool through numerous rounds of content review. Review was also undertaken by stakeholders and providers iteratively through focus groups and interviews that helped to facilitate the development of a well-rounded and balanced toolkit (**Figure 2**). By engaging providers at each phase of the toolkit development process, CEP was able to better understand the individual challenges faced by providers in long-term care, and to gain insight on how to best address those challenges in the toolkit.

Figure 1. Toolkit Development Process

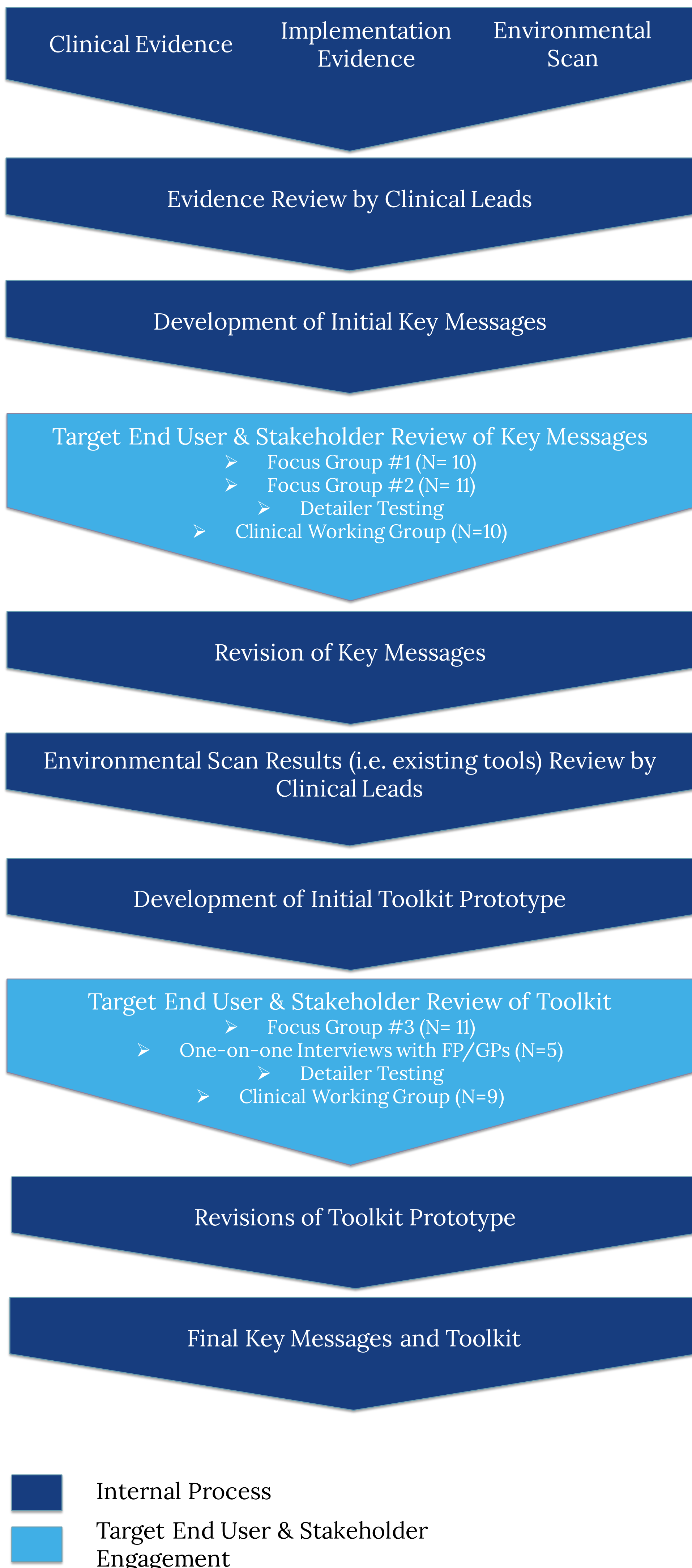
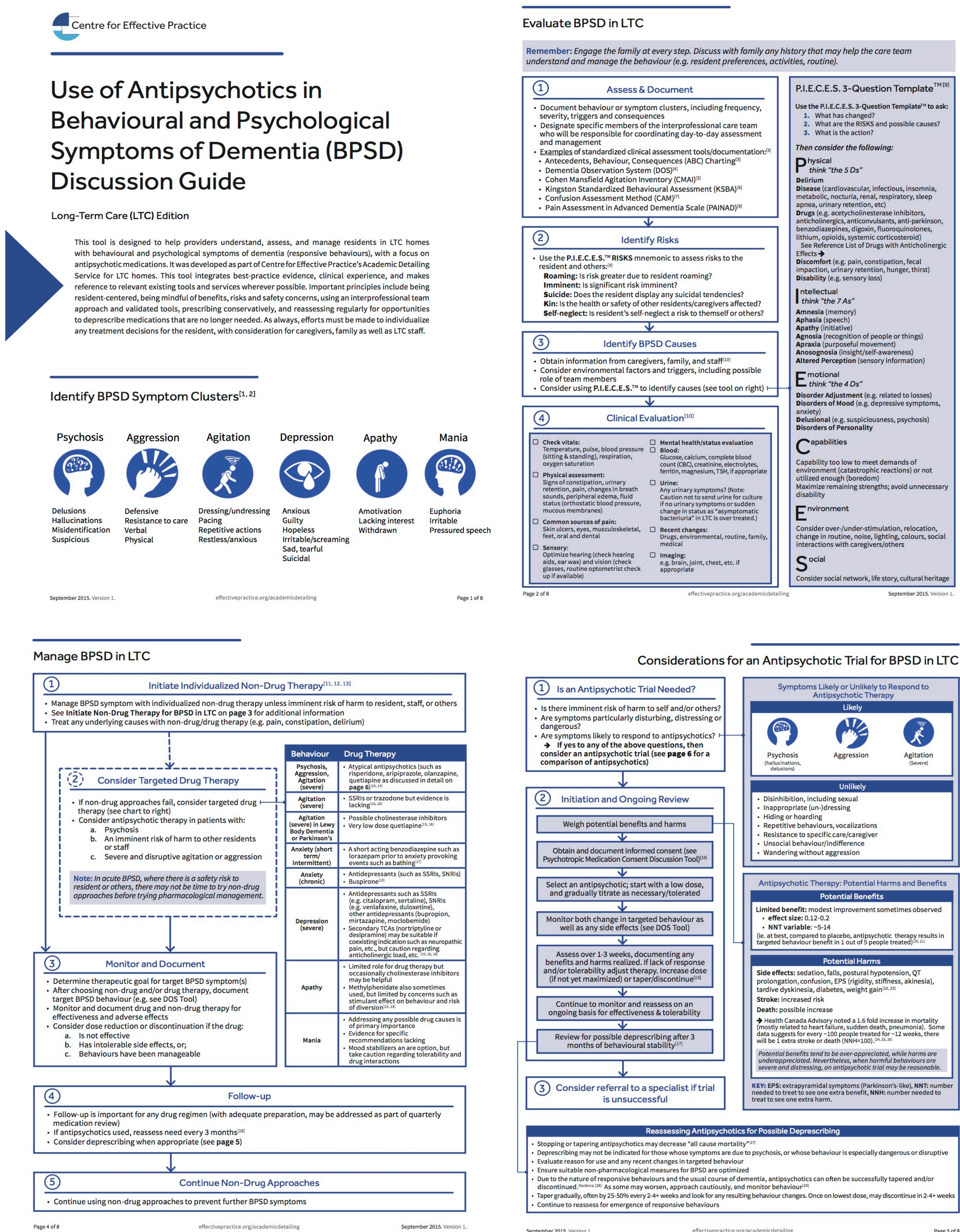


Figure 2. Examples from the Use of Antipsychotics in Behavioural and Psychological Symptoms of Dementia Discussion Guide: Long-Term Care Edition



Engagement

- CEP formed a Clinical Working Group to support topic content development, comprising key stakeholders in long-term care.
- Feedback was also obtained from the Ontario Ministry of Health and Long-Term Care and the Ontario Medical Association as project funders.
- In addition, the Long Term Care Sector Advisory Committee provided input and insight into the process and how best to engage the sector.
- Most importantly, focus group and Clinical Working Group feedback was incorporated into the tool from target end users including : nurse practitioners, registered nurses, pharmacists, general practitioners, family practitioners, academic detailers, long-term care administrations, directors of care, and specialist physicians (e.g. geriatric psychiatrists).
- CEP recognizes the importance of engaging residents, caregivers and families. We will work over the coming months to explore how to improve communication and collaboration.

Outcomes

- CEP's Academic Detailing Service has launched in 40 Ontario long-term care homes, and will continue to support long-term care providers into 2017.

- This toolkit on the topic of antipsychotic prescribing best practices in long-term care will be distributed to participating long-term care homes by the Academic Detailers, and made freely available at conferences and through CEP's website: www.effectivepractice.org/academicdetailing

Conclusions and Next Steps

- Through the development of this tool, CEP identified further need for a BPSD tool to be modified for the needs of residents, caregivers, and families. CEP will be pursuing this activity over the coming months.

- Based on feedback from providers and stakeholder organizations, analysis is underway to select the next topic for the Academic Detailing Service. CEP will then execute its Tool Development Process aiming to increase engagement with providers, administrators, residents, caregivers, and families. We look forward to presenting the results of our second Tool Development Process at next year's OLTCP's 2016 Annual Conference.

Get Involved

CEP engages providers and stakeholders as often as possible in our tool development processes and related projects. If you would like to:

- Provide feedback on clinical tools
- Receive our newsletter
- Participate in Clinical Working Groups
- Learn more about our organization

Please visit effectivepractice.org and join the conversation.