Assessment & Treatment of Geriatric Syndromes

Enabling Capability in the Rehabilitative Care System to Support Frail Adults

Leveraging Existing Education Materials and Supporting Assessment of Learning Needs
Webinar Objectives

1. Provide an Overview of the Content of Assess and Restore Related Educational Materials
   i. Waterloo Wellington Frailty Modules - Sarah Farwell
   ii. Rehabilitative Care Alliance Compendium – Emmi Perkins

2. Share Recent Experiences and Lessons Learned Related to Geriatric Education Needs Assessment
   i. North Simcoe Muskoka CNS Seniors Health - Tamara Nowak-Lennard
   ii. Seniors Care Network - Stacey Hawkins

www.rehabcarealliance.ca
Geriatric Syndromes: Frailty e-Modules

Waterloo Wellington Geriatric System

sarah.farwell@lhins.on.ca
June 15, 2015
Current to Future State in WWLHIN

- Primary Care is the Lead
- Person-centered Care
- One care plan
- Collaborative, interprofessional, seamless care for geriatric patients
- Scope of Practice: “Trust” – “Partnerships”
Team Work
Using the WW SGS Referral Package

About this package: This package exists to provide professionals with a simple, reliable referral process to Waterloo-Wellington (WW) Specialized Geriatric Services (SGS). When you fax this referral form, SGS Clinical Intake staff will do the work of matching the services you specify with an appropriate WW Specialized Geriatric Services.

BROCHURE:
1. Discuss the requested services with the patient while checking off the referred services.
2. Advise a patient/family that a representative of WW Specialized Geriatric Services will contact them to review service options and connect the patient with the appropriate service.
3. Tear off the referral form, and then give the brochure to the patient to take home.

REFERRAL FORM:
4. Tear the referral form from the brochure.
5. Complete the referral form. Ensure that you indicate the same services as indicated on the brochure.
6. Fax this form to the SGS Clinical Intake Service.

Tests Recommended to Accompany Referrals:
The following information should be included with referrals where relevant:
1. Current medications list
2. Lab work, such as CBC, Glucose (Fasting), Creatinine, BUN, Electrolytes, TSH, Calcium, Albumin
3. Consultation reports
4. Neuroimaging tests, such as CT head

Cooperating Agencies:
Services will be provided by specialists and staff with one or more of the following agencies:
• St. Joseph Health Centre Guelph
• Grand River Hospital-Freeport Site Services
• Waterloo Wellington Community Care Access Centre
• Canadian Mental Health Association
• Waterloo Wellington Dufferin
• St. Mary’s General Hospital
• Cambridge Memorial Hospital

To follow up call 1-855-849-6228 (toll free) and ask to speak with the WW Specialized Geriatric Services Clinical Intake.
Order more brochures online at: www.easyreferral.net

Specialized Geriatric Services help seniors with complex mental health or medical conditions. Services are provided by a team of experts including nurses, physicians, and therapists.

Services are provided by a variety of organizations, including hospitals and clinics across the Waterloo Wellington region. The organization that helps you will depend on the service you require and the area in which you live. These services are publicly funded and at no charge to the patient.
Specialized Geriatric Services

☐ Specialized Geriatric Mental Health Assessment
Provides comprehensive assessment of the older patient’s mental health in order to provide accurate diagnosis and treatment options. Symptoms may include depression, dementia, psychosis and anxiety. Provides strategies for patients caregivers to cope.

☐ Specialized Geriatric Medicine Assessment
Provides a geriatric assessment, diagnosis, and treatment recommendations. Typical concerns include balance and falls prevention, medication management, continence, and memory. Also provides strategies for caregivers.

☐ Community Responsive Behaviour (CRB) Team
Assesses people with cognitive impairment for specific responsive behaviours such as agitation, repetition, and wandering arising from dementia, mental health or addictions. Works collaboratively with caregivers to identify strategies to manage the behaviour and reduce risks.

Specialized Geriatric Services exist to help seniors with complex mental health or medical conditions. These services are provided by a team of experts including nurses, physicians, and therapists. Your care provider has referred you the Specialized Geriatric Services checked off above.

What Happens Next?
You can be referred to any of the above service categories. A service representative will call you to discuss your options within the next 7 days.

NOTES:

Contact: To find out more information about the status of your referral, or to request a referral, speak to the trusted care provider that gave you this brochure or contact the Specialized Geriatric Services Clinical Intake Service located at St. Joseph’s Health Centre Guelph at 519.821.8089 ext 230.

Privacy Notice:
All personal information collected is kept confidential and is only used to refer you to the most appropriate service.

Waterloo Wellington SGS Clinical Intake Service is compliant with current privacy legislation. SGS Clinical Intake Service in its role of clinical service coordination, collects personal information to facilitate assessment, treatment, research, legal and regulatory purposes. For questions or concerns, or if you wish to withdraw consent, post referral, contact the Privacy Officer at 519.821.8089 ext 230.

Revised April 17, 2013

WATERLOO - WELLINGTON SPECIALIZED GERIATRIC SERVICES

REFERRAL FORM

A - Patient Demographics (Attach label here if available)
First Name: ___________________________ Address: ___________________________
Last Name: ___________________________ City: ___________________________
Gender: ___________________________ Postal Code: ___________________________
DOB: ___________________________ Phone: ___________________________
HCN: ___________________________ Version Code: ___________________________
Family Physician: ___________________________

B - Alternate Contact Person
Name: ___________________________ Phone: ___________________________
Relationship to Patient: ___________________________
Address: ___________________________ Alt Phone: ___________________________

C - Referrer/Contact Information
Name: ___________________________
Organization: ___________________________
Follow-up with me via: Phone/Vocalmail Fax: None

D - Reason for Referring Patient
Comments: (E.g. Why are you referring now? What has changed? Relevant history, medical and mental health issues, social issues, etc.)

Other Patient Information:
Preferred Language: [ ] En [ ] Fr. [ ] Other (specify________) [ ] Needs Interpreter: Yes [ ] No
Living Situation: [ ] Alone [ ] With spouse/family [ ] Supportive Housing [ ] Long Term Care Home [ ] Retirement Home
Has delirium been ruled out: [ ] Yes [ ] No

E - Service Requested (copy from brochure)
[ ] Specialized Geriatric Mental Health Assessment [ ] Specialized Geriatric Medicine Assessment [ ] Community Responsive Behaviour Team

Please attach relevant consult notes, diagnostic reports (Labs, ECG, X-Rays) and cumulative patient profile

Physician Signature: ___________________________ Date: ___________________________

Fax to: 1-888-205-1491
Voice of the Client

- Fear
- Over assessing
- Lack of knowledge
- Confusing Services
- Waiting
Knowledge Transfer and Capacity Building

- Identification of best practices
- Transfer knowledge across system with consistent education platforms facilitating interdisciplinary learning
- System approach to health human resources (needs assessment, recruitment, training, professional development)
Geriatric Training

- Dr. Samir Sinha, Provincial Lead, Ontario’s Senior Strategy acknowledged that schools in Ontario don’t formally teach content related to caring for older adults and one of his Key Recommendations was that “Core training programs in Ontario should include relevant content and clinical training opportunities in geriatrics”.

- As a result, a number of Geriatric Certificate Curriculum Partners (including McMaster University, Hamilton Health Sciences, P.I.E.C.E.S., Regional Geriatric Program central, etc.) worked together to develop a Geriatric Certificate Program.

https://www.geriatriccp.ca/
Geriatric Training

- Geriatric Syndromes:
  - multifactorial etiology/multiple organ systems contributing to common geriatric problems
  - e.g. falls can result from musculoskeletal, cardiac, medications, sensory issues…

<table>
<thead>
<tr>
<th>Knowledge Exchange Method/Tool</th>
<th>%</th>
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<tbody>
<tr>
<td>Case based discussion</td>
<td>69%</td>
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<tr>
<td>Knowledge exchange events (webinars, workshops)</td>
<td>68%</td>
</tr>
<tr>
<td>Facilitated learning programs</td>
<td>55%</td>
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<tr>
<td>Quick reference tools</td>
<td>44%</td>
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<tr>
<td>Community of Practice (CoP)</td>
<td>42%</td>
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<tr>
<td>Self directed learning through online learning and exchange platforms</td>
<td>41%</td>
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<tr>
<td>Mentorship or job shadowing opportunities</td>
<td>41%</td>
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<tr>
<td>Quality improvement processes</td>
<td>30%</td>
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<tr>
<td>Reflective practice through self and team assessment opportunities</td>
<td>26%</td>
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<tr>
<td>Organization orientation, policies or protocols</td>
<td>26%</td>
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<tr>
<td>Journal club and/or recommended readings</td>
<td>22%</td>
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</tbody>
</table>
Learning Needs Assessment

• Priority #1: managing behaviours and included behaviours related to addictions and mental health, dementia, brain injury, developmental delay and responsive behaviours.

• Priority #2: assessment and management of risk of suicide, homicide, elder abuse, managing complex family situations and assessment in the home.

• Priority #3: learning more about medications and polypharmacy; learning more about addictions and mental health including mood disorders
Frailty e-Modules

- Based on RGP Giic toolkits
- In consultation with RCA Compendium of Geriatric Syndromes

System Partnership: SJHCG – Sponsor and Lead

- Frail Elderly Medically Complex Stream
- WW Geriatric Services Network
- Dialectical Strategies and Human Systems
Frailty e-Modules:
http://www.regionalhealthprogramswww.com/frailtymodules/

- Cognition
- Incontinence
- Falls
- Frailty
- Medication Review
- Pain
- Geriatric Addictions
- Heart Failure
Compendium of Evidence-based and Leading Practices to Support Assessment and Intervention of the ‘Geriatric Syndromes’ for Rehabilitative Care Professionals
• A summary of existing standardized tools, best- and leading clinical practices to support the assessment and treatment of each of the geriatric syndromes.

• Specifically for use by rehabilitative care providers to bridge the knowledge to practice gap and to enhance capability within the system to manage frailty/geriatric syndromes.
Summarizes rehabilitative care-specific recommendations and best practices from industry-leading gold standard and enabling initiatives (e.g. Senior Friendly Hospital, RGP, RNAO etc.) into a single document to build capability within the rehabilitative care system to effectively & comprehensively address the functional goals of high-risk adults with restorative potential.
Table I – Compendium of existing standardized assessment tools, best and leading practices to support the assessment of each of the geriatric syndromes for use by rehabilitative care providers. These assessments will support development a comprehensive treatment plan, to address the functional goals of high-risk adults with restorative potential.

<table>
<thead>
<tr>
<th>Geriatric Syndromes and Other Considerations</th>
<th>Acute Care</th>
<th>Bedded Levels of Rehabilitative Care</th>
<th>Long Term Complex Medical Management/Long Term Care Homes</th>
<th>In-Home Rehabilitative Care</th>
<th>Outpatient/Ambulatory Rehabilitative Care</th>
<th>Community Based Rehabilitative Care</th>
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<td>Cognitive impairment</td>
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<td>Polypharmacy</td>
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<td>Falls/Mobility</td>
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<td>Depression</td>
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<td>Nutrition status</td>
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<td>Pain management</td>
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Table II — Compendium of existing standardized intervention tools, best and leading practices to support the treatment of each of the geriatric syndromes for use by rehabilitative care providers. These assessments will support a comprehensive approach to treatment of high-risk adults with restorative potential.

<table>
<thead>
<tr>
<th>Geriatric Syndrome</th>
<th>Acute Care</th>
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http://www.rehabcarealliance.ca/fsmc-compendium
RCA Compendium of Evidenced-Based Assessments and Interventions to Support the Management of Geriatric Syndromes

NORTH SIMCOE MUSKOKA Assess & Restore Geriatric Training Project

June 15, 2015

Tamara Nowak-Lennard, RN, MN
NSM Regional CNS Seniors Health
Overview of NSM A&R Geriatric Training Project

• 2014-2015 funds

• While planning for this project started in November of 2014, final approval of project occurred end of January 2015.

• Project timelines: Feb – March 2015

• Project Lead: Regional CNS Seniors Health
**Project Description:**

“To increase the knowledge of front-line providers related to the care of frail seniors - focus will be providers within engaged CCC and CCP settings across the NSM LHIN”

Involved 8 different agencies:

- 3 CCC units (located in acute care hospitals)
- 5 CCP units (located in LTC)
Project Deliverables:

- Learning needs assessment - to determine baseline knowledge and opportunities for learning
- Learning plan - in alignment with the RCA’s DRAFT Compendium
- Education sessions and/or learning opportunities - 300 learning days across provider agencies
- Pre/Post Learning Tests
FACILITATION OF PROJECT WITH RCA COMPENDIUM

DRAFT Compendium for Bedded Levels of Rehabilitative Care was used as the standard framework for all project deliverables.
FACILITATION OF PROJECT WITH RCA COMPREHENDIUM
Learning Needs Assessment Process

• Gap analysis using the 12 Geriatric Syndromes in the Compendium. For each syndrome agencies were asked:

  • Does your agency have a procedure or process
  • Have you provided education within the past 2 years
  • Do you provide annual education

• What are your top 3 priority areas
FACILITATION OF PROJECT WITH RCA COMPENDIUM
Learning Needs Assessment Results

• CCC/CCP sites in NSM LHIN have less than 30% of possible best practice initiatives for geriatric syndromes identified by the Compendium.

• There is a lack of recent or ongoing education related to these syndromes.

• Pain Management, Mobility/Restoration, Capacity for Self-Care and Falls were the top priority learning areas identified.
FACILITATION OF PROJECT WITH RCA COMPENDIUM
Learning Plan Process

• The learning plan was developing incorporating:
  • results from needs assessment,
  • regional planning priorities and
  • clinical prioritization of syndromes by CNS
## FACILITATION OF PROJECT WITH RCA COMPENDIUM

### Learning Plan Results

| Geriatric Mental Health Workshop | Full day session, held in each of the 3 geographical areas.
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<tr>
<td></td>
<td>• Introduction to Mental Health &amp; Mental Illness,</td>
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<td></td>
<td>• Anxiety in the Elderly,</td>
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<td>• 3 Ds</td>
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<tr>
<th>Local Short Sessions</th>
<th>5 topics delivered over a 3 hour period</th>
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<tr>
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<td>Core topic areas:</td>
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<td>• Pain Management,</td>
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<td></td>
<td>• Urinary Incontinence</td>
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<td></td>
<td>• Mobility/Restoration</td>
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<td></td>
<td>Remaining topics based on agency priorities:</td>
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<td></td>
<td>• Sedation in the Elderly,</td>
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<td>• Decision Making Capacity,</td>
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<td>• Nutrition &amp; Hydration,</td>
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<td></td>
<td>• Falls Prevention,</td>
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<td>• Pressure Ulcer Prevention,</td>
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<td></td>
<td>• Frailty,</td>
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<tr>
<td></td>
<td>• Dementia/Delirium</td>
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FACILITATION OF PROJECT WITH RCA COMPENDIUM

Education Sessions Process

Content for all sessions was based on the Compendium and as such was focused on assessment and management.

Examples:

- Falls education had a focus on fracture prevention
- Dementia had a focused on the 4 main types and retained abilities
FACILITATION OF PROJECT WITH RCA COMPENDIUM

Education Sessions Results

- 256 staff trained in month of March = 198 learning days
- 4 full day Geriatric Mental Health Workshops and 18 local short sessions
- Positive comments from staff about content, meaningful and useful for day to day practice
- Better understanding of 3Ds and mental health – “it is much more complicated than I ever thought” “I have a better understanding of delirium and why we need to screen”
FACILITATION OF PROJECT WITH RCA COMPENDIUM

Pre and Post Learning Tests

- Questions based on Compendium information – helpful to identify “key knowledge” for each syndrome
- Geriatric Mental Health – 19% improvement in scores
- Local Short Sessions – 5% improvement in scores
FACILITATION OF PROJECT WITH RCA COMPENDIUM

Lessons Learned

1. The RCA compendium is easily adapted for use as Standard Framework for geriatric training

2. The content in the Compendium is relevant to day-to-day front line staff practice in the care of frail seniors.
Questions
SGS Gerontological Training Needs Assessment (TNA)

Stacey Hawkins | Director - System Planning Implementation & Evaluation
Rehabilitative Care Alliance Webinar – June 15, 2015
Outline

• Background
• Our TNA Approach
• Findings
• Lessons Learned
• Tips and Considerations when Conducting a TNA
• Resources
Background

Seniors Care Network
Seniors Care Network: Best Health Experience for Frail Seniors

• Formed to improve the organization, coordination and governance of specialized geriatric services for frail seniors in the Central East LHIN.

• Frail seniors are those older adults whose complex health concerns threaten their independence and function.
Specialized Geriatric Services: Our Programs

- Behavioural Supports Ontario (BSO)
- Geriatric Assessment and Intervention Network (GAIN)
- Geriatric Emergency Management (GEM) Nurses
- Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)
- Senior Friendly Hospitals (SFH)
Our TNA Approach
Introduction

• Service Needs and Capacity Analysis Report (2013):
  • 10-year, 27% increase in the prevalence of frailty among older adults in the region

• GAIN Formative Evaluation (2013):
  • recruitment challenges, including persistent vacancies in different geriatric health-professional positions (e.g. nurse practitioners with expertise in gerontology)
Introduction

- Current availability and creation of geriatric health professionals is outpaced by demographic transition

- Known insufficiencies in core professional education (CPE) curricula related to gerontology

- Geriatric education tends to happen through continuing professional development (CPD), and methods often vary across health professional disciplines (e.g. post-professional certifications, specialization, clinical rotations, and etc.) (Bardach & Rowles, 2012)
Purpose & Alignment

**Purpose**
To determine the current gerontological training needs of health professionals working in specialized geriatric services in the region of the CE LHIN, in order to formulate recommendations for ongoing improvement.

**Alignment**
Supporting Seniors Care Network Strategic Priorities:
- fostering excellence among current providers across the system
- increasing awareness of age-related health needs
Approach

• Designed using a combined approach of both:
  • Metcalf and Rodriguez (2010)
  • Hall et al. (2000)

• Primary Research Question:

  What are the current gaps in gerontological expertise among SGS providers in the region of the CE-LHIN?
Methods

• Gerontological Needs Identification Survey of SGS Providers:
  • Mix of scaling, semi-structured, and open-ended survey questions
  • Needs identification of CPE and CPD

• Convenience sample of GAIN Education Day 2013 Attendees (n=36; response rate ~64%)
  • Broad distribution of professionals (e.g. GEM, OT, Pharmacy, Physicians, Health Information Management Professionals)
  • Varied levels of self-rated geriatric expertise and experience
Analysis

• Descriptive statistics – SPSS
• Inductive Content Analysis – NVivo 10
Findings
Current Geriatric Competencies

• SGS providers are not necessarily being recruited directly from educational institutions. Rather, many have grown into the role of geriatric specialists through various CPD activities and clinical experience while working within the system.

<table>
<thead>
<tr>
<th>Years of Service in Seniors Care</th>
<th>% of persons</th>
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<tbody>
<tr>
<td>1 to 4</td>
<td>14.7</td>
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<td>5 to 9</td>
<td>17.6</td>
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<td>10 to 20</td>
<td>29.4</td>
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<td>20+</td>
<td>38.2</td>
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<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>100.0</strong></td>
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</table>
Core Professional Education (CPE)

• ~77% completed their CPE outside of the region of the CE-LHIN

• majority rated their preparedness to work with older adults as somewhat unprepared following CPE

• 88% indicated that there were clear educational/training gaps related to older adults in their CPE
Post-Professional Training & Certification

• 58% indicated they had completed additional specialized training in geriatrics

• some had specialized training to enhance geriatric competencies, including specialist certifications in gerontology, collaborative practice, geriatric pharmacy, case management, and geriatric assessment.

• several indicated they were hoping to complete a specialist certificate/training program specific to geriatrics in the future
Current Geriatric Competencies

Ratings level of knowledge/expertise in geriatrics (including care of older adults) on a scale of 1 to 5 (1-None, 5-Expert):

- After completion of CPE:
  - limited preparation (MEAN=2.94; Median=3.0; SD=1.06)

- Current expertise:
  - just above average (MEAN=3.67; Median=4.0; SD=0.68)
Current Geriatric Competencies

• Most frequently encountered issues:
  • system navigation and access (47%)
  • functional mobility and falls (39%)
  • dementia and cognitive impairment (36%)
  • mental health issues and care (36%)
  • management of family and social care (36%)

• Issues they felt least prepared to deal with:
  • management and treatment of mental health issues (53%)
  • system navigation and access including awareness of services (22%)
  • social issues including poverty and homelessness (19%)
Lessons Learned
Recommendations

1. Priority areas of regional CPD activities (non-SGS & SGS providers)

2. Sharing findings and leveraging educational partnerships

3. Identification of core competencies for SGS programs
Recommendations

4. Development of a CPD catalogue for SGS services

5. Program-specific gap analyses of competencies

6. CPD Plan for SGS
Next Steps

• 2 Working Groups:
  • **GAIN** - identification of clinical competencies associated with effective assessment of each domain of the Comprehensive Geriatric Assessment (CGA)
  • **GEM** – role profile and competency framework

• Revised survey to be repeated across all 4 programs each year *(in progress)*
Tips & Considerations
Training Needs Assessment (TNA)

A TNA should:

• identify the current state of the group’s knowledge/experience/performance/competence/skill
• identify gaps in those knowledge/experience/performance/competence/skill areas
• lead to the development of strategies to address those gaps (e.g. policies, procedures, CPD, and etc.)
• be connected to a larger quality improvement strategy
• be an ongoing process (progress reviewed annually, periodically repeated)
# Key Steps in Designing a TNA

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<tbody>
<tr>
<td><strong>What</strong></td>
<td>Goals, objectives, and questions you want to answer</td>
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<tr>
<td><strong>Who</strong></td>
<td>Group you are focusing on (professional characteristics, availability, communication styles)</td>
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<tr>
<td><strong>When</strong></td>
<td>Timeline (time constraints, feasibility of methods)</td>
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<tr>
<td><strong>Where</strong></td>
<td>Context (environment, (sub)-cultural dynamics, funding/economic considerations)</td>
</tr>
<tr>
<td><strong>How</strong></td>
<td>Approach &amp; Methods (practice observation, survey, chart review, and etc.)</td>
</tr>
</tbody>
</table>
Other Questions to Ask and Reflect Upon

Is this an existing team within our organization (stage of reformation) whose skills we need to assess?

Is this a new team we need to build (stage of formation)?

What are your/your team’s evaluation/research skills/abilities? Do you have the necessary ‘data’ collection and analytical abilities?
# Examples of TNA Strategies

<table>
<thead>
<tr>
<th>Perceived Needs</th>
<th>Unperceived Needs*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey</td>
<td>Knowledge Test*</td>
</tr>
<tr>
<td>Interview</td>
<td>Chart Audit</td>
</tr>
<tr>
<td>Focus Group Interviews</td>
<td>Critical Incident Reports</td>
</tr>
<tr>
<td>Key Informant Interviews</td>
<td>Critical Reflective Practice (e.g. case diaries)</td>
</tr>
<tr>
<td>Interviews with Clinical Experts</td>
<td>Patient Feedback</td>
</tr>
<tr>
<td>Evaluation of Previous CPD Activity</td>
<td>Practice Observation</td>
</tr>
</tbody>
</table>

1. (Mainpro+, 2015)
Next Steps (Implementation)

• Ethics Approval
• Schedule
• Data collection
• Analysis
• Formulate recommendations/strategies
• Share findings
• Prioritize and implement strategies
Remember...

- There is no best/perfect approach or method(s)
- Every approach and method(s) has limitations
- Judge:
  - based on all available information, which approach and method(s) is the most feasible, and which will get us as close to the answers we need
  - based on your individual/evaluation team’s skills and abilities (work to your strengths)
References


References


Thank You

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