

# Scaling Up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan: Evaluation Report

University of Saskatchewan

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The Dementia Supports in Rural Saskatchewan project team is made up of the Backbone Management Group, the Advisory Committee & Collaborating Organizations.



### Backbone Management Group

Dr. Bonnie Jeffery, PhD, Project Lead  
Faculty of Social Work & SPHERU, University  
of Regina - Saskatoon Campus

Dr. Tom McIntosh, PhD  
Faculty of Arts Associate Dean (Research &  
Graduate Studies), Politics and International  
Studies & SPHERU, University of Regina

Dr. Nuelle Novik, PhD  
Faculty of Social Work & SPHERU, University  
of Regina

Dr. Akram Mahani, PhD  
Johnson Shoyama Graduate School of Public  
Policy & SPHERU, University of Regina

### Evaluation Coordinator

Dr. Nancy Akwen, PhD  
SPHERU, University of Regina

### Project Coordinator

Sue McGee, BHS & MHA candidate  
SPHERU, University of Regina

Research Assistant: John Belay

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## Glossary

<b>Term</b>	<b>Definition</b>
Collaborating Organizations	Collaborating organizations are diverse stakeholders from different sectors and organizations who come together in a structured and coordinated way to collectively address complex social issues, pooling their resources and expertise to achieve common goals and create lasting positive change for their community.
Collective Impact	Collective impact is a structured approach to collaboration involving different stakeholders working together to address complex social issues.
Dementia	Dementia is a progressive and degenerative neurocognitive health issue characterized by a decline in cognitive functions including memory, language, reasoning, and the ability to perform daily activities.

## List of Acronyms

<b>Term</b>	<b>Definition</b>
DSRS	Dementia Supports in Rural Saskatchewan
PLWD	Person(s) Living with Dementia
RaDAR	Rural Dementia Action Research
PHC	Primary Health Care
PC-DATA™	Primary Care Dementia Assessment and Treatment Algorithm
EMR	Electronic Medical Records
SHA	Saskatchewan Health Authority
SPHERU	Saskatchewan Population Health and Evaluation Research Unit

# Executive Summary

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## Background

This report provides an assessment of Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan, a project supported by the Dementia Supports in Rural Saskatchewan (DSRS) initiative. DSRS is a five-year (2019-2024) Collective Impact initiative undertaken by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), University of Regina, and funded in part by the Government of Canada's New Horizons for Seniors Program. The Dementia Supports in Rural Saskatchewan project seeks to improve public awareness of the stigma and social isolation experienced by people living with dementia (PLWD) and their care partners. Through DSRS, SPHERU supported eight collaborating organizations' projects, including scaling up memory clinics in rural Saskatchewan, led by the RaDAR team of the University of Saskatchewan. The project's purpose is to implement and sustain rural memory clinics in the Yorkton area in collaboration with primary healthcare professionals and Saskatchewan Health Authority (SHA) leadership.

The RaDAR team, composed of researchers at the University of Saskatchewan, collaborates with SHA directors and managers from primary health care, long-term care, mental health, and the Alzheimer Society to support strategies that enhance early recognition and diagnosis of dementia and provision of team-based care. The RaDAR team supports primary health care teams to implement a memory clinic model that is adaptable for different rural settings and encompasses coordinated care. Memory clinics are held by each primary health care team one day every month or as needed. Patients are seen in the morning and the afternoon. Memory clinic teams include family physicians/nurse practitioners, home care nurses/assessors, occupational therapists, Alzheimer Society First Link Coordinators, and primary health care facilitators/managers, and some teams include dietitians and community pharmacists. Patients and family members meet the team on clinic days, and patients receive an assessment from each health professional. The patient and family then meet with the team to review recommendations and care plans. The RaDAR team supports clinics by networking with SHA leadership and health

professionals, providing resources, sharing information on best practices, and providing continuing education opportunities.

## Evaluation

The research team at SPHERU conducted an outcome evaluation of the Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan project to assess the progress on objectives and outcomes of the project. The evaluation process involved the analysis of data collected through document reviews and focus group discussions with the RaDAR and memory clinic team members. The documents reviewed included regular meeting records and bi-annual and program completion outcome reports.

## Findings

The project upheld its approach of enabling a model of care that facilitates access to diagnosis and management for people living with dementia in rural communities.

The main objectives were to establish new memory clinics and to sustain them in the short and long term. During the project period (October 2022 to June 2024), the RaDAR team held approximately 18 meetings with the SHA leadership and health professionals in the Yorkton area. Some of these meetings were planning meetings aimed at expanding memory clinics, education webinars, training, and orientation sessions. Orientation and PC-DATA™ sessions for new memory clinic teams focused on familiarizing team members with the RaDAR memory clinic model including the Primary Care Dementia Assessment and Treatment algorithm (PC-DATA™) developed by Dr. Dallas Seitz (Geriatric Psychiatrist). Orientation sessions also involved a review of PC-DATA™ flowsheets adapted by the RaDAR team for provincial EMR systems and resources/supports available to new teams (e.g. shadowing nearby memory clinics).

These endeavours led to the establishment of the Esterhazy RaDAR memory clinic, which started operations in June 2023, while two memory clinic teams were enrolled for Canora and Melville. These memory clinic teams include family physicians, nurse practitioners, home care nurses/assessors, occupational therapists, primary health care managers, a community pharmacist, and an Alzheimer Society First Link Coordinator. As of June 2024, 25 patients had

been assessed in 13 clinics at the Esterhazy memory clinic. The Canora memory clinic team received orientation and PC-DATA™ training, while the Melville team's orientation and PC-DATA™ training is scheduled for October 2024.

We evaluated the impact of the RaDAR project by assessing the key performance indicators for the short-term, intermediate, and long-term outcomes. Regarding short-term outcomes, we examined the target population's access to the project's services, levels of involvement, interaction, and feedback about the project. A growing number of primary health care professionals demonstrated interest in implementing memory clinics. This was evident by their participation in information webinars, orientation, PC-DATA™ education sessions, and planning meetings organized by RaDAR. The health professionals' commitment led to the enrollment of the memory clinic teams in Esterhazy, Canora, and Melville.

The intermediate impact of the project on enhancing knowledge about dementia and improving supports for customers and clients was apparent. Firstly, the increasing demand for services demonstrated that there was increasing public awareness of the memory clinic services. As of May 02, 2023, the Esterhazy memory clinic waitlist consisted of 10 patients, though the clinic was scheduled to start operating in June 2023. The Esterhazy memory clinic continually reported a steady demand for services and still had waitlists to assess patients. Other physicians in these areas are aware that patients can be referred to the memory clinic, and occupational therapists have inquired about the possibility of establishing memory clinics in their communities. Secondly, the clinics provided interprofessional collaboration in dementia assessment, which reduced specialist referrals and the amount of time families in these rural areas would have had to travel to access services. For health professionals, the team assessment approach improved the odds of early dementia diagnosis and boosted confidence in the diagnosis for all parties because multiple health professionals assessed and developed management plans to support families.

Regarding sustainability, the RaDAR team established processes to sustain new memory clinic teams in the first and second year of operation by providing operational guidance, and clinical guidance and holding regular workgroup meetings to identify and resolve issues. Primary health care managers and directors were very supportive of the establishment of memory clinics and



participated in several workgroup meetings and information webinars during the enrollment and implementation of memory clinics. RaDAR continues to support the efforts of memory clinic teams and SHA leadership by sharing information and best practices during its quarterly check-in teleconferences. The team maintains relationships with key stakeholders—primary health managers and the SHA leadership—who are cognizant of the availability of health professionals within various communities, key memory clinic operations, dementia care gaps, and areas of growth across health networks.

The major challenge that emerged during the implementation of the project relates to the shortage of healthcare staff. There is a limited number of family physicians and nurse practitioners serving communities surrounding Yorkton. Consequently, medical staff have heavy caseloads and have less time to commit to the implementation of memory clinics or increase the frequency of the clinics to meet demand. Notwithstanding, the Esterhazy memory clinic continued to operate, and it is anticipated that the new memory clinics in Canora and Melville will reduce the number of referrals to Saskatoon and Regina.

It was evident that primary health care professionals—the first point of contact and entry to the health system—continually champion the establishment of memory clinics in the communities. Lessons learned from the project emphasize the necessity for continuous training to enhance early recognition and diagnosis of dementia. Additionally, the expansion and continuity of memory clinics are reliant on sustained interest from primary healthcare professionals and appropriate support from the SHA leadership. Thus, the major recommendation from this project advocates expanding recruitment and compensation measures to reduce medical staff shortages in rural areas.

## Introduction

Saskatchewan has approximately 1.2 million residents, with about 33% living in rural areas. In 2020, the province also had approximately 17,500 individuals living with dementia with this projected to increase to 42,300 by 2050 (Alzheimer Society of Canada, 2022). It is projected that 62% of Canadians with dementia will be living in their own homes (Alzheimer Society of Canada, 2010).

Seniors residing in small cities and rural areas often face unique barriers to accessing dementia care and services, including accessible facilities. The absence of sufficient services supporting persons living with dementia (PLWD) in rural Saskatchewan may decrease social inclusion and affect the well-being of older adults with dementia and their care partners. The Dementia Supports in Rural Saskatchewan (DSRS) is a five-year collective impact initiative undertaken by the Saskatchewan Population Health Evaluation and Research Unit (SPHERU) and funded in part by the Government of Canada's New Horizons for Seniors Program. The project focuses on improving the public's awareness of the stigma and social isolation experienced by persons living with dementia and their care partners. SPHERU collaborates with provincial and local organizations to design and implement individual, community, and organizational level interventions that enhance the social inclusion of older adults with dementia living in small towns and rural communities in Saskatchewan.

The project aims to achieve the following objectives:

1. To improve the feeling of social inclusion of older adults with dementia and their care partners residing in Yorkton and surrounding rural areas (individual programs)
2. To improve public awareness about dementia (community programs)
3. To reduce the level of public stigma about dementia (community programs)
4. To improve support for customers, clients, and employees who are living with dementia or their care partners residing in Yorkton and surrounding areas (organizational programs)

The DSRS has funded eight collaborating organizations' (COs) programs to address these objectives. Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural

Saskatchewan is one of the projects supported by the DSRS collective impact initiative. The project's purpose is to implement and sustain rural memory clinics in the Yorkton area in collaboration with primary healthcare professionals and SHA (SHA) leadership. The project supports greater social inclusion of people living with dementia by building capacity and establishing services for dementia diagnosis and ongoing management directly in local rural communities. Its objectives include:

- Establish new memory clinic sites in Yorkton and surrounding areas
- Sustain new memory clinic sites in the short and long-term

## Project Activities

The RADAR approach proposes a model of care that facilitates diagnosis and management so that people living with dementia access interprofessional team-based care that is close to their communities. In 2015, the RaDAR team at the University of Saskatchewan began collaborating with primary healthcare teams in the former Sun Country Health Region of Saskatchewan to develop and operationalize a Rural Primary Health Care Model for Dementia. The team is composed of researchers led by Dr. Debra Morgan. The process involves setting up a regional steering group that meets quarterly to identify gaps, share initiatives in dementia care, and support research partnerships to address challenges to early recognition and diagnosis of dementia and the provision of team-based care. The steering group includes the RaDAR team, SHA (SHA) directors and managers from PHC, long-term care, mental health, and the Alzheimer Society. The RaDAR team supports primary health care teams to implement a memory clinic model that is adaptable for different rural settings and encompasses coordinated care. RaDAR memory clinics are currently operated by primary health care teams in some southeast areas of the province including Esterhazy, Kipling, Weyburn, Carlyle, Rural West (Bengough, Radville, and Coronach), Maryfield, and Lampman.

## *Scaling up RaDAR Primary Health Care Memory Clinics in Rural Saskatchewan project*

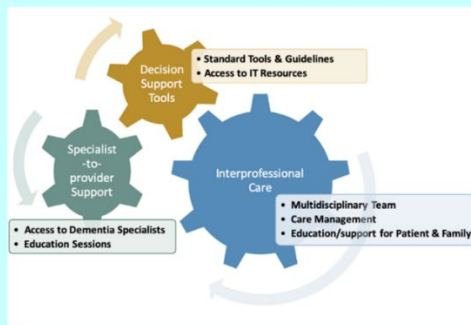
The DSRS supported the RaDAR project to follow the same format for the implementation of a memory clinic in Esterhazy and the enrollment of memory clinic teams in Melville and Canora. The RaDAR memory clinics are held once every month or as needed, and patients are seen in the morning and the afternoon. Memory clinic teams include family physicians/nurse practitioners, home care nurses/assessors, occupational therapists, Alzheimer Society First Link Coordinators, and primary health care facilitators/managers, and some teams include dietitians and community pharmacists. The First Link Coordinator plays a critical role in providing support to families and raising awareness within the clinic team about services that are available for patients and their families.

On clinic days, team members meet to deliberate cases before meeting patients and family members. Patients and family members meet the team to discuss their concerns, receive an assessment from each health professional, and engage with the Alzheimer Society First Link Coordinator. The team debriefs at the end of each appointment followed by a team meeting with patients and families to review recommendations and care plans. The RaDAR team supports the implementation of clinics by networking with SHA leadership and health professionals, providing resources, sharing information and best practices, and collecting and analyzing process and outcome evaluation data. They also provide mentorship support and cooperate with new primary health care teams to adapt the memory clinic model to their practice.

*Figure 1: Role of RaDAR Team and RaDAR Rural Primary Health Care Memory Clinic Model*

Role of the RaDAR Team	
✓	<b>Work with new primary health care teams to adapt memory clinic model to their practice</b>
✓	<b>Mentorship and operational support</b>
✓	<b>Resources</b> (e.g., team laptop, conference phone, MOCA training)
✓	<b>Decision support</b> (PC-DATA™ EMR templates and RaDAR handbook)
✓	<b>Dementia-related continuing education</b>
✓	<b>Regular workgroup meetings</b> in first year of clinic operation to support and debrief
✓	<b>Quarterly check-in meetings</b> with SHA directors, managers, and facilitators
✓	<b>Quarterly regional Steering Group meetings</b> with ASOS and SHA directors/managers
✓	<b>1-1 meetings</b> with individuals as needed
✓	<b>Knowledge mobilization</b> with newsletters, reports, annual Summit
✓	<b>Fund travel</b> to shadow nearby memory clinics and specialist RRMCM, annual RaDAR Summit and national conferences for continuing education

## RaDAR Rural Primary Health Care Memory Clinic Model



### Interprofessional Care

- Interprofessional team (e.g., FP/NP, HC/SW, OT, PT, Alzheimer Society First Link Coordinator)
- Coordinated clinic day assessment
  - Team huddle, team meeting with patient and family to discuss reason for visit
  - Patient assessments and care partner interviews
  - Team debrief, team meeting with patient and family to discuss care recommendations
- Shared electronic medical record (EMR) templates
- Shared decisions and recommendations

### Specialist-to-Provider Support

- PC-DATA education with Dr. Dallas Seitz (Geriatric Psychiatrist, UCalgary)
- Continuing education webinars on dementia-related topics
- Specialist Rural and Remote Memory Clinic (USask) offers virtual assessment and interventions for patients and families
- Telephone consultation with Saskatoon geriatricians (polypharmacy and falls assessment)

### Decision Support

- Assessments guided by the Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA) developed by Dr. Dallas Seitz, based on Canadian guidelines
- EMR templates based on PC-DATATM and available to memory clinic teams in both provincial systems, include a separate section for each team member to guide patient assessment and inform the final case conference between team, patient, and family.
- RaDAR Handbook includes scripts, work standards, forms for patient letters (e.g., appointment confirmation) and PC-DATA education manual

## Evaluation

The SPHERU team is conducting two distinct types of evaluation during the collective impact initiative. The **process** evaluation examines the socio-cultural, organizational, and external factors that have shaped and influenced the design and implementation of the DSRS collective impact project in Yorkton and surrounding rural areas. The **outcome** evaluation examines the short-term, intermediate, and long-term impact of single CO projects. This report presents the findings of the outcome evaluation for *Scaling up RaDAR Primary Health Care Memory Clinics in Rural Saskatchewan*.

## Methods

The outcome evaluation, conducted between February and March 2024, assessed the short-term, intermediate, and long-term outcomes of the project. We collected data through focus group discussions and document reviews. We conducted two focus group discussions with the RaDAR project team and a team of health professionals from the Esterhazy memory clinic.

Documents reviewed include regular meeting records and bi-annual and program completion outcome reports. We examined the key performance indicators that reflected the achievement of short-term, intermediate, and long-term outcomes. The subsequent sections present key findings from the evaluation related to progress made in achieving the project's objectives and outcomes.

## Findings

### Project Objectives

The main objectives were to establish new memory clinics and to sustain them in the short and long term. Activities were tailored to meet specific objectives throughout the project period. The information analyzed indicates that the DSRS-supported RaDAR project achieved its primary objectives.

#### Objective 1: Establish a new memory clinic site in Yorkton and surrounding areas

Specific objectives:

- Initiate contact with SHA leadership and clinicians in the Yorkton area to gauge interest in implementing memory clinics
- Collaborate with SHA leadership and clinicians to create 1-2 new memory clinic sites
- Provide opportunities for new memory clinic teams to shadow existing rural memory clinics
- Provide a 1-day training workshop to new memory clinic teams
- Plan the first memory clinic with each new team

Before the start of the Dementia Supports in Rural Saskatchewan RaDAR project, the RaDAR team-initiated contacts with SHA leadership and clinicians in the Yorkton area to gauge interest in implementing memory clinics. During the project period (October 2022 to June 2024), the RaDAR team held approximately 18 meetings with the SHA leadership and health professionals in the Yorkton area. Some of these meetings were planning meetings aimed at expanding

memory clinics, education webinars, and training. During planning meetings for the creation of the memory clinics, the RaDAR team presented an overview of the memory clinic model, reviewed the purpose of the clinics and team-based care, and made connections to services and supports. Initial steps to implement clinics were reviewed with emphasis on the role of different memory clinic team compositions and the identification of core clinic team members. The team also examined clinic format and functioning, such as the frequency of memory clinics, space requirements, adapting clinic model to different clinic team arrangements, and the role of the RaDAR research assistant in data collection, sharing best practices, and orienting new teams. Through these engagements, the RaDAR project lead highlighted other supports available for memory clinics, including partial funding for laptop purchase and Montreal Cognitive Assessment (MoCA) training.

Orientation and PC-DATA education sessions for new memory clinic teams focused on familiarizing team members with the RaDAR memory clinic model including the Primary Care Dementia Assessment and Treatment algorithm (PC-DATA™) developed by Dr. Dallas Seitz (Geriatric Psychiatrist). Orientation sessions also involved a review of PC-DATA™ flowsheets adapted by the RaDAR team for provincial EMR systems and resources/supports available to new teams (e.g., shadowing nearby memory clinics). A video of the Kipling memory clinic was used in training sessions with the new Esterhazy memory clinic team while the Kipling and Esterhazy videos were used for training with the new Canora memory clinic team.

These collaborative endeavours led to the Esterhazy RaDAR Memory Clinic starting operations in June 2023, while two memory clinic teams have been enrolled for Canora and Melville. These memory clinic teams include family physicians, nurse practitioners, home care nurses/assessors, occupational therapists, PHC Managers, a community pharmacist, and the Alzheimer Society First Link Coordinator. As of June 2024, 25 patients had been assessed in 13 clinics at the Esterhazy Memory Clinic. The Canora memory clinic team has received orientation and PC-DATA™ training and a first workgroup meeting with RaDAR is planned for summer 2024 to prepare for Canora's first memory clinic. The Melville team's orientation and PC-DATA™ training is scheduled for October 2024.

Figure 2: RaDAR engagement to scale up memory clinics in Yorkton and Surrounding Areas



Objective 2: Sustain new memory clinic sites in the short and long-term

- Support new memory clinic teams in the short term during their first year of operation
- Share information and best practices across memory clinic sites
- Collect and analyze process evaluation and outcome data
- Provide continuing education webinars to all memory clinic teams and SHA leadership
- Offer in-person continuing education opportunities to memory clinic teams
- Enroll, train, and support 1-2 additional memory clinic teams

The RaDAR project achieved these objectives through continuous engagement and information sharing with all stakeholders. The project’s approach facilitates networking and provides opportunities for enrollment and sustained mentorship of new memory clinic teams.

A RaDAR team member attended 10 Esterhazy memory clinics held and addressed questions from team members regarding operational processes. All four members of the RaDAR team participated in workgroup meetings held every one or two months with the Esterhazy memory clinic team to examine the operational and clinical issues that emerged during memory clinics. The RaDAR team also facilitated opportunities to shadow existing rural memory clinics to observe assessments and learn more about the activities and resources required to run an effective memory clinic. The Esterhazy family physician, current lead of the Esterhazy Memory Clinic shadowed the Weyburn Memory Clinic and specialist Rural and Remote Memory Clinic in



Saskatoon. Six Canora memory clinic team members (Nurse Practitioner, Physician, Occupational Therapist, nurses/assessors) shadowed three Esterhazy memory clinics from March to June 2024.

The RaDAR team shared information and best practices across the memory clinic teams during its quarterly check-in teleconferences with PHC managers from the southeast memory clinic sites. Some issues discussed in these sessions included recruitment efforts for vacant SHA positions on the memory clinic teams and developing consult summary reports for health professionals who refer to the memory clinics. Project updates were also shared through the annual Memory Clinic Update released in January 2024 and the bi-annual RaDAR newsletter. The information sharing across health networks and communities resulted in PHC directors, managers, and health professionals expressing interest in implementing memory clinics in the communities of Canora (120 km north of Esterhazy) and Melville (80 km northwest of Esterhazy).

The project team collected process evaluation data during workgroup meetings with the Esterhazy team and through discussions and emails with consenting team members and SHA management. Outcome data was collected at Esterhazy memory clinics with patients and caregivers. The RaDAR team also facilitated education opportunities on dementia-related topics for memory clinic teams and SHA Health Authority Leadership. On March 5, 2024, RaDAR organized an educational event where Dr. Elizabeth Rhynold, a geriatrician with the SHA and faculty in the University of Saskatchewan Department of Medicine, presented on diagnosing and staging dementia. 45 health professionals, including memory clinic team members in the southeast of Saskatchewan and SHA staff, attended the continuing education event. Moreover, RaDAR facilitated the attendance of four members of the Esterhazy team at the *Canadian Conference on Dementia* in Toronto (November 2-4, 2023). Team members also attended the virtual *16<sup>th</sup> Annual Summit of the Knowledge Network in Rural and Remote Dementia Care* (November 21-22, 2023). As of June 2024, when the RaDAR project ended, members of the Esterhazy, Canora, and Melville memory clinic teams had been notified about the *2024 Annual Summit of the Knowledge Network in Rural and Remote Dementia Care* (November 26-27, 2024).

The enrollment of new memory clinics for Canora and Melville was feasible due to the informal discussions with community partners about a potential second location for the memory clinic,

the success of the Esterhazy memory clinic, and information sharing between health professionals in neighbouring communities. The RaDAR team held several meetings with SHA management and Canora team members to discuss a possible Canora/Kamsack memory clinic and hosted webinars to provide information, orientation and PC-DATA™ education. They explored existing resources to enroll teams and maximize resources in the same geographical location. For instance, the new memory clinic in Melville - a town 80 km northwest of Esterhazy - will benefit from the support of the Esterhazy memory clinic team, and both the occupational therapist and the Alzheimer Society First Link Coordinator of the Esterhazy memory clinic will be part of the Melville memory clinic team.

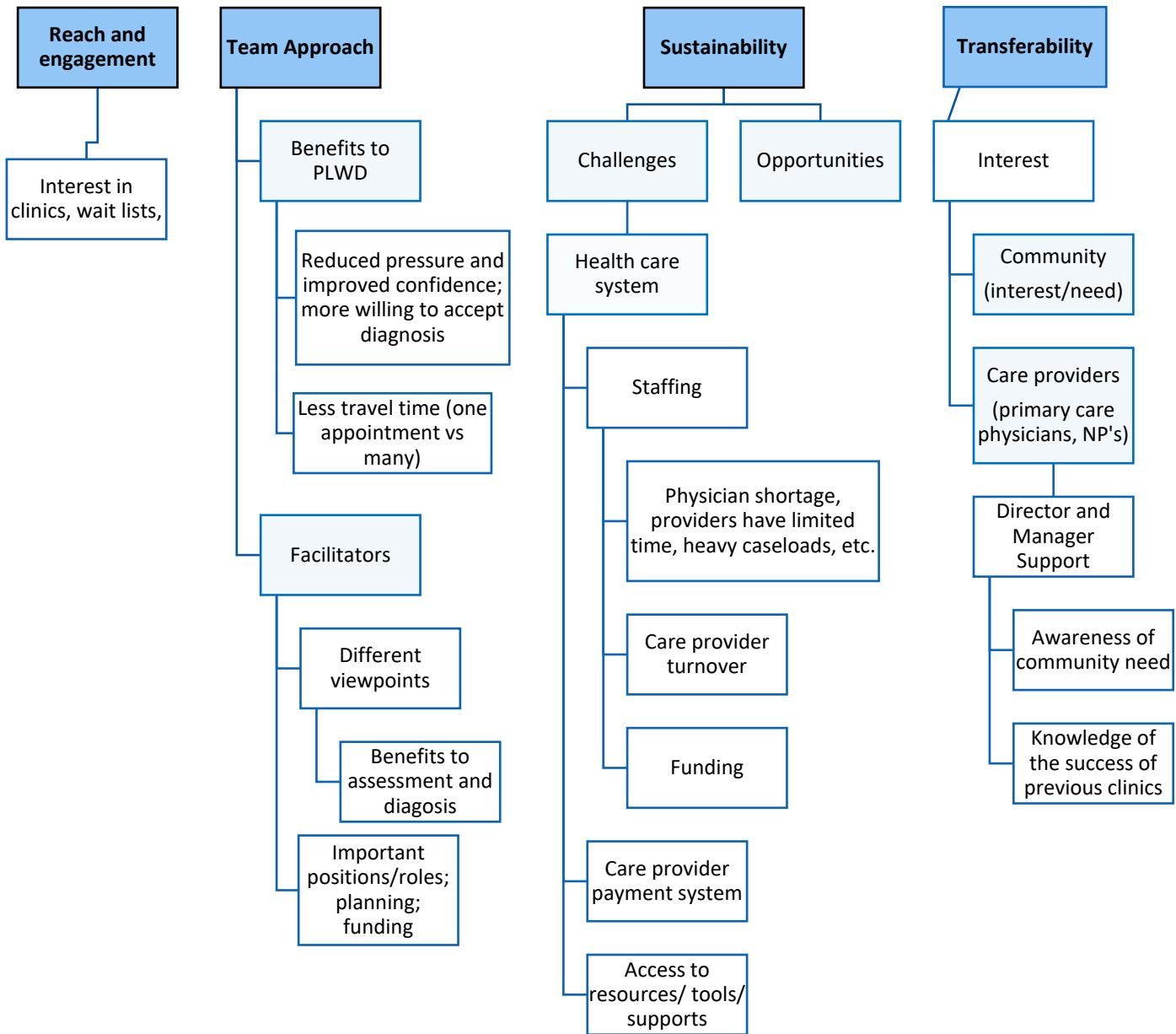
## Project Outcomes

We evaluated the impact of the project using the key performance indicators (KPIs). The KPIs (see Appendix B) were co-developed with the RaDAR project team and tracked throughout the project period. We assessed the extent to which project activities matched the indicators for the short-term (reach and engagement), intermediate (effectiveness), and long-term (sustainability and transferability) outcomes.

### Short-Term Outcomes: Reach and Engagement

In the context of this project, reach and engagement relate to the target population that accessed the project's services and their level of interaction with the intervention. Primarily the project envisioned increasing interest among primary health care professionals to implement memory clinics, access to memory clinic training for these professionals and subsequently expanding memory clinic services to persons living with dementia and families. A growing number of primary health care professionals demonstrated interest in implementing memory clinics. This was evident by their participation in the information webinars, orientation and PC-DATA™ education sessions, and planning meetings organized by RaDAR.

Figure 3: RaDAR progress with short, intermediate, and long-term outcomes



SHA Management and Primary Health Care teams from Canora that have attended information and training sessions:

*1 PHC Director, 2 physicians, 3 PHC Managers, Occupational Therapist, 1 Home Care nurse, 1 Home Care Assessor/Coordinator, 1 Nurse Practitioner, 1 Alzheimer Society First Link Coordinator*

SHA Management and Primary Health Care teams from Esterhazy that have attended sessions:

*1 PHC Executive Director, 2 PHC Directors, 1 family physician, 1 home care nurse, 1 home care assessor/coordinator, 1 medical social worker, 1 Alzheimer Society of SK Director of Programs and Services, 1 administrative support person, 2 PHC Managers, 1 community pharmacist, 1 occupational therapist, 1 Alzheimer Society First Link Coordinator*

Memory clinic team members also participated in other educational opportunities, such as the RaDAR continuing education webinar, the Annual RaDAR Summit, and the Canada Conference on Dementia in Toronto. The health professionals followed through with their commitment to implementing memory clinics, which was evident in the number of memory clinics held as of June 2024 (13 for Esterhazy and the first clinic for Canora scheduled for summer 2024). The first Melville memory clinic is to be decided after the team's orientation and PC-DATA™ training in October 2024. The memory clinic has enhanced the availability of assessment

services for persons living with dementia and families. A total of 25 patients accompanied by 26 caregivers have been assessed in the Esterhazy memory clinics.

## Intermediate Outcomes: Effectiveness

We examined the impact of the RaDAR project on enhancing knowledge about dementia and improving supports for customers and clients.

### *Enhanced public awareness of memory clinic services*

Primary healthcare professionals shared information about the memory clinics with the surrounding communities - many patients heard about the clinics through word of mouth. Moreover, being part of the larger SPHERU Dementia Supports in Rural Saskatchewan Project facilitated awareness raising because other DSRS initiatives often informed their participants about these existing supports for people living with dementia. The Esterhazy memory clinic team

continually received a steady demand for services and indicated that there is a need for more memory clinics to be held in a month to assess more patients.

As of May 2, 2023, the Esterhazy memory clinic waitlist consisted of 10 patients though the clinic was scheduled to start operating in June 2023. Other physicians in these areas are aware that patients can be referred to the memory clinic, and occupational therapists have inquired about the possibility of establishing memory clinics in Kamsack and Yorkton. Other stakeholders including the media were keen on disseminating information about the memory clinics. The RaDAR project lead granted 3 interviews about the Esterhazy memory clinic on 650 CKOM), Canadian Broadcast Corporation (CBC) Morning Edition with Stefani Langenegger, and Global Regina.

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*“...if there weren't patients needing this service, the clinic wouldn't have been able to start or be sustained for this long. And we know that there's a need also because the clinic could be running twice a month, and it's only running once a month right now...” Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*



*“I know {Esterhazy memory clinic lead} has mentioned she'd like to do two days a week because there's that many people that she wants to see, but it's just- it's hard for the team to have two full days that they're donating their time for that. But, yeah, I don't know the number, the exact number that's on the list, but they do have quite a waiting list.” Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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### *Support demonstrated by the health system for memory clinic services*

The primary healthcare managers and directors were very supportive of the implementation of memory clinics. The PHC Directors for Southeast 3 and 5 and the Area Division Lead participated

in several RaDAR workgroup meetings and information webinars during the enrollment and operation of memory clinics. The PHC directors who oversee primary health care services for several communities within the Southeast health networks of the province were the main contacts and facilitated enrollment of the new memory clinic teams. For instance, the PHC Director of the Southeast 5 health network (includes Esterhazy and Melville) was very supportive of the Esterhazy memory clinic while two PHC managers were keenly involved in the implementation of the Melville memory clinic site.

### *Improved dementia assessment process*

The memory clinic strategy highlighted the benefits of a team approach that is already supported in the field of dementia care. The clinic provided opportunities for patients and families to be assessed by different health professionals simultaneously. This approach was beneficial in several ways. Firstly, the setting at the clinic enables the communication between the health professionals, patients, and family members that facilitates diagnosis and management.

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*“I would say that dementia, most people think of memory, like cognitive issues, but it also has an impact on your emotional, functional health, your physical- So, having a team approach to the assessment is really important. For a diagnosis of dementia, you have to have functional impairments as well as cognitive, so having someone who's able to assess the person's ability to do activities of daily living, and so on... it is the gold standard in dementia care to have a team-based approach” Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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The Esterhazy memory clinic team worked together to ensure that patients received a correct diagnosis and identified appropriate supports for patients and their families. This approach improves the opportunity for early dementia diagnosis for patients. RaDAR and Memory clinic team members reiterated during focus group discussions that in the absence of an early diagnosis, concerns may be ignored, and patients may not receive timely support, invariably leading to frequent or early hospitalization. However, a team-based approach ensures that all

stakeholders within the health system are aware of a patient's condition and the services that are required to provide the appropriate care.

Secondly, the interprofessional collaboration in dementia assessment also reduces specialist referrals and the amount of time families in rural areas would have to travel to access services. RaDAR team members observed that the patients at the Esterhazy memory clinic were relieved to meet multiple health professionals at the same time. The Canora and Melville memory clinic teams were enthusiastic about the new memory clinics in these towns because it would reduce the number of patients in these areas waiting for appointments in Saskatoon or Regina.

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*"I know a lot of the patients, especially in rural, whenever they have to see a specialist, it's a two hour, a four hour drive to the city. And it's always hard, 'well I have to go for this appointment this day, and this,' so they really like being able to see everyone in one appointment. It is a longer appointment, but they don't have to travel three different times to the city to see somebody." Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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Thirdly, the team assessment approach boosts confidence in a team diagnosis. According to the memory clinic team members, it is easier for patients to accept their diagnosis primarily because multiple health professionals are part of the assessment, and a management plan is established to help the family with the next steps after the diagnosis.

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*"...the patients also feel a lot more confident when it's multiple team members... they feel it's more complete. And I think they have a lot more confidence in the diagnosis than when it's just coming from a one visit. Sometimes I- previously, I did feel that the patients weren't necessarily comfortable with the diagnosis. And also, the other part is, because we're already offering support during and immediately after the visit, the patients find it a lot more hopeful even when they come up with a negative diagnosis. Being diagnosed with dementia is never an easy thing to hear, but they leave the consultation very hopeful, because we already offer the support to make concrete recommendations." Memory Clinic Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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Some of the supports recommended are available in their communities which increases cohesive care and continuity for patients and caregivers. For instance, the home care assessors who are part of the memory clinic teams often follow up with patients in the community after the clinic sessions. The caregivers also receive support from the Alzheimer First link coordinators to navigate the dementia journey with the patient.

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*“... the First Link Coordinators, well, and all the team members, I think they help the caregiver understand ... I mean, it's hard to predict exactly, and everybody's different, but helping them understand some of the things that- you know, the changes that could happen in the future, and helping them prepare for that” Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*



*“...the caregiver benefits just as much as the patient going through this process. They need just as much help or have just as many questions. So, we're not just helping the patient, but those caregivers are really looking for answers, looking for someone to talk to, looking for that connection, just looking for help. So, it helps both of them, which is really neat; that it's not just the patient, the caregiver is getting a lot out of those memory clinics as well.” Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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Memory clinic members reported that some patients who had participated in other dementia assessments before the operation of the Esterhazy memory clinics were more enthusiastic about the latter because of the supports provided.

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*“...I've been doing some memory assessments for probably 10 years, but on my own. So, I've had some patients over the, I think one or two patients that have done the previous version of me alone versus the multidisciplinary version, and they found the group approach very positive, and also the supports and the follow up plan. So, I've had very good response to that.” Memory Clinic Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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Fourthly, the memory clinics' interdisciplinary approach enables health professionals to get different viewpoints. While this is beneficial for patients because they receive a diagnosis in one setting, working in teams boosts the health professionals' confidence that patients are getting the right diagnosis and receiving appropriate support.

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*"I used to do memory assessments on my own, the Mini Mentals, MoCA, and some other questions in the medical assessment and so forth. But it's only ever one viewpoint. What I really find very beneficial is because my other team members also get to see the patient and spend some time, so we get a lot better insight in the whole situation, than when it's just from one perspective. So that, I think, it's very beneficial and it helps, really gets a much clearer view of what we think is going on with a patient." Memory Clinic Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*



*"...they continue to go through the clinics, they feel much more confident in being able to help those patients when they have the whole team around them, and they can work together to make sure that that patient is getting the correct diagnosis and the best care possible" Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*



*"...in interview- focus groups we've done with the teams, they talked about how they recognized before the clinics that they weren't able to provide the kind of care that they saw was needed. But now that they have the team, it's so much better" Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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Moreover, the collaboration between clinic team members has other benefits beyond dementia diagnosis. The team members built connections that are valuable for other health-related investigations.

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*“... it's made them more comfortable reaching out, even in other aspects ...a lot of them work in different locations, but they all come together for this memory clinic. And it not only gives them a team at the Memory Clinic, but they have made those connections and it kind of gives them a team all the time. So, if they have a patient that they need to reach out to for something different, they have that connection, and they feel comfortable with it” Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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Overall, memory clinic team members continually enhanced their knowledge of dementia through the PC-DATA™ training, sharing of best practices across clinics, and continuing education webinars.

### Long-Term Outcomes: Sustainability and Transferability

The key factors examined under sustainability relate to strategies that have been adopted to preserve the implementation, functioning, and enrollment of new memory clinics in Yorkton and surrounding areas. Regarding transferability, we analyzed the indicators that demonstrate the capacity for memory clinics to be implemented in other contexts.

The RADAR team established processes to continually support new memory clinic teams in the first year and second year of operation including providing operational guidance, clinical guidance, and holding regular workgroup meetings to identify and resolve issues. They advised on patient flow within the office space in the clinic and scheduling of patient assessments administered by memory clinic team members. This support ensures that new memory clinic members are sufficiently equipped to manage clinic operations while the RaDAR team focuses on the enrollment of new teams in other communities.

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*“...in the communities with healthcare providers that are more stable and steadier, it's not really a concern that the clinics will keep going. Because, we haven't had workgroup meetings with some team members for over a year or more, because they're just chugging along, they're doing really well, and they don't really- they're obviously sustainable.”* Memory Clinic Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

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The RaDAR team maintains its approach of periodically providing information webinars to SHA management and primary healthcare directors to generate interest in other communities. After one of these webinars provided in 2023, the PHC director for the Southeast 3 health network expressed interest in implementing a clinic in Canora and Kamsack. Working in partnership with the SHA enhances sustainability because the primary healthcare managers and directors oversee many memory clinics and are cognizant of the availability of health professionals within various communities.

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*“... I think that's been sort of the beauty of working with the SHA. It's not like we're working just one on one with each individual Memory Clinic, we have that sort of middle layer with the primary health care facilitators and managers and directors who are responsible for multiple clinics, and able to reorient the team and the clinic lead when that position gets filled again”* Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

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PHC directors and managers also participated in regular Dementia Working Group meetings with southeast Saskatchewan SHA management and Alzheimer Society representatives. This strategy supports the continuity and spread of memory clinics as SHA staff are informed of key memory clinic operations, dementia care gaps, and areas of growth across health networks.

Furthermore, RaDAR continually engages nurse practitioners and physicians who are in a unique position to stir interest amongst their colleagues to start memory clinics in their communities. As a result of these endeavours, a nurse practitioner and SHA leadership in southwest Saskatchewan contacted the RADAR team to explore the implementation of a memory clinic in their area. As of June 2024, the RaDAR team was collaborating with this team with the aim of establishing a clinic in a southwest community by the end of 2024.

The success of the memory clinics highlights the strengths of the team-based approach to assessment and care that can be emulated by other primary health care teams.

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*“...the clinics have been successful, we were told on a few different occasions that other teams, other health care providers - who are managing patients outside of having the condition of dementia - look to the RaDAR model as being an example of how primary health care is being done well, as a team. Because they have these primary health care teams, but they don't always get together on a day and see patients together and families.” Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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RaDAR disseminates information about this model of dementia assessment via different mediums. Videos of the memory clinic assessment process are available on the RaDAR website. The 5-minute Esterhazy memory clinic video, available at [https://youtu.be/7R\\_M81Y9Plg](https://youtu.be/7R_M81Y9Plg) provides an overview of a memory clinic visit and the benefits of comprehensive team-based assessments. It is a valuable tool demonstrating the clinic assessment process for potential teams interested in implementing a clinic in their community. According to the RaDAR team, the positive outcomes in the memory clinics can be replicated in other communities with the appropriate resources.

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*"They see that we don't have a radar clinic in just one or two communities, they're in multiple communities of different populations, different sizes, different makeups, different geographic areas. So, they know that this is a transferable model..." Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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## Challenges

The major challenge that emerged during the implementation of the project relates to the shortage of healthcare staff, which highlights potential drawbacks for memory clinics. Primarily, the limited number of physicians and nurse practitioners delayed the setting up of clinics. Consequently, there's insufficient capacity to increase the frequency of clinics as medical staff have heavy caseloads and have less time to operate memory clinics or increase the frequency of the clinics to meet demand. There were also long travel distances to be covered by some memory team members, for instance, the occupational therapist travelled 77 km from Yorkton for the Esterhazy memory clinic assessments. For health professionals in rural areas, memory clinics require a willingness to take on additional work because they devote a full day out of their regular schedules. RaDAR and memory team members described the prevalent scenario in the communities:

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*"... we have a nurse practitioner, she's filling in, because the physicians in that community left, plus before that, she was filling in in another town because their physicians left. And as soon as they recruited physicians, she went back to her clinic, but then the physicians there left. So, she's just been running, and just no time for anything extra other than just seeing patients, as many as she can. So, you know, those are things beyond our control that have a big impact" Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*



*"... we have a nurse practitioner, she's filling in, because the physicians in that community left, plus before that, she was filling in in another town because their physicians left. And as soon as they recruited physicians, she went back to her clinic, but then the physicians there left. So, she's just been running, and just no time for anything extra other than just seeing patients, as many as she can. So, you know, those are things beyond our control that have a big impact" Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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*“...currently, we're in a physician crisis in Esterhazy and over the next couple of months, that's going to actually worsen...we only have one occupational therapist, and she is for external- all over the place. We don't have a physiotherapist. And then we have the same problem with the homecare team members, they are actually already working short as it is. So, we have your staff shortages from all team members.”* Memory Clinic Team Member, *Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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The departure of team members challenges the smooth functioning of the memory clinics. When a nursing practitioner or family physician leaves the community the other memory clinic members might pause operations until there's a replacement. RaDAR and memory clinic members observed that, in some cases, new physicians or nurse practitioners have limited resources to devote time to memory clinic assessments.

The RaDAR team observed that the project was limited to working with doctors employed by the SHA who already had excessive workloads. They explained that fee-for-service doctors would be interested in operating memory clinics if they were compensated adequately for their time. Thus, they anticipated that ongoing changes at the provincial level could facilitate fee-for-service doctors to bill more time for their services thereby increasing the pool of doctors that would have the time and resources to commit to operate memory clinics.

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*“...something else that would help is the payment system for Family Physicians. The teams that we work with now are, where there's a physician lead, are on a contract, they're not fee for service. And for the fee for service doctors...I think that there's interest, but right now, the payment system for the lead physician just doesn't provide enough compensation, because it does take a little more time...I know, there's been some changes in the province, that I don't know that they're implemented yet. I hope that that will help, that they will be able to bill for more time. Because I think that would open up a lot of doors to family physicians who might be interested, but just feel like it's just, they're not getting compensated enough for the time”* Team Member, *Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project*

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## Lessons Learned

- The sustainability of the memory clinics is reliant on interest from the primary healthcare providers and support from the SHA leadership. Primary care providers' enthusiasm is evident as PHC managers, physicians, nurse practitioners, and occupational therapists have championed the establishment of memory clinics in the communities.
- Primary care providers are the first point of contact and entry to the health system, and some require training to recognize, assess, and diagnose dementia.
- Memory clinic team members in rural Saskatchewan often work in different locations and often have excessive workloads. Thus, perseverance is essential for managing scheduling orientation/training and coordinating training webinars for new memory clinic teams.
- It is vital for new memory clinic team members to connect with colleagues of existing memory clinics to examine specific tests relevant to their assessments. This process is essential for a new team that is keen on standardizing the memory clinic assessment tools because some parts of the assessment process are guided by a point-of-care flowsheet based on Canadian guidelines while other parts—for instance, the Occupational Therapy section—have been supplemented by previous memory clinic teams.
- There is a natural spread of the RaDAR model in communities within the same geographical location. The clinic lead in the new Melville memory clinic team is a nurse practitioner who had previously served in a community close to the first memory clinic site in Kipling and was familiar with the RaDAR model and benefits.
- The frequency of RaDAR-led workgroup meetings is directly related to the success of clinic operations. In the case of Esterhazy, workgroup meetings became less frequent as the memory clinic team became more comfortable and confident with the clinic format and processes.

## Conclusion

The RaDAR approach involves a model of care that facilitates access to assessment and management of dementia for people living with dementia in rural communities. Supported by the Dementia Supports in Rural Saskatchewan initiative, the RaDAR team collaborated with primary health care professionals and SHA leadership to increase services for dementia assessment and management in communities around Yorkton. The project's activities led to the implementation of a new memory clinic in Esterhazy and the enrollment of two new memory clinic teams for Melville and Canora. Feedback from the RaDAR project team and memory clinic health professionals demonstrates that collaboration is essential to implement a memory clinic model that is adaptable to different rural settings. Primary health care directors collaborated with clinic leads, including physicians and nurse practitioners, to identify dementia care gaps and coordinate available resources to establish memory clinic teams in communities. Lessons learned from the project emphasize the necessity for continuous training for primary healthcare professionals in rural communities to enhance early recognition and diagnosis of dementia. The dearth of health professionals, especially in rural areas, is a challenge beyond the immediate control of communities that could hinder the spread of memory clinics and the provision of coordinated team-based care. The expansion and continuity of memory clinics is reliant on sustained interest from primary healthcare professionals and appropriate support from the SHA leadership. The major recommendation from the project advocates expanding recruitment and compensation measures to reduce medical staff shortages in rural areas.

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## Appendix A: Scaling Up RaDAR Primary Health Care Memory Clinics in Rural Saskatchewan Key Performance Indicators (KPIs)

KPIs to measure outcomes		Indicators	Data Collection Method
<b>Short-Term outcomes</b>	<b>Reach:</b> Number of target population who access the intervention/program	1) # and location of primary health care (PHC) teams interested in implementing a memory clinic	Tracking
		2) # and role of PHC team members interested in implementing a memory clinic (attended Information Session)	Tracking
		3) # and role of PHC team members interested in implementing a memory clinic (attended Orientation Session)	Tracking
		4) # and role of PHC team members interested in implementing a memory clinic (attended PC-DATA™ Education Session)	Tracking
		5) # and role of PHC team members interested in implementing a memory clinic (shadowed an existing memory clinic in another community)	Tracking
	<b>Engagement</b> (use or participation, or acceptability, or uptake): Level of population interactions with the intervention/program or the content of intervention/program such as feedback and comments received	1) # and location of memory clinic sites implemented by PHC teams	Tracking
		2) # and role of PHC team members participating in memory clinics	Tracking
		3) # and role of PHC team members attending each RaDAR Continuing Education Webinar	Tracking
		4) # and role of PHC team members attending each Annual RaDAR Summit	Tracking
		5) # of patients assessed in established memory clinics	Ask Chelsie to track, assuming she attends every clinic.
		6) # of family members accompanying patients for assessment in memory clinics	Ask Chelsie to track, assuming she attends every clinic.
<b>Intermediate outcomes</b>	<b>Effectiveness: (or usefulness): Impact of intervention/program on knowledge (e.g. enhancing public awareness), behaviour (e.g. reducing stigma), and practice (e.g. improving supports for customers and clients)</b>	1) Need for memory clinics demonstrated by communities (e.g., memory clinic waitlists)	Workgroup with Memory Clinic Team
		2) Support demonstrated by communities for memory clinics (e.g., news articles)	Workgroup with Memory Clinic Team
		3) Support demonstrated by the health system for memory clinics (e.g., buy-in from managers)	Workgroup with Memory Clinic Team

		4) Challenges encountered by PHC teams when implementing or providing memory clinics	Workgroup with Memory Clinic Team
		5) Facilitators to memory clinic implementation or provision	Workgroup with Memory Clinic Team
		6) Impact of memory clinics on awareness or attitudes of people with possible dementia who require evaluation	Focus Group with Memory Clinic Team (comparing usual and memory clinic care)
		7) Impact of memory clinics on dementia evaluation process	Focus Group with Memory Clinic Team (comparing usual and memory clinic care)
		8) Impact of memory clinics on collaboration between PHC team members	Focus Group with Memory Clinic Team (comparing usual and memory clinic care)
		9) Impact of memory clinics on specialist referrals	Focus Group with Memory Clinic Team (comparing usual and memory clinic care)
		10) Benefits of memory clinics for patients and families (from PHC team members' perspectives)	Focus Group with Memory Clinic Team (comparing usual and memory clinic care)
		11) Benefits of memory clinics for PHC team members	Focus Group with Memory Clinic Team (comparing usual and memory clinic care)
<b>Long-Term outcomes</b>	<b>Sustainability: Degree to which the intervention/program is continuously used, normalized, and incorporated/integrated into public behaviour and/or organizations activities (institutionalized)</b>	1) Factors that supported the sustainability of memory clinics	Focus Group with Memory Clinic Team (sustaining and scaling up)
		2) Challenges to the continued sustainability of memory clinics	Focus Group with Memory Clinic Team (sustaining and scaling up)
		3) RaDAR plan for sustaining memory clinics	RaDAR team members
	<b>Transferability: Extent to which the intervention/program could be effectively implemented in another setting/context</b>	1) Core elements of memory clinics (that cannot be changed)	Focus Group with Memory Clinic Team (sustaining and scaling up)
		2) Adaptable elements of memory clinics (that can be changed)	Focus Group with Memory Clinic Team (sustaining and scaling up)
		3) RaDAR plan for spreading memory clinics	RaDAR team members

## Appendix B: Focus Group Interview Guide



### Outcome Evaluation Guide

#### Title of Project: *Scaling up RaDAR Primary Health Care Memory Clinics in Rural Saskatchewan*

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is supporting the RaDAR project through the Dementia Supports in Rural Saskatchewan (DSRS) initiative. The DSRS is a five-year (2019-2024) Collective Impact initiative undertaken by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), University of Regina, and funded in part by the Government of Canada's New Horizons for Seniors Program. The DSRS project seeks to improve public awareness of the stigma and social isolation experienced by People Living with Dementia (PLWD) and their care partners. Through the DSRS, SPHERU has supported eight collaborating organizations including the University of Saskatchewan's RaDAR Scaling up Primary Health Care Memory Clinics in Rural Saskatchewan project. The project's purpose is to implement and sustain rural memory clinics in the Yorkton area in collaboration with primary health care (PHC) professionals and Saskatchewan Health Authority leadership.

SPHERU is carrying out outcome evaluation to measure short-term, intermediate and where applicable, the long-term outcomes of the program. Interviews and focus group discussions are part of the ongoing evaluation that aims to assess the outcomes of the project.

Participants would receive sample questions and consent forms prior to the interview/ focus group discussions. The consent form provides details on confidentiality and management of information generated from interviews.

*Sample questions for focus group discussions:*

1. How would you describe the level of interest for memory clinics in the communities?
2. What level of support have you received within the target communities? Which sectors have been the most helpful?
3. What role has the health system played in the progress of this project?
4. Could you share some of the main factors (strengths) that support the implementation of memory clinics? What challenges do primary health care teams encounter when establishing clinics? To what extent do these affect the services provided?
5. From your perspective, what is the impact of the memory clinics on dementia awareness within the community?
6. What roles do PHC members play in the memory clinic? How is it beneficial for the dementia evaluation process at the clinics?
7. How do memory clinics affect collaboration between PHC team members?
8. What are the strengths and opportunities of the memory clinic approach for PHC team members?
9. To what extent do memory clinics affect specialist referrals?
10. In what ways do the clinics benefit patients and their families?
11. How would you describe the strengths, opportunities, challenges of sustaining and expanding memory clinics?
12. What aspects of the project's sustainability plan build on these factors?
13. To what extent can elements of memory clinics be adapted for other dementia care context?
14. What are your biggest takeaways about memory clinics?