

# Building Resilience in Caregivers (BRiC) Midterm Update



Our pre-COVID objectives for the two-year project Building Resilience in Caregivers (BRiC) were to:

1. Build linkages and connections for the caregivers of individuals impacted by dementia to education, information and build a network of peers
2. Provide a primary care-led, 10 week program of cognitive stimulation and nutrition program (in-person/group session), for individuals diagnosed with dementia

Based on the literature evaluating similar programming around the world, the outcomes of the project were predicted/hypothesized to be:

1. Maintain cognition of clients with dementia
2. Improve caregiver quality of life
3. Decrease caregiver burden, burnout, and social isolation
4. Increase caregiver supports and networks
5. Enhance caregiver capacity to care for and support patients with dementia
6. Increase the EWPCN Complex Care transition program's (formerly known as Frail Elderly Outreach Program) capacity to see more patients outside of the home setting through group programs

One of the key innovative features of the BRiC project was the execution of the standardized/established Cognitive Stimulation Therapy (CST) programming, which the team at EWPCN understands to be quite a limited offering in western Canada. CST was planned to be offered concurrent to sessions equipping caregivers with information and tools to best support their own health and resiliency.

Given the context and restrictions that COVID-19 presented, the baseline plan to offer in-person sessions for cognitive stimulation therapy, caregiver support, networking, transportation via Drive Happiness and lunch at WestEnd Seniors Activity Centre (WESAC), had to pivot after our first session to virtual programming.



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In many ways, the COVID-19 pandemic forced the project to pursue additional innovation given the team's commitment to serving the intended audience. This extra innovation and responsiveness came to life – and continues to evolve – in the delivery of the programming and objectives. For instance, all of the caregiver support sessions were converted to audio visual files, and the CST resources were adapted/transformed in to individual-oriented manuals to offer the programming virtually. The project team experimented with a few virtual platforms and strategies, from pragmatic calling tele-conference forums, emailing the audiovisual files for self-guided review, live Zoom presentations, and interactive weekly forums between participants and regulated clinicians and/or community-based expert guests.

The resources utilized to date in executing the project remain close to the baseline plan:

Project planning and execution:

- Lead (Occupational Therapist) does the program planning, participant recruitment, facilitation of the cohort experience, and conducts the data gathering for the project evaluation; this effort is approximately 8 hours per week
- EWPCN multidisciplinary clinicians do the weekly information sessions for caregivers, which involves delivering content and being available to answer specific questions via a forum discussion platform; this started out as in person, evolved to pragmatic conference calling, and is now conducted via Zoom; this effort is approximately 2 hours per session for the relevant clinician
- EWPCN project manager, business excellence specialist, and communications coordinator all contribute in-kind support to the lead, to fulfill the terms of the grant agreement and promote overall success/utilization of the BRiC intervention; this effort is approximately 2 hours, per administrative resource, per month

Capital/equipment:

- The project is enabled by an enterprise Zoom license
- EWPCN iPads get loaned out to participants who require the technology
- Cognitive-stimulation trademark materials
- In-person space donation by the WestEnd Seniors Activity Centre (WESAC)
- Transportation of participants by Drive Happiness
- Meals purchased from WESAC

Recruitment of participants:

- The main referral/intake process for participants in the BRiC project is the EWPCN CCTP team. Some participants are connected via EWPCN member physicians and EWPCN staff clinicians

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