

Region of Peel Long Term Care Division Behaviour Support Project

Behavioural Support Systems Series
January 18th 2011



How did we get here?

Trend in challenges related to incidence /
management of responsive behaviours

Medical Directors reports to governance

Sheridan Villa – opportunity knocks!

Aging at Home – a well timed partnership



SPECIAL BEHAVIOUR SUPPORT UNIT (SBSU) is :

- A 19 bed special behaviour support unit at Sheridan Villa Long Term Care Home.
- A transitional unit for assessment, treatment & stabilization of the resident's responsive behaviours. The goal of the unit is to place clients into a regular LTC setting or the community within 120 days.
- Referrals will come from our local hospitals, other LTC homes & the community to CCAC

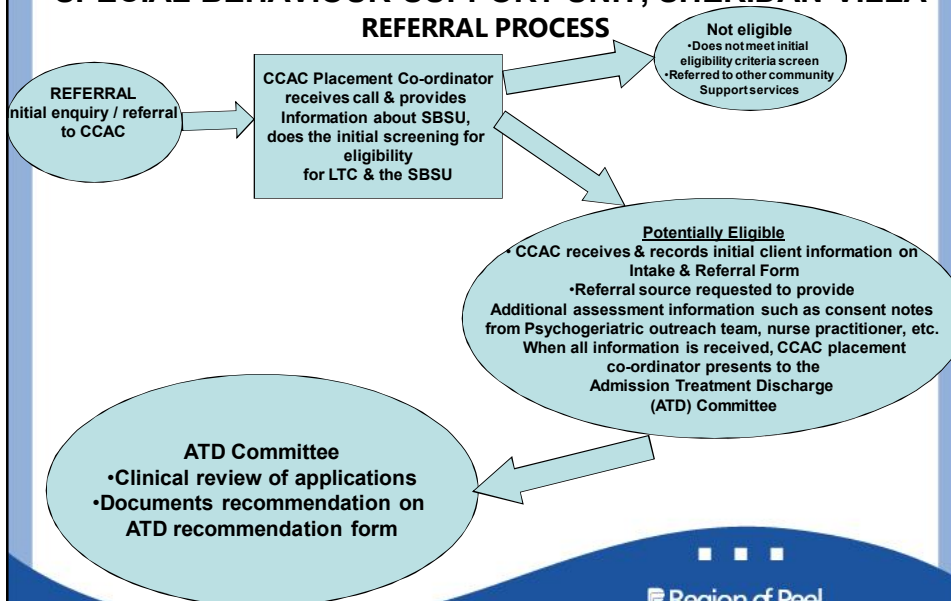
Role Of The SBSU in the Continuum Of Care

- **Avert ER use**
- **Reduce ALC / Hospital bed pressure**
 Movement into SBSU in a LTC setting will help reduce caregiver burnout & visits to ER
 Transitional nature of this unit will assist with the flow of ALC patients out of hospitals on an ongoing basis
 Access to enhanced psychiatric resources
- **Maximize & leverage existing community resources**
- **CCAC estimated that up to 25% of their waiting list meets the client definition**
- **SBSU is NOT intended to be a resource for emergency treatment or intervention.**

Eligibility Review

- An assessment recommending the need for the SBSU is completed by the sending institution
- A referral is made to the MH CCAC including all of the assessment documentation required to confirm eligibility for LTC
- Additional information must be forwarded at the time of application as required
- After LTC eligibility determination, all applications will be forwarded to the Admission Treatment & Discharge (ATD) Committee.
- The ADT committee reviews the file and makes a recommendation. Approved individuals will be placed onto the waitlist
- Information from the MH CCAC & sending institution shall be current within one month of application to the SBSU, updated during waitlist duration & at time of bed offer

SPECIAL BEHAVIOUR SUPPORT UNIT, SHERIDAN VILLA REFERRAL PROCESS



Role of ADT Committee

Numerous services in the community came together to develop a program to maximize and leverage available resources to meet the needs of this target population.

Standing membership of the ATD committee includes representatives from the following agencies:

- Mississauga Halton Community Care Access Centre (MH-CCAC)
- Alzheimer Society of Peel
- Trillium Health Centre (THC)– Seniors Mental Health Outreach Team (Psychogeriatric Resource Consultants)
- Halton Geriatric Mental Health Outreach Program Discharge Planning – Halton Health Care
- Discharge Planning – Credit Valley Hospital
- Discharge Planning – Trillium Health Centre
- Medical Director/attending physician for the SBSU
- SBSU staff : DOC, Supervisor, RN and Social Worker

Case-Specific Membership may include:

- Staff from the sending/receiving institution
- Medical Director/attending Physician from sending/receiving institution
- Others as needed.

Ex Officio membership will include:

- Administrator, Sheridan Villa

Role of ADT committee cont'd

- Review applicants to determine eligibility and make recommendations for acceptance
- Where client is not deemed appropriate make suggestions about appropriate placement/service
- Assist staff with case specific problems
- Identify systems issues to the MHLHIN

Admission Eligibility Criteria

- Eligible for Long Term Care Placement
- Primary Diagnosis of progressive Dementia with significant behavioural disturbance
- Medically stable with medical needs that can be managed in the unit
- Ambulatory (self-mobile) or Ambulatory with aide or require one person transfer
- Behaviour that cannot be managed in the current environment & requires specialized resources outside of those offered in a normal long term care setting
- Available community and/or hospital based specialized geriatric resources have been tried but are not successful
- Expected to be discharged within a maximum 120 day treatment & stabilization (with possibility of extension) period to a normalized LTC or alternate setting

EXCLUSION CRITERIA

- Individuals requiring inpatient medical and/or mental health services
- Individuals with a behavioural disturbance NOT associated with a progressive dementia
- Individuals with a behavioural disturbance associated with progressive dementia & with significant unstable medical illness that cannot be managed on the unit
- Individuals with major psychiatric disorder as the primary cause of cognitive impairment
- Individuals with traumatic brain injury as the primary cause of cognitive impairment
- Individuals with multiple complex co-morbidities that are not stable

SPECIAL BEHAVIOUR SUPPORT UNIT, SHERIDAN VILLA DISCHARGE CRITERIA

Residents will be discharged when ANY of the following criteria are met:

- Resident develops a complex medical problem which the unit cannot manage
- Interdisciplinary care team and ATD Committee determines that the resident has achieved the goals as established on admission & reviewed on a regular basis & is able to function safely in the destination location
- The resident exhibits extreme behaviours that cannot be safely managed within the SBSU
- Interdisciplinary care team determines that the resident requires inpatient medical and/or mental health services
- The SDM requests the discharge of the resident to an alternate residence, in keeping with relevant legislation & regulation

Supporting the Resident After Discharge

- A detailed care plan will accompany the resident
- A staff member will go with the resident to the receiving home and demonstrate to how to implement the care plan
- The local Psychogeriatric Resource Team will support the resident at the receiving home

Funding Sources

- The unit is funded under the regular LTCH funding formula and subject to the same regulations
- Peel Region's contribution remains the same as for other RHA's in our home
- Aging at Home funding from the MHLHIN tops up the project and enables us to bring in additional resources

Regulation Challenges

- When residents are admitted to the SBSU from the community or hospital and they are ready for discharge they are lowest on the priority list for transfer. This has the potential to block beds within the unit
- CCAC regulations suggest that when a resident is ready for discharge, they should be transferred to a regular ltc bed at Sheridan Villa. We have a limited capacity to receive and multiple moves are not in the client's best interest.

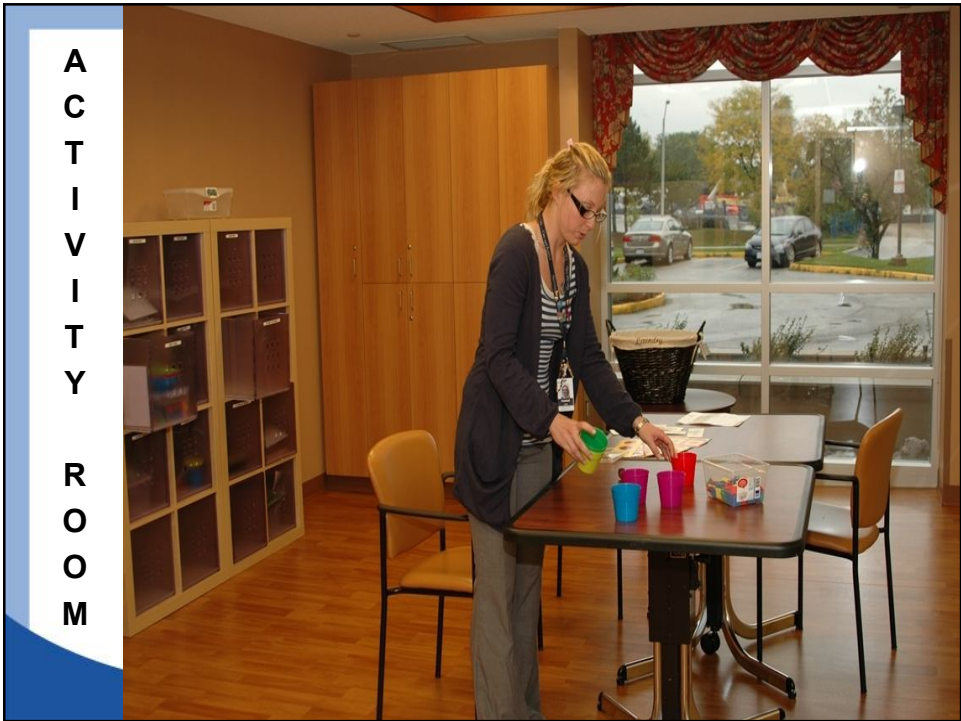
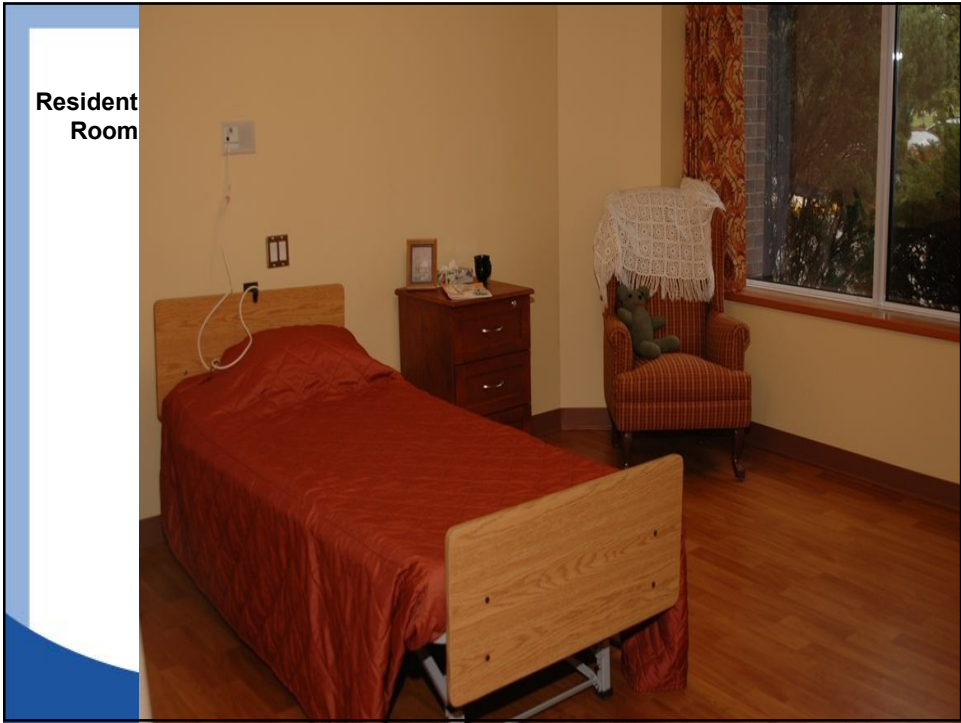
Lessons Learned

(even at this early stage!)

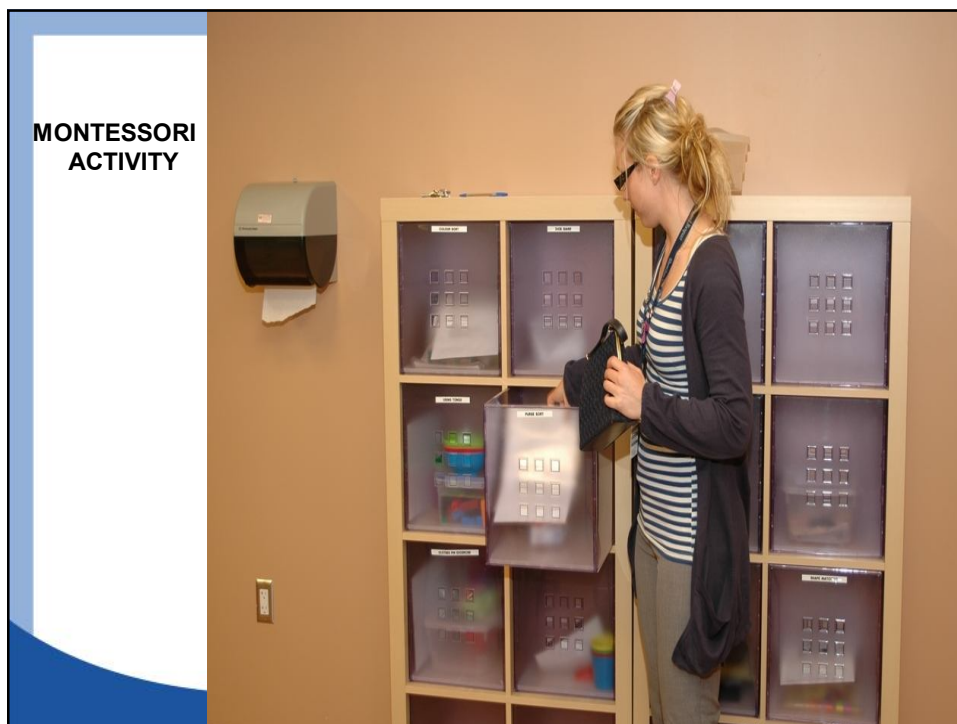
- Coordinate the funding approach to ensure that all community partners request funding if they require additional resources to support the project
- Include a request to support the client when they transition to a regular long term care home

Questions

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