



DOROTHY MACHAM HOME

Behavioural Care Unit

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DOROTHY MACHAM HOME MISSION

- Committed to enhance the quality of life of the residents with special needs due to dementia through innovation, research, collaborative and creative approaches to care in a home-like setting



Why build a behavioural care unit?

- Needs assessment of Cognitive Residents at Sunnybrook (1996)
 - 23% of residents exhibiting significant behaviours
 - 89 % of these with episodes of behaviour a few times/day or /hour
 - In 1 week – 14 incidents involving 10 residents resulting in mild to moderate injury
 - Fatal fire in 1997 with recommendation to build a behavioural care unit



Design

- 10 private rooms with shared showers
- Common areas include: living room, dining room, kitchen, activity rooms, indoor and outdoor wandering paths
- Enclosed, secure therapeutic garden
- No “nursing station”



MODEL OF CARE

- Living Model

Versus

- Assessment Model



Model of Care

“Living” model:

- Residents stay in the DMH as long as required for their behaviours
- Normal daily activities encouraged
- Flexibility in activities, care delivery, family involvement encouraged
- Creative care planning to maximize functioning and quality of life



ADMISSION CRITERIA

- Eligible veteran
- Moderate to severe dementia
- Medically stable
- Behaviours that cannot be managed in current setting with available resources



ADMISSION CRITERIA cont.

- Exhibiting any of the following behaviour:
 - Physically aggressive behaviours that put self/others at risk of injury
 - Persistent noise making or sexually expressive behaviours that significantly disrupt the lives of other residents



DISCHARGE CRITERIA

- Residents will be discharged when ANY of the following criteria are met:
 - Complex medical problem which the unit cannot manage
 - Care team establishes the resident is able to function safely on another unit within facility
 - » This is a collaborative process involving both the sending and receiving teams



Length of Stay

- 8 – 12 months
- 2 re-admissions in 8 years
- Current waitlist:
 - 1 internal
 - 4 external



Staffing model

- RNs and RPNs providing direct care
- Unregulated staff
 - Meals, laundry and assist with appointments
- Attending physician and consulting geriatric psychiatrist



Staffing model cont...

- Interprofessional staff include:
 - Recreational Therapist
 - Creative art Therapist
 - Music Therapist
- Consulting staff:
 - Social work, PT, OT, SLP, dietitian, chaplain, audiologist



Nursing Staffing schedule

- Day shift:
 - 2 RNs, 1 RPN (0730 – 1530)
 - 1 PSP (0730 - 1930)
 - 1 RPN (1330 – 2130)
- Evening
 - 1 RN, 1 RPN (1530 – 2330)
- Nights:
 - 1 RN (2130 - 0730);
 - 1 RPN (2330 - 0730)



CHALLENGES

- Getting right resident in right location for the right amount of time
- Balancing the needs of the special care unit with the needs of the larger community – the entire facility and catchment area