

Behavioural Support Unit: The Niagara Experience

T. Roy Adams Regional Centre
For Dementia Care

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Behaviour Support Unit: The Niagara Experience

Outline of Presentation

- The Adams Centre – overview
- Clientele
- Partners
- Service
- Staffing Mix and Funding
- Issues and Challenges

Overview of the Dementia Care Centre

- Operated by the Regional Municipality of Niagara
- 2 adjacent residential bungalows opened in June 2003 with a total of 27 private bedrooms in home-like setting
- Connected to a 225-bed long-term care home on 22 acre campus on which 3 Day Programs, Alzheimer Society Resource Centre and Residential Hospice are co-located

Overview of the Dementia Care Centre (continued)

Respite Centre

- 6 bedrooms for short-stay
- 2 bedrooms for overnight care
- Integrated on-site adult day program
- Flexible "guest services" approach to support clients and family caregivers

Respite Centre



Overview of the Dementia Care Centre (continued)

Complex Care Centre

- 17 bedrooms in 2 clusters, each with a great room and dining room
- Behavioural assessment and treatment to support persons with behavioural challenges from hospitals, long-term care homes, and the community

Complex Care Centre



Clientele

- Dementia with behavioural challenges
- Medically stable
- Behavioural indicators
 - Maximum three dysfunctional behaviours
 - Mild to moderate intensity
 - Unsuccessful interventions in present setting
- Goal is to stabilize behaviour with maximum 180 day stay

Dementia Care Centre Partners

Advisory Committee Representatives

- Niagara Region, Seniors Services
- Community Care Access Centre (CCAC)
- Geriatric Mental Health Outreach (GMHO)
- Alzheimer Society
- Geriatric Assessment Unit
- Mental Health from local hospital
- Public Health Department
- University – Faculty of Nursing

Dementia Care Centre Partners

(continued)

Admissions, Treatment and Discharge Team

- Niagara Region Seniors Services (4)
- CCAC case manager
- GMHO Case manager
- Alzheimer Society case manager
- Geriatric Assessment Unit manager
- Psycho-geriatric Resource Consultant

Services

Vision (shared by partners)

- Timely and integrated client-centred support
- Enhanced care to clients in a small home-like setting
- Assessment of clients, including behaviours, interventions and medications
- Outcome of stabilized behaviours
- Transition to most appropriate setting

Services

(continued)

<u>Admissions</u>	<u>2006</u>	<u>2007</u>
Total # of Admissions	27	20
– Community	9	6
– Local hospitals	5	3
– Specialized Hospitals i.e., HHS: St. Joseph's	3	2
– LTCH	5	10

Average Length of Stay - 47admissions = 143.8 days

Services (continued)

<u>Discharges</u>	<u>2006</u>	<u>2007</u>
– Total # of Discharges	23	12
– Community	2	2
– Local Hospitals	0	0
– Specialized Hospitals i.e., HHS: St. Joseph's	3	2
– LTCH	19	8

Staffing Mix

Dementia Care Centre Staff

	Clinical Team Lead	1.0	
RN	2.9	Occup. Therapist	1.0
RPN	4.2	Social Worker	1.0
HCA	8.4	Therapeutic Rec.	1.6
		Dietitian	.2
TOTAL FTEs 20.3			

Funding

Projected Annualized Funding (approximately)

■ MOHLTC (includes basic resident fees)	\$ 144.09
■ Preferred Accommodation	\$ 7.78
■ Niagara Region	\$ 37.32
■ LHIN (anticipated)	<u>\$ 94.05</u>
Total	\$ 283.24

Donations (\$15,000 to \$25,000 annually)

* CMI adjusted for Linhaven (i.e., 104.13)

Issues and Challenges

- Funding and staffing
- Capacity of other long-term care homes and referral sources
- Transitions - pre-admission
- discharge
- Supportive Policies – e.g., bed hold
- Impact on ED and ALC (protocols with acute care hospitals)