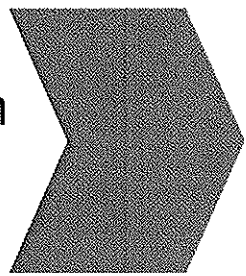


Behavioural Intervention Response Team



A collaborative approach to managing severe behaviours in the long-term care setting.

Gail Scott & Stephanie MacKenzie
January 19, 2010

Goals for Today

- Be able to differentiate between severe behaviours and challenging behaviours.
- To understand and be able to explain the role and purpose of BIRT.
- To begin thinking about levels of environmental and individual risk within long-term care.




Outline

1. Snapshot of Mental Health Trends in LTC
2. Purpose of BIRT
3. Challenging Behaviours vs. Severe Behaviours
4. Program Description
 - Team
 - Services Provided
 - What to expect from BIRT
5. Accessing BIRT
 - Who Should be Referred
 - Referral Process
 - What does BIRT need from LTC
6. Case studies
7. Key Messages
8. Evaluation

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The Need for BIRT

1. To address the changing nature of the aging population in long-term care.
2. To provide an alternative to hospitalization for residents with Severe Behaviours.
3. To fill the gap caused by the lack of behavioural support units.

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Purpose of BIRT

1. To provide an alternative to hospitalization for residents with Severe Behaviours.
2. To understand behavioural triggers and determine interventions.
3. To help LTC facilities develop capacity for caring for residents with severe behaviours.

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Snapshot of Mental Health Trends in LTC

- **65%** of residents with dementia exhibit challenging behaviour (NSM LHIN, 2009).
- Prevalence rate of **9.6%** for **delirium** in adults over 65 (NSM LHIN, 2009).
- **50%** of LTC residents are living with **depression** (NSM LHIN, 2009).
- CIHI identified **delirium, insomnia** and **depression** as the most common causes of challenging behaviour outside of a dementia (CIHI, 2008).
- 43% of PSW's experience violence on a daily basis (Toronto Star, 2008).
- Approximately 4 attacks reported daily to the MOH (CBC, 2007).
- 1 in 5 residents are documented as "highly aggressive" (CBC, 2007).

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Severe Behaviours Defined

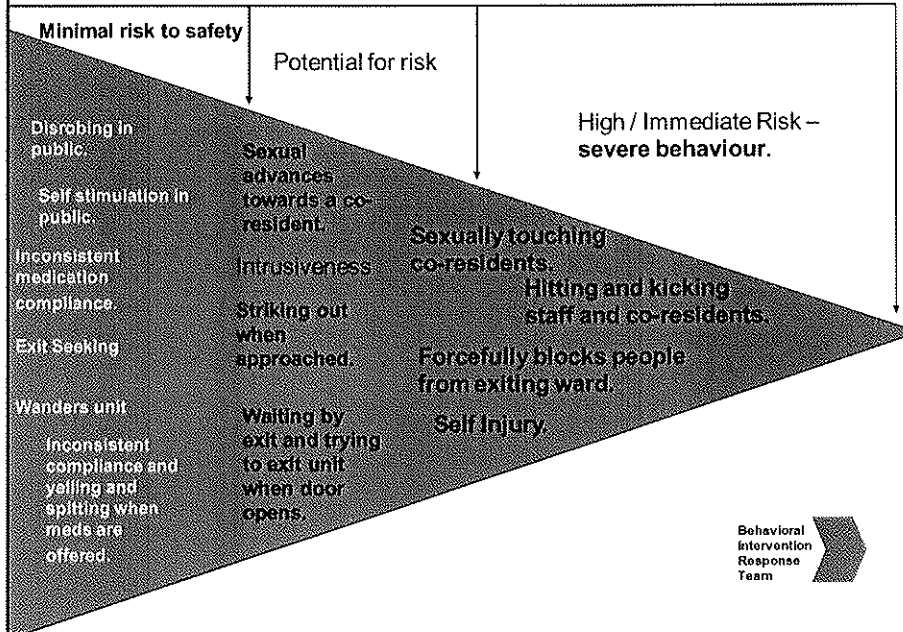


“Severe behaviours are persistent, have an identifiable pattern, include aggression, and are considered a high-risk to the safety of the resident and other persons in his or her environment”.

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Escalation of Challenging Behaviours and Associated Level of Risk



Risk in LTC



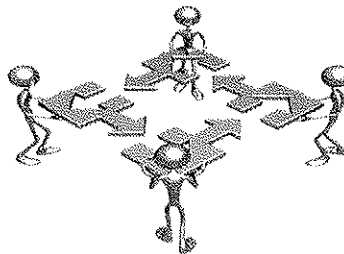
- Evaluating risks/dissecting behaviours
- Balancing and Accepting risk
 - Accessing HINF to monitor and intervene
 - Keeping aggressive resident in-house while BIRT assesses and trials interventions.
- Continuum of severity

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The 'T' in BIRT

- Registered Practical Nurses
- Behavioural Support Specialists
- Psychogeriatric Resource Consultants
- Social Worker



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Services Provided

- Assessment
- Behavioral consulting
- Education
- Collaborative Care Planning and Risk Assessment

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What to Expect from BIRT

- Referral and intake screening 24 hours a day, 7 days a week.
- A BIRT staff in the LTC facility within 24 hours of a resident being admitted to BIRT.
- A care conference lead by BIRT at the LTC facility within 72 hours of admission.
- Regular meetings with front-line staff to determine efficacy of interventions and problem solve around challenges.
- Care plan recommendations provided, education needs identified and delivered within the first two weeks of admission.
- Commitment to support the LTC facility and resident for up-to three months.

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Who Should be Referred

Cognitive impairment
+
Escalation of persistent behaviours
+
Aggressive behaviours
+
Behaviours are HIGH RISK



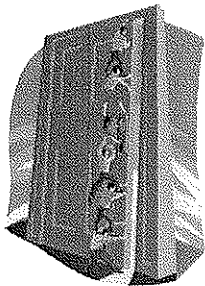
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The Referral Process

Referrals can be placed by:

- Facility physicians
- Directors of Care / Administrators and
- Registered Nurses



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What BIRT Needs from LTC Stakeholders




- Commitment to housing residents with high risk behaviours.
- Commitment to collaborating.
- Commitment to providing feedback on service.

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Who will BIRT see...

- You have 2 Minutes!
- Please think about the case studies just provided and decide who would be appropriate for BIRT.

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Meet Frank...



Frank was admitted to LTC 9 weeks ago. He is verbally aggressive and swats at staff when they approach him. Within the last 3 weeks he has begun throwing objects at people and pushing them when they enter his space.

The behaviours persist despite interventions tried by the PIECES trained nurse. Yesterday he pushed a co-resident causing her to fall and fracture her hip. The Director of Care feels Frank is a high risk to the residents and wants her staff to send Frank to hospital if his behaviour escalates over the weekend.

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Meet Anne...



Anne is a resident at Shiny Acres LTC. She used to be cheerful and very helpful. In the last year Anne's roommate died, and she suffered a broken hip after a fall. Staff report that Anne is now angry and irritable, she is confused and is refusing medications. Last week she threatened to hit her room mate after finding her rummaging through her drawers.

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Who Did You Admit to BIRT?

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How is BIRT doing so far?

Model	Current State	Identified Barrier
24/7 response	Business hours	Marketing/recruitment
3 month involvement	2-4 week involvement	None.
Targeted education	General education	LTC capacity for education
Manage severe behaviours	Manage severe behaviours	None.

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Key Messages

Strengths:

- * New resource that works in conjunction with other services
- * 24/7 response
- * Skilled clinicians
- * Collaborative approach


Challenges:

- * Accepting risk
- * A population that crosses systems

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CONCLUSION

- NEXT STEPS
- Q&A
- Follow-up information
- Contact Information:
 - Gail Scott – Program Coordinator
 - » Gscott@mhcp.on.ca
 - » (705) 549-3181 EXT. 2760
 - Stephanie Mackenzie – Social Worker
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Thank You!!!

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