Behavioural Supports **Ontario**

Hamilton Niagara Haldimand Brant **LHIN**
BSO Update
'I am who I am so help me continue to be me'
April 2016

The Long-Term Care Ready Group

How planning ahead and working together creates seamless care for clients and families

Residents living in long-term care (LTC) homes may visit the hospital for a number of reasons. An innovative partnership known as the *Long-Term Care Ready Group* is working at the Brant Community Healthcare System - Brantford General site and local LTC homes to support people with cognitive impairment and responsive behaviours*, and enable their smooth transition back to LTC.

Paul and Marguerite's Story- *In Her Own Words*

My husband, who has been at a Long Term Care facility in Brantford since November 2014, was admitted to Emergency at Brantford General in the Fall of 2015 quite late at night.

When I arrived at the Emergency Department early the next morning, I met a doctor who mentioned immediately that my husband was going to be moved to C4 and that was the best place for him.

"Since I did not know your hospital … I was thinking of asking for my husband to be transferred to [a different hospital] where they knew him after his ten weeks there. I decided to wait and see what would happen on C4 and it was by far the best decision I have made regarding my husband's care in the past year"

Michele, Discharge Planner and Navigator, introduced herself quite quickly to me and then I met the doctor, who sat with me and explained what she was going to do with my husband's meds. When he was admitted he had to be in a wheelchair and he couldn't walk without assistance. The two physiotherapists on C4 started working with him immediately.

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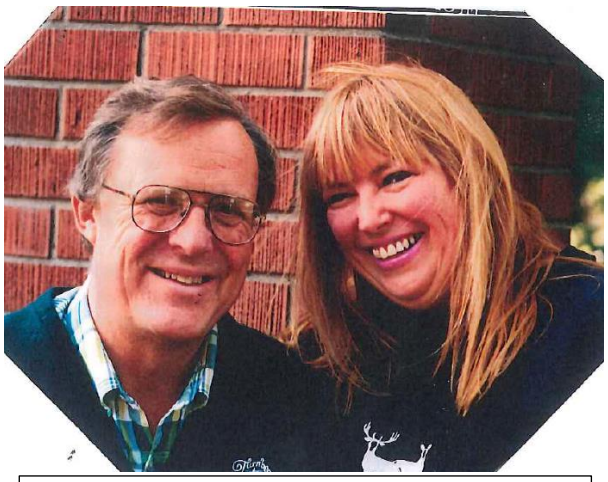

Paul and Marguerite – Partners in the LTC Ready Group at Brantford General Hospital

HNHB BSO Models

- Single point of contact for individuals and caregivers to connect with multiple resources and services
- An approach to support individuals and caregivers by taking a lead role in coordinating programs and services across multiple organizations
- Mobile outreach teams to support individuals and caregivers in the community when in crisis
- Mobile outreach teams to support individuals in long-term care and their caregivers
- Clinical Leaders to support patients in hospitals, and the staff who work with them every day
- Toolkit for primary care providers to help them assess and manage patients with responsive behaviours

*** What are Responsive Behaviours?**

- It is any behaviour that is in response to a real or perceived stimulus and may result in increased risk for the client or others.
- The behaviour may present a challenge to receiving appropriate interventions or co-existing with others.
- Responsive refers to the fact that many of these behaviours could respond to appropriate and timely interventions, and may be occurring as a result of an unmet need or desire that can no longer be communicated.
- Include pacing, wandering, repetition, verbal outburst, and physical outburst toward oneself or others.

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Paul and Marguerite's Story - *In Her Own Words* (Continued from first page)

Just over one week later, I was invited to meet with Paul's team to discuss what could be done for him and thereafter, until he was discharged, we met as a team every Tuesday morning. From the beginning, my friend and I were treated as equal partners in my husband's care plan. The team listened to each other and me and they made changes to Paul's medical care which resulted in him being able to leave the hospital without benefit of a wheelchair or walker or cane. After several of the Tuesday morning meetings, I spent time with individual team members and we talked about so many of Paul's issues in even more depth.

The team from Behavioural Supports Ontario went to the Long Term Care home with us to help with Paul's transition back there and then they spent a considerable amount of time talking to the staff about what Paul needed for his care.

Now that he is back at his LTC home, the team members have assured me that they will be there for us if needed – I just have to contact them. How wonderfully reassuring is that?

You have a major jewel in your hospital.
Best regards,
Marguerite

Who does the Long Term Care Ready Group see?
The group works with patients from long term care who present with responsive behaviours that may pose a challenge to returning, or were brought to hospital through a request for a mental health assessment.

Membership of the Long Term Care Ready Group:
Transitions in care are often a challenging time for clients, families, and care providers as people work to share information with one another and create a coordinated, well-organized move from one place to another.

By having providers from the community and long-term care come to hospital to work with the team there, the *Long Term Care Ready Group* has worked towards smooth transitions for people in the hospital. The following partners have taken part in the *Long Term Care Ready Group*:

-Patients and families	-Hospital staff	-Behavioural Supports Ontario
-Navigators/ Discharge planners	-Nurse-Led Outreach Team	-Senior's Mental Health Outreach
-Seniors Resource Consultant	-Physicians	-Psychogeriatric Resource Consultants

Goals of the Long Term Care Ready Group:

1. To create a care plan with input from a variety of team members to achieve person- specific goals.
2. To have the person return back to his/her LTC Home in a LTC ready state within 60 days
3. To engage Community Partners to share their knowledge of the person and their prehospital care and support transition back to LTC

This great work has not gone unnoticed!
The Long Term Care Ready Group has been nominated for a 2016 Service Award for Geriatric Excellence in the Team Achievement Category.

Learn More About Behavioural Supports Ontario in Our Region: BSO in HNHB LHIN