Gillian's story

Building upon strengths to create a person-centered care plan

Gillian was a 78-year-old lady living with a diagnosis of dementia. She was living with roommates, but was asked to leave the home because she could not cook or care for herself safely. Local Police and crisis services knew Gillian, and had attempted to support her in the past.

In July of 2016, Gillian's situation culminated in her being admitted to a local hospital with a delirium in addition to her usual confusion. Within a few months, Gillian had left the hospital approximately 15-20 times; when the full-time staff on the unit tried to prevent her from leaving, she demonstrated verbally responsive behaviours*. It was felt that Gillian's care needs would best be met in a Long-Term Care Home; however, she was not eligible to move because she was leaving the hospital.

The Behavioural Supports Ontario (BSO) Clinical Leader became involved with Gillian, and recognized the need to bring together those supporting her, including: Geriatrics, Psychiatry, the Crisis Outreach and Support Team, Therapeutic Recreation, Social Work, the Community Care Access Centre, and the BSO Clinical Leader.

"[The BSO Clinical Leader] spearheaded bringing the whole team together to help Gillian"
-Dara, Social Worker

From the team meeting, the BSO Clinical Leader worked with the hospital team to create a 'contract' for Gillian with support from her Social Worker and Therapeutic Recreationist. Despite her challenges, Gillian had some clear strengths – she understood her care plan, and liked to be busy and organized. The 'contract' built upon these strengths.

This 'contract' explained that if she were to stay in the hospital, she would receive incentives, such as:

- Visits from her Social Worker twice weekly for coffee.
- Activities with the Therapeutic Recreationist, including activities on other hospital units and visits to the hospital lobby for coffee and socialization.
- Visits from volunteers to play cards. Volunteers were selected from a specialized program, and had undergone intensive orientation and training.

The BSO Clinical Leader created a personalized calendar for Gillian to remind her when her visits were to occur. The 'contract' and the calendar were posted clearly in Gillian's room so she could refer to them at her own leisure, or with a reminder from staff.

Since these strategies have been put in place, Gillian has not attempted to leave her unit. Six months after her admission to the hospital, Gillian has not attempted to leave the hospital, has not demonstrated any verbally responsive behaviours, and is managing well:

- She has been granted off-ward privileges so that she can leave the unit with a visitor or staff member.
- She often sits in the nursing station – the staff enjoy chatting with Gillian, and occasionally take her off of the unit for coffee.
- Gillian has been found to be eligible for Long-Term Care, and is currently waiting for a bed to become available.

*** 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.

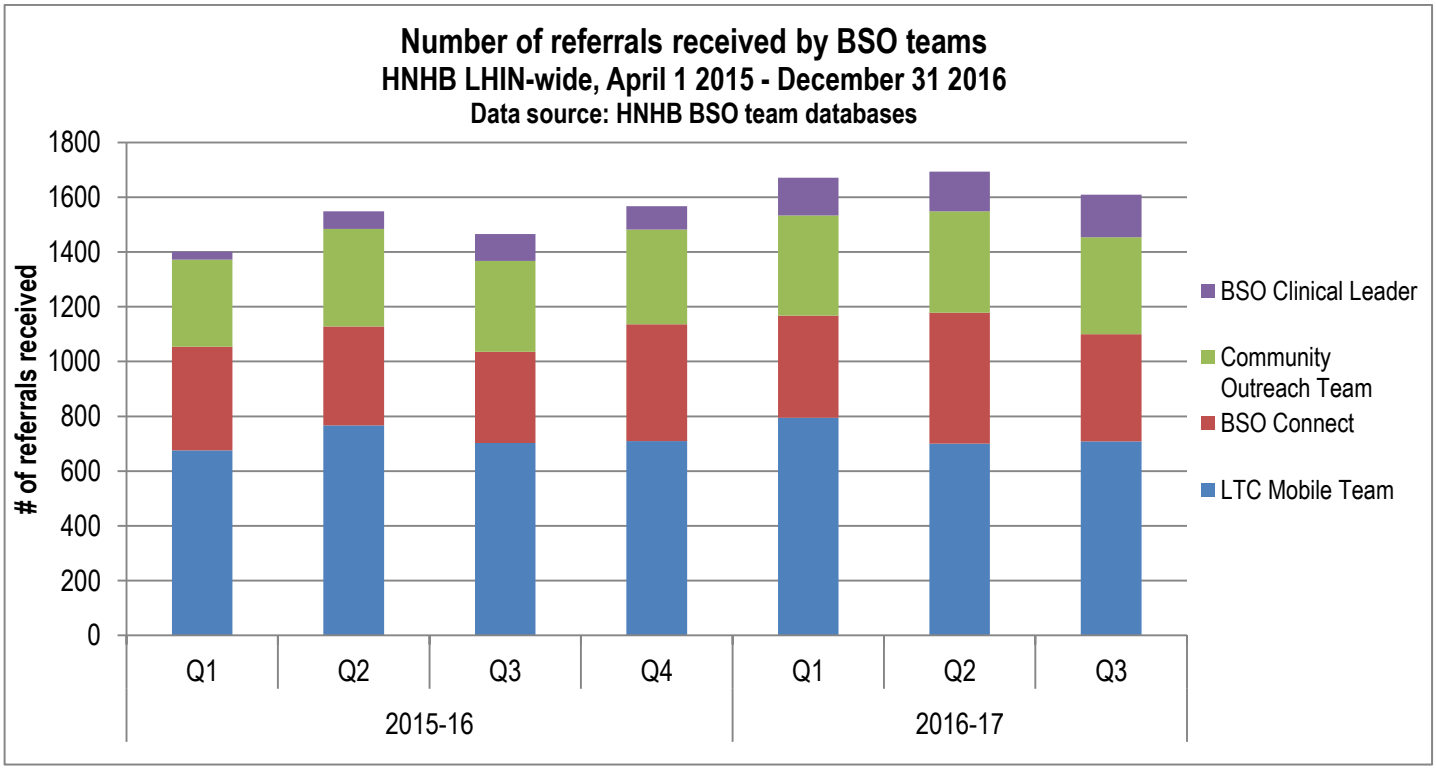
Behavioural Supports Ontario by the numbers….

Between October 1st and December 31st, 2016, members of BSO teams across the Hamilton, Niagara, Haldimand, Brant, and Burlington areas were busy supporting people living with cognitive impairment and responsive behaviours* - as well as their care partners that support them:

1609	• New referrals received from Long-Term Care, Community and Hospitals
905	• Individual family members and informal care partners supported
362	• Supported transitions, or moves from one place to another
171	• Education sessions held, with **2090** participants attending
9	• Hospital inpatients diverted from behavioural assessment units to other care settings

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



Information of all types – words and numbers about individuals or groups – helps us to continually reflect on the ways we serve clients, families, care providers and communities.

Do you have feedback to related to BSO you would like to share?

Visit us at http://hnhb.behaviouralsupportsontario.ca/69/Contact_Us/ to get in touch