Providing Non-Pharmacological Approaches to Dementia Care in a Tertiary Care Hospital by GPBSO Support Nurses: “Similar Philosophy, Different Challenges”

• Vera Hula, RN, GNC(C);  
• Margaret Neil, RN, GNC(C)  
• Dianne Rossy, RN, MScN, APN Geriatrics  
• Dr. Kiran Rabheru, MD, CCFP, FRCP, DABPN
Most Common Behaviours for Consults

Agitation
Aggression (verbal and/or physical)
Resistance to care
Wandering / exit seeking
Hallucinations/paranoia
Anxiety / mood related to dementia e.g. apathy
Initial Challenges

- Understanding our population referral criteria
- Creating external BSO referral process
- How could we help in ED?
- Communication across a large organization
- Designing and modeling care plans approaches
- Learning to promote non-pharmacological approaches
- Learning the external resources in order to improve D/C referrals back to community
Success Breeds Ongoing Challenges

- **Consults increased by >10%**.
  
  How to meet the demand with same resources?

- **Hospital focus on ↓ LOS.** How to prioritize who to see.
  
  Is this more pharmacological? Is the patient leaving?

- **Multiple F/U’s ↑ the case load (up to 20 pts.)**

- **Request for nurses to model the approaches**
  
  Can be very time-consuming

- **Documentation challenges!! verbal/written**
  
  Creating care plans, etc. multiple calls, connecting to partners
Differences in Acute Care Environment

• Busy, tertiary care environment.
  RN must prioritize care- e.g. patient receiving chemo with patient who constantly is calling out.

• Give short quick approaches not large care plans
  Address priority issues

• Need follow-up for pharmacological changes and monitoring but referring Team may not feel comfortable
  BSO Team will monitor mental status/medication effectiveness

• Advocating for patient- for staff approaches, discharge planning etc.
Benefits for GP BSO Program in Acute Care

• Improved patient transitions to community
  ~ 70% of D/C pts leave with a referral to supporting programs
  ↑ safe patient follow-up post d/c
  ↓ readmissions compared to hospital base

• Initiating post discharge calls- specific to behaviours

• Increasing clinical expertise/awareness at unit level

• Feedback: “thank you for a care plan”

• Averting an ED admission.

• Improving quality care through early referrals in ED
Opportunities

1. Develop online care plans - Agitation/Aggression
2. Develop process for Post Discharge phone calls
   Developing questions re behaviour, transfer of information
3. External Stakeholder Survey - in progress
4. Connect with Restorative Care and Perley
5. Complete the patient experience
   Creating a GP BSO Brochure for bedside communication
   Develop Focus Groups for Families
6. Increase clinical expertise at the unit level
## Feedback - TOH Internal Survey

### Do you believe this service enhances care at TOH?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>88.8%</td>
</tr>
<tr>
<td>No</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

### Comments:

- “they are excellent in managing violent and aggressive behaviours”
- “Great service to help manage patients with behavioural issues. Can't imagine not having this service now!”
- “I found the process to be efficient. Team always provided helpful recommendations that facilitated moving forward with discharge planning.”
- “Print off more recommendations on how to improve the team’s behavior to approach……aggressive pts”
Questions?

“Every 4 minutes there is a new case of dementia in Canada”

Vera Hula, RN
vhula@toh.on.ca
Margaret Neil
mneil@toh.on.ca