



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

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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?

Response	Percentage
Yes	88.8%
No	11.2%

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”

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