



The Ottawa Hospital | L'Hôpital d'Ottawa

# Implementation of the First Behavioural Support Team for Dementia Persons in Acute Care

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# The Champlain LHIN: Integrated Service Delivery



<b>Action Area</b>	<b>Improve Interdisciplinary Service Delivery through review and re-alignment of existing community resources. Incorporates mobile response.</b>
<b>Aim</b>	<b>Leverage current service resources so a prompt response is delivered <b>in the community</b> that addresses <u>response behaviours</u> and averts escalation to a crisis. <b>How to transition to Acute Care?</b></b>
<b>Status</b>	<b>New funding for 2 new positions for TOH with a focus on those with a <u>diagnosed dementia</u> and challenging behaviours.</b>

adapted from Chantal Seguin, Project Lead, LHIN

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# Building a Behavioural Support of Ontario (BSO) Team



# Creation of the New Geriatric Psychiatry BSO Team -2013



- 1<sup>st</sup> funding for positions in acute care
- Target population (agreed between LHIN and TOH):
  - Seniors  $\geq$  65 yrs
  - Diagnosed with a dementia and
    - **Symptoms** may include challenging or responsive behaviours such a physical/verbal aggression; wandering; resistance to care etc.

# Focus of BSO Team



## Care will be focused on:

- **D** diagnosed dementia with
- **R** responsive/challenging behaviours for
- **E** evaluation,
- **A** assessment of behaviour triggers &
- **M** management / monitoring recommendations

Non-pharmacological & pharmacological strategies as appropriate



# Geriatric Psychiatry BSO

## Inclusion Criteria



### TOH Population:

- Persons with dementia (diagnosed dementia is the target group)
- With challenging/responsive behaviours

### Where Can Consults come from?

- **ER:** for those patients who you may be trying to send back to their home/RH/LTC
- **Clinical Units:** for those patients who we could help with care or who may have a difficult discharge R/T behaviour

# GP BSO Consults

## Exclusion Criteria

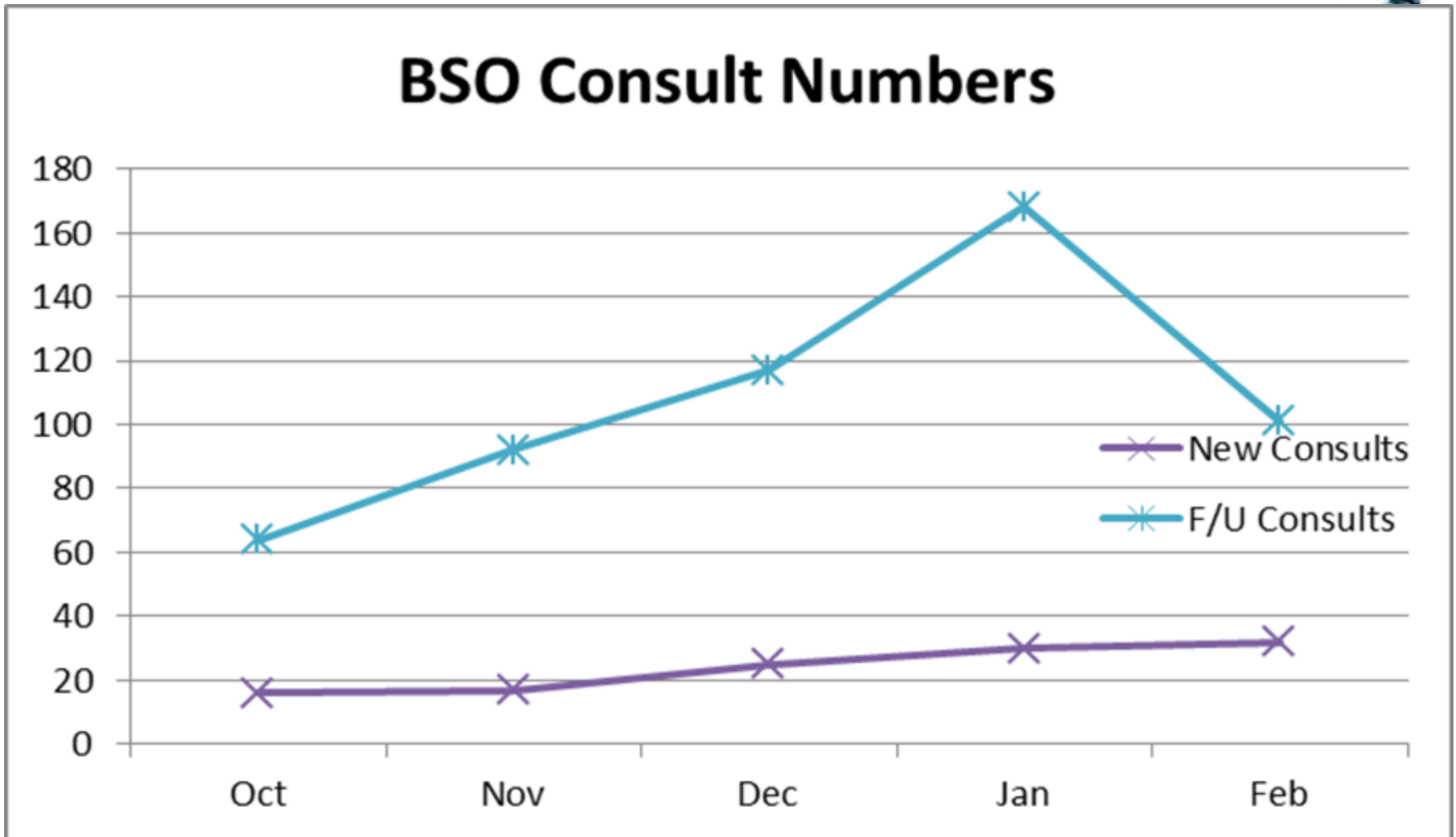


1. Patient requiring admission or access to an in-patient psychiatry bed
  - Consult Psychiatry Liaison Team as usual
2. Acute Psychiatric illness- see above
3. Acutely ill or medically complex (e.g management of delirium)
  - Consult Geriatrics or Medicine as appropriate
4. Wanting a diagnosis of dementia but not consistent with a history of dementia, or no behaviours or work-up completed by most responsible team

<b>Indicator- e.g. Metrics</b>	<b>Type of Indicator</b>	<b>Target-2014-15</b>
<b># of new consults/ mth</b>	<b>Activity</b>	<b>↑ new consults by 10% over past 6 mths</b>
<b># of Referrals to: 1. BSO Community 2. LTC Outreach</b>	<b>Activity</b>	<b>40% referral rate of D/C patients from BSO Team</b>
<b>ALC Discharge Destination</b>	<b>Performance</b>	<b>&lt; 12% of patients new D/C to LTC</b>
<b>30 day Readmission Rate</b>	<b>Performance</b>	<b>&lt; 25%</b>
<b>Patient/Family Experience</b>	<b>Performance</b>	<b>Build &amp; apply 10 satisfaction surveys. Target is 80% satisfaction with communication</b>



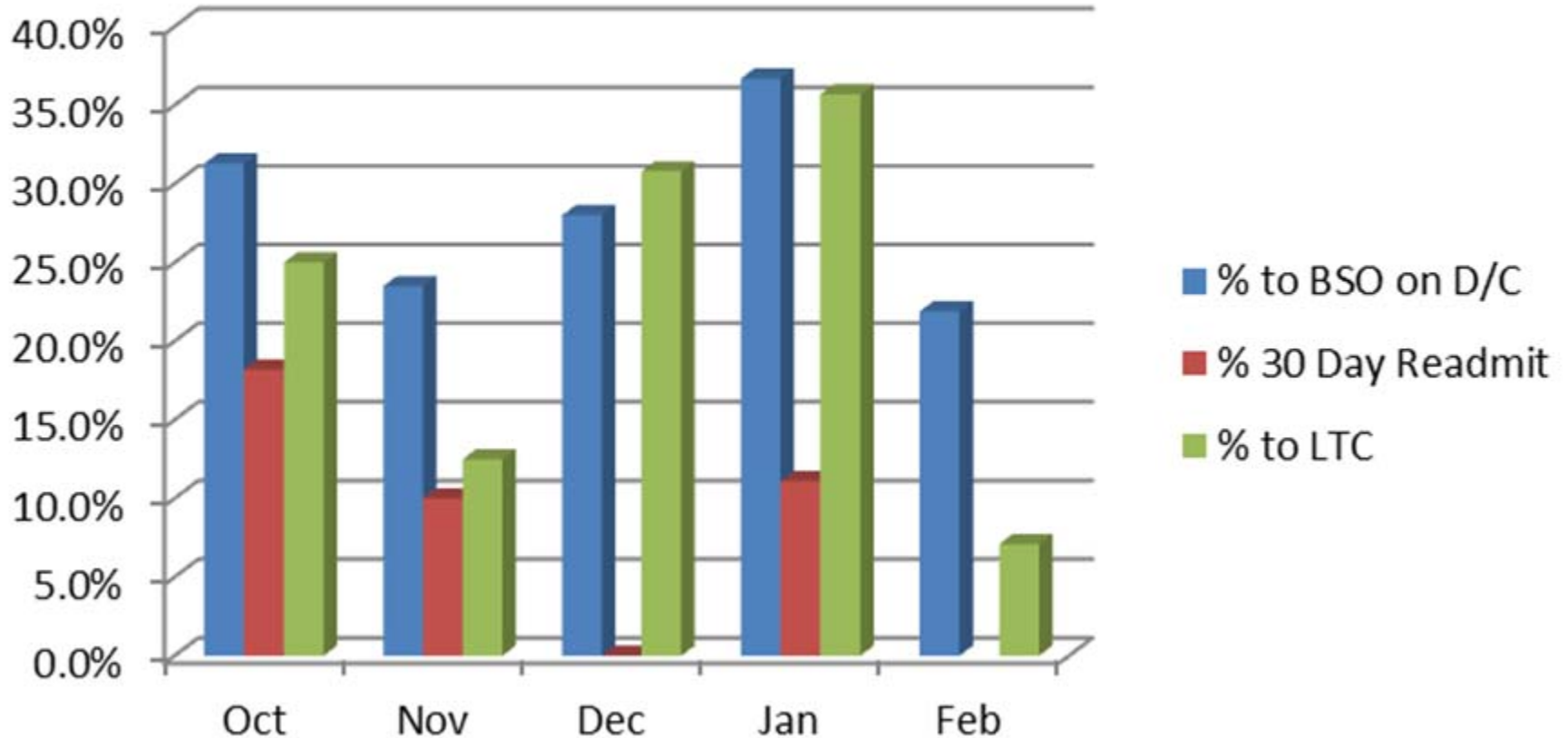
# # of BSO Consults & F/U 2013-14



# Reporting Metrics: e.g. % Readmission; % Referral Rate; % to LTC



## BSO Metrics



# Questions ?



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

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