



Toronto Central Behavioural Supports Ontario

Soutien en cas de troubles du comportement en Ontario du Centre-Toronto



radius

LOFT's Capacity
Building Program

We Are Not in Kansas Anymore: Navigating the Management of Complex Dementia-Related Behaviours

June 14, 2022

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Baycrest

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Not in Kansas Anymore



Behavioural Supports Ontario (BSO)

All Behaviours have meaning. Responsive Behaviours are often an expression of an unmet need.

Pillar 1

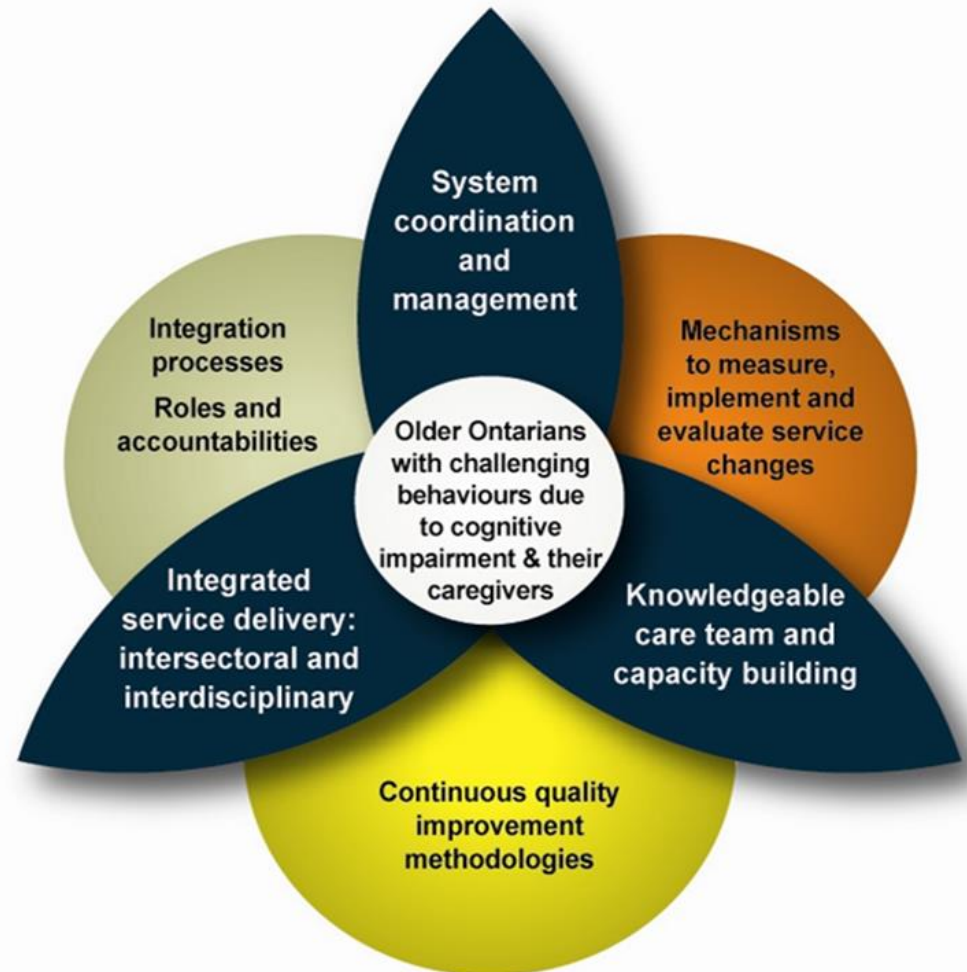
System Coordination
& Management

Pillar 2

Interdisciplinary
Service Delivery

Pillar 3

Knowledgeable Care
Team & Capacity
Building



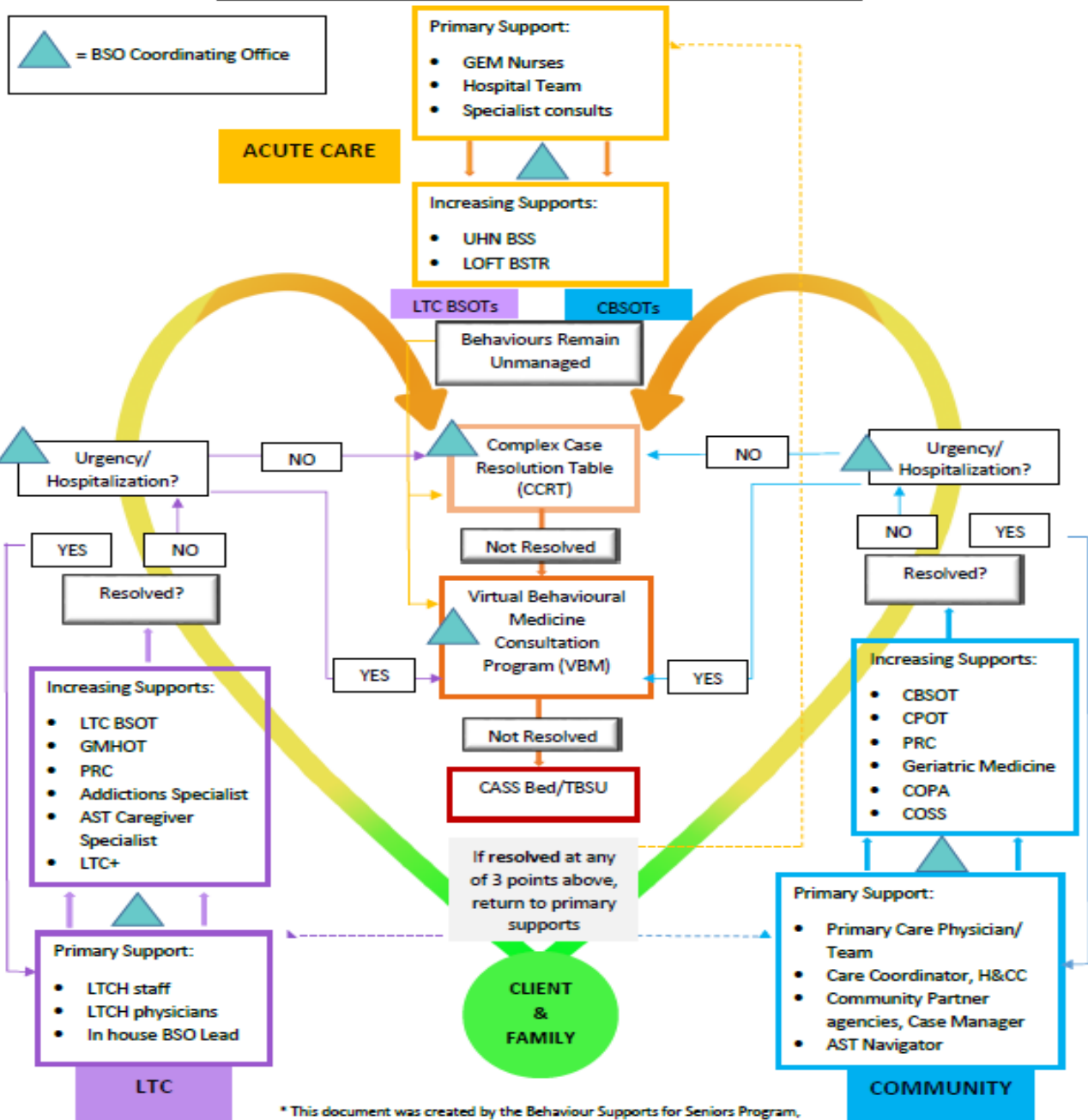
Management of Complex Dementia-Related Behaviours

- The Importance of Personhood - knowing who the person is
- Biopsychosocial assessment
- Communication and care strategies
- Behavioural care planning
- Transitional care planning
- Bedside coaching

Trainings & Education on Behaviours

- BSO Foundations - Provincial BSO Toolkit
- PIECES
- GPA
- DementiAbility
- Supporting Older Adults with Mental Health Illness
- Ufirst!
- Crisis Prevention & Intervention (CPI)
- MHFA for Seniors
- ASIST

BEHAVIOUR SUPPORTS ALGORITHM (Toronto Central Region)

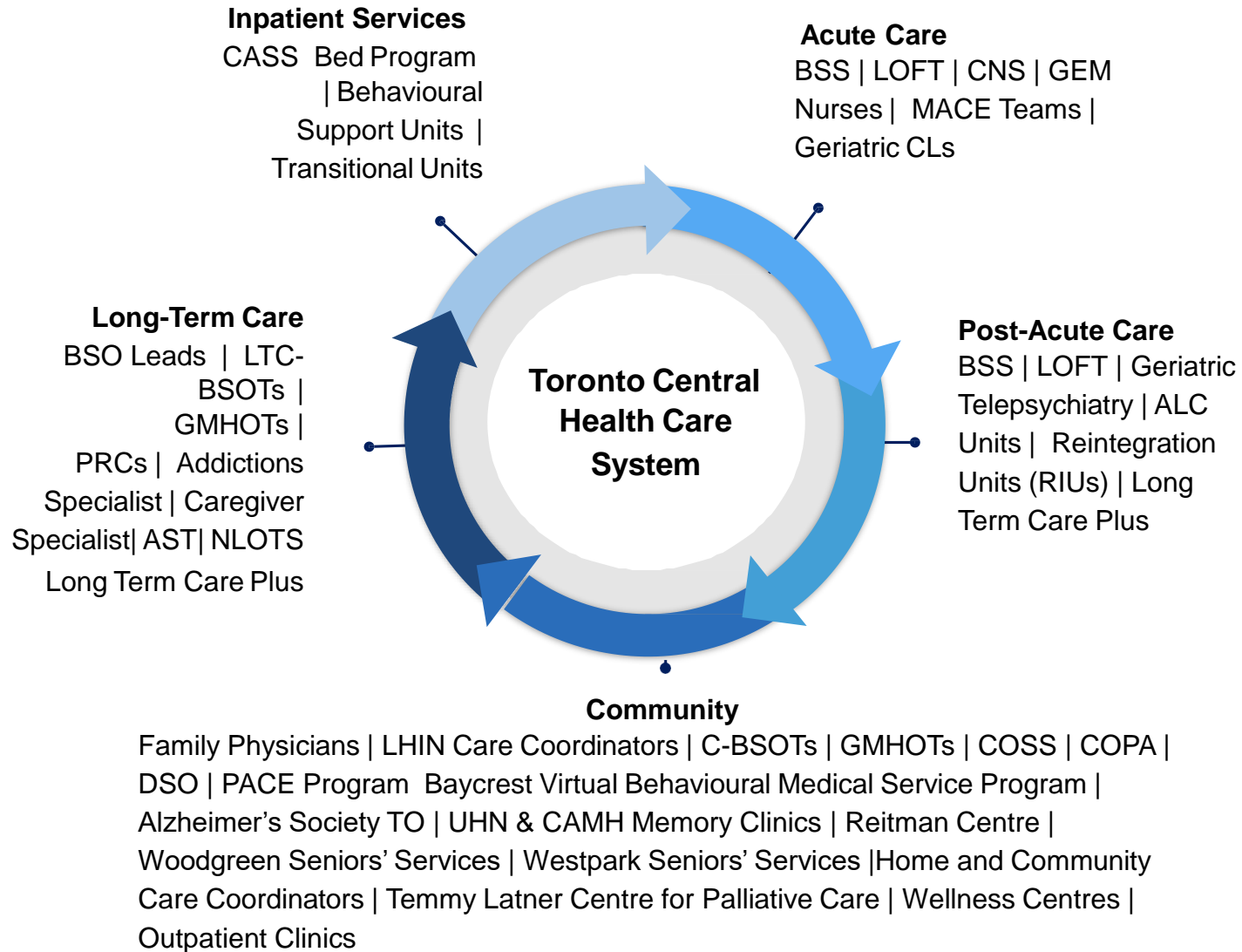


BSO System Navigation

Heart Diagram

* This document was created by the Behaviour Supports for Seniors Program, TC-LHIN BSO Coordinating Office at Baycrest Health Sciences. Version date: 11.04.2021.

Transition Supports Loop



Transitions

- Importance of supporting transitions
- Adapting behaviour care plans from setting to setting
- Bedside coaching and demonstrating as critical
- Planning ahead and being proactive in engaging family/SDM and circle of care
- Consistent, clear communication and collaboration

Acute Care

Challenges

- Nature of hospitals is short term treatment
- Pressure to support flow to appropriate level of care
- Competing priorities of staff and units/program

Enablers

- Higher staffing ratio
- Infrastructure – security, code white teams, CL services, specialists
- Different legislation – care they can implement ex. medications

Case Study

- 56 year old male living with Huntington's disease.
- No family or friend supports.
- Behaviours included: refusing care, sexually inappropriate behaviour in public spaces, inappropriate touching, verbal and physical expressions of risk and unsafe smoking.
- Not engaged, did not smile and rarely moved.

Case Study

- Privacy
- Alone time
- Setting boundaries
- Keeping hands occupied
- NRT and sweets
- Time frames for smoking
- Engagement in activities he enjoys
- Pro-attention plan

Take Home Messages

- Behaviour Care is Person Centred
- Reach out for help when you need it
- Behaviour Care Plans need to adapt to the setting
- Building capacity within your care teams is critical
- The importance of engagement of team members, family and care partners
- Supporting transitions is crucial for successful patient outcomes

Questions & Discussion

- What challenges and opportunities do you see in improving care for those with responsive behaviours?
- What supports can you access to help build capacity within your own teams?

Contacts

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