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Behavioral Health; Continuing Care

Western Zone Forum – June 28, 2018

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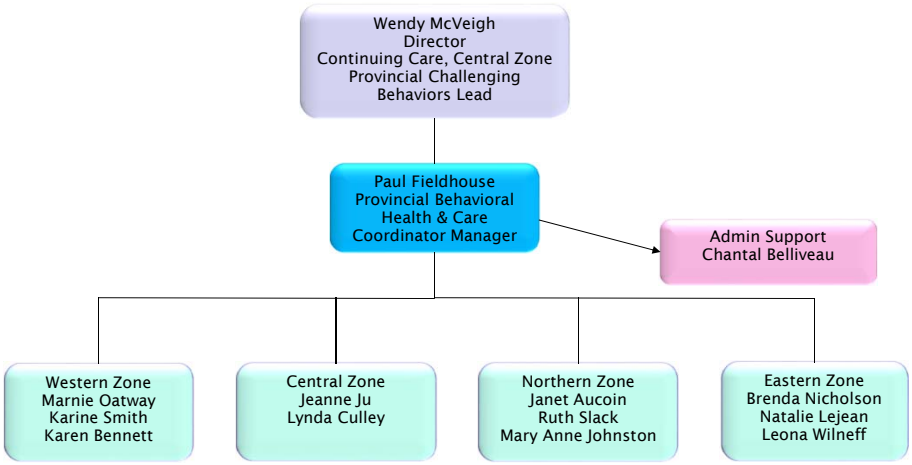
Provincial
Continuing Care Behavioral Health Organizational Chart



NSHA Behavioral Health Team

The Behavioral Health team is accountable for leading the NSHA Behavioral health operations using a coordinated and collaborative approach with a provincial lens.

- This past year we have focused on building role clarity and core capacity within our own team coming together as a team monthly
- We are aiming to improve consistency in practice across the zones through provincial program planning, education and capacity building, professional support, and communication and collaboration utilizing the P.I.E.C.E.S (TM) approach with specific target organizations.

What do we hope for today?

- Raise awareness of the Behavior Health Program and the role of the Behavior Resource Consultant
- Share our perceptions of the barriers, gaps and opportunities in the system to providing care for complex older adults with cognitive impairment and behavioral expression
- Receive some cursory feedback on what is working well with our program and what we might want to adapt
- Open and honest dialogue and willingness to continue steps toward improving system integration

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Program Updates - CONSULTATION

- Established regular 'behavior support' meetings in many of the LTC throughout the province
- Have developed and are trialing a Consult Note to help with information transfer within teams and between organizations and to assist with care planning
- Exploring non-pharmacological best practices and how to assist homes with implementation (robotic cats; weighted blankets etc.)
- Assisting with suggestions for dementia friendly environmental design adaptations

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Program Updates – EDUCATION

Knowledge Exchange/Transfer

- In addition to PIECES and Leadership and Performance Improvement; All CBRC's are trained as facilitators in:

✓ Gentle Persuasive Approach; (Ruth Slack is Master Trainer);
✓ UFIRST

- Leona Willneff is a facilitator of Teepa Snow's PAC and many other CBRC's have had the training
- All CBRC's completed Dementiability Methods: The Montesssori Way
- All CBRC's completed Canadian Academy of Geriatric Psychiatry Course
- Created a sharepoint site and have consolidated educational resources on a wide variety of topics
- Created/Distributed Delirium fact sheet on World Delirium Awareness Day

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Program Updates – CAPACITY BUILDING

Partnerships

- Enhanced relationships with Provincial Placement Manager/teams around the Province
- Increased collaboration with SMH teams in CZ and EZ
- Partner with ASNS (to bring UFIRST training back to NS; connections with ASNS Education Coordinators; delivering sessions for Family Caregiver Education Series; involved in conference planning team)

System of Care - Collaboration

- Involved in numerous working groups from the DofHW Continuing Care strategy; Canadian Association of Geriatric Psychiatry Conference Planning and online course; Continuing Care specific

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Our Realities

1. Increasingly complex care requirements in Continuing Care (including the responsive behaviours associated with dementia and other mental health problems) place considerable stress on family members, caregivers, and staff.
2. Scarce human/fiscal resources mean it can be difficult for organizations to free up staff for case consultation and education sessions for a period of time.
3. An increase in utilization of the program combined with requests from non-target organizations (RCF's; Acute care; DCS; Private Assisted Living) means we need greater linkages and support across the continuum of care.

The Challenges

Macro – lack of Seniors Mental Health across the province; appropriate housing and system disconnects; high expectations for personalized service

Meso – information sharing; reactive responses to behavior; varying use of assessment tools/process and interventions; organizations being short-staffed/lack of interdisciplinary teams

Team – within and between team communication; varying levels of risk tolerance

The Opportunities

(strengths and assets)

- **Client –centered approaches and philosophies**
- **Dedicated staff**
- **Resident transition/Placement**
- **More openness to collaboration with system partners**

Top Priority for Collaboration & Change

- **Collective approaches**
- **Models of care**
- **Culture change**
- **Additional resources**

Our Ask

What do you need from other health care providers/partners/program areas?

- To be consulted prior to a crisis
- Thinking possibility
- Understand one another's realities
- Be willing to pull together a team for assessment and care planning
- Understand there is no quick fix

Our Offer

Identify what you can offer other health care providers/partners/program areas

https://www.youtube.com/watch?v=-In6axL1sVo&feature=youtu.be

A story of success

Final Thoughts

What is the Behavioral Health team doing well?

What would you like to see changed/added?

How can we better support the education/learning needs of your teams?

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