



Committee Report

To:	Chair and Members of the Committee of Management
Committee Date:	November 23, 2021
Subject / Report No:	LTCR-CM-25-21
Title:	Grey Gables Behavioural Support Transition Unit Update
Prepared by:	Tolleen Parkin, BSTU Project Coordinator
Reviewed by:	Jennifer Cornell, Director of Long-Term Care
Lower Tier(s) Affected:	
Status:	

Recommendation

That report LTCR-CM-25-21 regarding a Grey Gables Behavioural Support Transition Unit Status Update be received for information.

Executive Summary

Since the last update in May 2021, significant work has taken place to operationalize the two-year pilot of a 20 bed BSTU at Grey Gables under the direction of the project coordinator. This project is being undertaken as a proof of concept of leading practice for a BSTU in a rural location with the support of a best practice coordinator. Staff have had extensive training and are prepared to welcome the first admission this month. Work with the province continues to resolve an anticipated funding shortfall in the 4th quarter of year two of the pilot.

Background and Discussion

Many individuals with responsive behaviours continue to wait for placement due to the challenges with ensuring isolation protocols and the appropriate staffing levels to meet their unique care needs. By having access to the proper programs and services, hospital beds will be available for those who need them, and people will have access to the care and services they require.

Implementation

The BSTU Best Practice Coordinator supports the transition of the traditional home area to the specialized resident home area (RHA) focusing on unit design, policy

recommendations, resources, recruitment, training and education and stakeholder engagement and partnership.

The Best Practice Coordinator will focus on the development of leading, evidence based best practice guidelines for long term care homes in supporting residents with responsive behaviours. In addition to research, information will be gathered from staff, residents & their spouse/caregivers, and service provider partners. This work is critical to positively advance the success of a viable, effective, and innovative model in a rural setting.

Physical Environment

Maple Lane's home area is the dedicated space for the 20 bed BSTU which is a separate space and includes a secure outdoor area. In order to maintain the 66 bed complement of the whole home, while reducing the number of residents living on the BSTU from 23 to 20, construction was completed to convert other spaces on Pine Ridge and Valley View resident home areas to 23 beds respectively.

We worked closely with contractors to ensure there was minimal disruption to the residents and the overall operation of the home, including approval from the Ministry of Long-Term Care for these renovations.

Additionally, a storage area behind the nursing station has been converted to create a private conference and nursing communication hub for the RHA.

We will continue to make small adjustments to the common spaces of the RHA that best meet the needs of the residents living there that align with our person-centred Colour It approach to care.

We will continue to support existing residents to live in their preferred accommodation, making transitions from Maple Lane to the other two RHAs as appropriate rooms are available and in consultation with residents and their families.

This transition from the traditional Maple Lane resident home area to a fully functional BSTU will progress over time and is anticipated to take as long as one year.

Financial and Resource Implications

Grey Gables received one-time operational and start-up funding of \$962,147 that was to be spent by March 31, 2021. Due to the short time-frame to spend the one-time funding once the project was approved by the LHIN, total expenditures from this funding were \$63,734, leaving \$898,412 that will be recouped by the LHIN during the funding reconciliation process.

To support the supplementary staffing, training, professional development, additional technology and environmental enhancements, Grey Gables will receive \$1,286,691 in one-time funding for each fiscal year 2021/22 and 2022/23, when the pilot project ends March 31, 2023.

Following the approval for the pilot, staff learned that the approved funding for the two-year pilot will be insufficient to cover the expenditures. Based on current anticipated expenses for salaries and benefits and the opening date of the BSTU, staff estimate that revenue will cover expenses in 2021/22. In 2022/23, there is a shortfall of \$425,398. Staff have been in discussion with the LHIN to find solutions for this funding variance. Grey County has been consistent in communicating to the province that the operating costs for the BSTU cannot impact the County tax levy.

It is noted that all new positions associated with the BSTU are temporary due to the funding allocation ending March 31, 2023.

Human Resources and Training

In June 2021 we began the internal and external recruitment process for dedicated Registered Nurses, Registered Practical Nurses, Personal Support Workers, and Recreation Aides. Recruitment for these roles is a challenge across the sector and we continue our recruitment efforts for these roles for both the BSTU and the rest of Grey Gables. We are pleased that internal interest from the RN staff has filled the one (1) full-time and one (1) part-time RN BSTU positions; we are currently recruiting for their replacements in the home. Three (3) full-time and three (3) part-time RPN positions within the BSTU have been filled, including hiring two (2) external candidates. There are nine (9) full-time and eleven (11) part-time PSW roles for the BSTU; most of these have been filled, including hiring four (4) new staff for this RHA. We continue to recruit to fill five remaining (5) PSW vacancies as part of the ongoing recruitment efforts for the whole home. The full-time BSTU recreation position and two of the three part-time positions are filled; recruit is underway for the final position. Recruitment for the Unit Coordinator will begin later this year. The new BSTU work schedule was converted on September 18, 2021.

The positions for the BSTU are comprised of existing permanent positions and new temporary positions for the enhanced staffing model for the pilot project.

Residents will also continue to have access to social work, physiotherapy, spiritual care, dietitian, and specialized services.

Specialized training is currently underway to ensure staff have all the necessary skills and tools to safely support the special care needs of each resident. While the focus of the training initially is on staff that will be dedicated to the BSTU, it is important to note

that other staff may need to support residents on the BSTU from time to time, and therefore behavioural training is not limited to the BSTU team only.

Gentle Persuasive Approach (GPA) is a program that teaches care providers working with persons living with dementia about utilizing a person-centred approach, how the changes in the brain related to dementia are connected to behaviours, the interconnectedness of the environment to the person's responses and techniques in how staff can support the behavioural changes, including protective measures for safety. This is a full day of education and is applicable to anyone working with persons living with dementia. A two-hour refresher in GPA is recommended for all staff annually. Currently we have trained 27 employees at Grey Gables in these techniques, including 72% of the BSTU assigned direct-care staff. Additionally, the GPA program supports a train-the-trainer model, and we now have two of our embedded BSO team members certified as GPA coaches, which increases our capacity to sustain this education with our Grey Gables team into the future.

P.I.E.C.E.S. is framework for assessment utilized by professional staff (RNs, RPNs) that provides a holistic, comprehensive analysis of the person's needs in order to support a person-centred approach and strategies for best practice. This framework looks at the whole person – their **Physical, Intellectual, Emotional, Capabilities, Environment and Social** aspects – when developing a plan of care to meet their needs. This requires two days of education, along with a practical application in the clinical setting of the knowledge gained. Seventy-five percent (75%) of the registered staff assigned to the BSTU have completed the PIECES program and more will be sent to the education when more dates are offered by the program.

U-first is a one-day program based on the P.I.E.C.E.S. model but designed the non-registered staff who work with persons living with dementia. This education will be taking place at Grey Gables in November and December this year. We anticipate approximately half of the BSTU team will have completed it by the end of the year, with an additional 10% from other parts of the home.

DementiAbility Methods is a philosophy of dementia care developed by gerontologist Gail Elliot that emphasizes enabling, enriching, and engaging the lives of persons living with dementia to have meaning and purpose in their lives. It focuses on their abilities and teaches caregivers to find the underlying reason for behaviours and develop ways to make a difference. This is designed for anyone working with persons living with dementia and is a two-day education event. Staff from all departments have participated in this program; 56% of the BSTU team and 31% of all staff have completed it.

Positive Approach to Care (P.A.C.), created by Teepa Snow, is another excellent resource in dementia and behavioural care that we will be pursuing in the coming months. The P.A.C program teaches about brain changes, how those changes manifest in behavioural changes and provides practical, person-centred strategies to support persons living with dementia and their care team.

A General Education / Orientation day was also attended by most of the direct care BSTU staff that included coverage of brain pathology and behavioural strategies, person-centred language, quality improvement, Colour It Your Way and person-centred care, introduction to P.A.C, stress management, and transition to the BSTU.

Q4 2021 Summary of Education Completed or Planned

	Staff	GPA	GPA Coach	PIECES	U-First**	DementiAbility	General Education	Total
# of Days for Course		1	2	2	1	2	1	
BSTU Staff*	33	18	2	6	9	22	18	75
Other Staff	95	9	0	0	1	18	0	28
Total	128	27	2	6	10	40	18	103
Total Education Days		27	4	12	10	80	18	151

- * Includes direct care and non-direct care team members regularly assigned to the BSTU
- ** U-first is scheduled for late November; early December and more staff will be allocated to this education than shown here as the schedules are still in development

Engagement and Communication

Staff, residents, and families have received updates via staff meetings and family newsletters. Additional information sessions are planned for later in Q4 for residents and families through their respective councils as well as a virtual information session.

The BSTU Implementation and Best Practice Coordinator has attended the team meetings of the Home and Community Care Support Services (HCCSS) Patient Care Managers and the Care Coordinators for Grey Bruce. This is the organization responsible under the *Long-Term Care Homes Act, 2007 (LTCHA)* for long term care home placement and managing the waitlists under the Specialized Units section of *Regulation 79/10* under the Act. The presentation provided to this group is included in the attachments.

Presentations to other external partners will occur during the rest of Q4 2021 and Q1 2022, including leadership for our local hospitals and other LTC homes.

Reporting Requirements and Other Quality Indicators

Quarterly reporting is required by the Southwest Local Health Integration Network (LHIN) once resident admissions begin and includes metrics pertaining to system flow that track admissions, discharges, and hospital transfers as well as incidents associated with behaviours.

Additionally, staff will be measuring the following indicators to assess the quality and success of the program, some of which are tracked through the RAI-MDS and CIHI data while others will be monitored manually:

- Resident / Family Satisfaction survey
- Staff Satisfaction survey
- Rate of achievement of resident goals
- Incidence of behaviour occurrence
- Rate of worsening behaviour
- Post-discharge transition success rate
- Antipsychotic medication

Next Steps

Staff anticipate that the first admission to the BSTU will occur in mid-November.

We continue to develop the quality program for the BSTU and supporting staff through coaching, mentoring, and training.

Appendices and Attachments

- [BSTU Proposal March 6, 2020](#)
- [Funding to Support 20-bed Designated Responsive Behaviours Specialized Unit January 5, 2021 Schedules A and C](#)
- [BSTU Presentation October 2021](#)