

# Care in Transition



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**June 12, 2014**

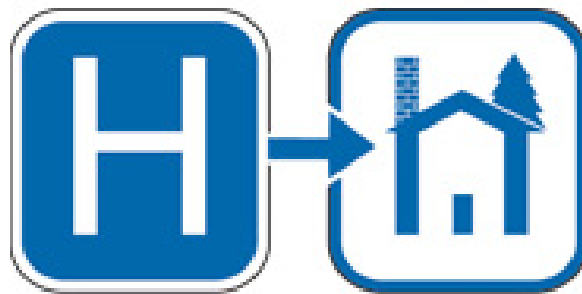
# Outline

- Care Transitions
- Behavioural Neurology
- Current practice
- Proof of concept
- Video
- Findings
- Next steps

# Transitional care

A set of actions designed to ensure the coordination and continuity of healthcare as people move from one healthcare setting to another

– Adapted from the Position Statement from the American Geriatrics Society, 2003



# Stresses to transitional care

- Older adults vulnerable to fragmented care
- People with cognitive impairment sensitive to environment
- Transition procedures focus on “hard” info rather than “soft”
- Systems are fragmented, difficulty coordinating
- Emphasis on keeping people at home = more complex clients in long-term care

# Behavioural Neurology Unit

- Short-term unit for assessment and treatment of people with neurological impairments who exhibit behavioural issues

# Behavioural Neurology Unit

Care is provided by an interprofessional team:

Neurologists  
Nurses  
Neuropsychologist  
Occupational therapist  
Physiotherapist  
Advanced practice nurse  
Psychiatrist

Therapeutic recreationist  
Speech-language pathologist  
Geriatrician  
Social workers  
Dietician  
Pharmacist  
Clinical manager

# Current practice



# Current practice

- Specific facility not known
- Limited dialogue prior transfer
- Entire chart is transferred
- Care nuanced; individualized approach
- Behaviours are idiosyncratic



# Current practice

- Limited staffing; perform care on “Day 1”
- Stigma
- Mistrust
- Clients cannot advocate or inform

# Why does it matter?

- Potential for medication errors
- Inappropriate use of hospital emergency rooms and acute care beds
- Stress on patients and families
- More pressure on long-term care staff
- May result in transfer to a care venue that does not meet the patient's needs

# What do we need?

- Clear, consistent, reliable communication
- Opportune exchange of information
- Coordinated and connected care
- Comprehensive care
- Engagement in care decisions
- Respectful, empathetic, and considerate interactions
- Timely and convenient care

# Proof of concept

- Inpatient Behavioural Neurology Unit teamed with the Innovation, Technology, and Design Lab to explore using video to bridge this gap.

# Proof of concept

- Use of flip cameras to capture videos documenting clients on unit. Consent obtained.
- Video then edited to communicate how care is completed on the unit.



# Proof of concept

- Six clients on the unit were selected to participate in this pilot project, based on anticipated discharge dates and location.
- Videos were created by members of the healthcare team to communicate three themes: Personhood, behaviour mitigation techniques, and approach to care.

# Proof of concept

- Once clients received bed offers from long-term care facilities, members of the care team and Innovation, Technology, and Design Lab visited the facility to show the video and answer questions.
- Focus groups took two weeks following the transfer, to address the experiences of the team at long-term care.

# Methods

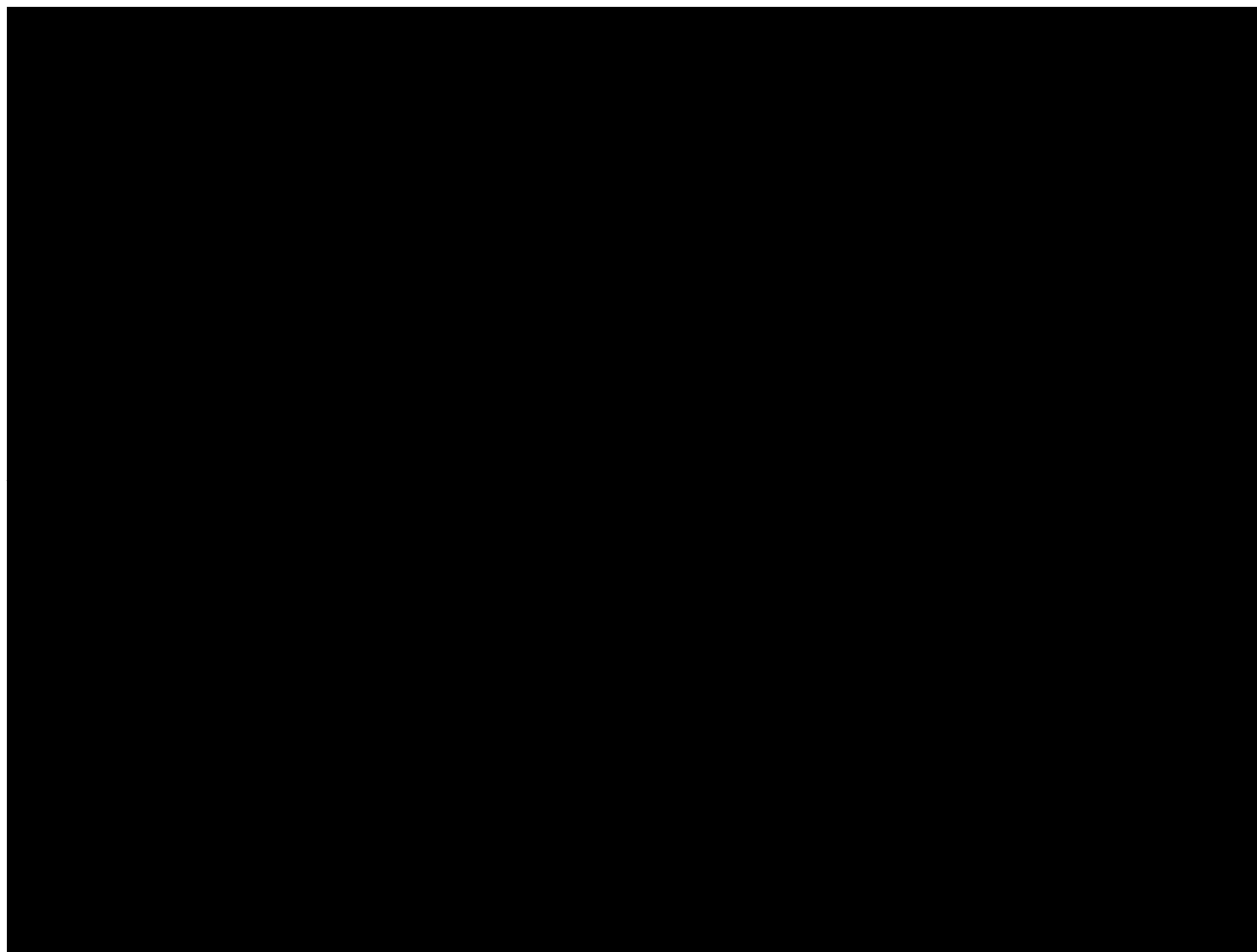
- Approach: Participatory action framework  
(Graham et al., 2006)
- Participants: 4West team; Innovation, Technology and Design Lab; staff from five different long-term care facilities; families and clients.
- Data collection: Audio recordings and written notes were taken during meetings and focus groups.



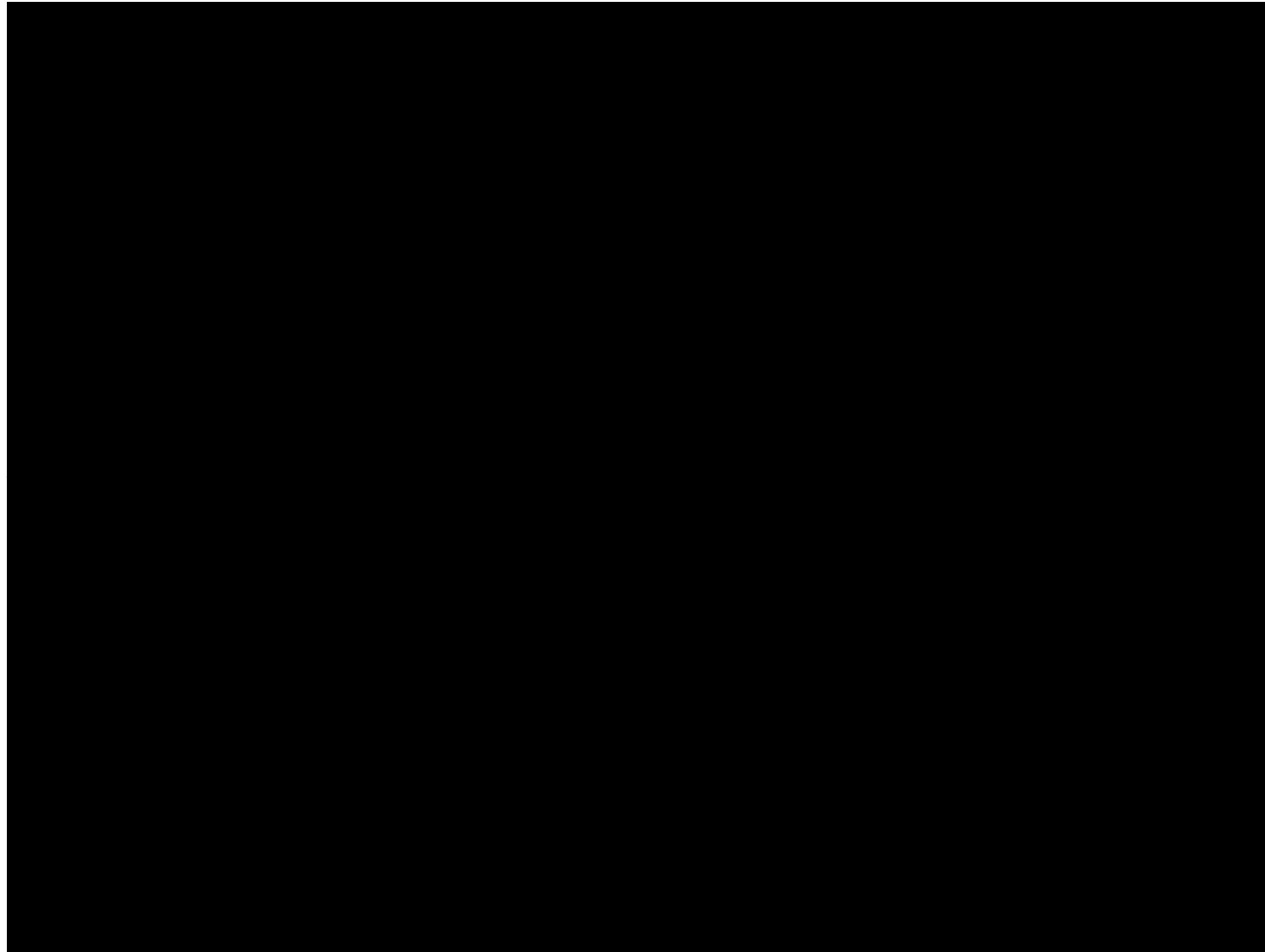
# Procedure

- Showing client video in three phases:
  - 1) Presented to care providers at discharge destination.
  - 2) Encouraged to share impressions, ask questions, reflect on practice. Left copy.
  - 3) Baycrest staff followed up one to two weeks later, gathered feedback.

# Video: Dominic's story



# Video: Fred's story



# Findings:

- 1) Preserving identities
- 2) Valuing video communication
- 3) Tailoring communication to discharge destinations

# Preserving identities

- **Integrating life stories:** Clients have preferences that shape their care routines.

“He wanted to move to Arizona where it was warm all year around. He loves to be warm.” – Family member

- **Supporting client’s participation:** Staff problem-solve to maintain client’s engagement.

“He sits in the corner, which helps him to get up from a chair. Let’s make sure there is a similar place in our dining room.” – PSW, LTC

- **Looking for a connection:** Staff want to know how to relate to clients, using information from previous care providers.

# Valuing video communication

- **Rely on information:** Staff welcome information about client's needs and care. They express a lack of faith in some written information provided during transition.

“I didn't know he wore hip protectors. I didn't see it mentioned in the notes. It was good to see the video.” – PSW, LTC

- **Appreciate the medium:** Video can have tremendous impact on users; comprehensive in a short time.
- **Ameliorate anticipation:** Staff in long-term care are anxious about new clients, which shapes care approach.

# Tailoring communication

- **Managing workload:** Long-term care facilities face workload issues and have limited time to reach charts and gather info.

- **Knowing the culture:** A mindful and proactive approach geared towards building relationships.

“He was here before he went to you. We already know him.” – RN, LTC

- **Keeping it simple:** Video material must be simple to display, view, and share.

# Discussion

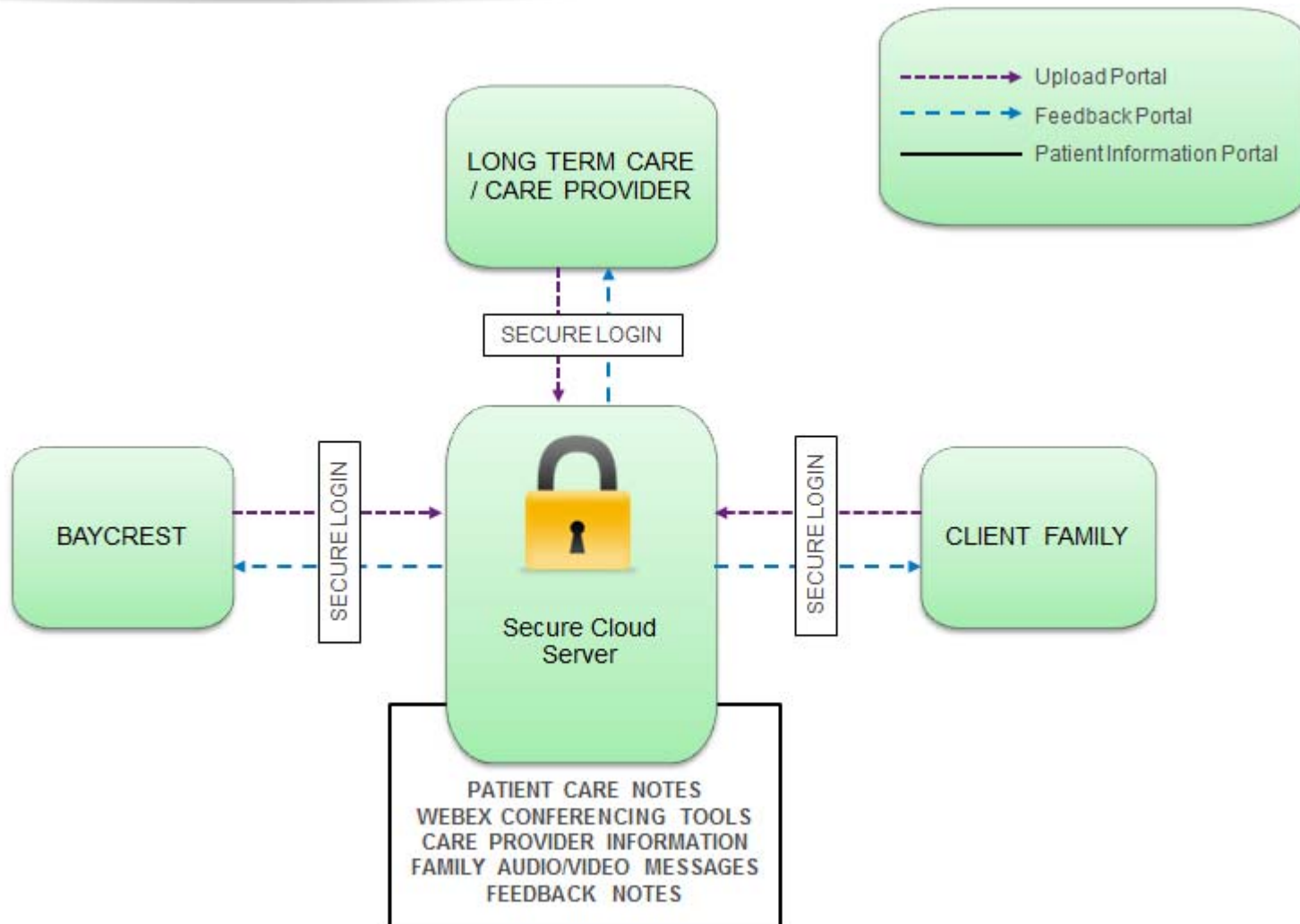
- Current process leaves clients at risk of poor care transitions.
- Care facilities value video, so long as it is tailored to the needs of the care setting, and highlights the shared goal of providing care.
- Enhancing communication through video technology is one strategy to help ease care transitions and support client care.



# Next steps

- Explore ways to move beyond team
  - Toronto, Outside GTA, all of Ontario?
- Use of technology
  - Cloud system; portal to communicate.
- A role for outreach teams
  - Consider video conferencing to facilitate.

# Next steps: The Cloud



# Acknowledgements

- Behavioural Neurology Team
- Innovation, Technology and Design Laboratory

# Acknowledgements

- Clients and their families
- Our long-term care colleagues

