

Community Living Hamilton

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My Background

- Coordinate all the medical supports required for all clients, staff and programs.
- Worked with Mental Health sector to align medication for clients with a Dual Diagnosis.
- Worked along side a Behavioural Specialist to ensure clients were assessed for an underlying medical issue before behavioural interventions were started.

- Worked with a Physician who specialized in Autism to treat children to align medication to support behaviour concerns
- Educated and Transferred medical skills to frontline
- Managed 24 care homes for persons with complex behavioural and medical needs
- Director of Nursing (DON) for a Visiting Nursing Program which provided 72,000 home visits a year
- Worked closely with the CCAC to ensure quality care was given to clients in the community



Assessing a Client's Medical Support Needs

Have you had this experience?

- A doctor asking you what the client needs
- A doctor questions why a client needs an annual physical or feels the client does not require a complete exam because they have an intellectual disability

Have you had this experience?

- A doctor has assumed that because the client has an intellectual disability they must be on or need medication to address behaviour
- A doctor asks “Does this client have a DNR order?” based on the fact the client has an intellectual disability

Did you know ?

- The medical field makes the assumption that if a client is receiving 24 hour care the staff are capable of supporting medical care needs
- Hospitals do have a portion of their budget allocated to 1:1 support for clients that require extra supervision

Did you know ?

- Quality Assurance markers in Healthcare:
 - Decreasing Emergency Turn Around Time
 - Decreasing Length of Stay
 - Hand Hygiene and Falls Prevention
- An RPN needs to be supervised by an RN in any setting

Did you know continued.....

- Some DS agencies have RNs/RPNs on staff
- There are 14 CCAC's in Ontario and they all work independently of each other



Agenda

- Process Improvement – Initial Meeting and Intake with client and/or family
- Factors Impacting an Agency's ability to support a client's medical needs
- Risk Matrix to Assess Medical Needs
- Case Study using the Risk Matrix
- Process Improvement – Demit Policy



**What is the Purpose of a
Developmental Services Agency?
Why do we Exist?**

Mission of Developmental Services Agency

- To support clients to live as a full member of society
- To support all clients to live with dignity as citizens of their community
- To support all clients to share in every element of living and have an equal opportunity to participate

The Next Question Is...

When and how does an agency make the decision that they can no longer safely support a client within the services they offer?

- *“We (agencies) just finished depopulating the institutions and told the clients that they have value and rights as a member of their community and now we are saying to the client you’re going back in. (referring to LTC)”*
- *“Sending to LTC will change the support they get and impact their inclusion possibilities.”*
- *“We failed the client if we say we can’t support them. Staff are capable of learning anything they need to ensure we can support the client ongoing.”*

Data or Information – Social Services & Medical Care

THE SENIORS HEALTH KNOWLEDGE NETWORK
(SHKN)

SHKN Information Specialist – St. Peter's Hospital

<http://seniorshhealthknowledgenetwork.ca/home>

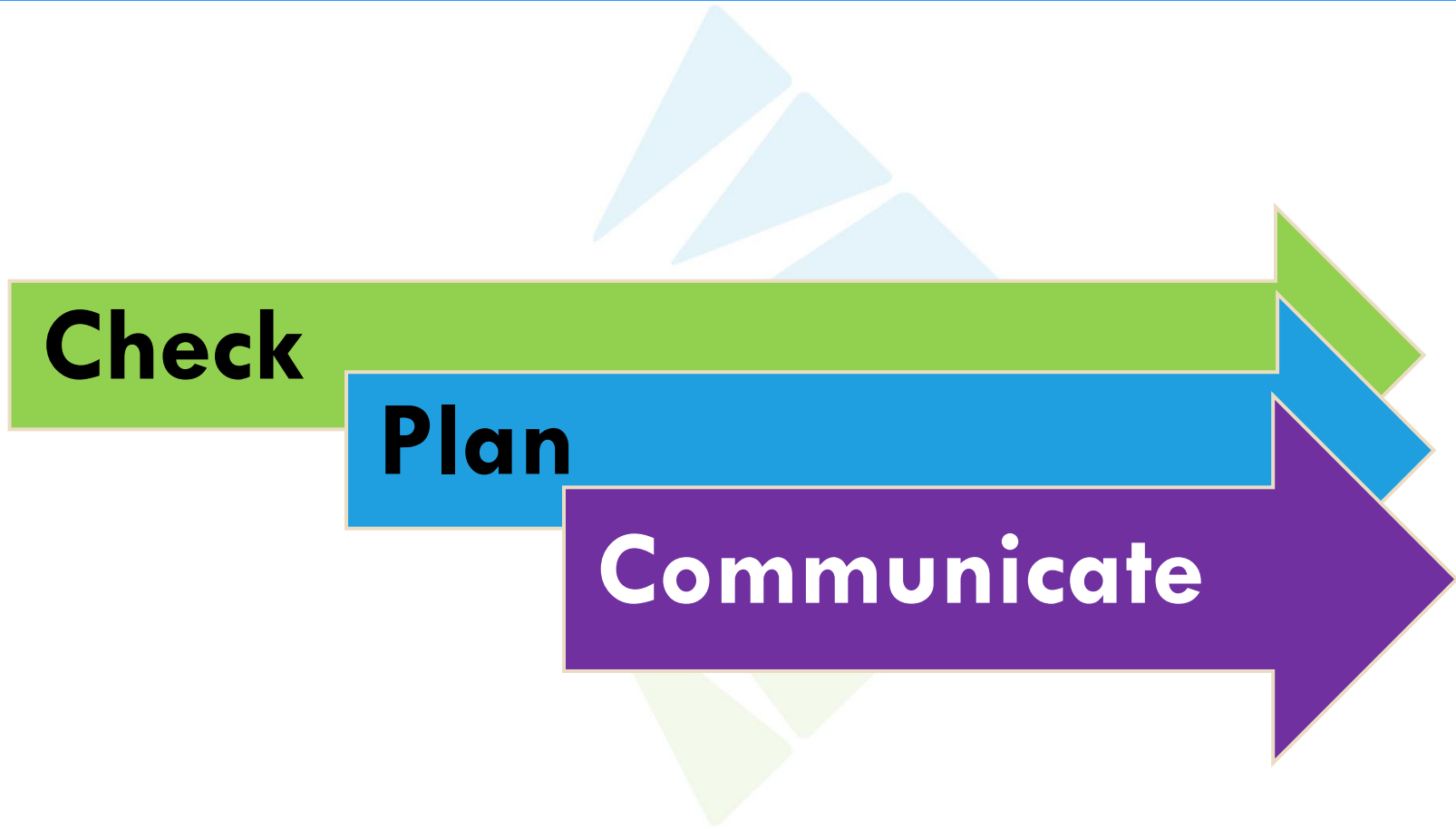
Question

- I would like a journal or literature search around non-regulated workers in the social services sector (supporting adults with an intellectually disability) providing support to a client that requires medical treatment/intervention that should be completed by a regulated health care provider.

Question continued...

- This could entail the following care issues: insulin administration, Gastric Tube feeding, suppositories, catheterization, ileostomy/colostomy appliance changes, suctioning, tracheostomy care, medication administration, wound care, palliative care etc.
- Can you find any information in regards to how other social service organizations are handling this issue or how a transfer of skill should occur?

Process Improvement





Initial Meeting or Intake of a Client into a Service Offered

Program Criteria – Example

Supported Life Skills and Social Needs Site Format:

- The Support Intensity Scale (SIS) scale identifies additional support (level 3 or 4) in most sections identified in Home Living Activities
- Person Directed Plan identifies community inclusion and life skills activities as goals for personal growth
- Supports adults who can participate safely within the program's staffing structure

Program Criteria - Continued

- Supports adults with a stable medical condition – some medical conditions will require community resources
- Supports adults with no to minimal behavioral needs – the behavior needs are to be safely managed within the staffing structure of the program and not cause undue risk to self or other adults in the program
- There is no age defined for this group. Their social and support needs are the defining factor when assessing if the program supports personal growth

Program Criteria – Example

Admission Criteria

The Respite program can:

Provide temporary scheduled caregiver relief to primary caregivers of children with an intellectual disability who live in their family home

Provides Respite for children and youth up to age 18

Supports children or youth who can participate safely within the programs staffing structure

Program Criteria – Continued

Support a child or youth with stable medical conditions. Agency will resource partnerships in the medical community to assist as required

Support a child or youth with a variety of challenging behaviours ie. Self-abusive, verbal/physical aggression toward others, property destruction – This behaviour needs to be safely managed within the staffing structure of the program and not cause undue risk to self or other children in the program.

Program Criteria – Continued

Discharge

A child will be discharged from Respite when:

- they reach the age of 18
- the family is unable to comply within the guidelines of the program after attempts to resolve the concerns have been unsuccessful
- family secures alternate respite or are no longer interested in the out of home staffed model of respite
- family has not accessed the program in 6 months without rationale

When does the organization call it?

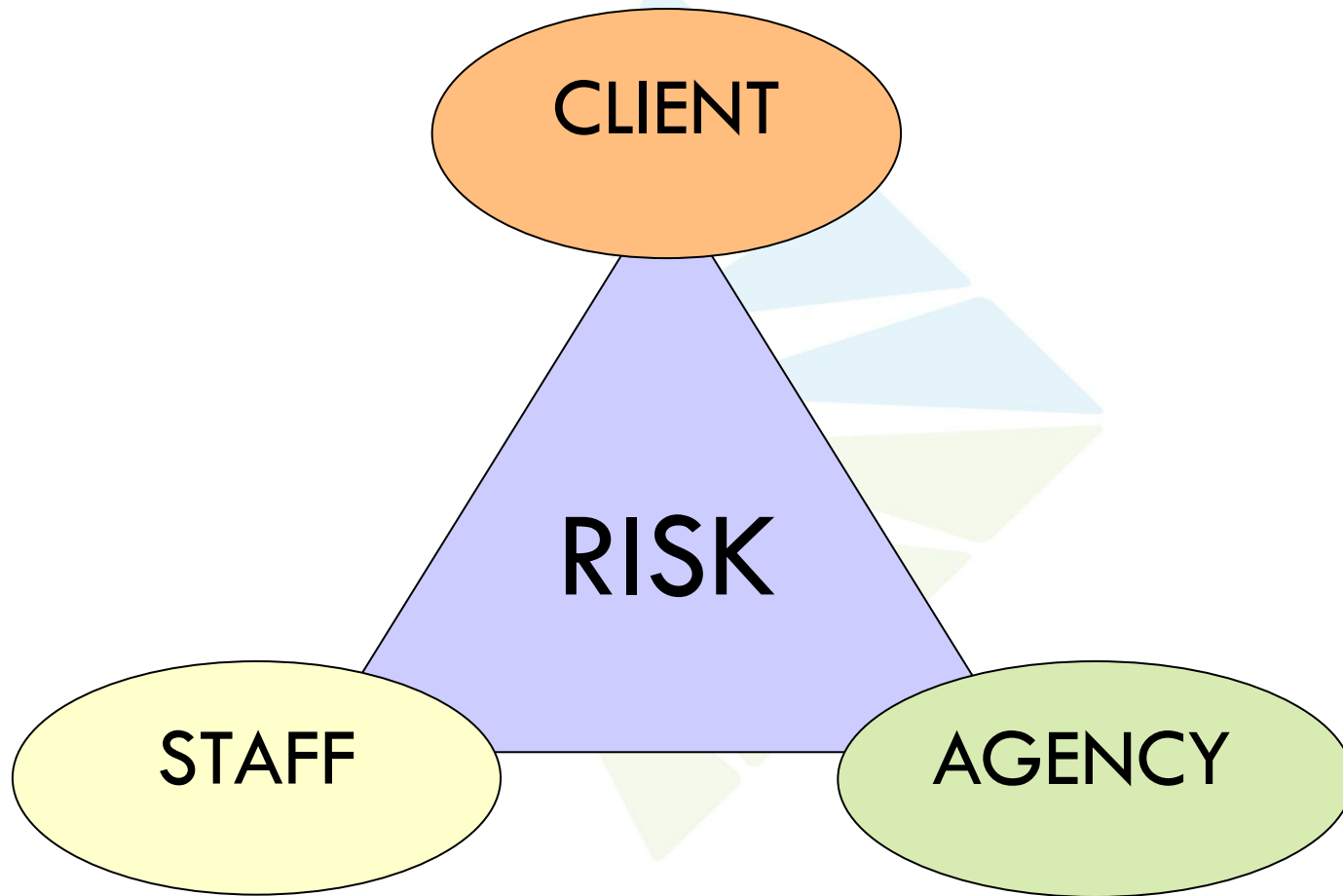
What is the trigger that makes an organization question their ability to safely support a client in the community?

Experts at Risk

Organizations assess all kinds of risk on a daily basis

- Health & Safety
- Safety of the client's environment
- Behavioral changes
- Safety in the community
- Food handling
- Medication administration policy
- Falls prevention assessment tools

Medical Care Risk Areas



Agency Risk

- Increased risk of a serious occurrence
- Increased risk to the client's safety
- Increased risk to staff supporting the client
- Increased risk of negative publicity on an organization
- Increased risk of negative attention to MCSS
- Increased financial costs to deliver medical care to the client safely

Staff Risk

- Psychological impact on staff




Client Risk

- Is there an increased chance of harm because the expertise of the organization and staff is not in the medical field?
- Can their community support their care needs in a timely manner?
- Would inconsistent assessment of the client's condition speed up the disease process or negatively impact the client's quality of life?

Assess the Risk





**Factors Impacting
an Organization's Ability
to Medically Support
a Client with an Intellectual
Disability**

Community Where the Client Lives

Toronto (urban)



North Bay (rural)



Health System

Community Care Access Centers (CCAC)

Can your CCAC support the medical need of the client in a timely manner?

Is your CCAC able to commit to supporting the client's medical care ongoing?

Physicians

Some physicians are unaware of the expertise of the professionals in the Development Services Sector. Physicians often assume staff are capable of completing the medical treatment prescribed.

If the physician is aware that the organization does not have medical staff, could the treatment plan be altered to support the client in their home?

Social Services vs. Health Education

DSW

- Developmental Disabilities
- Philosophy of Community Developmental Services
- Health & Wellness
- Teaching Strategies
- Responding to Abuse
- Person Directed Planning
- Community Building
- Intervention Strategies

RN

- Anatomy & Physiology
- Health Assessment
- Pathophysiology
- Pharmacology
- Critical thinking and problem solving

Diagnosis of Client

It is a fact that all clients supported by organizations are aging.

Some clients are aging with minor medical issues that require care while others have increasing medical needs that can become complex to manage in the developmental services sector.

Comorbid Diagnosis

Comorbid: existing simultaneously with and usually independent of another condition.

How many comorbid diagnoses does the client have that require medical support?

Are the issues acute or chronic?

Do these conditions require medical expertise to properly care for the client?

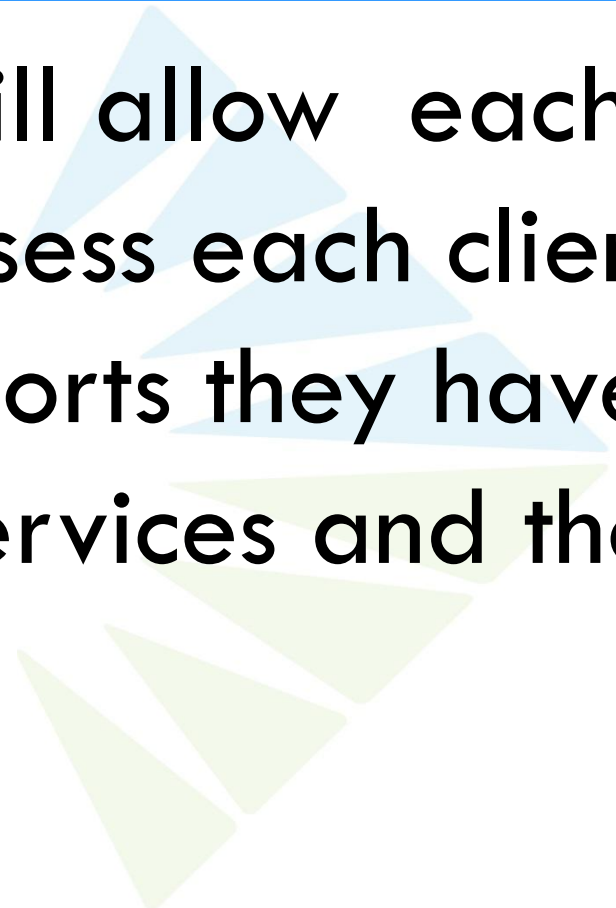
Client's Abilities

- Can they communicate if they are unwell?
- Can they communicate if they require assistance?
- Can they do or assist with their care?
- Are they capable of making their own health care decisions?

Medical Assessment Matrix



The matrix will allow each unique agency to assess each client based on what supports they have to offer within their services and their community



Client Medical Assessment Matrix

Descriptor	Negligible (WHITE)	Minor (GREEN)	Moderate (YELLOW)	Extreme (RED)
Community Supports to assist the clients medical care	Medical needs supported in a timely manner	Minor to moderate delay (will not have negative impact on medical condition)	Minor to moderate delays (will have impact on medical condition)	Clients medical needs can not be supported

Client Medical Assessment Matrix

Descriptor	Negligible (WHITE)	Minor (GREEN)	Moderate (YELLOW)	Extreme (RED)
Medical Orders of Client	Medical treatment (recommended) can be supported	Alternate medical treatment available (effective as original treatment)	Alternate treatment available (not as effective as original treatment)	Clients medical needs can not be supported

Client Medical Assessment Matrix

Descriptor	Negligible (WHITE)	Minor (GREEN)	Moderate (YELLOW)	Extreme (RED)
CCAC assistance in care ongoing	CCAC is able to assist for duration of treatment	CCAC is able to support part of the care and can safely transfer skill to staff	CCAC is able to support part of the care. Condition aggravated if staff perform incorrectly	No CCAC support. Staff are unable to complete any part of the skill/ delegated act.

Client Medical Assessment Matrix

Descriptor	Negligible (WHITE)	Minor (GREEN)	Moderate (YELLOW)	Extreme (RED)
Staff knowledge impact on Client well being	Staff have expertise to perform required care required within guidelines	Staff are capable of learning skills to perform care under direction /ongoing training required	Staff do not have expertise to perform entire skill/ client can't assist with skill	Staff do not have expertise to perform skill/ delegated act

Client Medical Assessment Matrix

Descriptor	Negligible (WHITE)	Minor (GREEN)	Moderate (YELLOW)	Extreme (RED)
CoMorbid Diagnosis of Client - not including the intellectual disability	Client does not have any co- morbidity	Client has up to two co- morbidity	Client has up to four co- morbidity	Client has five or more co- morbidity

Client Medical Assessment Matrix

Descriptor	Negligible (WHITE)	Minor (GREEN)	Moderate (YELLOW)	Extreme (RED)
Client ability to communicate health issues	Client able to clearly indicate when they are not feeling well	Client able to indicate they are not feeling well but can not pinpoint issue	Client has challenges indicating they are unwell. Staff must assess health status	Client is unable to indicate when they are unwell /minimal signs of distress until very ill

Client Medical Assessment Matrix

Descriptor	Negligible (WHITE)	Minor (GREEN)	Moderate (YELLOW)	Extreme (RED)
Client's Ability to assist with care	Client capable of performing required care by self	Client is capable of performing the care with verbal assistance or minimal assistance from staff	Client required assistance from staff to help complete the medical care	Client is unable to assist with medical care required



Case Study Activity



Process Improvement

Does your organization have
a Demit Policy?



Questions

