Community & Seniors Health

AHS Provincial Programs and Innovations

Behavioural Supports Alberta Symposium

February 18, 2015

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Overview

1. Person-Centred Dementia Care – Residential Settings
2. Home Care Innovations

Continuing Care in Alberta

Person-Centred Dementia Care

- How do we provide evidence-informed, high-quality care for Albertans living with dementia and their families in our residential living options?

Approach

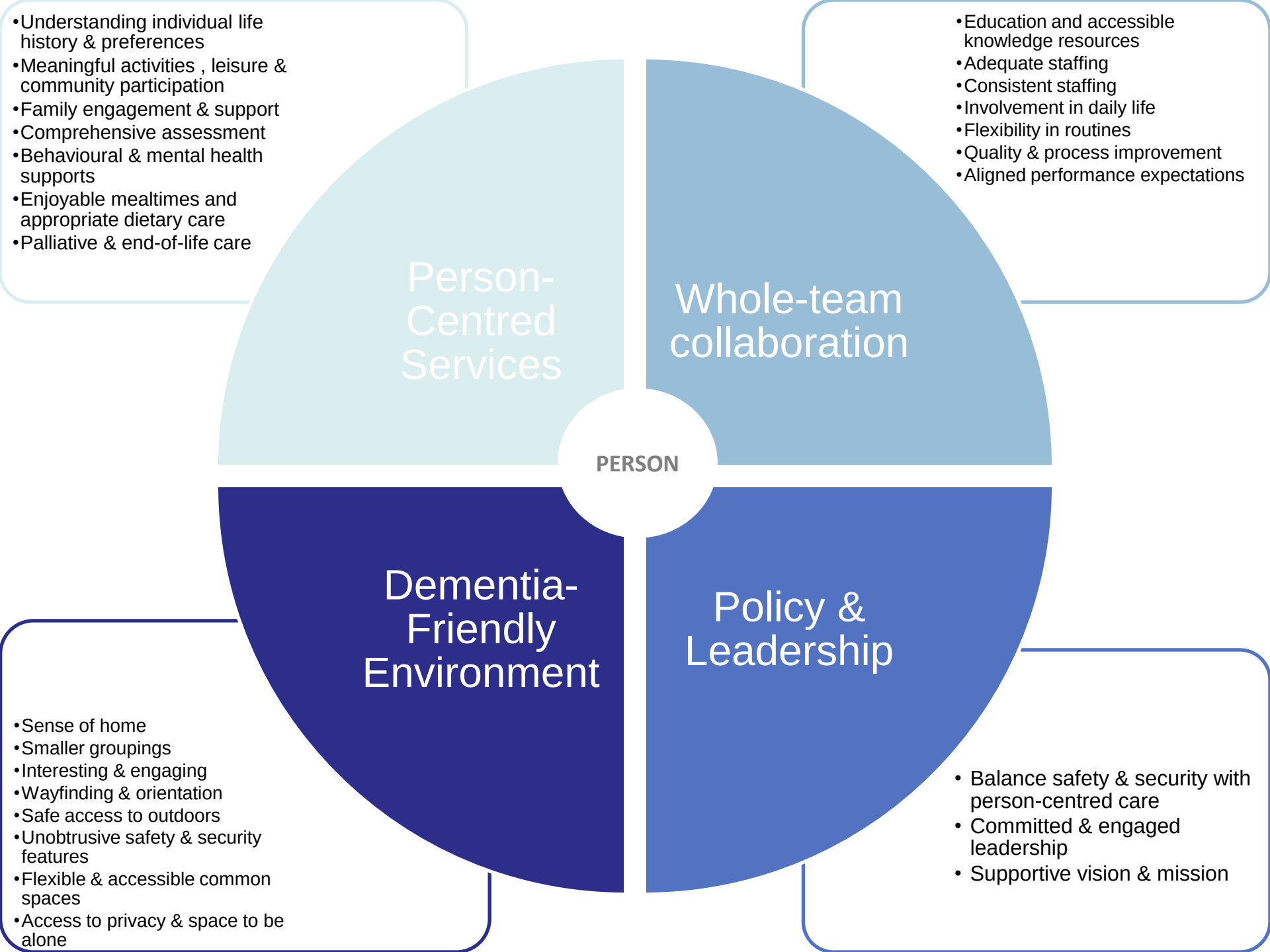
- Over-site by SL4-D Task Group
- Review of grey and peer reviewed literature
- Consultation with subject matter experts

Philosophy of Person-Centred Dementia Care

- Quality of life
- Wellbeing
- Creating a home

Personhood *is a standing or status that is bestowed upon one human being by others in the context of relationship and social being. It implies recognition, respect and trust.*

-Tom Kitwood, 1997


•Understanding individual life history & preferences
•Meaningful activities , leisure & community participation
•Family engagement & support
•Comprehensive assessment
•Behavioural & mental health supports
•Enjoyable mealtimes and appropriate dietary care
•Palliative & end-of-life care
Person-Centred Services
•Education and accessible knowledge resources
•Adequate staffing
•Consistent staffing
•Involvement in daily life
•Flexibility in routines
•Quality & process improvement
•Aligned performance expectations
Whole-team collaboration
PERSON
Dementia-Friendly Environment
•Sense of home
•Smaller groupings
•Interesting & engaging
•Wayfinding & orientation
•Safe access to outdoors
•Unobtrusive safety & security features
•Flexible & accessible common spaces
•Access to privacy & space to be alone
Policy & Leadership
• Balance safety & security with person-centred care
• Committed & engaged leadership
• Supportive vision & mission

Recommendations/Next Steps

- Staff education
- Knowledge exchange resources
- Behavioural and mental health supports
- Performance expectations
- Quality frameworks and standards
- Physical/environmental design
- Staffing
- Clinical/medical care

Home Care Initiatives

AHS Home Care Programs and Innovations Supporting Individuals and Families with Community Based Behavioral Supports

February 18, 2015

Presented by:
Shannon Barnard
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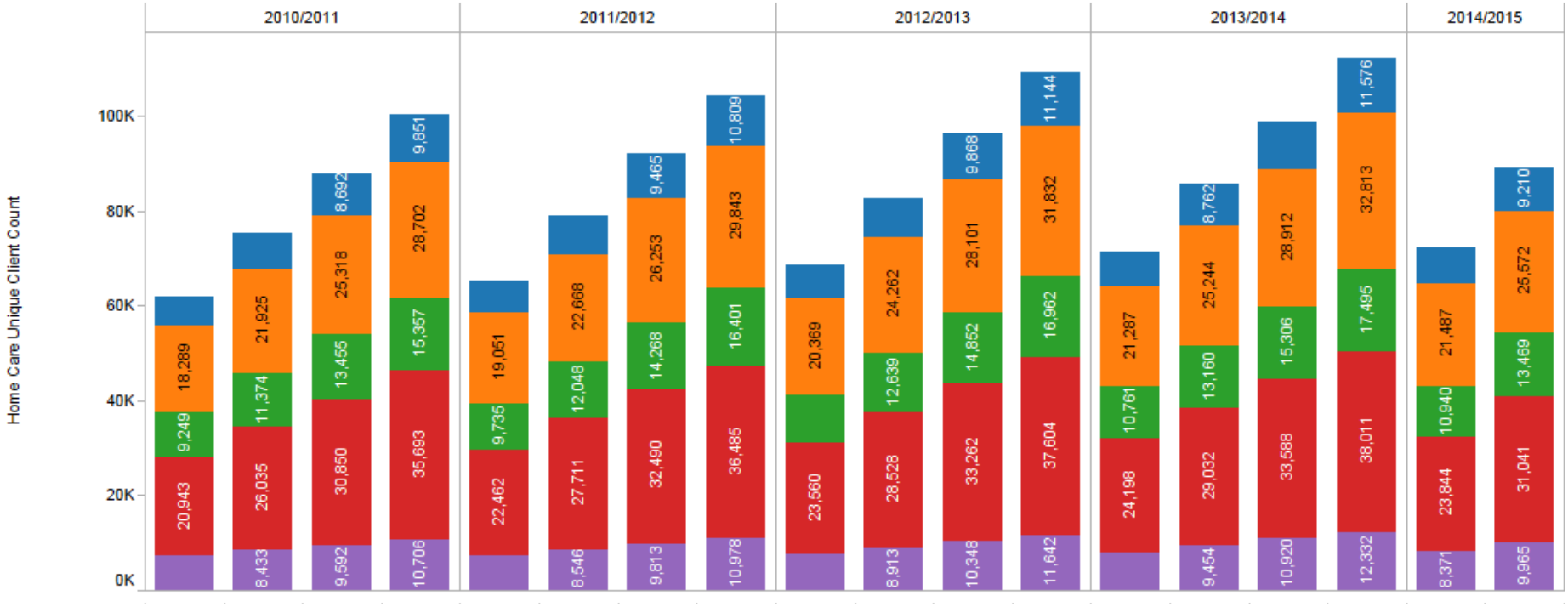
Home Care 101

Unique Home Care Clients

Continuing Care – Home Care Unique Client Counts (Cumulative Quarters)



Home Care Service Guidelines

Alberta Health Services - Seniors Health
Provincial Home Care Service Guidelines

Case Management

End-of-Life	Acute	Rehabilitation	Long-Term Supportive	Maintenance	Wellness
Case management is a process to manage the provision and coordination of care across the continuum and to balance potential client outcomes with effective use of available resources. Service hours are contingent upon need and complexity. Individuals may be admitted for case management services only.					

Direct Professional

End-of-Life	Acute	Rehabilitation	Long-Term Supportive	Maintenance	Wellness
0-12 hrs/week; 24 hrs/day on-call or direct professional service in last 72 hours of life or with acute symptom management episode	0-4 hrs/week	0-10 hrs/week	0-10 hrs/month	0-10 hrs/month	0-5 hrs/month

Personal Support

End-of-Life	Acute	Rehabilitation	Long-Term Supportive	Maintenance	Wellness
0-42 hrs/week 0-181 hrs/month Combination of ADL and IADL	0-35 hrs/month Combination of ADL and IADL	0-35 hrs/month Combination of ADL and IADL	0-35 hrs/week 0-151 hrs/month Combination of ADL and IADL	0-35 hrs/week 0-151 hrs/ month Combination of ADL and IADL	0 hrs/week Combination of ADL and IADL

Respite Care

End-of-Life	Acute	Rehabilitation	Long-Term Supportive	Maintenance	Wellness
0-36 hrs/week	0 hrs/week	0 hrs/week	0-26 hrs/week	0-26 hrs/week	0 hrs/week

Alberta Health Services
Seniors Health
Provincial Home Care Service Guidelines - Pediatric Addendum

Case Management

End of Life	Acute	Rehabilitation	Long-term Supportive	Maintenance	Wellness
Case management is a process to manage the provision and coordination of care across the continuum and to balance potential client outcomes with effective use of available resources. Service hours are contingent upon need and complexity. Individuals may be admitted for case management services only.					

Direct Professional

End-of-Life	Acute	Rehabilitation	Long-term Supportive	Maintenance	Wellness
0-12 hours/week; 24 hrs/day on-call or direct professional service in last 72 hours of life or with acute symptom management episode	0-15 hrs/week	0-10 hrs/week	0-15 hrs/month	0-10 hrs/month	0-5 hrs/month

Personal Support

End-of-Life	Acute	Rehabilitation	Long-term Supportive	Maintenance	Wellness
0-10 hrs/week	0-14 hrs/week	0-14 hrs/week	0-35 hrs/week	0-35 hrs/week	0 hrs/week
			0-70 hrs/week for CCAN*	0-70 hrs/week for CCAN*	
Combination of ADL and IADL	Combination of ADL and IADL	Combination of ADL and IADL	Combination of ADL and IADL	Combination of ADL and IADL	Combination of ADL and IADL

Respite Care

End-of-Life	Acute	Rehabilitation	Long-term Supportive	Maintenance	Wellness
0-36 hrs/week	0-10 hrs/week	0-10 hrs/week	Hours to be determined between FSCD and HC; depends on level of care required	Hours to be determined between FSCD and HC; depends on level of care required	0 hrs/week
			0-20 hrs/week for CCAN*	0-20 hrs/week for CCAN*	

Note: Shaded blue cells identify where pediatric home care service guidelines differ from adult home care services guidelines

Self Managed Care

Adult Day Programs

Destination Home: Dementia Care Team

Destination Home
Living better, staying longer

Destination Home is a collection of 15 innovative practices in home care that enhance the quality, effectiveness and efficiency of home care services for complex and high-needs clients.

Destination Home has targeted the following populations for this project:

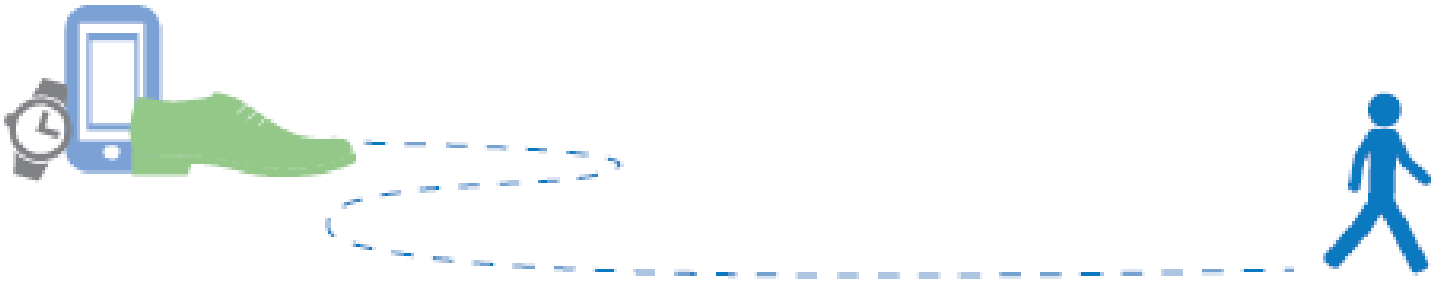
- Current alternate level of care clients (measured in days) waiting for supportive living and long-term care beds
- Clients in the community waitlisted for a living option
- Individuals living in the community with complex needs who are at risk for admission to supportive living or long-term care
- Caregivers caring for complex clients in the community who are at risk of burnout and/or client admission to supportive living or long-term care

Alberta Government

Alberta Health Services

albertahealthservices.ca/homecare

Locator Device Project



To get started, meet with project team and review project requirements

Consent to Home Care Admission and LDP participation

You will be provided with the GPS device and training in how to use it

Ensure device is charged
Ensure device is worn

Continue with daily activities as you normally would

You will be contacted regularly by the project team to offer support and check on the device function

Call anytime if you have questions or concerns

Upon exit, participants and project team meet to review use of the device

Alberta Health Services

Caregiver Strategy

Our Team

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Questions? Comments?

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