Centre intégré universitaire de santé et de services sociaux du Centre-Ouest-de-l'Île-de-Montréal

Québec

CHSLD juif de Montréal

Jewish Eldercare Centre

Hôpital général juif

Jewish General Hospital

A home for our elderlies with chronic mental illness

A successful example of partnership in Montreal between

Jewish General Hospital and Jewish Eldercare Center

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Introduction

The national forum on Mental Health action plan 2014-2020 recognizes the problems associated with the care and lodging of elderlies suffering with mental health problems and other chronic diseases:

- lack of resources
- lack of skills for the staff in nursing homes

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congestion in the acute care

Who are we?

Facilities grouped in the CIUSSS :

- CSSS Cavendish
- CSSS de la Montagne
- The Jewish General Hospital Sir Mortimer B. DavisCHSLD juif de Montréal
- The Corporation of the Maimonides Geriatric Hospital
- Mount Sinai Hospital
- Rehabilitation Centre Constance-Lethbridge
- Miriam Centre

The CIUSSS operates missions:

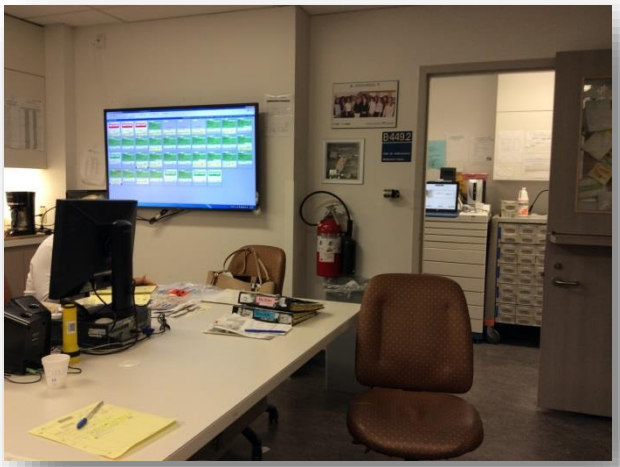
- Health and social services center
- Hospital of general and specialized care
- Shelter of long term care
- Rehabilitation center for people with physical and motor impairment
- Rehabilitation center for intellectual disabilities and pervasive developmental disorders

Jewish General Hospital

- Provide acute care for the residents since 1934
- 637 beds
- 75600 patient visits at the emergency in 2014
- 1600 nurses
- 600 physicians

Department of Psychiatry at the Jewish General Hospital

- Serves an area that includes more than 220 000 inhabitants
- More than 80,500 visits each year
- The Community and Family Psychiatry Institute offers a variety of outpatient services
- Internal psychiatric unit comprising 48 beds with more than 515 admissions annually
- Interdisciplinary team :
  - ✓ 35 psychiatrists
  - ✓ 14 psychologists
  - ✓ 10 social workers
  - ✓ nursing 47
  - ✓ 10 administrative agents



Jewish Eldercare Center

- Open since 1940
- 320 beds
- Founded by the Montreal Jewish community
- Offers complete care to community members in loss of physical or cognitive autonomy

Jewish Eldercare Center
Kastner Pavilion

- 6 floor facility with 160 beds
- All rooms are private (bathroom shared between 2rooms).

Unit's Mandates:

Kastner 2:

- Residents need extensive care but not total care

and are cognitively intact.

- May have mental health issues.

Kastner 3:

- Residents are cognitively impaired (usually severe) with reactive behaviors.
- Need some care but not total care.

Kastner 4, 5 & 6:

- Residents are moderate to severely cognitively impaired with no challenging behaviors.
- May need cuing, some care.

Kastner 5:

- 8 Evaluation beds for those who need assessment as to living arrangements after being transported to hospital. Assessment isresponsibility of CLSC SWs.

Jewish Eldercare Center
Hope Pavilion

- 5 floor facility with160 beds with residents housed on 2 floors (3rd and 4th)
- Rooms vary from being private, semi-private or 4 bedded.

Unit's mandates:

Hope 3A:

- Residents are cognitively impaired (usually severe) with reactive behaviors. Need total care.

Hope 3C & 4C:

- Residents need total care.

Hope 4A:

- Residents need total care and are cognitively intact.

Context

- Lack of institutional resources for older patients with comorbid conditions after acute hospitalization in psychiatric care
- One type of available resource - specific unit: limited seats and long waiting list
- Lack of training for staff of long-term care mental health center
- Congestion at the end of acute care patients in psychiatric units in acute hospital
- Increased requests for accommodation of seniors losing their autonomy with mental health disorders and / or behavioral problems
- Placement of this clientele in common geriatric units results in: revolving door

Project objectives

A. Improving the quality of life of elderly patients at the end of acute care hospital and the hospital psychiatric unit
B. Sharing the expertise of the interdisciplinary team of JGH with the care team JEC
C. Increased body of knowledge and skills of health workers of shelter related mental health disorders
D. Avoid revolving door phenomenon
E. Release of short-term beds at the JGH

Resident profile

- Project beginning with 8 beds 2 at Kastner units

RESIDENT PROFILE
Profile Iso Smaf corresponding to a geriatric profile (3 hours or more care)
Stable Mental Health Profile requiring a structured environment
Presence or absence of intellectual disability
Behaviour deemed unmanageable by intermediate resources (RI) or non-institutional resources (NIR) with or without the presence of comorbidity
Behavioral disorders presence does not put the customer at risk to himself or others
Exclusive from the Jewish General Hospital

Admission Process

1. JGH prepare the following documents:
   - A OEMC completed in the last 3 months
   - A psychiatric evaluation completed in the last year
   - A behavior report last 3 months
   - The legal documents (court order, warrant of incapacity, etc.)
   - ITP revised in the last 3 months

   Give an overall picture of the customer

2. The team of the JEC, in a time of two weeks:
   - Studying the documents presented
   - Visit the customer
   - Meeting the clinical team at the JGH

3. The JEC team will communicate its acceptance or rejection and the reasons behind this decision.

Admission criteria

- Match the resident profile identified
- Physical and mental stability
- Stabilizing medication

Transfer process

- Resident specific
- variable duration
- Visit, meals, activities
- Slow transition - respect the resident's pace

Clinical support and training

- The mental health team of the hospital will provide mental health training sessions for the medical team of the shelter in the hospital and center
- The mental health team of the hospital participate in the transfer of patients, including regular visits to monitor the progress of patients
- Clinical support the mental health team of the hospital by phone 24/7
- A psychiatrist for the unity of psychiatric inpatients will be available at the center team for consultation

Training

Training	target Staff	Hours of training	Number of concerned employee	Total of hours	Cost
psychopathology	Nurse	7	3	21	735
	Auxiliary nurse	7	4	28	728
Psychopharmacology	Nurse	7	3	21	735
	Auxiliary nurse	7	4	28	728
Assessment of mental state	Nurse	7	3	21	735
CIAB	Orderly	7	8	56	1120
OMEGA	Nurse	28	3	84	2940
	Auxiliary nurse	28	4	112	2912
	Orderly	28	8	224	4480
OMEGA _ TRAINERS		• Remplacement • Cost of training	1	140	1850
Geriatricpsychatry	Nurse	7	3	21	735
	Auxiliary nurse	7	4	28	728
Intervention with the elderly with mental health problems	Orderly	7	8	56	1120
Total cost		154	17	840	**19,546$**

Communication process

- Identification of persons in the two pivotal institutions
- JGH internal -identifying potential candidate
- JEC internal to study the file
- Meeting international institutions - Case Presentation
- During the integration process
- Post transfer monitoring

Winning conditions

- Openness on the part of both teams
- Communication-communication-communication
- Patient-centered approach
- Psychiatrist availability
- Clinical support for the hosting team
- Support and willingness of management of both institutions

Monitoring Indicators

- Number of client admissions to beds reserved for the pilot project at the shelter - 2 now
- Number of patient readmission to hospital following a transfer attempt at the shelter - 0
- Number of consultation with GPs to their fellow psychiatrists - 3 times
- Number of consulting nurse and other professionals in the shelter at the location of their colleagues psychiatric hospital - variable - if necessary - Phone
- Number of therapeutic recreational activities in which these residents will participate in order to measure the quality of life:
  - ✓ Client 1 - group activities + 4 individual activities
  - ✓ Client 2 - group activities + 2 individual activities

Conclusion

- A unique project in a region that responds to a major need
- The duplication capacity of the model with minimal costs
- Development of a training program for the CHSLD's nursing staff who permits the augmentation of their competence and leadership

Acknowledge the reality of two parties and breaking the administrative barriers bring a win-win clinical solution to all and specially for the patent wellbeing

Questions