Partnerships and Creative Options Aging and Developmental Disabilities

Coleman Care Centre

Partnership to Support Individuals
Living in a Long Term Care Home

Learning Objectives

- To identify the elements of a shared staffing model within a Long-Term Care home
- To increase awareness of how this type of partnership can evolve
- To gain information about how to sustain shared staffing models over time

History

- Coleman Care Centre built in 1981 - the company consolidated a number of different homes in the area
- Quite a few of these homes had individuals with developmental disabilities living in them
- There were 72 people with a developmental disability living at Coleman Care Centre in 1984 with 17 full time DS (Developmental Services) positions (through the Tri-Ministry Project)

History Continued

- Parallel system at the beginning with staffing from DS (Developmental Services) and LTC (Long-Term Care) separate
- Commitment for individuals to then move them into the community
  - 19 moved into the community
  - 31 deceased
  - Currently 4 under 55 yrs that could be placed in the community – on waiting list

History

- In 1986 – clients started going to Simcoe Community Services day program
- Doors closed between sections (LTC Seniors home area and Developmental Disability home area)
- Had to promise seniors there would be no integration
- DS staff provided all care and support

Currently

- All activities of daily living moved back to the LTC home staff in 1998
- DS staff followed Coleman Care Centres' policies and procedures and standards required by the MOH-LTC (Ministry of Health and Long Term Care) such as:
  - Infection control
  - Fire
  - Lifts and transfers
- Most home programming is now done with the LTC staff due to changing needs and age
- Part of the accreditation team

Currently

- DS staff involved:
  - in any LTC home internal and external training opportunities – LTC staff attend Simcoe Community Services internal training sessions.
  - In staff recognition events, social events
  - There has been a joint social committee and DS representation on Coleman's Joint Health and Safety Committee

Currently

- DS staff involved:
  - Involved in Coleman Care Centre strategic planning, general staff meetings and interdisciplinary resident team meetings
  - Offered opportunities to increase education
    - Support PSWs (Personal Support Workers) to bridge through the DS sector by attending Georgian's DSW (Developmental Services Worker) program (Coleman provides placements)
    - Support the DSWs to bridge through the LTC sector such as the Activator/Recreation program position

Currently

- 2 DS staff, 5 days a week, ½ day for 15 clients
- Staff complement each other, work together, collaborate
- DS staff read report every day coming on to shift
- DS staff chart in the residents chart, directly into the computer with their code

New Experience

- The original model of support has changed a great deal over time and the history of how it began was unique for that time
- However, this shared model of support is what is occurring now as DS agencies are supporting individuals transitioning into LTC homes as they age

Success

- Interdisciplinary teams
- Involvement in education skills
- DS staff involved in care conferences
  - Giving input into multi-team meetings
- The DS staff learned to follow and enhance the care plan
- On a quarterly basis, DS staff provides updates for the Resident Care Plan and also complete part of the Annual Reports provided to the DDA (Developmentally Disabled Adults) families

Suggestions

- The two populations are not that different
  - Need support systems
- Dealing with outside perceptions:
  - let people know up front that the home has a mixed population and if they are not comfortable with this they will not be admitted
  - This is important to bring forward directly during a tour of the home

Suggestions

- Behavioural issues
  - Need to access services and supports
- Compatibility with room mates
  - Look at individuals – seniors and individuals with developmental disabilities
- Education sessions
- Need a cohort to provide a cluster of supports

Suggestions re: Aging DS Population

- Need to be objective – DS will want to hold on to them
- Small proportion of individuals with DS will need LTC
- Need to plan for individuals – look at their best interest
- DS Staff may feel inadequate, feel that they need and want to help – it is important for the staff to acknowledge like everyone else, that someone they care about may need to be cared for within a LTC home

Suggestions

- Very important for the DS provider to remain involved
- Transition process is very important:
  - regular visits by staff and also visits back to their previous home
  - plan of care attended by staff
  - phone calls back and forth from the DS staff to the individual as well as to the LTC staff to check on how they are doing
- Cooperation is key!
  - Important to ask for input

Other

- Hired DS staff for part time staff at Coleman Care
- Staff at Coleman have been hired at Simcoe Community Services
- Staff have become fully integrated

Cross Sector Learning

- Relaxalon
- Interweaving of specialties
  - Sharing what you are good at
  - For example:
    - Nursing staff have learned behavioural approaches which benefit all residents, or looking at equipment that is used by the other sector and seeing the benefit for others
    - DS staff have learned how to assist in caring for a resident on Palliative Care
- Communication is key
  - Speak a different language
  - Easy to offend, need to have openness to learn from each other
  - Openness to different ideas, approaches

Cross Sector Learning

- Programming ideas
- Equipment
- Mutual Respect
- In the past there may have been many judgements made about residents by both groups of staff – not helpful, not beneficial for the care of the individual
  - Learning from each other helped to move from judgement to understanding to working together

Challenges

- Person centred plan provides more individualized programs
- Staff more cooperative
- Past – separated the two groups, didn't have as much interaction and working together – the new model shows how inclusion has occurred within a LTC home

Challenges

- Joint education is needed – we need to continually learn from each other
- Need to develop coordinated processes to help facilitate people to move to appropriate settings if they moved to a LTC home due to alternative reasons
  - E.g. elderly care giver can no longer provide support to their son or daughter
  - how to ensure that the access mechanisms in DS include LTC homes for those considered for priority supports within the DS sector.

Thank-You!

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