Community Networks of Specialized Care

Health Care Facilitators

Educating Tomorrow's Healthcare Providers


ONTARIO
QUEBEC
MINNESOTA
Ottawa
WISCONSIN
MAINE
VERMONT
MICHIGAN
NEW YORK
Gulf of Maine
IOWA
OHIO
PENNSYLVANIA

Developmental Service History - Ontario

- 1876 – First institute
- 1974 – 16 Institutions supported 10,000 individuals
- 1977 – Deinstitutionalization started
- 2009 - Last Institution closed
- 50,000 people supported in institutions between 1876 and 2009
- 2015 - Government apology
- 2016 - $103.7 million in 3 class action lawsuits

Developmental Services Now

- Inclusion: local schools, jobs, social activities, community resources
- Single points of access using SIS, Common Application Tool, & Prioritization Tools
- Person directed planning
- Individualized funding options
- Range of supported residences
- Specialized Clinical Services when required
- Urgent Response Mechanism to address risk
- Multi sector care planning for people with complex support needs

Community Network of Specialized Care

Through collaboration and coordination, we build efficient and effective cross-sectoral specialized service systems that support people with a developmental disability and mental health needs and/or challenging behaviour.

Community Network of Specialized Care

- 4 Regions
- 7 Coordinators
- 1 French Language Coordinator
- 9 Health Care Facilitators
- Region Specific Coordinators (Research, Training, Video Conferencing)
- Administration Support

* Evolving to meet extraordinary support needs of people with complex multisector involvement

Health Care Facilitator Initiative - 2011

Response to:

- Health care advocates / providers and educators within the former Institutes
- Health care research focused on intellectual developmental disability
- Canadian Consensus Guidelines on Primary of Adults with Developmental Disability (2006, 2011, 2018).

Hosted by CNSC due to correlation between physical and mental health. Nurse Practitioner, RN, RPN, Developmental Service Professionals

Health Care Facilitator Roles

- Education & training of regulated health care professionals and students (English & French)
- Education & training of developmental services providers, clinicians, and students
- Development of health sector & developmental service sector partnerships: communication, collaboration, partnerships, protocols (Annual Health Checks, Crisis Protocols)
- Health care service navigation

Education of Health Care Students

6 Ontario Medical Schools with 13 campuses

- All schools have DDME champions (Assistant Dean)
- All schools offer some DDME to medical students
- All schools would like to share DDME resources
- All would like to provide more DDME, but little room to add it to core curriculum
- 5 schools have direct involvement of CNSC Health Care Facilitators & Champion Educators


LAKEHEAD · LAURENTIAN ·
MEDICINE
Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario


Schulich
MEDICINE & DENTISTRY
Western


McMaster
University
Michael G. DeGroote
SCHOOL OF MEDICINE


MD Program
UNIVERSITY OF TORONTO


SAPIENTIA ET DOCTRINA STABILITAS
Queen's
UNIVERSITY

Education of Health Care Students

Other:

- 14 Nursing Schools with multiple campuses in Ontario. 2 schools have direct involvement of Health Care Facilitator.
- Many more regulated health care professions (Dietitian, SLP, OT, PT, RT). HCF's always looking for opportunities (lectures, IPE…)
- 1 Dental Hygienist School has direct involvement of Health Care Facilitator
- 1 School of Kinesiology - Research Partnership with Health Care Facilitator

Hamilton, Niagara, Brantford, Haldimand Norfolk Region

- 2,700 square miles (> half size of Connecticut)
- 1.3 million population (Dallas, Texas)
- 1,200 Family Physicians
- 10 Hospitals
- 1 Medical School (McMaster U – 2 campuses)
- 2 Nursing Schools (McMaster U & Brock U)
- 30 DS Organizations (3 Clinical)
- 1 Health Care Facilitator

Nursing Students

Curriculum of Caring

Supported by The AMS Phoenix Project and McMaster University

CommunicateCARE.machealth.ca

https://machealth.ca/programs/curriculum_of_caring/

Dr. Kerry Boyd

Tom Archer

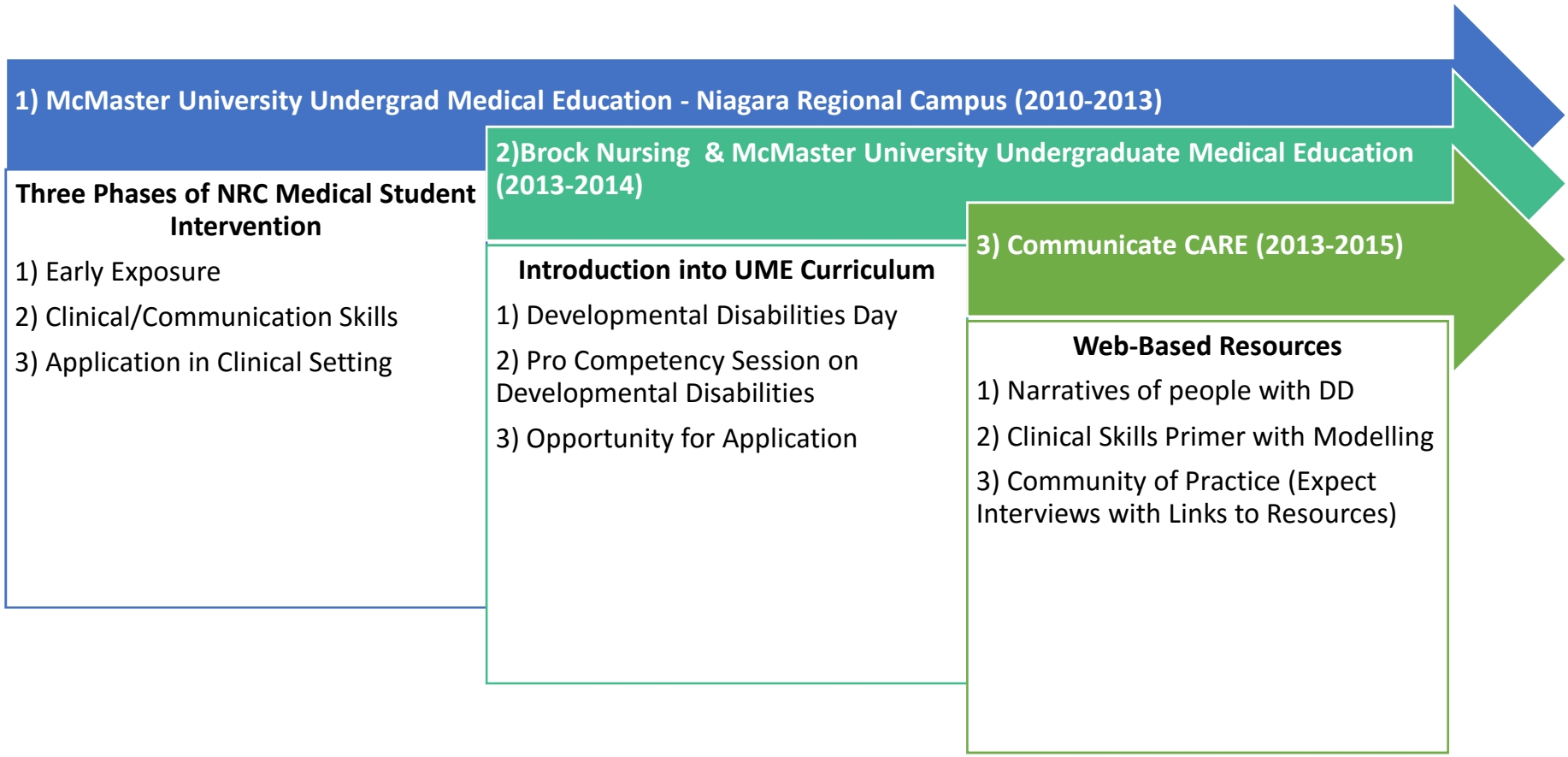
MOMENTUM
belong. believe. inspire.

Video:

https://vimeo.com/134753630

Collaboration

Implementation



Bethesda Day

Medical and nursing small groups with host

- Food
- Icebreaker
- Introduction to DD
- Rotation through three interactive activities with:
  - > DS Clinicians
  - > Adult day program
  - > Parents & Siblings
  - > Case discussion
  - > Evaluation

Bethesda Day – Parent Perspective

Video:

https://vimeo.com/92931697

Bethesda Day – Champion Educator Meet & Greet

Video:

https://vimeo.com/92860026

Bethesda Day – Dev Dis Health Care Resources & Case Study

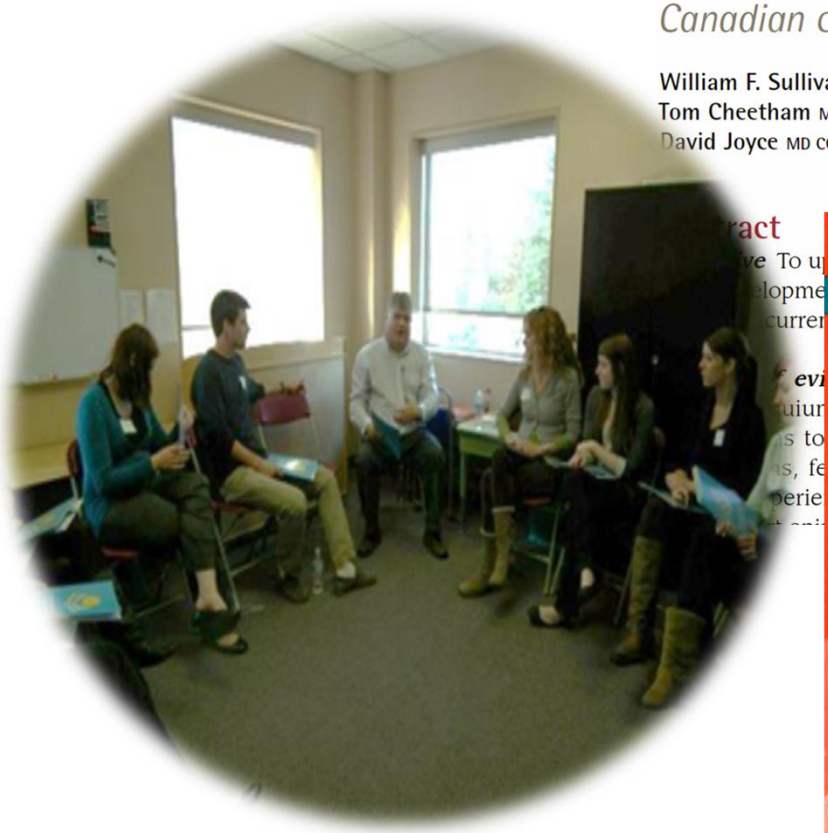
www.surreyplace.on.ca/resources-publications/primary-care

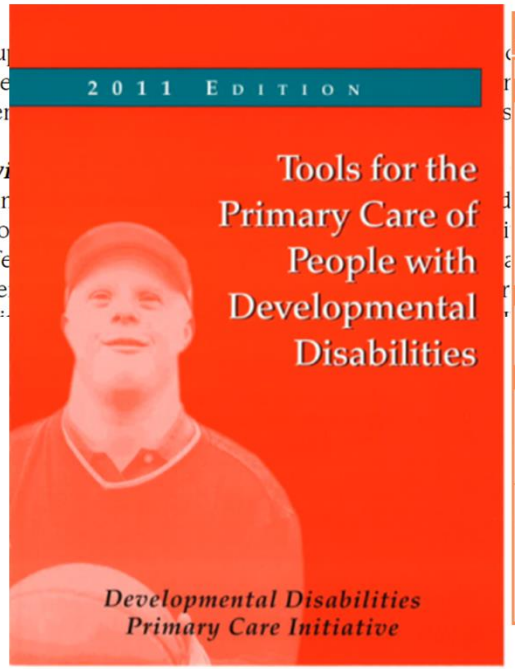
Clinical Review

Primary care of adults with developmental disabilities

Canadian consensus guidelines

William F. Sullivan MD CCFP PhD Joseph M. Berg MB BCh MSc FRCPsych FCCMG Elspeth Bradley PhD MB BS FRCPC FRCPsych
Tom Cheetham MD CCFP Richard Denton MD CCFP FCFP FRRMS John Heng MA Brian Hennen MA MD CCFP
David Joyce MD CCFP Maureen Kelly RN MPA Marika Korossy Yona Lunsky PhD CPsych Shirley McMillan RN MN CDDN





Health Watch Table — Down Syndrome
Forster-Gibson and Berg 2011

CONSIDERATIONS	RECOMMENDATIONS
1. HEENT (HEAD, EYES, EARS, NOSE, THROAT)	
Children and Adults: Vision: ~15% have cataracts; ~ 20%-70% have significant refractive errors 5%-15% of adults have keratoconus Hearing: 50%-80% have a hearing deficit	☐ Neonatally: refer immediately to an ophthalmologist if the red reflex is absent or if strabismus, nystagmus or poor vision is identified ☐ Arrange ophthalmological assessment: first by 6 months for all; then every 1-2 years, with special attention to cataracts, keratoconus, and refractive errors ☐ During childhood: screen vision annually with history and exam; refer as needed ☐ Arrange auditory brainstem response (ABR) measurement by 3 months if newborn screening has not been done or if results were suspicious ☐ During childhood: screen hearing annually with history and exam; review risks for frequently occurring serious otitis media ☐ Undertake auditory testing: first at 9 – 12 months, then every 6 months up to 3 years, annually until adulthood, then every two years
2. DENTAL	
Children and Adults: tooth anomalies are common Increased risk of periodontal disease in adults	☐ Undertake initial dental exam at 2 years, then every 6 months thereafter. Encourage proper dental hygiene. Refer to an orthodontist if needed ☐ Undertake clinical exams every six months with referral, as appropriate
3. CARDIOVASCULAR	
Children: 30%-60% have congenital heart defects (CHD)	☐ Newborn screening: Obtain an echocardiogram and refer to a cardiologist, even in the absence of physical findings ☐ In children and adolescents: review cardiovascular history and assess for physical signs with specialist referral if indicated • Refer for an echocardiogram if not previously done • Undertake SBE prophylaxis as indicated by findings
Adults: ~ 50% have cardiovascular concerns, commonly acquired mitral valve prolapse (MVP) and valvular regurgitation	☐ Ascertain a comprehensive cardiovascular history ☐ Undertake an annual cardiac exam, with echocardiogram to confirm new abnormal findings and follow-up depending on the type of cardiovascular problem present or refer to an Adult Congenital Heart specialist or Disease clinic ☐ Monitor regularly those that have had surgery in childhood ☐ An echocardiogram is indicated to assess new abnormal physical findings or if unable to assess adequately by physical exam. Consider echocardiogram to establish baseline cardiac anatomy and function if not previously done or records are unavailable [1]

Communication / Clinical Skills Training

Clinical Skills Training

Clearly

Attentively

Responsively

Engage

Communicate CARE (2013-2015)

Web-Based Resources:

1) Narratives of people with DD

2) Clinical Skills Primer with Modelling

3) Community of Practice (Expert Interviews and with Links to Resources)

Communicate CARE – Narratives

Video:

https://vimeo.com/92860026

Communicate CARE – Clinical Skills Primer with Modelling

Video:

https://vimeo.com/125909092

Communicate CARE – Community of Practice (Expert Interviews)

Video:

https://vimeo.com/145154734

Communicate CARE – Bio-Psycho-Social Wrap Around

Video:

https://vimeo.com/146780581

Evaluation

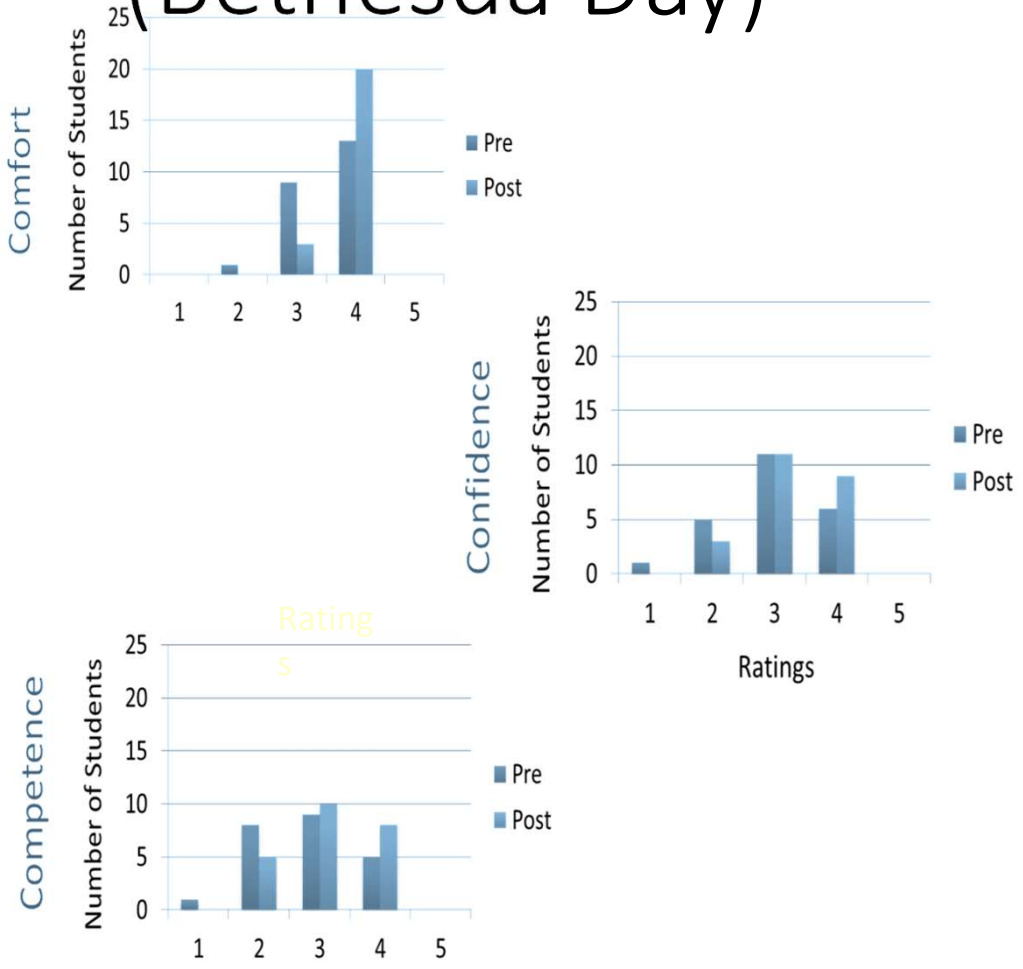
How do we know we are making an impact?

- Student Evaluations

How do we know that we are focusing on the right things?

- Health Care Focus Groups

Evaluation - Student Evaluations (Bethesda Day)



After Bethesda Day:

- "More comfortable now that I know I have more resources."
- "The more exposure the better; great to hear from the mother."
- "Level of confidence, competence, and comfort stems mainly from inexperience."
- "I would be concerned about communication."

Evaluation - Student Evaluations (Bethesda Day)

The more experience the better! Every encounter makes me feel more confident and determined to learn more in order to best serve this population as a future family doc.

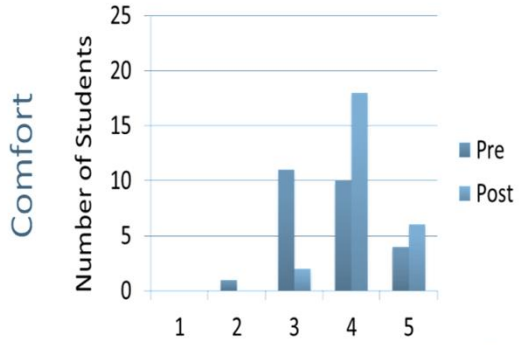
- Everyone seems to love working here and it shows that I could totally manage it and be confident. Very eye-opening and enlightening.
- I would love the future experience of working with this population.
- This experience definitely improved my confidence in working with this population.
- Keep up the passion! Keep hosting Bethesda Day!!

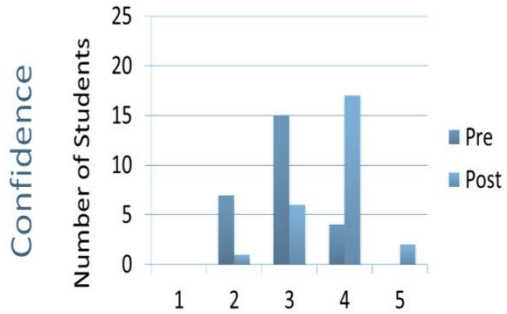
- Great learning experience and I would now love to look into nursing jobs that work with people with disabilities.
  - I enjoyed each discussion group. It was very informative, well planned and interesting to meet the people in person.
    - *Wonderful day, the presenters were all very informative and engaging and we received great resources.*
- The ability to hear different peoples stories. The heartache, the trouble in dealing with health teams and how they have improved.

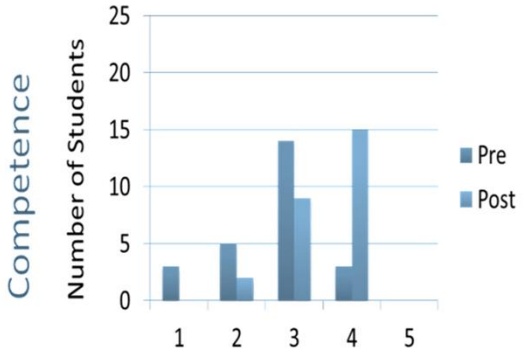
- I don't yet have enough experience to feel competent.

Rating

Evaluation – Communication Clinical Skills Training







McMaster University

Curriculum of Caring

Comments:

"Clinical skills training helped immensely."

"Clinical skills training made me more comfortable dealing with these people."

"Our clinical skills sessions helped me feel more competent with this population. But more clinical experience will definitely be helpful."

"…importance of collateral histories."

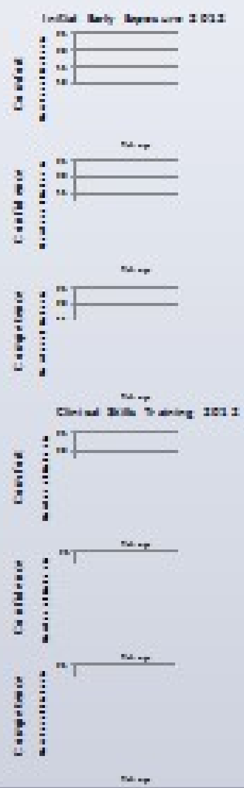
A Curriculum of Caring for People with Developmental Disabilities: An Associated Medical Services Phoenix Project

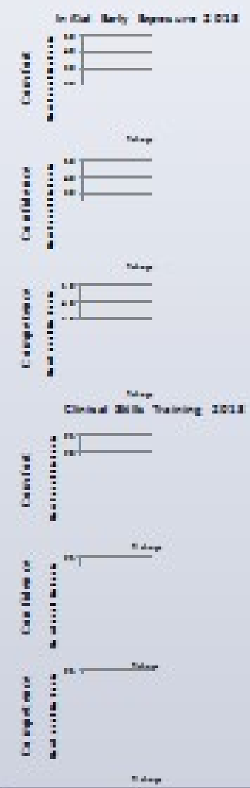
Kerry Boyd[1], Courtney Phillips[2], Stephanie Stobbe, Becky Ward[2], Dawn Prentice[2], Karl Stobbe[1], Nick Kates[1]
[1]McMaster University, [2]Brock University

INTRODUCTION

A CURRICULUM OF CARING

PROGRAM EVALUATION





DISCUSSION AND CONCLUSIONS

ACKNOWLEDGEMENTS

American Medical Association Journal of Ethics
April 2016, Volume 18, Number 4: 384-392

MEDICAL EDUCATION

The Curriculum of Caring: Fostering Compassionate, Person-Centered Health Care

Kerry Boyd, MD

Tell us more: Advice for health care learners and practitioners from people with developmental disabilities

Kerry Boyd MD[1,2], Tom Archer BA[2], , Ghezra Moores BHSc[1] Natalie Lidster BSc[1], Stephanie Stobbe MSc[1], Nick Kanas MD[1], Karl Stobbe MD[1], Kerri Podolinski BSc(H) Candidate[3]
[1]McMaster University; [2]Bethesda Services; [3]Southern Network of Specialized Care; [4]Brock University

INTRODUCTION

- Individuals with a developmental disability (DD) experience disparity in their access to care, quality of service, and health care outcomes[1, 2, 3].
- The McMaster University, Michael G. DeGroote School of Medicine and Brock University, Department of Nursing are developing a Curriculum of Caring for Health Care Professionals (HCP) and students to address inequalities and training needs.
- There is a paucity of research asking individuals with a DD how health care providers can improve care.

OBJECTIVE

- To involve people with DD as educators by soliciting their perceptions of health care experiences and advice to enhance the curriculum of caring for health care learners and professionals.

METHODS

SAMPLE:
- 22 adults (5 male, 17 female).
- Urban and rural residents evenly distributed across Haldimand-Norfolk, Brantford, Hamilton, & Niagara.

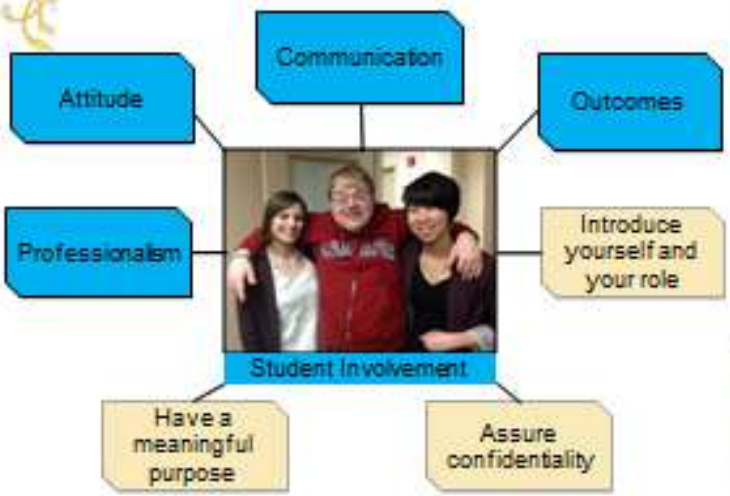
RECRUITMENT & DATA COLLECTION
- 2 pilot focus groups were held to test the study design.
- The study (approved by the Hamilton Integrated Research Ethics Board) was designed to reduce bias during recruitment and ensure participants were informed, involved and comfortable during recruitment and focus group discussions (3-4 people x 7 focus groups).
- A Health Care Facilitator and two students solicited participant responses to questions about health care experiences as well as advice to health care students and faculty.
- Focus group discussions were audio recorded and transcribed.
- Transcriptions were independently analyzed for emerging themes and collated.
- Themes are being translated into recommendations for further curriculum development by study investigators.

REFERENCES

1. Oullette-Kuntz, H. Understanding Health Disparities and Inequities Faced by Individuals with Intellectual Disabilities. JJ of Appl Res Intellect. Feb 2005; 18: 113-121.
2. Lunsky Y, Klein-Geltink JE, Yates EA, eds. Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario. Toronto, Ont: Institute for Clinical Evaluative Sciences and Centre for Addiction and Mental Health; 2013.
3. 1. Sullivan W, Berg J, Bradley E, et al. Primary care of adults with developmental disabilities: Canadian consensus guidelines. Canadian Family Physician. 2011 May; 541-47.

Health Care Experiences

Student Experiences and Advice



DISCUSSION

- Volunteers shared positive and negative health care experiences and expressed common themes for HCP encounters.
- Attitudes of HCP contributed to positive or negative experiences. Approaches that respected the person, fully included/informed them, and demonstrated kindness were praised (as with any person seeing a HCP).
- Barriers/challenges related to access and communication were frequently noted.
- There were various common, chronic and complex health concerns requiring a range of urgent, continuous or collaborative multidisciplinary care. They want good care and outcomes.
- There was recognition students need to learn. Informed choice and consent, respectful attitudes, professionalism and purposeful involvement were noted.

CURRICULUM RECOMMENDATIONS

1. Increase exposure to individuals with DD to influence attitudes of HCP (direct and video-based).
2. Further enhance communication and clinical skills of health care students. Involve individuals with DD as simulated patients and include their input in evaluation.
3. Reinforce the practice of multi-disciplinary and inter-professional approaches where there are complex needs.
4. Promote learning resources that equip health care professionals to engage in best practices for assessment and treatment of this population[2].
5. Partner as an agent of change to address barriers to excellent health care for all Canadians.

ACKNOWLEDGEMENTS

McMaster University (Niagara Regional Campus), Wilfrid Laurier University (Brantford Campus), Norfolk Association for Community Living, Community Living Haldimand, Mainstream, WWG Hamilton, Community Living Brant, Bethesda Services, and the Southern Network of Specialized Care.
Sincere thanks to Jennifer Jeffery (Bethesda), Nat Kivan (McMaster) and focus group facilitators: Lisa Whittingham (student Brock Centre for Applied Disability Studies), Bria Singh (student Brock Nursing) and Mariana Sanabio (student Brock Nursing).
This study would not have be possible without the willing and active participation of the focus group members and their caregivers who provided a wide range of support for their participation.
This is an MRB Phoenix Project: A Curriculum of Caring

Curriculum of Caring

Presence with purpose: attitudes of people with developmental disability towards health care students

Ginette Moores,[1] Natalie Lidster,[1] Kerry Boyd,[1,2] Tom Archer,[2,3] Nick Kates[1] & Karl Stobbe[1]

Medical Education 2015: 49: 731–739
doi: 10.1111/medu.12751

Discuss ideas arising from the article at www.mededuc.com discuss.

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[2]Bethesda Services, St Catharine's, Ontario, Canada
[3]Southern Networks of Specialized Care, Hamilton, Ontario, Canada

Correspondence: Ginette Moores, McMaster University Niagara Regional Campus, Cairns Family Health and Bioscience Research Complex, Brock University, 500 Glenridge Avenue, St Catharine's, Ontario L2S 2A1, Canada. Tel: 00 1 905 378 5717; E-mail: ginette.moores@medportal.ca

Antidotal Indicators

- Stories from Emergency Department
- Invitations to present to colleagues
- Invitations to Care Planning / Discharge Planning
- Prodding for additional projects (EQUIP: Hospital Passports)
- Request for resources (self and their residents)
- Upper year students assisting with Bethesda Day, Videos
- Involvement in updated Primary Care Guidelines

Knowledge Translation

- Journal Publication
- Sharing & collaboration with other health care education centres
- Using Champion Educators and Videos with practicing Healthcare Professionals: Conferences, Grand Rounds, hospitals, Family Health Teams, Community Health Centres, Long Term Care Homes

Additional DDME Resources

- American Academy of Developmental Medicine and Dentistry: https://aadmd.org
- MacHealth: https://machealth.ca/programs/curriculum_of_caring
- Health Care Access Research and Developmental Disability (HCARDD): www.porticonetwork.ca/web/hcardd/healthcareresources/clinicians-and-service-providers
- Developmental Disabilities Primary Care Initiative: www.surreyplace.on.ca/resources-publications/primary-care/

Additional DDME Resources

- Dual Diagnosis Toolkit for Primary Care Providers: https://dualdiagnosis.camh.ca

- Vanderbilt Kennedy Center for Research on Human Development: http://vkc.mc.vanderbilt.edu/etoolkit

- Community Network of Specialized Care: www.community-networks.ca/health-care

Transitional Planning Protocol

Cindy Chatzis, Healthcare Facilitator
Southern Network of Specialized Care
cchatzis@wgh.on.ca

Why did we start this project?


Participation House
SUPPORT SERVICES


DSO
Developmental Services Ontario


COMMUNITY LIVING
Inspiring Possibilities


RSA


Western


Ontario

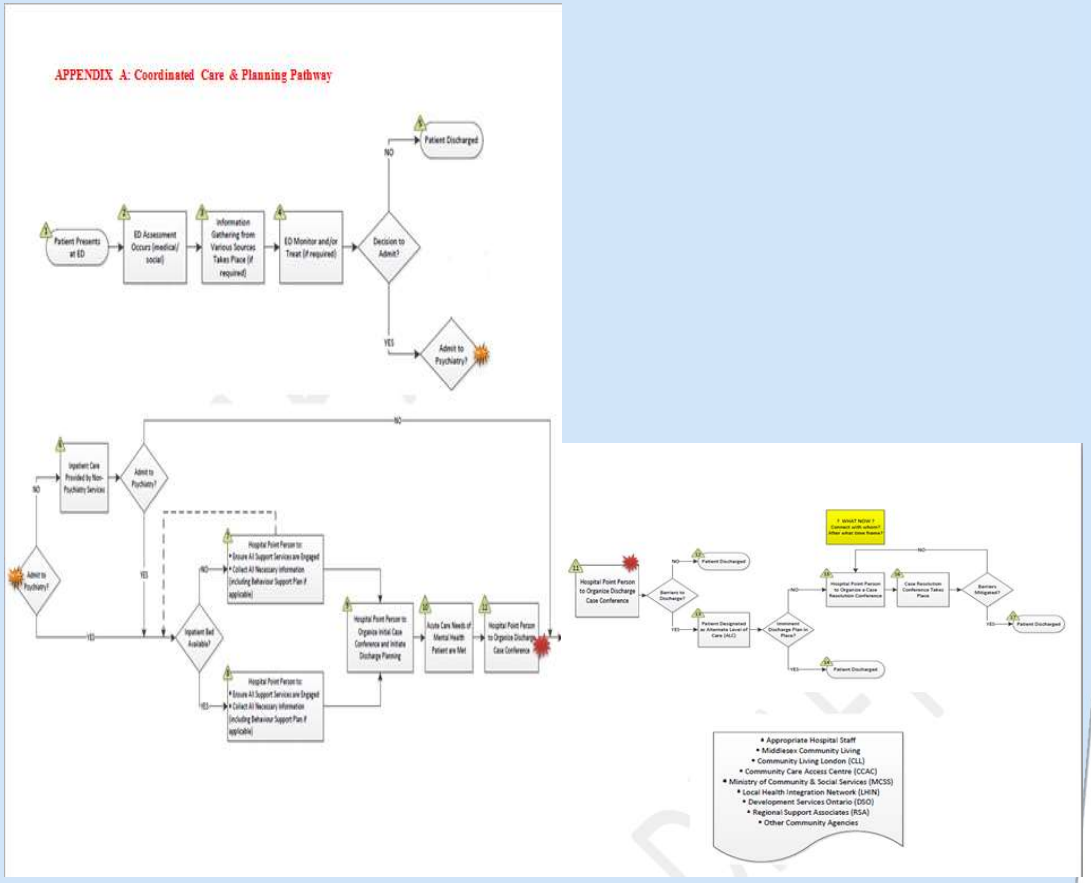

South
West
LHIN

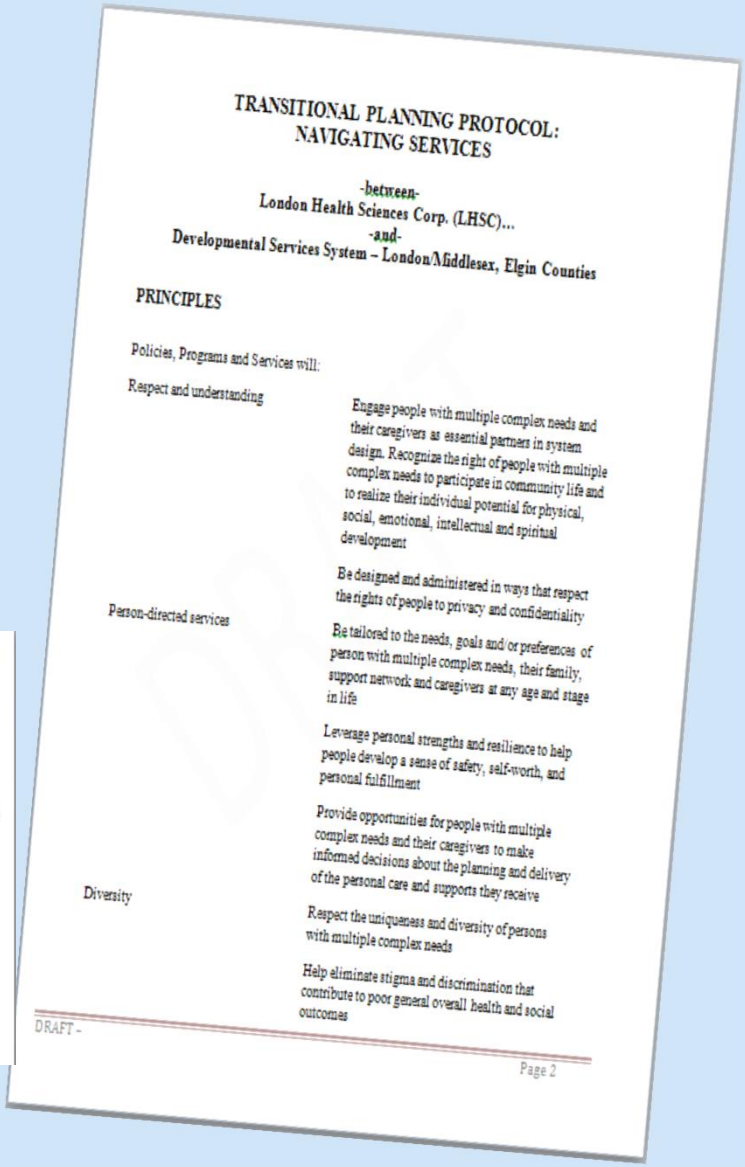

London Health Sciences Centre
Caring for You. Innovating for the World.®


St JOSEPH's
HEALTH CARE
LONDON


SOUTHERN NETWORK
OF SPECIALIZED CARE

Transitional Planning Protocol: Navigating Services





TRANSITIONAL PLANNING PROTOCOL:
NAVIGATING SERVICES

-between-
London Health Sciences Corp. (LHSC)...
-and-
Developmental Services System – London/Middlesex, Elgin Counties

PRINCIPLES

Policies, Programs and Services will:

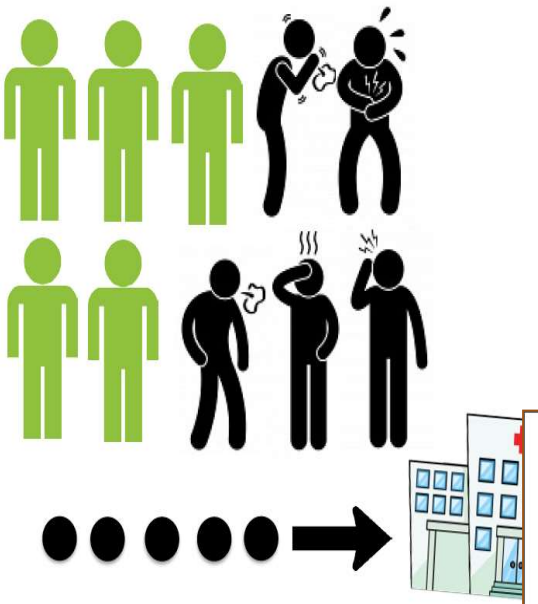
Respect and understanding	Engage people with multiple complex needs and their caregivers as essential partners in system design. Recognize the right of people with multiple complex needs to participate in community life and to realize their individual potential for physical, social, emotional, intellectual and spiritual development
	Be designed and administered in ways that respect the rights of people to privacy and confidentiality
Person-directed services	Be tailored to the needs, goals and/or preferences of person with multiple complex needs, their family, support network and caregivers at any age and stage in life
	Leverage personal strengths and resilience to help people develop a sense of safety, self-worth, and personal fulfillment
	Provide opportunities for people with multiple complex needs and their caregivers to make informed decisions about the planning and delivery of the personal care and supports they receive
Diversity	Respect the uniqueness and diversity of persons with multiple complex needs
	Help eliminate stigma and discrimination that contribute to poor general overall health and social outcomes

DRAFT -

Page 2

What Does the Research Tell Us?

1 in 2 adults with a DD will go to the ED



Epidemiology

Ontario population study on ED and DD, Lunsky et. al

- Average # of visits among ED users = 3.0 vs 1.7
- 1.7 times more likely to be admitted
- ED visits can be VERY IMPACTFUL

Research Findings

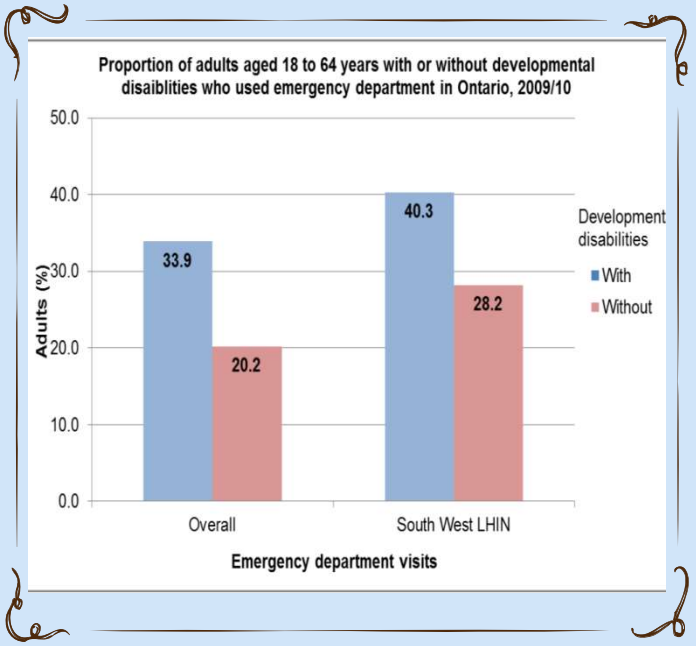
Predictors of emergency visits in DD

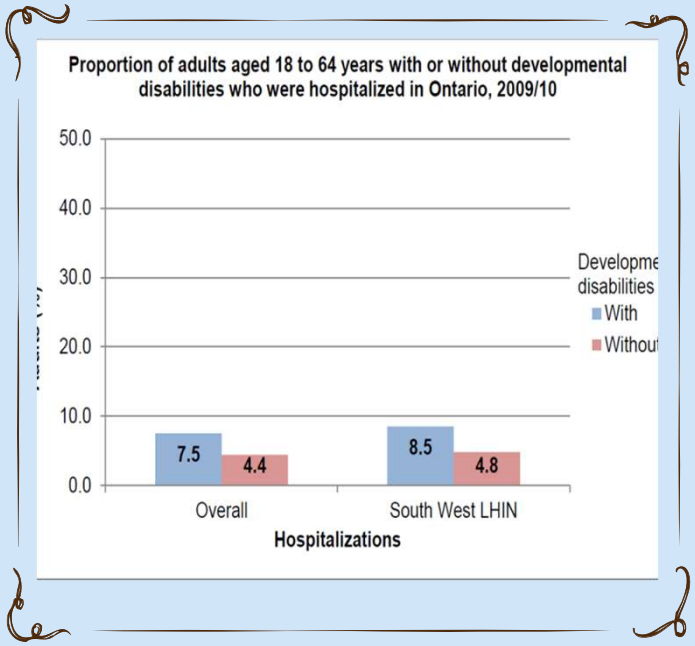
- No crisis plan
- Living with family
- Previous emerg visits
- Gaps in primary care

HCARDD
Health Care Access Research and Developmental Disabilities

(Lunsky et al., 2013)

Ontario stats…





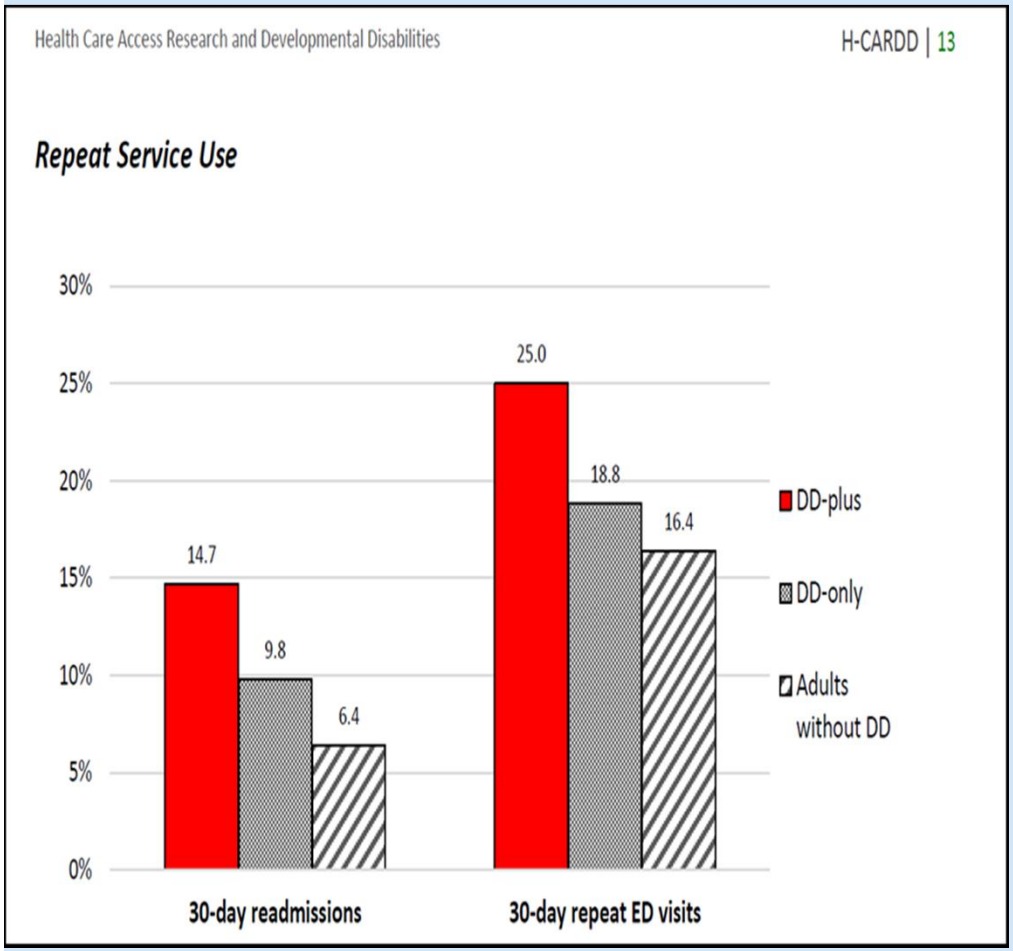
Hospitalizations are particularly stressful for people with I/DD

They are at higher risk of being hospitalized and re-hospitalized.

Most common reason is psychiatric or behavioural issues

(Balogh, Hunter & Outlette-Kuntz, 2005)

Repeat Visits/Admissions



Population	Average Days ALC (2010/2011)
Gen Pop with Mental Illness	48 Days
Developmental Disability	59 Days
Dual Diagnosis	102 Days

Balogh,R. 2012

Overarching Principles

- Respect & Understanding
- Person-Directed
- Diversity
- Healthy Development, Hope & Recovery
- Excellence & Innovation
- Accountability for Quality of Care

The process…

ED Assessment

- Quality information provide by community agency (H.I.P.)
- Assess and treat acute condition
- Decision to Discharge or Admit
- Identify/Engage hospital point person
- Alert DSO

Admission

- Inform DSO of any "change in circumstance" at any point during the care path
- Lay out treatment plan and target transition date
- Coordinate case conferences /transition planning meetings
- Gather detailed information from community agency (BSP, full hx, crisis plan)
- Assist family/individual to apply for services if unknown

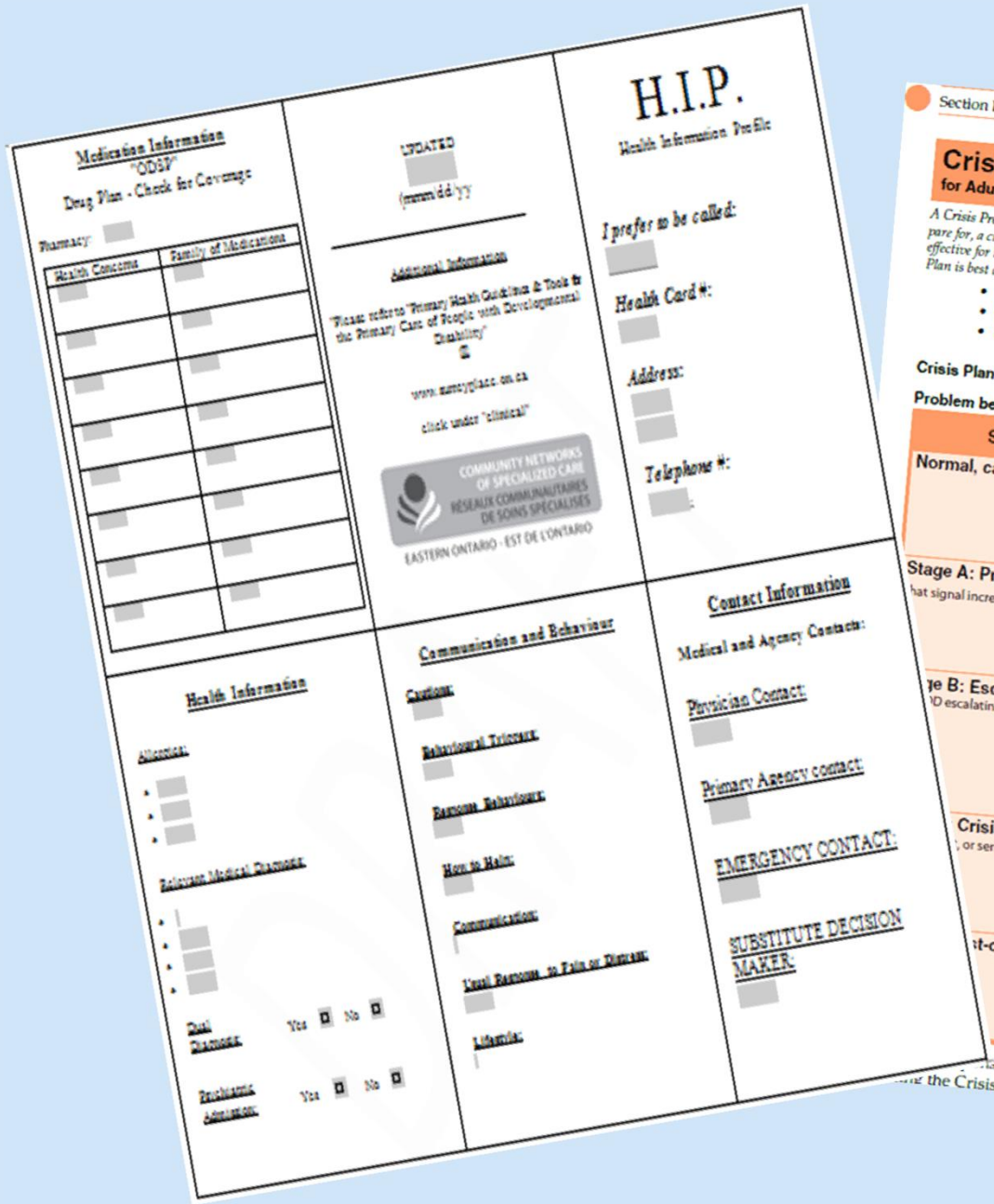
Acute Care Needs Met…

Transitional Case Conferencing

- HPP organizes/leads transitional case conference with community partners
- Develop timeline for transition
- Share relevant health information/treatment results
- Schedule and communicate follow up and community support plan
- Finalize Post-Transition agreement

Barriers to Discharge

- Clearly identify any barriers
- Create plan for mitigation and timeline for actionable items
- Establish engagement timelines
- Alert DSO



H.I.P.

Health Information Profile

Medication Information
"ODSP"
Drug Plan - Check for Coverage

Pharmacy:

Health Concerns	Family of Medications

UPDATED
(mm/dd/yy)

Additional Information
"Please refer to 'Primary Health Guidelines & Tools for the Primary Care of People with Developmental Disability'"
@
www.nancyplace.on.ca
click under "clinical"

COMMUNITY NETWORKS OF SPECIALIZED CARE
RÉSEAUX COMMUNAUTAIRES DE SOINS SPÉCIALISÉS
EASTERN ONTARIO - EST DE L'ONTARIO

I prefer to be called:

Health Card #:

Address:

Telephone #:

Health Information

Allergies:

Relevant Medical Diagnoses:

Dual Diagnosis: Yes ☐ No ☐

Psychiatric Admission: Yes ☐ No ☐

Communication and Behaviour

Cautions:

Behavioural Tolerance:

Response Behaviours:

How to Help:

Communication:

Usual Response to Pain or Illness:

Lifestyle:

Contact Information

Medical and Agency Contacts:

Physician Contact:

Primary Agency contact:

EMERGENCY CONTACT:

SUBSTITUTE DECISION MAKER:

Crisis Prevention and Management Plan [3]

for Adults with Developmental Disabilities (DD) at Risk of or During Behavioural Crises

A Crisis Prevention and Management Plan for an adult patient with DD addresses serious behaviour problems and helps prevent, or prepare for, a crisis. It describes how to recognize the patient with DD's pattern of escalating behaviours. It identifies responses that are usually effective for this patient to prevent (if possible) a behavioural crisis, or to manage it when it occurs. The Crisis Prevention and Management Plan is best developed by an interdisciplinary team.

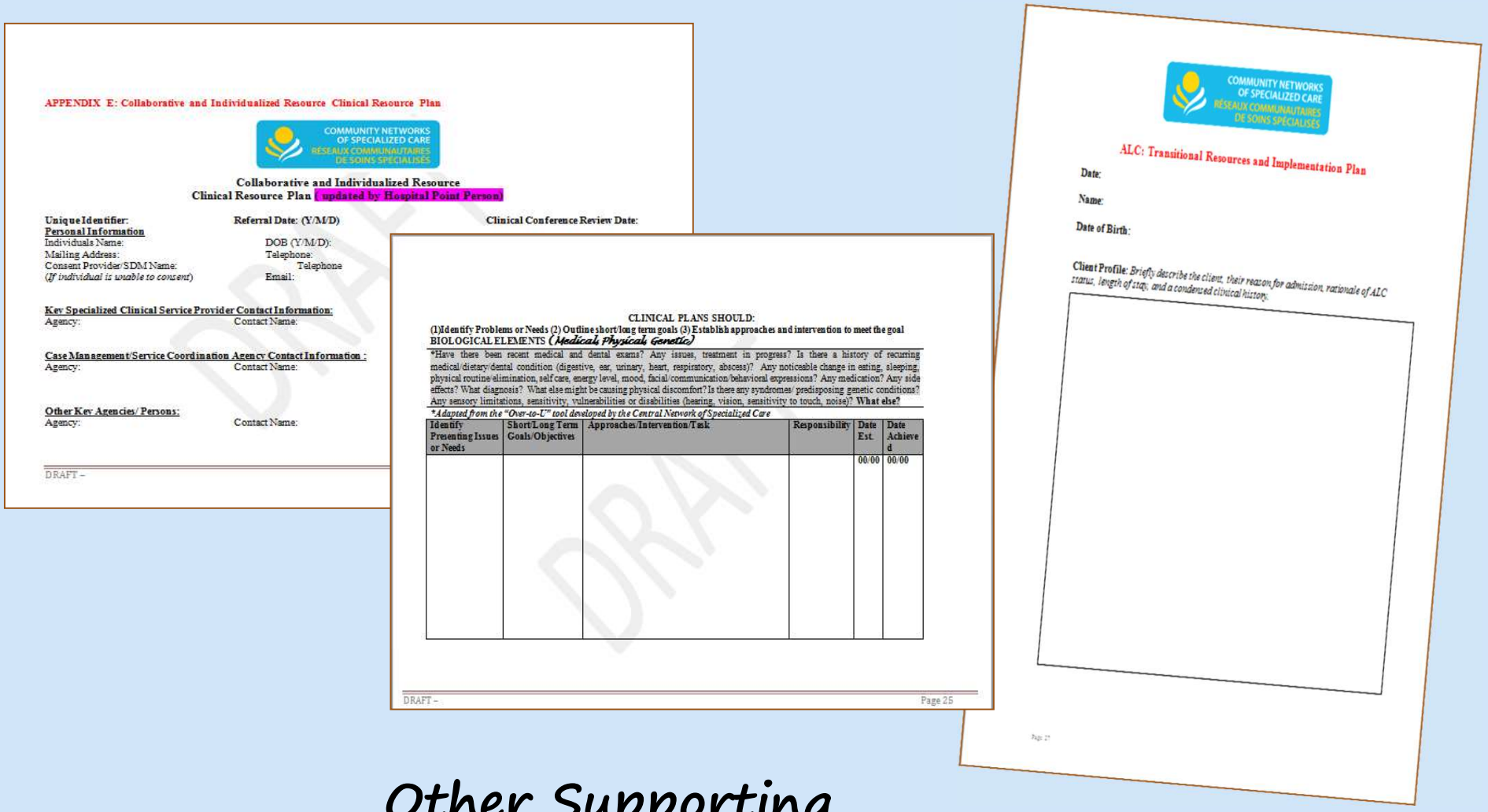
- Describe stage-specific signs of behaviour escalation and recommended responses.
- Identify when to use "as needed" (PRN) medication.
- Identify under what circumstances the patient with DD should go to the Emergency Department (ED).

Crisis Plan for: _____ **DOB:** _____ **Date** _____

Problem behaviour: _____

Stage of Patient Behaviour	Recommended Caregiver Responses
Normal, calm behaviour	**Use positive approaches, encourage usual routines**
Stage A: Prevention (Identify early warning signs hat signal increasing stress or anxiety.)	**Be supportive, modify environment to meet needs** (Identify de-escalation strategies that are helpful for this patient with DD).
ge B: Escalation (Identify signs of the patient D escalating to a possible behavioural crisis.)	**Be directive** (use verbal direction and modelling), **continue to modify environment to meet needs, ensure safety**
Crisis (Risk of harm to self, others, or , or seriously disruptive behaviour, e.g.,	**Use safety and crisis response strategies**
t-crisis resolution and calming	**Re-establish routines and re-establish rapport**

sible for coordinating debriefing after any significant crisis, and for regularly
g the Crisis Plan:



APPENDIX E: Collaborative and Individualized Resource Clinical Resource Plan

COMMUNITY NETWORKS OF SPECIALIZED CARE
RÉSEAUX COMMUNAUTAIRES DE SOINS SPÉCIALISÉS

Collaborative and Individualized Resource Clinical Resource Plan (updated by Hospital Point Person)

Unique Identifier: **Referral Date: (Y/M/D)** **Clinical Conference Review Date:**

Personal Information
Individuals Name: DOB (Y/M/D):
Mailing Address: Telephone:
Consent Provider/SDM Name: Telephone
(If individual is unable to consent) Email:

Key Specialized Clinical Service Provider Contact Information:
Agency: Contact Name:

Case Management/Service Coordination Agency Contact Information :
Agency: Contact Name:

Other Key Agencies/ Persons:
Agency: Contact Name:

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CLINICAL PLANS SHOULD:
(1)Identify Problems or Needs (2) Outline short/long term goals (3) Establish approaches and intervention to meet the goal
BIOLOGICAL ELEMENTS *(Medical, Physical, Genetic)*

*Have there been recent medical and dental exams? Any issues, treatment in progress? Is there a history of recurring medical/dietary/dental condition (digestive, ear, urinary, heart, respiratory, abscess)? Any noticeable change in eating, sleeping, physical routine/elimination, self care, energy level, mood, facial/communication/behavioral expressions? Any medication? Any side effects? What diagnosis? What else might be causing physical discomfort? Is there any syndromes/ predisposing genetic conditions? Any sensory limitations, sensitivity, vulnerabilities or disabilities (hearing, vision, sensitivity to touch, noise)? **What else?**

**Adapted from the "Over-to-U" tool developed by the Central Network of Specialized Care*

Identify Presenting Issues or Needs	Short/Long Term Goals/Objectives	Approaches/Intervention/Task	Responsibility	Date Est.	Date Achieved
				00/00	00/00

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RÉSEAUX COMMUNAUTAIRES DE SOINS SPÉCIALISÉS

ALC: Transitional Resources and Implementation Plan

Date:

Name:

Date of Birth:

Client Profile: *Briefly describe the client, their reason for admission, rationale of ALC status, length of stay, and a condensed clinical history.*

Other Supporting Documents;

- Dual Diagnosis Framework
- Parties to the Protocol

Engagement & Education

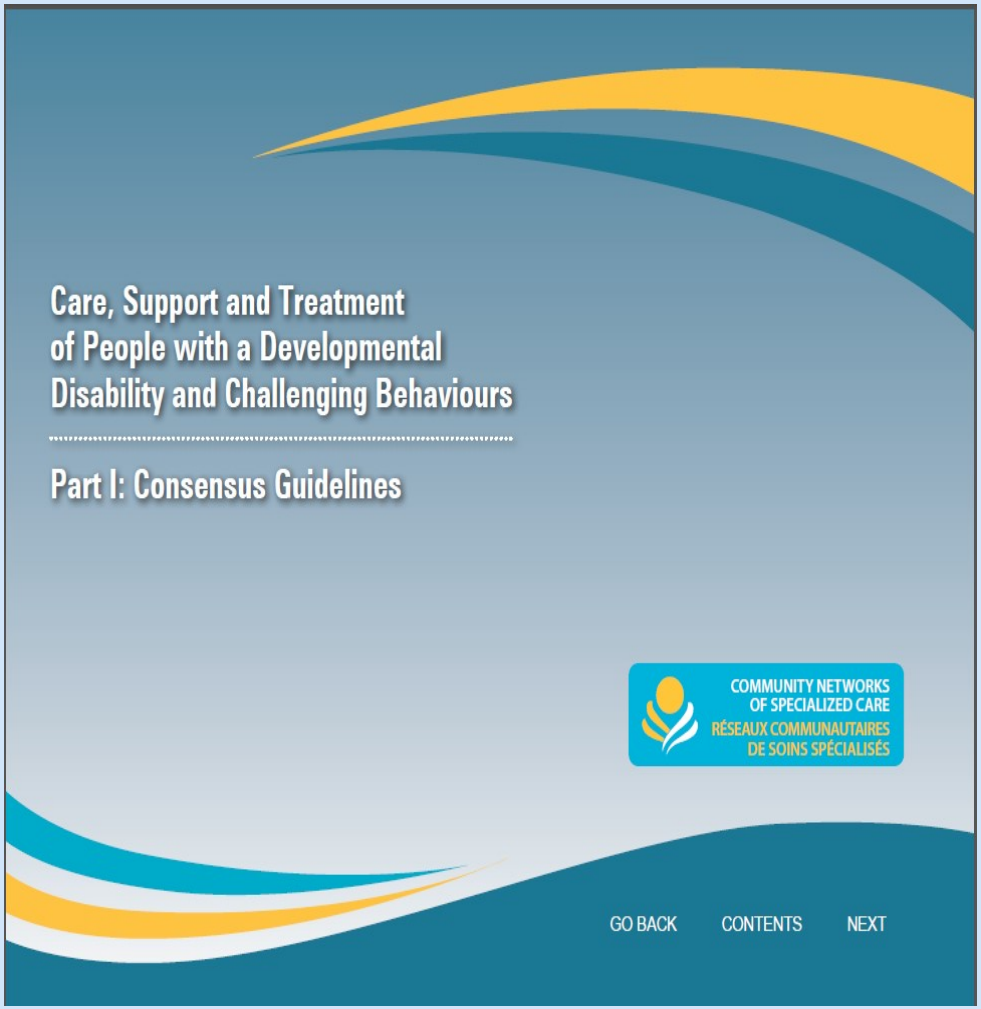
Hospital staff

Community DS agencies

Community Health Partners

Next Steps…

- Education & Engagement
- Implementation
- Outcomes Evaluation
- Build on this work in other communities



Consensus Guidelines

Care, Support and Treatment of People with Developmental Disabilities and Challenging Behaviours

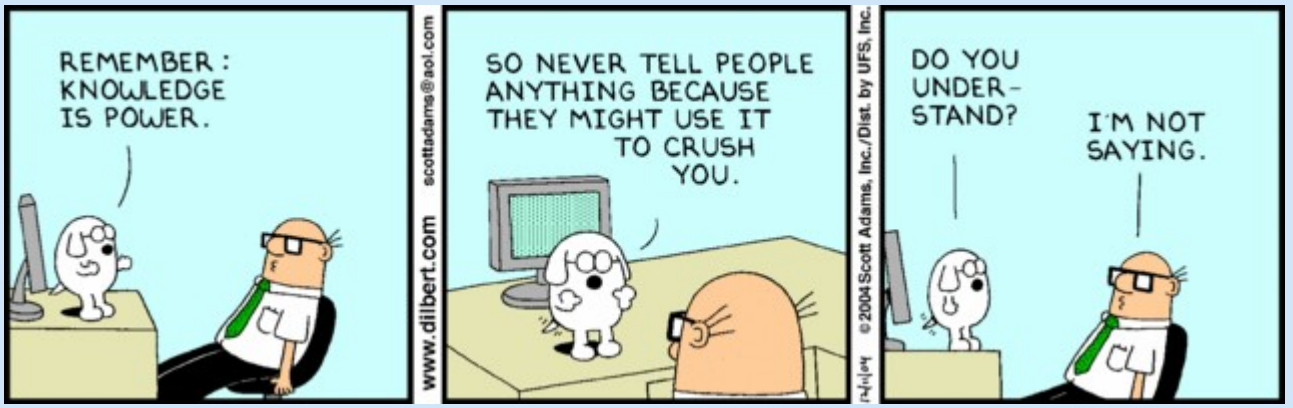
From Guidelines to Practical Application and Capacity-Building

- Aim to foster best practice and establish consistency in the DS sector
- Development of accessible and concrete tools
- Encourage implementation of the guidelines and tools through training and consultation

Resources and Evidence Based Tools

Knowledge Transfer Plan

Regional Roll outs
Provincial Clinical Service Providers
VC Presentations
Evaluations



www.community-networks.ca