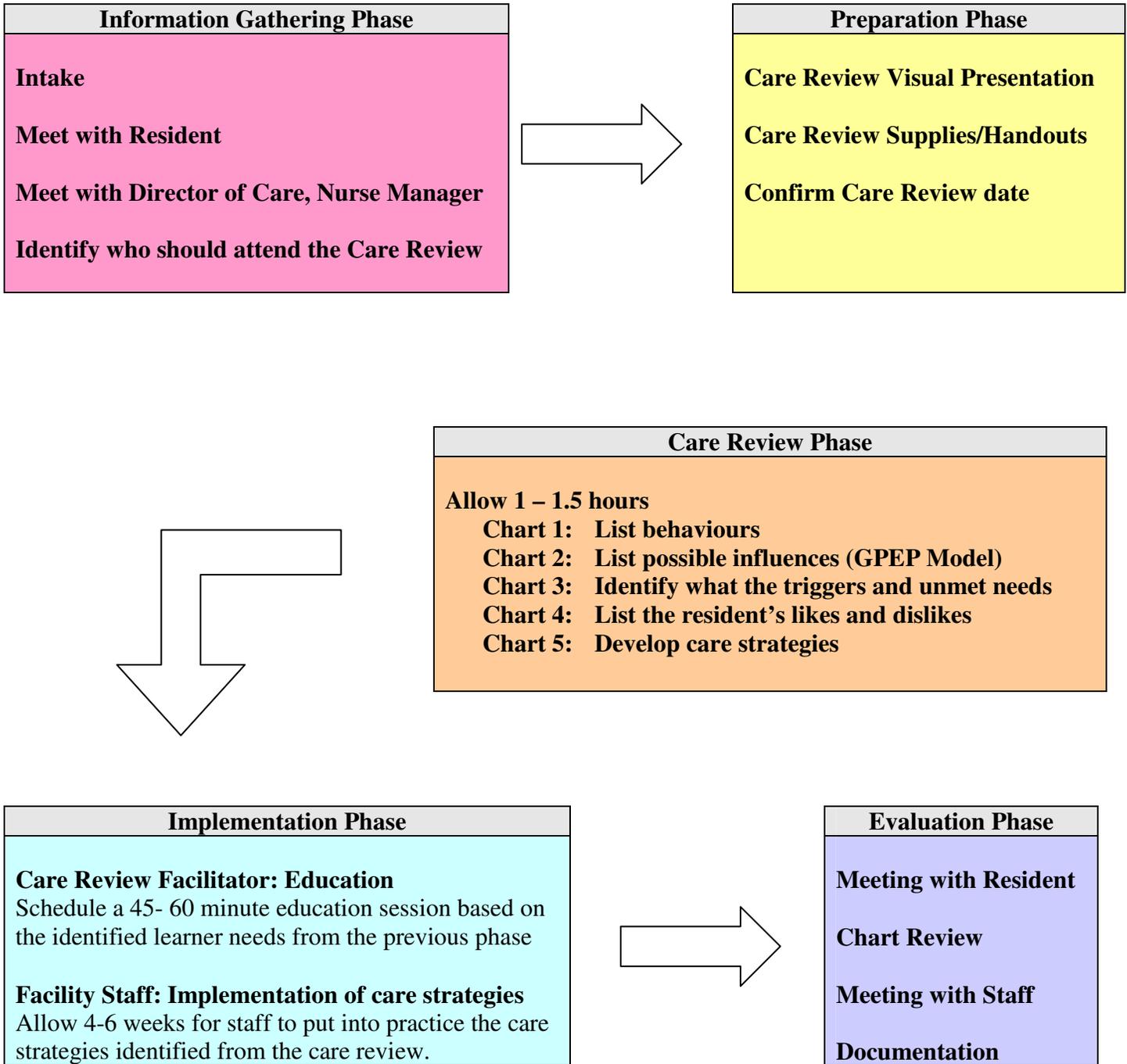


# Guidelines for the Care Review Process

## Geropsychiatric Education Program (GPEP)



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Information Gathering Phase	Resources, Agencies and Supporting Documents
<p><b>Intake:</b> Using <u>GPEP Care Review Intake Form</u> as a guide, gather information from referring source or facility Director of Care. Consider requesting other relevant sources of data (e.g., Behaviour Pattern Record, Mini Mental Status Exam, Geriatric Depression Scale, sleep log, geriatric/psychiatric consultations, Mental Health Team case notes, medication record, etc).</p> <p>If there is insufficient information describing the behaviour, request that a Behaviour Pattern Record be completed by staff for 2 weeks prior to the care review.</p> <p><b>Meet with Resident</b></p> <ul style="list-style-type: none"> <li>• Interview resident to find out his/her perception of the issues, if appropriate</li> <li>• What does the resident like, dislike, need</li> </ul> <p>Overall goal is to understand the resident as a person and his/her perspective on the care. Document initial contact in the progress note section of the resident's chart using the Data, Analysis, Outcome (DAO) format.</p> <p><b>Meet with Director of Care, Nurse Manager</b> to further clarify issues and gather any additional information that may be helpful to the Preparation and Care Review Phase.</p> <p><b>Identify who should attend the Care Review:</b> Referral Source, Facility Liaison and Mental Health Team member (if appropriate), involved staff (care aides, dietary, RN's, LPN's, team leader, recreation staff), resident's GP, family, etc.</p>	<ul style="list-style-type: none"> <li>• Care Review Intake Form</li> <li>• Clinical Practice Guidelines for Excessive Behaviours</li> <li>• GPEP Model</li> <li>• External staff: Facility Liaison, Mental Health Team (physician, psychiatrist, case manager)</li> <li>• Resident's Doctor</li> <li>• Family, resident</li> </ul>

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Preparation Phase	Resources and Supporting Documents
<p><b>Care Review Visual Presentation:</b> On five separate sheets of flip chart paper post the following headings (see Diagram 1: Care Review Visual Presentation)</p> <ol style="list-style-type: none"> <li>1. What are the Behaviours?</li> <li>2. What are the Influences?</li> <li>3. What are the Resident's Likes, Dislikes?</li> <li>4. What are the Resident's Possible Triggers for Behaviour and Unmet Needs?</li> <li>5. Care Strategies and by Whom?</li> </ol> <p>Post the information gathered from the previous phase under the appropriate heading of flip chart # 1, 2, 3 only.</p> <p><b>Care Review Supplies/Handouts:</b> GPEP model cards, tape, markers, flip chart papers</p> <p><b>Confirm the date of the Care Review</b> and whether more than one session is necessary to cover the majority of staff involved in the care of this resident. Request a space to that can adequately accommodate facility staff and the display of 5 flip charts.</p>	<ul style="list-style-type: none"> <li>• GPEP Model</li> <li>• Resident's information</li> </ul>

**Diagram 1: Care Review Visual Presentation**

<p><b>Chart 1</b></p> <p style="text-align: center;"><b>What are the Behaviours?</b></p> <p><i>List behaviours that have been identified as a challenge for staff in terms of providing care.</i></p> <p>-</p> <p>-</p> <p>-</p>	<p><b>Chart 2</b></p> <p style="text-align: center;"><b>What are the influences?</b></p> <p><i>Psychiatric</i></p> <p><i>Physical</i></p> <p><i>Psychosocial</i></p> <p><i>Environmental (physical and social)</i></p>	<p><b>Chart 3</b></p> <p style="text-align: center;"><b>What are the resident's likes, dislikes?</b></p> <p>-</p> <p>-</p> <p>-</p>
<p><b>Chart 4</b></p> <p style="text-align: center;"><b>What the resident's triggers for the behaviour and unmet needs</b></p> <p><i>Based on the information given, what are the triggers for the identified behaviours and unmet needs that have not been met and are possibly contributing to the behaviours?</i></p>		<p><b>Chart 5</b></p> <p style="text-align: center;"><b>Care Strategies and by Whom</b></p> <p><i>For each care strategy, identify a person responsible to implement, monitor, and follow-up.</i></p>

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Care Review Phase	Resources and Supporting Documents
<p><b>Allow 1 – 1.5 hours</b> to facilitate the care review. Refer to each of the five headings listed on the flip charts and begin to identify strategies as a group.</p> <ol style="list-style-type: none"> <li>1. Allow some time for the group to vent, tell their story, share their experiences (5 – 10 minutes)</li> <li>2. List behaviours: what is the resident doing? (Chart 1) Be specific. Time/with whom/location</li> <li>3. Identify and discuss possible influences (Chart 2)</li> <li>4. List the resident’s likes and dislikes and ask for additional information from staff (Chart 3)</li> <li>5. From the list of influences/possible causes of behaviours, identify the resident’s likely unmet needs and triggers for the behaviours (Chart 4)</li> <li>6. Develop a list of care strategies/suggestions/action plan to address the behaviours that have been identified (Chart 5). Include who is responsible for each action listed on the chart.</li> <li>7. Repeat this process on an evening shift if necessary utilizing the same flip charts #1-4 and make a blank flip chart #5 to generate new ideas with the second group.</li> <li>8. Leave all 5 flip charts of the Care Review Visual Presentation at the facility for staff to develop into a formal resident care plan.</li> <li>9. Document in the progress note section of the resident’s medical record (chart) using the Data, Analysis, Outcome (DAO) format.</li> </ol> <p>The facilitator together with staff identifies education needs arising from the care review process that would support their care practice and implementation of the care plan.</p>	<ul style="list-style-type: none"> <li>• GPEP Model Cards</li>   <li>• Care Review Visual Presentation (Flip Charts 1-5)</li>   <li>• Resident’s chart</li> </ul>

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<b>Implementation Phase</b>	<b>Resources, Agencies and Supporting Documents</b>
<p><b>Care Review Facilitator: My Daily Care Plan</b> Complete with available information the “My Daily Care Routine” form. Send a copy to the facility for revisions/edits.</p> <p><b>Care Review Facilitator: Education</b> Schedule a 45- 60 minute education session based on the identified learner needs from the previous phase. Repeat as necessary to ensure all staff involved with the resident are supported in implementing the resident care plan. Examples of educational topics provided to support staff in the implementation phase include:</p> <ul style="list-style-type: none"> <li>• Understanding Responsive Behaviours</li> <li>• Communicating with Persons with Dementia</li> <li>• Personality Disorder in Older Adults</li> <li>• Assessment and Management of Pain</li> <li>• Sexual Behaviour and Dementia</li> <li>• The Three D’s (dementia, depression, delirium)</li> <li>• Setting Limits</li> <li>• Responding to Anxiety, Agitation, and Aggression</li> </ul> <p><b>Facility Staff: Implementation of care strategies</b> Allow 4-6 weeks for staff to implement into practice the care strategies identified from the care review and update the resident’s care plan.</p>	<ul style="list-style-type: none"> <li>• My Daily Care Routine – Care Plan Outline (HEART)</li> <li>• Provide facility leader with “Sustaining Education in Your Facility” pamphlet</li> <li>• Resident Care Plan</li> <li>• Chart #5: “Care Strategies and By Whom”</li> </ul>

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<b>Evaluations</b>	<b>Resources, Agencies and Supporting Documents</b>
<p><b>Meeting with Resident</b> (if appropriate) to find out his/her perception of the issues since the last meeting, Overall goal is to get a sense of the resident's perspective on the care plan and care received from staff.</p> <p><b>Chart Review</b></p> <ul style="list-style-type: none"> <li>• Review resident care plan and staff documentation. Look for integration of care strategies</li> <li>• Review collected data (e.g., Behaviour Pattern Record, MMSE, GDS, sleep log etc; noting any significant changes).</li> </ul> <p><b>Meeting with Staff:</b> Review the 5 flip charts and involve staff in providing feedback on the suggested care strategies and evaluate the effectiveness of the care strategies on reducing the resident's behaviours:</p> <ul style="list-style-type: none"> <li>• Report on outcomes if the following occurred:  Consultation with GP, MHT for medication review, dietician, referral to OT services, etc.</li> <li>• Ask staff for their perceptions of how the resident is doing, how they have responded to the care strategies, if there has been a change in behaviour, or if there are any further follow up issues needing to be addressed.</li> <li>• Determine whether issues are resolved in which case the resident can be discharged and the care review closed or if the staff need further support to review and revise the care plan.</li> <li>• Provide feedback on the staff's revised care plan for the resident</li> <li>• Review with facility leader strategies they may utilize to continue supporting the staff</li> <li>• Refer facility leader to further supports ie, Licensing, Residential Practice Team, Clinical Practice Guidelines, EFAP, Mental Health Team, etc.</li> </ul> <p><b>Documentation</b></p> <p>Document outcomes in the progress note section of the resident's medical record (chart) using the Data, Analysis, Outcome (DAO) format.</p>	<ul style="list-style-type: none"> <li>• Flip chart #1-5</li> <li>• Resident's chart</li> </ul>