

What is a Shared Rounds Discussion?

Shared Rounds Discussion (SRD) is an innovative multidisciplinary approach, led by Geri-Psychiatrists, to support patients in Nanaimo with behavioural and psychological symptoms of dementia (BPSD) without requiring a lengthy referral and wait list process.

Why is it needed?

According to Government statistics over 63% of patients in Residential Care have a diagnosis of dementia. In Nanaimo this percentage is 66% (data collected from HA owned or affiliated sites)².

There are 2.5 FTE Senior's Psychiatrists serving a population of approximately 26,000 seniors within Nanaimo. They are supported by the Island Health Geriatric Services (Community Services) team.

Wait times for psychiatric consultation can be very lengthy, and often acute and/or community patients are prioritised leaving many LTC patients without timely specialist support.

² Canadian Institute for Health Information (CIHI) 2017

How do Shared Rounds work?

- In consultation with the MRP, facility staff monitor and collect information about the patient which is forwarded directly to the Geri-Psychiatrist 1 week before the Shared Rounds meeting.
- At the Shared Rounds meeting, participants will triage priority for case presentation through discussion with the Psychiatrists input. Up to 3 cases may be presented.
- A fully anonymised case presentation is made.
- The Specialist will request further information, and all members may contribute to the discussion with their experiences.
- A written recommendation will be made by the Psychiatrist which is forwarded to the Director of Care to be communicated to the Family Physician. The MRP will also have an opportunity for a 1-2-1 telcon with the Psychiatrist if required.
- Time for review is offered at the subsequent Shared Round Meeting.

How does a SRD support learning?

The multi-disciplinary format allows health professionals to share their diverse knowledge, and learn from other's similar experiences. All participants report the learning value of discussing cases through a geri-psychiatric lens.

Which patients can benefit from Shared Rounds?

Cases presented at shared rounds include patients whose symptoms have increased or exacerbated. When a patient does not respond to clinical treatment prescribed by the Family Physician, nor behavioural support offered by LTC staff, further support is available via 2 options, or a combination thereof:

- Traditional referral to Geriatric Specialty Services (and case management whilst waiting for consultation),

and/or

- Case presentation to Shared Rounds

Who takes part in the Shared Rounds Meeting?

At each meeting a Geri-psychiatrist, Director(s) of Care or RN(s); GSS representative; and a Pharmacist are invited. Other disciplines represented may include social workers; student nurses, etc.

Family Physicians are invited to attend either in person, or via ZOOM videoconference. For those Physicians who are unable to attend, a 'warm' discussion with the Geri-psychiatrist is available (and encouraged).

How long will my patient have to wait before having a case presented?

Once fully established Shared Rounds will take place every 2 weeks rotating between geographical regions. E.g Week 1, North Nanaimo; Week 3, Central Nanaimo; Week 5, South Nanaimo.

Which LTC Centres are taking part?

Participation in Shared Rounds is available to LTC centres who have, or who are creating, a Behavioural Support Team. Shared Rounds are currently available in central Nanaimo for Eden Gardens; Kiwanis Lodge; and Avenir Memory Care (formerly Nanaimo Memory and Complex Care).

A South Nanaimo area Shared Rounds is being established, comprising Malaspina Gardens and Wexford Creek.

Following this a North Nanaimo process will be implemented for Nanaimo Seniors Village, Woodgrove Manor, and Origins at Longwood.

Dr Myronuk will provide traditional specialist support to Dufferin Place.

What documentation is required?

As part of the BeST project collaborative process, supporting documentation has been revised in agreement with Island Health. All patients whose cases have been presented will have been monitored and assessed within the guidelines developed by the BeST project, and regardless of the referral pathway chosen (Shared Rounds / Traditional), **LTC staff** will complete the same assessment documentation. MRP approval is required for both routes.

Does this replace traditional referral and treatment pathways?

No, traditional referral will still be available. Geriatric Specialty Services (GSS) clinical nurse leads are available to all Long Term Care Centres to provide support to staff to care for dementia patients who are awaiting a consultation.

What about the families?

Consultation has been taking place with members of the Vancouver Island Association of Family Councils, who are supportive of the project and are actively participating in creating procedures and documentation.

For a case presentation to take place, families must be consulted and approval gained.