

Toronto Central Behavioural Supports Ontario Soutien en cas de troubles du comportement en Ontario du Centre-Toronto

Toronto Central Behavioural Supports Ontario - Referral Form

Fax Referral to 647-788-4883 or Email to behaviouralsupport@baycrest.org

Referral Date (dd/mm/yyyy): Please check the service/s referred to: Behaviour Support Outreach Team (BSOT) BSOT ED Program (including Inpatient discharges)				
Specialty BSO programs: Geriatrics Addictions Specialist Caregiver Specialist				
Patient Information Name (last, first) (PLEASE PRINT):	me (last, first) (PLEASE PRINT): D.O.B (dd/mm/vvvv):			
Primary Language: Interp Health Card #: VC:	retation needed? 🗆 Yes 🗆 No Patient	identifies their gender as:		
Health Card #: VC:				
Current patient location:				
Name of SDM/POA (if applicable):	Relationship:			
Contact #: Email:				
<u>Consent</u> Patient/SDM/POA consents to referral to and service	from Behavioural Support Outreach T	eams, which operate in collaboration		
with: Alzheimer Society, Baycrest, Ontario Health atH				
Patient/SDM/POA consents for BSO Coordinating Off Support Services with current health care team members	-			
Patient Medical Information				
Immediate reason for referral:		 Urgent review requested (i.e. patient at high risk of harm to self/others) 		
Dementia diagnosis Yes No Unknown/suspected Please select: Alzheimer's, FTD, Vascular, Mixed, Lewy Body, Korsakoff, Other Psychiatric History (if applicable): Additional medical diagnoses:				
Behavioural issues identified related to reason for ref	erral (please check off the relevant iss	ues):		
Wandering (exit-seeking)	□ Agitated behaviour (restless,	□ Oral intake of non-edible		
Physically Responsive Behaviour (spitting,	anxiety, inability to settle)	items/substances		
kicking, grabbing, pushing, scratching, biting etc.)	□ Delusions (fixed, false beliefs)	Low Mood/Depressed (crying, tearfulness, reduced social interaction, loss of		
□ Sexual behaviour (unwanted verbal/physical sexual	□ Hallucinations (visual, auditory,	interest/pleasure)		
advances toward others, disrobing/exposing self)	gustatory, tactile, olfactory)	Rummaging (touching/handling objects		
□ Suicidal behaviour	□ Fidgeting/picking/repetition	with no obvious purpose)		
□ Resists Care (incld. medications/injections)	\Box Calling out, crying	□ Other:		
Destroying property	Hoarding (collecting objects and			
□ Verbally responsive behaviour (yelling, screaming, threatening, cursing etc.)	refusing to part with them)			
Support for transition to/from another location: Tra	ansition from: to:	□ Permanent □ Temporary		
□ Significant Caregiver Stress/difficulty coping				
Does this patient need support with smoking and/or S	Substance Use Disorder? 🛛 🗆 Yes			
Services currently involved:	nal BSO (please specify):	Home & Community Care		
□ Alzheimer Society □ Other:				
<u>Primary Care:</u> Family physician name: Contact information: Billing Number: <u>Specialists</u> : □ Geriatric Psychiatry □ Geriatrics/Memory Clinic □ Other:				
Referral Source Information				
Referring Organization: Referring person name:				
Phone #: Fax#:	Email:			
*Please attach medical information, if available such as: List of current medications, recent behaviour team reports and relevant consult notes				

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BSO PROGRAM DESCRIPTIONS

BSO Clinical Navigation

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
BSO Coordinating Office	The BSO Coordinating Office serves as one centralized access point for behaviour support services. The service includes: A behaviour support Hotline available 7 days a week and Clinical Navigators to provide system navigation and program triage. The BSO Coordinating Office serves to connect people with appropriate services by various partnerships which include: Toronto Seniors Helpline (TSH), Crisis Outreach Service for Seniors (COSS), GeriMedRisk, LTC+, RGP, Specialized Geriatric Service (SGS) providers, SPIDER, SCOPE, and TIP, amongst others.	 55+ (exceptions for younger ages based on geriatric presentation) Primary concern is responsive behaviours Patient is currently medically stable Resides in the Toronto Central Region

BSO Outreach Teams (Community/LTC/Hospital/Transitional Care)

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
Behavioural Support Outreach Team (BSOT) in all Sectors: Community, LTC, and Acute Care	In LTC and Community, an interdisciplinary team of clinicians including Clinician Leaders, Nurse Practitioners, Behaviour Support Specialists, Registered Nurses, and Personal Support Workers (PSWs) across AST, Baycrest, Ontario Health atHome, and Woodgreen. Acute care teams consist of: LOFT BSTR (Psychogeriatric Case Managers and PSWs) and UHN BSS (Behaviour Support Specialists and PSWs). These outreach-based services serving across all sectors is short-term (average length of service is 8-10 weeks), and focuses on assessment and management of responsive behaviour(s). The team(s) will also support patient transitions between all sectors and will foster collaboration with various resources and care partners. Service is delivered virtually and in-person as needed.	 55+ (exceptions for younger ages based on geriatric presentation) Primary concern is responsive behaviours Patient is currently medically stable Resides in the Toronto Central Region
Behaviour Support Outreach Team (BSOT) Emergency Department (ED) Program	One of our Advanced Practice Nurses - Nurse Practitioner (NP) /Clinical Nurse Specialist (CNS) will contact the patient/family/SDM within 3-5 business days to complete an inhome behaviour assessment for discharged ED patients. These assessments include a medication reconciliation. If there is no primary care, or the patient is poorly connected to primary care, the NP will assume that role on a short term basis. We work in collaboration with all other healthcare providers involved with the patient.	 55+ (exceptions for younger ages based on geriatric presentation) Primary concern is responsive behaviours Patient is currently medically stable Resides in the Toronto Central Region

Specialized BSO Services

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
Addictions Specialist	Support for Long-term care and transition to long-term care for older adults with Substance Use Disorders (with or without dementia). Includes addiction to alcohol, opiates, cannabis, nicotine, benzodiazepines and other drugs. Addiction specialist will support care teams and caregivers with a transition plan to support cessation or harm reduction to ensure safe transition to and or care at the LTCH environment. This includes consulting in cases where home is considering declining an application due to addiction or substance use.	 55+ with responsive behaviours related to substance use living in Toronto Central Region
Caregiver Specialist	The program based at Alzheimer Society of Toronto, funded under BSSP Toronto Central Region. It supports caregivers of people with dementia living in the community, through transitions and in LTC	 Caregivers are supporting people living with cognitive impairment & responsive behaviours within the Toronto Central Region

Escalation Options

PROGRAM	SERVICE DESCRIPTION	ELIGIBILITY CRITERIA
Virtual Behavioural Medicine (VBM) Program	The VBM program provides rapid access to short term tertiary level virtual behavioural medicine consultation and pharmacological management of severe unmanaged neuropsychiatric symptoms of dementia (responsive behaviours). This service is a collaborative partnership between Baycrest, Toronto Rehab and TC BSO. The VBM team recommend that individuals should first be seen by their local Behavioural Support Outreach Teams and Geriatric Mental Health Outreach Teams/Community Psychogeriatric Outreach Teams/specialists, prior to referring to the program to make best use of local services and encourage continuity of care.	 Physician or nurse practitioner referral Available to all sectors in Ontario Individuals with a diagnosis of dementia; primary concern is severe unmanaged neuropsychiatric symptoms of dementia (eg. physical aggression and agitation) Patient is at risk of harm to self and/or others due to behaviours associated with dementia When an application for a tertiary specialized behaviour support bed (CASS bed) is being considered Patient is currently medically stable
Complex Case Resolution Table (CCRT)	The Complex Case Resolution Table is provided by the TC BSO Coordinating Office to escalate and support cases for responsive behaviours that have not successfully resolved with current available behaviour support and specialized services. CCRT brings together specialists, relevant resources and the patient care team to mutually discuss the patient needs and develop a care plan to address them.	 55+ (exceptions for younger ages based on geriatric presentation) Primary concern is responsive behaviours Patient is currently medically stable Resides in the Toronto Central Region Previous involvement of Behaviour Support Services Available to all sectors (Acute, LTC, Community) in Toronto Central Region

For the most up to date list, contact our BSO Coordinating Office at: 416-785-2500 ext. 2005; behavioursupport@baycrest.org.









