



# Interprofessional Care & Patient Life Stories on the Seniors Mental Health Unit

## Introduction

The Seniors Mental Health Unit (SMHU) includes a 25-bed inpatient unit which provides specialized services to meet the complex mental health needs of seniors with serious mental illness including refractory to treatment disorders.

SMHU offers a full range of specialized psychogeriatric resources to address the assessment, diagnostic, treatment and transitional care needs of seniors with complex mental health challenges. A comprehensive assessment is provided by a multidisciplinary team who focuses on identification of mental health issues, clarify diagnosis, and identify possible factors that contribute to challenging behaviours. An individualized care plan is developed to manage symptomatology; address support needs and develop management techniques and provide education for clients, families and caregivers. Discharge planning focuses on transitional care to assist the clients return to the most independent living arrangement possible.

Patients eligible for inpatient services are usually 65 years of age and older, are medically stable and have a severe or complex age-related mental illness. A severe mental illness is defined as one that is refractory to treatment (requiring more than 2 courses of treatment) or chronic (requiring treatment for longer than 6 months). Someone with a complex mental illness has two or more psychiatric diagnoses; co-morbidity with either psychiatric or physical needs causing excessive disability; exhibits risk of harm; exhibits major challenging behaviours.

The goal of my project was to increase the interprofessional team's awareness of leisure interests and life history of the patients on the Seniors Mental Health Unit at Ontario Shores Centre for Mental Health Sciences. In addition, the goal was to increase the team's knowledge about leisure opportunities available for both patients and staff to engage in on the unit and in the centre.

By enhancing the interprofessional team's knowledge about the patients, the hope would be to improve the patients' level of care and quality of life during their stay at Ontario Shores. If staff know what the patient was interested in, he/she could have a discussion about it while providing care which could facilitate the process or use it to initiate conversation or to calm and refocus the individual on something else. If the person is engaged in something meaningful, he/she is less likely to display inappropriate behaviours, which in turn can influence others and creates a better ambiance in the environment.

## Actions

Originally the plan was to develop a one page Patient Activity Profile that provided a quick snapshot of the patients' values/beliefs, skills/strengths, leisure interests and a brief description of life experiences (i.e. education, work, family, etc) that could be placed in the Kardex for easy reference.

In the fall of 2009 (September/October), the organization had implemented new forms to document the patient's plan of care called the Mutual Action Plan (MAP).

As part of this document there is a page for the patient's Life Story which includes the same information as the Patient Activity Profile. Therefore, the plan was to complete the Patient's Life Story for everyone and to see if the Interprofessional Team thought this was beneficial.

The MAP is an interprofessional documentation tool and anyone from the team including the patient can complete any of the section included in the documentation.

## Results

Prior to the implementation of the Mutual Action Plan, the interprofessional team was asked to complete a short questionnaire to determine his/her current views/knowledge about leisure interests and opportunities for engaging in leisure. Nineteen questionnaires were completed using Yes or No as the rating scale. The results were as follows:

**Question 1:**  
Are you aware of the leisure opportunities available for patients and staff to engage in on the unit? **YES=14 NO=5**

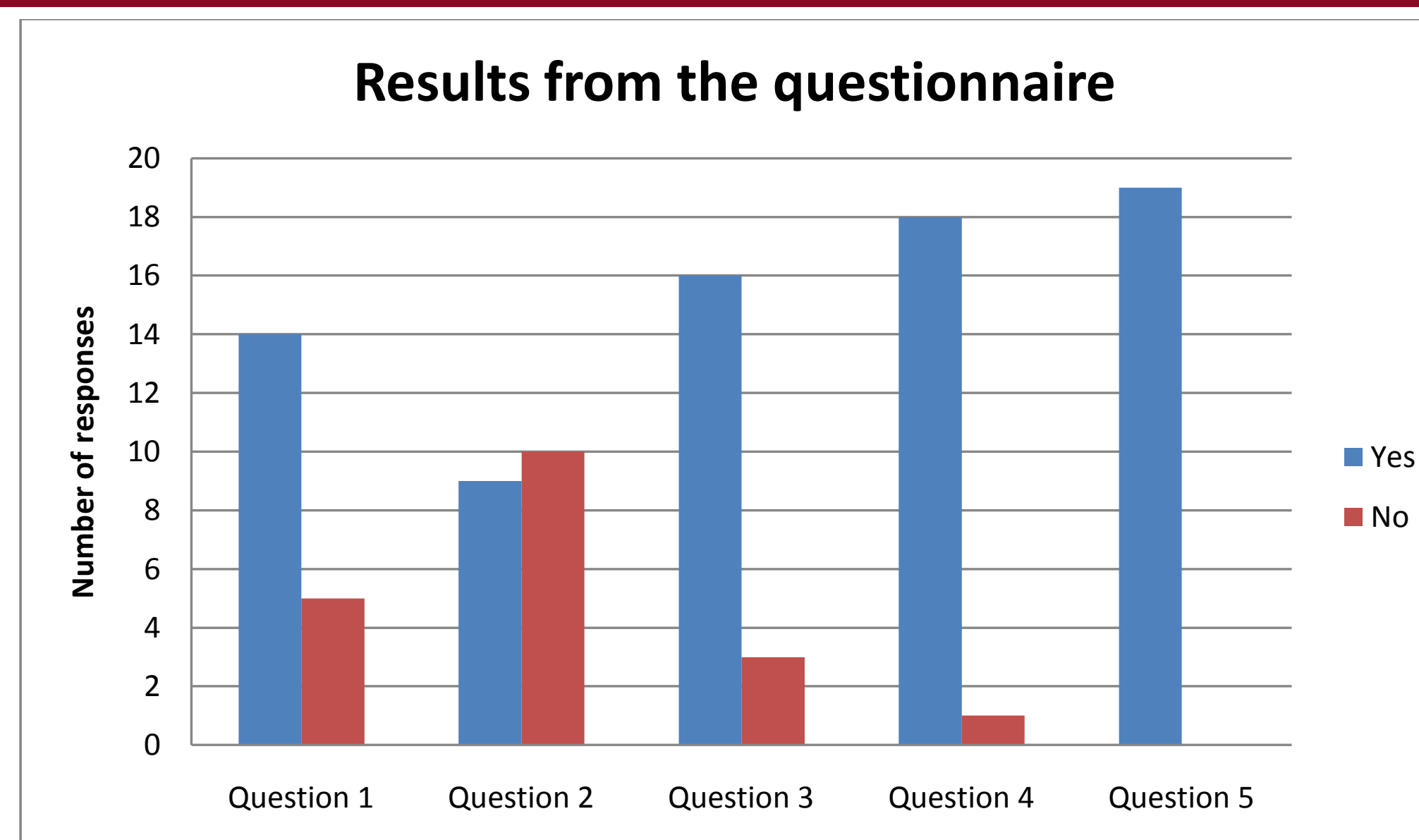
**Question 2:**  
Are you aware of the leisure opportunities available for patients and staff to engage in around the centre? **YES=9 NO=10**

**Question 3:**  
Do you know where to find information about patients' leisure interests and life history (i.e. work experience, hobbies, education) on the chart? **YES=16 NO=3**

**Question 4:**  
Do you think that knowing what the patients' leisure interests and life history are would be beneficial when providing care? **YES=18 NO=1**

**Question 5:**  
Do you think that it would be beneficial to provide a quick snapshot of patients' leisure interest and life history for quick reference? **YES=19 NO=0**

Unfortunately, due to circumstances, the post-evaluation was not administered. However, from verbal feedback received from staff, the Patient Life Story was a great reference guide to finding out about the patient. It allowed staff to know more about the patient which provided some common ground to initiate conversation and facilitate care with some of the patients.



## Challenges

As the new documentation was introduced into the centre, there was a learning period for everyone involved in order to utilize the forms effectively. One of the biggest challenges was completing the forms in a timely fashion and then finding the time to read them. It is a great resource once it is completed but if it is not readily available it is less likely to be used to its full advantage. Even if the life story for every patient was complete there is no guarantee that the staff will read it and utilize the information.

Another challenge was the location of the form. There is a Kardex MAP and a MAP for the chart. The patient's Life Story was included in the MAP for the chart, however I think that the Kardex MAP would be a better location for this. The Kardex MAP was a source for documentation that staff need to review on a daily basis and was a small binder with information on all the staff's patients for the day. It would make reviewing the Life Story easy and accessible as opposed to reviewing each chart individually. The Kardex is easy for new staff to get a quick overview of the patient that he/she would be working with.

## Lessons Learned

The implementation of snapshot of a person's life story is a valuable tool that can be utilized in many settings. It can be helpful to all staff that interact with the individual as well as any volunteers that provide services for him/her. It can be open with a description of the information that can be included at the top or divided into categories.

An important factor to successfully implementing the use of it is to determine an appropriate location to keep the information so that it is readily available and easy to look up information on many or all the individuals at one time.

It would be best to be included in documentation that is reviewed on a daily basis as opposed to a separate binder just for the life stories.

Lastly, all the members of the interprofessional team should be involved in completing the snapshot of the life story. It should be a collaborative project and it will allow everybody to get to know the person a little better.

*Discovery. Recovery. Hope.*

## New Evidence/Best Practices

When all team members collaborate on completing a 'Life Story' this allows everyone to get to know the patient better which can lead to improved care and outcomes.

## Next Steps

The next step is to continue to complete the patients' life stories and encourage other members of the interprofessional team to contribute information and to review the information.

The interprofessional team will be provided with resources in order to facilitate engagement with the patient in any leisure pursuits that would enhance quality of life and level of care during his/her stay.

## Contact Information

Andrea Laforge  
Therapeutic Recreationist  
Ontario Shores Centre for Mental Health Sciences  
(905) 668-5881 x 6305

laforgea@ontarioshores.ca

