

19-April-2023

OADD**ONTARIO ASSOCIATION OF DEVELOPMENTAL
DISABILITIES****MEDICAL STABILIZATION IN NON-TRADITIONAL SPACES:**

**INTEGRATED CROSS-SECTOR RESPONSES TO ADAPT DEVELOPMENTAL
SERVICES HOME SETTING AND DELIVER ACCESSIBLE, INNOVATIVE AND
INCLUSIVE REHABILITATIVE CARE**



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Indigenous Allyship

1. RESEARCH THE LAND YOU'RE LIVING ON
2. DONATE TO INDIGENOUS CHARITIES
3. SUPPORT CONTENT BY INDIGENOUS CREATORS
4. AMPLIFY THE INDIGENOUS VOICE
5. USE A TOOLKIT ON HOW TO BE AN ALLY

<https://www.lifeworkswell.ca/blog/indigenous-allyship-how-to-build-a-better-future#>

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Presenter & Authors

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Disclosure of Financial Support & Presenter Disclosure

- ▶ No external support
- ▶ No relationships to disclose

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Learning Outcomes

Participants will be able to:

- ▶ Discuss continued disparities in access to rehabilitative care, and the need for developing approaches for offering evidence-informed advocacy to bridge gaps in access to appropriate care for People with intellectual/developmental disabilities (IDD)
- ▶ Identify possible innovative solutions for offering collaborative rehabilitative care for People with IDD

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Why?

- ▶ People with intellectual/developmental disabilities (IDD) may have support needs that are perceived as barriers to accessing traditional settings for convalescent care or rehabilitation programs.
- ▶ This workshop describes collaborative medical stabilization through a non-traditional, transitional-stay in Developmental Services home setting. It demonstrates what could be achieved for supporting specialized, innovative, and inclusive rehabilitative care with a Person with IDD in very complex circumstances.

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Rehab Care Gaps in Access

People with
Intellectual/Developmental
Disabilities (IDD) lack
equitable access to health
care in general

(Lin et al., 2019)

People with developmental disabilities fare worse in the health system across multiple indicators



Report from ICES finds that Ontario adults with developmental disabilities experience worse health outcomes, regardless of age, sex, neighbourhood income or type of developmental disability. For most indicators, these outcomes are more likely with age.



The researchers looked at health records for nearly 65,000 Ontario adults under the age of 65 with developmental disabilities such as Down syndrome or autism. They looked at the records over a six year period (2010-2016) and compared them to Ontarians who don't have these disabilities.

"I would like doctors to have a little more time for people with disabilities, and be more understanding. We're a little slower than other people are. We need more time to talk to them."

— Michael, self-advocate

HIGHER RATES OF POOR HEALTH OUTCOMES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES COMPARED TO ADULTS WITH NO DEVELOPMENTAL DISABILITIES ONTARIO (2010 - 2016)



Lin E et al. Addressing Gaps in the Health Care Services Used by Adults with Developmental Disabilities in Ontario. ICES, 2019.

ICES Data. Discovery. Better Health.
ices.on.ca



Health Care Access Research
and Developmental Disabilities

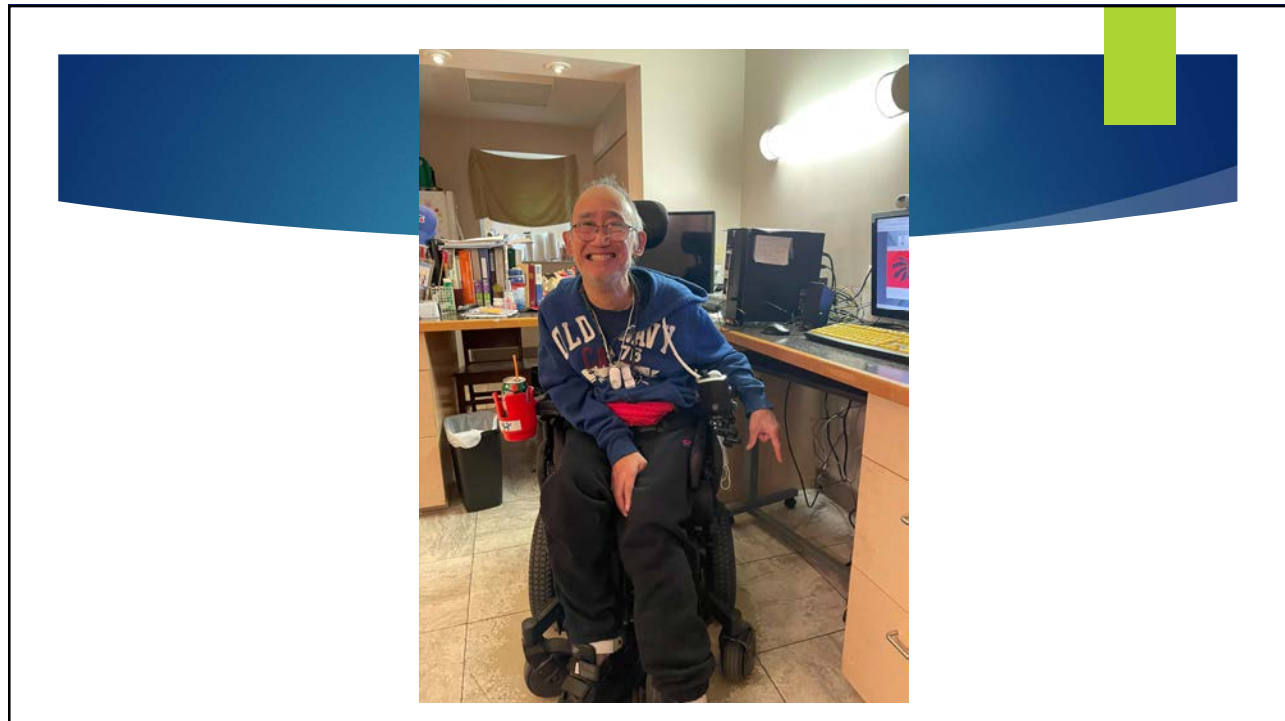


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Inclusion & Accessibility


- ▶ Pre-existing rehab barriers for people with IDD
 - ▶ Exclusion due to rehab eligibility criteria
 - ▶ Inappropriate health care environments, e.g., outpatient/inpatient rehab, LTC convalescent care settings
 - ▶ Unique communication and cultural/community support needs
- ▶ Impact of COVID-19 pandemic

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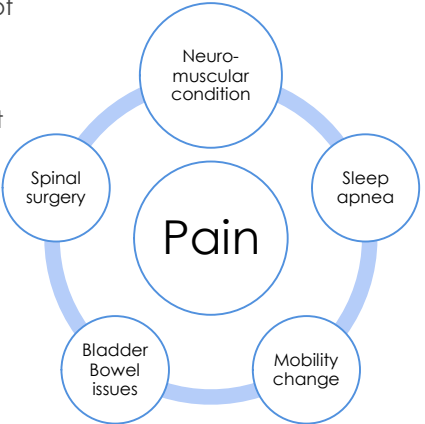


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Vignette – Pre ‘admission’ Situation



- ▶ Very pleasant, alert and oriented young man in age range of 50 -55 years experiencing declining health
- ▶ Lives at **CHKC** semi-independent supported living apartment
- ▶ Developmental services aging transition clinic referral triggered referrals:
 - ▶ **Palliative Pain Symptom Management Consultation**
 - ▶ **Surrey Place Plus 45 Clinic and Community Network of Specialized Care**



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H.E.L.P.

► <https://ddprimarycare.surreyplace.ca>

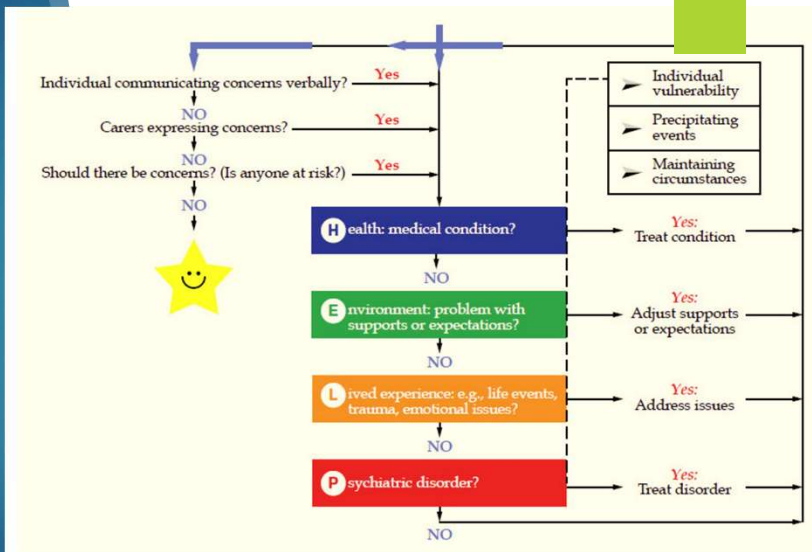


Figure 1: Understanding behaviours that challenge. A guide to assessment and treatment.

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Assessment Recommendations

Included:

- New pain medications
 - Trial of new medications (prednisone, duloxetine, others)
- Increase personal/direct care supports
- Medical imaging to rule out vertebral fractures
- Comprehensive Integrated / Interventional Pain Service referral
- Urinary/external drainage sleep interruption
- OT assessment – falls risk, mobility assistive devices, home safety assessment
- CPAP therapy support
- Physical Therapy – ROM with stretching to prevent contracture

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Health Assessments




- ▶ CHKC advocacy and assessment support
- ▶ Diagnostic overshadowing?
- ▶ PPSMC physical assessment and consultation note to Primary Care Provider Nurse Practitioner
 - ▶ Unable to implement treatment recommendation in home
 - ▶ Required 24/7 monitoring/support and multi-agency collaboration
 - ▶ Hospital, LTC convalescent care and outpatient/inpatient rehab settings inappropriate

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Service Pathway

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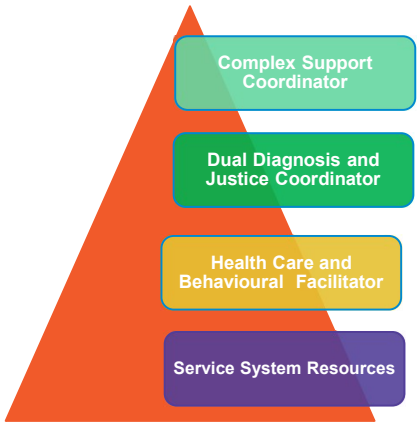
Community Networks of Specialized Care

Mandate

To serve adults with developmental disabilities with complex and multiple needs by:

- ▶ Coordinating support and service within and across sectors, by providing complex support coordination for individuals;
- ▶ Acting as a resource to service agencies, Developmental Services Ontario and local planning tables (including urgent response and service solutions / case resolution);
- ▶ Building system capacity to better support individuals with complex needs through education, mentorship and support to other case managers and service agencies; and
- ▶ Providing provincial coordination of videoconferencing and French Language specialized resources.

Key Functions & Roles



Complex Support Coordinator

Dual Diagnosis and Justice Coordinator

Health Care and Behavioural Facilitator

Service System Resources

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Networking for a collaborative team

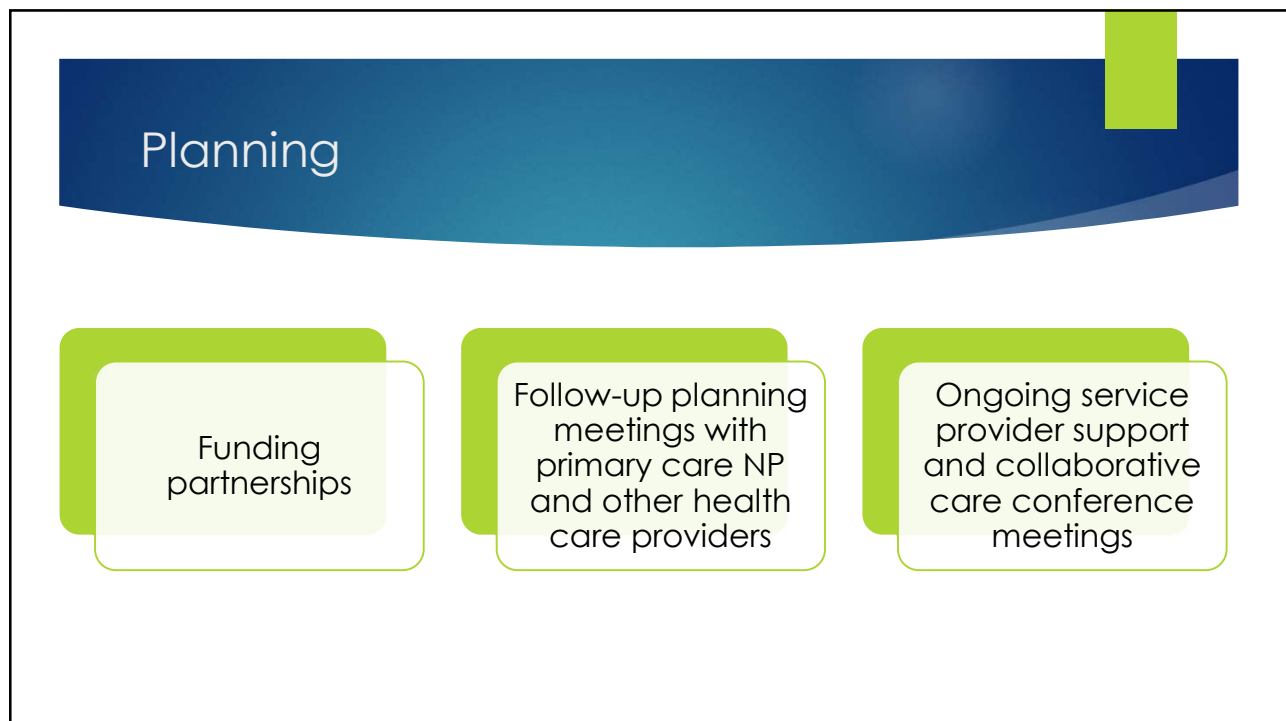


The illustration shows a white 3D figure holding a cluster of balloons. Each balloon is a different color and contains the name of an organization or role: PACE (orange), CHKC (green), +45 clinic (purple), CNSC (brown), GCSN (blue), BRCCED (grey), HCCS (red), Nurse (pink), and St. Elizabeth-PSW (yellow). The balloons are connected by strings, symbolizing a collaborative network.

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Implementation – ‘Stabilization’

Treatment changes:

- Medication changes
- Equipment changes
- Direct support changes

Close monitoring, observation and data collection support:

- Data collection tools and process

Treatment adjustments:

- Based on treatment response, managing new issues and side effects

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Implementation – Home Community Care Visiting Supports and Care Coordination within Accessible Environment

- ▶ Exceptional Care Coordination
- ▶ Home care RN daily visits
- ▶ Home-visiting clinical assessment/consultation services
 - ▶ OT
 - ▶ SLP
 - ▶ PT
 - ▶ Mobile home-visiting labs
- ▶ PSW daily services
- ▶ PACE



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Lived Experience & Evaluation



Mental Health
Psychosocial Outcomes
Benefits
Challenges

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Lived
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Evaluation

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Final Words from Jeff

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Questions

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Concluding Remarks

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References

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