Collaborative Community Practice- Beyond Primary care

Marg Alfieri, RD, Marc Sawyer, MD CCFP, Tina Wood – DeafBlind Ontario

Objectives

1. Learn how teams react the unique needs of a developmentally delayed young man by responding to his changing needs.
2. How teams need to be flexible and contain members from organizations outside one's FHT

Objectives

3. Learn from our lesson on how to overcome challenges when working with team members from within the FHT, the community and with patient's family

Speakers Disclosure

Teamwork

Community Partners

- Karen   RN– DSAC
- Sarah – SLP @ GRH
- Ron Pace – surgeon
- Mum

Presenting Diagnoses

- Dandy –Walker Malformation
- Multiple congenital abnormalities (1 kidney)
- Cryptorchidism and delayed puberty
- Recurrent otitis and mastoiditis, tubes and keloids

Presenting Diagnoses - more

- Severe rotoscioliosis – 90 degree scoliosis
- Chronic sinusitis and osteomyelitis
- Pancystopenia
- Blinded since birth. Deafness

Presenting Diagnoses - more

- Flexion contractures of his feet
- Congenital cardiac disease.
  - Had male sibling who passed from similar disease at 5 ½ months of age.
- Hypospadias
- Chronic warts
- History of GERD, and aspiration pneumonia, recurrent pneumonia.

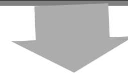
Initial Challenges

- Being discharged from multiple specialists at HSC
- Chronic abdominal pains from constipation leading to hospital admissions
- Trouble managing medications with poor oral intake
- Then, losing weight – down 8 lbs in 2 months – down to :

Crisis

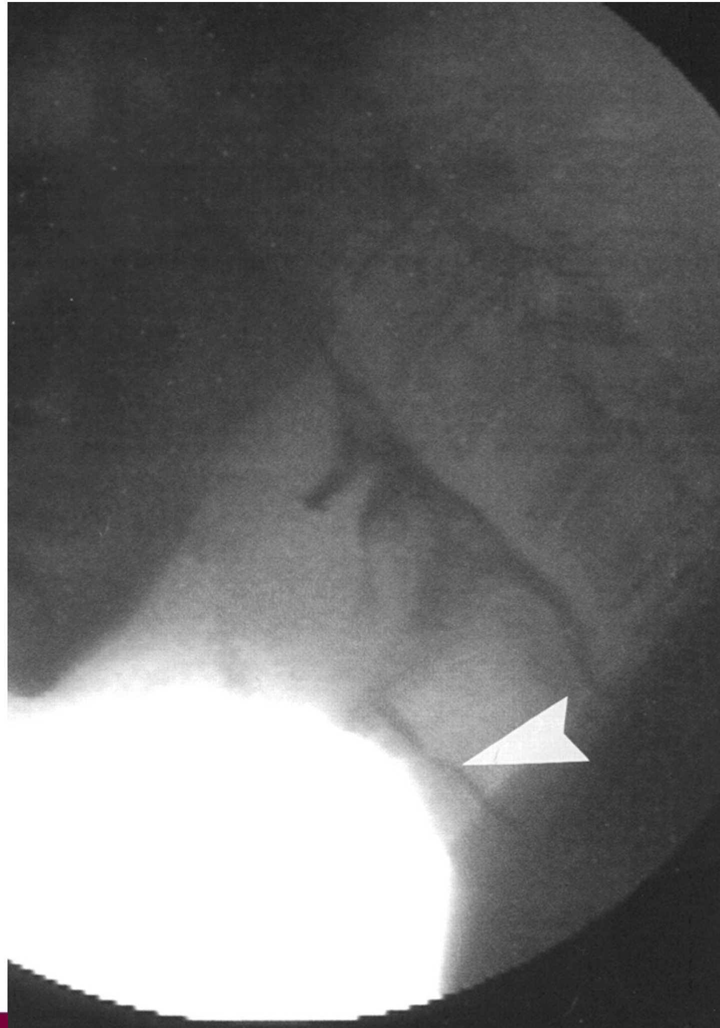
Dysphagia assessment

SLP- Videofluroscopy



NPO

Videofluroscopy



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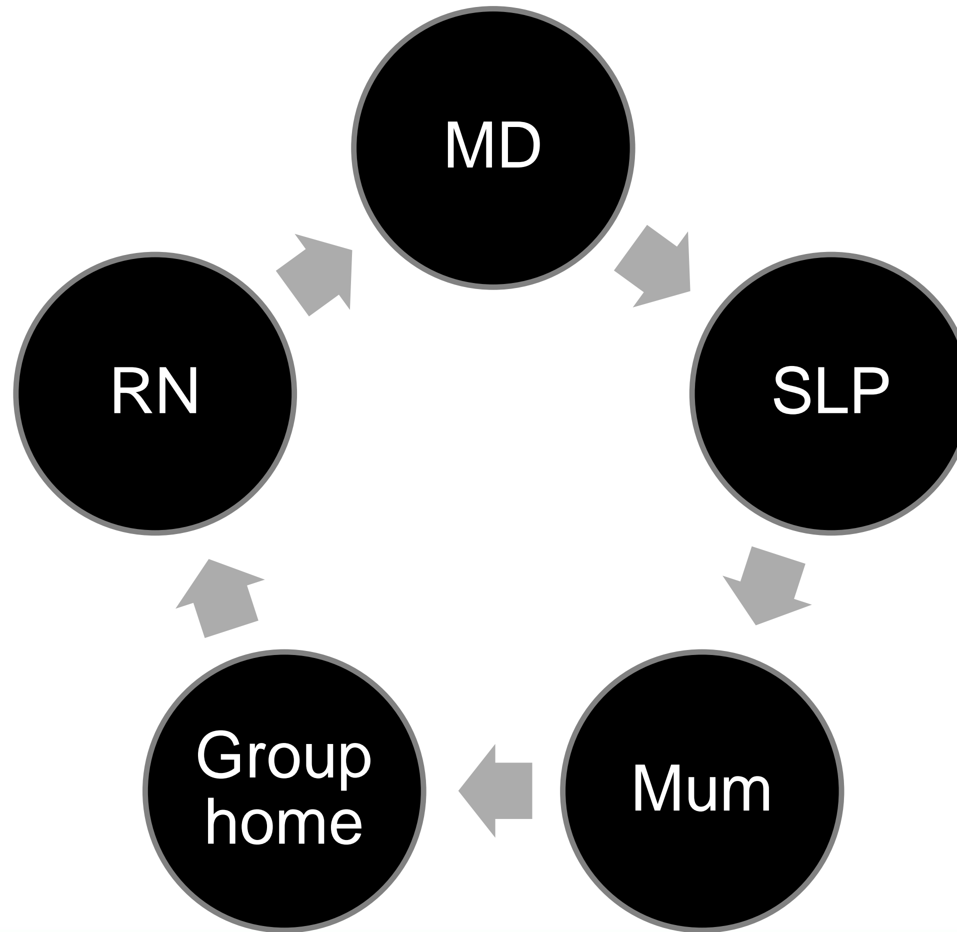
Pneumonia – November

Time Table out the window!

GRH hospital – x 2 weeks

Peripheral TPN and G tube inserted

Immediate Collaboration



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DeafBlind Group Home Fears

New skill for staff – enteral feeds complexity

Learning new protocols and Procedures for the group home and agency

Strengths

- Communication among the team
- Getting the team on board with the new and complex care plan
- Working with the community team

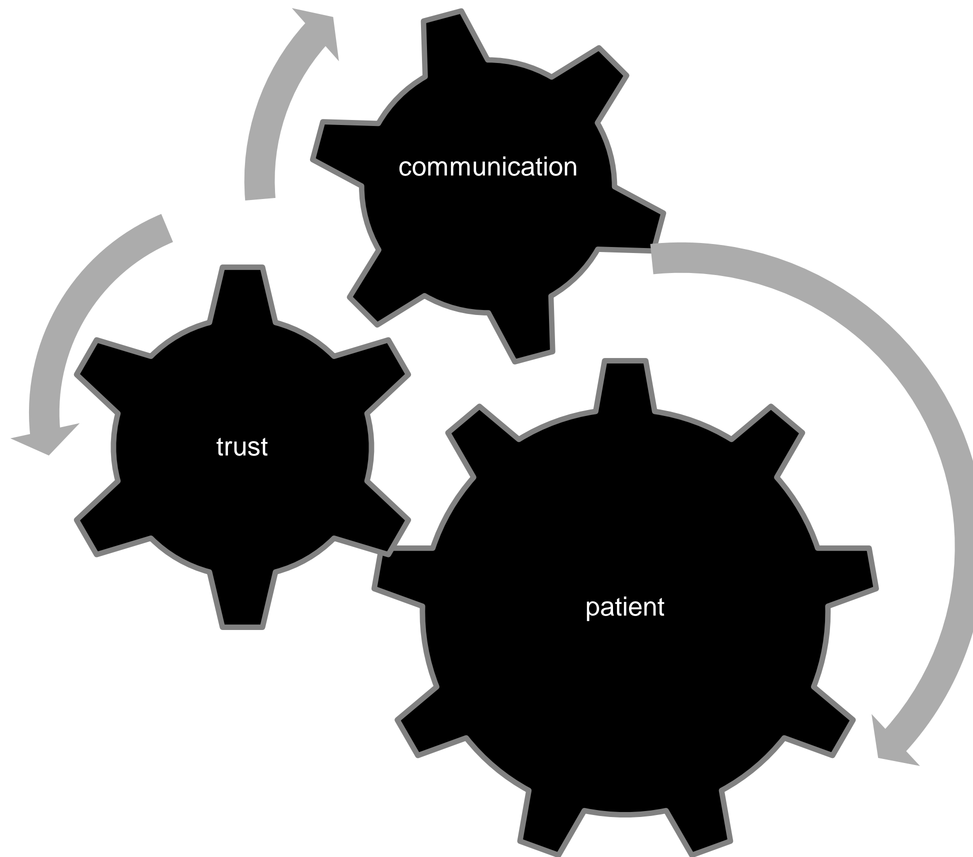
Nutrition

Goals

Correction of advanced protein malnutrition

Prevention of aspiration pneumonia

The underpinning



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Communication

the good, bad and the ugly

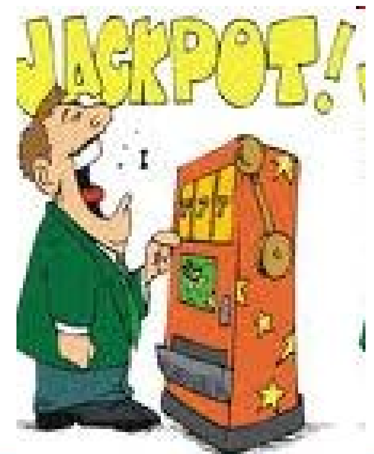
Community SLP - no note send to MD, so not in chart – had to request and then scan in

CCAC – RD- no assessment available

DSAC RN – Karen Klee

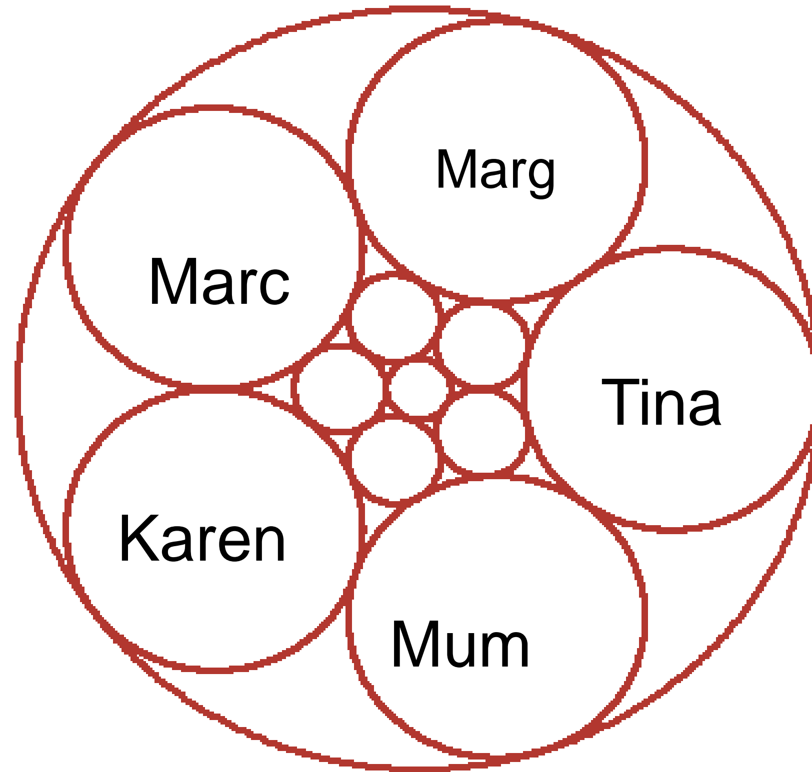
SLP – GRH – Sarah Pifher

Tina – Group Home

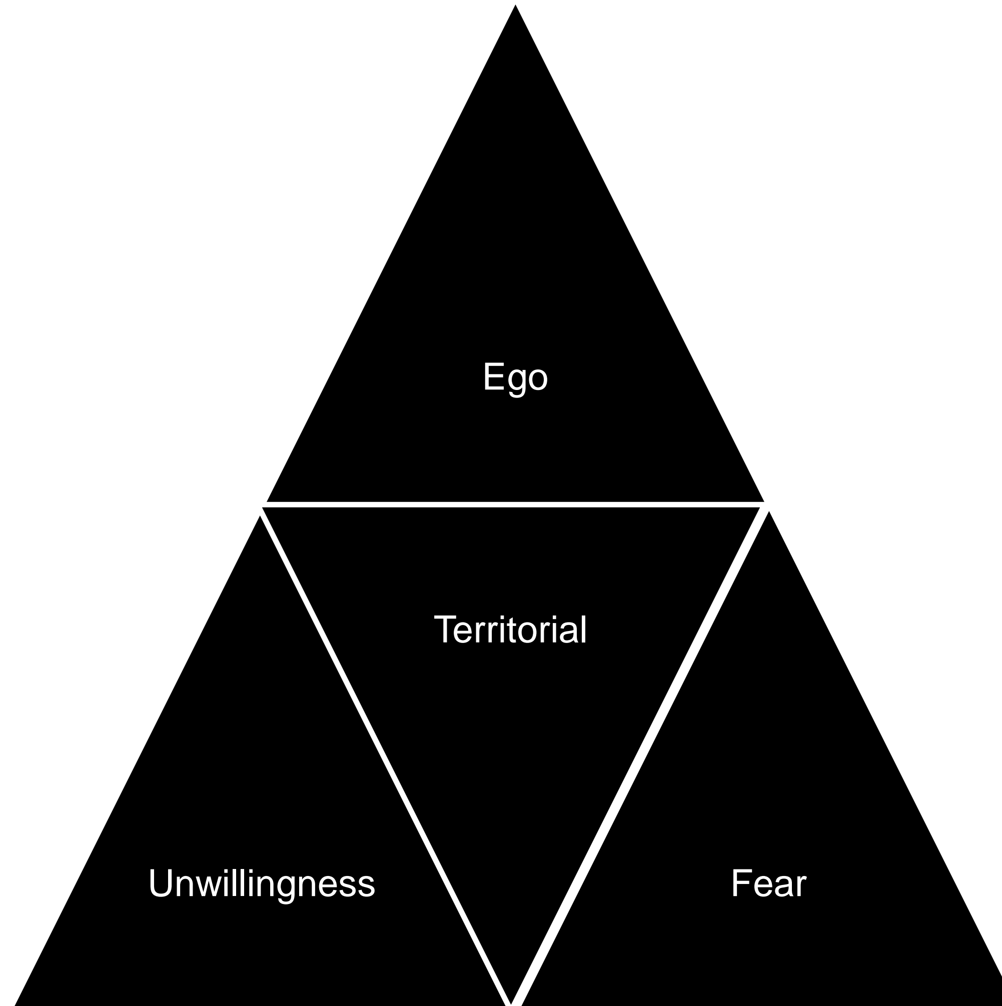


P.O. Dilemma

Circles of Trust – Key in Collaboration



Barriers to IPC

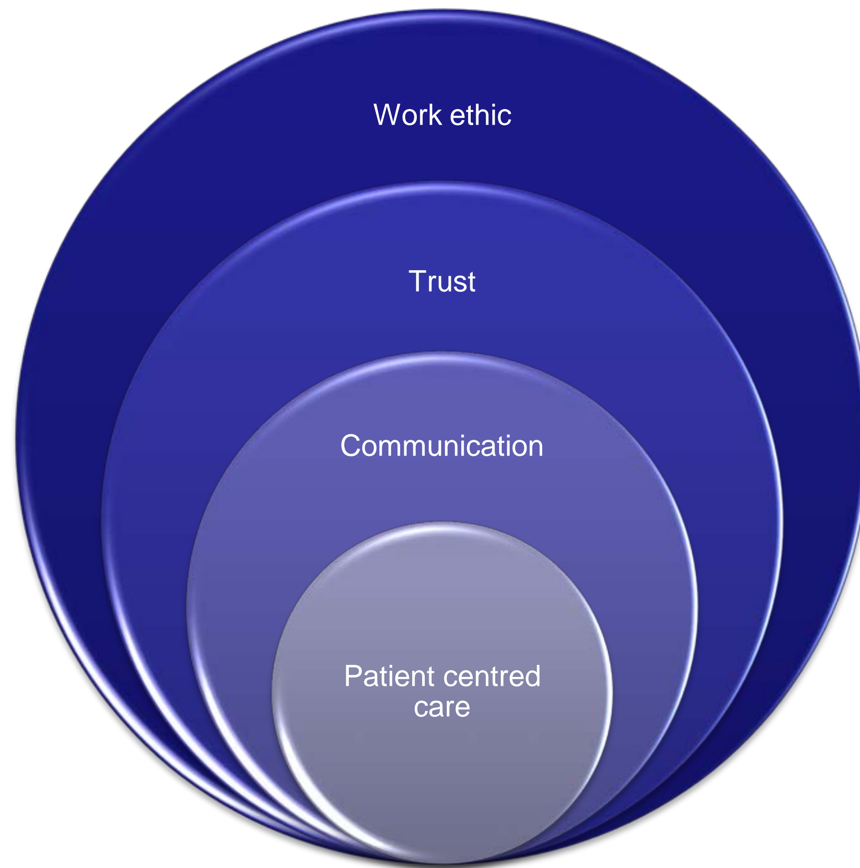


Strengths

- Communication
- Getting all the team members to agree – focus was on patient centred care

Lessons learned

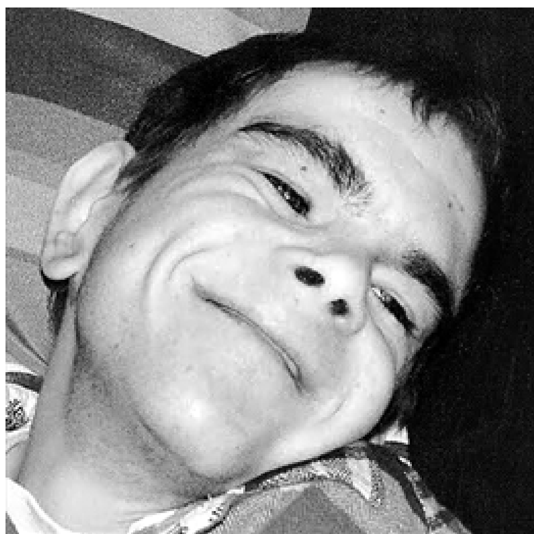
- Patient centred care takes a village & patience
- Think outside the box – as Ian was unique and his needs changed quickly
- Hard to care for a patient who's communication skills were impaired – listen to group home staff as they had the experience


Work ethic
Trust
Communication
Patient centred care

Outcomes

1. Correction of malnutrition – wt gain, albumin normalization
2. No more hospitalizations for Pneumonia
3. New partnerships and new patients

Most importantly – improved quality of life, more play time, more outings



HOOTON, Ian David Passed away peacefully on Thursday, August 28, 2014 at the age of 27. Beloved son of Doug and Barbara Hooton. Loving brother of Lauren and the late Brian. Fondly remembered by many cousins and extended family. Thanks to the Grand River Hospital ICU team for their care and compassion. Thanks to all the staff at his Ridgeview home for helping Ian be happy and productive in his life.

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