



Complex Behaviours: A Quick Guide for LTC MRPs

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When the care team calls you for help with a resident's complex behaviour,

these prompts may help them to re-focus on root causes and non-pharmacological approaches, and request additional elbow-to-elbow support from the Island Health Quality Team.

Ask if clinical assessments have been completed (e.g. BSO-DOS, Loeb Criteria, Pain Scale, CAM Screen), PIECES huddles, care planning, and seeking input from the family/caregiver.

PIECES 3 Question Template

1. What are the **priority** concerns; is it a change for the person?
2. What are the **RISKS** and possible **contributing factors**?
3. What are the **actions**? Investigations-Interactions-Interventions

After these initial steps, if behaviours continue and are still concerning, the care team can access additional support from:

Bring in the Quality Resource Team LTCCoach@islandhealth.ca

- The care team can reach out to their home's designated QRL at any point, and as needed.
- With a collective 90 years of nursing experience, QRLs can help with complex behaviours by:
 - Complex behaviour care planning
 - Care Coach collaboration (if on site)
 - Facilitating PIECES huddles
 - Transitions in care
 - Urgent transfer priority

Reach out to the Behavioural Support Team LTCBeST@islandhealth.ca

- The care team can request a consultation with the new Complex Behaviour Support Team, available to all LTC homes through the BC Virtual Visit platform
- LTC-BeST Clinical Nurse Educators support teams with:
 - Non-pharmacological interventions
 - Education and resources
 - Care planning assistance
 - Recommend MRP to request specialist referral

If behaviours continue, consider other options

- Trial non-pharmacological approaches based on resident's social history
- If clinical assessments do not indicate a root cause other than BPSD consider a trial medication order
 - Reassess effectiveness Q3 months
- Informed consent required for all medications that modify or manage behaviours
 - Exception: 24hr emergency use