MOBILE BPSD- TEAM

A collaboration project between the Geriatric Clinic, dementia team in the municipality and medical centers

BPSD DEFINITION OCH SYMPTOMS

- Behavioural and psychological symptoms of dementia
- Includes: delusion, aggression, hallucination, delusions, agitation, anxiety, wandering behaviour, screaming, altered circadian rhythms

Most common in middle phase of dementia
BPSD HISTORY

The first meeting took place in 2005 with representatives from psychiatry, geriatrics and the local dementia team. They worked together to address the issues of responsibility for patient with behavioural disturbances.

BPSD-TEAM’S PURPOSE

- Give the patient the best possible care in his home environment
- Strengthen staff in their work
- Minimize hospital admission
BPSD-TEAM
FOCUS ON

- Care
- Approaches
- Environment
- Optimized use of drugs
- Provide geriatric competence to the local dementia care

A CONDITION FOR THE BPSD TEAM IS THE DEMENTIA TEAM FROM THE MUNICIPALITY

- Includes Nurses, occupational therapists and curators
- The dementia team's task includes continuous contacts with nursing homes through supervision and consultation.
- When a BPSD problem arises the nursing home staff contact the local dementia team and a first attempt to problem solve is made. If the problem is still not resolved a contact will be made with the BPSD team
**BPSD TEAM**

**PERSONNEL STRUCTURE**

- 2 nurses from the municipality
- Nurse and specialist doctor in geriatric medicine from the Geriatric Clinic

**STAFF WORK CONSULTATIVELY**

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**BPSD TEAM**

**Collaboration**

The team works together with:

- Various nursing home in the municipality, and special care units for people with dementia

- Special care units for individuals with BPSD problems. In Jönköping we have two special care units with 8 wards in every unit.

- General practitioner
Nursing home staff goes through BPSD checklist

Contact with dementia team = assessment stage

Mobile BPSD-team
- Recommendation

Internal problem solving

Follow-up
- by phone
- by a new visit

Practice and guidance:

- The nursing home first contact the dementia team and they problem solve by e.g. go through the checklist with the nurses. They problem solve internally first.

- If they do not solve the problem internally they write a referral to the BPSD team.

- We have a team meeting every week with nurse and doctor from the Geriatric Clinic and nurse from the dementia team.
BPSD TEAM MEASURES

- Logging of activity day and night
- Observation at the nursing home
- Collecting information from patients, staff in the department and nurse
- Measures based on the individual's needs:
  - Nursing care interventions in the first place
  - Medicinal adjustments
  - Psycho education of disease, progress etc

BPSD – TEAM PRACTICE

- Short ways, easy + fast
- Recommendation to the responsible staff + general practitioner regarding measures
THE JÖNKÖPINGS MODEL

County
- Medical Centres +
- Geriatric Clinic

Municipality
- dementia team (specialist nurses, occupational therapist, social workers)

Mobile BPSD team

2007
48 patients were cared for BPSD problem.
Average hospital stay was 18.5 days
2008

Management of BPSD problem 2008 (n=20) only from a few of our special care unit from the municipality

2009

Management of BPSD problem 2009 (n=58)
Management of BPSD problem 2010 (n=34)

- Number of referrals: 30
- Solutions in the home environment: 28
- Hospitalization: 4
- Average length of stay (n=days): 14
- Cases without referrals: 4