

**HSAPD**

# **Behavioural Supports Ontario Project**

**Health Quality Branch &  
Performance Improvement and Compliance Branch**

**October 24, 2011**

# Behavioural Supports Ontario Project Overview

- Behavioural Supports Ontario was created to enhance services for elderly people with complex behaviours wherever they live (at home, in long-term care or elsewhere) through the development and implementation of new models of care that focus on quality of care and quality of life for this population.

**BSO population of concern: older people with cognitive impairments due to mental health problems, addictions, dementia, or other neurological conditions [who] often exhibit responsive or challenging behaviours such as aggression, wandering, physical resistance and agitation.**

- Phase 1 (January - October 2010) developed a Framework for Care that emphasizes (a) system coordination and management; (b) integrated service delivery, and; (c) a better experience for patients and their caregivers. It will serve as a foundational reference document for the development of new care practices.
- Phase 2 began with a competitive BSO “Expression of Interest” (EOI) process in which all 14 LHINs participated in May 2011, after which the ministry and external experts identified four Early Adopter LHINs who demonstrated readiness to implement the BSO Framework first, develop and implement new care pathways and clinical tools, and then spread these lessons province-wide.
- All LHINs will receive base funding for new behavioural staff resources to be deployed locally to achieve the BSO Framework starting in 2011/12.

## BSO Phase 2: Implementation

- Early Adopter LHINs include: South East, Central East, Hamilton Niagara Haldimand Brant, and North Simcoe Muskoka (NSM) LHINs.
- NSM LHIN will function as the Coordination and Reporting Office (2011/12 – 2012/13) for Phase 2.
- A total of \$40.37M in new base funding will be provide to all LHINs for new behavioural staffing resources.

### **Four Early Adopter LHINs will each receive \$900,000 in funding to:**

- Implement the BSO framework;
- Enhance coordination among existing local behavioural services;
- Identify and translate best practices from one sector to the next;
- Provide coaching/mentoring and knowledge transfer to designated LHINs to assist in rapid cycle improvements, and;
- Evaluate outcomes for province-wide implementation and dissemination.

### **10 remaining LHINs will receive proportional allocation of funding for HHR to:**

- Implement the BSO framework based on knowledge transfer, dissemination and lessons learned from the 4 early adopter LHINs.

# Action Plan Development / Local Service Redesign

- LHINs will partner with local service providers on a LHIN-wide plan for behavioural service redesign, resulting in a local Action Plan.
- The Action Plan describes the entire local investment in behavioural supports, describing what will change, when, and how.
- Action Plan development is a six-week process starting when BSO begins in a LHIN. LHIN-wide representatives from LTC, acute, community health, primary care and others meet to identify gaps in behaviour service delivery and prioritize the solutions.
- During Action Plan development, LHINs should take into consideration how their efforts will impact the following identified measures of BSO success:
  - **Reduced resident transfers** from LTC to acute or specialized unit for behaviours;
  - **Delayed need for more intensive services**, reducing admissions and risk of ALC;
  - **Reduced length of stay** for persons in hospital who can be discharged to a LTC Home with enhanced behavioural resources.

# Support for LHINs

- During the development of the Action Plan, LHINs will benefit from quality improvement (QI) guidance provided by HQO, knowledge transfer and knowledge exchange resources provided by the AKE, and four BSO Knowledge transfer conferences to be held in October, November (x 2) and December 2011.
- An advisory Provincial Resource Team (PRT), with representation from HQO and AKE, will assess the Action Plan to confirm that it is consistent with the BSO Framework.
- Early Adopter LHINs will finalize their local plans by October 14, 2011, with 10 remaining LHINs to follow in mid-December 2011. All Action Plans will be submitted to the CRO.
- Ongoing resources will be provided through an Improvement Facilitator, trained by HQO to provide leadership in the area of QI efforts specifically related to BSO.

# New Behavioural Staffing Resources

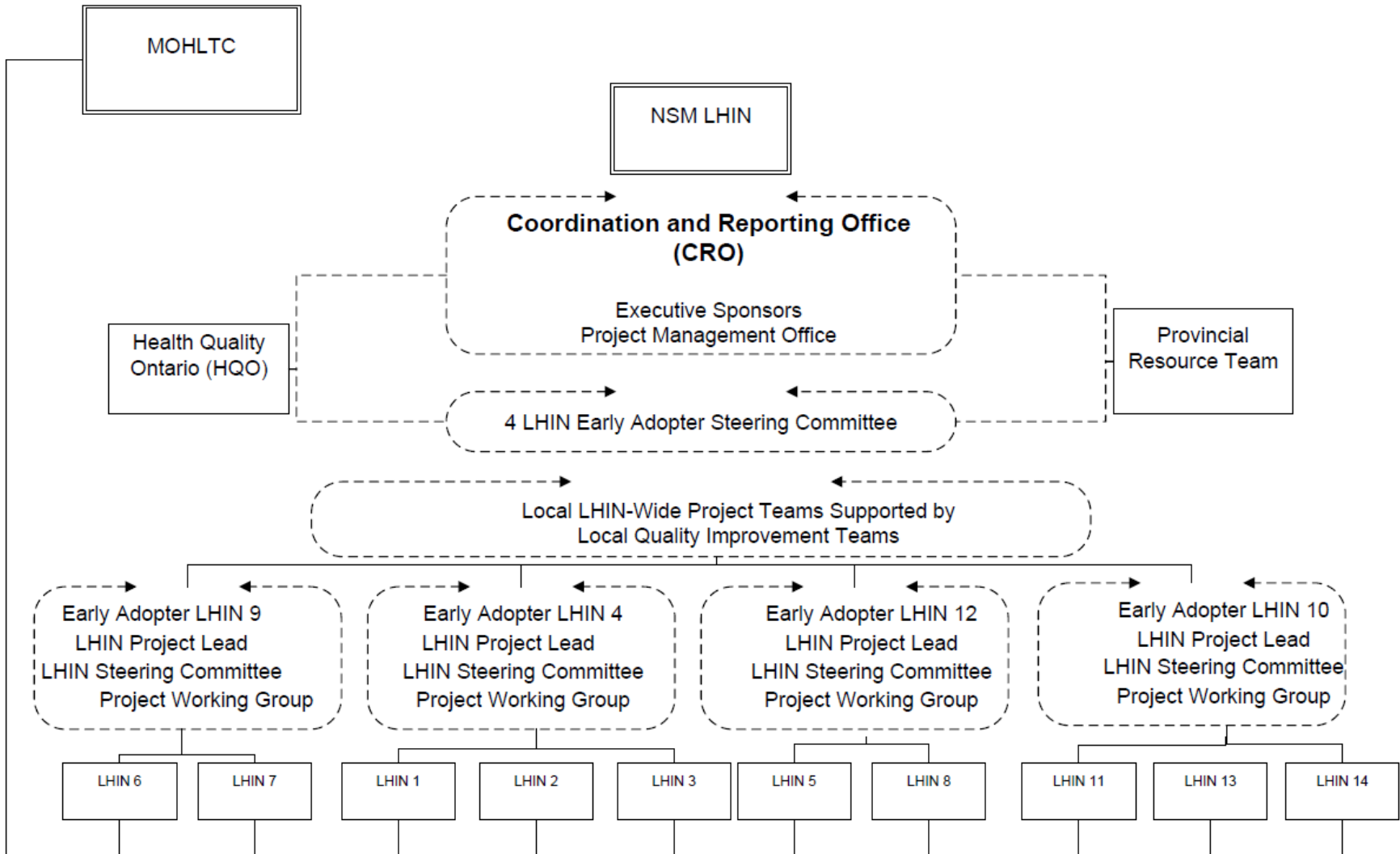
- LHIN Action Plans articulate local service priorities and direct the new behavioural staffing resources toward targeted service enhancements among identified Health Service Providers (HSPs).
- The following BSO resources have been proportionately allocated across all 14 LHINs:
  - 200 nurse FTEs in LTCH;
  - 300 PSW FTEs in LTCH, and;
  - Additional healthcare personnel that could be deployed to mobile teams, in service clusters, and/or community services.
- LHINs will be responsible to ensure that preference in hiring new BSO staff by HSPs is given to those with the recommended core competencies.
- In addition to the variety of staff training options that are currently available in Ontario for complex and responsive behaviours and peer-to-peer knowledge exchange, QI coaching and guidance will be provided through HQO where coaches will be available to guide continuous learning and training opportunities.
- Funding for the new behavioural staffing resources will be made available November 2011 for four LHINs; February 2012 for remaining 10 LHINs.
- LHINs will submit quarterly and annual reports to the Coordination and Reporting Office (CRO) and the ministry to report deployment of new BSO staffing resources. This requirement is in addition to the staffing survey already conducted by LTC homes.

# Allocations in 2011/12 (annualized)

LHIN	Nurse (\$M)	PSW (\$M)	Additional Healthcare Personnel (\$M)	New Staffing per LHIN (\$M)	Nurse Allocation	PSW Allocation
ESC	0.92	0.72	0.77	2.41	12	18
SW	1.22	0.96	1.05	3.23	16	24
WW	0.92	0.72	0.78	2.42	12	18
HNHB	1.45	1.16	1.27	3.88	19	29
CW	0.76	0.56	0.62	1.94	10	14
MH	1.07	0.88	0.94	2.89	14	22
TC	1.22	0.96	1.03	3.21	16	24
Central	1.53	1.16	1.29	3.97	20	29
CE	1.53	1.20	1.34	4.06	20	30
SE	0.92	0.72	0.79	2.42	12	18
Champlain	1.45	1.12	1.21	3.79	19	28
NSM	0.84	0.68	0.74	2.26	11	17
NE	0.99	0.80	0.85	2.64	13	20
NW	0.46	0.36	0.41	1.23	6	9
<b>Totals</b>	15.27	12.00	13.09	40.37	200	300

LHIN allocations based on Population 65+, % of ALC separations 65+ with mental health issues, number of people 65+ with dementia in 2011, and expected LHIN growth rate for people with dementia 65+ between 2011 and 2016. Variables weighted 3:3:3:1 respectively.

# BSO Governance





# BSO Governance

- The **Coordination and Reporting Office (CRO)**, led by North Simcoe Muskoka, will be responsible for the implementation and evaluation of the BSO Project, by ensuring effective consultation, liaison and oversight throughout the implementation of Phase 2.
- **Provincial Resource Team (PRT)** will act as a resource and advisory body for the CRO with members bringing subject matter expertise, intimate knowledge of the BSO Framework and a clear vision for improved support for older Ontarians with challenging behaviours.
- **Health Quality Ontario (HQO)** to provide expertise to BSO project committees and site-level coaching, including quality improvement (QI) guidance, coordination between BSO and other related QI initiatives, system alignment and advice related to QI evaluation and measurement.
- **Four LHIN Early Adopter Steering Committee** to coordinate implementation across the early adopter LHINs, facilitating joint problem solving and knowledge exchange, to support successful implementation and to share lessons learned with the other LHINs province wide.
- A **Ministry Steering Committee** will review Action Plans and reports submitted by the CRO and each LHIN to ensure there is proper accountability and governance.
- **Local LHIN-Wide QI Advisory Teams** to coordinate development, testing, and implementation of change ideas to support implementation of Action Plan, to monitor process, balancing and outcome measures and to respond accordingly, to identify critical success factors and barriers and to share lessons with others and support knowledge transfer.
- **Local Project Teams** to provide local leadership and accountability for the development of LHIN-wide Action Plan. LHIN staff, health service providers and other local stakeholders involved in dementia care for the elderly will collaborate on comprehensive behavioural supports for the residents of the LHIN.

# Planned Timeline

<b>August</b>	Launch Phase 2 by notifying Early Adopter LHINs and CRO Early Adopter LHINs convene local planning tables
<b>September</b>	HQO to lead Value Stream Mapping (current and future state analysis) and QI training for 1 FTE in each of four LHINs Early Adopter LHINs submit interim Action Plans
<b>October</b>	Final Action Plans submitted and approved by CRO All LHINs Knowledge Transfer Session Action Plan implementation in 4 Early Adopter LHINs
<b>November</b>	Pro-rated funding begins for new behavioural staffing in 4 LHINs HQO to lead VSM and QI training for remaining 10 LHINs Begin “Buddy system” pairings to assist 10 LHINs during Action Plan development All LHINs Knowledge Transfer Session (x 2)
<b>December</b>	10 remaining LHINs submit Action Plans All LHINs Knowledge Transfer Session
<b>February 2012</b>	Pro-rated funding begins for new behavioural staffing in 10 LHINs
<b>March 31, 2012</b>	Phase 2 ends