Behavioural Supports Ontario
Projet ontarien de soutien en cas de troubles du comportement

Behavioural Supports Ontario

Event Summary

All-LHIN Sustainability Forum

Event Date: March 19, 2013

Prepared by – The Alzheimer Knowledge Exchange

In partnership with:

Ontario Health Quality Ontario Qualité des services de santé Ontario

Ontario Local Health Integration Network Réseau local d'intégration des services de santé

Société Alzheimer Society Ontario

Alzheimer Knowledge Exchange Réseau Alzheimer pour l'échange des connaissances

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Section 1 Introduction & Overview

Over the last few months LHINs have been working with the support of the Coordination and Reporting Office (CRO), the Provincial Resource Team (PRT), the Alzheimer Knowledge Exchange (AKE), colleagues across the province and stakeholders within their own region to develop Sustainability Plans in order to ensure that successes achieved through BSO are sustained and continue to be built upon as we transition to a community led model for this initiative.

To share innovations and strategies developed through these Sustainability Plans a face-to-face, full day meeting was planned and hosted by CRO and the AKE. Celebrating success and planning for the future were the themes of the day for the March 19th All-LHIN Sustainability Forum. This knowledge exchange and action planning event was designed to support discussion around sustainability and moving BSO forward at the local and provincial levels. Objectives for the day included:

- Share and exchange ideas, insights and opportunities regarding sustainability plans
- Adjust and/or enhance planned approaches
- Turn plans into action.

The 3 BSO pillars of System Coordination, Service Integration, and Capacity Building provided structure for the day as the more than 90 participants involved in implementing BSO from across the province and other provincial stakeholders looked at how to continue to build on the successes of BSO both individually and collectively.

Setting the Stage
The day began with a celebration of the leadership which led to the movement that is BSO. Participants were introduced by Susan Taylor of Health Quality Ontario, to a video about how a lone leader needs brave followers to help create real change. The leaders and brave followers who enabled BSO to become part of the fabric of the health care system for people living with responsive behaviours and their care partners were acknowledged through the video which can be viewed here.

The founding Project Sponsor for BSO Bernie Blais addressed the group and reflected on how far BSO has come from planning for system transformation to development of an evidence-based framework for change to implementation of that framework, acknowledging the contribution of those present to these achievements. He urged participants to continue to create sustainability for BSO through increased engagement of strategic partners, ongoing expansion into the community services sector, and through alignment, integration and leveraging of existing and future initiatives that support seniors at risk.

Participants then began working sessions which focused on planning for the future with respect to each of the 3 pillars of BSO.

1. System Coordination – Ensuring Effective Leadership
2. Building Capacity for Care
3. Integrated and Innovative Service

1. System Coordination – Ensuring Effective Leadership
Participants discussed System Coordination through the lens of Ensuring Effective Leadership. After hearing about BSO leadership models being implemented across the province they discussed the strengths and risks associated with each along with strategies to minimize risks related to including or not including a particular element of a strong leadership approach. LHINs then refined their Sustainability Plans based on what they learned and decided on steps to put their leadership plan into action.

Provincial stakeholders took the time to discuss the collective action steps needed to ensure effective leadership. These were shared with the whole group and a critical conversation about how to continue to move BSO forward together followed.

2. Building Capacity for Care
Participants then had an opportunity to hear about how the various components of a strong capacity building plan are being implemented across the province and consider what more they needed to do to strengthen and put into place their local capacity building plans.

3. Integrated and Innovative Service
Integration and Innovation in Service related to Complex Care Resolution, Innovations and Integration with Primary Care, Access and Flow, Behavioural Support Units, and Mobile Teams were addressed through focused small group discussion looking at what is already being done well, what more could and should be done and development for an actionable goal for each.

The Keys to Success
Each individual had the opportunity to reflect upon and share what they believe to be the keys to success for BSO. Themes from the successes named included strong and visible leadership at all levels, cross sector collaboration, not losing sight of the person at the centre of the care team, embedding of quality improvement, provincial collaboration and supports such as CRO, PRT, HQO and the AKE.

A Few Final Words
The day was ended with remarks from Cathy Hecimovich, Chief Executive Officer of the Central West Community Care Access Centre, who reflected on the discussions throughout the event and spoke about what's needed as we transition to a new phase for BSO and Helen Angus, Associate Deputy Minister of Health who spoke about health system transformation and the important partnership between Health Links and BSO.

As Cathy noted, we have a collective responsibility and accountability to nurture, protect and grow the premise of BSO and by working together and learning from each other, during the course of the day participants made their sustainability plans stronger, more focused, and more meaningful. She ended with the message that as we transition into a new phase, we must collectively remain true and committed to our basic tenets which have provided grounding throughout the entire BSO initiative.

Helen described the opportunities before us for health care reform with a system that is ready for change, technological advances to support us and a robust body of evidence of the need for change. She shared the vision for the future of health care – "To make Ontario the healthiest place in North America to grow up and grow old." This vision can be realized through a system focused on wellness, faster access to family health care that serves as the hub of the health care system and better integration and accountability. Helen shared information about Health Links a new model of care at the clinical level where all providers - including primary care, hospital, community care work together to coordinate care plans with an early focus on supporting people with complex health conditions who are high users of the system. She reinforced the importance of partnership between BSO and Health Links in order to provide coordinated care for patients with challenging mental health, dementia or other neurological conditions.

All presentation materials from the day can be found at bsoproject.ca.

Section 2 System Coordination – Ensuring Effective Leadership

Elements of Effective Leadership

LHINs described unique elements of their BSO Leadership model depending on local needs, resources and existing infrastructure in their Sustainability Plans. The following were represented in various ways through these plans and were presented to LHINs at the Sustainability Forum.

1. Committees
2. Lead Organization
3. BSO Coordinator
4. LHIN Leadership
5. Clinical Leadership
6. Inclusion of Lived Experience

Participants then had an opportunity in small groups to discuss one of these Leadership elements identifying the strengths of that element, the risks associated with incorporating that element as well as those associated with *not* including the element and to identify strategies to minimize any risks named.

1. Committees

Strengths	
-Part of accountability -Involvement of all sectors/representative -Enhances & increases communication -Clarifies roles -Ensures buy-in -Credibility -Increases knowledge -Connects BSO to system	
Risks of Including this Element	***Strategy to Minimize Risk***
-Lack of attendance/engagement -Meeting fatigue	-Evolvement of structure & Terms of Reference & membership (modify when need to) -Share the load – not always same people, creates more buy in -Meetings planned ahead – mindful meetings (e.g. quarterly) -Cross representation with other initiatives
Risks of Not Including this Element	***Strategy to Minimize Risk***
-Less valuable input -Lack of direction -Lose consistency -Less inclusive -Lack of communication	-Good, consistent communication (e.g. press releases) -Managing expectations -Clinical engagement (e.g. grand rounds) -Annual/semi-annual events -Leverage existing committees for communication of feedback (e.g. standing item at meetings)

2. Lead Organization

Strengths	
-1 organization acts as paymaster -Leveraging specialty organizations -Reporting mechanism focusses on system metrics -Key LHIN assigned person involved at each step -LHIN commitment to make work -Co-ordinator also employed & active – supports "TEAM" -Capacity to integrate (i.e. resources, etc.)	
Risks	***Strategy to Minimize Risk***
-MOUs take long time to get in place – legalese each organization -Ground work to get "things" in place -Establishing & definition of Lead organization -Confusion re: paymaster vs. authority over $ - who monitors spending?	-Steering Committee structure -Clarity of role, transparency -Communication – clear/comprehensive -What are we trying to accomplish? -Steering & governance committee with common goals -Look at infrastructure – "enough people"

3. BSO Coordinator

Strengths	
-Continuity -Dedicated Resource -Focused -Liaison/Connector with multiple partners; system navigation/prevent drift… -Project Management	
Risks	***Strategy to Minimize Risk***
-Dual Roles/Scope Big -Eggs in 1 basket -Theirs to own vs. mobilize	-Administrative support -Optimum value with dedicated BSO Coordinator -Need cheerleader -Job description include Project Management process role

4. LHIN Leadership

Strengths	
-Shared vision -Strength in numbers -Standing Committee of LHIN (e.g. CW Seniors core action group) -Facilitates collaboration -Accountability for relationship	
Risks	***Strategy to Minimize Risk***
-Static structure -Helps maintain system focus -Lack of integration -Funding mandate drift	-Committee structure well defined and dynamic – right membership is key -Accountability agreements

5. Clinical Leadership

Strengths	
-Increase medical involvement in BSO process -Increase capacity/skills -Provide leadership to facilitate communication with physicians -New physician meeting with community based services to bring BSO knowledge -Physician education on BPSD (x2 sessions) -Early days -As Health Links goes forward BSO is represented by Medical Advisor & BSO Leader -Is involved for more hours than current physician bills for -Intend to engage Medical Directors in LTC -NSM is doing it 0.2 FTE – used the $ from second amount; flowed through Way Point MH Centre	
Risks	***Strategy to Minimize Risk***
-Majority of LHINS do not have clinical lead -Contract negotiations -Turnover -Difficulty with contacting Medical Directors for engagement -? Too expensive – decrease to 0.14 FTE -Other specialty psychiatrists not engaged (direct) -Need the physician lead to engage others – primary and specialties	-Make strong arguments to show worth and to link with the Primary Care Lead

6. Inclusion of Lived Experience

Strengths	
-Acknowledgement of personhood	
Risks	***Strategies for Minimizing Risk***
-Caregiver proxy (filter) – definition of lived experience -Urban/rural mix	-How do we elicit input from individual – build on Alzheimer Society networks -OTN -Think more broadly – mental health & addictions – consumer input -Link with "Health Links" -Increase "lived experience" – professional, caregiver, person -Cultural diversity & urban/rural mix

LHIN Action Steps for Ensuring Effective Leadership

Following a brief summary of the strengths, risks and strategies related to each element with the whole group, participants were invited to meet with their LHIN regional counterparts to consider the question "How can we strengthen our LHIN Sustainability Plan?" and to decide on Action Steps for building on strengths and addressing risks associated with their current plan for BSO leadership. Below is a sample of the actions that LHINs plan to take (for a full listing, see Appendix A):

- Develop more formal ongoing mechanism of collaboration between BSO & CCAC as well as primary care
- Clinical leadership include family medicine link – link to primary care table
- Lived experience – reaching out to Alzheimer Society chapters (utilizing experience based design tools) to caregiver groups to ensure ongoing input from caregivers
- Develop Memorandums of Understanding between Lead Health Service Provider and other BSO Health Service Providers
- BSO embedded in every Health Link Business Plan
- Clinical Leadership – Need to formalize a role (0.2 FTE). Role will facilitate collaboration between Mental Health and Medicine (leverage existing services – First Link, Health Links, etc.)

Collective Leadership

While LHIN/regional representatives met with one another, those with a provincial perspective (e.g. members of PRT, CRO, LTC Provider organizations) met together to discuss strategies for collective leadership of BSO. They then shared their ideas with the whole group and an engaging discussion building on these ideas ensued. These ideas and actions decided on together can be found below.

1. Operations Table

-Will act as the "go to" table to support the transition as other resources wind down
-Will formalize a sustainability structure for working with Collaboratives, LHINs and other stakeholders
-Membership will include: i) Operational lead(s) from each LHIN; ii) Collaborative Leads; and possibly iii) LHIN representative(s)
-Consistent reporting to LHIN tables (e.g. CEO group) will be supported by the use of standing agenda items

2. Leveraging Existing Resources

-Make use of existing resources (e.g. OLTCA, OANHSS and others) to support BSO within their existing mandates
-These groups can advocate with the MOH and also their respective memberships

3. Other Collective Leadership Issues

-Plan for ***resources to support collective*** action (e.g. AKE)
-Will be important to ***integrate with other related initiatives*** (e.g. Health Links, Seniors Strategy)

- Demonstrate how BSO adds value to other initiatives as a prototype for system transformation, cross-sector collaboration, and inclusion of lived experience
- **Action:** By Tuesday have a conversation with my local Health Link (where one exists) about how BSO can support design and implementation of Health Links
- **Action:** Bring BSO to every table where the needs of those with complex care needs could be addressed
- **Action:** Bring together leaders of the various initiatives that address the needs of Seniors at Risk (e.g. BSO, Senior Friendly Hospitals, Health Links, Seniors Strategy)

-Need to ***empower BSO Collaboratives*** to work together effectively for spread
-How do we ensure a ***provincial voice with LHINs*** (e.g. accountability agreements)?

- LHINs CEOs have committed to including BSO as a standing agenda item for their quarterly meetings.

-How do we maintain binding around a ***common vision*** (inspire and excite leaders)?

- Need to foster strong MOH leadership for supporting the needs of seniors with complex care needs – BSO in tandem with other initiatives helps to address these needs

-Need to continue to ***anchor initiatives at the local level*** – "We are the solution"
-Forums – LHIN Liaison representatives –what's happening in their communities
-Annual conventions, strategic plans – integrate into BSO
-Continue to ***monitor indicators*** – are we making progress? – will have change in population as we respond

Section 3 Building Capacity for Care

Components of a Strong Capacity Building Plan

A strong approach to Capacity Building is multi-faceted and includes a mix of both formal and informal opportunities for development of knowledge, skills and abilities. LHIN Sustainability Plans incorporated many ideas for continued commitment to capacity building however much focus is still placed on formal training which while an important aspect of capacity building is just one part of the picture and can be costly to sustain as a primary method of capacity building. Participants were reminded of the following critical components of a strong, well-rounded capacity building plan:

- Applying BSO Capacity Building Tools
- Designated workgroup or staff (PRC/PEC/ Coordinators) to oversee capacity building activities
- Formal Education / Training
- Informal education / training (e.g. coaching, mentoring, case studies, networks, collaboratives)
- Education plans (regional/ organizational/ individual)
- Technology as an enabler (OTN, Learning Management System, e-learning modules)
- Quality Improvement
- Supporting Knowledge Exchange (local & provincial)

LHIN Action Steps for Building Capacity

After this brief overview of the components of a strong Capacity Building plan, participants were invited to meet again with their LHIN regional counterparts to review the Capacity Building section of their Sustainability Plan and determine what actions needed to be taken in order to strengthen their plan. Below is a sample of the actions that LHINs plan to take (for a full listing, see Appendix A).

- Review 4 BSO Capacity Building tools – take to Education Committee
- Use "Intensive Modelling":
  - LTC Home staff to come to Behavioural Support Unit to learn with experts with high/dense populated Responsive Behaviour clients – may be behaviour specific; best practice "in use"
  - BSO staff specific set days to intensive hands-on work
  - May be different settings, have different topics
  - Tie into PSW funds
  - "Montessori in Action" – asking PRC to help facilitate now to enact
- Explore job shadowing opportunities (role to role or cross-sectoral)
- Linking PSW Champions to each other annually
- Quarterly PRC meetings
- Share success stories in sub-regional groups
- Develop individualized learning plans
- Incorporate capacity building intentions in partner service agreements
- Education for caregivers
- Development of an education consortium – set up meeting schedule, review membership (Terms of Reference). LHIN wide Knowledge Translation event
- Development of Quality Improvement Strategy –Quality Improvement training (BSO/Residents First) – Quality Improvement work plans from 100% of LTC Homes and from geriatric cooperatives
- Leveraging recent technology additions (OTN, regional Share Point platform) as an enabler

Provincial/Collective Actions for Building Capacity

Those with a provincial perspective (e.g. members of PRT, CRO, LTC Provider organizations) also met again to have a dialogue about what could be done collectively to support Capacity Building within BSO. Their recommendations are described below.

What could/should be done provincially to support Capacity Building within BSO?

- Moving into prevention: Society, Service System, Providers, Person with Lived Experience (Situations, Strategies, Solutions)
- Need a structure targeting primary care/front line
- Health Link Providers – training to community providers
- Education from the beginning
- Education is still based on sectors – how do we integrate basic training together (instead of training everyone in BSO separately)?
- What are the training opportunities – LTC providers (what are the gaps in knowledge and services?)
- What is Service Improvement? What are the skills needed to do that?
- Access to evaluation and indicators – need good news stories and evidence to build the case

What can we do to make this happen?

- Need common vision for skill building
- Ask people we are seeing what skills are needed
- Bring in Quality Improvement into education
- Bring in person-centred skills
- Bring in collaborative skills
- Balance clinical needs and gaps
- What is a priority for this year?
    - Find a way to measure client needs and gaps – Plan education to match that
    - Piece around incentives – why should people learn and apply new practices – putting value in relationships
- Accredited programs for nurses
- Integrating BSO in self-reflective practice

Section 4 Integrated and Innovative Service

Participants of the Sustainability Forum selected 1 of 5 possible topics related to Integrated and Innovative Service to discuss with other members: 1) Innovations and Integration with Primary Care, 2) Complex Care Resolution, 3) Mobile Teams, 4) Behavioural Support Units, 5) Access and Flow.

Each group was tasked with identifying what was already happening related to that topic that was working well, what more could or should be done and setting a goal to move us forward collectively. The following is a summary of those discussions.

1. Innovations and Integration with Primary Care

What are we doing well?
-Identification of Physician Champions/leads/ Primary Care Champions
-Case-based education/support based on collaboration/responsive to Primary Care needs
-Model has been tried & successful in some areas

What could/should we be doing?
-Should include LTC as well
-Primary Care – Care Team (inclusive of all care team members)
-Definitions and language are important – standardized and consistent

GOAL:
To develop a local collaborative model for case-based Primary Care provider education and support for BSO linking with specialized geriatric services and using Health Links as a platform by Sept. 30, 2013.

2. Complex Care Resolution

-Care team, Established members, + Ad Hoc - Inform outcomes

GOAL:
-Develop an inventory of existing practices across LHINs through the Operations Table.
-Leverage Complex Care Resolution Guidelines to standardize and move toward planning, implementing and evaluating

3. Mobile Teams

What are we doing well?
-ALC transitions
-Developing skills/capacity building of others – coach/mentor
-Developing skills of the team
-Care planning – client/person-centred

What could/should we be doing?
-Connect LTC home resources to Mobile Teams
-Consent/confidentiality/circle of care
-Connect broader system of support

GOAL:
-Identify BSO Champions (LTC & Community)
-Develop mechanism for established BSO teams to share knowledge with teams that are just starting out.

4. Behavioural Support Units

What are we doing well?
-Opening units in various LHINs – shows support from the Ministry
-Indicators have been agreed upon in order to get approval. Common set of indicators that we can use to compare and have open dialogue.
-Clinical success (i.e. MH LHIN individuals are ready to be transitioned out in 120 days. Challenge – nowhere to send them).

What could/should we be doing?
-Discussions around changes to the regulations which will assist with transition
-Person-centred focus

GOAL:
-Re-establish the BSU Collaborative – share information (Contact: sean.weylie@LHINS.ON.CA)
-Research Paper/Analysis of BSUs

5. Access & Flow

GOAL:
-Explore ways to make the front door for "BSO-related" services more integrated, better linked "needs to service", easier to access.
-Explore "job aide" or "process tool" to guide or aid "front door" decision making (builds on evidence, more consistently applied decisions)
-Explore concrete strategies to increase clarity of provide better orientation to who we are as partners and the opportunities – get away from "BSO sub-services"

LHIN Action Steps for Integrated and Innovative Service

- Joining the rebooted ***Behavioural Support Unit*** (***BSU)*** Collaborative
- Examine ***Primary Care*** model currently utilized by other LHINs (e.g. HNHB, WW) – gap analysis; validate surveys
- Follow up with Health Links. Could we design process to access acute diagnostics and labs? Could we test this? Scope resource requirements? Test with outreach nurse.
- ***Complex Care Resolution*** – need to develop a formal process (review template). Quality Improvement Facilitator to review template and form subgroup within each geriatric cooperative. Ongoing consultation with geriatric cooperatives (PDSA – Plan, Do, Study, Act cycles). BSO Steering Committee to review and endorse the Complex Care review process and ensure it is inter-sectoral utilizing existing resources that promotes "Innovation" and is focused on a patient-centred approach
- Integrated Client Care Hub meeting – natural evolution of the local meetings to include the RN LTC Leads to foster relationships and ties

Section 5 The Keys to Success for Behavioural Supports

It has been the individuals working within LHIN areas to implement BSO that have continued to demonstrate commitment to and realization of change within the system of care for people living with responsive behaviours and their care partners. With this in mind, those who were in attendance were asked to reflect upon and share their thoughts about the keys to success that have allowed BSO to achieve what it has to-date and what is needed to continue to build on these successes. Following is a representation of the themes described relating to achieving success (for a full list of Keys to Success named, see Appendix B – The Keys to Success for Behavioural Supports (Full Listing)).

- Strong visible leadership at each level (local, LHIN, Provincial) to drive BSO forward
- Ongoing provincial structure and support (tie in various initiatives e.g. Health Links and BSO primary care)
- The high degree of collaboration among LHINs
- Cross sector collaboration & system view rather than silos
- Incorporate all disciplines (not just registered staff) on BSO team and in BSO activities
- Not losing sight of the person at the centre of the care team/Enhanced engagement of lived experience
- Educating and raising the bar of the BSO staff in increasing knowledge and awareness
- Leveraging expertise at all levels
- AKE as central resource to share successes and great ideas across LHINs (Spread)
- Provincial Resource Team as provincial oversight and advisory group
- Fostered, developed and sustained Quality Improvement
- Balance your messaging – one part data + one part patient story = growing interest in improving the quality of care

Section 6 Evaluation Findings

Following the event participants were sent an email with a link to an evaluation survey which asked them to rate the event in various categories. 25 participants completed an evaluation and findings are presented below.

Degree to which participants felt the exchange enabled them to…

- **Better understand the strengths and weaknesses of various leadership models**
  - 64% Agreed or Strongly Agreed
  - 36% Felt Neutral
- **Identify ways to enhance your LHIN's approach to sustainable leadership**
  - 92% Agreed or Strongly Agreed
  - 4% Felt Neutral
  - 4% Disagreed or Strongly Disagreed
- **Identify concrete ways to strengthen your capacity building activities in your LHIN Sustainability Plan**
  - 88% Agreed or Strongly Agreed
  - 8% Felt Neutral
  - 4% Disagreed or Strongly Disagreed
- **Identify concrete next steps your LHIN will take to support one or more integrated and innovative service delivery approaches (i.e. complex care review, access and flow, primary care engagement, behavioural support units, mobile teams)**
  - 76% Agreed or Strongly Agreed
  - 20% Felt Neutral
  - 4% Disagreed or Strongly Disagreed
- **Identify opportunities for collaborative action**
  - 76% Agreed or Strongly Agreed
  - 20% Felt Neutral
  - 4% Disagreed or Strongly Disagreed
- **Identify the keys to success for BSO**
  - 80% Agreed or Strongly Agreed
  - 20% Felt Neutral
- **Helped to strengthen their LHIN Sustainability Plan**
  - 84% Agreed or Strongly Disagreed
  - 12% Felt Neutral
  - 4% Disagreed or Strongly Disagreed

Best things about this knowledge exchange opportunity…

Respondents felt that the event helped them to:

- Learn from other LHINs
- Network and Build Connections
- Collaborate as LHINs
- Move BSO forward collectively
- Celebrate the work and success to-date

"Networking and hearing about innovative strategies that have worked and can be repeated."

"*Networking with other LHIN's to reach a stronger Provincial approach to providing collaborative health care to our aging population with responsive behaviours."*

"…moving forward to a clearer construct"

"Think the closure, celebration pieces were important"

Other comments…

- I think that there should be a follow up which focuses on the follow through of the sustainability plan; how have LHINs made their plans into actions.
- Need an ongoing online presence and way to network
- I think we still need provincial leadership and worry that there may not be opportunities to connect with and inform key players at the ministry level so that this initiative can continue to grow. Having a Champion like Matt Snyder was invaluable and very much essential to the success of the BSO...

Section 7 Conclusions and Next Steps

Participants of the BSO Sustainability Forum had an opportunity to work with those in their LHIN to strengthen their local plan for sustainability using the 3 pillars of BSO by learning about how others across the province were planning to maintain the gains. This was a critical piece in developing concrete action toward implementing local BSO Sustainability Plans and LHINs are now prepared to move forward with confidence that their plans can be put in place successfully.

As LHINs, Lead Health Service Providers, Operational Leads and others involved in the implementation of BSO locally continue to learn and innovate we encourage you to reach out to your colleagues across the province to learn about what is working in other areas, find existing tools and resources to support your work, identify common challenges and work together to create new ideas and resources to enable change locally and provincially. We urge you also to continue, as you have done, to let the 3 pillars (System Coordination and Management, Integrated Service Delivery, and Knowledgeable Care Team and Capacity Building) and 7 values (Person-centred care, Behaviour is communication, Diversity, Collaborative care, Safety, System coordination and integration and Accountability and sustainability) of BSO guide all of the work that you do to support seniors with complex care needs. In addition, we encourage you to continue to see BSO not as a project or initiative with a finite beginning and end but as a catalyst for change and a model for successful system transformation. As new approaches to supporting seniors with complex care needs such as Health Links emerge, we must work to share this model for success and integrate our approach with the needs and best interests of our shared population always in sight.

Together, participants of the BSO Sustainability Forum examined how to ensure collective leadership for and action steps necessary to make sure BSO continues to utilize the cross-LHIN collaborative approach that has been one of the many keys to the success of BSO across the province. Some of the action steps for working together moving forward named at the BSO Sustainability Forum include:

- The ***Operations Table*** will act as the "go to" table for supporting provincial collaboration and will formalize a sustainability structure for working with Collaboratives LHINs, and other stakeholders.
- ***Collaboratives*** will examine ways to continue to work together to share successes, understand challenges and collaborate to develop innovative solutions.
- Existing resources such as ***Provincial Associations*** (e.g. OLTCA, OANHSS and others) will be leveraged to support BSO within their existing mandates
- ***AKE support*** including Knowledge Broker services, Collaboration Space, public website BSOproject.ca, enhancement of the AKE Resource Centre related to Behavioural Supports are an important support to continuing to collaborate.
- Through the above channels there will be efforts to ***integrate with other related initiatives*** (e.g. Health Links, Seniors Strategy), demonstrating how BSO adds value to other initiatives as a prototype for system transformation, cross-sector collaboration, and inclusion of lived experience.

While collective collaboration and action is needed to ensure the success of BSO we are indeed moving to a community-led phase of this initiative. With strong Sustainability Plans reinforced by knowledge of activities and approaches being used across the province and concrete action steps for implementation, local leaders of BSO are equipped to not only sustain the accomplishments of BSO but to continue to build momentum and change. As you described it during the BSO Sustainability Forum – "*We are the Solution"*!

For more information and to connect with AKE Knowledge Brokers please visit: www.akeresourcecentre.org

Appendix A – LHIN Action Steps (Full Listing)

1. System Coordination – Ensuring Effective Leadership

How can we strengthen our LHIN Sustainability Plan with respect to Leadership?

-How to keep connected – ***LHIN/Lead Organization***

-LHIN Leadership through the ***BSO Coordinator*** and possibly a ***core action group*** that can report back at Operations and governance level – need upstream accountability

-***Steering Committee*** restructure – probably time to redo this – Health Links focus
-Kaizen bursts for committees
-Review the various committees and ensure BSO is tabled at the correct ones
-Piggy-backing on other structures – standing item

-***Clinical ground rounds brings in other stakeholders***

-Ongoing ***linkages with Health Links*** (utilizing BSO "champions" at the Health Links tables for ongoing embedded work)
-Is there an opportunity for a "seniors at risk" committee linking all others (BSO, ALC, Community Collaboratives by Hub, Health Links – to find common ground & leverage
-Eventually to move ***beyond just BSO***
-Figure out how to link to future work? How to evolve? Psychogeriatric needs, seniors sector, etc.
-How to grow and take on some of the bigger issues?

-***Medical advisor*** included on Steering Committee

-***Lived Experience*** – become more aware of benefits of BSO models on client, unpaid caregivers & professionals
-Engage lived experience groups on a regular basis to evaluate system changes
-Education, support & engagement of LTC residents
-Engage other LTC Home residents
-Implement a BSO Coordinator dedicated to coordination with well-defined skills in project management and Quality Improvement

-***Accountability agreements***
-Memorandums of Understanding

-Ensure good & ***consistent communication***

-The current challenge with the sustainability of the current model of Mobile Teams is the lack of operational dollars to maintain the mobility
-Need plan to account for administration needs – clerical support, travel dollars

LHIN Action Steps for Ensuring Effective Leadership

-Regional Specialized Geriatric Services – clearly define governance role – Quality Improvement; interface with Health Links
-Design team – Advisory/advocacy (add to Terms of Reference) – Lead Organization chained with RSGS
-How can community be represented – leadership wise in Design Team – Cooperatives – 9 areas engaging PHC, CCAC, CSS, Other, phased approach with GMHOTs, PRCs, etc.
-Rekindle link from BSO ***Steering Committee*** to ED/ALC Committee

-Develop more formal ongoing mechanism of collaboration between ***BSO & CCAC as well as primary care***

-CCAC – Quality Improvement mandate – for responsive behaviour & beyond through LTC
-Ensure we are connected to Health Links to ensure Primary Care engagement

-***Clinical Leadership*** – Need to formalize a role (0.2 FTE). Role will facilitate collaboration between Mental Health and Medicine (leverage existing services – First Link, Health Links, etc.
-Clinical leadership include family medicine link – link to primary care table
-Remuneration for clinical leadership for leader functions
-Build into Specialized Geriatric Services framework: meet with Specialized Geriatric Services Implementation Lead

-Connect BSO with ***Health Links***
-BSO embedded in every Health Link Business Plan
-Unsure if another meeting to pull all work together at LHIN level – bring back to management committee
-Ongoing effort to keep BSO "active" at all other forums LHIN wide

-***Quality Improvement Facilitator staff***? – possibly a ***coordinator*** combined in here (i.e. lead Quality Improvement facilitator

-Establish ***link to CEO/Senior Director*** – reporting requirements
-Continue to meet at LHIN office

-How/who will be active on ***Operating Table*** and create formal reporting paths

-Add strategies to ***include lived experience***
-Lived experience – reaching out to Alzheimer Society chapters (utilizing experience based design tools) to caregiver groups to ensure ongoing input from caregivers
-Poll committee members re: their anonymous lived experience in family etc. Include the experience that is missing (resident/family councils, etc.)
-Management Committee – lived experience discussion – how we incorporate
-Engage other residents of LTC Homes
-Engagement of "Service" receivers – what can they provide to ensure sustainability of the program
-Identify existing lived experience groups and get engaged.
-Explore the idea of a seniors action group or some other action group

-Develop ***Memorandums of Understanding*** between Lead Health Service Provider and other BSO Health Service Providers

-"Lean" operations – IT solutions, leveraging OTN
-Health Service Integration Plan for ***support resources*** – LHIN to look for funding
-Critical evaluation of outcomes 6 months, 1 year, 2 years

2. Building Capacity for Care

LHIN Action Steps for Building Capacity

-Review 4 ***BSO Capacity Building tools*** – take to Education Committee

-Enhancement – Development of an ***education consortium*** – set up meeting schedule, review membership (Terms of Reference).
LHIN wide Knowledge Translation event
-System approach to hiring, recruitment, training, implementation plan for 2013/14
-Set a schedule for upcoming year Education Committee

-Supporting ***Knowledge exchange*** – geriatric cooperative work plans
-Linking PSW Champions to each other annually
-Quarterly PRC meetings
-Use regional Share Point platform
-Share success stories in sub-regional groups

-"Intensive ***Modelling***" – opening spots for:
A) LTC Home staff to come to BSU, AI, St. Peter's Behaviour Unit to learn with experts with high/dense populated Responsive Behaviour clients – may be bathing specific or behaviour specific; best practice "in use" – now witnessed & taught to more
B) BSO staff specific set days to intensive hands-on work
C) May be different settings, have different topics
D) Tie into PSW funds
E) "Montessori in Action" – asking PRC to help facilitate now to enact
-What's next after PIECES/GPA? Shadowing opportunity? Mentorship & taking out of sector to enhance learning for everyone
-Informal education – explore job shadowing opportunities (role to role or cross-sectoral)
-Expansion of coaching/mentoring by Mobile Team members

-***Quality Improvement*** – will be working with other leaders to integrate the BSO resources with psychogeriatric resources to create a central intake
-Quality Improvement – keep the momentum, including with those Improvement Facilitators trained with Residents First; sharpen sessions with BSO staff, especially PRCs and Improvement Facilitators
-Development of Quality Improvement Strategy – ensure Quality Improvement training (BSO/Residents First) – Quality Improvement work plans from 100% of LTC Homes, Quality Improvement work plans from geriatric cooperatives

-Enhance system marketing to create greater ***BSO awareness***

-Incorporate capacity building intentions in ***partner service agreements***
-Formal education mandate that the Health Service Provider will have to do one on one coaching and educating to non-BSO staff. Must do training. Coordinator will develop a bi-annual education day that is LHIN funded in order to address the budgetary confinements of the Health Service Providers re: education day.

-***Education Plan*** – coordinate with the BSO staff that will include ensuring that they are applying the core competencies that are being taught. They will need to demonstrate that they are using what they are learning.
-Develop individualized learning plans for PSW Champions
-Continue to develop curriculum based on participant feedback
-Leveraging recent training/education blitzes to develop a coordinated annual education plan

-***Education for caregivers***

-Leveraging recent ***technology*** additions (OTN) as an enabler
-What are the opportunities & priorities for OTN in LTCH – leverage Specialized Geriatric Services & OTN nurses
-OTN – Develop clinical protocols, formalization of education strategy

3. Integrated and Innovative Service

LHIN Action Steps for Integrated and Innovative Service

-Joining the rebooted ***Behavioural Support Unit*** (***BSU)*** Collaborative. The timing is perfect as we will be opening mid-April 2013
-Re-activate BSU collaborative to include new interested LHINs Apr. 30 – will indicate our interest

-People are being told by ***Primary Care*** to go to emergency department because they can get comprehensive geriatric assessment – this is not right route for care. How to replicate benefits outside of Emergency Dept. – confirm barrier is access to blood work and diagnostic imaging
-Examine Primary Health Care model currently utilized by other LHINs (e.g. HNHB, WW) – gap analysis; validate surveys
-Follow up with Health Links. Could we design process to access acute diagnostics & labs? Could we test this? Scope resource requirements? Test with outreach nurse.

-***Complex Care Resolution*** – need to develop a formal process (review template). Quality Improvement Facilitator to review template and form subgroup within each geriatric cooperative. Ongoing consultation with geriatric cooperatives (PDSA – Plan, Do, Study, Act cycles). BSO Steering Committee to review and endorse the Complex Care review process and ensure it is inter-sectoral utilizing existing resources that promotes "Innovation" and is focused on a patient-centred approach
-Review current complex care resolutions that are currently being used

-To explore concrete strategies to increase clarity or provide better orientation to who we are as partners and the opportunities to get away from "BSO sub-services" ***coordinated access***
-Develop a mechanism that gives the ability to convene and discuss cases and build cases to assist with transitioning the complex care cases
-Integrated Client Care Hub meeting – natural evolution of the local meetings to include the RN LTC Leads to foster relationships and ties
-Community Outreach - BSO and LTC; BSO meeting routinely (management initially to build for frontline staff)

Appendix B – The Keys to Success for Behavioural Supports (Full Listing)

Individuals from across the province with various roles in the implementation of BSO named the following keys to success for the initiative which can be summarized under the themes of Culture Change, Leadership, Collaboration (LHIN, partnerships/cross sector, interdisciplinary care), Person-centred care, Capacity Building (including Quality Improvement and Knowledge Exchange), and Measurement and Operations.

1. Culture Change

- Embed work in local infrastructure
- Institutionalize BSO in all initiatives that support the target population (seniors with complex care needs)
- Setting priorities and targets to maintain momentum "keeping pressure on"

2. Leadership

- Strong visible leadership at each level (local, LHIN, Provincial) to drive BSO forward
- Leadership – top down and bottom up
- Lead BSO provider and Regional Coordinators
- Good, strong Lead agency
- Recognize that coordination of projects needs to rest outside of direct providers. It does require administration support to optimize rapid, successful and sustainable outcomes
- Dedicated BSO Coordinator/Project Management function – keeps discussion focussed on intent; serves as connector between multiple simultaneous BSO projects; serves as "ear" to the local issues/opportunities to keep LHIN direction grounded
- Leadership structure – Lead Coordinator position, Committee chairs, LHIN support
- LHIN CEO(s) to champion BSO at all LHIN CEO table
- Shared leadership at LHIN wide level
- Ongoing Ministry commitment
- Provincial level coordination of expertise (e.g. system levels, clinical care, Knowledge Translation)
- Ongoing provincial structure and support (tie in various initiatives e.g. Health Links and BSO primary care)
- Provincial resources dedicated to project coordination
- Advocacy and leadership at a national level
- Thanks visionaries

3. Collaboration

LHIN Collaboration

- Partnership developed across LHINs (e.g. Buddy LHIN approach)
- Apples to Apples (consistency)
- Degree of collaboration among LHINs
- Recurring meetings across LHINs and "buddy" coaching/mentoring
- All LHINs working on BSO at the same time equally

Partnerships/Cross Sector

- Cross sector collaboration
- System view rather than silos or sector
- Leverage existing programs to spread BSO – Access and Chronic Disease program. Could we work with a Health Link to test critical mass concurrently enrolled?
- Offer to work with your local Health Link (primary care initiative)
- BSO as prototype for Health Links
- Use of Compliance Advisors (LTC Homes) as champions and advocates
- Further develop & enhance collaboration with all community providers
- Relationship Building – Case specific consultation (building capacity + trust + buy-in)
- Adapt Primary Care Access program to Clinics, specialists

- Partnerships within LHINs (e.g. LTC Homes and Mobile Teams)
- MOUs & Partnership agreements
- Clarity of accountability between organizations (LTC Homes & Mobile Teams)

Interdisciplinary Care

- In house Behavioural Support Team consisting of RPNs & PSWs
- Social Work, Occupational Therapists etc. to match multidisciplinary approach to BSO
- Collaboration of Mobile Team, Implanted BSO staff and "home staff" champions to enhance and grow BSO services
- Incorporate all disciplines (not just registered staff) on BSO team and in BSO activities

4. Person Centred Care

- Do not lose sight of the person at the centre of the care team
- Enhanced engagement of lived experience
- Method to capture patient stories to inspire and drive change
- Balance your messaging – one part data + one part patient story = growing interest in improving the quality of care

5. Capacity Building

- Educating and raising the bar of the BSO staff in increasing knowledge and awareness
- Ongoing support and education for frontline health care
- Enhance capacity of LTC home staff through mentorship (i.e. specific skill development)
- Leveraging expertise at all levels (e.g. PSW)
- Develop self-learning modules (e-learning) to support capacity building
- Partner with primary care to create e-learning modules and CME on the road to address responsive behaviours – champion program

Quality Improvement and Knowledge Exchange

- Vehicle to share successes and great ideas across LHINs (Spread)
- Sharing information
- AKE as central resource
- Provincial Resource Team as provincial oversight and advisory group
- Continued support from AKE
- Embedded Quality Improvement
- Fostered, developed and sustained Quality Improvement

6. Measurement & Operations

- Coordinated means to collect & analyze Legacy measures
- Standardized measures for ongoing Quality Improvement
- Reporting multiple funding streams – various reporting requirements – 1 only
- Develop methods to monitor effectiveness of capacity building in LTC facilities
- Standardized template for Coordinators to report to LHIN Senior Director – monthly
- Identification with standardized definitions/measurement/reporting
- Operational – Travel Budget, Communication
- OMA work to develop standards for remote consultation (e.g. email consultation) for all specialists but especially for psycho-geriatrics