



10 Steps to Successful Sustainability: Recommendations from the BSO Provincial Resource Team

01| Pillars of Care

Stay rooted in the BSO Framework for Care. Continue to check and balance your work against the BSO principles and the three pillars for care. We know our strongest system is one which has multiple structures for accountability, wraps inter-sectoral services around the client and caregiver, and continues to grow through a commitment to ongoing capacity building at all levels of care.

02| Governance and Accountability

To ensure accountability and operational oversight, it is necessary to have an **ongoing role** dedicated to BSO activities. PRT is concerned that a LHIN without this role will soon drift from the BSO framework for care, as well as the specific service functions detailed in their action plan.

PRT was pleased to see that LHINs are developing **visual diagrams** to depict their BSO governance structure. Consider how a visual like this will help define roles, accountability, reporting and partnership relationships, as well as become a critical communication tool as you work with new system stakeholders.

MOUs represent a cross-organization commitment to quality patient care, shared service delivery and mutual accountability. Use these documents to reinforce partnerships and articulate mitigation processes should the scope of activities change (e.g. drift in service role etc.)

03| Lived experience

Continue to seek out advice and guidance from clients and caregivers. Look to the work in the NE with the Lived Experience Networks and consider if this is something that could be translated on a provincial level, or even replicated in your own LHIN.

04| Primary care

Many LHINs spoke about their approach to primary care at a high level. PRT strongly urges you to begin to **drill-down** the specific activities that will support your work with this sector and consider a multi-pronged approach. Specifically,

- Align BSO with the Health Links in your LHIN
- Reach out to your Primary Care LHIN Lead
- Connect physicians to physicians



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- Link engagement to training opportunities
 - Embed a primary care medical advisory role like what we've seen in WW, NSM and Central LHINs
 - Identify provider champions in primary care settings who will be able to champion your work, identify synergies with BSO and advocate for the target population.

Finally, PRT cautions LHINs to be careful using **language** such as “specializing in geriatric care” when working with the primary care sector. Physicians cannot use the term ‘specializing’ without having obtained specific training to be a geriatrician (and could face repercussions from the College if they do so). Consider instead supporting physicians to have a ‘focus’ in one area.

05| Complex Care

As you explore processes to support cross- sector complex care review in your LHIN, go back to the BSO Complex Care Checklist. This will ensure that key components are considered, as well as enable a continuity of approach across the process. Continue to share with your other LHIN counterparts how your own process develops within your LHIN’s unique context; the lessons learned in your development will be helpful for other regions.

06| Cross-System Approaches to Care

As BSO spreads to other sectors, consider the capacity building and engagement strategies that will support your work in new areas (e.g. acute care, primary care, community care). Consider also how sectors such as specialized services connect with a client and their caregiver throughout their journey. PRT encourages you to embed strategies to ensure specialized services are connected throughout the continuum of care.

07| Capacity Building and Knowledge Translation

Make formal and informal capacity building opportunities a cornerstone of your strategy to ensure a knowledgeable health care work force. However, this skill-building can be wasted without processes and infrastructures to support the translation of new knowledge into meaningful practice change. Consider opportunities for:

- staff to apply and test skills in real-world scenarios
- in-the-moment dialogue with peers
- evaluation of the impact of capacity building (has the capacity building strategy resulted in behavior change? Why/ why not?)



08| Quality Improvement

Quality improvement tools and processes have enabled change at the point of care, organizational and system levels. It is great to see so many LHINs spreading QI capacity by offering opportunities for other stakeholders to learn and apply these skills. As this knowledge spreads, leverage the connections between BSO and quality improvement to support other initiatives and priorities.

09| Cross-LHIN Knowledge Exchange

Continue to do what you have been doing so well: **enabling collaboration**. We've seen the success of this at a LHIN level, and also provincially. Continue to reach out to other LHINs to explore new ideas, participate in shared solution finding and identify opportunities for collaboration.

PRT noticed that some LHINs are exploring **new service delivery options** as they sustain and spread over the next year. If your LHIN is considering a service delivery option that has already been tested in other LHINs, reach out early to join these conversations. For example, if you are considering implementing a BSU, join the conversation of the BSU collaborative. As you know, your success will be accelerated if you can learn from the experience of others.

10| Reflection

One of the greatest strengths of BSO has been the ability to pause and reflect on successes and lessons learned in a deliberate way. Use delays or changes to implementation as an opportunity for reflection with key stakeholders. Consider questions such as:

- “Why did the delay occur?”
- “What could have been done to avoid this delay?”
- “Now that we are at a place of course-correction, what can we change going forward?”
- “What infrastructures and enablers will strengthen our system and help us avoid this situation in the future?”
- “How can we apply these lessons learned to other work outside of BSO?”