Behavioural Supports Ontario
Project Charter

Author: Shannon Brett

Version Number: 1.1

Status: Final

Version Date: October 3, 2011

Revision History

Revision	Date	Status	Author	Reviewed By	Summary of Changes
Version 0.1	Jul 27/11	Draft	Shannon Brett		Initial draft
Version 0.2	Aug 12/11	Draft	Shannon Brett		Input from planning team incorporated
Version 0.3	Aug 22/11	Draft	Shannon Brett	Bernie Blais	Input/changes from Bernie Blais
Version 0.4	Sept 12/11	Draft	Shannon Brett	CRO Working Group	Input/edits from CRO Working Group
Version 1.0	Sept 14/11	Final	Shannon Brett	Bernie Blais	Final version with branding
Version 1.1	Oct 3/11	Final	Shannon Brett	FLEAS/CRO Working Group	Final revisions based on feedback from Committees

Document Approval List

Version	Approved By	Signature	Date
1.1	CRO Working Group		October 4, 2011

Document Distribution List

Name of Receiver / Group	Date
CRO Working Group	
4 LHIN Early Adopter Steering Committee	
All LHINs	

Table of Contents

Project Name **Behavioural Supports Ontario**	Project Acronym or No.	
Project Sponsor Bernie Blais, David Harvey	Target Project Completion Date 2012/12/10	
Project Manager To be determined	Version No. 1.1	Version Date 2011/10/03

The Project Charter is the document that forms a common agreement on all main aspects of the project (i.e. scope, goals, objectives, etc.) among those involved, including project manager, team members, sponsor, stakeholders & partners. Once approved, the charter is signed forming the basis for future project decisions and cannot be modified.

The Project Charter sets a clear direction for the project and outlines expectations of sponsor or steering committee. It communicates existence of the project and specifies assumptions made & constraints that project must live within.

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Project Purpose Statement / Rationale

Older people with cognitive impairments due to mental health problems, addictions, dementia, or other neurological conditions often exhibit responsive or challenging behaviours such as aggression, wandering, physician resistance and agitation. These behaviours which occur whether the person is living at home, in acute care or in long-term care are a major source of distress to the person with the behaviour family caregivers and others providing support.

The number of people with cognitive impairment is growing, which places further strain on individuals and the entire healthcare system. Fortunately, solutions are within our reach.

In January 2010, the Ministry of Health and Long-Term Care funded a working group to undertake the first phase of an Ontario Behavioural Support System Project (BSS) and develop a principle-based Framework for Care that would mitigate the strain and improve outcomes for persons with challenging behaviours, families, health providers and the healthcare system.

Case for Action:

1. The numbers of people at risk for responsive behaviours is increasing
2. Challenges are experienced across all health sectors and services
3. The person and family required better quality experiences
4. There are significant costs associated with managing behaviours
5. There are recognized best practices that could be more systematically adopted
6. There is an opportunity to leverage existing initiatives in Ontario
7. There is a stakeholder readiness for change

The Behavioural Support Ontario (BSO) Project will implement the evidence-informed provincial framework and operational program model for a cross-sectoral system of supports and services designed to meet the needs of older adults with cognitive impairments and associated complex and challenging behaviours. The

Project Purpose Statement / Rationale

BSO Project will apply the new care framework as proposed through the, "Behaviours Have Meaning," Report, which was prepared in Phase 1 of the project.

The Ministry of Health and Long-Term Care (MOHLTC) selected Early Adopter Local Health Integration Networks (LHINs) to implement the BSO Framework first, develop new care pathways and clinical tools, and spread knowledge and learnings province-wide based on the overarching principle of person and caregiver centred care.

The Behavioural Support System model has three foundational pillars under which each pillar included essential elements to be introduced and evaluated through phase 2 are included:

1. System Management
2. Intersectoral Service Delivery
3. Knowledgeable Care Team and Capacity Building

Early Adopter LHINs will receive one-time funding in 2011/12 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
- evaluate outcomes for province-wide implementation and dissemination

All LHINs will receive health human resources to support the implementation of the framework.

Success will be realized when a measurable improvement occurs in the areas of enhanced patient and caregiver experience, person and caregiver-centred system, increased system efficiency and equitable access to comprehensive, safe services.

Strategic Alignment with and Impact on Provincial & LHIN Priorities

Ontario has made a number of investments over the last several years to address the needs of older people with dementia – although not specifically focused on the issue of responsive behaviours.

A critical success factor associated with the provincial implementation of Behavioural Supports Ontario is to leverage existing initiatives.

These include:

- Ontario Strategy for Alzheimer's Disease and Related Dementias
- Aging at Home Strategy
- Quality Improvement (Flo Collaborative, Residents First, Emergency Department Improvement Project, Quality Improvement and Process Innovation Partnership)
- Ontario's Emergency Room Wait Time Strategy

Every Door is the Right Door – Ontario Mental Health & Addictions Strategy, Excellent Care for All Act

Project Goals, Objectives & Performance Measures

To be developed by ad hoc group (September 2011)

Scope	
"IN" Scope	**"OUT" of Scope**
Describe specific items and/or steps that WILL be included as part of the work performed by this project	*Describe specific items that WILL NOT be included as part of the work performed by this project.*
• Development of partnerships and appropriate structure to ensure successful delivery	• LHINs accountable for leadership and enablers
• Planning and implementation for a focused system implementation and testing of a proposed Ontario Behavioural Supports in Ontario Model	• Accountability/ development of recruitment strategy • LHINs to include recruitment and retention strategies into local plans
• New Behavioural Support Resources	• Accountability/ development of training strategy or delivery of training • LHINs to identify training opportunities
• Stakeholder engagement and knowledge exchange	• Defining what is best practice
• Coordinated evaluation, data collection and measurement	
• Reporting	
• Implementation of BSO Model o 4 LHINs (early adopters) • 10 LHINs	
• Development of balanced performance scorecard and appropriate indicators to measure success	

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LEGEND:		Coordination and Reporting Office	Early Adopter LHINs	10 non-Early Adopter LHINs	Ministry of Health and Long-Term Care (MOHLTC)	Health Quality Ontario	Provincial Resource Team	4 LHIN Early Adopter Steering Committee	Alzheimer Knowledge Exchange
R	*responsible:* ensures that the work is done, co-ordinates the work among those supporting, may also contribute to the work								
A	*approves: signs off that the work was done (verifies quality and completion; concurs with the work)*								
S	*supports:* provides support and resources or does the work; if there is no 'S' for a row, the 'R' does the actual work								
C	*consulted:* must be consulted before activity/deliverable is completed; provides input/recommends solutions								
I	*informed:* must be informed of progress and/or of the final results								
ACTIVITY / DELIVERABLE									
Partnerships									
Enter into a Memorandum of Understanding with each Early Adopter LHIN		**R**	**SC**		**I**	**C**	**C**	**A**	
Amend service accountability agreements and Long-Term Care Home Service Accountability Agreement (L-SAA) as applicable			**R**	**R**					
Establishment of appropriate BSO project team structures		**R**	**SC**		**I**	**C**	**C**		
Terms of Reference for Provincial Resource Team		**R**					**C**		
Terms of Reference for 4 LHIN Early Adopter Steering Committee		**R**						**C**	
Terms of Reference for Local Project Teams		**R**	**C**	**C**					
Convene 4 LHIN Early Adopter Steering Committee		**R**						**S**	
Consultation with local Health Service Providers across the continuum of care		**R**	**S**	**S**	**I**	**S**	**C**		
Planning and Implementation									
Action Plans development and submission		**SC**	**R**	**R**	**I**	**SC**	**A**		**SC**
Value Stream Mapping			**S**	**S**		**R**			
Deployment of BSO resources to support Action Plan implementation		**R**							
Provision of guidance to LHINs to ensure consistent application of the BSO framework		**R**					**C**		
New care pathways and clinical tools development and implementation		**I**	**R**	**R**		**C**	**C**		
New Behavioural Staffing Resources									
Hire new staffing resources		**IC**	**R**	**R**					
Train new staffing resources on recommended core competencies, as applicable									
Train new staffing resources to facilitate uptake of new care pathways and tools			**R**	**R**					

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ACTIVITY / DELIVERABLE									
Nurses/Personal Support Workers to aid in collaboration among long-term care homes to share resources, facilitate knowledge transfer, spread best practices and enhance behavioural support services			**R**	**R**					
Nurses/Personal Support Workers to train fellow long-term care home staff in behavioural service delivery and act as a mentor/coaches to caregivers within the resident's circle of care			**R**	**R**					
Knowledge Transfer									
Identification and translation of best practices across sectors			**R**	**R**					
Knowledge transfer of lessons learned from Early Adopter LHINs to remaining 10 LHINs		**R**	**S**	**S**		**SC**	**C**	**C**	**SC**
Taking remedial steps where actual LHIN performance differs from its Action Plan commitments		**R**	**S**	**S**	**I**		**C**	**C**	
Coordination of multiple partnerships in support of the BSO Project implementation		**R**	**S**	**S**	**I**	**S**	**S**	**S**	**S**
Evaluation									
Common core metrics (target the impact on the community and long-term care sectors and the broader health system while including priorities of avoidable hospitalization, reduction in ALC, and improving quality of care within long-term care homes)		**R**	**S**	**S**		**C**	**C**		**C**
External Evaluation of the BSO Project		**R**	**S**	**S**					
Request for Services for External Evaluation		**R**	**C**	**C**					
Qualitative information on key barriers, enablers and lessons learned throughout the successive stages of BSO implementation		**R**	**I**	**I**					
Reporting									
Report new behavioural staff hiring		**R**	**S**	**S**	**I**				
Annual staffing survey			**R**	**R**					
Report use of funds in the Long-Term Care Home Annual Report or other appropriate annual reconciliation report, as applicable			**R**	**R**					
Full accounting and reconciliation of funding 30 days following the end of the calendar year or fiscal year, as applicable			**R**	**R**					

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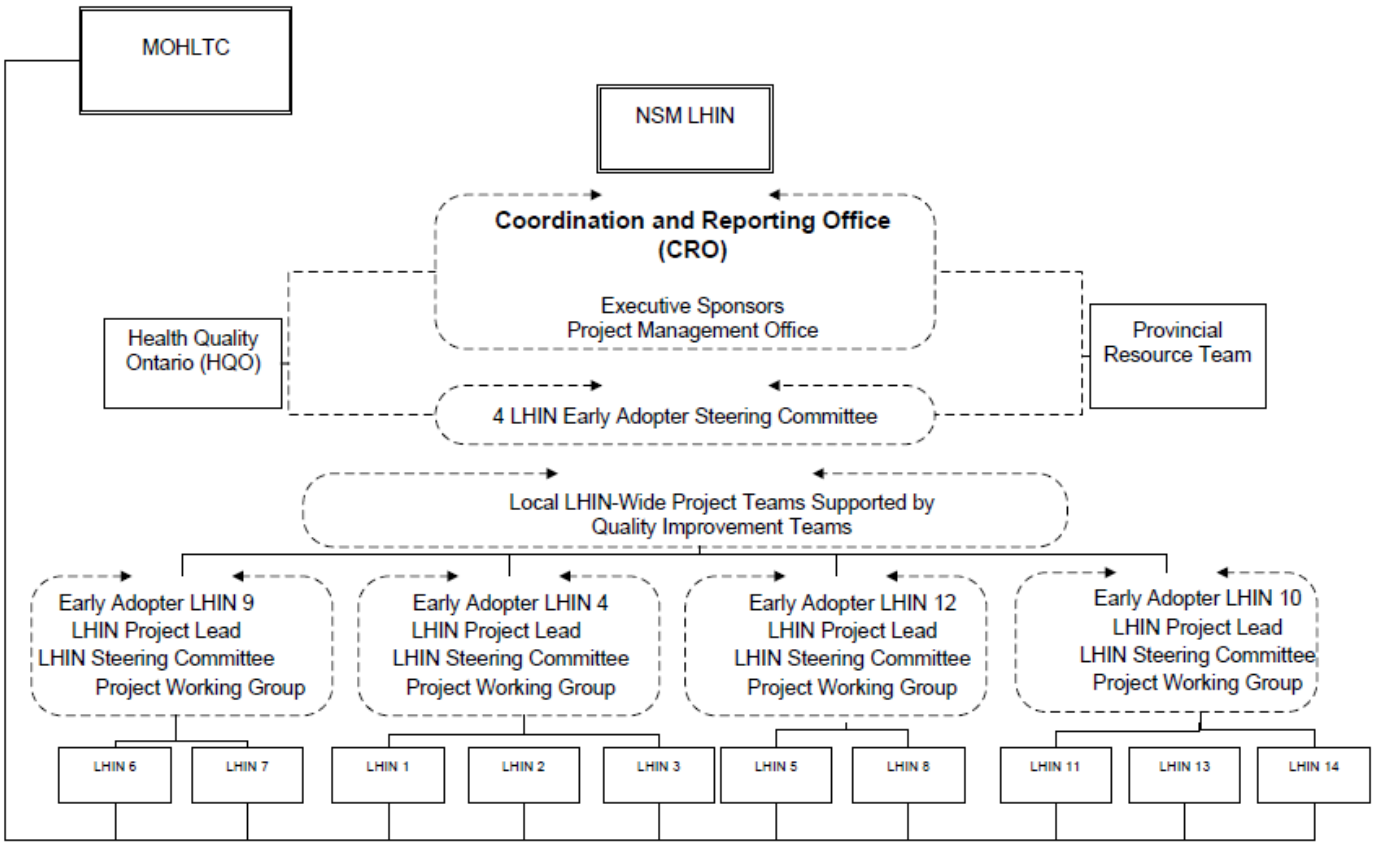
ACTIVITY / DELIVERABLE									
Report to the MOHLTC financial and statistical data on various indicators as identified by the MOHLTC									
Quarterly Reports		**R**	**S**	**S**	**I**				
Progress Report and Impact Assessment to the MOHLTC		**R**	**S**	**S**	**I**				
Final Report		**R**	**S**	**S**	**I**				
BSO Funding Policy		**I**	**I**	**I**	**R**				

High Level Schedule	
Due Date	**Description**
August 26, 2011	Videoconference kick off with early adopter LHINs
August 29, 2011	Early Adopter LHINs convene local tables to begin drafting plan
September 1, 2011	4-LHIN Early Adopter Working Group convenes
October 5, 2011	Early Adopter LHINs submit revised Action Plan – Pillars I and II
October 14, 2011	Early Adopter LHINs submit revised Action Plan – Pillar III
October 17, 2011	Early Adopter LHINs confirm participation; Early Adopter LHINs receive project management software training
October 20, 2011	All-LHINs Knowledge Exchange Part 1 webinar
November 1, 2011	Funding available for new service capacity in Early Adopter LHINs (date to be confirmed)
November 10, 2011	All-LHINs Knowledge Exchange Part 2 webinar
November 24, 25, 2011	All-LHINs Knowledge Exchange Part 3 Face to Face
December 15, 2011	All-LHINs Knowledge Exchange Part 4 webinar
December 15, 2011	Remaining 10 LHINs submit Action Plans to CRO
February 1, 2012	Funding available for new service capacity in 10 remaining LHINs
March 31, 2012	Hiring linked to BSO new capacity allocations complete in all LHINs and reported to Ministry

December 10, 2012	Final Report with evaluation outcomes submitted to the Ministry of Health and Long-Term Care

Core Team Members and Project Governance

Project Reporting and Accountability Structure



Project Communications

To be developed by ad hoc team

Critical Success Factors

- Leveraging of existing/ complimentary initiatives (i.e. Falls Initiative, Home First, CCAC Expanded Role, Primary Care Leads, Resident's First, etc.)
- Clear expectations of LHINs for project objectives, commitment and specific deliverables
- Timely access to information/knowledge/data generated through project and an enabling structure for sharing across and amongst all LHINs
- Capacity to review work/flexibility to alter/adjust plans, ability to revisit decisions and course correct where necessary
- Early adopter LHINs in agreement to access data source on consistent/agreed upon data

Critical Success Factors

- Phase 2 approach must be one project – 4 LHINs working together within the boundaries of one project including shared successes, shared evaluation and communications
- Expand collaborative approach for remaining 10 LHIN implementation and a communication framework to support the spread
- Consistency in critical factors with flexibility by geography / LHIN for local uniqueness to be built in
- Common data set for performance management of the project
- Coordinated development of action plans
- External communication – province wide marketing of provincial success
- Sustainable action plans
- Clear project leadership both day to day and as project champions
- Support to manage stakeholder expectations
- Timely stakeholder communications
- Clearly defined team roles and responsibilities
- Commitment of Leadership Team members to the BSO project as a priority
- Team members at partner organizations with time to commit to project
- Clearly defined and not overstated deliverables and products that can be achieved in 18 months
- Key messages agreed upon for project communication
- Timely support for creation of project products and deliverables
- Internal Communication by each LHIN
- Expectation for and alignment with other provincial initiatives
- Sustainable capacity building – train the trainer model for quality coaching
- Ability to influence/remove barriers

Assumptions & Constraints

Assumptions are external factors that, at the time of writing the charter, are considered true, real or certain for purposes of planning. Certain unverified or unknown aspects that are likely to happen must be assumed as facts to proceed. Constraints are factors that are outside the control of the project team, that restrict or regulate the project. They limit available options and affect performance of the project. Define key factors that are critical to the success of the project. These conditions must be satisfied to enable successful completion of the project objectives and deliverables. Include significant events or decisions that need to take place.

Assumptions	Constraints
List the assumptions made to date. What did you have to assume to be true to complete the charter?	*List project constraints. Consider time, budget, scope, quality, availability/skills of resources, priorities, etc.*

Assumptions	Constraints
• Understanding of the baseline state of readiness of each LHIN and the ability to build on existing work • Leverage existing investments that are directly linked to BSO • Expectation of alignment with other complimentary initiatives – partner and work toward similar goals • Ministry of Government Services Procurement Practices will be strictly adhered to • Early adopter LHINs will have a Health Quality Ontario Quality Coach to assist in action plan development • Each LHIN will identify someone to be trained as an Improvement Facilitator – to contribute to sustainability of the BSO project • Continued funding contingent on meeting project milestones – failure to do so will result in recovery of funding dollars and jeopardize funding for subsequent year • Human resource allocation must be recruited and on board as per BSO project timelines • Early messaging to Health Service Provider employers • Integrate monitoring process for measures within existing structures (i.e. Stocktake, LHIN CEO Tables) • Knowledge transfer to allow each LHIN to be successful	• First action plan will be a 'good plan' • Aggressive timelines • Missed milestones will jeopardize project funding in out years • Availability to employ 700 resources by March 2012 • Labour market constraints • Funding provided to LTCH's only – may limit creativity of use of funding

Project Risks – to be developed

*Consider **what if**… Document high-level project risks apparent at this point that could either positively or negatively impact the achievement of project goals and objectives. Indicate initial likelihood and impact. Focus on risks that are likely to happen and have significant affect on project success. Be sure to consider risks associated with people & organization change, knowledge management and transition to operations.*

Risk	Likelihood	Impact	Risk Response
List high-level risk events that pose threats or opportunities to the project.	*Indicate **L**ow/ **M**oderate/**H**igh*	*Indicate **L**ow/ **M**oderate/**H**igh*	*Explain what will be done to avoid, transfer, mitigate or accept risks listed.*

• Aggressive timeline pressure may compromise the quality of the plan and implementation • Ability to provide sessional fees for psychiatry • Flexibility of use of funding within LTC homes (external consults, work outside etc) • All health human resources must be hired and in place by March 31, 2012. Any unspent funds are subject to recovery • Project timelines are very aggressive • Recruitment of health human resources – availability of resources • Availability of quality data for evaluation			

High Level Cost Estimates (if required)
Category (Itemize as necessary)

High Level Cost Estimates (if required)			
Category (Itemize as necessary)	***Fiscal 11/12***	***Fiscal 12/13***	***Total***
Coordination and Reporting Office			
North Simcoe Muskoka LHIN	***$500,000***	***$500,000***	***$1,000,000***
Funding Source (Ministry Funded)	***$500,000***	***$500,000***	***$1,000,000***
4 Early Adopter LHINs			
North Simcoe Muskoka LHIN	*$900, 000*		*$900,000*
Central East LHIN	*$900, 000*		*$900,000*
South East LHIN	*$900, 000*		*$900,000*
Hamilton Niagara Haldimand Brant	*$900, 000*		*$900,000*
Funding Source (Ministry Funded)	***$3,600,000***		***$3,600,000***

Acceptance & Sign-Off
Identify the decision making body that will approve/reject this project.

Prepared By:	**Shannon Brett**	**Original signed**	**October 4, 2011**
	Project Manager, NSM LHIN	*Signature*	*Date*
Approved By:	**Bernie Blais, CEO NSM LHIN**	**Original signed**	**October 4, 2011**
	Name & Title	*Signature*	*Date*
Approved By:	**Coordination and Reporting Office Working Group**	**Approved per motion accepted on October 4, 2011**	**October 4, 2011**
	Name & Title	*Signature*	*Date*