Behavioural Supports **Ontario**

Behavioural Supports Ontario (BSO)

Engaging Your Community - Webinar

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Ontario
Health Quality Ontario

Alzheimer Knowledge Exchange

Alzheimer Society
ONTARIO

Ontario
Local Health Integration Network

during our time together

Objective…

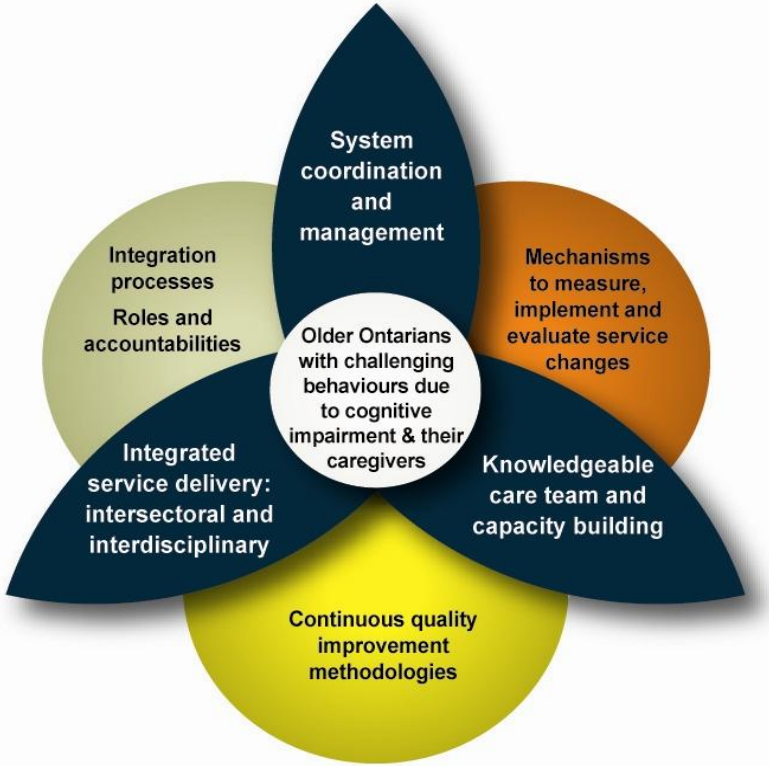
As it relates to **Improving System Coordination & Service Delivery Through Knowledge** Exchange, and Moving forward from the OACCAC Conference presentation in June, our objective will be to continue a process of discussion & discovery that will further assist and enable BSO to extend its reach into communities across Ontario.

In conversation…

- **BSO… a quick review**
- **Quality Improvement & Knowledge Exchange**
- **The CCAC's and BSO**
- **Group Discussion**

the BSO framework

The BSO model is comprehensive; broad in its inclusion of all points of care and flexible in its application to communities of different sizes. **"Better integration and collaborative transitional services = better care and health outcomes, better value and lowered risk.**



Pillar 1:
System Coordination

Pillar 2:
Interdisciplinary Service Delivery

Pillar 3:
Knowledgeable Care Team and Capacity Building

implementation current state

The Ministry of Health and Long-Term Care (MOHLTC) is funding the implementation of the BSO Framework to **develop new care pathways and clinical tools, and share these lessons** province-wide based on the overarching principle of person- and caregiver-centered care.

- All 14 LHINs are currently **implementing local BSO Action Plans**
- Common recruitment tools developed: **"Capacity Building Roadmap**" distributed to employers province-wide, and new **"BETSI" inventory and diagnostic tool** guides learning and development planning for entire organizations
- Pan-LHIN **collaborative working groups** and **communities of practice**
- **BSO Evaluation** - system-level indicators, logic model and proposed process and outcome measures in development

To date, **more than 350 new front-line staff have been hired across the province, **over 310 long-term care homes** have increased their in-house behavioural supports and **upwards of 4,000 new and existing front-line staff** have received specialized training in techniques and approaches applicable to behavioural supports.*

Quality Improvement & Knowledge Exchange

quality improvement… a strategy for change

A "bottom up" approach to system change provides a necessary balance to a "top down" expert driven approach, and is required for successful planning and execution of strategy.

Quality Improvement Approach (features of)

- client-focused
- stakeholder understanding and 'buy-in'
- focused on quality and improved outcomes
- excellent vehicle for knowledge exchange
- provides value for money
- necessary for sustainability
- guaranteed to work ☺

Summary

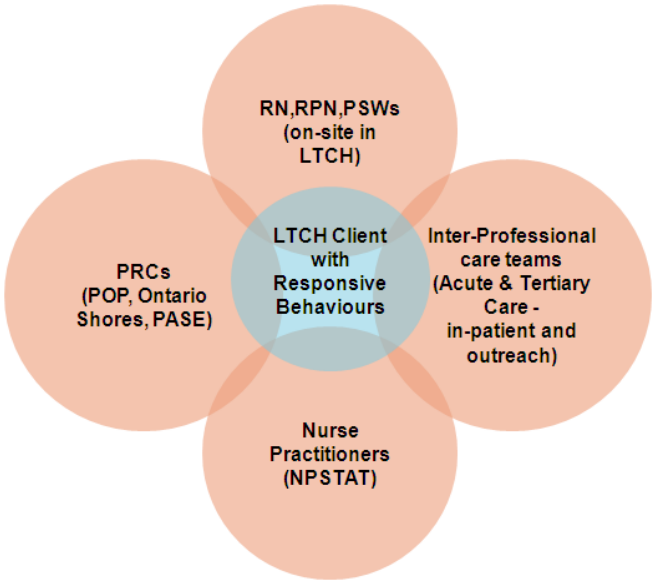
1. **Client-centered**
2. **Integrated care teams**
3. **Capacity building**

1. client centered

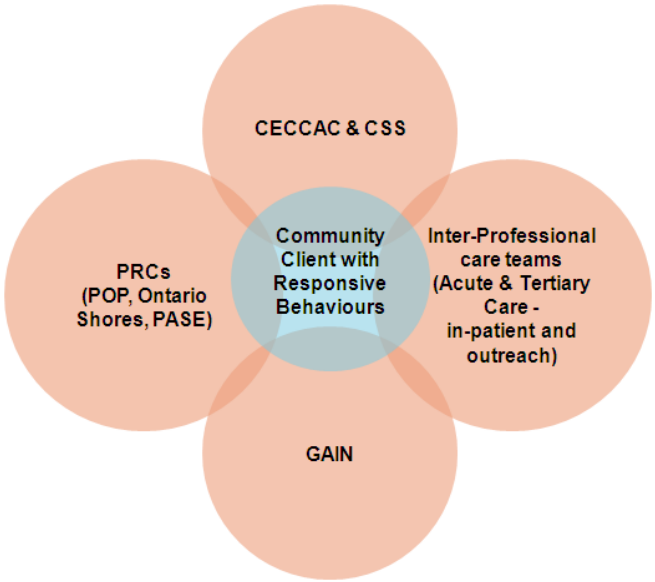
specific value from the customer perspective…

“Listen to me, understand me and help me live with respect and dignity.”

2. integrated care teams



ICTs for LTCH Clients



ICTs for Community Clients

3. capacity building (training)

Capacity building is another necessary element of sustainability

Example: Central East LHIN Training up to March 31, 2012

Course	Sessions	Attendees (TBC)
PIECES	9	208
UFirst	7	196
Gentle Persuasive Approach (GPA)	2	44
Montessori Methods for Dementia	7	337
Quality Improvement Facilitation Training	2	77
Total	**27**	**862**

** Planned Q1 2012/2013 - 13 Roll Out sessions – 55 LTCHs / 166 staff attending

case study: Streamway Villa, Cobourg, ON

"We're taking a more holistic approach at managing responsive behaviours, rather than resorting to medications... we've gone to having almost no restraints in the home as well. We have one resident (who has) restraints and medication use has decreased huge."

"We were actually very shocked by the results. The results prove that BSO works."

- Sarah Wilson, BSN/RPN

Capacity Building, Education and Training

- addition of new Behavioural Specialist Nurse/RPN
- training and education of new and existing staff: PIECES (physical, intellectual, emotional, capabilities, environment and social), Montessori and U-First training

Meaningful Quality Improvement

- intervention analysis tool (Plan Do Study Act cycles): staff members write down supportive measures they trial. Record results. Adjust as necessary. Repeat.
- "BSO cupboard," a wooden cabinet stocked with sensory objects that preoccupy residents and minimize responsive behaviours.

Knowledge Exchange

Staff are taking the training they've been provided a step further by attending conferences and teaching other caregivers from long-term care homes that have not received BSO funding about the best practices they've learned.

RESULTS

- incidents of responsive behaviours has been **cut in half**
- restraint use **down** to x1 resident
- medication administration **declining**.

The CCACs and BSO

breadth and depth in primary care and community

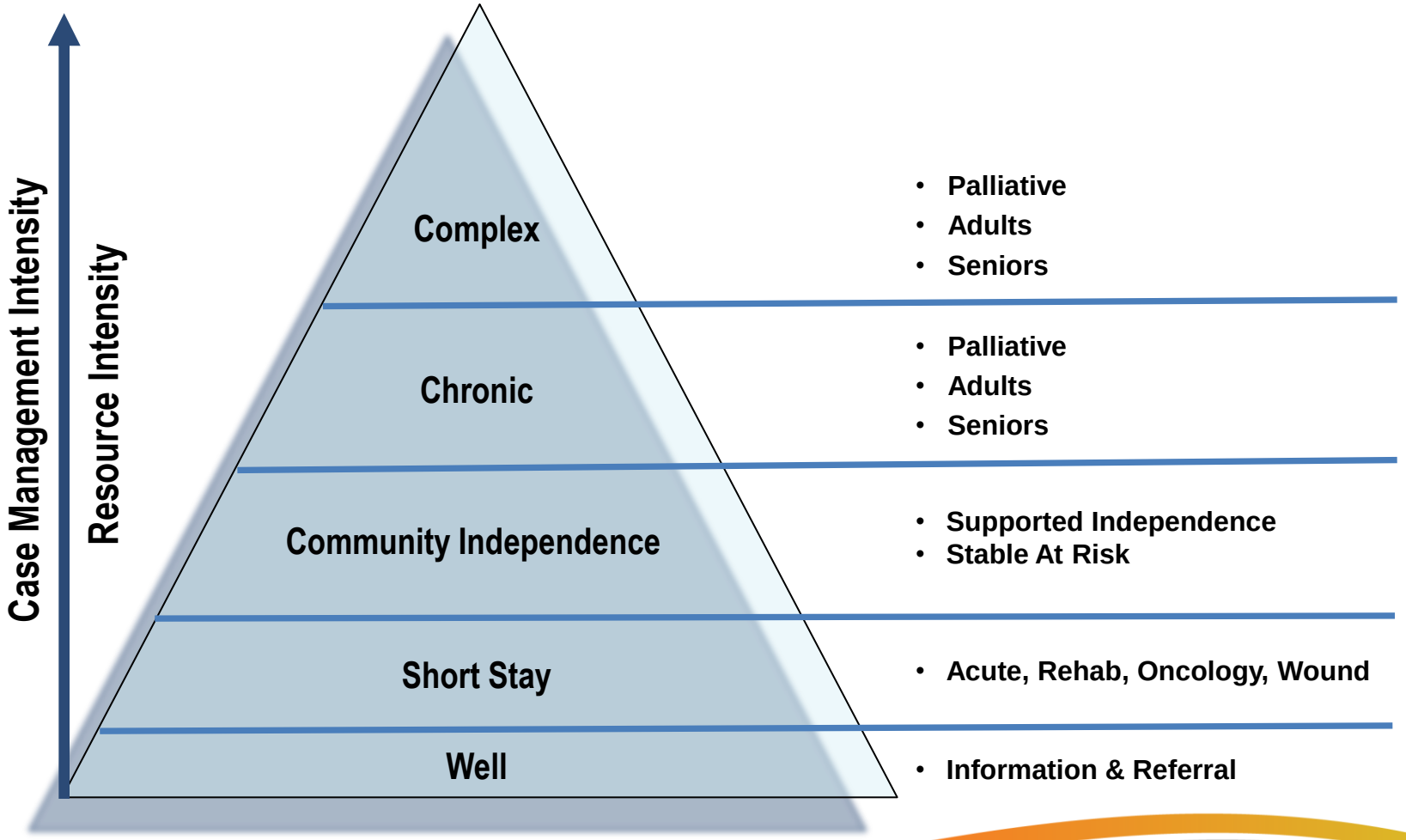
The most promising **BSO Action Plans** include **strategies that meet the primary care needs of our target population while they continue to live in the community**.

Approaches include:

- **early screening** for cognitive impairment for cardiac/stroke/MS/neurological patients by interdisciplinary team at Windsor-Essex CHC (ESC LHIN)
- **physician engagement** sessions, including non-pharmacological strategies and BPSD clinical resources (ESC, MH, NSM LHINs)
- **behaviours training** for caregiver and other service providers in the community (CW LHIN)
- **primary care toolkit** including assessment and screening tools, to assist with early identification and management of people with responsive behaviours (HNHB, NSM, MH LHINs)
- **BSO Connect** creates a single access point to behavioural services for clients, caregivers, HSPs and other agencies (HNHB LHIN)

To deepen and spread BSO throughout the system, the project team is working on multiple strategies to strengthen the behavioural service mix in community as a foundation for BSO.

client care model (CCM)



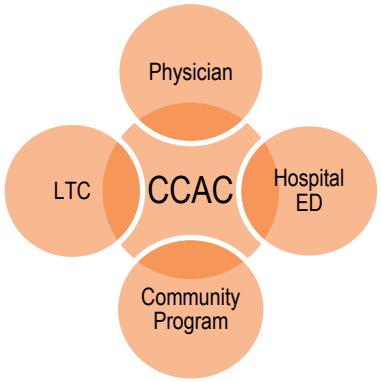
CCM aligns with BSO pillars

P1 – System Coordination

- Pivotal for CCAC CMs & CCs
- CM have developed relationships with stakeholders across the system; CCM supports stronger relationships with fewer, more specialized care providers .
- Supports collaborative discussions and information exchange around the care plans for individual clients and families – facilitates transitions
- Supports cross system planning for a population with specialized needs.

P2 – Interdisciplinary Service Delivery

- The more roles on the care team, the more vital the role of CCAC becomes
- CCAC becomes the point of information transfer and consolidation across multiple providers in the system, regardless of sector
- Ensures "everyone is on the same page."



P3 – Knowledgeable Care Teams and Capacity building

- CCAC is a pivotal point of knowledge transfer around individual clients
- CCAC can bring stakeholders together to share knowledge and resources to build capacity within system
- Examples: Headwaters Health Care Centre, William Osler Health System, Alzheimer's Society in Dufferin and Central West CCAC working together to provide Gentle Persuasive Approach training for caregivers in the home.

case management | old to new

OLD STORY	Values	NEW STORY
general caseload mix	enhance client experience	client care model – case managers assigned to a specific population
service providers are reimbursed per visit regardless of client outcomes	value for money	service providers are reimbursed on best practice and achieving client care goals – bundled payments
case managers focused on # of visits and types of services	need for accountability	case manager focuses on client care milestones and outcome measures based on best practice guidelines
multidisciplinary team work independently to meet client needs	shared decision making with service providers	case manager increases the focus on system navigation and linking clients with services
CCAC documentation accessible to CCAC staff only	client tells story once	technology and privacy considerations allow for sharing of information and assessments
	integration – coordination – navigation	
	proven positive client outcomes	

PAST → FUTURE

Group Discussion

continuing our discussion | consider the following…

Question 1 - BSO makes a bold prediction: that working together – by leveraging existing resources – we can reinvent a system of care. **What existing resources such as people, tools, groups, agencies etc., currently exist in your communities that could help us succeed at bringing BSO further into communities across the province?**

Question 2 - As BSO broadens awareness and enhances the service mix in the community and primary care sectors, **what are the challenges and/or obstacles we can expect to potentially face along the way?**

Question 3 - It has been said that the best way to predict the future is to "invent" it. **If you could invent new and innovative ways of extending BSO into the community what would you do? Who would need to be involved that isn't? How do you get them involved in BSO, what would they need to become engaged and what could BSO do to support your effort?**

THANK YOU!

Please visit www.BSOProject.ca