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Provincial Exchange November 24, 2011

Executive Summary

The purpose of this report is to provide an overview of activities and outcomes of the BSO Project Provincial Exchange that took place on November 24, 2011 in Toronto.

Background:
The aim of this provincial exchange was to support the sharing of knowledge within and between all 14 LHINs in order to continue to inform and connect the LHIN based BSO quality improvement work with the knowledge and experience from other LHINs, key stakeholders and provincial BSO partners to further enhance BSO planning and implementation endeavors.

Objectives:
- Continue to build the provincial coalition of LHINs
- Continue to leverage and integrate quality improvement, knowledge transfer and exchange, and change management philosophies, processes and strategies into local and provincial BSO work
- Reflect on and ground ourselves in the collective purpose of the BSO Project
- Review and clarify scope of BSO work, as it relates to local and provincial practice, including timelines and expectations
- Discuss, identify and share the unique contributions and required functions of the new health human resources (HHR) and subsequent strategies to build capacity
- Discuss and share provincial evaluation plans and emerging local measures of success
- Identify channels and messages to better connect stakeholders to local and provincial BSO change initiatives
- Consolidate and apply learnings from discussion as a LHIN team on action planning and/or implementation next steps
- Identify remaining questions or residual challenges related to local and provincial next steps within buddy LHIN groupings

Participants:
- Hosted by the Alzheimer Knowledge Exchange
- Facilitated by Sheila Cook and Megan Harris
- Representatives from the 14 LHINs including the BSO Project Lead(s), Improvement Facilitator and other representatives as determined by each LHIN
- Provincial Resource Team
- Knowledge Exchange Work Group
- Data and Evaluation Work Group
- Health Human Resources Work Group
- Coordination and Reporting Office
- Provincial BSO Project Partner including Health Quality Ontario

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Discussion:
This exchange gave an opportunity for participants to hear from project leads and take part in activities that helped to boost communication between LHINs. Participants were also able to provide feedback on the implementation process and hiring, current concerns and barriers faced, support needed and practices to continue/ build upon during the course of the project.

All participants were given an opportunity to take part in a change readiness survey (Refer to Appendix A for data).
 Results suggested:
* 74% are clear about the vision of the BSO project
* 91% understand how they can help make the BSO project a success
* 71% understand their LHIN's contribution to the project

Other Agenda items included:

A presentation given by Sandy Knipfel on Health Human Resources which recommended core competencies and participants were asked to provide feedback and recommendations.
(Refer to Appendix B for data)Many responses included the need for clarification and consistency when it comes to roles of health care professionals. Gaps and concerns were identified which included: a need for specific specification in job descriptions such as experience and training in mental health and the risks involved with minimum education levels.

"Get Connected" activities were a large part of the day where LHINs collaborated and identified how implementation of the project will effect professionals across the health care continuum. Participants identified potential questions each group within front line practice may have in regards to their role within the BSO project and then created key messages that are important to share with those groups. (Refer to Appendix C for details)

LHIN representatives were also able to connect with their "Buddy LHINs" in an activity where they shared outstanding questions and discussed outcomes they would like to achieve as a collaborative within the BSO project. The four early adopter LHINs submitted their activity outcomes which are available in Appendix D.

Overall evaluations of the knowledge exchange event are included in this report. Some comments demonstrate that there is value in face to face events, and knowledge exchange allowing participants to see this project as a true collaborative as they all plan together and work through barriers. Due to this event, the majority of respondents state they have a better understanding of the purpose and vision of BSO. (Refer to Appendix E for data).

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Appendices

Presentations from this date are available both on the public site and collaboration space:
www.bsoproject.ca

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Appendix A
Change Readiness Activity
Instruction: Place a sticky dot on each of the charts to indicate your response to each of the questions. There are no right or wrong responses.

Where are you on the emotional voyage related to the BSO project?

	Emotion	Count
Endings ↑ **Neutral Zone** ↓ **New Beginnings**	Shock	0
	Denial	0
	Anger	0
	Bargaining	1
	Depression	0
	Cautiously optimistic	6
	Ready to reconstruct	14
	Acceptance	2
	Hopeful	18
	Energized	14

I am clear about the vision of the BSO Project

Level of Agreement	Count
Strongly Disagree	0
Disagree	0
Neutral	11
Agree	18
Strongly Agree	14

I understand how I can help make the BSO project a success

Level of Agreement	Count
Strongly Disagree	0
Disagree	2
Neutral	2
Agree	36
Strongly Agree	6

I understand my LHIN's contribution to the BSO project

Level of Agreement	Count
Strongly Disagree	0
Disagree	0
Neutral	13
Agree	15
Strongly Agree	17

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Appendix B

Health Human Resources and Capacity Building: Why, What and How

Instruction: Review the package endorsed by the BSO Health Human Resources Working Group and provide feedback about:

- Points that needed clarification
- Recommendations for additional qualifications, education, certification, experience and core competencies.

Following the event, the facilitator organized the post-it-note comments.

Section A: Roles and Core Competencies

ROLE	EDUCATION, SKILLS & EXPERIENCE	CORE COMPETENCIES											
		1	2	3	4	5	6	7	8	9	10	11	12
RN													
	CPMHN												
	Certification in Gerontological Association												
	Psychiatric Nursing Certificate												
	GIIC – Geriatric Interprofessional Practice and Interorganizational Toolkit												
	Pharmacology skills			x									
	Change management skills					x				X			
	Facilitation Skills						x						
	Experience with RAI documentation	x										x	
	Physical Assessment Skills			x									
	Self-Starter (see it, gather peers, do it, see it through)					x							
	Addictions/ Mental Health background												
	RNAO Involvement							X					
	Chronic Disease Management skills												
	1.0 3rd point change to: Training in GPA. P.I.E.C.E.S ….	x											
	Facilitation skills						x						
	Add primary care										x		

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RPN		1	2	3	4	5	6	7	8	9	10	11	12
	Experience with RAI documentation	x										x	
	Change to 2 years LTC experience (or minimum 6 months)												
	Same # Years experience as RN												
	Addictions/ Mental Health background												
	Chronic Disease Management skills												
	2.0 Committed to a process of CI re: RNrole why RN vs RPN?		x										
	Facilitation skills						x						
	Add primary care										x		
PSW		1	2	3	4	5	6	7	8	9	10	11	12
	Experience first bullet – unclear what is different between clients in LTC or residents in a LTC home setting and then with second bullet – it also doesn't make sense												
	Coming from Day Programs an asset												
	Education – certified not grade 12												
	Same # Years experience as RN												
	Familiarity with RAI documentation	x											
	Not eligible to take PIECEs training – it is only for registered staff	x											
	1.0 3rd bullet change to Training in …	x											
	Computer Skills for care plan development												
All Roles OR Role not Specified		1	2	3	4	5	6	7	8	9	10	11	12
	Knowledge of local resources												
	Competency in French Language requirement for designated areas												
	Bilingualism for our region – Francophone and Aboriginal populations												
	Mental Health and Addictions												

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		1	2	3	4	5	6	7	8	9	10	11	12
	Experience												
	Experience in community mental health												
	Prior experience with supporting behaviour change												
	Prior experience with clients in LTC and the community Remember LTC is a resource, not a place												
	Additional Educational Certificates preferred												
	Add to 3rd point: Training in Recovery/Psychosocial rehabilitation approaches												
	1.0 Last bullet: Training in violence in …..	X											
	2.0 Commitment to the philosophy of behavioural supports		x										
	#2 Highly developed demonstrated skills in … and the techniques of behavioural approach			x									
	Behavioural evaluation			x									
	Enhanced knowledge of family needs and caregiver needs				x								
	Presentation skills and adult learning skills					x							
	Demonstrated cross-cultural awarness – the values and beliefs that impact behaviour							x					
	To be of service							x					
	Lived experience							x					
	Sensitivity							x					
	Empathy							x					
	Could this be re-titled so as to reflect autonomy and safe work practices? Concept prevention and self management often anchored in clinical care								x				
	Risk management skills – ability to identify; develop plan and evaluate								x				
	Remove Compassion Fatigue.									X			

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	Change title to Resiliency and Adaptability											
	Add ability to identify indicators of compassion fatigue and plan effectively for mitigation								X			

		1	2	3	4	5	6	7	8	9	10	11	12
	Could this be promoted positively to incorporate concept of resiliency? Concept of compassion fatigue is embedded and you want persons to be able to identify risk factors and respond to those – not just dealing with compassion fatigue									X			
	I think we may want to add a bullet to reflect ability to use various strategies to catalyze, foster and enhance collaboration and communication amongst partners in care										x		
	Team building skills – working within a team. Listening. Developing team plans.										x		
	Strong appreciation for the interprofessional team or skill sets										x		
	Respectful of interprofessional team Value interprofessional team										x		
	System thinker – assist with developing a system/service approach. Person-centred				x						x		
	Demonstrated effectiveness in interacting and working with client, family members – put front and centre										x		
	Add hospital and community partners										x		
	Therapeutic communication skills										x		
	Experience/ comfort with OTN equipment											x	
	Rename this to Technology Skills											x	
	Change title to Professional and Work Ethics												X
	Current 7.0 needs to be added to 12.0 with new title (above) AND							x					X

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	Current 7.0 needs to be added to 12.0 with new title (above) AND make 7.0 about Cultural Diversity and Ethics						x					X
	7.0 New title Cultural Value, Diversity and Ethics * Recognize the consumer as an individual, their culture and diversity * Recognize their own (personal0						x					

Section B: Questions
- Is it a requirement that staff transport patients?
- Have we linked with the federal government re: their training/certification of foreign trained HSPs? Could be an avenue to get at more skilled folks.
- How is this different from current roles?

Section C: Principles and Considerations
Roles
- Develop RN leadership capability (i.e. Masters prepared)
- Need some consistency across roles
- Concern regarding PSW deployment
- Use Social Workers instead of PSWs?
- Need to recognize Developmental Service Workers
- Recovery focus (Psychosocial Rehabilitation Specialist)
- Job functions – mobile/non-mobile will define what belongs in the job spec
- Personal care attendants
- Evaluation of staff's competencies and link performance
- Working outside the 4 walls of the LTC with the LTC patient
- Maturity

Gaps/Concerns
- There is no real requirement in job spec. for experience in mental health and/or addictions
- Minimum education level doesn't equate to "expert". This is a huge project risk when we have inexperienced HSPs teaching other HSPs teaching other HSPs on how to deal with challenging individuals.

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Miscellaneous

- Each job description to have a pre-amble paragraph that covers off:
  o BSO purpose, needs, functions and benefits
  o To be placed upfront, before getting into core competencies
- This is a framework/structure for providers not necessarily prescriptive
- Interview questions
  o When did you apply training into your practice?
- Alignment to schedule G in funding letter
- OCAN and IAR implementation
- Compassion on working environment
- Ability to manage RN

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Appendix C
Get Connected Worksheet
Activity: *Each table was given a stakeholder group/audience and asked to contribute to ideas about exchange opportunities. The outcome of these conversations is recorded below.*

A. Persons and Caregivers
1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	What key messages are important to share?
Picture	How will it impact me directly? What does it really mean? Sounds good, but will it really happen? Why do I even need this? Who are you and why were you here?	- It will give you support (to help you direct your care) - Support you to meet your needs. Will make you happier. I want to know what you need.
Purpose	Why are we changing things?	- It will be fast - Give before and after - Improved access to system benefits
Plan	How are you going to do this? How soon can you help?	- 24-7 access with mobile resource - We'll walk the path with you - Can we talk about your needs and how we can get them met
Place	How will you include me, what I want?	Tell us how we can help you most
Other		

2. What sharing/exchange opportunities already exist that BSO can tap into?
- Alzheimer's society, XO Network
- Support groups
- Libraries, networks, church, adult day programs
- Websites/chat groups/message boards
- Resident council
- Caregiver
- 211
- 310-CCAC

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3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	- Radio & television ads (680 news) - Bus ads - Physicians and ER info packs with wait room flyers - Media spots (press releases) - Flyers to all homes
Provide update messages to this stakeholder community	- See above - CP24 - Blog - tweets - Advertise to police - PSA
Gather questions, ideas, and feedback from members of this stakeholder community	- Surveys with service provision - Community engagement for public and LTC

B.   Community and Homecare

1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	What key messages are important to share?
Picture	What does it mean to use? Why another program?	Person-centred care
Purpose	How is it going to impact the person served?	- Break info into manageable chunks - Build capacity in community to provide equal and effective care
Plan	Why LTC $/resources not to community? How will the plan role out?	- Legislation 2/3 LTC, 1/3 comm - Smallest of change to see what works and based on needs of LHIN
Place	What is the role?	- Coordination and integration support - Willingness to engage in change process
Other	Are you inventing something new e.g., mobile team?	- Leveraging current systems and best practice to deliver services in an integrated care person centred care - Right place, time, care

2. What sharing/exchange opportunities already exist that BSO can tap into?
- Network meeting
- AKE
- Dementia network
- PRC
- Local and regional/provincial OLTCA/OANHSS/ALLH

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3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	- Grass roots communication - "what's in it for me" - Participate in network meetings - Send AKE link to people/organizations - ID main communicator
Provide update messages to this stakeholder community	- Mass mailing/website etc. - Use existing meeting spread - Geriatric co-operatives
Gather questions, ideas, and feedback from members of this stakeholder community	- Blog set-up - Survey Monkey - Presentations at meetings

C. Specialized Geriatric Care

1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	What key messages are important to share?
Picture	- What is the fit of BSO within the SGS model? - Who is the target population?	- That the population is not aged defined but functionally defined?
Purpose	- Will we have to change our process and programs? - How can we specialize if we are accepting?	- Clarification on the scope of the BSO - consistent process across the province
Plan	- More/broader population? - Who do I refer to and what does the decision tree look like?	- There may be a change in the referral process, to have client/caregiver referrals?
Place	- Who can refer? What is referral process? - What is the change in service and therefore remuneration model?	- This will improve response time of specialized services and to help with follow through of care plan
Other	- To what extent am I responsible for people outside of my current scope? - How does BSO fit within current interprofessional team structure?	

2. What sharing/exchange opportunities already exist that BSO can tap into?
- Collaborative space - AKE
- Invite to webinars - BSO/HQO
- OTN Events

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3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	- Engage medical directors in LTCH - Use existing networks to champion the project → through presentations - Physician to physician/Nurse to nurse, communication handout - Bullet round communications standardize by the LHIN
Provide update messages to this stakeholder community	- Update communiqué to front line staff - Through story telling (messaging) - Sharing trend analysis
Gather questions, ideas, and feedback from members of this stakeholder community	- Members sitting at Planning Tables/Steering Committee

D.   Primary Care
1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	What key messages are important to share?
Picture	- Who is the targeted population? - Who is the lead? - Is this evidence-based?	- Target population - Evidence of best practice
Purpose	- How will this help 1) the patient; 2) my practice? - How does my patient access this service when they need help e.g., a 911 call	- How this will help patient now
Plan	- How do I call? - How do I access? - When do I make a referral? - What is the decision tree? - What is the algorithm? - How timely is response? - How do I get info back?	- Decision process - Intake/referral process
Place	- What is my role (expected role in BSO)? - What do I have to do? - What will I get to help my role?	- Clarity re: physician role
Other	- How will it change my role? - "What is in it for me"? - What is the system? - Who is going to educate us?	- Be able to "define" system or redesign of system

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2. What sharing/exchange opportunities already exist that BSO can tap into?
- G1C2 project - interprofessional meeting
- FHT Tools learn from this experience on SAGE Link - Link for AKE site
- Medical directors - meetings locally/provincially
- Primary care leads
- Champion blurb take to meeting BSO
- Alzheimer's Awareness Month

3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	- Medical magazine - Ask primary care how to do this - start early education about process - Do it now while engaging LTC sector so not starting later - Trend of day of week that is best (e.g., Wednesday)
Provide update messages to this stakeholder community	- How do we get info about what are their needs/needs of client - Tap into HQO activities - Tap into drug company -educate and get their CME MAPO credits - Physician and physician - Sessional dollars
Gather questions, ideas, and feedback from members of this stakeholder community	

E.   Hospice/Palliative Care
1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	What key messages are important to share?
Picture	- What is BSO? (understanding of project) - Interested in physical management behaviours due to pain? - Can we have input? - Can we have training?	- Resources, will have training (e.g., PIECES) - Can be a resource to staff of hospices (enhance and support) - Acknowledge skills and their resources
Purpose		- Access to resources (e.g., phone numbers, expectations) - Try to serve as whole, not fragmentation - Support to client and family - Palliative client want to be moved
Plan	- Communication - information sharing - Stakeholder engagement - Attend network meeting	- Let them know there will be additional support (e.g., LEAP)
Place	- Stand alone hospice will have expertise - Outreach teams →people dying in own home - Knowledge exchange - can help organize new mobile teams	

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	- Extensive training program in palliative care	
Other		

2. What sharing/exchange opportunities already exist that BSO can tap into?
- No responses provided

3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	- Palliative care network - Connection to BSO committee (e.g., ad hoc with group, subcommittee) - Multiple networks through initiative
Provide update messages to this stakeholder community	- Have structures in place, webinars
Gather questions, ideas, and feedback from members of this stakeholder community	- Yes we will

F.   Acute Care

1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	**What key messages are important to share?**
Picture	- How will this keep people out of the ER? - If all resources are going to LTC, what does it have to do with us?	- Proactive approach is hoped to avert necessary transfers and changes upstream
Purpose	- How will this get to ALC patients with respect to responsive behaviours out of hospital?	- Will have skilled team to support on return or new entry - respond in timely fashion with changes with linkage to psychiatrist
Plan	- Plan for transitions - Plan for skilled people to provide support - Increase capacity - Good info to go to ER with patient	- Need ongoing supervisor/clinical supervisor - Role with medical issues/deal with behaviours
Place	- Can we understand patient, supports & circle of care when patients present	- Accessibility of servicers needs to be 24/7 - Common language decreases negative interactions (i.e., common triage/assessment tools)
Other	- Community and acute to come together to understand each other's perspective - stop blame.	- Shared health records/access between community and acute info follows clients – take info with them

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2. What sharing/exchange opportunities already exist that BSO can tap into?
- SW LHIN has a mobile team working well - let's build on this
- CE has MH workers going with police to decrease crisis
- Leverage existing teams
- Seniors Friendly Advisory Committees
- Geriatric Cooperatives - SW LHIN
- BSO Steering Committee
- Emergency SOS Network include in teams
- IF's linking together

3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	- Include acute care/first responders on the planning teams - care expectation - Use of websites - LHIN and BSO Collaborator sites - Newsletters/communiqués - Twitter - Physicians - primary care newsletters - Hospital news - LHIN leads
Provide update messages to this stakeholder community	- Use LHIN leads - primary care, existing structures to communicate structurally - Introduce LHIN ,primary care ,and acute leads to hospital UP's - D/C planning rounds/grass roots
Gather questions, ideas, and feedback from members of this stakeholder community	- Leads to help facilitate - Portal - discussion spaces, twitter - Grand rounds, lunch and teams - Provide straw dog presentations to share so that acute care can spread internally

G.   Early Responders (EMS, Police)
1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	**What key messages are important to share?**
Picture	- How would they access services? - Is it 24/7? Crisis?	- Teams need to connect and learn more (build capacity)
Purpose	- GMS - how can we avert ED and decelerate?	- Co-learning
Plan	- When called 911, what can we do to support ED aversion? (de-escalate situation)	- Opportunities to model to police/EMS (learning opportunities/share GPA)
Place	- Standardize plans for clients → carry into ED from LTC - How to know how to treat clients? - Does community/LTC using CTAS help? → is there a way to triage/common	

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	assessment tool/common language? (reduce frustrations)	

2. What sharing/exchange opportunities already exist that BSO can tap into?
- No response provided.

3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	- LHIN leads - ER - ALC -Newsletter - Collaborative space - CEO/VP groups - Use existing networks - DCP rounds - Medical rounds
Provide update messages to this stakeholder community	
Gather questions, ideas, and feedback from members of this stakeholder community	

H. Long Tem Care (1)

1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	**What key messages are important to share?**
Picture	- What is the vision/big picture? - Are HHR 'additional support'? - How does the mobile team being deployed increase additional supports/improve LTCH resident's life?	- We are going to be leveraging current expertise and knowledge - Acknowledge there is a lot of expertise in the LTCH already
Purpose	- What is the model going to look like? -How will teams be integrated, LTCH staff and build relationships? - How do live within it? - What is the impact on unions/collective agreements and who is answering to whom?	- Explore new options with union vs. non-union - Options that hold a leadership role
Plan		- Physicians will be engaged from the beginning
Place		
Other		

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2. What sharing/exchange opportunities already exist that BSO can tap into?
- No responses provided

3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	
Provide update messages to this stakeholder community	
Gather questions, ideas, and feedback from members of this stakeholder community	

H. Long Term Care (2)
1. What questions do they have or do you anticipate they'll have about BSO?

	What questions do they have or do you anticipate they'll have about BSO?	What key messages are important to share?
Picture		- Identify how all homes will still have access to HHR
Purpose	- Why did this provincial commitment to LTCH, get shaped to behaviour project/structured FTE? - Am I going to benefit?- What is the value added with this model? - Isn't this going to contribute to an HHR crisis?	- Retention strategies for existing LTCH staff - By creating this system you are improving quality of life for staff
Plan		
Place	- What is my role? - What is the expectation of supporting this position in my home? - How will it change the care planning process/clinical determination in the home? - Who keeps the clinical nurse?	- Clarify that additional roles are not to replace but to leverage, build capacity, mentor, and service learning/hands-on in the environment - Emphasize partnership
Other		

2. What sharing/exchange opportunities already exist that BSO can tap into?
- OLTCA - bulletin and OANHSS

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3. What ideas do you have about how to:

Get messages out quickly to this stakeholder community	- Leverage existing networks/hire communications consultant - Family council agendas - CCAC/LTCH quarterly meetings - Meeting of the medical directors - Newsletters, OLTCHA
Provide update messages to this stakeholder community	- Same as above - AKE portal - have a LTCH link - www.BSOproject.ca
Gather questions, ideas, and feedback from members of this stakeholder community	- Survey monkey - Forms - Setup opportunities - webinars etc. - PRC - where available

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Appendix D
Make it Real: Buddy LHIN's Worksheet
Activity: *Working in Buddy LHIN Groups, participants identified outstanding questions and were invited to discuss concrete outcomes they would like to achieve.*

North East LHIN
1. As a group, what outstanding questions do we have?
- How did we define roles and responsibilities and communication path?
- Is there a critical path defined? Project schedule with all milestones defined?
- Need one source of data that each CSS can access about clients (i.e., history, interaction, issues) beyond common asst?

North Simcoe Muskoka
1. As a group, what outstanding questions do we have?
- How are HHR resources being deployed (e.g., 4 EAL)
- Will there be a 'pool' of resources/expert panels to support the project/clinical expertise/behaviour management strategies?
- What pieces will be standardized provincially? How and when will I know?
- Provincially what is standard?- the central intake (# to call); the IAR - as this has impacts on resources.
- Will there be provincial definitions and collection of data - challenge - role capacity of data?

2. As a group, describe tangible outcomes you plan to achieve. Be as specific as possible.

Outcomes of Knowledge Exchange	Examples of Concrete Outcomes from Buddy LHIN Exchange
People	Share lessons learned; continue to have teleconferences (every 2 weeks).
Perceptions	
Policy	Can identify where there are policy impacts, what ones are common, and how to have a unique voice to escalate the CRO/PRT.
Practice/Performance	
Problems	Data - strategies - share re: CTA's - successes related to placement of indirect ALC waiting LTC - delayed discharge due to behaviour.
Processes	
Products	All use/give feedback to the core competencies of HHR

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Hamilton Niagara Haldimand Brant

1. As a group, what outstanding questions do we have?
   - Will be using OCAN? (staff to use)
   - The different collaborative (common principles), TOR membership? - knowing more
   - We need to leverage what exists across the LHIN's (i.e., A) a table/chart that lists all of the mobile teams and working/what learned (how it works); place on knowledge exchanges; pros/cons what is happening 24/7; B) "Gateway" and CCAC or other agencies?
   - Postings - Job postings - when ready for FLEAs to post
   - Draft and MOU - when will it be done?
   - Examples of secondment agreements to leverage across the province.
   - Template folder of knowledge exchange: 1) secondment agreements; 2) agreements
   - How will we know when to course correct? (i.e., if we choose one agency to fund for a service - how do we know if it's the correct agency?

South East LHIN

1. As a group, what outstanding questions do we have?
   - Regarding resources, can the dedicated BSO pursue work with LTC resident into or out of the LTC home (can BSO staff go into the hospital to work with the LTC resident, or not LTC resident yet, in the hospital, before discharged to LTC home?)
   - Can the BSO team member go with LTC client (in crisis) to attend specific appointments?
   - Need agreement on nomenclature, definitions, to ensure clear communication (e.g., name of Mobile Response Team).
   - Clarify definition of "responsive behaviours"
   - Will there be a 24/7 provincial hotline for BSO (can this build on existing initiatives?)
   - Communication of roles and responsibilities of Mobile Teams
   - How will core competencies for other positions be defined and clarified?
   - How can we get more IF's trained?

2. As a group, describe tangible outcomes you plan to achieve. Be as specific as possible.

Outcomes of Knowledge Exchange	Examples of Concrete Outcomes from Buddy LHIN Exchange
People	- To go to people/organizations for clarification, support, information for VSM - Speak as me voice, when challenge is identified
Perceptions	
Policy	
Practice/Performance	
Problems	
Processes	
Products	

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Appendix E
Evaluation – Part 1

Activity: *In small groups, participants identified 1 important learning/observation from this exchange event. The responses are captured below:*

> *"There's value in these face-to-face sessions. Can we do this again? We need more time with our LHIN Buddy groups."*
> *"Other people have questions. We are in it together to make this work."*
> *"Opportunities for unstructured conversation about topics that matter most are highly valuable."*
> *"We are all in this together!"*
> *"We are in a test phase and we're not being tested."*
> *"We are developing a shared vision across the province. We're in it for our profession and the people we serve."*
> *"Re-energized and refocused."*

Evaluation – Part 2

Rating Scale: 1 – Strongly Disagree   2 – Disagree   3 – Neutral   4 – Agree   5 – Strongly Agree

1. As a result of participating in this Knowledge Exchange event, I have a better understanding of:	42
a.	Collective purpose and vision of the BSO project	4 4 4 4 3 4 4 5 4 3 4 4 3 4 4 5 5 4 3 4 4 4 3 4 4 4 4 4 4 4 4 4 4 4 5 4 4 3 4 4 4 4 *Mean = 4.0*
b.	Scope of BSO work, timelines and expectations from my LHIN	3 5 4 2 3 4 3 4 4 4 4 3 4 4 4 5 5 4 3 3 4 4 3 4 4 4 4 5 4 5 4 3 4 3 2 4 3 4 3 4 4 *Mean = 3.8*
c.	Scope of BSO work, timelines and expectations for the provincial initiative	3 5 3 4 3 4 3 4 4 3 4 4 4 4 4 4 5 4 3 4 4 4 3 5 2 4 4 4 4 4 5 4 3 4 4 2 4 3 4 4 4 4 *Mean = 3.6*
d.	Core competencies for the new health human resources	5 5 5 4 4 4 4 4 5 3 4 4 5 4 4 5 4 5 3 3 5 4 3 4 4 4 3 3 4 4 5 5 3 4 3 5 2 3 4 4 4 4 *Mean = 3.8*
e.	Strategies to build capacity of the new health human resources	3 4 3 2 3 4 4 5 3 3 4 4 4 3 4 3 3 4 2 3 5 3 4 4 4 3 3 3 3 3 5 4 3 3 4 4 2 3 3 2 4 4 *Mean = 3.4*
f.	Strategies to measure success	3 4 3 2 3 3 3 5 4 4 3 3 3 4 3 5 4 3 2 3 2 3 3 3 3 4 3 4 3 3 4 4 4 5 4 2 4 3 3 3 4 4 *Mean = 3.3*
g.	My LHIN's role in this provincial initiative	3 5 5 3 5 4 4 4 3 4 4 3 4 5 5 5 4 2 2 5 3 3 4 4 4 5 4 4 5 4 5 4 4 3 3 3 5 3 4 4 *Mean = 3.9*

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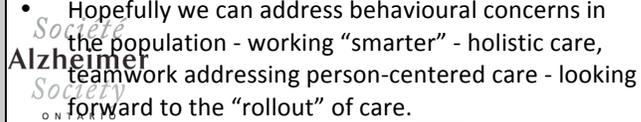**Provincial Exchange November 24, 2011**

h.	My personal role in this provincial initiative	3 5 5 3 3 3 3 4 4 4 3 4 4 3 4 5 5 5 3 2 3 4 3 3 4 4 4 5 4 4 4 5 4 4 4 4 3 2 3 5 3 4 4 *Mean = 3.8*
2. Today we made progress on:		
a.	Identifying ways to connect with stakeholder groups	3 4 3 2 4 4 4 4 4 4 3 5 3 3 3 4 3 4 2 3 2 5 5 3 4 4 4 4 4 5 4 5 4 4 2 2 4 3 4 3 *Mean = 3.6*
b.	Consolidating and applying learnings from discussion as LHIN team on action planning and/or implementation next steps	3 4 3 3 4 4 4 4 5 5 4 5 4 1 4 5 4 3 3 4 2 3 4 2 4 3 4 4 4 5 5 4 5 4 4 3 2 4 3 4 3 *Mean = 3.7*
c.	Identifying remaining questions or residual challenges related to local and provincial next steps with Buddy LHIN groupings	3 4 3 1 4 3 4 4 3 4 2 5 5 3 5 3 4 4 3 4 3 4 3 5 3 2 4 4 3 4 4 4 4 4 5 4 4 3 4 4 3 4 3 *Mean = 3.5*
3.	**This was a valuable knowledge exchange opportunity**	5 5 3 4 4 4 5 4 5 4 4 4 3 4 5 4 3 3 3 1 2 5 3 3 3 3 4 4 5 4 4 5 4 4 4 3 4 3 4 4 *Mean = 3.9*
4.	**The best things about this knowledge exchange opportunity were…**	• Networking, listening to other LHINs plans and discussions • Networking. • Learning more about the project and noting questions to same • Time with buddy LHIN • Learnings from networking • Meeting with other LHIN's • To understand the 4 early adopter role etc. • Learning about HN competencies and strategy • Better understanding of evaluation process • Face to face dialogue • Meeting face to face • Learning from others • Face to face planning and relationship building • Need more time for discussion • Reconnecting - clarify 10 coming on board to alleviate anxiety/process/engagement concern • Seeing/talking about learning • How buddy/early adopt LHIN's are rolling out. • New connections • Working in partnership with passionate people across the province to improve care and service for those with responsive behaviours.

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		- Hearing from other and their successes. - Sharing of work which is occurring in other jurisdictions. - Connecting with partners. - Meeting buddy LHIN's. - Meeting buddy LHIN's in person to have a face to the roles for future connection. - Opportunities to share with buddy LHIN - good discussion. - Small group discussion re: what different stakeholders need "Service learning" concept. - Networking and sharing with other LHIN's. - Sharing and collaboration. - Network and have good discussions around the same topic "BSO". - Gaining knowledge of the overall vision and action for the initiative. - The opportunity to understand how we can adapt to achieve a significant change in care provincially. - Networking. - Networking. - Networking/knowledge exchange. - Focus. - Shared challenges. - The skills of fellow participants. - Meeting buddy LHIN's in person - Connecting. Julia's story - excellent. Ken's presentation - clarity. David's presentation.		
5.	**At this moment where are you on the emotional voyage of the BSO Initiative? Check all that apply.**	Shock Denial Anger Bargaining Depression Cautiously optimistic Ready to reconstruct Acceptance Hopeful Energized	 1 3 2 9 12 7 16 17	
6.	**Other comments, suggestions, feedback?**	- Learning-experiencing "test phase" → move forward correct as we go along. - Hopefully we can address behavioural concerns in the population - working "smarter" - holistic care, teamwork addressing person-centered care - looking forward to the "rollout" of care. - Great day, need more time!		

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- Too many questions being asked without enough time to respond.
- Can we meet again in the new year - have facilitators for each, someone with computer talking over notes (identify before and after meeting)
- Need more time for discussion with all and with buddy LHIN. More sharing specific to project.
- Thank you for the opportunity to attend.
- A little more "buddy LHIN" or "similar" LHIN unstructured interaction.
- Would have been really great to take the time to introduce who is in the room and which LHIN groups/cluster where to support networking or breaks/lunch etc. (broader than buddy LHIN's we are familiar with)
- Really happy part of the process asked for feedback from the collective to the HHR competencies
- Large need for provincial standardization evident across several key areas.
- Might be helpful to break up the group activity to shorter time slots (i.e., instead of 35 minutes for 5 pts - do 5-7 min each point).
- Less little activities and have more time to share across jurisdictions.
- More time to apply QI principles. Less overview information. less time on core competencies feedback could have been given only. If we have actually shared tools and existing strategies to learn form each other. Shorten the day.
- Only one thing as a value today: meeting people with similar roles across the province.
- More QI principles and application through activities.
- You should provide an evaluation of the day, not just knowledge/level of understanding.
- Less powerpoint presentation reviewing BSO info.
- More time with buddy LHIN's - understanding struggles or opportunities
- Collaboration - presenters should be a mix of PRC, MOH, HQO, LHINs.
- It is a sign when people are leaving at the end of the day - perhaps shorter length.
- Great sessions! Very good balance of presentation/information/opportunities for dialogue.
- Increasing opportunity for LHINs to contribute to agenda.

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		• More planning time with buddy LHIN. • More KE, more time for networking. Thank you, excellent day. • If you want us to engage you need to give enough time. • There has been consistently too much lecturing. • Answer the unanswered questions. • Reorganize day to have more discussions with buddy LHIN's. • More QI principle applications. • Less presentations reviewing BSO. • Plan the day to finish at 3pm so people can get out of Toronto, otherwise they leave early. • Afternoon was not productive. • Questions missed the mark on what we are trying to do • Poor facilitation, rude when she started, we did not listen to direction