Behavioural Supports Ontario
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Behavioural Supports in Acute Care: Current Practices and Opportunities for Growth

Survey Results & Key Recommendations

Created by the Behavioural Supports Ontario (BSO) Acute Care Collaborative
Part of Ontario's Best Practice Exchange

FEBRUARY 2021

Report Synopsis

There was an overall excellent response rate to the '*Behavioural Supports in Acute Care – Current Practices and Opportunities for Growth'* survey with over 250 respondents from across Ontario. The survey was successful in gathering viewpoints from various stakeholder groups. Respondents were primarily acute care clinicians, BSO clinicians and acute care and BSO leaders. The essential voices of those with lived experience were also captured. The majority of those that responded either worked or had experience within larger hospitals (i.e. one hundred or more beds). It is significant to note that all survey respondents indicated a need to further support older adults with responsive behaviours/personal expressions throughout their hospital visit/stay. Review and analysis of these valuable survey results have led to the following recommendations from the BSO Acute Care Collaborative:

Themes	Recommendation(s)
Capacity Building	1. Invest in capacity building in relation to the behavioural health of older adults for all acute care team members (e.g. registered staff, allied health team members, clerical staff, security, porters, environmental service attendants, volunteers, etc.). 2. Ensure policies, procedures and standard assessments/treatments reflect best and emerging practices regarding the care of older adults with, or at risk of, responsive behaviours/personal expressions. Current successful practices and innovations in caring for those with responsive behaviours/personal expressions must be shared amongst all stakeholders in acute care.
Adequate Resources	3. Be flexible and responsive with health human resource support when caring for older adults with responsive behaviours/personal expressions (e.g. providing 1:1 support from a Personal Support Worker or a Behavioural Support Champion when there are behaviours/expressions posing risk to self or others).
Specialized Team Members/Services	4. Increase investment in behavioural health teams to ensure that all acute care organizations have access to these specialized team members. This may include embedded BSO acute care clinicians, Behavioural Support in Acute Care Mobile Teams or BSO in the Community Teams who may be available to support persons in acute care alongside their caseload.
System Level Lens - Interagency/ Interdisciplinary Collaboration	5. Ensure access to specialized community teams that work preventatively to assess, identify/implement successful care approaches and support family care-partners within the community to prevent unnecessary hospital visits/admissions from older adults with responsive behaviours/personal expressions. 6. Strengthen interagency and cross-sector collaboration in order to support older adults with, or at risk of, responsive behaviours/personal expressions within the community and during periods of transition in and out of acute care.

Meaningful Engagement	7. Invest in additional health human resources and materials to support meaningful engagement within acute care for those with, or at risk of, responsive behaviours/personal expressions. 8. Implement standardized processes to gather and utilize key personhood information in order to promote meaningful engagement of older adults with, or at risk of, responsive behaviours/personal expressions.
Purpose Built Environment	9. Complete physical environmental assessments within acute care, taking into account the unique needs and abilities of older adults with, or at risk of, responsive behaviours/personal expressions, and make modifications based on these assessments.
Person and Family-Partnered Care	10. Commit to, and embrace person and family-partnered care as an essential approach to best care for those with, or at risk of, responsive behaviours/personal expressions. 11. Gather formal feedback from older adults and family care partners in order to inform quality improvement and the patient and family experience in acute care organizations.

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Background

Behavioural Supports Ontario (BSO) Acute Care Collaborative

Established in late 2019, the Behavioural Supports Ontario (BSO) Acute Care Collaborative is a part of Ontario's Best Practice Exchange supported by the BSO Provincial Coordinating Office and brainXchange. The overall purpose of the BSO Acute Care Collaborative is to bring together health care professionals, leaders and individuals with lived experience in order to identify and spread best and emerging practices in providing person and family-partnered behavioural supports within acute care/hospitals. Members meet monthly to identify needs and priorities, share resources and tools and discuss challenges and partnerships within and around acute care.

The following organizations are represented within the collaborative:

- Alzheimer Society of Peel
- Baycrest
- Behaviour Support Specialist Program, University Health Network
- Behavioural Supports Ontario, Central West LHIN
- Behavioural Supports Ontario, Hamilton, Niagara, Haldimand and Brant LHIN
- Bridgepoint Active Healthcare Toronto
- Campbellford Memorial Hospital
- Champlain LHIN
- Hamilton Health Sciences
- Health Sciences North
- Hôpital Montfort
- Lakeridge Health
- LOFT Community Services
- Mount Sinai Hospital
- North Bay Regional Health Centre
- North Simcoe Muskoka Specialized Geriatric Services
- North West LHIN
- North West Regional Seniors Care Program
- Northumberland Hills Hospitals
- Pembroke Regional Hospital
- Peterborough Regional Health Centre
- Queensway Carleton Hospital
- Regional Geriatric Program, Sunnybrook
- Scarborough Health Network
- St. Joseph's Care Group, Thunder Bay Hospital
- The Ottawa Hospital
- Toronto Central LHIN
- University of Ottawa
- Waterloo Wellington LHIN
- Waypoint Centre for Mental Health Care

Survey Purpose

In February 2020, the BSO Acute Care Collaborative released *'Behavioural Supports in Acute Care – Current Practices and Opportunities for Growth'; a* survey intended to provide the Collaborative with a snapshot of current practices, gaps and opportunities for growth within acute care hospitals in supporting older adults living with, or at risk of, responsive behaviours/personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions.

The survey complements the Specialized Geriatric Services Asset Mapping Project led by the Provincial Geriatrics Leadership Office (PGLO) that captures the services and programs delivering specialty health care services to older people living with complex health concerns across Ontario.

The *Behavioural Supports in Acute Care – Current Practices and Opportunities for Growth* survey was meant to capture the perspective and experiences of many across Ontario. The survey was distributed widely and the following individuals were encouraged to participate:

- Older adults with lived experience (LE) within an acute care hospital (i.e., patients) and their care partners
- Clinicians working in acute care
- Leaders/administrators within acute care
- BSO clinicians and leaders/administrators

While the survey was originally set to close in late March of 2020, the Collaborative agreed to keep it open for responses until July 13, 2020 due to the COVID-19 pandemic.

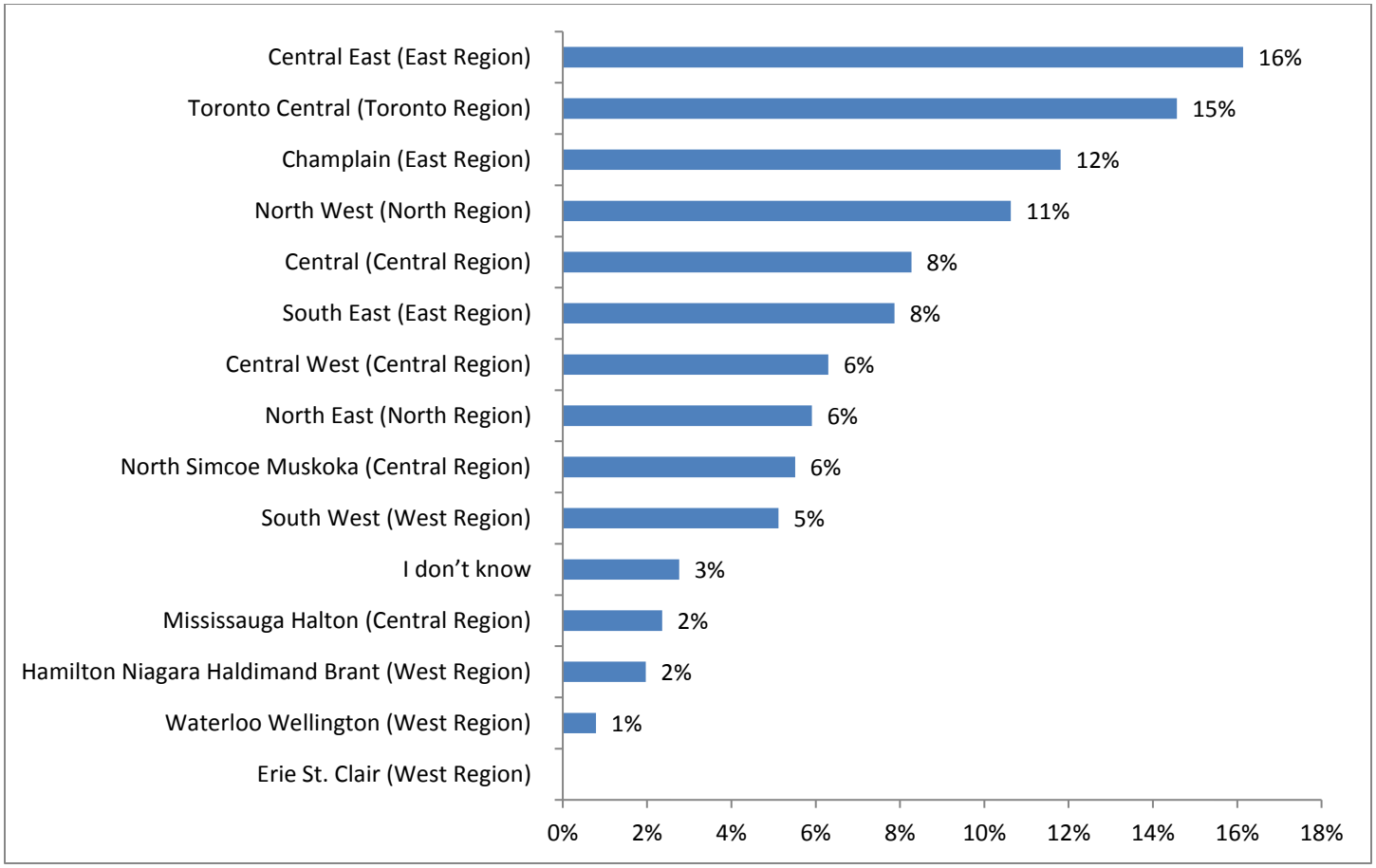
Information collected remains anonymous with only the collated results being provided in this report. The survey results will be used by the BSO Acute Care Collaborative to direct their collective work to identify and spread best and emerging practices in providing person and family-partnered behavioural support within acute care hospitals. Additionally, given the wealth of information this survey gathered, a summary of the results is shared within this report to help inform leaders and team members in future planning regarding how best to support older adults living with, or at risk of, responsive behaviours/personal expressions within the acute care setting.

Results

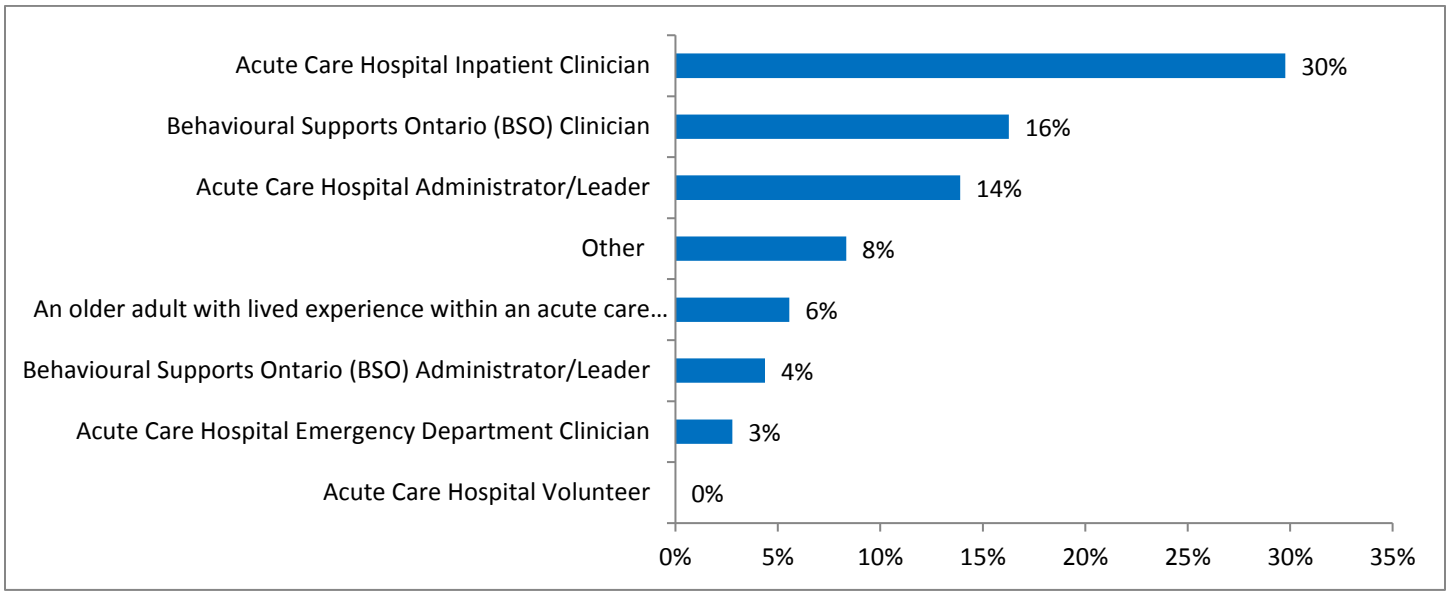
Respondents and Acute Care Settings

Total Respondents = 255

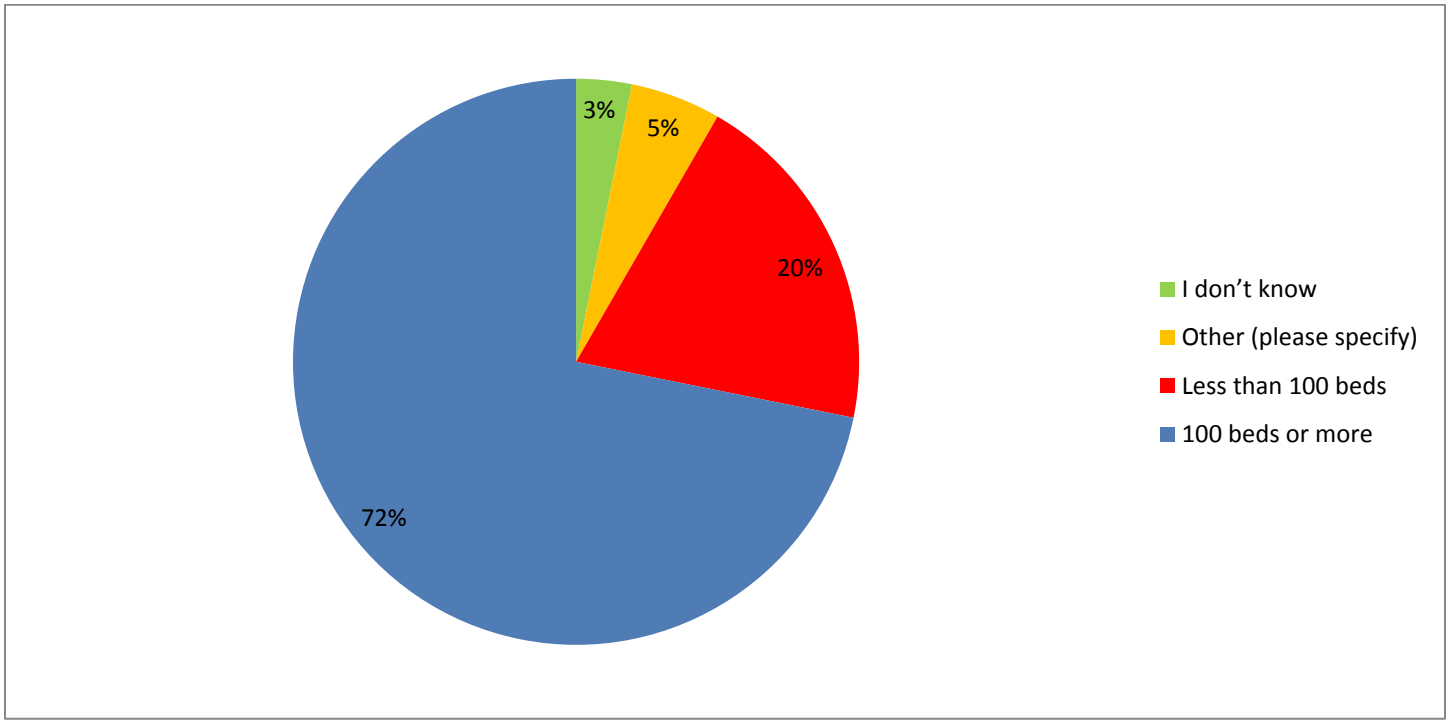
Question #1: What area of Ontario is the acute care hospital in which you work/access located?
Answered: 254; skipped: 1



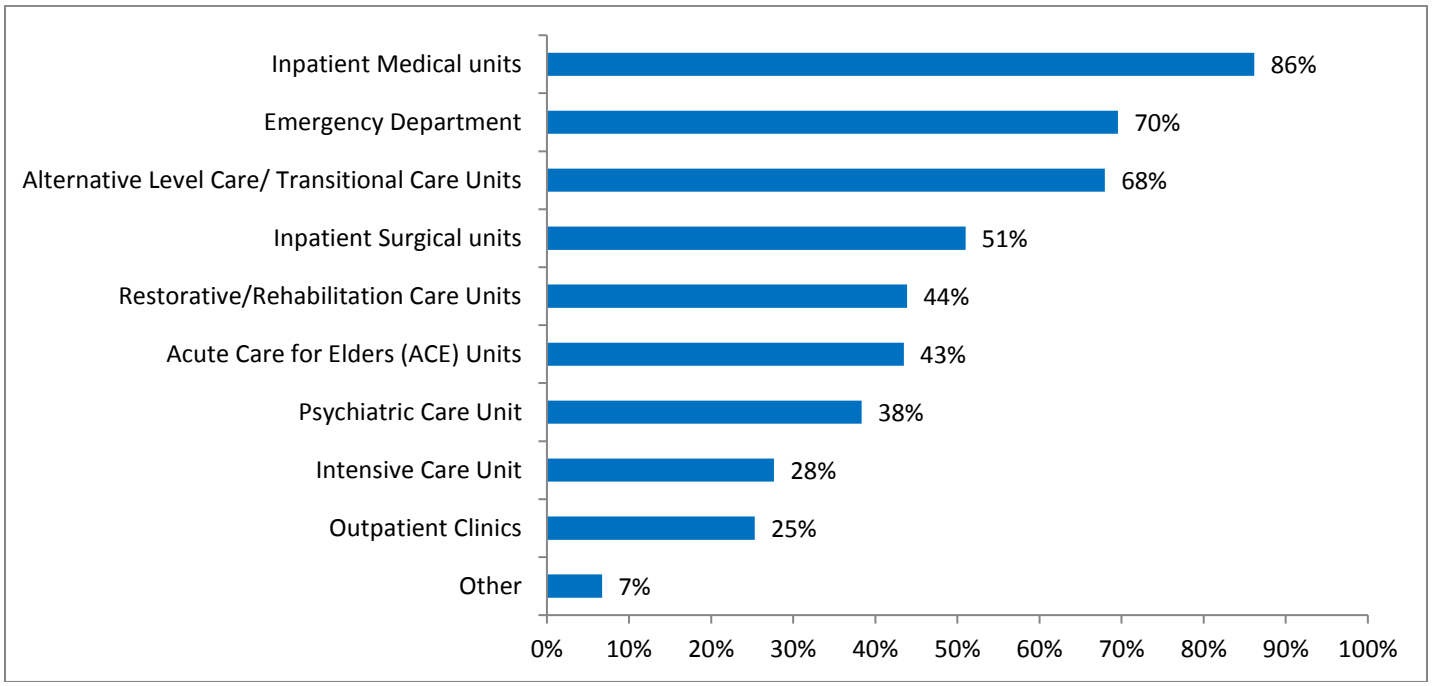
Question #2: Please pick the option that best describes yourself:
Answered: 252; skipped: 3



Question #3: What is the size of the acute care hospital in which you work and/or have experience?
Answered: 252; skipped: 3

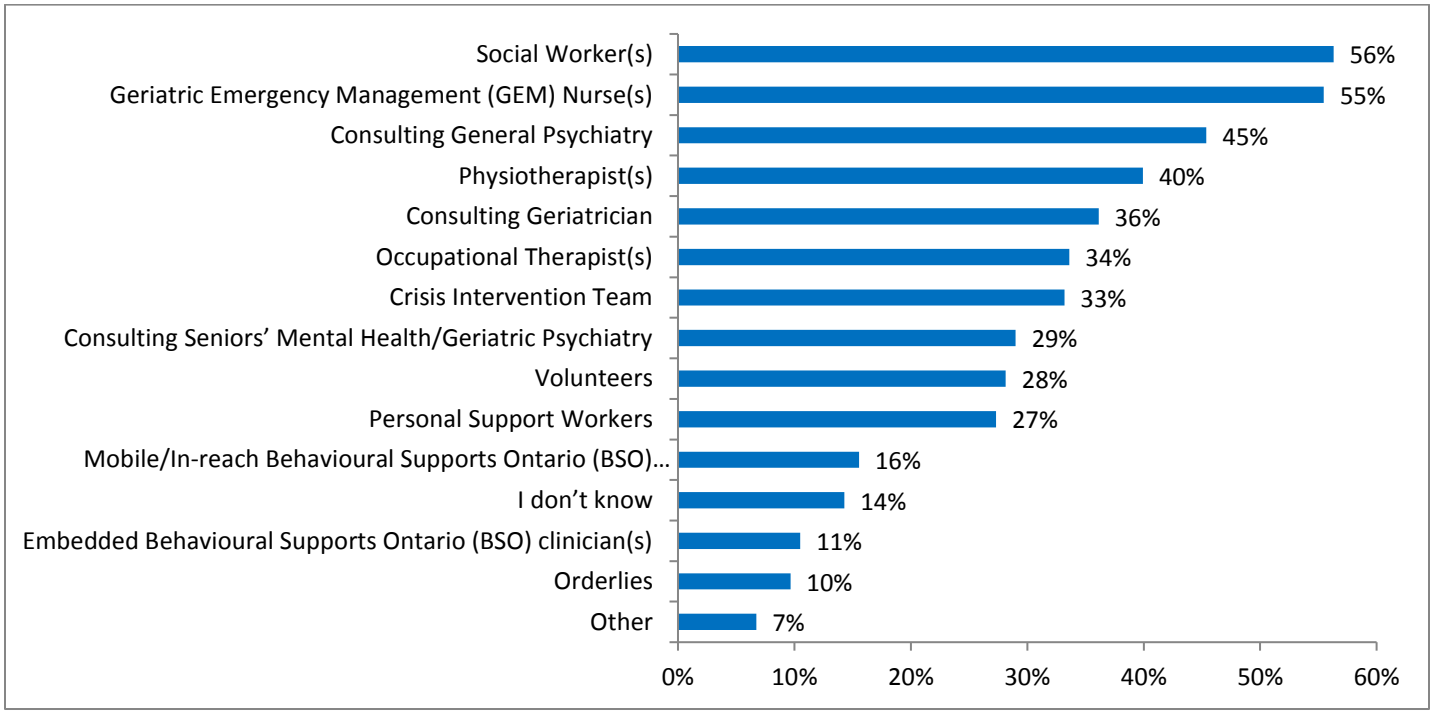


Question #4: In your experience, in what areas of the hospital have you observed older adults in need of support regarding responsive behaviours/personal expressions? Check all that apply.
Answered: 253; skipped: 2

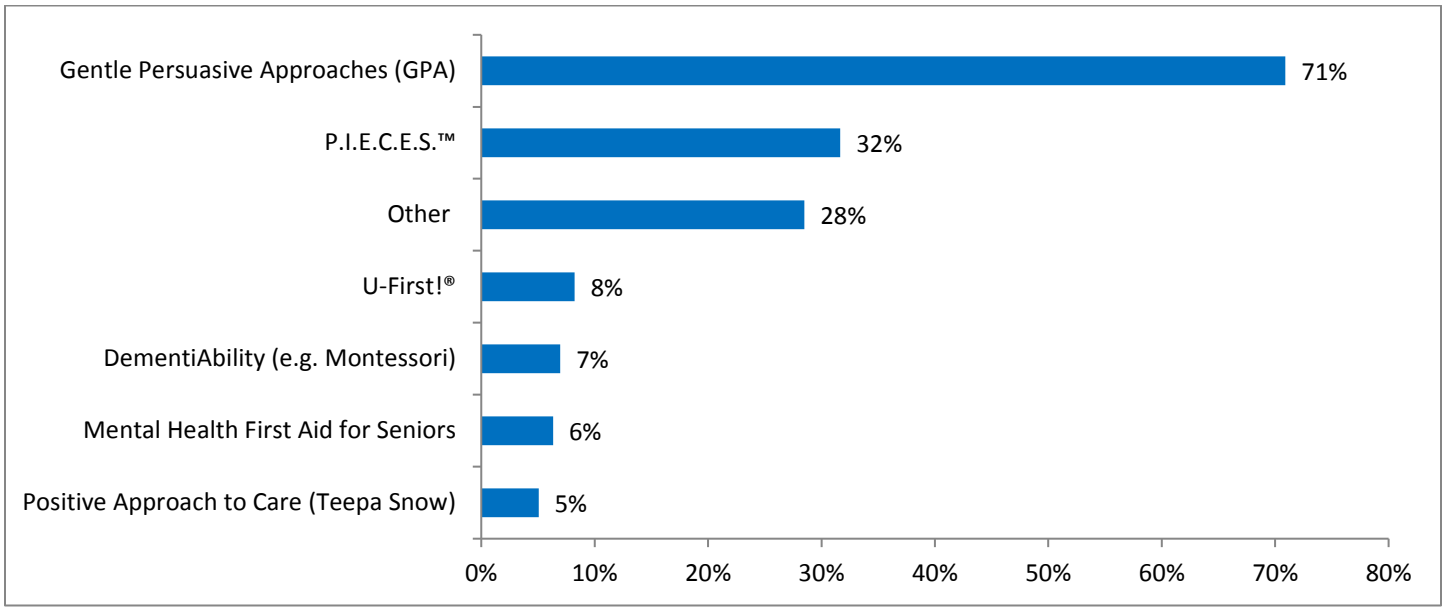


Focus on the Emergency Department

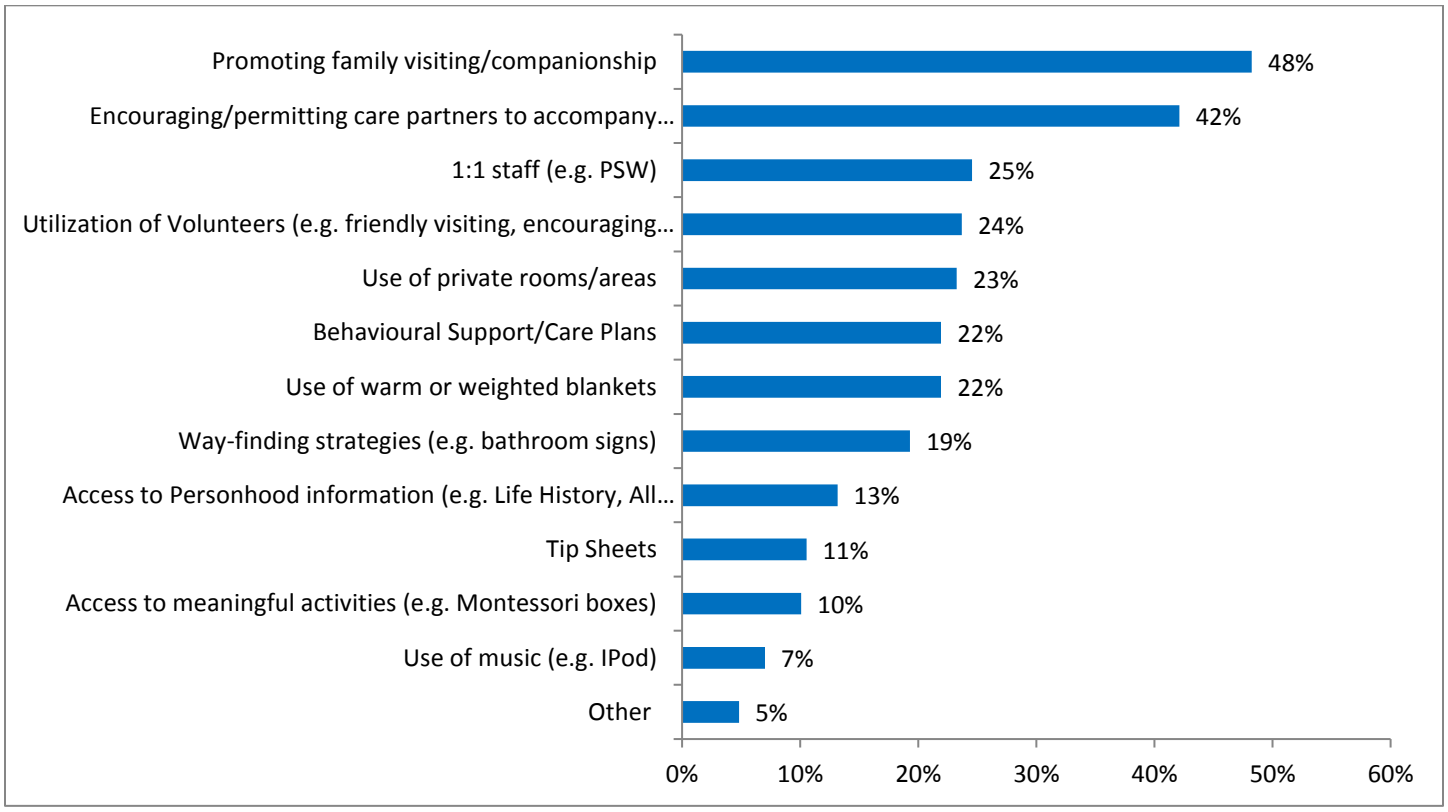
Question #5: Does your Emergency Department have any of the following formal supports for older adults experiencing responsive behaviours/personal expressions? Check all that apply.
Answered: 238; skipped: 17



Question #6: What specialized training is provided to the Emergency Department team members related to responsive behaviours/personal expressions? Check all that apply.
Answered: 158; skipped: 97



Question #7: What are the current practices that are working well in caring for and supporting older adults experiencing responsive behaviours/personal expressions and their care partners within the Emergency Department? Check all that apply.
Answered: 228; skipped: 27



Question #8: Please note current gaps and/or opportunities for growth in supporting older adults experiencing responsive behaviours/personal expressions and their care partners within the Emergency Department.
Answered: 129; skipped: 126

Note: Responses were written as free text. Through a qualitative analysis, six themes emerged.

Emergent Themes:

- Capacity Building
- Specialized Team Members/Services
- Meaningful Engagement
- Environment
- Person and Family-Partnered Care
- Interagency/Interdisciplinary Collaboration

Capacity Building:

> "A need for dementia friendly environment, training for staff on how to communicate with Dementia patients, validation strategies and dealing with responsive behaviours."
> - Survey Respondent

The survey results highlighted the need for further capacity building within the Emergency Department (ED) to better care for older adults with, or at risk of, responsive behaviours/personal expressions. Specific learning needs included understanding the meaning of behaviours; geriatric mental illnesses; recognizing delirium; communication skills (e.g. validation, re-direction); restraint reduction (both physical and chemical) and non-pharmacological approaches in response to behaviours/expressions. Respondents suggested the need for formal training to help build these skillsets and specifically recommended educations programs such as PIECES™, Gentle Persuasive Approaches (GPA), U-First® and Mental Health First Aid for Seniors. Further capacity building activities mentioned included regular in-servicing and the value of having specialized clinicians available to the team to share best practices and offer ongoing support.

Specialized Team Members/Services:

> "We currently have a BSO Inpatient therapeutic recreation specialist that can 'sometimes' go to the ED to provide recreation opportunities to de-escalate geriatric clients, but only if she is available and not busy on the inpatient unit. Having dedicated staff would be worthwhile."
> - Survey Respondent

The survey respondents indicated the value and need within acute care for specialized staff to support older adults experiencing responsive behaviours/personal expressions, specifically noting a need for increased access to trained recreation staff, Geriatric Emergency Management (GEM) nurses and BSO clinicians. These specialized staff were recognized as playing an integral role in the development and assessment of a behavioural care plan. Additionally, access to geriatricians and geriatric psychiatrists was identified as a vital resource to the care provision of older adults within the Emergency Department.

> "Need greater access to both geriatric and BSO services in the ED. Both services are available but are significantly limited due to limited number of staff therefore are sometimes underutilized."
> - Survey Respondent

Meaningful Engagement:

The survey identified gaps in the provision of necessary therapeutic supplies that could assist in preventing and responding to responsive behaviours/personal expressions, and the development of a person-centred behavioural care plan. Access to personhood information was noted as a key component in engaging the person to participate in meaningful activities. Specific examples of resources needed included iPods and Montessori boxes.

> "I have seen first-hand how helpful it is to have recreation therapy to support older adults experiencing responsive behaviours. Patients are bored in the hospital due to lack of stimuli and this could also lead to the increase of behaviours."

Environment:

The survey respondents identified concerns with the environmental layout of the Emergency Department, which can be overstimulating and contribute to responsive behaviours/personal expressions. These concerns included the physical layout of the space (e.g. impaired sight lines/non-visible corridors), environmental design (e.g. limited quiet spaces), as well as limited privacy.

> "There is no specific space for older adults. There is very little privacy. There are long waits in a very disorienting environment."
> - Survey Respondent

> "The environment of the ER needs to have at least two rooms that would be senior friendly and 'homey' that resembles a room from home."
> - Survey Respondent

Person and Family-Partnered Care:

The survey respondents noted the importance of knowing the patient's history and involving family in the care within the Emergency Department. Often, family are the most knowledgeable in approaches that can be helpful or calming for older adults in these environments. They identified the following strategies: collection and use of personhood information; longer/open visitation times for family care partners in order for them to be able to support the person; and more open communication from hospital staff with family members.

> "The biggest one is allowing the caregiver to stay with them at all times. It offers a feeling of security in a scary time."
> - Survey Respondent

> "Increase volunteers and improve patient to nurse engagement and family to nurse engagement when a loved one is in crisis. Increase debriefing with patient and family and ensuring they know what is happening every step of the way."
> - Survey Respondent

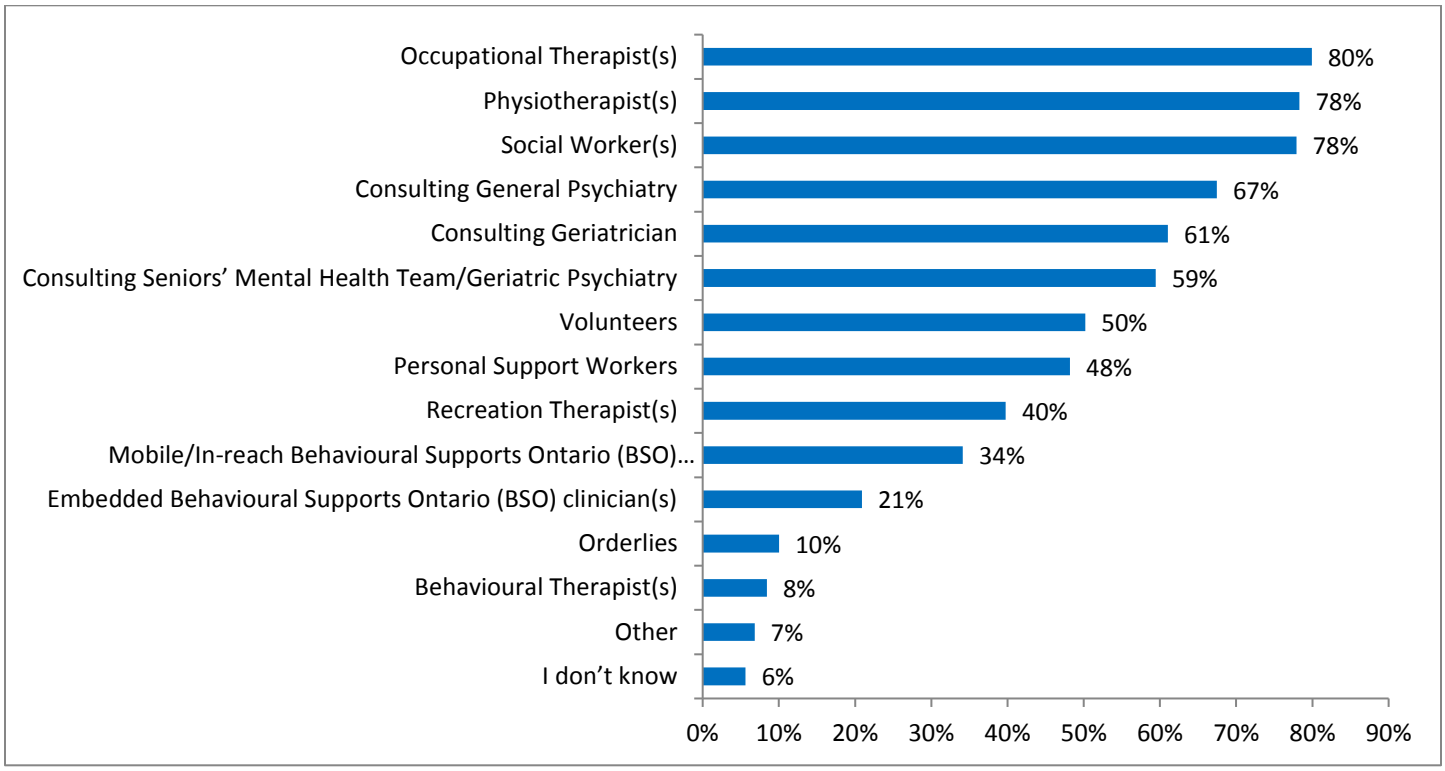
Interagency/Interdisciplinary Collaboration:

The survey results identified gaps in communication between the Emergency Department and community partners (e.g. Long Term Care [LTC] Homes) that can impact smooth transitions and continuity of care. Respondents suggested reinforcing formal care pathways or having tools in place to document best practices specific to each patient (e.g. an individualized care plan).

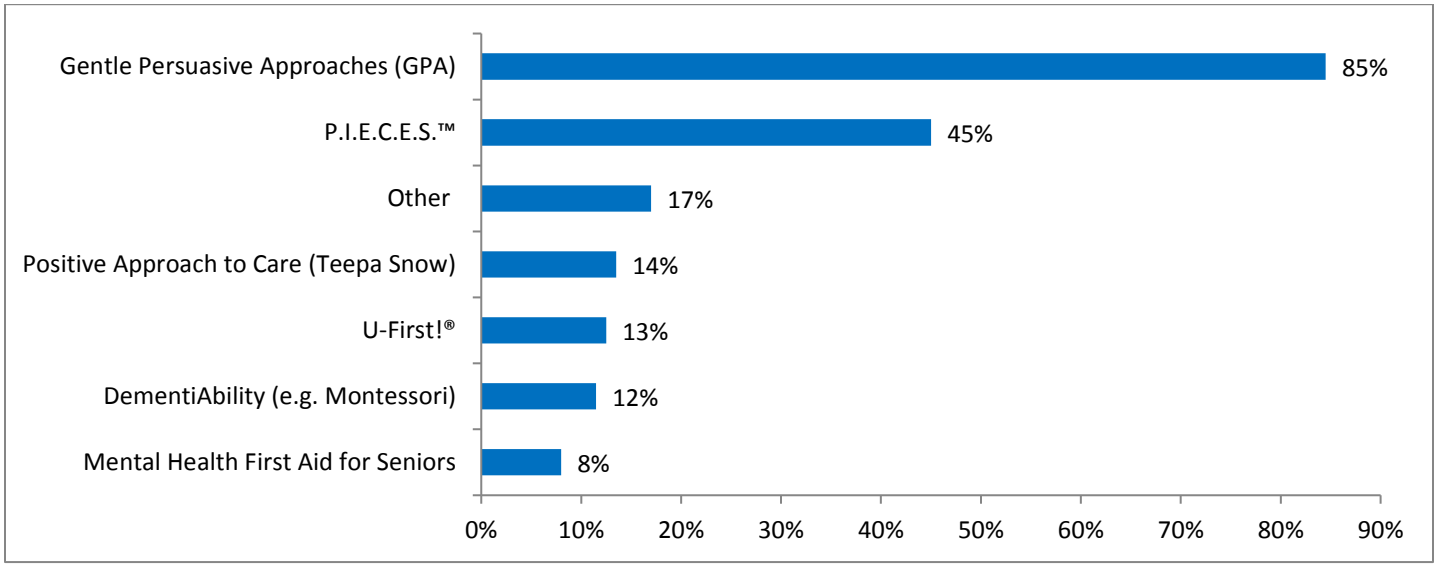
> "Often care plans are not transported to ED with patients from LTC settings."

Focus on Inpatient Units

Question #9: Does your hospital's inpatient units have any of the following formal supports for older adults experiencing responsive behaviours/personal expressions? Check all that apply.
Answered: 249; skipped: 6

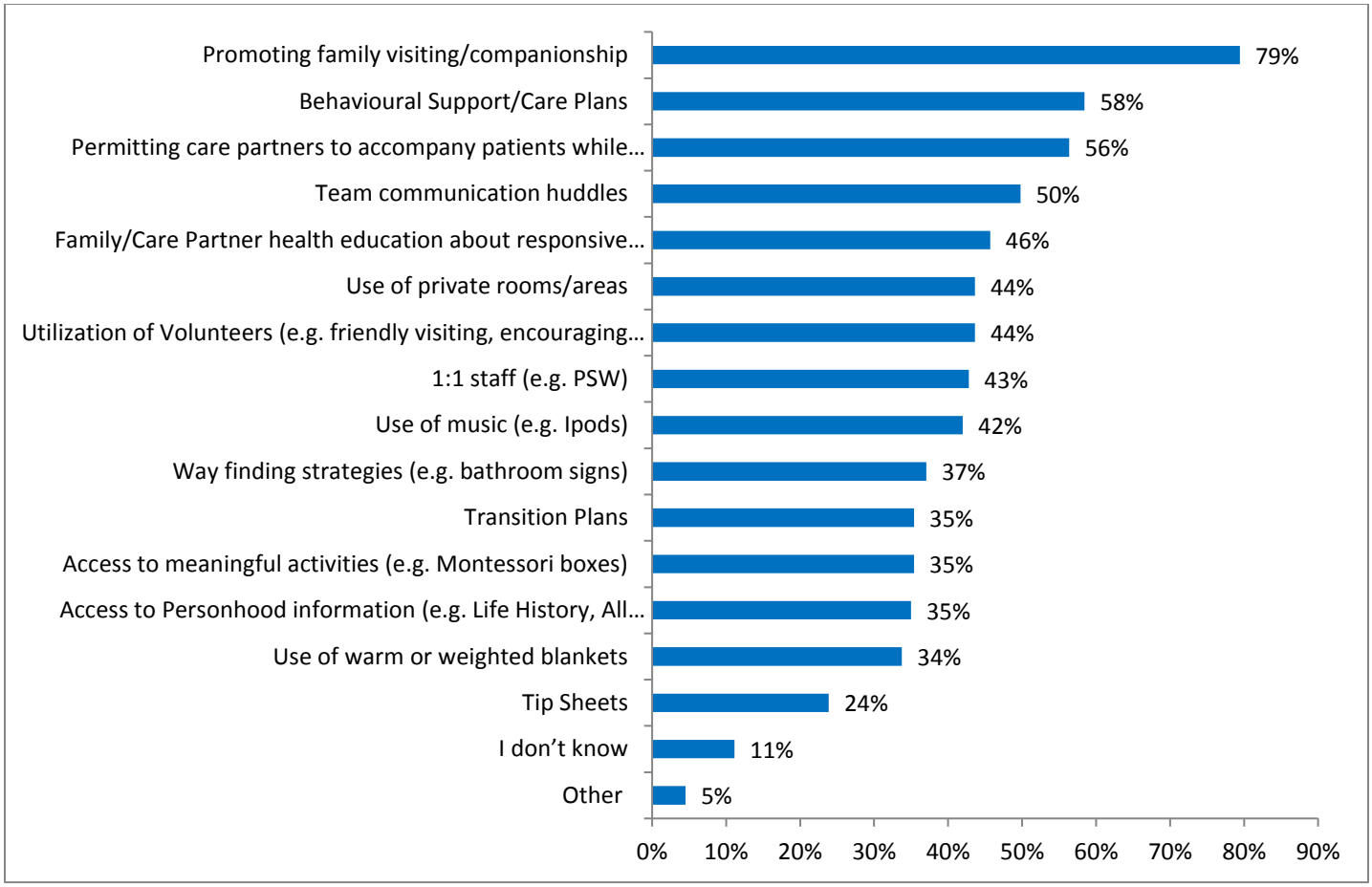


Question #10: What specialized training is provided to the Inpatient team members related to responsive behaviours/personal expressions? Check all that apply.
Answered: 200; skipped: 55



Question #11: What are the current practices that are working well in caring for and supporting older adults experiencing responsive behaviours/personal expressions and their care partners within inpatient units? Check all that apply.

Answered: 243; skipped: 12



Question #12: Please note current gaps and/or opportunities for growth in supporting older adults experiencing responsive behaviours/personal expressions and their care partners within inpatient units.
Answered: 155; skipped: 100

Note: Responses were written as free text. Through a qualitative analysis, the same six themes emerged as above.

Emergent Themes:

- Capacity Building
- Specialized Team Members/Services
- Meaningful Engagement
- Environment
- Person and Family-Partnered Care
- Interagency/Interdisciplinary Collaboration

Capacity Building:

> "Training needs to be mandatory for at least GPA. All staff should have a general knowledge when working with any elderly inpatient."
> - Survey Respondent

The survey respondents identified a very clear need for, and the importance of, further training for point-of-care staff (e.g. nurses, allied health professionals, and personal support workers). Specific education needs identified included understanding dementia and delirium; communication skills (e.g. validation), least restraint strategies; and non-pharmacological approaches. Many suggested mandatory formal curriculum and specifically recommended PIECES™, Gentle Persuasive Approaches (GPA), U-First®, and Montessori, along with hands-on education, reinforcing huddles and bedside coaching. Survey respondents also identified the need for education for security staff working with high risk patients.

Specialized Team Members/Services:

> "We only have 1 BSO nurse. She is excellent, but she can't manage an entire hospital."
> - Survey Respondent

Responses to the survey indicated a need for specially trained staff and experts in geriatrics and behavioural supports within acute care. Respondents specifically noted the value in having specialized staff such as a BSO clinicians, geriatric psychiatrists and geriatricians; however, that the current available resources are not able to meet the need and demand within acute care settings. BSO clinicians were identified as playing important roles in assessing and care planning around responsive behaviours/personal expressions, implementation of strategies and building capacity.

Meaningful Engagement:

> "A recreation therapist and an area dedicated to patient's stimulation would be helpful."
> - Survey Respondent

For inpatient settings within acute care, respondents identified a need for recreation staff, along with funding for supplies to support meaningful engagement and prevent responsive behaviours/personal expressions. Specific suggestions for resources included access to music, Montessori materials (e.g. for sorting, matching or colouring) along with arts/crafts supplies.

> "Recreationist should be involved with in-patients."
> - Survey Respondent

Environment:

> "Need funding for making the spaces safer, geriatric focused, having space to ensure they have activities thereby do not escalate or harm selves."
> - Survey Respondent

The survey respondents identified significant challenges within the acute care environment and that patients experiencing responsive behaviours/personal expressions require spaces that better reflect their care needs. It was noted that aesthetics and sound can impact a patient's level of stimulation and behaviour/expression. Suggestions for environmental improvements included more adequate lighting, calming wall colours, strategies to reduce noise and crowded rooms, along with shades on windows to help prevent misperceptions that can cause distress.

Person and Family-Partnered Care:

> "It can be difficult for family members, so support and education for family would be beneficial for our unit."
> - Survey Respondent

Respondents stressed the importance of family engagement and support, along with the need to further educate family members on responsive behaviours/personal expressions. Family members were seen as key informants of strategies and approaches that have been successful in preventing responsive behaviours/personal expressions.

Interagency/Interdisciplinary Collaboration:

> "Lack of communication between units, LTC/Retirement Homes (RH), families and community partners."

The survey respondents identified the importance of interdisciplinary collaboration – both within the hospital, as well as with external community supports. Many suggested including more BSO clinicians, personal support workers, recreation therapists and geriatric psychiatrists into care teams. Point-of-care staff indicated that limited external supports and/or interagency collaboration impedes their ability to provide holistic behavioural supports to patients transitioning in and out of acute care.

Additional Comments

Question #13: **Please provide any other additional comments in relation to supporting older adults experiencing responsive behaviours/personal expressions and their care partners within the acute care hospital environment.**
Answered: 106; skipped: 149

Note: Responses were written as free text. Through a qualitative analysis, the same six themes emerged as above.

Emergent Themes:

- Capacity Building
- Specialized Team Members/Services
- Meaningful Engagement
- Environment
- Person and Family Partnered Care
- Interagency/Interdisciplinary Collaboration

> "The environment and care within hospitals for persons living with dementia has to change."
> - Survey Respondent

Capacity Building:
Survey respondents stressed the importance of increasing the knowledge and skillset of all point-of-care hospital staff (e.g. nurses, allied team members, technicians and physicians) in regards to best practices surrounding responsive behaviours/personal expressions in older adults. Specific concerns raised included the use of chemical and physical restraints, which often lead to poor outcomes, in lieu of more person-centred methods of care.

> "To continue to provide the quality of care for our patients, especially for those older adults experiencing responsive behaviours, we, as care providers need ongoing training/education to build our knowledge and skills in supporting our patients collaboratively."
> - Survey Respondent

While the need for formal education was often noted as a way to build staff knowledge and competencies, the need for coaching and mentoring was also recognized by respondents. Specialized staff (e.g. BSO clinicians, Psychogeriatric Resource Consultants) were identified as essential components in supporting growth of team members. Respondents suggested that current successful practices and innovations in caring for those with responsive behaviours/personal expressions in acute care be shared among other departments and hospitals.

> "It is important to ensure everyone has the necessary foundation in skills for understanding/supporting older adults - to decrease risk of escalating, and increase confidence of workers to respond with empathy."
> - Survey Respondent

> "Having an expert with responsive behaviours who can pass down experiences and knowledge to the staff that have not dealt with it or that have practiced in a ritualized way for a long time with little adaptation or new training provided is important as I've witnessed a great positive change at my workplace."
> - Survey Respondent

Specialized Team Members/Services:

> "BSO in the hospital setting would be valuable in [my] region."
> - Survey Respondent

Respondents noted the value and importance of having specialized clinicians (e.g. geriatric psychiatrists, BSO clinicians and Hospital Elder Life Specialists) available for consultation and capacity building. Although, these health human resources are currently limited, both in the number of clinicians and the hours available. Recommendations offered by respondents included increasing the availability/access to these specialists. Value was specifically noted for both the embedded and mobile BSO service delivery models. These teams were recognised for their contribution in providing specialized assessments, developing individualized person-centred behaviour care approaches/plans and supporting transitions to community (inclusive of private dwellings, Retirement Homes and Long-Term Care Homes).

> "Being a hospital employee working in the role of Elder Life Specialist allows me to implement strategies with patients who exhibit responsive behaviours/behavioural expressions including transition support to LTC/RH. Being in the hospital full-time allows me to provide support and guidance to staff around care strategies as well as build rapport with patients which is so important."
> - Survey Respondent

Meaningful Engagement:

> "Engage the patient and their family members and friends in identifying the care needs of the individual and how they can assist with MEANINGFUL activities."
> - Survey Respondent

Respondents stressed the importance of meaningful engagement to prevent and limit responsive behaviours/personal expressions. They recommended an increase in health human resources (e.g. recreation therapists, personal support workers and volunteers) to support purposeful activities, as well as ensuring the availability of required supplies and materials for those activities.

Environment:

> "There needs to be space for activities and recreation and wandering."
> - Survey Respondent

Respondents noted physical limitations within the acute care environment that impact the care of those with, or at risk of, responsive behaviours/personal expressions. Improvements offered included enhanced lighting, quieter space/rooms, bigger bathrooms, wider hallways, increased privacy and intentional wayfinding methods. Value was placed in creating senior/dementia-inclusive environments in order to promote strengths and capabilities – all important elements in preventing responsive behaviours/personal expressions.

Person and Family-Partnered Care:

> "As much as possible communicate with the patient, allowing them to determine best practice for them. They have a right to make their own decisions if possible."
> - Survey Respondent

Survey respondents emphasized the importance of including patients and their care partners in planning and decision-making. Concerns were raised regarding communication with family, including a perceived lack of communication, as well as not connecting families with the appropriate supports to help care for the patient outside of hospital.

> "Family/private caregiver input needs to be heard. Hospital staff need to recognize exhaustion of caregivers, limited community resources, and take time to learn what has changed that lead to hospitalization." - Survey Respondent

Interagency/Interdisciplinary Collaboration:

> "Communication between departments can be a challenge - patient information doesn't travel."
>
> - Survey Respondent

Respondents noted their own experiences of limited/inadequate communication within teams and organizations. Within the hospital, challenges included: various disciplines working in isolation; not knowing how to access behavioural support teams; and ensuring all members of the patient's care team are aware of the patient's behavioural support plan. The need for strong collaboration between hospital and external agencies was also emphasized, particularly during admission and discharge from acute care, in order to ensure a holistic approach during critical points of transitions. Engaging community partners within hospital huddles/rounds was acknowledged as a successful strategy to support communication and collaboration.

Question #14: **What do you believe is the number one priority that needs to be in place to better support people living with responsive behaviours/personal expressions and their care partners during Emergency Department visits and/or during inpatient stays?**
Answered: 150; skipped: 95

Note: Responses were written as free text. The following word cloud was created from the responses # words provided.

While the question requested the 'number one priority' of respondents, most participants included multiple priorities, limiting a quantitative analysis. Through a qualitative analysis, five top themes emerged.

Top Emergent Themes:

- Capacity Building
- Adequate Resources
- Specialized Team Members/Services
- System Level Lens/Navigation
- Person and Family-Partnered Care

Capacity Building:

The most commonly noted priority by survey respondents was the need for further education and capacity building amongst hospital staff, physicians, management and volunteers regarding the unique care needs of older adults with responsive behaviours/personal expressions. There were suggestions of mandatory training through formal curriculum along with familiarization of standard tools/frameworks, as well as mentoring by specialized team members (e.g. BSO Clinician). Specific education needs included: types of dementia; understanding that behaviour has meaning; identifying contributing factors; communication strategies; adapting approaches to align with cognitive needs (e.g. slowing pace); de-escalation techniques; least restraint strategies; pain assessment based on cognitive abilities and prevention/recognition/treatment of delirium. Along with stressing the need for appropriate skillsets, respondents acknowledged the importance of empathy and compassion in the care setting.

> "The training of staff, dietary, housekeeping volunteers and anyone coming in contact with the patient."
>
> - Survey Respondent

> "Ongoing education/training focusing on understanding responsive behaviours/personal expressions to support patients. Through this, we can be proactive developing care plan collaboratively especially during time sensitive cases."
>
> - Survey Respondent

Adequate Resources:

Survey respondents noted that being trained and knowledgeable about the care needs and approaches for those with responsive behaviours/personal expressions was only one component in putting best practices into action. The reality and impacts of heavy workloads and health human resource challenges faced in busy Emergency Departments and inpatient units was recognized. Participants identified the need for staffing levels that meet the unique needs of older adults with responsive behaviours/personal expressions. Many suggested providing 1:1 support (e.g. personal support worker, Behavioural Support Champion) in specific situations (e.g. during ED visits and for those expressing high risk behaviours/expressions).

> "More staffing. We always talk about supporting patients in the right place at the right time. We need to talk about the staffing, support and resources at all levels in order for elderly people with responsive behaviours to be properly cared for at all places - ED, inpatient unit, Alternative Level of Care (ALC) unit, etc. Staff with proper training and the ability to use their training to better support patients and their families during critical times, such as an inpatient stay is crucial in order for patients to move along whether to home, rehab, LTC, etc."

Specialized Team Members/Services:

Respondents identified the need for timely/immediate access to specialized/expert clinicians and/or services for older adults with responsive behaviours/personal expressions. Examples included geriatric mental health teams, BSO teams, Geriatric Emergency Management (GEM) nurses, the Hospital Elder Lift Program (HELP), and was inclusive of the following disciplines: Geriatric Psychiatrists, Nurses, Advanced Practice Nurses, Social Workers, Occupational Therapists, Recreation Therapists, and Personal Support Workers (PSW). These specialized programs and team members were noted to offer essential expertise in the assessment and development of individualized behavioural care plans. Respondents noted the value of embedded specialized team members within the hospital as they provide ongoing support in the implementation of these care plans, as well as capacity building opportunities. The role of these specialized team members in supporting successful transitions upon discharge was also emphasized.

> "All Emergency Departments and inpatient settings need a behaviour response team who can dedicate the time to assess, observe, plan and test interventions to support front line nursing teams."
>
> - Survey Respondent

> "Access to in-house Behavioural Supports Team (geriatric psychiatrist, BSO trained clinician, recreation therapist, PSW) to support the development of individualized care plans and provide staff education to build capacity amongst acute care staff."
>
> - Survey Respondent

> "Increased BSO support who can follow patients throughout their stay who know their baseline and can create and edit care plans and help with transitions and teaching staff."
>
> - Survey Respondent

System Level Lens/Navigation:

Survey respondents identified the challenges that come with an ED visit or a hospital admission for those with responsive behaviours/personal expressions. Respondents emphasized the need to have adequate resources in the community to prevent unnecessary hospital visits or admissions. Suggested improvements to help those with responsive behaviours/personal expressions remain in the community included increasing access to home care, along with more adult day programs and supports/respite for care partners. Behavioural Support Units were mentioned as a possible solution, but it was often noted that current waitlists are long, which limits timely access. Furthermore, respondents suggested creating processes that allow for expedited assessment of those with responsive behaviours/personal expressions when hospital visits are required. When admitted, older adults require specialized care with a rehabilitative approach that promotes successful, supportive discharges and minimizes their time in hospital.

> "Acute care teams need to change the treat and release policy and build strong care plans to enhance each person's ability to return to their home. A rehabilitative approach needs to be implemented to create opportunities for success with our older vulnerable population."
>
> - Survey Respondent

> "We need to transition individuals out of ED and acute care immediately once there is no acute care reason to be at the hospital to an environment more appropriate for older adults experiencing responsive behaviours/personal expressions. We often see once they are in an appropriate environment, even if it is a transitional unit designed to meet their needs, their responsive behaviours/personal expressions immediately improve making discharge dispositioning more timely and accurate."
>
> - Survey Respondent

Person and Family Partnered Care:
Survey respondents noted the importance of seeing each person as a whole and the involvement of family care partners during acute care visits. Often, the physical presence of those familiar to the patient have a positive impact in reducing or preventing responsive behaviours/personal expressions. It was also noted that more emotional support may be necessary for families due to the stress they are likely to be experiencing.

> "Patient-centered care should always be number one; and that they and their families are validated or felt heard through the whole process
> - Survey Respondent

Discussion

There was an overall excellent response rate to this survey with over 250 respondents from across Ontario. The survey was successful in gathering viewpoints from various stakeholder groups. Respondents were primarily acute care clinicians, BSO clinicians and acute care and BSO leaders. The essential voices of those with lived experience were also captured. The majority of those that responded either worked or had experience within larger hospitals (i.e. one hundred or more beds). It is significant to note that all survey respondents indicated a need to further support older adults with responsive behaviours/personal expressions throughout their hospital visit/stay. Review and analysis of these valuable survey results have led to the following considerations and recommendations from the BSO Acute Care Collaborative:

Capacity Building:

Caring for the complexities of older adults experiencing responsive behaviours/personal expressions requires a special set of knowledge, skills and approaches that are continuously reinforced through professional development activities (Registered Nurses' Association of Ontario [RNAO], 2016). The survey results indicate that there is a pressing need to build further knowledge and skill in supporting older adults with responsive behaviours within hospitals in Ontario. Capacity building is needed for the entire acute care team; inclusive of nurses, Personal Support Workers, allied team members, physicians, porters, clerical staff, environmental service attendants, hospital volunteers, security and management. As such, a key recommendation is for **provincial/organizational commitments to invest in capacity building in relation to the behavioural health of older adults for all acute care team members**.

Ontario is well poised to build this capacity through the strong foundation already laid by BSO and other key educational partners. One of BSO's three pillars, *Knowledgeable Care Teams and Capacity Building*, assures BSO is committed to and actively working towards building care teams in all sectors who possess the skills and confidence in caring for older adults experiencing or at risk of responsive behaviours/personal expressions. The Behavioural Education and Training Supports Inventory (BETSI) is a tool designed by BSO and partners to support decision-making related to staff education/training in building capacity to care for older people presenting with responsive behaviours/personal expressions. Acute care organizations/teams can use this tool to determine the specific educational needs of their staff and to find educational opportunities available and recommended within Ontario (BETSI Working Group, 2019).

As illustrated by the Knowledge to Practice Process Framework (Ryan et al., 2013), bringing knowledge into practice is complex work that requires various strategies and intentional efforts. As such, formal education provides opportunity for knowledge transfer; however, learners then need support to translate these learnings into practice through modelling, coaching and mentorship. Specialized team members such as BSO clinicians and Psychogeriatric Resource Consultants have played this critical role in other sectors and in some acute care settings in recent years. Leveraging these roles within acute care provides great opportunity to strengthen the skillset of acute care teams in providing quality behavioural health care.

Finally, to successfully see practice change come to fruition, processes need to be put into place to support and sustain implementation (Ryan et al., 2013). This means best practices need to be built into everyday work through organizational procedures (e.g. assessment and intervention prompts within the electronic documentation system). Therefore, it is recommended that **acute care organizations ensure policies,**

procedures and standard assessment/treatment reflect best and emerging practices regarding the care of older adults with, or at risk of, responsive behaviours/personal expressions. BSO and other specialized partners can be key collaborators in this work.

Adequate Resources:

In order to retain and apply the learned knowledge, skills and approaches necessary for caring for older adults with responsive behaviours/personal expressions, investing in continual access to quality resources is necessary. Such resources include increased staffing levels, as well as opportunities for continuous learning and development, including but not limited to orientation training and continuing education. Sufficient staffing levels also promote opportunities for mentorship, coaching and modelling – all necessary components in capacity building as noted above.

Survey respondents often noted insufficient staffing levels as a barrier to providing quality care to older adults with responsive behaviours/personal expressions. There is a need for acute care organizations to **be flexible and responsive with health human resource support when caring for older adults with, or are at risk of, responsive behaviours/personal expressions**. Enhanced health human resources would strengthen acute care teams' ability to provide tailored, person-centred care that prevent behaviours/expressions, as well as respond to urgent situations as they arise (e.g. providing 1:1 support from a personal support worker or a Behavioural Support Champion when there are behaviours/expressions posing risk to self or others). The ability for teams to work proactively and responsively promotes the safety and wellbeing of both staff and patients.

This is supported by the *Workplace Violence Prevention in Health Care Progress Report* that clearly recommends to "increase supports for patients with known aggressive or violent behaviours" (Government of Ontario, 2017). Although the terms 'aggressive' or 'violent' are not chosen terminology within BSO, this recommendation includes patients experiencing responsive behaviours/personal expressions. Providing the necessary behavioural supports for patients is crucial in ensuring staff safety. These supports require adequate means both in terms of health human resources and appropriate tools and training. By ensuring sufficient health human resources within interdisciplinary teams, organizations will be better positioned to provide integrated care for older adults living with complex health issues (Provincial Geriatrics Leadership Office [PGLO], 2020).

Specialized Team Members/Services:

Access to specialized geriatric clinicians is necessary to ensure quality care for older adults living with complex health issues across the care continuum (PGLO, 2020). When supporting older adults living with, or at risk of, responsive behaviours/personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions, specialized team members should include, but are not be limited to: geriatric psychiatrists, geriatricians, BSO clinicians, Seniors' Mental Health clinicians, Advance Practice nurses/clinicians, Geriatric Resource nurses, GEM nurses and HELP team members. Not only do these specialists provide a high level of direct care to older persons, but they also play an essential role in capacity building amongst point-of-care staff (PGLO, 2020).

Survey respondents recognized that team members with specialized knowledge and skillset in behavioural health play an integral role in the development, assessment and implementation of behavioural care plans.

Over the years, local/regional BSO and key partner (e.g., LHIN) investments have funded BSO Clinicians to support acute care in specific areas of the province. This includes Behavioural Support in Acute Care Mobile Teams, who support a number of acute care/hospital sites in a specific area as well as Behavioural Support in Acute Care embedded Clinicians who support persons with, or at risk of, responsive behaviours/personal expressions in one acute care site/hospital. Despite the availability of the BSO in Acute Care Models, support remains limited with the majority of these teams staffed by very few clinicians. In regions of the province that do not have dedicated BSO in Acute Care Team members, they rely solely on the BSO in the Community Teams who may be available to support persons in acute care alongside their caseload of persons in private dwellings, retirement homes, etc. It is recommended to **increase investment in behavioural health teams, inclusive of BSO acute care clinicians, to ensure that all acute care organizations have access to these specialized team members**. BSO is well positioned throughout the province to support a further investment in BSO clinicians within acute care. Community and mobile teams can have strong connections with acute care clinicians, bridging the gap in intersectoral collaboration.

System Level Lens - Interagency/Interdisciplinary Collaboration:

Survey respondents identified the need to have adequate resources in the community to prevent unnecessary hospital visits/admissions from older adults with responsive behaviours/personal expressions. As Ontario faces an aging population and shifting needs/priorities of older adults, there is a need to increase opportunities for care at home and modernize delivery options (Government of Ontario, 2020). In recognition of these challenges within our present health care system, reaching older adults in need of behavioural support before they require urgent care demands proactive strategies to plan, prevent, and promote care access. Based on the survey results, suggested enhancements to improve system navigation for older adults with responsive behaviours/personal expressions include increased access to home care, adult day programs and supports/respite for care partners. Behavioural Support Units were also mentioned by survey respondents as a possible solution, however waitlists are lengthy which limits timely access; in addition to flow in and out of these units being significantly impacted by COVID-19. **Access to specialized community teams that work preventatively to assess, identify/implement successful care approaches and support family care-partners is critical to a system level approach**.

When acute care services are required, transitions often prove difficult with limited communication between sectors, departments and disciplines (e.g. gaps in knowledge and access to the person's behavioural support plans)**. There is a need to strengthen interagency and cross-sector collaboration in order to support older adults with, or at risk of, responsive behaviours/personal expressions within the community and during periods of transition.**

BSO has a strong commitment to coordinated cross-agency, cross-sectional collaboration and partnership to facilitate seamless care, reflected in its first pillar: System Coordination and Management (Ontario Behavioural Support Systems Project [BSS project], 2011). Partnerships, processes and tools have been developed, allowing BSO teams to bring this to life. There has been an increasing number of referrals to BSO teams to support transitions across sectors in recent years, including transitions to and from acute care. Due to the growing cross-sector nature of BSO teams, with their availability now in LTC, community and acute care in many regions, these teams are uniquely positioned to be able to facilitate successful transitions within and across sectors.

Furthermore, the interdisciplinary partnership fostered through BSO's Acute Care Collaborative allows for sharing and dissemination of current successful practices and innovations in caring for older persons with responsive behaviours/personal expressions in the acute care setting. My Transitional Care Plan During the COVID-19 Pandemic is a clinical tool adapted by BSO's Integrated Teams Collaborative from North East BSO/Seniors Mental Health Regional Consultation Service and used by BSO acute care and community clinicians to help communicate the needs, preferences and individualized strategies to optimize care transitions for older adults with responsive behaviours/personal expressions (2020). This work aligns with BSO's second pillar, *Integrated Service Delivery – Intersectoral and Interdisciplinary,* ensuring the implementation of cross-sector interdisciplinary transitional teams across the care continuum (BSS project, 2011).

Meaningful Engagement:

Meaningful activities refer to those therapeutic opportunities that foster overall wellness, success and delight, ensuring the unique essence of the person is respected and activities reflect personal strengths, their life story and culture (Kitwood, 1995; Hellen, 2001). Meaningful engagement is associated with improved activities of daily living, cognition, quality of life, anxiety and depression in persons living with dementia (Lourida et al., 2020). Engagement in activities that are purposeful and bring meaning are important non-pharmacological approaches that prevent or decrease responsive behaviours/personal expressions in older adults living with dementia, complex mental health, substance use and/or other neurological conditions. These activities should be part of a multi-component group of interventions that minimize restraint use and the use of antipsychotic medication (RNAO, 2012)

Therefore, it is recommended that acute care organizations **invest in additional health human resources and materials to support meaningful engagement for those with, or at risk of, responsive behaviours/personal expressions**. Survey respondents identified the need for more recreation therapists, personal support workers and volunteers to fill these roles. Additional materials like Montessori boxes, iPods and arts and crafts supplies are needed to engage older adults in purposeful activities.

Family members also play a role in providing opportunities for meaningful engagement, in addition to identifying key personhood information. This information can help the point-of-care team better identify the meaning behind responsive behaviours/personal expressions and strategies to better support the person through non-pharmacological approaches (BSO, n.d.). Various tools for collecting personhood information can be found using BSO's Personhood Tools Resource. Recommendations to enhance the use of personhood tools to improve clinical care across sectors created by BSO's Lived Experience Advisory. In order to support meaningful engagement in the acute care setting, it is recommended that **acute care organizations implement standardized processes to gather and utilize key personhood information in order to promote meaningful engagement of older adults with, or at risk of, responsive behaviours/personal expressions.** The impact of COVID-19 creates additional barriers to engaging with patients in a meaningful way. Creativity and innovation may be required in order to connect with patients and yet still adhere to Infection, Prevention and Control Measures during the pandemic. Acute Care settings are encouraged to access available resources and tools for additional tips and suggestions. For example: Dementiability's Individualized Meaningful Engagement through COVID-19 and Beyond, brainXchange's Non-Pharmacological Approaches to Support Individuals Living with Dementia Maintain Isolation Precautions and Teepa Snow's 13 Engagement Ideas While Practicing Social Distancing.

Purpose Built Environment:

A hospital visit can be exacerbated by cognitive impairment and psychological symptoms and can therefore prove to be frightening, distressing, and disorientating for older adults living with dementia (Xidious et al., 2019). The physical environment within a hospital can significantly impact both the safety and function of the patient, including the risk of responsive behaviours/personal expressions. When in hospital, older adults have the highest risk of functional decline and failure to return home (O'Keeffe, 2020). However, a well-designed hospital environment will maintain and enhance the senior's ability to function while in acute care and retain their quality of life for discharge (O'Keeffe, 2020). Studies show that an acute care environment that is 'senior friendly' can facilitate timely recovery and discharge to the seniors' pre-admission living environment, thus reducing care costs (O'Keeffe, 2020). Dementia Friendly Hospitals recognise the cognitive, behavioural, psychological, physical, and sensory difficulties that a person living with dementia may experience as a patient or visitor to the hospital (Grey et al., 2018). They also provide an enabling environment that supports abilities and enhances modification that address needs; and recognise that dementia friendly design not only supports people with dementia, but also supports accompanying persons, visitors and staff in their caring role (Grey et al., 2018).

Survey respondents noted that there are needed improvements in Ontario acute care settings, in terms of creating environments that are tailored to the care needs of those with, or at risk of, responsive behaviours/personal expressions. Concerns reported in the survey included impaired sight lines, inadequate lighting and limited privacy and quiet space. Respondents also identified the need for intentional wayfinding methods, wider hallways, bigger bathrooms and window shades. Therefore, it is recommended that **acute care organizations complete a physical environmental assessment taking into account the unique needs and abilities of those with, or at risk of, responsive behaviours/personal expressions and to make modifications based on this assessment.**

Moreover, ensuring point-of-care staff receive ongoing training around these modifications may also significantly impact the outcomes of responsive behaviours/personal expressions. Care provided in a manner that is consistent, engaging and with a fulsome understanding of the impact of one's environment creates a supportive and inclusive setting which benefits the patient, care partner and staff.

Person and Family-Partnered Care:

Accreditation Canada recognizes the importance of client and family-centered care, an approach that fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, beliefs, and preferences of clients and their family members (Ontario Hospital Association [OHA], n.d.). This approach supports a mutually beneficial partnership between persons, families, and health care service providers (OHA, n.d.). Family members should not merely be seen as 'visitors', but rather essential care partners (Drury, 2020). The survey respondents echoed the importance of such partnerships, especially in situations of individuals with, or at risk of, responsive behaviours/personal expressions. Survey respondents chose family visitation and companionship as the best working practice in place for supporting older adults with responsive behaviours/personal expressions, although also highlighting this as an area of needed improvement within Ontario acute care settings.

Therefore, a key recommendation is for **acute care organizations to commit to and embrace person and family-partnered care as an essential approach to best care for those with, or at risk of, responsive**

behaviours/personal expressions. This may include a shift in culture that requires education and changes in policies/processes, specifically policies related to allowing for a consistent family presence throughout the patient's hospital stay/visit. This should include the provision for family members to accompany patients throughout their hospital stay (e.g. within the ED, during diagnostic tests and during stays in inpatient units). This commitment is especially important during the COVID-19 pandemic where the province has witnessed significant visiting restrictions within hospitals.

Communication is vital to involve patients and their family as true partners in care. Acute care teams need to develop regular opportunities for information sharing, mutual care planning and decision-making where the patient's experiences, diversity and language is recognized and considered (BSO, 2018). Within the specific context of individuals with responsive behaviours/personal expressions, family care partners are a valuable resource in providing personhood information that is essential to understanding the meaning of behaviours and tailoring strategies to reduce and/or prevent behaviours/expressions.

At an organizational level, **feedback from older adults and family care partners must be gathered in order to inform quality improvement and the patient and family experience**. This mirrors Accreditation Canada's *Governance and Leadership Standards* key objectives for client and family-centered care. An organizational structure that includes clients and family representatives on advisory and planning groups, for example, allows meaningful partnership with clients and families (OHA, n.d.).

Key Recommendations to Enhance Behavioural Health Care for Older Adults within Acute Care:

Themes	Recommendation(s)
Capacity Building	1. Invest in capacity building in relation to the behavioural health of older adults for all acute care team members (e.g. registered staff, allied health team members, clerical staff, security, porters, environmental service attendants, volunteers, etc.). 2. Ensure policies, procedures and standard assessments/treatments reflect best and emerging practices regarding the care of older adults with, or at risk of, responsive behaviours/personal expressions. Current successful practices and innovations in caring for those with responsive behaviours/personal expressions must be shared amongst all stakeholders in acute care.
Adequate Resources	3. Be flexible and responsive with health human resource support when caring for older adults with responsive behaviours/personal expressions (e.g. providing 1:1 support from a PSW or a Behavioural Support Champion when there are behaviours/expressions posing risk to self or others).
Specialized Team Members/Services	4. Increase investment in behavioural health teams to ensure that all acute care organizations have access to these specialized team members. This may include embedded BSO acute care clinicians, Behavioural Support in Acute Care Mobile Teams or BSO in the Community Teams who may be available to support persons in acute care alongside their caseload.
System Level Lens - Interagency/ Interdisciplinary Collaboration	5. Ensure access to specialized community teams that work preventatively to assess, identify/implement successful care approaches and support family care-partners within the community to prevent unnecessary hospital visits/admissions from older adults with responsive behaviours/personal expressions. 6. Strengthen interagency and cross-sector collaboration in order to support older adults with, or at risk of, responsive behaviours/personal expressions within the community and during periods of transition in and out of acute care.
Meaningful Engagement	7. Invest in additional health human resources and materials to support meaningful engagement within acute care for those with, or at risk of, responsive behaviours/personal expressions. 8. Implement standardized processes to gather and utilize key personhood information in order to promote meaningful engagement of older adults with, or at risk of, responsive behaviours/personal expressions.

Purpose Built Environment	9. Complete physical environmental assessments within acute care, taking into account the unique needs and abilities of older adults with, or at risk of, responsive behaviours/personal expressions, and make modifications based on these assessments.
Person and Family-Partnered Care	10. Commit to, and embrace person and family-partnered care as an essential approach to best care for those with, or at risk of, responsive behaviours/personal expressions. 11. Gather formal feedback from older adults and family care partners in order to inform quality improvement and the patient and family experience in acute care organizations.

Conclusion

The BSO Acute Care Collaborative looks forward to working together and collaborating with intersectoral partners and leaders to improve the care of older adults with, or at risk, of responsive behaviours/personal expressions within acute care. BSO is well positioned throughout the province to lead and support system level change of policy and best practice that supports person and family-partnered care for those with responsive behaviours/personal expressions. Results from the *Behavioural Supports in Acute Care: Current Practices and Opportunities for Growth* survey have provided a strong collective voice to what is working well and where improvements are needed. The survey results are a testament to the ongoing work of BSO to enhance system coordination and management, integrate service delivery and foster knowledgeable care teams. It is important to note the valuable contributions of all the acute care team members, leaders and individuals with lived experience who took part in this survey during such challenging times. Impacts from the ongoing COVID-19 pandemic were noted throughout this report, and provide valuable insight on current realities for older adults within acute care and those that care for them. The BSO Acute Care Collaborative remains committed to advocating for and collaborating with others to see the recommendations surfaced by this survey come to light across the province of Ontario.

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