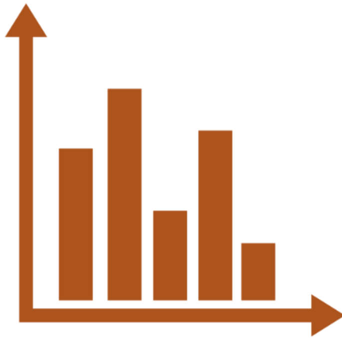
Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario



2016-17

Behavioural Supports Ontario Annual Report

brainXchange

North Bay Regional Health Centre

Centre régional de santé de North Bay

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Behavioural Supports Ontario (BSO) Annual Report

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"Caring for my mom has been overwhelming at times; but knowing we have been able to access the desired care needed continues to make a world of difference. The BSO nurse has helped me to better understand why these behaviours are occurring and how to help her." – Daughter of Individual supported by Central West BSO

Message from the BSO Provincial Coordinating Office (PCO) Team

Happy 5th Anniversary BSO!

The Behavioural Supports Ontario (BSO) Provincial Coordinating Office (PCO) team welcomes all readers to our second annual report since the re-emergence of a BSO PCO! The following document builds on last year's accomplishments, highlighting both regional and provincial achievements under BSO's current key themes of **IMPACT**, **INNOVATION** & **INTEGRATION.**

This fifth year of the initiative was surely lively, with the implementation of the new $10M annualized BSO funding, the launch of the Knowledge to Practice Community of Practice and the approval of the BSO Applied Health Research Question Project! BSO activity tracking continued this year with the implementation of new metrics while BSO's committees and advisories remained dedicated to informing and pursuing project priorities and directions. Following the 'accelerated' designation of 3 of Ontario Best Practice Exchange's Collaboratives, the Collaborative co-leads and members jumped right in – uncovering emerging and promising BSO practices in their respective topic areas. Finally, in February 2017, BSO celebrated the array of accomplishments of one of its leaders, David Harvey, Chief Public Policy and Program Initiatives Officer at the Alzheimer Society of Ontario, as he announced his retirement.

The 2016-17 year concluded with an in-person BSO Operations Committee meeting whereby priorities were set for 2017-19. In addition, we ended the year in high spirits as the Ministry of Health and Long-Term Care announced an additional $10M in annualized funding for the initiative to be implemented in 2017-18 and the BSO PCO received funding from all 14 Local Health Integration Networks to continue operating for another two years.

ACKNOWLEDGEMENTS:

The BSO PCO wishes to express sincere appreciation to the following people and groups for their continuous leadership and commitment to BSO:

- Donna Cripps, BSO PCO LHIN Lead Champion & Dr. Ken LeClair, BSO PCO Lead Physician Advisor
- BSO LHIN Leads & BSO Clinical/Strategy Leads
- BSO Committee/Advisory Co-Chairs, Ontario Best Practice Exchange Collaborative Co-Leads & Leaders of BSO Working Groups
- The BSO PCO's host organization, the North Bay Regional Health Centre
- brainXchange
- All members of our Committees, Advisories, Collaboratives & other Working Groups
- All of BSO's valued partner organizations across the province

Stay in touch with the BSO initiative throughout the year by subscribing to our quarterly newsletter: http://brainxchange.ca/bsopnewsletter.aspx

Executive Summary

Continuing to advance Behavioural Supports Ontario's (BSO) three pillars of (1) System Coordination & Management; (2) Integrated Service Delivery: Intersectoral & Interdisciplinary; and (3) Knowledgeable Care Teams and Capacity Building was a priority area of focus for 2016-17. As such, numerous projects under BSO's key themes of **IMPACT, INNOVATION** & **INTEGRATION** were initiated this past fiscal year; many of which manifested at a provincial level – supported by the BSO Provincial Coordinating Office (PCO).

BSO PCO TEAM (FROM LEFT TO RIGHT): DEBBIE HEWITT COLBORNE, TINA KALVIAINEN, MONICA BRETZLAFF & KATELYNN VIAU

IMPACT

BSO ACTIVITY TRACKING

Over the 2016-17 fiscal year, BSO received a total of 33,645 referrals; representing an increase of 353 referrals from the year prior. From these referrals, a total of 22,874 originated from Long Term Care (LTC) (68%) while the other 10,771 originated from the community, meaning anywhere outside of LTC, including private dwellings, retirement homes, acute care, assisted living, tertiary care, etc. (32%).

Each quarter, BSO supported an average of 15,775 residents in LTC (61.1%) and an average of 10,029 patients in the community (38.9%). In addition to providing patient support, 39,100 family care partners were supported by BSO teams. Transitions continue to be a significant area of focus for BSO teams as the need for transitional support to assist those individuals meeting BSO's eligibility criteria is steadily on the rise. In 2016-17, BSO supported a total of 4,461 transitions from either (1) acute to LTC, (2) community to LTC or (3) LTC, Community or Acute Care to Tertiary Mental Health.

Lastly, under the theme of knowledgeable care teams and capacity building, BSO teams across the province provided a total of 8,204 training/ education sessions, with a total of 96,803 attendees across sectors.

BSO APPLIED HEALTH RESEARCH QUESTION (AHRQ) PROJECT

Following a recommendation from the BSO Systems Performance & Evaluation Advisory and with the support of its members, the BSO PCO submitted an Applied Health Research Question (AHRQ) application to the Institute for Clinical Evaluative Sciences (ICES) which asked: ***What impact does the BSO initiative have on the behavioural health status and health outcomes of the patients it supports?***

The application was accepted in October 2016 and the project is being led by Dr. Walter Wodchis (Associate Professor - Institute of Health Policy, Management and Evaluation at the University of Toronto, Research Scientist - Toronto Rehabilitation Institute & Adjunct Scientist - ICES), Kevin Walker (Senior Research Associate- Institute of Health Policy, Management and Evaluation at the University of Toronto) and Dr. Frances Morton-Chang (Postdoctoral Fellow, University of Toronto).

INNOVATION

Supplemental to the numerous accomplishments made at individual LHIN levels, many provincial projects falling under the theme of innovation were launched in 2016-17.

ONTARIO'S BEST PRACTICE EXCHANGE COLLABORATIVES

Substance Use	Behavioural Support Integrated Teams (BSIT)	Behavioural Support Transition Units (BSTUs)
• Geriatric Addiction Rounds • Senior Alcohol Misuse Indicator (SAMI) • Best Practice Guidelines for Substance Use & Geriatric Addictions	• Behavioural Support Integrated Teams Framework • Behavioural Support Integrated Teams Discussion Paper	• BSTU Environmental Scan • Surfacing of BSTU critical elements that ensure person and family-centered care is delivered across patients' journeys in BSTUs

KNOWLEDGE TO PRACTICE COMMUNITY OF PRACTICE (COP)

A BSO Knowledge to Practice Community of Practice (CoP) was developed and launched in the fall of 2016. The Knowledge to Practice CoP aims to bring together professionals across Ontario who have a shared passion for capacity building and fostering knowledgeable healthcare teams in order to enhance care for older adults with complex and responsive behaviours associated with dementia, mental illness, substance use and/or other neurological conditions.

DEMENTIA OBSERVATION SYSTEM (DOS) PROJECT

Co-leads Dr. Lori Schindel Martin and Debbie Hewitt Colborne established a DOS working group in January 2017. This working group brings leaders and experts in the field of Behavioural and Psychological Symptoms of Dementia (BPSD) together to standardize the DOS and enable a uniform version to ensure consistency for the purposes of clinical decision-making and intervention outcome evaluation.

INTEGRATION

NEW BSO ANNUAL FUNDING

In August 2016, the Ministry of Health and Long-Term Care (MOHLTC) announced a $10M annual commitment to enhancing BSO's established services and hiring of additional specialized staff for the initiative. The 2016-17 BSO investment is part of the government's plan to *build a better Ontario* through its Patients First: Action Plan for Health Care which aims to provide patients with faster access to the right care; better home and community care; the information they need to live well; and a health care system that is sustainable for generations to come. Following the submission of each Local Health Integration Network's (LHIN) funding plans, three meetings were held in October/November 2016 whereby all LHINs presented their implementation plans. Highlights from each LHIN's funding plans are included in the full report.

BSO COMMUNICATIONS STRATEGY

E-Newsletter: BSO Provincial Pulse

Over the course of 2016-17, four more issues of the BSO Provincial Pulse were released to its 320+ subscribers. Some of the features included: BSO's Lived Experience Advisory, Health Quality Ontario's Quality Standards, the Ontario Dementia Strategy and BSO's new Qualitative Stories Framework; as well as many Professional Development activities and Letters of Lived Experience. All four issues can be accessed via the following link: http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Behavioural-Supports-Ontario.aspx

CONCLUSION

BSO's fifth year was undoubtedly a time of forward momentum in measuring BSO **IMPACT**, uncovering and spreading BSO **INNOVATION** and continuing BSO's **INTEGRATION** amidst the larger heath care system. Informed by the various Advisories, Committees, Collaboratives and Working Groups of the BSO Provincial Structure, the initiative has a clear path of priorities moving into 2017-18 that will considerably improve the care provided to BSO's growing population of older adults living with dementia, mental illness, substance use and/or other neurological conditions and their care partners.

In every respect, BSO's ongoing success is ultimately a result of ***PEOPLE BEING PASSIONATE ABOUT OTHER PEOPLE.*** The BSO PCO looks forward to continuing to support the growth of this indispensable initiative during these exciting times and wishes to express sincere gratitude to all BSO staff, partners and stakeholders.

> *"It touches my heart in many ways to see how you have my mom's best interest at heart and I'm sure you have lots of clients to attend to on a daily basis but you make her feel like she is #1." – Adult Child of Individual supported by North Simcoe Muskoka BSO*

Introduction

APRIL 1, 2016 – MARCH 31, 2017

Continuing to advance Behavioural Supports Ontario's (BSO) three pillars of (1) System Coordination & Management; (2) Integrated Service Delivery: Intersectoral & Interdisciplinary; and (3) Knowledgeable Care Teams and Capacity Building was a priority area of focus for 2016-17. As such, numerous projects under BSO's key themes of **IMPACT, INNOVATION** & **INTEGRATION** were initiated this past fiscal year; many of which manifested at a provincial level – supported by the BSO Provincial Coordinating Office (PCO). The BSO PCO officially re-emerged in June 2015 with the following objectives:

1. To collect activity tracking information and share it with the Local Health Integration Networks (LHINs) and with the Ministry of Health and Long-Term Care (MOHLTC).
2. To collate legacy indicators and share the results with the LHINs and the MOHLTC.
3. To develop Collaboratives for the purpose of sharing innovative practices across the continuum of care and identify promising practices to providers throughout Ontario.
4. To prepare a short summary report annually that provides a snapshot of each LHIN'S BSO achievements.
5. To work with the Alzheimer Society of Ontario and other provincial associations, in a collaborative way, to better the care for individuals experiencing responsive behaviours.

The BSO PCO Team was hired as of June 2015 and is comprised of a total of 1.7 FTEs in addition to a 0.5 FTE stipend which is provided to support the work of its primary collaborators – brainXchange. The following graphic illustrates the Provincial BSO structure as of April 2016:

FIGURE 1: BSO PROVINCIAL STRUCTURE *(AS OF APRIL 2016)*

BSO Committees & Advisories

BSO TRIPLE LHIN SENIOR ADVISORY

The BSO Triple LHIN Senior Advisory is comprised of senior-level representation from the three BSO PCO funding LHINs: Hamilton Niagara Haldimand Brant (HNHB), North Simcoe Muskoka and North East. In 2016-17, the advisory continued to meet with the BSO PCO to discuss the current state of the initiative and provide direction on the work of the other provincial BSO Advisories and various projects.

DONNA CRIPPS LOUISE PAQUETTE JILL TETTMANN TERRY TILLECZEK

"In reflecting on these first five years of the BSO initiative, there is so much to be proud of. In its original inception, BSO was a catalyst for change – propelled by the mission and vision of a better system of care for a population in need. Since then, the initiative has grown exponentially; with teams working across sectors to deliver person and family-centred care alongside a growing number of individuals, families and care partners every single year. BSO continues to be fueled by the passion of its various leaders across the province and I want to thank all of you for your remarkable dedication as we look forward to the exciting road ahead." – Donna Cripps

BSO STEERING COMMITTEE

Following a year of quarterly virtual meetings, the BSO Steering Committee, chaired by Donna Cripps (Chief Executive Officer [CEO], HNHB LHIN), Cathy Hecimovich (CEO, Central West Community Care Access Centre (CCAC)) and David Harvey (Chief Program and Public Policy Officer, Alzheimer Society of Ontario) held its first in-person meeting in May 2016. The meeting focused on establishing a current state of the BSO initiative and setting priorities for the 2016-17 fiscal year. In September 2016, the committee established its vision statement:

"Together we value individuality, integration and innovation."

In addition to continuously informing the BSO PCO's strategic priorities, the committee also: (1) oversaw the implementation of the 2016-17 BSO Funding; (2) provided advice to the Ontario Best Practice Exchange Collaboratives; (3) reviewed Health Quality Ontario's (HQO) Quality Standards; and (4) made recommendations to the MOHLTC Capacity Planning & Priorities Branch regarding priority areas for the Ontario Dementia Strategy.

DONNA CRIPPS *DAVID HARVEY* *CATHY HECIMOVICH*

BSO OPERATIONS COMMITTEE

As of September 2016, the BSO Operations Committee welcomed new co-chair Kathy Peters (Strategic Lead, HNHB BSO) to chair the committee alongside Monica Bretzlaff (Manager, North East BSO & BSO PCO). Together, the co-chairs led the committee in a total of five virtual meetings, culminating into a final 2016-17 in-person meeting which took place in March 2017. Over the course of the year, the committee focused on the launch of the BSO websites, reviewing of BSO data and evaluation projects, informing the implementation of new BSO funds, guiding the Ontario Best Practice Exchange Collaboratives and advising various provincial projects from an Operations-level perspective (e.g., the Ontario Dementia Strategy, Health Quality Ontario Quality Standards).

MONICA BRETZLAFF *KATHY PETERS*

The purpose of the March 2017 annual in-person BSO Operations meeting was to set priorities for the Operations Committee moving into the 2017-19 fiscal years and to celebrate the achievements accomplished thus far. The meeting also hosted special guest Arielle Baltman-Cord, Team Lead, Quality Standards Implementation (Health Quality Ontario) who sought input from the committee regarding the Quality Standards for people living with dementia in the community.

BSO LIVED EXPERIENCE ADVISORY

Over the course of the 2016-17 year, the BSO Lived Experience Advisory grew to 60+ members with the support of the advisory's co-chairs: Dr. Rhonda Feldman, Mental Health Clinician with the Cyril & Dorothy, Joel & Jill Reitman Centre for Alzheimer's Support and Training at Mount Sinai Hospital & Sharon Osvald, Lived Experience Facilitator[1], BSO PCO/brainXchange, whose role was expanded from a 0.2FTE to a 0.4FTE.

In 2016-17, the BSO Lived Experience Advisory continued to host live bi-monthly advisory conversations and acted as a resource to the following provincial projects: the Canadian Dementia Setting Questionnaire (Alzheimer Society of Canada), Quality Standards for Behavioural Symptoms of Dementia (Health Quality Ontario) and the Ontario Dementia Strategy (MOHLTC).

RHONDA FELDMAN *SHARON OSVALD*

In addition, the Advisory hosted a total of five live chats on www.dementiacrossroads.ca focused on the following topics:

- June 2016: Health Quality Ontario's Quality Standards for Behavioural Symptoms of Dementia
- August 2016: System Navigation in Dementia & Geriatric Mental Health
- October 2016: The Ontario Dementia Strategy with special guest Laura Meil from the MOHLTC Capacity Planning & Priorities Branch
- December 2016: Meaningful Engagement around the Holiday Season
- February 2017: Education, Training needs and Opportunities for Family Care Partners

SYSTEMS PERFORMANCE & EVALUATION ADVISORY

Guided by its co-chairs, Jonathan Lam (Manager, Health System Performance, Health Quality Ontario) & Shirley Sabovitch (BSO Quality Improvement Facilitator, Central East BSO), the BSO Systems Performance & Evaluation Advisory continued to inform strategies to best evaluate the BSO initiative in 2016-17. Throughout a total of three meetings, the advisory explored BSO Activity Tracker Data from 2015-16, the Alzheimer Society of Ontario's 'Community-Dwelling Individuals with Dementia' dataset, the updated BSO legacy measure data (see p. 17) and other available research prior to making the decision to collaborate with the BSO PCO in submitting an 'Applied Health Research Question' (AHRQ) application.

[1] Note title change from 'BSO Lived Experience Coordinator' to 'BSO Lived Experience Facilitator'.

Following the approval of the AHRQ application in October 2016, the Advisory began focusing on supporting this project (see p. 18).

JONATHAN LAM SHIRLEY SABOVITCH

KNOWLEDGE TRANSLATION & COMMUNICATIONS ADVISORY

The Knowledge Translation and Communications Advisory was launched in May 2016. This group brings together leaders and experts in the fields of research, education, capacity building, knowledge translation and communications in order to further advance and sustain BSO's third pillar: Knowledgeable Care Teams and Capacity Building.

In October of 2016, Julia Baxter (Community Outpatient and Outreach Program Manager, Seniors Mental Health, St. Joseph's Healthcare Hamilton) and Dr. Birgit Pianosi (Associate Professor, Gerontology, Huntington University) were nominated and accepted the co-chair roles for this Advisory.

JULIA BAXTER BIRGIT PIANOSI

Since its inception, the Advisory has had a very active fiscal year; holding a total of four meetings alongside leading and/or supporting multiple projects and initiatives. These include:

- Developing and approving the Advisory's Terms of Reference (October 2016).
- Supporting and guiding the work of Ontario's Best Practice Exchange's Accelerated Collaboratives (see p. 26-28).
- Reviewing knowledge translation frameworks and selecting one for BSO adoption: The Knowledge to Practice Process Framework (Dr. Ryan et al., 2013).
- Creating and launching the Knowledge to Practice Community of Practice (CoP) (see p. 29).

- Establishing a working group to create an updated standardized DOS (Dementia Observation System) (see p. 30).
- Exploring next steps in promoting the use of non-stigmatizing language (see p. 30).

"The quality of life for the resident, the smile on his face, and the laugher, I will remember forever! It feels great to make a difference. This fills me up with the reasons I do my job!" Mobile Response Team PSW, South East BSO

"[The BSO Clinician] offered constructive suggestions that were appropriate for each stage along this difficult road, along with appropriate anticipatory guidance for what we could expect was to come. [The BSO Clinician] did it in such a positive and supportive manner, not to cause fear, rather, to dispel it and prepare us in positive ways." – Family Member of Individual supported by Waterloo Wellington BSO

"The resident is modeling her new sundress today. She is smiling more and I've never seen her look better. She is really responding to our compliments" LTC Staff Member, Erie St Clair BSO

Projects & Initiatives: IMPACT

BSO ACTIVITY TRACKING

Following the collaboration with the MOHLTC Licensing and Policy Branch (Long-Term Care Homes Division) on the 'Activity Tracker Refresh Project' (2015-16), the revised list of BSO activity tracker metrics was implemented in Q1 2016-17. New to the 2016-17 tracker are metrics related to capturing BSO health human resources and family care partner support. Two previously collected metrics that gather information about education and capacity building activities were re-instated and a decision was made to separate the long-term care data and community/ 'other' data by their respective sectors; rather than by which team the patients were being supported. Lastly, the BSO-supported Behavioural Support Transition Units' metrics were revised to align with the specialized unit annual reporting already in place by the MOHLTC.

To support the implementation of the new metrics, meetings were held in May 2016 to review the operational definitions for all metrics. Following these meetings, all metrics were translated into French in collaboration with North East BSO & Champlain BSO, and submission templates were prepared by the BSO PCO for each LHIN. BSO Activity tracker data was received and collated by the BSO PCO prior to submission to the MOHLTC's Licensing and Policy Branch & LHIN-Collaborative (LHIN-C) each quarter. A summary of this year's data is included below.

BSO Activity Tracking: 2016-17 Quantitative Data Overview

BSO Activity Tracker Data captures the work of BSO-aligned staff, regardless of how they are funded. This includes staff funded prior to the BSO initiative (e.g., some Psychogeriatric Resource Consultants), staff funded by the original BSO funding (2011-12) and staff funded through LHIN-leveraged funding.

Over the 2016-17 fiscal year, BSO received a total of 33,645 referrals; representing an increase of 353 referrals from the year prior. From these referrals, a total of 22,874 originated from Long Term Care (LTC) (68%; data from 13 LHINs). The other 10,771 originated from the community, meaning anywhere outside of LTC including private dwellings, retirement homes, acute care, assisted living, tertiary care, etc. (32%; data from 11 LHINs).

Each quarter, BSO supported an average of 15,775 residents in LTC (61.1%; data from 14 LHINs) and an average of 10,029 patients in the community (38.9%; data from 12 LHINs). These data are similar to those in 2015-16 wherein 55% of BSO patients were being supported by LTC teams, 38% by community BSO teams and 7% by cross-sector teams.

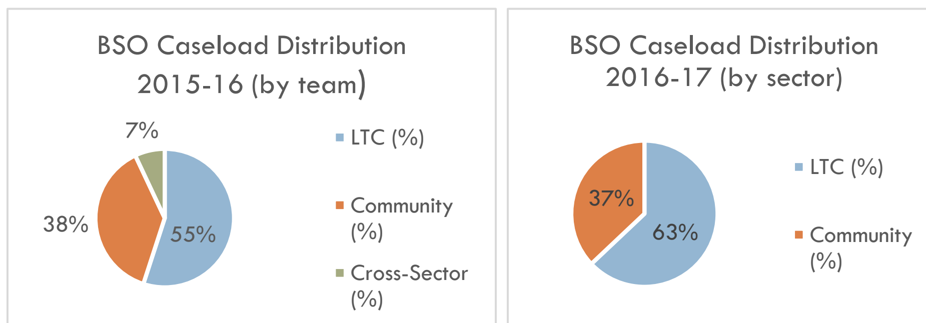


FIGURE 2: BSO CASELOAD DISTRIBUTION 2015-16 (BY TEAM) & 2016-17 (BY SECTOR)

In addition to providing patient support, 11LHINs also began reporting family care partner support data for all or a portion of their BSO teams in 2016-17. A total of 39,100 family care partners were supported by BSO teams with 24,622 being family members of LTC residents (63%; data from 11 LHINs) and 14,478 from the community (37%; data from 11 LHINs). The provision of BSO family care partner support can include: the transmission of information about other available services or support with system navigation; providing information about disease processes; delivering specific coaching on behavioural support strategies and responsive behaviours; supplying education regarding assessment tools; and/or discussing results of behavioural assessments that have been conducted by staff.

Transitions continue to be a significant area of focus for BSO teams as the need for transitional support to assist those individuals meeting BSO's eligibility criteria is steadily on the rise. As such, many BSO teams are engaging in quality improvement initiatives to determine how best to support patients who are transitioning across the system. In 2016-17, BSO supported a total of 4,461 transitions from either (1) acute to LTC, (2) community to LTC or (3) LTC, Community or Acute Care to Tertiary Mental Health.

Transition Type	# of LHINs Collecting Metric	Total # of Transitions of this Type Supported
Total # of transitions from Acute to LTC	11	1,359
Total # of transitions from Community (including supportive housing & retirement homes) to LTC	12	2,480
Total # of transitions from Community, LTC OR Acute Care to Tertiary Care Mental Health Beds	12	622

TABLE 1: BSO SUPPORTED TRANSITIONS BY TYPE (2016-17)

Under the theme of knowledgeable care teams and capacity building, BSO teams across the province provided a total of 8,204 training/education sessions (data from 14 LHINs), with a total of 96,803 attendees (data from 14 LHINs) across sectors.

Lastly, the BSO PCO collects data from Behavioural Support Transition Units (BSUs/BSTUs) that are fully or partially funded by BSO. In 2016-17, four BSUs fell under this category: Baycrest's Apotex Centre Transitional Behavioural Support Unit (Toronto Central LHIN), Cummer Lodge's Behavioural Support Unit (Central LHIN), Peter D. Clark's Specialized Behavioural Support Unit (Champlain LHIN) *(closed as of December 2016)* and Hogarth Riverview Manor's Regional Behavioural Health Services (North West LHIN). Evident in the summary table of their data *(see p. 14)* is the fact that awareness and overall interest in sending patients to BSUs is growing; however, patient flow remains a critical issue.

Behavioural Support Unit Metric	2016-17 Data (Avg.)
Total # of clients on wait list	168
Total # of Referrals	251
Total # of Admissions	80
Total # of Admission by Source:	
# from LTC:	23
# of Community:	8
# from Hospital:	33
# of Tertiary Mental Health:	1
# from out of region (specific sector not specified):	15
Total # of Discharges:	67
Total # of Discharges by Source:	
# to LTC:	19
# transferred to another unit within the LTCH that houses the specialized unit:	12
# to Community:	0
# to Hospital:	1
# to Tertiary Mental Health:	9
# to out of region (specific sector not specified):	2
# to forensic unit in jail	0
# died	24
Total Length of Stay (LOS) in the BSU (Clinical Days)	338.3
Total LOS in the BSU (Alternate Level of Care Days)	288.08
% Occupancy Rate in BSU	89.73

TABLE 2: BSO SUPPORTED BSU DATA 2016-17

Unique LHIN BSO Metrics

In addition to the provincial BSO activity tracker metrics highlighted above, many LHINs collect additional metrics on a regional level to assist in the evaluation of their local initiatives. Listed below are LHIN-level data highlights from 2016-17:

LHIN	Metric
ESC	Total # of active individual client-based services delivered (i.e., Units of Face to Face Service): **30,047**
SW	Most common referral sources for SW BSO Cross-Sector Teams 2016-17: Elgin Team: **Hospital;** Grey-Bruce Team: **LTC;** Huron-Perth Team: **Family Practice;** London-Middlesex Team: **Family Practice;** Oxford Team: **Hospital**
WW	% of unplanned and planned visits to the Emergency Department (ED) & outreach services: Geriatric Addictions Outreach & Specialized Services (OTN; SGS; Detox Centers): **78.1%** Geriatric Addictions Outreach & Specialized Services + Planned Specialized Hospital Admissions: **9.4%** Unplanned Emergency Visits + Geriatric Addictions Outreach & Specialized Services: **12.5%**
HNHB	Average # of ALC patient days for patients with responsive behaviours decreased by **26.94%** compared to 2015-16.
CW	23 LTCHs supported over **2,227** (non-unique) complex behaviour cases through interdisciplinary team collaboration and care planning.
MH	% of LTC residents in MH LHIN transferred to the ED due to responsive behaviours decreased from **1.0% to 0.7%** from April 2016 – March 2017.
TC	Psychogeriatric Resource Consultant for Primary Care engaged **723** Primary Care Practitioners in consultations.
CEN	In addition to the provincially-tracked transitions metrics, **60** more individuals were supported to transition from hospital to community; **9** individuals supported to transition from tertiary care to LTC; and **6** individuals supported to transition from tertiary care to community.
CE	ED transfers due to responsive behaviours remain consistently low at **0.3%** of the Central East BSO population in LTC.
SE	Mobile Response Teams in the South East consistently supported residents in **94-97%** of the LTCHs through the first 3 quarters of the year and **100%** of the LTCHs in the last quarter.
CHA	Total # of visits to the ED for behavioural issues amongst individuals on the BSO LTC caseload decreased by **15.6%** from Q2 to Q4 2016-17.
NSM	North Simcoe Muskoka's Behaviour Success Agents exceeded their target # visits by **56.1%** (target: 750; actual: 1712).
NE	Average Response Time for NE BSO Integrated Response Teams (for Initial Patient/Family Contact): **48.15hrs** (aim: within 72 hrs).
NW	Total # of BSO Mobile Team Visits/Interactions: **3,409**

TABLE 3: LHIN-LEVEL ACTIVITY TRACKING DATA HIGHLIGHTS 2016-17

BSO Activity Tracking: Qualitative Stories

Following a thematic analysis of the 75 qualitative stories submitted in 2015-16, the BSO PCO developed a revised Qualitative Stories Framework to be used in 2016-17 and beyond *(pictured below)*.

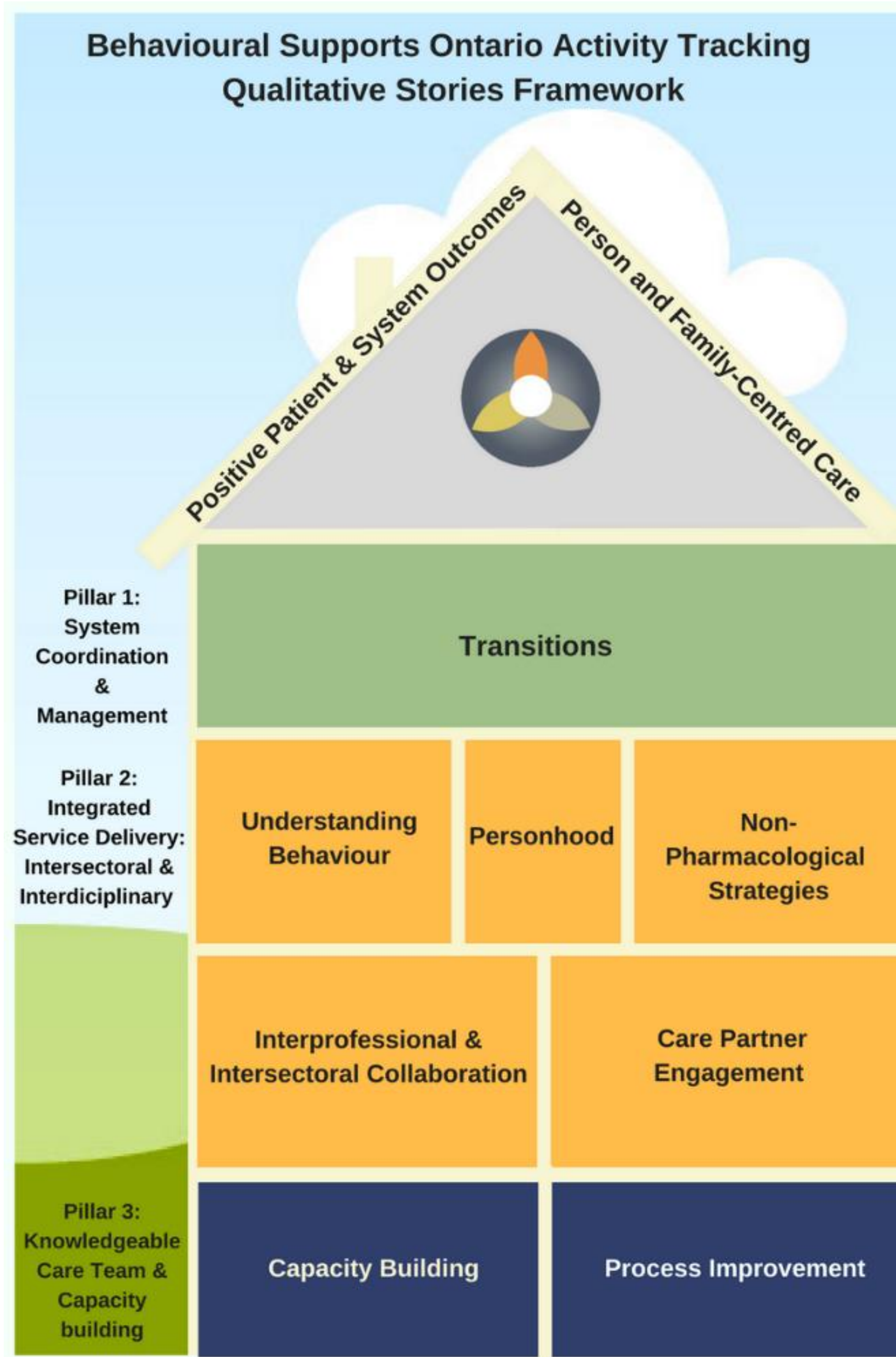


FIGURE 2: BSO QUALITATIVE STORIES FRAMEWORK

UNDER THE GUIDANCE OF THIS FRAMEWORK, A TOTAL OF 92 QUALITATIVE STORIES WERE SUBMITTED IN 2016-17, REPRESENTING A 22.6% INCREASE IN QUALITATIVE STORIES SUBMISSIONS COMPARED TO 2015-16.

As predicted, the most common BSO patient diagnosis found in the qualitative stories was dementia and the most common story setting was LTC (48.8%); followed by community (24.5%); Acute Care (10%); Adult Day Programs (10%); and BSUs (6.7%). Twenty-five stories (27.7%) described ways in which BSO teams supported a patient transition, confirming that transitions remain a key area of focus for BSO teams across sectors. In addition, approximately half of all stories submitted (51.1%) included a quote from a patient, family member, BSO staff or other health care partner; some of which have been included throughout this report.

Under the second pillar, integrated service delivery: intersectoral and interdisciplinary, the most commonly reported themes were identical to those reported 2015-16: (1) interprofessional & intersectoral collaboration; and (2) non-pharmacological strategies. Lastly, under BSO's third pillar, 45.6% of qualitative stories mentioned capacity building, often referring to education and training programs that have built capacity amongst BSO teams and other staff across sectors. Process improvements were also noted in 20% of 2016-17 qualitative stories.

BSO Activity Tracking: 2017-18 Changes

The BSO Activity Tracker metrics will remain unchanged for the 2017-18 fiscal year with the sole exception of improving the data collection procedure for the education and capacity building metrics. Following a recommendation from the BSO Operations Committee, the BSO PCO is appreciative to have been able to develop data sharing agreements with P.I.E.CE.S. Canada, Advanced Gerontological Education & the Alzheimer Society of Ontario to receive data regarding P.I.E.C.E.S., Gentle Persuasive Approaches & U-FIRST sessions directly to the BSO PCO to improve data accuracy. As such, BSO teams across the province will no longer be required to submit these data to the BSO PCO.

BSO LEGACY MEASURE

Back in 2014-15, the BSO Consultative Group recommended a single measure: 'change in behavioural symptoms among long-term care residents' to be used as the BSO legacy indicator. The original report (January 2015) includes the original analysis of this indicator in addition to recommendations for future BSO evaluative work. In May 2016, the BSO PCO requested to have the updated legacy measure data retrieved by the MOHLTC Health Analytics Branch for both 2014-15 & 2015-16. This request was approved and the data was provided to the BSO PCO in August 2016. A presentation of the data was then provided to the BSO Systems Performance & Evaluation Advisory in September 2016.

The BSO Legacy Measure updated dataset includes:

- The number of LTC residents age 50+ with responsive behaviours (2013-14 to 2015-16)
- Presence of responsive behaviours by type and severity (2013-14 to 2015-16)
- Change in responsive behaviours (by type) compared to the residents' previous assessment (2013-14 to 2015-16)

BSO APPLIED HEALTH RESEARCH QUESTION (AHRQ) PROJECT

Following a recommendation from the BSO Systems Performance & Evaluation Advisory and with the support of its members, the BSO PCO submitted an Applied Health Research Question (AHRQ) application to the Institute for Clinical Evaluative Sciences (ICES) which asked:

WHAT IMPACT DOES THE BSO INITIATIVE HAVE ON THE BEHAVIOURAL HEALTH STATUS AND HEALTH OUTCOMES OF THE PATIENTS IT SUPPORTS?

The application was accepted in October 2016 and the project is being led by Dr. Walter Wodchis (Associate Professor - Institute of Health Policy, Management and Evaluation at the University of Toronto, Research Scientist - Toronto Rehabilitation Institute & Adjunct Scientist - ICES), Kevin Walker (Senior Research Associate- Institute of Health Policy, Management and Evaluation at the University of Toronto) and Dr. Frances Morton-Chang (Postdoctoral Fellow, University of Toronto).

In the months following the application's approval, the BSO AHRQ project team worked closely with the BSO PCO to identify which LHIN's BSO initiatives had the ability to participate in the project. Participation in the AHRQ project is limited to BSO teams who have the ability to provide the following data for all patients supported in 2014-15: Ontario Health Insurance Plan (OHIP) Number, date of referral to BSO, date of discharge from BSO and sector supported in (i.e., LTC or Other). A total of 16 organizations that host BSO staff/teams have agreed to participate in the project across five different LHIN regions.

The purpose of the project is to determine BSO's impact on patients' behavioural health status and overall health care system use. Using existing health administrative data, this project will describe characteristics of individuals receiving BSO support and explore relevant data elements to better understand the effect of the initiative on patients across sectors from a quantitative perspective. It is anticipated that the project will be completed in spring 2018.

"[The BSO Clinical Leader] and I have worked on many complex patients, particularly in the mental health program. This case best demonstrates, very simply, how important it is to know who that patient is as a person and to tailor care on an individualized basis." - Discharge Planner, Hamilton Niagara Haldimand Brant Region

Projects & Initiatives: INNOVATION

LHIN-LEVEL ACHIEVEMENTS & INNOVATIONS

Erie St. Clair (ESC): BSO Symposium

ESC BSO held a full day BSO Symposium on March 6, 2017 with nearly 200 participants in attendance. Guest speakers included:

- Dr. David Ryan- Building High Performance teams
- Francoise Mathieu- Compassion Fatigue & Complex Stress
- Phyllis Hymmen- Recognizing the Care Given to a Loved One in Long Term Care

A variety of relevant breakout sessions were offered based on needs identified by invitees. These included: (1) Developmental Disorders and Responsive Behaviours; (2) Geriatric Mental Health, (3) Exploring Activation as an Essential Part of a Behavioural Support Team, (4) Compassion Fatigue, and (5) Team Building. Overall evaluations were very positive and the ESC BSO Team looks forward to offering a follow-up event in the fall of 2017.

South West (SW): 2017-2020 Strategic Planning

In collaboration with HealthStatsInc®, stakeholder engagement and environmental assessments began in the spring of 2016 with the intended outcome to conduct an environmental analysis of the populations served by BSO. This project was conducted to evaluate the supports and services in place and design a framework for the allocation of future BSO resources. This work was incorporated into further stakeholder consultation in the summer of 2016 to identify additional opportunities for review and to intentionally engage additional stakeholders.

In the fall of 2016, a two-part planning summit took place to identify priorities for the South West LHIN BSO initiative for the 2017-2020 period. This work included the regional and intersectoral representation of family members, partners and stakeholders from across the South West LHIN (70+ participants).

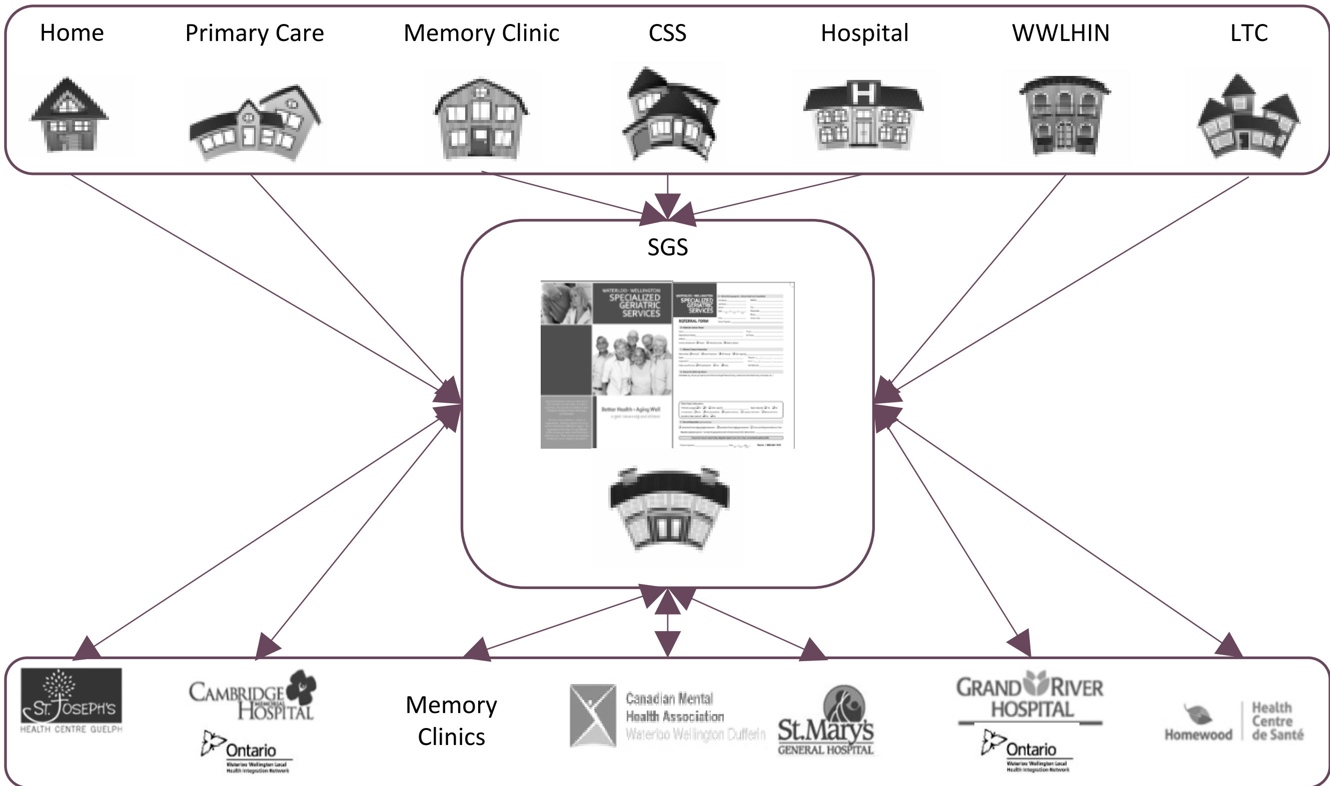
System Coordination & Management
1. Optimize the South West Behavioural Health System of Care 2. Leverage partnerships to facilitate collaborative care planning with home and community care, hospitals, long-term care, mental health and addictions, and primary care partners 3. Advance the Behavioural Health Evaluation Strategy
Integrated Service Delivery: Inter-sectoral & Interdisciplinary
1. Identify and support the increasingly complex health care needs of the Behavioural Health population
Knowledgeable Care Team & Capacity Building
1. Improve the public's and care partner's understanding of Behavioural Health and the resources available

It built upon the 2014-17 strategic plan and the analysis conducted by HealthStatsInc®. Current system activities, legislation and population priorities within the system of care were also included in strategic planning. The outcome of the summit reflects the collective voice of participants and identifies five areas of priority to enhance and sustain the successes of the BSO initiative in the South West LHIN.

Waterloo Wellington (WW): Clinical Intake Program

The BSO Clinical Intake program was identified by the Centre for Family Medicine's *eHealth Centre for Excellence's* Benefit Realization team as a process that produces organizational and clinical value.

The BSO Clinical Intake program uses information technology (IT) as an enabler to create a virtual assessment from an information repository. The repository contains medical, cognitive, psychological and functional detail to allow better triage and referral for frail seniors. The rapid interconnectivity achieved through the transmission of information has resulted in clients, clinicians and families gaining timely access to geriatric psychiatry and geriatric medicine service within the Waterloo Wellington region.



Hamilton Niagara Haldimand Brant (HNHB): Identification and Development of LTC Behavioural Leads/Champions

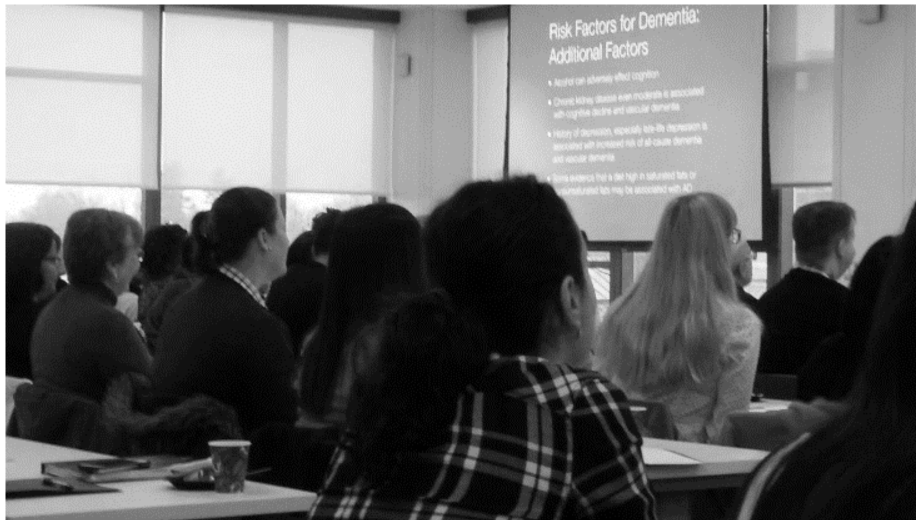
> *"I am thoroughly enjoying the Behavioural Lead Position within the home. Staff and co-managers are coming to me with questions in regards to how to work with people with behaviours and what are good interventions." - Katelynn, LTC Behavioural Lead*

Building knowledgeable care teams has always been an integral part of the BSO strategy. Uptake and spread of behavioural strategies are enhanced when a Lead/Champion is present and actively engaged within the LTC home. In 2016-17, LTC homes in the HNHB LHIN were asked to appoint 1-2 Behavioural Leads/ Champions *(depending on home size)* to lead the assessment and care planning for residents with responsive behaviours, and serve as a liaison with external partners including the BSO LTC Mobile Teams. While these positions had no funding tied to them, Behavioural Leads/ Champions were offered 5 days of training, including GPA, P.I.E.C.E.S., Montessori Methods, and pain management, and backfill to support their time away from work. 75 of the 86 LTC homes (87%) in the HNHB LHIN appointed Behavioural Leads/ Champions who will

apply their learnings in LTC and will sustain their work by participating in a Community of Practice. Lists containing contact information of Behavioural Leads/ Champions have been created and will be updated and disseminated to external partners to ensure that frequent and efficient communication takes place between partners.

Central West (CW): Cross-Sector Learning Event

On March 24, 2017, the CW BSO initiative in partnership with the CW LHIN, the Region of Peel, CCAC and the Geriatric Program from William Osler Health System engaged over 136 front line staff, managers, clinicians and members from the BSO team. This was a cross-sector event that laid the foundation and expectations for behaviour assessment and management of persons with responsive behaviours and cognitive impairments within the CW LHIN. Over the course of a full day workshop, the presenters from Geriatrics, Psychiatry, Pharmacy, Nursing and Ethics shared new and exciting information, including the SPARK project and research being conducted in one of CW's LTC Homes.
There was an emphasis on practical approaches to supporting individuals with dementia in acute care and LTC. They stressed the importance of team work and collaboration to improve patient outcomes and delivering patient and family centred care. This was a theme that was carried throughout the day. The investment of this workshop has begun to build capacity and has provided the catalyst for future training and development events. Enabling care providers to learn and work together has strengthened the BSO team and in turn will aid in improving the health system.



Mississauga Halton (MH): Annual BSO Days

Through ongoing annual BSO funding, the PRCs are able to organize 1-2 BSO days per year that provide education based on current gaps and themes observed in BSO practice. This year, guest speakers provided education on Person Centred Bathing using a "simulated experience". BSO staff also received additional resources to reinforce the education provided such as: bathing kits containing bath capes, bathing mitts, sponges, and bathing products. Speakers, iPods, iTunes gift cards and additional gift certificates were also provided to enhance each individual's bathing experience.

Toronto Central (TC): Behaviour Support Resource Team Education & Training

The implementation of the LTCH in-house BSO lead roles included an in depth Behaviour Support Resource Team (BSRT) education and training component offered to leads as well as team members. This evidence informed BSRT Lead Training Program consisted of 4 plus 1 days of instruction by experts and case based learning. This program was built upon the Provincial BSO Knowledge to Practice Framework and focused on four themes: clinical knowledge, clinical tools and their use, teamwork and team leadership, and inter-organizational collaboration. The BSRT training engaged teams of administrators as well as regulated and unregulated staff from each participating LTCH in a standardized evidence informed process to develop context specific to in-house BSO resources. The plus one day follow-up session focused on reviewing lead implementation issues and establishing home specific objectives. A total of 17 BSRT teams (75 participants) and 11 BSO in-house leads received training. To further sustain the knowledge gained during the training and provide peer-to-peer support, the Psychogeriatric Resource Consultation Program has facilitated the development of a BSRT Lead Community of Practice.

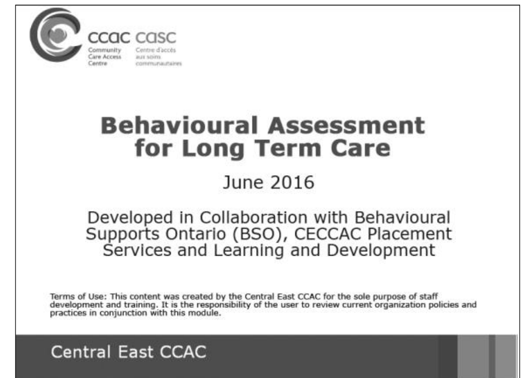
Central (CEN): Improving the Caregiver Experience in Emergency & Acute Care

In November 2016, the BSO Caregiver Support Working Group joined with Health Links and family caregivers to facilitate an experience-based co-design session to create ways to improve the caregiver experience in emergency and acute care. The event brought together16 caregivers, 16 hospital staff and 16 community support agency staff from across Central LHIN. Working together in small mixed groups broke down barriers between sectors and generated many practical ideas for improving the hospital experience for clients and caregivers.

Central East (CE): Behavioural Assessment eLearning Module & P.I.E.C.E.S. Plus

In partnership with CE BSO's host organization – CE CCAC Patient Services and Learning and Development, the BSO Program Office collaborated to develop and deploy the CCAC Behavioural Assessment eLearning module. In less than one year, more than 80% of CCAC Care Coordinators have completed the training. Qualitative feedback reported from LTC providers identified improved Behavioural Assessment documentation.

Building on this initiative, a pilot P.I.E.C.E.S "Plus" course was offered to 81 CE CCAC Care Coordinators to test this value of the training to support behavioural assessment and care planning. The "Plus" portion of the course included elements specific for CCAC Care Coordinators to:



- Apply knowledge and skills of BSO tools and processes to support patients with responsive behaviours;
- Integrate strategies, common language and tools to enhance communication, collaboration and sharing of information; and
- Develop and implement strategies to prevent and address risk.

Participant feedback indicated a greater appreciation for patient-centred care, team work and collaboration, understanding that behaviours have meaning and that they feel better prepared to fully assess patients who exhibit responsive behaviours using the P.I.E.C.E.S. framework and recommended tools. There was overwhelming agreement that this course would be of value to all Community and Hospital Care Coordinators.

South East (SE): Launch of Behaviour Support Networks

2016-2017 saw the development of 3 Behaviour Support Networks (BSNs) in each of the regions of the SE: Hastings & Prince Edward; Kingston, Frontenac, Lennox & Addington; and Lanark, Leeds & Grenville (LLG). The BSNs are a collaboration of the LTCHs and Behaviour Support Services (Psychogeriatric Resource Consultants; Seniors Mental Health Outreach; and Mobile Response Teams). These networks bring together people, ideas, and resources with a goal to network, learn, innovate, and share among partners. Each of the 36 LTCHs in the SE has identified a Behaviour Support Liaison who works with internal and external partners to develop an in-house Responsive Behaviour Team. The BSNs support the ongoing development and capacity enhancement of these developing in-house resources. Each network now meets in person quarterly. The learning component is driven by the network and the sharing of ideas and resources has been rewarding. To foster ongoing connections and sustainability, each BSN is supported by the SE Knowledge Exchange Network *(partnership through brainXchange)* with the development of an online Collaboration Space for each BSN. Next steps will include engaging within the Collaboration Spaces to enhance the networks through ongoing exchange between meetings.

"The Collaboration Space was a wonderful added tool that allowed most to participate, share, post, and ultimately tap into resources from afar. We are thankful for the opportunity" LLG BSN Co-Chair

Champlain (CHA): Ongoing Commitment to Education

900

Over the 2016-2017 fiscal year, CHA BSO committed to providing high-quality education sessions to all of staff involved in BSO. As a team, CHA BSO collaborated to provide almost 900 training and education sessions, improving the skills of 7322 participants.

North Simcoe Muskoka (NSM): Behaviour Success Agent Project

Between July 2016 and March 2017, the North Simcoe Muskoka Specialized Geriatric Services (SGS) Program worked with partner NSM hospitals to implement the time-limited Behaviour Success Agent (BSA) project. A BSA was placed in each of the 7 NSM hospital sites. The funding for the project was through both the NSM LHIN and new 2016-17 BSO funding. The purpose of this project, which stemmed from the findings of the November 2015 Behaviour Concurrent Review, was to:

- Improve the quality of care provided to hospitalized older adults with cognitive impairment and responsive behaviours;
- Build the capacity of health care professionals in NSM hospitals in the assessment and management of older adults with cognitive impairment and responsive behaviours;
- Improve hospital flow and reduce ALC days for older adults with cognitive impairment and responsive behaviours;
- Enhance partnerships and service delivery knowledge between service providers; and
- Build a new NSM community of practice relative to older adults with cognitive impairment and responsive behaviours to support collaboration and sustainability of project outcomes.

North East (NE): BSO Indigenous Strategy

The focus of the BSO Indigenous Strategy during the 2016-17 fiscal year was to carry forward with supporting NE BSO's Indigenous care partners and patients in a culturally safe way and to develop the PIECES of My Relationships tool. This past year, NE BSO connected an additional 67 health care providers with the 8-week online San'yas Indigenous Cultural Safety Training; including BSO staff, other LTCH staff, and physicians.

Following the recommendations of the 2015 PIECES of My Personhood Kaizen Group *(which consisted of health care providers from Maamwesying North Shore Community Health Services, community members with lived experience, and BSO staff)*, the PIECES of My Personhood was reconstructed as follows:

- The title of the tool was changed to PIECES of My Relationships.
- The tool was reformatted into question form, with more space to respond.

Next, the drafted version of the PIECES of my Relationships tool underwent a review process with the following groups:

- The Canadian Consortium on Neurodegeneration in Aging (CCNA) Team 20, including Project Elder Jerry Otowadjiwan.
- The Anishinaabe Language Advisory Group.

Subsequent to incorporating feedback and making revisions, the tool was returned to the original Kaizen group.

The PIECES of my Relationships tool currently remains in the development stage. The intentions for the 2017-18 year include NE BSO conducting three focus groups with Indigenous care partners and health care providers across the North East to 1) review the tool, 2) develop a guidebook based on the feedback from these sessions, and 3) regroup with the original Kaizen group.

Upon completing final recommendations, the tool will be piloted and further refined as per the Knowledge to Practice Process Framework.

North West (NW): Enhancing Education across Sectors

Enhanced education has been provided across the Northwest LHIN to those working as part of the BSO team but also in all Long Term Care Homes with the enhanced education funding in 2016-17.
The following education was provided to health service providers:

- *Living the Dementia Journey Facilitator Training*
- *Montessori Methods*
- *Gentle Persuasive Approach*
- *Teepa Snow's Positive Approach to Dementia Care*
- *Eilon Caspi's Prevention of Distressing and Harmful Resident-to-Resident Interactions*
- *Shifting focus guides were provided to Health Service Providers across NW LHIN*
- *Dr. Dallas Seitz' Behavioural & Psychological Symptoms of Dementia*

CMHAFF
INVITES YOU TO:

Regional Behavioural Health Services
North West Training & Education Sessions

Fighting for Dignity: Prevention of Distressing and Harmful Resident-to Resident Interactions

PRESENTER & FACILITATOR: **Dr. Elion Caspi, Dementia Behaviour Consulting**

ONTARIO'S BEST PRACTICE EXCHANGE

Substance Use Collaborative (49 active members)

The Substance Use Collaborative is the first of three accelerated Collaboratives part of Ontario's Best Practice Exchange. The Collaborative is led by Marilyn White-Campbell (Geriatric Addiction Specialist, Community Responsive Behaviour Team, St. Joseph's Health Center, Guelph), Cathy Sturdy Smith (Manager, Specialized Geriatric Services, Canadian Mental Health Association, Waterloo Wellington) and Jane McKinnon Wilson (Director, Regional Geriatric Program Central).

JANE MCKINNON WILSON | *CATHY STURDY SMITH* | *MARILYN WHITE-CAMPBELL*

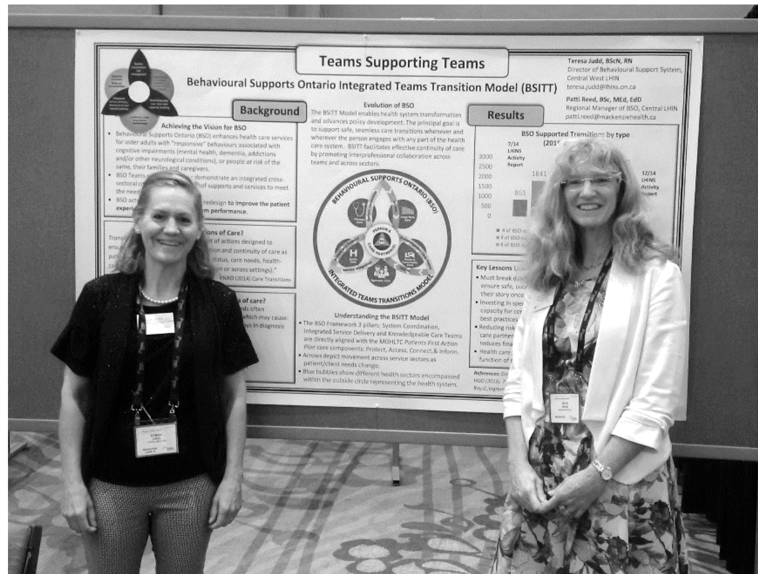
The Collaborative established monthly meetings as of April 2016. One of its first short term goals was to market monthly Geriatric Addiction Rounds to a broader province-wide audience. The rounds have been successfully promoted within the collaborative and by means of brainXchange and BSO communications.

The Collaborative also prioritized making the Senior Alcohol Misuse Indicator (SAMI) assessment tool more accessible to clinicians. The Collaborative has been working with the Centre for Addiction and Mental Health (CAMH) and the author of the SAMI, Dr. Bonnie Purcell, to make it available on CAMH's Portico - a network of addiction and mental health sites from across Canada offering clinical tools and evidence-based materials for health care professionals that may be of equal interest to those with lived experience and their families. This work remains in progress, along with planning for knowledge translation related to the application of the SAMI assessment tool.

A long-term goal and priority identified by the Collaborative was the need for national low-risk drinking guidelines specific to older adults. Partnerships were explored which ultimately led to the submission of a funding application to Health Canada allowing for the development of a Best Practice Guideline related to Substance Use with older adults, including alcohol, opiates, benzodiazepines and marijuana. At the end of the 2016-17 fiscal year, the results of the competition were still pending. A sneak peek into 2017-18 reveals that the application was indeed successful, with news of the appointment of the Canadian Coalition for Seniors' Mental Health as lead agency!

Behavioural Support Integrated Teams (BSIT) Collaborative (36 active members)

The Behavioural Support Integrated Teams (BSIT) Collaborative is the second of three accelerated Collaboratives part of Ontario's Best Practice Exchange. The Collaborative is led by Teresa Judd (Director of Central West BSO) and Patti Reed (Program Manager for Central BSO).



TERESA JUDD & PATTI REED
PRESENTING THE BSIT TRANSITION MODEL AT THE ONTARIO ASSOCIATION OF COMMUNITY CARE ACCESS CENTRES (OACCAC)
ACHIEVING EXCELLENCE TOGETHER CONFERENCE (EARLY 2017-18)

The Collaborative established monthly meetings as of April 2016. Over the course of 2016-17, efforts were aimed primarily on the development of the 'Behavioural Support Integrated Teams' Discussion Paper. This paper considers key factors to improve the way BSO patients and their care partners experience the accessibility of safe and quality care as they move across the continuum of care. Focused on the principle of 'teams supporting teams,' this paper acknowledges a myriad of lessons learned over the course of BSO's five-year experience in the development of a comprehensive model to support the evolution of the initiative.

Alongside the development of the discussion paper was the creation of the Behavioural Support Integrated Teams Transitions (BSITT) Model to illustrate its concept and principles. Coordinated, cross-agency, cross-sectoral collaboration and/or partnerships based on clearly defined roles and processes are critical to facilitate safe, efficient and effective care transitions. The BSITT Model focuses on the quality and continuity of care for and with older adults with responsive behaviours and their care partners within an integrated health system by bringing the separate parts of the existing system together (e.g., primary care, specialty care, home care and long-term care) to facilitate the delivery of a continuum of care, benefitting both patients and service providers alike.

THE GOALS OF THE BSITT MODEL ARE TO PROVIDE A SYSTEM-WIDE STRUCTURED FRAMEWORK THAT CAN BE READILY ADAPTED ACROSS SETTINGS TO IMPROVE TRANSITIONAL CARE FOR OLDER ADULTS WITH RESPONSIVE BEHAVIOURS.

The BSITT model aligns with other key provincial initiatives guiding future enhancements to Ontario's health care system such as the Patients First Action Plan for Health Care and the Ontario Dementia Strategy. The BSITT Model is also consistent with Health Quality Ontario's Quality Standard for Behavioural Symptoms of Dementia #14 which emphasizes accountability, coordination and communication in supporting successful transitions.

Next steps for the Collaborative include the official release of the discussion paper alongside the BSITT model; following which the Collaborative will focus on unveiling emerging and promising practices, existing tools and resources used in the delivery of care to patients who are transitioning across different parts of the healthcare system.

Behavioural Support Transition Units (BSTUs) Collaborative (79 active members)

The Behavioural Support Transition Units (BSTUs) Collaborative is the third accelerated Collaborative part of Ontario's Best Practice Exchange. The Collaborative is led by Mary Ellen Parker (Chief Executive Officer, Alzheimer Society of Chatham-Kent) and Karin Adlhoch (Manager, Resident Services, Cummer Lodge).

KARIN ADLHOCH   MARY ELLEN PARKER

The Collaborative established monthly meetings as of June 2016 and quickly developed both short and long term goals. The first short term goal was to complete an environmental scan by means of collecting information regarding current Ontario BSTUs (i.e., admission criteria, staffing complement, training and lessons learned). The objective was to gather this information for the purpose of learning and establishing an overall understanding of existing units so these experiences could be compared for knowledge sharing and quality improvement. A standardized template for data collection was created and the information was voluntarily provided during the fall of 2016. The raw data was shared amongst Collaborative members within a private online space. As interest in the information grew, the Collaborative worked to create a public document highlighting key information gathered without unit identifiers. An initial draft of the report was created prior to end of the 2016-17 fiscal year, with release of the finalized document in June of 2017.

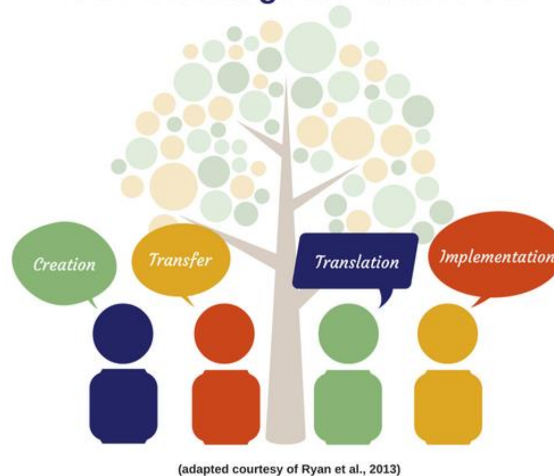
The Collaborative's long term goal is to surface the critical elements in providing person and family centered care throughout a person's journey in a BSTU. Throughout the year, the Collaborative utilized its monthly meetings to identify these critical elements and ways to promote such practices. This work is ongoing and will be continuing into 2017-18.

KNOWLEDGE TO PRACTICE COMMUNITY OF PRACTICE (COP)

A BSO Knowledge to Practice Community of Practice (CoP) was developed and launched in the fall of 2016. The Knowledge to Practice CoP aims to bring together professionals across Ontario who have a shared passion for capacity building and fostering knowledgeable healthcare teams in order to enhance care for older adults with complex and responsive behaviours associated with dementia, mental illness, substance use and/or other neurological conditions.

To assist members in the complex task of supporting knowledge to practice work, the CoP utilizes the 'Knowledge to Practice Process Framework' (Ryan et al., 2013).

The 4 stages of this framework are: 1) Creation, 2) Transfer, 3) Translation, and 4) Implementation.



Co-leads Marion Penko (PRC, St. Joseph's Healthcare Hamilton) and Lina DeMattia (Regional Education Coordinator, Alzheimer Society of Chatham-Kent, Erie St. Clair BSO) foster the exchange of members' ideas, resources and innovations through bi-monthly webcast meetings and an interactive online shared space.

LINA DEMATTIA MARION PENKO

Recruitment began in November 2016, with the first meeting being held in January 2017. Membership at the end of the 2016-17 fiscal year was 180+ members!

DEMENTIA OBSERVATION SYSTEM (DOS) PROJECT

Co-leads Dr. Lori Schindel Martin (Associate Professor, Daphne Cockwell School of Nursing, Ryerson University, and author of the DOS) and Debbie Hewitt Colborne (Project Coordinator Advisor, BSO PCO) established a DOS working group in January 2017. This working group brings leaders and experts in the field of Behavioural and Psychological Symptoms of Dementia (BPSD) together to standardize the DOS and enable a uniform version to ensure consistency for the purposes of clinical decision-making and intervention outcome evaluation.

DEBBIE HEWITT COLBORNE & LORI SCHINDEL MARTIN

Monthly working group meetings have been established and the following outcomes have been accomplished by the end of the 2016-17 fiscal year:

- Creation and approval of working group Terms of Reference.
- Collection of multiple versions of the DOS.
- Analysis of DOS versions.
- Identification of critical elements to inform the creation of a new standardized DOS.

The project is expected to be completed over an 18-month period and include the development of a DOS manual and a small pilot project to test the psychometric properties of the new standardized DOS.

NON-STIGMATIZING LANGUAGE INITIATIVE

In July 2016, the Alzheimer Society of Ontario hosted a Non-Stigmatizing Language Lunch N' Learn. This brought together over 20 stakeholders to discuss the use of language in describing behaviours associated with dementia.

The output of this meeting was brought to the BSO Knowledge Translation and Communications Advisory for further discussion and planning of next steps. Resources related to the topic were collected and an exploratory small group meeting was held in March 2017. It was recognized that there is great potential for BSO to play a role in working across sectors and organizations to reduce the harm caused by stigmatizing language. Opportunity to align with the Ontario Dementia Strategy & Health Quality Ontario was also noted. Commitment from the Knowledge Translation and Communications Advisory was made in the development of guiding principles related to non-stigmatizing language. Concrete steps have been planned for the 2017-18 fiscal year.

Projects & Initiatives: INTEGRATION

NEW BSO ANNUAL FUNDING

In August 2016, the MOHLTC announced a $10M annual commitment to enhancing BSO's established services and hiring of additional specialized staff for the initiative. [2] The 2016-17 BSO investment is part of the government's plan to *build a better Ontario* through its Patients First: Action Plan for Health Care which aims to provide patients with faster access to the right care; better home and community care; the information they need to live well; and a health care system that is sustainable for generations to come.

"With this new and important funding for behavioural supports and long-term care homes, we are working to ensure that Ontarians have faster access to the health care and services they need. These investments in our health care system are part of our commitment to put patients first and will help to improve the patient experience of long-term care residents." – Dr. Eric Hoskins, Minister of Health & Long-Term Care

To support the implementation of the funds across the LHINs, the BSO PCO supported the MOHLTC in hosting a meeting with the BSO LHIN Leads to discuss the funding parameters in August 2016. One month later, the BSO PCO hosted a meeting with all BSO LHIN Leads and BSO Clinical/Strategy Leads to answer any remaining questions and share ideas regarding the implementation of the funding. Following the submission of funding plans, three meetings were held in October/November 2016 whereby all LHINs presented their implementation plans.

FUNDING IMPLEMENTATION HIGHLIGHTS FROM EACH LHIN

Erie St. Clair (ESC)

ESC BSO added two Specialized Social Therapist positions to enhance the support provided by the LTC Lead Teams. These roles offer mobile support to the LTC sector with a focus on social and creative interventions. A key component to these roles is connection with activation staff and providing capacity building and support to encourage engagement of those with responsive behaviours in individual, group, social and creative activities.

South West (SW)

At the Alzheimer Society of Grey-Bruce, an additional 0.4 FTE Support Counsellor was implemented with the new SW BSO funding. This new Support Counsellor will increase the ability to support memory clinics, 1:1 support, and support groups such as the 'Memory Café' for people living with dementia. With the additional funds, SW BSO was also able to send 4 people to Teepa Snow Positive Approach to Care Certification training. This totaled 10 days of training. The certification training will and has enhanced staff knowledge and expertise, particularly for those in moderate stages of dementia and those exhibiting responsive behaviours. The training has enabled SW BSO to: a) improve strategies to support

[2] Ministry of Health and Long-Term Care (2016, Aug). Ontario Investing Additional $10 Million to Enhance Behavioural Supports Program. Available at: https://news.ontario.ca/mohltc/en/2016/8/ontario-investing-additional-10-million-to-enhance-behavioural-supports-program.html

those presenting with responsive behaviours; b) have additional education and training resources to support family care partners; and c) have additional education resources to support professional training.

"WE ARE VERY MUCH LOOKING FORWARD TO EXPLORING OTHER OPTIONS FOR RESOURCES FOR SUPPORT AND EDUCATION THROUGH THIS NEW TRAINING. THIS TRAINING IS COSTLY AND WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE ADDITIONAL MONEY RECEIVED." - SW BSO CLINICAL/STRATEGY LEAD

Waterloo Wellington (WW)

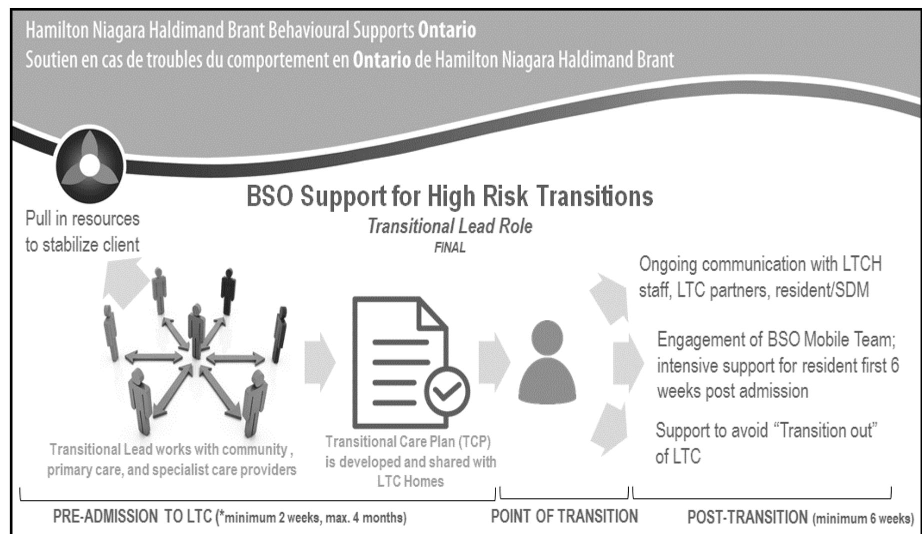
The Community BSO Team is a leader in knowledge transfer and capacity building across the continuum of care in relation to responsive behaviours and most recently has successfully implemented best practices in the field of geriatric addictions. The specialized focus of the BSO Geriatric Addictions Outreach Worker has resulted in clients and their families experiencing a person centered approach to service. Some of the key enablers include the reciprocal building of relationships with the client, family/support network, primary care practitioners and specialist clinicians; in addition to meeting the client where they choose to meet and receive services.

The new BSO funding for PRCs enhances their role in acute care to assist with the provision of knowledge transfer, skill development and increased capacity for health care professionals with a goal of implementing successful care plans for individuals with responsive behaviours. In addition, the BSO enhanced PRC service is working collaboratively with partners caring for medically complex frail seniors with responsive behaviours transitioning within/across acute care, community care and long term care.

Hamilton Niagara Haldimand Brant (HNHB)

The new enhanced BSO funding supported the development and implementation of a new BSO Transitional Lead Model. LTC stakeholders identified a need for greater support with complex and potentially "higher risk" transitions into LTC. LTC stakeholders often indicate that robust information and pre-admission planning are essential factors for a successful transition.

Over the past three years, the LTC Mobile Team members have demonstrated that providing support to persons on the day of admission to LTC benefits residents, families and LTC staff. More pre-admission planning further upstream, as well as intensive support post-admission for more high risk transitions were identified areas of opportunity. As a result, the TACT model was created with the hiring of 6 Transitional Leads working across HNHB.



A working group comprised of LTC, CCAC, BSO and LHIN stakeholders developed processes and tools for this new intensive transitional

support model. Once implemented, the working group concluded and a BSO LTC Transitional Lead Oversight table was established with new LTC leadership perspectives that shed light on their experiences with regularly admitting residents who are younger, more mobile, living with chronic mental illness, substance use history, and aging with new cognitive impairments and physically and verbally high risk responsive behaviours. The Oversight table has identified even greater opportunities for the new model. While this model has been operational for less than 2 months, the transitional leads have demonstrated the important need for this type of pre-LTC admission support. The leads have found that, individuals receiving the support have such unique challenges, that upfront time is needed while still in their community homes to identify a strategy/approach to prepare the person for admission to LTC. One person's story – Joe has not left his home in years but is identified as "crisis" for LTC admission. The transitional lead developed over a number of weeks a therapeutic rapport with Joe and has made plans with him to "go for coffee" and "visit his sister" in order to have him practice leaving his home. Without this gradual entrance into communal living, Joe would experience distress - and possible physical resistance or even refusal to leave his home on the day of admission.

In some cases, individuals without this pre-admission planning lose their LTC bed.

Although in its early stages, the metrics being measured for the TACT model will shed further light on the type of support and services required to fully support individuals who present as complex and "high risk" before entering LTC Homes.

Central West (CW)

The CW CCAC, in partnership with the BSO initiative and Community Service providers have developed a model of care to support knowledge transfer and skill development with Personal Support Workers (PSWs) and Management. Facilitated by PRCs and coordinated by the CCAC contracts team, this co-designed model of education has created opportunity for multiple agencies to learn together in a supportive environment. Online modules have been adapted in the classroom to support a collaborative peer-to-peer interactive workshop. Offering the modules over the course of several months to develop capacity of frontline PSW staff and support families in the community will address sustainability.

The first block of training focused on understanding dementia and delirium. Subsequent models will address responsive behaviours, depression, other types of cognitive impairment and pain management. The pre and post learner surveys collected demonstrated more than a 50% gain in new skills and knowledge across the participants. The availability of BSO funds enabled this model to evolve. Future investments will enable more providers to be supported.

One of our personal support workers was so impacted by the learning experience her agency supported her professional development towards becoming a GPA Certified Coach. Engaging community providers is essential in supporting older adults in their homes safely and confidently.

Mississauga Halton (MH)

Community Support Workers (CSWs) within the Mississauga Halton LHIN have traditionally only worked with clients associated with adult day programs. Through MH BSO funding, an additional half time CSW position was created to assist clients exhibiting responsive behaviours in the hospital and in the community. The CSW will support transitions between different healthcare sectors. The CSW will also work hands on with patients exhibiting responsive behaviours during their stay within a hospital setting. The CSW works closely with the full time BSO Systems Navigator, which is a newly funded BSO 2017 position.

Toronto Central (TC)

Kensington Garden's Long Term Care home is one of the 13 LTCHs at TC LHIN that has received funding towards a Behaviour Support in-house Lead role in 2016-17. As part of the roll out of this new initiative, the BSO leads and the Behaviour Support Resource Team (BSRT) spearheaded a Behaviour Support Awareness Week - a weeklong initiative to raise awareness of the program, provide education, and to celebrate the implementation of the new process within Kensington. Behaviour Support Awareness Week took place between Monday April 10 and Thursday April 13, 2017. Highlights of the week included education boards and banners promoting awareness for behaviour support week, educational in-services on the Dementia Observation System, and new BSRT process, roundtable discussions, and a behavioural scenario skit. The week was a tremendous success due to the support from the Kensington team, PRCs and the facilitators of the BSRT curriculum.

Central (CEN)

Central LHIN expanded its interprofessional model of care to provide funding for internal Behavioural Support Resource Teams with 2 full-time staff (RN/RPN + PSW/Recreation Therapist) in 6 champion LTC homes. The new hires have received extensive education in the BSO core competency knowledge and skills to support individuals with low-risk responsive behaviours within LTC. They work closely together with the outreach Behavioural Support Mobile Support Team to support new transitions, people with medium to high-risk responsive behaviours, and to maintain successful behavioural intervention strategies after discharge from the Mobile Support Team. This blended internal and external model of teams supporting teams has already shown an enhanced quality of care for residents in these homes!

Central East (CE)

To improve the integration of BSO within the Geriatric Assessment and Intervention Network (GAIN) who support older adults living in the community, 2 additional FTEs have been implemented to GAIN teams. This has increased the reach of BSO to all GAIN teams and improved the opportunity to spread behavioural support approaches across more specialized geriatrics staff to better support individuals living in the community. The single team model of community based BSO most closely resembles the embedded team model in long-term care. This model improves the continuity of care and case management of people living with responsive behaviours in the community through the full integration of the BSO clinician within the GAIN team.

South East (SE)

In the South East, the initial BSO funding saw the development of a Mobile Response Team (MRT) model. Along with Seniors Mental Health Outreach and the PRCs, the MRT is an integrated member of the Behaviour Support Services (BSS) team. In the initial phase of BSO, each of the 36 LTCHs in SE identified a Behaviour Support Liaison and through the partnership of Behaviour Support Services, each is developing an in-house Responsive Behaviour team. With the success of the development and implementation of in-house Responsive Behaviour teams in the LTCHs, the new funding announced in 2016 was directed to LTC. Through the submission of proposals, 6 LTCHs equitably distributed across the SE were awarded direct funding to further support the development of their in-house teams guiding the care of their residents. Among the 6 directly funded LTCHs, there were 3 FTEs RN/RPN; 5 FTEs PSW; and 1

FTE Other Healthcare Provider funded. While the 6 directly funded LTCHs are in the implementation phase, SE BSO looks forward to further developing this hybrid model in the South East.

Champlain (CHA)

As a result of enhanced BSO funding this past fiscal year, the Champlain LHIN has worked at welcoming, and successfully integrating Behaviour Therapists to the BSO team. Through this integration, CHA BSO has had the opportunity to revamp referral processes and to provide numerous education sessions not only for the new behavioural therapists, but for all staff.

North Simcoe Muskoka (NSM)

While the Behaviour Success Agent (BSA) project (see p. 23) was short-term, it yielded some excellent results that have influenced a change in practice across some of the NSM hospital sites:

• Standardized tools were developed for use across interested NSM hospital sites.
• Capacity was built among BSAs, including training in P.I.E.C.E.S.™ and Gentle Persuasive Approach.
• In BSA cases, there was a 68% reduction in the frequency of the primary responsive behaviour.
• When comparing key data elements between the November 2015 Behaviour Concurrent Review and the 2017 BSA post-project review:

  i. The volume of ALC patients with behaviours AND the ALC length of stay of patients with behaviours both decreased by approximately 50%; and,
  ii. There was an increase in the volume of patients with either documentation or a care plan (related to their responsive behaviour) from 63% to 100%.

North East (NE)

With the 2016-17 BSO investment, the NE LHIN funded the creation of the Enhanced Care Seniors Support Program (ECSSP) at Finlandia Village's Hoivakoti LTC home in Sudbury. The purpose of the 8-bed ECSSP is to provide more intensive support to older adults living with dementia who are presenting with responsive behaviours that cannot be managed in their current environment. The BSO funding supported the implementation of increased staffing levels, including both registered and non-registered staff, and specialized programs modelling different approaches and techniques for better communication with and caring for older adults with responsive behaviours. The Manty Home Area of Finlandia Village's Hoivakoti LTC home also underwent environmental modifications to create home-like atmospheres in the shower room and dining room. The hallways were also modified to better disguise entry/exit ways. The ECSSP began accepting patients in November 2016 and became an official Behavioural Support Unit in early 2017-18, prior to the release of this report.

North West (NW)

The enhanced funding has provided an opportunity to increase the NW BSO PRC complement by 3 across the NW LHIN. There is now an additional PRC in Thunder Bay, one in the Kenora- Rainy River District and one in Terrace Bay significantly broadening the reach of the BSO team across the NW LHIN. It is anticipated that this additional support will have a strong impact in many of the smaller communities and will allow for people living with responsive behaviours to remain in their communities as opposed to being referred to the Specialized Behaviour Support Unit.

KEY PROVINCIAL PARTNERSHIPS

brainXchange

The BSO PCO continues to work closely with its primary collaborators at brainXchange for infrastructure support. This past year, the BSO PCO worked closely with Jillian McConnell (Knowledge Broker and Knowledge Mobilization Lead to support the Ontario Best Practice Exchange's accelerated Collaboratives and received support from Karen Parrage (Resources Coordinator) to launch and manage numerous online collaboration spaces to facilitate the sharing of documents and resources. The BSO PCO also worked closely with Gagan Gill (Knowledge Broker, brainXchange & Public Policy and Program Analyst, Alzheimer Society of Ontario) to disseminate LHIN-level data from the Alzheimer Society of Ontario's 'Community-Dwelling Individuals with Dementia' dataset and begin diving into the Non-Stigmatizing Language Initiative. Through bi-weekly huddles, Kathy Hickman remained engaged in the work of the Ontario Best Practice Exchange through the provision of various content expert contacts and advice.

GAGAN GILL KATHY HICKMAN JILLIAN MCCONNELL KAREN PARRAGE

Throughout the year, David Harvey & Dr. Ken LeClair advised both the brainXchange and BSO PCO team on numerous projects including the Ontario Best Practice Exchange and implementation of new BSO funding before announcing their retirement from brainXchange. In 2016-17, brainXchange welcomed two new co-leads, Dr. Dallas Seitz (Division Head, Geriatric Psychiatry Associate Professor, Department of Psychiatry Queen's University, Providence Care - Mental Health Services) & Lisa Salapatek (Chief Program and Public Policy Officer, Alzheimer Society of Ontario).

DAVID HARVEY KEN LECLAIR LISA SALAPATEK DALLAS SEITZ

MOHLTC Licensing & Policy Branch Long-Term Care Homes Division (LTC-D)

In order to best support the implementation of the 2016-17 BSO funds and continuously review various trends in activity tracking data, the MOHLTC Licensing & Policy Branch (LTC-D) initiated bi-weekly huddles in 2016-17 with the BSO PCO. These huddles provided an opportunity for the BSO PCO to collect and follow-up with any questions regarding the 2016-17 BSO funding parameters from BSO LHIN Leads and BSO Clinical/Strategy Leads. In addition, following each quarterly Activity Tracker Submission, these reserved huddle times were used to review the quantitative and qualitative submissions, search for trends and discuss data anomalies.

MOHLTC Capacity Planning & Priorities Branch: Ontario Dementia Strategy (ODS)

Building on the initial engagements regarding the Ontario Dementia Strategy (ODS) in 2015-16, BSO continued to inform the development of this important strategy through a number of engagement sessions in 2016-17. Beginning with the in-person BSO Steering Committee meeting in May 2016, whereby ODS Team members presented an update on their discussion paper, BSO continued to meet with the ODS throughout the year at both a Steering and Operations level to discuss the initiative's priorities across sectors. Updates regarding the strategy's status and opportunities for public consultation were also featured in the BSO E-Newsletter.

Health Quality Ontario (HQO) Quality Standards

Since the launch of HQO's Quality Standards initiative in 2015, BSO has remained an active contributor to quality standards pertaining to the BSO target population. In 2016-17, HQO released its 'Quality Standard for Behavioural Symptoms of Dementia: Care for Patients in Hospitals and Residents in Long-Term Care Homes' to which many BSO partners and stakeholders contributed and provided feedback. Throughout 2016-17, BSO partners across the province primarily focused on supporting HQO's 'Quality Standards for Dementia: Care for People Living in the Community' through numerous engagement sessions at various levels, including at the in-person BSO Operations Committee where a draft of the standards was presented for further consultation. Opportunities for public engagement on the quality standards and updates pertaining to their release were also featured in the BSO E-Newsletter.

"The biggest learning I took away from The Teepa Snow Positive Approach to Care (PAC) training was that when we understand how the brain works and how it is affected by dementia, we can work with the strengths that people still have and improve their quality of life. This knowledge has personally improved the way I approach my own mom. It was also really wonderful to bring together people with lived experience and BSO staff and create opportunities for us to learn and work together to improve the lives of people, their families and care partners across the province. Very exciting to see!"
– Sharon Osvald, Lived Experience Facilitator, BSO PCO/brainXchange

BSO COMMUNICATIONS STRATEGY

E-Newsletter: The BSO Provincial Pulse

Over the course of 2016-17, four more issues of the BSO Provincial Pulse were released to its 320+ subscribers. Some of the features included: BSO's Lived Experience Advisory, Health Quality Ontario's Quality Standards, the Ontario Dementia Strategy and BSO's new Qualitative Stories Framework; as well as many professional development activities and letters of lived experience.

All four issues can be accessed via the following links:

- Issue 3: June 2016 - http://brainxchange.ca/Public/Files/BSO2/BSO-Provincial-Pulse-Issue-3.aspx
- Issue 4: September 2016 - http://brainxchange.ca/Public/Files/BSO2/BSO-Provincial-Pulse-Issue-4.aspx
- Issue 5: December 2016 - http://brainxchange.ca/Public/Files/BSO2/BSO-Provincial-Pulse-Issue-5.aspx
- Issue 6: March 2017 - http://brainxchange.ca/Public/Files/BSO2/BSO-Provincial-Pulse-Issue-6.aspx

Stay in touch with the BSO initiative throughout the year by subscribing to our quarterly newsletter: http://brainxchange.ca/bsopnewsletter.aspx

BSO Websites

Following the launch of the BSO website and regional mini-sites in March 2016, the support team at the healthline provided BSO staff with an additional administration training session in October 2016. Shortly following, a post-launch meeting was held in November to receive updates from each LHIN on website updates and discuss ideas for improving the content of the websites on a provincial level.

Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario
Provincial Website / Site-Web Provincial

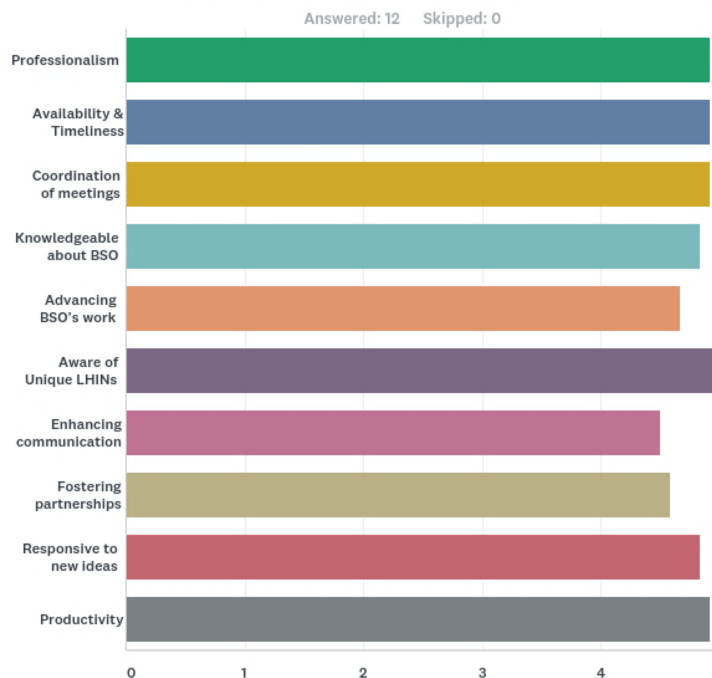
L'Information en français

Provincial BSO Website:
www.behaviouralsupportsontario.ca
14 LHIN Regional BSO Mini-sites Portal:
http://behaviouralsupportsontario.ca/RegionalSite

Partner Feedback Survey Results & Response

In follow-up to last year's BSO PCO Feedback Survey, the BSO PCO Team recirculated the survey to assist in informing continuous quality improvement and set priorities for 2017-18. Respondents were again asked to reflect and evaluate their experiences with both interacting and collaborating with the PCO and brainXchange, as well as provide comments on the PCO's strengths and areas for improvement. The survey received a total of 12 responses; 6 BSO Clinical/Strategy Leads, 1 BSO LHIN Lead, 3 other partners and 2 anonymous.

Q4 On a scale from 1 (very poor) to 5 (very good), please rate your experience with the Provincial Coordinating Office over the past fiscal year.



In regards to the BSO PCO's strengths, respondents commented on the timeliness of the BSO PCO's responses, organization, their teamwork, professionalism, openness to new ideas, and knowledge of BSO's various models across the province. One respondent recognized that the PCO addresses the 3 S's at a provincial level: systems, strategy & stakeholders. Respondents also commented on the great support received through brainXchange; especially in regards to the Ontario Best Practice Exchange Collaboratives.

"It is very much appreciated that the PCO honours the different models and reinforces the need to look at critical elements rather than solely the model." – Survey Respondent

Areas of improvement noted in the survey focused primarily on the need for increased support in Communications and a desire for the BSO PCO to better streamline its communications. Other noted areas include improvements to the BSO Operations Committee meeting structure, increased support with activity tracking and enhancing clarity regarding which PCO Team Member is leading each of the provincial projects.

In response to the areas of improvement noted in the survey, the BSO PCO's previous Administrative position has been expanded to a 0.6FTE Communications Specialist Role. In this role, Tina Kalviainen will be focused on 4 major projects under the theme of Integration: (1) Non-Stigmatizing Language Guiding Principles; (2) BSO's Social Media Presence; (3) BSO's E-Newsletter: The BSO Provincial Pulse; and (4) BSO Website and Mini-Sites Updates.

"I want to let you know the wonderful experience that my mother and I had with the Behaviour Support Team. My mother, 82 years old, who has dementia, was not coping very well. She was discharged from [specialty care] into my home with a number of drugs for depression, anxiety, distress, etc. Unfortunately, with going home, I lost the support of [geriatric psychiatrist] but was referred to the behaviour support team through CCAC and in particular, [a BSO Clinician].

My mother today is very different. [The BSO Clinician] worked with me, my mother's PSWs, the agencies that provided some of the PSWs (both CCAC and private), and found us a great geriatric psychiatrist. It is hard to describe the stress that I was in at first having my mother home. [The BSO Clinician] was able to support getting my mother off medication that was not helping her and worked with the nurse practitioner and [Geriatric Psychiatrist] to get to the right type of medication. My mother was so distressed at [the Geriatric Psychiatrist's] office; so, with the support of [the BSO Clinician], they established appointments with my mother at home using cameras and laptops so that [the Geriatric Psychiatrist] was able to see my mother at home.

The resources and connections that [the BSO Clinician] knew and provided to us were unbelievable and we would never have been able to do it ourselves. Thank you for having such a program in place. It has made a difference in our lives; it's difficult to articulate how helpful it's been to my mother and her quality of life. I really think things would have worked out for the worst if we did not have access to your program. There are so many people out there with dementia who could use the support of such a program and I hope that it continues to flourish!

A heartfelt thanks from our family and especially, my mother." – Daughter of Individual Supported by Toronto Central BSO

Conclusion

BSO's fifth year was undoubtedly a time of forward momentum in measuring BSO **IMPACT**, uncovering and spreading BSO **INNOVATION** and continuing BSO's **INTEGRATION** amidst the larger heath care system. Informed by the various Advisories, Committees, Collaboratives and Working Groups of the BSO Provincial Structure, the initiative has a clear path of priorities moving into 2017-18 that will considerably improve the care provided to BSO's growing population of older adults living with dementia, mental illness, substance use and/or other neurological conditions and their care partners.

Enhancing BSO's ability to better meet the needs of its target population is the added $10M investment into the initiative that will be provided in the 2017-18 fiscal year.

"BSO PROVIDES SPECIALIZED SUPPORTS AND SERVICES TO MEET THE NEEDS OF OLDER PEOPLE WITH COGNITIVE IMPAIRMENTS WHO EXHIBIT CHALLENGING AND COMPLEX BEHAVIOURS, WHEREVER THEY LIVE. WITH A NEW $10-MILLION INVESTMENT IN 2017–18, THE TOTAL BSO COMMITMENT IS NOW $64 MILLION, REPRESENTING A $20-MILLION INCREASE IN THE PAST TWO YEARS." – MINISTER OF FINANCE, 2017 ONTARIO BUDGET

Augmenting this $10M investment announcement, BSO was named as a key area of investment for the Ontario Dementia Strategy which will consider the needs of individuals living with dementia and their care partners across all sectors. In addition, the BSO PCO received funding from all 14 LHINs to continue to support the initiative across the province for an additional two-year period of 2017-19.

In every respect, BSO's ongoing success is ultimately a result of ***PEOPLE BEING PASSIONATE ABOUT OTHER PEOPLE.*** The BSO PCO looks forward to continuing to support the growth of this indispensable initiative during these exciting times and wishes to express sincere gratitude to all BSO staff, partners and stakeholders.

BSO PCO TEAM (FROM LEFT TO RIGHT): TINA KALVIAINEN, MONICA BRETZLAFF, KATELYNN VIAU & DEBBIE HEWITT COLBORNE

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