OACCAC Knowledge and Inspiration Conference
Behavioural Supports Ontario (BSO)
Developing a New System of Care for Those Living with Responsive Behaviours

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Today’s Objectives

• Gain a better understanding of BSO in the province [www.akeresourcecentre.org/BSO](http://www.akeresourcecentre.org/BSO)

• Brief overview of how a concept to build a better system of care for those experiencing responsive behaviours moved to reality

• Learn about important enablers for success

• Gain some insights on how we can sustain the system improvements of BSO in collaboration with CCAC within both the community services sector and long term care
What is BSO?

Behavioural Supports Ontario - BSO- is a comprehensive system redesign; an approach that breaks down barriers, encourages collaborative work, shares knowledge, fosters partnerships among local, regional and provincial agencies and speaks to a new way of thinking, acting and behaving.

BSO is not a new service; rather, it is a province-wide value-based and evidence-based catalyst for change or a trigger for the realignment of existing services.
### Ontario’s Seniors Care Strategy

BSO’s target population is an integral part of Ontario’s Seniors Care Strategy

<table>
<thead>
<tr>
<th>Seniors Care Strategy</th>
<th>Behavioural Supports Ontario</th>
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<tbody>
<tr>
<td>14.6% of Ontarians are 65 and older, yet account for nearly half of all health and</td>
<td>People living with complex and chronic health conditions represent 1 to 5% of the population,</td>
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<td>social care spending.</td>
<td>but account for 34 to 66% of Ontario’s health care budget.</td>
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<td>BSO’s target population falls within the top 1%.</td>
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<td>Notably, Ontario spends $1.2B/yr for inpatient hospital care of patients in the BSO target</td>
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<td>population.</td>
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<td>As Ontario’s older population increases, the number of Ontarians with dementia is projected</td>
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<td>to increase 40% by 2020; in some areas of the Province it will increase by as much as 42%</td>
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<tr>
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<td>in half that time.</td>
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<td>Ontario’s older population is set to double over the next 20 years, while its 85 and</td>
<td>As the need for long term care grows, so to will the number of older Ontarians of BSO’s</td>
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<td>older population is set to quadruple.</td>
<td>target population needing to access LTC: at present, 30% of CCAC home care clients with</td>
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<td>dementia exhibit some behavioural symptoms. Over 65% of long-term care residents have</td>
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<tr>
<td>There are approximately 77,000 Long-Term Care Home residents in Ontario, while the</td>
<td>dementia or mental health issues.</td>
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<td>need for long-term care will grow to 238,000 Ontarians in the next two decades.</td>
<td>BSO is focused on providing the Right Care, at the Right Time and in the Right Place.</td>
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<td>Up to 37% of Ontarians residing in LTC Homes could be maintained at home with</td>
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<td>community care supports.</td>
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## BSO overview/alignment

<table>
<thead>
<tr>
<th>Ontario’s Action Plan Priorities</th>
<th>BSO Priorities</th>
<th>Alignment</th>
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<tbody>
<tr>
<td>Keeping Ontario Healthy</td>
<td>Improve the health, wellness and experience of the BSO target population their caregivers and families</td>
<td>✓ yes</td>
</tr>
<tr>
<td>Faster Access and a Stronger Link to Family Health Care</td>
<td>Improve the capacity for older adults to live independently and reduce admission/readmission rates</td>
<td>✓ yes</td>
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<tr>
<td>Right Care, Right Time, Right Place</td>
<td>Appropriate use of healthcare dollars</td>
<td>✓ yes</td>
</tr>
<tr>
<td>Living Longer, Living Well</td>
<td>How to help seniors stay healthy and live at home longer</td>
<td>✓ yes</td>
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### Provincial Direction

<table>
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<tr>
<th>Recommendation</th>
<th>Description</th>
<th>Alignment</th>
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<tbody>
<tr>
<td>The Drummond Report</td>
<td>Recommendations for those individuals living with complex and chronic health conditions</td>
<td>✓ yes</td>
</tr>
<tr>
<td>Triple Aim</td>
<td>Working together to achieve better health, better quality care, better value</td>
<td>✓ yes</td>
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<tr>
<td>Report of the Long-Term Care Task Force on Resident Care and Safety</td>
<td>Enhanced staff training in responsive behaviours; Develop strong skilled managers and administrators, direct-care staffing in homes, support residents with special needs</td>
<td>✓ yes</td>
</tr>
<tr>
<td>Dr. David Walker and Professor G. Ross Baker’s Reports (2011)</td>
<td>System redesign to improve the capacity for older adults to live independently and reduce readmission rates</td>
<td>✓ yes</td>
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Who does BSO improve care for?

*Behavioural Supports Ontario (BSO)* enhances care for older adults with, or at risk for, responsive behaviours associated with mental health, dementia, addictions and/or other neurological conditions; and their caregivers, when they require it and wherever they live (at home, in long-term care, or elsewhere).
Ministry BSO Objectives

• Reduced resident transfers from long-term care to acute or specialized unit for behaviours and reduce unnecessary admissions to hospital

• Delayed need for more intensive services, reducing admissions and risk of alternative level of care

• Reduced length of stay for persons in hospital who can be discharged to a long-term care home with enhanced behavioural resources
Two Main Goals in Moving Forward

1. Improved Patient Experience
   – Primary objective is patient driven care – current system is not patient driven
   – Need to find ways to enhance staff and caregiver supports for people where they live

2. Improved System Performance
   – Better ways of providing care exist-system requires some standardization of practice and the protocols to support this
Background and Context

Phase 1: October 2010

MOHLTC released the BSO Framework for Care with the aim to reduce strain on caregivers and to improve the lives of older adults with challenging behaviours, their families and health care providers.
Phase 2: BSO Project

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

For more information go to:
www.akeresourcecentre.org/BSO
Phase 2: BSO Project

- **May 2011** – MOHLTC asked which LHINs were interested in “testing” the BSO Framework and ready to develop a model for a cross-sectoral system of support

- **August 26, 2011** – MOHLTC funded 4 Early Adopter LHINs to develop new care pathways and testing tools; expected to continually share lessons learned province-wide; funded a provincial project management *Coordinating and Reporting Office* through LHIN lead (NSM LHIN)

- **September, 2011** – MOHLTC announced $40M for BSO and allocated base funding to each LHIN to hire a targeted # of new health human resources for BSS for a total of 600 positions province-wide – *mandated that 2/3 funding must be to hire RNs, RPNs, PSWs in long-term care*

- **October, 2011** – 4 Early Adopter LHINs submitted their BSS Action Plans customized to local context

- **December, 2011** – Other 10 LHINs submitted a BSS Action Plan to guide how to build on existing services and to implement new services based on knowledge from Early Adopter LHINs

- **January 2012** – MOHLTC approved and funded all BSS Action Plans; LHINs began recruiting staff in February 2012
Project Reporting and Accountability

MOHLTC

NSM LHIN

Coordination and Reporting Office (CRO)

Executive Sponsors
Project Management Office

Provincial Resource Team (PRT)

Health Quality Ontario (HQO)

4 LHIN Early Adopter Steering Committee

Early Adopter LHIN 9
LHIN Project Lead
LHIN Steering Committee
Project Working Group

Early Adopter LHIN 4
LHIN Project Lead
LHIN Steering Committee
Project Working Group

Early Adopter LHIN 12
LHIN Project Lead
LHIN Steering Committee
Project Working Group

Early Adopter LHIN 10
LHIN Project Lead
LHIN Steering Committee
Project Working Group

LHIN 6
LHIN 7
LHIN 1
LHIN 2
LHIN 3
LHIN 5
LHIN 8
LHIN 11
LHIN 13
LHIN 14
Enablers for Success: Share, Share, Share, Share

The BSO project emphasizes **knowledge transfer, collaborative approaches**, and a **division of labour** that ensures development work is done once and then shared among all LHINs.

- 4 Early Adopter LHINs started first (FLEAs), then other 10 buddy LHINs followed in December, 2011
- Provincial coordination of evaluation, data collection, and measurement (Data, Measurement and Evaluation Committee)
- Opportunities to learn from each other across the province through implementation of Quality Improvement Facilitator training initiatives and sharing “Collaboratives”
  - [Mobile Support Teams, Access and Flow, Behavioural Support Units]
- Committees: Education and Training, Health Human Resources, Communication, 14 LHIN Group, Buddy-LHIN meetings
Behavioural Supports Ontario
A Framework for Care

The Three Pillars

• System Coordination and Management
• Integrated Service Delivery
• Knowledgeable Care Team and Capacity Building
A Provincial Success Story

We have accomplished a lot in a short period of time!

- BSS Action Plans implemented in all 14 LHINs
- Provincial **BSO Operations Table** with direct link to LHIN CEO Committee (chaired by Shawn Souder, Providence Care in South East LHIN)
- Collaborative working groups and Communities of Practice share ideas and practice improvement (supported by AKE)
- HQO trained Quality Improvement Facilitators throughout the province; commitment to continuous quality improvement
- Comprehensive approach to capacity-building; tools and resources created
- Provincial performance measures established
- Over **600 new front-line staff** have been hired across the province; an estimated **14,000 new and existing front-line staff have had specialized training** applicable to behavioural supports; and in Q4 2012/13 there were almost **18,000 client contacts** with a BSO service
Sustaining System Improvements

Behavioral Supports Ontario

Focus on System Leadership & a Clear Vision

Focus on Innovation in Care Delivery

Focus on Building Enablers & Supports for Success

Context of BSO has been unique but the success is replicable
<table>
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<tr>
<th>Behavioural Supports Ontario</th>
<th>Health Links</th>
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<tr>
<td>Exciting initiative built upon provincial framework with identified target population, guiding principles and informed by research and practice-based evidence</td>
<td>Excitement and optimism to enhance care; built upon integrated care model with identified target population, guiding principles informed by research and practice-based evidence</td>
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<tr>
<td>Early Adopters (4 LHINS) working together with fast roll-out to rest of province</td>
<td>Early Adopters (23 organizations) working together with fast roll-out to rest of province</td>
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<td>Development funding provided by ministry; based on voluntary self-organizing groups; lead agency model; designed to encourage greater collaboration among existing providers for higher quality care</td>
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<td>Action plans created through community engagement; customized to local context and resources</td>
<td>Business plans created through community engagement; customized to local context and resources</td>
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<tr>
<td>Focus on coordination</td>
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<tr>
<td>Share and learn from each other in province; non-competitive</td>
<td>Share and learn from each other in province; non-competitive (provincial Health Links group and local sub-LHIN groups meeting together)</td>
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<tr>
<td>Identified measures for tracking and improvement</td>
<td>Information management practices shared between all Health Link participants</td>
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<td>Close affiliation with Health Quality Ontario</td>
<td>Identified measures for tracking improvements for specific patients</td>
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<td>Commitment from Ministry to reduce barriers to implementation and to respond in a timely fashion</td>
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There is a collective understanding that there is room for improvement for how services are arranged and provided to older adults with complex needs and that outcomes can be significantly improved from both a client and system perspective.

In the words of Dr. Sinha:

“Without aligned system incentives we worry about ourselves rather than the patient experience across the care continuum.”

“We must be a coalition of the willing [to effect change].”

Dr. Samir Sinha, at presentation April 6, 2013 Newmarket
Future state – we can and must do more

• BSO target population seeks care from a vast number of providers – WE are the system!

• Challenge you to think about your role and how you can generate more collaboration across all sectors of the health system and more engagement of strategic partners to provide safe, effective, integrated care for high risk population