

Ontario BSS Project-Phase 1

“Keeping you in the know”

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Your initial thoughts.....

We are now nearing the end of phase 1 of the BSS project and the ideas and concepts are beginning to take shape.

We are well on the way to proposing a system model for consideration and testing in phase 2. The draft model has been based on the best information we can gather from other jurisdictions and as well from innovations and ideas

gathered from Ontario including advice from caregivers obtained in our recent Conversations about Care initiative

Elements of the model have been discussed and presented in many different conversations – in order to get us to a starting point for Phase 2.

As these initial engagements continue, we

would also like to take this opportunity to share a few key concepts with you today and ask for your initial reaction.

As you can imagine, working toward a cohesive and practical model takes time and needs to build on the most current ideas and strategies in the field. So if you have the opportunity, we would appreciate your initial reaction.

Please visit the website and click on: **“Initial Feedback on Key Concepts”** and add your voice.

Some Key Concepts of the BSS Initiative

PRIORITY TARGET POPULATION

There has been a great deal of discussion on the *target population* for this initiative. It is important to provide a focus for the work that is doable and as well, is inclusive of a group with similar needs and concerns. The working definition is as follows:

Older adults with complex and responsive behaviours associated with cognitive impairments due to complex mental health, addictions, dementia, or other neurological conditions and their caregivers

Other populations have been identified as having some similar issues and needs, and at the same time, unique and important concerns.

The current plan is to identify these groups during phase 1, and during the testing phase examine in more detail how the vision, guiding principles and overall framework can be applicable to these populations. These might include: individuals with an acquired brain injury, and younger adults with age-related and neurological illnesses.

The phase 1 BSS team has begun to have discussions with groups who could shed light on the concerns of the included and related populations and as well to identify key learnings that could apply to the current BSS Model development.



Key Concepts of the BSS Initiative cont.



PRINCIPLES

Guiding principles for a system model are critical to ensuring that the directions reflect shared concepts and have a solid foundation. The proposed principles are values based and guide the development of health care services for people with responsive behaviours and direct the implementation goals of the model.

The principle of **person and caregiver directed care** has been put forward as a key, overarching principle that needs to be reflected strategically as well as in day to day practice. All persons must be treated with respect and accepted “as one is”, the older person and caregiver/family/social supports have a central voice and are the driving partners in the care and life goal decisions.

Other proposed relevant principles include:

1. Behaviour is Communication

Challenging behaviours can be minimized by understanding the person and adapting the environment or care to better meet the individual’s unmet needs.

2. Diversity

Practices must value language, ethnicity, race, religion, gender, beliefs/traditions and life experiences of the people being served

3. Collaborative Care

Accessible, comprehensive assessment and intervention requires an interdisciplinary approach which includes professionals from different disciplines, as well as the client and family members, to cooperatively create a joint, single plan of care.

4. Safety

The creation of a culture of safety and well-being is promoted where older adults and families live and visit and where staff work.

5. System Coordination and Integration

Systems are built upon existing resources and initiatives and encourage the development of synergies among existing and new partners to ensure access to a full range of integrated services and flexible supports based on need.

6. Accountability and Sustainability

The accountability of the system, health and social service providers and funder to each other is defined and ensured

“Person and Caregiver Directed Care is a key overarching principle of the proposed Ontario Behaviour Support System Model”

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Do you have questions or comments?

Send them along to:

E-MAIL:

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We're on the Web!

See us at:

www.bssproject.ca

Alzheimer Knowledge Exchange



Alzheimer Society
ONTARIO



North Simcoe Muskoka Local Health Integration Network
Réseau local d'intégration des services de santé de Simcoe Nord Muskoka

The Three Pillars of the BSS Model



Pillar #1 <i>System Coordination</i>	Pillar #2 <i>Interdisciplinary Service Delivery</i>	Pillar #3 <i>Knowledgeable Care Team and Capacity Building</i>
Coordinated cross-agency, cross-sectoral collaboration and partnerships based on clearly defined roles and processes to facilitate 'seamless' care.	Outreach and support across the service continuum to ensure equitable and timely access to the right provider for the right service.	Strengthen capacity of current and future professionals through education and focused training to transfer new knowledge and best practice skills for continuous quality improvement.

Some essential elements of each pillar:

Pillar #1	Pillar #2	Pillar #3
<ul style="list-style-type: none"> ✓ System Management and Accountability <p>Governance through LHIN wide regional organizational structure</p> <p>Program Level Coordinated Network at operations level</p> <p>Regional System Coordinator</p> <ul style="list-style-type: none"> ✓ Integrated, collaborative intake, transition and referral 	<ul style="list-style-type: none"> ✓ Collaborative/Shared Care Service Delivery ✓ Bio-Psychosocial Environmental Model ✓ Least restrictive and least intrusive approach <p>Supported by:</p> <ul style="list-style-type: none"> ✓ Mobile Interdisciplinary Support Teams ✓ Case management and supported transitions ✓ Enhanced day treatment & respite care ✓ Specialized Residential Support Units-for short stay; units in LTCH for long-stay) 	<p>Learners need best knowledge, skills, attitudes at point of care, organizational level and across the system in these areas:</p> <ul style="list-style-type: none"> ✓ Clinical for prevention, management of responsive behaviours ✓ Caregiver support ✓ Self- management to help make informed choices ✓ Capacity building to create supportive learning infrastructures ✓ Collaboration within between individuals, teams, organizations, systems ✓ Innovation for cutting edge research and use of new technologies ✓ Resource investment to support efficient, effective use of scarce HR and evidence based resource decisions