July - September 2012

Developing and implementing the Behavioural Supports Ontario (BSO) models have been the result of tremendous involvement and input by many stakeholders. The work has moved from the concepts proposed to the committee members in December 2011, to the implementation of the models across the HNHB LHIN. As long-term care, community agencies, hospitals, primary care, clients and caregivers intersect with health services, they will experience the changes for the BSO population. The models will continue to evolve throughout implementation as a result of feedback from stakeholders and users of the services. Below are some highlights of the impact and the number of clients who have been supported by the BSO models.

Action Plan Highlights

- Single point of contact for individuals and caregivers to connect with multiple resources and services
- Organization to support individuals and caregivers by taking a lead role in coordinating programs and services across multiple organizations
- Mobile outreach teams to support individuals and caregivers in the community when in crisis
- Mobile outreach teams to support individuals and caregivers in long-term care
- Toolkit for primary care providers to help them assess and manage patients with responsive behaviours

The Story of Mrs. S

For Mrs. S. a frequent visitor to an emergency department in the HNHB LHIN, the right care was about getting at the root cause associated with her physical and mental symptoms including increased agitation, verbal aggression, delirium and malnutrition.

At the request of the emergency department team, the BSO Community (Crisis) team met with Mrs. S. to complete a cognitive assessment and identify her specific care needs. The assessment revealed limited financial resources to meet the most basic of needs. Not only had she not eaten for the previous three weeks, she could no longer afford to pay her rent. In the six months prior to BSO involvement, Mrs. S. accessed the hospital 12 times (i.e., bi-monthly) and had no formal or informal supports at the time of referral.

"I am so thankful for everything they have done for me. I have never had anyone help me this much before. Once I get back on my feet I am going to donate to the food banks to show my appreciation for all that I have been given."
– *Mrs. S.*

The BSO team connected Mrs. S. with local food banks, obtained a grocery store gift card to buy what could not be obtained from the food banks, submitted an application to an affordable retirement home that provides meals for less than her current rent, and connected her with the city's Trusteeship Program to assist her in managing her finances.

With BSO involvement, having been connected with services that care for her situational health – in this case the root cause - in addition to caring for her physical and mental health, Mrs. S. has not accessed the hospital in over a month. She has maintained her quality-of-life and level of independence while on the wait list for a room in a retirement home. She is supplied with food through food banks (which she has accessed twice) and is receiving assistance in managing her debt.

The right care - getting at the root; the right time – now; the right place – independence through residential care… not a hospital. This is BSO in action.

Community

BSO Connect is taking calls in Niagara, Brant, Burlington and Haldimand-Norfolk. As of September 30 2012, BSO Connect received 114 calls and completed 114 referrals to community agencies. The top three reasons for referrals were: confusion, seeking accommodation in long-term care, and refusing care. The Integrated Community Lead is

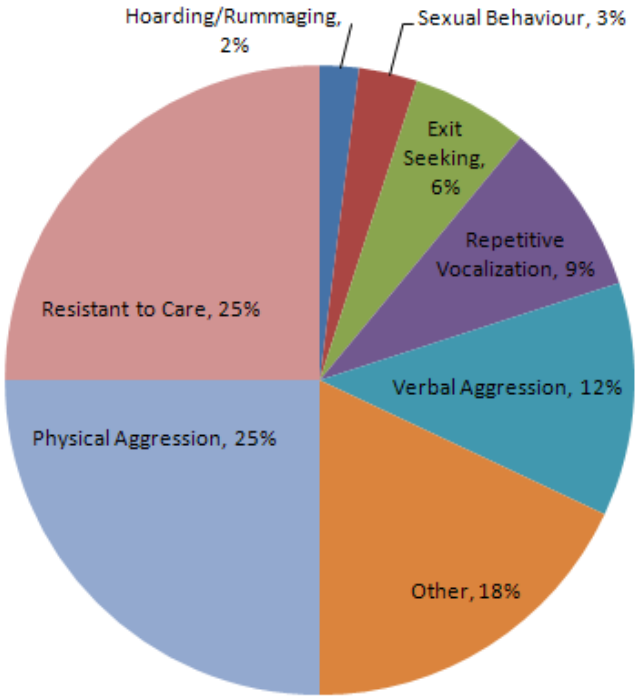
operational in Niagara, Brant, Burlington and Haldimand-Norfolk and most recently in Hamilton. BSO Community Outreach Teams (COTs) continue to function across the five regions of the LHIN. As of August 31, 2012 the outreach teams have received more than 235 calls collectively.

Long-Term Care

Since the BSO Long-Term Care Home (LTCH) mobile teams have been meeting with each of the LTCHs in the HNHB LHIN, referrals for service have been steadily increasing across the LHIN. From April 1 to August 31, 2012, the BSO mobile team received 382 referrals. Physical aggression and resistance to care were the main reasons LTCHs sought BSO support.

The summer months also saw the BSO teams busy creating and teaching LTCH staff about Montessori-based activities. In Hamilton, one example involved the BSO team creating and introducing "sensory boxes" for those residents who like to collect and sort things. These boxes, which can include feathers, balls, pictures and jewelry, are given to residents to sort through, examine and explore at their leisure, as a means to stimulate memories and begin conversations. Many LTCHs have developed sensory boxes with themes to appeal to residents with interests such as gardening, cooking, animals and cars.

Referrals for BSO LTCH Mobile Team Services by Main Reason for April 1-August 31, 2012



Primary Care

A survey has been distributed to primary care physicians to assist in understanding the gaps and opportunities that exist in caring for the BSO population. Along with an analysis of the responses, a province-wide Primary Care Collaborative will be established this Fall to gain further insight into how to assist primary care providers to care for the BSO population in the community.

Learn More

- BSO Provincial Website
- BSO in HNHB LHIN

*The Behavioural Supports Ontario (BSO) Project is about enhancing care for older adults and seniors with responsive behaviours and their caregivers. The HNHB LHIN's Action Plan outlines four key solutions to enhancing care locally. Four sub-committees have been developed to advance these solutions: **Primary Care**, **Community**, **Long-Term Care** and **Human Resources**. The work of these sub-committees is being overseen by an Oversight Committee.*

***Responsive behaviours:** Includes pacing, wandering, verbal aggression, and physical aggression toward oneself or others.