

Behavioural Assessment Units Information Exchange

Post Event Communiqué

The Background

As a result of an inquest held in Ontario regarding a tragic incident and deaths in a nursing home, several interest groups have been working with the Ontario government to improve capacity to undertake more detailed assessments, more intensive care, supports and treatment for residents who exhibit complex and difficult behaviours. These merging interests, in addition to support and recommendations from Local Health Integration Networks (LHINs), have led to consensus regarding the need for a better system of care for older individuals with complex behavioural challenges including the development and integration of community specialized behavioural services/units. In addition to providing better care for those with complex behaviours, the LHINs see specialized behavioural services/units as making a contribution to reducing ALC pressures in hospitals, reducing wait times, and providing a vehicle for emergency diversion. Several organizations are currently developing or planning to develop services/units for persons with behavioural issues related to dementia; however, until very recently these initiatives have been developing in isolation from one another.

In January, 2009, several stakeholders¹ identified an opportunity to a knowledge exchange session between organizations where the 'governance body' has endorsed the development of a specialized behavioural service/unit in their community, government staff involved in policy, programs or funding such Units, LHINs who are actively planning a behavioural service/unit or supporting the implementation, and resource persons and experts from the field. These early leaders convened on April 27 in Toronto and the discussion evolved the current understanding and future directions.

The Outcomes

As a result of the knowledge exchange, the participants:

- Identified and advanced knowledge on at least 18 current or planned behavioural assessment service/unit projects, including design elements, community resources and collaboration models, key issues and success factors and the role these kinds of projects have in enhancing care for persons with complex dementia-related behaviours, and reducing ALC pressures in hospitals
- Began to develop a common language and common understanding of the systems that support those with challenging and complex behaviours and identified a need for strong provincial stewardship
- Achieved consensus on a need to build a shared model for the behavioural assessment service/unit as such common understanding and approach is currently lacking

¹ Alzheimer Knowledge Exchange, Alzheimer Society of Ontario, Ministry of Health and Long-term Care, North East Simcoe Muskoka LHIN

The Recommendations

Informed by the experience of stakeholders, consumer groups, services providers, policy makers, and researchers, several recommendations emerged from the knowledge exchange.

- Re-title this initiative from 'Behavioural Assessment Units' to 'Behavioural Support Systems' to reflect the diverse nature of projects across the province of Ontario and the overall goal of an integrated systems approach to the care of those with complex and challenging behaviours.
- Reconvene the early leaders in the Fall/Winter 2009 with provincial government leaders to continue to advance the issue and build momentum and interest.
- Conduct an in-depth needs assessment that incorporates existing data sets and literature to estimate the number of people in need of added services.
- Build on the "Building a Better System" document, and incorporate insights from the BAU Information Exchange, and experiences from the LHINs who have initiated projects to enhance the model of service and generate a model to support a consistent approach.
- Identify and address the policy impediments to developing a behavioural support system in a policy brief that outlines the provincial policy barriers
- Review and assemble several funding options based on different project parameters
- Continue to support, strengthen, and integrate existing services, and the planning and development between and among the long-term care, mental health, and primary care services, which contribute to an integrated behavioural support system.
- Continue to engage the Local Health Integrated Networks to draw on their experience and share their knowledge across the province and to provide leadership in developing solutions in local communities.
- Establish one or more pilot programs with sufficient evaluation in place to result in one or more preferred models.
- Advocate to the Ministry of Health and Long-term Care for appropriate funding to support the preferred model(s).

The Next Steps: Moving Forward Together

A working group has been identified through the BAU Information Exchange event in April. This group will lead the development of a proposed plan to present to the Kenneth Deane, the Assistant Deputy Minister, Accountability and Performance Division, Ministry of Health and Long-term Care in order to advance these recommendations. In addition, the Alzheimer Knowledge Exchange will facilitate ongoing knowledge exchange with interested parties in the form of a community of practice, and will provide support for an online repository of models, tools, and project summaries.