

Behavioural Supports in Ontario

A Framework for Care



Improving support for older Ontarians with challenging behaviours

Alzheimer Society
ONTARIO

Alzheimer Knowledge Exchange



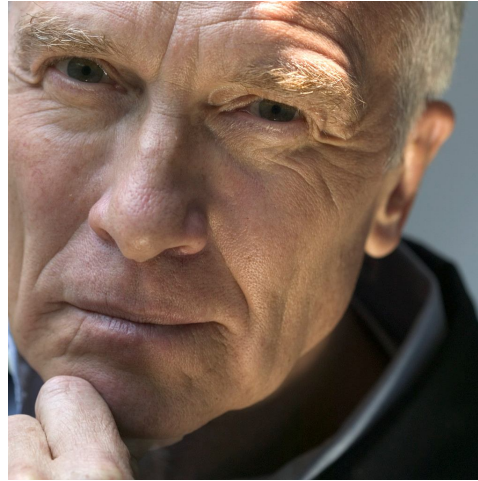
Conversation Outline



1. The Population of Concern
2. The Framework
3. Behavioural Supports in Ontario
4. Your Leadership Role

The Population of Concern

Older people with cognitive impairments due to mental health problems, addictions, dementia, or other neurological conditions often exhibit responsive or challenging behaviours such as aggression, wandering, physical resistance and agitation.



2

Person / Provider Encounters

*Primary
Care*

LTC Homes

Acute Care In-home

Community

Caregiver

Specialized Geriatric Services
Psychogeriatric Services

3



Policy Context

Healthy Communities/ Healthy Seniors

- ALC Reduction
- Falls Prevention
- Excellent Care for All
- Aging at Home
- ED Wait Time Strategies
- Mental Health and Addictions
- Chronic disease prevention and management (primary care)

4

The Behavioural Support Framework



5

Principles

Person and caregiver-directed care is the overarching principle:

- Everyone is treated with respect and accepted “as one is”
- Person and caregiver/family/social supports are the driving partners in care decisions
- Respect and trust characterize relationships between staff and clients and care providers



6

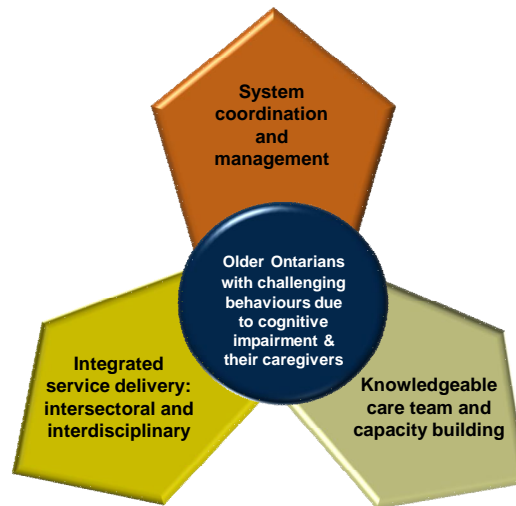
Framework and Principles continued

Supporting principles bring these concepts to life for those making daily decisions about care:

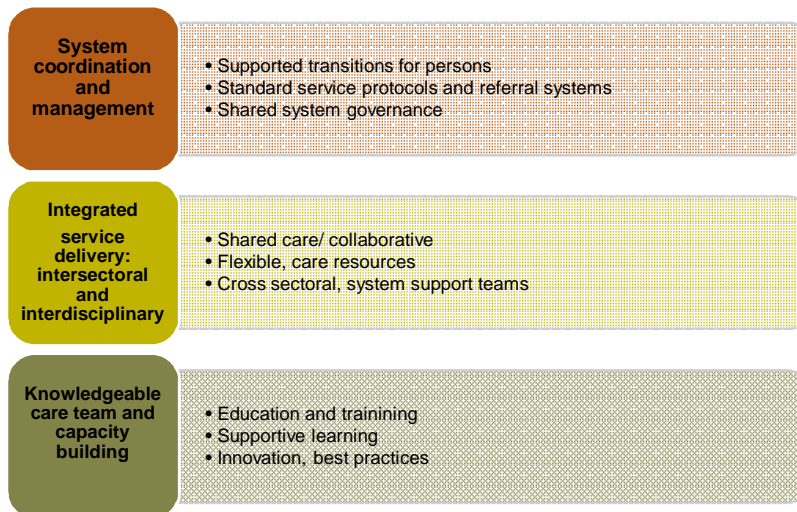
1. **Behaviour is communication:** Behaviours are an attempt to express distress, solve problems or communicate unmet needs. They can be minimized through interventions based on understanding the person and adapting the environment or care to satisfy the individual's needs.
2. **Diversity:** Practices value the language, ethnicity, race, religion, gender, beliefs/traditions, and life experiences.
3. **Collaborative care:** Accessible, comprehensive assessment/interventions include shared interdisciplinary plans of care that rely on input and direction from the client and family members.
4. **Safety:** 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. Partners to enable access to the range of needed, integrated services and supports.
6. **Accountability and sustainability:** The accountability of the system, health and social service providers and funders to each other is defined and ensured.

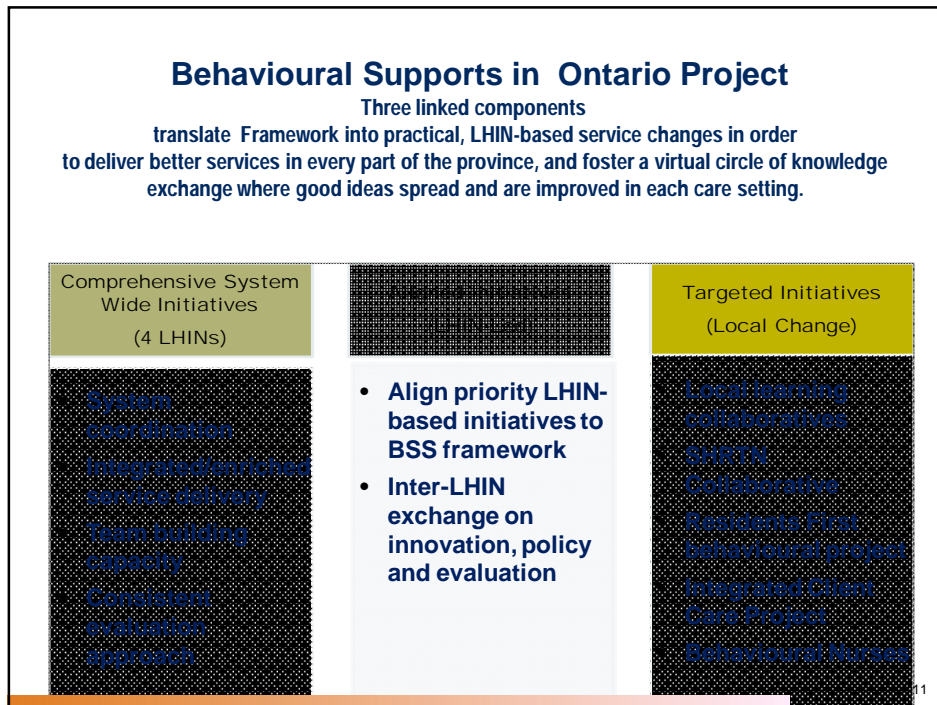
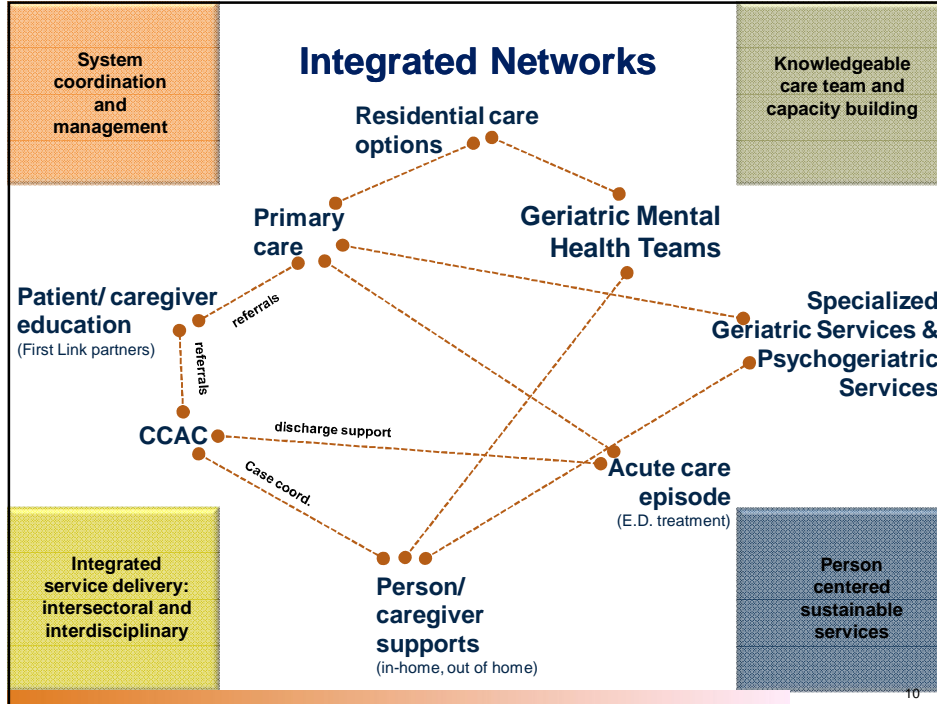
7

The Behavioural Support Systems Framework



The Behavioural Support Systems Framework





Moving Forward

Local Health Integration Networks: 3 ways to Lead:

1. Comprehensive Pilot

Submissions by May 9, Selected May 13, approved June 30

2. Aligned Initiatives

Work with each other, field

3. Targeted Initiatives

Support Residents First, Integrated Client Care, AKE/ Mental Health
Community of Practice activities, Behavioural Nurses

Provincial Resource Team:

facilitate inter-LHIN, cross sector information sharing and collaboration, linkage among change initiatives, stakeholder liaison and communication

Project Management:

via North Simcoe Muskoka LHIN

Project Sponsors:

Ruth Hawkins, (A) ADM, Health System Performance and Accountability,
Bernie Blais, CEO NSM LHIN,

12

Defining Success:

1. **Improve patient, family and public experience with services**
2. **Improve the working environment for staff**
3. **Build organizational capacity to implement service change**
4. **Develop regional & provincial networks to share best practice**
5. **Integrate with other quality projects:** Residents First , Integrated Models of Care, LHINC, AKE/Mental health Community of Practice
6. **Improve System Performance** – ER/ALC Strategy, Excellent Care for All, Aging at Home
7. **Sustainable Change Model** for Phase 3 Province-wide adoption

13



DISCUSSION

What more do you think we need to do as we move ahead?

Are there implementation hurdles that we need to be made aware of?

What specific steps need to be taken to engage the field more fully in next steps?

14

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