Hamilton Niagara Haldimand Brant LHIN

BSO Action Plan Summary Timeline

	Nov-11				Dec-11				Jan-12					Feb-12				Mar-12				Apr-12				May-12				Jun-12				Jul-12				Aug-12				Sep-12				Oct-12				Nov-12				Dec-12			
	1	2	3	4	1	2	3	4	1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Staffing																																																									
Implementation project coordinator in place																																																									
Identify staffing role descriptions																																																								
Identify LTCHs that will be the employers																																																								
Interview and hire																																																								
Additional staff in place (registered, non-registered and allied health)																																																								
Training of new LTCH staff																																																								
Training of existing LTCH staff																																																								
Training of new addition staff																																																								
Mobile Crisis/Outreach Teams (community and LTC)																																																								
Work with existing community mobile team to define additional allocation of resources																																																								
Work with LTCH partners to define additional allocation of resources																																																								
Identify roles and responsibilities for each member of the mobile team																																																								
PDSAs to test mobile teams (community and LTC) hub locations and processes																																																								
Improvement Projects																																																								
Development of primary care tools, risk factors, order sets, decision trees and referral standards to improve early identification of clients with responsive behaviours																																																								
Protocols for family physicians to manage the client after the geriatric specialist to ensure consistency and prevent crisis																																																							
Determine the roles and responsibilities of an integrated community lead																																																							
Enhanced CCAC will have a BSO intake and referral process to improve linkages in the community																																																							
Enhanced mechanism to feed back client status and services update to primary care																																																						
Inventory of services available to LTC to increase knowledge, ensure appropriate care and improve care transitions																																																						
Protocols for management of escalation of behaviour (community and LTC)																																																					
Development of a pathway for seamless transitions to and from LTC																																																					
Standard method for transfering information to the geriatric specialist																																																					
Knowledge Exchange																																																							
Testing and implementation PDSAs from other early adopter LHINs																																																						
Knowledge exchange with buddy LHINs																																																						
Knowledge exchange with other early adopter LHINs																																																					
Not Included																																																						
CCAC to maintain open files for persons identified with responsive behaviours to enable an accessible client record and prevent duplication - to be discussed with CCAC																																																						
Increase utilization of Clincial Connect to improve timely access to information and prevent the client from repeatedly telling their story. - Expansion underway																																																						
Improved public awareness of responsive behaviours signs and symptoms. To be taken to HNHB BSO Oversight Committee.																																																					