

Behaviour Success Agents

Final Report

April 18, 2017

"I feel we have accomplished more than simply completing tasks and meeting deadlines. As a team, we have delivered sustainable, cohesive, patient-centered care. More important, we have emerged as a working example to all healthcare providers within our LHIN of what can be accomplished when organizations work together."

Behaviour Success Agent

BACKGROUND

In November 2015 a Behaviour Concurrent Review was completed as part of the NSM LHIN ALC Review project. In this review, an Expert Panel was convened by the Behaviour Task Force¹ to review all ALC patients in all NSM hospital sites with responsive behaviours delaying their discharge. A key finding was the variation in practice across NSM hospitals. The review highlighted opportunities related to standardization, resource awareness, medication management and the need for support within area hospitals. A key recommendation of the Expert Panel was to; “Invest in short-term regional level care coordinators to assist in patient flow, education, and care planning for complex patients with behaviours”.

Based on the recommendations of the Expert Panel, the Behaviour Task Force developed a work plan. The **Behavioural Success Agent (BSA)** project was a “near-term” deliverable of the work plan intended to support ALC system-wide pressures while the NSM Specialized Geriatric Services (SGS) program redesigned the NSM Behaviour Support System (BSS). To support the project, the NSM LHIN provided \$249,585 in total one-time funding to Waypoint Centre for Mental Health Care, lead agency for the NSM SGS Program. The purpose of the funding was to establish a 0.5FTE BSA in each NSM hospital site between July 2016 – March 2017.

PROJECT OUTLINE

Purpose

BSAs were intended to support hospitals in the development and implementation of regional best practices and improve the standardization of practice across NSM hospitals by providing clinical leadership and mentorship for staff in the assessment and management of older adults with cognitive impairment and responsive behaviours. The purpose of the BSA project was to:

- Improve the quality of care provided to hospitalized older adults with cognitive impairment and responsive behaviours;
- Build the capacity of health care professionals in NSM hospitals in the assessment and management of older adults with cognitive impairment and responsive behaviours;
- Improve hospital flow and reduce ALC days for older adults with cognitive impairment and responsive behaviours;
- Enhance partnerships and service delivery knowledge between service providers; and,
- Build a new NSM community of practice relative to older adults with cognitive impairment and responsive behaviours to support collaboration and sustainability of project outcomes.

Key Deliverables

1. The BSA will support health care providers in their hospital site with the assessment and management of older adults with cognitive impairment and responsive behaviours.
2. As part of a Community of Practice inclusive of representatives from the NSM SGS Program, the NSM Behaviour Support System and other key stakeholders, the BSAs will:
 - Develop an acute care regional evidenced based best practice guideline for the care and management of older adults with cognitive impairment and responsive behaviours and their caregivers that includes:
 - Standardized classification of behaviours;
 - Standardized assessment and care plan tools, roadmaps, protocols, checklists, care pathway, and algorithms; and,
 - Standardized information materials for caregivers.
 - Develop or adopt standardized assessment and / or documentation formats.

¹ In the fall of 2016, the NSM Behaviour Task Force mandate was complete and the NSM Behaviour Services Implementation Steering Committee was convened to continue the work plan and support the redesign of the NSM Behaviour Support Service (BSS)..

- Develop or adopt standardized tools and resources to support ongoing practice and education.
 - Develop and implement a regional communication strategy to improve communication between Behaviour Support System Services and health service providers.
 - Undertake a collaborative review of the ED Diversion report and recommendations from 2012.
3. Based on the work of the Community of Practice and in collaboration with the individual's hospital team, the BSA will:
- Implement and evaluate the regional guideline, standards and tools.
 - Develop a site-specific sustainability plan.

Project Duration

July 11, 2016- March 10, 2017

Leadership & Accountability

As Lead Agency of the NSM SGS Program, Waypoint received funding for the project and was accountable for project outcomes. The Behaviour Service Implementation Steering Committee monitored project planning, implementation and evaluation and reported progress to the NSM LHIN Seniors Health Project Team. Leadership for the project rested with Annalee King, the NSM BSS Manager.

To support BSA implementation, Waypoint Centre for Mental Health Care provided \$35,655 in one-time funding to each NSM hospital site for a 0.5FTE BSA². Funding terms and conditions were outlined in an agreement signed by the lead agency and the hospital. A key condition of funding was the development of a sustainability plan for each hospital site. In this time of fiscal responsibility, it is imperative that we all take steps to invest our resources wisely and in a manner that encourages continued progress and the sustainability of gains.

Each hospital worked collaboratively with the NSM SGS Program throughout the duration of the project. Each hospital site identified an organization lead and a qualified health care professional as the site's BSA. As an employee of the hospital, the BSA reported to the organization lead with a dotted line report to the BSS Manager.

Project Target Volumes

- Unique Individuals Served – 125 patients
- Visits – 750 visits (direct and indirect visits to support patient follow-up)
- Education – 1800 education occurrences (patients, families, health service providers)

Performance Monitoring & Evaluation Framework (PMEF)

To support project evaluation, a Performance Monitoring & Evaluation Framework (PMEF) was developed (see Appendix A).

Participating Organizations

- Waypoint Centre for Mental Health Care (**Lead Agency**)
- Collingwood General and Marine Hospital
- Georgian Bay General Hospital
- Muskoka Algonquin Health Care-Bracebridge Site
- Muskoka Algonquin Health Care- Huntsville Site
- Orillia Soldiers Memorial Hospital
- Royal Victoria Regional Health Centre

² Of note, RVH used funding to support a 0.3FTE Professional Practice Leader.

PROJECT OUTCOMES

Funding Targets

The BSA project exceeded all funding targets set by the LHIN:

	Target	TOTALS	GBGH	RVH	MAHC-H	MAHC-B	CGMH	WP	OSMH
# Individuals Served	125	166	37	15	21	5	31	28	29
# of Visits	750	1712	353	198	253	130	421	162	195
# of Education Occurrences	1800	2213	454	327	293	91	591	173	164

Project Deliverables

Deliverable	Status	Document	Implementation	Evaluation
Regional Best Practice Guideline		Regional Guideline for Acute Care for Individuals with Cognitive Impairment and Responsive Behaviours (Appendix B)	Submitted to NSM hospitals for review and potential implementation. Finalized near completion of the project therefore implementation by organizations continues.	Planned post project evaluation to be completed in June 2017.
Standardized classification of behaviours		Responsive Behaviour with Cognitive Impairment Definitions (Appendix C)	Implemented in all hospital sites in conjunction with the clinical documentation. CCAC interested in use to support common language and definitions within the region.	Planned post project evaluation to be completed in June 2017.
Standardized assessment and care plan tools, roadmaps, protocols, checklists, care pathway, and algorithms		Responsive Behaviour Clinical Documentation EHR Paper based (Appendix D)	Acute care Meditech supported hospitals have implemented the clinical documentation. Waypoint reviewed acute care documentation and indicated content was inclusive of the shared Meditech platform for tertiary mental health. MAHC has taken lead to adopt within the Cerner platform with their sites using paper based form for targeted patients in interim.	Planned evaluation will take place at the end of March 2017 and again post project in June 2017.
Develop or adopt standardized assessment and / or documentation formats.		Responsive Behaviour Care Plan (Appendix E)	5 hospital sites have implemented the care plan in paper format.	Planned evaluation will take place at the end of March 2017 and again post project in June 2017.
Standardized information materials for caregivers		Responsive Behaviours in Hospitals; a Guide for Patients and Families (Appendix F) Behavioural Support Services; Resources Home (Appendix G)	Submitted to NSM hospitals for review and potential implementation. Finalized near completion of the project therefore implementation by organizations continues.	Planned post project evaluation to be completed in June 2017.

Deliverable	Status	Document	Implementation	Evaluation
Develop or adopt standardized tools and resources to support ongoing practice and education.		Standard Education Modules; facilitator script and handout: <ul style="list-style-type: none"> • Restraints • Verbal and Physical Aggression • Compassion Fatigue • Delirium • Disruptive Vocalizations • ABC documentation • Dementia Observation Scale • Medications to use with Caution in Older Adults • PRN medication in dementia 	All 7 hospitals have provided this education in a "travelling roadshow" format. Some hospitals have identified the continuing education of staff with these resources.	557 "travelling roadshow" education occurrences were completed. Planned post project evaluation to be completed in June 2017.
Develop and implement a regional communication strategy to improve communication between Behaviour Support System Services and health service providers.		N/A	Meeting held with the BSS Community of Practice. Interim process put in place that will be revisited during BSS redesign. Group committed to strive toward 3 practices: include review of past/current BSS services as part of initial assessment; business card to be left with patient/SDM with clinician name and date; primary care to be sent notice of service involvement and discharge.	Planned post project evaluation to be completed in June 2017.
Undertake a collaborative review of the ED Diversion report and recommendations from 2014.		A Current State: Assessing older individuals presenting in the emergency department with behavioural and psychological symptoms of dementia (2016)	BSA Community of Practice reviewed and updated respective current hospital processes of assessment and management AND concluded the 2014 recommendations remain valid and relevant. No new recommendations were made. Overlap noted with the SGS Program mission, vision and values. Work built into the BSA project and SGS Clinical Design Report.	N/A
Community of Practice		N/A	BSA Community of Practice was developed initially. Over time a broader and permanent NSM BSS Community of Practice will be established. The Community of Practice forums have provided critical to the development, implementation and evaluation of BSA deliverables.	

Deliverable	Status	Document	Implementation	Evaluation
Develop a site-specific sustainability plan.		Site-specific sustainability plans.	Developed by all 7 sites. 3 sites continuing on permanent or interim basis through hospital funds (Waypoint, CGMH, OSMH). Remainder identified a "Champion Model" as the most feasible method for sustainability.	Planned post project evaluation to be completed in June 2017.

Key Accomplishments

- All 7 NSM hospital sites participated in the project.
- A 3 day orientation program for BSAs was completed.
- A Project charter guided the project and was used to ensure timelines/deliverables were met.
- A clinical assessment tool for the BSAs to use within their practice was developed.
- The BSAs created a Community of Practice which met 15 times during the project.
- The regional Psychogeriatric Resource Consultants (PRC) collaborated with the BSA Community of Practice to pilot opportunities for the future role of the PRC in a hospital setting.
- All BSA's were trained in PIECESTTM and Gentle Persuasive Approach.
- All BSA's received a Coaching and Mentoring Workshop during the orientation.
- A Performance Monitoring and Evaluation Framework was developed.
- In collaboration with the BSA Community of Practice, the SGS Program developed a database for project evaluation through Microsoft Access.

Quantitative Highlights from BSA data

Through the PMEF, outcomes and impact of the BSA project was monitored (see Appendix H). A number of the identified measures illustrate the complexities of caring for this population in an acute care setting. The following table highlights some of the data outcomes.

Highlight	Implications
63% of the total visits recorded were indirect visits.	Significant time was required to review the chart and collaborate with inter-professional teams (both in hospital and external) in this population.
95% of the education delivered was to staff; almost half of the staff education was "just in time".	Having a staff member present in the moment to provide education and capacity building affords significant opportunity for immediate improvement of patient outcomes.
There was a 68% reduction in the frequency of the primary responsive behaviour.	A reduction of 68% identifies the ability for direct care providers to support responsive behaviours in the cognitively impaired population. <i>Note: The 75% target was not met due to project limitations in the ability to measure patient outcomes. Typically, both frequency and severity of the behaviour would be measured but given the acute care environment and part-time status of the BSA, behaviour severity could not be accurately measured in a standard, validated format.</i>
In 75% of the BSA cases, a clinical review was the chosen assessment tool.	BSAs were given flexibility in clinical judgement as to the most appropriate tool for measuring behaviour frequency with the options being: Dementia Observation System (DOS), Cohen Mansfield Agitation Inventory (CMAI), Clinical Chart Review and ABC charting. While research methods would dictate the use of a validated assessment tool the majority of the patient intervention periods were two weeks or less making it

	difficult to complete these tools as indicated.
In 54% of BSA cases, no physical restraints were used. Of the 46% of patients that did have physical restraints, there was 74% reduction in the frequency of use in the BSA intervention period.	BSA intervention promoted a more appropriate use of physical restraints. A standard education module that the BSA's delivered focused on restraint use and may provide correlation to the reduction in frequency of physical restraint use during the project.
In the 58% of BSA patients receiving PRN medication, medication frequency was reduced by 68%.	Recognizing extraneous variables, a case can still be made for the impact of appropriate assessment and management on the use of chemical restraints.
The average length of intervention period was 42 days with a range of 0 to 229 days.	Forty-four percent of the patients had an intervention period of 2 weeks or less with the majority being 0-1 days. The support required by those with responsive behaviours varies from short-term to long-term.
The average time between referral and first contact (direct or indirect visit) was 0.5 days.	The ability to respond quickly is important for the patient, their caregivers and their care team. Having a dedicated person and/or role for direct care providers to reach out to for support in both the process and management of care for this population is important.
Only 33% of the patients were designated ALC at the time of referral.	This number provides a glimpse of the preventative, up stream approach to providing assessment and intervention to this population that the BSA role was able to emphasize.
In 72% of the cases, patients were known to have pre-admission behaviours.	This is comparable to findings in the 2015 Behaviour Concurrent Review. The development of a Regional Guideline through the BSA Project improves awareness of pre-admission behaviours and associated supports thereby improving communication and quality of care.
25% of patients were from LTC, 8% from Retirement Homes and 47% resided in a personal dwelling.	There is a need to engage and build capacity within the Community and Retirement Homes related to responsive behaviours.
35% of patients were being transitioned to LTC, 23% to Retirement Home and 16% to personal dwellings.	This data further highlights the need to engage and build capacity within the Community and Retirement Homes.
During routine screening by the BSAs, new delirium was found in 12% of cases. These cases had not been identified by hospital staff.	Delirium is a geriatric emergency, associated with prolonged hospital stays, increased mortality, progressive physical and cognitive decline and higher rates of LTCH admissions. Regular delirium screening and staff education is important to quality care outcomes.

Qualitative Highlights

As the project progressed, patient stories and personal reflections were shared among the BSA Community of Practice. The reflections highlight the knowledge translation to practice and personal growth that each of the BSA's experienced.

"The amount of growth I have experienced in my professional career over the past 8-9 months is like nothing I could have imagined when I first accepted this role."

"Working as part of a Community of Practice allowed me to gain fellow BSA contacts in

each NSM hospital. This is incredibly beneficial to any of our patients that may transition from one hospital or program to another. It allowed each of us to easily share information regarding a patient's care plan, which helps promote an easier transition and better continuity of care."

"Having a contact person within each hospital has been beneficial from a system perspective. We have discussed and shared our organizations policies, procedures, and processes in an informal way. This has been incredibly beneficial as it encourages discussion, provides guidance and also allows each of us to adapt processes other organizations already have in place to fit with our own organizations goals. This then reduces overall workload and creates commonality across the hospitals within our LHIN."

"... the greatest successes I have experienced during this project have come from the patients themselves. The success of this project can and should be measured in direct correlation to the improvements and accomplishments made in patient care."

"The support and teamwork of everyone involved in this project has truly created 'Behaviour Champions'. I am proud to have been a part of the BSA team and it is my hope that we can all continue to advocate for improved patient care and lead by example in providing it."

"The BSA project has provided a platform for common language so that all of our team members are speaking about the same things in the same way. My visibility in the role of BSA has also brought attention to not only how we react to, treat and prevent responsive behaviours but also to the importance of how we communicate with all members of the inter-professional team in order to provide patient-centered care."



Comparison: ALC Behaviour Concurrent Review (November 2015 & March 2017)

In November 2015, the NSM LHIN, in partnership with the NSM Behaviour Task Force, completed a comprehensive clinical review of every ALC patient in every NSM hospital where behaviours impacted care and/or transition (i.e. delay or have the potential to delay discharge; impact the ability of staff to deliver usual care). The review included an extensive chart review followed by a clinical consultation with an expert panel. In March 2017, as a post BSA project evaluation measure, a smaller scale review was completed using key data elements from the original review (see Appendix I).

The following table highlights some of the differences found in the key data elements between the November 2015 and March 2017 snapshots. It is important to note that this data reflects two points in time and not broader data trends:

Highlight	Implications
<p>Total number of ALC patients with behaviours decreased from 56* in 2015 to 31 in 2017.</p> <p><i>*Note: the 'n' in the 2015 snapshot was 41 but there were a total 56 patients reviewed. Only 41 patients provided consent for inclusion of their data.</i></p>	<p>It is difficult to pinpoint one reason for the 45% decrease in cases and 49% decrease in average length of ALC days although it can likely be attributed to:</p> <ul style="list-style-type: none"> • Tighter compliance to population definition with BSAs identifying patients; • Changes in discharge planning practices; and, • The discharge of long-stay patients.
<p>The average length of ALC days decreased from an average of 257 days in 2015 to 131 days in 2017.</p>	<p>Based on known cases during the BSA project, the role of the BSA in facilitating discharge and building capacity to support and manage cases likely also played a role.</p>
<p>Cases admitted from LTC decreased from 32% in 2015 to 19% in 2017. Cases admitted from Retirement Homes increased from 7% in 2015 to 17% in 2017.</p>	<p>Continues to support the previously stated need to engage and build capacity specifically in the Retirement Home sector.</p>
<p>Discharges to LTC decreased from 80% in 2015 to 71% in 2017. Discharges to Retirement Homes increased from 0% in 2015 to 14% in 2017.</p>	
<p>In 2015 63% of patients had either a documentation or a care plan related to their responsive behaviours. In 2017 100% had either documentation or a care plan.</p>	<p>Highlights the direct impact of the BSAs in direct care and capacity building. Evidence of sustainability will be measured in the June and November concurrent reviews.</p>
<p>In 2015, 37% of patients had a care plan developed by hospital staff. In 2017, 94% had a care plan developed by hospital staff.</p>	<p><i>NOTE: Care plan was defined as an "individualized care plan" and documentation was defined as a comprehensive assessment and/or interventions.</i></p>
<p>Physical restraint use decreased from 27% in 2015 to 19% in 2017.</p>	<p>Although frequency and appropriateness was not measured, this likely reflects a more appropriate use of restraints. Continued monitoring of this over time will be important.</p>
<p>Chemical restraint administration increased from 22% in 2015 to 35% in 2017.</p>	<p><i>Note: Restraint use was defined as "was a physical restraint applied or chemical restraint administered within the last 7 days".</i></p>

PROJECT SUCCESSES & CHALLENGES

Prior to project implementation several key risks were identified and steps were taken to mitigate those risks. Anticipated challenges/risks related to role clarity among partners and around organization engagement did not materialize. Clear definition of roles and responsibilities at the outset of the project was helpful. Each hospital organization fully engaged in project planning, implementation and evaluation. Through regular meeting of the BSA Community of Practice and regular meetings between the BSS Manager and the Hospital Leads the project rolled out

smoothly and successfully. The success of the project can be directly attributed to the engagement of each of our hospital partners.

A third anticipated challenge, the learning curve of the new BSAs, was addressed through ongoing contact with the SGS team and through the BSS Community of Practice. This extraordinary group of individuals became champions in their organizations and within the region. They were keen to learn and developed a passion for this unique patient population. They recognized, over time, the role of the patient, the caregiver, the health care professional and the environment in the assessment and management of responsive behaviours. Overall, the majority of individuals chosen by organizations for the BSA role were the “right” people. Interpersonal skills, commitment and dedicated time were critical to the success of the project in each hospital site. Although the leadership for the Community of Practice was provided by the SGS team, it was truly the BSAs themselves that built the “community”.

As with any project, challenges were encountered. As anticipated, sustainability of the project is the most significant concern of all hospital sites. All sites have developed a sustainability plan, with some including an ongoing interim BSA role within their organization through own-funds. Monitoring of the sustainability plan will be a requirement of each hospital post-project and will be tracked by Waypoint and the NSM LHIN.

Other challenges included the differing documentation systems at each hospital site, some being paper-based and others using various EMR platforms. BSAs were challenged by competing priorities for their time, with those with dedicated time having the greatest success. Despite project success, organizations faced challenges attending to project requests and deliverables due to competing internal priorities. Despite a desire to engage, many found it difficult to respond in the timeframe or manner they would have liked. Hospital infrastructure and resources impacted implementation with some organization processes being simpler than others and some resources being richer than others.

RECOMMENDATIONS

As a result of the BSA project, the following is recommended for consideration in future NSM planning:

- That organizations continue to move forward with implementation of tools and resources developed through the BSA Project to promote a standardized approach to care and practice across the NSM LHIN region.
- That organizations continue to support ongoing training of direct care providers in the care and support of this population.
- That individual hospital organizations consider the impact of this program on patients, their caregivers, health care providers and the system when reviewing annual operating funds.
- That a hospital champion representative continues to be allowed to engage in the BSS Community of Practice to support: partner communication; the implementation of system-wide best practices; and the building of cross-partner relationships to improve the quality of transitions.
- For the next 12 months, a quarterly report of the success of sustainability plans be completed by each hospital site and monitored by Waypoint and the NSM LHIN, including reporting on 3-5 key sustainability metrics.
- That the NSM LHIN consider building metrics into Hospital Service Accountability Agreements (H-SAA) to monitor patient impact and project sustainability over time.