Canadian Behavioural Support Systems: A Conversation about Care

Part 2: July 29th, 2010
Meeting Summary

The Canadian Behavioural Support Systems: A Conversation About Care, Part 2 was held on July 29th, 2010. This virtual meeting, co-hosted by the Canadian Dementia Resource and Knowledge Exchange (CDRAKE) and the Alzheimer Knowledge Exchange (AKE) consisted of a 3-hour continuation of the conversation started on June 7th in Toronto. The participants included inter-professional and inter-sectoral key leaders on the topic from across Canada, who attended the Part 1 meeting on June 7th.

Canadian BSS Conversation: Reminder of Function

This meeting was second in a series of knowledge exchange opportunities aimed to connect people, knowledge and resources related to behavioural support systems to assist with the transfer of knowledge to practice and improved patient care. Within the context of behavioural support systems, these exchanges will:

- Connect leaders of dementia care
- Profile leading behavioural support system practices
- Promote collaboration, networking and exchange of knowledge
- Assemble and create resources to support practice
- Disseminate knowledge of behavioural support systems and resources

Meeting Objectives and Agenda

The primary focus of Part 1 and Part 2 of the forum was to provide an opportunity for participants to share their provincial and territorial behavioural support system practices, innovations, resources, procedures and policies, which will assist all participants to leverage their collective wisdom and knowledge to both set Canadian priorities and replicate successes in their local contexts.

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Agenda Items

- Developing a Blueprint for Canadian BSS: What is your dream?
- Building a Road Map: Identifying the Gaps, Causes and Next Steps

CANADIAN DEMENTIA RESOURCE AND KNOWLEDGE EXCHANGE
CDRAKE Creating new ways to know and do.

Alzheimer Knowledge Exchange

Objectives

- Identify and prioritize critical components of the 'best case' Canadian Behavioural Support System
- Identify opportunities for improvement based on gaps between current and desired system performance
- Identify next steps for continuing the conversation through collaboration and exchange

Population

At this meeting, the population in question was confirmed to be "*older persons with cognitive impairment or changes associated with mental health, dementia, neurological conditions or addictions*".

Guiding Principles

Participants identified the need for guiding principles to inform the direction of goals of the Canadian BSS discussions. These principles are adopted from the Ontario BSS Project (*Older Adults Behavioural Support Systems*, Dudgeon and Reed, 2010) and are foundational to providing quality, person-centered care:

1. **Behaviour is communication**: The foundational underlying assumption within the Canadian BSS discussions is that one can minimize challenging behaviour by understanding the person and by adapting the environment or care to better meet the individual person's unmet needs. It is believed that behaviours are an attempt to express distress, problem-solve or communicate unmet needs, and that most often challenging behaviour is not meaningless, unpredictable, or only manageable through chemical or physical restraints.

2. **Respect:** All persons must be treated with respect, regardless of the situation and are accepted 'as one is', regardless of age, health status, behaviour, etc. Respect and trust should characterize the relationships between staff and clients and between providers across systems (Principles of the National Framework on Aging: A Policy Guide – Health Canada, 1998). The cultural diversity of people being served requires culturally competent approaches to be effective. Practices must value the language, ethnicity, race, religion, gender, beliefs/traditions, and life experiences of the person to be relevant to the individual being served (CMHA, MH Reform 2010); practitioners must know the person to better understand the presenting behaviours and triggers (Kitwood, 1997).

3. **Relationship-based:** The development of meaningful relationships must be encouraged to incorporate the broadest range of information and expertise

available; involve older person and caregiver/family/social supports in personal care and life goals (ADRD Planning Framework Equality of voice and partnership in decision-making reflected in personalized care plans – Mental Health Commission)

4. **Collaborative Care:** Collaborative care suggests that accessible, comprehensive assessment and intervention requires an interdisciplinary team approach; whereby the team believes that they achieve more by working together, recognize skills that are complementary and functions of members that are interdependent. This approach is based upon professionals from different disciplines cooperatively evaluating the client and family needs and developing a joint single plan of care (CCMHI, lit review).

5. **Least Restrictive and Supportive Environments:** This concept promotes preventive intervention to maintain well-being by creating supportive physical and social environments that adapt in response to changing needs. These environments should be familiar and home-like to increase feelings of security and safety and allow seniors to remain as independent as possible without placing undue burdens on families. Also key to this guiding principle is the use of non-pharmacological psychosocial interventions whenever possible

6. **System Coordination and Integration**: Systems are built upon existing resources and initiatives and develop synergies among existing and new partners to ensure access to a full range of integrated services and supports; the provision of supports is flexible and based on need – not funding/mandate silos.

7. **Accountability**: The service system is accountable to people being served; health and social service providers are accountable to each other and to the funder to define performance expectations and fulfill responsibilities for value (effectiveness/cost) and sustainability; funder accountable to system to provide policy direction and adequate resources.

Components of a Canadian BSS

Through discussion, participants in the July 29th meeting determined a list of components they deemed critical to a Canadian Behvioural Support System. A high-level summary of the critical components of a BSS, as put forward by the group on July 29th, is listed below. The full transcript from the July 29th webinar is available.

1. **Caregiver Support** (e.g. crisis support, night programs, caregiver stress screening and peer support, and telephone support line)

2. **Relationship / Person Centered Approach** (e.g. system that supports the dyad, respecting family / individual choices that involve risk, support for self-management and enabling PWD and family to be active members of care)

3. **Technology Support** (e.g. utilizing technology to monitor and support persons with dementia in the home)

4. **System Integration** (e.g. infrastructure that allows smooth transitions across the continuum of the disease, inter-sectoral collaboration, components can be replicated across jurisdictions, most responsible agency/worker following the client through the system, system navigator)

5. **Accountability** (e.g. medication management protocol, providing care as long as possible-even in private facilities, consistent minimum standards)

6. **Education / Training** (e.g. continuous development of renewal and capacity building within workforce, valuing both expert and front line staff, training modules to support responsive behaviours)

7. **Continuous Quality Improvement** (e.g. common measurable performance indicators, national collection of data, concrete metrics to demonstrate value of components, evaluation embedded in processes)

8. **Supportive access to resources** (e.g. online knowledge bank of resources, ongoing environmental scanning, funding formulas, frameworks for resource allocation, health equity in terms of access to care and services)

Priorities

Given the critical components of a Canadian BSS, participants identified their top priorities for action, summarized, in order of preference, below:

Top 5 Priorities

1. BSS National Guidelines
2. Maximize RAI and work with CIHI to solve data issues
3. Local system navigation
4. Innovation database
5. KT strategies to share leading practice

Additional Priorities

6. Change conversation about responsive behaviour
7. Common learning set for caregivers and frontline
8. Systems level communication and language for advocacy
9. Advocating for person-centered care with KT and evaluation embedded
10. National system of online support groups supported by paid professionals
11. Audit tool / lens that allows people to self-evaluate
12. Develop a national framework for system navigation

The participants reached consensus that by focusing on the first priority of developing National Guidelines for a Canadian BSS, several of the other priorities may be achieved. As such, the next conversation in this series of knowledge exchange events will focus on priority #1.

Next Steps

Innovations, Projects and Activities

This list will continue to be developed and added to as information is received, however, at this time, participants wanted access to the following resources as identified through our discussion on July 29th:

- *'Developing Resources to Support Caregivers of Older Adults'* the contact is PennyMacCourt@shaw.ca
- www.workinginmentalhealth.ca was developed to promote working in community mental health and acts as a job posting mechanism as well, perhaps something similar to promote working with older people etc.
- Ontario BSS Project: www.bssproject.ca

Next Canadian BSS Conversation

An in-person think tank, for which we have received funding from the Alzheimer Society of Canada and the Canadian Dementia Knowledge Translation Network, will be held in November, 2010 in Montreal, QC (as determined by the participants of the July 29th meeting). In order to determine a date for the next in-person knowledge exchange event, participants are asked to follow the instructions below:

Click on this link, or cut and paste into your browser, http://fluidsurveys.com/surveys/cdrake/national-bss-follow-up/ to indicate:

- Your availability for a fall in-person National BSS think tank
- Activities from your own provinces that fall under the proposed priorities
- Additional resources you would like distributed to the group prior to the fall think tank to help inform that discussion
- Any additional questions you may have

Virtual Advisory Panel

Participants are asked to send this link http://fluidsurveys.com/surveys/cdrake/national-bss-vap/ to any colleagues who may be interested in joining the National BSS Virtual Advisory Panel.

As a member of this group they will be asked to review draft documents produced by the National BSS group and to provide feedback, likely through survey software or other virtual means.