

Behavioural Supports Alberta (BSA) Symposium Report 2014

Building Capacity and Sustainability for
Behavioural Supports Alberta (BSA):

The train's leaving the station – let's keep it on the tracks!



On February 20, 2014, a one-day symposium entitled, “Building Capacity and Sustainability for Behavioural Supports Alberta - The train's leaving the station - let's keep it on the tracks,” was held at the Edmonton Clinic Health Academy, University of Alberta. Over 80 people attended the event (co-sponsored by Behavioural Supports Alberta and ICCER, and funded by Alberta Innovates health Solutions (AIHS) in person. Further participants participated in the session by way of video and teleconference from across Alberta, Saskatchewan, Manitoba, Ontario, and New Brunswick. Participants included health care providers, researchers, policy and decision makers, and educators. The aim of the symposium was to discuss ways to build, support, and sustain capacity among health care providers dealing with challenging or responsive behaviours.

Suzette Brémault-Phillips (Assistant Professor, University of Alberta) and Sandra Woodhead Lyons (Executive Director, ICCER) opened the symposium, followed by presentations from a lifespan and multi-diagnostic perspective regarding the management of responsive behaviours. This included the management of youth with autism, adults with mental health concerns and developmental disabilities, and seniors with mental health conditions and cognitive disorders. Participants were reminded through the day that, "the child with autism today is the senior in long term care in the future." The presentations, which laid a foundation for the working and large group afternoon discussions, were :

- Update on the Seniors Health Strategic Clinical Network, by Duncan Robertson and Mollie Cole, of the Seniors Health Strategic Clinical Network, Alberta Health Services.
- Capacity Building and Sustainability: Strategies for Regulated Staff by Carol Ward, Geriatric Psychiatrist, Kamloops, BC.
- Capacity Building and Sustainability: Strategies for Unregulated Staff, by Sharleen Ravnsborg, NorQuest College.
- Capacity Building and Sustainability: Helping People with Complex Service Needs, by Sandy Marcynuk, and Clayton Kleparchuk, Alberta Health Services.
- Capacity Building and Sustainability: Improving Services for Persons with Autism and Their Families, by Sandy Hodgetts, University of Alberta and Shane Lynch, Centre for Autism Services Alberta.
- Capacity Building and Sustainability on a System Level: What's All the Fuss About? by Ken Le Clair, Geriatric Psychiatrist, Kingston, Ontario.

In the afternoon, participants engaged in discussion groups focused on: i) Essential components of an Alberta contextualized framework for capacity building and system change; ii) Strategies/mechanisms for advancing large scale system change; iii) Strategies/mechanisms for capacity building for regulated professionals; iv) Strategies/mechanisms for capacity building for unregulated professionals; v) Strategies/mechanisms for capacity building for caregivers; and vi) Strategies/mechanisms for Behavioural Supports Alberta. Highlights from the working groups discussions follow.

i) Essential components of an Alberta contextualized framework for capacity building and system change (top down)

Strengths - System Level

- The integration between and across population in the health sector is improving
- This is supported by having a single health system – although this can also be a challenge
- The development of the Strategic Clinical Networks offers a forum for collaboration
- Discussion concerning issues across the lifespan is occurring – fostered by opportunities such as those afforded through the BSA

Challenges

1. Siloing exists between sectors and services (e.g. with regard to children and youth between education and social services, or for seniors, between the health and social services sectors). This can lead to significant service gaps for those transitioning between services or services (e.g. transition from youth to adult services)

Recommendations:

- Establish a formal mechanism or structure to support and intersect role and knowledge exchange
 - Formal support for BSA
 - Facilitation of learn between and across sectors (e.g. learn about family centred care from paediatrics and bring into adult
 - Utilize health advocate or the development of a responsive behaviours advocate - a “cross sectoral advocate”
 - Important to have champions at the leadership level
 - Benchmarks, outcomes and quality and accountability measures that are evidence informed are essential
 - System navigation resources
2. There are so many sources of guidance and evidence. It can be challenging for caregivers to know where to go for the best sources of evidence and support
- #### Recommendation
- Creation of unified guidelines and sources of information for Alberta

ii) Strategies/mechanisms for advancing large-scale system change – bottom up

Strengths

- Alberta Health Services (AHS) as a provincial body facilitates standardization across regions (this can also, however, be detrimental as one system is large, slow, and less nimble
- Cross sector shared collaboration (Drive mandates and initiatives) - “not just PDD or AHS, but housing”
- Funding models have been clarified and systematically applied in continuing care
- SCNs – provide evidence of best practice, offer a province wide resource, facilitate cross sectional collaboration (addiction and mental health)

Challenges:

1. Misalignment of measurements to population needs and population change (driving funding models in continuing care) – HONOS, RAI-MDS, SIS. Systems have been designed and are inclined to support and prioritize core delivery, but are also being used to prioritize funding. Increasing complexities exist in the system and within service provision. Funding systems do not effectively measure or research the cost of service provision for the dementia populations or those with responsive behaviours (long-term staffing levels are being cut).

Recommendations:

- Ask and answer whether we have the right systems in place to support care, planning delivery or care services (specifically RAI- MDS 2.0, 3.0 re resourcing service provision for a dementia population)
2. Different frame works and models are being used to address the needs of any one person (this fragments the system and service provision), and differences in populations exist. There is a need to respect the language and distinctions of different service groups, while also recognizing things that are in common.

Recommendations:

- Recognition at a leadership level (engagement to say “this will occur”)
- Distill core principles that span across models and frameworks – we all do speak some similar things. Distil these similarities into what can be operationalized.
- Realizing we will never speak the same language, but we get to some common fundamentals/ expectations

iii) Strategies/mechanisms for capacity building for regulated professionals (RPs)

Strengths

- Continuing Competence and licensure of RPs (e.g. CARNA)
- Professional development – RPs are passionate to learn
 - Access to information is being made easier
 - Organizations are providing education on site
 - Web-based training is increasingly available
 - PIECES and other training programs support competency development
 - Coaching for staff is being provided

Challenges

1. RPs can be isolated – there are not a lot of others to problem solve with. They are also on the run and have to support a large number of staff
Recommendation: to deal with isolation, create reflection spaces to facilitate connection and provide opportunities to think about priorities, what makes sense, and how to integrate learning
2. Leadership role – RPs provide significant support
Recommendation: support RPs in being able to better exercise leadership and develop leadership skills.
3. Professional Development can be challenging to prioritize and arrange. This can be due to funding, obtaining support from employers, finding replacements when away on training. The infrastructure isn't always in place to put education into practice upon return from training.
Recommendation: help managers, educators and leaders identify priorities for learning, and send RPs to opportunities that are most important

iv) Strategies/mechanisms for capacity building for unregulated professionals (URPs)

Strengths

- Commitment (investment, part of the community)
- Such a great number (the volume of numbers): diversity (cultural, types of roles),
- They have heart and are committed to caring for others
- Many have prior credentials
- Flexibility in role: multitasking
- Close to the residents – they know the clients and have the most consistent relationships

Challenges

- Translating to service provision – communication and transmission of information across the care team is difficult
- Life experience – client deaths can be difficult for URPs and RPs due to the relationships they develop (some very family-like). They at times don't have support to grieve
- Retention/orientation –there is high turn over of staff and cost associated with training
- Clinical/mentor leadership - Supervision, modeling is not always available
- Many URPs hold multiple jobs
- 1/3 of the URPs are uncertified (on the job training?)
- URPs can be new to the country and culture
- Support in the workplace can be limited
- Education is variable
- Language in the workplace - many are ESL making essential tasks and skills difficult (communication, charts, forms, computers, online documentation)
- Workload is task and activity driven
- They are often marginalized and at risk

Recommendations

1. Marginalized role of the URP
 - If URPs were to become regulated, they might obtain real pay for real work
 - Education for complexity and care of the person is needed
 - Entry level, real pay
2. Workload/Work Life (Retention/satisfaction)
 - Competence/Confidence – if they felt competent, they might feel more confident
 - Recognition for the work that they are doing
 - Skill deficit – education and training/knowledge is required
 - Formal support – is there support for this perhaps through Alberta Government?
 - Leadership skills – is there a way to capitalize on leadership within the group so URPs?

v) Strategies/mechanisms for capacity building for caregivers

Strengths

- Initiatives underway to support caregivers
- There are resources (e.g. toolkits) available - informal unpaid family and friends
- Caregivers are open to accepting resources and partnering with other people to support caring for

their loved one

- Motivated to do the best to support their loved ones and themselves

Challenges

1. Access to Knowledge and Resources
 - Caregivers can't benefit from the resources if they don't know about them
 - They are there in theory, but not really "helpful"
2. Views of Caregivers and Caregivers Expectations of themselves
 - There are no other options, society, gov't expect
 - Caregivers are overlooked and risk burning out
 - Invisible workforce
 - Caregivers have high expectations of themselves
 - Action: Increased quality support that they want
 - We need to understand their role and lived experiences as caregivers - somehow bridge that gap

vi) Strategies/mechanisms for sustaining and spreading Behavioural Supports Alberta

- BSA works to develop national inter-professional networking to share strategies, research, and resources regarding the management of challenging/responsive behaviours
- Addresses wide range of clients: across lifespan, across diagnoses
- Includes paid caregivers from frontline up to policy makers
- Can raise issues up the "food chain"
- Aims to cross silo's and get people talking who wouldn't normally have an opportunity to do so
- Helps ensure continuity of information as people retire/leave positions, how does their knowledge or resources translate?
- Goal is knowledge sharing (across professions, ministries and the country)
- Raise awareness of resources that do exist
- Community of interest, research and practice.

Strengths:

- Acknowledge need for this type of networking/knowledge sharing
- High demand/buy in and need for BSA, registration for symposium full within one week. Employers support BSA through supporting employees to attend.
- Structure enables knowledge sharing across diagnoses, ministries, professions, ages, care providers/policymakers etc.
- No overarching regulatory body because it is not endorsed

Challenges:

- Human resources/support around the day to day running of the BSA is limited
- BSA is not endorsed and relies on grant funding
 - PRO: no regulatory body monitoring BSA's voice/stance
 - CON: very difficult to maintain funding, essentially volunteer run → sustainability becomes issue
- Financial Resources are limited
- Trying to operate in a divisive system (Silo's)

- Getting word out about BSA

Future Considerations:

- Financial support
- Endorsement of the BSA
- Human Resources for day to day operations
- Ways to spread and sustain the BSA
- One idea is to create separations within the BSA aligned with government ministries and based on age, diagnoses and service sector. For example, BSA seniors' health, BSA autism, BSA PDD, BSA addictions and mental health etc. This may encourage funding from parallel outside ministries, while allowing BSA to still operate under a shared umbrella with a common vision and core principles.
- Raise awareness of BSA:
 - Online forum: Discussion board may offer informal way to get professionals talking. Less intimidating than emailing
 - Spread word in other resources (e.g., complex care needs newsletter)
- Grant funding – 3 grant proposals have currently be submitted:
 - AH Workforce grant:
 - Equipping care providers not regulated by legislation or governed by a regulatory body (CPs-NR) to more effectively manage responsive behaviours
 - Covenant Health – Network of excellence in Seniors Health and Wellness:
 - Managing Responsive Aggressive Behaviours: Implementing and Evaluating a Capacity Building Process in Acute Care, Supportive Living, and Long Term Care
 - Spreading and Sustaining the Decision Making Capacity Assessment (DMCA) Model: Development and Evaluation of a DMCA Model Implementation and Sustainability Framework
- Upcoming conference: Supporting Family Caregivers of Seniors: Improving Care and Caregiver Outcomes (CIHR conference planning grant – PI: Dr. Jasneet Parmar)

A final large group discussion focused around capacity building for BSA reinforced that BSA plays an important role in heightening awareness of the importance of building capacity to better manage responsive behaviours across the lifespan, at all levels of service delivery, and across the continuum of care. Support for BSA broadened and deepened at this year's symposium as was evidenced by the representation of those in attendance (including representation from various levels of government and service provision, and from various provider organizations). Attendees were positive about collaborating on future initiatives - research and otherwise - to advance work in this area. (The results of several grants are currently pending and a summary report of details of the symposium will be available shortly).

Comments from symposium participants - insight into perceptions of the day:

“It was a very engaging and empowering day that I was grateful to be a part of.” anonymous participant.

“Excellent opportunity to share ideas and support integration of future initiatives.” anonymous participant.

“Everybody is doing their own thing – we need to further develop the linkages and collaboration to take advantage of synergies and to maximize the use of funding.” Dawn Ansell, NorQuest College

“Regardless of what area you are working in – we need support for front-line staff. From my perspective though, in continuing care we need to focus on supportive living where most of the care is provided by health care aides. We need more education for the health care aides to be able to deal with behaviours. Perhaps we need to look at making health care aides a regulated profession.” Renate Sainsbury, Lifestyle Options

“As we get ready for the ageing of our population, we need to face the fact that many more older adults with dementia will require continuing care and can be expected to display responsive behaviours. This symposium helped me understand the challenges care staff face, and that all care providers, regulated and unregulated, need to work together to manage responsive behaviours in people with dementia. Most importantly, we need to recognize the contributions from Health Care Aides, who provide most of the hands-on care and know the residents best.” Thorsten Duebel, CapitalCare.

Copies of the presentations are available at

<http://www.bsa.ualberta.ca/>

<http://www.iccer.ca/bsa.html>

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