

BSO OTN Optimization Project

Final Report Executive Summary

The situation

Staff in long-term care homes are responsible for looking after residents with a variety of needs. Many residents have responsive behaviours, meaning that they react strongly to people and situations around them because they have dementia or some other condition.

Long-term care home staff understand that people with dementia can't be expected to change these behaviours on their own. The disease doesn't allow them to. Most staff are experienced at identifying what's triggering the behaviour and finding creative ways to redirect residents. But occasionally staff might need some outside help to figure things out.

Support services

In South West Ontario, as part of the Behavioural Supports Ontario initiative, five hospital-based mobile teams and six local Alzheimer Societies provide that outside help to long-term care homes. They often do this by making visits to the home, assessing residents, and problem-solving with staff onsite.

Typical delays

However, response times can be significantly delayed when bad weather prevents travel or a home restricts visitors due to an influenza outbreak. This can result in unnecessary and distressing hospital visits or other poor outcomes for the resident.

The advantage of OTN

Some mobile teams and local Alzheimer Societies take advantage of videoconferencing technology provided by the Ontario Telemedicine Network (or OTN) to overcome these problems. In fact, many of those who routinely use OTN recognize that it helps them cut down on unproductive travel time, allowing them to provide support to more long-term care home residents.

Limited use

However, as of early 2015, even though all mobile teams, Alzheimer Societies and 59 long-term care homes in the South West had videoconferencing units, the technology wasn't being used nearly as widely as it could be.

The challenge

The challenge was how to make more use of OTN videoconferencing technology to provide better behavioural support services to long-term care homes dispersed across a large geography served by 5 different mobile teams and 6 local Alzheimer Societies.

The barriers

A five-month project was initiated to address this challenge. One of the first questions that needed answering was "why weren't people using OTN more?"

The InVizzen project team talked with mobile teams and Alzheimer Societies. We also surveyed long-term care homes. Here are some of the reasons we heard:

- Staff trained to use the equipment had left the organization;
- The videoconferencing equipment wasn't in a suitable location;
- Managers had restricted use of the equipment to a few select staff;
- It took too much time and effort to book the equipment, space and videoconference event;
- Potential users never got comfortable using the technology due to lack of practice and consequently never developed the habit of using it;
- And perhaps most importantly, many didn't see the payoff. In other words, they didn't fully recognize how using videoconferencing could help them do their jobs or improve resident care.

Variability by area

We also discovered that OTN use was uneven across the South West. There were some counties where it was used very successfully to provide support to long-term care homes and others where it was hardly used at all.

Localized approach

Rather than attempt to work directly with 59 long-term care homes in the short timeframe of the project, we primarily worked with the mobile teams and Alzheimer Societies. We called these groups *the influencers*. There were reasons for using this approach besides expediency.

First of all, we saw OTN as an important tool for enhancing existing working relationships. Videoconferencing involves at least two dance partners: in this case, the long-term care home and the program supporting them (either the mobile team or Alzheimer Society or sometimes both). We saw the mobile teams and Alzheimer Societies as the ones leading the dance - only if they made OTN an integral part of their practice would long-term care homes follow. By spending time upfront with each mobile team and Alzheimer Society to understand what their relationships with long-term care homes looked like and how they differed in various areas of the South West, we were able to customize our approach according to local needs.

For instance, if a mobile team in one part of the South West was already proficient at using OTN with long-term care homes, we set goals with them that would take them to the next level. With teams who were still working on integrating the technology into their practice, we began by helping them build their confidence by providing them with basic training.

Using sound change management strategies

We worked with mobile teams and Alzheimer Societies to establish local action plans built on sound change management principles. This project was not just about increasing the use of OTN technology; it was about influencing people to think, feel and act differently; changing processes; and addressing systems issues. It was also about helping people understand the value of OTN in terms that made sense to them. We developed stakeholder profiles that helped shed light on the perspectives of various key groups in this project such

as long-term care home staff, managers, and medical directors. These profiles are included in this report.

We adopted a change management model described by Chip Heath and Dan Heath in their 2010 book entitled, SWITCH: How to change things when change is hard. The book goes beyond describing principles. It offers practical, hands-on strategies that work in busy, complex environments. It doesn't just talk about changing processes; it addresses the emotional side of change as well.

Knowledge products available online

By the end of the project, local mobile teams and Alzheimer Societies had a set of practical change management tools and teaching aids to help them coach long-term care homes in the effective use of OTN for things like education, network meetings and clinical consultations. These tools and aids (also referred to as knowledge products) are available online at www.bso.southwesthealthline.ca.

Sustainability

We integrated capacity building and sustainability strategies into the approach used with each local area. For example, our coaching strategy included asking our influencers what they personally needed to use OTN more often; delving into both what was going well and where their colleagues were struggling; reinforcing the short-term nature of the project and the goal to enhance influencer skills so they in turn could support change efforts; and then creating strategies, tools and resources to meet the needs. Capacity building activities included specialized OTN training, involving influencers as both participants and hosts at OTN awareness fairs, and coaching about how to use OTN for educational and clinical events.

Key Learnings

Overall, the approach to target influencers worked well. They were appreciative of the support and coaching, and were enthusiastic about learning more about how to optimize the use of OTN. The strategy to create customized strategies based on the needs of each local area, combined with identifying common needs across the region allowed us to:

- Apply good change management practices that considered people, processes and technology;
- Achieve significant progress in a short period of time;
- Build capacity to use OTN for meetings, education and clinical events,
- Make the best use of available resources; and,
- Create a set of knowledge products that can be used over the long-term.

Summary of Feedback from Influencers

Most helpful about the support provided

“The Optimization Project team supported the local teams by building on strengths - this helped to alleviate anxiety and stress.”

Impact of project

“The Project has had a positive impact on how BSO members are using OTN to communicate. General observations were that more participants seemed comfortable using the equipment, more conscious of how they present themselves and more engaged when using the equipment for meetings.”

What were the most important things you learned?

“Look at new ways to address barriers to the delivery of care and access to specialized services. of the change management approach by starting with small and manageable changes supported by the hands on tools provided.”

What advice do you have about future initiatives?

“Meeting with us first to support and encourage the embracing of OTN (rather than stating “you’ll lose it if you don’t use it”). Starting small by identifying your influencers from within to use OTN and maximizing opportunities to improve access to treatment.”

Illustration of the Approach

Increasing the use of OTN for clinical assessments

The Behavioural Response Team based at London Health Sciences Centre was interested in having a psychiatrist on their team assess long-term care home residents via videoconference through OTN.

Making this happen took planning.

First, the Behavioural Response Team lead had to identify long-term care homes that had OTN equipment and were interested in participating in the first wave. To do this effectively, she needed to understand what the potential payoffs were from the homes’ perspective. That is, how did getting on board help them to do their jobs and improve resident care.

At the same time, the team needed to develop a clinical protocol. This was a document that would clearly describe things like:

- What sorts of residents would be seen by the team’s psychiatrist,
- What preparatory work needed to be done in advance of the assessment, and
- What roles people needed to play in order to make the videoconference run smoothly.

The team lead (the Enhanced Psychogeriatric Resource Consultant) reviewed several examples of effective protocols used elsewhere before drafting her own. One such example came from the mobile team in Grey-Bruce that already had a psychiatrist doing assessments with long-term care home residents via OTN. The London-Middlesex team lead sought feedback from her team’s psychiatrist, as well as the directors of care and medical directors of interested long-term care homes before finalizing the draft.

Meanwhile, efforts were made to make sure everyone involved was comfortable using the technology. As a first step, a training session was held with Behavioural Response

Team members. It was done in the format of an OTN Fair, a fun way for people not only to learn how to use the equipment and book OTN events, but also explore different ways the technology could be applied to other aspects of their work. This fun, relaxed approach helped to demystify the technology.

Following this first OTN Fair, the Behavioural Response Team was given a kit so that they could run similar Fairs with long-term care home staff. Electronic copies of kit materials were included in the online resources for this project.

Once a long-term care home had participated in an OTN Fair and the clinical protocol was understood by all parties involved, the first clinical assessment via OTN could be scheduled. Only one assessment might be scheduled for the first session. Based on that experience, adjustments might be made before scheduling future assessments. Further fine-tuning of the process could take place over time as more assessments were conducted and more long-term care homes became involved.

