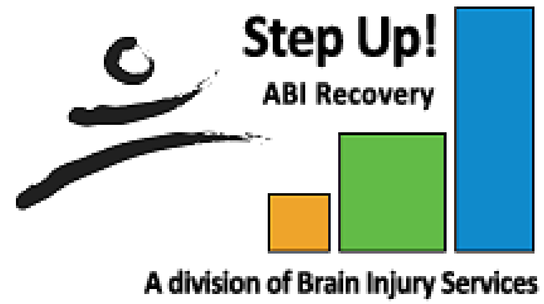

Clinical Services Report

April 1, 2015 to March 31, 2016

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Introduction

This report highlights the key areas and functions of clinical services at Brain Injury Services.

The agency offered another year of intense Applied Behavioural Analysis training (ABA) for interested case facilitators. The training was provided by Dr. Linder, clinical psychologist, once a week for eight months. It is intended that all case facilitators complete this training by the end of 2017 and be able to implement replacement skills for identified clients with the support of the behaviour therapists.

During this reporting period, the "Philosophy of Care" service delivery model has expanded to two other residences including John Reesor Centre and Campden Heights with the goal of reaching all residential services by the end of the coming fiscal year. The continued success of the model has demonstrated improvements in programming and consistencies, direct and immediate supervisor feedback to staff, increase in the amount of direct care and satisfaction of clients and staff. The model includes the training of educative routines offering clients the opportunity to improve basic skills while improving staff knowledge and performance about prompt sequencing. Regular clinical meetings provide the opportunity for client performance review and consultation.

This year Outreach Services examined its service provision model. The review included reporting process, timing of assessments, and examining the needs of the clients. Through exploration it was identified that clients would benefit from targeted skill training. The training sessions would be focused, time limited, and training would not be affected by other competing service needs. The case facilitators providing the skill training would be trained in ABA.

In the process of reviewing the Outreach Service delivery model, the need to provide service to clients on an as needed basis was identified. The team also introduced and implemented two new frameworks to assist to inform the decision to increase or decrease service, or when considering transferring or discharging a client. Program changes will be reviewed after six months.

Group Services this year included new monthly themes and activities while offering enriched learning opportunity for clients such as lunch preparation. The Leisure Motivational Scale was re-administered and was used to assist the client and staff to be more strategic when identifying leisure and recreational activities.

Brain Injury Services accepted a fourth year nursing student from the nursing department at McMaster University as well as a nursing student from Brock University. Both students were under the supervisor of our resource nurses. The placement was very successful and the students were offered several opportunities ranging from direct client care, completing medication audits, and developing presentations and training to staff and clients on specific topics such as personal care and diabetic care.

Two occupational therapist students from McMaster University completed their placement under the supervision of our clinical coordinator and external occupational therapist preceptor. During their clinical placement, the students engaged in a variety of clinical experiences ranging from direct therapy with clients, facilitating a therapy group and completing environmental assessment. They developed a life skills group called “Planning Gurus” which was implemented through Group Services and focused on topics relevant to planning events, budgeting, social skills and healthy eating. The completion of the environmental assessment provided recommendations to enhance accessibility and safety for clients. Specific recommendations were made for one residential kitchen, one community client’s home, and five residential client rooms.

The agency accepted its first final year social worker student through Laurier University and, as in past years, two McMaster social worker students completed their placement under the supervision of our social worker. Student responsibilities included co-facilitating therapeutic groups, participating in approved counseling sessions and completing client notes and summary reports. They developed an anxiety therapeutic group which included theoretical research and implementation modalities for clients with ABI. Further, they compiled research and tools to run the agency’s first Aging Group and developed a “Social Work Resource Guide” for training future social work students.

Brain Injury Services also hosts McMaster psychology honors and thesis students. Approximately 20 students were involved with research projects throughout the seven months. The project focus is included within this report.

A new initiative this year was to increase family involvement through the development of a virtual Family Advisory Council to provide the opportunity for families to learn more about our organization, contribute their perspective to the development of new proposals, and offer insight to current practices and/or those that may be of concern. This council is organized electronically and family members are offered the opportunity to complete ongoing surveys on different topics. Input from families is also requested through education sessions with clients through Group Services.

Clinical services identified goals related to improving client programming, staff knowledge, and community education. The goals and indicators are included throughout this report.

The agency continues to subscribe to the following journals and newsletters: Journal of Applied Behavior Analysis, NeuroRehabilitation, Brain Injury, Brain Works Rehab, Brain Injury Forum, Neuro Connect Acquired Brain Injury and Brain Injury (a publication of the North American Brain Injury Society) and the American Congress of Rehabilitation Medicine (ACRM) to obtain current information about best practices and research results in brain injury. It is also a member of the Association for Behaviour Analysis International (ABA International), Ontario Association for Behaviour Analysis (ONTABA), Hamilton Council on Aging (HCOA) and the American Congress of Rehabilitation Medicine (ACRM).

Admissions, Transfers, and Discharges

The following offers a summary of client movement into and within Brain Injury Services.

Program	Clients Served			Admissions			Transferred From			Discharged		
	13/14	14/15	15/16	13/14	14/15	15/16	13/14	13/14	15/16	13/14	14/15	15/16
Community Services	115	126	136	35	29	30	3	3	0	20	18	26
Group	80	78	75	24	19	14	11	11	9	16	8	15
JRC	7	6	6	1	0	0	0	0	0	1	0	0
Elmhurst Place	6	6	6	1	1	0	0	0	0	1	0	0
TLS	12	12	10	2	2	1	0	0	0	2	3	1
CWP	8	8	7	1	0	0	0	0	0	1	1	0
Ravenda	11	11	11	0	0	0	0	0	0	0	0	1
Kenny	9	9	9	1	0	0	0	0	0	0	0	0
Case Coordination	50	64	77	37	50	27	12	12	15	9	9	16
Campden Heights	8	9	8	1	2	1	0	0	0	1	1	1
Social Worker	42	53	71	5	30	35	0	0	0	10	7	10
Total	348	382	416	108	133	108	26	26	24	61	47	70

The agency had a successful year with 108 new admissions, serving a total of 416 clients which is our highest number served per year yet.   Further it has been the year with the highest number of discharged clients.

The senior team has for many years recognized the limited opportunity for transition and/or discharge within the residential programs. In an attempt to quantify this problem, the team introduced a measure to identify suitability of care. The survey identifies clients within the residences that should either be discharged or transitioned to another service/agency as their current location provides a different level of service than the client requires. This year the agency identified 8 residential clients out of 48 (17%) that are not properly placed.

Client Transfer/Discharge Survey

Surveys are completed by the client and/or decision maker following a transfer to another service or discharge from the agency. This year we revised the form to ask more directed questions as well as including the family in the distribution of the survey. The survey assesses the client's view of the program's success as well as fluidity of the transfer process. The questions are based on a rating scale of 1 to 4 (1 being that they do not agree or are very dissatisfied and 4 being that they agree or are very satisfied.)

	2013/2014	2014/2015	2015/2016
Surveys Mailed	51	76	63
Surveys Received	19	22	18
Percentage	37%	29%	29%

	2015/16 Average Score
I did benefit from being in this service.	4.5
I feel that I achieved my goals while I was in this service.	4.5
I feel like I had input into my program.	4.3
I feel like staff listened to my questions and concerns.	4.5
I am confident that staff provided me the right level of support.	4.4
I feel like I had several social opportunities outside of my scheduled rehabilitation program (*only for residential services*).	3.3
I enjoyed what my bedroom/apartment looked like (*only for residential services*).	3.3
I am more involved in the community now than I was before being part of this service.	4.6
I feel like this transfer/discharge process was smooth.	4.3
I feel like this transfer/discharge process prepared me for my next steps.	4.3

Overall, I am satisfied with the services I received from Brain Injury Services.	4.7

Clients, decision makers and family are feeling very positive with the transfer and discharge process, specifically in regards to benefiting from the service they were in, achieving their goals, staff listening to their questions and concerns, being more involved in the community, and their overall satisfaction with the service. The increased satisfaction appears due to the changes in process which included earlier discharge planning, revised checklist, more family involvement in earlier stages, and clearer definitions for transfers and discharges. An area for improvement is to address the concern with social outings in residential services as well as bedroom/apartment appearance. We will be addressing this through feedback/input session with clients during client meetings. The agency always appreciates feedback and input during any phase of client care.

Education and Prevention

The Education and Prevention Committee plans and develops education and prevention programs that are delivered to caregivers, service providers, and the community in general. The activities of the Education and Prevention Committee included presentations, site visits, information sessions, and hands-on consultations.

The following chart outlines the presentations offered in the last three years.

	2013/2014	2014/2015	2015/2016
Presentations to service providers	23	17	30
Presentations to Schools	26	58	41

Two of the presentations to service providers also included consultations about the management of individuals with challenging ABI and substance use issues. The number of schools (elementary or high school) noted reflects only those schools at which Brain Injury Services presented independently or through the Bikes, Blades and Boards program. It is important to note that clients were also involved with presenting at several high school classes.

Bikes, Blades and Boards (BBBs) is a regional initiative that provides prevention and education sessions to Grade 2 students in elementary schools. There is representation from Brain Injury Services on this committee and several staff volunteer for the classroom presentations. During the 2015 school year, BBBs had 31 staff from Brain Injury Services who presented at a total of 31 schools in Hamilton, Haldimand, Norfolk, Brant and Niagara.

A new helmet safety video is expected to be included in the upcoming 2016 school year as well as revisions to the handout and helmet checklist.

The Education and Prevention Committee's goals for 2015/2016 were to:

- Provide a lunch and learn to staff on "Enhancing Services for Aging Clients"
- Explore educating opportunities with post-secondary education curriculums specific to senior specific courses
- Explore education opportunities with non-ABI senior service providers.

The committee met the above goals. Educational sessions were presented to staff about the physical challenges experienced by aging clients as well as how to have difficult conversations with family members about transitions to long term care facilities. The committee explored the possibility of presenting to post-secondary education curriculums specific to senior courses. This was not pursued since the schools approached felt this could not be added to the school curriculum due to timing or interest.

Goals for 2016/2017 are to:

- Identify missed community opportunities for ABI education
- Offer eight ABI presentations to diverse communities

Therapeutic Groups

Brain Injury Services offers therapeutic groups to address prominent issues that individuals with an acquired brain injury may experience. The groups provide both education and practical strategies with which to manage these issues. The groups are facilitated by the social worker and McMaster University social worker students and peer support is provided throughout the sessions.

ANGER MANAGEMENT THERAPEUTIC GROUP February 12, 2015 – April 31, 2015

Purpose: To increase knowledge and understanding of the causes and development of anger, to increase knowledge and understanding of physical and emotional coping strategies to deal with anger in an appropriate manner, to learn behavioral and cognitive alternatives to anger, to learn new strategies for communicating anger to others, to improve knowledge of collaborative problem solving

Participation: Four individuals participated in the group which met every Monday morning for two hours, for a total of 10 weeks. Overall attendance for the clients in the group was at an average rate of 90%.

Tests Used: Program Knowledge Test, consisting of 17 short-answer and multiple-choice questions based on the program curriculum. The State-Trait Anger Expression Inventory (STAXI-2); Beck Depression Inventory (BDI); Adult-Self Report (ASR) and Adult Behaviour Checklist (ABCL); Anger Management Group Survey.

Results: Data confirms a positive result to the program. The total average pre-test score on the knowledge test was 21% correct compared to the average post-test score of 53% correct. Overall, the scores show an increase in client's knowledge of anger management strategies by an average gain of 32%.

The results from the STAXI-2 indicated no changes within the overall average group scores in relation to self-reported anger expression. The average Pre-test scores on the Anger Expression Index (AX), were in the average range, at the 64th percentile and the pre-test score was in the average range at the 50th percentile. Despite no significant change overall, three of the four participants reported significant decreases in their AX scores. In relation to Anger Control-In, the overall pre-test score was in the average range at the 40th percentile, and the overall post test score was in the low range, at the 20th percentile. This result suggests that on average, individuals reported a significant decrease in efforts to control angry feelings and calm themselves down. The average pre-test score for Anger Control-Out, was in the average range at the 26th percentile and the post-test score was in the average range at the 37th percentile. This result suggests that participants did not report change in control of their outward expression of anger.

On the ASR/ABCL, both the client and staff/family group reported no change in level of aggressive behaviors. The client group scores (ASR) reported their level of aggressive behaviours in the normal range, at the 82nd percentile on the pre-test, and in the normal range on the post-test at the 88th percentile. The staff/family member scores (ABCL) scores fell in the normal range on both the pre and post-tests at the 80th and 72nd percentiles. Scores on the self-reports indicated that one of the four participants reported significantly lower aggressive behaviours at the end of the group, with scores decreasing from the clinical range to the normal range.

Pre and Post test scores on the BDI-II indicated that overall, there was no change in symptoms of depression. The overall average group scores remained in the minimal range with an average pre-test score of 12 out of a maximum of 63, and an average post-test score of 11 out of 63. Despite no change overall, two of the participants did report significant decreases in depressive symptoms, with scores decreasing from the Mild to Minimal range by the end of the group. One participant reported an increase from the Minimal range to the Mild range.

Each week, clients were asked to complete a feedback form. The data from the surveys indicated positive results. Overall, clients reported a rating of 4.6 out of 5 for satisfaction with the group. Participants indicated ratings of 4.7 out of 5, reporting that overall the grouped helped them and the strategies were valuable in regards to managing their anger.

SELF-ESTEEM THERAPEUTIC GROUP June 1, 2015 – Sept 28, 2015

Purpose: The sessions were designed to improve communication and teach strategies to enhance self-esteem, decrease depression and assist clients in developing coping skills.

Participation: The data collected is based on responses from five of the six members as one participant was unable to complete post-test data as a result of medical issues. Attendance was high for the group, with at an overall average rate of 90%.

Tests Used: Beck Depression Inventory (BDI-II)**;** Tennessee Self-Concept Scale: 2 (TSCS: 2); Knowledge Test; and Group Member Feedback.

Results:

Data confirmed a positive result to the program. Gains in knowledge were found on the knowledge test with an average pre-test score of 33% correct compared to the average post-test score of 64% correct. Overall, the group increased their knowledge of self-esteem management strategies by 31%.

The pre and post test scores on the BDI-II indicated an overall increase in symptoms of depression from a pre-test average score of 11 (minimal symptoms), to a post-test average score of 15 (mild symptoms). Further inspection into the scores indicates that this result was due to a significant increase in symptoms as reported by one group member. Depression scores for the other four participants remained unchanged over the course of the group.

The overall Total Self-Concept score which reflects self-worth and associated levels of self-esteem remained fairly consistent for the group. The average pre and post assessment scores were in the average range, with the pre-test score at the 31st percentile, and the post-test score at the 26th percentile. This result is based on four of the members as scores for one participant were deemed invalid. In examining change

at the individual level, one participant reported a significant increase in overall self-esteem, from the low range to the average range, while another participant indicated a decrease from the high range to more average levels of self-esteem.

Closing group evaluations indicated that overall, members reported they enjoyed participating in the group with an average rating of 4.5 out of 5 (always true); the group found the strategies helpful with an average rating of 4 (mostly true); the group reported improved self-esteem as a result of the group with an average rating of 4.4 (mostly true); and overall, the members reported that the group was valuable with an average rating of 4.3 (mostly true).

CHOICES THERAPEUTIC GROUP August 15, 2015-October 15, 2015

Purpose: To enhance skills in the areas of alcohol and drug knowledge, understanding and managing behaviour, problem solving, relapse prevention, and understanding and managing slips. To assess program outcome, multiple measures were used to examine pre- and post-behaviour.

Participation: Five participants registered for the group; however, only two participants completed the group, with attendance at 70%.

Tests Used: Knowledge Test; Beck Depression Inventory (BDI-II); the Beck Anxiety Inventory (BAI); Problems Related to Drinking (PRD) Questionnaire; the Alcohol Use Questionnaire (ADS); the Inventory of Drug-Taking Situations (IDTS); and the Stages of Change Readiness and Treatment Eagerness Scales (SOCRATES); session feedback forms.

Results: Due to low group numbers, an overall group report is not available; however, results were reported within individual client progress reports, and are on file.

RESEARCH

There were three projects during 2015-2016 which included:

- Improving Daily-Activity-Schedule Following and Educational Routines by Staff in a Residential Program for Adults with Acquired Brain: The Effectiveness of DAS Programming (Replication Study)
- The Effectiveness of Safe Management Group Crisis Intervention Training on Staff working in a Community-Based Agency Servicing Adults with Acquired Brain Injuries - Enhanced Verbal De-Escalation Procedures (Replication Study)

- The Effectiveness of Applied-Behaviour-Analysis-based Skill Training Programs in a Community Agency Servicing Adults with Acquired Brain Injuries – Practicum. Non-thesis Project

Improving Daily-Activity-Schedule Following and Educational Routines by Staff in a Residential Program for Adults with Acquired Brain: The Effectiveness of DAS Programming (Replication Study)

The purpose of this study was to assess the effectiveness of a staff management program to improve daily-activity-schedule following by staff in a residential group home for adults with acquired brain injury. The aim of this study was to evaluate the effectiveness of a staff management program involving increased management floor-supervision time, daily activity schedule development, and specific supervisor training on shadowing, prompting, and directing staff on daily-activity-schedule following. Three residential programs at Brain Injury Services were involved in the study with a total of 10 adults with ABI and their staff as subjects of this study. Four target skill categories (meal preparation, coffee making, floor washing, and laundry) were selected.

The Effectiveness of Safe Management Group Crisis Intervention Training on Staff working in a Community-Based Agency Servicing Adults with Acquired Brain Injuries - Enhanced Verbal De-Escalation Procedures (Replication Study)

The aim of this study was to continue to evaluate staff training programs designed and implemented by Brain Injury Services. The purpose of this study was to assess the immediate knowledge and performance gains for crisis intervention – Safe Management Group (SMG) training on staff working in a community-based agency servicing adults with acquired brain injuries. Specific to this year's study, was a focus on verbal de-escalation procedures. New enhanced training procedures were integrated into the training sessions and practiced regularly doing service team meetings. Data was collected using videotaping and scoring procedures to assess performance. (Replication of the study from last year).

The Effectiveness of Applied-Behaviour-Analysis-based Skill Training Programs in a Community Agency Servicing Adults with Acquired Brain Injuries – Practicum. Non-thesis Project

The purpose of this project was to continue to evaluate the effectiveness of client skill training programs based on an Applied Behaviour Analysis teaching model with adults with acquired brain injuries from Brain Injury Services (Hamilton). The focus of the project was to evaluate on a client by client basis, the extent to which the ABA-based

training was effective for skill development. Data was in the form of Excel spreadsheets of session-by-session progress and videos recordings of clients performing their skills at different points in their training (e.g. baseline, mid-training, end-of-training). Nine clients from Brain Injury Services participated in the project.

Detailed summary results on the above 2015-2016 projects will be provided on the website upon completion of the projects.

SERVICE OUTCOME MEASUREMENT COMMITTEE (SOMC)

The SOMC provided recommendations relating to the identification and implementation of objective measures to evaluate the rehabilitation process. It also advised on matters relating to research and best practices.

Black binder audits were completed by case facilitators in order to assess the accuracy of client records. The following reflects the number of audits completed along with their scores:

	2013/14	**2014/2015**	**2015/16**
Black Binder Audits Completed	24	27	27
Black Binder Audit Scores	95%	97%	96%
CRMS Audit Completed	NA	27	27
CRMS Audit Scores	NA	95%	97%

A number of activities were undertaken by the committee:

- Approving next year's research projects
- Approving CF ABA/skill training provided by Dr. Linder and making it mandatory for the upcoming year
- Revising CRMS Audit Checklist
- Approving mandatory videotaping for SMG training (including both verbal de-escalation and physical intervention)

During the year podium presentations were provided at the following ABI related conferences:

- Hamilton Health Sciences annual conference (three presentations)
- Annual Addictions and Mental Health Conference (two presentations)
- International Concussion Summit
- Ontario Community Support Association (OCSA) Annual Conference

The agency also held its tenth annual conference “Riding the Roller Coaster: Managing Moderate to Severe Brain Injury”, on February 24, 2016. Topics included:

- New ONF INESS Guidelines for rehabilitation of Mild to Severe Traumatic Brain Injury by Dr. Mark Bayley,
- Wires and Sparks: Behavioral and Emotional Issues in TBI by Dr. Abe Snaiderman,
- Dollars and making “Sense”: The Role and Use of Life Care Plans for Living Well after Brain Injury by Ms. Kim Doogan
- Sexual Behaviour versus Sexual Deviance in Special populations by Ms. Brandie Stevenson
- Developing a Philosophy of Care by Improving the Quality and Implementation of Client’s Activity Schedules and Skill Training Plans by Dr. Bruce Linder

STANDARDIZED AGENCY ASSESSMENTS

Adaptive Behaviour Assessment: Residential and Community, second edition (ABS: RC2)

The agency administers the Adaptive Behaviour Assessment: Residential and Community-2 (ABS-RC: 2) upon admission and annually thereafter. The ABS-RC: 2 assesses the functional skills, abilities and behaviour for purposes of planning and evaluating the effectiveness of community based rehabilitation with adults with acquired brain injury. Since 2005, the agency has administered the ABS: RC-2 approximately 999 times with 324 clients.

Agency change over time: Both skills and behavioural problems remained in the average range over the eleven years with no significant change over the last year.

Comparison of services: Similar to past years, there was a highly significant negative correlation between ADL skills and behaviour across services, meaning that services with higher than average behaviour scores tended to have lower than average ADL skill scores.

This finding is consistent with theories that emphasize skill-deficits (e.g. communication, leisure, cognitive) as a contributing causal factor to the development of behaviour disorder in disabled populations. As has been true for past years, Cathy Wever Place (CWP) has the highest level of behavioural problems. Also consistent with last year, highest skill scores were achieved by Outreach Services, and Transitional Living Services (TLS).

Program change over time: Overall, there was no major change in levels of skills or behaviour problems.

Quality of Life Inventory (QOLI)
Upon admission and on an annual basis, clients at Brain Injury Services are asked to rate their satisfaction in 13 areas of life using the QOLI. Life satisfaction is based on how well the client's needs, goals and wishes are being met in these important areas of life. The results are used to monitor client change, progress and overall quality of life over time. Data has been collected over the course of eight years. The results are based on 1073 completed QOLI assessments from which 168 were completed in 2015.

The average client was in the average range as compared to the general population during all years. The agency results indicate that on average, clients were most satisfied in areas of life including goals and values, play, helping, friends, relatives, home, neighbourhood and community; however, clients were dissatisfied in the areas of money, work, love and children.

To evaluate any differences in quality of life between in-service clients and discharged clients, follow-up QOL assessments were offered to clients at approximately six months following discharge from the agency. Over the past reporting period, 19 clients were contacted, with 4 agreeing to participate in the follow-up assessment. Low response rate was due to clients declining to participate, client not available to participate, or lack of current contact information. Over the past nine years, a total of 23 clients have elected to participate in this follow-up. In comparing data from the in-service client group to the discharged client group, the results indicate that overall quality of life tends to remain consistent, with scores falling in the average range for both groups.

Prigatano Patient Competency Scales (PCR)

This scale was introduced to measure the client's level of self-awareness in four domains ranging from ADLs, Cognitive, and Social and Emotional skills. Data has been collected from 251 PCRs collected over the last six years, with 27 completed in 2015. Findings show that clients tend to overestimate their abilities and skills in most areas. Clients tended to over-estimate their ADLs most frequently. Clients also over-estimated their Cognitive skills and Social Abilities. On average, clients tended to be more accurate in their assessments of their emotional self-control skills. These tendencies have remained consistent in comparison to previous year.

BEST PRACTICE

This committee provides best practice information to the agency. Its mandate is to investigate relevant, innovative and new theories, procedures, ideas and resources for the benefit of the agency, clients and staff. Through these initiatives, come opportunities for sharing, learning and collaboration with other service providers.

2015 project:

The Best Practice committee addressed “Food for Thought” for the 2015 topic. The committee began by extensively researching studies and areas that relate to nutrition, ABI, mood, behavior, mental and physical health. It’s discovered an abundance of information and resources about this topic. The committee chose to focus on areas common to our clients such as sugar, caffeine, water intake, fat and carbohydrates. These choices were based upon review of food options in the residential services and the responses to a client questionnaire which assessed clients’ knowledge about their nutrition. It was administered to interested clients.

Throughout the planning process the members tried different recipes all aimed at healthy alternatives within the chosen categories. A presentation comprised of a review of research results, supplementary videos and information was presented to two groups of staff. Staff were provided with some samples of the healthy food as well as an information booklet with healthy recipes. The booklets were also provided for each service.

2016 project

For the upcoming 2016 year, the Best Practices Committee has chosen to explore “Happiness”. The concept of happiness has emerged as part of the broader “Positive Psychology” movement. Happiness involves a person’s cognition, behaviours, emotions and physicality; all areas greatly impacted and complicated by an acquired brain injury. Therefore, it would be of interest to explore ways to assist clients and staff to find, embrace and incorporate happiness into their daily lives and into their interactive therapeutic and professional relationships in the workplace.

The committee plans to research current literature about brain injury and happiness, assessments related to happiness, and ways to incorporate the concept of happiness into client programming activities and daily lives. The committee feels it is important to include the perspective of clients and therefore will be asking questions related to their level of happiness, their definition of happiness and what makes them happy.

BEHAVIOUR STANDARDS REVIEW COMMITTEE (BSRC)

This committee identifies the need for and makes recommendations regarding policies and procedures for behavioural programming. It also audits and approves all behaviour programs, and reviews emergency interventions.

The following summarizes the results of the audits of behaviour programs:

	2013/14	2014/15	2015/16
Behaviour Assessment Reports (BARs):	7	4	1
New/Revised Behaviour Support Plan (BSPs):	45	33	20
Annual BSPs:	14	11	3
Termination of BSPs:	1	5	9

The committee made several changes and improvements which included:

- Revising audit standards
- Revising behaviour programming standards including the audit of DAS with the DASQ, staff reading both BSP and BSP summary as part of their accountability, behaviour therapists not required to complete consultation report as they are writing the BSPs
- Revising BSP process to reflect BTs identifying timeframes for revised BSPs and submitting timeframe chart to chair
- Revising policies to capture above changes to process
- Defining goal achievement and creating database
- Approving that the ethical framework is to be completed on entire BSP and not only revisions.
- Recommending detailed criteria for PRN use and creating a program practice in order for staff to have more direction on preventative strategies
- Revising template for introduction of clients BSP to the committee

Goals for the 2015/16 year were:

- BSPs identified at the BSRC are completed according to schedule (Goal 100%)
- Two staff will be evaluated within the first three months of BSP implementation. (Goal 100%)
- Identified BSP goals are met within timeframe (Goal 75%)

All goals were not met and therefore the committee agreed to continue to monitor these goals for the following year and discuss activities to improve outcomes.

Goals for 2016/2017 are:

- BSPs identified at the BSRC are completed according to schedule (Goal 100%)
- Two staff will be evaluated within the first three months of BSP implementation. (Goal 100%)
- Identified BSP goals are met within timeframe (Goal 75%)

Quality Care Reviews

Quality Care Reviews (QCRs) are completed for serious incidents involving clients. The QCRs are used as a learning tool for the agency and can lead to policy and procedure changes. The agency completed five QCRs this past year.

Agency improvements or changes based on QCRs include:

- Installing self-locking doors in kitchen at Elmhurst and Campden Heights
- Increasing staff communication during shifts to include DAS card is passed to replacement staff
- Revising schedule to include an overlap shift to accommodate busier client schedule hours
- Recommending further physiotherapy assessments at earlier stages
- Introducing more skill training for identified clients
- Revising DAS and staffs schedule to ensure scheduled lunches
- Group Services to identify clients at risk of confusion on group outings
- Developing a protocol within Group Services to specify timeframe and follow-up procedure for higher risk clients that do not show up for agreed activities
- Revising guidelines for hospital visits and discharges to include needed information prior to client being discharged
- Ensuring identified Health Care Support Plans are in place and accountability
- Reducing number of scheduled staff switches while working with clients
- Providing staff fridges separate from the client fridges in the residential kitchens