Behavioural Supports **Ontario**
Soutien en cas de troubles du comportement en **Ontario**

Strengthening the Dementia Observation System (DOS): Seeking Your Contributions to the Standardized Version and Next Steps!

February 27, 2018

Presenters:

Dr. Lori Schindel Martin

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Alzheimer Society Ontario

brainXchange

North Bay Regional Health Centre / Centre régional de santé de North Bay

Ontario Ministry of HEALTH AND LONG-TERM CARE

Ontario Local Health Integration Network / Réseau local d'intégration des services de santé

Objectives

- Describe best practice for direct observation of behaviour in older adults with dementia and responsive behaviors as it relates to interprofessional care planning and clinical decision making.
- Discuss the Behavioural Supports Ontario current strategy to update and standardize the Dementia Observation System (DOS).
- Provide an overview of revisions underway to the DOS.
- Provide an opportunity for participants to give input/feedback regarding the standardization of the DOS.

Clinical Context

- Growing demographic of older persons
- Growing number of individuals living with dementia
- Individuals living with dementia may be responding to their environment with responsive behaviours due to stressors and unmet needs.
- Clinical teams are attempting to understand the meaning of the behaviours/expressions to tailor individualized, person-centred approaches
- There are many tools available to measure responsive behaviours
- Reliable/accurate/consistent behavioural documentation remains a challenge
- Clinical teams need many tools in their toolbox!

Limitations in Behavioural Assessment

- Retrospective reports = prone to errors in recall and provide little opportunity to identify the context of behaviours
- Rating scales = issues with inter-rater reliability and responsiveness to change, and are bias-prone:
  - ✓ Tendency to retrospectively over-report 'aggressive' behaviours and under-report 'non-aggressive' behaviours
  - ✓ Unclear retrospective reference periods and errors in recall.
- Retrospective rating scales have weak to moderate correlations to direct observation

(Curyto,, K., Van Haitsma, K., Vriesman, D. 2008; McCann JJ, Gilley DW, Hebert LE, Beckett LA, Evans DA. 1997; Cohen-Mansfield J, Libin A. 2004).

Direct Behaviour Observation

The Gold Standard in Behavioural Assessment

Why is it important?

- Provides interprofessional team with objective and measurable data to identify patterns of Behavioural and Psychological Symptoms of Dementia (BPSD)
  - ✓ Frequency, duration, precipitants and pattern of behaviors
- Provides systematic, theory-based measurement of specific behaviors targeted by an intervention
  - ✓ Responsive to change

(Curyto,, K., Van Haitsma, K., Vriesman, D. 2008; P.I.E.C.E.S., 2002; Schindel Martin, 1998; Van Derlinde, Stephan, Dening & Brayne, 2014)

DOS History

FEATURES

The Dementia Observational System: *A Useful Tool for Discovering the Person Behind the Illness*

by

Lori Schindel Martin

Mr. B., who has Alzheimer's disease and had been living at home, has been admitted to your long term care facility because his family can no longer deal with him. His behaviour has changed dramatically: he doesn't sleep for more than 30 minutes at a time; when he's awake, he either continually looks for the door so he can get to work or shouts at his wife in a vain attempt to communicate his needs. The medications he has been taking to help him sleep only seem to confuse him more; he is beginning to have problems with balance and continence; and he fell yesterday.

How a Dementia Observational System Can Help

For caregivers, a newly admitted resident with dementia often poses a challenge. Not knowing what constitutes a typical day for the resident, caregivers may reach inaccurate conclusions, which could lead to ineffective treatment approaches or medication regimens that trigger negative reactions.

In these types of situations, a dementia observational system can be a useful tool. Caregivers can track a resident's behaviour, both positive and negative, over a number of days, in 24-hour blocks and from the emerging behavioural pattern, establish the resident's daily rhythm.

With a dementia observational system, caregivers can determine the frequency and duration of Mr. B.'s periods of rest/sleep and periods of "busyness" or activity, as well as the time when he is calm and agitated.

When a resident is aggressive or calls out frequently, staff generally perceive such events as lasting much longer than they actually do. The measurable data that a dementia observational system generates will give caregivers a true picture of the length, intensity and frequency of this type of disruptive behaviour. The data can also be used to determine when, during a 24-hour cycle, interventions need to be concentrated; whether medicinal or psychopharmacological interventions are reducing the frequency of a behaviour; and to distinguish between those behaviours of greatest risk as compared to those that should be accommodated. For example, caregivers may group all challenging behaviours together and therefore label a resident "dangerous." When behaviour is measured objectively using an observational system, it is often the case that the frequency of overt physical aggression — a high-risk behaviour — actually occurs infrequently in a full 24-hour cycle. A more benign behaviour, such as pacing, may occur most frequently during each day, and interventions need to be directed at programming to accommodate this.

The Dementia Observational System *What is it?*

A dementia observational system is actually a document or written "picture" of how a resident occupies him or herself in a defined block of time. At Shalom Village Nursing Home, in Hamilton, Ontario, the document that caregivers use is called a Resident Observation Record (Chart 1). Caregivers select a "number" from the behavioural key, located at the top of the document, that best describes the resident during a 30-minute period and record it in the appropriate time/day slot.

Two worksheet versions of the Resident Observation Record are used at Shalom Village:

✔ The standardized worksheet has a behavioural key that tracks periods of sleep, alert and calm wakefulness, noise-making, restlessness, exit-seeking and aggression, both verbal and physical. This version is most useful for new residents who have a scant behavioural history. Caregivers use the document to determine which behaviours might require some type of intervention.

✔ The individualized worksheet has a behavioural key enabling caregivers to describe as many as eight well-defined behaviours: sleeping in bed; sleeping in chair; awake/calm; noisy; restless, pacing; exit-seeking; aggressive – verbal; and aggressive – physical. These target behaviours, which are written directly on the form, are used to capture the unique characteristics of a resident.

Both worksheets use a numbering system to indicate degree of risk: the lower the number, the lower the associated risk; the higher the number, the higher the associated risk. Positive and neutral behaviours, such as "sleeping in bed," "sleeping in chair," and "awake/calm," should always appear as first-level behaviours on the key. Listing these positive and neutral descriptors on each behavioural key helps staff to see the full range of a resident's behavioural profile. If these types of descriptors are absent from the key, staff often leave portions of the 24-hour map blank or write their own descriptors in the squares. This results in data inconsistencies.

By including a resident's sleep status in the behavioural key, caregivers can evaluate the success of a behavioural or psychopharmacological intervention directed at insomnia. This can also help staff determine if a new medication or a dosage increase is causing side effects, such as overmedication.

Most importantly, the inclusion of positive descriptors, such as "awake and calm," on the behavioural key, allows caregivers to determine the amount of time the resident engages in meaningful, positive behaviour versus negative behaviour. Seeing the total picture can help set the tone so that caregivers avoid labelling and stereotyping the resident

Dementia Observation System

Use corresponding numbers to record in ½ intervals.

1. Sleeping in Bed
2. Sleeping in Chair
3. Awake/Calm
4. Noisy
5. Restless, Pacing
6. Exit Seeking
7. Aggressive -verbal
8. Aggressive - physical

YMD	01/01/08	01/01/09	01/01/10	01/01/11	01/01/12	01/01/13	01/01/14
Time							
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0800							
0830					5		
0900						6	
0930		5			5	6	
1000	5	5, 6					
1030			5, 6			6	
1100						6	5
1130			5				5, 6
1200			5				5, 6
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1900	5	5					
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2100		5, 6			5		
2130		5, 6			5		6
2200		6			5		6
2230		6			5		6
2300		6, 6			5		6
2330		6			5		6
2400		6					6
0030		6			6		6
0100		6			6		6
0130		6			6		6
0200		6					6
0230		6			6		
0300		6			6		
0330		6					
0400				5			
0430				5, 5			
0500				6, 5			
0530							
0600				5			
0630							
0700							

Buspar 5mg

Buspar 2.5mg

Example provided by Lori Schindel-Martin, Shalom Village Nursing Home, Hamilton, ON

DOS Working Group

A project from the BSO provincial Knowledge Translation & Communications Advisory.

Who: An interprofessional team that have experience and expertise in working with the DOS

Purpose: To standardize the DOS to enhance the consistency, quality and validity of this measure for clinical decision-making and behavioural outcome tracking

When: Meeting monthly since January 2017

Coordination/Leadership: BSO Provincial Coordinating Office

DOS Working Group Membership

- Dr. Lori Schindel Martin (Ryerson University)
- Debbie Hewitt Colborne (BSO PCO, NBRHC)
- Dr. Lisa Van Bussel (St. Joseph's Health Care, London)
- Dr. Andrea Iaboni (Toronto Rehabilitation Institute)
- Fernanda Fresco (North Bay Regional Health Centre)
- Adriana Barel (St. Joseph's Health Care, London)
- Julia Baxter (St. Joseph's Healthcare Hamilton)
- Monica Bretzlaff (North Bay Regional Health Centre)
- Lina DeMattia (Alz Society of Chatham-Kent)
- Gail Elliot (DementiAbility)
- Pam Hamilton (P.I.E.C.E.S.)
- Teresa Judd (Central West LHIN)
- Cecelia Marshall (Toronto Rehabilitation Institute)
- Dr. Kristine Newman (Ryerson University)
- Kimberly Schlegel/Brynn Roberts (London Health Sciences Centre)
- Dr. Lindy Kilik (Providence Care)
- Katrina Grant (Providence Care)
- Stephanie Jarvis (William Osler Health System)
- Jodi Laking (West Parry Sound Health Centre)
- Adriana Caggiano (RGP of Toronto)

Masters of Nursing Student: Valentina Donison (Ryerson University)

Project Progression

Feb - June 2017

Gathering & Analysis of DOS Versions & Defining Critical Elements

June 2017 - Feb 2018

Draft New Standardized DOS

June 2017 – March 2018

Stakeholder Input

- CAGP Participants
- Focus Groups
- External Reviewers (webinar)
- BSO Lived Experience Advisory

Spring 2018

Pilot New Standardized DOS

Fall 2018

Release of New Standardized DOS (with Knowledge Translation Support)

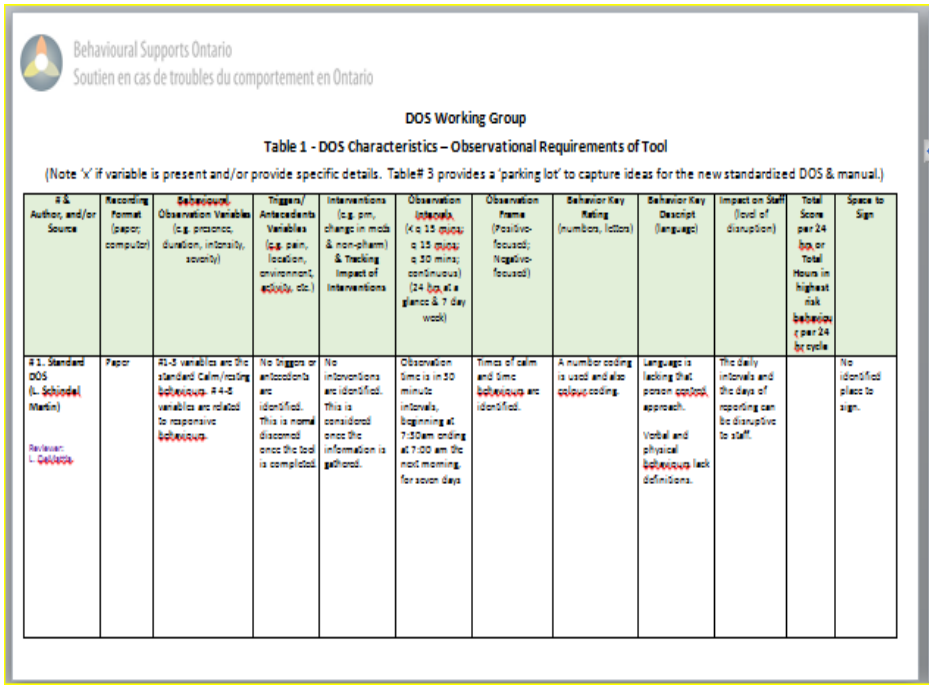
Work to Date

- Collection of DOS versions provincially and nationally
  - ✓ 43 organizations submitted
  - ✓ 48 DOS versions collected

Same as Original	Some Modifications	Significant Modifications
11	27	10

- Analysis of DOS versions
- Defining critical elements of standardized DOS
- Draft versions of standardized DOS

Analysis Process



Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

DOS Working Group

Table 1 - DOS Characteristics – Observational Requirements of Tool

(Note 'x' if variable is present and/or provide specific details. Table# 3 provides a 'parking lot' to capture ideas for the new standardized DOS & manual.)

# & Author, and/or Source	Recording Format (paper, computer)	Behavioural Observation Variables (e.g. presence, duration, intensity, severity)	Triggers/ Antecedents Variables (e.g. pain, location, environment, activity, etc.)	Interventions (e.g. pm, change in meds & non-pharm) & Tracking Impact of Interventions	Observation Intervals (x q 15 mins; q 15 mins; q 30 mins; continuous) (24 hrs at a glance & 7 day week)	Observation Frame (Positive-focused; Negative-focused)	Behavior Key Rating (numbers, letters)	Behavior Key Descript (language)	Impact on Staff (level of disruption)	Total Score per 24 hrs or Total Hours in highest risk behaviour per 24 hr cycle	Space to Sign
# 1. Standard DOS (L. Schindel Martin) Reviewer: L. Calvano	Paper	#1-5 variables are the standard Calm/resting behaviours. # 4-5 variables are related to responsive behaviours.	No triggers or antecedents are identified. This is normal discomfort once the tool is completed.	No interventions are identified. This is considered once the information is gathered.	Observation time is in 30 minute intervals, beginning at 7:30am ending at 7:00 am the next morning, for seven days	Times of calm and time behaviours are identified.	A number coding is used and also colour coding.	Language is lacking that person centred approach. Verbal and physical behaviours lack definitions.	The daily intervals and the days of reporting can be disruptive to staff.		No identified place to sign.

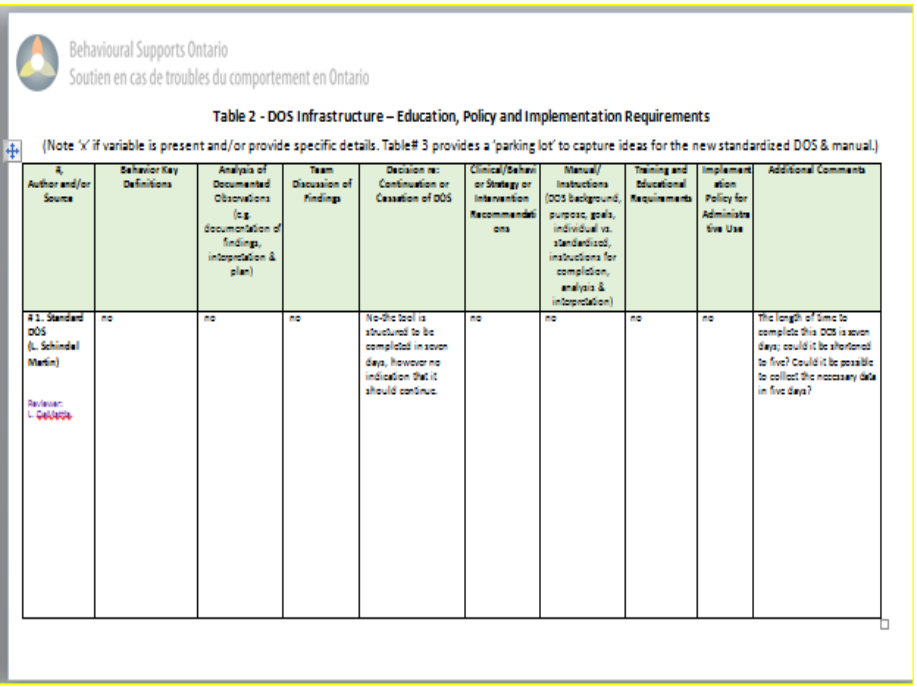


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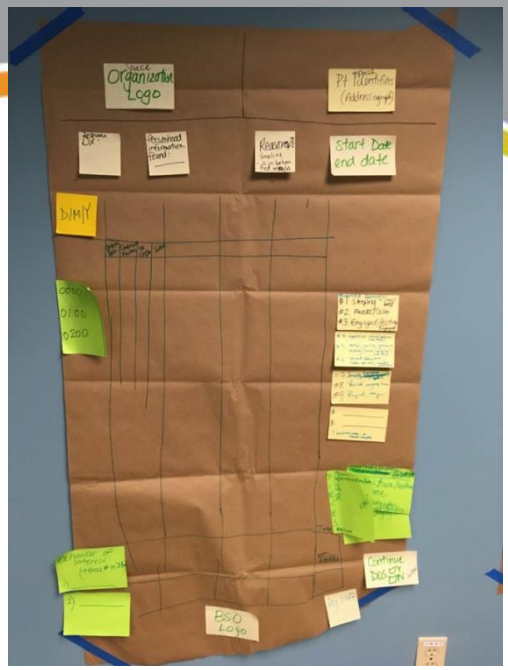
Table 2 - DOS Infrastructure – Education, Policy and Implementation Requirements

(Note 'x' if variable is present and/or provide specific details. Table# 3 provides a 'parking lot' to capture ideas for the new standardized DOS & manual.)

#, Author and/or Source	Behavior Key Definitions	Analysis of Documented Observations (e.g. documentation of findings, interpretation & plan)	Team Discussion of Findings	Decision re: Continuation or Cessation of DOS	Clinical/Behavior Strategy or Intervention Recommendations	Manual/ Instructions (DOS background, purpose, goals, individual vs. standardized, instructions for completion, analysis & interpretation)	Training and Educational Requirements	Implementation Policy for Administrative Use	Additional Comments
# 1. Standard DOS (L. Schindel Martin) Reviewer: L. Calvano	no	no	no	No-the tool is structured to be completed in seven days, however no indication that it should continue.	no	no	no	no	The length of time to complete this DOS is seven days; could it be shortened to five? Could it be possible to collect the necessary data in five days?



Critical Elements

- ✓ Ease of use of point of care staff
- ✓ Paper version
- ✓ Signature/initials (accountability)
- ✓ Reason for completing the DOS
- ✓ Behavioural observation variables (progressive levels of risk)
- ✓ Include sleep in the behavioural observation variables
- ✓ Positive behaviour anchors (e.g. sleeping, smiling, engaging)
- ✓ Inclusion of context/interventions
- ✓ 24 hour cycle at a glance
- ✓ Area for analysis
- ✓ Decision about continuing DOS

Draft Standardized DOS

PLACE HOLDER FOR ORGANIZATION INFO/LOGO

Dementia Observation System (DOS) Worksheet

PLACE HOLDER FOR PT IDENTIFIERS

(e.g. addressograph)

Part #1 – Background *(Complete prior to DOS Data Collection Sheet)*

Reason for Completing DOS:

- ❑ Baseline/Admission
- ❑ Transition
- ❑ New behavioural expression
- ❑ Behaviour(s) increasing in duration, frequency and/or risk
- ❑ Implementation of a new strategy/intervention
- ❑ Adjustment of medications
- ❑ Support for urgent referral/transfer
- ❑ Other: _____

DOS start date: _____ DOS stop date: _____

Section completed by (print name): _____ Signature: _____

Complete the DOS Data Collection Sheet

Part #2 – Analysis & Planning *(Use completed Data Collection Sheet)*

Recommendation: Highlight the numbers on the data collection sheet according to the colour coded legend.

Behavior observed during observation period (check all that apply and total ½ hour blocks):

			Total ½ hour blocks
❑	1	Sleeping Broken? ❑ No ❑ Yes	
❑	2	Awake/Calm	
❑	3	Positively Engaged	
❑	4	Vocal Expressions	
❑	5	Motor Expressions	

			Total ½ hour blocks
❑	6	Sexual Expression of Risk	
❑	7	Verbal Expression of Risk	
❑	8	Physical Expression of Risk	
❑	9		
❑	10		

Behaviour of Interest: _____

Total ½ hour blocks behaviour exhibited:

	Day 1	Day 2	Day 3	Day 4
TOTAL				

Trends/Analysis:

- ❑ Duration concern
- ❑ Frequency concern
- ❑ Risk concern

Behaviour of Interest: _____

Total ½ hour blocks behaviour exhibited:

	Day 1	Day 2	Day 3	Day 4
TOTAL				

Trends/Analysis:

- ❑ Duration concern
- ❑ Frequency concern
- ❑ Risk concern

What the DOS data reveals: _____

Possible contributing factors (remember P.I.E.C.E.S.): _____

Next Steps:

- ❑ Continue DOS for another 5 days
- ❑ ABC charting around particular events/behaviour
- ❑ Clinical huddle/meeting
- ❑ POA consulted/Family meeting
- ❑ Medication adjustment/review
- ❑ Non-pharmacological interventions suggested: _____
- ❑ Progress note written
- ❑ Care plan updated
- ❑ Referral: _____
- ❑ Repeat DOS in 4-6 weeks
- ❑ No further action at this time
- ❑ Other: _____
- ❑ Other: _____

Section completed by (print name): _____ Signature: _____

DOS Working Group (2018). *Dementia Observation System (DOS).* Behavioural Supports Ontario Provincial Coordinating Office, Ontario, Canada.

Behavioural Supports Ontario
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DRAFT - NOT FOR CIRCULATION

PLACE HOLDER FOR ORGANIZATION INFO/LOGO

Dementia Observation System (DOS) Data Collection Sheet

PLACE HOLDER FOR PT IDENTIFIERS

(e.g. addressograph)

Y/M/D	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*
0700															
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*Mandatory column

Observed Behaviours	
1	Sleeping
2	Awake/Calm
3	Positively Engaged

For #3-8 check as you observe:

- ❑ Activity
- ❑ Conversing
- ❑ Hand holding
- ❑ Other:
- ❑ Hugging
- ❑ Singing
- ❑ Smiling

4 Vocal Expressions (Repetitive)

- ❑ Crying
- ❑ Grinding teeth
- ❑ Grunting
- ❑ Howling
- ❑ Humming
- ❑ Moaning
- ❑ Other:
- ❑ Phrases
- ❑ Questions
- ❑ Requests
- ❑ Sighing
- ❑ Syllables
- ❑ Words

5 Motor Expressions (Repetitive)

- ❑ Banging
- ❑ Collecting
- ❑ Disrobing
- ❑ Fidgeting
- ❑ Familiar/exit-seeking
- ❑ Other:
- ❑ Pacing
- ❑ Rattling
- ❑ Rocking
- ❑ Rummaging

6 Sexual Expression of Risk

- ❑ Intrusive verbal expression
- ❑ Intrusive physical expression
- ❑ Hypersexual

7 Verbal Expression of Risk

- ❑ Insulting
- ❑ Swearing
- ❑ Other:
- ❑ Screaming
- ❑ Threatening

8 Physical Expression of Risk

- ❑ Biting
- ❑ Choking others
- ❑ Grabbing
- ❑ Hair pulling
- ❑ Hitting
- ❑ Kicking
- ❑ Throwing
- ❑ Other:
- ❑ Pinching
- ❑ Punching
- ❑ Pushing
- ❑ Scratching
- ❑ Self-injurious
- ❑ Slapping
- ❑ Spitting

9	
10	

Context	
A	Alone
C	Personal Care (e.g. bathing, incontinent care, toileting)
L	Loud/Busy Environment
M	Medication for Behaviours
N	Nutrition - eating/drinking
P	Pain Medication
Q	Quiet Environment
R	Expressions directed at Resident/pt(s) or visitor(s)
S	Expressions directed at Staff
T	Treatment (e.g. wound care, catheterization, creams)
V	Visitors/Volunteers present
X	
Y	

Page #1 – Background Section

PLACE HOLDER FOR ORGANIZATION INFO/LOGO

Dementia Observation System (DOS) Worksheet

PLACE HOLDER FOR PT IDENTIFIERS

(e.g. addressograph)

Part #1 – Background *(Complete prior to DOS Data Collection Sheet)*

Reason for Completing DOS:

- ❑ Baseline/Admission
- ❑ Transition
- ❑ New behavioural expression
- ❑ Behaviour(s) increasing in duration, frequency and/or risk
- ❑ Implementation of a new strategy/intervention
- ❑ Adjustment of medications
- ❑ Support for urgent referral/transfer
- ❑ Other: _____

DOS start date: _____ DOS stop date: _____

Section completed by (print name): _____ Signature: _____

Complete the DOS Data Collection Sheet

Page #2 – Data Collection Sheet

	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*
Y/M/D															
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*Mandatory column

FOR CIRC

*Mandatory column

	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*
Y/M/D															
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0730															
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Observed Behaviours

1 Sleeping

2 Awake/Calm

3 Positively Engaged

For #3-8 check as you observe:

- ❑ Activity
- ❑ Conversing
- ❑ Hand holding
- ❑ Hugging
- ❑ Singing
- ❑ Smiling
- ❑ Other:

4 Vocal Expressions (Repetitive)

- ❑ Crying
- ☑ Phrases
- ❑ Grinding teeth
- ❑ Questions
- ❑ Grunting
- ❑ Requests
- ❑ Howling
- ❑ Sighing
- ❑ Humming
- ❑ Syllables
- ❑ Moaning
- ❑ Words
- ❑ Other:

5 Motor Expressions (Repetitive)

- ❑ Banging
- ❑ Pacing
- ❑ Collecting
- ❑ Rattling
- ❑ Disrobing
- ❑ Rocking
- ❑ Fidgeting
- ❑ Rummaging
- ❑ Familiar/exit-seeking
- ❑ Other:

6 Sexual Expression of Risk

- ❑ Intrusive verbal expression
- ❑ Intrusive physical expression
- ❑ Hypersexual

7 Verbal Expression of Risk

- ❑ Insulting
- ❑ Screaming
- ❑ Swearing
- ❑ Threatening
- ❑ Other:

8 Physical Expression of Risk

- ❑ Biting
- ❑ Pinching
- ❑ Choking others
- ❑ Punching
- ❑ Grabbing
- ❑ Pushing
- ❑ Hair pulling
- ❑ Scratching
- ❑ Hitting
- ❑ Self-injurious
- ❑ Kicking
- ❑ Slapping
- ❑ Throwing
- ❑ Spitting
- ❑ Other:

9

10

NOT FOR CIRCULATION

Page #2 – Data Collection Sheet

	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*	Observed Behaviour*	Context	Initials*
Y/M/D															
0700															
0730															
0800	4	A	DC												
0830															
0900															
0930															
1000															
1030															
1100															
1130															
1200															
1230															

Context	
A	**A**lone
C	Personal **C**are (e.g. bathing, incontinent care, toileting)
L	**L**oud/Busy Environment
M	**M**edication for Behaviours
N	**N**utrition - eating/drinking
P	**P**ain Medication
Q	**Q**uiet Environment
R	Expressions directed at **R**esident/pt(s) or visitor(s)
S	Expressions directed at **S**taff
T	**T**reatment (e.g. wound care, catheterization, creams)
V	**V**isitors/**V**olunteers present
X	
Y	

Page #1 – Analysis & Planning

Part #2 – Analysis & Planning *(Use completed Data Collection Sheet)*
Recommendation: Highlight the numbers on the data collection sheet according to the colour coded legend.

Behavior observed during observation period (check all that apply and total ½ hour blocks):

				Total ½ hour blocks
❑	1	Sleeping	Broken? ❑ No ❑ Yes	
❑	2	Awake/Calm		
❑	3	Positively Engaged		
❑	4	Vocal Expressions		
❑	5	Motor Expressions		

Behaviour of Interest: _____
Total ½ hour blocks behaviour exhibited:

	Day 1	Day 2	Day 3	Day 4
TOTAL				

Trends/Analysis:
- ❑ Duration concern
- ❑ Frequency concern
- ❑ Risk concern

			Total ½ hour blocks
❑	6	Sexual Expression of Risk	
❑	7	Verbal Expression of Risk	
❑	8	Physical Expression of Risk	
❑	9		
❑	10		

Behaviour of Interest: _____
Total ½ hour blocks behaviour exhibited:

	Day 1	Day 2	Day 3	Day 4
TOTAL				

Trends/Analysis:
- ❑ Duration concern
- ❑ Frequency concern
- ❑ Risk concern

NOT FOR CIRCUL

Page #1 – Analysis & Planning

DRAFT - N

What the DOS data reveals: _____

_____

_____

_____

Possible contributing factors (remember P.I.E.C.E.S.): _____

_____

_____

_____

_____

Next Steps:

- ❑ Continue DOS for another 5 days
- ❑ ABC charting around particular events/behaviour
- ❑ Clinical huddle/meeting
- ❑ POA consulted/Family meeting
- ❑ Medication adjustment/review
- ❑ Non-pharmacological interventions suggested:

  _____

  _____
- ❑ Progress note written
- ❑ Care plan updated
- ❑ Referral: _____
- ❑ Repeat DOS in 4-6 weeks
- ❑ No further action at this time
- ❑ Other: _____
- ❑ Other: _____

Section completed by (print name): _____ Signature: _____

DOS Working Group (2018). *Dementia Observation System (DOS)*. Behavioural Supports Ontario Provincial Coordinating Office, Ontario, Canada.

Collaborative Work

- Feedback/input from:
  - ✓ DOS Working Group
  - ✓ CAGP Participants
  - ✓ Focus Groups
  - ✓ **External reviewer webinar**
  - ✓ BSO Lived Experience Advisory

Your Valuable Contributions: Informing the Next Draft

1) Today:

   ✓ Add your comments/questions within the chat pod

   ✓ Ask a question or make a comment by unmuting your phone

2) Follow-up Survey

Follow-Up Survey

https://www.surveymonkey.com/r/PDX7TXH

Due Date: March 16/18

Project Progression

Feb - June 2017

Gathering & Analysis of DOS Versions & Defining Critical Elements

June 2017 - Feb 2018

Draft New Standardized DOS

June 2017 – March 2018

Stakeholder Input

- CAGP Participants
- Focus Groups
- External Reviewers
- BSO Lived Experience Advisory

Spring 2018

Pilot New Standardized DOS

Fall 2018

Release of New Standardized DOS (with Knowledge Translation Support)

Contact information:

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