

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

## Behavioural Supports Ontario Provincial Lived Experience Network Meeting

## **Meeting Information**

Date: Thursday, May 19, 2016 Time: 12:30pm – 2:00pm (EST)

	Agenda Item & Description	Time	Information	Discussion	Decision/ Approval	Lead
-1-	Welcome & Introductions	15 min.	x			Monica Bretzlaff Sharon Osvald
-2-	Lived Experience Café Overview & Upcoming Events	20 min.	x			Sharon Osvald
-3-	Environmental Scan of Lived Experience Groups - Sharon and PCO team members have collected work is happening across the province regarding Lived Experience - ODAG (Ontario Dementia) -Kathy Hickman (knowledge broker from brainXchange) working with ODAG - Alz Society of Ontario Inclusion Task Force – to - Various groups occurring locally (e.g. Waterloo Wellington Dementia Advisory Groups) - Dementia Friendly Communities - Schlegal Village Dementia Advisory Committee connected with a Research Institute - Homewood - Phyllis sends any of her research to the Schlegal Village - world wide dementia advisory	20 min.	x	x		Sharon Osvald

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	<ul> <li>HQO – working on pt engagement</li> <li>BSO not wanting to reinvent the wheel, but</li> <li>build on work that is already happening. Want</li> <li>to reach out to create partnerships.</li> </ul>					
-4-	Review of Lived Experience Network Priorities Survey Results - survey was to get an idea of who is in the network and what projects we should be working on - 9 received so far - plan for survey to be left open longer so that others can complete - INSERT results - the live chats was prior to this meeting where the chat info was discussed - projects – pulled from past meetings and Catalyst event – listed all these projects - so far the following were prioritized: 1) Identify education needs among family care partners caring for those living with mental illness, dementia, substance use and/or neurological disorders and determine potential strategies to increase learning opportunities. 2) Develop and promote the use of a tool for health care professionals to increase knowledge about BSO patients' personhoods (e.g., likes/dislikes, greatest accomplishments, fears, etc.) - similar to 'All about Me', 'My Plan', etc. 3) Project/plan to promote BSO Minisites (http://behaviouralsupportsontario.ca/) to increase knowledge among the general public about the availability of behavioural support services through BSO across the province suggested other projects: - send out a PR or targeted to media - increased knowledge of where to find help	10 min. 20 min.	X	x	x	Sharon Osvald Katelynn Viau

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<ul> <li>look at a way to disseminate research to real life</li> </ul>					
<ul> <li>Follow-up Discussion</li> <li>Identify education needs among family care partners caring for those</li> <li>living with mental illness, dementia, substance use and/or neurological</li> <li>disorders and determine potential strategies to increase learning</li> <li>opportunities.</li> <li>more than one way to get out there</li> <li>it was like being called in a cold ocean – "go to the Alz Society" – we needed some direction and navigation tool</li> <li>info was about stages and types of dementia – not practical</li> <li>not talking about the practical day to day (e.g. this is what to expect, who to call)</li> <li>this type of tool might be already available locally, could there be a provincial tool</li> <li>First start with "what are the things you wished you knew?"</li> <li>Resource needed available on-line and in print "what do I do now?"</li> <li>Challenges to navigate the application into LTC, integration into LTC,</li> <li>Interaction with people that can provide support</li> <li>Many people don't want to attend support groups (a club that no one wants to join) – need to find a way to get these info to them</li> <li>Finding ways to help people that they want/need to a level that they want.</li> <li>LTC – Could family councils be a</li> </ul>					

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P 1 2 3 (ii Phyll - imp - neg that v	resource for support and information? Family councils are a very fragile thing – at times it is strong and at times not, at times the focus is only on advocacy (not support). At times there may not even be a council. Family Council of Ontario – new developed as a stand alone organization New LTC Home Act – if there is interest shown then the home has 30 days to get a family council operational Chat topic – "What do we wish we knew?" and "Where would we find this information?/ Where do we look?" so the tool could be placed there A pamphlet/guide/tool – doesn't need to be all encompassing Suggest posting this on various places where it can be accessed (e.g. websites of partners, primary care providers) Local services vary across the province – how do we deal with this in a provincial brochure/guide – point to the Minisites Sections (include journey between these 3 eriods): . Caregiving at home . Process of going to LTC (application) . Admission to LTC (changing role as a care giver) nclude educational opportunities) is – interest in quality indicators oortant to look at the positive gative headlines is demoralizing for those work in LTC and creates fear in the public at led the family to use the words					

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Receiving Educational opportunities – liked to be provided these opportunities, want to know about them and they can decide if they want to sign up - add these opportunities from on the dementia crossroads website (online and in person) 2) Develop and promote the use of a tool for health care professionals to increase knowledge about BSO patients' personhoods (e.g., likes/dislikes, greatest accomplishments, fears, etc.) - similar to 'All about Me', 'My Plan', etc. - Alzheimer's Socitey one – becomes a chore (e.g. 40 pgs), caregivers have a hard time reading a long document - need to be streamlined (not so long) - NE one pager – gain permission to post in the room - a wife wrote up a one page about her husband to help staff know about her husband. - people might now realize my this information is so valuable - this information is very helpful with regards to responsive behaviours - how would we encourage LTC to use? - PRCs help? - What tools are being used? Do a scan regarding these tools - things are always changing in terms of the		Infor	Disc	Dec	
<ul> <li>strategies that work – communication is not flowing with these strategies</li> <li>a tool that needs to go with the person if they move throughout the health care system</li> <li>privacy of personal information – need to consider how this information is shared in line with legislation (e.g. SDM to provide consent for this sharing/posting of information).</li> </ul>					

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-5-	<ul> <li>Review of Next Steps &amp; Conclusion <ul> <li>pick a consistent time for Advisory mtg</li> <li>bimonthly (e.g. third Thursday of month (1230 - 1400)</li> <li>meeting in July – people away, but it is too much time to wait until Sept so plan to keep</li> <li>July mtg</li> <li>suggest to send a pole regarding the best day of the week</li> <li>the hope that providing notice will be helpful so that everyone has it in their calendar</li> <li>Next live chat – third Wed of month (in evening)</li> <li>PCO will send out:</li> <li>link to dementia crossroads</li> <li>personhood documents</li> <li>meeting notes</li> </ul> </li> <li>TOR differed – still need to discuss, looking for survey to direct</li> </ul>	5 min.	X		X	Sharon Osvald