



Behavioural Supports Ontario (BSO)  
Soutien en cas de troubles du comportement en Ontario

# Annual Report

2018 - 2019

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# Message from the Behavioural Supports Ontario (BSO) Provincial Coordinating Office (PCO)

## Welcome

From the launch of the Person-Centred Language Initiative to the completion of the updated Behavioural Education and Training Support Inventory, it is evident that 2018-19 was focused on equipping BSO Teams with new and updated products to further spread BSO's three pillars: (1) System Coordination and Management; (2) Integrated Service Delivery; and (3) Knowledgeable Care Teams and Capacity Building. Providing teams with evidence-based tools and resources is essential; especially with increased care complexities in Long-Term Care (LTC), increasing rates of Alternative Level of Care (ALC) in hospital, and the growing number of older adults remaining in the community for greater lengths of time.

Remaining firmly grounded in the delivery of person and family-partnered care was key as BSO teams grew across the province in 2018-19 as a result of an increased investment for BSO in LTC. This year also welcomed the first Ministry of Health and Long-Term Care (MOHLTC) investment into BSO teams in the community; named as one of the essential investments of the Ontario Dementia Community Investments (Ontario Dementia Strategy). Expanding BSO teams resulted in the ability to support a greater number of individuals across sectors in 2018-19, with accepted referrals growing 14% (n=47,379) in comparison to the year prior. The availability of BSO Team Members across sectors also increased the ability to support a multitude of transitions; especially from community into LTC (n= 4,660). Moving into 2019-2020, demand for BSO support is expected to grow, especially as teams expand their availability to support additional sectors such as retirement homes, adult day programs and acute care.

As demand for support increases, the BSO PCO, established within the North Bay Regional Health Centre, will continue to support teams across all sectors for the year 2019-20 having secured funds for an additional year. Looking towards the future, the focus remains on evaluating BSO impact, identifying and expanding BSO innovation and enhancing integration. It is with great pride that we invite you to join us in celebrating BSO's accomplishments in 2018-2019 resulting in enhanced quality care and collaboration as highlighted within this year's Annual Report.

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## BSO PCO at the North Bay Regional Health Centre

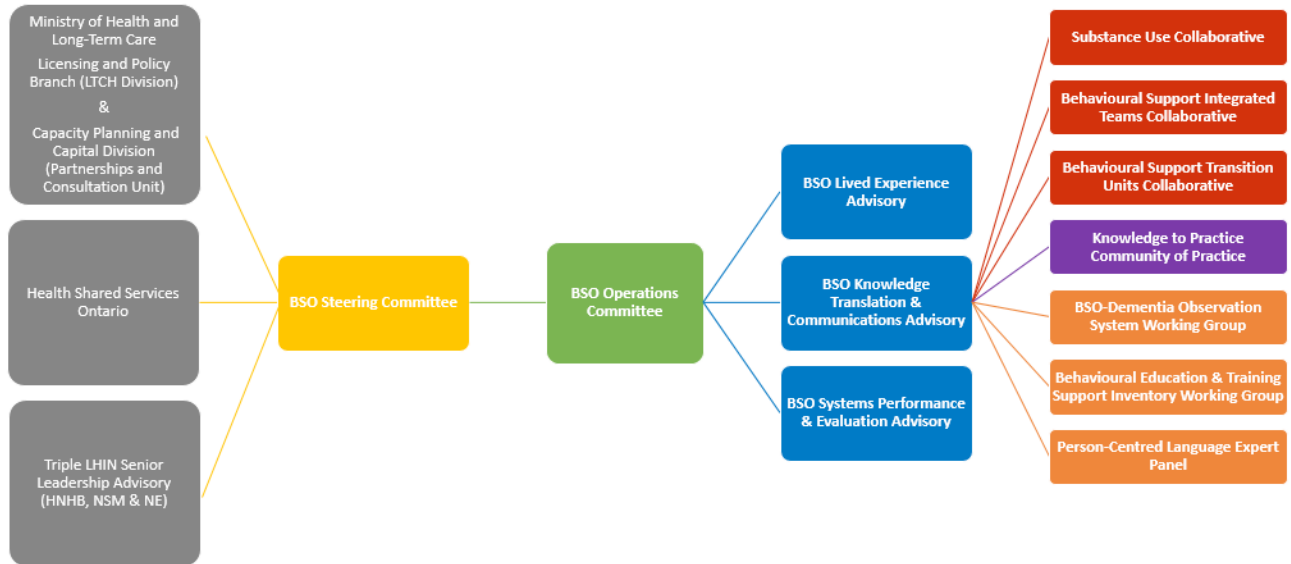


(from left to right)  
Katelynn Viau (Project Coordinator);  
Debbie Hewitt Colborne (Project Advisor);  
Monica Bretzlaff (Manager);  
Tina Kalviainen (Strategic  
Communications Specialist)

# BSO Provincial Framework & Acknowledgements

The BSO Provincial Structure for 2018-19 is depicted below, containing all of the various reporting requirements, Committees, Advisories, Collaboratives/Communities of Practice and Working Groups.

Figure 1: Behavioural Supports Ontario (BSO) Provincial Structure (2018-19)



**Donna Cripps**  
BSO PCO LHIN Lead Champion & Chair, BSO Provincial Steering Committee



**Monica Bretzlaff**  
Co-Chairs, BSO Provincial Operations Committee



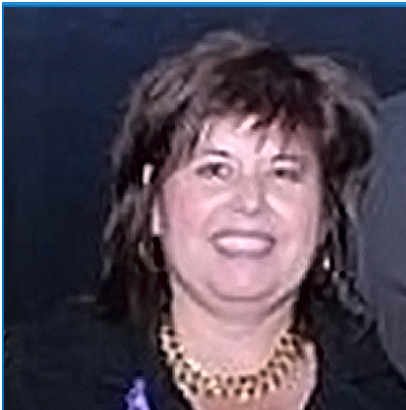
**Kathy Baker**



**Dr. Rhonda Feldman**

**Sharon Osvald**

Co-Chairs, BSO Lived Experience Advisory



**Julia Baxter**

**Patti Boucher**

**Dr. Birgit Pianosi**

Co-Chairs, BSO Knowledge Translation & Communications Advisory



**Jonathan Lam**

**Melissa Reid**

Co-Chairs, BSO Systems Performance & Evaluation Advisory



**Audrey Devitt**  
Co-Leads, Substance Use Collaborative



**Jane McKinnon Wilson**



**Marilyn White-Campbell**



**Teresa Judd**  
Co-Leads, Behavioural Support Integrated Teams Collaborative



**Patti Reid**



**Karin Adlhoch**  
Co-Leads, Behavioural Support Transition Units Collaborative



**Mary Ellen Parker**



**Kim Simpson and Marion Penko**  
Co-Leads, Knowledge to Practice Community of Practice



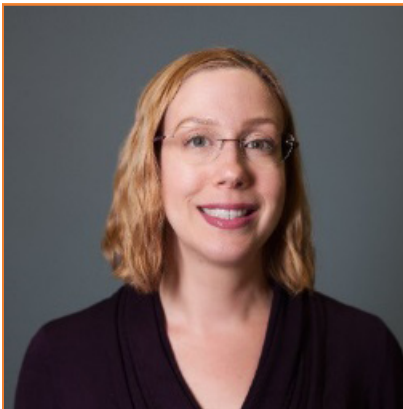
**Debbie Hewitt Colborne**  
Co-Leads, Dementia Observation System Working Group



**Dr. Lori Schindel Martin**



**Patti Boucher**  
Chair, Behavioural Education and Training Support Inventory Working Group



**Kate Ducak**  
Co-Leads, Person-Centred Language Initiative



**Gagan Gill**

The BSO PCO wishes to acknowledge one of its key partners – brainXchange, who continue to be key collaborators and facilitators of the various BSO provincial projects focused on innovation:



The BSO PCO acknowledges the guidance and leadership of its key partners who lead the various components of the BSO Provincial Structure. The BSO PCO expresses sincere gratitude to the MOHLTC, BSO LHIN Leads and BSO Clinical Strategy Leads who guide and leverage the BSO initiative in each respective regions; thus contributing immensely to this annual report. We also wish to acknowledge the support of our partner organizations across Ontario, including our host organization, the North Bay Regional Health Centre (NBRHC).



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# Projects and Initiatives: Impact

## BSO Activity Tracking: 2018-19 Quantitative Data Overview

BSO Activity Tracking captured the support provided by all BSO Staff across the province. Each quarter, all 14 Local Health Integration Networks (LHIN) submit their data to the BSO PCO where it is reviewed, collated and submitted to the Ministry of Health and Long-Term Care (MOHLTC) Licencing and Policy Branch – Long-Term Care Homes Division and MOHLTC Capacity Planning and Priorities Branch - Capacity Planning and Capital Division.

### Individuals referred to BSO

Over the 2018-19 fiscal year, BSO accepted a total of 47,379 new referrals, representing a 14% increase in referrals since 2017-18 (n=41,683). Amongst these referrals, 68% originated from Long-Term Care (LTC) (n=32,301), while 32% came from community (n=15,078) which includes all non-LTC referrals (i.e. private dwellings, retirement homes, acute care, etc.). Growth in referrals for BSO support are attributed to the growing medical and behavioural complexities of LTC residents) Ontario Long Term Care Association (OLTCA), 2019) and the growing number of individuals living with dementia and complex mental health conditions in the community. The ability to accept this surge in referrals is attributed to the 2016-17 and 2017-18 MOH BSO investments which expanded both BSO in LTC and BSO in the Community teams.

The provision of support from BSO Teams across sectors includes the following activities:

- Assessment and documentation of an individual's responsive behaviours/personal expressions;
- Development or modification of a tailored behavioural care plan aimed at reducing the incidence and prevalence of responsive behaviours/personal expressions;
- Implementation of the new behavioural care plan in collaboration with key clinical partners;
- Ongoing monitoring of the behavioural care plan with necessary modifications being made based on the person's response to BSO Team implemented interventions;
- Provision of coaching and training to other staff in order to maintain the newly devised plan; and
- Implementation of strategies to ensure adherence to the new plan.

## Supporting Family Care Partners

In addition to providing direct support to individuals presenting with, or at risk for, responsive behaviours/personal expressions, BSO teams support family care partners across sectors. This provision of support can include a number of activities such as:

- Delivering information about responsive behaviours/personal expressions, dementia, complex mental health, substance use and/or other neurological conditions;
- Coaching on approaches, strategies and techniques for preventing or responding to responsive behaviours/personal expressions;
- Providing information about other available supports, services and resources.

In 2018-19, BSO teams across sectors supported 65,851 family care partners. The majority of family care partners are supporting someone residing in LTC (73%; n=47,784) while 27% (n=18,103) are supporting someone residing outside of LTC.

## BSO Central Intake

In addition to capturing metrics related to support provided to individuals and families referred to BSO, the BSO PCO began collecting two metrics to assist in monitoring the Ontario Dementia Community Investments' (formerly known as the Ontario Dementia Strategy) 2017-18 funding for the establishment of BSO Centralized Intake Access Models in all 14 LHIN regions. The establishment of Centralized Access/Intake for BSO was developed in order to act as a central point of contact for general inquiries about BSO and to have dedicated roles to facilitate communication between BSO teams across sectors; especially as teams are growing. BSO Central Intake reviews and processes referrals received for BSO with respect to eligibility for service. This includes a thorough clinical review of all available information and consultation with referral sources and consenting individuals to determine goals for BSO's involvement. For individuals who do not meet the BSO criteria, BSO Central Intake connects them to the most appropriate resources to meet their needs. In addition, BSO Central Intake coordinates referrals to consulting specialists (e.g., Care of the Elderly, Geriatric Psychiatry, Neurology/ Neuropsychiatry, Geriatric Pharmacy, etc.) when necessary for individuals supported by BSO requiring additional consultation across sectors.

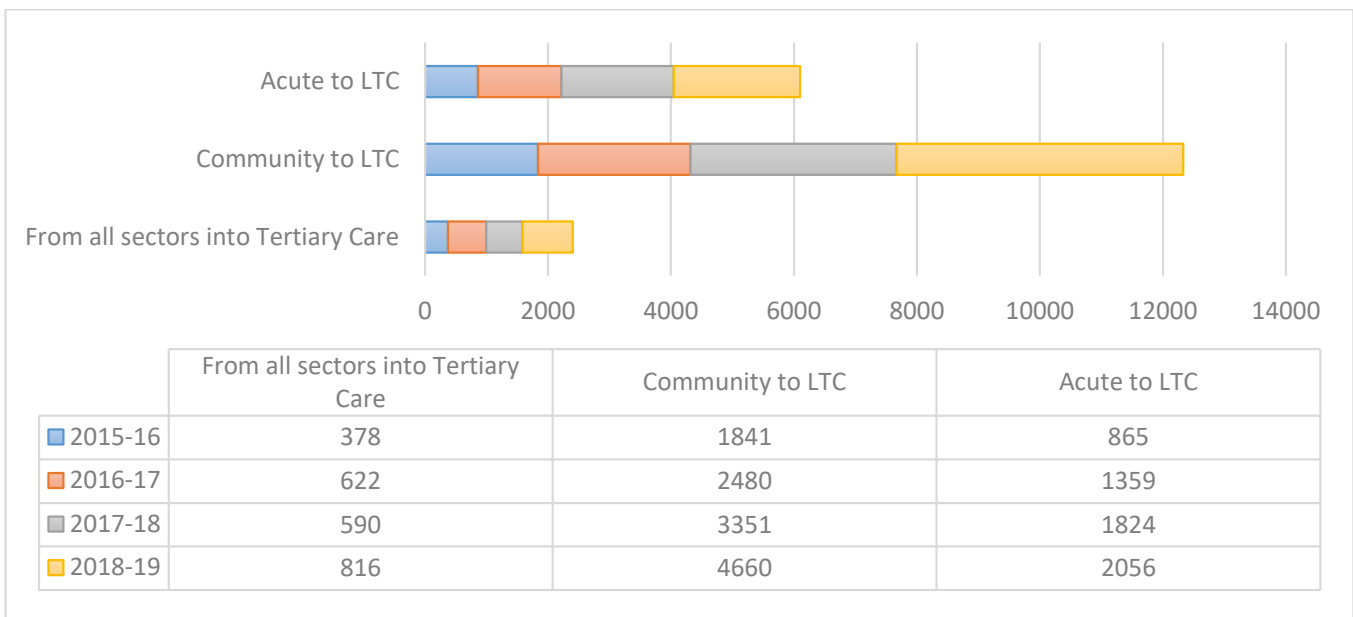
The two metrics related to this funding are: (1) the total number of new BSO referrals that were triaged through BSO Central Intake; and (2) the total number of specialty consultations facilitated by BSO Central Intake for individuals on the BSO caseload. By the end of Q4 2018-19, 12 LHINs reported the total number of individuals triaged through central intake which totalled 8,707. As such, over the 2018-19 fiscal year, approximately 18% of all referrals were processed via central intake. This number is expected to grow significantly in 2019-2020 as some regions continue to develop and solidify processes for their BSO Central Intake resources. In regards to specialty consultations, a total of 9 LHINs began submitting this metric by Q4 with a total of 3,158 consultations carried out over the 2018-19 fiscal year.

## Facilitating Transitions across Sectors

Leading successful and sustainable transitions for individuals who require a physical move in location remain a priority for BSO teams as the change from one environment to another can result in the presentation or exacerbation of responsive behaviours/personal expressions. BSO Teams, in collaboration with many other teams who support community/acute care as well as other LTC staff support a wide variety of transitions; however only three types are tracked quantitatively: (1) from acute into LTC; (2) from community into LTC; and (3) from all sectors into tertiary care. BSO Teams facilitate transitions in many ways, including:

- Sharing existing relevant plans, assessments and other documentation to the team members who will be welcoming an individual into their community;
- Supporting persons and families to prepare for the move through the sharing of relevant information and resources;
- Organizing and taking part in behavioural care conferences to develop and implement a transitional care plan;
- Supporting persons and families on the day of the move; and
- Coaching/training the receiving team regarding strategies to best support persons and their families as they transition to a new setting.

Figure 2: BSO Teams Supporting Transitions (3 Types) (2015-19)



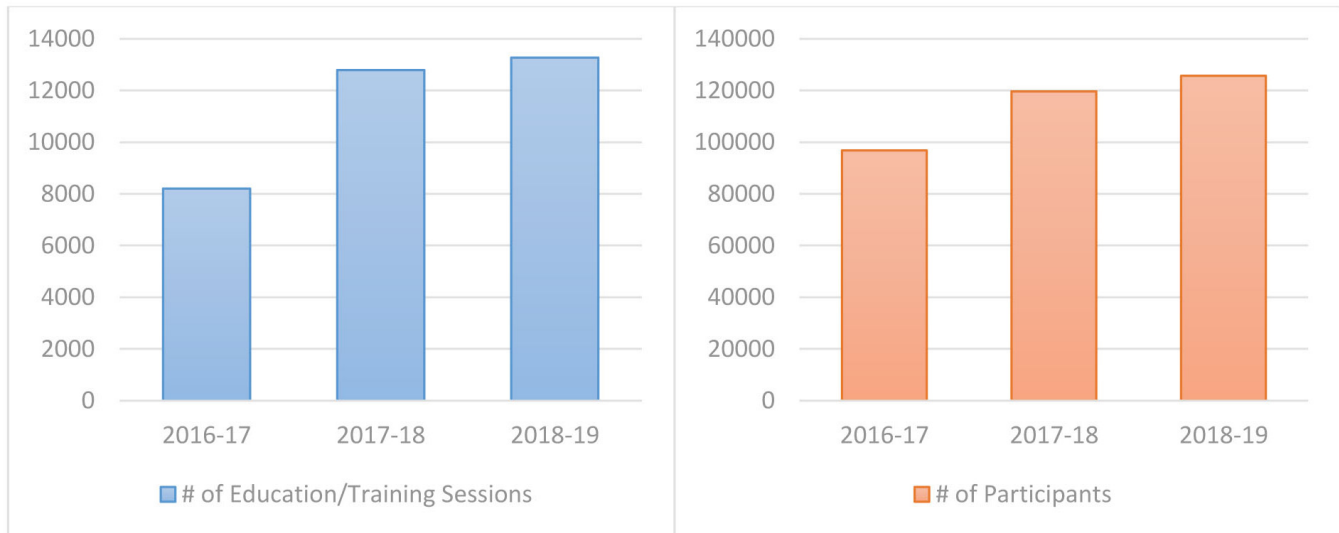
The ability for BSO Teams in LTC and community to support transitions across sectors has grown significantly since the initiation of these data collection in 2015-16. From 2017-18 to 2018-19, the number of supported transitions of these three types grew by 31%. The most common type of tracked transitions are those supported from community into LTC. Over the past four fiscal years (2015-19), BSO Teams have supported 12,332 transitions from community into LTC.

Time and again, BSO continues to demonstrate its commitment to seamless transitions using proactive approaches. Consequently, preventative measures and integrated high-quality care are alleviating one of the symptoms of hallway health care by avoiding unnecessary visits to the emergency department and ultimately enhancing the individual and care partner experience.

## Knowledgeable Care Teams & Capacity Building

In order to monitor BSO's third pillar focused on fostering knowledgeable care teams and capacity building, teams across the province collect data related to education and training. This data largely captures the efforts provided by Psychogeriatric Resource Consultants aligned with the BSO initiative and other BSO Team Members that play a role in clinical and behavioural education to build capacity amongst teams across sectors who support persons and families as described in BSO's target population.

Figure 3: Education and Training Sessions (2016-19)



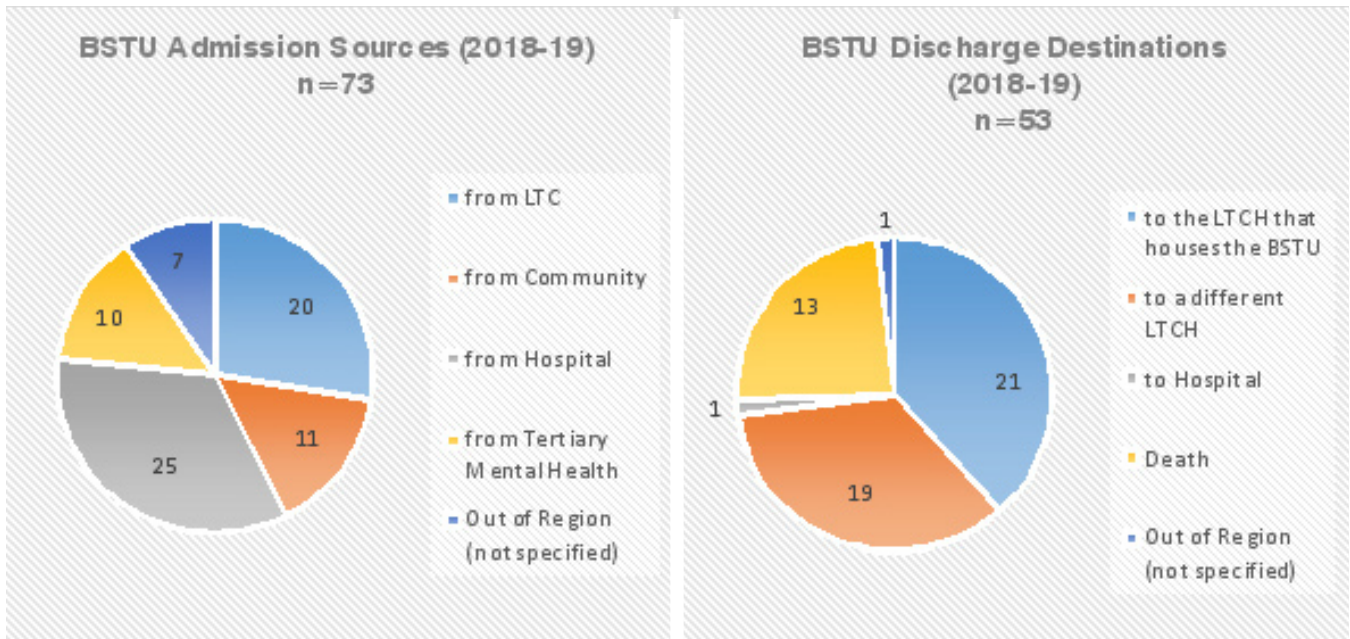
In 2018-19, the total number of education/training sessions grew by 4% (n=13,273) across the province with the number of participants growing by 5% (n=125,667). Demand for both formal education/training alongside informal learning continues to grow amongst both new and existing staff across sectors.

### BSO-Supported Behavioural Support Transition Units (BSTUs)

The BSO PCO collects data from the five BSO supported Behavioural Support Transition Units (BSTUs) (also called Behavioural Support Units (BSUs), Specialized Behavioural Support Units (SBSUs) and Transitional Behavioural Support Units (TBSUs)). The five BSTUs included in the following dataset are those that are either fully or partially funded using BSO funds: (1) Baycrest's Apotex Centre Transitional Behavioural Support Units (Toronto Central LHIN); (2) Cummer Lodge's Behavioural Support Unit (Central LHIN); (3) Perley and Rideau Veterans' Health Centre Specialized Behavioural Support Unit (Champlain LHIN); (4) Finlandia Villlage's Enhanced Care Seniors' Support Program (North East LHIN); and (5) Hogarth Riverview Manor's Regional Behavioural Health Unit (North West LHIN).

In 2018-19, the five BSO-supported BSTUs received a total of 191 referrals, representing a 24% decrease from the year prior (n=201 in 2017-18; analysis pro-rated to account for increase in number of BSTUs submitting data). The number of clients on waitlists for the BSTUs grew by 1% compared to 2017-18 and admissions into the five BSTUs decreased by 9%. Over the course of the year, 53 individuals were discharged from the five BSTUs, representing a 29% decrease in discharges. The following charts illustrate where individuals admitted into BSTUs originated from as well as the discharge destinations for those that left BSTUs in 2018-19.

Figure 4: Admission Sources and Discharge Destinations – BSO-supported BSTUs (2018-19)



As illustrated in the graphs above, admissions from both hospital (n=25) and LTC (n=20) are most common whereas discharges most frequently occur into LTC; either to the LTC home that houses the BSTU or to another LTC home. The average length of stay in the five BSTUs over the course of the fiscal year was 468.49 days, an increase of an average of 119.04 days, or 34%, compared to 2017-18. Among those average 468.49 days, 235.25 were coded as 'Alternate Level of Stay' (ALC) Days. ALC Days for the five BSTUs rose by 36% compared to 2017-18.

Figure 5: 50 most common words used in BSO Qualitative Stories (2018-19)

### Qualitative Stories

In 2018-19, the BSO PCO continued the collection of BSO qualitative stories; receiving a total of 124 stories, representing a 40% increase in the number of stories collected compared to 2017-18 (n=88). The 50 most common words from the 2018-19 qualitative stories are depicted in the word cloud.



## BSO Evaluation Project Updates

Measuring the impact of the BSO initiative using multiple methods is a priority of the BSO PCO. Listed below are updates pertaining to two BSO evaluation projects coming to fruition in 2019-2020.

### BSO Qualitative Stories Thematic Analysis Project

Every quarter, the BSO PCO collects qualitative stories from BSO teams across the province. These stories depict a variety of outcomes for individuals supported by BSO and their care partners along their journey on the BSO caseload. Also featured in the stories are quality improvement initiatives, enhanced system partnerships and many other key accomplishments from BSO team members.

Inspired by the BSO Steering Committee's priority to leverage BSO strategies and effective outcomes, the BSO PCO engaged Morton Chang Consulting to conduct a thematic review of these stories for the purpose of identifying BSO emerging, promising and best practices that could be adapted and spread to other teams across the province. In total, Drs. Frances Morton Chang and Paul Williams thematically analyzed 253 qualitative stories across three years. Eight key themes emerged from the project including: (1) the overall complex nature of responsive behaviours/personal expressions; (2) the health co-morbidities, social deficits and complicating health system responses of older adults supported by BSO; (3) initial point of contact with BSO spanning across sectors; (4) cross-agency and cross-sector collaboration and partnerships; (5) preventing unnecessary transitions and supporting complex transitions; (6) interventions at individual, organizational and system levels; (7) positive outcomes at individual, organizational and system levels; and (8) using lessons learned to drive future initiatives.



#### Looking Ahead: A Sneak Peek into 2019-2020

The "Behavioural Supports Ontario: Review of Qualitative Stories" report was released in July 2019 alongside an accompanying infographic. Both documents can be downloaded at: [http://www.behaviouralsupportsontario.ca/51/Qualitative\\_Stories\\_Analysis/](http://www.behaviouralsupportsontario.ca/51/Qualitative_Stories_Analysis/).

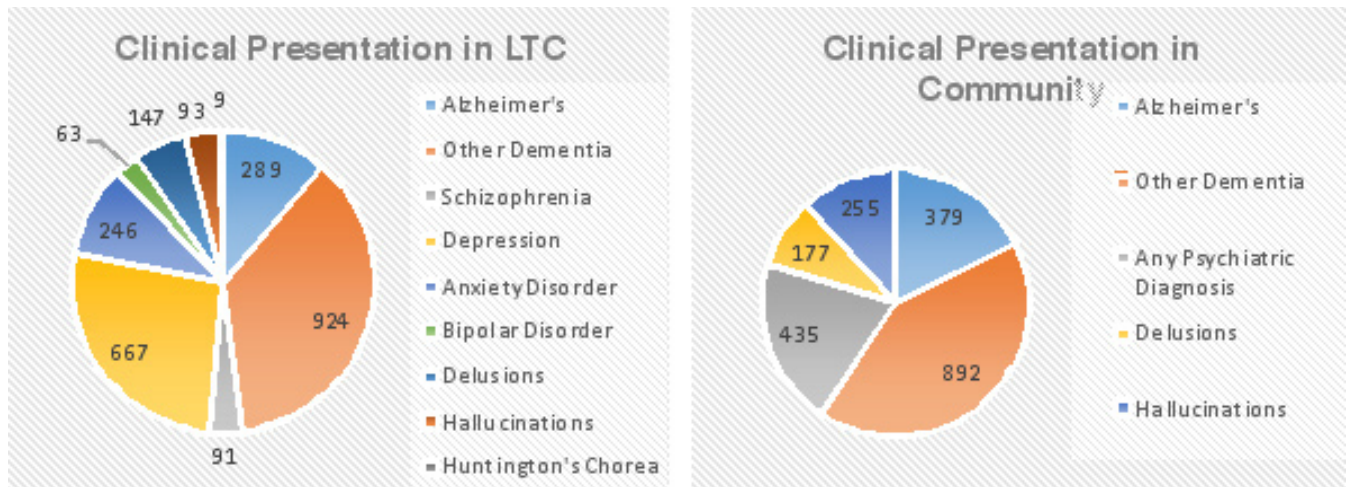
### BSO Applied Health Research Question (AHRQ) Evaluation Project

The purpose of the BSO AHRQ Evaluation Project is to determine BSO's impact on those supported by the initiative. This project is being led by the Institute for Clinical Evaluative Sciences (ICES). ICES is a not-for-profit research institute encompassing a community of research, data and clinical experts, and a secure and accessible array of Ontario's health-related data.

Using existing health administrative data, this project will describe characteristics of individuals receiving BSO support and explore relevant data elements to better understand the effect of the initiative on LTC residents and for people supported outside of LTC. For this project, a sample of past individuals supported by BSO was collected by six LHINs who collect Ontario Health Insurance Plan (OHIP) Numbers which will be linked to other health administrative data.

During the 2018-19 fiscal year, preliminary results in the form of descriptive analysis were made available from this project. These descriptive statistics revealed that the average age of individuals supported by BSO across all sectors was 80 years. In LTC, 60.5% of the sample was female while 39.5% was male. In the community, 52.3% of the sample was female; while 47.7% were male. The clinical characteristics of the LTC and Community sample are depicted on the next page.

Figure 6: Clinical Presentations of persons supported by BSO in AHRQ Project Sample – LTC & Community



As illustrated in figure 6, the majority of individuals referred to BSO in LTC from the sample were living with a diagnosis of 'Other Dementia' (i.e., dementia diagnosis excluding Alzheimer's) (37%; n=924) followed by diagnosis of depression (26%; n=667). Once more, the most common diagnosis amongst the community sample was 'Other Dementia' (42%; n=892) followed by 'Any Psychiatric Diagnosis' (20%; n=435).

One of the key purposes of the BSO initiative was to reduce emergency department visits for non-emergency related reasons. To learn if BSO has made a significant impact, stay tuned for the complete results from this evaluation which will be made available in the fall of 2019.

## Projects and Initiatives: Innovation

### Ontario Best Practice Exchange: Substance Use Collaborative

**Purpose:** To bring together health care professionals, leaders and individuals with lived experience in order to promote person and family-centred best practices related to Substance Use.

**Co-Leads:** Marilyn White-Campbell (Geriatric Addiction Specialist, Baycrest), Audrey Devitt (Waterloo Wellington BSO System Lead) & Jane McKinnon Wilson (Geriatric Systems Coordinator, Canadian Mental Health Association, Waterloo Wellington)

**Lead Collaborator(s):** Jillian McConnell (brainXchange) & Debbie Hewitt Colborne (BSO PCO , North Bay Regional Health Centre)

**Key Accomplishments:**

- ✓ Continued efforts to support knowledge to practice work related to the Seniors Alcohol Misuse Indicator (SAMI). The SAMI was translated into French through partners at the Public Health Agency of Canada (April 2018), with field-testing of the French translation by North East Seniors Mental Health and BSO clinicians (January 2018 - June 2019).
- ✓ Ongoing support in promoting monthly Geriatric Addictions Ontario Telemedicine Network (OTN) Rounds. These efforts saw steady growth in the number of OTN registered sites across the province and significant growth in those accessing by live webcast, as well as those accessing the archived event (see table). This season the rounds also spread across the province as all 14 LHINS participated!

Season	# of Registered OTN Sites	# of Webcast Participants * In addition to OTN sites	# of Times Archived Rounds Accessed
2016/17	86	n/a	n/a
2017/18	125	127	56
2018/19	144	291	214

- ✓ Worked in collaboration with the National Initiative for the Care of the Elderly (NICE) to update the resource: 'Opioids, Benzodiazepines and the Elderly: A Pocket Guide'.
- ✓ Worked in collaboration with the Centre for Addiction and Mental Health (CAMH) to ensure up-to-date information regarding substance use resources for older adults within Ontario is captured in the 'Older Adult Resource Guide' appendix within the book 'Improving Our Response to Older Adults with Substance Use, Mental Health and Gambling Problems'.
- ✓ Several collaborative members were active working group members to create national Clinical Guidelines on Substance Use Disorder among Older Adults (including alcohol, opioids, benzodiazepines & cannabis). The lead organization for the new clinical guidelines is the Canadian Coalition for Seniors' Mental Health (CCSMH).
- ✓ Identified key elements to be included in consumer fact sheets related to cannabis and opioids. These recommendations were provided to CCSMH to assist with the knowledge translation work related to the new Clinical Guidelines.



- ✓ Partnership established between CCSMH, brainXchange and BSO for a webinar series featuring Clinical Guidelines on Substance Use Disorder among Older Adults planned for 2019-2020.
- ✓ Celebrated the announcement of Marilyn White-Campbell (Collaborative Co-lead) being awarded the Canadian Academy of Geriatric Psychiatry and CCSMH Seniors' Mental Health Outstanding Care & Integrative Practice Award. This award honoured Marilyn's leadership in the field of Geriatric Mental Health and Addictions, including the development and implementation of Communities of Practice (such as this Collaborative) that have had an impact locally, nationally and internationally, and across the continuum of care including primary care, community support services, mental health and addictions services, acute care, and long term care.



### Looking Ahead: A Sneak Peek into 2019-2020

CCSMH to release Clinical Guidelines on Substance Use Disorder among Older Adults. BSO is a proud partner in a brainXchange webinar series supporting knowledge translation of these national guidelines.

# Ontario Best Practice Exchange: Behavioural Support Integrated Teams (BSIT) Collaborative

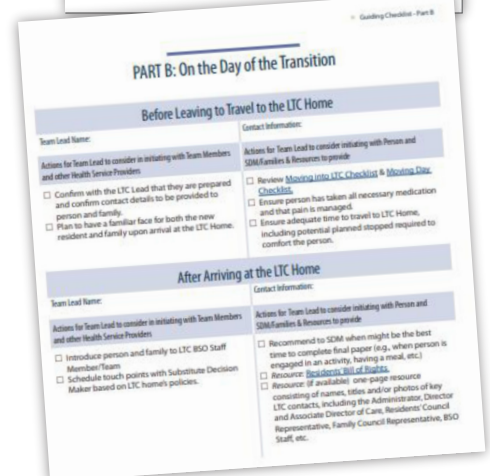
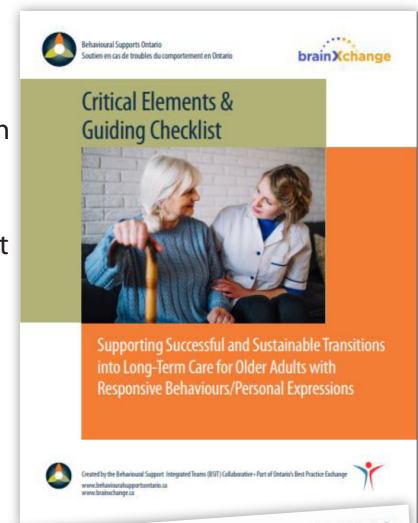
**Purpose:** To bring together health care professionals, leaders and individuals with lived experience to identify the critical elements for supporting successful transitions using the combined team approach across sectors and across providers.

**Co-Leads:** Teresa Judd (Director, Central West BSO) & Patti Reed (Program Manager, Central BSO)

**Lead Collaborator(s):** Jillian McConnell (brainXchange) & Katelynn Viau (BSO PCO, North Bay Regional Health Centre)

## Key Accomplishments:

- ✓ Following the development of the ‘Behavioural Support Integrated Teams Transition Model’ in 2017, the Behavioural Support Integrated Teams (BSIT) Collaborative focused their efforts in 2018-19 on the development of a practical product to support complex transitions from either the community or acute care sector into LTC. The decision to prioritize the development of a practical resource for this type of transition was made due to the fact that BSO teams most frequently support transitions from community into and from acute to LTC.
- ✓ Developed under the notion of ‘teams supporting teams’, at each monthly Collaborative meeting, members shared their perspectives on critical elements for supporting person and family-centred transitions from their professional and/or lived experiences.
- ✓ Discussions related to critical elements were focused on three different time frames: (1) before the transition; (2) on the day of the transition; and (3) following the transition. Three different perspectives were also taken into consideration, including the perspective of: (1) the person transitioning; (2) the person’s family care partner(s); and (3) the formal care partners at both ends of the transition process.
- ✓ All identified critical elements were grounded in the philosophy of person and family-centred care; including creative, solution-focused strategies implemented by various BSO teams and their key collaborators to increase capacity and support as a means of relieving some of the pressures of hallway medicine and building upon effective coordination to create a pathway to a higher-functioning system.
- ✓ Following the development of a finalized listing, the critical elements were transformed into an actionable checklist that considers the journey of transitioning from the three perspectives. The checklist was trialed across five Ontario-based pilot sites and their feedback was incorporated into the document, which was released at the end of March, 2019.



## Looking ahead: A Sneak Peek into 2019-2020

The BSIT Collaborative’s Critical Elements and Guiding Checklist for Supporting Successful and Sustainable Transitions into LTC for Older Adults with Responsive Behaviours/Personal Expressions was released in May 2019 and is available at: <http://brainxchange.ca/BSOBSIT.aspx>

The Collaborative’s next focus will be on the development of a transitions checklist to support crisis placements into LTC.

# Ontario Best Practice Exchange: Behavioural Support Transition Units (BSTU) Collaborative

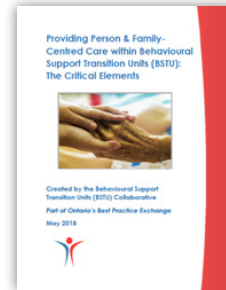
**Purpose:** To bring together health care professionals, leaders and individuals with lived experience in order to promote person & family-centred best practices related to BSTUs.

**Co-Leads:** Karin Adlhoch (Manager, Resident Services, Cummer Lodge) & Mary-Ellen Parker (Chief Executive Officer, Alzheimer Society of Chatham-Kent)

**Lead Collaborator(s):** Jillian McConnell (brainXchange) & Debbie Hewitt Colborne (BSO PCO, North Bay Regional Health Centre)

## Key Accomplishments:

- ✓ Finalized and released 'Providing Person & Family-Centred Care within Behavioural Support Transition Units (BSTU): The Critical Elements' (May 2019) available at: <http://brainxchange.ca/BSOBSTU.aspx>



- ✓ Created a 'Welcome to our BSTU' document and invited all BSTUs in Ontario to provide the resource to family care partners during the move-in process to a BSTU. The four-page brochure is to help BSTUs communicate their commitment to person and family-centred care. Specifically, it aims to communicate and reassure family care partners that they are part of the team (part of decision-making) and that their family member will be cared for in an individualized way.



- ✓ Created and circulated a feedback survey that allows BSTU team members to submit feedback that they have gathered from family care partners regarding the 'Welcome to our BSTU' document. Feedback received from family care partners:

*"It really explains everything about what the whole unit is trying to achieve and how the various staff members try to reach their goal. I appreciate the way efforts are made to keep the family involved as well."*

*"It made me feel like I am a part of my family member's care and that I can provide input."*

# Knowledge to Practice Community of Practice (K2P CoP)

**Purpose:** To bring together professionals across Ontario who have a shared passion for capacity building and fostering knowledgeable healthcare teams. The CoP promotes the utilization of the Knowledge to Practice Process Framework to guide knowledge to practice work.

**Co-Leads:** Marion Penko (Psychogeriatric Resource Consultant, St. Joseph’s Healthcare Hamilton) & Kim Simpson (Psychogeriatric Resource Consultant, North Simcoe Muskoka Specialized Geriatric Services Program)

**Lead Collaborator(s):** Jillian McConnell (brainXchange) & Debbie Hewitt Colborne (BSO PCO , North Bay Regional Health Centre)

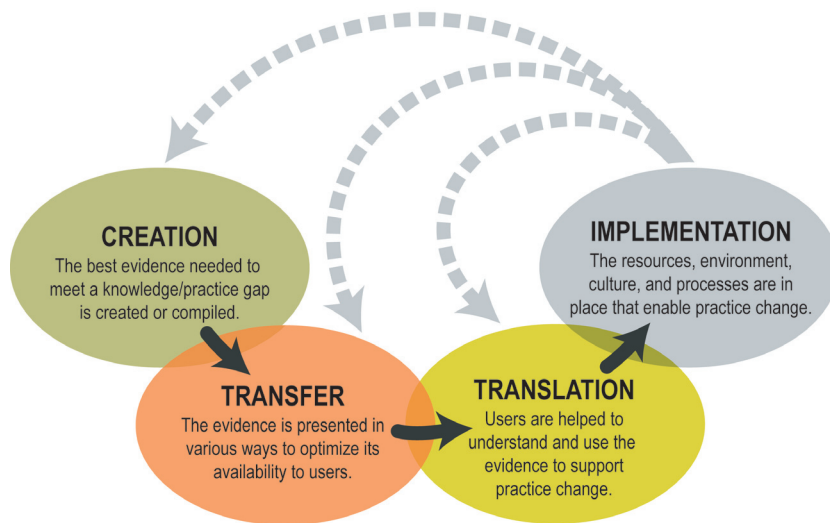
## Key Accomplishments:

- ✓ Revised and finalized the ‘Knowledge to Practice Planning Worksheet’ to support the CoP members use of the Knowledge to Practice Process Framework in their daily work. The document was first created as a word document (November 2018) and later revised to a PDF fillable form (January 2019) for ease of use.
- ✓ An introductory document for the Knowledge to Practice Planning Worksheet to explain and support its use (March 2019).

Knowledge to Practice Plan (Cycle # )		
Steps/Stages to Consider	What Exists	What We Need & Next steps
<p><b>Creation</b></p> <p>The best evidence needed to meet a knowledge/practice gap is created or compiled.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> <li>• What is the research/best practice around this topic?</li> <li>• Are tools/resources already available?</li> </ul>		
<p><b>Transfer</b></p> <p>The evidence is presented in various ways to optimize its availability to users.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> <li>• Who needs to know this information?</li> <li>• Are materials formatted for easy use &amp; user diversity? Do they need to be adapted?</li> <li>• Are multiple methods being used to transfer information?</li> </ul>		



## Knowledge to Practice Process Framework



(adapted courtesy of Dr. Ryan et al., 2013)

- ✓ Redesigned the Knowledge to Practice Process Framework graphic (March 2019).

- ✓ Creation of a Knowledge to Practice webpage on the BSO provincial websites where Knowledge to Practice resources are posted and made easily accessible:

[http://behaviouralsupportsontario.ca/49/Knowledge\\_to\\_Practice/http://brainxchange.ca/BSOK2PCOP.aspx](http://behaviouralsupportsontario.ca/49/Knowledge_to_Practice/http://brainxchange.ca/BSOK2PCOP.aspx)

## Dementia Observation System (DOS) Working Group

**Background:** Since the DOS's original publication in 1998 by Dr. Lori Schindel Martin and inclusion in the P.I.E.C.E.S.™ manual, it has become widely used in its application in the dementia care context in Ontario and beyond. In recent years, a growing number of clinicians and educators expressed interest in updating the original DOS for currency and improve its use of person-centred language. Recognition of the need for revisions to the DOS resulted in an interprofessional partnership through the leadership and support of the Behavioural Supports Ontario (BSO) Provincial Coordinating Office. The BSO Knowledge Translation and Communications Advisory established a DOS Working Group. For a complete list of Working Group members, please see the Resource Manual found through the link below.

**Purpose:** To standardize the DOS so that a common version is used in a consistent format in clinical decision-making and for intervention outcome evaluation.

**Co-Leads:** Dr. Lori Schindel Martin (Professor, Ryerson University) & Debbie Hewitt Colborne (Project Advisor, BSO PCO , North Bay Regional Health Centre)

### Key Accomplishments:

- ✓ A provincial/national environmental scan of existing DOS versions in 2017, analysis of the collected versions, defining of critical elements and multiple stakeholder engagement points in 2017-2018 led to a finalized draft of the standardized DOS (May 2018).
- ✓ Planned, recruited, and completed a Quality Improvement Project (QIP) in 8 sites across the province (within LTC, Complex Care & Tertiary Care settings) to test the drafted standardized DOS for its feasibility and acceptability in the clinical setting (June 2018). Analysis of QIP findings informed further updates to the tool.
- ✓ Decision to call the new standardized DOS the BSO-DOS® in order to reflect the collaborative nature of the DOS Update Project and the multi-disciplinary and inter-sectoral teams that utilize the tool.
- ✓ Finalization of the BSO-DOS® based on the valuable input received from over 350 health care professionals and individuals with lived experience over the course of the project.
- ✓ Creation and refinement of supporting resources to be released with the BSO-DOS® including:
  - BSO-DOS® Start-Up Checklist
  - Instructional Video (in collaboration with CTS Canadian Career College)
  - User Guide (4 pages)
  - Resource Manual (42 pages)
- ✓ Collaboration with brainXchange to create a BSO-DOS® webpage for one single point of access for the tool and all its supporting resources.
- ✓ Several presentations to support dissemination (see pages 41-42)
- ✓ Explored opportunities for an electronic version of the BSO-DOS® for use in various sectors. Based on research led by Dr. Andrea Iaboni (Geriatric Psychiatrist, Toronto Rehabilitation Institute), electronic standards will guide the development of the electronic BSO-DOS®.





## Behavioural Education and Training Supports Inventory (BETSI) Project

**Background:** The Behavioural Education and Training Support Inventory (BETSI) was originally created in 2012 to support the development of knowledgeable care teams and capacity building through recommendation of formal education/training programs aligned with BSO's core competencies. In 2017, the BSO PCO was approached to collaborate with Patti Boucher, then Executive Director of Advanced Gerontological Education, to update the BETSI as the program listing was out of date and there was demand for an updated BETSI that would include recommended programs across sectors; rather than specific to LTC. In July 2017, the BSO PCO launched the BETSI Working Group, led by Patti Boucher.

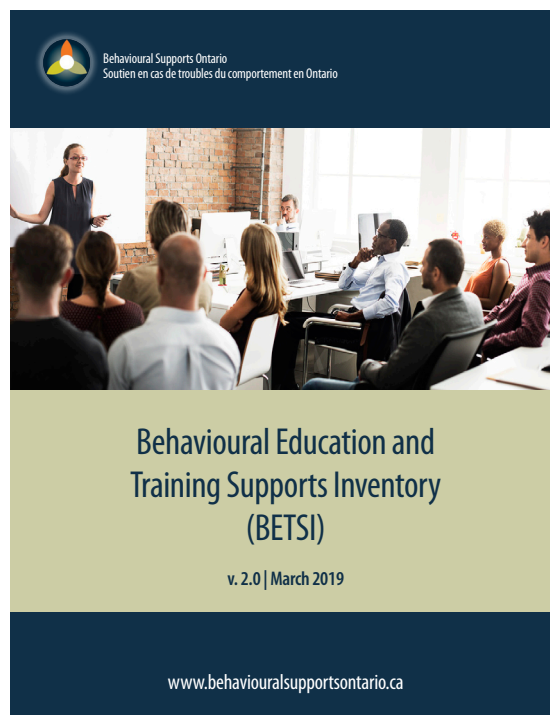
**Purpose:** To update the Behavioural Education and Training Supports Inventory (BETSI) to include best practice programs that aim to build capacity with persons and teams supporting the BSO population across sectors.

**Chair:** Patti Boucher (Former Executive Director, Advanced Gerontological Education)

**Lead Collaborator(s):** Katelynn Viau (BSO PCO, North Bay Regional Health Centre)

### Key Accomplishments:

- ✓ In an effort to best inform the revision of the BETSI, the BETSI Working Group launched a provincial BETSI User Survey in August 2017 with the purpose to identify province-wide education programs most relevant to the BSO target population. Using the feedback collected in the survey responses (n=106), the BETSI Working Group developed a revised Program Description Form along with a list of 55 education programs with which they then proceeded to invite to apply for inclusion in the new BETSI. This list included all programs previously included in the BETSI; the programs recommended in the BETSI User Survey; and other programs that members of the BETSI Working Group were familiar with.
- ✓ A total of 33 Program Description Forms were completed during the time frame of June to October 2018. BETSI Working Group members used an evaluation form to determine whether or not to include each program in the revised BETSI. Programs that met the evaluation criteria are included in the BETSI's listing of Core Curricula. Programs meeting the majority of evaluation criteria but not all, for example, programs only offered in certain areas of the province, are included in 'Additional Curricula'.
- ✓ The BETSI can be used to support planning during the influx of new hiring and also to adapt to changing learning needs as capacity is built within teams over time. The BETSI Working Group recommends that the selection of all educational programming for staff be part of a broader and comprehensive capacity building plan.



The comprehensive updated BETSI was released in March 2019 and can be downloaded at: <http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Behavioural-Education-and-Training-Supports-Invent.aspx>

## BSO Regional Highlights:

### ERIE ST. CLAIR

#### 2018-19 Funding Implementation Highlights & Impact:

- Regional Education for community providers – targeting community agencies including retirement homes, community services agencies, hospice, and primary care.
- Enhanced specialized equipment funding supported the roll out of Snoozelen Rooms, doll therapy and training for staff across all LTC homes in the LHIN.
- Krista Schneider, Jillian Beaupre and Anna Labelle assisted in developing and finalizing the System Navigator Graduate Program at Humber College. Graduates of the program will receive a certificate and demonstrate expertise in the Ontario Healthcare System and how to support navigation.
- Solidified the hospital BSO navigators in both Windsor and Sarnia hospitals

#### Key Project Outcomes, Achievements & Celebrations

- Full day education session, Building Connections with Communication, integrating LTC and community providers strengthening communication across the sector. This included the introduction of the Person-Centred Language Initiative.
- Dementia Capacity Planning including BSO – highlighting opportunities for improvement, working groups and next steps.
- BSO standardized guidelines for all LTC lead teams. These guidelines include: care conferences, assessments, intake forms, warm handoff forms, requests for information, and policies to guide service delivery

Building Connections with Communication education day was held on March 27, 2019 with almost 200 in attendance and included the following speakers. From Left to Right: Mike Barnes, Author of *Be With ~ Letters to a Caregiver*; Jacquie Seguin, ESC BSO Regional Coordinator; Erika Lindgren, ESC BSO Regional Education Coordinator; Dr. Frances Morton-Chang, University of Toronto; Dr. Marie Savundranayagam, PhD, Western University; Mary Ellen Parker, CEO, Alzheimer Society of Chatham-Kent; and Dr. J.B. Orange, PhD, Western University. ABSENT: Lori Schindel Martin, RN, PhD, Ryerson University





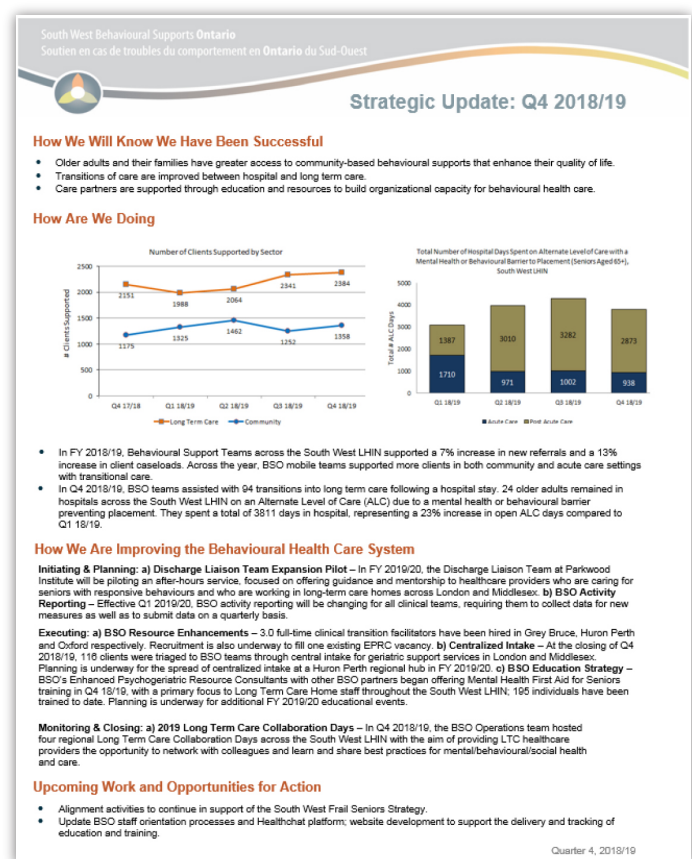
## SOUTH WEST

### 2018-19 Funding Implementation Highlights & Impact:

- In the fall of 2018, the Ministry of Health and Long-Term Care’s Behavioural Supports in Community Funding Initiative provided funds to South West BSO to increase capacity within the regional mobile teams. In Grey Bruce, Huron Perth, and Oxford the funds supported the implementation of a new mobile team role, that of a Clinical Transitions Facilitator.
  - Key responsibilities for the role include: 1) Supporting older adults living with or at risk of responsive behaviours navigate the continuum of care services so, in the end, they transition from the community to long term care without disruption; 2) Consulting with mobile team members and other care partners to support the transitions of people living with dementia; and 3) Collaborating with long-term care, home and community care, primary care, and other teams to coordinate transitions across sectors.

### Key Project Outcomes, Achievements & Celebrations

- **“TOD”:** The BSO Operations Team and the Enhanced Psychogeriatric Resource Consultants (EPRCs) have collaborated to develop the BSO Training and Orientation Database (TOD). The TOD is a catalogue of information for every member of the BSO Program across the south west, including those who work at the 78 long-term care homes, five mobile teams, and six Alzheimer Societies. This database contains the names and professional designations of BSO staff, their contact information, and professional trainings completed to date.
  - The TOD helps: 1) Identify and Track who is working to fulfill the BSO mandate and enhance older adult care across the region; 2) Communicate with LTC staff members and Directors of Care about varied concerns, such as our orientation efforts and quality improvement efforts; and 3) Pinpoint who needs formal training, what course he/she needs to complete, and when he/she stands to benefit from refresher opportunities.
- **BSO Reporting Dashboard:** the South West BSO Operations Team has recently developed a reporting dashboard. This interactive, web-based tool is fully customizable to support the drill-down of activity and performance information at the LHIN, sub-region, and organizational level. The dashboard is updated quarterly so health system partners can easily access and download data remotely to inform strategic planning that aims to improve older adult care across the South West LHIN.



## WATERLOO WELLINGTON

### 2018-19 Funding Implementation Highlights & Impact:

- Geriatric Specialist Clinic in LTCHs build upon current embedded BSO model utilized in the LTCH.
- Enhanced Intensive Geriatric Service Worker (IGSW) roles provide direct services including evening and weekend coverage in acute care, specialized inpatient services, specialized community based programs, Adult Day Programs, Overnight Stay and LTC.
- BSO Transition Clinicians build capacity in all health care sectors to care for residents and clients with predictable and complex behaviours through reducing duplication of roles and further integrating services to support the older person and their caregivers' formal and informal care partners.
- SGS Clinical Intake to support the increased referral and virtual assessments to be completed in response to the anticipated increase of referrals that would be received in accessing additional support from the IGSW.
- Expansion of current Psychogeriatric Resource Consultant (PRC) support where the PRCs continue to build capacity of staff supporting individuals with complex dementias, neurological disorders, mental health and substance disorders through education consultations in acute care and LTC home settings.
- One-time funding for "Living the Dementia Journey" education in partnership with the Research Institute in Aging (RIA) which has been offered throughout the Waterloo Wellington LHIN.

*"When I learned of the exciting opportunity to join the BSO Transition Team I couldn't help but be excited. I have seen the need for this exact service with my own eyes during my time working in Long-Term Care. Moving into long-term care is one of the most difficult life decisions and a huge adjustment for both the individual and the family. Every day I have the opportunity to improve the continuity of care for my clients by learning who they are as a person, and sharing their stories, routines, likes and dislikes, with those who will support them in their new home. I have the pleasure and honor of working both with the families, community care providers, acute care, and long-term care homes to advocate for high quality person-centered care and act as a resource to ensure long-term care homes receive the information and support they need to support successful integration and adjustment to long-term care. Every day I learn of a new reason why the BSO Transition program is such an essential component of our community team at St. Joseph's Health Centre Guelph, and I feel grateful to have the opportunity to be a part of this new and exciting service."*

*– BSO Transition Clinician*

### Key Project Outcomes, Achievements & Celebrations

- Engagement and collaboration with Geriatric Psychiatrist to increase access and direct clinical support to Long Term Care Homes.
- Development of the BSO Transition Program (in collaboration with the Hamilton Niagara Haldimand Brant Transition Program) as well as leveraging community engagement and education about the role of the team.
- Recruitment of BSO Transition Team involved development of roles, job descriptions which included the BSO core competencies of person-centred care, knowledge and assessment, care approaches and capacity building, as well as recruitment, orientation and training.
- Enhancement in Clinical Intake processes to further support anticipated increase in referrals with increased access to Geriatric Psychiatry, BSO Transitions Team and increase in IGSW availability.
- Ongoing collaboration with community partners and stakeholders including but not limited to all 36 LTCHs, community agencies and acute care centres.

## HAMILTON NIAGARA HALDIMAND BRANT

### 2018-19 Funding Implementation Highlights & Impact:

- Implementation of Central Intake for community based Specialized Geriatric Services (SGS) (inclusive of Geriatric Medicine and Geriatric Mental Health) and Behavioural Supports Ontario began in one LHIN sub-region. Central Intake: 1) streamlines the referral process; 2) eliminates duplicate referrals; 3) supports timely and equitable access to care; and 4) promotes patient-centred care by decreasing the need for patients and their care partners to repeat their story to different service providers.
- Eight new BSO Community Clinicians provide in home supports to clients and their care partners, including holistic assessments of behaviours, development of longer term behavioural care plans, and connect isolated clients to ongoing community based supports. This proactive approach prevents/reduces future and recurring crisis and helps clients and care partners feel well-supported at home. High demand has been observed for this service and feedback received from clients and care partners speaks to the importance of consistent support: ***“I know that you are the only person that I can depend on. You have been the only consistent person in my mom’s life. I am thankful for your assistance.”***
- The Long Term Care (LTC) hybrid mobile/scheduled model of care was expanded by 15 new full-time employees (FTEs). Following this expansion, 94% of all Long-Term Care Homes (LTCHs) in the LHIN receive scheduled BSO staff. The mobile team complement was also enhanced to include specialized staff such as social workers who work with clients identified as high-risk for responsive behaviours before, during and after the transition to LTC.

*“I was thoroughly impressed by the depth and scope of the BSO Clinical Leaders’ assessments. They provided comprehensive, personalized care plans for each patient and demonstrated an exceptional ability to communicate with patients, family members and members of the healthcare team. They were experts at identifying effective, non-pharmacological interventions for responsive behaviours for patients with dementia and worked collaboratively with frontline clinicians to employ these strategies.”*

*– Quote from a Geriatric Medicine Resident (McMaster University) who had the opportunity to shadow a BSO Clinical Leader*

### Key Project Outcomes, Achievements & Celebrations

- A BSO LTC Community of Practice was developed to ensure fair and equitable distribution of training and therapeutic equipment and supplies. Robotic life-like cats were introduced to each of the 86 LTCHs to provide companionship and support residents. Staff reported a decrease in responsive behaviours among the residents who have been connected with the cats.
- The BSO LTC program partnered with the Regional Geriatric Program’s Geriatric Certificate Program (GCP) to support 26 care providers within LTC with access to ongoing education which will also facilitate capacity building among other staff members. 93% of the participants reported that the education was relevant to their work. A LTC leader said: *“My staff are more aware of how to recognize behaviours earlier and are picking up on the behaviours even when they are more subtle.”*
- In September 2018, over 180 staff members from LTCHs and BSO Teams came together to learn about and share new tools for supporting mental health and resilience in LTC. Participant feedback included: *“Incredible variety of topics and lessons that translates directly to working in Long-Term Care!”*
- Clinical Leaders at two hospital sites provided the opportunity for medical residents to shadow their work, learn about BSO and how to support clients with responsive behaviours.

## CENTRAL WEST

### 2018-19 Funding Implementation Highlights & Impact:

- Provided adult day service enhancements to increase capacity in four Adult Day programs, supporting coordination, counselling, caregiver education and support, and life-enhancement/recreation programming.
- Enhanced the BSO Central Intake function with additional nursing and clinical data support through Central West LHIN Home and Community Care.
- Long-term care embraced the launch of the Therapeutic Recreation Ontario (TRO) program, which reduces critical incidents, increases quality of life, and increases staff collaboration with the BSO team. Six TRO positions across four long-term care homes were introduced to support a hub and spoke model across the Central West LHIN's five sub-regions.

Central West BSO Neurobehaviour Nurse Practitioners Fozia Johri and Angelese Turner received an honourable mention at the Central West LHIN Quality Awards. The Neurobehavioural NP program was created and supported by Dr. Sudip Saha, geriatrician, and medical director for Region of Peel and Ann-Marie Case Volkert, Manager of Practice, Innovation and Education, with the Region of Peel. Pictured are: Fozia Johri, Angelese Turner and Teresa Judd, Director, Central West BSO Network



### Key Project Outcomes, Achievements & Celebrations

- Completion of the Phase 1 launch of BSO Central Intake developed internal champions and strengthened relationships from the Central West LHIN's Home and Community Care team within the BSO Central Intake process.
- Integration of BSO Community Resource Nurses in all five of the Central West LHIN's sub-regions has strengthened partner relationships across the BSO Network, creating better synergies within the team and better transitions and hand-offs with specialized geriatric services, geriatric outpatient clinics and Alzheimer partners.
- Hawthorn Woods Sienna Care Community was one of the provincial pilot LTC Home sites for the new BSO-DOS<sup>®</sup> trial and implementation processes.
- Person-Centered Language pledge and education and standing item in BSO Network meetings.
- Held multiple workshops focused on delirium and development disabilities.
- Quarterly engagement with pharmacy partners in LTC and Community agencies address de-prescribing, appropriate psychotropic monitoring and engaging family physicians.
- Holding a "Living the Dementia Journey" event in March with the Research Institute for Aging and Schlegel Villages supported more than 100 staff across LTC and Community sectors. Support to build capacity within the BSO network and immediate supervisors as well as leadership was provided.
- Annual BSO conference supported the "Well-Being of People Living with Dementia". Keynote speaker, Mary Beth Wighton lives with Frontal Temporal Dementia and shared her personal account of living with the disease, voice of her care partner Dawn and experiences. Dr. Allen Powers, a board certified Internist and Geriatrician and author of Dementia beyond Drugs presented.

## MISSISSAUGA HALTON

### 2018-19 Funding Implementation Highlights & Impact:

2018-19 has been an exciting year for BSO in The Mississauga Halton LHIN. In collaboration with the 28 Long-Term Care Homes, Alzheimer Society Peel (the Lead Agency for Community BSO) and other system partners, we have continued to roll out enhancements to the Regional BSO Program. This has allowed for better support of Mississauga Halton LHIN residents who are experiencing, or are likely to experience responsive behaviours, as well as their families and caregivers (formal and informal). Highlights include:

*I wanted to thank you all for your efforts to get mom the much needed specialized care and support. Having Imara and Teresa work with mom and us made all the difference and we were able to get Mom to Cooksville on her own volition. " – Caregiver's Daughter*

- Expansion/enhancement of embedded and dedicated BSO roles in all 28 LTC homes.
- Development of BSO Education and Development Steering Committee.
- Dedicated BSO Therapeutic Supply funding allocated to all LTC Homes, which has been used to develop DIY (do it yourself) "Snoozelen Rooms" and mobile Montessori Carts, resident-specific boxes and much more.
- Expansion of Community and Acute Care Supports including implementation of central intake for BSO as well additional resources to the team (2.0 FTE BSO Counsellors, 2.0 BSO Community Support Workers (CSWs), 1.0 Behavioural Intervention Specialist (Acute Care), 1.0 Psychogeriatric Resource Consultant (PRC), 2.0 Community Navigation Coordinators (CNCs – Central Intake, triage and coordination of services))
- Changes to the scope of the BSO CSWs, which involved a shift from being solely embedded in Adult Day Programs to also now supporting individuals in the community within their own environment.
- Expansion of BSO Community Team enhanced further community supports and capacity building within community organizations, including retirement homes.
- CSW redeployment piloted to support individuals from the LTC waitlist (including crisis list) that would benefit from having CSW support to maximize LTC acceptance and successful transitions into LTC as well as decrease need for 1:1 and need for High Intensity Needs Funding.
- Establishment of BSO Care Teams, which include all BSO Team members from LTC and Community as well as other system partners with a purpose of enhancing system coordination, promoting a culture of knowledge transfer and facilitating integrated service delivery.

### Key Project Outcomes, Achievements & Celebrations

- With the investments made towards education and training in LTC: 15 additional LTC BSO team members were trained to be Gentle Persuasive Approach (GPA) Coaches; 15 LTC BSO team members were trained in DementiAbility Methods: The Montessori Way Workshop; and 4 BSO team members were trained in general GPA.
- With the enhancements of the Community BSO team, it has allowed the program to provide service to more individuals experiencing or likely to experience responsive behaviours as well as their informal and formal care partners. It has also allowed the program to broaden its scope of service delivery into the community in an effort to reduce the need for, and strain on the LTC system. It has allowed BSO to be involved earlier in the continuum and be more upstream, looking to prevent behaviours before they happen or escalate to a point of crisis and hospitalization.

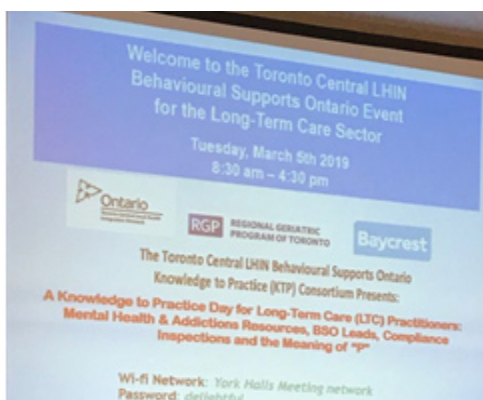
## TORONTO CENTRAL

### 2018-19 Funding Implementation Highlights & Impact:

- Expansion of the In-House Behavioural Support Lead Model: This included increasing the number of FTEs and LTCHs provided with access to an In-House Lead (36/36 LTCHS). The implementation leveraged the 16/17 initial In-House Lead Model work plan including standard job descriptions, recruitment tools, training for In-House leads, training for Behavioural Support Resource Teams (BSRT) and launch of a TC LHIN In-House Lead Community of Practice.
- Implementation of 2 new positions for LTC: 1 FTE BSO LTC Addictions Specialist and 1 FTE LTC Caregiver Support Lead.
- Successfully hosted 2 BSO education days, one for LTC and the other for community. Collaboration with the Regional Geriatric Program (RGP) and Psychogeriatric Resource Consultants (PRCs) and Alzheimer's Society of Toronto to plan and implement core trainings for responsive behaviours. Completed BETSI review for LTC and Community needs in planning for the upcoming fiscal year.

### Key Project Outcomes, Achievements & Celebrations

- Hosted two successful 1-day BSO education days for LTC (n=140) and Community (n=135).
- Engaged the 36 LTC homes in the Toronto Central LHIN to assess their needs for therapeutic supplies. 11 In-House Leads, Community Behavioural Support Outreach Team (CBSOT) clinicians and Long-Term Care Behavioural Support Outreach Team (LTC BSOT) clinicians participated in a therapeutic supplies showcase and voted on a list of therapeutic supplies. All 36 LTCHs were then able to make a selection from the created list. Supplies have been ordered and distributed to all 36 LTCHs and we are receiving positive feedback from this initiative.
- During the last year TC LHIN BSO has sat at many tables and continues to impact system integration.
- Quality Improvement Project for CBSOT: This project is well underway as the team has met on several occasions to develop and formalize a new standardized comprehensive assessment tool and behaviour care plan. The teams have also mapped an ideal future state for the pathway for care which will be implemented in the coming months.
- Quality Improvement Project for the LTC BSOT has continued. As a result the team has now established a monthly team huddle around a performance board. The team huddles to share their commitment to the continuous improvement of quality of the BSO services they provide.



## CENTRAL

### 2018-19 Funding Implementation Highlights & Impact:

- Directly funded 15 additional LTCHs with embedded Behaviour Support Resource Team Lead positions (RPNs) to work in collaboration with Behavioural Support Services (BSS) Mobile Support Teams; now have 33/46 LTCHs with embedded positions representing >70% of beds in each (6) sub-LHIN region.
- Held two kaizen events (1 with community partners and 1 with LTC partners) with support of Health Quality Ontario (HQO) to develop Behavioural Support Services Central Access and Referral as one-stop 1-800 # for specialized geriatric services serving BSO population; received base funding for 1 FTE Admin + 4 FTE Clinical Intake Coordinators to triage referrals for timely access; have already reduced the community wait time from referral to service by 90%!
- With generous support of additional 1X funding from CLHIN for education we held over 1600 training events and provided knowledge and skill-building for 9,810 learners (excluding P.I.E.C.E.S.™, U-First and GPA) related to the BETSI tool to build capacity in BSO core competencies across sectors.

### Key Project Outcomes, Achievements & Celebrations

- With the further expansion of the combined cross-sector and cross-agency combined teams (embedded + mobile) we implemented a six-month Quality Improvement Inter-agency Teams Project facilitated by HQO with 9 volunteer LTCHs to determine emerging and better practices for the monthly interagency Behavioural Rounds meetings held in each home; a summary report with suggested guidelines re: location, length of meeting, membership, agenda, follow-up action items, etc. will be shared across all homes in 2019/20 .

Newly hired LTCH Behaviour Support Resource Team (BSRT) Lead graduates at completion of 5 day RGP BSRT Leads training (November 2018). Course taught by PRC Educators Sangita Singh (far left) and Mario Tsokas (far right).



## CENTRAL EAST

### 2018-19 Funding Implementation Highlights & Impact:

- In Quarter 3, 16 LTC homes successfully recruited and hired 14 FTE Registered Practical Nurses (RPNs). As a result of this enhancement, 90% (61 homes of 68) of Central East LTC homes now have embedded BSO staff.
- 2018/19 saw a significant increase (71%) in family members supported in LTC over 2017/2018 metrics. This increase correlates to increased dedicated BSO staff resources to provide support to families and informal care partners and to the increase of active patients supported by BSO.
- In Quarter 4, BSO services expanded to the acute care hospital sector with the deployment of six FTE Registered Nurses (RNs) serving pilot units at ten hospital sites.
- Implementation of a Coordinated Access Model for BSO community patients and their caregivers.
- Thirteen Adult Day Programs (multiple sites) significantly increased access to programs and additional capacity to serve clients with dementia.
- To address an identified gap for individuals living with Young Onset Dementia, pilot day programs were developed and implemented in Quarter 3 by the Alzheimer Society chapters in Scarborough, Durham and Peterborough. Due to the early success, the programs will continue in 2019/2020.

### Key Project Outcomes, Achievements & Celebrations

- In Quarter 4, the BSO ACE (Achievement, Collaboration and Excellence) Awards program was launched at the spring community practice events to recognize outstanding individual and team contributions to patient care. ACE award nominations are accepted quarterly from all team members for the following categories:
  - Leader of the Pack;
  - Team Impact;
  - From Here to There;
  - There’s No “I” in Team;
  - Shining Star;
  - Superhuman.
- In partnership with Seniors Care Network, design and delivery of Intensive Clinical Training (Boot Camp) for new hospital nurses and Coordinated Access Clinicians.

North East Community of Practice- BSO ACE Awards



Durham/Scarborough Community of Practice- BSO ACE Awards





## SOUTH EAST

### 2018-19 Funding Implementation Highlights & Impact:

- **Central Access:** Work began in January with an external consultant to develop a Central Access process in the South East (SE). The model in the SE has 1 FTE Central Access RN embedded in the 3 regions. Using a phased-in approach, 2 out of 3 RNs have been working in the role since February 2019 and have contributed to the design and development of the new process.
- **Interprofessional Teams:** BSO in the Community funds were added to enhance support for clients in the community. The addition of neuropsychology, occupational therapy, and social work will enhance the interprofessional composition of the Seniors Mental Health Outreach teams and will add to a more comprehensive assessment and care plan. This enhanced support for clients and their families in the community aims to improve their experience allowing them to live safely and as independently as possible in the community.

### Key Project Outcomes, Achievements & Celebrations

- **Enhanced Transition Support into Long Term Care:** The SE Mobile Response Team (MRT) in collaboration with 7 LTCHs and the SE LHIN Home and Community Care team are undertaking a pilot project to enhance support during transitions into LTC. Currently the MRT meet the resident at the LTCH on the day of admission. With enhanced support, the MRT will meet the person in their own home prior to admission to gather information on the new resident's personhood, develop a behavioural care plan, and allow the resident to meet with the MRT who will be present on their day of admission. The goal of this enhancement is to provide a seamless transition experience for the resident, their family, and the staff in LTC.
- **Complex Mental Health in Long Term Care:** There has been an increase in the number of younger people living with complex mental health needs moving into LTC, therefore, the focus of the 2018-19 BSO Learning and Development Day was on Complex Mental Health in LTC. Collaborating with our Regional Specialty Mental Health partners at Providence Care to facilitate learning around complex mental health, we worked together to identify practical next steps. Several themes emerged and were identified including improving transitions, collaborating with Regional Specialty Mental Health; and providing further education and support.
- **South East Regional Dementia Network:** A Development Day was held in June as a catalyst to revitalize the important work of the South East Regional Dementia Network (SE RDN) which had not been operational in many years. Over 50 people from across the region and across sectors, including those with lived experience came together demonstrating support for the redevelopment of the SE RDN. Using a Person Journey Mapping exercise, the collaborative conversations identified the strengths in the system, gaps, and opportunities. The rich information gleaned from this day will be the foundation upon which to develop the SE RDN, inform future dementia care planning, and system design.

Members of the South East Mobile Response Team collaborating with LTCH partners to ensure a seamless transition for a person moving to LTC and their family.



## CHAMPLAIN

### 2018-19 Funding Implementation Highlights & Impact:

- Funds in Champlain were once again directed to front-line staff in our LTCHs. All homes with more than 50 beds received funding to have a minimum of 0.6 FTE embedded BSO Champion. Champlain now has 40.08 FTE embedded staff in LTC (compared to the 28.85 FTE for 2017-18). These continued investments truly speak to our collective impact on the lives of those we support. The multiple impacts include: staff retention, more dedicated BSO time leading to better resident care, staff teaching, mentorship and collaboration; and an overall improvement in morale.
- Similar to last fiscal, the annualized BSO education funding, combined with contributions from our Champlain Dementia Network (CDN) partners allowed for an increase in training sessions and diversification of subject topics.
- Expansion of the Geriatric Psychiatry Behavioural Support Team in acute care.
- Annualized education funding for Acute Care & Community that has fostered a strong partnership.
- Community funding enhancements and funding for Centralized intake have allowed for more access to our specialized geriatric services.
- Annualized education funding for Acute Care & Community Partnership.
- BSO funding for equipment: 39 (out of 61) LTCHs submitted a request and 31 of these homes received funding. This accounts for 51% of LTCHs we serve across the LHIN.
- Equitable distribution of funds between urban and rural regions was considered. Items purchased include but are not limited to: weighted blankets, blanket warmer, animated pets, and noise-cancelling headphones. Recipients were extremely grateful for this opportunity and have shared wonderful feedback on how the equipment has been well-received by residents.

*A big thanks goes to Behavioural Supports Ontario for funding embedded BSO Champion positions where these staff members can make a difference in the lives of individuals with dementia and responsive behaviours."*

*"Giving someone a purpose can change how the person reacts. Empathy and compassion go a long way. We do this with BSO."*

### Key Project Outcomes, Achievements & Celebrations

- Community BSO hires put in place throughout our rural areas. Collaboration between each group across Champlain has fostered a bigger sense of team, community and belonging.
- There were two collaborative education days between acute care, community and long-term care. Almost 100 people were in attendance between the 2 training days.
- The annualized BSO education funding once again allowed us to further our scope and diversify the content and topics delivered. These education sessions brought together LTC front-line staff, management, acute care and geriatric psychiatry outreach teams. Total Attendees: ~200
- The newly reopened Specialized Behavioural Support Unit (SBSU) has now been active for a full year. They are accepting appropriate referrals from Tertiary care, Acute Care and Long-Term Care Homes. We are pleased to share that although full with a waitlist, the transitional unit has been successful at producing flow, and a few discharges have occurred, or are currently under way.

## NORTH SIMCOE MUSKOKA

### 2018-19 Funding Implementation

#### Highlights & Impact:

Funding was used to continue to improve access to clinical services and to advance North Simcoe Muskoka (NSM) Behavioural Support Services (BSS) redesign as part of the NSM Specialized Geriatric Service program:

- 2 Community Clinicians and 2 Integrated Behaviour Support Workers (IBSW's) were hired to expand the Community BSS team. As a result, resources were increased from 7 FTE staff to 11 FTEs, allowing for the alignment of 1 Community Clinician and 1 IBSW in each of the 5 sub-regions of the LHIN.
- RN support to the LTC BSS team was increased to 6 FTE RN Team Leads.
- A Geriatric Psychiatrist was added to support the clinical work of BSS in LTC.
- 1.0 FTE Pharmacist with a shared role with GeriMedRisk (0.5 FTE with Community Team and 0.5 FTE with GeriMedRisk)



2018 Behavioural Support Services Holiday Celebration

#### Key Project Outcomes, Achievements & Celebrations

- Project: Pilot project was implemented to 1) Identify the role and function of a Geriatric Psychiatrist within the BSS team, with a specific focus on responsive behaviour in the LTCH setting and 2) Build capacity within the NSM BSS team related to responsive behaviours and geriatric mental health issues. The pilot began in October 2018 with full implementation in November 2018 and concluded in March 2019. The pilot demonstrated the benefits of the inclusion of a Geriatric Psychiatrist within the NSM BSS team. The benefits begin with the resident and extend to the team, partners and system.
- Project: One-time funding was provided to all NSM hospitals (6 hospitals) to help support the care of older adults experiencing a responsive behaviour. This funding supported the hospitals to continue work that had been initiated with previous funding in 2016-17.

#### Achievements:

- Implementation of an electronic health record in June 2018 for the BSS team. Increased standardization of documentation.
- Redesign of the BSS Community team workflow with expansion of clinicians in order to support all 5 sub-regions. Planning for the alignment of the NSM BSS Central Intake within the NSM SGS program.
- Finalized and implemented a Senior Mental Health Curriculum and implemented Positive Approach to Care workshop.
- Community partners were funded to attend U-First (2 sessions), GPA (2 sessions), and Positive Approach to Care (3 sessions), P.I.E.C.E.S.™ (2 sessions) and Seniors Mental Health training (4 sessions).
- An "Evening in Geriatrics" education session was funded for Physicians and Nurse Practitioners.
- A Leadership & Innovation Conference day was hosted for all LTCHs in NSM and BSS staff.
- Continue to align BSS work with SGS/BSS Core Competencies.
- Expansion of BSS LTC RN Team Lead, to provide education and case consultation (previously provided by PRC). PRC role expanded to include Community Sector with a focus on Retirement Homes, Home & Community Care and Community Social Services.

## NORTH EAST

North East BSO team members providing core competency education to hospital staff in Moose Factory.

### 2018-19 Funding Implementation Highlights & Impact:

- A Recreational Therapy position was added to the Community Integrated Response Team in Algoma to enhance in-home leisure based assessments and activation planning to enhance engagement in meaningful activities fostering that sense of purpose and accomplishments.
- In the Nipissing/Temiskaming hub, we are excited to pilot a Transitional PSW to enhance supported transitions across sectors with a focus on assisting individuals residing in the community either with transitions to Adult Day Programs, Retirement Residences or LTC.
- In our Cochrane sub-region, the 2018-19 investments have supported the onboarding of a francophone community-based mobile clinician dedicated to the Kapuskasing-Hearst corridor to enhance access to local resources within those rural communities.
- In the LTC setting, the most recent investment facilitated the ability to support an embedded BSO resource in LTCHs within our region who previously were reliant on in-reach support from our community mobile teams.
- Within the Central Intake Office, this funding secured the position for a Clinical Intake Lead, enhancing coordinated regional access and delivery of timely person-centred care by our community mobile teams, as well as leverage key regional priorities and support to both community and LTC BSO partners.
- The 2018-19 investment also supported the provision of funding for the purchase of BSO Therapeutic Equipment and Supplies to each of the 45 LTC homes in the North East, enhancing availability of unique resources to better support residents with or at risk for responsive behaviours.



### Key Project Outcomes, Achievements & Celebrations

- With respect to our Core Competency Training, we were able to support 10 BSO clinicians within both the LTC and Community sectors to complete their coach certification for Mental Health First Aid for Seniors. We are now in the process of disseminating this information back to the four sub-regions.
- Our Regional Office, in collaboration with BSO's Provincial Coordinating Office, were asked to partner in the development of a navigational guidebook to support older adults and adults with age-related conditions in their interactions with the justice system.
- The PIECES of my Personhood form was translated in French and made available throughout the region in both official languages.
- In February, 2019, three of our Psychogeriatric Resource Consultants and a Central Intake clinician took every mode of transportation possible (trains, planes and ice roads) to travel up the James Bay Coast to deliver P.I.E.C.E.S.™ and U-First! education in Moose Factory and for the first time to Attawapiskat. These remote rural areas seldom have the opportunity to engage in in-person education sessions.
- As part of the coordination of Geriatric Specialty Consultations, our NE BSO Central Intake office launched a satisfaction survey to be circulated following each consult to gather those rich perspectives from both the requesting physician, interdisciplinary team as well as the older adult and their care partners.

## NORTH WEST

### 2018-19 Funding Implementation Highlights & Impact:

- In 2018/2019 the North West benefited greatly from the funding enhancements to Long-term Care. Additional embedded resources were supported in all 5 Long-Term Care Homes in the City of Thunder Bay. Behavioural Supports Leads and Psychogeriatric Resource Consultants will now have the ability to support residents, families and staff while also working alongside existing resources and consultation services.
- The 2018/2019 enhancement to Community BSO funding provided resources to hire two additional Community PRC positions which will allow for increased and new support to Assisted Living for Seniors' Residences and acute care. This 'new' resource, we hope will assist in more client-focused transitions within the system and across the continuum of care.
- Education and training and ongoing capacity building of Health Human Resources (HHR) across the North West is an integral component of the North West BSO Program. Increased funding to support our partnership with the Centre for Education and Research on Aging & Health at Lakehead University, alongside the timely launch of the new BETSI Tool allows BSO Health Service Providers and Health Human Resources across the region to benefit from best practice, evidence-informed education delivered in a variety of modalities and based upon identified individual and collective need. We also always endeavour to support broader capacity building related to dementia, responsive behaviours and personal expressions by offering, when we are able, education to a broader audience.
- BSO one-time funding this fiscal allowed for ongoing quality improvement and also the collation, development and dissemination of North West BSO Resources in a way that we had been unable to advance prior. The culmination of the project is a collaboration of all BSO funded Health Service Providers to support ongoing efforts to improve communication, consistency and coordination of BSO.

Client of North West Behavioural Supports Service enjoying an opportunity to explore supported gardening activities in a purpose designed space.



### Key Project Outcomes, Achievements & Celebrations

- The development of a North West Behavioural Supports Ontario Orientation and Resource Binder which will be available electronically through a North West BSO Collaborative Space.
- A one-day Education and Training Event with 81 Health Service Providers from across the North West with keynote speaker, Dr. Al Power and Jessica Luh Kim and Melanie James from Schlegel Villages on "Making Moments Count: Exploring how to facilitate meaningful engagement for people living with dementia."
- Successfully supported inclusive proposal development for North West BSO enhancements as a collaborative opportunity to increase BSO capacity across the North West.
- Advanced the integration referral to BSO within Central Coordination of Specialized Geriatric Services.

## Projects and Initiatives: Integration

### Person-Centred Language Initiative

**Purpose:** To create a set of Commitment Statements, informed by the authentic voice of persons with lived experience, to promote the consistent use of person-centred language that is appropriate, respectful, life-affirming and inclusive when talking with and referring to individuals served by BSO's mandate.

**Co-Leads:** Kate Ducak, Project Officer, Ontario Centre for Learning, Research and Innovation in Long-Term Care (CLRI), Schlegel-UW Research Institute for Aging (RIA) & Gagan Gill (up until February 2019), Public Policy & Programs Analyst | Alzheimer Society of Ontario

**Lead Collaborator:** Tina Kalviainen (BSO PCO, North Bay Regional Health Centre)

**Key Accomplishments:**

- ✓ The Expert Panel, comprised of persons with lived experience and others with various expertise, engaged in creating four Person-Centred Language Commitment Statements.



- ✓ Two versions of a poster avowing the commitment statements, one [comprehensive](#) version and one [condensed](#) version focused on graphics, were developed and later translated into [French](#).
- ✓ The [online pledge](#), to demonstrate commitment, was developed and includes the generation of a PDF pledge certificate for individuals to save, print and/or display proudly.
- ✓ A [final report toolkit](#) was released in October of 2018 and is available online as a resource.
- ✓ A sold-out [webinar](#) took place in February of 2019 to an audience of over 360 individuals in attendance from 6 provinces. It has been archived and is available for viewing online.



- ✓ A one-hour workshop was hosted at the OLTC & ORCA “Together We Care 2019” conference on April 3rd, 2019. (The Ontario Long Term Care Association and the Ontario Retirement Communities Association)
- ✓ A first Poster Challenge whereby Person-Centred Language Commitment Statements on coloured and laminated 24” x 36” posters were provided to over 70 individuals in exchange for sharing actions to implement and spread Person-Centred Language within their communities and organizations. Outside of Ontario, requests came in from Vancouver/Comox Valley BC, Edmonton AB, Winnipeg MB and Halifax/New Glasgow NS.
- ✓ A milestone of reaching 1000 online pledges is building up continuously and is anticipated to be reached by July of 2019.



### **Looking Ahead: A Sneak Peek into 2019-20**

Creation of a work plan for the development of a Person-Centred Language e-learning module.

Set up of a storefront for Person-Centred Language posters and other staff/team member recognition products to be developed and purchased on a cost-recovery basis.

Presentation to take place at the upcoming CAGP-CCSMH Annual Scientific Meeting in October of 2019. (*The Canadian Academy of Geriatric Psychiatry and the Canadian Coalition for Seniors' Mental Health*)

# BSO E-Newsletter: The BSO Provincial Pulse

The quarterly newsletter, the BSO Provincial Pulse, continues to spotlight Letters of Lived Experience, BSO Teams in Action, both BSO Quantitative and Qualitative Highlights, Provincial Updates, Professional Development & Upcoming Events and more. The readership consisting of 500+ members, including individuals residing out-of-province continues to grow quarterly.

## Feedback

**June 2018 Issue**



**Welcome**

Welcome to our summer 2018 issue of the BSO Provincial Pulse. As individuals carve out vacation time over the next few months, we would like to remind everyone of the the heaps of benefits that result from engaging in purposeless activities. Finding ourselves so engaged in meaningful activity that we lose all concepts of time and place. Focusing on the experience of doing and being rather than attaching value to actual outcomes. Play is essential to our well-being and so how you have the opportunity to schedule fun in abundance and let it spill over when the vacation is done. It can fuel your creativity, strengthen your relationships, enhance productivity and increase job satisfaction. Go ahead, enjoy recess and our newsletter!

**In this issue:**

- Page 2: Letters of Lived Experience - Emily's Journey
- Page 3: BSO Provincial Updates - Funding Announcement for Long-Term Care & Community
- Page 4: Highlights across the Continuum - BSTU Collaborative - Report Release
- Page 5: Highlights across the Continuum - Dementia Dialogue
- Page 6: BSO Teams in Action: Colourful Strategies Were Key - Central East LHIN
- Page 7: BSO Quantitative Highlights: 2017-18 Full Fiscal Year
- Page 8: BSO Qualitative Story Highlights: Fourth Quarter 2017-18
- Page 9: Professional Development & Upcoming Events

**BSO's Bees Marble Bar SO easy...**

Inspired by the David Suzuki Foundation's Five steps to creating your own wild bee sanctuary article, let's create a Bee Marble Bar!

David Suzuki notes the importance of adding water to the environment: "Insects need water but can't drink from deep water for fear of drowning. You can help by placing a shallow bowl or plate with stones in your garden and filling it halfway with water. The stones provide safe places to land and crawl out should they fall in. Birds and butterflies will thank you too. Replace the water every few days to eliminate any mosquito larvae."

Materials to create a drink station can include:

- shallow dish, such as a pie plate that is water safe like glass or ceramic
- stones or marbles to fill the container
- fresh water
- just enough water that the tops of the stones/marbles are not submerged completely

<https://david.suzuki.org/en/step-centre/updates/2014/05/05/wild-bee-sanctuary-landscape-art>


BSO Provincial Pulse – pg. 1



*"As usual, a fantastic newsletter. I was particularly interested in the article on Ruth and the use of simulated letters to alleviate her fears and anxiety; a noteworthy and innovative (yet simple!) approach. Kudos!"*

*- Jillian McConnell, Knowledge Broker and Knowledge Mobilization Lead, brainXchange*

**November 2018 Issue**



**Welcome**

Welcome to our fall 2018 issue of the BSO Provincial Pulse. As we return to routine and structure, it is also an opportune time to consider focusing your efforts on forming a new single habit to incorporate into your everyday. By focusing on one single habit you are able to create lasting change. It requires time to reflect and select something meaningful and small that you have intentions to add to your life. Will it be to drink more water, floss your teeth, move more, read more, sleep more, start a gratitude journal, break a bad habit? The choice is yours. You can track your progress with a number of free habit tracking apps. Once your habit becomes automatic, the brushing your teeth, you can move on to the next. The enrichment possibilities are endless!

**In this issue:**

- Pages 2-4: Letters of Lived Experience - You don't look like you have dementia. Three perspectives on an incident that happened to someone living with dementia.
- Pages 5-6: BSO Provincial Updates - BSO PCO Release of the 2017-18 Annual Report and Person-Centred Language Initiative Report
- Pages 7-9: Highlights across the Continuum - The Provision of Person-Centred Dementia Care in Ontario & in Hong Kong: A Collaborative Exchange, Canadian Academy of Geriatric Psychiatry, Health Quality Transformation
- Page 10: BSO Teams in Action: South West LHIN
- Page 11: BSO Quantitative Highlights: First Quarter 2018-19
- Pages 12-13: BSO Qualitative Story Highlights: First Quarter 2018-19
- Page 14: Professional Development & Upcoming Events


**BSO's Bird Feeder SO easy...**

Make a simple feeder to give energy to those birds who are passing by due to migration and the resident birds who are looking to build their reserves for their own journey or to survive the falling temperatures that the fall season brings.

Materials:	Steps:
Large pinecones	1. Place any tight pinecones in a 200-degree oven for about 10 minutes to open them. Use a popsicle stick to spread a layer of peanut butter or suet all over the inner "petals" of the pinecone. Set the pinecone in a mixing bowl filled with birdseed mix. Roll the pinecone in the seed mixture.
Plastic sticks	2. Attach string to the top of the pinecone for hanging. Push a thumbtack into the bottom of the cone, wrap tack with another length of string, and tie to the top of another cone. Repeat process until desired length is achieved. Hang bird feeder, and replenish with birdseed as necessary.
Peanut butter or suet	
Mixing bowl	
Birdseed	
Natural string	
Scissors	
Thumb tacks	

Source: <https://www.northwest.com/2707006/pecon-bee-feeder>

BSO Provincial Pulse – pg. 1



*"The BSO newsletter you sent out is wonderful, do you mind if we share it with our email distribution list?"*

*- Laura Elliot, Program Coordinator, DementiaAbility Enterprises Inc.*

You may access previous issues by visiting:

[http://www.behaviouralsupportsontario.ca/45/Newsletters\\_Other\\_Announcements/](http://www.behaviouralsupportsontario.ca/45/Newsletters_Other_Announcements/)

As alluded to above, we greatly appreciate individuals forwarding our newsletter along to their distribution lists.

For those that haven't already signed up, we also encourage individuals to subscribe directly by visiting:

<http://brainxchange.ca/bsonewsletter.aspx>

Provide your contact information and click "Subscribe Now" to receive the newsletter every quarter.



## BSO Funding Highlights 2018-19: LTC & Community

On April 23rd 2018, an additional \$10M of funding was allocated to BSO in LTC for the hiring of new specialized BSO staff. Each region was allocated a proportional share of the funds and this allowed BSO teams to grow in LTC. New to 2018-19 is the ability to allocate a small portion of these funds towards the purchasing of therapeutic equipment and supplies on an annual basis. The ability to equip teams with the necessary resources to carry out various individual and group-level non-pharmacological interventions on an ongoing basis is paramount.

Over in the community, the BSO initiative received its first full investment into implementing BSO Teams in the community via the Ontario Dementia Community Investments. Over the 2018-19 fiscal year, each region was allocated their share of \$10.48M to develop new community-based Clinicians to support older adults living in the community (i.e., private dwellings, retirement homes, acute care and adult day programs/community dementia programs). This funding also supports the continuation of BSO Centralized Intake resources originally funded in 2017-18.

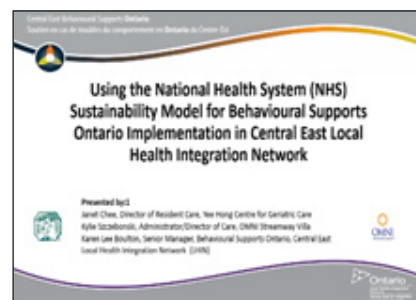
Regional features of these funds are included in the Regional Highlights of this report.

## Knowledge Exchange Highlights

In 2018-19, BSO was featured in a number of conferences and knowledge exchange events from coast to coast! The BSO PCO acknowledges all BSO team members and partners who presented their projects/initiatives with the aim of further spreading promising and best practices.

1. Bretzlaff, M., Aucoin, J., Chau, J., LeClair, K., Culley, L., & Krieger-Frost, F. (2018, October). *Responsive behaviours: SuCCcess with 3 Cs - care, capacity and collaboration*. Oral presentation at the Canadian Academy of Geriatric Psychiatry & Canadian Coalition for Seniors' Mental Health Annual Scientific Meeting, Halifax, NS.

2. Chee, J., Szczebonki, K., & Lee Boulton K. (2018, April). *Using the national health system sustainability model for Behavioural Supports Ontario implementation in Central East Local Health Integration Network*. Workshop presented at the AdvantAge Ontario Annual General Meeting and Convention, Toronto, ON. (pictured)



3. Chee, J., & Reid, M. (2019, March). *Synergy between BSO and care programs to improve quality of care of residents in Long Term Care*. Workshop presented at the Innovative Practices in Dementia Care Program, Scarborough, ON. (pictured)

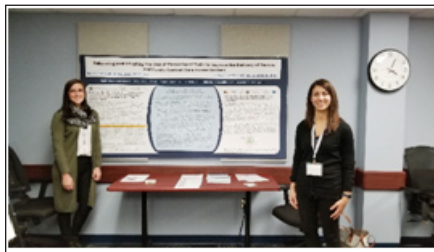


4. Clive, B., Salim, S., Schweg, K., Manlaysia, K., & Pellegrino, C. (2019, February). *How primary care can support their patients throughout the dementia journey*. Panel discussion at the Learning Together Conference, Oakville, ON.

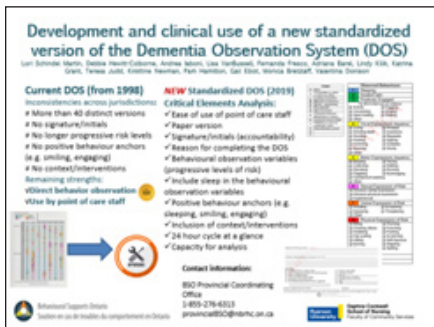
5. Feltz, N. (2018, May). *Applied behaviour analysis in interdisciplinary teams*. Oral presentation at an Ontario Association for Behaviour Analysis event. Online webinar.

6. Feltz, N. (2018, May). *ABA in applied dementia care*. Poster session at the Association for Behaviour Analysis International Annual Conference, San Diego, CA.

7. Feltz, N. (2018, December). *Behavioural gerontology*. Poster session at the Ontario Association for Behaviour Analysis Annual Conference, Toronto, ON.
8. Hewitt Colborne, D., Iaboni, A., & Newman, K. (2018, November). *Development and clinical use of the new standardized version of the Dementia Observation System*. Oral presentation within Decision Support: Data to Drive Quality at the Ontario Long-Term Care Association Conference, Toronto, ON.
9. Lesiuk, N., & Feltz, N. (2018, October). *Behaviour therapy and geriatric care*. Oral presentation at Doors Open Ottawa: Conversations at the Royal, Ottawa, ON.
10. Loncar, A., Cavanaugh J., & Demers, V. (2018, June). *Crossing the culture divide between a tertiary care psychiatric hospital and a community geriatric mental health clinic- BSO centralized intake initiative*. Poster session at the Canadian Collaborative Mental Health Care Conference, Toronto, ON.
11. Morton Chang, F., & Viau, K. (2018, November). *Analyzing BSO staff-written qualitative stories to understand emerging, promising and best practices in LTC homes*. Oral presentation at the Ontario Long-Term Care Association 'This is LTC' Conference, Toronto, ON. (pictured)



12. Piraino, E., Viau, K., Osvald, S., Pitawanakwat, K, Jones, L., Blind, M... Jacklin, K. (2018, October). *Enhancing and adapting the use of personhood tools to improve the delivery of person and family-centred care across sectors*. Poster session presented at the Health Quality Ontario Quality Transformation, Sudbury, ON. (pictured)



13. Schindel Martin, L., Hewitt Colborne, D., Iaboni, A., Van Bussel, L., Fresco, F., Barel, A., ... Donison, V. (2018, October). *Development and clinical use of a new standardized version of the Dementia Observation System*. Poster session presented at the Canadian Association on Gerontology Annual Scientific and Educational Meeting, Vancouver, BC. (pictured)
14. Schindel Martin, L., & Hewitt Colborne, D. (2019, December). *Coming soon: The new standardized DOS (Dementia Observation System)*. Oral presentation at Baycrest's Behavioural Support Rounds, Ontario Telemedicine Network event.

15. Van Bussel, L., Barel, A., & Hewitt Colborne, D. (2019, March). *The new standardized BSO-DOS© (Behavioural Supports Ontario-Dementia Observation System)*. Oral presentation at the South West BSO Long-Term Care Collaboration Days, Stratford, London, Owen Sound & Woodstock, ON.

16. Viau, K. & Osvald, S. (2018, November). *Making Connections: Recommendations to enhance the use of personhood tools to improve person and family-centred care delivery in long-term care*. Workshop presented at the Ontario Long-Term Care Association Conference, Toronto, ON.



## BSO Provincial Coordinating Office Partner Feedback Survey

For the fourth consecutive year, the BSO Provincial Coordinating Office (PCO) released a 'BSO Partner Feedback Survey' to the BSO LHIN Leads, BSO Clinical/Strategy Leads and Advisory/Committee/Collaborative/Working Group Leads and Co-Chairs. The purpose of the survey remains the same as previous years: to identify quality improvement opportunities and assist priority setting for the BSO PCO team. In answering the survey, respondents were asked to reflect and evaluate their experiences with both interacting and collaborating with the BSO PCO and brainXchange.

This year's survey received a total of 17 responses from BSO LHIN Leads (n=6), BSO Clinical Leads (n=7), Ontario Best Practice Exchange Collaborative Leads (n=1), Committee/Advisory/Working Group co-chairs (n=3) alongside 3 who did not identify their role.

**On a scale from 1 (very poor) to 5 (very good), please rate your experience with the Provincial Coordinating Office over the past fiscal year.**



Since the re-emergence of the BSO PCO, at the North Bay Regional Health Centre, feedback related to the overall experience of collaborating and communicating with the BSO PCO has ranged from 4 (good) to 5 (very good) on all categories. Across all categories, the average in 2018-19 was 4.78 out of 5.

Other strengths noted in the feedback included the BSO PCO's ability to keep everyone connected, address timely issues, coordinate effective virtual meetings and provide a "strong, consistent, united vision for BSO". Experiences with the brainXchange team were positive as well, with some noting that brainXchange helps to overcome barriers related to information sharing via online collaboration spaces and hosts informative, well-organized webinars. Respondents also included opportunities for improvement such as providing timely orientation for new BSO Clinical/Strategy/LHIN Leads, improving on the ability to include those attending in-person meetings via virtual options and greater focused attention on BSO data collection and evaluation.

When asked to provide perspectives regarding the value of the continued operation of the BSO PCO beyond 2020, responses included:

<p>"BSO is already a program beginning to evaluate, develop best practice and uptake of frameworks. Without the coordinating office this would not be possible and the BSO program may fall into silos and not become as integrated as it is today. That sense of integration or connection is directly related to the PCO office." – BSO Clinical/Strategy Lead</p>	<p>"A group to pull all of the fantastic work happening across the province to promote, enhance and support the BSO work happening provincially is so important. Having dedicated internal capacity to provide structure to the regional programs, and to disseminate new knowledge and work across the province is so important." – BSO Clinical/Strategy Lead</p>
<p>"The coordination of meetings is invaluable. The PCO staff assist with getting key stakeholders together. The provincial approach assists to break down silos and to foster richer discussion which can move work along." - BSO Committee, Advisory and/or Work Group Co-Lead</p>	<p>"Without the PCO the ability to move ahead with BSO across the province in a consistent way would not be possible. We need their leadership and ability to work collectively and meet regularly." – BSO Clinical/Strategy Lead</p>
<p>"There is value in continued operation of a provincial coordinating body for BSO. Many initiatives would not be possible without a dedicated resource to coordinate them and there is a risk the cohesiveness of the BSO strategy would be sacrificed." – BSO LHIN Lead</p>	<p>"The BSO PCO has been an important resource to our LHIN. They provide insight into initiatives from other LHIN regions, ensure knowledge exchange and encourage collaboration between partners. Our LHIN supports the BSO PCO's continued operation beyond 2020". – BSO LHIN Lead</p>
<p>"I think PCO is invaluable. It helps keep all the LHINs/ BSO stay connected and provides a forum for regular communication. PCO helps advance much needed BSO work in a thoughtful, strategic and collaborative manner that allows there to be consistency and sharing of best practices amongst the LHINs. I think should PCO disappear a big gap would be left." –BSO LHIN Lead</p>	<p>"I believe that with the transition to Ontario Health Teams occurring over the next 3 years, it will be necessary to have a centralized focus that the PCO brings to facilitate process and knowledge exchange with new regional health authorities/OHTs. We have seen some convergence of BSO models and likely continued support to evaluate models to standardize will be required. The PCO provides the platform for this work and can be instrumental during this period of transition." – BSO Clinical/Strategy Lead</p>

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## Conclusion

Sneak peeks included throughout this report unveil another exciting year for the BSO initiative for 2019-20 with the release of new products such as the BSO-DOS®, Transitions into LTC Checklist and webinar series related to the Clinical Guidelines on Substance Use Disorder among Older Adults. The BSO PCO team looks forward to continuing the positive momentum, having received news of its renewed funding for 2019-20. Additional priorities for the next fiscal year include disseminating the results of the various BSO evaluation projects, developing new products in collaboration with the Ontario Best Practice Exchange Collaboratives and further spreading those highlighted in this report.

As always, our BSO family remains firmly committed to advancing the BSO initiative, guided by those with lived experience and immersed in our themes of impact, innovation and integration.

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## BSO PCO Team Members



(from left to right)  
 Katelynn Viau (Project Coordinator); Debbie Hewitt Colborne (Project Advisor); Monica Bretzlaff (Manager); Tina Kalviainen (Strategic Communications Specialist)

### CONTACT THE BSO PROVINCIAL COORDINATING OFFICE

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