

BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter
Issue 3 – June 2016



Welcome

PILLAR I:
System Coordination &
Management

The Behavioural Supports Ontario (BSO) Provincial Coordinating Team is excited to welcome you to the third issue of the BSO Provincial Pulse newsletter! In this issue, we present a number of projects to consider becoming involved in including the BSO Provincial Lived Experience Network and the Canadian Foundation for Healthcare Improvement's 'Better Together' Campaign. Details regarding the launch of the BSO websites are included along with an inspiring story of lived experience featuring Phyllis Fehr. Have a comment to share on any of the features presented in Issue 3? E-mail us at provincialbso@nbrhc.on.ca.

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As we enjoy the warmer weather, why not brighten up your home with flowers in fun and unique planters?

BSO's Blooming SO easy...

A simple and fun project to try out across the sectors and at home

Supplies:

1. Soil
2. Creative planters
3. Seeds
4. Slow release plant food (*optional*)

Steps:

1. Repurpose a household item or other unique item to use as a planter.
2. Add slow release plant food to your soil according to the directions on the package (*optional*).
3. Add soil to the planter.
4. Plant your seeds and pat down the soil to keep the seeds secure.
5. Water your plant according to its watering requirements and watch it bloom over time!





Behavioural Supports Ontario is now online!

The Behavioural Supports Ontario websites launched in March 2016 and consist of a provincial main page and 14 regional websites that connect you with information about local health services and programs available in your area.

The BSO websites were launched in collaboration with the Ontario Association of Community Care Access Centres (OACCAC), thehealthline.ca Information Network, Regional Community Care Access Centres (CCACs), BSO Lead Organizations and the BSO Provincial Coordinating Office. The websites contain information about the BSO initiative, behavioural change, health promotion event details, tools and resources, and contact information for BSO. These websites will serve as an excellent resource for healthcare professionals and members of the community to better support those living with dementia, mental health, substance use and/or other neurological disorders.

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"If you're concerned about significant changes in behaviour in someone you care for, these sites will provide you and your loved ones with information about behaviour change and the BSO initiative." - Provincial BSO Lived Experience Network Member

We welcome your feedback and ideas about the BSO websites!

You can contact the Provincial Coordinating Office at
1-855-276-6313 or provincialBSO@nbrhc.on.ca

Visit your local website at <http://behaviouralsupportsontario.ca>



BSO Provincial Lived Experience Network

The purpose of the BSO Lived Experience Network is to bring together people with lived experience from across the province to collaborate on key projects focused on system navigation and person and family-centred care. This network also advises and guides other BSO projects such as the Ontario Best Practice Exchange. This network is led by Sharon Osvald, who has recently expanded her role as South East Lived Experience Network Coordinator to Provincial Lived Experience Network Coordinator in collaboration with the BSO Provincial Coordinating Office and brainXchange.



What is lived experience?

Lived experience refers to the experience of living with dementia, mental health, substance use and/or neurological disorders or the experience of being a care partner with an individual living with one or more of these conditions. Examples of care partners may include family members, friends, etc., who play or played an active role in supporting an individual living one or more of the above conditions emotionally and/or physically.

How are we connecting?

1. **Bi-monthly Provincial Lived Experience Network Advisory meetings (through teleconference & webinar):** These conversations will take place on the third week of every other month. The next meeting will take place in July.
2. **Bi-monthly live (typed) online Provincial Lived Experience Network Advisory chats:** Live chats will take place on *The Lived Experience Café* on the third Wednesday of every other month. **Our first provincial live chat event will take place Wednesday, June 15th from 6:30-8:00 PM.** To be a part of this advisory conversation, join www.dementiacrossroads.ca and then go to the 'Chat' page and follow the links. This month's live chat will be centred on the provision of feedback to Health Quality Ontario's Draft 'Quality Standard for Behavioural Symptoms of Dementia' which is now available for public consultation (see p. 9 of this newsletter for more information). The following two questions will be asked during the Live Chat:

1) Language is a powerful means of communication and the use of person-centred language is believed to be pivotal in addressing the stigma surrounding dementia, mental health, substance use and other neurological disorders. What does person-centred language mean to you? Can you provide examples of both person-centred and non-person-centred language?

2) The Health Quality Ontario draft document (Quality Statement #12) suggests that all care partners of people living with dementia should be provided with the information and support services required to provide care. What information and education have you found to be most beneficial? What information do you wish you had known/knew now?

How to Join:

To learn more about the Provincial BSO Lived Experience Advisory, get in touch with Sharon Osvald at sosvald@alzking.com or 1-613-475-9943. You can also visit the Lived Experience Café website at www.dementiacrossroads.ca



The Substance Use Collaborative is one of the 3 accelerated Collaboratives of Ontario's Best Practice Exchange. Co-chaired by Marilyn White-Campbell, Jane McKinnon Wilson and Cathy Sturdy-Smith, this collaborative meets monthly, working together to create tools and resources that promote person and family-centred best practices related to substance use in older adults. Most recently, they have introduced provincial monthly Geriatric Addiction Rounds open to healthcare professionals across sectors (see below for details).

Geriatric Addictions Rounds

The Geriatric Addictions Rounds are hosted in collaboration with the Canadian Mental Health Association (Waterloo Wellington Dufferin), St. Joseph's Health Centre Guelph and Community Outreach Programs specializing in addictions.

The Geriatric Addictions Rounds bring together experts in the field of geriatric substance use with various healthcare professionals. The medical consequences of substance use are discussed using case-based learning and connections between mental illness and substance use disorders are examined along with concurrent treatments for mental illness and substance use. Other themes include dementia and substance use, legal capacity and decision making, ethical considerations in care and other related content.



Breakdown: Educational component – 45 minutes

Followed by closed clinical consultations – 30 minutes

When: The first Tuesday of the month, September through June, 12:00 – 12:45 PM

Where: Via Telemedicine or webcast

PILLAR III:
Knowledgeable care team and
capacity building

How to Get Involved:

To learn more about the Substance Use Collaborative, get in touch with Jillian McConnell at jillian@brainxchange.ca. To bring a case forward to the Geriatric Addictions Rounds clinical consultations component, please contact Deanna Armstrong at darmstrong@cmhawwd.ca.



Professional Development



Check out the upcoming webinar hosted by the brainXchange!

June 16, 2016 -

"When Dementia and Abuse Issues Collide: Untangling a Wicked Combination to Advance the Care of Vulnerable Elders" featuring: Dr. Samir K. Sinha, MD, DPhil, FRCPC, Peter and Shelagh Godsoe, Chair in Geriatrics and Director of Geriatrics, Sinai Health System and the University Health Network Hospitals, Assistant Professor of Medicine, Health Policy, Management and Evaluation, University of Toronto and the Johns Hopkins University School of Medicine.

Please visit www.brainxchange.ca for more information and to register!



Phyllis Fehr

Phyllis Fehr is a member of the BSO Lived Experience Advisory and is involved in many provincial activities related to the promotion of brain health and dementia advocacy. We asked Phyllis to share her story and provide our readers with key messages related to living well with dementia.

"I am a Registered Nurse with several specialty certificates. I am a wife, a mother, a grandmother and a friend. I have been a caregiver to those living with dementia, including my grandmother, mother and aunt."

When I was 49 I began to notice little things, like misplacing items and forgetting appointments. I initially blamed this memory loss on being tired but as time went on, I noticed I was having more difficulties both at home and at work. I brought these concerns to my family doctor and he was not concerned, however I was and did not let it end there. I was eventually seen by a neurologist and a geriatrician and at age 53, I was diagnosed with dementia. When the diagnosis came I was taken aback, even though I already knew it deep down.

The new medication helped to lift the mental 'fog' that I was in, however, once it lifted there were many losses to deal with. As there really wasn't a place to help deal with these losses, I dealt with a lot of it myself.

However, I have learned how to live well with dementia.

I made choices early to help me live well. I have done advanced planning. My family knows my wishes in terms of health decisions and I have completed important legal documents. We have made modifications to our home such as installing an alarm on the outside door to alert my husband if there is a time that I leave our home at night. We also renovated a bathroom to include a shower and handrails that may be needed in the future. I know that these things are taken care of, so I don't have to worry about them.

I can concentrate on what is important to me now.

I am very family oriented and we have made adjustments so that my family remains central to my life. Instead of my husband and I hosting our weekly family dinners, we now rotate to our children's homes and everyone brings something. At each home, there is a designated quiet place called "Nanny's Rest Room" that I can go to if the gathering becomes overwhelming.

I am actively involved in many organizations and committees to improve the lives of those living with dementia. I am a part of Ontario Dementia Advisory Group (ODAG) and I invite anyone who has dementia to join this group (www.odag.ca). I publically speak, something I never did before, but I am passionate to share my lived experience and to educate others! Some of my key messages are:

- Early diagnosis and early intervention are key
- There needs to be supports in place for the grief and bereavement experienced by those living with dementia and their family members
- People living with dementia have skills and abilities to contribute
- People living with dementia need to be included in public policy decisions regarding dementia

"Don't make decisions for me, this is my life!"



PILLAR III:
Knowledgeable care team and
capacity building



BSO Hospital Clinical Leaders Making a Difference

Have a comment on this story?
E-mail us at: provincialBSO@nbrhc.on.ca

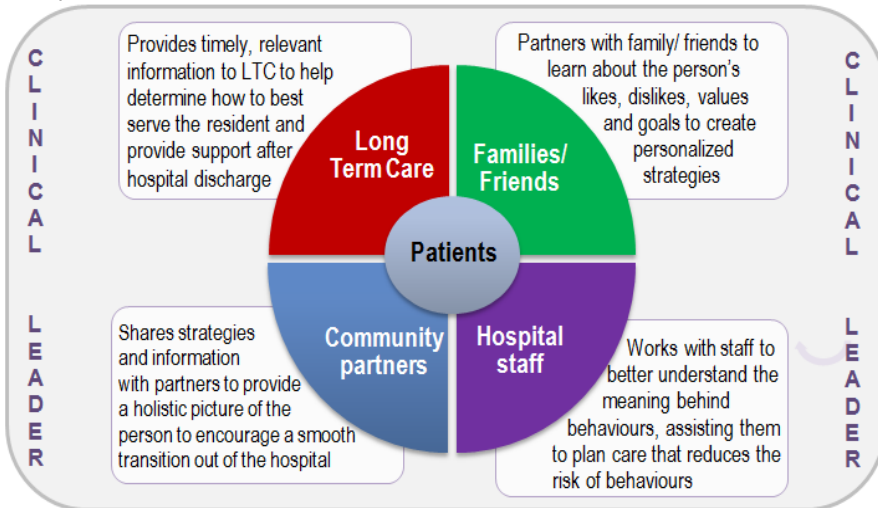


An Opportunity...

Hospitals can be an unsettling place for many patients, especially if the patient has a cognitive impairment and is unwell. The noises, lighting, fast-pace, over or under-stimulation in hospitals often lead to responsive behaviours such as pacing, wandering, exit seeking, resisting care and verbal and/or physical responsive behaviours.

The Strategy...

The HNHB LHIN introduced BSO Hospital Clinical Leaders who can work with patients with responsive behaviours, their families, and hospital staff during their stay as well as facilitate a timely discharge for complex patients to appropriate care settings through a collaborative approach. In sharing their knowledge and expertise, while appreciating the challenges of a hospital setting, the BSO Clinical Leaders have helped staff better identify patients with responsive behaviours early in their hospital journey to ensure patients get to their most appropriate destination in a safe and timely way.



"[The BSO Clinical Leader] was there for my father-in-law. She made sure the team knew how to work with him and care for him, and what to talk to him about. She was spot-on, and experienced with people like him".

- Daughter-in-law of patient

The Outcomes...

In the 2015-16 year, the two full-time BSO Hospital Clinical Leaders:

- Diverted 14 patients from a specialized Behavioural Assessment Unit and safely discharged them to Long-Term Care or another community setting
- Decreased the number of days patients with responsive behaviours waited to access their next level of care from 46.245 days to 31.232 days (-15.01 days or 32.5%)
- Built capacity by conducting 30 formal educational presentations (311 hospital staff)
- Successfully discharged 112 patients from hospital with a behavioural care plan in place to: LTC (40), Community settings (26), Transitional Care (46), and 12 patients required support of a Behavioural Assessment Unit.

"The experiences of myself and my teams to date have been very positive. Each of the patient cases she [the BSO Clinical Leader] has been involved with has been unique, and she has demonstrated a depth of skill and knowledge to be able to adapt a plan for each patient's individual needs. She has gone above and beyond to be a patient advocate for a particular patient who was difficult to place, and helped coordinate a behavioural plan with the BSO Mobile team."

- Krista, Unit Manager (Acute -Stroke, Neurology, Medicine, and Stroke Rehabilitation Units)



Q3 Snapshot: Quantitative Metrics

PILLAR II:
Integrated Service Delivery:
intersectoral & interdisciplinary

A total of
7,974
new referrals to
BSO were
received across
the province

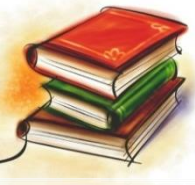
Across the
province, BSO
supported
23,962
patients and
families this quarter

87
patients were
cared for in BSO
Behavioural
Support Units

6 of the LHINs
supported **554**
BSO patient
transitions from
the community to
long-term care
homes



*LHIN = Local Health Integration Network
<http://www.lhins.on.ca/>



1. Integrated Service Delivery Q3 Theme: *Interprofessional/Intersectional Team Collaboration*

- In **Mississauga Halton**, the BSO teams collaborate with family members and community service providers to create unique strategies when patients with dementia are refusing bathing and personal hygiene. Success is found through collaboration!
- **Toronto Central's** Psychogeriatric Resource Consultants (PRCs) are working collaboratively with residents, family members, long-term care homes and primary care providers to navigate the complicated ethical waters of autonomy, risk and capacity. They are finding progress in bringing people together and facilitating open dialogue.
- **North West BSO** is working to ensure that individuals are cared for in the right place at the right time. This success is seen through the collaboration of many partners including the North West Community Care Access Centre System Navigator, supportive housing sector, the Regional Behavioural Support Unit, community psychiatry, the Psychogeriatric Resource Consultant, long-term care homes, the BSO Mobile Outreach Team and family members.
- The **South East's** Mobile Response Team's (MRT) ability to provide dedicated time to residents allows them to have a greater ability to understand the underlying causes of residents' distress and develop successful strategies. The integration of the MRT with other Behavioural Supports (e.g. Psychogeriatric Resource Consultant and Seniors Mental Health Outreach) is paramount to the success.

2. Integrated Service Delivery Q3 Theme: *Non-Pharmacological Strategies and Interventions*

- The **Erie St. Clair** BSO teams are working with family members and care providers when individuals express sexual disinhibition. The team provides education regarding the impact of dementia and the related personal expressions. They provide opportunities for family members and care providers to share their experiences and plan responses that promote the dignity for all involved.
- The **South West** Behavioural Response Team is working with residents of long-term care homes with mental health concerns. They are finding success through thorough assessment, building trusting relationships with the residents and collaborating with geriatric psychiatry partners.
- The **Central** BSO teams are working with family members to find creative solutions to address the unmet needs of their loved ones. Success is being found in simple environmental changes that improve the safety and security for both the residents and healthcare providers.
- The **Central West** BSO team found success in introducing doll therapy in some of the region's long-term care homes. Staff members are engaged in promoting the use of doll therapy through Montessori approaches and have observed meaningful interactions for staff and family members. "These are exciting times engaging with residents and seeing the value and that improved quality of life is possible."
- The **Central East** long-term care BSO team has created "music corners" where residents can enjoy their favorite music as well as see and touch the records and musical books on display. "We have only had the program running for a couple of days now and we thought we would have to show the residents where the music was playing, but we found that the music drew in the residents!"
- **North Simcoe Muskoka's** Mobile Support Teams are collaborating with long-term care homes to find individualized strategies to reduce verbal and physical responsive behaviours associated with personal care. They are finding successes by focusing on Gentle Persuasive Approaches© and pain management.

PILLAR II:
Integrated Service Delivery:
intersectoral & interdisciplinary

PILLAR III:
Knowledgeable care team and
capacity building

Person and Family-Centred Care

3. Knowledgeable Care Team & Capacity Building
Q3 Theme: Process Improvement

- The **Champlain** BSO team hosted its 4th annual 'BSO Personal Support Worker (PSW) Champion Networking and Education Event'. The event promotes peer to peer knowledge transfer, while providing educational opportunities. It also includes a survey that assists PSW champions to measure their progress and collects feedback about their role for continued improvement and sustainability.

4. Knowledgeable Care Team & Capacity Building
Q3 Theme: Capacity Building

- This year, the **Waterloo Wellington** BSO long-term care home teams have been enhancing their education role. Feedback from the long-term care homes state that they are seeing a significant impact on staff. "We noticed that staff are now able to manage behaviours that a year ago they would have had a very hard time managing – and they feel better!"
- The **North East** BSO team engaged Gail Elliot from Dementiability to provide a workshop using the Ontario Telemedicine Network (OTN) to educate family members about dementia care for their loved ones. The use of OTN to facilitate the delivery of education resulted in increased knowledge about BSO and provided an excellent opportunity for supportive networking among care partners.

Health Quality Ontario's Draft 'Quality Standards for Behavioural Symptoms of Dementia' now available for public consultation!

Health Quality Ontario is currently soliciting feedback from health care professionals and people with lived experience on their recently developed 'Quality Standards for Behavioural Symptoms of Dementia'.

Feedback Deadline:
June 14, 2016

What are Quality Standards?

Quality Standards are a new form of evidence-based guidance developed by Health Quality Ontario on topics that are identified as high priority areas for quality improvement in Ontario. Quality Standards are intended to support health care professionals in providing the best care possible, and to help patients, care partners and the public know what kind of care they should expect. Each Quality Standard is a concise set of 5-15 quality statements in a particular topic area, supported by the best available evidence and representing prioritized key components of the best possible care for that area.

How do I access the document?

To read more about the Quality Standards, visit Health Quality Ontario's website at www.hqontario.ca

The draft 'Quality Standards for Behavioural Symptoms of Dementia' can be accessed directly at <http://tinyurl.com/jn6llkl>

Where do I send my feedback?

All feedback should be directed to QualityStandards@hqontario.ca along with a brief description of your background and professional or lived experience in the topic area.

Families are more than visitors. They're partners in care.

The Canadian Foundation for Healthcare Improvement (CFHI) has begun an exciting campaign in the hopes of creating a more welcoming and accessible environment for family members and care partners to participate in patient care within healthcare settings. 'Better Together: Partnering with Families' is a North American campaign encouraging hospitals to review and revise their visiting policies in order to adopt more family friendly policies. These policies would welcome family members to be at the patient's side twenty-four hours a day, seven days a week, and play a more active role in their care.

CFHI is inviting hospitals to promote person and family-centred care by taking the pledge as a first step in the implementation of a family presence policy!

5 Reasons to Take the Better Together Pledge:

1. Better Coordination of Care
2. Fewer medication errors
3. Fewer Falls
4. Fewer 30 day readmissions
5. A better patient and family experience

24 organizations have
already taken the pledge
(as of June 2016)!

The Better Together Pledge is not limited to hospitals. In fact, CFHI invites long-term care homes and other healthcare organizations to join this exciting initiative and take the Better Together Pledge!

"The University Health Network (UHN) recognizes that the involvement of caregivers, such as family and friends, is a key component of patient-centred care." **Sharon Rogers, Senior Director of Patient Relations and Hospital Ombudsman University Health Network, Toronto**

Learn more and take the pledge at: <http://www.cfhi-fcass.ca/WhatWeDo/better-together>

Check out CFHI on YouTube at: <https://www.youtube.com/user/cfhifcass>

You can contact CFHI directly at: info@cfhi-fcass.ca

Contact Information: BSO Provincial Coordinating Office

Call us at 1-855-276-6313;
or email us at provincialBSO@nbrhc.on.ca

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

North Bay Regional
Health Centre



Centre régional
de santé de North Bay



Ontario

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