

# BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter  
Issue 4 – September 2016



## Welcome

The Behavioural Supports Ontario (BSO) Provincial Coordinating Team is pleased to welcome you to the 4<sup>th</sup> issue of the BSO Provincial Pulse newsletter! As we say goodbye to summer and embrace the beauty that autumn brings, we bring you an issue full of **colourful** stories about clinicians, teams and those with lived experience. The Provincial Coordinating Office would love to hear from you! You can share comments on any of the features presented in Issue 4 by e-mailing us at [provincialbso@nbrhc.on.ca](mailto:provincialbso@nbrhc.on.ca).

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## BSO's Blankets SO easy...

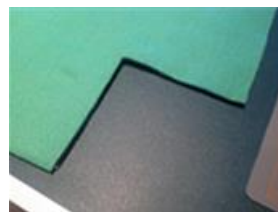
*With the cooler fall weather, why not get cozy with this 'no sew' fleece blanket?*

### Supplies:

1. Two large pieces of fleece fabric of the same size (the size of the fleece will be the size of the blanket).
2. Scissors
3. Ruler

### Steps:

1. Line up the two pieces of fabric one on top of the other.
2. Cut out a 4 x 4 inch square from each of the four corners. Make this square smaller for smaller sized blankets.
3. Cut 1½ - 2 inch thick strips along all four sides of the blanket, cutting through both layers at the same time. Ensure that these strips are approximately 4 inches deep for large blankets. Adjust the depth of the strips for smaller blankets to your preference.
4. Tie the strips (top and bottom layers) together one at a time in a double knot. The knots should be snug on the blanket, but not too tight.
5. Enjoy your cozy fall blanket!



← Step 2

Final Product →



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## Sylvia's Story

**A member of the BSO Provincial Coordinating Team sat down with Sylvia to hear about her experience with addiction. Sylvia hopes that sharing her story will help others...**

“ I have had pain for many years due to Osteoarthritis and Diabetic Neuropathy. After back surgery about 10 years ago, I was prescribed the Fentanyl patch. Over time, the Fentanyl no longer controlled the pain and I was prescribed higher and higher doses.

*I figured I would take this medication for the rest of my life and I sure didn't expect what lay ahead.*

I was in my early 60's, living alone in a rural area when I began experiencing problems with walking and in turn falling frequently. Looking back, I was living in a haze. I thought I was functioning well, but I didn't go out often. I kept to myself; watching TV and going on my computer. Really, I became quite isolated.

Eventually I was connected to an Intensive Geriatric Service Worker and a Seniors at Risk Worker from the Canadian Mental Health Association (CMHA). They referred me to Marilyn White-Campbell, a Geriatric Addiction Specialist. Marilyn was concerned about my medications and explained the risks that were involved, especially as I got older. She suggested that sometimes medications “can do more **to** you than **for** you” and that there are unwanted side effects, such as falls and withdrawal symptoms. On one occasion, a patch fell off me and I immediately noticed the withdrawal. Another time I accidentally had 2 patches on at once and ended up in the hospital due to overdose.

Marilyn helped to create a plan for how I could get off opioids, yet still have pain relief. As it is not possible to slowly wean from a patch, the plan involved staying overnight at a local health facility where I could be under medical supervision during the withdrawal period.

I was admitted the day before we stopped the Fentanyl patch. The next day the patch was removed in the morning and all I had for pain was Tylenol.

*The withdrawal was terrible. I couldn't sit still. I felt like ants were crawling through my veins.*

I paced for hours and was awake all night, was very nauseous and began twitching. The staff were very supportive and helped me through this process.

The next day, as planned, I was taken to the Rapid Access Addiction Medicine Clinic at the Women's College Hospital's Substance Use Clinic. I met with Dr. Kahan who specializes in substance use. He prescribed buprenorphine (an opioid replacement treatment). I was admitted to the hospital overnight so that I could be monitored and supported. Amazingly my withdrawal symptoms subsided and I went home the next day. I was off the Fentanyl patch!

I can't believe the experience! I never thought when I was initially prescribed pain medication years ago that I would have to go through a withdrawal program. I am so thankful for the help that I was offered and the support provided by the addictions experts. I feel so much better! My thinking is no longer cloudy, I am not falling like I was, my pain is much better controlled and I am socializing again! ”

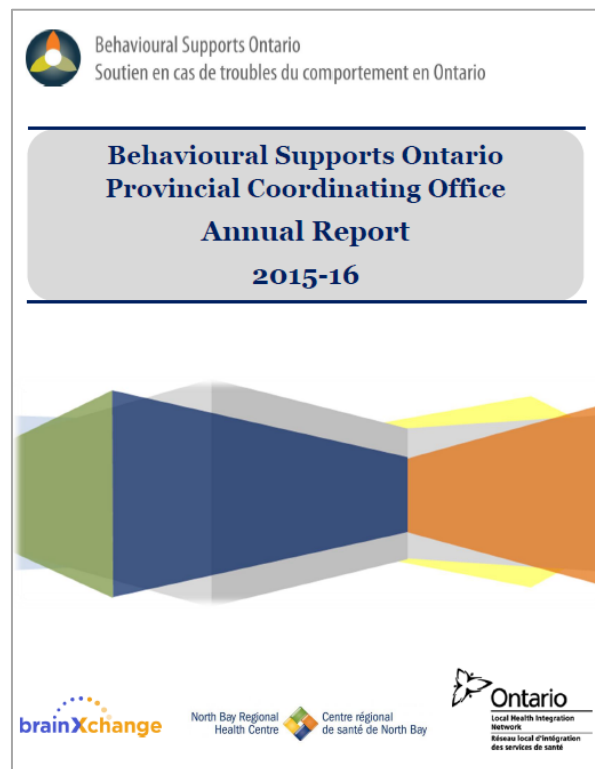


### BSO Annual Report Release (2015-16)

The Behavioural Supports Ontario (BSO) Provincial Team is delighted to share its first BSO Annual Report since the re-emergence of the BSO Provincial Coordinating Office (PCO). Both the Annual Report and Executive Summary (*see links below*) provide an overview of the incredible accomplishments that have been achieved over the 2015-16 year across each of Ontario's BSO initiatives. From the development of the Ontario Best Practice Exchange to the launch of this very newsletter, this past year has been nothing short of exciting!

As we reflect on this first year as a re-emerged PCO, we want to express our sincere appreciation to all of our partners across the sectors for truly driving forward our 2015-16 themes of **COLLABORATION**, **COMMUNICATION** & **CONSTRUCT**.

As we move towards our 2016-17 themes of **IMPACT**, **INNOVATION** & **INTEGRATION**, we want to thank all of our readers for their ongoing commitment to BSO!



**Link to the Full Report:** <http://brainxchange.ca/Public/Files/BSO2/BSO-PCO-Annual-Report-2015-16.aspx>

**Link to the Executive Summary:** <http://brainxchange.ca/Public/Files/BSO2/BSO-PCO-Annual-Report-2015-16-Executive-Summary.aspx>

### Celebrating the Ministry of Health and Long-Term Care's \$10 Million BSO Funding Announcement



BSO ended the 2015-16 year on a celebratory note as the Ministry of Health and Long-Term Care (MOHLTC) invested an additional \$10 million to enhance the BSO initiative across the province. This additional funding will be used to enhance current services as well as hire specialized staff to better support patients and care partners. Investing in the improvement of services for older adults is part of the Ontario governments 'Patients First: Action Plan for Health Care' initiative. Dr. Eric Hoskins, Minister of Health and Long-Term Care, notes that "These investments in our healthcare system are part of our commitment to put patients first and will help to improve the patient experience of long-term care residents". This investment speaks to the importance of the initiative and overall readiness to further spread BSO best practices and strategies across sectors!

**Link to the MOHLTC \$10 Million BSO Funding Announcement:**

<https://news.ontario.ca/mohltc/en/2016/8/ontario-investing-additional-10-million-to-enhance-behavioural-supports-program.html>

### Dementia Care Matters:

## Butterflies visit the North West Regional Behavioural Health Unit, Hogarth Riverview Manor

In November 2016, St. Joseph's Care Group will welcome Dr. David Sheard, the CEO and Founder of Dementia Care Matters. Dr. Sheard has spent the last 20 years piloting and introducing a new model of care for people living with dementia referred to as the 'Butterfly Model of Care'.

The 'Butterfly Model of Care' focuses on feelings rather than facts, positing that if you learn the language of dementia, you may have the ability to join the person with dementia in their reality which significantly decreases responsive behaviours. "Butterfly Care Homes" are arranged like households; staff work alongside residents to assist with the functioning of the home. Dr. Sheard asserts that people with dementia need to feel like they matter, are loved and that there are meaningful roles for them. Without those feelings and an ability to express them in a natural environment, some residents express themselves through behaviours that are considered negative. A role that provides meaning such as nurturing a child, fixing something, or assisting with a chore can provide a sense of comfort and purpose in an otherwise stressful and confusing world.

Dr. Sheard will visit the Regional Behavioural Health Unit, which is also known as the Daffodil Residence at Hogarth Riverview Manor in Thunder Bay where he will conduct six hours of qualitative observation. Dr. Sheard has indicated that we will likely have a lot to think about after his visit and will provide a detailed report and debriefing that will help us find our own butterflies here in Northwestern Ontario.

St. Joseph's Care Group, located in Thunder Bay, Ontario, specializes in long-term care, complex care, physical rehabilitation, mental health and addictions. To learn more about the Daffodil Residence at Hogarth Riverview Manor, please contact the author of the article, Alison Denton, Manager of Regional Behavioural Health Services, at [dentona@tbh.net](mailto:dentona@tbh.net).

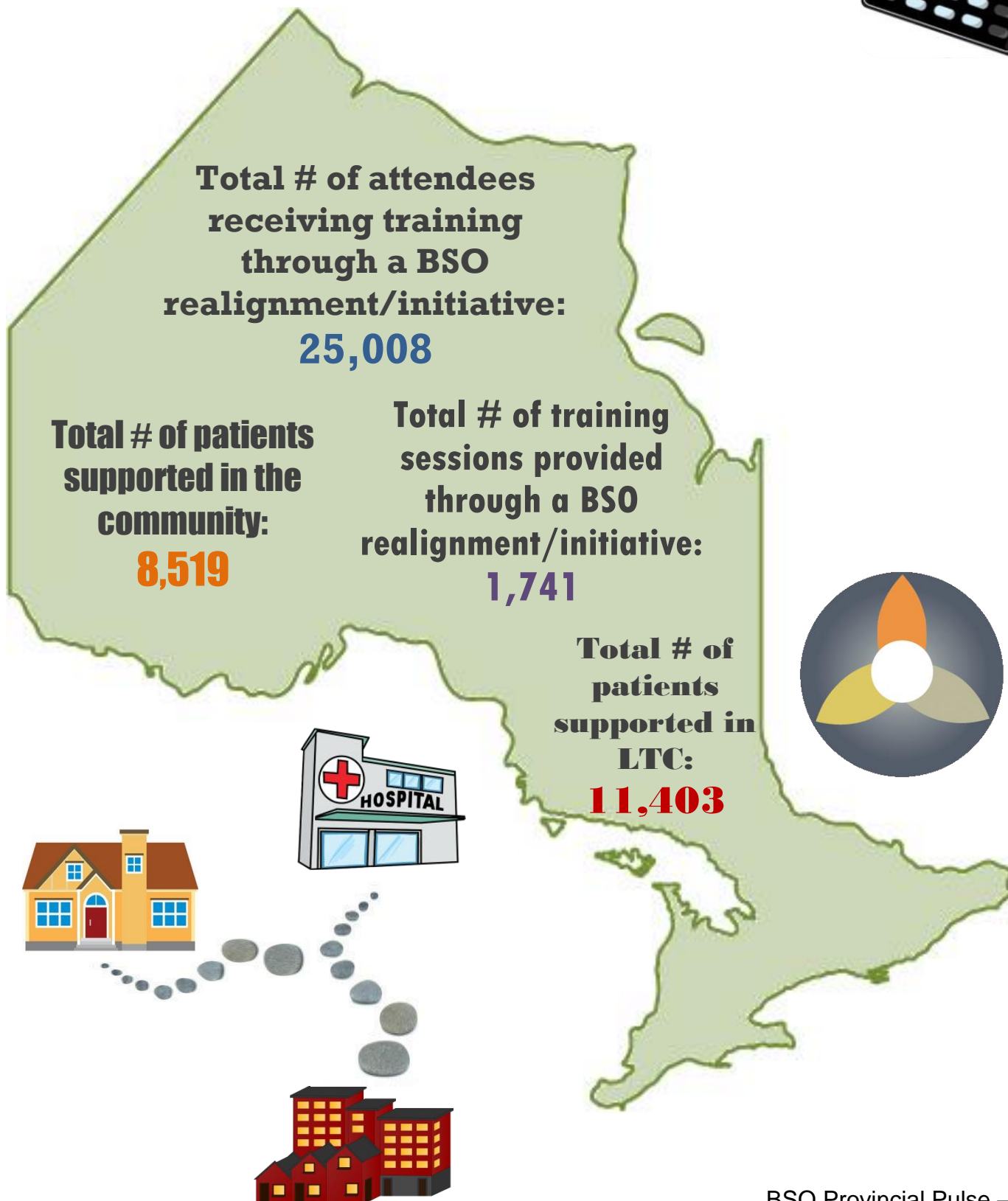


Have a comment on this story?  
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# Crunching the Numbers: Q1 Quantitative Metrics



# Beyond the Numbers: BSO Qualitative Impact

## Introducing...BSO's New Qualitative Stories Framework!

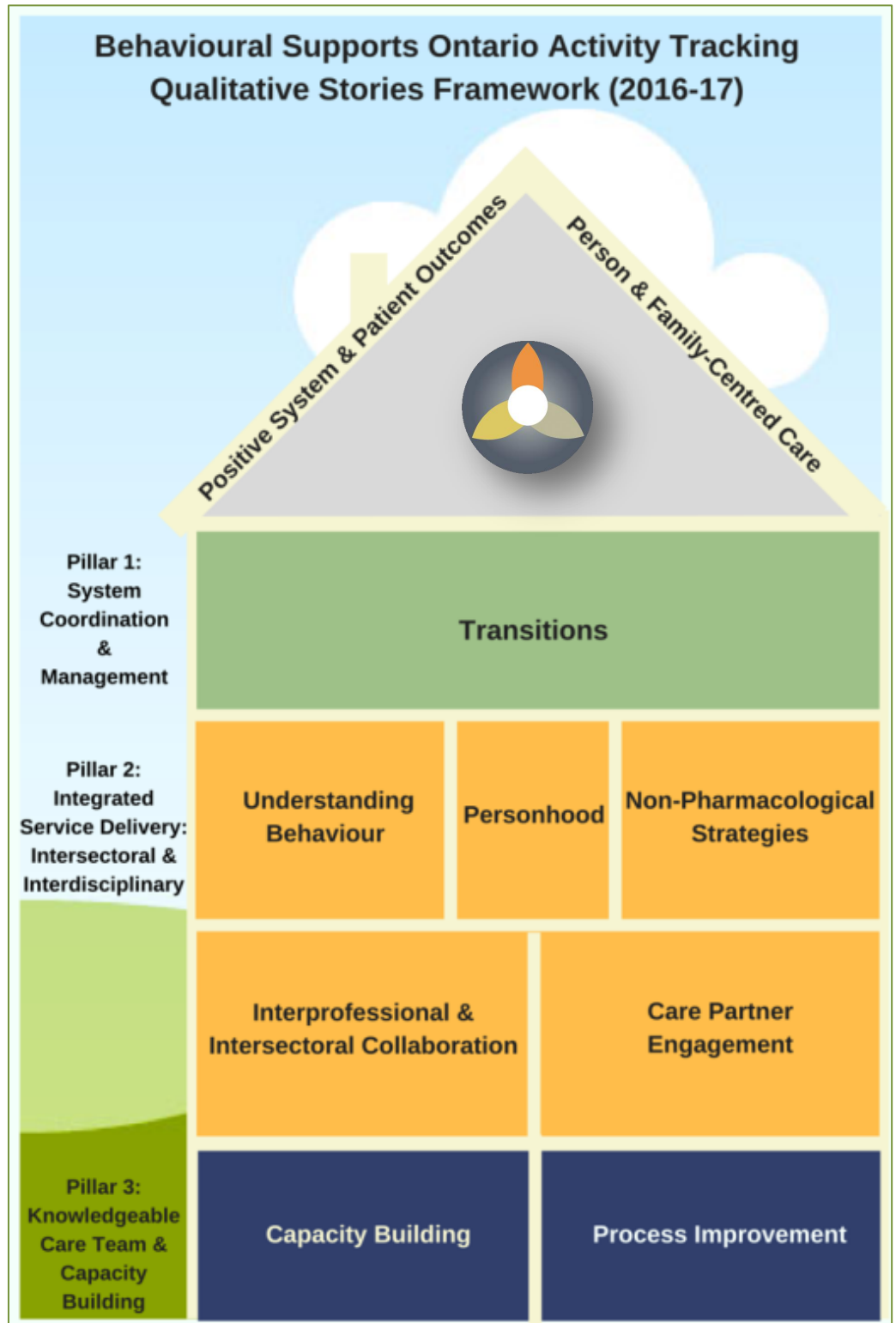
With April 2016 marking the beginning of a new fiscal year for BSO, the BSO Provincial Coordinating Team took the opportunity to revise the BSO Qualitative Stories Framework!

Each quarter, BSO teams across the province submit qualitative stories as part of their activity tracking requirements. These submissions tell real stories about individuals, families and organizations and the impact that BSO is making across the province. Upon receiving each story, the BSO Provincial Coordinating Team draws common themes based on BSO's 3 pillars.



### The Result: A house was built!

The house visually demonstrates the building blocks laid by BSO teams across Ontario.





# BSO's Provincial Qualitative Stories

## Pillar 1: System Coordination & Management

### Theme: Transitions

- The **Erie St. Clair** BSO teams are finding that emotional underpinnings are essential to the foundational work for successful care transitions. Through the formation of relationships and the acknowledgment of personhood, residents develop a sense of connectedness in their new environment.
- In **Mississauga Halton**, the BSO team assists with transitions to long-term care. Recently, when a new resident was having difficulty with the transition, they engaged her in activities. The resident has found her purpose in helping other residents and staff. She now enjoys activities that have meaning to her. "I feel right at home" - LTCH Resident.

## Pillar 2: Integrated Service Delivery: Interdisciplinary & Intersectoral

### Theme: Interprofessional & Intersectoral Collaboration

- The **South West** mobile BSO team and a BSO Alzheimer Society Social Worker collaborate with community partners in order to help individuals stay in their homes within the community.
- In **Central West**, the BSO team and the Adult Day Program are working together to attend to individuals and caregivers needs in a timely manner. As an interdisciplinary team with experience and energy, patient care is prioritized based on assessment tool findings and creative solutions are implemented. Relevant details for providers clarify risk and urgency to support patients and caregivers in the community.

### Theme: Care Partner Engagement

- In **Central East**, the community BSO Clinicians work in collaboration with community partners in order to support individuals living at home as well as their care partners. They are finding success by building trust during home visits which lays a strong foundation for thorough assessment, care planning and delivery. These strategies are ultimately resulting in a reduction of responsive behaviours and enhanced quality of life.

### Theme: Understanding Behaviour

- In **Hamilton Niagara Haldimand Brant**, the BSO Hospital Clinical Leader works with staff and family members to identify the causes of responsive behaviours in order to develop strategies to manage them and create a comprehensive transitional care plan to re-engage patients back into the community.
- In the **North East**, BSO team members work collaboratively to develop individualized care plans. Strategies to reduce responsive behaviours are based on clinical observations, gathering personhood information, identifying contributing factors and by trialling various approaches and monitoring outcomes. By understanding the individual and their behaviour, a personalized care plan is created and supported.

## Theme: Personhood

- **North Simcoe Muskoka's** Behavioural Support Services work to understand the desires and wishes of individuals in the community. They work with family and community partners to create supportive plans. "It touches my heart in many ways to see how you have my mom's best interest at heart. I'm sure you have lots of clients to attend to on a daily basis, but you make it feel like she is number 1" – Patient's Daughter

## Theme: Non-Pharmacological Strategies

- The **Toronto Central** Behavioural Support Transition Unit (BSTU) team recognizes the importance of trying different interventions. Recently, the team identified and trialed 5 distinct non-pharmacological strategies aimed at reducing calling out responsive behaviours. After unsuccessful trials of the first 4 strategies, the team worked with family members to provide the patient's favourite music through headphones. This intervention in combination with a quiet environment resulted in a significant reduction of responsive behaviours and enhanced the quality of life for the resident!
- The **Central** Behavioural Support Services teams work with individuals, family members and long-term care home staff to assist residents in finding daily activities that are meaningful to them and can provide a sense of purpose. Helping residents feel a sense of belonging in their new home supports successful transitions to long-term care.

## Pillar 3: Knowledgeable Care Team & Capacity Building

### Theme: Capacity Building

- In **Waterloo Wellington**, the BSO team is helping to build capacity regarding substance use in the community through collaboration with : Adult Day Programs, Primary Care, Seniors Mental Health, Acute Care, Emergency Departments, Paramedics and Long-term Care. Partnerships with other specialty resources have also been formed such as Reconnect, St-Joseph's Healthcare Toronto and the Centre for Addiction and Mental Health.
- In the **South East**, the 36 long-term care homes (LTCHs) and Behavioural Support Services (i.e. Outreach, Psychogeriatric Resource Consultants, and Mobile Response Teams) have partnered to develop Behavioural Support Networks in each of their 3 regions. These networks bring together people, ideas, and developed resources with a focus on enhancing capacity across the system through partnerships and innovation. "We are not alone, together we can improve the system and the experience for our residents" – LTCH Staff Member.

Check out the **50** most commonly used words in BSO's Q1 Qualitative Stories!



Toronto Central's Transitional Behavioural Support Unit staff huddles and prepares for SBAR (*Situation, Background, Assessment, Recommendation*) reporting.



## Ontario Best Practice Exchange

### Ontario Best Practice Exchange: Behavioural Supports Transition Units Collaborative

The Behavioural Supports Transition Units (BSTU) Collaborative is one of the 3 accelerated Collaboratives of the Ontario Best Practice Exchange. Co-chaired by Mary Ellen Parker (CEO, Alzheimer Society of Chatham-Kent & Erie St. Clair BSO Community Lead) and Karin Adlhoch (Social Work Counsellor, Cummer Lodge BSTU, Central LHIN), this Collaborative meets monthly through webcast technology. Membership consists of professionals and individuals with lived experience from across the province that have experience with or are interested in the work of BSTUs.

#### The BSTU Collaborative has identified 2 priority projects that they are working together to achieve:

##### Project #1: Complete an environmental scan of the current Ontario BSTUs

- Using a template developed by the BSTU Collaborative Members, each of Ontario's BSTUs have been invited to participate in an environmental scan aimed at better understanding admission criteria, staffing complement, training and lessons across all of Ontario BSTUs. Once completed, BSTUs across the province will have access to the information about their BSTU counterparts – allowing for a better understanding of what is happening elsewhere and fostering new innovative approaches.

##### Project #2: Define the critical elements of BSTUs

- The aim of this project is to identify and define essential elements to the provision of person and family-centred care within a BSTU. All points of care in the person and family's journey (i.e. prior to admission, at admission, during the individual's stay and at time of transition/discharge) will be examined in addition to critical elements related to BSTU staffing and environment.

To learn more about the Collaborative or to join, contact Jillian McConnell at [Jillian@brainxchange.ca](mailto:Jillian@brainxchange.ca)

## Professional Development

**Living with Young Onset Dementia – Let's have a conversation!** Presented in partnership with the Alzheimer Society of Canada and the Canadian Consortium on Neurodegeneration in Aging

**Featuring:** Reverend Faye Forbes, person living with dementia; Mary Beth Wighton, Advocate - Ontario Dementia Advisory Group and a person living with a dementia and Dr. Carole A. Cohen

**Date:** October 5, 2016 **Time:** 12:00 - 1:30 pm EDT

<http://brainxchange.ca/Public/Events/Upcoming-Events.aspx>

## Contact Information: BSO Provincial Coordinating Office

Call us at 1-855-276-6313;  
or email us at [provincialBSO@nbrhc.on.ca](mailto:provincialBSO@nbrhc.on.ca)

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