BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter
Issue 5 – December 2016

Welcome

The Behavioural Supports Ontario (BSO) Provincial Coordinating Office is celebrating this holiday season with our one year "paper" anniversary of the BSO Provincial Pulse E-Newsletter! Over the past year, it has been such a joy to share stories of innovation each quarter and feature incredible letters of lived experience! We look forward to another year of celebrations and wish all of our readers a wonderful holiday season! As always, the Provincial Coordinating Team would love to hear from our readers! You can share your comments on any of this issue's features by e-mailing us at provincialbso@nbrhc.on.ca

In this issue:

BSO's Bookmarks SO easy…

What could be better than getting cozy with a book by the fire this winter? A teacup bookmark would surely set the mood!

Credit: Your Tea Blog
https://blog.yourtea.com/tea-craft-teacup-bookmarks

Supplies:

1. Thick paper (you can use gift bags, scrapbook paper or bristle board)
2. Cotton string or thread
3. White glue and a glue stick
4. Markers, pens and decorative items
5. Scissors

Steps:

1. Draw a teapot shape on your chosen thick paper using a marker or pen.
2. Use scissors to cut along the edge of the teacup as well as around the inside area of the mug handle.
3. Repeat steps 1 and 2 again so you are left with 2 identical pieces – a front and a back.
4. Cut a piece of thread the length of a teabag string. On the back of one of the teacups, place a drop of white glue about ¾ inch from the top edge. Place the thread on the glue.
5. Using the glue stick, glue the two teacups together allowing the string to stick out of the top of the teacup.
6. Now it's time to make the teabag. Take another piece of paper and cut out a 1 x 2 inch rectangle. Fold it in half and glue the free side of the thread inside.
7. Decorate your teacup and voilà, you have a custom made bookmark!

Vicky & Jeff's Story

Health Quality Ontario's 'The Reality of Caring' report acknowledges the numerous challenges that family care partners face in the community setting. In fact, it is estimated that care partners of people living with dementia provide up to 75% more care hours than care partners of people living with other conditions. There is no doubt that family care partners play an integral role in enabling people to remain in the community and in assuming these roles, they exude tremendous strength. In this issue, we are grateful to share Vicky and Jeff's Story.

In 2009, Jeff returned home from a military posting in Alberta to enjoy pre-retirement waterside living along the St-Lawrence River in Gananoque. In 2010, he was diagnosed with frontotemporal dementia at the age of 47. Shortly after the diagnosis, finances became an undeniable challenge. Though Jeff had disability insurance, he decided to give up his work duties and opted to take early retirement. Unfortunately, his military pension meant a drop in salary. In addition, his wife Vicky could no longer participate in the workplace. As the disease progressed, Vicky was soon required to assist Jeff with activities of daily living including bathing, toileting and personal hygiene. These new tasks were in addition to preparing all meals, maintaining the household and overseeing Jeff's day-to-day wellbeing. At this point in their journey, Vicky was actively providing around 155 hours of care each week, alleviated only by a few hours of respite from personal support workers.

Concerns for Jeff's safety heightened as he would regularly leave the backyard while gardening; which led to a few occasions where he trekked to Gananoque (7km away) and Kingston (22km away). Additionally, it became quite difficult to keep Jeff nourished and groomed. Vicky noted "He is 6 feet, 2 inches, 210lbs., so it became difficult for me to put him in the bath and he would not go into the shower anymore." Following four years of Jeff being cared for at home, a difficult decision was made to transition into a long-term care home in Gananoque. Looking back at the decision to move, Vicky shared that she felt guilt, despite knowing that it was the best decision for his care and wellbeing.

"I was exhausted and it was very difficult to do it. I thought 'why can't I do all these things? I should be able to, I'm fairly young' but it got overwhelming".

While the physical stress felt during the four years at home may have diminished, daily visits to the long-term care home presented a whole new set of challenges. Vicky stated "I believe he does recognize me. I have a Roots purse. Even if I don't have it with me, he looks at me and automatically says 'You've got a Roots Purse'. So, I know he knows it's me. He'll take my hand and we will go for a walk. He likes to look at our wedding rings so he'll look at my ring and play with my hand."

"There are days that I leave and cry and other days that I feel good. He seems very content where he is. Everyone around him is taking great care of him and enjoying his company but there are days where I ask, why is this happening to us?"

Vicky says that taking on the role of a care partner has taught her a lot about herself and that the journey has certainly been one of self-discovery. In 2014, Vicky was the recipient of a Caregiving Award and has shared her experiences with both a Queen's University Geriatric Interest Group and at an Alzheimer Society Annual Conference. "I have always been shy about public speaking, uncomfortable about it, so the fact that I have done it has brought me out of the box".

More recently, Vicky pursued an accelerated degree in Health Information Management and today she is leading a clinic in Gananoque. She shared with us that she doesn't know if this would have been something that she would have pursued had it not been for this life-changing experience. She is, however, very passionate and determined in this new career path! Vicky also shared that Jeff's health continues to decline and while he is still walking, Jeff is no longer able to communicate verbally and requires more rest throughout the day. Despite these adjustments, he remains in good physical health and is supported in his current environment in long-term care.

BSO Knowledge to Practice CoP

The Behavioural Supports Ontario (BSO) Knowledge to Practice Community of Practice (CoP) brings together professionals across Ontario who have a shared passion for capacity building and fostering knowledgeable healthcare teams. Under the umbrella of BSO, this CoP will be specifically focused on enhancing care for older adults with complex and responsive behaviours associated with dementia, mental health, substance use and/or other neurological conditions.

To support members in the complex task of putting knowledge into practice, the CoP has adopted the 'Knowledge to Practice Process Framework'. This is a framework that can be used in many ways, for example: capacity building, program development, and clinical work. The 4 stages of this framework are: **1) Creation**; **2) Transfer**; **3) Translation**; and **4) Implementation**.

Through webinars (live and archived), shared documents, idea exchanges and your experiences, innovations and stories, we will collectively enhance services for older adults with complex and responsive behaviours. We are hoping you will join and participate in the Knowledge to Practice CoP.

Participating with you might be:

- Psychogeriatric Resource Consultants
- Behavioural Supports Ontario team members
- Seniors/Geriatric Mental Health team members
- Managers &/or Educators from Long-Term Care, Adult Day Services etc.
- Nursing & Allied Health (e.g. SW, OT, PT, Pharmacists, SLP)
- Family Health Teams

What is a Community of Practice (CoP)?

A CoP is a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly.

Anyone interested in being part of the CoP is welcome to join!

Please complete the survey to indicate your interest:
https://www.surveymonkey.com/r/HWZ5XW5

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

brainXchange

Highlights from across the Continuum: Dementia-Friendly Communities

The Alzheimer Society's Blue Umbrella Program is part of their initiative to ensure that communities are dementia-friendly.

What is a Dementia-Friendly Community?

A *dementia-friendly community* focuses on stigma reduction and the inclusion of people with dementia. People are educated about dementia and know that a person with dementia may sometimes experience the world differently. In a dementia-friendly community, people living with dementia feel supported by their community members whether they are at post offices, retail outlets, using transportation or enjoying hobbies out in the community.

A dementia-friendly community…

UNDERSTANDS…dementia and the challenges that people living with dementia face in their community.

INCLUDES… people living with dementia in all aspects of community life.

ENCOURAGES… and promotes the independence of people living with dementia.

ASSISTS… people living with dementia in the most appropriate and helpful ways.

VALUES… and welcomes people living with dementia in their businesses and establishments.

What does the blue umbrella signify?

The Blue Umbrella program provides businesses and organizations with the opportunity to receive education about dementia and learn strategies to provide good customer service to people living with dementia. Those who receive training and adopt the strategies will be designated as a dementia–friendly location and will display a blue umbrella decal. People living with dementia may wear a self-identifier in the form of a blue umbrella pin.

Get in touch with your local Alzheimer Society Chapter to learn more!

Collaborating for a Successful Behavioural Healthcare System in North Simcoe Muskoka

Background

After two years of living with his mother, Vera, Martin noticed some changes in her personality and habits.

"She used to be so patient with the grandkids; now she gets angry."

Assessment and Collaboration

Vera was diagnosed with dementia through the Aging Well Clinic and received care from a Geriatric Psychiatrist who reviewed and managed her medication list. Subsequently, Martin was linked with a Client Care Coordinator through the Community Care Access Centre with aspirations of initiating additional support services, such as dedicated hours provided by a Personal Support Worker and connecting with First Link. However, Vera declined involvement by firmly stating, "*NO! Get out of my house! I'm fine!*"

Recommendations and Outcomes:

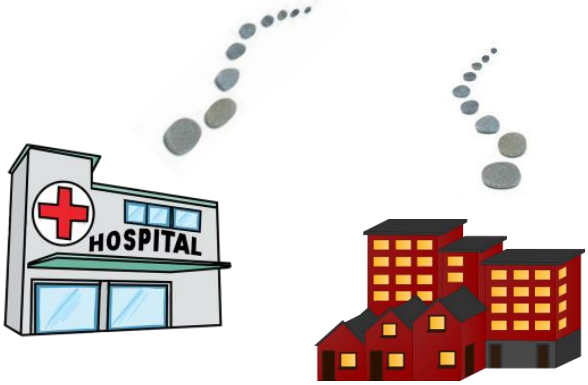
As a result of the Geriatrician and Geriatric Psychiatry assessments, Vera was able to consent and benefit from the BSO Community Mobile Support Team (MST). Due to his mother's newfound irritability and restlessness, Martin was looking for strategies to better understand the true meaning behind the changes in behaviour occurring with his mother.

The BSO Community MST team worked collaboratively with Martin and Vera to engage in activities that made Vera feel valued and of service. Martin also learned new ways of communicating with his mother. Vera's visits with Community MST were so engaging that she finally agreed to go to the Adult Day Program and is now enjoying quality time with new friends. The scheduling of consistent visits from a PSW from St. Elizabeth has enabled Vera to maintain activities of daily living such as her hygiene skills. It's a collaboration that has helped her immensely and her family as well.

There are still some moments of irritability that surface; however, Martin has now acquired the skills to support Vera in these instances. Vera is feeling better and was able to decline the offering of a bed in Long Term Care. Ongoing collaboration and support through the health system (i.e., Behavioural Support Services and Community Support Services) has contributed to Vera remaining at home and improving the quality of life for both herself and her family.

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

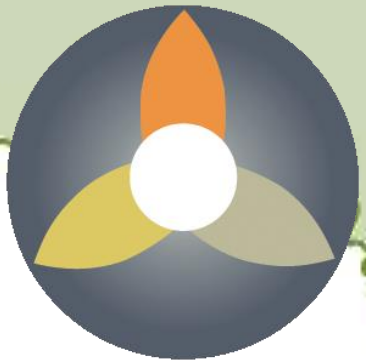
Crunching the Numbers: Q2 Quantitative Metrics



BSO Supported 551 patients to transition from the community (including supportive housing & retirement homes) to long-term care (data from 11 LHINs)

BSO supported 7,995 family care partners across all sectors (data from 9 LHINs)

A total of 17,496 individuals received training & education through a BSO realignment/initiative (data from 14 LHINs)



10 patient discharges to long-term care, tertiary mental health or other specialized units were made in the 4 BSO supported Behavioural Support Transition Units

BSO's Provincial Qualitative Stories

The following quotations were retrieved from some of the qualitative stories received in Q2 from various BSO teams across the province. Each one depicts the impact BSO has had on patients and families living with by dementia, mental illness, substance use and/or other neurological disorders.

"The burden of care for my mom has been overwhelming at times, but knowing we have been able to access the desired care needed continues to make a world of difference. A BSO nurse has helped me to better understand why these responsive behaviors are occurring and how to help her."
- Daughter of Patient

Check out the 50 most commonly used words in BSO's Q2 Qualitative Stories!

"The quality of life for the resident, the smile on his face, and the laugher, I will remember forever! It feels great to make a difference. This fills me up with reasons I do my job."
- Personal Support Worker, BSO Mobile Response Team

"[Our clinician] offered constructive suggestions that were appropriate for each stage along this difficult road as well as with appropriate anticipatory guidance so we could expect what was to come. [Our clinician] did it in such a positive and supportive manner, not to cause fear but rather to dispel it and prepare us in positive ways."

"The health field can be very hard to navigate, and a BSO staff member was able to and was relentless in getting my mother to a state of calm. Thank you for having such a program in place. It has made a difference in our lives; it's difficult to articulate how helpful it's been to my mother and her quality of life. I really think things would have worked out for the worst if we did not have access to your program".

Professional Development & Upcoming Events

January 10, 2017, 11:45am – 1:15pm
Geriatric Addiction Rounds – Theme: Screening & Assessment Tools – Dr. Jonathan Bertram
Please contact mwhitecampbell@cmhawwd.ca or darmstrong@cmhawwd.ca for more information and/or session attendance confirmation

January 11, 2017, 12 :30pm – 1 :30pm
Recherche fondamentale - les hypothèses populaires étudiées et les pistes émergentes – Andréa Leblanc
http://brainxchange.ca/Public/Events/Upcoming-Events/Recherche-fondamentale-les-hypotheses-populaires.aspx

January 19, 2017, 9:00am – 10:00am
Behavioural Supports Ontario Knowledge to Practice Community of Practice Launch Meeting
(See page 3 of this issue for more information)

February 7, 2017, 11:45am – 1:15pm
Geriatric Addiction Rounds – Theme: Nicotine Dependence and Replacement Therapy in Long Term Care – Dr. Peter Selby
Please contact mwhitecampbell@cmhawwd.ca or darmstrong@cmhawwd.ca for more information and/or session attendance confirmation

February 15, 2017, 6:30pm – 8:00pm
Provincial Behavioural Supports Ontario Lived Experience Live Chat – Topic TBD
http://dementiacrossroads.ca/ontario.php

Contact Information: BSO Provincial Coordinating Office

Call us at 1-855-276-6313, email at provincialBSO@nbrhc.on.ca
Or visit us at http://www.behavioursupportsontario.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

Supported by: / Financé par :
Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé