

# BSO Provincial Pulse

## At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter  
Issue 6 – March 2017



## Welcome

Despite Warton Willie's prediction and the release of what is intended to be our spring issue, the wintery weather triumphs for the release of this March issue of the BSO Provincial Pulse. As such, we challenge you to embrace what is left of the ski season and enjoy a warm beverage as you peruse this issue's wonderful pieces. As always, the Provincial Coordinating Team would love to hear from you! You can share your comments on any of this issue's features by e-mailing us at [provincialbso@nbrhc.on.ca](mailto:provincialbso@nbrhc.on.ca)

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## BSO's Burning ice luminary SO easy...

*Transform your cold and dark outdoor space with the warm inviting glow of a burning ice luminary.*

### Supplies:

1. Balloon
2. Tea light (wick burning or flameless battery operated)
3. Scissors
4. Bowl
5. Freezer space (or outdoors if you prefer)

### Steps:

1. Fill up the balloon with water.
2. Place in a bowl and add to the freezer (or simply place outside).
3. Take the balloon out before it is fully frozen. Ice freezes from the outside in and the luminary will be full of water.
4. Use the scissors to remove the balloon and empty the water from the center.
5. Still using the scissors you can groove the opening that remains at the bottom to the size of a tea light.
6. Ignite the tea light and place the shell of ice on top to create a beautiful ice luminary.



Tips: 1) For a clear lantern, you may wish to use distilled or boiled water 2) You may add colouring to your water 3) You may freeze the balloon solid and place in generous snow atop of a battery operated tea light.

Credit: One Little Project Blog  
<http://onelittleproject.com/ice-luminaries/#ixzz4al2l18Kl>

## Sharon Osvald's Story



Over the course of 2010, somewhere between a peaceful, month-long visit in August and early November, my mom completely unravelled.

An undiagnosed delirium and vascular dementia coupled with some significant life changes like the sale of her house, the loss of her family doctor and moving several hours away to live with us left mom completely confused, frightened and in crisis. The next few months included trips to the emergency department, a failed attempt at living in a local retirement home and several months of her being restrained in hospital. Finally, with the help of a geriatric psychiatrist and team members from Providence Care, Mom's delirium was addressed, medications refined and we began to see parts our "real" mom come back to life. She entered a local Long Term Care home where she resides to this day.

At the time, I could not believe how hard it was to navigate the system. I was also taken aback at how far and how quickly a person can fall between the cracks when they can't find the right care. I started writing and speaking about our experiences. Shortly thereafter, I was introduced to Dr. Ken LeClair and began taking part in advisory discussions with both Providence Care Seniors Mental Health and Behavioural Support Services. In September 2013, I was selected by these organizations to work in partnership with the Alzheimer Societies of South Eastern Ontario to develop and coordinate a network of older adults and family/care partners. The network initiated meaningful "lived experience" advisory conversations by means of in-person and teleconference meetings. In March 2014, with the assistance of Dr. Dallas Seitz and Kathy Baker, The Lived Experience Café was launched on [www.dementiacrossroads.ca](http://www.dementiacrossroads.ca) providing opportunities for online chat conversations and discussion forums.

Our network began to grow outside of the South East and in April 2016, I was hired to work one day per week to coordinate the Provincial BSO Lived Experience Network Advisory. This included hosting bi-monthly live chats and bi-monthly video/teleconference advisory conversations.

It still amazes me how this initiative has grown and continues to grow. This past year, we've been able to advise the Ontario Best Practice Exchange Collaboratives, provide recommendations for BSO projects, and have been consulted on other provincial projects such as: Health Quality Ontario's Quality Standards for Behavioural Symptoms of Dementia, the Canadian Dementia Setting Questionnaire (Alzheimer Society of Canada) and the Ontario Dementia Strategy (Ministry of Health and Long- Term Care).

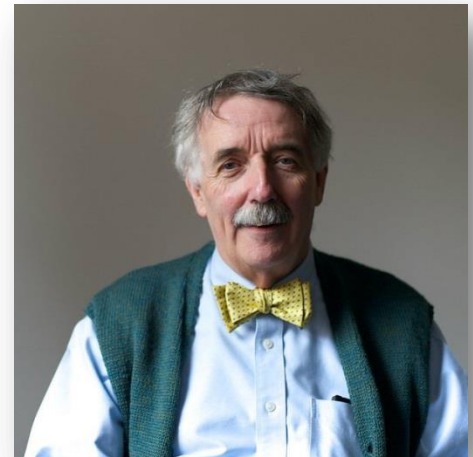
Future projects are just as exciting as we act upon recommendations from our BSO Provincial Lived Experience Advisory which include making recommendations for the use of personhood tools, improving navigation and enhancing care partner training opportunities across the province. I'm very pleased to share that my role has recently been expanded to two days a week and includes a position title change to that of BSO Lived Experience Facilitator.

If you would like to join this network (either as a person with lived experience or health care professional) visit the Ontario page on [www.dementiacrossroads.ca](http://www.dementiacrossroads.ca). For more information, you can also email me at [sosvald@alzking.com](mailto:sosvald@alzking.com) or reach me by phone me at 613-475-9943.

### Celebrating the Retirement of one of our Leaders

With mixed emotions, we share the retirement announcement of David Harvey - Chief Public Policy and Program Initiatives at the Alzheimer Society of Ontario. In celebration of David's new stage, we asked him to reflect on his accomplishments, advise us on new directions and share a little more about his plans for the future.

David first became interested in a career focused on the health of older adults back in the 1970s. While working at a Community Information Centre, David noticed almost immediately that there were significant gaps in services targeted towards Ontario's older population. Moving into his role at the Alzheimer Society of Ontario, he didn't realize at first how much of an impact he could have on developing programs and services for older people. He reflected on the Alzheimer's Society's *First Link* program which was only in its early stages when he first began and how much influence this program has had throughout the years in getting individuals connected to information and services.



Fast-forwarding to 2010, we asked David to share insights into his role in launching Behavioural Supports Ontario (BSO):

***"I think I would describe my role in BSO as being a switchboard operator. I was talking to one person and then I would plug them into talking with another person. That's how we really got things going – by making these connections. I was talking to someone about developing a behavioural unit in Chatham and then someone else thinking of doing the same thing in Peterborough and it seemed nobody was really talking to one another or the Ministry. So Dr. Ken LeClair and I, along with the Alzheimer Knowledge Exchange (AKE) (now brainXchange) created opportunities for people to come together and share their concerns and strategies and see where it might take us. That's really how it all happened!"***

Many can attest to the connections that David has made over the years and how he has been instrumental in the growth, development and accomplishments of BSO.

Thinking about the future of dementia care, we asked David what he thinks we need to (1) stop doing; (2) start doing; and (3) continue doing.

**Stop:** Creating a sense of 'otherness' for individuals living with dementia.

**Start:** Infusing more compassion into our work and uncover those dynamics that promote compassion.

**Continue:** To challenge ourselves to spread initiatives and strategies that we know are having an impact.

Following these pieces of advice, we asked David to share a little more about his plans for retirement. In turn, David expressed that he will be focusing on learning to grow old. He shared that he recently re-read Paul Tournier's 'Learn to Grow Old' which provided him with some great insight. He elaborated by saying that he's always entered a new stage of life with energy and enthusiasm. It is with this outlook that he approached many facets of his life from "carrying around placards for every cause imaginable in the 1960s and 1970s" to marrying and becoming a father. As such, he plans to engage in his retirement in a positive and meaningful way.

Finally, we asked David to share what would become of his incredible bowtie collection to which he shared that he might not have as many opportunities to wear them in the coming years and he may have to cut down the collection – however, he hasn't done so just yet!

On behalf of all of our provincial partners, we wish David Harvey best wishes for retirement and thank him for his immeasurable contributions and wisdom!

## A Quality Standard for Behavioural Symptoms of Dementia is now available in Ontario

**Health Quality Ontario (HQO) recently published a quality standard for behavioural symptoms of dementia, outlining what quality care looks like for patients in hospitals and residents in long-term care homes.**

Quality standards focus on conditions where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive.

Developed in collaboration with patients, physicians, nurses, other clinicians, caregivers, and organizations across the province, their aim is to help:

- Patients, residents, families and caregivers know what to discuss about their care with their health care professionals;
- Health care professionals offer the highest quality care based on the best available evidence;
- Health care organizations and professionals measure, reflect on their practice and improve the quality of their care; and
- Health system planners create the environment for health care professionals and organizations to deliver quality care.

Download a guide for clinicians; a guide for patients; performance indicators and other information to help you provide quality care to patients living with the behavioural symptoms of dementia from our website.



**COMING SOON: A quality standard focusing on the identification, treatment and care of people with dementia who require care in the community.**

To learn when a draft of that quality standard becomes available for public consultation and feedback, or for more information, contact [QualityStandards@HQOntario.ca](mailto:QualityStandards@HQOntario.ca)

To learn more about Health Quality Ontario's quality standards, click [here](#).



### “The power of teamwork and the written word”

LHIN: Toronto Central, LTC Behaviour Support Outreach Team (BSOT)

A female resident (pseudonym: Dawn) of a Toronto long-term care home was referred to Melissa Turzanski (Registered Nurse, LTC BSOT) due to repetitive enquiries regarding meal times and frequent requests for toileting assistance.

Upon assessment, staff reported compassion fatigue as Dawn's above-noted enquiries and requests could occur as many as 50 times per shift. As a first step, the BSOT team ruled out potential physical causes for Dawn's behaviour such as a urinary tract infection (UTI), urine retention, pain and issues with oral care. Early on in their interactions, BSOT staff observed that Dawn was very restless and would frequently pace the unit, asking everyone when the next meal was being served. Even though staff would inform Dawn that she had just finished eating her meal she would insist on repeating “when's lunch?”

Melissa consulted with Dawn's family to get a better understanding of her hobbies and interests prior to her receiving a diagnosis of dementia. She discovered that Dawn had a love of reading. However, the family was unsure if Dawn would still have any interest in reading due to difficulties with short term memory.

Applying Montessori methods, reading and comprehension were tested by the BSOT in an effort to develop a care plan that met Dawn's needs, interests and abilities. Upon the conclusion that Dawn was still capable of reading and comprehending, the BSOT decided to fasten a clock and schedule to Dawn's walker along with two plastic baskets filled with books. For the next few days, the BSOT would prompt Dawn to look at her clock and schedule every time she asked when the next meal would be served. In an effort to promote a consistent approach, other long term care staff members were coached to respond to Dawn using the same prompts.



Melissa Turzanski, RN, TC LTC BSOT

Shortly following the implementation of these strategies, the BSOT PSW observed that Dawn was pacing significantly less often. The accessibility of the books found in her multiple baskets would queue her to pick them up and read. Dawn no longer had to rely on her own memory to actively search for her books as they were constantly in her field of vision; nor would she be challenged to try and remember when she ate as the clock and schedule were at her disposal right in front of her.

As the days went on, and staff members at the LTCH were consistent in supporting Dawn, it became apparent that her restlessness and repetitive questioning had decreased significantly. Staff members were asked to change the books in Dawn's baskets weekly from a great collection available in the LTCH library. Staff also reported that Dawn became so engaged in reading her books she no longer asked for assistance with toileting many times per hour.

“Many months have passed since that time and currently [Dawn] is relaxed and comfortable, sitting in the TV room, reading one of her books. We thank the BSOT for all their expertise, partnership and dedication in helping with this resident and many others. We appreciate their promptness and creativity to come up with simple and/or innovative suggestions. We are looking forward to continuing working together to help our residents live quality lives even when there are challenges related to behavioural symptoms of Dementia.” – Staff, Toronto Central LTCH

READING  
gives us  
SOMEPLACE  
to go when  
we have to  
STAY where  
we are



# Crunching the Numbers: Q3 Quantitative Metrics

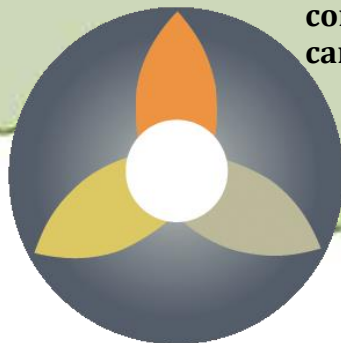


A total of **1,866** BSO training/education sessions were delivered (data from all 14 LHINs)

BSO supported **309** patients to transition from acute care to a long-term care home (data from 11 LHINs)

A total of **18,585** long-term care residents were supported by BSO teams (data from all 14 LHINs)

BSO Community Teams supported **2,578** new patients living in the community or in acute care (data from 11 LHINs)





## Professional Development & Upcoming Events

**March 21 2017, 12:00pm – 1:00pm**

**An Interprofessional Model of Care for Clients with Dementia: Complex case Presentation**– Sanjeev Kumar, MD, FRCPC

<http://www.camh.ca/en/education/about/AZCourses/Pages/An-interprofessional-model-of-care-for-clients-with-dementia.aspx>

**March 27 2017, 3:00pm – 4:00pm**

**Cognitive and Brain Changes in Multiple Sclerosis** –Dr. Ester Fujiwara, Multiple Sclerosis Society of Canada

<http://brainxchange.ca/Public/Events/Upcoming-Events/Multiple-Sclerosis-Society-of-Canada-Cognitive-an.aspx>

**March 29 2017, 12:00pm – 1:00pm**

**The Role of Non-pharmacological Interventions in Dementia Care**– Christopher Uranis, RN, MN, CPMHN (C)

<http://www.camh.ca/en/education/about/AZCourses/Pages/The-role-of-non-pharmacological-interventions-in-dementia-care.aspx>

**April 4 2017, 11:45am – 1:15pm**

**Geriatric Addiction Rounds** – Theme: TBD

Please contact [mwhitecampbell@cmhawwd.ca](mailto:mwhitecampbell@cmhawwd.ca) or [darmstrong@cmhawwd.ca](mailto:darmstrong@cmhawwd.ca) for more information and/or session attendance confirmation

**April 19 2017, 6:30pm – 8:00pm**

**Provincial Behavioural Supports Ontario Lived Experience Live Chat** – Topic: Enabling active participation in health care decisions

<http://dementiacrossroads.ca/ontario.php>

## Contact Information: BSO Provincial Coordinating Office

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

Or visit us at <http://www.behaviouralsupportsontario.ca>

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