

BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter
Issue 2 – March 2016



Welcome

PILLAR I:
System Coordination &
Management

The Behavioural Supports Ontario (BSO) team at the Provincial Coordinating Office wishes everyone a warm welcome to the second issue of the BSO Provincial Pulse newsletter! In response to the excellent feedback that was sent to us following the inaugural issue, we have introduced a new segment to the newsletter entitled “Letters to the Editor”. In this feature, we aim to publish some of the great ideas and comments we receive in response to past articles. Have a comment to share on any of the features presented in Issue 2? E-mail us at provincialbso@nbrhc.on.ca.

In this issue:

- ❖ **Page 2** BSO Provincial Structure & Letters to the Editor featuring Dorothy Asselstine
- ❖ **Page 3** Ontario's Best Practice Exchange: The Collaboratives & Professional Development
- ❖ **Page 4** Letters of Lived Experience featuring Sandra Barbieri
- ❖ **Page 5** BSO Teams in Action
- ❖ **Page 6** BSO Quantitative Highlights
- ❖ **Page 7** Beyond the Numbers: BSO Qualitative Impact
- ❖ **Page 8** Beyond the Numbers: BSO Qualitative Impact (cont.) & the Ontario Dementia Strategy Overview
- ❖ **Page 9** Highlights across the Continuum & Contact Information - BSO Provincial Coordinating Office

With Spring just around the corner, it will be wonderful to welcome back the birds outside our windows. Why not make your own cookie cutter bird feeder?



BSO's Bird feeders SO easy...

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

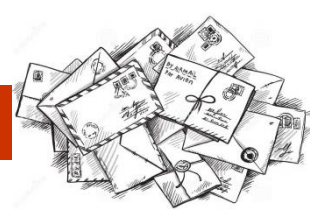
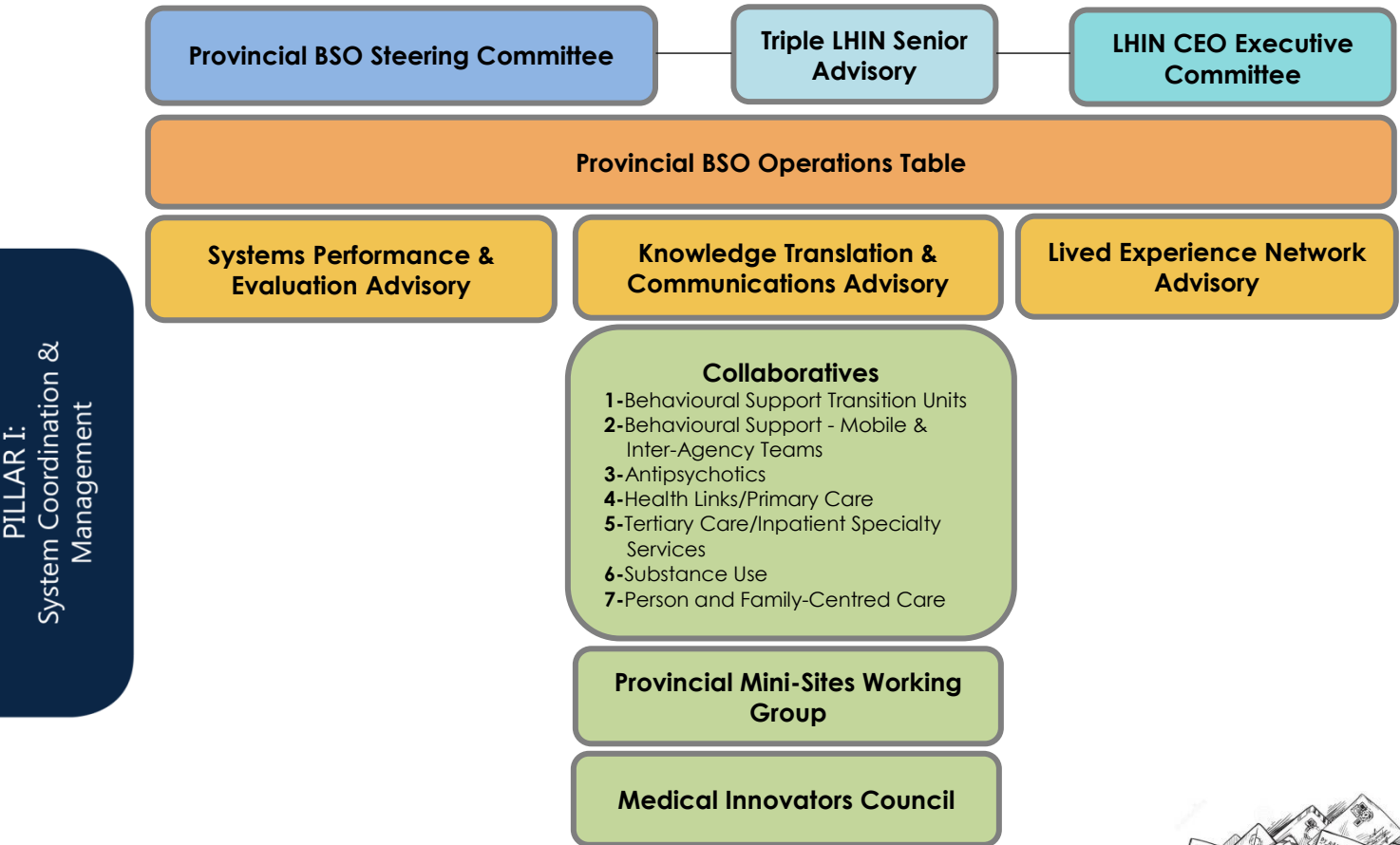
Steps:

- 1) Gather 1 cup of **bird seed**, 1 packet of **unflavoured gelatin**, **wax paper**, **straws**, **cookie cutters**, and **string**.
- 2) Mix the unflavored gelatin and 1/3 cup of water in a microwave safe bowl. Microwave on high for 30 seconds or until the gelatin is completely dissolved.
- 3) Carefully remove the bowl from the microwave (it may be hot!).
- 4) Once the gelatin has cooled enough to safely touch, pour in 1 cup of bird seed. Mix the gelatin and the bird seed together.
- 5) Lay out a piece of wax paper and place the cookie cutters on top of it.
- 6) Press the bird seed mixture into the cookie cutters.
- 7) Cut the straws in half and place one half of the straw in each cookie cutter to make a hole. Leave the straw in and allow the birdseed mixture to harden overnight.
- 8) Remove the cookie cutter and straw. Cut a piece of string and thread it through the hole.
- 9) Hang the bird feeder outside and wait for the birds to arrive!

Original Material Source: Mashable inc. Digital Media, 2016

BSO Provincial Structure

Below is a visual graphic of the BSO Provincial Structure. Some of the BSO committees and advisories are well established, such as the Operations Committee which has been in place since the inception of BSO. Other committees are newly developed such as the Provincial Steering Committee which was established in 2015. Interested in learning more about the work of these committees and advisories? Email us at: provincialbso@nbrhc.on.ca.



Letters to the Editor



A response to the Waterloo/Wellington LHIN "Dining Room Noise Reduction Project"

Dorothy wrote to us in response to the Waterloo/Wellington "Dining Room Noise Reduction Project" to share her experience living in long-term care. Dorothy stated *"It has bothered me from day one as a resident that the cart for used dishes and cutlery would be placed so close to the diners. I used to joke with my husband that if this was a restaurant, we would not come back!"* In addition to the strategies mentioned in the article, Dorothy suggested playing music at a low-volume during evening meals in the dining room to add ambiance to the setting as well as using "show-plates" to help inform residents of their meal options.

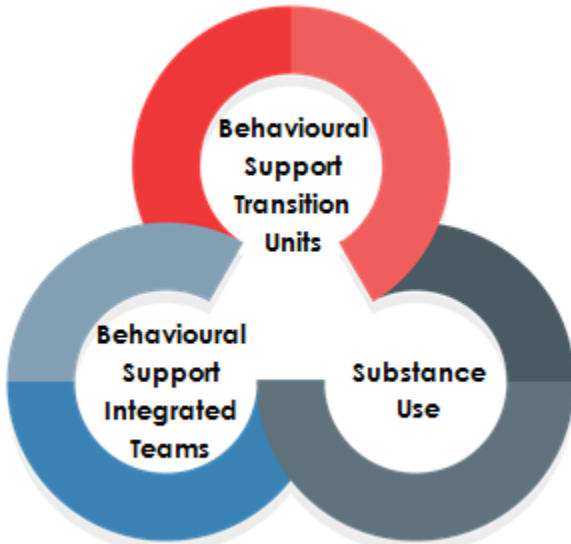


-Dorothy Asselstine, Board Member – Ontario Association of Residents' Councils & Member – Provincial Behavioural Supports Ontario Steering Committee & Lived Experience Advisory

Ontario's Best Practice Exchange: The Collaboratives

Ontario's Best Practice Exchange is an exciting initiative focused on emerging and best practices related to geriatric mental health, dementia, substance use and neurological conditions. Seven working groups, referred to as "Collaboratives", have been established in order to bring together professionals, experts and people with lived experience from across the province.

The Accelerated Collaboratives



*Please note the name change of the "Behavioural Supports Mobile & Inter-Agency Teams" to "Behavioural Support Integrated Teams" to reflect the purpose of the Collaborative.

Developing Collaboratives:

- Antipsychotics
- Health Links & Primary Care
- Tertiary Care & Inpatient Specialty Services

In planning the next steps following the September 25 Catalyst Event, it became apparent that there was a need to focus efforts on a limited number of Collaboratives in order to facilitate the development and circulation of tools and resources. These Accelerated Collaboratives have been provided with additional supports by the BSO Provincial Coordinating Office and the brainXchange. The remaining Collaboratives will continue to receive support during a second phase roll-out.

All of the Collaboratives are founded on the principles of Person & Family-Centred Care. Hearing the voice of the lived experience is essential and Ontario's Best Practice Exchange will continue to look for opportunities for those with lived experience to be actively involved in the work.

Link to the Catalyst Initiative - Ontario's Best Practice Exchange executive summary:

<http://brainxchange.ca/BestPracticeExchangeExecSummary>

Link to the Catalyst Initiative - Ontario's Best Practice Exchange executive summary full report:

<http://brainxchange.ca/BestPracticeExchangeFullReport>

How to get involved:

Contact the Provincial BSO Coordinating Office by phone: 1-855-276-6313, or by email: provincialBSO@nbrhc.on.ca

Professional Development



Check out the upcoming webinars hosted by the brainXchange!

- March 31, 2016** - Culture Change and Person-Centred Care: Strategies that Work, featuring: Drs. Sherry Dupuis and Carrie McAiney, as well as a person with lived experience
- April 20, 2016** - Dementia and Frailty, featuring: Dr. Paige Moorehouse
- June 1, 2016** - When Someone you Know has Dementia, featuring: June Andrews
- June 16, 2016** - Abuse and Dementia, featuring: Dr. Samir Sinha

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

PILLAR III:
Knowledgeable care team and capacity building



Sandra Barbieri

Following her contributions to the Lived Experience Panel at the September 25 Catalyst Event, the BSO Provincial Coordinating Office sat down with Sandra Barbieri to gain further insight through a Q&A on her thoughts regarding the provision of Person and Family-Centred Care.

Sandra Barbieri is a strong patient advocate. Through her own journey to recovery, she has provided peer support to many people with mental illness and was the Senior Patient Liaison at the North Bay Regional Health Centre until her recent retirement. As part of this role, she represented the voice of patients and provided recommendations to the Senior Leadership Team at the hospital.

Question 1: What does Person & Family-Centred Care mean to you?

It means always involving the voice of the patient and their family in any and all decisions! Even on matters that seem simple, such as moving a patient to another bed at the hospital, it's important to not only inform but involve the patient and their family in making this decision as they may have key information to share. Imagine what it would be like to go visit your loved one and finding someone else sitting in their bed? Your heart drops! You think the worst! Involving the patient and family in the decision and treating a patient transfer like this one as a real transition may seem like extra steps for staff but in the end, it's worth it!

Question 2: All of the Collaboratives in Ontario's Best Practice Exchange are to be founded on the principles of Person and Family-Centred Care. Why do you think this is important?

Without setting the foundation and understanding the lived experience from all sides, you won't be able to get anything accomplished that has the same meaning and impact. The voice of patients and families cannot be ignored; these individuals have countless stories which contain information that you need! Once you can better understand the experience, you can start to pile on the bricks and mortar to learn how they can inform the development of practices.

Question 3: What suggestions do you have to ensure that the work of the Collaboratives includes those with lived experience?

- A)** *You need to involve people from the beginning. It's counter-productive to hold meetings solely with health care professionals and then invite people with lived experience later on in the process. The success that I have seen in the past relies on teams made up of people with various roles working together from the beginning!*
- B)** *It's also helpful to inform people in advance of what is going to be discussed at the meeting so that they have time to reflect on the topics.*
- C)** *When the meeting takes place, ensure that you make time for discussion and ask for comments, feedback and ideas. You might hear things you won't expect – things you never thought of! There are always real jewels in the room.*
- D)** *Eliminating jargon, as even terms such as 'best practice' may be confusing to some people who aren't accustomed to this type of language. I know this all seems really simple, but it works!*



Photo Credit: Debbie Hewitt Colborne

PILLAR III:
Knowledgeable care team and
capacity building

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

*...ideas...inspirations...
informative...interactive...individualized
interventions...*

“SAVE THE DATE & COME COLLABORATE!”



“Whatever you put in is what you are going to get out, very impressive!”

Created by frontline staff, the above catchy invitation to join the Central East (CE) BSO Community of Practice (CoP) events draws in care partners across numerous sectors (long-term, community, and hospital) on a quarterly basis for a half-day of learning, sharing and innovation. Since 2013, over 30 CoPs hosted in each of the three geographic clusters in various long-term care homes (LTCHs) have inspired participants to promote and sustain BSO. Key elements to success include a blend of structured learning, interactive workshops, quality improvement activities and networking opportunities. Learning topics include the reduction of antipsychotic drugs, pain and dementia, Developmental Services Ontario, neurological diseases and dementia, interventions and “home-grown” experiences of resident success stories, BSO program implementation and team development.



Creating space and time for collaboration, the CoPs are a forum to showcase achievements, build capacity and rejuvenate staff by validating and shining a light on the important work they do every day to provide excellent care to people with responsive behaviours. Workshop activities facilitated by Nurses and Personal Support Workers are designed so that attendees can easily replicate them with their teams within their long-term care homes. With high satisfaction rates, CoPs are always attended by 90% of CE LTCHs. Rich feedback captures participant experiences and guides future content development.

Creative approaches to learning through skits and games such as BSO Family Feud and Cash Cab bring learning to life, creating a true community connecting everyone. As it is often heard “We are in this together.”



“Great ideas and inspirations to help our residents presenting with responsive behaviours!”

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



For more information about the Central East LHIN CoPs, please email: Karen.LeeBoulton@ce.ccac-ont.ca

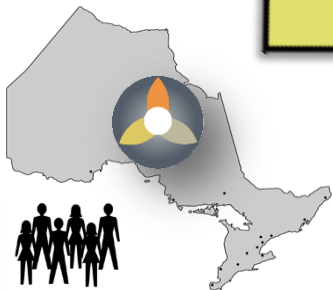
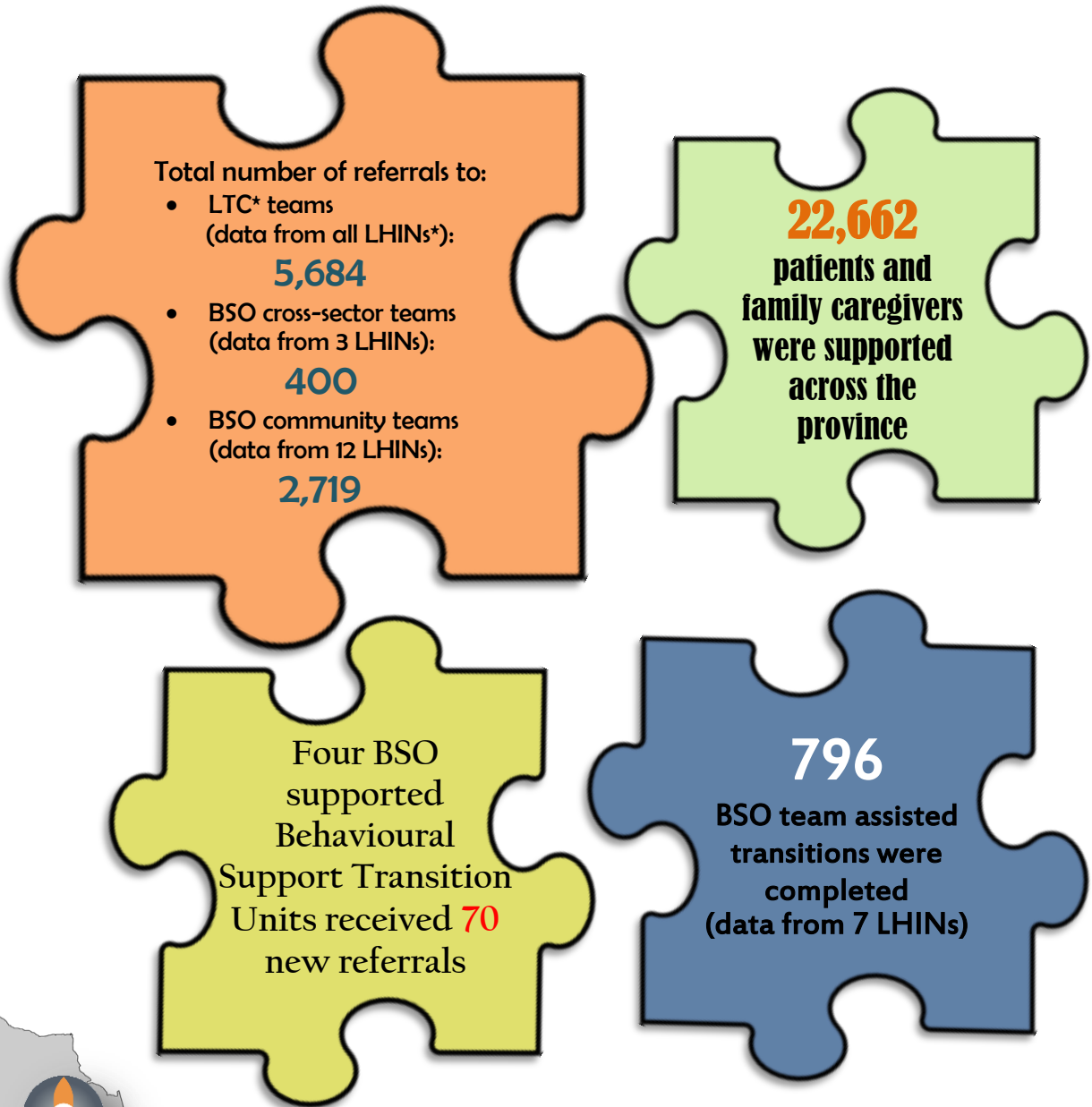
PILLAR II:
Integrated Service Delivery:
intersectoral & interdisciplinary

PILLAR III:
Knowledgeable care team and
capacity building

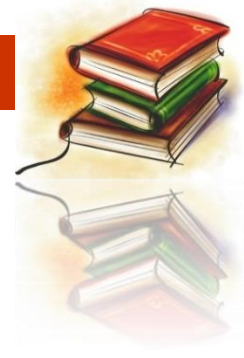


Q2 Snapshot: Quantitative Metrics

PILLAR II:
Integrated Service Delivery:
intersectoral & interdisciplinary

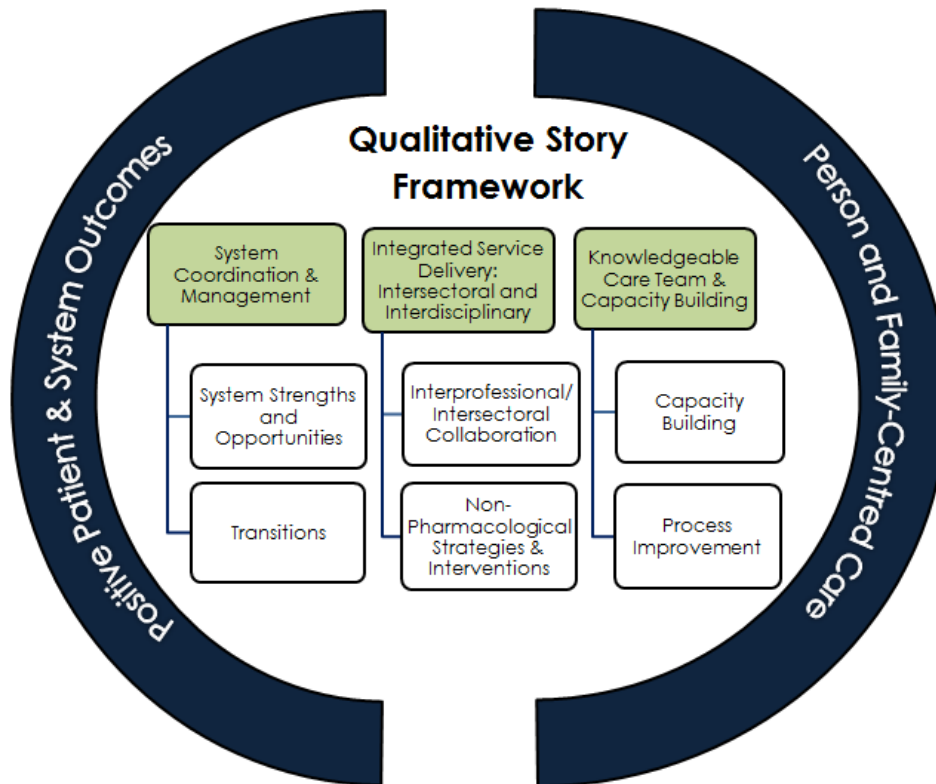


*LTC = Long-term care
*LHIN = Local Health Integration Network
<http://www.lhins.on.ca/>



As the rich stories about the work of BSO across the province are compiled, themes have begun to emerge. Below is a framework that outlines these themes and how they grow out of BSO's three pillars.

PILLAR II:
Integrated Service Delivery:
intersectoral & interdisciplinary



1. System Coordination and Management
Q2 Theme: Interprofessional/Intersectoral Team Collaboration

Person and Family-Centred Care

- In the **South East**, the Behavioural Supports Services (BSS) Integrated Team (which includes a Mobile Response Team, Psychogeriatric Resource Consultant and Seniors Mental Health Outreach) are partnering with Long-Term Care Homes (LTCHs) in the development of their in-house Collaborative Behavioural Support Teams. Using a shared care and integrated approach, they are working closely to explore possibilities for enhancing collaboration, communication and team engagement; as a result exciting things are happening!
- In **Mississauga Halton**, the BSO Community Support Workers and Psychogeriatric Resource Consultants are working with families, the Community Care Access Centre and multiple day programs to successfully support individuals in the community.
- In collaboration with a psychiatrist, a BSO team located in the **South West** trialed both non-pharmacological and pharmacological interventions to assist a patient who was calling out on a frequent basis. The patient is now more receptive to activities and is able to focus for extended periods of time during painting and music therapy programs.
- The **Erie St. Clair** BSO team is using various interdisciplinary and intersectoral interventions such as care conferences involving Social Workers, Directors of Care, Care Coordinators (Community Care Access Centre), the BSO System Navigator, Mobile and Embedded BSO Teams and long-term care (LTC) staff members to enable patients exhibiting complex responsive behaviours to maintain residence in their long-term care home.
- The **Champlain** team (working in collaboration with a Geriatric Psychiatrist and the Ottawa Mindfulness Clinic) offers 8-week mindfulness groups for caregivers of patients with dementia or psychiatric illness. The "Mindfulness for Caregivers" group provides a place for caregivers to connect with others, develop skills to help cope with difficult situations, increase their confidence, and feel hopeful for the future.

2. Integrated Service Delivery
Q2 Theme: Process and Quality Improvement

- In **North Simcoe Muskoka**, the Mobile Support Team is piloting the use of the Cohen-Mansfield Agitation Inventory tool to assist in evaluating the success of their implemented strategies.
- A “Restorative Behavioural Dining Room” has been created in **Central West**, offering a smaller more home-like environment. The dining room provides calm relaxing music and staff are working together to determine the most appropriate seating and positioning to facilitate resident comfort in order to prevent responsive behaviours. The atmosphere has become more pleasurable with less wandering and redirecting of residents. The restorative interventions have become “the way we care for our residents and focus on the person instead of the behaviour.”
- **Central** has developed a Complex Case Resolution (CCR) protocol for older adults exhibiting responsive behaviours. This new protocol offers a forum to actively bring people together with “fresh eyes” and an open perspective to generate ideas for families and health service providers for how to best manage highly complex care situations.

3. Knowledgeable Care Team and Capacity Building
Q2 Theme: Capacity Building

- **Toronto Central’s** Behavioural Support Outreach Team (BSOT) is collaborating with long-term care staff using team huddles to discuss and implement new strategies aimed at reducing calling out behaviours. New strategies include iPod Therapy & Doll Therapy.
- A **North East** BSO Team is working to build capacity in the multiple care settings that they support. The team provides a variety of practical tools (e.g. individualized tip sheets, a ‘Real Life Story’, fact sheets, & BSO educational bulletin boards) that promote the value of personhood in the creation of individualized care plans.
- In **Hamilton Niagara Haldimand Brant**, the BSO Clinical Leader is building capacity among hospital staff by teaching them about responsive behaviours and effective strategies that could be used based on patients’ personhood. For example, in one case, upon learning that a patient loved chewing gum, the BSO Clinical Leader recommended that staff offer the patient a piece of gum after taking his medications which was very effective in reducing medication refusal.



Ontario Dementia Strategy Overview

In November 2014, the Ontario Ministry of Health and Long-Term Care (MOHLTC) committed to the development of a comprehensive strategy to improve care for people living with dementia and identify ways to expand support for care partners.

The Ontario Dementia Strategy Vision:

To ensure all Ontarians with dementia as well as their families and care partners are treated with respect, have access to information that allows them to make the best possible choices regarding their health and wellbeing, are living well with dementia and are helped by appropriate services and supports where and when they need them.

A series of roundtables were held across the province in the Fall of 2015 to hear from people living with dementia, caregivers, health care professionals and service providers. The Ministry has also established an advisory group and working groups composed of experts from across disciplines, including people living with dementia and their caregivers. To ensure an even broader range of voices and views are heard, a larger public engagement process is being planned for 2016.



Geriatric and Long-Term Care Review Committee 2013-14 Annual Report Office of the Chief Coroner for Ontario (October 2015)

The Office of the Chief Coroner published their annual report of the Geriatric and Long-Term Care Review Committee (GLTCRC). Each year, a small percentage of the deaths of older adults investigated by the Office of the Chief Coroner (OCC) have issues identified by Regional Supervising Coroners who, in turn, bring them to the attention of the Committee which has been providing expert reviews and recommendations for over twenty years.

Highlights & Recommendations:

- The GLTCRC is aware of, and supports the ongoing work of Behavioural Supports Ontario in the education of staff regarding responsive behaviours in long-term care.
- **Recommendation:** Retirement home staff should be made aware of the psychogeriatric resources available in the community and be familiar with the processes required to access such resources.
- **Recommendation:** Individuals presenting with responsive behaviours should be supported by an interdisciplinary team including visiting consultants. An assessment of internal and external factors which may contribute to responsive behaviours should inform the plan of care. This plan may include both non-pharmacological and pharmacological strategies.
- **Recommendation:** Non-pharmacological approaches to reduce exit-seeking should be incorporated into behavioural care plans whenever appropriate and evaluated on an ongoing basis to assess efficacy.
- **Recommendation:** Long-term care staff should receive training in the assessment of responsive behaviours and strategies in order to support residents presenting with responsive behaviours. Long-term care staff should also be made aware of the types of supports (internal and external) that are available to them.

For more information visit:

<http://www.mcscs.jus.gov.on.ca/stellent/groups/public/@mcscs/@www/@com/documents/webasset/ec168470.pdf>

Contact Information: BSO Provincial Coordinating Office

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

Want to subscribe to the Provincial Pulse?
Please visit <http://brainxchange.ca/bsopnewsletter.aspx>.
Provide your contact information and click "Subscribe Now".



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