

BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter
Issue 9 – December 2017



Welcome

Welcome to our winter issue of the BSO Provincial Pulse! The month of December can be hectic but is also filled with deeply-rooted traditions and reasons to celebrate! Before we rush into the New Year, let's pause for a moment to reflect and take stock of the events, both big and small, at home and at work that took place over the last 12 months. Perhaps this exercise will unveil pertinent information that may influence our intentions and resolutions as we plan ahead. While we're at it, what three things are you grateful for, in this very moment? For us at the Provincial Coordinating Office, it's the dedication of all of our partners, the passion that is infused in our work and finally the person and family centred care that is being carried out throughout the Province.

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BSO's Boarding SO easy...

Five Quick Tips for traveling during the Holiday Season with Someone Living with Dementia

1. Include the person living with dementia in your planning. Create an itinerary for them that they can carry for reference.
2. If you're planning on visiting friends or family out of town, inform them ahead of time about any changes that have occurred since they have last seen their family member/friend living with dementia.
3. Try to travel to known destinations that involve as few changes in daily routine as possible. Try to visit places that were familiar to the person prior to receiving their diagnosis.
4. Allow extra time! If traveling by car for a long distance, consider extending the time to get there and driving shorter distances each day. If traveling by plane, aim for a direct flight. If not possible, ensure to allow ample time to make your connections and consider requesting early boarding to allow for time to adjust to new surroundings.
5. Carry important documents with you! These documents should include emergency contact information, a list of current medications and doses, known allergies and physician information.

Travel Safe & Bon Voyage!



For more travel tips, please visit <https://www.alzheimers.net/2014-07-04/traveling-with-alzheimers/> and/or <http://www.alzheimer.ca/en/Home/Living-with-dementia/Day-to-day-living/Driving-and-transportation/Travel>

Martha Jordan's Journey



Michael, Sara, Peter, Martha

What a gift that we can't foresee the future when we are young! We might not have the courage to keep going. My Dad was diagnosed with ALS (Lou Gehrig's disease) shortly after he retired from a fulfilling career as an Anglican clergyman. This was devastating for the whole family – I couldn't imagine anything much worse. We were grateful that this difficult journey wasn't longer than two and a half years. Imagine my disbelief when I began to notice unusual and concerning things with my husband – not being aware that he lost his pitching wedge, not once but twice and didn't even notice (the golfers will understand this); taking an inordinate amount of time to do our taxes (in fact I had to step in and do them); feeling like there was something wrong with our marriage after forty years; and so it went. It never seemed to be the outright "I can't remember."

I was a Registered Nurse and worked twenty of those years in Long Term Care. My experience included Charge Nurse, Staff Development Coordinator, Health and Safety and Infection Control. My work was fulfilling as we all tried to provide the best quality of life we could for the residents. Never did I imagine I was preparing for "my retirement". My husband Michael (Mike) Jordan was the picture of health. He came to Canada from the south coast of England when he was nineteen. He embraced Canada and wanted to be Canadian! He engaged in a healthy lifestyle which included running regularly, lots of outdoor activities, plenty of reading and being a great Dad and husband. We have two wonderful children, Sara in Ottawa and Peter in Vancouver. You get the picture.

Mike was officially diagnosed in 2008 at age 61 with Alzheimer's disease. Together we agreed that we would do everything we could to navigate this unexpected journey. This included sharing with friends and accepting their support. We travelled, played golf and generally tried to remain as engaged as we could with our friends and community. Accessing as much information and support from the local Alzheimer's Society in Kingston has been integral. It was at an evening presentation/ meeting of the Alzheimer's Society that was held in one of the local retirement homes that I first heard Sharon Osvald, Lived Experience Facilitator (*South East & Behavioural Supports Ontario*) speak. Her genuineness and lived experience ensured a very worthwhile talk. The "Lived Experience" was all new to me – I had never heard the expression before. Gradually over time I became involved and started to participate in the live chat groups. Confirmation that one isn't alone on this journey and there are others who **really** understand is so affirming and helpful.

I was very humbled and encouraged when Sharon invited me to participate on the "non-stigmatizing language as it relates to Dementia" panel. If learnings from this journey that Mike and I are on can lead to easing the path in any way for others, I will feel that it hasn't been in vain. We have to make some positive head way in improving the lived experience for those diagnosed under the dementia umbrella as well as for the circle of family, friends and community that are impacted in so many ways.

Mike went into Long Term Care in May 2016. It was a very tough year culminating in spending two weeks in Emergency in May 2017 due to responsive behaviours followed by admission to Seniors Mental Health since that time. The work that you all do with BSO is absolutely essential. We have a long way to go but please stick with the journey.

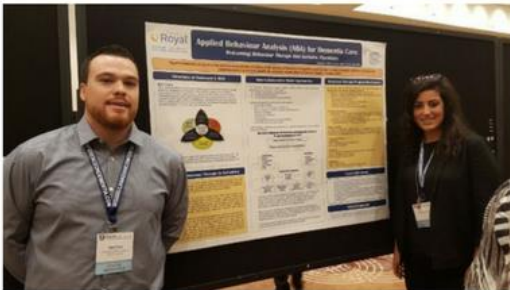
This Fall, BSO Hit the Conference Circuit! BSO's great work was highlighted at national/international conferences!

Canadian Conference on Dementia (November 2-4 2017)



Workshop: The Collaborative Approach to Managing Behavioural Symptoms of Dementia

Presenters: Dr. James Chau, Dr. Lisa Van Bussel, Monica Bretzlaff and Shannon Cadieux



Poster: Applied behaviour analysis (ABA) for dementia care: welcoming behaviour therapy into geriatric psychiatry

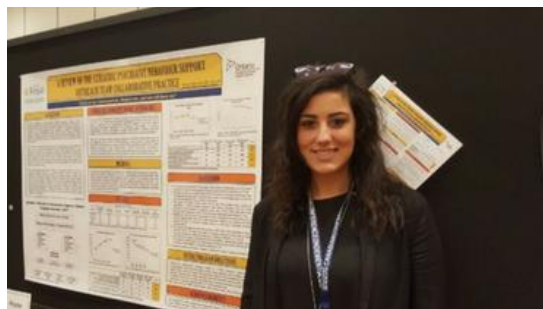
Authors: Nick Feltz and Adele Loncar

Poster: An evaluation of the efficacy of behaviour therapy on deferring emergency department visits as a result of behaviour in dementia care (not pictured)



Poster: Province wide Implementation of Behaviour Supports Ontario (BSO): Lessons from Success of Embedded Teams

Author: Nancy Cooper, Ontario Long Term Care Association (not pictured)



Poster: A review of the Geriatric Psychiatry Behaviour Support Outreach team collaborative practice

Authors: Adele Loncar (pictured), Jodi Lusk and Marko Punzalan



Poster: Development of the P.I.E.C.E.S. of my Relationships Tool (collaboration between the Centre for Rural and Northern Health Research & NE BSO)

Authors: Karen Pitawanakwat & Dr. Melissa Blind (pictured)

Canadian Academy of Geriatric Psychiatry (November 4-5 2017)



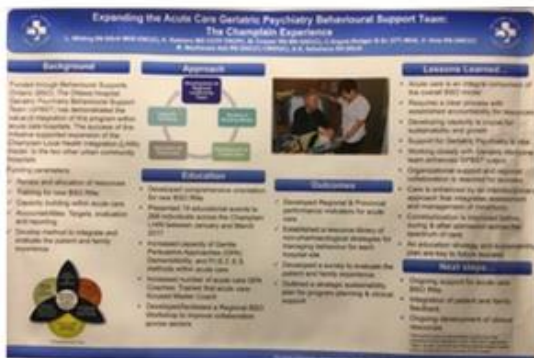
Symposium: Geriatric Addictions: Development of a Provincial Collaborative and the Road to Creating National Guidelines

Presenters: Dr. Lisa Van Bussel, Marilyn White-Campbell, Dr. Bonnie Purcell, Simone Powell (not pictured) and Dr. David Conn (not pictured)



Workshop: Development of a Standardized Version of the Dementia Observation System (DOS): An Interprofessional Collaboration

Presenters: Dr. Andrea Iaboni, Dr. Lisa Van Bussel, Debbie Hewitt Colborne, Dr. Lori Schindel Martin and Fernanda Fresco



Poster: Ontario Expands Behavioural Support Teams for Older Adults in Acute Care: The Champlain Experience

Authors: Kiran Rabheru, Laura Wilding, Vera Hula, Margaret Neil-McKenzie, and Nadine Sebahana (not pictured)

Ontario Telemedicine Network (OTN) *Initiatives taking place across the Province*

Hamilton Niagara Haldimand Brant – LHIN

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network covers an area of 7,000km² - an area larger than Prince Edward Island. The BSO teams (BSO- COT; Community Outreach Team, BSO LTCH Mobile teams, BSO Transitional Leaders and BSO Clinical Leaders) serving communities across the LHIN were presenting with challenges around gathering everyone together for meetings. Healthcare services are increasingly provided in community-based settings. Therefore, smaller regions may feel pressures between having clinicians mobile within the community and the resources/usage of time available between serving clients and travelling to in-person team meetings. In April of 2017, the BSO LTCH Mobile team initiated a conversation with the Ontario Telemedicine Network (OTN) regarding utilizing their services to meet virtually as a group. Later that June, the various teams completed training on how to use OTN via portable devices such as Personal Computer Videoconferencing (PCVC) and OTNInvite as options to meet via video in non-traditional settings. Shortly after that, a number of team meetings were being hosted virtually. The team members at OTN, particularly Steve Mathew and Tsalka Bennett, have been incredibly helpful and responsive with assisting newcomers to the network in order to navigate the anticipated glitches encountered as part of becoming familiar with the technology and equipment. Developing this skill set has sparked consideration as to how OTN may be used in the future to strengthen the efficiency, quality and timeliness of client care. The savings in both clinical time and travel costs have supported this approach. Over the upcoming years we are excited to explore the further potential of OTNs clinical resources to support clinical consultation with our care partners in each of our six sub regions.

For further information regarding this initiative, please connect with Tamara Johnson, Director of Programs & Community Services, at tjohnson@sjv.on.ca.

North East – LHIN

North East (NE) Behavioural Supports Ontario (BSO) is in the process of launching a speciality group through an OTN eConsult Platform. The pilot project is intended to take place across the 14 BSO-funded long-term care homes within the 4 hubs that make up the North East, in addition to one Family Health Team and one small hospital.

A telemedicine expert panel has been assembled and consists of BSO's consulting geriatric specialists to support, advise and mentor their partners within primary care and to aid in informing their clinical decision making with respect to the management of responsive behaviours. The eConsults are done through a private and secure web page, where the referring providers can ask a specialist a clinical question about their patient and receive advice quickly and securely (within 5 business days). If deemed appropriate, following the e-Consult, the specialist may suggest that a case warrants further assessment via an in-person/video telemedicine consultation.

At this time the identified pilot group is being consulted to further explore interest in participating in this exciting and new endeavour which is being led in collaboration with Dr. James Chau, Dr. Ken LeClair and the OTN Team. For further information regarding this initiative, please connect with Sarah Denton, NE BSO Clinical Intake Specialist, at sarah.denton@nbrhc.on.ca.



North East (NE) Medical Advisory Committee Members

Highlights Across the Continuum (continued)

Waterloo Wellington - LHIN

GeriMedRisk, a geriatric clinical pharmacological and psychiatry consultation service for clinicians caring for seniors, was developed by Dr. Joanne Ho to provide clinicians with specialized geriatric support when addressing multiple medications in older adults.

- Clinicians can access GeriMedRisk's specialized team of pharmacists and physicians by telephone or through the Ontario Telemedicine Network (OTN) eConsult, enabling timely support for answers to clinical and drug information questions.
- GeriMedRisk's educational service provides referring doctors, nurse practitioners, and pharmacists with user-friendly geriatric pharmacological information tailored to optimize their patient's medications, cognition, mobility, function, and mental health.
- The service provides a seamless collaboration between geriatric medicine, clinical pharmacology, geriatric psychiatry and geriatric pharmacy, while working closely with clinicians from the patient's circle of care. Since the launch of the service in 2017, GeriMedRisk has served clinicians caring for seniors in primary care, mental health, and long-term care in the Waterloo Wellington (WW) region and has received consults from 5 additional LHINs. GeriMedRisk is unique in its use of telemedicine and econsult to provide support for the most behaviourally and physically complex geriatric patients.



The GeriMedRisk team (left to right): **Dr. Sophiya Benjamin** (Geriatric Psychiatrist), **Lindsay Cox** (Sustainability Officer), **Dr. Howard An** (Internist, Clinical Pharmacologist), **Dr. Joanne Ho** (Founder; Geriatrician/ Clinical Pharmacologist) and **Dr. Jennifer Tung** (Pharmacist). *Photo by Britney Townsend Photography*

GeriMedRisk is generously supported by a strong partnership of organizations including the Canadian Mental Health Association of Waterloo Wellington, Schlegel UW Research Institute for Aging, McMaster University, St. Joseph's Health Centre Guelph, Ontario Telemedicine Network, Grand River Hospital, Ontario Poison Centre and the Regional Geriatric Program of Hamilton. Additional support has been received from the Waterloo Wellington Local Health Integration Network, the Government of Ontario through the Schlegel Center for Learning, Research and Innovation in Long-Term Care, the Ontario Medical Association, and grants from the Labarge Optimal Aging Opportunities fund, Canadian Centre for Aging and Brain Health Innovation, and Regional Geriatric Program Chair in Aging.

For more information please contact: info@gerimedrisk.com; www.GeriMedRisk.com



“Behavioural Supports Ontario Alive and Well at Valley Manor.” Champlain LHIN

Behavioural Supports Ontario (BSO) is a beautiful thing to watch when it comes alive. At its best, it is like watching a movie. Valley Manor can attest to making a movie.

Staff had the privilege to meet Gus (pseudonym), a gentleman in need of additional support in February of 2017. Our BSO-PSW Champion had the privilege of observing this new resident prior to his moving in because Valley Manor had become home to Gus’s wife 3 weeks prior. Staff and the BSO Champion were able to observe interactions between Gus, his wife and his son. Of utmost importance was the gathering of very vital information from his son and the observations made in relation to his body language and their role with interactions. Triggers leading to responsive behaviours were being identified prior to his arrival into the home. At the time, it was apparent Gus experiencing fluctuating emotions and unpredictable behaviours. Further knowledge gathering revealed a very difficult childhood that seemed to haunt him to the present day.



The entire Team at Valley Manor (Board Members, Chief Executive Officer, Director of Care, Nursing Care Coordinator) including all staff (e.g., nursing, activities, support, administrative, maintenance and medical) acknowledge both the need and benefit of BSO. Additional funding was provided by Valley Manor to enhance the Ministry of Health and Long Term Care’s financial commitment.

With this support, BSO was able to build a trusting relationship with the resident. Consistency of assignment proved to be of great value. Gus was empowered when given the opportunity to exercise his right to select from a variety of choices presented to him. Keen observation of body language, including facial expressions has been determined as a key component in providing support and care. An approach protocol was developed and front-line staff were informed of the resident’s personal history, including identified fears and influential life experiences. Noise level was identified as a trigger for behaviours. Therefore, modifications to the environment included the introduction of white noise. Fall prevention strategies were also employed.

Many techniques were applied such as: quiet room, 1-1 interaction, books of his interest with pictures, washing dishes with assistance, avoiding clutter, toileting, music therapy during bath, Stop-and-Go, Cuing, use of humour when appropriate, and consultation with Geriatric Mental Health. Overall trust was built by including family in the decision-making. Restorative care and nursing rehabilitation were used to maintain toileting and walking following cues.

Upon developing a person-centred routine, the BSO Champion coached and mentored staff from all departments. Transferring knowledge of personhood enabled front-line staff to provide care and support with dignity. Hence, improving the quality of life for the resident and his family. As the building blocks of trust were laying the foundation for a positive relationship the responsive behaviours decreased and may now be prevented.

The end result includes a rise in staff confidence in their role of supporting and caring for the resident and in turn the resident experiences an increase in quality of life. Gus is seemingly more content, relaxed and can be found enjoying time with his wife holding hands. Consideration for his emotional, social, physical and spiritual needs and ensuring they are met has reduced agitation, anxiety and responsive behaviours. Physical function has also been maintained and has enhanced quality time for this family unit.

Crunching the Numbers: Q2 Quantitative Metrics



Total # of Transitions
Supported from Community
into LTC = **845**
(+**63** compared to last quarter)

Total # of LTC
residents actively
supported by BSO this
quarter: **20,965**
(+**1,178** compared to
last quarter)

Total # of Training Sessions
Provided through a BSO
realignment/initiative: **3,095**
(+ **548** compared to last
quarter)

Total Length of Stay in
BSUs for ALC days = **198**
(**11 less** days compared
to last quarter)





Thank
you

The BSO Initiative reached its 5th year milestone anniversary in 2017.

As a means of celebrating the impact and commitment of our BSO teams, lapel pins (as inspired by the HNHB LHIN) and cards were created and distributed to the BSO Regional Leads for dissemination to staff at our most recent in-person meeting.

We hope you will wear your pins with pride. If they haven't quite reached you as of yet, please anticipate them in the new year.

Wishing all of our e-newsletter readers warm winter wishes!

*~ Behavioural Supports Ontario ~
Provincial Coordinating Office Team*



Our lines of communication are always open for feedback.

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.behaviouralsupportsontario.ca>

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North Bay Regional
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Behavioural Supports Ontario

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