

BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter
Issue 1 – December 2015



Welcome

The Behavioural Supports Ontario (BSO) Provincial Coordinating Team wishes you a warm welcome to the first issue of our official newsletter, the **BSO Provincial Pulse**! Using this newsletter, we aim to keep everyone up to date on the great work that is being accomplished across the province related to BSO.

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*The Provincial
BSO Coordinating
Office wishes
everyone a happy
holiday season and
a joyous New
Year!*



BSO's Baking SO easy...

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



Festive Pretzels

- Preheat oven to 200 degrees F.
- Line a cookie sheet with parchment paper.
- Place as many pretzels on the cookie sheet as will fit.
- Top each with a Hershey's Kiss or Hug.
- Place in oven and remove when candy begins to soften.
- Top each with a holiday M&M or decorative candy of choice.

Ontario's Best Practice Exchange: The Collaboratives

BSO is working to further the development of person and family-centred best practices!

Seven key areas of practice have been identified & "Collaboratives" established:

- 1) Person & Family Centred Care
- 2) Behavioural Support Services Mobile Teams
- 3) Behavioural Support Transition Units
- 4) Anti-psychotic Use
- 5) Health Links & Primary Care
- 6) Substance Use
- 7) Tertiary Care & In-Patient Specialty Services

Teams have been formed for each Collaborative, each informed by evidence, practice based knowledge & the lived experience. A **Catalyst Event** took place on September 25, 2015. It brought together individuals with lived experience, providers and system leaders to officially launch the work and further drive these best practice initiatives forward. A report of the event will be distributed in early 2016.

The BSO Provincial Coordinating Team will be working closely with the Collaborative Co-chairs to:

- ✓ Plan how to utilize the rich information generated at the Catalyst Event
- ✓ Establish a plan for knowledge transfer & sustainability
- ✓ Continue to integrate the Lived Experience into future work



Mobile Teams Collaborative: Transitions Workshop

PILLAR III:
Knowledgeable care team and capacity building



Dr. James Chau (Co-Lead – Primary Care & Health Links Collaborative) leads the group in a wonderful rendition of 'You are my Sunshine'

Professional Development



The **brainXchange** has been a key partner in BSO since its inception, facilitating knowledge transfer and exchange activities within and between the various groups working to make BSO the success that it is. As the [public facing website of BSO](#) for health care and service providers within the field, the brainXchange [Resource Centre](#) offers both information specific to the work of BSO as well as over 4,000 other useful resources within 80 searchable topic areas (including 150 archived webinars)! [Discussion forums](#) on the brainXchange provide the perfect place to access more than 6,000 network members across Canada as well as many others from the public who access the site to ask questions and share information and resources. For those playing a role in provincial exchange related to BSO, the brainXchange offers password protected collaboration spaces for internal communication, document management, project coordination and co-creation of materials.

Come visit us by clicking our [blue hyperlinks](#) or at www.brainxchange.ca to learn more!



Phyllis Hymmen

Following the September 25 Catalyst Event, the Provincial BSO Coordinating Office hosted a Lived Experience Debrief via teleconference in partnership with the brainXchange. During the call, Phyllis Hymmen detailed some of her work regarding Resident Care and Safety. Following the call, we reached out to Phyllis who agreed to share further details for our newsletter:

'When a loved one develops Alzheimer's or a related dementia, we begin a new journey full of emotion, with twists and turns and no set route. We bring it to our past experiences and begin a journey that takes us to new and unexpected places. Along the



Photo Credit: Irene Borins Ash

way, it is possible to make new contacts that can provide us with education and support. On my journey, I made contacts that began with a Family Council and broadened to include advocacy for residents in long-term care, involvement with input for Ministry of Health and Long-Term Care initiatives, and membership on the 2012 Ontario Task Force on Resident Care and Safety.

The action plan developed by the Task Force led to using my research experience to track trends in resident care and safety using the results of the Ministry of Health and Long-Term Care Compliance legislation that show areas of improvement and areas where attention is needed. The tracking shows what is happening in general terms, identifies specifics where attention is needed and points out to those responsible for resident care areas requiring planning and strategy development that will ensure

appropriate care and safety. The tracking includes responsive behaviours.

My plan is to distribute a report early in 2016 that will show the tracking trends for resident care and safety for 2013, 2014, and 2015. The report is sent to the two long-term care associations (OLTCA and OANHSS), the Ontario Association of Residents' Councils, Family Councils Ontario, and the Ministry of Health and Long-Term Care'.

PILLAR III:
Knowledgeable care team and
capacity building



Waterloo Wellington LHIN Dining Room Noise Reduction Project

Derbecker's Heritage House Long-Term Care Home recognized the need to create a quieter & more pleasurable dining room experience. The BSO Nurse (Rosemary Szponarski) & the Manager of Dietary Services (Sherri Arbuckle) worked together in a Quality Improvement project to reduce unnecessary noise.

11 Key Pleasurable Dining Practices were identified based on the Ministry of Health and Long-Term Care's Home Quality Inspection Program:

- 1) Staff to quietly & discretely communicate main plate orders & special requests
- 2) Staff to involve residents in conversation
- 3) Staff not to engage in loud conversations
- 4) Dishes to be placed on tables as quietly as possible
- 5) Dishes to be placed as quietly as possible in clearing bins
- 6) Clearing carts are not taken table to table
- 7) Rubber spatulas (not flatware) to be used to remove food debris from plates
- 8) Flatware to remain on the table unless placed in soup bowls or on plates & then is to be quietly placed in flatware bin rather than being thrown in
- 9) Staff in general are to converse as quietly as possible to co-workers and residents
- 10) Cart wheels are to be in good working order, free from "squeaks"
- 11) Responsive behaviour to be addressed & interventions tried

Improvement Processes Implemented:

- Staff of all disciplines received education regarding the 11 key pleasurable dining practices and reflected on how their own practices impact noise levels.
- Practice Modifications put into place (e.g. marking the floor with tape for placement of tables).

Outcomes:

- Audits revealed that over a 4 month period that there was an increase in Pleasurable Dining Practices from **77% to 91%!**
- Staff have noticed a quieter dining room & a decrease in responsive behaviours.

"We are noisier than we realize. Increased noise levels can impact residents negatively & can result in triggering or escalating responsive behaviours in some people... (We) worked together to find ways to reduce noise levels in the dining room during meal time."

– Staff Member

Have a comment on this story?

E-mail us at:

provincialbso@nbrhc.on.ca



Project Poster Board

Next Steps:

- Follow-up with staff for further reflection about how they have modified their own practices & to identify any remaining challenges to eliminating unnecessary noise
- Celebrating the team's accomplishments to date & decreasing the number of residents eating in the dining room at one time

For more information e-mail:

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Q1 Snapshot: Quantitative Metrics

PILLAR II:
Integrated Service Delivery:
intersectoral & interdisciplinary

Across the province,
the BSO initiative
received a total of
8,386 new referrals
across all sectors
(i.e., long term care,
community and acute care)

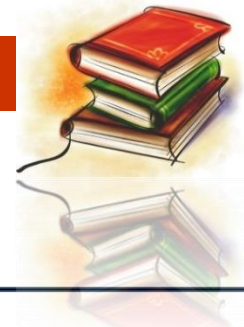
112 patients were
supported in 5
BSO-supported
Behavioural
Support
Transition Units

A total of
21,922
patients and
families were
supported

5 LHINs supported **210 transitions**
from acute care to LTC
6 LHINS supported
452 transitions from
the community to LTC
5 LHINs supported
168 transitions to tertiary mental
health beds



*LHIN = Local Health Integration
Network <http://www.lhins.on.ca/>



1. System Coordination & Management

Q1 Theme: *Transitions*

- The **Hamilton Niagara Haldimand Brant** BSO Long-Term Care (LTC) Mobile Team is supporting smooth transitions between hospital and LTC by working with hospital staff, patients and their families to safely manage responsive behaviours while patients await admission to LTC from the hospital setting. The *BSO LTC Mobile Team* work with the hospital staff to better understand the triggers for the responsive behaviours, and develop strategies for managing the responsive behaviours. They then coach and model the successful strategies with the LTC home staff upon the patient's admission to LTC to promote a successful transition for all.
- The **Central West** BSO Team is working with various system partners and family members to develop individualized care plans to support clients and their caregivers through transitions. In reflecting on a recent case consultation, Christine Pellegrino (PRC, Alzheimer Society Peel) stated "The level of collaboration and creativity involved in supporting this client was paramount."

2. Intergrated Service Delivery

Q1 Theme: *Non-Pharmacological Strategies & Interventions*

- The **Erie St. Clair** BSO Team is working with LTC Homes and Patients' family members to introduce iPod Therapy.
- In the **North East**, Golden Birches Terrace LTC home BSO team, along with a resident-focused committee, organized a reminiscence-themed "Spring Formal" for residents and their guests. Dressed in formal attire, the positive outcomes of resident and family social engagement included dancing, toe tapping, singing, clapping, smiling, and celebrations of personhood!
- **South West** LTC Housekeeping staff are working with the BSO Team in using creative strategies to encourage residents to eat.
- In the **North West**, the Regional Behavioural Health Service had tremendous success in utilizing doll therapy as it brought a sense of meaning to a resident who had been a life long caregiver of young children. "*Her quality of life increased, she had purpose again!*" - Registered Practical Nurse
- **Mississauga Halton** LTC staff have incorporated five minute hand massages into the morning routines of their BSO-referred residents. Staff have observed a decrease in responsive behaviours since the incorporation of the massages. The group will be completing a 'Plan-Do-Study-Act' to better understand their findings.

3. Knowledgeable Care Team & Capacity Building

Q1 Theme: *Capacity Building*

- **Toronto Central's** Community Behavioural Supports team has partnered with Geriatric Medicine at Baycrest to provide support and education to medical residents during their geriatric medicine rotation at Baycrest.
- The **Central East** BSO team is working with individuals and their families in the community to decrease caregiver stress.
- **Central** is utilizing the Psychogeriatric Resource Consultant educational role to build internal staff capacity that complements the work of the Mobile Support Team to support safe and seamless transitions
- The **North Simcoe Muskoka** team is helping individuals stay within their assisted living environment by building staff's capacity in identifying the causes of behaviours, trialing new approaches and creating individualized plans of care.

Person and Family Centred Care

PILLAR II:
Integrated Service Delivery:
intersectoral & interdisciplinary

Features from Across the Continuum

Looking for Balance: Antipsychotic medication use in Ontario long-term care homes

Recently, Health Quality Ontario (HQO) published a report of the use of antipsychotic medications in long-term care (LTC) homes across the province. Their goal was to generate informed conversation about this complex issue.

Highlights:

- Nearly 1/3 of Ontario LTC home residents were prescribed antipsychotic medications in 2013 (a slight decrease from 32.1% in 2010 to 28.8% in 2013)
- The use of antipsychotics vary considerably between LTC homes (from as low as 0% to over 67% [over 2/3] of residents)
- Just over one-quarter (26.9%) of the residents with a diagnosis of dementia (but not psychosis) were treated with antipsychotics
- Given the risks and side effects related to the use of antipsychotic medication, most experts recommend first trying non-pharmacological interventions to treat behavioural symptoms in LTC residents
- Findings show the opportunity to further improve residents' quality of life across Ontario

“Tackling this issue will require coordination between health system leaders, resident and caregiver organizations, front-line staff, and families to find the right balance” (p.17).



Health Quality Ontario (2015). Looking for balance: Antipsychotic medication use in Ontario long-term care homes. Queen's Printer for Ontario: Toronto, ON.

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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



Ontario

Local Health Integration
Network
Réseau local d'intégration
des services de santé