



# BSO Provincial Pulse

At the Heart of System Transformation

Behavioural Supports Ontario (BSO) Provincial Newsletter  
Issue 14- Spring 2019



## Welcome

Welcome to our Spring 2019 issue of the BSO Provincial Pulse. Nature has awakened and is blossoming in all its colourful beauty. A time of growth, renewal and a great time to plant a variety of things (and ideas, see BSO's Bowl of succulents SO easy below)! We suggest bringing plants in from the outdoors. There are many health benefits from adding some foliage into your homes and workspaces. When you embellish your interiors with flowers and greenery you invite living organisms to interact with your body, mind and living space that enhance quality of life. They can provide cleaner air, boost mood and enhance concentration, memory and productivity. There is such a thing as flower power!

### In this issue:

- Pages 2-4: Letters of Lived Experience - Meet Mae Everatt
- Page 5-7: BSO Provincial Updates - Release of the updated BETSI, New resources from the BSIT Collaborative and the standardized BSO-DOS<sup>©</sup>
- Page 8: Innovation Highlight - An Interactive Flower Mural
- Page 9: Highlights across the Continuum - Consultation phase for the new provincial seniors' strategy
- Page 10: BSO Teams in Action: South East LHIN
- Page 11: BSO Quantitative Highlights: Fourth Quarter 2018-19
- Page 12: BSO Qualitative Story Highlights: Fourth Quarter 2018-19
- Page 13: Professional Development & Upcoming Events

## BSO's Bowl of succulents SO easy...

Create your very own indoor (or patio) piece of garden art.  
Here are some instructions on how to create a beautiful bowl of succulents.

### Ingredients:

- selection of succulents
- bowl  
or  
other suitable container
- river sand
- potting soil
- bone meal
- gravel

### Steps:

1. Add some gravel at the base of the container to ensure that the drainage holes don't get blocked.
2. For the soil, mix one part of river sand, and two parts of potting soil.
3. Fill up with this mix to the depth of the biggest succulent you have chosen. Then, arrange the other succulents around it while filling up with soil and a bit of bone meal where necessary.
4. The next step is all up to you; arrange them by playing with their colors and shapes to create the desired look for your succulent bowl.



## Meet Mae Everatt through the eyes of her eldest son Barry.



**Barry, Mae & Shirley  
celebrating Mae's 100th birthday!**

Mae was born on March 6, 1916 in St. Marys Ontario. She married Roy Everatt in her early twenties and had 2 sons named Barry and Michael. Before they were married, Mae worked as a nurse caring for patients at Toronto Western Hospital. Over the years, the family moved from Toronto to Windsor and then finally settled in Oakville.

Mae lived independently in an apartment after Roy passed away in 1980 and continued to do normal daily living tasks without issue. She loved to knit and continued knitting stuffed dolls well into her mid-90's. She also loved to travel and enjoyed planning all of the trip details.

In 2009, at the age of 93, Mae and Barry alongside his wife Shirley decided to make a trip to Newfoundland. Roy Everatt was born in St. John's and the family wanted to experience that part of the country.

While unpacking at the motel in Port au Choix, Mae slipped on a scatter rug and hit her head on the edge of a door. When looking for assistance, they were told that rural hospitals lock their doors at night and they would have to call ahead prior to being seen. The nurse's assessment confirmed that there was likely no concussion but that Mae should be kept awake all night. Other than a slight headache the next day, there appeared to be no further issues as a result of the fall. However, in December of that year, Mae was having trouble speaking (i.e., finding her words) and made a visit to the hospital. Scans revealed that there was an old small brain bleed and after some observation Mae returned home.

In 2010, it became noticeable that Mae was having trouble remembering to take her medication so Barry and his family decided to speak to the family doctor and he arranged a memory test. The results showed that there were changes in cognition. During that same appointment the nurse told Mae that she should follow Canada's Food Guide. Mae had a sense of humour and told Barry and Shirley that if she saw that nurse again, she would hit her with her purse.

In response to the changes in cognition, Barry and Shirley went to the Alzheimer Society Peel and enrolled in every workshop available to help them understand what was happening. They believe that Mae had Vascular Dementia and with the help of a counsellor sought a geriatric assessment.

Working with the Alzheimer Society, they were able to access PSW support which was instrumental for Mae to remain in her apartment. Three hours per day was divided into one hour in the morning to get dressed and have breakfast, one hour at noon for lunch and exercise and one more hour later in the evening to get ready for bed. During this time, Barry and Shirley assisted in managing meals by coaching Mae over the speaker phone to heat frozen meals.

## Meet Mae Everatt - continued

Mae also enrolled in a Day Program once a week from 2 pm to 8 pm. In the past she was a shy person but a symptom of dementia made her more social and she commented often about others in the program and observing those needing assistance and offering a helping hand with bingo and other activities. Once she became accustomed to the outing, she enjoyed it. Mae could not remember what they did but staff would send a journal home. This valuable tool enhanced the positive experience as Barry and Shirley could discuss the activities of the day and often commented “so you won at bingo and got a prize”. Mae replied “yes, it was a chocolate”. This routine continued for 5 years.

In 2015, Mae had several falls and the Local Health Integration Network Home and Community Care Services (formerly CCAC) suggested that it was time to select a Long Term Care (LTC) Home to ensure her safety. Later that summer, Mae moved into her new home which included 32 co-residents. From their experience, they found that LTC was task driven given that the PSWs were busy offering intensive care to several other residents with acute care needs. This meant that Mae did not receive as much one-on-one time to enhance her day. The family strongly feels she and other residents deserve this undivided attention, which translates to additional quality staffing levels.

As the dementia progressed, Mae expressed responsive behaviours/personal expressions, such as kicking and screaming, when experiencing water going over her head during her shower. She was a swimmer and loved being in or near water. Therefore, this was an unanticipated response to water. Since showering in the afternoon was not a part of her regular routine, the family attempted to change the care plan to morning showers. Unfortunately, due to lack of consistency and attention to detail, the routine often reverted to one in the afternoon. One strategy that was helpful in Mae’s cooperation was the use of a handheld showerhead.

Mae was also the only individual wearing hearing aids. The amplified sound made it challenging to get accustomed to the noise levels in the dining room. During this time, the BSO Lead was able to provide guidance regarding noise reduction strategies which were needed and very much appreciated. The family was able to make arrangements to have her dine in an area located further away from the kitchen.

For Mae’s 100th birthday, the family arranged to get messages from the Queen, Prime Minister Trudeau and Premier Wynne and shared them with a few friends during a special celebration. Mae was tired midday and returned to her room to rest. After about an hour, she rejoined her guests and experienced a brand new birthday party since she had forgotten the previous hour. Mae was elated to see everyone and have cake for the first time!

In August 2016, Mae fell a number of times resulting in a dislocated right shoulder and was not able to leave her bed again. Due to this injury, Mae often moaned. It was through the help of the BSO Lead that the family was able to understand it was as a sign of discomfort requiring pain management. In December 2016, Mae’s journey ended. She left behind wisdom and lessons to be learned.

## Meet Mae Everatt - continued

Looking back, Barry reflects on how things might be improved should they be: started, stopped or continued.



Start a journal as part of the day program, if such a tool is not already in place. One thing that we feel should continue is the sharing of a journal that includes the activities that occurred while at the day program. This may be time consuming but we feel that it enhanced the experience for the participant and the caregivers. Often, we were “in the moment” and that meant the caregiver could be in the moment as well.



Stop being task driven and include one-on-one time with an individual. There is opportunity for the Ministry to increase support and set standards that encourage quality care and reduce task driven approaches. Health care professionals should be recommending that one-on-one time with individuals be included above the tasks that are considered required and that our system supports the proper staffing to enable this as a priority.

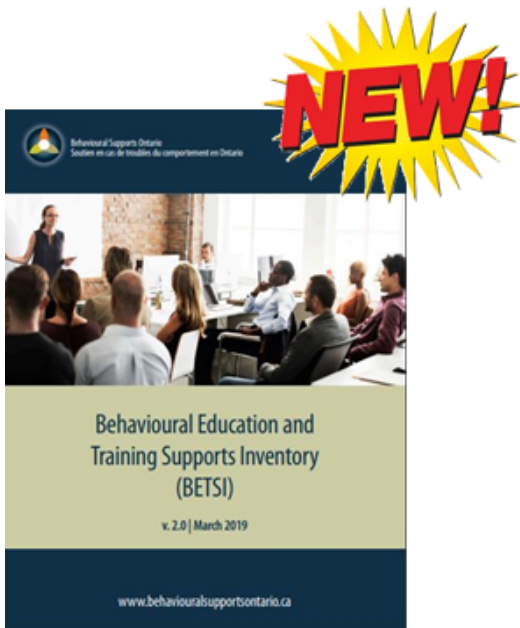


Continue to educate and raise awareness. The Alzheimer Society and BSO should continue to offer workshops and advance the education and awareness of any form of dementia.

In honour of Mae, Barry and Shirley continue on with their volunteer activities. Barry co-founded Lifelong Learning Mississauga, a group that provides later life learning lectures for older adults. They now have 200 participants at each lecture in both the spring and the fall. “The great thing about these learning events is that there are no tests. The social aspect is a special part of the event. Several participants have approached us and said ‘You know, you are the first person that I have spoken to this week’. This is gratifying that many lives can be enhanced this way.”

## Updated BETSI

### 'Behavioural Education and Training Support Inventory'



P.I.E.C.E.S.™ 16 Hr Learning and Development Program									
Target Pop Content:	Gentle Persuasive Approaches (GPA) Basics: Supporting Persons with Responsive Behaviours								
Brief Desc:									
Target Pop Content:	LIVING the Dementia Journey								
Target Population in Program Content:	<table border="0"><tr><td><input checked="" type="checkbox"/> Adult Population with Age-Related Conditions</td><td><input type="checkbox"/> Substance Use</td></tr><tr><td><input checked="" type="checkbox"/> Older Adult Population</td><td><input checked="" type="checkbox"/> Neurological Conditions</td></tr><tr><td><input checked="" type="checkbox"/> Dementia</td><td><input checked="" type="checkbox"/> Other: Care Partners of those caring for someone with Dementia</td></tr><tr><td><input checked="" type="checkbox"/> Mental Health/Mental Illness</td><td></td></tr></table>	<input checked="" type="checkbox"/> Adult Population with Age-Related Conditions	<input type="checkbox"/> Substance Use	<input checked="" type="checkbox"/> Older Adult Population	<input checked="" type="checkbox"/> Neurological Conditions	<input checked="" type="checkbox"/> Dementia	<input checked="" type="checkbox"/> Other: Care Partners of those caring for someone with Dementia	<input checked="" type="checkbox"/> Mental Health/Mental Illness	
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<input checked="" type="checkbox"/> Mental Health/Mental Illness									
Brief Description:	LIVING the Dementia Journey (L.D.J) is an award-winning, evidence-informed training program for those who cannot reside living with								

The Behavioural Education and Training Support Inventory Working Group is pleased to announce the release of the updated 'Behavioural Education and Training Support Inventory' (BETSI). The BETSI is a tool to support decision making related to staff education/training in caring for older people presenting with responsive behaviours/personal expressions related to dementia, complex mental health, substance use and other neurological conditions. The BETSI can be used to support planning during the influx of new hiring and also to adapt to changing learning needs as capacity is built within teams over time. While the main focus of the BETSI is to recommend reputable formal education opportunities, acknowledged within the document is the fact that capacity building comes in many forms.

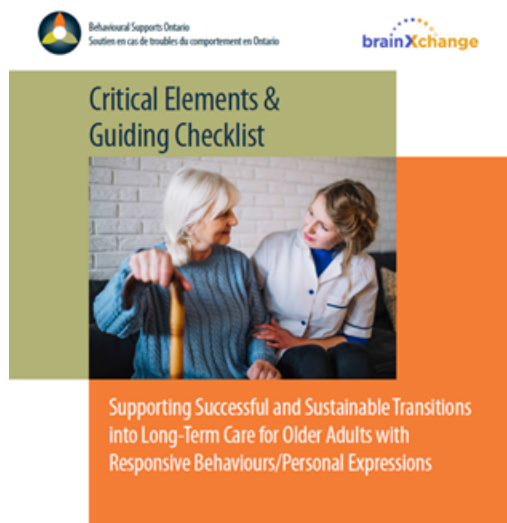
The BETSI can assist users in the determination of education needs for all staff working across sectors, including long-term care, retirement homes, in the community, acute care and tertiary care. The BETSI can also be used to assist in the selection of relevant capacity building activities for those who may collaborate in supporting persons living with complex mental health conditions but whose primary functions are not to provide care. This includes police officers, paramedics and other public service employees.

To assist in the selection of relevant training opportunities, the document contains an extensive inventory of programs available in Ontario with key pieces of information such as: course title, target learner, method and length of delivery, program evaluation, products to support practice change and cost. The document's program matrix also provides a quick glance at what core competencies each education/program aims to foster.

The updated BETSI can be accessed at:

[http://www.behaviouralsupportsontario.ca/47/Behavioural\\_Education\\_Training\\_Support\\_Inventory\\_BETSI/](http://www.behaviouralsupportsontario.ca/47/Behavioural_Education_Training_Support_Inventory_BETSI/)

## Supporting transitions into Long-Term Care: New resources from the BSIT Collaborative



### PART A-1: Before Transitioning into LTC

Before a Bed Offer is Made	
Team Lead Name:	Contact Information:
Actions for Team Lead to consider in initiating with Team Members and other Health Service Providers	Actions for Team Lead to consider initiating with Person and SDM/Families & Resources to provide
<ul style="list-style-type: none"><li><input type="checkbox"/> Develop and implement a transitional behavioural care plan in collaboration with the person, Substitute Decision Maker (SDM)/Family and other community care providers. Consider interventions that will also be implementable once in LTC.</li><li><input type="checkbox"/> Ensure community care providers within circle of care are aware of completed personhood tool and behavioural care plan, including where information can be found and how to use the information.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Compile a <a href="#">personhood tool suitable for the community sector</a>.</li><li><input type="checkbox"/> Resources: General LTC Home Pamphlets, Photos &amp; Links to Videos Online</li><li><input type="checkbox"/> Resources: <a href="#">LTC Overview &amp; Moving into LTC Checklist</a></li><li><input type="checkbox"/> Visit LTC Homes being considered and consider bringing this <a href="#">LTC Inspection Checklist</a>.</li><li><input type="checkbox"/> Consider coaching the Substitute Decision Maker (SDM)/ other family members on strategies to discuss the move into LTC with the person via open dialogue. If refusal to move is anticipated, consider coaching the SDM on other effective strategies such as not announcing the move.</li></ul>

Created by the Behavioural Support Integrated Teams (BSIT) Collaborative - Part of Ontario's Best Practice Exchange  
www.behavioralsupportintegrated.ca  
www.brainxchange.ca

The Behavioural Supports Integrated Teams (BSIT) Collaborative is pleased to release a full [document](#) and guiding checklist to assist teams across the province in supporting successful and sustainable transitions into long-term care for older adults presenting with responsive behaviours/personal expressions.

The resource is intended to act as a compendium of critical elements for supporting successful and sustainable transitions for those who fall within the Behavioral Supports Ontario (BSO) target population as they move from either community or hospital into LTC Homes.

The critical elements identified in this report capture emerging, promising and best practices that have been implemented at both small and large scales across Ontario. Many of these elements may also be used to inform quality improvement activities aimed at improving transitions into LTC and to aid in the selection of relevant provincial and regional-level tools and resources to improve these complex transitions.

The critical elements are presented in the form of a [Guiding Checklist](#) that provides a set of activities to guide teams in actioning critical elements prior to the move, on the day of the move and following the move into LTC.

The Checklist can be used by professional care providers across the spectrum of care including front-line staff, management, allied health team members and other relevant partners including those from the organization that is sending the individual (i.e., community partners or hospital partners) and those at the receiving end (i.e., at the long-term care home).

For more information about the BSIT Collaborative, please reach out to the BSO Provincial Coordinating Office at [provincialBSO@nbrhc.on.ca](mailto:provincialBSO@nbrhc.on.ca).

## Release of the BSO-DOS<sup>©</sup> Behavioural Supports Ontario-Dementia Observation System

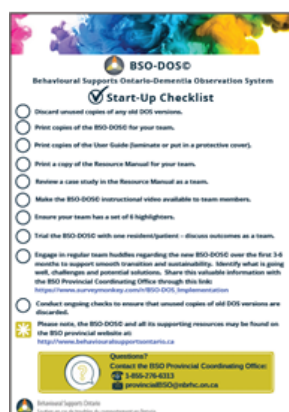
The Behavioural Supports Ontario Provincial Coordinating Office (BSO PCO) is pleased to announce the release of the BSO-DOS<sup>©</sup> (Behavioural Supports Ontario-Dementia Observation System)!

Working in collaboration with Dr. Lori Schindel Martin (author of the original DOS), the BSO PCO has had the privilege to lead a project to update and standardize the DOS. Throughout the project, the provincial DOS Working Group consulted and gained feedback from over 350 health care professionals and individuals with lived experience from across Canada. This collaborative work produced the new enhanced, standardized DOS; now called the BSO-DOS<sup>©</sup> (Behavioural Supports Ontario-Dementia Observation System).

The BSO-DOS<sup>©</sup> and all its supporting resources can be found at: [www.brainXchange.ca/BSODOS](http://www.brainXchange.ca/BSODOS)

The supporting resources include:

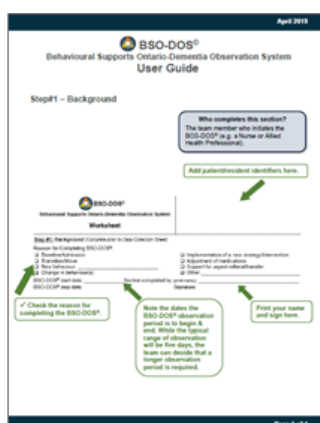
### Start-Up Checklist



### Instructional Video



### User Guide



### Resource Manual



We want to extend our deep appreciation to the DOS Working Group for their extensive commitment and time dedicated to the development of the BSO-DOS<sup>©</sup> and all the valued contributors that informed and refined the tool. A complete list of acknowledgments can be found within the Resource Manual.

We look forward to hearing about the implementation of the BSO-DOS<sup>©</sup> through an Implementation Survey that can be found within the Start-Up Checklist.

Phase 1 of the DOS project was to standardize the DOS and involved the creation of the paper (pdf) version and all the supporting resources. Phase 2 of the project includes making the BSO-DOS<sup>©</sup> available within electronic medical records within the various sectors. The electronic BSO-DOS<sup>©</sup> will specifically be for those organizations that utilize point of care technology (e.g. hand held devices or workstations on wheels), allowing the BSO-DOS<sup>©</sup> to be completed in real time.

For more information regarding the phases of the BSO-DOS<sup>©</sup> project, please reach out to the BSO Provincial Coordinating Office at [provincialBSO@nbrhc.on.ca](mailto:provincialBSO@nbrhc.on.ca).

# Innovation Highlights

## An Interactive Flower Mural

Creative Art Co has been Making Art *Work* for 10 years. More recently their focus has been to develop interactive murals and activity-based backdrops. With our spring theme of plants and blooms, we wanted to highlight the "Interactive Flower Mural".

As per Karen and Brian Romeril, the team who design, draw and paint, this four part mural is now available in reproduction either in its entirety, or in the portions that suit the space. "Permission" is given in the first panel for residents to "pick" the flowers, mounted in tubes behind the handrail, and to place them in arrangements either in the clearly marked Flower Box, or in one of the containers in the third panel.

Residents they spoke to were especially cheered by the animals - the cat and dog waiting on the step at the house, as well as the wilder, but gentle variety in the last panel including deer, rabbits, birds, and butterflies. Flowers may be changed with the seasons, further helping residents to relate to the time of year.

Some of the benefits from incorporating an interactive flower mural include:

- Residents are entertained with an activity that is both colourful and purposeful.
- Activity is for both men and women (especially those who previously gardened).
- If placed in a well-travelled hallway, the mural serves to improve the ambiance, and provide a "destination" both for the resident and for visiting family.
- It is a conversation starter! Residents are inspired to talk about previously owned pets, homes and gardens. They enjoy discussing their flower arrangements.

Murals are printed on a high quality material that is both matt and laminated for easy cleaning. Flowers may be cleaned with an antibacterial wipe and eventually, easily replaced.

For more information, you may contact:

Karen and Brian

Creative Art Co

Making Art *WORK*

email: [info@creativeartco.com](mailto:info@creativeartco.com)

phone: 519-284-3149

website: <http://www.creativeartco.com>



Click [here](#) if you would like to view a brief video from the artist explaining the interactive floral mural.





## Consultation phase for the new provincial seniors' strategy

The Government of Ontario announced in its 2019 budget that the province will be developing a new cross-government strategy to improve the lives of seniors.

As part of the consultation process an online survey has been created, which is primarily targeted at older adults, their family members and unpaid caregivers to hear about their experiences.

Here is the [link](#) to the survey which will be open until **July 19, 2019**.

In-person consultations will also take place in Seniors Active Living Centres across Ontario over the next 6 weeks.

The feedback gathered will help inform the new government-wide strategy to improve the lives of seniors and provide the supports and resources to help them live independently, ensure their safety and security, connect them to the community, and help them achieve greater financial security and social connections.

The government expects to announce the government-wide seniors' strategy in the fall.

For more information, click [here](#).



## Enhanced Transition Support in the South East

In the summer of 2018, the South East BSO leadership team began exploring options to enhance transition support into a Long Term Care Home (LTCH) by expanding the capacity of the current Mobile Response Teams (MRT). Simultaneously, the provincial Behavioural Support Integrated Teams (BSIT) Collaborative was developing a Critical Elements Checklist to support successful and sustainable transitions into LTC for older adults with responsive behaviours/personal expressions. Both initiatives recognize the challenges persons living with dementia experience when transitioning across the health care system and aim to improve this experience for the person and their family.



“Transition Huddle”- Mobile Response Team members collaborating with team members from Lanark Lodge in Perth, Ontario

The MRT currently provide approximately 3 days of transition support at the request of LTCHs once a resident has moved in. The Enhanced Transition Support pilot project shifts the first day of support into the community in the form of a home visit, specifically to gather information on the new resident’s personhood, develop a behavioural care plan, and allow the person to meet the MRT who will be present upon moving in. Knowing personhood information, responsive behaviours/personal expressions, and successful strategies prior to admission, will ease the stress of the transition on the person and their family as well as reduce responsive behaviours/personal expressions, critical incidents, transfers to emergency rooms, and transfers to tertiary care hospitals.

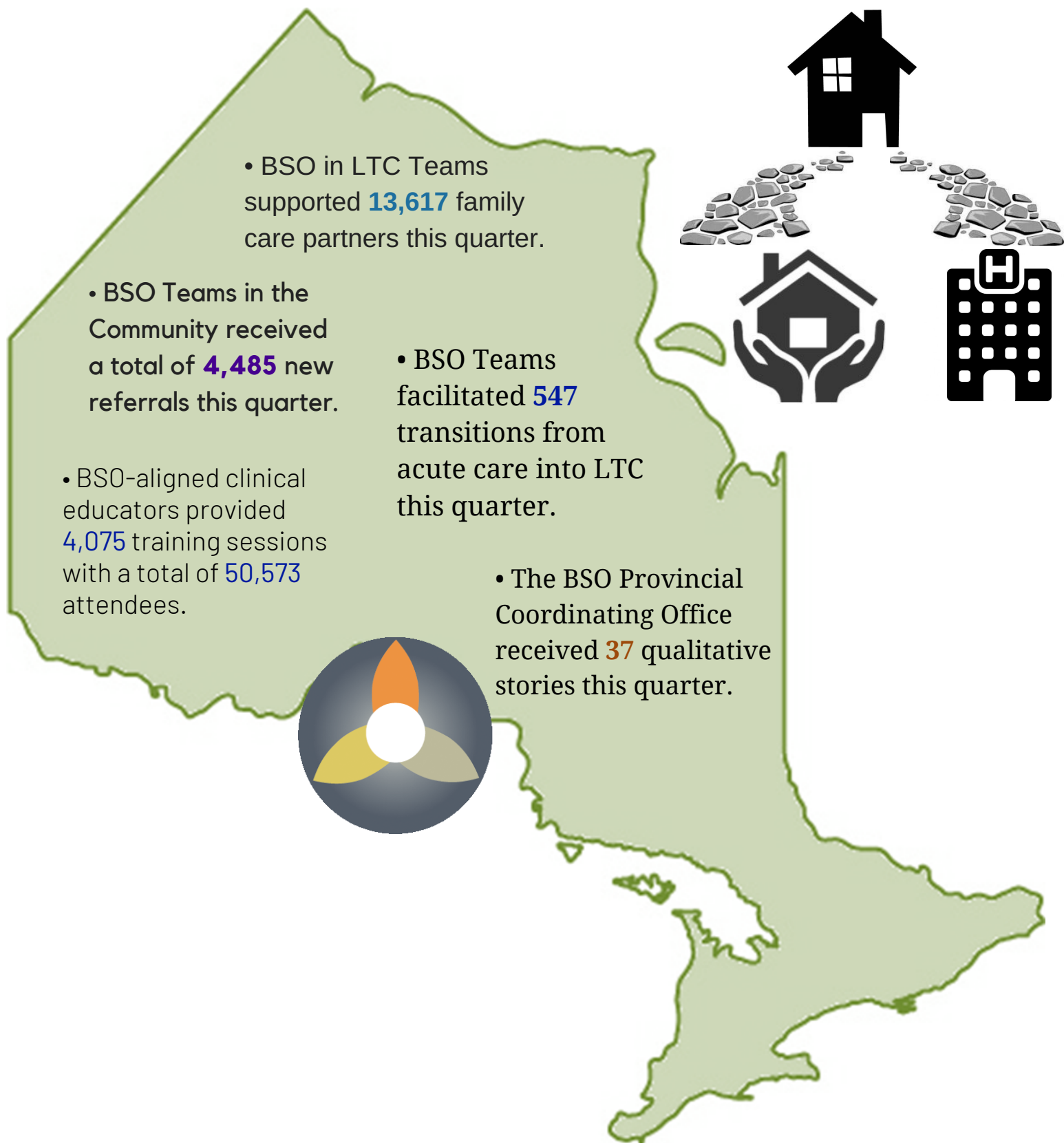
The BSIT Critical Elements Checklist allows MRT and LTCH staff to ensure they are addressing all elements which may contribute to the successful transition of a new resident. The South East MRT recently used the checklist to support a person who was considered a high risk for elopement and physically responsive behaviours/personal expressions during the transition period. There had been several unsuccessful attempts by various partners on the care team to engage the client and he also refused to meet with the MRT. Support was provided to the client’s spouse and the LTCH staff in anticipation of the challenges with admission. A home visit with the client’s spouse provided valuable insight into client’s current mental state, possible triggers and strategies. “Having MRT come to our home made it safe for me to express my concerns and ensured I was handling things well” (Spouse).

On the day of admission, the MRT was present at the LTCH and supported both the new resident and spouse throughout the process. Several weeks later, this resident continues to successfully live at the LTCH, without admissions to hospital or critical incidents.

The South East Enhanced Transition Support pilot project is a true collaboration of a number of LTCHs, the SE LHIN HCC team, our Lived Experience Facilitator, and the Seniors Mental Health Behavioural Support Services of Outreach, PRC, and MRT. This service will be piloted across the SE LHIN, with the goal of offering it to all LTCHs by the end of 2019.

For more information on Enhanced Transition Support taking place in the South East, please contact: Kim Schryburt-Brown at [schrybuk@providencecare.ca](mailto:schrybuk@providencecare.ca).

## Crunching the Numbers: 2018-19 Quantitative Metrics





# Professional Development & Upcoming Events

Please find events to consider incorporating into your professional development or schedule some time to catch up on archived webinars.

## Events Calendar

<http://brainxchange.ca/Public/Events.aspx>

## Archived Webinars & Events

<http://brainxchange.ca/Public/Events/Archived-Webinars-Events.aspx>

Here are a few events for your consideration:



Event Date: June 20, 2019, 2019 12:00 PM to 1:00 PM (EDT)

### Understanding the Vascular Contributions to Dementia

<http://brainxchange.ca/Public/Events/Upcoming-Events/Understanding-the-Vascular-Contributions-to-Dementia.aspx>

Event Date: October 3, 4 and 5, 2019 (At the Québec City Convention Centre in Québec, QC)

### 10th Canadian Conference on Dementia

<http://www.canadianconferenceondementia.com/>

\*Please note, the Early Bird rate ends August 22, 2019.

Event Date: October 25-26, 2019 (At the Rimrock Resort Hotel in Banff, AB)

### CAGP-CCSMH Annual Scientific Meeting

#### Building Resilience in Seniors' Mental Health in Canada

<http://www.cagp.ca/ASM-2019>

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](mailto:provincialBSO@nbrhc.on.ca)



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

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Behavioural Supports Ontario

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BSO Provincial Pulse – pg. 13