

Behavioural Supports Ontario

ANNUAL REPORT

2019 - 2020



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<https://brainxchange.ca/bsonewsletter.aspx>

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Message from the Behavioural Supports Ontario (BSO) Provincial Coordinating Office (PCO)

Welcome

The BSO Provincial Team is honoured to assemble our fifth annual report since the re-emergence of a provincial coordinating office. The number five carries significant cultural symbolism; from the five Olympic rings, to the myth of the five-second rule, to celebratory high fives! In addition, as the BSO PCO is based out of Northern Ontario, how can we forget Sudbury's 'Big Nickel'? Beyond these significances, the number five also represents a true milestone. It is indicative of five years of growth and spread of BSO impact, innovation and integration.



The 2019-20 fiscal year saw the continued evolution of the BSO initiative through the release and implementation of a variety of new tools and resources. In May 2019, the Behavioural Supports Ontario-Dementia Observation System (BSO-DOS[®]) was released and subsequently downloaded >1,800 times by users in Ontario, across Canada and beyond. A tremendous amount of momentum was achieved with the Person-Centred Language (PCL) Initiative as well; with a total of 2,070 PCL pledges taken and a full PCL e-course developed and made available via soft launch.

Energy was also invested in new initiatives that were launched in 2019-20, such as the BSO Sexual Expression and Aging Initiative which made significant headway in its first eight months, completing an extensive literature review and securing funds for an introductory e-module. A new BSO Acute Care Collaborative was also launched to promote and spread best/emerging practices in providing person and family-centred behavioural supports within the hospital sector. Priority was also given to develop a BSO toolkit to promote consistent practices across the province. A BSO Practice Standards and Toolkit Working Group came together to collaboratively create BSO Provincial Practice Standards – the foundation of a provincial toolkit. All of these initiatives are further described in the following report.

While the numerous BSO projects and initiatives continued to advance, BSO Teams provided record numbers of support to persons referred for behavioural assessment and care. In fact, over the 2019-20 fiscal year, 33,474 LTC residents were referred and supported by BSO in addition to 19,003 people in the community/acute care sector. Altogether, an average of 35,343 individuals were supported each quarter, alongside 20,100 family care partners.

The integral support from BSO teams across all sectors continued through the COVID-19 pandemic, which commenced towards the end of 2019-20 fiscal year. Together, BSO teams rallied to implement safe and creative

strategies to continue to support individuals presenting with, or at risk of, responsive behaviours/personal expressions throughout unprecedented times of uncertainty. This exceptional support will undoubtedly continue into 2020-21 with our unrelenting passion and commitment to person and family-partnered care.



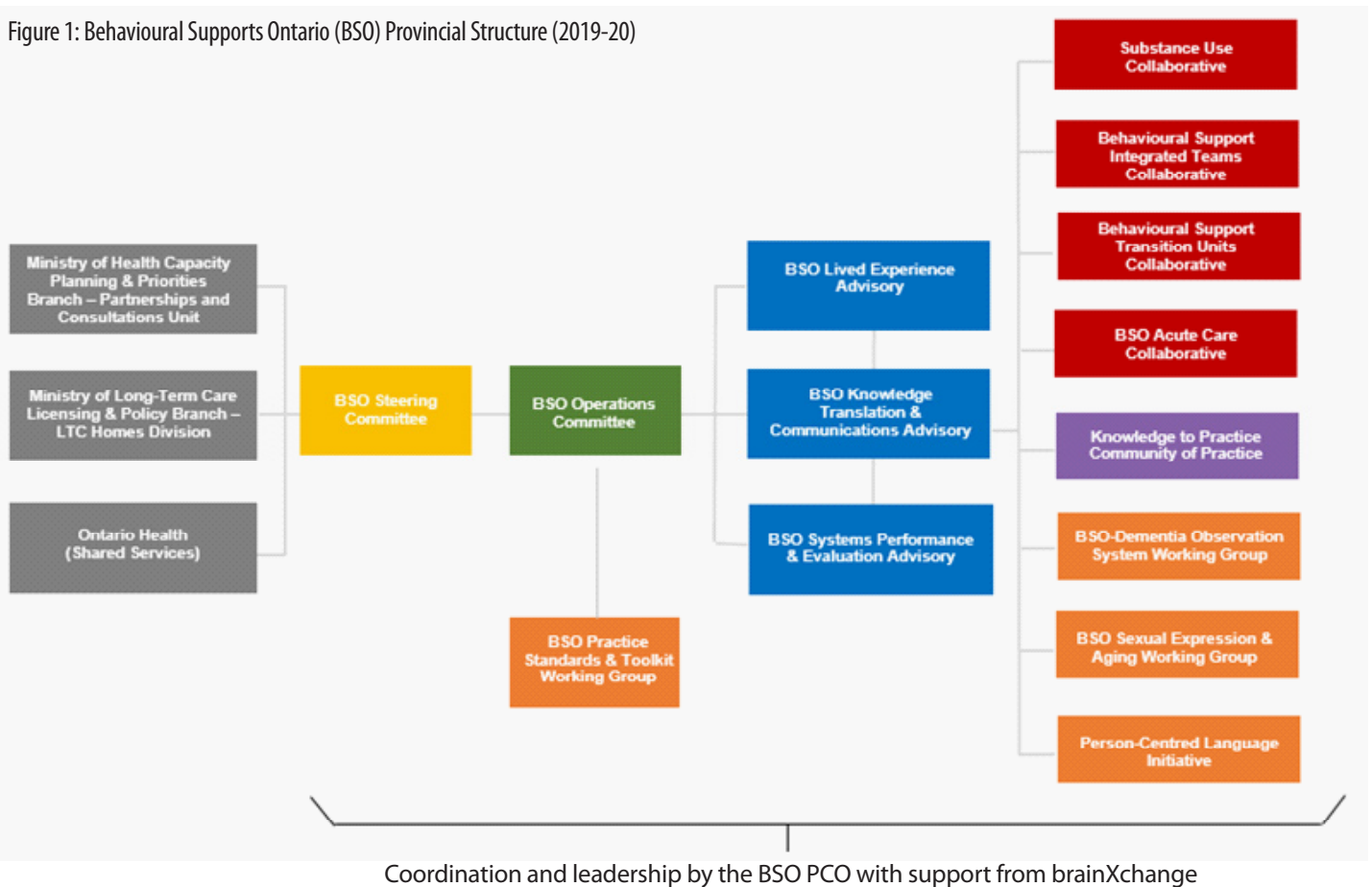
(from left to right) Katelynn Viau Aelick (Project Coordinator); Debbie Hewitt Colborne (Project Advisor); Monica Bretzlaff (Manager); Tina Kalviainen (Strategic Communications Specialist) – August 2019

BSO Provincial Framework & Acknowledgements

The BSO Provincial Structure for 2019-20 is depicted below; containing all of the various reporting requirements, Committees, Advisories, Collaboratives/Communities of Practice and Working Groups.

The BSO PCO acknowledges the guidance and leadership of the key partners who lead the various components of the BSO Provincial Structure. The BSO PCO also expresses sincere gratitude to the BSO Local Health Integration Network (LHIN) Leads and BSO Clinical/Strategy Leads who lead the BSO initiative in each of their respective regions; thus contributing immensely to this annual report. We also wish to acknowledge the support of our host organization, the North Bay Regional Health Centre (NBRHC) and our other partner organizations across Ontario.

Figure 1: Behavioural Supports Ontario (BSO) Provincial Structure (2019-20)



BSO STRUCTURE LEADERSHIP

CHAIR, BSO PROVINCIAL STEERING COMMITTEE



Donna Cripps
(former) CEO, HNHB LHIN & BSO PCO Advisor
(term ending September 2019)

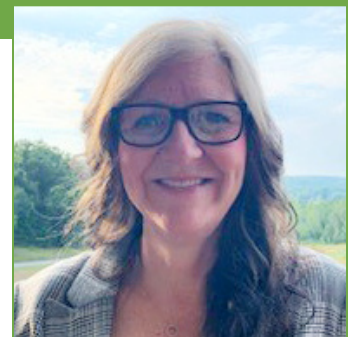


Nancy Cooper
Director of Quality & Performance,
Ontario Long-Term Care Association

CO-CHAIRS, BSO PROVINCIAL OPERATIONS COMMITTEE



Monica Bretzlaff
Manager, BSO PCO, North East BSO & Seniors
Mental Health Regional Consultation Service
North Bay Regional Health Centre



Kathy Baker
Regional Director, Seniors Mental Health &
Behavioural Support Services, Providence Care

CO-LEADS, BSO PRACTICE STANDARDS & TOOLKIT WORKING GROUP



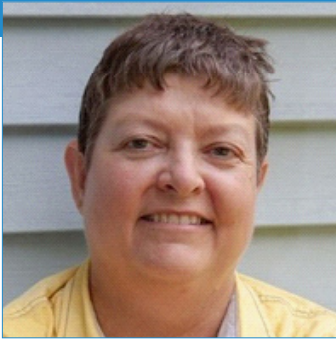
Adele Loncar
Program Evaluation Coordinator, Geriatric Psychiatry & Behavioural
Support Outreach, Champlain Royal Ottawa Mental Health Centre

Christine Pellegrino
Regional Coordinator BSO,
Mississauga Halton LHIN
Photo Unavailable

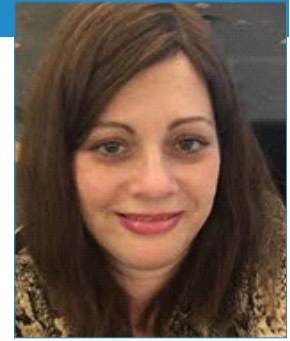


Suzanne Saulnier
Director of Behaviour Support Services,
LOFT Community Services

CO-CHAIRS, BSO LIVED EXPERIENCE ADVISORY



Mary Beth Wighton
BSO Lived Experience Facilitator



Dawn Baxter
BSO Lived Experience Facilitator

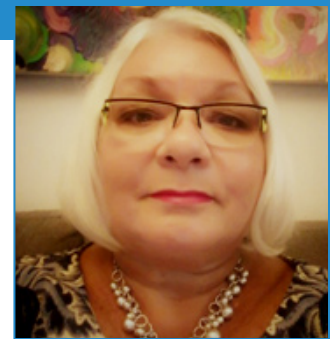
CO-CHAIRS, BSO KNOWLEDGE TRANSLATION & COMMUNICATIONS ADVISORY



Dr. Birgit Pianosi
Associate Professor, Gerontology Department,
Huntington University
(term ending June 2019)



Patricia Boucher
Executive Director (former),
Advanced Gerontological Education

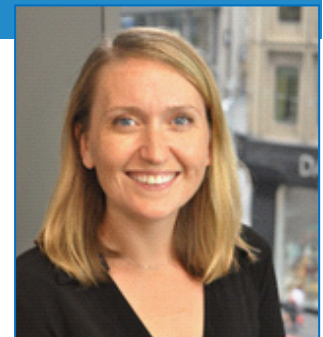


Marilyn White-Campbell
Geriatric Addiction Specialist BSO, Behaviour
Support for Seniors Program, Baycrest
(term commencing October 2019)

CO-CHAIRS, BSO SYSTEMS PERFORMANCE & EVALUATION ADVISORY



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Project Manager, BSO Patient Services,
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Danyal Martin
Manager, Quality Improvement Strategies and Quality
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CO-CHAIRS, BSO SUBSTANCE USE COLLABORATIVE



Audrey Devitt
Waterloo Wellington Behavioural
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Jane McKinnon Wilson
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Waterloo Wellington



Marilyn White-Campbell
Geriatric Addiction Specialist BSO,
Behaviour Support for Seniors Program,
Baycrest

CO-CHAIRS, BEHAVIOURAL SUPPORT INTEGRATED TEAMS (BSIT) COLLABORATIVE



Teresa Judd
Director, Central West BSO
Central West LHIN

Jacquie Seguin
Erie St. Clair (ESC) BSO Regional Coordinator,
Alzheimer Society of Chatham-Kent
Photo Unavailable

CO-CHAIRS, BEHAVIOURAL SUPPORT TRANSITION UNITS (BSTU) COLLABORATIVE



Karin Adlhoch
Manager, Resident Services (*former*)
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(*term ending July 2019*)



Mary Ellen Parker
Chief Executive Officer, ESC BSO Lead Agency,
Alzheimer Society of Chatham-Kent



Patricia Potter-Bereznick
Coordinator, Regional Development and
Mental Health for Seniors/ RPP/BSO/CHO Lead
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CO-CHAIRS, BEHAVIOURAL SUPPORT IN ACUTE CARE COLLABORATIVE



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Champlain Manager Geriatric Outreach
Royal Ottawa Mental Health Centre



Karen Lee Boulton
BSO Senior Manager (*former*), Patient Services
Home and Community Care, Central East LHIN

CO-LEADS, BSO KNOWLEDGE TO PRACTICE COMMUNITY OF PRACTICE (COP)



Marion Penko
Psychogeriatric Resource Consultant,
St. Joseph's Healthcare Hamilton
(*term ending June 2019*)



Kim Simpson
Psychogeriatric Resource Consultant,
North Simcoe Muskoka Specialized
Geriatric Services Program



Dawn Robinson
Psychogeriatric Resource Consultant, BSO
Alzheimer Society Peel
(*term commencing September 2019*)

CO-LEADS, DEMENTIA OBSERVATION SYSTEM (DOS) WORKING GROUP



Debbie Hewitt Colborne
Project Advisor, BSO PCO, NBRHC

Dr. Lori Schindel Martin
Professor, Daphne Cockwell School of Nursing
Ryerson University



CO-LEADS, BSO SEXUAL EXPRESSION & AGING (SEA) WORKING GROUP



Dr. Birgit Pianosi

Associate Professor, Gerontology Department,
Huntington University



Dr. Lori Schindel Martin

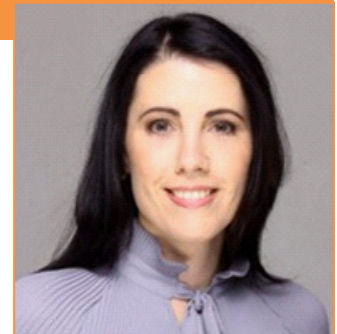
Professor, Daphne Cockwell School of Nursing
Ryerson University

CO-LEADS, PERSON-CENTRED LANGUAGE (PCL) INITIATIVE



Kate Ducak

Project Officer (*former*) Ontario Centres for Learning,
Research & Innovation in Long-Term Care, Schlegel-UW
Research Institute for Aging (*term ending March 2020*)



Tina Kalviainen

Strategic Communications Specialist BSO PCO, NBRHC

brainXchange

The BSO PCO wishes to acknowledge one of its key partners – brainXchange, who continue to be critical collaborators and facilitators of the various BSO provincial projects focused on innovation:



Dr. Dallas Seitz

brainXchange Co-Lead,
MD PhD FRCPC
Associate Professor,
Department of Psychiatry,
Cumming School of Medicine,
University of Calgary



Karen Parrage

Resources and Web Support
Specialist



Jillian McConnell

Knowledge Broker and
Knowledge Mobilization Lead



Kathy Hickman

Knowledge Broker and
Knowledge Mobilization Lead



Projects and Initiatives: Impact

BSO Activity Tracking: 2019-20 Quantitative Data Overview

BSO Activity Tracking captures the support provided by all BSO Team Members across the province. Each quarter, all 14 health regions of the province submit their data to the BSO PCO where it is reviewed, collated and submitted to the Ministries of Health & Long-Term Care.

Individuals referred to BSO

Over the 2019-20 fiscal year, BSO accepted a total of 52,477 new referrals, representing a 10.76% increase in referrals since 2018-19 (n=47,379). Amongst these referrals, 64% originated from Long Term Care (LTC) (n=33,474), while 36% came from community (n=19,003) which includes all non-LTC referrals (i.e. private dwellings, retirement homes, acute care, etc.).

The provision of support from BSO Teams across sectors includes the following activities:

- Assessment and documentation of an individual's responsive behaviours/personal expressions;
- Development or modification of a tailored behavioural care plan aimed at reducing the incidence and prevalence of responsive behaviours/personal expressions;
- Implementation of the new behavioural care plan in collaboration with key clinical partners;
- Ongoing monitoring of the behavioural care plan with necessary modifications being made based on the person's response to BSO team-implemented interventions;
- Provision of coaching and training to other staff in order to maintain the new plan; and
- Implementation of strategies to ensure adherence to the new plan.

Supporting Family Care Partners

In addition to providing direct support to individuals presenting with, or at risk for, responsive behaviours/personal expressions, BSO teams provide support to family care partners across sectors. This provision of support can include a number of activities such as:

- Delivering information about responsive behaviours/personal expressions, dementia, complex mental health, substance use and/or other neurological conditions;
- Coaching on approaches, strategies and techniques for preventing or responding to responsive behaviours/personal expressions;
- Providing information about other available supports, services and resources.

In 2019-20, BSO teams across sectors supported an average of 20,100 family care partners across sectors each quarter. The majority of family care partners are supporting someone in LTC (64%; n=12,952 each quarter) while 36% (n=7,148 each quarter) are supporting someone outside of LTC.

Facilitating Transitions across Sectors

Leading successful and sustainable transitions for individuals who require a physical move in location remains a priority for BSO teams as the physical movement from one environment to another can result in the presentation or exacerbation of responsive behaviours/personal expressions. BSO teams, in collaboration with many other teams who support community/acute care as well as other LTC team members support a wide variety of transitions; however only three types are tracked quantitatively: (1) from acute into LTC; (2) from community into LTC; and (3) from all sectors into tertiary care. BSO Teams facilitate transitions in many ways, including:

- Sharing existing relevant plans, assessments and other documentation to the team on the receiving end;
- Supporting persons and families to prepare for the move through the sharing of relevant information and resources;
- Organizing/taking part in behavioural care conferences to develop and implement a transitional care plan;
- Supporting the person and family on the day of the move; and
- Coaching/training the receiving team regarding strategies to best support the person.

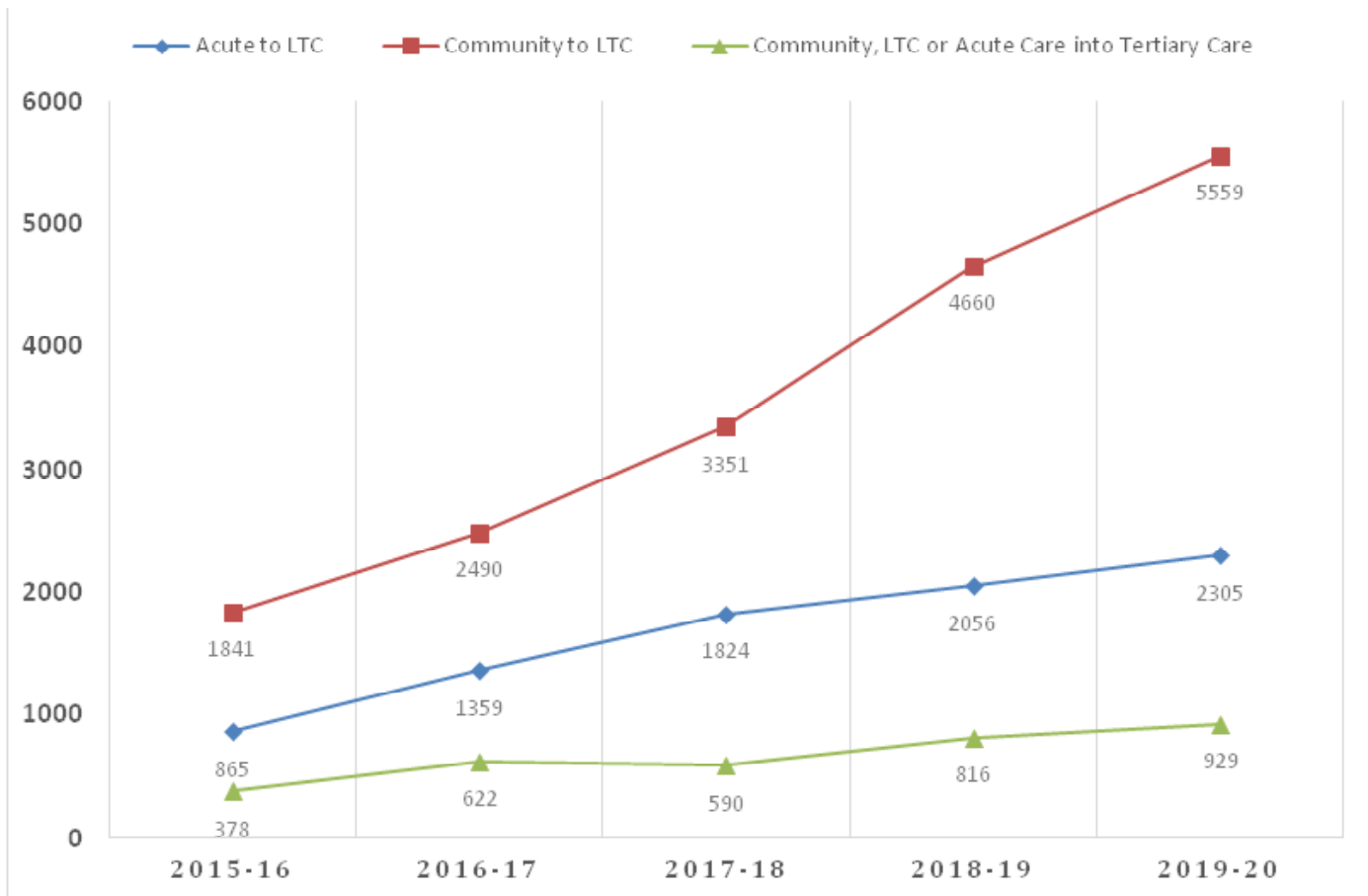


Figure 2: BSO Teams Supporting Transitions (3 Types)

As demonstrated in Figure 2, supporting transitions from the community into LTC remains the most common type of transition supported. Since the collection of this metric was initiated, a total of 17,891 individuals have been supported by BSO to move into LTC from the community.

Knowledgeable Care Teams & Capacity Building

In order to monitor BSO’s third pillar focused on fostering knowledgeable care teams and capacity building, teams across the province collect data related to education and training. This data largely captures the efforts provided by Psychogeriatric Resource Consultants aligned with the BSO initiative and other BSO Team Members that play a role in clinical and behavioural education to build capacity amongst teams across sectors who support persons and families falling under the BSO target population.

In 2019-20, the number of formal education/training sessions totalled 12,767 across the province with 102,841 participants. These amounts represent a decrease of 3.81% and 18.16% respectively compared to 2018-19. This decrease in formal education/training sessions is largely due to the cancellation of numerous events which were to take place in March 2020 and had to be postponed with the initiation of the COVID-19 pandemic.

BSO-Funded Behavioural Support Transition Units (BSTUs)

The BSO PCO collects data from the five BSO funded Behavioural Support Transition Units (BSTUs) (also called Behavioural Support Units (BSUs), Specialized Behavioural Support Units (SBSUs) and Transitional Behavioural Support Units (TBSUs)). The five BSTUs included in the following dataset are those that are either fully or partially funded using BSO funds: (1) Baycrest’s Apotex Centre Transitional Behavioural Support Units (Toronto Central); (2) Cummer Lodge’s Behavioural Support Unit (Central); (3) Perley and Rideau Veterans’ Health Centre Specialized Behavioural Support Unit (Champlain); (4) Finlandia Village’s Enhanced Care Seniors’ Support Program (North East); and (5) Hogarth Riverview Manor’s Regional Behavioural Health Unit (North West).

In 2019-20, the five BSO-supported BSTUs received a total of 131 referrals, representing an 11.52% decrease from the year prior (n=191). The number of clients on waitlists for the BSTUs decreased by 16.03% compared to 2018-19 while the total number of admissions remained the same (n=73). Over the course of the year, 67 individuals were discharged from the five BSTUs, representing a 26.42% increase in discharges. The following charts illustrate where individuals admitted into BSTUs originated from, as well as the discharge destinations for those that left BSTUs in 2019-20.

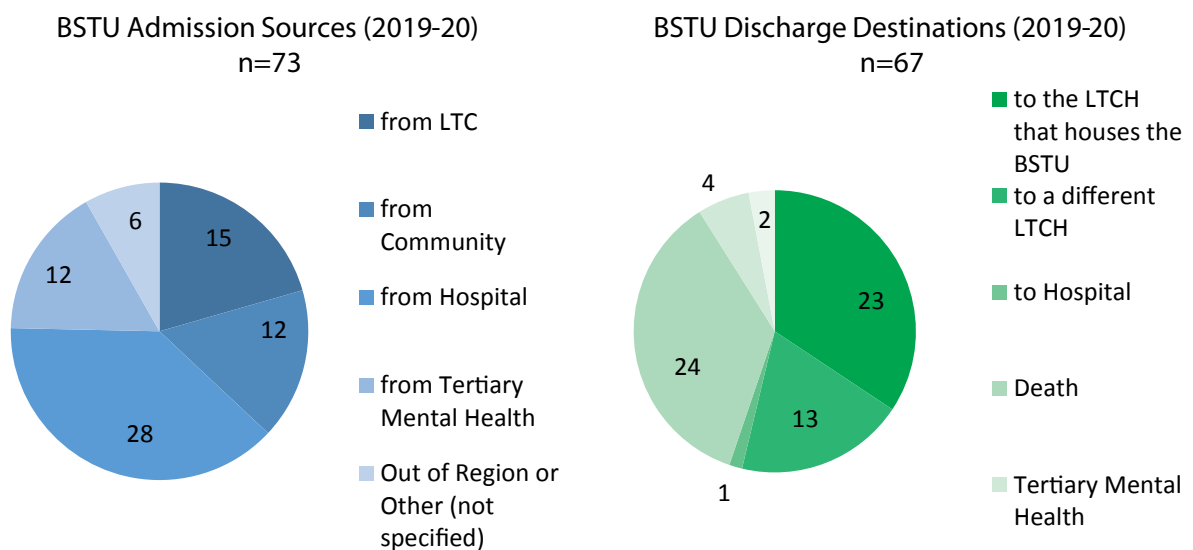


Figure 3: Admission Sources and Discharge Destinations – BSO-supported BSTUs (2019-20)

As illustrated in figure 3, admissions into these BSTUs are most common from hospital (38.35%); followed by LTC (20.55%). Although many BSTU residents were discharged due to death (35.82%) in 2019-20, many were also discharged successfully into the same LTC Home that houses the BSTU (34.33%). Average length of stay in the five BSTUs over the course of the fiscal year was 404.85 days; a decrease of 63.64 days, or 13.58%, compared to 2018-19.

Qualitative Stories

In 2019-20, the BSO PCO continued the collection of BSO qualitative stories; receiving a total of 103 stories; representing a 16.94% decrease in the number of stories collected compared to 2018-19 (n=124). This decrease is primarily due to the low number of stories submitted during the initiation of the COVID-19 pandemic in Q4. The 50 most common words from the 2019-20 qualitative stories are depicted in the word cloud below. A more detailed analysis of BSO's qualitative stories is available on the next page.



Figure 4: The fifty most common words used in BSO Qualitative Stories (2019-20)

BSO Evaluation Project Updates

BSO Qualitative Stories Thematic Analysis Project

BSO qualitative stories depict a variety of outcomes for individuals supported by BSO and their care partners along their journey on the BSO caseload. Also featured in the stories are quality improvement initiatives, enhanced system partnerships and many other key accomplishments from BSO team members.

Inspired by the BSO Steering Committee’s priority to leverage BSO strategies and effective outcomes, the BSO PCO engaged Drs. Frances Morton Chang and Paul Williams to conduct a thematic review of these stories for the purpose of identifying BSO emerging, promising and best practices that could be adapted and spread to other teams across the province. In total, they thematically analyzed 253 qualitative stories across three years. Eight key themes emerged from the project including:

- (1) The overall complex nature of responsive behaviours/personal expressions;
- (2) The health co-morbidities, social deficits and complicating health system responses of older adults supported by BSO;
- (3) Initial point of contact with BSO spanning across sectors;
- (4) Cross-agency and cross-sector collaboration and partnerships;
- (5) Preventing unnecessary transitions and supporting complex transitions;
- (6) Interventions at individual, organizational and system levels;
- (7) Positive outcomes at individual, organizational and system levels; and
- (8) Using lessons learned to drive future initiatives.

The full report, which dives into these eight themes in greater depth alongside an accompanying infographic is available at: https://www.behaviouralsupportsontario.ca/51/Qualitative_Stories_Analysis/



Screen Shot from BSO Qualitative Stories Infographic

BSO Applied Health Research Question (AHRQ) Evaluation Project

The BSO Applied Health Research Question (AHRQ) Evaluation Project began in the 2016-17 fiscal year and was led by Dr. Walter Wodchis and team members from the Institute for Clinical Evaluative Sciences (ICES). Using existing health administrative data, this project described characteristics of individuals receiving BSO support both in LTC and in the community. For this project, a list of individuals previously supported by BSO was supplied by six regions who collect Ontario Health Insurance Plan (OHIP) numbers which enabled the linkage to other health administrative data.

LTC Findings

The results from the AHRQ Evaluation project confirmed that individuals referred to BSO were living with diagnoses that were inclusive of the full BSO mandate. In LTC, 76.3% had a diagnosis of dementia; 41.9% had depression; 15.5% had an anxiety disorder; 15% had either delusions and/or hallucinations; and 5.7% had schizophrenia. A significantly higher proportion of LTC residents referred to BSO were living with psychiatric and/or neurological conditions and symptoms relative to the general LTC population (exceptions: Alzheimer's Disease, Huntington's Disease). Another significant highlight pertaining to diagnoses and symptoms is the fact that those referred to BSO from LTC had significantly more symptoms of depression (57.2%; Depression Rating Scale: 3+) compared to the general LTC population (32.1%).

Other LTC data highlights from the AHRQ Project include the average age of individuals referred to BSO being 80.48 and the fact that on average, those referred to BSO were 3 years younger than the general LTC population. In addition, while more females occupy spaces in LTC, males are more likely to be referred to BSO.

Community Findings

In the community, 80.1% of those referred from the sample had a diagnosis of dementia; 27.7% had either delusions and/or hallucinations; and 27.4% had another psychiatric diagnosis. Similar to the findings in LTC, a significantly higher proportion of those referred to BSO from the community were living with psychiatric and/or neurological conditions and symptoms relative to the general home care population. In addition, they had significantly more symptoms of depression (48.3%; Depression Rating Scale: 3+) compared to the general population of older adults receiving home care (24.6%). Trends related to sex in LTC were repeated in the community whereby males were more likely to be referred than females.

Additional findings from this project were presented to the BSO Systems Performance & Evaluation Advisory to inform decision-making pertaining to BSO Activity Tracking and future BSO Evaluation projects.

Projects and Initiatives: Innovation

Ontario Best Practice Exchange: Substance Use Collaborative

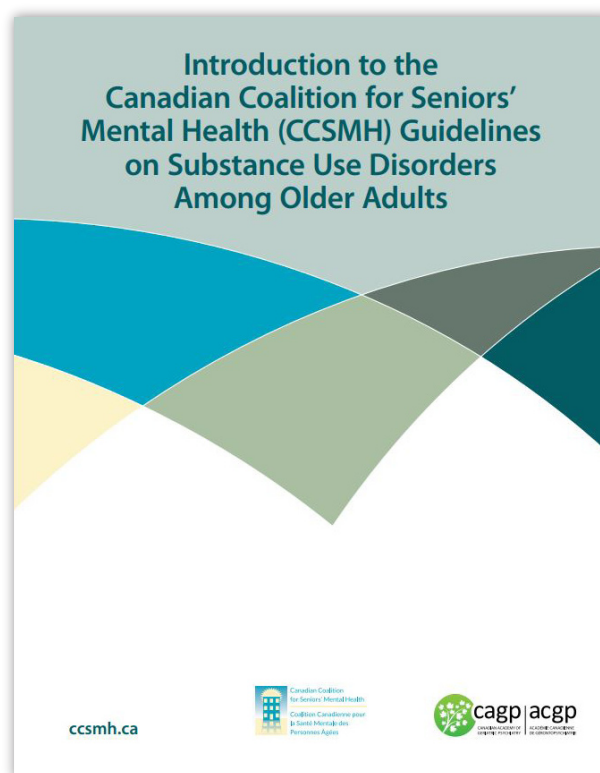
Purpose: To bring together health care professionals, leaders and individuals with lived experience in order to promote person and family-centred best practices related to Substance Use.

Co-Leads: Marilyn White-Campbell (Geriatric Addiction Specialist, Baycrest), Audrey Devitt (Waterloo Wellington BSO System Lead) & Jane McKinnon Wilson (Geriatric Systems Coordinator, CMHA Waterloo Wellington)

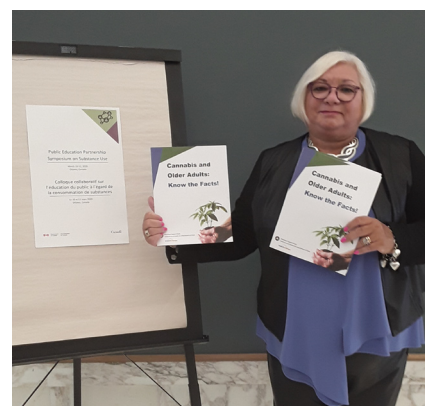
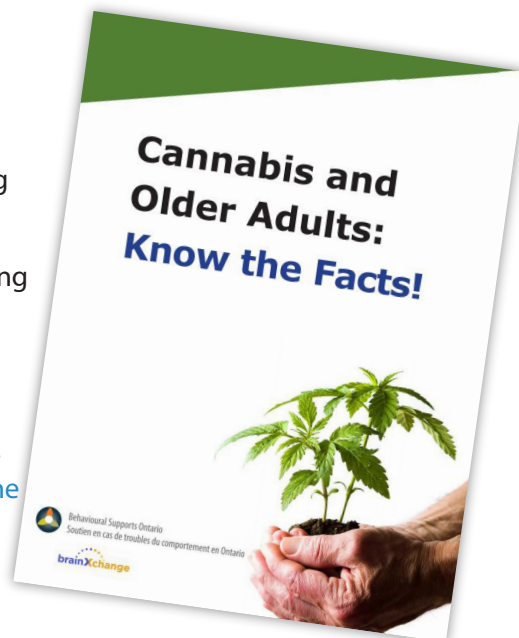
Lead Collaborator(s): Jillian McConnell (brainXchange) & Debbie Hewitt Colborne (BSO PCO)

Key Accomplishments:

- ✓ Celebrated the release of the [Canadian Coalition for Seniors' Mental Health Guidelines on Substance Use Disorders Among Older Adults](#). In 2016, the Collaborative recognized the essential need for practice guidelines specific to older adults and prioritized the work needed to fill this gap. The connections, dialogue and synergistic efforts of the Collaborative led to the application for funding through the Health Canada's Substance Use and Addictions Program, ultimately leading to the national guidelines project. Several Collaborative members served as Guideline Working Group members. We congratulate the Canadian Coalition for Seniors' Mental Health (CCSMH) for leading this important work!



- ✓ Partnered with CCSMH and brainXchange to offer a webinar series featuring each of the Guidelines on Substance Use Disorder among Older Adults.
 - The New Canadian Guidelines on Benzodiazepine Receptor Agonist Use Disorder among Older Adults (July 2019)
 - The New Canadian Guidelines on Opioid Use Disorder among Older Adults (September 2019)
 - The Canadian Guidelines on Alcohol Use Disorder among Older Adults (October 2019)
 - The Canadian Guidelines on Cannabis Use Disorder among Older Adults (December 2019)
- ✓ Successfully received a grant from the Substance Use & Addictions Branch Health Canada to develop a fact sheet regarding cannabis use in older adults for the general public. Developed and released [Cannabis and Older Adults: Know the Facts!](#) (March 2019). Electronic and print-accessible versions available.
- ✓ Supported the dissemination of the new resource [Cannabis and Older Adults: Know the Facts!](#) including distribution of hard copies.
- ✓ Ongoing support in promoting monthly [Geriatric Addictions Rounds](#). These efforts continue to see steady growth in participation both live and through archived events (see table).
- ✓ Continued efforts to support knowledge to practice work related to the [Seniors Alcohol Misuse Indicator \(SAMI\)](#).



Season	# of Registered OTN Sites	# of Webcast Participants * In addition to OTN sites	# of Times Archived Rounds Accessed
2016/17	86	n/a	n/a
2017/18	125	127	56
2018/19	144	291	214
2019/20	82*	340	431

* Prior to change to Zoom in March 2020

Ontario Best Practice Exchange: Behavioural Support Integrated Teams (BSIT) Collaborative

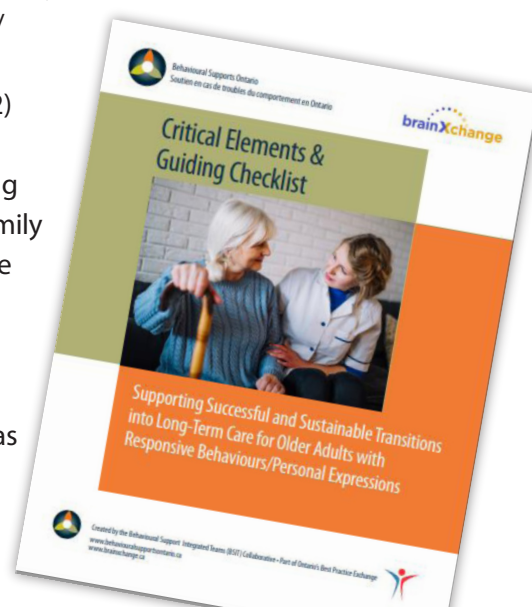
Purpose: To bring together health care professionals, leaders and individuals with lived experience to identify the critical elements for supporting successful transitions using the combined team approach across sectors and across providers.

Co-Leads: Teresa Judd (Director, Central West BSO) & Jacquie Seguin (Erie St. Clair BSO Regional Coordinator)

Lead Collaborators: Jillian McConnell (brainXchange) & Katelynn Viau Aelick (BSO PCO)

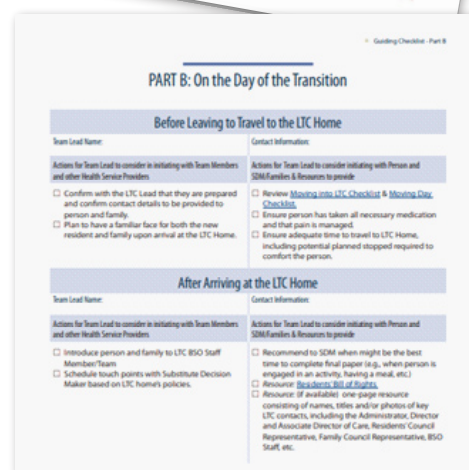
Key Accomplishments:

- ✓ Following the development of the 'Behavioural Support Integrated Teams Transition Model' in 2017, the BSIT Collaborative focused their efforts in 2018-19 on the development of a practical product to support complex transitions from either the community or acute care sector into LTC.
- ✓ Developed under the notion of 'teams supporting teams', at each monthly Collaborative meeting, members shared their perspectives on critical elements for supporting person and family-centred transitions from their professional and/or lived experiences. Discussions related to critical elements were focused on three different time frames: (1) before the transition; (2) on the day of the transition; and (3) following the transition. Three different perspectives were also taken into consideration, including the perspective of: (1) the person transitioning; (2) the person's family care partner(s); and (3) the formal care partners at both ends of the transition.
- ✓ The BSIT Collaborative's Critical Elements and Guiding Checklist for Supporting Successful and Sustainable Transitions into LTC for Older Adults with Responsive Behaviours/Personal Expressions was released in May 2019 and is available at: <http://brainxchange.ca/BSOBSIT.aspx>



Looking Ahead: A Sneak Peek into 2020-21

As a result of the significant challenges faced with facilitating transitions during the COVID-19 pandemic, priorities for this Collaborative have shifted to the development of a product to support transitions into LTC within various restrictions and/or policy and procedure changes imposed by the pandemic.



Ontario Best Practice Exchange: Behavioural Support Transition Units (BSTU) Collaborative

Purpose: To bring together health care professionals, leaders and individuals with lived experience in order to promote person & family-centred best practices related to BSTUs.

Co-Chairs: Karin Adlhoch (Manager Resident Services, Cummer Lodge [Former]), Mary-Ellen Parker (Chief Executive Officer, Alzheimer Society of Chatham-Kent) & Patricia Potter-Bereznick (Coordinator, Regional Development and Mental Health for Seniors/RPP/BSO/CHO Lead, St-Joseph's Health Care, London [Former]).

Lead Collaborator(s): Jillian McConnell (brainXchange) & Debbie Hewitt Colborne (BSO PCO)

Key Accomplishments:

- ✓ Presented a one hour interactive workshop at the AdvantAge Ontario Convention (May 2019) titled 'Behavioural Support Transition Units: Working Together to Support Person and Family-Centred Care'. This workshop provided an overview of BSTUs, highlighted the person and family-centred care that is provided within BSTUs across the province and sought feedback from participants regarding how BSTU Collaborative initiatives would benefit the system.
- ✓ Utilized monthly meetings to identify system-level challenges/barriers and strategies to support successful transitions and flow moving in and out of a BSTU. Developed a work plan with specific Collaborative actions to address barriers to flow.
- ✓ Promoted the 'Welcome to our BSTU' resource for BSTUs in Ontario for family care partners during the move-in process. The four page brochure is to help BSTUs communicate their commitment to person and family-centred care. Specifically, it aims to communicate and reassure family care partners that they are part of the team, including decision making, and that their family member will be cared for in an individualized way.



Ontario Best Practice Exchange: Behavioural Supports in Acute Care Collaborative

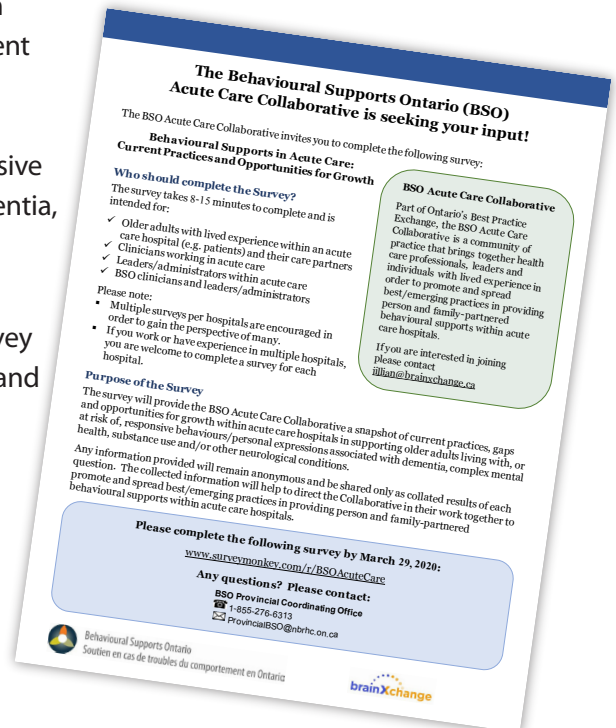
Purpose: To bring together health care professionals, leaders and individuals with lived experience in order to promote and spread best/emerging practices in providing person and family-centred behavioural supports within acute care hospitals.

Co-Leads: Karen Lee Boulton (Regional Lead BSO [former], Central East LHIN) and Nancy Lesiuk (Regional Lead Champlain BSO, Manager Geriatric Outreach, Royal Ottawa Mental Health Centre)

Lead Collaborator(s): Jillian McConnell (brainXchange) & Debbie Hewitt Colborne (BSO PCO)

Key Accomplishments:

- ✓ Creation of this new Collaborative as prioritized by the BSO Operations Committee.
- ✓ Launched monthly Collaborative meetings in November 2019 with membership inclusive of clinicians, managers and system leaders.
- ✓ Members prioritized their first Collaborative project: An acute care needs assessment. The goal of the assessment is to provide a snapshot of current practices, gaps and opportunities for growth within acute care hospitals in supporting older adults living with, or at risk of, responsive behaviours/personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions.
- ✓ Developed and released (February 2020) an online survey 'Behavioural Supports in Acute Care: Current Practices and Opportunities for Growth.'
- ✓ The survey was distributed widely with the following individuals encouraged to complete:
 - Older adults with lived experience within an acute care hospital (e.g. patients) and their care partners
 - Clinicians working in acute care
 - Leaders/administrators within acute care
 - BSO clinicians and leaders/administrators
- ✓ Due to the impact of COVID-19 the survey deadline was extended beyond its initial March 29, 2020 deadline.



Looking Ahead: A Sneak Peek into 2020-21



Results of the survey 'Behavioural Supports in Acute Care: Current Practices and Opportunities for Growth' will be made available publicly and will guide the future work of the Collaborative.

Knowledge to Practice Community of Practice (K2P CoP)

Purpose: To bring together professionals across Ontario who have a shared passion for capacity building and fostering knowledgeable healthcare teams. The CoP promotes the utilization of the Knowledge to Practice Process Framework to guide knowledge to practice work.

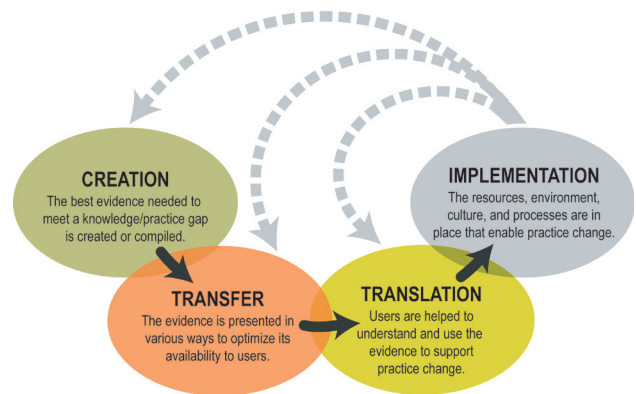
Co-Leads: Marion Penko (PRC, St. Joseph's Healthcare Hamilton [former]), Dawn Robinson (PRC, Alzheimer Society Peel) & Kim Simpson (PRC, North Simcoe Muskoka Specialized Geriatric Services Program)

Lead Collaborator(s): Karen Parrage (brainXchange) & Debbie Hewitt Colborne (BSO PCO)

Key Accomplishments:

- ✓ Membership continues to grow with >250 members.
- ✓ Through bimonthly meetings, the shared online collaborative space, and the resources developed by the CoP, members continued to be engaged in deepening and spreading their innovations and capacity building work. CoP Resources include: the redesigned Knowledge to Practice Process Framework graphic, the 'Knowledge to Practice Planning Worksheet' and its introductory document. All resources are easily located on BSO's [Knowledge to Practice webpage](#).

 Knowledge to Practice Process Framework



- ✓ Created and initiated a new standing item at CoP meetings to foster mutual sharing and learning regarding members' innovations and knowledge to practice work: Knowledge to Practice Spotlight. Spotlight topics have included implementation of:

- Person-Centred Language
- BSO-DOS® (Behavioural Supports Ontario-Dementia Observation System)
- Parkinson Canada's 'ACT on Time' education program

Looking Ahead: A Sneak Peek into 2020-21



In response to the COVID-19 pandemic, the K2P CoP began meeting monthly in order to promote communication and sharing of strategies and innovations related to knowledge to practice work within the pandemic context.

- ✓ Leading work to develop Provincial BSO Guidelines for how BSO will continue to strengthen its third pillar of 'Knowledgeable Care Teams & Capacity Building'.

(adapted courtesy of Dr. Ryan et al., 2013)

Steps/Stages to Consider	Knowledge to Practice Plan (Cycle #...)	What Exists	What We Need & Next steps
Creation The best evidence needed to meet a knowledge/practice gap is created or compiled. Questions to consider: • What is the research/best practice around this topic? • Are tools/resources already available?			
Transfer The evidence is presented in various ways to optimize its availability to users. Questions to consider: • Who needs to know this information? • Are materials formatted for easy use & user diversity? Do they need to be adapted? • Are multiple methods being used to transfer information?			

Dementia Observation System (DOS) Working Group



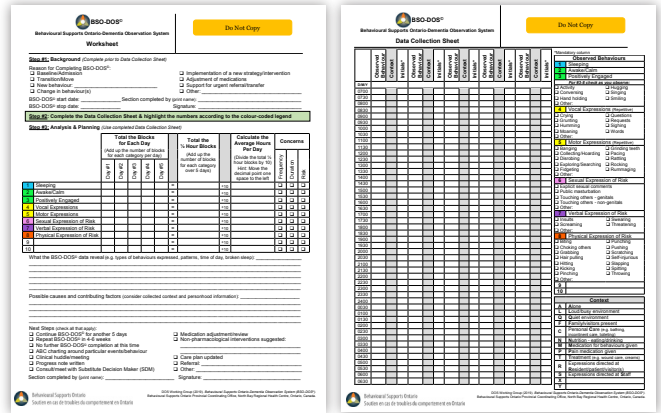
Background: Since the DOS's original publication in 1998 by Dr. Lori Schindel Martin and its inclusion in the P.I.E.C.E.S.™ manual, it has become the tool of choice for behavioural assessment in Ontario and beyond. In recent years, a growing number of clinicians expressed interest in updating the original DOS for currency and improving its use of person-centred language. Recognition of the need for revisions to the DOS resulted in an interprofessional partnership through the leadership and support of the BSO PCO. As such, in 2017, the BSO Knowledge Translation and Communications Advisory established a DOS Working Group.

Purpose: To standardize and optimize the DOS as a common tool for the collection of objective, accurate data to be used to identify patterns, trends and contributing factors of responsive behaviours/personal expressions.

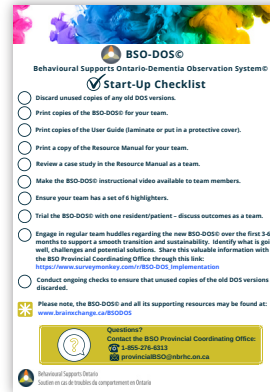
Co-Leads: Dr. Lori Schindel Martin (Professor, Ryerson University) & Debbie Hewitt Colborne (Project Advisor, BSO PCO)

Key Accomplishments:

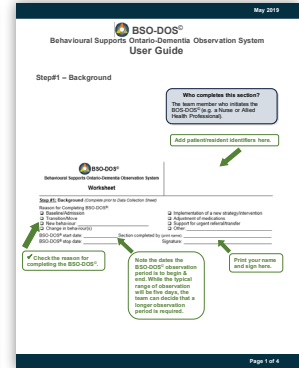
- ✓ After extensive consultation with over 350 health care professionals and individuals with lived experience, the BSO-DOS® (Behavioural Supports Ontario-Dementia Observation System) was released in May 2019 and available at: www.brainxchange/BSODOS
- ✓ The BSO-DOS® was released alongside four knowledge translation resources to support teams in the implementation and use of the new tool:
 - BSO-DOS® Start-Up Checklist
 - Instructional Video (in collaboration with CTS Canadian Career College)
 - User Guide (4 page visual guide)
 - Resource Manual (42 page comprehensive manual)
- ✓ Delivered multiple presentations to support dissemination (see page 45)
- ✓ Collaboration with core curriculum partners (i.e. Advanced Gerontological Education and P.I.E.C.E.S.™) for integration of the BSO-DOS® into their standard curriculum.



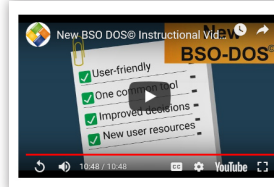
Start-Up Checklist



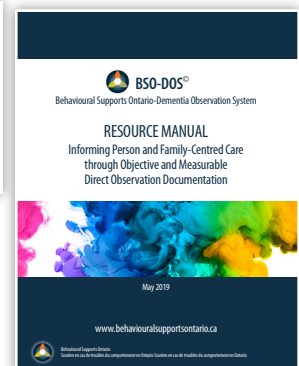
User Guide



Instructional Video



Resource Manual



- ✓ Collaboration with Canadian Foundation of Healthcare Improvement to integrate the BSO-DOS® into their Person-Centred Care Learning Modules as part of their Appropriate Use of Antipsychotics initiative.
- ✓ In collaboration with Dr. Andrea Iaboni (Geriatric Psychiatrist and Clinician Researcher, University Health Network), developed and released an Electronic BSO-DOS® Standard to guide the creation of electronic BSO-DOS® builds within various electronic platforms (November 2019).
- ✓ Developed and released the Community Guidelines: Utilizing the Behavioural Supports Ontario-Dementia Observation System (BSO-DOS®) with Family Care Partners (February 2020).
- ✓ Initiated work to translate the BSO-DOS® and its supporting resources into French.
- ✓ Since the release of the BSO-DOS® in May 2019, the tool has been downloaded a total of 1,870 times (data as of March 31, 2020).
 - Among the downloaders who identified their profession, 18% were nurses (RN, RPN, NP); 14% fell under the category of Administration/Management; and 9% were social workers. Most often, downloaders identified their profession under the category of 'other' (24%) and noted that they played multiple roles in their organization.
 - When downloading the BSO-DOS®, downloaders were also asked to identify which sector they intended to use the BSO-DOS® in. As depicted in the graph below, the majority of downloaders are downloading the tool for use in long-term care (65%); followed by in 'other' sectors which include adult day programs and retirement homes. Many also indicated 'other', noting that they were downloading the tool for the purpose of providing education and supporting its implementation.

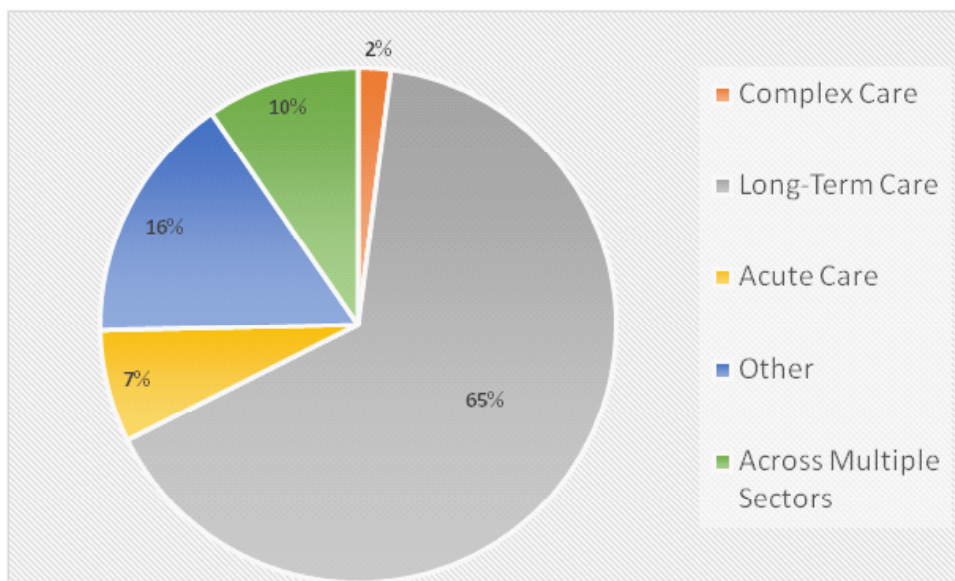
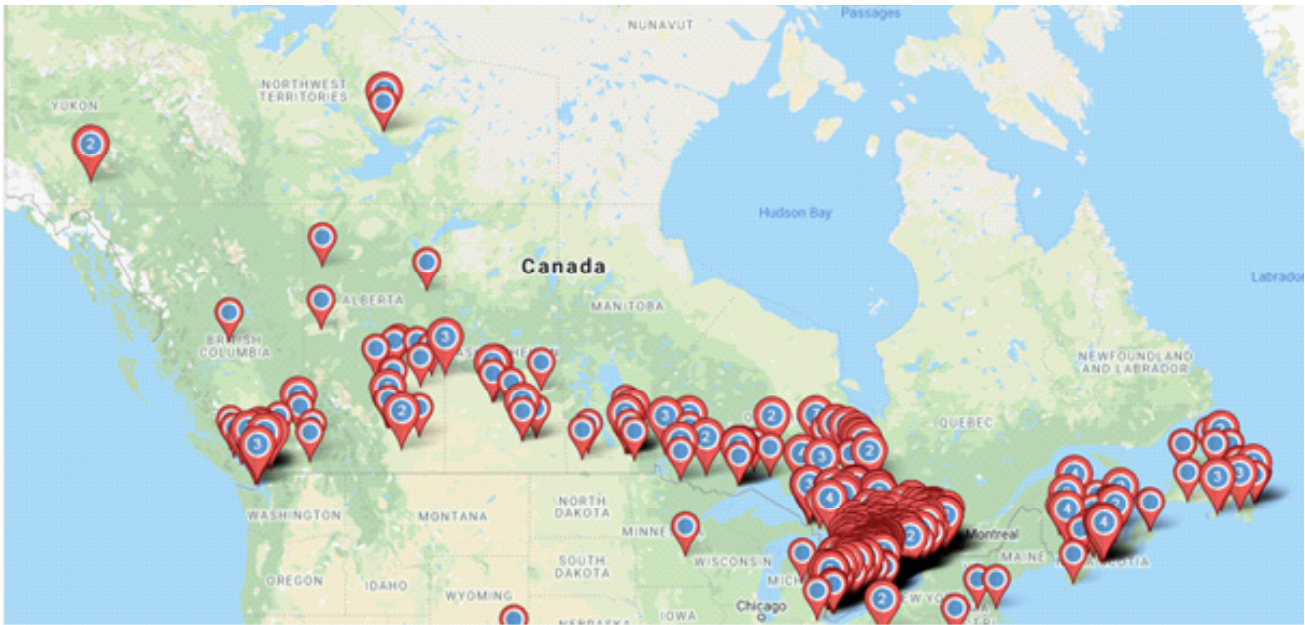


Figure 5: BSO-DOS® Downloads: Intended sector use



- While most downloads have been concentrated in Ontario, the map illustrates the Canada-wide downloads of the BSO-DOS® tool. Outside of Canada, the tool has also been downloaded in the United States (Indiana, Massachusetts, Michigan, Pennsylvania, Ohio, Minnesota and Colorado), in Ireland, the Netherlands, Sweden and Australia.
- Responses received from those that have implemented the BSO-DOS®:

"We love using this tool! It has been great to see registered staff standing by it - using it as an opportunity to catch the efficacy of medication, evaluate pain, and determine appropriate non-pharmacological strategies! It's been great to have a way for the team to work together holistically."

"Since the new BSO-DOS® was implemented, the staff is able to collect more objective data about resident's activities, behaviour, etc. and identify possible contributing factors [of responsive behaviours]."

"The healthcare team is able to determine and track which time of the day the resident is having responsive behaviour. So before it happens again, staff has to make sure to implement necessary interventions to prevent the responsive behaviours."

"I love the New DOS! The calculations and guidance when analysing and planning next steps are very straight forward and precise."

"We are getting a more accurate picture of possible causes to behaviours."

"Staff are finding it more reflective of the behaviours and appreciate the descriptors."

"Promotes engagement of the team to understand the risks, frequency and duration of the responsive behaviours of concern and working collaboratively to implement strategies."

Looking Ahead: A Sneak Peek into 2020-21

- ✓ Release of the French translation of the BSO-DOS® along with translated supportive implementation resources coming soon!

BSO Sexual Expression & Aging (SEA) Initiative:

Background: Sexual and intimate behaviour expressed by individuals living with dementia and other complex mental health conditions is a topic of significant importance to professional and family care partners across all health care sectors. No standardized education programs that reflect best practice competencies/knowledge in this topic area have been developed. The BSO Sexual Expression & Aging (SEA) Working Group is engaging in an inter-professional, collaborative project to systematically review literature about sexual expression in the context of responsive behaviours/personal expressions and develop e-learning modules to enhance knowledge and skill in this topic area.

Purpose: To bring leaders and experts in the field of responsive behaviours/personal expressions associated with dementia together to plan and oversee the development, implementation and pilot evaluation of standardized, open-access e-learning modules specific to sexual expression and intimacy in later life.

Co-Leads: Dr. Birgit Pianosi (Associate Professor, Gerontology Department, Huntington/Laurentian University) & Dr. Lori Schindel Martin (Professor, Daphne Cockwell School of Nursing, Ryerson University)

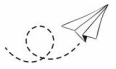
Lead Collaborator(s): Katelynn Viau Aelick (BSO PCO)

Key Accomplishments:

- ✓ Secured the leadership of knowledge experts, Dr. Birgit Pianosi and Dr. Lori Schindel Martin for the BSO SEA Initiative.
- ✓ Launched a SEA Working Group comprised of clinical leaders, educators, persons with lived experience and researchers from across the province. In addition to the greater working group that oversees the initiative, four subgroups were launched, each tasked with carrying out specific activities to support the initiative:
 - **Grant Writing Subgroup:** Co-led by Dr. Birgit Pianosi, Dr. Lori Schindel Martin & Katelynn Viau Aelick.
 - > Applied to various grants in order to fund BSO SEA E-Learning Modules.
 - > Was the successful recipient of the Regional Geriatric Program – Central’s Specialized Geriatric Services Grant for 2019-20. This grant will fund the development of an introductory e-learning module on the topic of SEA to be released in 2020.
 - **Grey Literature Subgroup:** Co-led by Sylvia Davidson, Manager – Occupational Therapy, Physiotherapy and Therapeutic Recreation, Baycrest Health Sciences & Hazel Sebastian, PRC, St. Michael’s Hospital.
 - > Completed an extensive grey literature review pertaining to the topic of sexual expression and aging; uncovering a total of 112 resources ranging from reports, guides, videos and case studies. Among these resources, 18 contained content that was summarized for the introductory e-learning module.



- **Academic Literature Subgroup:** Co-led by Carey Bruyere, Chatham-Kent BSO Lead Team Director, Mennonite Home, Leamington & Kim Simpson, PRC, North Simcoe Muskoka Specialized Geriatric Services.
 - > Completed an extensive academic literature review pertaining to the topic of sexual expression and aging; uncovering a total of 147 articles. Among the articles, 50 contained relevant content that was summarized for the introductory e-learning module.
- **Module Development Subgroup:** Co-led by Kristy McKibbon, Coordinator, HNHB BSO Hamilton Health Sciences & Rosemarie Mangiardi, Project Consultant, St-Joseph's Health Care Centre, London.
 - > Began early stages of planning to develop the introductory e-learning module. This subgroup will work closely with the selected vendor in 2020-21 to develop and launch the e-learning module.



Looking Ahead: A Sneak Peek into 2020-21

- ✓ A vendor for the introductory e-learning module has been selected and work is underway to develop the first e-learning module!

BSO Practice Standards & Toolkit Working Group

Background: The BSO initiative was implemented within the BSO Framework to transform health care system design for older Ontarians with, or at risk of, responsive behaviours/personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions. The initiative facilitates seamless, interdisciplinary, intersectoral care for individuals as well as their professional and family care partners. Although BSO teams are united under BSO's mandate and framework, each local region has autonomy in terms of service delivery. In a prioritization exercise to inform the BSO 2019-2020 Work Plan, the BSO Operations Committee gave top ranking to the standardization of common tools used by BSO Teams (e.g. a BSO Toolkit) in order to promote consistent practices across the province and to guide BSO teams in providing services with key standard elements.

Purpose: To bring BSO provincial leaders and clinicians together to plan and oversee the development and implementation of BSO provincial practice standards and common toolkit.

Co-Leads: Adele Loncar (Program Evaluation Coordinator, Geriatric Psychiatry & Behavioural Support Outreach, Champlain, Royal Ottawa Mental Health Centre), Christine Pellegrino (Regional Coordinator BSO, Mississauga Halton LHIN) & Suzanne Saulnier (Director of Behaviour Support Services, LOFT Community Services)

Lead Collaborator(s): Debbie Hewitt Colborne (BSO PCO)

Key Accomplishments:

- ✓ Launched monthly Working Group meetings in November 2019 with membership representation from each region of the province, including BSO Operations Committee members and BSO clinical team members.
- ✓ Building upon regional quality practice and innovations and strong working group collaboration, developed the BSO Provincial Practice Standards. The Practice Standards were released in March 2020 alongside a Background and Purpose document.
- ✓ Initial planning for the BSO Provincial Toolkit that will be built upon the BSO Provincial Practice Standards. The toolkit will be a resource for all BSO team members with practical tools that will assist in standardizing and streamlining BSO care across the province.

Behavioural Supports Ontario (BSO) Provincial Practice Standards
 Rooted in person and family-partnered care, BSO teams work collaboratively with the referred individual, their family care partner(s), the referring clinical team(s) and other partners in the provision of the following:

Comprehensive Behavioural Assessment
 Contributing to a Person-Centred Behavioural Support Plan

- Identify older adults with or at risk of responsive behaviours/personal expressions associated with dementia, mental health, substance use and/or other neurological conditions.
- Define goal of BSO involvement (preventative and/or restorative) and confirm the circle of care.
- Collect/review personhood information. Personhood tools to consider: <https://www.behavioural-support-ontario.ca/Personhood-Tool-Guidelines/>
- Collect and review information related to presenting responsive behaviours/personal expressions from the individual, family care partners, clinical team, and/or medical records, etc.
- Meet/observe the individual.
- Utilize a consistent holistic framework (e.g. P.I.E.C.E.S.[™]/(J-First[®]) and relevant evidence-informed tools that consider physical, social and environmental factors; cognition; function; mental health; and/or substance use.
- Collect baseline behavioural information (e.g. BSO-DO[®] www.brainchange.ca/BSODOS and/or Cohen Mansfield Agitation Inventory).
- Assess/consider safety, risk (perceived and existing) and quality of life.
- Identify contributing factors and unmet needs leading to responsive behaviours/personal expressions.
- Refer to community partners (as needed).

Collaboratively Develop Individualized Approaches/Strategies
 Contributing to a Person-Centred Behavioural Support Plan

- Identify/recommend non-pharmacological individualized approaches/strategies that address contributing factors and unmet needs, as well as promote meaningful activities and social connection.
- Collaborate with the team (including prescribers/specialists) regarding pharmacological approaches (e.g. for pain management, delirium, depression, psychosis) that may be needed (indicated by assessments).

Support Implementation of the Person-Centred Behavioural Support Plan

- Provide written documentation of assessment summary and recommendations to the clinical team and family care partners (e.g. BSO Clinical Report, Tip Sheet) as a mechanism to inform the broader care plan.
- Use various communication strategies to convey the plan of care to the clinical team (e.g. attend staff huddles, shift change reports, case conferences) and ensure preferred mode of ongoing communication with family care partners.
- Create a plan with the individual, family care partners and clinical team regarding implementation of the recommendations.
- Facilitate capacity building and provide support with the clinical team and family care partners using various methods (e.g. education, coaching, modelling, resource sharing).
- Identify improvement/barriers and possible solutions (e.g. organizational or system level areas).
- Consider utilization of the Knowledge to Practice Process Framework to guide capacity building and quality improvement (www.brainchange.ca/BSOK2P.aspx).

Monitor and Evaluate Outcomes

- Gather perspectives from the individual, family care partners and the clinical team regarding ability to implement approaches/strategies and their effectiveness.
- Collect behavioural data and compare results to baseline data.
- Evaluate if goal of BSO involvement was met and outcomes achieved.

Informed by:
 • Health Quality Ontario (2016). Quality Standards for Behavioural Symptoms of Dementia Behavioural Symptoms of Dementia Care for Patients in Hospitals and Residents in Long-Term Care Homes. Toronto, ON: Queen's Printer for Ontario.
 • Registered Nurses' Association of Ontario (2016). Delirium, Dementia, and Depression in Older Adults: Assessment and Care. Toronto, ON: Registered Nurses' Association of Ontario.
 • Behavioural Supports Ontario (BSO) Provincial Core Competencies.
 • Regional BSO processes and toolkits.

Behavioural Supports Ontario
 Soutien en cas de troubles du comportement en Ontario

BSO Provincial Coordinating Office
 ☎ 1-855-276-6313
 ✉ ProvincialBSO@bnrhc.on.ca

Behavioural Supports Ontario (BSO) Provincial Practice Standards
 Background and Purpose

BSO Mandate:
 The Behavioural Supports Ontario (BSO) initiative was implemented within the BSO Framework to transform health care system design for older Ontarians with, or at risk of, responsive behaviours/personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions. The initiative facilitates seamless, interdisciplinary, intersectoral care for individuals as well as their professional and family care partners.

BSO Provincial Framework of Care:
 BSO's framework is modeled under three provincial pillars:
 Pillar 1: System Coordination and Management
 Pillar 2: Integrated Service Delivery - Intersectoral and Interdisciplinary
 Pillar 3: Knowledgeable Care Teams and Capacity Building

BSO Principles:
 BSO is rooted in person and family-partnered care and is guided by seven value-based principles:

- Behaviour is communication**
 Responsive behaviours/personal expressions can be minimized by understanding the person and adapting the environment or care to better meet the individual's unmet needs. Behaviours are not meaningless; they are an attempt to express distress, problem-solve or communicate unmet needs.
- Respect**
 All persons are treated with respect and accepted as they are. Respect and trust characterize the relationships between clinicians and individuals/family care partners, and between providers across systems.
- Diversity**
 Practices value the language, ethnicity, race, religion, gender, beliefs/traditions, and life experiences of the people being served.
- Collaborative Care**
 Accessible, comprehensive assessment and intervention requires an interdisciplinary approach that includes professionals from different disciplines, as well as the individuals/family care partners, to cooperatively create a joint, single plan of care.
- Safety**
 The creation of a culture of safety and well-being is promoted where older adults and families live and visit and where staff work.
- System Coordination & Integration**
 Systems are built upon existing resources and initiatives and encourage the development of synergies among existing and new partners to ensure access to a full range of integrated services and flexible supports based on need.
- Accountability & Sustainability**
 The accountability of the system, health, and social service providers to funders and to each other is defined and ensured ([Behavioural Support System Impact, 2019](https://www.behavioural-support-ontario.ca/BSO-2019-2020-Work-Plan)).

Behavioural Supports Ontario
 Soutien en cas de troubles du comportement en Ontario

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BSO Regional Highlights:

ERIE ST. CLAIR (ESC)

- BSO Clinical Care Coordinators (CLCC) (RNs) have been implemented for the community sector of BSO. They perform top of scope RN duties as well as specific BSO education and training to ensure that the clients' needs are being met from a medical and responsive behaviour perspective. The goal is to have care in place (at home, retirement home, etc.) for as long as possible, and reducing care partner burnout. The RN liaises with primary care and other community agencies to ensure fulsome supports are in place for the client and care partner, while reducing service duplication. Transitional support is available if the client is transitioning to an alternate level of care – e.g. community to LTC. This position works closely with the BSO Lead team for successful transitions. This role is integrated with the Alzheimer Society where the staff are with the BSO Mobile Team, however, are employed by the LHIN HCC. This integrated role assists with building a collaborative and multisectoral model, which is foundational as part of the BSO Framework.
- BSO Steering Committee Meetings and Working Groups: Accomplished an education plan across all sectors – leveraging existing partnerships in community. Successfully collaborated on the BSO CLCC role. Input from all three counties and Key Performance Indicators were established. Integration of the role within existing model is successful.
- Referral Process mapping CLCC's integrated with system navigation: Ensuring that the client and care partner are well connected and can receive information from one source, the BSO CLCC role was integrated with the BSO System Navigator. This ensures that referrals to community are also part of the system navigator information stream. With weekly interdisciplinary rounds with multiple partners, the system navigator is the information holder for all referrals. Intake is completed from the LHIN HCC and the referral is sent to the System Navigator as well as the BSO CLCC RN. This ensures that coordinated access and system efficiencies are being realized.

Regional Achievements & Celebrations

- Bookmarks/Newsletters: In early March, as the pandemic peaked, bookmarks were sent to each LTC Home and Retirement Home to encourage the staff to seek assistance.
- Meaningful Activity Kits were sent to retirement homes: Each Retirement home received an activity kit and have requested more kits for those residents that needed person-centred activities. Meaningful activities are put together with the assistance of our Regional Education Coordinator and the Specialized Social Therapist.

Erie St. Clair Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario d'Erié St. Clair

TAKE CARE OF YOU!

We are working in a challenging time, and we want you to know that you're in our thoughts.

Please take good care of yourself, as you care for others.
On the back of this bookmark are some resources that may help.
Please access them if you need them, and share them.

Employee Assistance Program (EAP), and how to access these supports.

es phone counselling for a fee income. Contact them at:
familyservicekent.com/services/ram/ for more information.
des grief and bereavement 19.354.3113 ext 2406.
www.chathamkenthospice.com/bereavement-support/ for more information.

Ontario

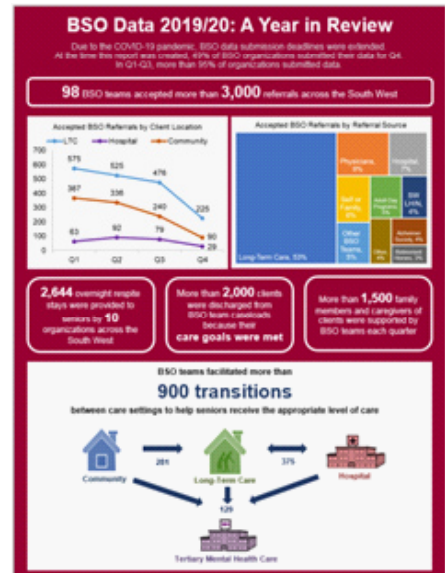
SOUTH WEST (SW)

Revamping HealthChat

HealthChat is a communications hub, resource portal and data submissions platform used by the South West BSO Community. In an effort to create a more user friendly experience for our embedded and mobile teams and to create greater efficiencies and support data integrity; the BSO Operations Team worked with HealthLine to improve functionality and utility.

The focus of our work was on the following three key areas:

- Communications: Streamlining of the Announcements section to support coordinated messaging to the 77 embedded teams, 5 Mobile Teams, 10 Adult Day Programs and 6 Alzheimer Societies.
- Resource Library: With over 600 resources and over 300 users it was challenging for stakeholders to access relevant resources in a nimble fashion. New resources were flagged to users by email notifications that did not indicate where the resources were catalogued. To ensure that these resources were not lost, a more efficient notification system was set up that has hyperlinks embedded in the email that takes them directly to the newly added resource.
- Data Submissions: Greater efficiencies with BSO Data Submissions are being realized. In addition to quarterly BSO data, Health Human Resources (HHR) data and explanations about the allocation of Equipment and Supplies funding will be inputted into HealthChat.



Regional Achievements & Celebrations

- This year, our annual BSO LTC Collaboration Days took on a different focus as instead of bringing together the embedded teams, LTC Directors and Administrators were invited to attend a one-day session entitled “Every Thing You Wanted to Know about BSO but Were Too Confused Too Ask!” Unique sessions were held in each of the five legacy LHIN regions to provide networking opportunities for local directors of care and administrators to share experiences and as a group learn about BSO.
- Usually in March, BSO holds LTC Collaboration Days for all the embedded teams across the region. This year we expanded the practice to provide education and networking opportunities for the Mobile Team, inclusive of the BSO Alzheimer’s Social Workers, in the form of Clinical Skills Days. Two separate days were developed with the goal of enhancing the clinical skills of the teams. Day one focused on a review of screening tools such as ABC Charting, Cohen-Mansfield and the Fast & Lawton-Brody IADKL Scale. Using a “speed dating” approach, each of the EPRC’s, acting as Assessment Tool Experts, presented on one of the tools and facilitated group discussions.

Huron Perth LTC DOC’s and EPRC Francis Taylor (in green) at BSO Leadership Day Stratford Ontario, March 5th 2020



WATERLOO WELLINGTON (WW)

System Coordination & Management Collaborations: Developing and maintaining positive working relationships with community partners is paramount to our success. Our work has an impact on many parts of the system (Local & Provincial). We strive to be highly visible and accountable.

- North Bay Collaborative (April 2020); BSO Lead & PRC LTCH Toolkit Engagement Tour (April 2019 to February 2020); BSO Executive Lead Meetings Quarterly Meetings; WW Older Adult Strategy Stream A & B; Provincial BSO Clinical Intake Partner Support; Nurse Led Outreach Team partnership; BSO PRC Acute Care rounds; and Seniors at Risk Community Grant.

Knowledgeable Care Team and Capacity Building: Ongoing research is essential to stay on top of developments in our health sector. Our teams conduct annual analysis of the best practices and of specific data to inform our planning and strategies within WW. This analysis and learning supports the ongoing care needs of clients, families and staff. Our 2019/2020 education, training and collaboration events included:

- Mental Health First Aid (April 2019); BSO Collaboration Day (November 2019); Validation Therapy (Feb 2020); Collaboration Day Administrators & Directors of Care (Feb 2020); Collaboration Day Medical Directors & Nurse Practitioners (Feb 2020); DementiAbiliy (March 2020); DementiAbiliy Train-the-Trainer (March 2020); Ongoing case-based clinical education to all direct care providers.

Regional Achievements & Celebrations

BSO has demonstrated its ability to be responsive, to avoid unnecessary ED transfers and assist to end Hallway Medicine. The ongoing support, as well as collaborative and integrated approach of BSO programs will continue to cultivate quality resident-centred care, build capacity to staff providing care for these complex residents and avoid unnecessary ED transfers within Retirement Home/community settings, while protecting our current health care system and resources. The WW BSO Programs work hard to offer operationally consistent service. We work hard to develop, plan and implement comprehensive specialized care plans and clinical consultation.

Integrated Service Delivery – Intersectoral and Interdisciplinary

- BSO Integrated team best practice collaborative - (Sept 2019) (pictured)

COVID-19 Pandemic Strategies:

- All WW BSO teams moved to a virtual care platform to support clients. In persons assessments continued on an urgent basis.
- Led by the expertise of BSO Clinical Intake, redeployed BSO & Community Support Services clinicians from St. Joseph's Health Centre team took over the day-to-day operations of the Kitchener – Waterloo Geriatric Medicine Complex Care practice. The team developed new practices, which were essential for the transition of the Specialists to a virtual care model.



HAMILTON NIAGARA HALDIMAND BRANT (HNHB)

- The BSO Specialized Geriatric Services (SGS) Central Clinical Intake (CCI) Team has committed to an ongoing partnership with the BSO Community Team to streamline and enhance referral process. Additionally, the BSO SGS CCI team partnered with GeriMedRisk to provide telephone and OTN consultative services for any Health Care Provider and their clients.
- The BSO Community Outreach Team & BSO Community Clinicians/Case Managers were realigned to become one team. The integrated BSO Community Team now accepts referrals for urgent and non-urgent referrals in the community. With the realignment and amalgamation of the two roles, more focus can be placed on the continuity of care for high-risk clients referred to BSO within the community. Furthermore, supporting clients through one community team will reduce the potential for duplication of screening and assessments this population is currently undertaking. This provides an opportunity for supporting clients longer within the community, potentially reducing emergency department visits and eliminating the transition from one BSO community team to another. Ultimately, this maintains the client’s dignity to stay within their community and home longer, but also improves the client’s experience by reducing confusion when seeking support from BSO within the community.

Regional Achievements & Celebrations

- The BSO LTC Team embarked on a journey to become a Best Practice Spotlight Organization (BPSO) with the RNAO. The BSO LTC Team has chosen to focus on the following clinical guidelines over the next three years: Person and family-centred care; delirium, dementia and depression in older adults; and assessment and management of pain. To learn more about the RNAO BPSO, please [click here](#).
- The BSO LTC Therapeutic supplies funding for this fiscal supported social connection during the pandemic, through the purchase of iPads for all 86 LTC Homes. These iPads were well received, and front line staff were able to use them to connect families virtually with their loved ones in the home.

“We would like to thank BSO for the recent donation of a new iPad to support our ongoing use of technology for our residents to facilitate 1:1 engagement strategies.”

- HNHB LTC Home Administrator

- One of HNHB’s Hospital Clinical Lead’s (Niagara Sub-Region), Lennie Epp, was nominated for the Nursing Excellence Award at Niagara Health System. Lennie is a strong BSO voice in the hospital and provides capacity building for front line staff, and displays knowledge, compassion and kindness to all patients she meets throughout her role.

BPSO Steering Committee Bottom row (Left to right): Ashley Passero, Lisa Gauthier, Tamara Villeneuve, Rachel Tubman, Noriel Santos. Top row (Left to right): JoAnne Chalifour, Erin Denton-O’Neill, Bob Gadsby, Katie Trapnell, Janet Plastow, Leonard Lwesso, Kristy McKibbon, Ashton Verhaeghe, Tamara Johnson. Not pictured: Emma Martin, Rosie Sears & Lisa Coddington.



CENTRAL WEST

Recreational Therapy LTCH Program: 7 of 23 LTCHs were able to roll-out the program before March 2020. The six therapeutic recreation staff co-designed, developed, implemented and evaluated the success of the program. The plan is continuing to move forward in fall 2020 with a virtual based delivery of care. Goals of the program are to INSPIRE and MOTIVATE while simultaneously:

- Developing best practices to reduce the frequency and intensity of personal expressions in residents through recreational therapy using a LTCH Hub and Spoke Model of Care;
- Promoting transformational culture change with the multidisciplinary team including person-centred language and care;
- Improving quality based outcomes for both residents and their families including appropriate use of psychotropic medication;
- Impacting Ministry of Long-Term Care Reporting; High Intensity Needs Funding; Critical Incident Reporting; and
- Reducing compassion fatigue amongst care partners.



Regional Achievements & Celebrations

- **Open Mind: Activities for people with dementia** (Home Activity Kits (*pictured*)) - Alzheimer Dufferin Award for Community Recognition: Our activity kits are very well received and we are getting great feedback from family care partners (FCPs). The Community PRC Elaine Griffin spends one day each week preparing the Montessori kits for distribution. Our Behaviour Support Workers (BSWs) are supporting FCPs and do porch drop-off of the kits to the homes. In tracking the BSW role under BSO, they are coaching and mentoring FCPs through the daily challenges and ensuring the kits meet the needs of the person and education for the FCP. Please see the following link where the team was recognized for their work over the past year: <https://www.wellingtonadvertiser.com/open-mind-activities-for-people-with-dementia/>
- **Community BSO PSW behaviour stabilization program** - CANES Community Care: In Q4, we received short-term one-time funding for a community in-home program with persons and FCPs. CANES developed a unique PRC lead program with BSO PSW trained staff in GPA and Positive Approach to Care techniques. A team of five were able to support over 72 FCPs in the community. The program had meaningful, long-term impacts on individuals and FCPs alike. Education in itself can be a critical turning point in both a FCP's perception of their ability to provide care and the actual delivery thereof. The addition of a live role-model that can physically bring behavioural support recommendations to life served to enhance educational recommendations in a way that improved their abilities. FCPs had the opportunity to learn, observe, and with guidance, replicate behavioural support strategies that work for their loved ones. This program further complimented the behavioural supports service by showing FCPs that the proper, consistent implementation of recommendations can have meaningful impacts on overall life and long-term living arrangements. This program has significantly affected transitions to LTC and made them seamless; reducing the need for immediate crisis placement in LTC

MISSISSAUGA HALTON (MH)

- The Mississauga Halton LHIN Regional BSO Program delivered two Regional BSO Education Days. These 2 full days of education offered a morning plenary session and guest speakers including a lived experience speaker. Both days also offered Poster Board Sessions and 9 different breakout sessions. Break out sessions included: Physical Assessment Skills, Therapeutic Relationships, Coaching, Mentoring and Leadership, Assessing and Managing Pain in Dementia , Cognitive Screening, Compassion Fatigue, Doll Therapy, Understanding Team Dynamics and Managing Sources of Conflict, Documenting Responsive Behaviours, Parkinson Canada – Act on Time, Person-Centred Language and Understanding Behaviour.
- With additional funding at the end of 2019-20, the Mississauga Halton LHIN Regional BSO Program in partnership with Canadian Mental Health Association Peel Dufferin implemented a BSO Community Outreach Nurse position, aligned with existing crisis supports in the community to support the BSO population and their families in the community with short-term intensive support of a BSO nurse.
- In partnership with the Alzheimer Society Peel, the Mississauga Halton LHIN Regional BSO Program also implemented a BSO Therapeutic Supplies Lending Library accessible to community and acute care to support non-pharmacological interventions.
- In 2019-20 The Mississauga Halton LHIN continued to bring together the Regional BSO Teams from all 28 Long-Term Care Homes along with the Psychogeriatric Resource Consultants (PRCs) on a monthly basis (approx. 70 members). These monthly sessions were structured to allow 2 homes per session to share either a success story or a complex case and 1 home to lead a GPA Topic discussion for the group.

Regional Achievements & Celebrations

- Two Regional BSO Education Days with over 150 attendees at each day. Attendees from all 28 Long-Term Care Homes as well as Community Agencies and Acute Care Partners.
- Over 900 transitions supported by BSO Teams in Mississauga Halton across sectors
- Between 1400 – 1600 residents supported every month by BSO teams in LTC.
- Between 1500 – 1700 individuals supported every month by BSO teams in Community/Acute Care.



TORONTO CENTRAL (TC)

- Addition of new roles: BSO Addiction Specialist in Long Term Care role implemented across 36 LTC homes; BSO Caregiver Specialist in LTC role launched and implemented across LTC homes in partnership with the Alzheimer Society of Toronto; and BSO Coordinating Office Navigator role launched and implemented across sectors to ensure continuity and optimise use of BSO services across the continuum of care.
- System collaboration with the BSO Acute Care teams including the Acute Care Behaviour Support Specialists from the University Health Network (UHN) and Behaviour Support Transition Resource Team (BSTR) from LOFT to formalize a model and begin transition of referrals to the BSO Coordinating Office to create a full BSO system of care across all settings. LOFT BSTR referrals now flow through the BSO Coordinating Office.
- Completed three sector day events focused on (1) Geriatric Addictions in LTC; (2) Design Principles for Dementia Care In the Community; and (3) Essential Components for Success for our In-house Behaviour Support Lead Program in LTC reaching over 400 participants from across sectors.
- Rapid COVID-19 response including expansion of BSO Coordinating office to 7 days a week, virtually enabled BSO services across all sectors and the introduction of a new virtual medical consultation service supplementing existing BSO and mental health outreach supports.
- Training and supporting over 30 In-house Leads including implementing weekly check-ins to support them through the COVID-19 pandemic to provide guidance and education.

Regional Achievements & Celebrations

- Monthly Behavioural Support Capacity Building Rounds were offered virtually (e.g. OTN; Zoom) and on site at Baycrest reaching over 85 sites across the province.
- Over 290 capacity building sessions in partnership with the Psychogeriatric Resource Consultants (PRCs), Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) at Baycrest and Alzheimer Society of Toronto reaching over 2500 attendees.
- Education and celebration event held with approximately 100 attendees focused on the In-house Behavioural Support Leads and their leadership sharing annual successes related to volumes of new BSO clients, reduction of police intervention, reduction in critical incidents, reduction in clients sent to ED and admitted for behaviour related challenges (pictured).



CENTRAL

- Enhancement Funding received for LOFT (Leap of Faith Together) Community BSO services:
 - ✓ Hired 1.0 FTE Clinician to further support our Acute Care Behavioural Support Transition Resource Team. This has allowed for improved alignment of services to our acute care partners and increased the ability to support more clients to successfully transition from ALC to their next care destination.
 - ✓ Developed and implemented a new position of Behaviour Support Education Facilitator to support ongoing educational needs specific to community Health Services Providers, Retirement Homes and Caregivers (1.4 FTE).
- Since the onset of the BSO Program in Central region, LOFT has played an instrumental role in the management and supervision of the BSS Mobile team. In July 2019, the BSS Mobile Team 'returned home' to Mackenzie Health. This was a difficult time for all involved as the LTC Team had been a part of LOFT since the inception of BSO. The transition was handled with dignity and the two teams/BSO partners continue to work together in a collaborative partnership in order to provide superior Behavioural Support Services.

Regional Achievements & Celebrations

- LOFT's Behavioural Support Services participated in providing Mental Health and Addictions Champion Training and Responsive Behaviour Training to the Short Term Transitional Care Models in the TC LHIN. 14 different agencies that provide the Short Term Transitional Care Models all sent representatives for the Champions Day Training and over 110 individuals attended the other 2 full day training sessions.

- In partnership with Home and Community Care, LOFT has been the designated Responsive Behaviour trainer for the PSW Interval Care Model providing on-going training and support to both the staff of the Retirement Home and the agency staff dedicated to providing the PSW staff to each home.



Mental Health and Addictions Champions Training Day provided by LOFT Behavioural Support Services

- In December 2019, Patti Reed, Manager of the BSO Program in the Central region announced her retirement. Patti has been with Mackenzie Health for several years and was pivotal in the design and operation of the BSO program in the Central region. Patti Reed is loved and will be missed by everyone at Mackenzie Health. All the best to you Patti – enjoy retirement!



Mackenzie Health LTCH Mobile team, December 2019, Good luck Patti!

CENTRAL EAST (CE)

- Year 3 dementia strategy funding was received from the Ministry of Health in November, which led to the expansion of BSO staff resources in the community. The addition of 0.8 Full Time Equivalent (FTE) Registered Practical Nurse (RPN) to the Geriatric Assessment and Intervention Network (GAIN) team at Carea Community Health Centre (CHC) and 0.5 FTE RPN to the Brock Geriatric Assessment Program (BGAP) at Brock CHC was hired. The initial impact of the additional funding in Quarter 4 was as follows:
 - 44% increase from Quarter 3 in the number of new accepted referrals;
 - 97% increase from Quarter 3 in the total number of active patients supported;
 - Increased family support from 62 individual family members/informal care partners supported in Quarter 3 to 157 in Quarter 4.
- As a result of increased capacity building sessions and the ability to provide therapeutic resources to 68 Long-Term Care Homes (LTCHs) and acute care hospitals, many positive outcomes were observed, such as:
 - Increased staff engagement in intervention planning, BSO huddles and meetings especially seen in care planning for those living with mental health conditions;
 - Improved person-centred care, behavioural care planning using person-centred language and increased interventions occurred after a refresh of BSO tools and resources to ensure adherence to Person-Centred Language guidelines;
 - Increased 1:1 personalized activities by acquiring therapeutic resources from DementiAbility. The DementiAbility kits consisted of colouring and reading books, flash cards, and various other materials.
- Throughout the year of implementation of the Acute Care RNs, the hospital teams collaboratively created process and transitional maps, the acute care behavioural assessment tool, communication tools and additional resources. Positive impacts of BSO in the acute care settings included:
 - Increased discharges from hospital to home for those patients living with responsive behaviours, thus enabling patients to return home permanently or return home to wait for admission into long-term care;
 - A significant increase quarter over quarter in the number of accepted referrals for patients exhibiting responsive behaviours/personal expressions can be seen throughout the 2019/20 fiscal year.

Regional Achievements & Celebrations

- The first ever mental health training series was provided to all LTCHs in February. The first of a four part mental health training series was provided by facilitators from Silver Meridian. Overall, participants reported extremely positive feedback with the majority stating they were able to use what they learned in the training session in their role, and looked forward to upcoming topics.
- Conducted annually, the fall Sub-Region Collaborative events aim to bring together front-line staff and leadership from all sectors to educate, share lessons and spread best practices across the Central East sub-regions. This season's hot topic: Person-Centred Care and Language. All 267 participants at each Sub-Region Collaborative took their person-centred language pledge and received certificates at the end of the event (pictured).



SOUTH EAST (SE)

- Central Access RN roles are an integrated team member in our Seniors Mental Health (SMH) and Behavioural Support Services team. The Central Access processes continue to be refined in the community and have been implemented in 2 out of 3 regions in the SE with plans and resources to expand to the 3rd region.
- SMH Outreach, PRC and MRT continue to work as an integrated interprofessional team with ongoing quality improvements ensuring clients receive the right service at the right time. The addition of OT, SW and Neuropsychology to the specialty SMH Outreach team has enhanced access to interprofessional team and specialized support in the community.
- In the face of COVID-19, the SMH Outreach teams quickly adapted to Virtual Care, building upon their learning from the previous 3 years of using PCVC/OTN to increase access to geriatric psychiatry in rural areas.
- South East Knowledge Exchange Network hosted on brainXchange included a webinar series; 3 collaboration spaces; and resource page reaching partners locally, provincially, and nationally. <https://brainxchange.ca/Public/South-East-Knowledge-Exchange-Network.aspx>
- Partnership with the SE Centre for Studies in Aging and Health to provide access to self-directed on-line courses for LTCH.
- SE Lived Experience Network continues to provide guidance and education around the needs of clients and care partners and identify opportunities for system improvement. The SE Lived Experience Network can be found at www.dementiacrossroads.ca.

Regional Achievements & Celebrations

- BSO Annual Integration Day November 25, 2019: Focus on process mapping of the collaborative work between the BSO Mobile Response Teams and Embedded Teams with an ongoing goal of quality care and contributing to increased system flow (pictured).
- BSO Annual Learning and Development Day March 6, 2020: Intimacy and Sexual Expression in LTC with approximately 120 participants.
- SE C.A.R.E. Network (Coordinated Access to Resources Electronically): In response to COVID-19, the PRC team developed this virtual platform to support ongoing knowledge exchange within and across the system.
- SAFE Approach to Person Centred Engagement (Stimulating, Accessible, Fun, Engaging): A collaboration between SMH BSS and LTC homes to develop resident specific isolation-friendly meaningful activities.
- Lived Experience Virtual Care Tips Sheet: A need was identified by the Lived Experience Network to develop a Tip Sheet around Virtual Care. This will be useful during the pandemic and into the future as the lived experience network has advised how difficult it can be to get their loved ones to appointments and virtual care will be a great asset to the care and well-being of clients/care partners.



CHAMPLAIN (CH)

- BSO Champions worked in collaboration with LTC staff & Geriatric Psychiatry Outreach BSO nurses to provide consultation and follow-ups via virtual care for our residents during the pandemic.
- Geriatric Psychiatry Outreach BSO Nurses redeployed to help other sectors. Some went to the Geriatric Psychiatry Inpatient unit, and a full time float at the Royal. Six Geriatric full time staff volunteered to work in a PSW role in a Red LTCH for up to 5 weeks providing care for the residents and supporting families.
- Our Annual BSO Champion Day held November 25, 2019 was another astounding success! We welcomed 130 participants from across all urban and rural LTC. The theme for the day was BSO and Teepa Snow Approaches to Care for The Person Living with Dementia. Satisfaction results were excellent and almost every attendee said the day met, or exceeded their expectations.

Regional Achievements & Celebrations

- Dr. Marie France Rivard Geriatric Psychiatry Education and Innovation Award which recognizes excellence and valuable contributions to quality, innovation and education was awarded to Bonnie Daros (RN, PRC) and Adele Loncar (Program Evaluation Coordinator).
- The Royal Education Champion Award, which recognizes contributions to training and education, was awarded to Timah Black-Geisterfer, Psychogeriatric Outreach Nurse. Timah was also recognized as a BSO champion in LTC for her dedication, engagement and professionalism.



Bonnie Daros, RN PRC receiving the Dr. Marie France Rivard Geriatric Psychiatry Education and Innovation Award.



Adele Loncar, Program Evaluation Coordinator receiving the Dr. Marie France Rivard Geriatric Psychiatry Education and Innovation Award.



Timah Black-Geisterfer, Psychogeriatric Outreach Nurse receiving the Royal Education Champion Award.

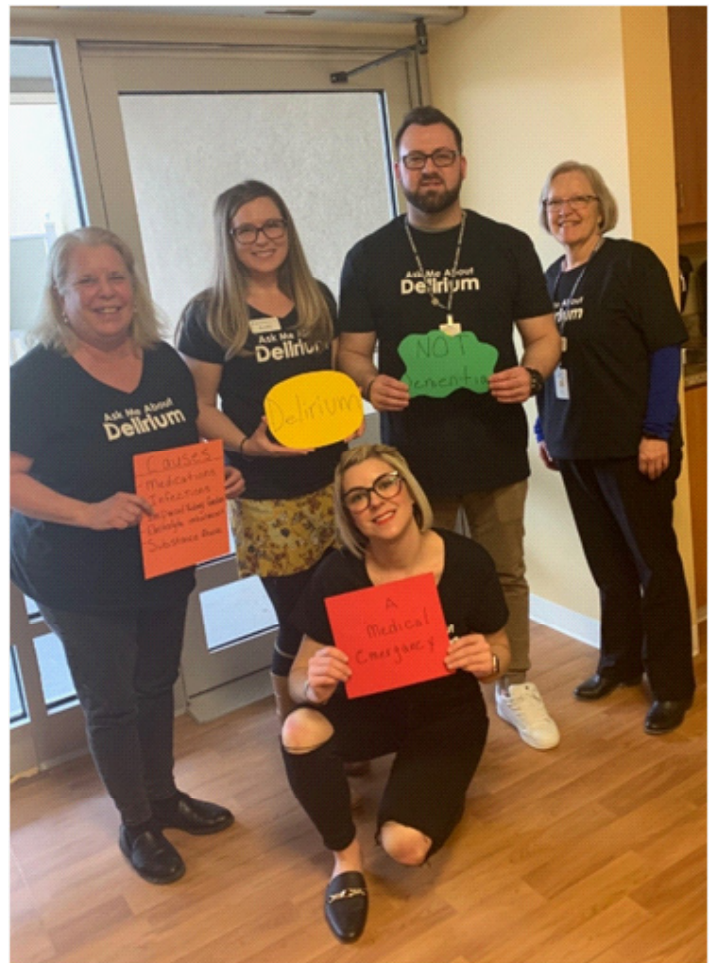
NORTH SIMCOE MUSKOKA (NSM)

Funding was used to continue to improve access to clinical services and to advance NSM Behavioural Support Services (BSS) redesign as part of the NSM Specialized Geriatric Service (SGS) program:

- 1 Community Clinician was hired to further expand the BSS Community team resources and support alignment of a Community Clinician in each sub-region of the NSM.

(2) REGIONAL ACHIEVEMENTS & CELEBRATIONS

- Aligned the NSM BSS Central Intake within the NSM SGS program to create a new, single NSM SGS program Central Intake.
- There were 2 funded education sessions titled “Evening in Geriatrics” for Physicians and Nurse Practitioners.
- BSS Community joined NSM SGS professionals for a Facebook Live event to celebrate Seniors’ month in June 2019.
- BSS LTC workflow review underway to standardize across all NSM sub-regions.
- BSS team members continue to build our team presence on twitter to encourage capacity building and link our partners with relevant resources.
- BSS Community Team project underway to better articulate impact of care on patients, caregivers and the system through review of key indicators, measurement tools, and revising team workflow processes.
- BSS Community participated in a Twitter Live event titled “Let’s Talk about Dementia” on Bell Let’s Talk day in February 2020 .
- Celebrated World Delirium Awareness Day (#WDAD2020) on March 11, 2020 by raising awareness of delirium with our partners through various medias (pictured).
- Community partners were funded to attend sessions in U-First, GPA, Positive Approach to Care, P.I.E.C.E.S.™ and Seniors Mental Health training.



Members of the NSM BSS LTC and Community teams raising awareness about Delirium on World Delirium Awareness Day 2020.

NORTH EAST (NE)

- On May 29th & 30th, NE BSO, in collaboration with the NE LHIN, hosted the bi-annual BSO/SMH Clinical Strategic Development Event 2019, in Sudbury. The Event brought together upwards of 150 of our NE Care Partners and numerous esteemed presenters, who shared a wealth of knowledge and expanded upon the group's collective contributions to quality care and system enhancements. The success of the event can be summed up by the following anonymous response to our post-event follow-up survey: "The speakers and presenters were very creative. It was very engaging and exciting but the most exciting is the new DOS".
- Looking to promote further education pertaining to our BSO Core Competencies, this past year we were pleased to feature eight 2-day sessions of Mental Health First Aid for Seniors in addition to partnering with the Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) at the Research Institute for Aging (RIA) on two educational forums. The first was a regional presentation on cultivating Culture Change on November 11, 2019. With the support of the NE LHIN, we were also able to sponsor 60 clinicians from across the NE to participate in two 1-day Living the Dementia Journey training events held in Sudbury.

Regional Achievements & Celebrations

- Even prior to the pandemic, NE BSO was active in exploring various virtual resources to enhance access to specialty services within the rural areas across our region. This included enhancing the awareness of our NE BSO eConsult Specialty Group, available through the Ontario Telemedicine Network (OTN) eConsult service. We were delighted to recruit additional Geriatric Psychiatrists and Care of the Elderly Physicians to be available to respond to consults relating to impaired cognition, mood, anxiety, psychosis, responsive behaviours and psychotropic medications from primary care providers in Northern Ontario. In addition, many of our local geriatric consultants have enhanced their availability to provide Virtual Consultations in addition to their in person clinics. Following each Virtual Consult we also implemented a feedback mechanism to explore strategies to enhance streamlining of virtual consultations to best support our care partners and residents across the North East.
- NE BSO, in collaboration with the NE LHIN and the North East Dementia Strategy Committee, was pleased to announce the provision of funding for the purchase of BSO Therapeutic Equipment and Supplies to each of the 45 LTC homes in the NE. Following which, we received many submissions highlighting the excellent work and achievements obtained in part by these additional resources. We definitely saw a few trends emerging across the region, including those towards robotic pets (pictured), doll therapy and therapeutic chairs! Environmental redesigns were also a large focus, with many homes engaging local artists to assist with creative murals and pictures of local scenery to mask doorways (pictured) in an effort to prevent exit seeking behaviours or enhance wayfinding. Other homes prioritized the funds to enhance the acquisition of supplies such as weighted blankets, fiber-optic lights and multi-sensory supports to engage residents in quiet and inviting activities with the hope of mitigating personal expressions.



NORTH WEST (NW)

- The BSO team in the NW grew in 2019-20 and now includes a fulsome interdisciplinary BSO model working in LTC, Acute Care and Community. The NW team has continued to explore the hybrid model, which includes both embedded staff and staff associated with the lead organizations. Most importantly, the model has remained flexible and responsive to the needs of individual communities.
- Following the declaration of the Global COVID-19 Pandemic and subsequent precautions including visitor restrictions we are proud to share that many BSO staff across the NW responded to the need. In many cases, BSO roles expanded and changed in response to need to include activities and measures to reduce social isolation such as conducting FaceTime visits, phone call support between residents and family members, window visits, and extra 'social care' visits to talk about feelings with isolation from outside world.
 - As a result of the COVID-19 Visitor Restrictions imposed in LTC Homes, the Behaviour Support Lead in Southbridge Care incorporated a number of creative activities and entertainment opportunities for residents including a band in the garden with piped in vocals, while residents watched from inside through windows; window exercise groups; posters, banners posted on the lawn to send messages to residents.
 - In Manitowadge, the Behavioural Supports Lead has reported success with "Joy for All" companion pets for residents to interact with and the extension of their patio garden to include fresh vegetables.



Regional Achievements & Celebrations

- On February 27th, 2020 a one-day conference, "Our Response is Crucial: Supporting People with Responsive Behaviours in Hospital Settings" was held in Thunder Bay and was attended by 81 health service providers from across the NW.
- The conference met the objective of building BSO skills and capacity around managing disrupting or challenging behaviours due to dementia or other neurological conditions amongst staff working in Acute Care or small regional hospitals across the NW.
- The presentations throughout the day provided a mixture of clinical expertise and tools and also provided for some opportunities to explore what is happening in acute care elsewhere in the province and think about what could happen in the NW in the future.
- BSO in Acute Care Toolkits were also created containing resources such as assessment tools; best-practice guidelines; templates and activities along with a number of therapeutic supplies, and educational material to help these healthcare providers provide care for patients displaying responsive behaviours.



Projects and Initiatives: Integration

Person-Centred Language (PCL) Initiative

Purpose: To foster and promote the consistent use of person-centred language (PCL) that is appropriate, respectful, life-affirming and inclusive when referring to, providing care to and interacting with people living with dementia, complex mental health, substance use and other neurological conditions and their care partners.

Lead: Tina Kalviainen, Strategic Communications Specialist, BSO PCO

Partner Logos:

This work was completed in collaboration with the Ontario Centres for Learning, Research and Innovation in Long-Term Care at the Schlegel-UW Research Institute for Aging.



Enhancing Life

Key Accomplishments:

- ✓ An [online pledge](#) was created for people to demonstrate their commitment to PCL. A total of 2,070 pledges were completed by the end of March.
- ✓ A poster challenge facilitated distribution of PCL Commitment Statements posters to over 70 organizations across Canada. While the majority were sent to Ontario LTC homes and community organizations, some were sent across the country, including Vancouver, Edmonton, Winnipeg and Halifax.
- ✓ A time-limited online storefront was set up in order for other organizations to be able to purchase posters on a cost-recovery basis.
- ✓ PCL Workshops were delivered at various conferences and online forums including the “Together We Care” conference (April 2019) and at the Canadian Academy of Geriatric Psychiatry and the Canadian Coalition for Seniors’ Mental Health’s Annual Scientific Meeting (October 2019).
- ✓ Two [PCL e-courses](#) were developed in collaboration with MacHealth: (1) Person-Centred Language: An Overview for LTC Team Members; and (2) Implementing Person-Centred Language: An Overview for Long-Term Care Team Leaders and Managers.



Looking Ahead: A Sneak Peek into 2020-21

- ✓ Both streams of the Person-Centred Language e-courses have been translated and French versions will be released in the fall of 2020.
- ✓ There is academic interest and uptake in incorporating the Person-Centred Language e-courses into nursing programs.

By Us For Us® Guide: Social Isolation and Dementia

Background: By Us For Us® (BUFU) Guides are a series of booklets created by passionate persons living with dementia and/or partners in care. The guides are designed to equip persons with dementia with the necessary tools to enhance their well-being and manage daily challenges. The guides can be accessed here:

<https://the-ria.ca/resources/by-us-for-us-guides/>.

Purpose: To create a BUFU Guide on the topic of social isolation and dementia. This new guide will focus on strategies to address social isolation amongst persons living with dementia and family care partners.

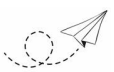
Co-Leads: This project is led by the **BUFU Social Isolation and Dementia Working Group**. The members of this group are: (alphabetical) Dawn Baxter (BSO Provincial Lived Experience Facilitator); Devora Greenspon (Board Director, Ontario Association of Residents' Councils); Anne Hopewell (Family Care Partner), Brenda Hounam (Person living with Dementia), Paul Lea (Person living with Dementia); Sian Lockwood (Project Lead) (Project Officer, Schlegel- UW Research Institute for Aging); Lisa Poole (Family Care Partner, Dementia Advocacy Canada); Katelynn Viau Aelick (Project Coordinator, BSO PCO); Mary Beth Wighton (BSO Provincial Lived Experience Facilitator); and Vicky Willis (Lived Experience Facilitator, Behavioural Support Services, Providence Care/ Alzheimer Societies of South Eastern Ontario).

Partner Logos:



Key Accomplishments:

- ✓ The BUFU Social Isolation and Dementia Project was initiated following a Murray Alzheimer Research and Education Program (MAREP)/Schlegel-UW Research Institute for Aging (RIA) Spring Planning Event which took place on June 6, 2019. Following the event, a small group united in the fall to discuss possible topics for a new BUFU Guide that would be applicable to the BSO population as well as the general population of older adults living with dementia and their care partners.
- ✓ A list a potential topics was brought to a BSO Lived Experience Meeting on January 28, 2020 and the topic selected was 'social isolation amongst people living with dementia and their care partners'.
- ✓ Following a call for working group members, the BUFU Social Isolation and Dementia Working Group began to meet on a bi-weekly basis to initiate several activities to develop the BUFU Guide. Included in these activities was a small environmental scan of guides in this topic area and several discussions pertaining to the primary themes that should be included in the guide.



Looking Ahead: A Sneak Peek into 2020-21

- ✓ The relevance of the selected topic for this new BUFU guide became considerably apparent following the initiation of the COVID-19 pandemic. As such, activities related to the development of this guide were not paused during the pandemic. In the first quarter of 2020-21, the BUFU Social Isolation Working Group finalized questions that will be answered by individuals with lived experience via a survey, focus groups and individual interviews. The answers collected via these three methods will be used to develop the guide. The project has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee.

Supporting BSO Teams through the COVID-19 Pandemic

The end of the 2019-20 fiscal year was met with the beginning of the COVID-19 pandemic which has had significant effects on older adults and family care partners across sectors. Given the increased vulnerability/susceptibility of the BSO population to COVID-19, BSO Teams across the province rallied to implement new safe and innovative strategies in order to continue to support those presenting with responsive behaviours/personal expressions across sectors. At a provincial-level, the BSO PCO initiated several products and strategies to equip teams with the knowledge and resources to disseminate new practices that were applicable to the pandemic.


Initiation of COVID-19 Webpage in collaboration with brainXchange

In March 2020, the BSO PCO collaborated with brainXchange on the [COVID-19 webpage](#). This webpage includes sections pertaining to: Clinical Guidance, Preparedness, Prevention and Screening; Practical Tips – Prevention of Spread/Infection Control; Practical Tips – Therapeutic Engagement and Behavioural Supports; Wellness and Wellbeing; Lived Experience/Family Care Partner Resources; and Knowledge Exchange Events. This webpage continues to be updated as relevant resources become available.

Development of Behavioural Support Resources

In collaboration with the various partners listed below, the following resources were created to support BSO Teams and others supporting the BSO population during the pandemic:

- ✓ Engaging activity ideas for people living with dementia during COVID-19 (developed in collaboration with DementiAbility Enterprises)
- ✓ Non-Pharmacological approaches to support individuals living with dementia while maintaining isolation precautions (developed in collaboration with various BSO Clinicians and Educators across Ontario)
- ✓ Supporting safer smoking practices & smoking cessation during COVID-19 (developed in collaboration with Marilyn White-Campbell, BSO Geriatric Addictions Specialist, Baycrest)

In addition to collaborating on the development of these resources and the brainXchange website, the BSO PCO initiated the release of weekly COVID-19 communication emails during the pandemic. Each email consists of  es, Wellness Strategies and a note of thanks.

Looking Ahead: A Sneak Peek into 2020-21

As the COVID-19 pandemic continues into the 2020-21 fiscal year, the BSO PCO has continued to support BSO Teams and partner organizations through:

- ✓ Continuing to release weekly COVID-19 Communication emails and updating the COVID-19 webpage
- ✓ Collaborating with Dr. Jennifer Bethell on the launch of a knowledge synthesis and accompanying infographic titled: Social Relationships are Important for the Mental Health of People Living in Long-Term Care Homes. A survey to collect the methods by which BSO teams were supporting individuals to remain socially connected was also used to inform this work
- ✓ Presenting at Baycrest's Provincial Behavioural Support Rounds on 'Tools you need to provide care to older adults during COVID-19' (Ontario CLRI at Baycrest & BSO)

Knowledge Exchange Highlights

Adlhoch, K., Orosz, Z., Hewitt Colborne, D., Riddell, D., Fretz, E. & Kaur, S. (2019, May). *Behavioural support transition units: Working together to support person and family-centred care* [Workshop]. AdvantAge Ontario Convention, Toronto, Ontario.

Donison, V., Hewitt Colborne, D., & Schindel Martin, L. (2019, October). *Analyzing and defining critical elements of the dementia observation system (DOS): Environmental scan* [Poster presentation]. Canadian Association on Gerontology Annual Scientific and Educational Meeting, Moncton, New Brunswick.

Ducak, K., & Kalviainen, T. (2019, April). *Person-centred language matters* [Workshop]. Together We Care Conference (OLTCA & ORCA), Toronto, Ontario.

Ducak, K., & Kalviainen, T. (2019, May). *Person-centred language matters* [Webinar]. Gerontological Nurses Association of Ontario.

Ducak, K. & Kalviainen, T. (2019, October). *Behavioural Supports Ontario person-centred language initiative* [Workshop]. Canadian Academy of Geriatric Psychiatry & Canadian Coalition of Seniors Mental Health Annual Scientific Meeting and Conference, Banff, Alberta. (pictured)



Ducak, K., & Kalviainen, T. (2019, December). *Person-centred language* [Webinar]. Centres for Learning, Research & Innovation in Long-Term Care.

Hewitt Colborne, D., Iaboni, A., & Van Bussel, L. (2019, October). *The Behavioural Supports Ontario Dementia Observation System (BSO-DOS®): Interdisciplinary innovation and collaboration leading to objective and measurable direct observation documentation.* [Presentation session]. Canadian Academy of Geriatric Psychiatry & Canadian Coalition of Seniors Mental Health Annual Scientific Meeting and Conference, Banff, Alberta.



Hewitt Colborne, D., Schindel Martin, L., Patel, J. & Graham, C. (2019, November). *The BSO-DOS®: Sharing implementation strategies!* [Presentation session]. Baycrest Behavioural Support Rounds, Toronto, Ontario. (Pictured).

Hewitt Colborne, D., & Schindel Martin, L. (2019, October). *Implementing the BSO-DOS®: Strategies for your team* [Webinar]. brainXchange National Webinar.

Hewitt Colborne, D., & Schindel Martin, L. (2019, May). *The new standardized BSO-DOS®* [Presentation session]. AdvantAge Ontario Convention, Toronto, Ontario.

Hewitt Colborne, D. (2019, August). *The new standardized BSO-DOS® (Behavioural Supports Ontario- Dementia Observation System)* [Presentation session]. Canadian Foundation for Healthcare Improvement's Appropriate Use of Antipsychotics Collaborative Webinar.

Judd, T. (2019, June). *Person-centred language matters* [Presentation session]. AdvantAge Workplace and Responsive Behaviours in Seniors' Care Workshop, Toronto, Ontario.

Lee Boulton, K., & Flowers, B. (2019, October). *Behavioural Supports Ontario and Geriatric Assessment and Intervention Network (GAIN): A perfect match for collaborative community dementia care* [Poster presentation].

Canadian Conference on Dementia, Quebec City, Quebec. (Pictured)

Loncar, A., Lesiuk, N., Black-Geisterfer, T., & Fetz, N. (2019, October). *Integrating applied behaviour analysis into a collaborative practice model for the treatment of responsive behaviours in LTC residents living with dementia* [Presentation session]. Canadian Academy of Geriatric Psychiatry & Canadian Coalition of Seniors Mental Health Annual Scientific Meeting and Conference, Banff, Alberta. (Pictured)



Morton-Chang, F., & Viau, K. (2019, May). *Surfacing BSO emerging, promising & best practices through analysis of BSO qualitative stories* [Presentation session]. Baycrest Behavioural Support Rounds, Toronto, Ontario.

Rivard, M.F., & Loncar, A. (2019, October). *Advocating for mental health services for older adults in Canada: Tools and strategies* [Presentation session]. Canadian Academy of Geriatric Psychiatry & Canadian Coalition of Seniors Mental Health Annual Scientific Meeting and Conference, Banff, Alberta.



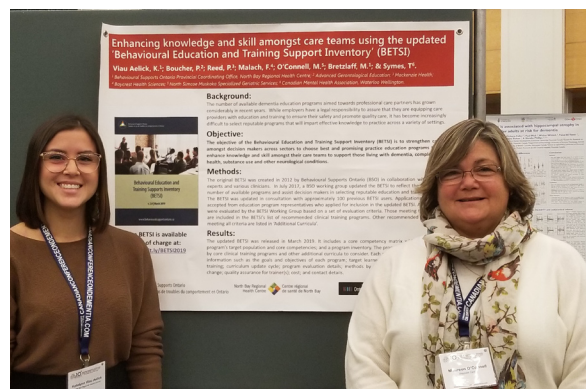
Schindel Martin, L., Hewitt-Colborne, D., Newman, K., Donison, V., Laking, J., Barel, A., Judd, T., Hamilton, P., Iaboni, A., Van Bussel, L., Kilik, L., Fresco, F., Grant, K., Marshall, C., Elliot, G., Bretzlaff, M. (2019, May). *The new standardized Behavioral Supports Ontario-Dementia Observation System (BSO-DOS®): Development, implementation and evaluation* [Poster presentation]. 20th Biennial Conference of the Canadian Gerontological Nursing Association, Calgary, Canada. (Pictured)



Van Bussel, L., Barel, A. & Hewitt Colborne, D., (2019, February, March). *The new standardized BSO-DOS® (Behavioural Supports Ontario- Dementia Observation System)* [Presentation sessions]. South West BSO Long-Term Care Collaboration Days, Stratford, London, Owen Sound & Woodstock, Ontario.

Viau, K. (2019, May). *Behavioural education and training support inventory* [Presentation session]. AdvantAge Meeting & Convention, Toronto, Ontario.

Viau Aelick, K., Boucher, P., Reed, P., Malach, F., O'Connell, M., Bretzlaff, M., & Symes, T. (2019, October). *Enhancing knowledge and skill amongst care teams using the updated 'Behavioural education and training support inventory'* [Poster presentation]. Canadian Conference on Dementia, Quebec City, Quebec. (Pictured)



Viau Aelick, K. (2020, February). *Something has to change and that thing may well be us* [Presentation session]. Our response is crucial: supporting people with responsive behaviours in hospital

settings, Thunder Bay, Ontario.

White Campbell, M. & Purcel, B. (2019, May). *Older adults with alcohol-related problems: Best practice guidelines* [Presentation session]. Addictions and Mental Health Ontario (AMHO) Conference – Where Change Happens, Toronto, Ontario.

White Campbell, M. (2019, May) *Cannabis Conundrums* [Presentation session]. National Initiative for the Care of the Elderly Conference, Toronto, Ontario.

White Campbell, M. & Devitt, A. (2019, October). *Waterloo Wellington Behaviour Support Team (BSOT) successful transitions for older adults with opiate use disorders: A case study* [Presentation session]. Canadian Academy of Geriatric Psychiatry & Canadian Coalition of Seniors Mental Health Annual Scientific Meeting and Conference, Banff, Alberta. (Pictured)

White Campbell, M. (2019, December). *Geriatric considerations for nicotine dependence* [Presentation session]. Baycrest Geriatric Psychiatry Rounds, Toronto, Ontario.

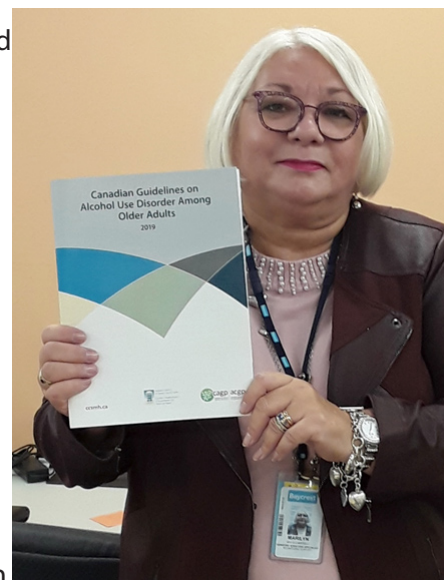
White-Campbell, M. (2019, October). *Screening and assessment for alcohol in older adults* [Lecture Session]. University of Guelph Gerontology Program, Guelph, Ontario. (Pictured)

White Campbell, M. (2019, November). *An invisible epidemic: The opioid crisis in older adults in Canada* [Presentation session]. Issues of substance conference -Canadian Center for Substance Use, Ottawa, Ontario.

White Campbell, M. (2020, February). *Geriatric considerations for nicotine dependence & transitions to LTCH* [Presentation session]. TC LHIN Presentation to Care Coordinators, Toronto, Ontario.

White Campbell, M. (2019, November). *Substance use disorders in geriatric patients. Considerations for safe transitions to long term care* [Presentation session]. Western University Geriatric Psychiatry Conference, London, Ontario.

White Campbell, M. (2020, March). *Cannabis and older adults know the facts* [Poster presentation]. Substance Use and Addictions Program/ Health Canada Conference, Ottawa, Ontario.



BSO PCO Partner Feedback Survey

For the fifth consecutive year, the BSO PCO released a 'BSO Partner Feedback Survey' to the BSO LHIN Leads, BSO Clinical/Strategy Leads and Advisory/Committee/Collaborative/Working Group Leads and Co-Chairs. The purpose of the survey remains the same as previous years: to identify quality improvement opportunities and assist in priority setting for the BSO PCO team. In answering the survey, respondents were asked to reflect and evaluate their experiences with both interacting and collaborating with the BSO PCO and brainXchange.

Among the office's strengths, respondents noted the importance of continued province-wide communications and the hosting of forums that facilitate togetherness amongst the various cross-sector BSO leadership teams. Respondents also noted that the BSO PCO fosters important partnerships for teams across the province; improving connections and avoiding duplication. Ensuring opportunities for teams to plan for health system transformation into the new Ontario Health Teams was listed as a primary area of improvement for the BSO PCO moving in 2020-21.

In the survey, respondents also noted the continued value of the BSO PCO, emphasizing the need for funding for the office to continue beyond March 2021:

"The PCO advocates for our BSO resources and services.

They are strong to lead by example and push best practices and opportunities to the front line clinician. They make all voices feel heard and valued." – BSO LHIN Lead.

"The PCO is, in a way, the centre "hub" for the BSO programs in our province. With so many various teams, the PCO has a working knowledge of each team in the province. There would be much less communication and knowledge exchange between each LHIN without this dynamic, knowledgeable team." – BSO Clinical/Strategy Lead.

"The BSO Provincial Coordinating office promotes the three pillars of System Coordination and Management Integrated Service Delivery - Intersectoral and Interdisciplinary Knowledgeable Care Team and Capacity Building. Through the PCO we are all on the same page... working together to meet the needs of community and long term care." – BSO Committee/Advisory Lead.

"I feel that there is great value in the continued operation of the BSO PCO to ensure the coordination and collaboration across the regions especially as OHT's begin to emerge.
– BSO Clinical/Strategy Lead.

Conclusion

The compilation of the BSO Annual Report for 2019-20 has provided us with the unique opportunity to reflect on the incredible regional and provincial accomplishments this past fiscal year. More than ever, the opportunity to pause to acknowledge and celebrate the growth of the BSO initiative is critical as we face unprecedented times with COVID-19. This pandemic has and will certainly continue to significantly affect the BSO population in long-term care, community and acute care sectors. However, BSO teams across the province are equipped with the necessary passion, skill and energy to continue to support individuals presenting with responsive behaviours/ personal expressions and their family care partners.



The BSO PCO wishes to acknowledge all BSO teams and partnering programs for their dedication to the BSO and those we serve within our mandate during these difficult times. As always, we remain firmly committed to advancing the BSO initiative, Rooted in our three key themes of impact, innovation and integration, we continue to evolve during this time of change and transformation as we navigate our current COVID-19 journey together.

“Leonard Cohen once said, if there were no gaps, we would never see the light. Covid-19 has shone a very bright light for all to see the vulnerabilities that exist amongst the population we are privileged to serve. The distress experienced by older adults living with complex and often lifelong health challenges has been palpable over the last year. BSO and its partners, supported by the Provincial Coordinating Office, have reimagined what we do and how we do it. Over the past 5 years, ingredients to success have included taking risks, advocating for active and authentic involvement of the person and family to provide better health and care. Of critical importance was also our collaborative continued learning as we combined developments and improvements in care by means of capacity development and coordination. Remaining grounded in BSO’s solid foundational pillars will enable us to continue to ignite innovations that will impact the evolution of Ontario’s healthcare system and bode well for a bright future.”



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