# BSO-DOS[©] Fact Sheet

## What is the BSO-DOS[©]?

The Behavioural Supports Ontario-Dementia Observation System (BSO-DOS[©]) is a reliable direct observation tool that provides objective data about a person's behaviour every thirty minutes for 24-hours over five consecutive days.[1]

## The Purpose of BSO-DOS[©]

The BSO-DOS[©] is an essential tool in behavioural assessment and individualized care planning for persons living with dementia. The data collected is used to identify patterns, trends, and contributing factors associated with responsive behaviours/personal expressions. This information is critical to the development and evaluation of tailored care plans to address unmet needs. Specifically, the data can inform non-pharmacological approaches (e.g., communication strategies, meaningful engagement, environmental adaptation), as well as measuring the impact of medications.

## The Value of Direct Observation

Direct observation is the gold standard in behavioural assessment as it involves the objective collection of information by observing the person in their environment.[2-4] Direct observation is not prone to the same errors in recall and biases inherent in retrospective documentation techniques.[4,5]

## The Value of a Standardized Tool

A standardized DOS (i.e. BSO-DOS[©]) allows for the use of a consistent clinical tool both within, and across organizations and sectors. This promotes a common language and shared data analysis processes that support clinical decision-making and care planning.

## When to Complete a BSO-DOS©

The BSO-DOS[©] should be completed when there is a need to understand and identify behavioural patterns, frequency, duration and level of risk. This includes when there is a change in behaviour, after a transition or move, a medication adjustment or to evaluate the outcome of a new strategy or approach. The data collection portion is to be filled out every 30 minutes for five days.

## Everyone's Essential Role

Completing the BSO-DOS© requires a team approach!

**Step 1:** A team member documents the reason for completing the tool and the specific dates of the five day observation period.

**Step 2:** Point-of-care team members (e.g., personal support workers, nurses, allied health professionals) who observe the person over the observation period record their observations on the Data Collection Sheet. These team members play an essential role as accurate and fulsome data allows for the best understanding of the person and their behavioural expressions.

**Step 3:** A team member whose scope of practice includes assessment and analysis (e.g., a nurse or allied health professional) completes the Analysis and Planning section. The numbers recorded on the Data Collection Sheet are highlighted according to the colour-coded legend and calculations are made in the analysis table. A progress note is written describing the findings from the completed BSO-DOS©, as well as the planned next steps.

## Implementation Checklist

☐ Download and print coloured copies of the BSO-DOS© Version 2 from www.brainxchange.ca/BSODOS

☐ Gather leaders/educators to support implementation of BSO-DOS© Version 2 and make a plan to utilize the supportive resources from www.brainxchange.ca/BSODOS. This may include:
  - ☐ Print copies of the *Fact Sheet* and make accessible to leaders and team members
  - ☐ Print copies of the *User Guide* and make accessible to point of care team members
  - ☐ Print a copy of the *Resource Manual* for reference when questions arise
  - ☐ Present or assign the *Instructional Video* to team members
  - ☐ Organize educational sessions using the *Slide Deck* and accompanying speaking notes.

☐ Discard unused copies of old DOS versions

☐ Ensure team members have a set of six highlighters that match the Observed Behaviour legend

☐ Trial the BSO-DOS© Version 2 with a resident/patient and discuss outcomes as a team

☐ Use team huddles to discuss implementation of the BSO-DOS© Version 2 - celebrate successes and identify solutions to challenges

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**References**

1. Newman, K., Martin, L. S., McLelland, V., Wang, A., Duong, J. A., Khan, S. S., Ye, B., Spasojevic, S., Iaboni, A., & Mihailidis, A. (2021). Reliability of nurses' use of a direct behavioural observation tool in the dementia context: Implications for development of predictive systems of behavioural assessment. Perspectives - Gerontological Nursing Association, 42(3), 13–21.

2. Curyto, K., Van Haitsman, K., & Vriesma, D. K. (2008). Direct observation of behavior: A review of current measures for use with older adults with Dementia. Research in Gerontological Nursing, 1(1), 52-76.

3. Macaulay, S. (2018). The broken lens of BPSD: Why we need to rethink the way we label the behavior of people who live with Alzheimer disease. Journal of the American Medical Directors Association, 19(2), 177–180. https://doi.org/10.1016/j.jamda.2017.11.009

4. Woods, D. L., & Buckwalter, K. (2018). Taking another look: Thoughts on behavioral symptoms in dementia and their measurement. Healthcare, 6(4). https://doi.org/10.3390/healthcare6040126

5. Cohen-Mansfield, J., & Libin, A. (2004). Assessment of agitation in elderly patients with dementia: Correlations between informant rating and direct observation. International Journal of Geriatric Psychiatry, 19(9), 881–891. https://doi.org/10.1002/gps.1171