BSO-DOS©

Behavioural Supports Ontario-Dementia Observation System
User Guide

Step#1 – Background

> **Who completes this section?**
> The team member who initiates the BOS-DOS© (e.g. a Nurse or Allied Health Professional).

> Add patient/resident identifiers here.

BSO-DOS©
Behavioural Supports Ontario-Dementia Observation System
Worksheet

Step #1: Background *(Complete prior to Data Collection Sheet)*

Reason for Completing BSO-DOS®:
- ☐ Baseline/Admission
- ☐ Transition/Move
- ☐ New behaviour: _____
- ☐ Change in behaviour(s)

- ☐ Implementation of a new strategy/intervention
- ☐ Adjustment of medications
- ☐ Support for urgent referral/transfer
- ☐ Other:_____

BSO-DOS® start date: _____   Section completed by (print name): _____
BSO-DOS® stop date: _____   Signature: _____

> ✓ **Check the reason for completing the BSO-DOS©.**

> **Note the dates the BSO-DOS© observation period is to begin & end. While the typical range of observation will be five days, the team can decide that a longer observation period is required.**

> **Print your name and sign here.**

Step #2: Data Collection Sheet

Who completes this section?

Any point-of-care team members (e.g. Personal Support Workers, Nurses, Allied Health Professionals) who observe the patient/resident over the five day observation period.

Write the date (in order of day, month and year) for each of the five observation days.

Write the number(s) in each ½ hour time block associated with the behaviour category you observe (from the 'Observed Behaviours' legend).

Note any relevant context when the behaviour is observed in the context column using the letter(s) from the 'Context' legend. Note: This is not a mandatory column.

D/M/Y	Observed Behaviour	Context	Initials*
	24/05/2019		
0700	1		CM
0730	2	A,Q	DF
0800	4,7,8	C,S	DF
0830	4,2		DF
0900	3	N	DF
0930	2	Q	DF
1000	3	F	DF
1030	5	A,L	

Sign your initials for each ½ hour time block you document.

Check the specific behaviour(s) observed under the behaviour category in the 'Observed Behaviour' legend.

Context	
A	Alone
L	Loud/busy environment
Q	Quiet environment
F	Family/visitors present
C	Personal Care (e.g. bathing, incontinent care, toileting)
N	Nutrition - eating/drinking
M	Medication for behaviours given
P	Pain medication given
T	Treatment (e.g. wound care, creams)
R	Expressions directed at Resident/patient/visitor(s)
S	Expressions directed at Staff
X	
Y	

If needed, add additional relevant context (that is not already listed in the context legend) as X or Y.

Before the BSO-DOS© is initiated, the clinical team may decide to track additional behaviours that are not captured in the legend. This can be noted in #9 or #10.

Observed Behaviours

1	Sleeping
2	Awake/Calm
3	Positively Engaged

For #3-8 check as you observe:

☐ Activity	☐ Hugging
☑ Conversing	☐ Singing
☐ Hand holding	☐ Smiling
☐ Other:	

4 Vocal Expressions (Repetitive)

☐ Crying	☐ Questions
☐ Grunting	☐ Requests
☐ Humming	☐ Sighing
☐ Moaning	☑ Words
☐ Other:	

5 Motor Expressions (Repetitive)

☐ Banging	☐ Grinding teeth
☐ Collecting/Hoarding	☑ Pacing
☐ Disrobing	☐ Rattling
☑ Exploring/Searching	☐ Rocking
☑ Fidgeting	☐ Rummaging
☐ Other:	

6 Sexual Expression of Risk

☐ Explicit sexual comments	
☐ Public masturbation	
☐ Touching others - genitals	
☐ Touching others - non-genitals	
☐ Other:	

7 Verbal Expression of Risk

☐ Insults	☐ Swearing
☑ Screaming	☐ Threatening
☐ Other:	

8 Physical Expression of Risk

☐ Biting	☐ Punching
☐ Choking others	☐ Pushing
☐ Grabbing	☑ Scratching
☐ Hair pulling	☐ Self-injurious
☐ Hitting	☑ Slapping
☐ Kicking	☐ Spitting
☐ Pinching	☐ Throwing
☐ Other:	

9	
10	

Step #3 – Analysis & Planning

Who completes this section?

A team member or a clinical team whose scope of practice involves assessment and analysis (e.g. a Nurse or Allied Health Professional).

Before starting this section: Highlight the numbers on the data collection sheet according to the colour coded 'Observed Behaviours' legend.

Divide the total ½ hour blocks by ten for each category.

Hint: Move the decimal point one space to the left.

Add up the number of blocks for each category over the five days.

Add up the number of blocks for each category per day.

		Total the Blocks for Each Day (Add up the number of blocks for each category per day)						Total the ½ Hour Blocks (Add up the number of blocks for each category over 5 days)		Calculate the Average Hours Per Day (Divide the total ½ hour blocks by 10) Hint: Move the decimal point one space to the left	Concerns		
		Day #1	Day #2	Day #3	Day #4	Day #5					Frequency	Duration	Risk
1	Sleeping	15	10	16	18	16	=	75	÷10	7.5	☐	☐	☐
2	Awake/Calm	24	28	18	22	23	=	115	÷10	11.5	☐	☐	☐
3	Positively Engaged	5	3	1	2	3	=	14	÷10	1.4	☑	☐	☐
4	Vocal Expressions	3	5	7	5	4	=	24	÷10	2.4	☑	☑	☐
5	Motor Expressions	1	1	2	1	1	=	6	÷10	.6	☐	☐	☐
6	Sexual Expression of Risk	0	0	0	0	0	=	0	÷10	0	☐	☐	☐
7	Verbal Expression of Risk	0	1	3	0	1	=	5	÷10	.5	☐	☐	☐
8	Physical Expression of Risk	0	0	1	0	0	=	1	÷10	.1	☐	☐	☐
9							=		÷10		☐	☐	☐
10							=		÷10		☐	☐	☐

Based on the BSO-DOS© data, check any concerns related to Frequency, Duration or Risk related to the observed behaviours.

Step #3 – Analysis & Planning (continued)

Who completes this section?

Ideally, this section is completed as a team in order to gain the perspectives of the interdisciplinary team members. The team member facilitating the discussion should have assessment and analysis within their scope of practice (e.g. a Nurse or Allied Health Professional).

In reflecting on the data calculations and patterns that emerged, note perceptions regarding 'what the BSO-DOS© data reveal'. This may include the specific behaviours observed, patterns or important times of day, how well the person sleeps and/or risk concerns.

What the BSO-DOS® data reveal (e.g. types of behaviours expressed, patterns, time of day, broken sleep): _____
_____
_____
_____
_____
_____

Possible causes and contributing factors (consider collected context and personhood information): _____
_____
_____
_____
_____

In reflecting on the context data collected and known personhood information, note possible causes and contributing factors of the behaviours expressed during the five day period.

Based on the learnings from the BSO-DOS©, note next steps (check all that apply).

Next Steps (check all that apply):
- ❏ Continue BSO-DOS® for another 5 days
- ❏ Repeat BSO-DOS® in 4-6 weeks
- ❏ No further BSO-DOS® completion at this time
- ❏ ABC charting around particular events/behaviour
- ❏ Clinical huddle/meeting
- ❏ Progress note written
- ❏ Consult/meet with Substitute Decision Maker (SDM)

- ❏ Medication adjustment/review
- ❏ Non-pharmacological interventions suggested:
  _____
  _____
- ❏ Care plan updated
- ❏ Referral: _____
- ❏ Other: _____

Section completed by (print name): _____ Signature: _____

Sign and initial. If more than one team member is involved in the analysis and planning, one designated person can sign.

Thank you for your role in completing and utilizing the BSO-DOS©.

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