



Behavioural Supports Ontario

Soutien en cas de troubles du comportement en Ontario

# Implementing the BSO-DOS<sup>®</sup> (Behavioural Supports Ontario- Dementia Observation System): Strategies for Your Team

brainXchange webinar

October 2019

Presenters:

Debbie Hewitt Colborne

Dr. Lori Schindel Martin

 Ontario's LHINs

Ontario 

Ministry of Health  
Ministry of Long-Term Care

# Objectives

- Provide an overview of BSO-DOS<sup>©</sup> and the collaborative work that led to its development.
- Describe the innovations within the new BSO-DOS<sup>©</sup> and its value within the multidisciplinary team.
- Describe the resources available to support the implementation and meaningful utilization of the BSO-DOS<sup>©</sup> (i.e. Start-Up Checklist, User Guide, Resource Manual and Instructional Video).
- Share strategies and lessons learned from clinical teams who have implemented the BSO-DOS<sup>©</sup>.



# Clinical Context

- Growing demographic of older persons.
- Growing number of individuals living with dementia.
- Individuals living with dementia may be responding to their environment with responsive behaviours/personal expressions due to stressors and unmet needs.
- Clinical teams are attempting to understand the meaning of the behaviours/expressions to tailor individualized, person-centred approaches.
- There are many tools available to measure responsive behaviours/ personal expressions.
- Reliable/accurate/consistent behavioural documentation remains a challenge.
- Clinical teams need many tools in their toolbox!



# What clinical assessment tools inform your assessment and recommendations?

**Aggressive  
Behaviour Scale  
(ABS) from the  
RAI-MDS**

**Aggressive  
Behaviour Risk  
Assessment  
(ABRA)**

**Antecedent  
Behaviour  
Consequence  
Documentation**

**Cohen Mansfield  
Agitation  
Inventory (CMAI)**

**Neuropsychiatric  
Inventory (NPI)**

**Pittsburgh  
Agitation Scale**

**Dementia  
Observation  
System (DOS)  
or  
BSO-DOS<sup>©</sup>**

**Other Tools?**



# Direct Behaviour Observation

## The Gold Standard in Behavioural Assessment



### What is direct behaviour observation?

- Collecting information through observing/watching the individual in his or her usual environment.

### Why is it direct observation important?

- Provides interprofessional team with objective and measurable data to identify patterns of behaviours
  - ✓ Frequency, duration, precipitants and pattern of behaviours
- Provides systematic, theory-based measurement of specific behaviours targeted by an intervention

### Limitations in Behavioural Assessment

- Retrospective reports = prone to errors in recall and provide little opportunity to identify the context of behaviours
- Rating scales = issues with inter-rater reliability and responsiveness to change, and are bias-prone:
  - ✓ Tendency to retrospectively over-report 'aggressive' behaviours and under-report 'non-aggressive' behaviours
  - ✓ Unclear retrospective reference periods and errors in recall.
- Retrospective rating scales have weak to moderate correlations to direct observation

*(Cohen-Mansfield J, Libin A. 2004; Curyto, K., Van Haitsma, K., Vriesman, D. 2008; McCann JJ, Gilley DW, Hebert LE, Beckett LA, Evans DA. 1997; P.I.E.C.E.S., 2002; Schindel Martin, 1998; Van Derlinde, Stephan, Dening & Brayne, 2014).*



# DOS History

## FEATURES

### The Dementia Observational System: A Useful Tool for Discovering the Person Behind the Illness

by  
Lori Schindel Martin

Mr. B, who has Alzheimer's disease and had been living at home, has been admitted to your long-term care facility because his family can no longer deal with him. His behaviour has changed dramatically: he doesn't sleep for more than 30 minutes at a time; when he's awake, he either continuously looks for the door so he can get to work or shouts at his wife in a vain attempt to communicate his needs. The medications he has been taking to help him sleep only seem to confuse him more; he is beginning to have problems with balance and coordination, and he fell yesterday.

#### How a Dementia Observational System Can Help

For caregivers, a newly admitted resident with dementia often poses a challenge. Not knowing what constitutes a typical day for the resident, caregivers may reach inaccurate conclusions, which could lead to ineffective treatment approaches or medication regimens that trigger negative reactions.

In these types of situations, a dementia observational system can be a useful tool. Caregivers can track a resident's behaviour, both positive and negative, over a number of days, in 24-hour blocks and from the emerging behavioural pattern, establish the resident's daily rhythm.

With a dementia observational system, caregivers can determine the frequency and duration of Mr. B's periods of wake/sleep and periods of "busyness" or activity, as well as the time when he is calm and agitated.

When a resident is aggressive or calls out frequently, staff generally perceive such events as lasting much longer than they actually do. The measurable data that a dementia observational system generates will give caregivers a true picture of the length, intensity and frequency of this type of disruptive behaviour. The data can also be used to determine when, during a 24-hour cycle, interventions need to be concentrated; whether medical or psychopharmacological interventions are reducing the frequency of a behaviour; and to distinguish between those behaviours of greatest risk as compared to those that should be accommodated. For example, caregivers may group all challenging behaviours together and therefore label a resident "dangerous." When behaviour is measured objectively using an observational system, it is often the case that the frequency of overt physical aggression — a high-risk behaviour — actually occurs infrequently in a full 24-hour cycle. A more benign behaviour, such as pacing, may occur most frequently during each day, and intervention need to be directed at programming to accommodate this.

#### The Dementia Observational System What is it?

A dementia observational system is actually a document or written "picture" of how a resident occupies him or herself in a defined block of time. At Shalom Village Nursing Home, in Hamilton, Ontario, the document that caregivers use is called a Resident Observation Record (Chart 1). Caregivers select a "number" from the behavioural key, located at the top of the document, that best describes the resident during a 30-minute period and record it in the appropriate time/day slot.

Two worksheet versions of the Resident Observation Record are used at Shalom Village:

- ✓ The standardized worksheet has a behavioural key that tracks periods of sleep, alert and calm wakefulness, noise-making, restlessness, exit-seeking and aggression, both verbal and physical. This version is most useful for new residents who have a scant behavioural history. Caregivers use the document to determine which behaviours might require some type of intervention.
- ✓ The individualized worksheet has a behavioural key enabling caregivers to describe as many as eight well-defined behaviours: sleeping in bed, sleeping in chair, awake/calm, noisy, restless, pacing, exit-seeking, aggressive — verbal, and aggressive — physical. These target behaviours, which are written directly on the form, are used to capture the unique characteristics of a resident.

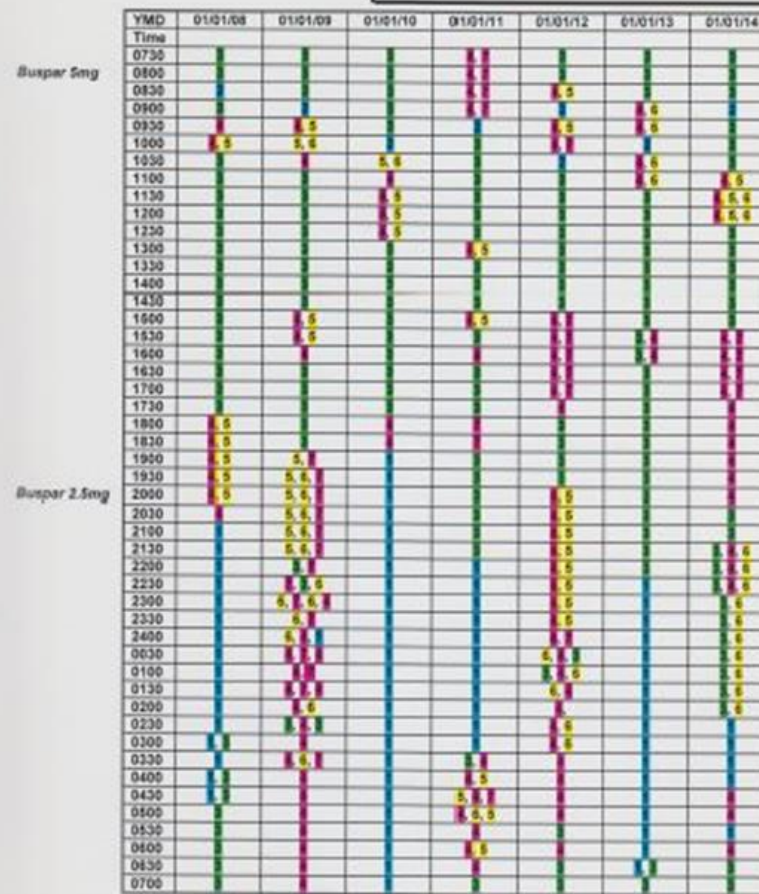
Both worksheets use a numbering system to indicate degree of risk: the lower the number, the lower the associated risk; the higher the number, the higher the associated risk. Positive and neutral behaviours, such as "sleeping in bed," "sleeping in chair," and "awake/calm," should always appear as first-level behaviours on the key. Listing these positive and neutral descriptors on each behavioural key helps staff to see the full range of a resident's behavioural profile. If these types of descriptors are absent from the key, staff often leave portions of the 24-hour map blank or write their own descriptors in the squares. This results in data inconsistencies.

By including a resident's sleep status in the behavioural key, caregivers can evaluate the success of a behavioural or psychopharmacological intervention directed at insomnia. This can also help staff determine if a new medication or a dosage increase is causing side effects, such as overmedication.

Most importantly, the inclusion of positive descriptors, such as "awake and calm," on the behavioural key, allows caregivers to determine the amount of time the resident engages in meaningful, positive behaviour versus negative behaviour. Seeing the total picture can help set the tone so that caregivers avoid labelling and stereotyping the resident.

#### Dementia Observation System

- Use corresponding numbers to record in 15 intervals.
- 1. Sleeping in Bed
  - 2. Sleeping in Chair
  - 3. Awake/Calm
  - 4. Noisy
  - 5. Restless, Pacing
  - 6. Exit Seeking
  - 7. Aggressive - verbal
  - 8. Aggressive - physical



Example provided by Lori Schindel-Martin, Shalom Village Nursing Home, Hamilton, ON

Putting the P.I.E.C.E.S. Together Learning Initiative



# Why Standardize the DOS?

- ✓ Common language and data analysis to support clinical decision-making and care planning for individuals expressing responsive behaviours related to dementia.
- ✓ Common tool within and across organizations and sectors.
- ✓ Benefit from innovations and clinical experience.



# DOS Working Group

A project from the Behavioural Supports Ontario (BSO) provincial Knowledge Translation & Communications Advisory.

**Who:** An interprofessional team that have experience and expertise in working with the DOS

**Purpose:** To standardize the DOS to enhance the consistency, quality and validity of this measure for clinical decision-making and behavioural outcome tracking

**When:** Meeting monthly since January 2017

**Coordination/Leadership:** BSO Provincial Coordinating Office



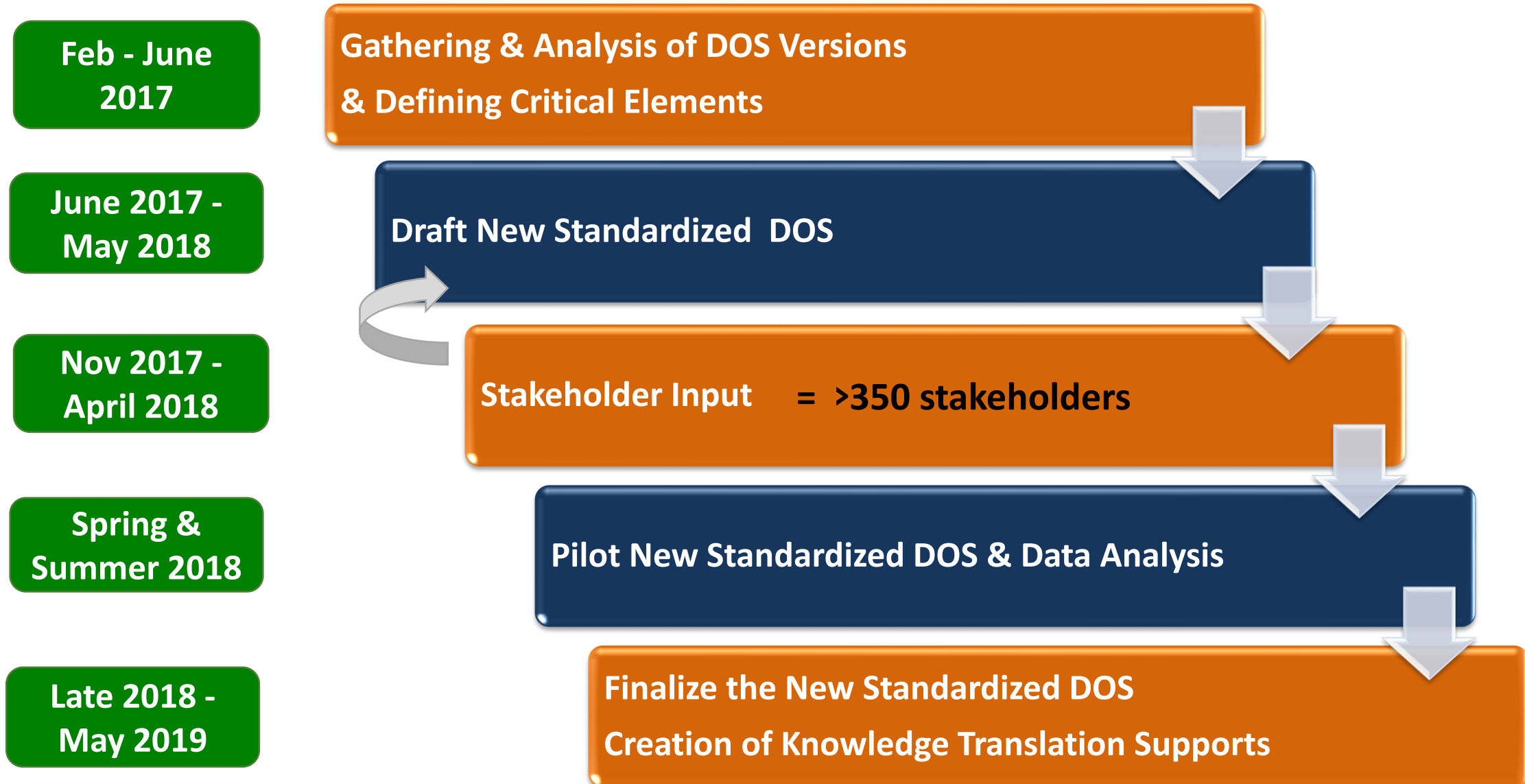


# DOS Working Group - Membership

- Dr. Lori Schindel Martin (Ryerson University)
- Debbie Hewitt Colborne (BSO PCO, NBRHC)
- Adriana Barel (St. Joseph's Health Care, London)
- Julia Baxter (St. Joseph's Healthcare Hamilton)
- Monica Bretzlaff (BSO PCO, NBRHC)
- Adriana Caggiano (RGP of Toronto)
- Lina DeMattia (Alz Society of Chatham-Kent)
- Gail Elliot (DementiAbility)
- Fernanda Fresco (NBHRC)
- Katrina Grant (Providence Care)
- Pam Hamilton (P.I.E.C.E.S.)
- Dr. Andrea Iaboni (Toronto Rehab Institute)
- Stephanie Jarvis (William Osler Health System)
- Teresa Judd (Central West LHIN)
- Dr. Lindy Kilik (Providence Care)
- Jodi Laking (West Parry Sound Health Centre)
- Cecelia Marshall (Toronto Rehab Institute)
- Dr. Kristine Newman (Ryerson University)
- Kimberly Schlegel/Brynn Roberts (LHSC)
- Dr. Lisa VanBussel (St. Joseph's Health Care, London)



# Project Progression

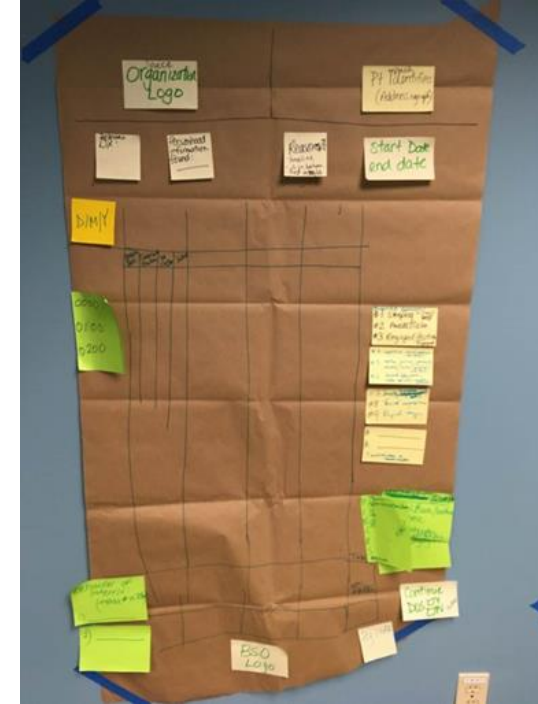
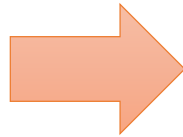


# Gathering & Analysis of DOS Versions & Defining Critical Elements

## Critical Elements

- ✓ Ease of use of point of care staff
- ✓ Paper version
- ✓ Signature/initials (accountability)
- ✓ Reason for completing the DOS
- ✓ Behavioural observation variables (progressive levels of risk)
- ✓ Include sleep in the behavioural observation variables
- ✓ Capturing positive behaviour (e.g. smiling, laughing)
- ✓ Inclusion of context
- ✓ 24 hour cycle at a glance
- ✓ Area for analysis
- ✓ Decision about continuing DOS

48 DOS  
Versions  
Collected  
& Analyzed



June 2017 -  
May 2018

Nov 2017 -  
May 2018

Spring &  
Summer  
2018

Draft New Standardized DOS

Stakeholder Input = >350 stakeholders

Pilot New Standardized DOS & Data Analysis

Focus  
Groups  
(Nov 2017)

CAGP  
Workshop  
Participants  
(Nov 2017)

Advanced  
Practice  
Nurses  
(Jan 2018)

8 Quality  
Improvement  
Project Sites  
(June 2018)

= >350

brainXchange  
Webinar  
Participants  
(Feb 2018)

BSO Lived  
Experience  
Advisory  
(March 2018)

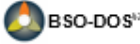
Data  
Analysis  
Advisors  
(April 2018)



# Finalize the New Standardized DOS

## Creation of Knowledge Translation Supports

Released  
May 2019



**BSO-DOS<sup>®</sup>**  
Behavioural Supports Ontario-Dementia Observation System

**Worksheet**

Do Not Copy

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

Reason for Completing BSO-DOS<sup>®</sup>:

<input type="checkbox"/> Baseline/Admission	<input type="checkbox"/> Implementation of a new strategy/intervention
<input type="checkbox"/> Transition/Move	<input type="checkbox"/> Adjustment of medications
<input type="checkbox"/> New behaviour:	<input type="checkbox"/> Support for urgent referral/transfer
<input type="checkbox"/> Change in behaviour(s)	<input type="checkbox"/> Other: _____

BSO-DOS<sup>®</sup> start date: \_\_\_\_\_ Section completed by (print name): \_\_\_\_\_  
 BSO-DOS<sup>®</sup> stop date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Step #2: Complete the Data Collection Sheet & highlight the numbers according to the colour-coded legend**

**Step #3: Analysis & Planning** (Use completed Data Collection Sheet)

	Total the Blocks for Each Day <small>(Add up the number of blocks for each category per day)</small>					Total the ½ Hour Blocks <small>(Add up the number of blocks for each category over 5 days)</small>	Calculate the Average Hours Per Day <small>(Divide the total ½ hour blocks by 10) Hint: Move the decimal point one space to the left</small>	Concerns		
	Day #1	Day #2	Day #3	Day #4	Day #5			Frequency	Duration	Risk
1 Sleeping						*10				
2 Awake/Calm						*10				
3 Positively Engaged						*10				
4 Vocal Expressions						*10				
5 Motor Expressions						*10				
6 Sexual Expression of Risk						*10				
7 Verbal Expression of Risk						*10				
8 Physical Expression of Risk						*10				
9						*10				
10						*10				


What the BSO-DOS<sup>®</sup> 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): \_\_\_\_\_

Next Steps (check all that apply):

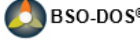
<input type="checkbox"/> Continue BSO-DOS <sup>®</sup> for another 5 days	<input type="checkbox"/> Medication adjustment/review
<input type="checkbox"/> Repeat BSO-DOS <sup>®</sup> in 4-6 weeks	<input type="checkbox"/> Non-pharmacological interventions suggested: _____
<input type="checkbox"/> No further BSO-DOS <sup>®</sup> completion at this time	
<input type="checkbox"/> ABC charting around particular events/behaviour	<input type="checkbox"/> Care plan updated
<input type="checkbox"/> Clinical huddle/meeting	<input type="checkbox"/> Referral: _____
<input type="checkbox"/> Progress note written	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Consult/meet with Substitute Decision Maker (SDM)	

Section completed by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_



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DOS Working Group (2018), Behavioural Supports Ontario-Dementia Observation System (BSO-DOS<sup>®</sup>),  
Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.



**BSO-DOS<sup>®</sup>**  
Behavioural Supports Ontario-Dementia Observation System

**Data Collection Sheet**

Do Not Copy

	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*
DMY															
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0600															
0630															

\*Mandatory column

**Observed Behaviours**

**1** Sleeping

**2** Awake/Calm

**3** Positively Engaged

For #3-8 check as you observe:

<input type="checkbox"/> Activity	<input type="checkbox"/> Hugging
<input type="checkbox"/> Conversing	<input type="checkbox"/> Singing
<input type="checkbox"/> Hand holding	<input type="checkbox"/> Smiling
<input type="checkbox"/> Other: _____	

**4** Vocal Expressions (Repetitive)

<input type="checkbox"/> Crying	<input type="checkbox"/> Questions
<input type="checkbox"/> Grunting	<input type="checkbox"/> Requests
<input type="checkbox"/> Humming	<input type="checkbox"/> Sighing
<input type="checkbox"/> Moaning	<input type="checkbox"/> Words
<input type="checkbox"/> Other: _____	

**5** Motor Expressions (Repetitive)

<input type="checkbox"/> Banging	<input type="checkbox"/> Grinding teeth
<input type="checkbox"/> Collecting/Hoarding	<input type="checkbox"/> Pacing
<input type="checkbox"/> Disrobing	<input type="checkbox"/> Rattling
<input type="checkbox"/> Exploring/Searching	<input type="checkbox"/> Rocking
<input type="checkbox"/> Fidgeting	<input type="checkbox"/> Rummaging
<input type="checkbox"/> Other: _____	

**6** Sexual Expression of Risk

<input type="checkbox"/> Explicit sexual comments	
<input type="checkbox"/> Public masturbation	
<input type="checkbox"/> Touching others - genitals	
<input type="checkbox"/> Touching others - non-genitals	
<input type="checkbox"/> Other: _____	

**7** Verbal Expression of Risk

<input type="checkbox"/> Insults	<input type="checkbox"/> Swearing
<input type="checkbox"/> Screaming	<input type="checkbox"/> Threatening
<input type="checkbox"/> Other: _____	

**8** Physical Expression of Risk

<input type="checkbox"/> Biting	<input type="checkbox"/> Punching
<input type="checkbox"/> Choking others	<input type="checkbox"/> Pushing
<input type="checkbox"/> Grabbing	<input type="checkbox"/> Scratching
<input type="checkbox"/> Hair pulling	<input type="checkbox"/> Self-injurious
<input type="checkbox"/> Hitting	<input type="checkbox"/> Slapping
<input type="checkbox"/> Kicking	<input type="checkbox"/> Spitting
<input type="checkbox"/> Pinching	<input type="checkbox"/> Throwing
<input type="checkbox"/> Other: _____	

**9**

**10**

**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**



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DOS Working Group (2018), Behavioural Supports Ontario-Dementia Observation System (BSO-DOS<sup>®</sup>),  
Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.



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

 Reason for Completing BSO-DOS<sup>®</sup>:

- |   |  |
|---|--|
| <input type="checkbox"/> Baseline/Admission           | <input type="checkbox"/> Implementation of a new strategy/intervention |
| <input type="checkbox"/> Transition/Move              | <input type="checkbox"/> Adjustment of medications                     |
| <input type="checkbox"/> New behaviour: _____         | <input type="checkbox"/> Support for urgent referral/transfer          |
| <input type="checkbox"/> Change in behaviour(s) _____ | <input type="checkbox"/> Other: _____                                  |

 BSO-DOS<sup>®</sup> start date: \_\_\_\_\_ Section completed by (print name): \_\_\_\_\_

 BSO-DOS<sup>®</sup> stop date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Step #2: Complete the Data Collection Sheet & highlight the numbers according to the colour-coded legend**
**Step #3: Analysis & Planning** (Use completed Data Collection Sheet)

		Total the Blocks for Each Day (Add up the number of blocks for each category per day)					Total the 1/2 Hour Blocks (Add up the number of blocks for each category over 5 days)	Calculate the Average Hours Per Day (Divide the total 1/2 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						=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Awake/Calm						=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Positively Engaged						=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Vocal Expressions						=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Motor Expressions						=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Sexual Expression of Risk						=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Verbal Expression of Risk						=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Physical Expression of Risk						=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9							=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10							=	*10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 What the BSO-DOS<sup>®</sup> 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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Next Steps (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Continue BSO-DOS <sup>®</sup> for another 5 days        | <input type="checkbox"/> Medication adjustment/review                         |
| <input type="checkbox"/> Repeat BSO-DOS <sup>®</sup> in 4-6 weeks                | <input type="checkbox"/> Non-pharmacological interventions suggested:   _____ |
| <input type="checkbox"/> No further BSO-DOS <sup>®</sup> completion at this time |   |
| <input type="checkbox"/> ABC charting around particular events/behaviour         |   |
| <input type="checkbox"/> Clinical huddle/meeting                                 | <input type="checkbox"/> Care plan updated                                    |
| <input type="checkbox"/> Progress note written                                   | <input type="checkbox"/> Referral: _____                                      |
| <input type="checkbox"/> Consult/meet with Substitute Decision Maker (SDM)       | <input type="checkbox"/> Other: _____   |

Section completed by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_



# Worksheet

- ✓ Captures reason for completing the BSO-DOS<sup>®</sup>
- ✓ Guides analysis of the BSO-DOS<sup>®</sup> data
- ✓ Supports the team in planning next steps with care partners



Data Collection Sheet

	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*
DMY															
0700															
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\*Mandatory column

**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**

**Context**

**A** Alone

**L** Loud/busy environment

**Q** Quiet environment

**F** Family/visitors present

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**T** Treatment (e.g. wound care, creams)

**R** Expressions directed at Resident/patient/visitor(s)

**S** Expressions directed at Staff

**X**

**Y**



## Data Collection Sheet

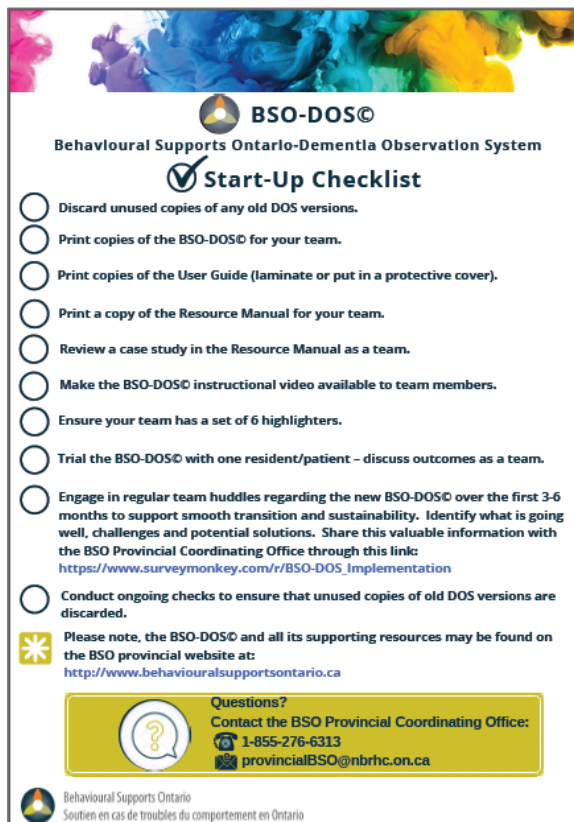
- ✓ 5 days of direct behavioural observation
- ✓ Updated person-centred language
- ✓ Updated 'Observed Behaviours' Legend
- ✓ New check boxes within each observed behaviour category
- ✓ Addition of initials to align with professional standards
- ✓ New context legend



# Finalize the New Standardized DOS Creation of Knowledge Translation Supports

Released  
May 2019


## Start-Up Checklist




**BSO-DOS®**  
Behavioural Supports Ontario-Dementia Observation System

### Start-Up Checklist

- Discard unused copies of any old DOS versions.
- Print copies of the BSO-DOS® for your team.
- Print copies of the User Guide (laminates or put in a protective cover).
- Print a copy of the Resource Manual for your team.
- Review a case study in the Resource Manual as a team.
- Make the BSO-DOS® instructional video available to team members.
- Ensure your team has a set of 6 highlighters.
- Trial the BSO-DOS® with one resident/patient – discuss outcomes as a team.
- Engage in regular team huddles regarding the new BSO-DOS® over the first 3-6 months to support smooth transition and sustainability. Identify what is going well, challenges and potential solutions. Share this valuable information with the BSO Provincial Coordinating Office through this link: [https://www.surveymonkey.com/r/BSO-DOS\\_implementation](https://www.surveymonkey.com/r/BSO-DOS_implementation)
- Conduct ongoing checks to ensure that unused copies of old DOS versions are discarded.

 Please note, the BSO-DOS® and all its supporting resources may be found on the BSO provincial website at: <http://www.behaviouralsupportsontario.ca>

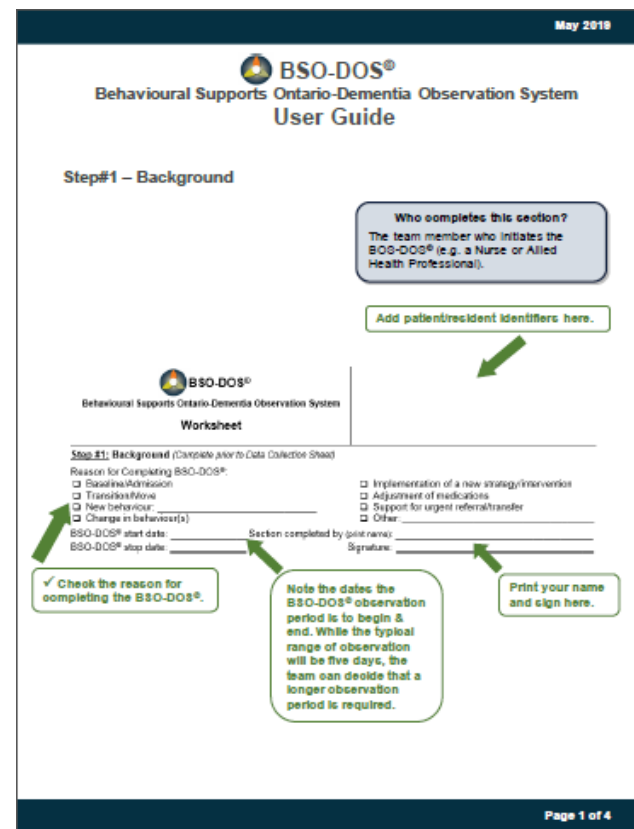
**Questions?**  
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☎ 1-855-276-6313  
✉ [provincialBSO@nbrhc.on.ca](mailto:provincialBSO@nbrhc.on.ca)

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## Instructional Video



## User Guide



May 2019

**BSO-DOS®**  
Behavioural Supports Ontario-Dementia Observation System  
User Guide

### Step#1 – Background

Who completes this section?  
The team member who initiates the BSO-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(s)
- 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.

Page 1 of 4

## Resource Manual



**BSO-DOS®**  
Behavioural Supports Ontario-Dementia Observation System

## RESOURCE MANUAL

Informing Person and Family-Centred Care  
through Objective and Measurable  
Direct Observation Documentation

May 2019

[www.behaviouralsupportsontario.ca](http://www.behaviouralsupportsontario.ca)

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

[www.brainxchange.ca/BSODOS](http://www.brainxchange.ca/BSODOS)





# BSO-DOS<sup>©</sup> - Tracking the Spread



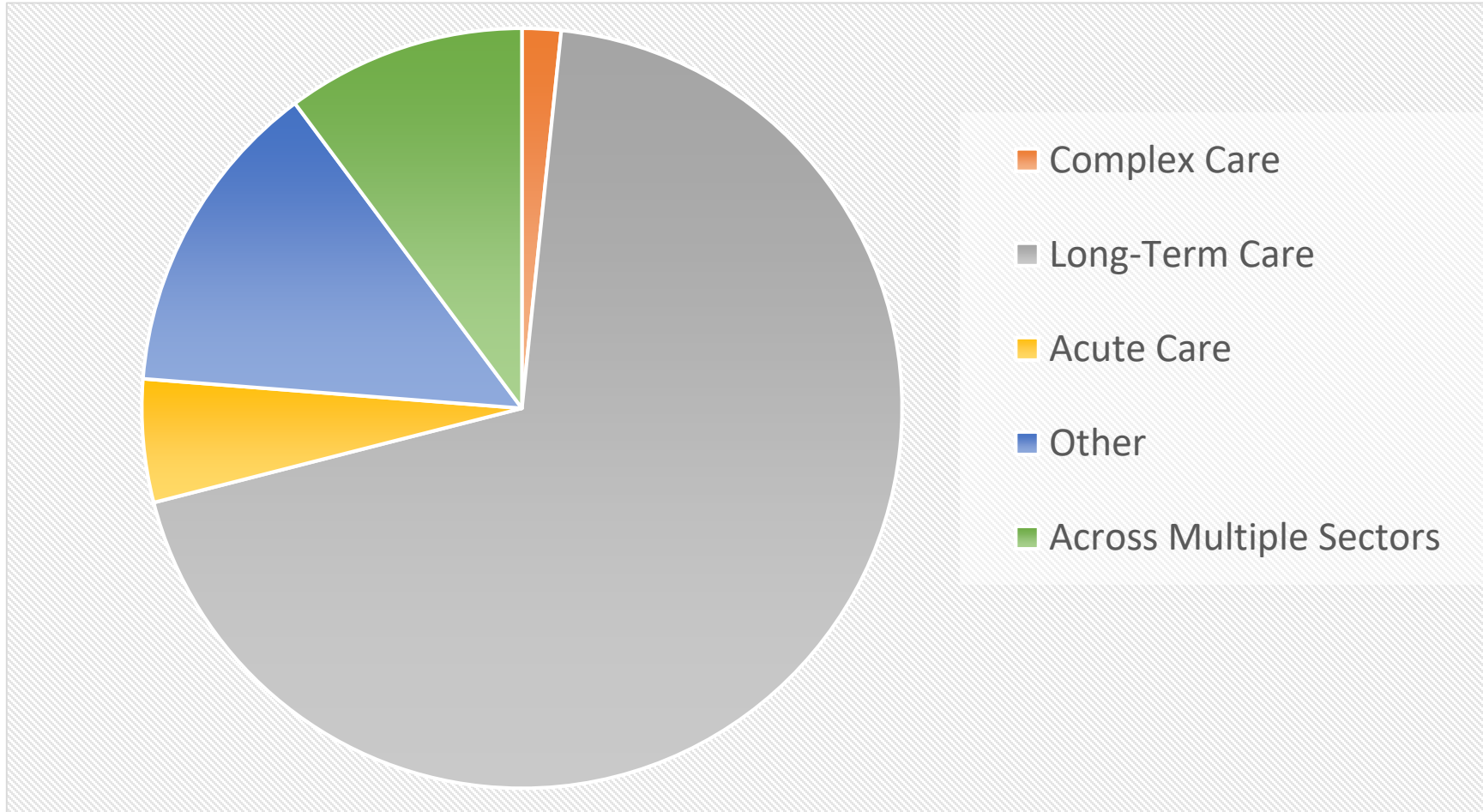
Total Downloads from May 23 - Sept 23 =

**1090**



# BSO-DOS<sup>©</sup> - Tracking the Spread

## Intended Sector



Total Downloads from May 23 - Sept 23 =

**1090**



# The benefits of your team utilizing the BSO-DOS<sup>©</sup>

- ✓ Common language and data analysis to support clinical decision-making and care planning for residents expressing responsive behaviours.
  - Provides baseline of behaviour for individuals transitioning into a new environment (e.g. LTC).
  - Identifying patterns, trends, contributing factors and modifiable variables associated with responsive behaviours.
  - Identifying the distinction between those behaviours of greatest risk and those behaviours that should be accommodated through application of non-pharmacological interventions.
  - Evaluating the outcomes of non-pharmacological interventions.
  - Informing medications changes.
  - Educating and planning care with families.
- ✓ Common tool within and across organizations and sectors.
  - Support referrals for assessment by external consultants/resources.
  - Communicating need to transfer residents to more appropriate care levels or safer environments.
- ✓ Others?



# Benefits that have been shared...

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

It provides **better data.**

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


The usage is much **more streamlined** than the previous version! Feedback from the interdisciplinary team is reflected more openly as it is much **more user friendly. Writing progress notes is a breeze** as well because the document pretty much writes it for you on the analysis side.


Team members are excited to use the tool as it is **more informative** and organized. **Easy to use** (once get familiar to the tool).

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.**




# Supporting Implementation of the BSO-DOS<sup>©</sup>







 **BSO-DOS<sup>©</sup>**  
Behavioural Supports Ontario-Dementia Observation System


## Start-Up Checklist

- Discard unused copies of any old DOS versions.
- Print copies of the BSO-DOS<sup>©</sup> for your team.
- Print copies of the User Guide (laminates or put in a protective cover).
- Print a copy of the Resource Manual for your team.
- Review a case study in the Resource Manual as a team.
- Make the BSO-DOS<sup>©</sup> instructional video available to team members.
- Ensure your team has a set of 6 highlighters.
- Trial the BSO-DOS<sup>©</sup> with one resident/patient – discuss outcomes as a team.
- Engage in regular team huddles regarding the new BSO-DOS<sup>©</sup> over the first 3-6 months to support smooth transition and sustainability. Identify what is going well, challenges and potential solutions. Share this valuable information with the BSO Provincial Coordinating Office through this link:  
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# Implementation





*Can the BSO-DOS<sup>©</sup> Instruction Video be added to our e-learn platform?*



Yes! You can direct your team to the BSO-DOS<sup>©</sup> webpage to watch the video, but if you prefer to add to it your e-learn platform it is available to upload through:

<https://www.youtube.com/watch?v=EG6KSr12GD8&feature=youtu.be>

For those using Surge Learning, it has been added to your library.



Suggested Strategy:

- ✓ Leadership to assign the BSO-DOS<sup>©</sup> Instructional Video to your staff.





*Can we build the BSO-DOS<sup>®</sup> into our electronic documentation system?*



Soon! For organizations that use point-of-care technology (e.g. handheld devices), we will be providing vendors the opportunity to build the BSO-DOS<sup>®</sup> electronically.

Terms of Use (for vendors in various sectors) will soon be available on BSO-DOS<sup>®</sup> webpage. Vendors will be provided an Electronic BSO-DOS<sup>®</sup> Standard to be used to build their application.

Suggested Strategy:

- ✓ If you use point-of-care technology, speak to your vendor regarding building the BSO-DOS<sup>®</sup> electronically.



# Make an Implementation Plan!



- ✓ Use the Start-Up Checklist
- ✓ Dialogue with leadership and make a plan together
- ✓ Is the team ready? What is needed to be ready? (e.g. internal policies)
- ✓ Create an educational plan
- ✓ Educate staff (e.g. Instructional Video) before starting to use the BSO-DOS<sup>©</sup>
- ✓ Develop a plan to reinforce and commend use of the BSO-DOS<sup>©</sup>
- ✓ Create a BSO-DOS<sup>©</sup> package for each area/neighbourhood (e.g. copies of BSO-DOS<sup>©</sup>, laminated User Guides, printed Resource Manual, set of highlighters)



# Support, Reinforce & Celebrate! Use Many Forms.



- ✓ Key leaders/educators to support implementation
- ✓ Small group – e.g. huddles, shift change
- ✓ Demonstrations
- ✓ Review Case Studies from the Resource Manual
- ✓ 1:1 support – e.g. at the elbow
- ✓ Keeping communication lines open – be available for questions
- ✓ Regular check-ins during the implementation process
- ✓ Congratulate & celebrate successes!



# Challenge #1: Time to Complete

## Root of Challenge:

- Reality of high demands in health care – a stretched work force
- Not seeing value in completing the tool
- Sometimes the reality is there will be blanks

## Solutions:

- ✓ First, appreciate and acknowledge the high demands and the challenges faced
- ✓ Share the benefits of a fully completed BSO-DOS<sup>©</sup>
- ✓ It may look overwhelming, but teams find it easier as they become familiar with the tool
- ✓ Acknowledge reality that there will be blanks at times
- ✓ Refer to Frequently Asked Questions for scripted response
- ✓ Circle back to team members with the outcomes of the completed BSO-DOS<sup>©</sup>
- ✓ Thank/celebrate team members for their contributions!



# Challenge #2: New Observed Behaviour & Context Legends

## Root of Challenge:

- Change in practice
- Complexity of language and concepts

## Solutions:

- ✓ Continued education and support related to the new legends
- ✓ Observed Behaviours:
  - Review instructions on how to complete. Enter number in the column, check the box(es)
  - Don't change the check boxes to letters to add to the observed behaviours category!
  - Opportunities for future innovation with the electronic BSO-DOS<sup>©</sup>
- ✓ Context:
  - Review instructions on how to complete. Reminder that it is not a mandatory column
  - Stress value in knowing the context
- ✓ Refer to User Guide & Resource Manual (including Frequently Asked Questions for scripted response)

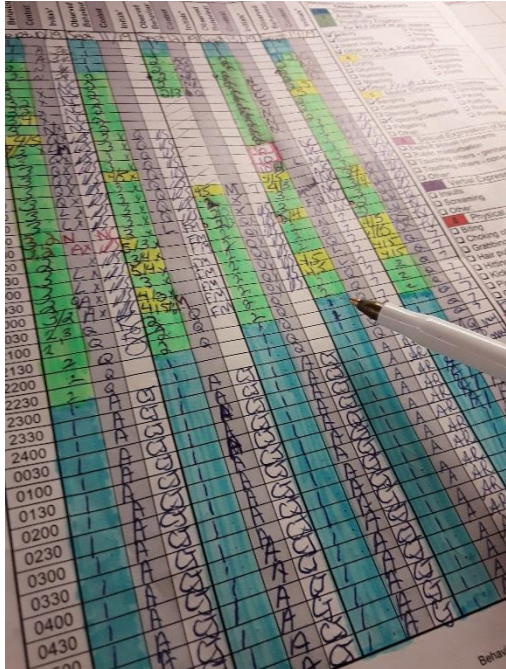




*for your role in supporting  
the implementation and utilization  
of the BSO-DOS<sup>©</sup>!*



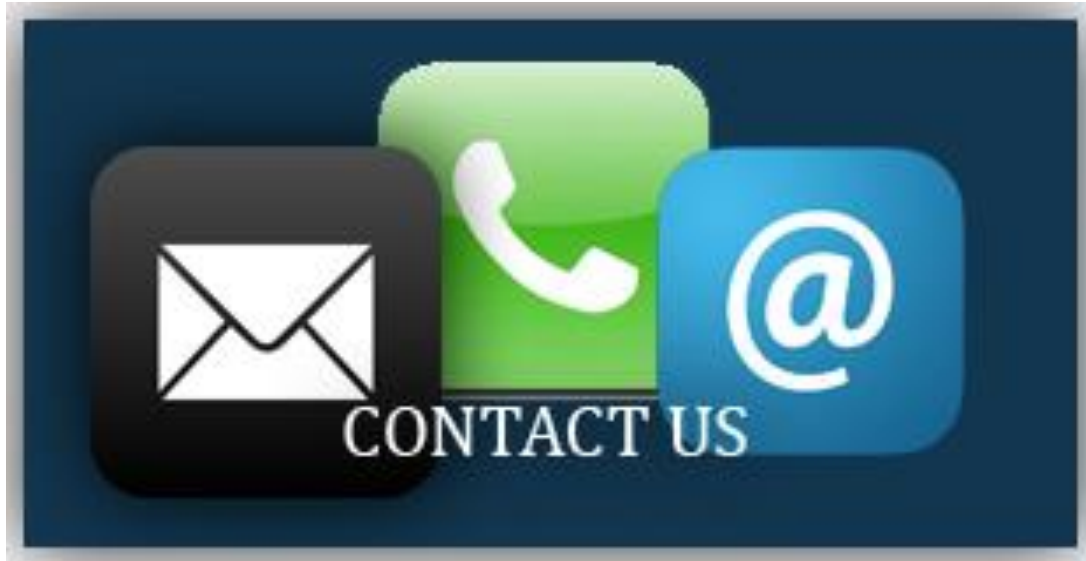
# Your experience in Implementing the BSO-DOS<sup>©</sup>?



Share what is going well, challenges and solutions:

[https://www.surveymonkey.com/r/BSO-DOS\\_Implementation](https://www.surveymonkey.com/r/BSO-DOS_Implementation)





## **Contact information:**

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Questions?

