

Behavioural Supports Ontario (BSO): New Best Practice Tools & Resources for 2023

**Behavioural Support Rounds
February 16th, 2023**



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

North Bay Regional
Health Centre



Centre régional
de santé de North Bay

Faculty/ Presenter Disclosure

- **Faculty:** Debbie Hewitt Colborne, Katelynn Aelick & Courtney Stasiuk
- **Relationships with commercial interests:**
 - Grants/Research Support: None.
 - Speakers/Bureau/Honoraria: None.
 - Consulting Fees: None.



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Disclosure of Commercial Support

- This program has **NOT** received financial support other than the support of the Ministries of Health and LTC.
- This program has **NOT** received in-kind commercial support.
- Potential conflict(s) of interest: **None.**



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Mitigating Potential Bias

The information presented in this program is based on recent information that is explicitly “evidenced-based”.

The Behavioural Support Rounds Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the BSR Activity in support or justification of patient care recommendations conforms to the generally accepted standards.



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Learning Objectives



Following today's presentation, attendees will be able to:

1. Access new BSO tools that align with BSO's provincial best practices
2. Implement new BSO tools that enhance communication and consistency across sectors
3. Select opportunities to become involved in province-wide BSO working groups that align with their interests and expertise



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My Personhood Summary© Tool & Supporting Resources

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Acknowledgements:

- BSO Personhood Tool Working Group
- My Personhood Summary© Pilot Sites



Background: My Personhood Summary

My Personhood Summary Project Background:

- Since inception, BSO teams have adopted various biographical summary tools to surface information about individuals' personhood for use in the practice of providing behavioural support services.



- To provide person-centred care, it is essential to obtain knowledge of individuals' life experiences, significant relationships, personal preferences, and other psychosocial and environmental factors that impact their daily lives.
- In response to frequent requests for a standardized BSO biographical summary tool, we launched a working group to update an existing tool and expand its use across Ontario.



Tool Development Process

Part 1: Development



- Consultation with people with lived experience led to selection of PIECES of my PERSONHOOD as foundational tool to work from.



- Environmental Scan of biographical summary tools intended for use with BSO population (n=15).
- Content analysis of tools to determine topics most frequently included.



- Development of multiple drafts with input from working group and other relevant committees

Part 2: Pilot



- Piloted the tool in partnership with 13 pilot sites spanning across several sectors and regions of Ontario.



- Pilot sites submitted their feedback by responding to a 20 question online survey.



- Edits made to the tool based on feedback collected. Finalized My Personhood Summary[®] in PDF fillable and Microsoft Word Fillable Form formats.

Part 3: Release



- Created supporting resources for the tool: completed examples & one-page poster templates



- Translated My Personhood Summary[®] and each of its supporting resources into French – Mon sommaire personnel[®].



- Designed a webpage on brainXchange where the tool can be downloaded and all supporting resources can be accessed.

My Personhood Summary©

Name:
Pronoun(s)/Prefix(ss):
DOB (dd/mm/yyyy):
Dominant Hand: Right Left

Who I Am Now

Preferred name:	Language(s):
Gender identity:	Sexual orientation:

Things that I am good at and/or best known for (strengths, abilities, etc.):

The following people and pets are important to me (names, roles, details):

What I believe and practice (cultural, spiritual, religious; morals, values and traditions):

My daily routine (preferences related to sleep/wake, personal care, appearance, practices, etc.):

Food, drink and mealtime preferences:

About My Past

Where I grew up/lived (building types, communities, cities):

Who I spent my time with (relationships, family history):

How I spent my time (life roles, occupations):

My high points in life (events, achievements, experiences, significant dates):

My low points in life (loss, death, significant dates, strained relationships, trauma, environmental events):

For additional details, refer to (chart, care plan, care partner, etc.):

My Social, Emotional & Environmental Preferences

Social (hobbies, interests, meaningful activities, communication styles/interaction/group size preferences, etc.)
Emotional (sources of comfort/discomfort, affection, reassurance, safety, motivation, joy, stress, grief, fear, etc.)
Environmental (use of sensory aids; considerations for personal space, placement of objects, etc.)

Likes:

Dislikes:

Other Things You Should Know

Expressed Consent

I consent to:

Post this information in the following location(s) (e.g. on closet door, on wall in room):

*Consider removal of personal identifiers (e.g. DOB) and sensitive information prior to posting.

Consent obtained from:

Individual Substitute Decision Maker

Name (print):

Signature:

If unable to obtain written consent, verbal consent received by:

Name (print):

Role/Title:

Signature:

Form Completed by

Name:

Email Address:

Signature:

Organization:

Phone Number:

Date (dd/mm/yyyy):



Download the tool and its supporting resources!

<https://brainxchange.ca/BSOpersonhood>

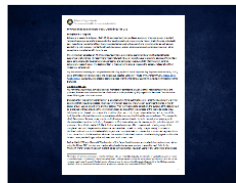


Resources



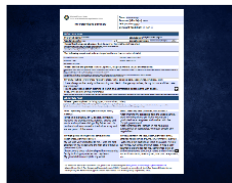
[My Personhood Summary©: Tool Download and Permissions](#)

My Personhood Summary is available for download following a review of permissions to preserve its integrity.



[My Personhood Summary©: Guidelines for Use](#)

These guidelines provide an overview of the purpose of the tool as well as instructions for use



[My Personhood Summary©: Completed Examples](#)

Fictitious examples of completed My Personhood Summary© Tools for education and training purposes.



[My Personhood Summary©: Implementation Tip Sheet](#)

My Personhood Summary©: Implementation Tip Sheet



[My Personhood Summary©: Poster Templates](#)

Standardized poster templates can be used to transform a completed My Personhood Summary into a visually appealing format.



[Mon sommaire personnel© and ses ressources de soutien sont disponibles en Français.](#)

Couvre les expériences de vie d'une personne, ses relations importantes, ses préférences personnelles et d'autres facteurs psychosociaux et environnementaux qui influencent sa vie quotidienne.



2

My Transitional Care Plan© (MTCP) Tool & Supporting Resources

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Acknowledgements:

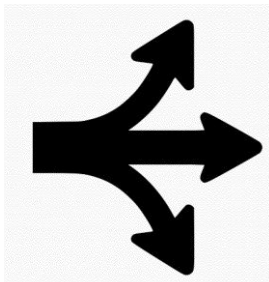
- Behavioural Support Integrated Teams (BSIT) Collaborative
- My Transitional Care Plan© Pilot Sites



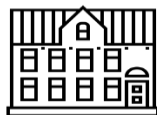
Background: Creation of MTCP-COVID19



 Increased Hospital Admissions + Need to create capacity



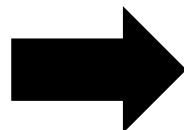
Long Term Care



Retirement Homes



Other Temporary Locations



North Bay Region Centre Regional Health Care at North Bay

My Transitional Care Plan

My Name and Contact Information: [Name], [Phone], [Email], [Address]

My Typical Daily Routine: [Description of daily activities]

My Personal Care: [Details of personal care needs]

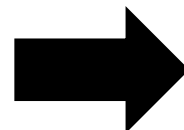
My Medication: [List of medications and administration instructions]

My Health and Safety: [Details of health and safety concerns]

My Support Needs: [List of support services required]

My Signature: [Signature] Date: [Date]

My Transitional Care Plan (North East BSO, 2019)



My TRANSITIONAL CARE PLAN DURING THE COVID-19 PANDEMIC

My Name and Contact Information: [Name], [Phone], [Email], [Address]

My Typical Daily Routine: [Description of daily activities]

My Personal Care: [Details of personal care needs]

My Medication: [List of medications and administration instructions]

My Health and Safety: [Details of health and safety concerns]

My Support Needs: [List of support services required]

My Signature: [Signature] Date: [Date]

My Transitional Care Plan during the COVID-19 Pandemic



Re-Adaptation of MTCP

- In later phases of the COVID-19 Pandemic, there was continued interest in the use of the tool. However, certain sections were no longer needed (e.g., isolation care plans, swabbing strategies).
- Decision made to re-adapt the tool for its continued use outside of the COVID-19 Pandemic.



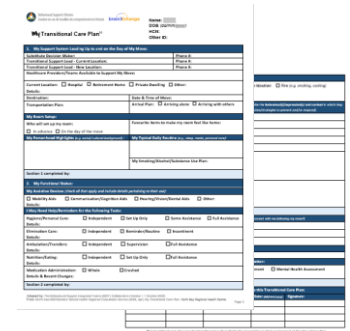
Behavioural Support Integrated Teams (BSIT) Collaborative Meetings used to collect input that informed edits.



Multiple drafts created which were brought to BSIT Meetings for input



Piloted draft tool in collaboration with 7 sites and collected their feedback via survey



Feedback from pilot sites informed final tool – My Transitional Care Plan.



Name:
DOB (dd/mm/yyyy):
HCN:
Other ID:

My Transitional Care Plan®

1. My Support System Leading Up to and on the Day of My Move:	
Substitute Decision Maker:	Phone #:
Transitional Support Lead - Current Location:	Phone #:
Transitional Support Lead - New Location:	Phone #:
Healthcare Providers/Teams Available to Support My Move:	
Current Location: <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Home <input type="checkbox"/> Private Dwelling <input type="checkbox"/> Other:	
Details:	
Destination:	Date & Time of Move:
Transportation Plan:	Arrival Plan: <input type="checkbox"/> Arriving alone <input type="checkbox"/> Arriving with others
My Room Setup:	
Who will set up my room: <input type="checkbox"/> In advance <input type="checkbox"/> On the day of the move	Favourite items to make my room feel like home:
My Personhood Highlights (e.g. social/ cultural background):	My Typical Daily Routine (e.g., sleep, meals, personal care):
	My Smoking/Alcohol/Substance Use Plan:
Section 1 completed by:	
2. My Functional Status:	
My Assistive Devices (check all that apply and include details pertaining to their use):	
<input type="checkbox"/> Mobility Aids <input type="checkbox"/> Communication/Cognition Aids <input type="checkbox"/> Hearing/Vision/Dental Aids <input type="checkbox"/> Other:	
Details:	
I May Need Help/Reminders for the Following Tasks:	
Hygiene/Personal Care: <input type="checkbox"/> Independent <input type="checkbox"/> Set Up Only <input type="checkbox"/> Some Assistance <input type="checkbox"/> Full Assistance	
Details:	
Elimination Care: <input type="checkbox"/> Independent <input type="checkbox"/> Reminder/Routine <input type="checkbox"/> Incontinent	
Details:	
Ambulation/Transfers: <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Full Assistance	
Details:	
Nutrition/Eating: <input type="checkbox"/> Independent <input type="checkbox"/> Set Up Only <input type="checkbox"/> Full Assistance	
Details:	
Medication Administration: <input type="checkbox"/> Whole <input type="checkbox"/> Crushed	
Details & Recent Changes:	
Section 2 completed by:	

3. Current Risks (check all that apply):				
<input type="checkbox"/> Delirium <input type="checkbox"/> Falls <input type="checkbox"/> Exploring/Searching/Leaving <input type="checkbox"/> Suicide Ideation <input type="checkbox"/> Fire (e.g. smoking, cooking)				
<input type="checkbox"/> Security (e.g. finances, housing, food) <input type="checkbox"/> Other:				
Details:				
Responsive Behaviours/Personal Expressions (check all that apply and describe the behaviour(s)/expression(s) and context in which they occur [e.g., during personal care]. Identify contributing factors and personalized approaches/strategies to prevent and/or respond).				
<input type="checkbox"/> Vocal Expression(s):				
<input type="checkbox"/> Motor Expressions(s):				
<input type="checkbox"/> Sexual Expression(s) of Risk:				
<input type="checkbox"/> Verbal Expressions(s) of Risk:				
<input type="checkbox"/> Physical Expressions(s) of Risk:				
Contributing Factors to My Behavioural Expression(s):				
Personalized Approaches/Strategies to Support Me:				
Section 3 completed by:				
4. My Family Connections and Social Supports (i.e., how will family/friends connect with me following my move?)				
<input type="checkbox"/> In-Person Visit(s):				
<input type="checkbox"/> Virtual Visit(s)/Phone Call(s):				
<input type="checkbox"/> Other(s):				
The Following Services will Support Me after My Move:				
The Following Reports are Available to Assist in Getting to Know Me Better:				
<input type="checkbox"/> Vaccination List <input type="checkbox"/> Medication List <input type="checkbox"/> Behavioural Assessment <input type="checkbox"/> Mental Health Assessment				
<input type="checkbox"/> Personhood Tool <input type="checkbox"/> Isolation Care Plan <input type="checkbox"/> Other:				
Section 4 completed by:				
5. The Following Healthcare Providers/Individuals Have Contributed to this Transitional Care Plan:				
Name & Designation	Organization:	Phone Number:	Date: (dd/mm/yyyy)	Signature:

This transitional care plan was developed based on the individual's presentation in their environment at the time of transition.
This plan may require adaptation in the new environment as different behaviours may present themselves throughout the transition period.



Download the tool and its supporting resources!

<https://brainxchange.ca/MTCP>



My Transitional Care Plan©: Tool Download & Permissions

My Transitional Care Plan© is available for download following a review of permissions to preserve its integrity.

Available as a fillable PDF & Microsoft Word Fillable Form



My Transitional Care Plan©: Guidelines for Use

These guidelines provide an overview of the purpose of the tool as well as instructions for use.



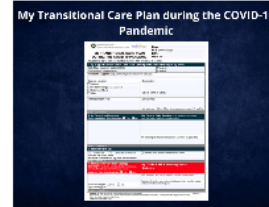
My Transitional Care Plan©: Completed Examples

Fictitious examples of completed My Transitional Care Plans© for education and training purposes.



Mon plan de soins de transition© en Français

Mon plan de soins de transition© et ses ressources de soutien sont disponibles en Français.



My Transitional Care Plan during the Covid-19 Pandemic

Version created specifically to support moves taking place during the Covid-19 Pandemic. It includes special fields pertaining to IPAC measures, isolation care plans, and other factors to consider



3

Person-Centred Language (PCL) New Resources

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Acknowledgements:

- PCL Expert Panel
- PCL Working Group



PCL INITIATIVE | Project Updates

New Poster Order Form: Commitment Statement and Word Swap

Link: shorturl.at/biQW5

1

Take the pledge by visiting behaviouralsupportsontario.ca

1 See the Person First

I will focus on the person's wholistic well-being by respecting the role of culture and other influences such as personal experiences and the environment.

2 Build Trusting Relationships

I will be open and compassionate about each person's unique experiences and establish a trusting relationship by honouring what matters to them and their care partners.

3 Consider All Forms of Communication

I will develop a strong understanding of the person's health condition(s) and consider verbal and non-verbal means of communication (e.g. responsive behaviours / personal expressions, body language) to be forms of meaningful communication.

4 Advocate for Person-Centred Language

I will continuously reflect on and advocate for person-centred language and its potential impacts. I will be open to discussions regarding language choices for myself and others, respectfully challenge those that are not person-centred and celebrate positive language choices.

A most heartfelt thanks to the Person-Centred Language Initiative Expert Panel for their thoughtful contributions.

Behavioural Supports Ontario
Soutien en soins de santé du comportement en Ontario

To learn more, please contact the BSO Provincial Coordinating Office at provincialBSO@brhc.on.ca or 1-855-276-6313.

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2

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3

WORDSWAP

Using **Person-Centred Language (PCL)** ensures the way we speak is respectful, life-affirming, and inclusive. Here are a few ways to swap out words for PCL in your everyday language!

People

Instead of	Consider
Demented person Dementia sufferer Senile	Person living with dementia
Long-term care (LTC) home patient	Resident
Informal caregiver	Family care partner

Places

Instead of	Consider
LTC facility Nursing home Old folks' home Institution	LTC home
Adult day care	Adult day program or support program
LTC unit	Neighbourhood or Home area
Admitted or Placed	Moving in
Discharged	Moving out

Actions

Instead of	Consider
Difficult behaviours Challenging behaviours	Responsive behaviours or personal expressions
Violent behaviours	Physical expressions of risk
Triggers	Contributing factors
Exit seeking or Wandering	Exploring or Searching

Instead of labelling people by their behaviours (e.g. agitated, aggressive), objectively describe their actions.

Items

Instead of	Consider
Diaper	Adult brief or Incontinence product
Bib	Clothing/shirt protector
Sippy cup	Glass, cup or mug

Use the proper names of items that support individuals' activities of daily living; avoid infantilizing them.

How have you been inspired to use PCL?
Let us know by emailing provincialBSO@brhc.on.ca or using [#WordsMatterPCL](https://twitter.com/WordsMatterPCL) on social media!

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Poster Dimensions (EN & FR):

18"x24"
11"x17"
8.5"x11"

Poster Dimensions (FR):

8.5"x11"

Poster Dimensions (EN & FR):

8.5"x11"



PCL INITIATIVE | Project Updates

AODA Poster Creation

Person-Centred Language Commitment Statements

Take the pledge by visiting
behaviouralsupportsontario.ca



NEW

See the person first

I will focus on the person's wholistic well-being by respecting the role of culture and other influences such as personal experiences and the environment.

Build trusting relationships

I will be open and compassionate about each person's unique experiences and establish a trusting relationship by honouring what matters to them and their care partners.

Consider all forms of communication

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A most heartfelt thanks to the Person-Centred Language Initiative Expert Panel for their thoughtful contributions.



PCL INITIATIVE | Project Updates

TAKE THE PLEDGE





Certificate
#006524

I pledge to:

1. See the Person First
2. Build Trusting Relationships
3. Consider all Forms of Communication
4. Advocate for Person-Centred Language

Name

North Bay Regional Health Centre / Centre régional de santé de North Bay

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

CLRI / Centre for Learning, Research & Innovation in Health Care

RIA / Research in Action

October 25, 2021

Date

<http://www.behaviouralsupportsontario.ca/pledge>



4

Behavioural Supports in Acute Care Capacity Building Package

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Knowledge Mobilization Lead
& Knowledge broker,
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Acknowledgements:

- Behavioural Support in Acute Care Collaborative Members
- Behavioural Supports in Acute Care Capacity Building Working Group Members



Background

- In February 2020, the BSO Acute Care Collaborative released *Behavioural Supports in Acute Care – Current Practices and Opportunities for Growth*; a survey intended 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. Review and analysis of these survey results have led to the identification of key themes.










Capacity Building


Invest in capacity building in relation to the behavioural health of older adults for all acute care team members. Ensure policies, procedures and standard assessments/treatments reflect best and emerging practices regarding the care of older adults with, or at risk of, responsive behaviours/personal expressions


Behavioural Supports in Acute Care: Collective Voices Leading to Key Recommendations May 2021

In February 2020, the BSO Acute Care Collaborative released *Behavioural Supports in Acute Care – Current Practices and Opportunities for Growth*; a survey intended 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. Review and analysis of these survey results have led to the identification of key themes and the following recommendations from the BSO Acute Care Collaborative:


 <p>Capacity Building Invest in capacity building in relation to the behavioural health of older adults for all acute care team members. Ensure policies, procedures and standard assessments/treatments reflect best and emerging practices regarding the care of older adults with, or at risk of, responsive behaviours/personal expressions</p>	 <p>System Level Lens – Interagency/ Interdisciplinary Collaboration Strengthen interagency and cross-sector collaboration in order to support older adults with, or at risk of, responsive behaviours/personal expressions within the community to avoid unnecessary hospital visits/admissions and during periods of transition in and out of acute care.</p>
 <p>Adequate Resources Be flexible and responsive with health human resource support when caring for older adults with responsive behaviours/personal expressions (e.g. providing 1:1 support when there are behaviours/expressions posing risk to self or others).</p>	 <p>Meaningful Engagement Invest in additional health human resources and materials to support meaningful engagement, and implement standardized processes to gather and utilize personhood information in order to promote meaningful engagement within acute care for those with, or at risk of, responsive behaviours/personal expressions.</p>
 <p>Specialized Team Members/Services Increase investment in behavioural health teams to ensure that all acute care organizations have access to these specialized team members. This may include embedded BSO acute care clinicians, Behavioural Support in Acute Care Mobile Teams or BSO in the Community Teams.</p>	 <p>Purpose Built Environment Complete physical environmental assessments within acute care, taking into account the unique needs and abilities of older adults with, or at risk of, responsive behaviours/personal expressions, and make modifications based on these assessments</p>
 <p>Person & Family Partnered Care Commit to, and embrace person and family-partnered care as an essential approach to best care for those with, or at risk of, responsive behaviours/personal expressions, and gather formal feedback from older adults and family care partners in order to inform quality improvement in acute care organizations.</p>	

Read the full report here: <https://brainxchange.ca/public/BSO/Files/Acute/BSO-Acute-Care-Survey-REPORT-FINAL.pdf>

 Behavioural Supports Ontario
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 brainXchange

Contact us
BSO Provincial Coordinating Office
Phone: 1-855-276-6313
Email: provincialBSO@nrhc.on.ca
behaviouralsupportontario.ca



Purpose of the Capacity Building Package



Target Audience:

- Point of care team members in the ED & inpatient units (e.g. nurses, PSWs, allied team members, porters, security)



Key Messages:

- The Importance of Personhood
- All Behaviour has Meaning
- Your Approach Matters




Utilized/delivered by:

- BSO Acute Care Team Members, PRCs/educators etc. who can support application/implementation of learnings (e.g. coaching, mentoring)



Posters

Get to Know Me!



My wife Maria and I were married 53 years and share 4 children and 7 grandchildren.

Call me José!

I am a retired accountant.

I love to salsa dance.

I speak Spanish and English.

I like listening to Spanish music!


Holding the rosary brings me comfort.

By understanding my personhood, you can tailor your approach to prevent or reduce responsive behaviours / personal expressions.


Contact Us
@provinciasBSO@brnrcn.ca
@brainxchange.ca/BSO
@BSOprovOffice

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

We want to hear from you!



My Behaviour Has Meaning!



I can't find my words.

I am hungry!

I am cold.

I am frustrated.

I am scared.

I am in pain!


I need to use the bathroom.

By understanding the meaning, you can tailor your approach to prevent or reduce responsive behaviours / personal expressions.


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Your Approach Matters!



Reduce distractions

Introduce yourself each time

Use a calm tone

Use simple phrases

Validate emotions

Be adaptable and creative

Smile (with your eyes)

Use visual cues

Take your time


Explain step by step

Being intentional in your approach may prevent or reduce responsive behaviours / personal expressions.

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Posters available in English and French in 8x11 and 11x14 at www.brainxchange.ca/BSO



Mini-Education Slide Decks

- 3 slide decks to support short 15-30 minute education sessions
- Builds on the story of José (from the poster series) and the enriched content
- Includes facilitation notes
- Engages learners in reflective practice and planned application

Your Approach Matters

Being intentional in your approach to prevent or reduce responsive behaviours/personal expressions.

Developed by: Behavioural Supports in Acute Care Collaborative

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Your Approach Matters!

Reduce distractions
Introduce yourself each time
Smile (even when you're not)

Being intentional in your approach may prevent or reduce responsive behaviours / personal expressions.

As you Approach

Reduce distractions
Introduce yourself each time
Smile (even when you're not)

Suggested questions/comments to generate discussion:

- First, when you initially approach patients with, or at risk of, responsive behaviours there are a few key things to remember:
 - Reduce distractions – This could include turning off TVs or radios, pulling a curtain or closing the door prior to interacting with patients.
 - Introduce yourself – We should not assume our patients know who we are or why we are there. Each time you approach, you should let them know who you are and you can add your role or what you are there to help them with. For example, “Hello José, my name is _____, I am a _____ (role) and am here to help you with _____.” It is important to know the patient’s preferred name and to use it. Avoid pet names (e.g. dear, sweetie). Know the preferred language and utilize communication/interpretation supports if needed.
 - Smile – Communication is mostly non-verbal which means that your body language communicates key messages to your patients. Smile, even if it is behind a mask!




Evaluation

- QR codes on each poster and end of slide deck to provide feedback in real time through a brief survey
- 5 quick questions
- Surveys provide feedback regarding the applicability and impact of the educational resources


We want your feedback!

- Use the QR code on the 'My Behaviour Has Meaning!' poster to provide feedback on the poster and the QR code below to provide feedback on today's session.
- Your confidential input will be added to others' and be provided to the Behavioural Supports in Acute Care Collaborative. This helps us know the value in this type of education and will help inform any future updates.




By understanding my personhood, you can tailor your approach to prevent or reduce responsive behaviours / personal expressions.

SCAN ME



Get to Know Me!




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Contact Us
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We want to hear from you!



Please share one or two strategies that you learned that you plan to apply in your practice.

You have to tailor your approach to the need of your patient.

Take time to get to know your patient

The behaviour is always a symptom.

Understand the meaning behind the behaviours.

Tone and body language have a larger effect on conversation than you may notice.

To look beyond the behaviour a patient is displaying and find the root cause.

Use friendly tone and do not rush patient.

I should take in the cues and assess my patient a little more - as in check the reason for that behaviour.

Personhood - Key things to remember.



Live Poll:
Which tool or resource are you most looking forward to putting into practice?



All of these tools and resources can be found at www.brainxchange.ca/BSO



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Opportunities to Participate in Provincial BSO Initiatives at www.brainxchange.ca/BSO



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Q & A

