



Looking at the Whole Person to Provide Quality Care

"I am who I am so help me continue to be me"

The Behavioural Supports Ontario (BSO) Value Statement for our Hamilton Niagara Haldimand Brant Local Health Integration Network inspires us to think about all domains of a person – their strengths, challenges, goals and abilities – and find ways to preserve these traits and help people continue to be themselves.

October's newsletter focuses on BSO teams developing and using skills to help the people we serve continue to be themselves.

HNHB BSO Models

Single point of contact for individuals and caregivers to connect with multiple resources

An approach to support individuals and caregivers by taking a lead role in coordinating programs and services across multiple

Mobile outreach teams to support individuals and caregivers in the community when in crisis

Mobile outreach teams to support individuals in long-term care and their caregivers

Clinical Leaders to support patients in hospitals, and the staff who work with them every day

Toolkit for primary care providers to help them assess and manage patients with responsive behaviours

A simple and inexpensive device provides Bill and his family with comfort

Bill moved into St. Peter's Residence at Chedoke Long-Term Care approximately one and a half years ago. At times, Bill was unwilling to accept care from staff in the Long-Term Care Home, and would shout "Get out! Don't touch my stuff!". A referral was made to the BSO Long-Term Care Mobile Team, and the team began working with Bill, his daughter Sheila, and the team in the Long-Term Care Home to determine triggers for his responsive behaviours.

Through their holistic assessment and observations of Bill, the BSO Long-Term Care Mobile Team noted that Bill had trouble hearing.

Bill had had two sets of hearing aids, but he liked to handle them, and they broke. Each pair of hearing aids cost several thousand dollars. The BSO Long-Term Care Mobile Team recommended a Pocket Talker for Bill – a small device that increases the volume of a speaker's voice, and transmits the sound through earphones worn by the listener. Sheila and her siblings purchased a Pocket Talker for Bill for a few hundred dollars. It is kept in a box in the home's medication cupboard, along with extra batteries and written instructions on how to use it with Bill.

Staff at St. Peter's Residence started using the Pocket Talker to greet Bill, and explain why they would like to work with him.

"He may not comprehend us, but I think he recognizes our voices...His attitude is better when he can hear a voice – a voice that is not angry, but loving and explaining what will happen".

-Sheila

Sheila stated that "When it is not used, he doesn't know who they are. I know it takes some time, but it works. If it is not used, he will push back and be irritable". As a retired nurse, Sheila understands the multiple demands faced by staff in Long-Term Care, and how easily small items like glasses, hearing aids and dentures can become lost. However, she also understands that using the Pocket Talker is a small practice change that is easy to implement, and not only puts her father at ease, but also enables staff to care for Bill more easily.



To learn 'who' a person is, BSO teams use a variety of unstructured and standardized assessments. The information gained from these assessments is used to develop person-centered behavioural strategies, and help people with cognitive impairment and responsive behaviours* to live well. Bill's story shows how observations about a person's senses (such as vision, touch, or hearing) can be used to make changes that address responsive behaviours.

On September 19, 2017, members from all BSO teams came together to learn about assessment tools

The learning from this day helped establish a common understanding of when, where, with whom, and why assessment tools can be used to improve client care.

BSO staff from all teams learned:

- How to effectively administer an assessment to a client
- How to use recognized tools to evaluate clients':
 - Cognition (thinking, memory, orientation, attention, etc.)
 - Mood
 - Behaviour
- How to apply learning to everyday practice



Psychogeriatric Resource Consultants (PRCs) from around the Hamilton Niagara Haldimand Brant Local Health Integration Network kindly shared their time and expertise with the group.

Over the coming months, the PRCs will attend the BSO teams' meetings to see how this new learning has shaped the way they view and support clients from a holistic perspective.

*** What are Responsive Behaviours?**

- It is any behaviour that is in response to a real or perceived stimulus and may result in increased risk for the client or others.
- The behaviour may present a challenge to receiving appropriate interventions or co-existing with others.
- Responsive refers to the fact that many of these behaviours could respond to appropriate and timely interventions, and may be occurring as a result of an unmet need or desire that can no longer be communicated.
- Include pacing, wandering, repetition, verbal outburst, and physical outburst toward oneself or others.

Learn more about Behavioural Supports Ontario in our region:

<http://hnhb.behaviouralsupportsontario.ca/>