



June 2015

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

This value statement underlies the work of the HNHB Behavioural Supports Ontario (BSO) teams. Identifying the remaining strengths and capabilities of clients with cognitive impairment is a key part of the BSO teams' role. This is demonstrated in the following story about Flora, a Long-Term Care Home (LTCH) resident with cognitive impairment. In Flora's eyes, she saw herself in her previous role as a Grade 7 teacher. Rather than trying to change this view, the BSO LTCH Mobile Team worked with LTCH staff to help Flora fill her previous role as a teacher, and in doing so, minimize her responsive behaviours* and enable her to feel comfortable and purposeful in her home.

Flora's story

Flora has a diagnosis of Dementia.

Dementia is a word for a group of symptoms caused by disorders that affect the brain and is characterized by forgetfulness that exceeds memory decline associated with normal aging.

Flora lives in a Long-Term Care home (LTCH). Staff noted that she was continually "exit seeking". For example, she would stay close to the doors of her unit and attempt to leave every time the doors opened. Keeping Flora away from the doors was very time consuming for staff and very upsetting for her. Because she was intent on leaving, she would display verbally and physically responsive behaviours when staff attempted to redirect her. For example, she would shout "I have to go, I am going to be late".

A referral was made to Behavioural Supports Ontario (BSO) LTCH Mobile Team.

The BSO Team worked alongside staff to obtain information about Flora, her diagnosis, her intellectual status and capabilities, her current environment, her emotional status, and her past social and cultural history. This information provided both the BSO and the LTCH staff with a holistic approach to plan strategies and interventions to manage Flora's exit seeking.

HNHB BSO Models

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

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

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

The team learned that Flora was a retired school teacher. When BSO spoke with Flora, she told the BSO Team that she was a Teacher and taught grade 7. Flora believed that she was still a teacher, her exit seeking and comment that "I have to go, I am going to be late" could indicate that she was trying to get to school.

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BSO worked alongside LTCH staff and developed a retirement letter for Flora. The letter was framed and presented to Flora. She chose a spot on the wall where she wanted her framed retirement letter placed. Staff also had photocopies of the retirement letter that they could use if Flora required redirection. The team also created test papers for her to mark. If Flora became anxious or was starting to head for the doors, staff would redirect her to a quiet area and set Flora up to mark her papers; she would engage in this activity for up to an hour.

Flora is no longer exit seeking. This simple strategy of knowing the person behind the disease has improved Flora's quality of life, and the staff is happy that they were able to work alongside BSO to provide Flora with Person-Centered Care.

How does the BSO LTCH Mobile Team help patients and their families/ friends?

- The BSO team support long-term care homes by providing episodic visits (seeing residents on an as needed basis), as well as transitioning new residents into the long-term care home for a smooth admission.
- The BSO team learns about the patient by speaking to family, friends, staff and other care providers. They learn about a person's likes, dislikes, and the things that may trigger responsive behaviours*.
- The team uses the information gained to develop and apply strategies to help people with cognitive impairment and responsive behaviours and to help their caregivers and loved ones feel prepared to assist them.
- By collaborating with staff at LTCHs, the BSO team shares skills and knowledge that staff can use to assist people they encounter in the future with cognitive impairment and responsive behaviours.

2014-15 Year-End Activity for LTC Mobile Team

- 2654 residents served
- 894 transitions to/from LTCH
- 29,690 resident-based services delivered

How can I contact the BSO LTCH Mobile Team?

You can access general information about the program by visiting www.hnhblhin.on.ca. If you would like to make a referral to the BSO LTCH Mobile Team, simply ask your Long-Term Care Home to contact one of the below BSO RN Team Leads located by region:

Area	Name	Contact Number
Hamilton	Dee Foley	905-6247-3541 ext. 2125
Brant Haldimand Norfolk	Lisa Wright	226-920-8952
Niagara	Leonard Lwesso	289-241-0282
Burlington	Beth Woodworth	289-925-3193

*** 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.