

# Who's a candidate for the BSTU?

A person with a **primary diagnosis of dementia** may benefit from a stay in a Behavioural Support Transition Unit [BSTU] if their **behaviours have become severe and/or unmanageable** in their current environment. Their behaviours may include, but are not limited to: aggression [verbal or physical], agitation, restlessness, or emotional distress, wandering, disinhibition or socially inappropriate actions and resistance to care.

The person is **medically stable** – does not require acute hospital care for a new or unstable medical condition, but they do **require more care than can be safely provided** in a regular Long-Term Care [LTC] Home.

**After exhausting all available community and/or hospital-based psychogeriatric resources**, the person has been assessed as ready for LTC with enhanced staffing/care models.

The capable person or their POA/SDM has agreed to a stay in the BSTU and have signed a **letter of agreement**.

**A BSTU STAY IS NOT APPROPRIATE FOR PEOPLE WHO:** require inpatient medical or mental health services, their behavioural difficulties are primarily related to mental health disorders, or their responsive behaviours cannot be managed safely with enhanced staffing support.

# What goes on in the BSTU?

## MORNING

The day begins with a calm, personalized wake-up and hygiene routine, supported by staff using familiar cues, reassurance and distraction techniques.



## MEALS

Meals are served in a sensory-friendly dining area with a 'home-like' environment. Food choices are similar to Cassellholme's menu.

## ACTIVITIES

Pet therapy, music programming, physical movement and a variety of other experiences – all used to spark memories and provide calming distractions.

## MIDDAY

Midday focuses on non-pharmacological [non-drug based] interventions tailored to individual interests and life history.

## AFTERNOON/EVENING

Staff use various therapies to soothe agitation. The focus is on maintaining a predictable routine, which is crucial as it provides a sense of order and security.



**Reminiscence therapy** uses personal photos, videos, music playlists, or familiar objects – often supplied by families/friends.

**Sensory stimulation** is achieved through aromatherapy, hand massages, tactile boards, etc. together with gentle movement and music.

**Interactive elements** like hallway puzzles, fidget boards, or murals depicting familiar scenes [e.g., a 1950s kitchen, forest walk, local scenes, etc.].

## Who works in the BSTU?

Each BSTU team will be made up of an RN, RPN, recreational therapists, PSWs and a physician/nurse practitioner. They'll deliver evidence-based interventions using the **DementiAbility** model. This Resident-centred care allows for individual engagement; Residents can guide what their days look like. For instance, if a Resident chooses not to eat at a standard meal time, there'll be options when they're ready. They can also decide when they'd like their care completed. Suggestions from **DementiAbility** have also guided the physical layout of our BSTU.

Our BSTU staff will also receive **local support** from the clinical teams at the Northeast Behavioural Supports Ontario [NE BSO] and Seniors' Mental Health Program as required.

In addition, **Best Practice Guidelines** from the Registered Nurses' Association of Ontario [RNO] will be implemented on topics like delirium, dementia, depression in older adults and pain management.

**Core Skills Training** will emphasize non-drug interventions, de-escalation techniques, effective communication and the use of sensory and reminiscence therapies.

**Ongoing Support** will also be provided to staff by way of refresher courses, mentorship and coaching.

## What are the BSTU essentials?

Behavioural Support Transition Units [BSTUs] are specialized, transitional care units for individuals with dementia or age-related cognitive impairments whose responsive behaviours can't be managed in their current setting.

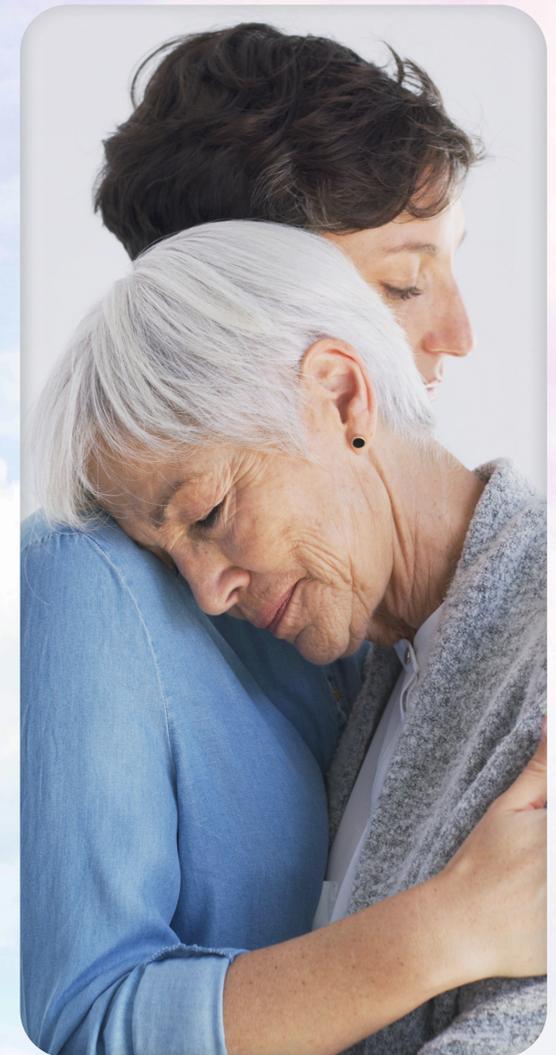
These units provide time-limited, intensive, person-centred care to stabilize behaviours and support safe transitions back to the community or a Long-Term Care Home.

**Eligibility criteria** includes a primary diagnosis of dementia, unmanageable behaviours, medical stability and unsuccessful prior use of community or hospital-based services.

**The anticipated length of stay** is six to twelve months. This decision is based on each Resident's progress and their ability to thrive in a regular Resident Home area.

**To refer someone** to Cassellholme's BSTU, speak to your Ontario Health atHome [OHaH] coordinator.

## There's a new 24-bed Behavioural Support Transition Unit [BSTU] at Cassellholme



# CASSELLHOLME

*Compassionate care for life's journey.*