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 choses 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.

CASSELLHOLME

Compassionate care for life's journey.

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