

## What is the Behavioural Support Outreach Team ED (BSOT-ED) Program?

The Home and Community Care Support Services (HCCSS) Toronto Central Behaviour Support Outreach Team-Emergency Department (BSOT-ED) program works in partnership with Behaviour Support Ontario (BSO) services led by Baycrest Health Sciences. The BSOT-ED program connects patients and families with the broader BSO programs in addition to responding to ED referrals.

BSOT-ED provides in-home behaviour assessment and interventions for patients recently discharged from one of the Toronto Central Emergency Departments (ED). Upon receipt of an ED referral, the team will follow up within 1-3 business days. Our team includes Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) who complete a rapid in-home behavioural assessment and follow-up for patients with dementia and responsive behaviours with the goal of reducing unnecessary emergency department visits and/or admissions to hospital.

The BSOT-ED program works closely with Geriatric Emergency Management (GEM) nurses and others in the ED to facilitate timely follow-up in the community. We work closely with Primary Care and Community Care Coordinators to address multiple needs including access to primary care and home supports.

### When to Consider a Patient for the BSOT-ED Program

Primary concern is dementia and responsive behaviours:

- Recently discharged from a Toronto Central Emergency Department
- Suspected or confirmed diagnosis of dementia
- Medically and psychiatrically stable upon discharge
- Age 55 years or older (exceptions for younger ages based on geriatric presentation)
- Patient/SDM consents to service
- Resides in the Toronto Central region

### Exclusion Criteria

Primary concern is severe, persistent mental illness and/or substance abuse issues

### What to Expect from the BSOT-ED Program

- Follow-up within 1-3 business days upon receipt of the ED referral
- A behavioural assessment with interventions intended to support patients and care partners to manage behaviours related to dementia
- Communication with Primary Care and the HCCSS Toronto Central Care Coordinator regarding any medical/behavioural concerns
- An in-home medication reconciliation review
- Follow-up virtual and home visits for up to 8 weeks

### How to Make a Referral

Fax the completed [BSOT Common Referral Form](#) (along with any consult notes) to the BSOT Coordinating Office at 647-788-4883 or email the referral to: [behaviouralsupport@baycrest.org](mailto:behaviouralsupport@baycrest.org)

