

“It’s Not Rocket Science”

An interdisciplinary approach to behaviour management using a problem-solving approach

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**Government
of South Australia**

SA Health



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Introduction

- ❖ **The patient's journey**
- ❖ **Background information**
- ❖ **Phase 1 : What didn't work**
- ❖ **Phase 2: What did work**
- ❖ **What did we learn?**



Background History





Flinders Medical Centre



Background History

- ❖ **01/08 – admission to FMC**
- ❖ **03/08 – d/c to TCP**
- ❖ **03/08 – return to FMC**
- ❖ **10/08 – d/c to RCF**
- ❖ **11/08 – return to FMC**
- ❖ **06/09 – to Aged Care ward**



Phase 1: What didn't work

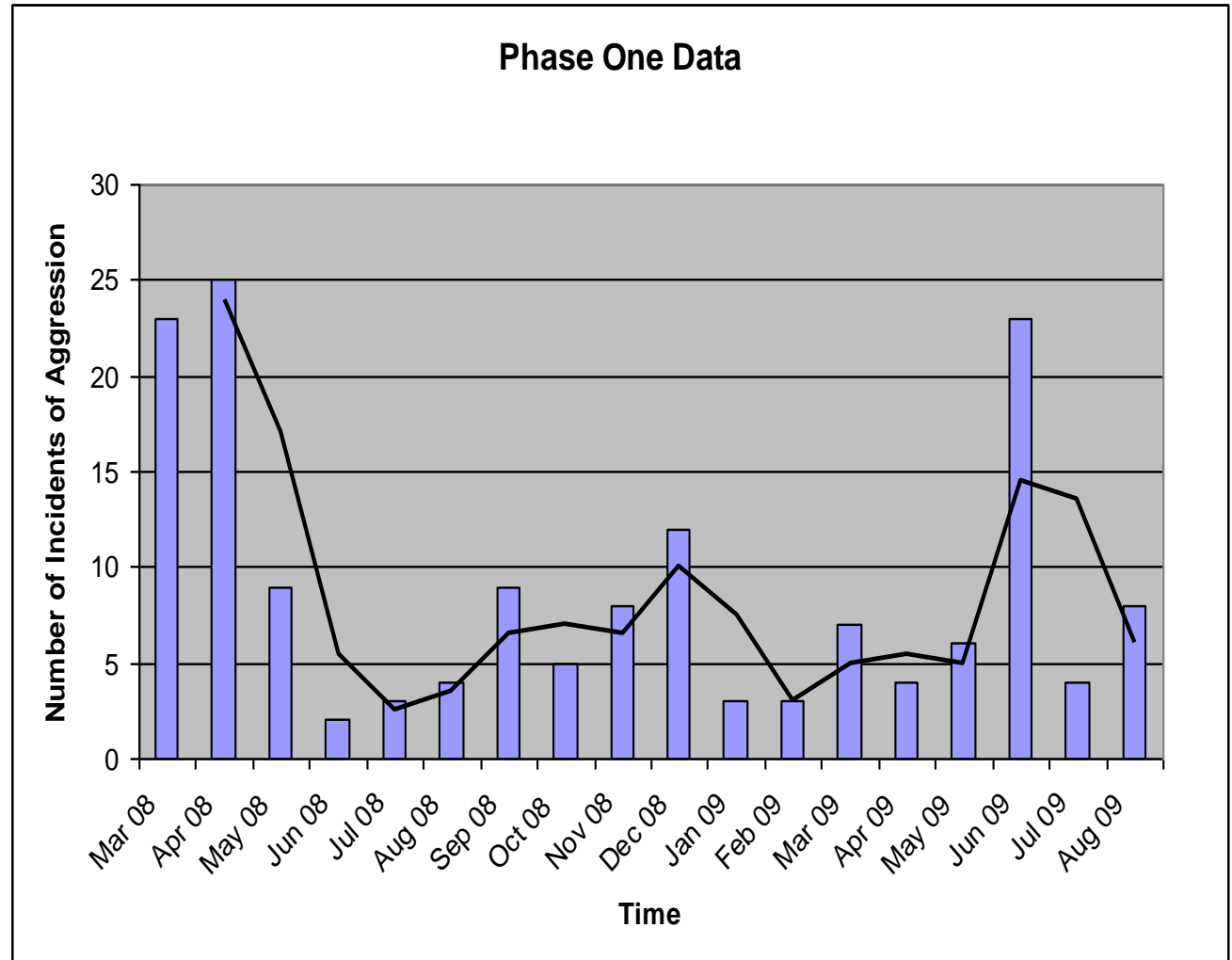
- ❖ Focus on aggressive BPSD**
- ❖ Non-specialist nursing care**
- ❖ Unintended consequences**



Phase 1 : Observations

- ❖ **Aggression**
- ❖ **Premature discharge**
- ❖ **Behaviour entrenched**
- ❖ **Same approach – ineffectual**

Phase 1: Data





Phase 1: Effect on Ward Staff

- ❖ Increase in reported staff incidents**
- ❖ Impact emotionally**
- ❖ Escalation of responses**
- ❖ Threat of industrial action**



Phase 1:

Impact on patient and family

- ❖ Trauma exacerbated**
- ❖ Functional decline and institutionalisation**
- ❖ Family grief and emotional response**



Phase 1: Attempted partnerships

- ❖ **Disability SA**
- ❖ **ACAT**
- ❖ **DBMAS**
- ❖ **Specialist**
- ❖ **Mental Health – in-patient**
- ❖ **Mental Health – community**
- ❖ **RCFs**
- ❖ **Family**
- ❖ **FMC**



Phase 2: What did work

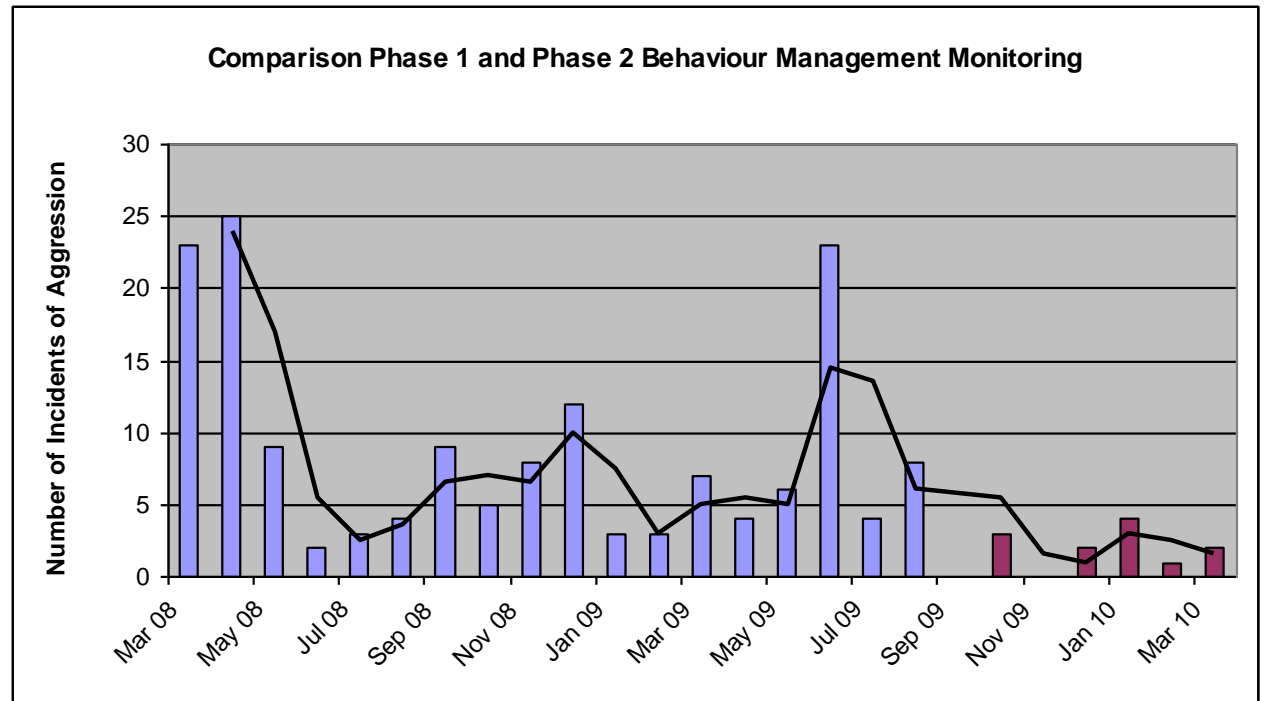
- ❖ **Taking time to evaluate**
- ❖ **Accurate charting**
- ❖ **Solution-focussed approach**
- ❖ **Music Therapy**
- ❖ **Nursing staff empowered**
- ❖ **DTSC Project**



Phase 2: Observations

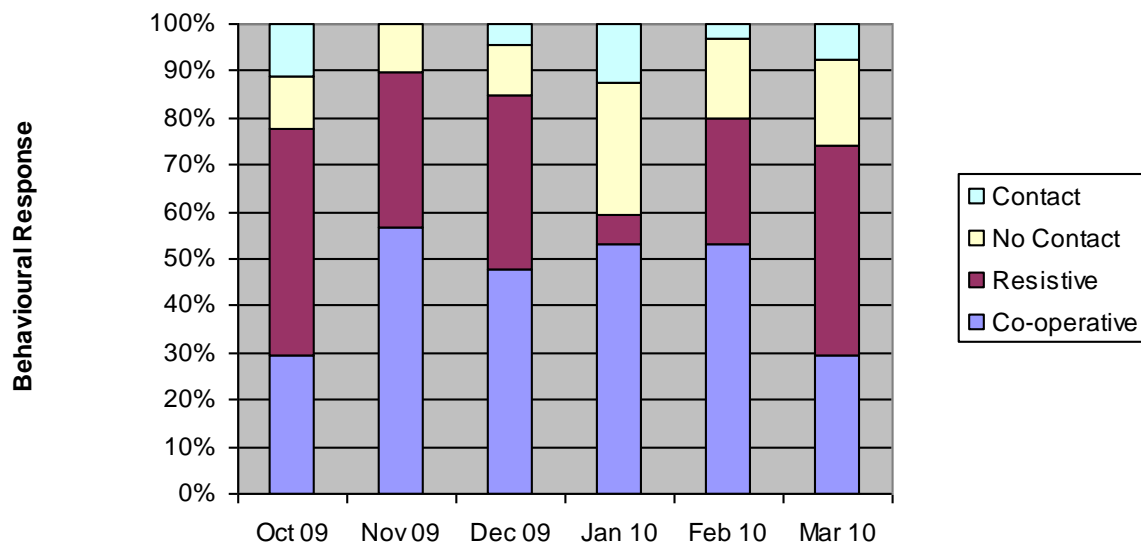
- ❖ **Reduced rates of aggression**
- ❖ **2 contributing factors**
 - **new approach**
 - **accurate charting**

Phase 2: Data



Phase 2: Data

Summary of behaviour responses during activities predicted to increase likelihood of aggression- Phase 2



	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
Contact	3	0	2	4	1	2
No Contact	3	7	5	9	5	5
Resistive	13	22	17	2	8	12
Co-operative	8	38	22	17	16	8



Theoretical Perspectives

- ❖ **Existing shared knowledge**

- ❖ **Person Centred Care
(Kitwood/Brooker)**

V – Valuing

I – Individual approach

P – Perspective of person

S – Social environment



Theoretical Perspectives

Solution Focussed Nursing (McAllister 2007)

- ❖ **Moves from traditional problem solving models**
- ❖ **Changed focus**
- ❖ **Works with ‘*what’s going right*’**
- ❖ **Fits well with person centred care**



Summary: What we learnt

And it's not rocket science!

- ❖ Impact of acute care setting;
- ❖ Develop confidence and expertise in person-centred care;
- ❖ Support for nursing staff;
- ❖ Solution focus;
- ❖ Avoid premature discharges;
- ❖ Issues with extended length of stay;
- ❖ Focus on inter-disciplinary team work.



References

- > Brooker, Dawn. 2007 *Person-centred dementia care: making services better*. Bradford Dementia Group good practice guides Jessica Kingsley, London.
- > Ingersoll-Dayton, B, Schroepfer, T. and Pryce, J. 1999 “The Effectiveness of a Solution-Focused Approach for problem behaviors among nursing home residents”. In *Journal of Gerontological Social Work*, Vol.32(3) 1999, pp49 – 63
- > McAllister, Margaret. 2007 *Solution Focused Nursing. Rethinking Practice*. Palgrave Macmillan, Hampshire.UK.

Thank You



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