

Kaye Ervin

University of Melbourne School of Rural Health

**Behaviour Management in
Residential Aged Care**

Sponsored by the Windermere Foundation

Definition of behaviour

- Actions that are stressful to care givers including;
- Screaming
- Wandering
- Pacing
- Physical or verbal aggression
- Refusing care
- Repeated requests for attention

Aim of the research study

- Determine residential aged care (RAC) staff knowledge of behaviour management strategies
- Explore perceived barriers to use of each behavioural management techniques
- Explore the use of resources and education to assist management

Background

- High rates and inappropriate antipsychotic drug use

Methodology

- 43 point questionnaire
- 6 rural residential aged care facilities
- 2 scenarios highlighting particular behaviour
- Explored themes of pharmacology, behaviour, cognition, stimulation and emotion oriented strategies in relation to:
 - Frequency
 - Effectiveness
 - Limitations
 - Appropriate application

RESULTS of 2 SCENARIO's

7 broad themes emerged:

Exclusion of delirium as a cause for behaviour

- Review of medication, exclusion of pain, constipation, cold or heat, hunger, thirst, need to void, environmental insomnia

Antipsychotic therapy

Behaviour oriented strategies

- Redirecting, establishing a routine, using visual prompts, orientation, distraction, and increased monitoring

Cognition oriented strategies

- Group activities, clocks, calendars and games

Stimulation oriented strategies

- Exercise, music, pets, previous hobbies and interests and snoozelen rooms

Emotion oriented strategies

- Reminiscence, provision of familiar objects, family participation, 1:1 time

Resources

- Staff education and referral to expert services

5 THEMES EXPLORED: Frequency, effectiveness, limitations and appropriate application

- Pharmacological
- Behavioural
- Cognition
- Stimulation
- Emotion

RESULTS: Frequency and effectiveness

- **Pharmacology** – PRN antipsychotic medication 58% reported administering once or twice per month

*those who administer drugs

- Majority neutral responses for effectiveness

- **Behavioural** Frequency of use was reported as
- **Cognition** daily or more than once per day.
- **Stimulation** Reported as effective or very effective
- **Emotion**

RESULTS of limitations

Categories

- Lack of effectiveness
- Time required
- Colleagues opinions and practices
- Knowledge of using the strategy
- Training in use of the strategy
- Experience in use of the strategy
- Confidence in ability to use the strategy

Scale of 0 Not at all a limitation to use– 4 very strong limitation to use

RESULTS of limitations

- Mostly neutral responses
- Time was scored as a 3 – limitation, for behaviour, cognition and stimulation strategies

RESULTS of appropriateness

- Same strategies used for both scenario's

BARRIERS to non pharmacological strategies

Responses included:

- Not part of staff role
- Residents refusal to participate
- Residents poor cognition
- Time

RESULTS - resources

- TIME for dementia – website education, training and chat room
- Dementia Behaviour Management Advisory Service (DBMAS) 24 hr telephone service
- Most respondents (85%) had not heard of or used the services

KEY LEARNINGS

RAC staff :

- demonstrate a good knowledge of excluding delirium as a cause for behaviour
- use a range of strategies frequently, but they are not always appropriate
- do not utilise resources available to them
- identify time as the major limitation in use of non pharmacological methods of behaviour management

WHERE TO NOW?

- Introduce an education intervention for tailored management (family participation)
- Promote resources / competency training
- Introduce tools to identify target behaviour and determine appropriate strategy
- Measure antipsychotic drug use
- Further research funded by Vic Dept Health Statewide Quality and Safety Branch

ACKNOWLEDGEMENTS

- Windermere Foundation
- Sarah Finlayson
- Julie Pallant
- Participants at all aged care facilities