

“Building skills to manage BPSD Non-Pharmacologically in Residential Care Facilities”

Robyn Attoe

**A/Clinical Nurse Consultant , Grad Dip
Gerontology, Hon Fellow University of Melbourne**

Alisa Westphal

**Acc Occupational Therapist, Hon Fellow University
of Melbourne**

Background

- Aged Psychiatry Assessment and Treatment Team (APATT)
 - ❖ 9 Clinicians
 - ❖ 2 ½ Local Government Areas (45,000 people 65+)
 - ❖ 84 Residential Care Facilities (RCF) comprising 3500 beds
 - ❖ Referrals (2003-2004):
 - 50% of referrals from RCF
 - 58% with behavioural and psychological symptoms of dementia (BPSD)
 - 21% re-referrals with BPSD

Objectives

- To reduce:
 - ❖ The risk of breakdown in accommodation arrangements
 - ❖ The resident's behaviours of concern
- To increase:
 - ❖ The care workers ability to manage BPSD (through education & modelling) and therefore reduce the impact on the care worker
 - ❖ Stability of accommodation arrangements
- To prevent inappropriate admission to acute psychiatric care



Residential Support Program (RSP)



Who are we and what do we do?

- ❖ **Structure:** Part of community aged psychiatry program.
- ❖ **Funding:** Victorian State Government funding “At risk of Homelessness fund”
- ❖ **Staffing:** An Occupational Therapist, 2 Registered Psychiatric Nurses, a Registered Nurse (Div 2)
- ❖ **Population:** Work mainly with people 65+ with dementia whose BPSD places them at risk of homelessness or accommodation change.



Residential Support Program (RSP) Who are we and what do we do? (cont)



- ❖ **Focus:** Non-pharmacological Focus

- ❖ **Components:**
 - ❖ Individuals with BPSD (development of individualized Action Plans in conjunction with care workers and family)
 - ❖ Research
 - ❖ **Education Programs**

Addressing BPSD in Residential Care Facilities

The Resident



Medication
Psychosocial Approaches

The Care Workers



Education
Modelling, counseling

The Environment



Adapting & Creating

The Family



Education
Modelling, counseling



Background – Victorian Residential Care Facilities



- ❖ Staffing of Residential Care Facilities and associated training:
 - ❖ **Registered Nurse Div 1**
 - ❖ 3 years training
 - ❖ Several weeks of placement in aged psychiatry
 - ❖ **Registered Nurse Div 2**
 - ❖ 1 year
 - ❖ Almost no aged psychiatry experience
 - ❖ Introduction of medication competencies
 - ❖ **Personal Care Attendants**
 - ❖ 480 hours training (13 units)
 - ❖ 80 hours of off site learning (placement)
 - ❖ 200 hours of work experience

What have we found?

- ❖ Desire to do the 'right' thing
- ❖ Poor understanding of brain/behaviour link
 - ❖ The resident becomes the 'behaviour'
 - ❖ Labeling of intent
 - ❖ Lack of understanding of the factors contributing to BPSD
 - ❖ Personalizing the behaviour
 - ❖ Difficulty applying skills learned
- ❖ Task focus
- ❖ Time poor regarding using activities
- ❖ Non-conducive environments

- ❖ Problem solving approach
- ❖ Person focused
- ❖ Adult learning model
- ❖ Use of multi-media case study
- ❖ 4 modules:
 - ❖ Assessment
 - ❖ Planning Interventions & Brainstorming
 - ❖ Action Plan Development
 - ❖ Implementation and evaluation of the Action Plan





Multi-Media Case Study

Mr Bluey Miller

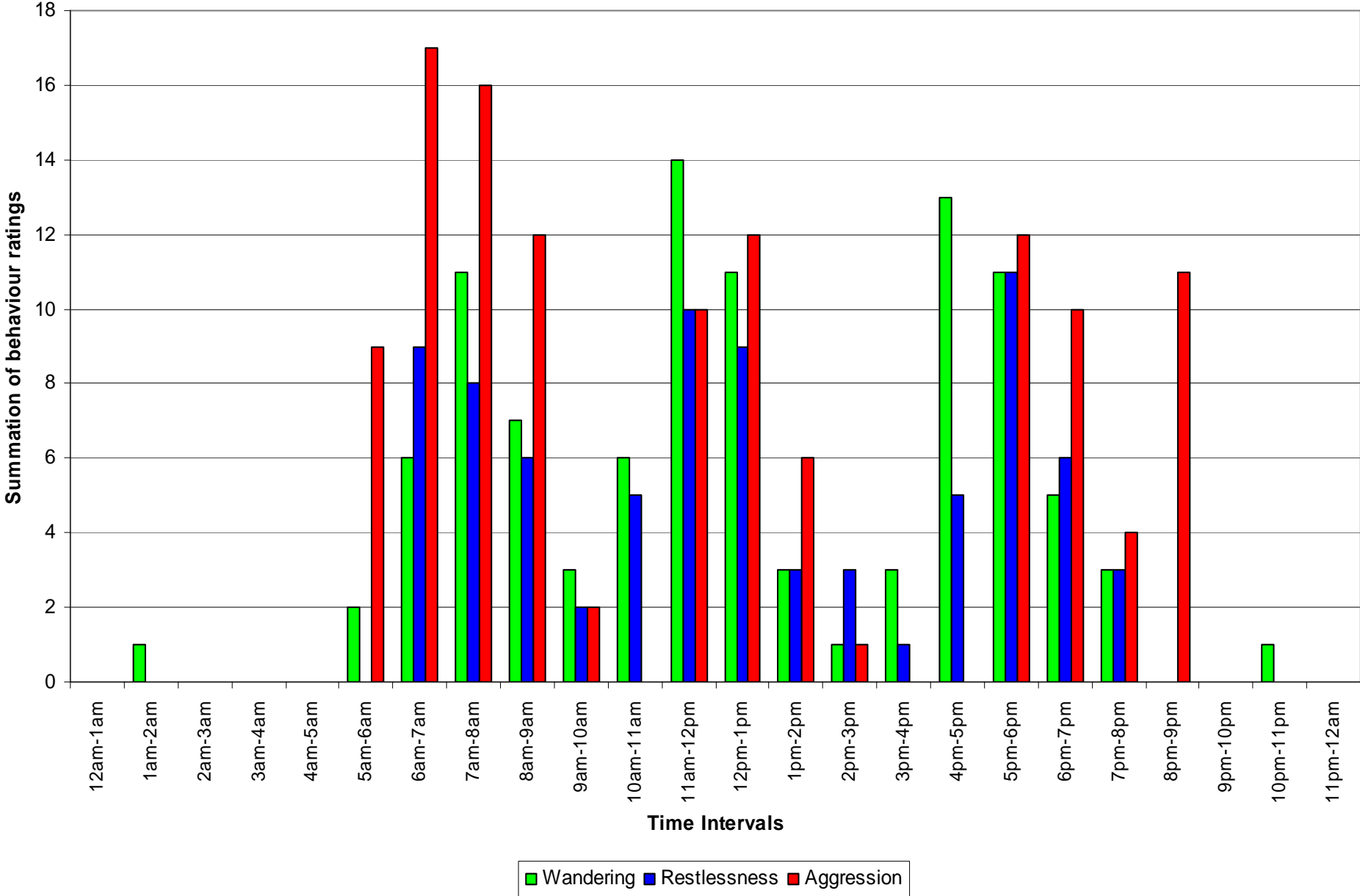


- ❖ Rationale:
 - ❖ Developed to demonstrate and engage staff in implementing modules learnt
 - ❖ Model different approaches to management of BPSD
- ❖ Different scenarios
- ❖ Background on Bluey
 - ❖ 70 year old,
 - ❖ 4 year history of FTD
 - ❖ Residing in a nursing home following acute aged psychiatry assessment
 - ❖ Presents with verbal and physical aggression (ADL related).

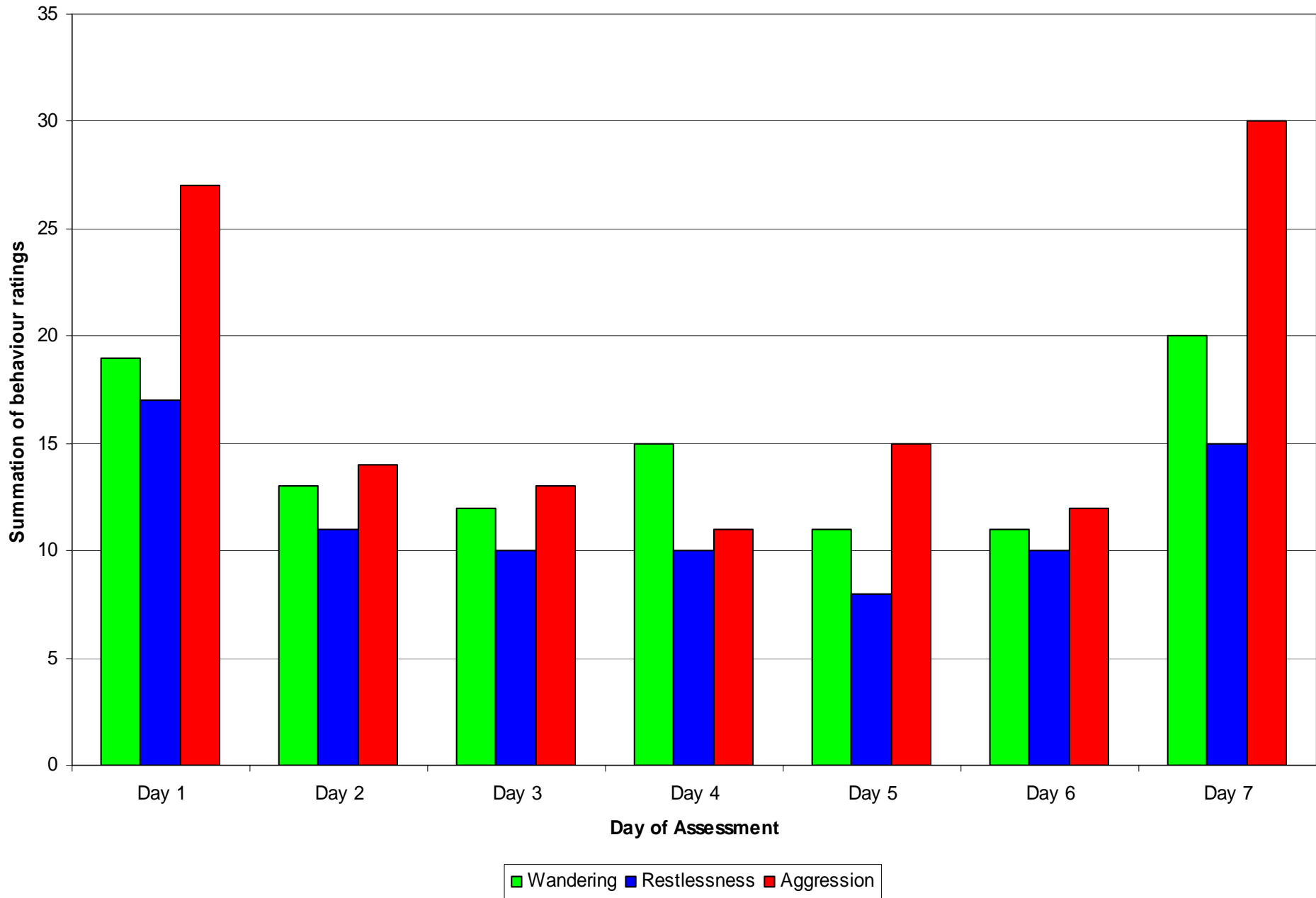
Module 1 Assessment

- ❖ The problem solving model
- ❖ Assessment of BPSD
 - ❖ The Individual
 - ❖ The Environment
 - ❖ The Staff
- ❖ Practical Exercise: Complete an assessment of a resident with BPSD (internal workshop), a case study with BPSD (external workshop) or both.
- ❖ Formal behaviour assessment tool (QEBAGS)

BLUEY'S PRE-INTERVENTION QEBAGS: GRAPH OF HOURLY BEHAVIOUR SUMMATIONS ACROSS WEEKLONG ASSESSMENT



BLUEY'S PRE-INTERVENTION QEBAGS: BEHAVIOUR TOTALS ACCORDING TO DAY OF ASSESSMENT





Module 2

Planning Interventions



- ❖ Reporting on what has been learnt during the assessment module
- ❖ Analyzing the QEBAGS results
- ❖ Practical Exercise: Brainstorming to ascertain what strategies are used successfully and unsuccessfully in managing the resident's or case study's BPSD



Module 3

Action Plan Development



- ❖ Presentation on practical exercise
- ❖ Developing a behaviour management plan
- ❖ Activities and environment
- ❖ Practical Exercise: Develop a behaviour management plan for the resident or case study.

Module 4 Implementation & Evaluation of the Action Plan

- ❖ Presentation on the behaviour management plan developed and implemented
- ❖ Evaluating the efficacy of the plan
- ❖ Discussion on:
 - ❖ Adopting the model within the residential care facility
 - ❖ Barriers
 - ❖ Plan for implementation of model



Education Frameworks



- ❖ External Education Workshops

- ❖ Education within the RCF:
 1. Selected Care Staff
 2. All Care Staff and Manager

- ❖ 1 Day Workshop
- ❖ Staff Training Profile
 - 33% Div 1, 23% Div 2, 33% PCA, 11% Other
- ❖ Outcomes:
 - ❖ 10 staff from one facility trained. Supportive management. Significant reduction in referrals
 - ❖ 1-2 staff from other facilities – no evidence indicating change.
 - ❖ Feedback



Education of selected Care Workers within a RCF



- ❖ 12 staff (42% RN1, 16% RN2, 42% PCA)
- ❖ 2 Units within large nursing home
- ❖ 4x1 hour sessions
- ❖ Optional Training
- ❖ Outcomes:
 - ❖ Feedback-positive
 - ❖ 6 month reduction in referrals for BPSD
 - ❖ Not sustained
 - ❖ Culture of care remained the same



Education of ALL Care Workers within RCF



- ❖ Supportive Manager
- ❖ Compulsory training for all staff (over 3 days).
- ❖ Peer pressure in implementing the approach
- ❖ Outcomes:
 - ❖ Shift in care culture
 - ❖ Reduction in pharmacotherapy use
 - ❖ Organized fundraising and purchased items
 - ❖ Feedback

6 month follow up

What are the main themes remembered from the education ?

- **Behaviour Strategies**
- **Patience**
- **Diversional therapy**
- **Aromatherapy**

What has been implemented ?

- **More diversional therapy**
- **Better documentation**
- **Able to set up strategies in caring for our patients delivering better care**

6 Month Follow up

How did your practice change as a result of the education?

- **Now use diversional therapy more frequently**
- **Able to implement a high level of Clinical Skills towards patient care**
- **Able to deliver better care of Nursing to our patients**

Recomendations

- **More ongoing education**
- **Would be great to have another session with your group**
- **More inservices**

What Works?

- ❖ Supportive & involved Management
- ❖ Retention of staff
- ❖ Changing Culture of Care
- ❖ Directly applies to their situation
- ❖ Degree of staff interest & pitch
- ❖ RN role models → Modelling approaches
- ❖ Up-skilling care workers as ‘experts in the management of BPSD’ – ongoing support

- ❖ Measuring outcomes:
 - ❖ ↑Quality of Life
 - ❖ ↓Referrals
 - ❖ ↓ Pharmacotherapy
 - ❖ Shift in Culture of care
 - ❖ ↑ Staff retention
- ❖ Competencies-developed 2007
- ❖ Ongoing relationship with residential care facility - consultancy
 - ❖ Meetings to discuss residents with BPSD
 - ❖ Long term facilitation of culture shift
 - ❖ Ongoing education
- ❖ Opportunity for communication between staff
- ❖ Funding for changing the approach & for activities



In conclusion

StV

“If you always do what you have always done ,then you will always get what you have always got “