Meeting the Barriers to Better Dementia Care Head On

Part 1: Engaging Licensed Nursing Staff; “We don’t have time”: Educating Direct Care Partners; Preadmission Assessments; Available Resources

Objectives

- Participants will be able to verbalize strategies to engage licensed nurses in improving dementia care
- Participants will be able to verbalize strategies to educate and engage direct care partners in providing improved dementia care through education and empowerment
- Participants will be able to verbalize and strategize on appropriate pre-placement screening for dementia care
- Participants will be able to find resources for provision of excellent dementia care
Key Points

- It’s a brave new world
  - There is an over-reliance on medications which have negative impact on quality of life, limited efficacy & high morbidity
- Transformation of dementia care is underway shifting focus from intervention to prevention of distressing behaviors
- Continuous quality improvement and person-centered care are natural partners
- New knowledge compels new approaches
- Dementia care is undergoing transformation
  - Elders with dementia are no longer “patients” but now “persons”
  - Behavior is communication of unmet needs
  - Consistency and structure are necessary
- Unnecessary antipsychotic use can and should be reduced and we have the tools to do it

Building an Engaged Nursing Staff

- Leadership MUST all agree that improving dementia care is a priority for your elders
  - If it isn’t a priority, the tools and resources needed for success won’t be available
  - To facilitate buy-in, the belief in this priority must be communicated to all staff...set expectations
- All team members need education about the initiative and the positive impact to the elder’s well-being
  - Quality dementia care
    - Anticipating needs
    - Addressing unmet needs
    - Changing OUR behavior
    - Creating environments that work
    - Consistent assignments
  - Why antipsychotic medications are not always an effective treatment option
  - Why GDRs and/or elimination of these meds should be considered
  - What consequences, both positive & negative, may come from this change
  - What tools/resources are available
Building an Engaged Nursing Staff (cont)

- Expand tool boxes for nurses, doctors and direct care staff
  - Non-pharmacologic interventions
  - Educational approaches
  - Appropriate use of pharmacologic interventions
- Ensure your nurses feel supported: nurses make or break the success of improving dementia care
  - Listen to your nurses
  - Don’t bully or threaten
    - Fact-finding, NOT fault-finding
  - Offer respect and ensure nurses are respecting all of the staff
- Reward their successes

Getting Nurse Involvement

- Consider forming a behavioral health committee or team for dementia care practices: Moving beyond the Risk Meeting
  - Begin by looking at each elder with dementia who is on an antipsychotic and considering the case in detail
    - Underlying causes of behavior
    - Consider recommendation of a GDR
    - Use Advancing Excellence tools
    - Determine goals of elder and responsible party
  - After meeting, consult with Pharmacy Consultant about findings
  - After meeting with pharmacist, sit down with physician and/or Medical Director IN PERSON and review case findings
  - Use this team to examine facility practices related to dementia care and behavioral health
  - Make sure EVERY employee has attended Hand-in-Hand training
- Take meeting notes AND NURSES to QAPI to review goals and facility trends
Teach “Huddling”

Let’s huddle

Don’t hurry her!

What do we know?

How can we create
- sense of safety

How can we change our behavior?

Future staff!

“We Don’t Have Time” To Do Non-Pharmacological Interventions Instead of Medications: What are the risks?

- INCREASED MORTALITY
- Increased incontinence, urinary retention, difficulty with urination
- Constipation
- Increased blood pressure
- Increased fall risk, clumsiness, unsteadiness, muscle weakness, dizziness
- Nausea/vomiting
- Dry mouth
- Drowsiness, lethargy, fatigue
- Dry skin
- Breathing changes
- Mental/behavior changes of distress, excitement, nervousness, impaired attention, decline in cognition, confusion, disorientation, hallucinations, memory loss, restlessness, irritability
- Slurred speech
- Vision impairment
“We Don’t Have Time” To Do Non-Pharmacological Interventions Instead of Medications: What are the benefits?

You don’t have time NOT to improve dementia care!

- Decreased falls
- Decreased “problem” behaviors
- Decreased incontinence
- Decreased weight loss
- Decreased hospitalizations
- Decreased UTIs
- Decreased elopements
- Decreased pain
- Decreased skin issues
- Increased hydration
- Increased mobility
- Increased safety
- Increased elder satisfaction
- Increased family satisfaction
- Increased staff satisfaction
- Increased activity/interest engagement

Direct Care/Support Staff

- Studies show staff trained specifically in dementia care are able to provide better quality of life for residents & have increased confidence, productivity & job satisfaction
  - Basic knowledge of dementia
  - Person-centered care
  - Appropriate care interactions
  - How to enrich an elder with dementia’s life
  - Understanding behaviors
  - How to interact with family members
It’s About Relationships

- Care is best when decision-making starts with the elder & the staff closest to the elder (direct care partners)
- Effective and specific dementia training empowers direct care staff to be creative and forward-thinking
  - Allows staff to take ownership of their work
  - Allows staff to break the mold by trying new ideas
- Direct care staff reach full potential when relationships formed are:
  - Meaningful
  - Opportunities available to grow personally & professionally
  - Accomplishments are acknowledged & celebrated

Direct Care Staff Self-Care Strategies

- How to identify personal feelings, beliefs & attitudes that may affect caring relationships
- How to identify ways to prevent & cope with stress & burnout
- How to identify ways to cope with grief & loss
- How to share differences in philosophy & implementation of care practices with a focus on what is in the best interest of the elder
Pre-Admission Screening: It’s vital to successful dementia care

- Unique characteristics of facility environment need to be considered
- Special challenges involved in treating an elder with dementia need to be considered
- Diagnoses and behaviors need to drive admission decisions

Resident Rights

- Facility has responsibility to make sure elder's needs can be met, resident rights can be upheld and the facility has the resources to provide for specialized dementia care needed
- Elders have right:
  - To be free from abuse
  - To be free from restraints including chemical restraints
Special Challenges of LTC Environment for Dementia Behavior Care

Facility Considerations
- Get accurate, detailed records from referral agency that support rationale for admission and require documents for review PRIOR to accepting elder for residency
  - What behaviors?
  - When started?
  - Under what circumstances occur
  - How often behaviors occur
  - Specific of behaviors
  - What has been tried to correct behaviors
  - Barriers to correcting behaviors in the facility
- MUST inform responsible party of risks of antipsychotics for dementia related behaviors and requirement for GDRs if meds ordered

Pre-screening Considerations
- Pre-screening MUST:
  - Accurately reflect severity of behaviors
  - Offer probable or suspected diagnosis(es) that could be causal factors
  - Offer specific descriptions of problematic behavior(s)
  - Insist on any/all relevant referral notes and records prior to accepting elder for residency

Pre-screening Considerations
- Obtain relevant information from collateral contacts
  - PCP, family, local mental health providers, all prior living providers
- Document suspected diagnosis(es) that could be contributing to behaviors
  - Psychosis, delusional thinking, anxiety d/o, medication side effects
- Probe for diagnosis(es) other than dementia
  - Mental illness, alcoholism, previous TBI, drug dependence/addiction
Special Challenges of LTC Environment for Dementia Behavior Care

Facility Considerations
- Training of staff related to documentation of behaviors and rationale for continuing/discontinuing/reducing prescribed medications
- Development of comprehensive, individualized behavior management plan
- Training staff to use creative approaches to caring for elder with behaviors

Pre-screening Considerations
- Document carefully which meds have been tried and results
- OR why medication interventions have not been attempted
- If elder due for GDR, what options are available for restarting med if GDR unsuccessful
- Assessment if elder has been refusing medications & what attempts have been made to administer meds

Special Challenges of LTC Environment for Dementia Behavior Care

Facility Considerations
- Ensure that all staff are advised of the elder’s condition and use effective communication practices
- Develop effective training schedule for new staff, particularly after-hours staff members

Pre-screening Considerations
- Speak directly to people who know the elder the best: family, home care providers, PCP
- Observe for documentation of conditions that generate behaviors and what environmental and behavioral interventions have been successful in the past and any other non-pharmacologic interventions that have been successful
Special Challenges of LTC Environment for Dementia Behavior Care

Facility Considerations
- Assess facility environment for precipitating factors per identified history
  - Time of day
  - Transference with particular staff
  - Fear of particular people or groups of people
  - Alter precipitating factors that can be changed

Pre-screening Considerations
- Dementia can cause intense, unreasonable fears and the elder may think he/she is in danger and needs to protect self
- Elder won't be able to communicate reasons for behavior
- ALWAYS consider pain as a trigger for behavior...obtain sound history of any condition that causes pain
- Ask all sources for precipitating factors/patterns

Special Challenges of LTC Environment for Dementia Behavior Care

- Determine all other diagnosis(es)
- Determine if there is any substantial likelihood or history of harm to self or others
  - Does elder have any history of walking/driving away from home?
  - Does elder have any suicidal ideation or actions
    - Does elder have history of suicide attempts?
    - Does elder have a plan, intention or access to any means for suicide attempt?
    - Would the elder be physically or mentally able to act on a suicide plan?
  - Does elder have any history of aggressive/homicidal ideation towards others?
    - Determine size, strength and determination of elder
    - Does elder have a history of aggressiveness?
      - Get specific: occasional or frequent, mild shoving or grabbing, uses objects as weapons
In Closing

- These presentations have attempted to open everyone’s eyes to all the complicated challenges that exist in the provision of excellent dementia care.
- The most important point is that we must ALL work TOGETHER to achieve the common goal of improving dementia care, understanding the daily pressures of dementia care for the elder, the family, and all levels of staff and to show compassion for each other when completing our difficult work.

Resources

- [http://www.ahcancal.org/quality_improvement/qualityinitiative/Pages/default.aspx](http://www.ahcancal.org/quality_improvement/qualityinitiative/Pages/default.aspx)
- [https://www.healthcare.uiowa.edu/IGEC/IAAdapt](https://www.healthcare.uiowa.edu/IGEC/IAAdapt)
- [http://www.interact2.net/tools.html](http://www.interact2.net/tools.html)
- [http://www.alz.org/alzheimers_disease](http://www.alz.org/alzheimers_disease)
- [Kansas Foundation for Medical Care](http://www.kansasfoundation.org/)
- [http://www.edenalt.org/](http://www.edenalt.org/)
- [http://www.kabc.org/](http://www.kabc.org/)
- [LTC TrendTracker](http://www.ltc.gov/)
- [Hand-in-Hand training](http://www.hand-in-hand.org/)
- [Kansas Partnership for Improving Dementia Care](http://www.kansapartnership.org/)
- [Bathing Without a Battle: 1st & 2nd Editions: Joanne Rader, et all](http://bathingwithoutabattle.com/)
Thank you for what you do!

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