



Clear Webinar Series: Non-pharmacologic Approaches in Clear

May 9, 2018



Please note:

This webinar is being recorded

Personal information in this initiative is collected under s.26(c) and 26(d)(ii) of the Freedom of Information and Protection of Privacy Act. The information is being collected in order to facilitate training and education as part of Clear. This webinar is being recorded and will be shared with program participants. We ask that you refrain from identifying patients, specific team members or offering any other personal information. If you have further questions, please contact the BCPSQC at 604 668 8210 or clear@bcpsqc.ca.

Your Clear team



Kate Harris, Improvement Advisor

Sabrina Khan, Project Coordinator



Geoff Schierbeck, Improvement Advisor

Eric Young, Health Data Analyst



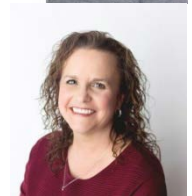
Dr. Chris Rauscher, Clinical Lead

Kevin Smith, Director of Communications



Dr. Ian Bekker, Clinical Lead





Leanne Couves, Interim Clear Director





Interacting in WebEx

The screenshot displays the WebEx meeting interface. On the left, a whiteboard contains a list of tools. On the right, the 'Participants' panel shows the current speaker and attendees. At the bottom, a chat window is open.

Today's Tools:

1. Pointer 
2. Raise Hand 
3. Yes / No  or 
4. Chat

Participants Panel:

- Speaking:
- Panelist: 1
 -  **BCPSQC - 2 (Host, me)** 
- Attendee: 0

Bottom Bar:

- Icons for Raise Hand, Yes, No, and a smiley face are highlighted with red boxes.
- Buttons for 'Make Presenter', 'Audio', and 'Send' are visible.

Chat Window:

- Send to: **All Participants**
- Text: Select a participant in the Send to menu first, type chat message, and send...
- Send button

Learning Objectives

1. Explain why antipsychotic medications can be harmful to residents.
2. Outline how the P.I.E.C.E.S. framework can help manage BPSD
3. Recognize when a caregiver's approach can affect a resident's behaviors.

Quick Reminder...
Monthly Reports & Data Due Friday

Clear Monthly Team Report

Please submit prior to the second Friday of each month to ClearBC@bcpsqc.ca

Team Name	Renfrew Care Centre
Month/Year	April 2018
Team Aim	To reduce the rate of antipsychotic use without diagnosis of psychosis in Renfrew Care Centre to the national average (21.8%) by the end of the CLEAR initiative (April 2019)

1. Changes tested this month:

Four residents had been reassessed; DOS for 7days was initiated for each resident. No behaviours noted. After the observation week S-BARs were sent to physicians for review.

2. What we learned this month:

We still needed lots of time and attention to study the material/procedures in order to follow the guidelines correctly.

3. Challenges:

This month was more manageable than last month. The doctors seemed to understand the CLEAR program better, also we noted that physicians prefer to adjust the regular antipsychotic doses than the PRN doses.

4. Successes:

Four residents' antipsychotic medications were discontinued by the end of April.

5. Topic or question to discuss with your Improvement Advisor

Why there is no option to enter a complete/exact date for some data? For example, the medication was discontinued on April 16, 2018, we can only enter April, 2018.

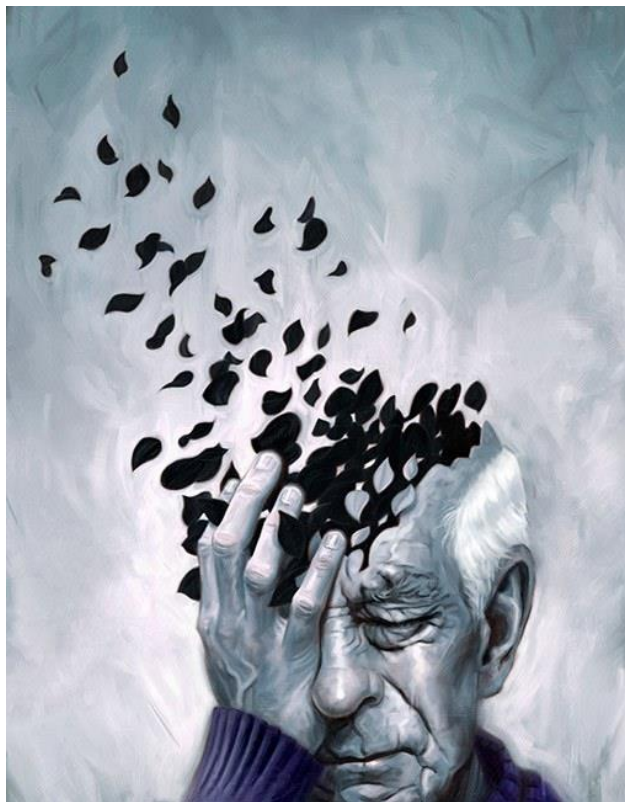
Non-Pharmacologic Approaches in Clear



Non-Pharmaceutical Interventions for
Managing the Behavioural and
Psychological Symptoms of Dementia
(BPSD)

b

y Dacia Reid, Manager Program Practice
and Education, Island Health



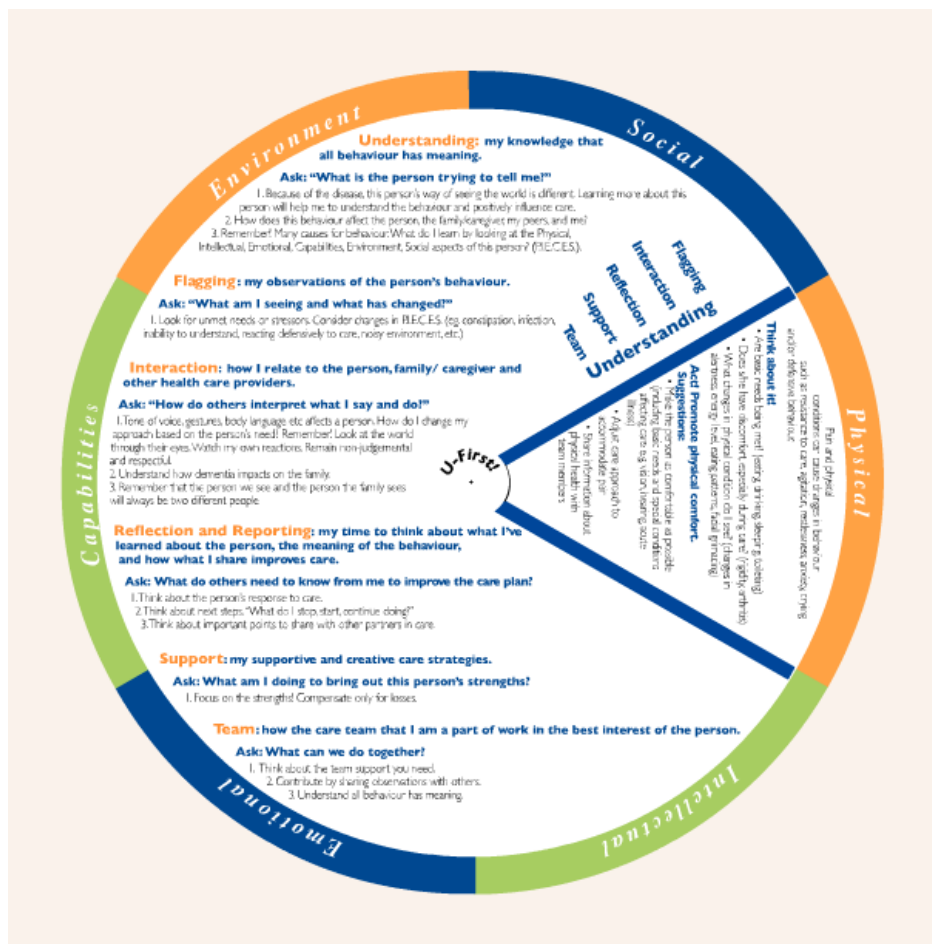
"We want to provide the best care possible for our residents, which at times can be difficult because today's seniors – our mothers and fathers, grandmothers and grandfathers – are living longer than any previous generation. Living longer increases their likelihood of experiencing declines in health that may include developing a dementia with associated behavioural and psychological symptoms.

Sometimes these symptoms result in residents receiving potentially inappropriate medications, such as antipsychotics that can cause side effects like:

- increased drowsiness
- impaired mobility
- unexpected death

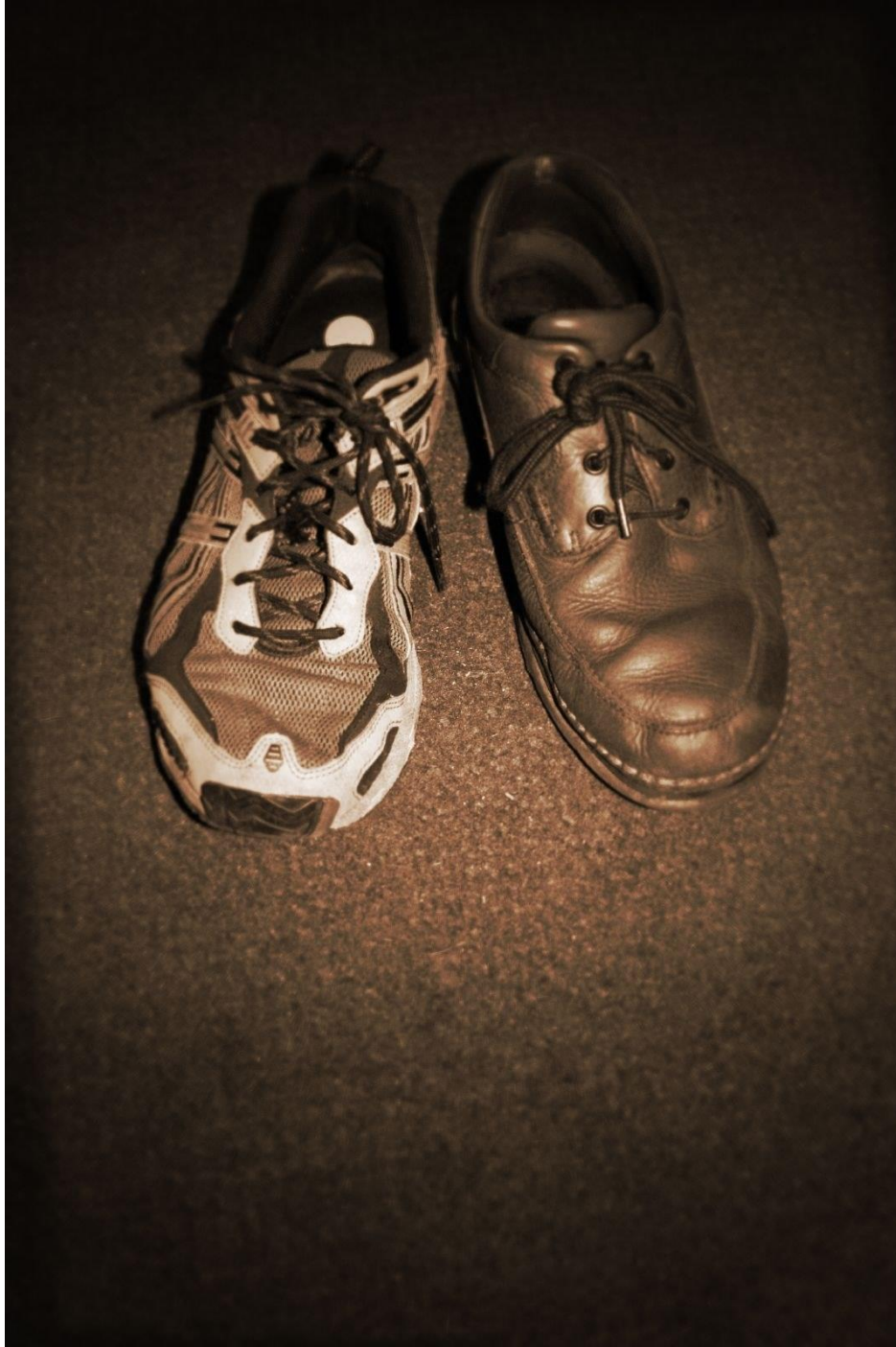
Research shows that 33% of residents in British Columbia residential care homes may have their quality of life affected because they are taking potentially inappropriate medications."

<https://bcpsqc.ca/clinical-improvement/clear/>



1 - P.I.E.C.E.S. wheel





P = Physical

conditions can cause changes in behaviour such as resistance to care,

"Pain and physical

agitation, restlessness, anxiety, crying and/or defensive behaviour" *P.I.E.C.E.S. Wheel*



Consider physical needs such as constipation, hunger or being cold.

Always think about adequate pain control when observing changed behaviors. Monitor the RAI pain Outcome Scale.

Hand massage will calm a resident

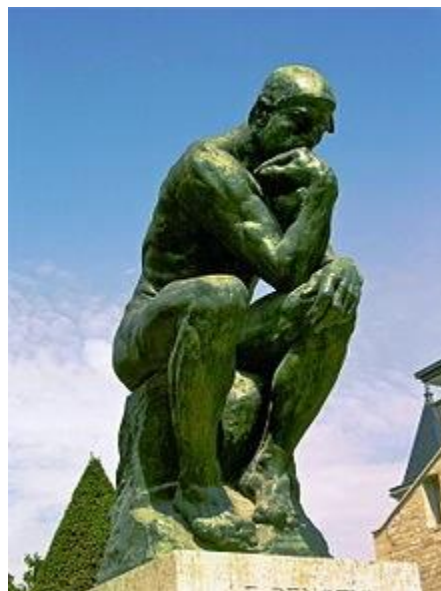




I = Intellectual

"Dementia affects the person's memory, thinking, language, problem-solving, and self-awareness i.e. the person doesn't know that he/she does not know"

P.I.E.C.E.S. Wheel



Greet the person with a smile and say "Hello Jean." She may have forgotten her name but the communication you convey is "I am friendly and I am helpful" ...that is what counts.

Discuss with the team the interventions that work with the resident and those that do not work. Make sure they get added to the care plan so that everyone can share this knowledge.

Try to connect with the resident first before interacting. Find out "where they are at". It is easier to work with them in their reality than to have them try to enter your reality.

E = Emotional
A person may experience problems adjusting to changes occurring in his/her life

(relocation, losing independence, change in caregiver) (P.I.E.C.E.S. Wheel)



"I try to be very aware of where the resident is at because their level of agitation influences the responses that I have to them, extremely important to be flexible with the resident and understanding. Our non-verbal approach is the most important as the resident can pick up on non-verbal cues even though they may have cognitive loss." Jennifer

"Try to figure out why the resident is making a certain request. Never assume you know. Ask questions so you understand. Watch behaviors and see how they change. Never argue!" Phyllis

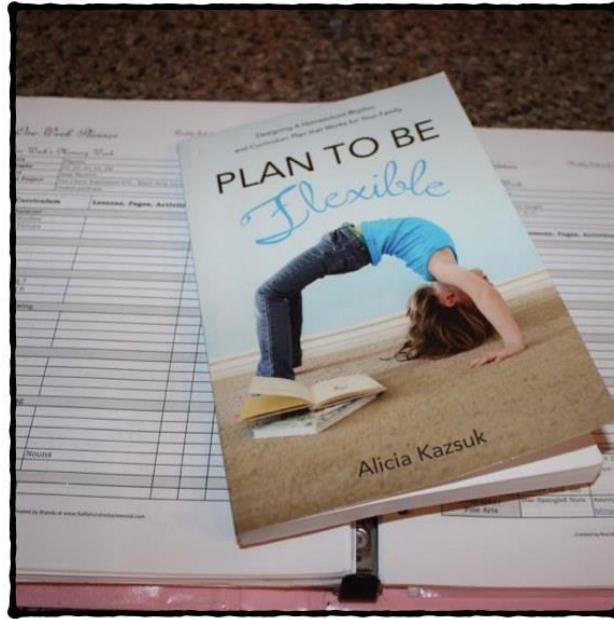
"I am not beneath 'white lies' such as "the buses are not running", the "taxis are on strike", but "come into my office and we can hopefully figure out an alternatives."
Phyllis

C = Capabilities

Knowing what the person can and can't do will help to build on his/her strengths. If this person says "no" or resists help, remember there may be many reasons.

Knowing what





E - Environment

environment will help the person maintain his/her abilities, if not, it may

A supportive

lead to behavioural changes e.g. increased disorientation, frustration or fear.





S = Social

has unique social and cultural needs that can be met only through an

Each person

individualized approach. Consideration must always be given to what you and I need to know about a person to provide the best care.



" Friends or members of the person's family make a video or audiotape of positive memories or familiar events and activities. The tape can encourage participation, perhaps by leaving gaps for the person with dementia to respond, or by having a sing-along or actions section. This type of therapy can also help families and friends to feel more involved in their care. And it helps staff to learn more about the life of the person with dementia."

Alzheimer's Society: Dementia care and research. January, 2005



A lady that was a secretary was given paper, an old typewriter and files folders.

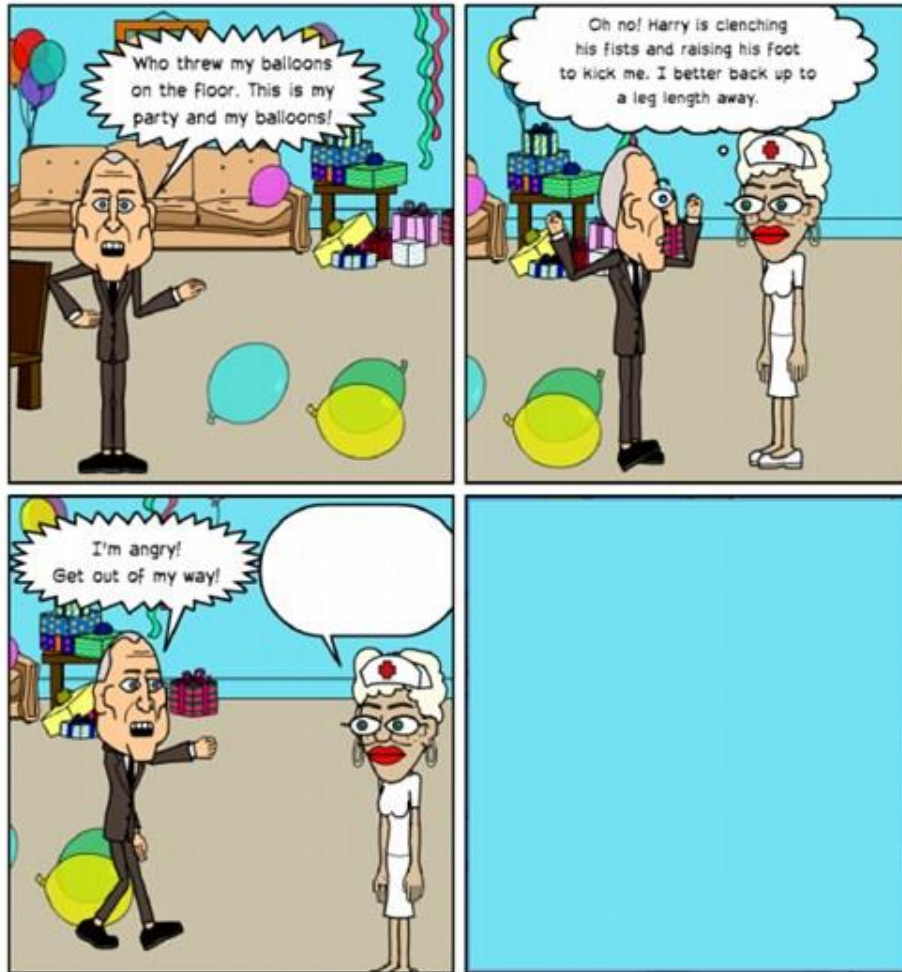
A man who used to be a carpenter was given blocks of wood and sandpaper.

An OT suggested...I take them into my office and sit with them to watch a funny 2 minute video. I keep several on my computer just for this purpose.



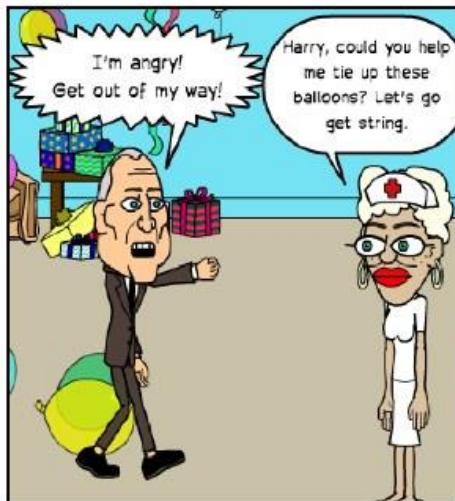
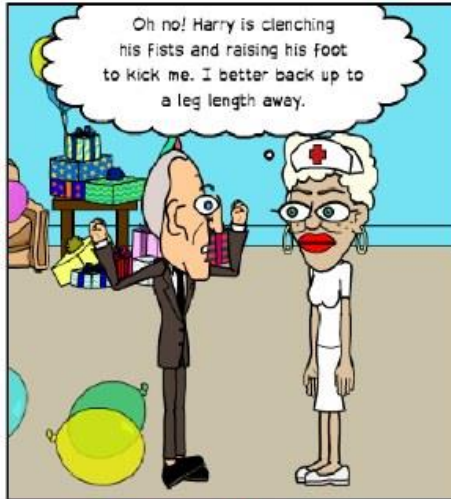
2 - What happens at the 1:15 minute mark of this video?





What would you say, or do, if you were the caregiver looking after Harry?

How would you finish Harry's story?



"Those with dementia are still people and they still have stories and they still have character and they're all individuals and they're all unique. And they just need to be interacted with on a human level." Carey Mulligan



DementiAbility at Dunrovin Park Lodge



northern health
the northern way of caring



idc
innovation and development commons

UNBC

Maple House

- 19 residents live permanently in Maple House
- Maple House is secure dementia unit
- Had participated in Wave 1 – CLeAR
- A few staff attended DementiAbility training in Jan & Oct 2016
- There were a few ideas implemented and then in Feb 2017 Dunrovin did a project proposal process

Initiative 2: Project Proposals

- A call for project proposals was put out
- Any staff could submit a proposal, but stated preference given to those who had attended the Dementiability training
- Any interested staff would fill out the form with a Dementiability project outlined
- Money from the QI project was then allocated for cost of supplies and to pay wages
- Four proposals were submitted and all were approved
- These are small projects with small budget and one or two work days needed. All of the projects were successful. They all relied entirely on monies from the Quality Improvement project.

DementiAbility Project Proposal

Our project, *Person Centered Care Improvements Through Implementation of DementiAbility & GPA Learnings*, has received funding that enables us to offer some paid time for project work.

Please submit your proposal for project work time using this form. We (Shannon and Leanne) will review submissions and determine priorities within our budget restrictions.

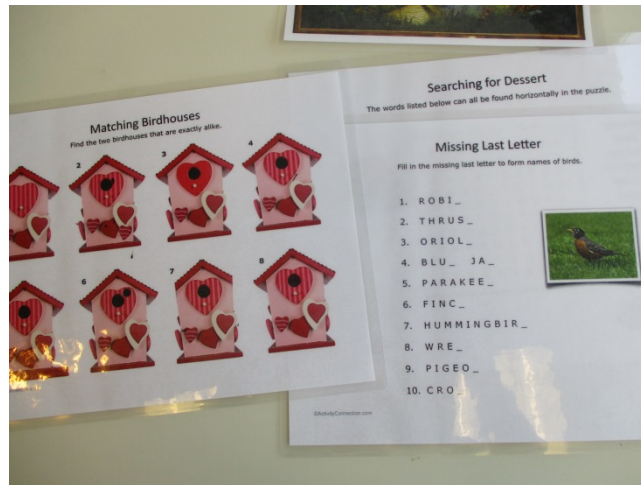
+	
Name:	Date:
Requested shift length:	
How does your work plan relate to the project objective: <i>to improve the quality of life for residents by increasing their access to meaningful activities and creating a partnership between residents and staff?</i>	
Project work plan:	
Supplies needed:	Estimated cost of supplies:
Other considerations:	

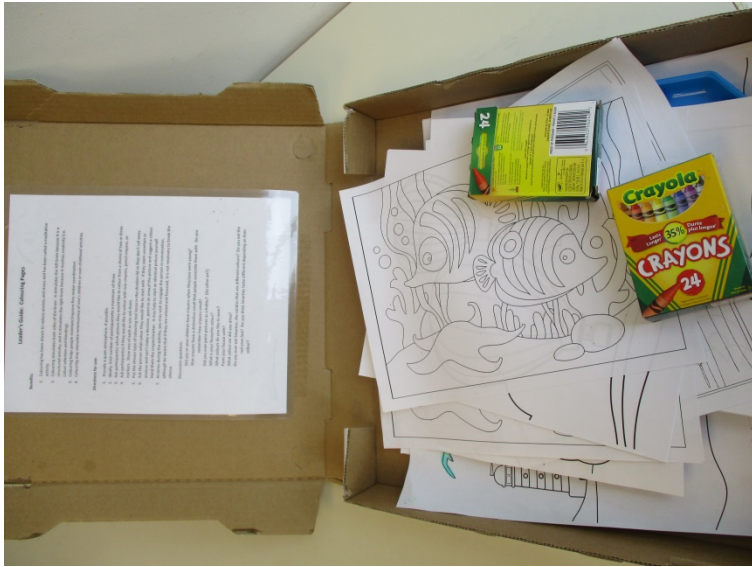
Maple House Dream Closet

- Several successful projects were undertaken including: Maple House Dream Closet



Dream Closet – Getting Supplies Distributed





Unit Meeting - Nov

- We started by concentrating on our dementia unit. We tried to go down at report to give short bits of information and start a dialogue but nursing was quite distracted by regular duties.
- We held a paid one hour meeting for all staff from the unit with video, information and round table which generated many ideas and enthusiasm

Changes in Culture

- Concern for safety (e.g. no metal forks, no breakable mugs, all glass things)
- Evening activities
- Lots of Engagement
- Allowing residents to help (e.g. setting tables, serving drinks, handing out desserts in evenings/supper time, housekeepers giving brooms & dusters to help, folding aprons, face clothes), serve drinks from drink station

Changes in Culture

- Huge difference in atmosphere, residents seem more engaged, had more to do, staying awake more in the day that helps them sleep better at night
- Residents seem less bored
- Staff taking time to engage with residents & learn more about the residents
- Anecdotally; less antipsychotic PRN usage

Facilitators

- Figure out our space limitations; found space for dream closet; for functional areas (nursery, walls for activity boards, refreshment station)
- Funding and donations to get supplies
- Education and communication with staff, when more staff were involved made a huge difference

**What is one thing you heard today
that you may start to use by next
Tuesday?**

Key Messages

- Completed monthly reports are needed for your IA to provide you any necessary coaching for your improvement
- P.I.E.C.E.S. tools can be helpful in managing BPSD
- Utilize non-pharmacologic approaches to manage BPSD

Upcoming Webinars

- May 24 – The Role of Rec Therapy in Long Term Care
- June 14 – Exploring Foundations of Strong Teamwork and Communication
- June 28 – Engaging in Effective Communication
- July 12 - Fostering Trust and Leadership
- August 2 – Navigating Conflict Successfully

