Non-pharmacological Management of Behavioral Symptoms in Dementia Residents

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Focus

- Identified issues by the DON, floor staff, and students:
  - Staffing, falls, COPD symptoms, anxiety and agitation in dementia patients, lateral violence, and hand hygiene.
- Discussion with the DON led to interventions focused specifically on the residents rather than staff problems.
  - COPD symptoms, anxiety and agitation in dementia residents
Analysis

● Research
  ○ 50 million people are diagnosed with dementia, globally (WHO, 2017).
  ○ Agitation is the most common neuropsychiatric symptom in individuals with dementia (Livingston et al., 2017).
  ○ Increased risk for lower quality of life
  ○ The cost of caring for individuals with dementia = $259 billion
    ■ Projected to be more than $1.1 trillion in 2050
  ○ Agitation arises from an unmet need (Livingston et al., 2017).
  ○ Behaviors increase in later afternoon and evening hours
    ■ Sundowning
  ○ Personalized approaches and activities is the most beneficial to managing agitation (Livingston et al., 2017).
Analysis - Data

○ 22/39 residents have dementia at Belgrade Nursing Home
○ Antipsychotic use can increase agitation
  ■ DON reports
    ● At other nursing homes - 60-70% of residents are on meds
    ● At Belgrade - 1/39 is on an antipsychotic
○ Staff reports of increased behavior on evening/overnight shift
○ Education on Dementia
Factors Impacting the Problem

- **Education of Staff/Lack of Knowledge (CNA’s)**
  - Upon hire and annually
  - Health Care Academy
    - 4 online modules
- **Limited number of staff**
- **Inconsistencies of Care Among Workers**
  - Float staff
- **Adherence to New Routine**
- **De-escalation Techniques MUST Be Individualized**
  - DON reports - making residents do something they do not want to do is 2nd biggest cause of agitation
Development

- EBP
  - Non-pharmacological interventions for anxiety/agitation

- Possible Solutions
  - Music therapy sessions
  - activity-based interventions (ie: puzzle, art, folding laundry, dolls)
  - Resident De-escalation Plan (interviews of staff and family members)
  - Aromatherapy
  - Caregiver education

- Decided Solution
  - Staff education intervention
    - Most cost-effective and time-efficient option
Development Continued...

- **Implementation**
  - Educational and Interactive presentation during CNA staff meeting
  - Door cards
    - Resident Checklist → individualized de-escalation plan
  - Pre-evaluation
    - Amount of education and training in working with residents who exhibit dementia behaviors
  - Case study for evaluation

- **Objectives**
  - Determine baseline education before the presentation
  - CNAs will demonstrate understanding of the new implementation through appropriate responses to the case study
  - CNAs will utilize door cards as a resource to deescalate agitation and anxiety exacerbations among the dementia residents
<table>
<thead>
<tr>
<th>Activities That I Enjoy</th>
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<tbody>
<tr>
<td>□ Music</td>
<td>□ Dolls</td>
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<tr>
<td>□ Singing</td>
<td>□ Exercise</td>
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<td>□ Folding Laundry</td>
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<td>□ TV/Movies</td>
<td>□ Puzzles</td>
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<tr>
<td>□ Board Games</td>
<td>□ Other</td>
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- □ Other
  - Please Specify: ____________
Execution

- Commitment to the project and motivation to implement
  - DON/ADON
  - QA Nurse
  - MDS Nurse
  - CNA Staff

- Education session held at a staff meeting
  - Prevention of Agitation
  - Signs & Symptoms of Agitation
  - Causes of Agitation/Root cause = unmet need
  - How to Respond
  - Door signs
Evaluation

- Case Studies addressing the following questions:
  - Signs of agitation
  - Figuring out the root cause of agitation
  - How to respond to an agitated resident
  - De-escalation interventions

- Response
  - CNAs were able to determine 3 signs of agitation & explain that an unmet need is the root cause
  - CNAs discussed various reasons on how to de-escalate residents
  - CNAs explained that each resident needs their own individualized activity to relax
  - CNAs explained the importance of being educated on this topic
Evaluation

- **Doors cards**
  - Each resident with dementia received an activities sheet
  - 15/22 (68%) had activities filled out on sheets after implementation
  - Resident interviews showed -
    - “I see new faces all the time”
    - Engaged when creating the checklist
    - Led to conversation
  - Staff interviews showed -
    - Not used as often with long term staff
    - “Easy tool to use”
    - “New staff are able to use this if they do not know certain residents”