

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

Room # _____

ACTIVITIES THAT I ENJOY

(Select All That Apply)

Music

Dolls

Singing

Exercise

Dancing

Conversation

Reading

Napping

Coloring/Art

Snacking

Massage

Reminiscing

Folding Laundry

Cards

TV/Movies

Puzzles

Board Games

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”