Facilitating staff to gain insight into the impact of care environments on resident well being

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presence of distressed behaviour

Withdrawal
Resistance to care
Verbal aggression
Refusal to eat
“wandering”
Repetitive questioning
Process leading to the trials

- Feedback sessions with staff after analysis of DCM data and what the data revealed
- Facilitated reflection on what the observations told about the care environment and interactions
- Development of Action Plans to address issues: Trials over two months with two weekly reviews of a range of interventions based on known resident likes
Aims of the trails

1. To demonstrate capacity to increase in residents’ wellbeing and decrease ill-being

2. To enhance understanding of the direct link between social interaction and well being

3. To highlight the effect of increased opportunities for meaningful engagement on well being
Case study One

‘Eureka’ (pseudonym) a 50-bed facility, with three separate wings connected via hallways.

The catalyst for distress; the daily ritual of moving everyone who was out of bed into a communal area
Observed distress

- Anxious scanning of the room
- Walking of hallways, looking behind
- Repetitive questions
- Refusal to eat
- Resistance to care
- Social withdrawal

Interventions trialled

- Residents were encouraged to stay in their “home” wing
- A range of genres of music
- Small table and chairs placed in hallway
- Finger food
- Puurrfect cat; simulated pet
- Playing cards, dominoes, placed on table
- Bowls of fruit on each table with grapes etc
Case study Two

Jacaranda Lodge’ (pseudonym) a 10-bed facility which is separated from an acute wing by a glass panelled swing door

The catalyst for distress; preclusion from high activity areas ie. glass panelled swing door separating acute and aged care and nurses station
Observed distress

Interventions trialled

• Following staff constantly
• Repetitive questions
• Resistance to care
• Excessive sleeping
• Social withdrawal

• Panelled partition placed to block line of sight to door
• A range of genres of music trialled
• Additional chair placed in nurses station with paper and pens
• Range of documentaries and musical DVD’s
• Door to the garden unlocked
• Dish washing station set up after meals
Case study three

‘Hatta House’ (pseudonym) was a separate 15-bed unit for people with dementia located within a larger facility.

The catalyst for distress; daily ritual of moving everyone into the common room, and, being escorted back when they walked away.
Observed distress  Interventions trialled

- Verbal aggression
- Walking of hallways entering bedrooms
- Following staff constantly
- Repetitive questions
- Refusal to eat
- Resistance to care
- Social withdrawal

- A variety of objects and activities on tables
- A range of genres of music
- Chairs placed at end of hallway and objects of interest on tables
- Finger food
- Ancillary staff involved in inviting resident participation
- Biscuit barrel and bowl of fruit placed in common room
Case studies - Findings

Group WIB scores
Wattle Place

Group WIB scores
Hatta House

Group WIB scores
Eureka
Key messages for the Process

- Facilitated critical reflection
- Staff supported to implement changes
- Staff engaged in making changes to physical and social environment
- Staff actively participating in recording response to interventions, and fortnightly review
In conclusion

Care practices and the care environment can be altered when it is founded on evidence and when staff are actively involved in the process of change.
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