Better for Everyone

A web-based resource to improve social interaction and reduce behaviours of concern in residential care by working with staff, families and the physical environment.
Better for Everyone: Encouraging Better Practice in Aged Care Round 2

Program supported by Department of Health and Aging aiming to translate best evidence into aged care

“Improving social interaction and reducing behaviours of concern in residential aged care”

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Two fundamental questions:

1. What causes “behaviour”? 
2. What determines if behaviour is a problem?
Behaviour

1. The origins of behaviour are multi-factorial and often have situational variables that influence frequency and severity

2. It is the *impact of* or the *distress* caused by the behaviour that determines if a behaviour is characterised as “challenging”; a “problem” or, a “behaviour of concern”
The project integrated four areas of research:

1. Physical environment
2. Staff education
3. Staff mentoring
4. Family support and involvement
What is the Environment?

• The totality of the building, the furniture and fittings and the spaces within and without
• Environment includes colours, light, noise, odour, temperature and all that impacts on our senses
• The environment has a profound effect to enable or further disable residents

• So - what is a ‘good environment’ for aged care?
Environment - principles

- Safe and Secure
- Be small
- Be simple and have good ‘visual access’
- Reduce unwanted stimulation
- Highlight helpful stimuli
- Provide for planned wandering and outside access
- Be familiar, homelike and domestic
- Provide for privacy and community
- Provide links to the community

Environment audit

- Environmental Assessment Tool (EAT)
- Rates the presence of principles in the environment that will enable the person with dementia (and others) to understand and navigate their environment
- EAT simple to use and highlights where improvements can be made – both simple and complex

Lounge room and entry - Existing plans
Lounge room and entry - Proposed modifications
Improvement in Environment

Graph 4: Changes in the before and after EAT scores
Education - 2 days of training

Aims:

- Establish a baseline of knowledge
- Develop rapport between the staff and mentor
- Establish the mentor as an expert
- Establish interactive, respectful team discussion that would provide a basis for the next 14 months of mentoring
Education included:

Day 1
- Philosophy of care
- Understanding behaviours of concern
- The three D’s
- Communicating with residents

Day 2
- Families
- The environment
- Enabling activities
- Case conferencing
- Telling the residents story
Significant* change in the knowledge questionnaire responses (*sig at 0.000)

Pre
Mean all facilities = 18.86

Post
Mean all facilities = 21.76
Mentoring

• Education may increase knowledge, but does not necessarily produce any change in practice

• One of the most comprehensive studies on changing care practices was carried out by Ingalill Hallberg and colleagues from Lund University in Sweden
• Work stemmed from observation of staff that showed:
  – Apparent lack of care;
  – Callousness or coercion in tasks such as bathing, toileting or feeding;
  – “task focus”
• Investigation showed that staff did care, and knew residents were suffering
• The problem stemmed from
  – Not knowing how to communicate effectively with residents, or
  – Understand their physical and emotional needs
• So it was easier to withdraw in to task focused care
“Powerlessness in the face of manifest suffering by residents actually increased their own level of strain, burnout and decreased job satisfaction”

(Hallberg and Norberg 1995)
Lund Model intervention:

Aims to:

• Support staff in emotionally in physically difficult work
• Increase staffs’ ability to understand and meet individual physical and emotional needs
Mentoring

• Facilities asked to select between 6-9 residents with whom they had the most difficulty
• Fortnightly, 40 minute mentoring sessions started immediately after training
• Sessions timed to capture most staff who work with that resident
• Sessions provide structured brainstorm-style care planning conferences
Session principles

- One resident discussed, in depth, in one session
- Peer emotional support developed by encouraging staff to discuss their feelings about the resident, and difficulties in work – a safe psychological environment
- Develop empathy for the resident, understand unmet needs that may cause behaviour
- Practical support via sharing and structured problem solving (Concept Mapping)
- Guided discovery so staff work out answers themselves and take ownership of the care planning and review processes
– Identify causal relationships
– Reflect on the accuracy of the data, relevance to the resident and current care strategies
– Agree on risk, cause, effect and helping strategies
Concept map

An example of a spider-web concept map

Person with dementia

Psychosocial environment

Physical Environment

Impact of the dementia

Health and well being

Structure and design of activities and tasks

Personal history, culture, preferences, family etc
• From this process, care plans developed on individuals emotional and physical needs, rather than the problems they presented

“a genuine care plan rather than a management plan”
• Staff are not told, they are guided
• Staff own the interventions: compliance and consistency of care increases
• Staff feel supported

“I thought I was the only one who had real problems with Mr X. Now I know most of the staff have the same problems we can help each other!”
1. Improvement in CMAI significant (beta = -3.458, p < .001, 95% CI: -4.52 to -2.392).

2. Improvement in NPI – NH significant (beta = -.886, p = .001, 95% CI: -1.411 to -.361).

3. Improvement in Cornell Depression in Dementia (beta = -2.329, p = .002, 95% CI: -3.777 to -.882).
Positive results for staff

- Staff strain (Bird Staff Strain Scale) showed:
  - non-significant, but positive trend of strain reduction
  - Increase in calmness and objectivity
  - Statistically significant improvement in staff understanding the residents and their needs

- Focus groups with staff revealed:
  - Training was very well received
  - Knowledge significantly increased
  - Mentoring was highly valued
  - Staff felt supported, listened to, valued and empowered
Families…

Continue to care, in an altered, but still stressful way

• Four themes of how families still want to be involved:
  1. Engaged involvement – to reduce their sense of loss and find new ways of caring
  2. Being valued – ensuring families specialised knowledge of the person is used and incorporated
  3. Concern- explicitly negotiating boundaries in an ongoing way to build productive partnerships
  4. Continuity – the opportunity to remain involved in a relationship

(Kellet 1996,1998)
• Four of the seven facilities had tried family support groups previously, with varying degrees of success
  – 2 had tried a ‘resident meeting format’
  – 1 had established a support group in a DSU but “ran out of things to talk about”
  – One had a monthly social lunch out for residents and spouses that provided an ad hoc support network
• There was considerable staff angst in some facilities about commencing a family support group
Families results

Independent evaluation summary:

• It proved to be very difficult to engage family carers in the project

• The family carers had very high (?unrealistic) expectations that were not met

• However, the family carers reported improvements in the care of the residents over the course of the project
• Disappointments
  – Inability to recruit mentors from within facilities
• Opportunities
  – Mentors only provide a maximum of 1 day per fortnight
  – Possibilities exist in medium to large aged care organisations to embed mentors across a number of facilities
Better For Everyone

- Toolkit available for free download
Better for Everyone

What is Better for Everyone?

A toolkit drawn from experience – a project called Encouraging Best Practice in Residential Aged Care: Reducing behaviours of concern in residential aged care by working with staff, families and the physical environment.

The toolkit focuses on four areas of change:

• implementing a mentoring programme;
• providing staff education;
• auditing and making changes to the physical environment, and
• providing education and support to residents’ families.

What does the kit include?

• an overall toolkit for managers of facilities, including training materials and evaluation tools
• a toolkit for staff
• a toolkit for families.

The original project was funded by the Australian Government Department of Health and Aging under the 2nd round of the Encouraging Best Practice in Residential Aged Care programme (now Encouraging Better Practice in Aged Care). The development and publication of the toolkit was funded by a grant from the J.O. and J.R. Wicking Foundation, which is managed by ANZ Trustees.

To download Better for Everyone, please create a login. This ensures that you can return to the site and access these resources whenever you need to.

We'd also like to know a little bit about you, so we can find out whether this resource is useful. Over the next three months we plan to evaluate this resource, and we'd appreciate your opinions. In about three months we'll send you an email asking how you've used the
Better for Everyone

Better for Everyone - 01 Manager's Toolkit

This Toolkit is the product of a project carried out over two years by HammondCare and Uniting Aged Care Victoria and Tasmania as part of the Federal Government’s Encouraging Better Practice in Aged Care (EBPAC) program. The purpose of the project was to demonstrate that we could reduce behaviours of concern of residents by making simple, evidence-based changes in four different areas of aged care.

Better for Everyone - Day 1 presentation

"Encouraging positive social interaction in Residential Aged Care by working with staff, families and the physical environment"
Better for Everyone - 01 Manager's Toolkit

Welcome to the Better for Everyone Toolkit!

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A large number of people in aged care experience behaviours of concern, also known as challenging behaviours or behavioural and psychological symptoms of dementia.

A systematic assessment of these problems in Australian aged care revealed that 52.9% of residents with dementia showed disturbances of activity, 76.5% showed aggression and 82.2% were behaviourally disturbed. The investigation also showed that these behaviours were not only found in people with dementia. 71.9% of residents who had no diagnosis of dementia were also behaviourally disturbed. The study concluded that behavioural problems are everywhere in aged care.

While we focussed on residents with dementia (who make up between 70% and 80% of the residential aged care population) we also included some residents with primarily psychiatric diagnoses or developmental disability, and a few frail aged residents. The approach and techniques described are applicable to all your residents.

In this project behaviours of concern were defined as behaviours that cause concern and/or distress to residents themselves, other residents, staff and/or families. These were not limited to so-called active behaviours such as aggression, but also included the negative behaviours of depression - apathy and withdrawal.

When faced with distressing behaviour of a resident in a facility, it is easy to react as though the resident and the behaviour are one and the same. However, research shows that much of this behaviour is a reaction to the physical environment or to things happening around the resident, and is also a form of...

Better for Everyone - 01 Manager's Toolkit (7397 KB)
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1. Hover over the above link with cursor
2. Right-click and select 'Save link as…'
3. Your browser settings will either choose the download location for you, or will ask you to pick a location.
Project Team …

Richard Fleming – psychologist, expertise in environmental design and staff training

Kirsty Bennett – architect, expertise in environmental design

Meredith Gresham – OT, expertise in family education and support

Mike Bird – psychologist, expertise in staff support
… and the backbone of the project

Sue Lenon
Pat Murdoch
Sue Aberdeen
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54 residents in 7 facilities

Percentage of residents showing most common challenging behaviours on the CMAI at least daily at the beginning of the study

- General Restlessness
- Verbal Aggression
- Repetitious mannerisms
- Negativism
- Requests for attention
- Repetitive questioning
- Complaining
- Pacing
- Grabbing
- Trying to get out
- Screaming