Educating Staff in Residential Care Facilities to Manage BPSD using a Non-Pharmacological Approach

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The Impact of BPSD in Residential Care Facilities

- Up to 90% of people with dementia develop BPSD
- ↑ Distress for resident
- ↑ Burden on Care Workers
- ↑ Family Stress
- ↑ Risk of injury
Addressing BPSD in Residential Care Facilities

The Resident
- Medication
- Psychosocial Approaches

The Care Workers
- Education
- Modelling, counselling

The Environment
- Adapting & Creating

The Family
- Education
- Modelling, counselling
St George’s Aged Psychiatry
Addressing BPSD in Residential Care

- History
- Multi-disciplinary team
- Non-pharmacological Focus
- Components:
  - Individuals with BPSD (development of individualized Action Plans in conjunction with care workers and family)
  - Education Programs
  - Research
What have we found?

- Staff: Desire to do the ‘right’ thing
- The resident becomes the ‘behaviour’
- Labeling of intent
- Lack of understanding of the factors contributing to BPSD
- Difficulty applying skills learned
- Task focus
- Time poor regarding using activities
- Non-conducive environments
Education in Residential Care Facilities

- Care Worker Population:
  - Management
  - Registered Nurses
  - PCAs
  - Diversional/Activities Staff
  - Domestic Staff
  - Other Staff

- In-house and external education

Disparity in culture, life experience & knowledge

Richness
Education Program Used

- Problem solving approach
- Adult learning model
- 4 modules:
  - Assessment
  - Planning Interventions & Brainstorming
  - Action Plan Development
  - Implementation and evaluation of the Action Plan
Module 1
Assessment

- The problem solving model
- Assessment of BPSD
  - The Individual
  - The Environment
  - The Staff
- Formal behaviour assessment tool (QEBAGS)
- Practical Exercise: Complete an assessment of a resident with BPSD (internal workshop) or a case study with BPSD (external workshop)
Module 2
Planning Interventions

- Reporting on what has been learnt during the assessment module
- Analyzing the QEBAGS results
- Brainstorming
- Practical Exercise: Brainstorming to ascertain what strategies are used successfully and unsuccessfully in managing the resident’s or case study’s BPSD
Module 3
Action Plan Development

- Presentation on practical exercise
- Developing a behaviour management plan
- Activities and environment
- Practical Exercise: Develop a behaviour management plan for the resident or case study.
Module 4
Implementation & Evaluation of the Action Plan

- Presentation on the behaviour management plan developed and implemented
- Evaluating the efficacy of the plan
- Discussion on adopting the model within the residential care facility and barriers to doing this.
Education within the RCF:

1. Selected Care Staff
2. All Care Staff and Manager

External Education Workshops
Education of selected Care Workers within a RCF

- 12 staff (5 RN1, 2 RN2, 5 PCA)
- 2 Units within large nursing home
- 4×1 hour sessions
- Optional Training

Outcomes:
- Feedback
- 6 month reduction in referrals for BPSD
- Not sustained
- Culture of care remained the same
Education of ALL Care Workers within RCF

- Supportive Manager
- Compulsory training for all staff (over 3 days).
- Peer pressure in implementing the approach

Outcomes:
- Shift in care culture
- Reduction in pharmacotherapy
- Organized fundraising and purchased items
- Feedback
External Workshops

- 1 Day Workshop
- Staff Training Profile
  - 33% Div 1, 23% Div 2, 33% PCA, 11% Other

Outcomes:
- Feedback
- 10 staff from one facility trained. Supportive management. Significant reduction in referrals
- 1-2 staff from other facilities – no evidence indicating change.
What Works?

- Supportive & involved Management
- Retention of staff
- Culture of Care
- Directly applies to their situation
- Degree of staff interest & pitch
- RN role models → Modelling approaches
- Up-skilling care workers as ‘experts in the management of BPSD’ – ongoing support
Considerations

- Measuring outcomes
  - Quality of Life
  - Referrals
  - Pharmacotherapy
  - Culture of care
  - Staff retention
- Competencies
- Ongoing relationship with RCF - consultancy
  - Meetings to discuss residents with BPSD
  - Long term facilitation of culture shift
  - Ongoing education
- Opportunity for communication between staff
- Funding for changing the approach & for activities


