Acute Care for Elders (ACE) Quality Improvement Collaborative: Behavioral Management Strategies to Promote Patient and Staff Safety

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Halton Healthcare

- Halton Healthcare takes great pride in providing quality, compassionate healthcare services to our rapidly growing communities
- As a progressive and vibrant healthcare organization, Halton Healthcare is committed to being an innovative center of excellence in community hospital care in the Halton Region in Ontario, Canada
- Halton Healthcare consists of Georgetown Hospital (GH), Oakville-Trafalgar Memorial Hospital (OTMH) and Milton District Hospital (MDH)
- Together these hospitals provide healthcare services to more than 350,000 residents in the communities of Oakville, Milton and Halton Hills
- OTMH has approximately 400 inpatient beds serving Medicine, Surgery, Mental Health, Maternal Child, Rehabilitation and Complex Transitional Care
Overview

• A partnership between the Canadian Foundation for Healthcare Improvement (CFHI), the Canadian Frailty Network (CFN) and Mount Sinai Hospital
• The Acute Care for Elders (ACE) Collaborative supports participating healthcare delivery organizations across Canada and internationally with the implementation, evaluation and spread of proven evidence-informed elder-friendly care practices
• 18 participating organizations from Ontario, Nova Scotia, New Brunswick, North West Territories, Quebec and Iceland
• $40,000 in seed funding to implement the initiative
• Collaborative ran for 1 year (March 2016-April 2017)

Benefits of Joining the Collaborative

• $40,000 in seed funding to implement the initiative
• CFHI collaborative support with the implementation, evaluation and spread of proven evidence-informed elder-friendly care practices
• Peer-to-peer networking and exchange among the entire cohort
• Monthly team educational webinars
• Support for performance measurement and evaluation
• An in-person workshop to foster cross-team learning and sharing (October 2016)
• Access to a network of expert faculty coaches

Team Members

• Martha Budgell (Safer Elder Care Professional Practice Clinician – Team Lead)
• Kim Kohlberger (Director, Rehab and Geriatrics)
• Monica Battazzoni (Director, Mental Health)
• Kelly Roy (Director, Medicine and Critical Care)
• Cathy Goacher (Director, Professional Practice)
• Lynn Budgell (Coordinator, Patient Safety)
• Dr. Sveeda Salim (Geriatric Psychiatrist)
• Dr. Simona Abd (Geriatrician)
• Angela Roode (Patient Care Manager, 5S and 5C)
• Shannon Power (Consult Liaison Psychiatry Nurse Clinician)
• Lisa Booth (Patient/Family Advisor)
Background

- Patients in acute medical beds with behavioral issues represent a significant and rising population within OTMH.
- For example, the number and proportion of patients in acute medical beds with co-occurring mental health conditions has increased significantly over the past 4 years at OTMH.
- Over this time, the number of inpatients admitted for this population has increased by 48.8%, from 465 to 692 patients per year.
- Weighted cases have increased by 41.3% and the cumulative ALC length of stay has also increased, from 546 days to 1351 days.
- Approximately 16% of this patient population has a diagnosis of organic mental disorder or dementia, in addition to a comorbidity medical condition(s).
- In the previous year over $496,000.00 was spent on PSW/Security use in the Medicine Program to provide 1:1 supervision of behaviorally challenging patients.

Project Overview

- This strategy was a coordinated effort across the Mental Health, Medicine and Rehab/Geriatrics Programs.
- Focused on the development of a standardized approach to behavior management for elderly patients with delirium, cognitive or behavioral impairment.
- A pilot project that was implemented on one medical unit (5 South).
- 5 South is a 36 bed unit that has a main population of cardiology and telemetry patients. Six of these beds were dedicated for patients with behavior issues. The strategy was aimed at the entire 36 bed unit.

- The goal was early identification of these patients in order to provide appropriate interventions/strategies to manage behavior more effectively and focused on patient and staff quality of care, the patient experience and particularly safety.
- The initiative focused on education of staff (i.e. GPA, comfort plan, PIECES, Pittsburgh Agitation Scale), development of assessment tools and interventions, and strengthening collaboration and partnerships within and across programs.
- Identification of geographic location of the ACE 6-bed cluster on a Cardiology medicine unit included patient rooms within very good sight lines of the nursing pod station.
Specific Interventions

- **Gentle Persuasive Approaches (GPA) Certified Coach Training** for 8 staff (July, 2016)
- **GPA Basics** training for staff on 5 South (August-October, 2016) (60 full and part-time staff)
- **P.I.E.C.E.S.** Training for 18 staff (January/February 2017)
- Implementation of **Comfort Plans** (October, 2016)
- Implementation of **Pittsburgh Agitation Scale** (October, 2016)
- **Scheduled Interdisciplinary Rounding** weekly for targeted at risk population (Geriatrics, Psychiatry, Medicine) (October 2016)

Specific Interventions Continued

- **Screening tool** to identify high risk cluster patients (September, 2016)
- Development of a **6-bed cluster on 5 South (Pod 300)** for targeted at risk patients (October 2016)
- **Thera-Glide Safe Glide Rocker** and other resources (Responsive Behavior Kit) for 5 South (November, 2016)
- **Patient/Family satisfaction survey** administered by patient/family Advisor (July 2016 and March, 2017)
- **Staff survey** to be administered at baseline and post implementation to determine comfort level with caring for behaviorally challenging patients (July 2016 and March, 2017)
Gentle Persuasive Approaches (GPA) in Dementia Care

- Using a person-centered, compassionate and gentle persuasive approach, respond respectfully with confidence and skill to behaviors associated with dementia
- An effective approach that is non-punitive, respectful, and self-protective
- Gentle is the first word in GPA!
- Understand that a person with dementia is a unique human being capable of interacting with the outside world
- Explain the relationship between the disease process and a person’s behavioral response
- Apply emotional, environmental, and interpersonal communication strategies to prevent and diffuse responsive behaviors
- Demonstrate suitable and respectful techniques to use in situations of risk

P.I.E.C.E.S.

- P.I.E.C.E.S.™ is a holistic, person and care partner-directed model which enhances capacity at the individual, TEAM, organization and system levels to support the care of the older individual living with complex chronic disease, including neurocognitive disorders and/or other mental health needs, and associated behavioral changes
- The model provides a shared understanding of the often multiple underlying causes of behavioral expression and associated risks, recognizing areas of need, building on the person’s remaining strengths, and considering the person’s Physical, Intellectual, and Emotional health, supportive strategies to maximize Capabilities, the individual’s social and physical Environment, and his/her Social self (cultural, spiritual, life story)

Comfort and Calming Plan

- A simple checklist to be kept with the kardex for staff to refer to regarding triggers or irritants for the patient as well as things that comfort and calm them. Should be completed close to time of admission and updated as required
- Developed in collaboration with the patient’s family
- Reviewed daily with the interdisciplinary team to evaluate use of comfort measures and update information and strategies as necessary
Pittsburgh Agitation Scale (PAS)

Pittsburgh Agitation Scale
- Used to measure agitation on a shift to shift basis; completed by the primary care nurse and stored in an ACE Collaborative binder

A simple tool measuring the intensity of behavior in 4 categories:
- Aberrant Vocalization
- Motor Agitation
- Aggressiveness
- Resisting Care

Cluster Criteria
- 65 years of age or older
- Delirium, Dementia, Cognitive or Behavioral Impairment
- Responsive behaviors documented and/or a documented incident report
- May require a sitter (PSW, security etc.)
- Has been seen by Geriatrics or Geriatric Psychiatry (or has been requested)

Specific Improvement Goals
1. To decrease the length of stay on the targeted unit
2. Reduction in the rate/number of falls and harm from falls in targeted population by conclusion of pilot
3. Reduction in reported staff injuries related to responsive behaviors
4. Patients and families reported level of satisfaction with care experiences will improve on 5 South within the project timeframe
5. Increase staff’s reported confidence and competence in managing patients with responsive behaviors on 5 South
6. Reduction in the need for 1:1 supervision by security services or Specialized Behavioral Workers/PSWs on 5 South
Falls with Injury Reported Pre and Post Implementation

![Graph showing falls with injury reported pre and post implementation.]

Falls with Injury Rate Reported Post Start of Targeted Interventions

![Graph showing falls with injury rate reported post start of targeted interventions.]

Injuries Reported from Responsive Behaviors

![Graph showing injuries reported from responsive behaviors.]
Patient/Family Surveys

- Patient/family satisfaction surveys completed pre and post collaborative
- Administered by Patient Family Adviser
- 4 questions asked
  - What would make your/your family member’s hospital stay a better one?
  - What do we need to do to improve patient experiences on this unit?
  - Is there any care provider who impacted your stay in the hospital in a positive or negative way? Please tell us why…
  - What are we doing well during your hospital stay?

Responses from these questionnaires showed that they were generally satisfied with the medical care that their loved one was receiving however:

- Would like to have more communication from the team regarding changes to care and room changes etc.
- More consistency with doctors
- More stimulation and activities including mobility and recreational opportunities
Staff Surveys

1. What patient behaviors do you find most challenging to provide care for? (Please rate top 3 issues) Depression; Anxiety; Verbal Aggression; Physical Aggression; Dementia; Psychosis; Agitation i.e. pulling out lines; Apathy; Delusions; Hallucinations; Exit Seeking; Delirium; Crying/Crying Out
2. How often do you encounter these behaviors with the elderly patients on your unit? (Daily; Weekly; Seldom; Never)
3. Do you feel that the Hospital Elder Life Program (HELP) is providing support to you and your patients? (Yes; No; Not aware of this program)
4. I have the tools and resources needed to care for elderly patients with challenging behaviors (Strongly Agree; Agree; Neutral; Disagree; Strongly Disagree)
5. I have the knowledge and skill to respond effectively to these challenging behaviors in the elderly? (Strongly Agree; Agree; Neutral; Disagree; Strongly Disagree)

Staff Surveys

6. I feel there is effective collaboration amongst the interdisciplinary team members providing care for these patients i.e. MRP, Psychiatry, Geriatrics, Pharmacy, Nursing, Allied Health etc. (Strongly Agree; Agree; Neutral; Disagree; Strongly Disagree)
7. I feel comfortable making suggestions for changes to the patient’s individualized plan of care (Strongly Agree; Agree; Neutral; Disagree; Strongly Disagree)
8. Have you participated in CPI (Crisis Prevention Intervention) Training in the last 2 years? (Yes; No; Not aware of this program)
9. Have you participated in GPA (Gentle Persuasive Approaches) in the last 2 years? (Yes; No; Not aware of this program)
10. Please list other supports or resources that would be beneficial to you and your colleagues in your practice caring for the elderly? (open ended)

Staff Surveys

• From pre to post there was a marked increase in:
  o staff reporting that they have the tools and resources needed to care for Elderly patients with challenging behaviors (from 22% to 57%)
  o having the knowledge and skill to respond effectively to these challenging behaviors (from 64% to 73%)
  o 92% of staff on the pilot unit reported having participated in GPA training (pre collaborative was 18%)
Staff Surveys

- When asked how often staff encounter these patients, there was a significant increase in daily encounters reported (from 43% to 77%), showing that there is more of an awareness of responsive behaviors.
- When asked which behaviors staff find most challenging to provide care for, there was a decrease in 12 out of 13 behaviors listed from pre to post survey.
- Top 3 challenging behaviors noted:
  - Pre Survey: Agitation, Physical Aggression and Crying/crying out
  - Post Survey: Physical Aggression, Agitation and Verbal Aggression

Staff Qualitative Feedback

- Pre Survey:
  - Comments focused on wanting more education, i.e., GPA or CPI and “Care of the Elderly” Workshops.
  - Needing more support on nights and weekends.
  - Not wanting to mix this patient population with “medically complex” patients.
  - Worried about staff burn-out.

- Post Survey:
  - Location of the cluster (not a good mix with Telemetry).
  - Stressed the importance of having more stimulation/activities for these patients.
  - Behavioral sitter/support.

Lessons Learned/Key Facilitators

- The importance of having a diverse working group with representation from Decision Support and Hospitalist group.
- Having a team lead with designated time to devote to the collaborative.
- Organizational support for ongoing training of staff (GPA, PIECES, etc.);
- Support and engagement of senior team, directors, and patient care managers.
- Effectiveness of Interdisciplinary rounding strategy.
- Sustainability of GPA training model has been enhanced with our own coaches.
- Our patient/family advocate was heavily and appropriately involved – her participation and enthusiasm led her to become involved in other projects.
Challenges

- Lack of recreational activities and dedicated secured space as well as in-house behavior support staff
- Discharging from cluster (most are ALC’d to behavioral support units)
- High demand for Cardiology beds on the unit where the cluster was located
- Patient flow and high volumes throughout organization limiting ability to move patients
- Lack of involvement from Hospitalist group (we should have involved this large group earlier)

Summary

- During our ACE cluster pilot, none of the 10 ACE-patients had a fall while on the cluster, even though 7 experienced a fall prior to transfer to the cluster
- With education and support staff felt they had the knowledge and skill as well as tools and resources needed to care for this patient population
- We believe that with further education of staff and a designated Pod/unit with recreational activities there is the potential for a decrease in code whites, restraint use, use of psychotropic medications, sitter use, and we would see improved individualized care for this patient population

Continued Successes

- Ongoing Monthly GPA training across organization (to date over 350 staff trained)
- P.I.E.C.E.S. training
- Bi-weekly Interdisciplinary Responsive Behavior Rounds
- Monthly Alzheimer’s Information sessions
- Music and Memory “iPod” Program
- 6 bed ACDC (Acute Centre for Dementia Care) cluster opened on inpatient Mental Health February 2018
Thank you!