



North Simcoe Muskoka

**Specialized Geriatric Services**

# An Innovative Approach to Effecting Quality Care for Patients with Responsive Behaviours and Cognitive Impairment in Hospital

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# Objectives

1. Behavioural Success Agent Project:
  - a. Background
  - b. Baseline data
  - c. Purpose and Key Deliverables
  - d. Project Outcomes
2. Key Factors for Project Success
3. Reflections from BSAs
4. Questions



# The Beginning:

## NSM LHIN ALC Behaviour Concurrent Review November 2015



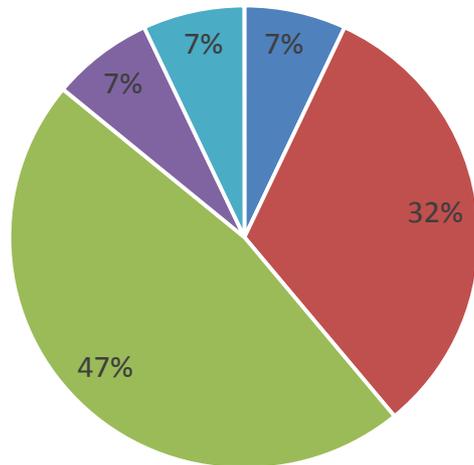
- Criteria - patients identified as Alternate Level of Care (ALC) in hospital who had behaviours that impacted the ability to transition or provide usual care.
- Comprehensive assessment inclusive of chart review, patient assessment and team interview.
- Expert Panel review of each patient.

# NSM LHIN ALC Behaviour Concurrent Review November 2015

- 6 hospitals – 7 sites – 1 Mental Health Centre
- 41 patients reviewed (56 identified–15 no consent)

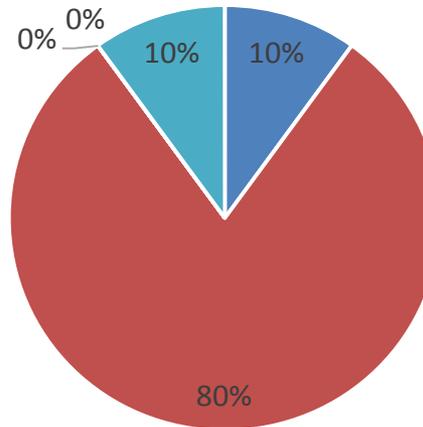
Average ALC days	257 days
Average Age	75 years
Age Range	44-92 years

## Residence Prior to Admission



- Group Home
- Personal Dwelling
- Other
- LTCH
- Retirement Home

## Planned Discharge Destination



- Group Home
- Personal Dwelling
- Other
- LTCH
- Retirement Home

Expert Panel validated 73% of planned discharge destinations / 27% an alternate plan was recommended

# NSM LHIN ALC Behaviour Concurrent Review November 2015

## Evidenced Based Approach

- Chemical Restraint = 22%
- Physical Restraint = 27%
- Documentation or Care Plan = 63%
  - Documentation = 34%
  - Care Plan = 63%
    - Completed by internal staff = 37%
    - Completed by external staff = 27%



# NSM LHIN ALC Behaviour Concurrent Review November 2015

## Highlights

- Variation in practice across hospitals
- Opportunities related to:
  - standardization,
  - resource awareness,
  - medication management and
  - need for support within area hospitals

## Key Recommendation of the Expert Panel

**“Invest in short-term regional level care coordinators to assist in patient flow, education, and care planning for complex patients with behaviours”.**

# Behavioural Success Agent Project

## Purpose

- To support hospitals in the development and implementation of regional best practices and improve the standardization of practice across NSM hospitals by providing clinical leadership and mentorship for staff in the assessment and management of older adults with cognitive impairment and responsive behaviours.

# Behavioural Success Agent Project

- Short-term project – July 2016 – March 2017
- Funding was provided to each hospital site (7) for a 0.5 FTE Behavioural Success Agent (BSA)
- BSA role:
  - regulated health care professional
  - seconded from hospital staff
  - jointly accountable to “Hospital BSA Lead” and SGS Program

# BSA Project – Key Deliverables

1. The BSA will support health care providers in their hospital site with the assessment and management of older adults with cognitive impairment and responsive behaviours.



## BSA Project – Key Deliverables

2. As part of a Community of Practice inclusive of representatives from the NSM SGS Program, the NSM Behaviour Support System and other key stakeholders, the BSAs will:
  - Develop an acute care regional evidenced based best practice guideline for the care and management of older adults with cognitive impairment and responsive behaviours and their caregivers that includes:
    - Standardized classification of behaviours;
    - Standardized assessment and care plan tools, roadmaps, protocols, checklists, care pathway, and algorithms; and,
    - Standardized information materials for caregivers.
  - Develop or adopt standardized assessment and / or documentation formats.
  - Develop or adopt standardized tools and resources to support ongoing practice and education.
  - Develop and implement a regional communication strategy to improve communication between Behaviour Support System Services and health service providers.
  - Undertake a collaborative review of the ED Diversion report and recommendations from 2014.



3. Based on the work of the Community of Practice and in collaboration with the individual's hospital team, the BSA will:

- Implement and evaluate the regional guideline, standards and tools.
- Develop a site-specific sustainability plan.

**All deliverables achieved!**



# BSA Project Outcomes

- Regional Guideline for Acute Care for Individuals with Cognitive Impairment and Responsive Behaviours
- Responsive Behaviour with Cognitive Impairment Definitions
- Regional Standard Clinical Assessment
- Regional Standard Care Plan
- Responsive Behaviours in Hospitals; a Guide for Patients and Families
- Behavioural Support Services; Home Resources
- A Current State: Assessing older individuals presenting in the emergency department with behavioural and psychological symptoms of dementia (2016)
- Community of Practice initiated



# BSA Project Outcomes

- Standard Education Modules; facilitator script and handout:
  - Restraints
  - Verbal and Physical Aggression
  - Compassion Fatigue
  - Delirium
  - Disruptive Vocalizations
  - ABC documentation
  - Dementia Observation Scale
  - Medications to use with Caution in Older Adults
  - PRN medication in dementia
- Site-specific sustainability plans developed by all 7 sites.
  - 3 sites continuing on permanent or interim basis through hospital funds
  - Remainder identified a “Champion Model” as the most feasible method for sustainability.



# BSA Project Outcomes

## Project Target Volumes

Indicator	Target Volume	Project Totals
Unique Individuals Served	125	166
Visits	750	1712
Education Occurrences	1800	2213

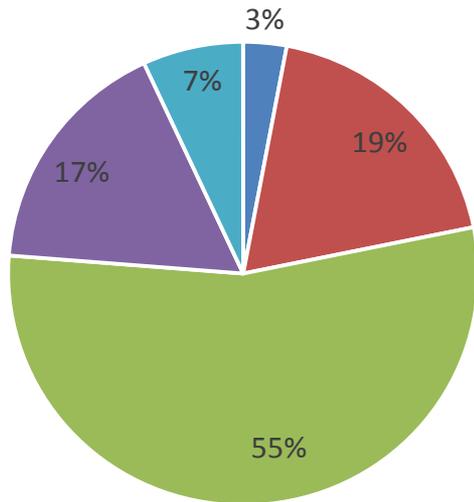
What were our patient outcomes?  
and  
How did we achieve these metrics?

# BSA Project Patient Outcomes

2015 – 41 patients reviewed  
 2017 – 31 patients reviewed

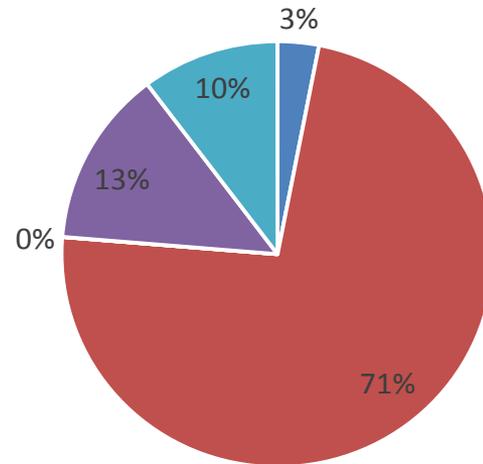
Metric	Nov. 2015 ALC Review	Mar. 2017 ALC Review
Average ALC days	257 days	<b>131 days</b>
Average Age	75 years	74 years
Age Range	44-92 years	41-89 years

## Residence Prior to Admission



↑ **from Retirement Homes**

## Planned Discharge Destination



↑ **going to Retirement Homes**

- Group Home
- Personal Dwelling
- Other
- LTCH
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- LTCH
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# BSA Project Patient Outcomes

## ALC Concurrent Review Comparison



- ↑ Chemical Restraint = 35% (22%)
- ↓ Physical Restraint = 19% (27%)
- ↑ Documentation/Care Plan = 100% (63%)
  - ↑ Documentation = 94% (34%)
  - ↑ Care Plan = 97% (63%)
    - ↑ Completed by internal staff = 94% (37%)
    - ↓ Completed by external staff = 23% (27%)



# BSA Project Patient Outcomes

- There was a **68% reduction** in the **frequency of the primary responsive behaviour**.
- In 54% of BSA cases, no **physical restraints** were used.
  - Of the 46% of patients that did have physical restraints, there was **74% reduction** in the frequency of use.
- In 42% of BSA cases, no **chemical restraint** was administered.
  - Of the 58% of patients receiving PRN medication, there was a **68% reduction** in the frequency of administration.
- Only **33%** of the patients were designated **ALC** at the time of referral.
- During routine screening by the BSAs, **new delirium** was found in **12% of cases**. These cases had not been identified by hospital staff.



# Key Success Factors



- BSAs seconded from own organization
  - Credibility and relationships built with staff
  - Knowledge of hospital processes
- Pre-Planning
  - Project charter with timelines
  - Performance Monitoring and Evaluation Framework
  - Used knowledge to practice theory
  - Capacity building of BSAs inclusive of:
    - Clinical practice - GPA, PIECES, delirium, dementia, anxiety, depression, pain
    - Leadership skills - mentoring/coaching, building sustainable practice

# Key Success Factors



- Regular meetings and information sharing
  - BSAs met 15 times during 9 month project
  - BSA Hospital Leads met monthly
  - Monthly reviewed project deliverables and target volumes
- Dedicated person/time in each hospital
- Collaboration:
  - Among BSAs
  - With Hospital Leads, collaboration of hospital departments
    - specifically IT, Nursing & Professional Practice
  - With Regional Psychogeriatric Resource Consultants (PRC) and other Regional Behavioural Support System Services
- **Dedicated, passionate group of clinicians**

# Reflections from the BSAs

BSAs were asked to choose one word to describe their experience:

*Challenging*  
*Learning Experience*  
*Inspiring*  
*Phenomenal*  
*Enlightening*  
*Passionate*  
*Energy*  
*Proud*

# Reflections from the BSAs

*“The BSA project has provided a platform for common language so that all of our team members are speaking about the same things in the same way. My visibility in the role of BSA has also brought attention to not only how we react to, treat and prevent responsive behaviours but also to the importance of how we communicate with all members of the inter-professional team in order to provide patient-centered care.”*

*“I feel we have accomplished more than simply completing tasks and meeting deadlines. As a team, we have delivered sustainable, cohesive, patient-centered care. More important, we have emerged as a working example to all healthcare providers within our LHIN of what can be accomplished when organizations work together.”*

# Questions?

