



Geriatric Practice
Leadership Institute

Geriatric Practice Leadership Institute (GPLI) Final Project Summary

The utilization of evidence-based nonpharmacologic care practices for behavioral expressions in a memory care unit.

ALG Senior

Behavioral Expressions - Background

- Formerly referred to as behavioral and psychological symptoms of Dementia (BPSD)
- Communicate discomfort or distress and are displayed through behaviors such as agitation, apathy, anxiety, irritability, or depression.
- Commonly treated with antipsychotics, benzodiazepines, and anticonvulsant medications which are generally inadvisable due to limited evidence of effectiveness as well as increased risk of serious side effects including mortality.
- The use of psychotropics in response to behavioral expressions continues despite an FDA black box warning.



Purpose

- The purpose of ALG Senior's GPLI Project is to employ nonpharmacologic interventions, when indicated, to reduce the incidence of behavioral expressions and thus, the use of off label drug therapy. We anticipate a decreased fall rate will accompany due to the increased fall risk associated with the common pharmacologic interventions in response to behavioral expressions.



ALG Senior's 2021 GPLI Team

- Kevin O'Neil, MD – Chief Medical Officer, ALG Senior
- Sheryl Zimmerman, PhD – Gerontologist & Professor, UNC Chapel Hill
- Rick Grimes – Executive Vice President, ALG Senior
- Michelle Kronquist, PsyD – Director of Psychological Services, ALG Senior
- Lisa Horton, CDP – Director of Clinical Systems & Compliance, ALG Senior
- Todd King, PharmD – Senior Director of Clinical Support Services, Omnicare

Training and Development Consultant:

- Kimberly Ward, MPH – Project Manager, Sheps Center for Health Research, UNC Chapel Hill



Project Design

- Setting – Memory Care Unit with a census of 34 residents
- Selection of participants
 - The Cohen-Mansfield Agitation Inventory, Long Form was used to select 9 residents of focus.
 - For the residents of focus, behavioral expressions occurring once or twice a week or more will be addressed.
- Training and Development
 - Community staff received onsite training on behavioral expressions as well as four evidence-based, nonpharmacologic care practices that can be used preventatively or responsively to behavioral expressions.
- Baseline data was collected at the commencement of the project and will be collected for the 9 residents of focus throughout the 3-month project implementation period.



Project Materials Developed

- Primary Training Guide: *Care Practices for Individuals Living with Dementia: An Evidence-Based How-to Guide (Zimmerman, 2018)*
- Poster – *Care Practices for Persons with Dementia*
- Cue cards - care practices for staff
- Forms
 - Behavioral Expression Evaluation (Cohen-Mansfield, 1989)
 - Behavioral Expression Care Plan
 - Care Log
- Surveys
 - Resident
 - Family/POA
 - Staff

Primary Training Guide

Introduction to behavioral expressions, four nonpharmacologic care practices, as well as procedures for evaluation, care planning, documentation, and communication with resident's family and healthcare providers.

**Care Practices for Individuals Living with Dementia:
An Evidence-Based
How-to Quality Improvement Guide**

Why an Evidence-Based How-to Guide?.....page 1
 Understanding Behavioral Expressions.....page 2
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Original Material Developed by:
 Sheryl Zimmerman, PhD
 Kimberly Ward, MPH
 Hayley Miller, BS
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 Philip D. Skane, MD, MPH

The University of North Carolina at Chapel Hill
 Cecil G. Stegman Center for Health Services Research
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University of North Carolina at Chapel Hill, 2021

Understanding Behavioral Expressions

Because all behavior has a cause, it's important to figure out the cause to respond to it appropriately. Here are some questions to consider:

- Is there a change in medical condition or acute illness that needs to be treated?
- Have there been medication changes that are causing side effects?
- Is the person with dementia hungry, thirsty, or in pain?
- Does a hearing aid need new batteries, or do eyeglasses need to be adjusted?
- Is there a psychiatric illness, like depression, that needs to be evaluated?


It's important to look beyond the behavior to discover the underlying cause. Success responding to discomfort, distress, and other behavioral expressions depends on understanding what's causing them.

The **A-B-C** approach is helpful to reduce behavioral expressions:

- **A** = the antecedent, meaning the event that triggered the behavior — such as care being provided in a hurried manner. Caregivers may be able to change the antecedent.
- **B** = the behavior itself — such as the person with dementia pushing the caregiver away.
- **C** = the consequence to the behavior — such as the caregiver rushing through care in an attempt to minimize the distress ... without realizing that the hurried manner triggered the behavior. Caregivers may be able to resolve behaviors with better understanding.

Caregivers can prevent behavioral expressions by changing the antecedent to the behavior, and they can treat behaviors through thoughtful consequences.

Aromatherapy, natural light, preferred and familiar music, and robotic pets can be used for prevention or treatment.



Change the antecedent/trigger

- ✓ Which antecedents/triggers in the environment can be eliminated or changed?
- ✓ Pain is often a cause for behavioral expressions, and should be routinely assessed.
- ✓ Might aromatherapy, light, music, or pets be introduced, or can other components in the social or physical environment be changed?

Set realistic behavioral goals for the person with dementia

- ✓ Is the goal to eliminate the behavior, or to decrease its frequency?
- ✓ Is it necessary for caregivers to adjust their expectations?

Change consequences/reactions

- ✓ What can be done differently after the person with dementia expresses discomfort, distress, or some other behavior?

**Can aromatherapy, light, music, or pets be helpful?
This is where assessment and care/service planning come in.**

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AROMATHERAPY

THE EVIDENCE:

Aromas have been used to treat a variety of medical conditions, and also behavioral expressions such as agitation, restlessness, and anxiety. Aromas can be applied through diffusers, lotions, or oil applied to cotton or a patch attached to clothing.

- Lavender oil has been most extensively studied as a means of decreasing behavioral expressions.
- Lemon balm also reduces behavioral expressions.
- Administration close to the nose causes a greater reduction of behavioral expressions.

BRIEF DESCRIPTION:

A diffuser disperses oil so that its scent fills a room. It helps the aroma come into contact with the nose more effectively than some other techniques, such as lotion massaged onto person with dementia's hands; therefore, it may be more effective at reducing agitation or anxiety.

- Diffusers require less time to use than other methods of administration.
- Lavender oil can be placed in a diffuser at the bedside to promote sleep.
- Other scents that a person likes may be used as well, but have not been as widely studied.

	Use in Common Spaces	Use in Individual Rooms
Purpose	To prevent agitation, anxiety, and sundowning (late day confusion).	To reduce agitation or promote sleep.
Rationale	Daily aromatherapy using a diffuser to administer lavender oil can help prevent behavioral expressions.	Persons with dementia experiencing sundowning symptoms such as restlessness may have difficulty settling down at bedtime; the calming properties of lavender oil may promote sleep and reduce agitation.
Duration	Application for two hours in the afternoon may reduce sundowning.	Application for one hour at bedtime may promote sleep.
Caregiver Roles	Fill and turn on diffusers in common living areas. Clean diffusers as needed.	Identify individuals experiencing early behavioral expressions, or identify times during the day when symptoms are common. Bring a filled diffuser into the room and turn it on.
How to Use	<ul style="list-style-type: none"> • Use diffusers daily in common living spaces occupied by persons with dementia. • Fill the diffuser with 200 ml of water and 6 drops of lavender oil. • Turn on the diffuser and set it to turn off automatically after two hours. 	<ul style="list-style-type: none"> • Identify persons with dementia who experience restlessness or agitation in the afternoon or evening. • Fill a diffuser with 200 ml of water and 6 drops of lavender oil. • Place the diffuser in the room, out of the individual's reach. • Turn on the diffuser and set it to turn off automatically after one hour.

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SAFETY & OTHER CONSIDERATIONS:

- If the diffuser has a cord, place it out of the persons with dementia's reach, such as on a shelf that is at least 7 feet or higher to make sure the cord is not a hazard and the persons with dementia do not try to touch or move the diffuser. Also, make sure that there is no furniture under the diffuser that could assist individuals in climbing to investigate or remove the diffuser.
- Diffusers can be taped shut to avoid spills.
- Watch persons with dementia for signs of allergy or irritation, including sneezing, coughing, wheezing, a runny nose, or a skin rash. Reduce the concentration of the oil or stop aromatherapy altogether if you suspect there is an allergy.
- If the scent seems too strong, consider diluting the oil. For example, use 3 drops of oil per 200ml of water in the diffuser.
- Although people with dementia may lose their sense of smell, the scents can still be absorbed by the nose. However, the psychological effects of expecting scents to have certain effects, like lavender to be calming, may be decreased in people with dementia.
- Lavender oil can interact with sedatives such as barbiturates and anti-depressants. Monitor persons with dementia who are taking these medications for unusual drowsiness.

MATERIALS & EQUIPMENT:

Sample Lavender Oil Products:

- Plant Therapy Lavender Essential Oil; Naturally Made Essentials Lavender Essential Oil; Art Naturals Lavender Essential Oil
- Look for products with 100% purity

Sample Diffusers:

- SmileyDaisy Hibiscus Diffuser; Omnihome Portable Wireless Diffuser; InnoGear 500ml Aromatherapy Essential Oil Diffuser

Before purchasing a diffuser consider these points:

- Manufacturer recommendations regarding the size of the room in which the diffuser works best
- Whether the diffuser has automatic turn-off times of one and two hours
- (If the diffuser has a light), the ability to turn off the light

Other Materials:

- Alcohol wipes
- White vinegar





CLEANING DIFFUSERS:

- Residue from the oil may settle at the bottom of the diffuser. Once a week, clean the inside and outside of the diffuser with alcohol wipes. Once a month, more thoroughly clean the diffuser by running it with a vinegar solution. See the appendix for more detailed instruction.


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Poster and Cue Cards

Posters summarizing the care practices were displayed in staff bathrooms and breakrooms. Color coding corresponds to the training guide and cue cards.

<p>Care Practices for Persons With Dementia</p> <p>House is beginning a new program to reduce behavioral expressions in persons with dementia.</p> <ul style="list-style-type: none"> Behavioral expressions include agitation, anxiety, irritability, depression and other behaviors. They are a way that people with dementia communicate discomfort with what is happening around them. <p>So, changing what is happening may lessen behavioral expressions.</p> <p>There is scientific evidence that certain practices may avoid or lessen behaviors; they include aromatherapy, natural light, familiar music, and robotic pets.</p> <p>By providing these practices, you may change the cause of the behavior and so avoid or lessen it.</p> <p>Have you tried these practices with your residents?</p>	
<p>Aromatherapy</p> <p>Why should I use it? To help prevent agitation, anxiety, and sundowning (late day confusion)</p> <p>How long should I use it? Two hours</p> 	<p>Natural Light (Outdoor)</p> <p>Why should I use it? To prevent daytime napping and behaviors such as agitation, aggressiveness, and anxiety</p> <p>How long should I use it? 20 minutes</p> 
<p>Familiar Music</p> <p>Why should I use it? To reduce or prevent agitation</p> <p>How long should I use it? 15-30 minutes</p> 	<p>Robotic Pets</p> <p>Why should I use it? To reduce agitation, wandering, anxiety, and depression</p> <p>How long should I use it? 15-30 minutes</p> 

AROMATHERAPY



Why should I use aromatherapy?

- To help prevent behaviors such as agitation, anxiety, and sundowning (late day confusion)

How long should I use it?

- Application for two hours in the afternoon may reduce sundowning

How do I use the diffuser?

- Use diffusers daily in common living spaces occupied by persons with dementia
- Fill the diffuser with 200 ml of water and 6 drops of lavender oil
- Turn on the diffuser and set it to turn off automatically after two hours

How do I keep residents safe while using aromatherapy?

- If the diffuser has a cord, place it out of reach such as on a shelf that is at least 7 feet high, to make sure the cord is not a hazard and residents don't try to touch or move it
- Make sure there is no furniture under the diffuser that could be used to climb on to touch or remove the diffuser
- Diffusers can be taped shut to avoid spills
- Watch residents for signs of allergy or irritation, including sneezing, coughing, wheezing, a runny nose, or a skin rash
- If the scent seems too strong, consider diluting the oil (adding more water)

What are other considerations I should know ?

- Lavender oil can interact with sedatives such as barbiturates and anti-depressants; monitor residents who are taking these medications for unusual drowsiness

How do I clean the diffuser?

- Once a week, clean the inside and outside of the diffuser with alcohol wipes
- Once a month, more thoroughly clean the diffuser by running it with a vinegar solution instead of the oil; for details, see the appendix in the *Care Practices for Individuals Living with Dementia: An Evidence-Based How-to Quality Improvement Guide*

Cue cards for each care practice were placed on a ring to be carried by staff. Each card is 4.2"x5.4". Cards 1-4 shown.



All materials are color-coded by care practice

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 Kimberly Ward, MPH
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THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
 Cecil G. Stepien Center for Health Services Research
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 University of North Carolina at Chapel Hill, 2021

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AROMATHERAPY

How do

- Use diffusers
- Fill the diffuser with 200 ml of water and 6 drops of lavender oil
- Turn on the diffuser and set it to turn off automatically after two hours

• Relax it to

• Remove to avoid

• Avoid giving of respirator

• Clean the pet

cleaner on its fur



Behavioral Expression Evaluation

- The Cohen-Mansfield Agitation Inventory, Long Form was entered as a form in Matrix Care, the Electronic Health Record utilized by ALG Senior.
- The Behavioral Expression Evaluation was completed for all residents at the commencement of the project. Based on this data, nine residents were selected as residents of focus for the project.
- The Evaluation will be completed at the end of each month for the three-month data collection period.

Behavioral Expression Evaluation
Observation
Resident Name: _____ MR#: _____ U/R/B: _____

OBSERVATION INFORMATION
Creator: _____
Observation Date: _____ Date Recorded: _____
Completed Date: _____ Completed By: _____

DESCRIPTION

OBSERVATION DETAIL
Cohen-Mansfield Agitation Inventory (CMAI) Long*

Physical / Aggressive

Hitting (including self)
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Kicking
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Grabbing onto people
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Pushing
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Throwing things
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Biting
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Resident Name: _____ MR#: _____ URB: _____ Page 1 of 4

Scratching
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Spitting
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Hurting self or others
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Tearing things or destroying property
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Making physical sexual advances
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Physical / Non - Aggressive

Pacing, aimless wandering
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Inappropriate dress or disrobing
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Trying to get to a different place
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Intentional falling / Placing Self on the Floor
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Eating / drinking inappropriate substance
 1 - Never 5 - Daily
 2 - Less than once a week - every couple of weeks 6 - Several times a day
 3 - Once or twice a week 7 - Several times a hour
 4 - More than 3 times a week

Resident Name: _____ MR#: _____ URB: _____ Page 2 of 4



Behavioral Expression Care Plan

Also entered as a form in Matrix Care.

Follows the SBAR format described in the training guide.

Staff are trained to complete a Behavioral Expression Care Plan for each behavior rated as 3 or higher (occurring once or twice a week or more).

Intervention choices are limited to the four nonpharmacologic care practices introduced in the training guide.

Behavioral Expression Care Plan

Observation
Resident Name: _____ MR#: _____ U/R/B: _____

OBSERVATION INFORMATION

Creator: _____
 Observation Date: _____ Date Recorded: _____
 Completed Date: _____ Completed By: _____

DESCRIPTION

OBSERVATION DETAIL

Behavioral Expression Care Plan/SBAR

What type of behavioral expression is the resident displaying?(Situation)

<input type="checkbox"/> Hitting (including self)	<input type="checkbox"/> Eating / drinking inappropriate substance
<input type="checkbox"/> Kicking	<input type="checkbox"/> Handling things inappropriately
<input type="checkbox"/> Grabbing onto people	<input type="checkbox"/> Hiding things
<input type="checkbox"/> Pushing	<input type="checkbox"/> Hoarding things
<input type="checkbox"/> Throwing things	<input type="checkbox"/> Performing repetitive mannerisms
<input type="checkbox"/> Biting	<input type="checkbox"/> General restlessness
<input type="checkbox"/> Scratching	<input type="checkbox"/> Screaming
<input type="checkbox"/> Spitting	<input type="checkbox"/> Making verbal sexual advances
<input type="checkbox"/> Hurting self or others	<input type="checkbox"/> Cursing or verbal aggression
<input type="checkbox"/> Tearing things or destroying property	<input type="checkbox"/> Repetitive sentences or questions
<input type="checkbox"/> Making physical sexual advances	<input type="checkbox"/> Strange noises (inappropriate laughter or crying, weeping, moaning)
<input type="checkbox"/> Pacing, aimless wandering	<input type="checkbox"/> Complaining
<input type="checkbox"/> Inappropriate dress or disrobing	<input type="checkbox"/> Negativism (bad attitude, doesn't like anything, nothing is right)
<input type="checkbox"/> Trying to get to a different place	<input type="checkbox"/> Constant unwarranted request for attention or help
<input type="checkbox"/> Intentional falling	<input type="checkbox"/> Other - Explain _____

Location of the behavioral expression (Situation)

<input type="checkbox"/> Resident Room	<input type="checkbox"/> Outside at Facility - onsite
<input type="checkbox"/> Resident Bathroom	<input type="checkbox"/> Hallway
<input type="checkbox"/> Facility Bathroom / Spa Room	<input type="checkbox"/> Another Resident Room
<input type="checkbox"/> Dining Room	<input type="checkbox"/> Outside Facility - during transportation
<input type="checkbox"/> Day Room	<input type="checkbox"/> Other - location _____
<input type="checkbox"/> Activity Room	

What time did the behavioral expression occur? (Situation) _____

What happened prior to the behavioral expression? What was the resident doing and what was happening around them?(Background) _____

Resident Name: _____ MR#: _____ URB: _____ Page 1 of 2

Do you think any of the following are contributing to the behavioral expression? (Appearance)

<input type="checkbox"/> Hunger / Thirst	<input type="checkbox"/> Change in toileting pattern (increase/decrease frequency)
<input type="checkbox"/> Pain / Discomfort - follow up with Divisional Clinical Director	<input type="checkbox"/> Medication side - effects (any new / discontinued medications in last 2 weeks)
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Too hot / cold
<input type="checkbox"/> Loneliness / Fear	<input type="checkbox"/> Overwhelmed or overstimulated
<input type="checkbox"/> Hearing / Vision	<input type="checkbox"/> Other _____
<input type="checkbox"/> Exacerbation of Chronic Illness	<input type="checkbox"/> I don't know

Evidence-based interventions - You MUST select at least 1 intervention (Recommendation)

<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Familiar Music
<input type="checkbox"/> Natural Light	<input type="checkbox"/> Robotic Pets

Why was this intervention selected? _____

How will the intervention be used? (preventatively/scheduled or responsively/after the behavioral expression has occurred) _____

Safety awareness emblem was placed on name plate to alert staff that safety measures are required. Behavioral Expression Banner added to Matrix Care to alert staff that resident has behavior interventions in place?
 Date Added _____

Order(s) have been added to Matrix Care _____

ADDITIONAL OBSERVATION INFO

Completed By: _____ Date: _____

Resident Name: _____ MR#: _____ URB: _____ Page 2 of 2



Behavioral Expression Care Log

Utilization of care practices to prevent or in response to behavioral expressions are documented in Matrix Care using the Behavioral Expression Care Log.

Care Log
Observation
Resident Name: _____ MR#: _____ U/R/B: _____

OBSERVATION INFORMATION	
Creator:	
Observation Date:	Date Recorded:
Completed Date:	Completed By:

DESCRIPTION

OBSERVATION DETAIL
Care Practices for Individuals Living with Dementia - Care Log
Every time a care practice is attempted, write the date, length of time, and mark an 'X' in the box(es) to indicate the practice. Use the 'Notes' column to describe successes, helpful strategies, challenges, and / or reasons why care practices were not successful. The more information you provide about how the practice was conducted the better; consider using the 5 W's and 1 H: who, what, when, where, why, and how.
Length of time used (minutes)
<input type="checkbox"/> Less than 10 Minutes <input type="checkbox"/> 30-45 Minutes
<input type="checkbox"/> 10-20 Minutes <input type="checkbox"/> 45-60 Minutes
<input type="checkbox"/> 20-30 minutes <input type="checkbox"/> Other - specify _____
Practiced used
<input type="checkbox"/> Aromatherapy <input type="checkbox"/> Familiar Music
<input type="checkbox"/> Natural Light <input type="checkbox"/> Robotic Pets
Describe successes, helpful strategies, challenges, and / or reason why care practices were not successful. Consider using the 5 W's and 1 H: who, what, when, where, why, how.

ADDITIONAL OBSERVATION INFO

Completed By: _____ Date: _____

Resident Name: _____ MR#: _____ URB: _____ Page 1 of 1



Surveys

Staff

Resident

Family/POA

HOUSE
MEMORY CARE

House Staff Survey

House has been selected to take part in a project designed to improve the quality of care we provide to our seniors. As a part of this project, you have learned to recognize the behavioral expressions (verbal or physical aggression, wandering, hoarding, etc.) that commonly occur in individuals diagnosed with Dementia. You have also learned about four new care practices that can be used to prevent or respond to behavioral expressions.

We would like to ask you a few questions that you can answer as frankly as possible. Your responses are confidential, and you cannot be identified.

Thank you for your feedback!

1) Do you feel comfortable reporting/documenting when residents display behavioral expressions?

- a. Always
- b. Sometimes
- c. Never

2) Do you feel that your job is satisfying?

- a. Always
- b. Sometimes
- c. Never

3) Do you feel that you receive recognition for the work you do?

- a. Always
- b. Sometimes
- c. Never

4) Do you plan to continue your career in a senior living setting (such as a nursing home or adult care home)?

- a. Always
- b. Sometimes
- c. Never

HOUSE
MEMORY CARE

House Resident Survey

We would like to ask you a few questions. Please answer as frankly as possible. Your responses are confidential, and you cannot be identified. Thank you for your feedback!

1) Do you feel well cared for at House?

- a. Yes
- b. No
- c. I'm not sure

2) Would you recommend living at House to others?

- a. Yes
- b. No
- c. I'm not sure

4) What could be done to make you happier at House?

HOUSE
MEMORY CARE

House Family/POA* Survey

House has been selected to take part in a project designed to improve the quality of care we provide to our seniors. As a part of this project, our associates have learned to recognize the behavioral expressions (verbal or physical aggression, wandering, hoarding, etc.) that commonly occur in individuals diagnosed with Dementia and learned to use four new care practices for the prevention of (or in response to) those behaviors.

We would like to ask you a few questions that you can answer as frankly as possible. Your responses are confidential, and you cannot be identified. Thank you for your feedback!

1) Does your loved one experience behavioral expressions?

- a. Yes
- b. No
- c. I'm not sure

2) Do you feel that your loved one is well cared for at House?

- a. Yes
- b. No
- c. I'm not sure

3) Would you recommend House to others?

- a. Yes
- b. Maybe
- c. No

4) You are the resident's (son, daughter, sibling, friend, POA)?

*POA = Power of Attorney



Education and Training

- Onsite training – Education on behavioral expressions and the four care practices was provided in June 2021 by two authors of the guide, Sheryl Zimmerman, PhD and Kimberly Ward, MPH.
- In progress:
 - Zoom training – Documentation/data collection
 - Zoom meeting - Collaborative care planning – GPLI team members will meet with community staff to collaborate on the completion of Behavioral Expression Care Plans.

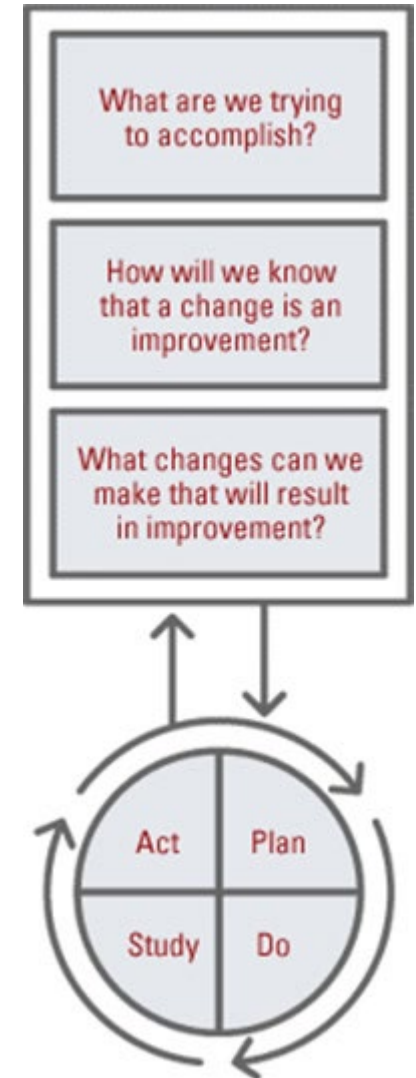


Data Collection Period

- 3 months
 - Anticipated start date October 25th, 2021.
- CMAI's completed at the end of each month for the 9 residents of focus.
- Data analysis will address:
 - Incidence of behavioral expressions measured via CMAI scores as well as Care Log entries.
 - Effectiveness of nonpharmacologic care practice measured by review of Care Log entries.
 - Utilization of psychotropic medications with a focus on antipsychotics, benzodiazepines and anticonvulsants.
 - Fall rates.
 - Resident, Staff and Family/POA Surveys – Pre and post project implementation.

Plan-Do-Study-Act Summary

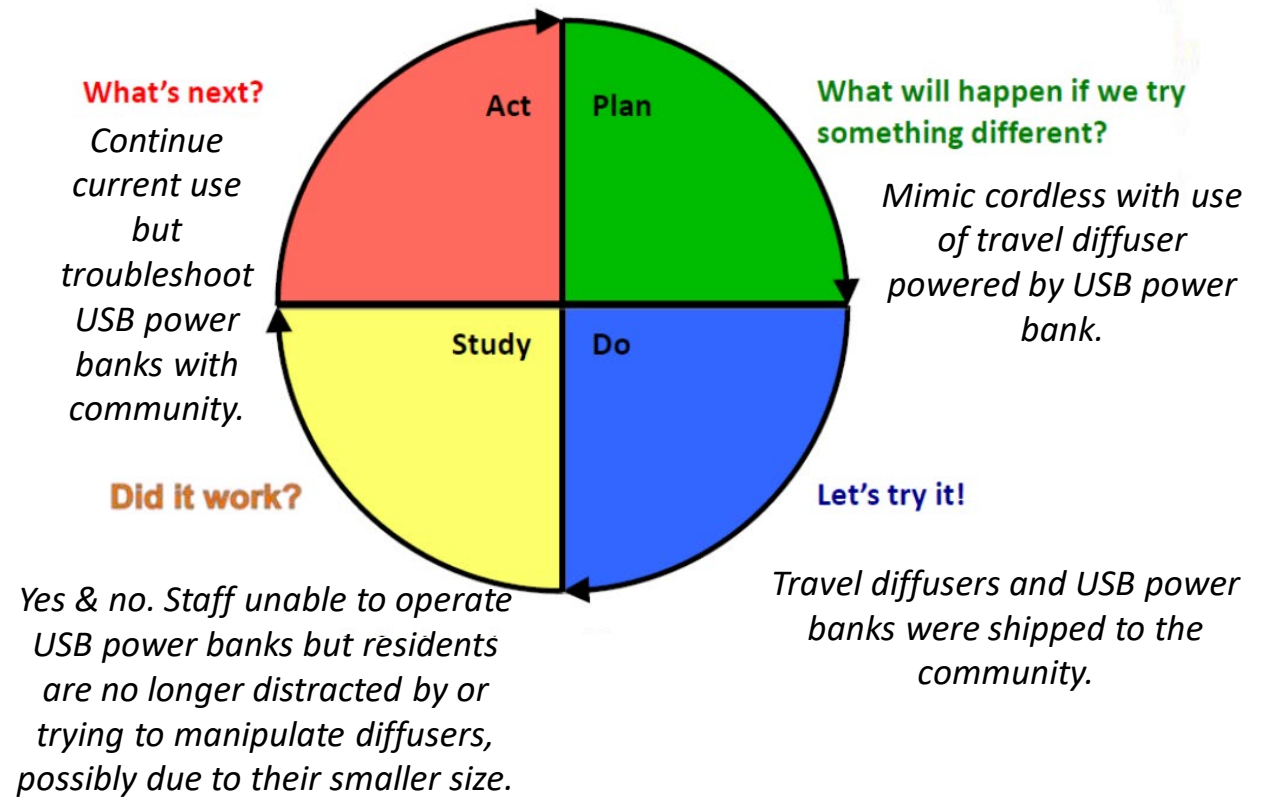
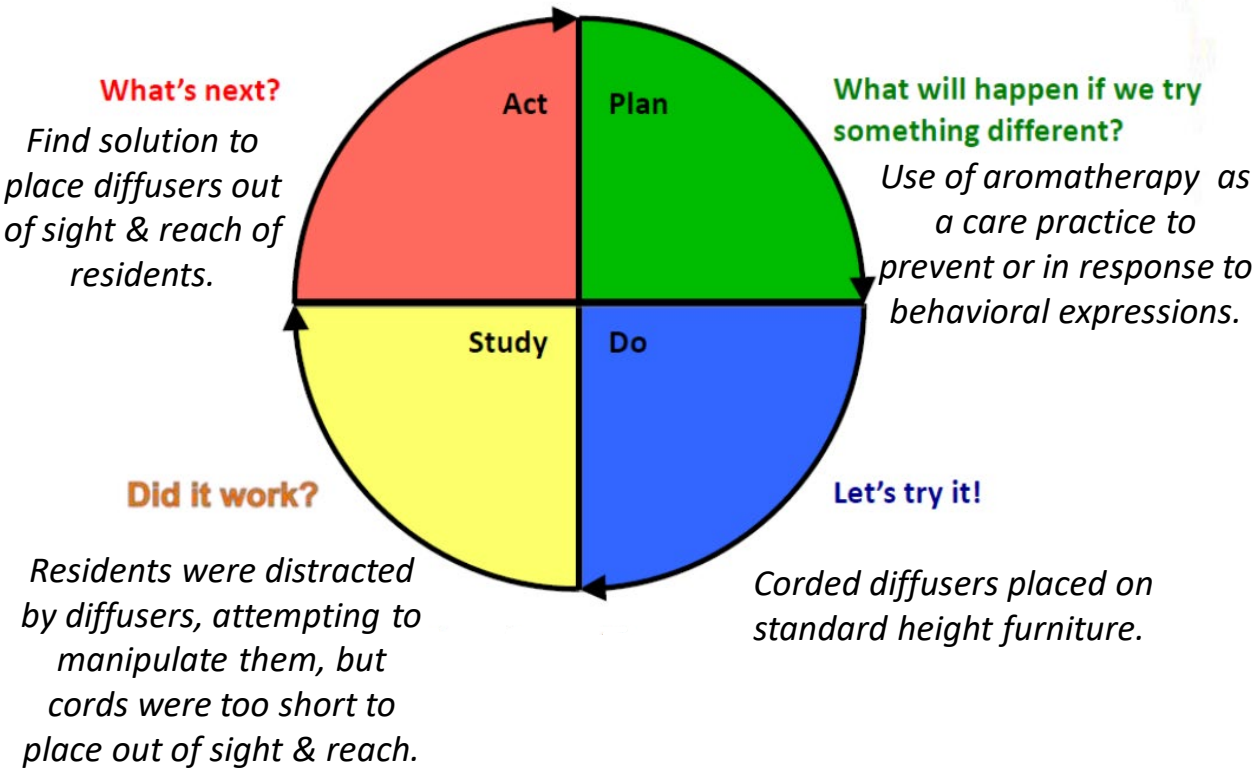
- ALG Senior has completed one PDSA cycle:
 - Community began experimenting with care practices after the materials arrived.
 - Feedback from community that residents were distracted by the aromatherapy diffusers but the cords were too short to place out of sight/reach.
 - Truly cordless diffusers were not available.
 - Solution:
 - travel diffusers operated via USB power bank.
 - 30,800 mAh Power banks run diffusers for >12 hours and display charge level digitally.
- The Change allowed for the use of diffusers to be used out of sight and reach of residents and thus, for the aromatherapy care practice to be utilized.



ALG Senior PDSA Cycle

PDSA Cycle 1

PDSA Cycle 2





Preliminary Results

- ✓ 8% reduction in antipsychotics.
 - Primary focus has been PRN antipsychotics.
 - Medication reviews for scheduled antipsychotics.
- ✓ 60% decrease in fall rate since initiation of project.

- Need to review data for benzodiazepines and anticonvulsants.
- Will review incidence of behavioral expressions and effectiveness of non pharmacologic care practices once Care Log is deployed as part of the documentation process.

Next Steps



References

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