

Step 11: Foster the Ability of the Care Team and Facility to Provide Person-centred Alternatives to Antipsychotics

Ability of the Care Team

It has been estimated that we remember only 10% of what we read and 20% of what we hear, but 80% of what we apply, and 95% of what we teach others. This is why it's not enough to send staff to dementia education sessions. Basic knowledge and understanding must be accompanied by opportunities to:

- See person-centred care in action by observing effective role models
- Experience success with person-centred care strategies
- Teach others
- Compare existing practices to new information
- Discuss and strategize as a team to prevent and manage responsive behaviours:
 - When behaviours occur, before considering an antipsychotic
 - When care plans and behaviour maps are reviewed
 - During “resident focus” discussions, where responsive behaviour challenges are discussed with front line staff to explore solutions and strategies
 - Informally, during shift report huddles
 - As part of family care conferences and interdisciplinary team rounds.

Here are some strategies from Alberta LTC centres to reinforce knowledge and promote ability:

- Glenmore Beverly’s Director of Care became a Supportive Pathways (SP) trainer, and came in for 20-30 minutes during all shifts to teach Health Care Aides (HCAs) SP modules. Each module was followed by a discussion of strategies for specific residents.
- Bow View Manor sent all staff from their secure unit through a Supportive Pathways refresher to get everyone speaking the same language, then utilized a HCA on modified duty to work with her colleagues to strategize around more person-centred care. After an encounter with a resident, the HCA would make suggestions such as, “Next time try introducing yourself first” or “Speak more slowly”.

Plan, Do, Study, Act: Try a small change, talk about how it worked and tweak it to make it better next time. Though it takes time up front to identify reasons for responsive behaviours, and to develop more effective approaches and processes, Alberta LTC Centres have demonstrated that person-centred care does not require more staff. In fact, it takes a lot less

effort to work *with* the needs and preferences of those with dementia. “Don’t insist when they resist” is a worthy maxim.

- *One woman never wanted to go in the tub and shower room. If she saw anyone else in the room, she would hold onto the doorway and refuse to budge. We realized she is a very private person. Now we give her bath early in the morning before anyone else is up. If she sees the hallways are empty and quiet, and the tub room unoccupied, she doesn’t mind having a bath.*
- *A man became upset if he was dressed before his morning bowel movement. A simple change in his routine started his whole day off on a better note.*
- *Athabasca Extendicare has worked with families to develop playlists for individuals. The music is played when the resident is likely to become agitated. They also have Boots the cat, who sits on walkers, goes for rides and is a welcome distraction.*

For more ideas and resources, see the [Person Centred and Non-Pharmacologic Approaches section of the AUA Toolkit](#).

Inform, Consult, Involve, Collaborate, Empower: The most effective changes are driven by the ideas and involvement of front-line experts as well as input from family members or alternate decision makers.

- Consult and involve HCAs and nurses in care plan strategies for specific residents.
- Use the Strengths Analysis tools in the [AUA Project Resources section](#) to invite feedback from front-line staff regarding their perceptions of Person-Centred Care at your facility.
- Use focus group sessions or team huddles to keep people informed and included in resident discussions
- Involve HCAs in informal recreational activities with residents
- Consult families to gain an understanding of resident preferences, strategies that have been effective in the past, ideas and suggestions.
- Work with families and resources such as The Alzheimer Society Canada “All About Me” booklet included in the [Care Planning section of the AUA Toolkit](#).

Ability of the Facility

Facility noise and activity levels often trigger resident behaviours. Call bells, overhead paging or personal alarms may contribute unnecessarily to agitation and antipsychotic use. Comfort rounds are an effective and proactive way to reduce personal alarms, prevent falls and promote continence and mobility. They also help care providers to feel more organized because they are not attempting to respond to simultaneous alarms in all corners. The Care Planning section of the AUA Toolkit includes resources on physical noise and personal alarms.

- *I was on the phone one afternoon with LTC staff, who described a resident on antipsychotics who became agitated every afternoon “at about this time”. Just then a bed alarm went off. It was so loud, we had to pause our conversation while one of them turned it off. A minute later, we were interrupted by another bed alarm. “He must have shifted position again,” one of them remarked, while the other left to cancel the alarm. I said, “That’s really loud. I’d be agitated too. How many people do you have on bed and chair alarms there?” And they said, “Just about everyone.”*

Facility routines and practices can be stressful for the cognitively impaired, and can interfere with natural sleep cycles.

- Driving the floor-cleaning “Zamboni” down the hall at night
- Floor-polishing with strong-smelling products
- Requiring everyone to be up and in the dining room for breakfast by a certain early hour.

It’s helpful to include dietary, housekeeping and maintenance in staff education, in order to involve all team members in collaborative problem-solving discussions. Youville Home provided dementia care education modules to all support staff, who proudly displayed their certificates in their break rooms and became more understanding of the residents.

- *We’d like to be more flexible with breakfast times, but the person from dietary is always telling us to hurry, hurry or she’ll take the cart and food away. It doesn’t help to tell someone with Alzheimer’s to hurry up or they won’t get breakfast – and trying to make them hurry can throw their whole day off. And housekeeping says, “We’re on a tight schedule. We need to do this room next. Why isn’t this resident out of their room?”*

Facility design can also be an issue. [The Care Planning section of the AUA Toolkit](#) includes resources on the use of disguised doors, dementia friendly environments and strategies to use the environment to support communication and foster independence.

- *Revera Riverview had a sliding glass door that people were always trying to get out of. “They watched their visitors leave through that door, and they knew it was the way out. People would be piled up at the door. We had someone paint a bookshelf scene on the doors, and now residents are a lot more settled and content.”*

Living in a care home is much more enjoyable and relaxing for those with dementia when care plans and care environments are adjusted around their needs, versus requiring them to adjust to facility design, schedules and practices.

Consistent care-givers

It takes more than strategies to reduce antipsychotic usage. Consistent care-givers are able to get a “feel” for client routines and preferences, and most importantly (with education and coaching), to establish trust and emotional connection. Care can be provided in less time, with reduced resistance, when a caring relationship already exists. Some care centres have started by extending continuity from 3-4 shifts to two weeks at a time with the same residents. The assignment is then extended to a month or more, as staff discover the benefits of consistent assignments. Some of the most successful facilities have permanent staff-resident assignments.

Person-centred cultures

Staff members often fear a person-centred approach – that if they make an exception to the routine for one person, everyone will expect to be catered to. It’s expected that this will take more time, and more staff. In reality, the time invested up front to discover more effective, individualized approaches prevents resistance and agitation. This not only saves time in the long run, it is a safer and more satisfying way to provide care.

The [Pioneer Network](#) resources included in the [Care Planning section of the AUA Toolkit](#) describe effective strategies to engage staff in individualizing care such as:

- Individualizing mornings (to synchronize care with resident waking routines)
- Flexible dining services to support eating as a social pleasure rather than a nutritional task.
- Promoting sleep by individualizing night time routines
- Reducing falls and alarms
- Consistent Assignment Tip Sheet

Beyond person-centred care

Resources such as Eden Alternative, Montessori and Dementia Care Matters go beyond person-centred care to achieving real emotional connection; from caring for bodies to caring for persons, from making the environment more dementia-friendly to creating a habitat in which staff and residents can flourish (see [Person-Centred Care section of the AUA Toolkit](#)).

Staff can become accustomed to “the way things are” and “the way it’s always been”. This is why it’s helpful to look outside your own facility for insights. You’ll find many ideas and resources in the Person-Centred Care and Care Planning for Responsive Behaviours sections of the [AUA Toolkit](#).