

## Care Planning to Prevent and Manage Responsive Behaviours

Establish and implement a person-centred care plan to address underlying causes as per Appropriate Use of Antipsychotics Guideline and *Alberta Continuing Care Health Service Standards* (2016):

**Standard 1.2:** An Operator must ensure that care planning begins upon the Client's commencement of services provided in the Co-ordinated Home Care Program, or upon admission to a Publicly Funded Supportive Living Facility or Long-Term Care Facility and that the Care Plan:

- a) Reflects the findings of the InterRAI Assessment
- b) Is kept up to date and relevant to the Client's Health Status
- c) Is revised by a Regulated Health Care Provider based on any reassessments.

The process of care planning includes assessment, problem-solving, planning and evaluation. An [algorithm](#) has been developed to assist with the interdisciplinary care planning process, as part of the BC *Best Practice Guideline for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia in Residential Care*.

### 1. Gather information

Are there underlying medical causes for the behaviour?

- Sleep Deprivation
- Medication Side-effects
- Caregiver Approach
- Delirium
- Dehydration
- Depression
- Cognitive decline
- Pain
- Constipation
- Pressure Ulcers
- Overstimulation
- Boredom
- Social Isolation, Loneliness

Are there changes in social engagement or participation in activities of daily living? What responsive behaviours have been demonstrated? Review behaviour tracking tools for:

- Description
- Frequency
- Timing
- Intensity
- Ease with which behaviour was altered

**Community and Long Term Care Staff:**

Much of the above information is generated by the Resident Assessment Instrument (RAI). Review Client Assessment Protocols (CAPs) triggers along with Minimum Data Set (MDS) outcome scales such as:

- Pain
- Depression Rating scale (DRS)
- Aggressive Behaviour scale (ABS)
- Cognitive Performance scale (CPS)
- Index of Social Engagement (ISE)
- Activities of Daily Living (ADL)

**2. Collaborate**

Discuss possible care approaches collaboratively with all involved: health care aides, nurses, recreation therapy, rehabilitation services, support staff (housekeeping, food services and maintenance). Explore ideas for care situations known to trigger responsive behaviours such as:

- Eating and Drinking
- Washing and Bathing
- Incontinence
- Moving and Walking

Stop and assess the situation. Avoid actions that may result in escalating behaviours such as arguing or insisting on care against resistance. Forcing care decreases trust and increases resistance and fear.

**3. Engage the client, family/alternate decision maker**

Request client and family input to problem-solve strategies to prevent or better manage responsive behaviours. Offer resources such as the Shifting Focus Guide to Understanding Dementia Behaviour. This resource provides strategies for family and friends to use during visits. The Alzheimer Society Resource, All About Me, invites families to share information about the person's routines, likes, dislikes, significant relationships, pets, jobs, hobbies, food preferences and strategies for communication and restlessness.

**4. Consider the Environment:**

- Organizations and leaders are encouraged to consider the impact of the environment on the person with dementia:
- Consistent staffing assignments (weeks to months or longer) to build trust and a sense of safety
- Flexible care approaches (flexible times for dining, hygiene)
- Noise levels
- A physical environment that maximizes free movement yet prevents elopement
- Using the environment to support communication and foster independence

- Murals to disguise doors and brighten up rooms and hallways
- Visual, strategic and therapeutic redirection to prevent elopement and assist in maintaining self-care: E.g. toilets visible from sitting areas, dining area visible from bedroom doorways)
- Dementia-friendly design considerations

## **5. Communicate the Care Plan:**

Ensure all front-line providers, families and support staff are aware of the plan.

## **6. Regularly Evaluate and Modify the Care Plan:**

Evaluate effectiveness through behaviour mapping and ongoing communication with family and front-line care providers. Update as required.

### **Success Strategies**

Care Centres which use minimal antipsychotics address responsive behaviours through strategies such as:

- Weekly interprofessional meetings to problem-solve and strategize
- Staff education on person-centered dementia care strategies
- Regular rounds with care team (Health Care Professions and HCAs) to discuss success of interventions and changes in behaviours/condition
- Short huddles with care staff to discuss care approaches
- Shift report includes updates on behaviours and strategies
- Regularly scheduled evaluations of care plans for effectiveness and relevance
- Consistent assessment of potential underlying issues such as pain and constipation
- Minimal use of medications to reduce impact of drug accumulations, drug-drug interactions and drug adverse effects.