

Changing the Culture of Dementia Care to Reduce the Inappropriate Use of Antipsychotic Medication

*Report of the Committee on
Changing the Culture of Dementia Care
to Reduce Inappropriate
Use of Antipsychotic Medication*

Health Care Association of
New Jersey

1. Environmental Considerations

Anna Nowik, CDP

Director of Recreation, The Chelsea at Warren

*“You are the product of your environment.
So choose the environment that will best develop
you toward your objective...*

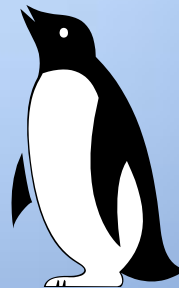
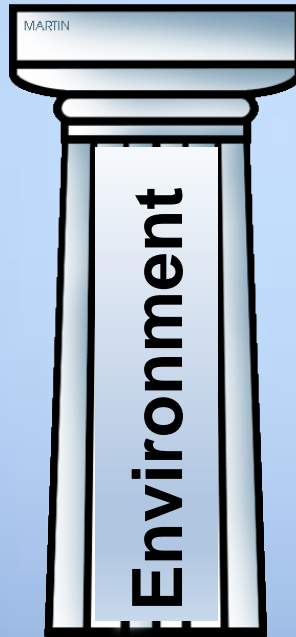
*Are the things around you helping you toward
success - or are they holding you back?”*

-W. Clement Stone

Your Invisible Team Member



Successful,
dignified life



Promote a Homelike Environment



- Comfortable
- Attractive
- Functional
- Supports the social life of the building

Casual Familiar Attire

No scrubs!



Fish Tanks



- **Promote Privacy**
- **Conversational**
- **Interactive**
- **Calming**



Walk the Walk, Indoors and Out



Creating a Supportive Dining Experience

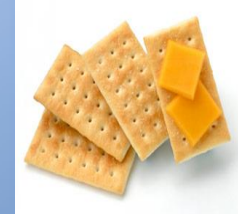
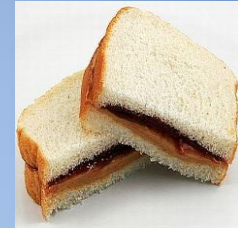


Conversational, Practical, Positive/Affirming



- Small tables, seating for four to foster conversation.
- Contrasting tableware and plates
- Silverware set for easy use: visible, laid out, easy to grasp

Customizing for Success



The Chelsea's Daily Specials

Breakfast Choices

Cinnamon Buns

or

Cottage Cheese & Fruit

Lunch Choices

Soup of the Day – Beef Barley

Chelsea's Chef Salad with ham, turkey,
cheese, and eggs over lettuce

or

Pizza Burger on a kaiser roll with tomato sauce
& mozzarella served with a side of potato salad

Dessert Choices: Fruit, Jello, Cookies,
or frozen yogurt

Dinner Choices

Shrimp Scampi with a garlic lemon butter sauce
served over spaghetti with a side of broccoli

or

Chicken Schnitzel served with a baked potato
and a side of peas and carrots

Dessert Choices: Assorted desserts
or sugar free cake



Cuing for Success: Use Your Building



Cuing for Success: Use Your Building

- **Contrasting molding and edgework**
- **Room entrances slightly inset**
- **Well Lit!**



Cuing for Success: Use Your Building

- **Contrasting molding and edgework**
- **Room entrances slightly inset**
- **Well Lit!**



Cuing for Success



- **Reflect personality**
- **Decorations become cues for residents to locate his or her room**

Bedroom Suites



- Resident's own furnishings
- Residential/Homelike
- Memorabilia and Photographs

Cuing for ADL's



- Leaving bathroom door open when not in use
- Contrasting wall and commode

Cuing for ADL's

- Outfits laid out
- Reduce unnecessary items



Cuing for ADL's: Recreation Style



- Well publicized and accessible schedules
- Visually Inviting



Advertise, advertise, advertise!

Monday Activities

Today is December 1st, 2014

10:00 Current News w/ Anna- LIVING RM, 1st Fl.

10:15 Wii Bowling- Activity Room, 2nd Floor

10:30 Arts and Crafts: Create a Gingerbread Ornament for Frost Fest! Activity Room, 2nd Floor

11:15 Walking Club – Lobby, 1st Fl.

12:15 Gingerbread Man Cookie Decorating with Chris Activity Room, 2nd Floor

1:15 Gingerbread Man Cookie Decorating with Chris 2 Activity Room, 2nd Floor

2:00 Trip – Frost Fest Tree Set up at the Environmental Center! *Today we are going to decorate our tree for the Frost Fest Contest!*

2:15 The History of the Gingerbread Man ActivityRm, 2nd Fl.

3:30 Cocktails, Rum and Cokes! Garden Rm, 1st Fl. |

4:00 Marian Prayers & Communion
w/ John- Activity Rm, 2nd Fl.

4:00-4:30 Country Store Open-Shopkeeper Bunny-2nd Fl.

5:00 Name That
Holiday Tune!
Garden Rm, 1st Fl.

6:00 Name That
Holiday Tune!
Garden Rm, 1st Fl.

7:15 Movie- Activity Room, 2nd Fl.

7:15 Mad Libs - Tea Room, 1st Fl.



Recreation: An Active Part of the Environment and vice versa

- Interactive
- Comfortable, inviting
- Versatile
- Socially based
- Located at the heart



Recreation: Activity Rooms



Life Stations – SEE-U!

- Stimulate memories
- Encourage conversation
- Enhance the environment for the benefit of the residents
- Utilize public spaces

Life Stations

- Stimulate memories
- Encourage Conversation



Life Stations

Enhances environment for the benefit of Residents
Utilizes public space in a positive manner



Outdoor Life Stations



- **Circular Pathways**
- **Interactive Structures and Landscape**
- **Nostalgic Details**

Check Your Surroundings!



- Does it work for your residents?
- Is it comfortable?
- Is it interactive?
- Are there any negative triggers?
- What more can you do with the space?

Is your environment on your team?



2. Hiring, Education and Retention

Deborah Caswell, RN, CDP, ADON
Bartley Healthcare Nursing & Rehabilitation

Lisa M. Williams, MPA, CALA
Brookdale Senior Living

Hiring

- Hire for the Heart
- Let them wait in the lobby
- Ask open-ended questions
- Behavioral based interview questions
- Conduct group interviews
- Bring direct staff into the interview



Education



- Training is essential and should be ongoing
- Make expectations clear
- On the job training, shadowing with a seasoned employee
- Monthly in-services
- Educate family members
- Annual performance review

Retention

- **Retention! Retention! Retention!**
- **Treat staff as a valued member of the team**
- **Employee recognition goes a long way**



*What is your biggest
barrier to hiring
the right people?*

3. Time to MOVE

Exercise Benefits People with Dementia

Diane Wormser, PT, M.S.P.T

Benefits of Exercise: For Everyone

- Improved strength, endurance
- Improved cardiovascular health
- Lower “bad” cholesterol, improved “good” cholesterol
- Improved weight management
- Decreased blood pressure, diabetes mellitis

Better
Health



Better
functioning
in life

Benefits of Exercise for People with Dementia



- Decreased restlessness
- Improved cognition
- Improved functioning in activities of daily living
- Reduced risk of falls
- Reduced depression
- Improved motor performance
- Better sociability
- Slower progression of dementia

Which exercises or activities are best?

- **Build on individual's strengths
(based on personal history,
interests and current level of function).**
- **Assure success.**
- **Avoid introducing activities that
are beyond the person's ability.**



**Aim for success
at all stages of dementia:**

Avoid frustration

Early Stage Dementia:



For groups:

- No more than 15 people for one leader
- Attention to task is limited to 20-30 minutes
- Participants can be in various places in the room
- One or two verbal or visual cues may be required

Early Stage Dementia:

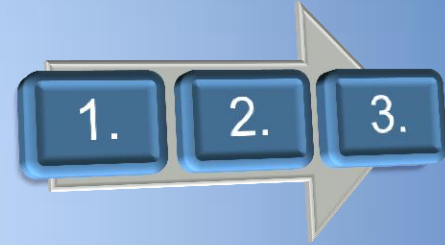
- Assign a meaningful job or role
- Walking
- Target activities (throwing)
- Dancing
- Gardening
- Exercise in various environments
- Yoga, Tai Chi
- Helping caregivers or accompanying caregiver during errands
- Decorating with seasonal themes
- *Music*



Middle Stage Dementia:

For groups:

- No more than 7 people for one leader
- Attention to task is limited to 5-20 minutes
- Participants positioned 3'-6' in front of or to side of leader
- Cues and instructions will be needed to progress to each step of the activity



Middle Stage Dementia:

- Use simple language for verbal instructions:
“Hold this.” “Color that.”
- Set up activity before introducing it.
- Offer supervision and assistance as needed
- Encourage individual to do as much self-care and use as much mobility as they can to feel competent, purposeful and have as much autonomy as possible.





Middle Stage Dementia:

- Assign a meaningful job or role
- Walking
- Target activities (throwing)
- Dancing
- Gardening
- Adapt activities as needed to reduce falls risks
- Exercise in various environments
- Yoga, Tai Chi
- Helping caregivers or accompanying caregiver during errands
- Decorating with seasonal themes
- *Music*

Middle Stage Dementia:

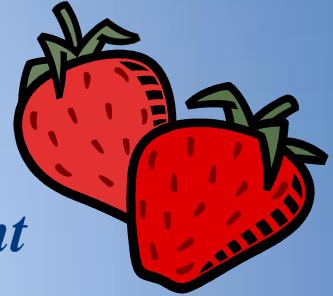
- During the earlier part of this stage, some activities can be enjoyed in groups.
- Attention is limited. One on one activities may increase socialization and attention.
- Processing verbal and visual information takes longer. Be patient.



Late Stage Dementia:

- Use all five senses to offer stimulation:

visual, sounds, tactile, taste, smell, movement



- Sensory stimulation is best offered as a one on one activity
- Repetitive actions may be better appreciated:
rolling yarn, tearing paper, playing percussion instruments
- Agitation may be a sign of discomfort
physical, environmental

Late Stage Dementia:

- Agitated behavior

Is there discomfort with the activity, environment or physical discomfort?

- Use knowledge of the person's past and current response to modify the activity or the environment
positioning, lighting, ambient sounds, room temperature

*What are your ideas for
introducing sensory experiences
to people with late stage dementia?*

- Sight
- Smell
- Hearing
- Taste
- Touch
- Movement

*Everyone benefits from
being more active!*

4. Comprehensive Care Plan and Evaluation

Regina Moschik, MBA, CALA
Brookdale Senior Living

Who in the world am I?
Ah, that's the great puzzle,
Lewis Carroll



Gather Information

- Life History
- Daily Routines
- Conversation Starters
- Challenges and Stressors
- Successful Strategies



Life History

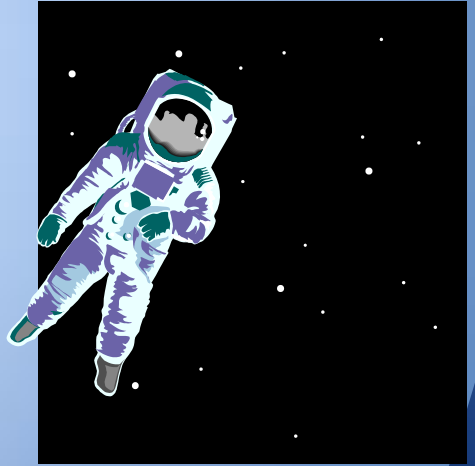
- Date & Place of Birth
- Who raised you?
- Cultural Identity
- Religious Affiliation
- Family and Friends
- Spouse
- Children/Grandchildren
- Education
- Employment
- Military Experience
- Volunteer Experience
- Anniversaries
- Birthdays
- Life Changes
- Traumas
- Tragedies
- Losses
- Dreams & Wishes

Daily Routines

- Morning, Afternoon, Evening & Bedtime
- Dietary Preferences
- Preferred Leisure Activities

Conversation Starters

- Topics of Interest
- Important Events
- Favorite Things



Challenges and Stressors

What do we know doesn't work?

How does the resident show us they are becoming uneasy or upset?

What are the triggers?



Successful Strategies



Continuous Process

- Holistic Approach to Care Planning
- Care Plan is a Living Document
- Observe and Listen to the Resident
- Communicate Changes and Updates
- Encourage Collaboration
- Share Successful Strategies

“...I am much more than a sum of my medical conditions and I am also much more than a list of things I do not do particularly well.

**Any doctor, nurse or therapist
who tries to address my needs
without understanding who I am,
what I value,
and what I continue to do well
fails to meet the standards of good practice.”**

G. Allen Power, MD

“Dementia Beyond Disease”

5. Activities and Family Relationship Building

Group & Individual Programs

Anita Fitzer, BS, CDP, CALA

Memory Care Director, Arbor Terrace of Middletown

Activity Programming

Build the activities program around the idea of a “structured environment with individual routines.”

Activities should validate each resident by engaging them in success oriented , self-esteem building activities that are tailored to the individual’s needs and incorporate their past life skills.

- Independent**
- Small groups**
- Large groups**

Independent



- Profile cards
- Memory (Shadow) boxes
- Individual “rummage” boxes
- Specific plan of care

Unit Programming

- Structured calendar of events
- Include special, seasonal programs as well



Diversional programs



- Counter change of shift, away from nurses station, doors, windows, parking lots
- Calming programs, such as reading to group, calm music, hand massages
- Decrease restlessness, falls.

Group Activities



High

Medium

Low

- Divide residents into 3 groups (functioning) to enable success-oriented activities
- Calendar should reflect all 3 groups (see sample)

[illegible]

Family and Staff building

- Involve family in “everyday” activities as well as large group special events
- Plan a long term event, with many short term goals towards the larger event
 - Crafts, Pictures (all throughout the short-term projects as well as during the final event), Menu planning, Decorations
- Encourage family members to assist with memory (shadow) boxes and rummage boxes
- Display pictures of families, residents and staff involved in activities around unit
 - Develops trust
 - Helps create a purposeful visit.



Staff

•Consistent

- Residents and family stability/security
- Ability to “anticipate” residents needs when needed

•Interdisciplinary approach

- staff members can go to designated area for supplies to complete 1:1 activity

*Example: resident awake at night,
CNA can grab a puzzle, book, cards, etc for 1:1*





```
graph TD; Music[Music] --> Groups[Groups]; Music --> Individual[Individual];
```

Music

Groups

Individual



Music

- Used in everyday life situations
 - Sparks memories
 - Involves socialization
- Form of expression/communication
 - Encourages movement
 - Doesn't require verbalization
 - All stages of dementia

Alive Inside

<http://youtu.be/NKDXuCE7LeQ>

6. Dementia Without Drugs

The Consultant Pharmacist's Role

Letitia Winnegrad RPh, CCP

Consultant Pharmacist, Pharma-Care, Inc.

Harlan Martin, RPh, CCP, FASCP

Chief Executive Officer, Pharma-Care, Inc.

Changing Role of the Consultant Pharmacist

TRADITIONAL

- Are the physician orders correctly transcribed?
- Administered at the correct time?
- MARs signed?
- No expired medications?

EMERGING

- Focused medication reviews
- Dosing and monitoring recommendations
- Medication management for improved outcomes

Two Questions

```
graph TD; A[Two Questions] --> B[Why]; A --> C[How]
```

Why

Why decrease the use of antipsychotic agents?

- Improved quality of life
- Good medical practice
- Financial responsibility
- Legal exposure

How

How does the pharmacist affect change?

- Focused medication reviews
- Education
- Involvement with Care Team

Improved Quality of Life

Decreased side effects = Improved Outcome

- **Dizziness**
- **Constipation**
- **Falls**
- **Neuroleptic Malignant Syndrome**

Good Medical Practice



Changing Expectations

- What is the *best* outcome for the patient *now*?
- Could the medications needed 5 years ago be making the resident sick today?

Changing Needs

- Due to age
- Renal Function
- Number of Co-morbidities
- Activity Level

Financial Responsibility

- Costly Medications
- Expensive Adverse Events
- Overburdened Health Care System



BLACK BOX WARNING

The use of atypical antipsychotic agents is
associated with
“increased mortality in elderly patients
with dementia related psychosis.”

Focused Medication Review

- Medications and Doses Appropriate?
- Beer's List Agents
- Evidence of Adverse Effect
- Anticholinergic Load
- Lab Monitoring



....And of course



- **Review of Psychoactive Medications**
- **Diagnosis and need evident?**
- **Is the resident being served?**
- **Does the benefit *outweigh* the risk?**

Proactive Approach

- **Identify medication related cause of delirium**
- **Offer alternate medication options**
- **Offer medication education**
- **Provide evidence-based medication management recommendations**

HQSI Project

Primary Goal

- **Reduce the use of antipsychotic agents would lead to a \$204,801 savings in one year**
- **Projected \$30,000,000 over 3 years in New Jersey**

7. Validation Method

Connecting the Bridge of Communication in Dementia Care

Charles Larobis, RN, BSN, CDP
Health Service Director, Chelsea at Fanwood

The Evolution of Validation Method

Naomi Feil

- **Started in 1960's**
- **A method of communication**
- **To explore unmet needs**
- **To develop trust**
- **To promote dignity**



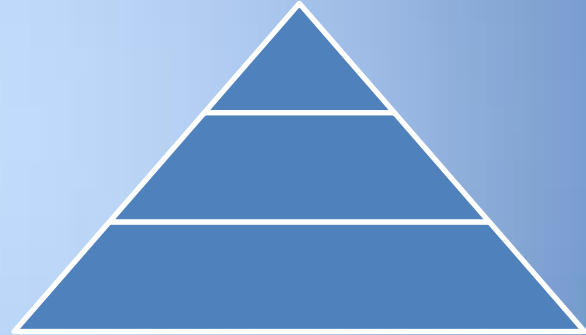
Key Points to Remember



- **All behaviors are manifestations of UNMET NEED**
- **Majority of residents diagnosed with Dementia will exhibit some form of challenging behavior**
- **Connect behaviors to unmet need**
- **Be familiar with Resident's unique background & history**

Start with Basic Human Needs (Maslow)

- *Physiological* needs: air, food, water, shelter, clothing, pain, etc.
- Security needs
- Love and belonging needs
- Self-esteem needs
- Purpose and meaning needs



Begin Validating

- **Centering**
- **Observing emotions**
- **Mirroring and
Matching emotions**

More Interventions..

- Genuine eye contact
- Therapeutic touch (when appropriate)
- *Music*
- Warm and reassuring voice tone
- Use non-threatening, factual words to build trust; “be a Detective”
- Rephrasing
- Provide time to respond
- *Reminiscing*



More Interventions..



- **Open ended questions**
- **Using polarity**
- **Look for patterns**
- **Join their journey**
- **Focus on the emotional content**
- **Brainstorm sessions with staff to find effective approach and interventions**

Proper Approach

- When angry
- When confused
- When inwardly withdrawn
- Remember to promptly call for assistance if the resident is a *danger to self or others*

Let's Recap

- Validation is simply genuine
LISTENING
- Connect behaviors with underlying
UNMET NEED

REFERENCES

**The Validation Breakthrough
3rd Edition**

Naomi Feil and Vicki de Klerk-Rubin

8. A Guide for Caregivers in Managing Challenging Behavior

Loretta J. Kaes, RN, BSN, B-C, C-AL, LNHA, CALA
Director of Quality Improvement and Clinical Services, HCANJ

Charles Larobis, RN, BSN, CDP
Health Service Director, Chelsea at Fanwood

Pamela Tokarczuk, LNHA, CALA
Van Dyk Health Care at Ridgewood Administrator



Attitude

- Be mindful of your attitude and what is going on.
- Are you Calm, Cool and Collected?
- Use positive self-talk to get yourself under control and keep yourself there.
- REMEMBER switch with another staff member if necessary

Body Language

Move Slowly and Steadily...No Surprises!

If the resident is:

- **ANGRY**- stand a few feet away and give them space
- **CONFUSED**- less distance, use touch after establishing a connection.
- **WITHDRAWN**-get closer, use eye contact, speak gently in a lower tone



Communication

- **Think about WHAT you say and HOW you say it**
- **Be polite and Use resident's name**
- **SPEAK in short-simple phrases**
- **Ask ONE question at a time**
- **Monitor your TONE of voice**
- **Talk at a normal rate and not too fast and not too LOUD**

Communication



- Show concern and caring
- **AVOID** humor, sarcasm, and insulting remarks
- **REASSURE** them you are here to help
- **WAIT** for their response and **LISTEN** carefully to its meaning

USE DIRECTIONS OR EXPLANATIONS APPROPRIATE for the PERSON and SITUATION

**How can I help you
be more comfortable.**

**Tell me what is
bothering you.**

**It's all right now.
You are safe with me.
I won't let anything happen to you.**

**I'm sorry if I upset you,
that isn't what I meant to do.**

Communication

- Listen **CAREFULLY** to **WHAT** they are saying
- Try to Respond to the Message
- Stop doing your task and give them your full attention
- Try to understand what they are upset about
- Respond to that unmet need or feeling
- Check for meaning, “you’re saying that...”



Communication

- **DON'T ASSUME** that they have heard or understood you
- **AVOID** giving advice
- Don't try to **TELL** them **WHY THEY ARE WRONG**
- Don't try to reason with them
- **TRY TO CALM OR SOOTH THEM**

Agitation

- Look around, remove unnecessary people and noises
- Move to a quiet place if possible

*Example: “ That does sound upsetting
Mr. Jones, let’s go over there where we can
talk and solve this together.”*

- Guide but don’t control.

Example: “ Ok Mrs. Smith, we’ll walk down the hall”.

Agitation

IDENTIFY ANY UNMET NEEDS

- Are they hungry, tired, bored, lonely, or uncomfortable in some way?
- Any hearing aids, glasses or dentures missing or not working/fitting properly?
- ALL behaviors are manifestations of unmet needs and a primary part of how the person communicates these needs to you!



Agitation

Distract them by leading
to another activity or topic

Example: I know you have to get home to your mother, Mrs. Miller, but it seems the car was held up in traffic and will be a little late. Why don't we get a cup of coffee together while you're waiting?

Remember to Protect Yourself and Others



- Leave the room or area if threatened
- Get out of striking distance if you sense trouble coming.
- Protect yourself with a pillow if you are able.
- If grabbed by the person, don't pull away-distract and continue talking until he lets go on his own

Protect Yourself

- **Get Assistance.**
- **Start with asking for help from one person, crowds can make things worse**
- **USE PHYSICAL CONTROL ONLY AS A LAST RESORT**

RESOURCE PAGE

When you need help in managing mental health and behavioral crisis you can contact Statewide Clinical Consultation and Outreach Program for the elderly (S-COPE), which is a state funded free-of-charge crisis response service that assists staff and residents within long term care.

See booklet for description of services

After a Crisis or Behavior Incident Has Occurred

It is recommended that a team meeting be held as soon as possible after an incident or behavior has occurred to determine the following:

- What Occurred?
- When and Where did it happen?
- Has it happened before?
- How long did the event last and what made it stop.
- Was it mild, moderate or severe?
- What parties were involved?
- What happened during the incident?

Incident RCA

- What happened right before the event?
- What happened after?
- Why do you think this incident occurred?

Brainstorm as a team:

- What intervention might be effective in stopping the frequency of the behavior?
- Can it be eliminated?
- Do WE need to rethink our expectations?

In Glen Campbell's Own Words

<http://youtu.be/U8TsAh-zYFI>