



Hôpital St-Boniface Hospital

# Personalizing Care for People with Dementia in an Acute Care Setting

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# Background

- ~ 564,000 Canadians are living with dementia; 56,000 of them are receiving care in hospitals  
(Alzheimer's Society, 2017)
- The mean LOS for patients waiting for Special Needs or Behaviour Units was 295 days (median=230 days) (St. Boniface Hospital, 2015-2016)
- \$3.1 million unfunded spend Constant Care  
(St. Boniface Hospital, 2015-2016)

# Background

- Constant Care was the 'go-to' approach for patients with responsive behaviours
- Limited staff resources= staff burnout =  
↓ staff engagement
- Patients and families expressed concern & dissatisfaction with the clinical mix of patients on Family Medicine Unit

# Background

- The use of Constant Care did not necessarily result in Best Care
- *Safety for All Workshop* attended by 98% of Family Medicine team
- Transformation Event & Standard Work



# The Initiative

- Getting to Know Me Sheet
- Activity Sheet
- Family Meeting
- Care Plan Development
- Documentation



# Getting to Know Me Sheet

- Provides past & present information about the individual
- Information is used by members of the health care team
- Provides information to aid in developing an individualized care plan

# Activity List

- List of potential activities is given to the family
- Families identify activities that they think the patient might be interested in



# Activity List

Drawing/colouring/crafts

Music

If applicable, please indicate specific music:

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Playing Cards

Puzzles

Reading materials (check all that apply)

Magazines

Newspapers

Books

Other: \_\_\_\_\_

T.V. (limited in patient lounge)

If applicable, please indicate specific programs:

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Building blocks

Board games

Toys (stuffed animals, dolls)

Walking

Time off ward (art gallery, Atrium, Chapel, garden)

Outdoor time

Pet visits

Please indicate if there are other specific activities that your loved ones enjoys

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# Family Meeting

- Within 48-72 hours of identified need
- Team members are present who have a role in care planning & support for the patient & family



# Family Meeting

- Allows family to meet members of health care team
- Gives family the opportunity to share the story of their journey
- Gives family the opportunity to expand on information provided on the *Getting to Know Me Sheet*

# Care Plan

- Use information provided by the *Getting to Know Me Sheet* & the family meeting
- Gather information that has been observed during the time the health care team has spent with the patient
- Ideally plan is developed within 24 hours of the family meeting

# Care Plan

- Routine built into the care plan along with strategies or approaches to use
- Make it visible to everyone involved in patient's care
- Share it with family
- Living document that is adjusted as necessary

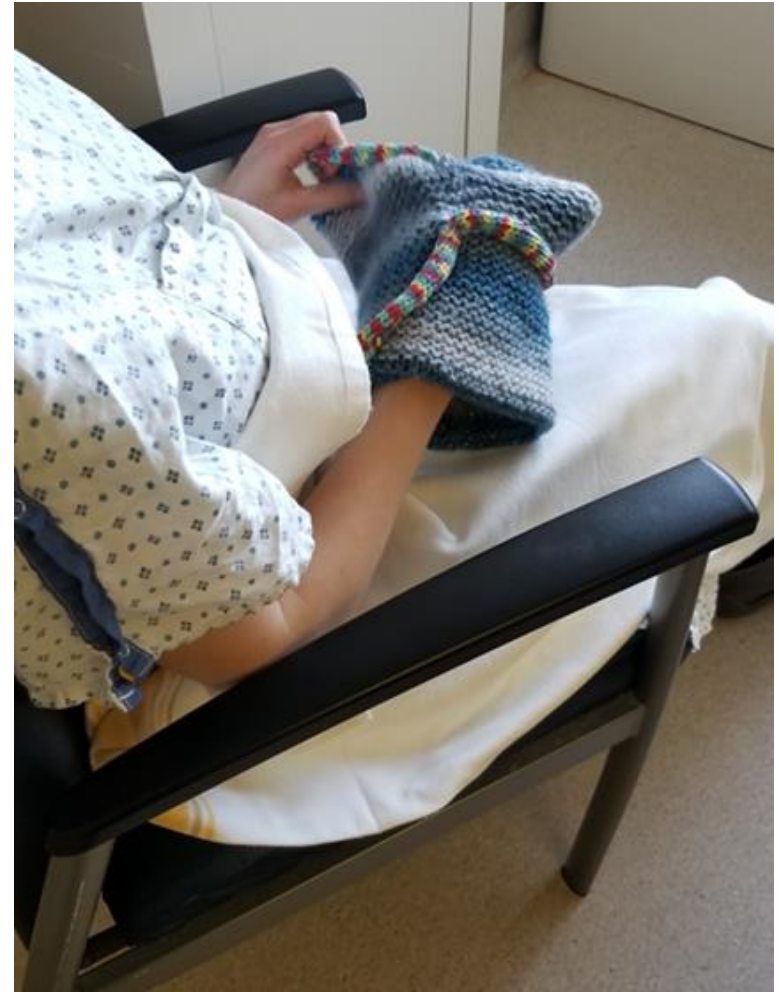
# Activities

- Tailored to individual, their life story, work history, and past interests
- Recreation Therapist is involved in planning appropriate activities
- Offered as distraction or as part of individual's daily routine

# Comfort Mitts



# Comfort Mitts



# Personalized Music Program

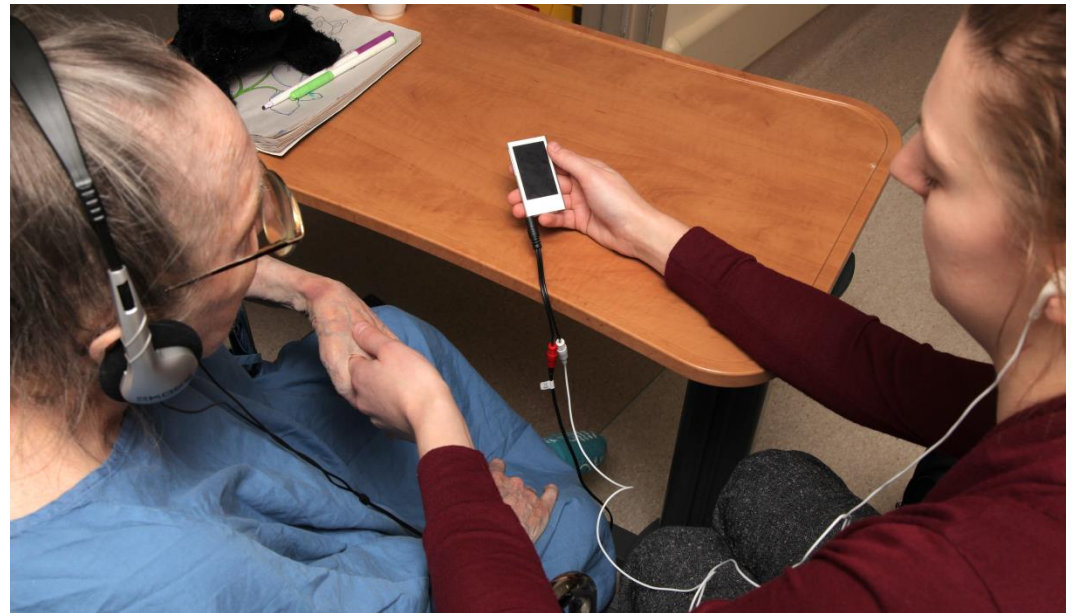
- Patients referred to the Program by either their families or health care team
- Personalized playlists





# Personalized Music Program

- Shared activity between the patient and the Recreation Therapist or Volunteer
- Extremely positive feedback from patients, families, & team



# Documentation

- During the initiative, the *Behaviour Observation Activity Record* was utilized to:
  - Obtain baseline data
  - Identify behaviour triggers
  - Determine outcomes following activities

# Behaviour Observation Activity Record

DATE & TIME 24 hr clock	BEHAVIOUR CODE	TRIGGER What happened before the <u>behaviour</u> ?	ACTIVITY CODE	ACTIVITIES	COMMENTS / OUTCOMES What was the patient's behaviour following your intervention?  Was the activity successful (Y/N)?	INITIALS
Jan 9/17 1500hrs	8	Changing incontinent brief.	6	50's music put on in patient's room	Patient listened to Elvis for about one hour. No hitting. Calm. (Y)	SP
Jan 9/17 2330hrs	0	Calm				LM
Jan 10/17 0745hrs	0	Sleeping all shift				JH
Jan 10/17 1000hrs			18	Braiding hair	Calm while having her hair combed. (Y)	BC
Jan 10/17 1530hrs	0	Calm				BC

Code	Behaviour	Code	Activities
0	No responsive behaviour		
1	Changes in speech: i.e. disorganized speech, irrelevant, rambling sentences, repetitive comments or questions	1	Snack
2	Damaging property or items	2	Pet visit
3	Defecating / voiding in inappropriate places	3	Colouring/drawing
4	Disrobing	4	Puzzles
5	Hallucinations: visual or auditory	5	Friendly visitor
6	Isolating self or barricading self in room	6	Music / Singing

# Documentation

- The initiative has evolved and we now use our hospital-approved Behaviour Mapping Tool
- Progress Notes used for additional information



# Getting to Know Me Exercise

- Use the completed *Getting to Know Me Sheet* to develop an individualized care plan for the patient
- Make sure that the care plan includes a routine and personalized activities

# Results - 4B Family Medicine

Metric	Before (15/16)	After (17/18)	Learnings
Formal Assessment of Constant Care	0%	100%	Coaching Standard Work, incorporating approval signatures & then following-up to ensure it was completed. & inquiry if it was not has led to this improvement.
EFT Spent on Constant Care	8.12	4.41	Constant Care does not always benefit the patient.
Staff Injuries	47 (monthly average 4)	22 YTD (monthly average 2)	<i>Safety for All</i> education completed for 98% of unit staff. It increased staff comfort level with this population & and created awareness of safe patient handling.
Mean # Daily Episodes of Responsive Behaviors per Patient	1.6	2.0	Many of our persons with dementia have long LOS & as their disease progresses, responsive behaviors increase. Our approach remains the same- to engage them & redirect behaviours to minimize number of daily episodes.

# Results - Hospital Wide

Metric	Past (15/16)	Present (17/18)	Learnings
EFT spent on Constant Care	64.1	33.9	Constant Care does not always benefit the patient. We've changed the way we care instead of applying resources to Constant Care.





# Feedback from Families

- *“I was so impressed that so many people cared about us and wanted to get to know my husband.”*
- *“The Getting to Know Me Sheet gives us the opportunity to reflect on who my husband is, rather than just being looked at as the patient we now see with dementia.”*



# Feedback from Health Care Team

- *“Including the family in the care plan development makes them feel integrated into the team and into the unit.”*
- *“I feel more connected. I am able to talk to my patients about the things that they enjoy.”*
- *“This initiative gives a sense of satisfaction and confirmation that patient-centred care is being provided.”*

# Confirmed Hypotheses

- The importance of getting to know the patient
- Significance of developing a routine that includes personalized activities
- *Safety for All Workshop* increased team comfort level with these patients
- Constant Care *does not* always benefit the patient

# Conclusion

- Spending time to truly get to know the person is critical to maximizing Best Care while minimizing the cost of care.
- To change our outcomes, we needed to change the culture of the unit. The Family Medicine staff fully embraced the “*Getting to Know You*” Initiative.

