Supporting and providing a safe environment in acute care for people with dementia

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CNS | Sir Charles Gairdner Hospital

Objectives/Outline
- Some stats
- Overview of Dementia
- Problems in Acute care for all concerned
- Wandering behaviours
- Assessment
- Interventions at the bedside
- Interventions required by the system

Is all ok in the world of acute care and person centred care of patients with dementia and their carers?
Australian Stats

- 332,000 Australians living with dementia
- Each week, approx. one person every 6 minutes is diagnosed with dementia
- Dementia is the third leading cause of death
- Patients with dementia had half the survival time of those without dementia

WA Stats

- 29,600 West Australians with dementia
- 375% increase during next 40 years
- 18 new cases each day in 2010

Only 3 Local Government Areas (LGA’s) ranked according to dementia prevalence in 2010 are:
- Stirling
- Melville
- Joondalup,
Positron Emission Tomography (PET)
Alzheimer’s Disease Progression vs. Normal Brains

Other Dementias

- HIV associated Dementia
- Dementia Pugilistica
- Huntington’s
- Paediatric Dementias
- And more ....

Definition of Wandering
syndrome of dementia related locomotion behaviour having a frequent, repetitive, temporally-disordered and/or spatially-disoriented nature that is manifested in lapping, random, and/or pacing patterns, some of which are associated with eloping, eloping attempts, or getting lost unless accompanied.
Models of Care
approaches that might be used individually or in various combinations

- Need-driven Behaviour model
- Pieces framework
- Progressively Lowered Stress Threshold model (PLST)
- The A-B-C analysis


Wandering Behaviors

- Eloping - escaping
- Exploring the environment & objects
- Persistent ‘going’
- Can’t do things on their own
- Follows/shadows caregivers
- Can’t verbally communicate
- Fears ‘chasing’
- Can’t communicate needs or wants
- Follows visual cues – doors/car/windows
- Lost and ‘Looking’
- Invading space
- Shadowing
- Resisting care – getting mad
- Night time wakefulness
- No self protection
- Doesn’t turn around
- Worsening mobility skills
- No day-night or seasonal awareness
- Can’t meet own needs (food/drink/care)

Features of Wandering to Assess

- Frequency
- Pattern
- Rhythm
- Boundary contravention
- Navigational Deficits
- Temporal Aspects
- Contributing Factors
Wandering Assessment

- Algase Wandering Scale³
- Dewing Wandering Risk Assessment Tool
- Observational
- [http://www.wanderingnetwork.co.uk/](http://www.wanderingnetwork.co.uk/)

Goals for caring for a person who is experiencing wandering as a symptom of dementia

- Assuring safety
- Using preserved skills
- Supporting abilities
- Enabling functional navigation
- Maximizing comfort and ease
- Minimizing restriction
- Encourage social interaction tailored to personality

The Problems in Acute Care for Patient with Dementia who Wander

- Unsafe environment
- Lack of skilled teams
- Lack of system changes that may improve the care
- Lack of system knowledge of patients with dementia and their needs
- Lack of support for system changes
- Too enormous for the average HP to change
- Increased mortality within 3 months of discharge¹⁰
The Setting – acute care hospital

- Bright Lights
- Busy
- Noisy
- Constant stress
- Unfamiliar faces
- Uniforms
- Unfamiliar surroundings
- Alarms
- Pain
- Procedures
- Minimal assistance
- Clutter
- Accents
- Small rooms
- Infection Control Limitations
- National Standards

Just Some of the Problems for Patients and Carers

- Fear
- Distress
- Environment
- Unsure of ‘correct’ procedures
- Perhaps lack of communication by Health Professionals
- Disturbed Sleep
- Delirium
- Ward Moves – sometimes in the night

Staff 1

- Lack of confidence/skill/knowledge in caring for patients who wander
- Ward moves
- Direct correlation between nurse stress and patient disruptive behaviour
- Documentation
Staff 2

- Complex patient needs
- No 'fit'
- Big loads for all disciplines
- Constant need to push discharges, beds
- Staff shortages/cuts
- Clutter that cannot be rid of
- New procedures and practices

What should be in place – the evidence – what can we aim for in acute care

Environmental Strategies
The environment also refers to the emotional and social environment

Possible and generally in place

- Exits out of line of vision
- Clothing out of line of vision
- Other barriers
- Automatic lighting
- Signage
- Way finding
- Flooring

Aim For - System

- Building & ward design
- Correct use of alarm systems
- Electronic Monitoring
- Electronic showers
- Ability to soften lights
- Bright & contrasting colours eg toilet, and holder
- Camouflage door knobs
- Cloth barriers5
- Use of virtual technology6
BUT

“in the absence of any RCTs there is no evidence to draw any conclusion about the efficacy of non pharmacological intervention for wandering.”

Marienkrankenhaus Hospital (Hamburg)

Emergency Departments

<table>
<thead>
<tr>
<th>Current</th>
<th>Aim for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noisy</td>
<td>Special waiting areas – designed for all patients with Cognition Impariment²</td>
</tr>
<tr>
<td>Stimulating</td>
<td>ED’s specifically designed (NSLD)</td>
</tr>
<tr>
<td>Busy</td>
<td>Cultural change</td>
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<tr>
<td>Full lights</td>
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<tr>
<td>Etc</td>
<td></td>
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</tbody>
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http://connectedcommunities.us/showthread.php?t=24153
Senior Specific ED
Wide bays, visibility, mattress, lighting, volunteers & more
Daylight Mimic

Wander Garden -if lucky to have in an acute facility can reduce falls by 30% and severity
- Patients want to walk
- Planned wandering includes providing a well-defined path and path access

Staffing

<table>
<thead>
<tr>
<th>Current</th>
<th>To Aim For</th>
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<tbody>
<tr>
<td>Supervision</td>
<td>Specialist Teams</td>
</tr>
<tr>
<td>Assessment/intervention</td>
<td>Influential staff</td>
</tr>
<tr>
<td>Increasing Education</td>
<td>Improved documentation</td>
</tr>
<tr>
<td>Staff support for those that have been threatened with or assaulted by patients with dementia</td>
<td>Increase practical skills</td>
</tr>
<tr>
<td>Full MDT collaboration</td>
<td>Adequate staffing</td>
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</tbody>
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Missing documentation of functional ability by HP
- Nursing 40 – 60%
- Medical 80 – 97%
- Cognitive function 30 – 40%
Activity/Distraction

- Family care
- Activity boxes – only some areas – strict guidelines
- Regular walks
- Conversation
- Familiar items from home
- Pictures
- Easily fit in an acute area

The problems with these in acute care are:

- No one with the time to sit with the patient
- Infection control issues
- Potential ‘weapons’
- Potential self harm

Medications

Antipsychotics
- Risperidone
- Olanzapine
- Quetiapine
- Haloperidol

Benzodiazepines
- Diazepam
- Temazepam
- Lorazepam
- Clonazepam
- Oxazepam

Sedatives (Z)
- Zopiclone
- Zolpidem

Risperidone has FDA black box warning in USA to indicate the increased risk of death in elderly patients with dementia-related psychosis. This drug should not be taken by these patients.
Clinical Condition

- Assessment and tailoring

Restraint

Current
- Family must communicate with staff
- Routines, patterns, effective distractions
- Previous occupation of patient
- Clear, concise information from care facility
- Clear concise information from acute care

System
- Staff must have a tool that allows this information to be collected
- TOP5
  - Talk to the Carer
  - Obtain the information
  - Personalise the care
  - 5 strategies developed
What else is required?

- Increased scientific interest in the behaviour extending throughout developed countries
- The range of environmental intervention studies is poor but increasing
- Improvement needed to be made at system level
- Improvement at bedside
- Need the big players, system influencers
- Increased focus in acute care by larger organisations

Summary

- Stats
- Overview of Dementia
- Wandering Patterns
- An insight into Acute Care
- Strategies and evidence
References

1. World Health Organization 2012Dementia: a public health priority. United Kingdom
4. Robin Digby, Associate Professor Alison Williams and Dr Susan Lee Nursing people health dementia in hospital Adv Aust Gerontol 10 February 2014 Volume 21, No. 7.
6. Cyber hospital shows provide how to be dementia safe. Nursing management december 2013 vol 20 no 8
8. Nina M. Silverstein, PhD, University of Massachusetts Boston, and Gerald Flaherty, Wandering in Hospitalized Older AdultsThe Hartford Institute for Geriatric Nursing, New York University, College of Nursing and the Alzheimer’s Association Issue Number D6, Revised 2012
10. Sampson, EL; Leurent, B; Blanchard, MW; Jones, L; King, M (2013)Survival of people with dementia after unplanned acute hospital admission: a prospective cohort study. International journal of geriatric psychiatry, 28 (10) pp. 1015-22. ISSN 0885-6185 Downloaded from:
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