

Understanding Patients with Behavioral and Psychological Symptoms of Dementia (BPSD) An Inter-Professional Educational Approach

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Background

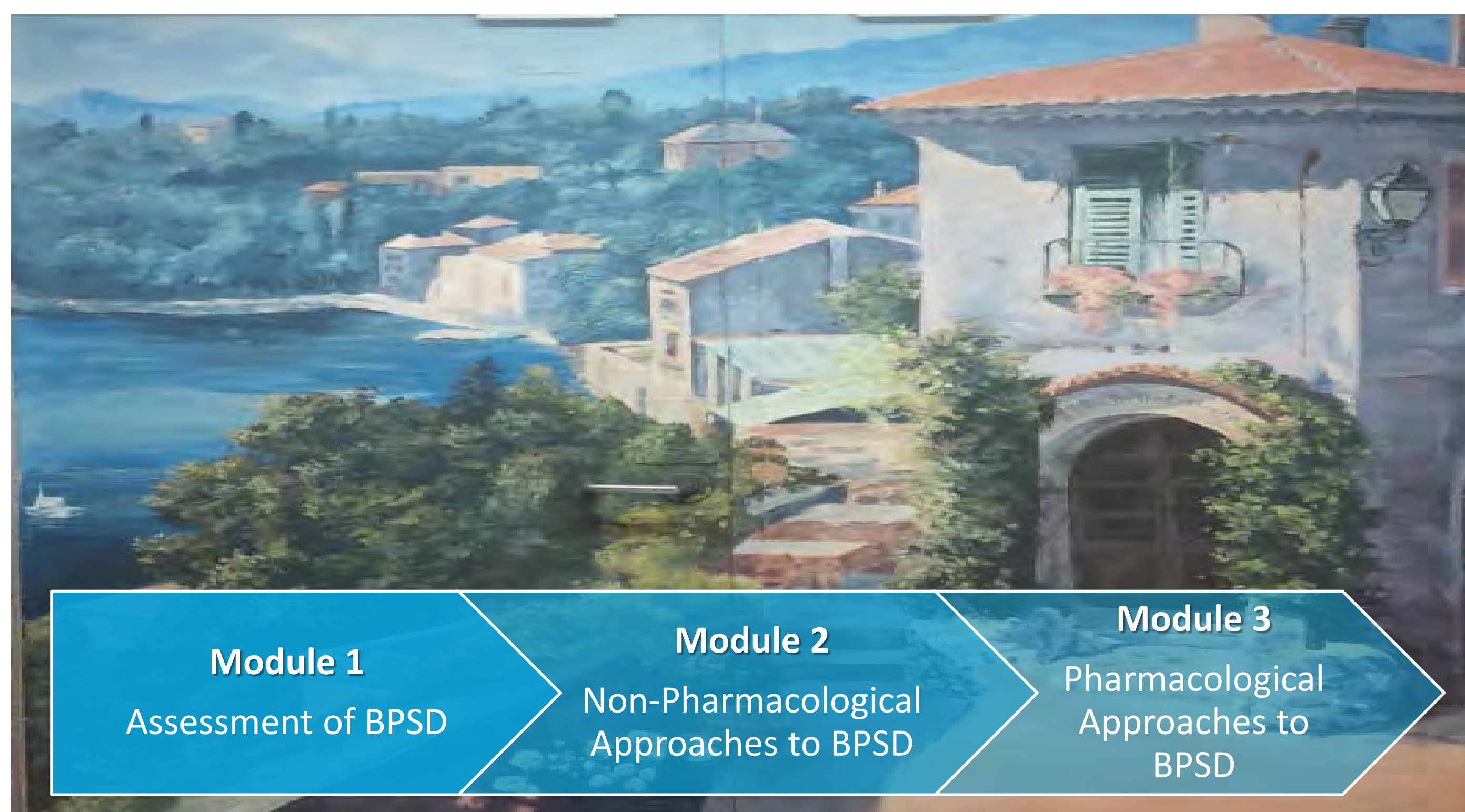
- At NYGH over 78% of patients admitted into the Medicine program are over the age of 70.
- 1 out of 3 patients over the age of 85 have some form of dementia.
- As many as 90% of patients with dementia will develop BPSD.
- Symptoms can include agitation, aggression, anxiety, screaming, hoarding, rummaging and pacing.
- BPSD causes distress in the affected patient, other patients and family members, and causes increased stress and potential for physical harm to staff and caregivers.

Goals

- To develop an interprofessional educational approach to managing BPSD.
- To increase staff competence around managing BPSD.
- To reduce the utilization of antipsychotic medication.

Methods

- A group of interprofessional health care providers attended the Educating Health Professionals in Interprofessional Care (ehpic) conference in June 2013 in order to further develop skills in facilitating interprofessional teams within an educational context.
- Ehpic team members developed 3 online modules on BPSD for My Learning Edge.



- 5 West staff members completed the My Learning Edge modules prior to attending a 2 hour interprofessional workshop.
- The Sense of Competence in Dementia Care Staff Scale (SCIDSS) was delivered to staff pre-workshop and 3 months post-workshop.
- Workshop evaluations were completed to evaluate the online modules and content of the interprofessional workshop.
- A Case-based method was selected to evaluate the reduction in anti-psychotic medication usage.

Interventions

Modules: Put on My Learning Edge on NYGH intranet for staff members to access.

Module 1 Introduction and Assessment of BPSD

- The ABC approach – Antecedent, Behaviour and Consequence
- PIECES – Physical/Intellectual/Emotional/Capabilities/Environment/Social
- All About Me Booklets – to find the person behind the behaviour
- Direct Observational Method (DOS) tool - to trend behaviours

Module 2 Non-Pharmacological Approaches to BPSD

- To be used as a first line of treatment
- Montessori methods
- Gentle Persuasive Approaches (GPA)
- Caregiver Education and Support
- Structured and predictable environment
- Exercise and Ambulation
- Nutritional Support – small frequent nutritional boosts

Module 3 Pharmacological Approaches to BPSD

- Second line of treatment
- De-prescribe medications that can contribute to delirium
- Start low and go slow
- A simplified chart on the different classes of medications used for managing BPSD including usual dosages, onset of actions, side effects and pertinent information
- If target BPSD is stable then look at discontinuing medication

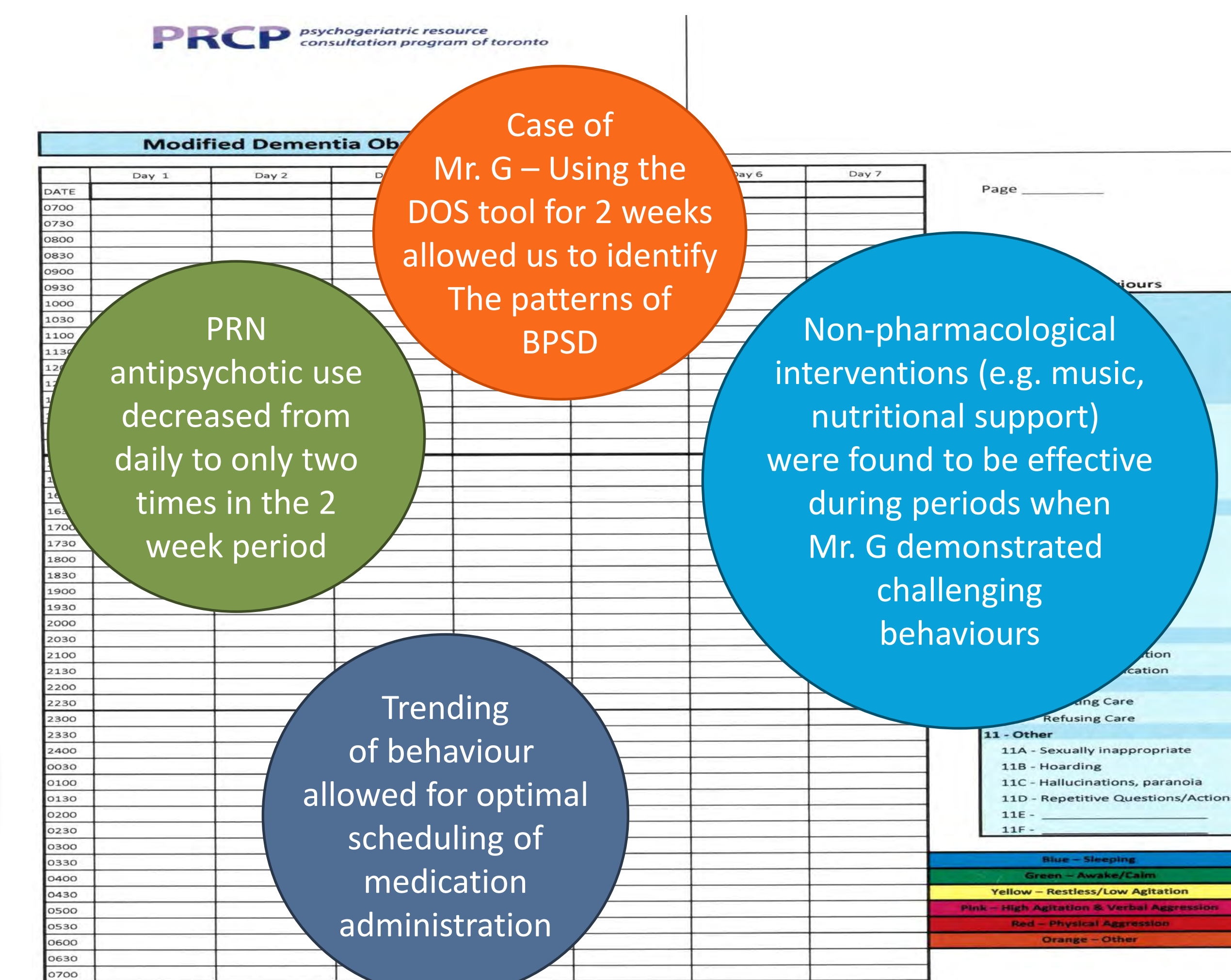
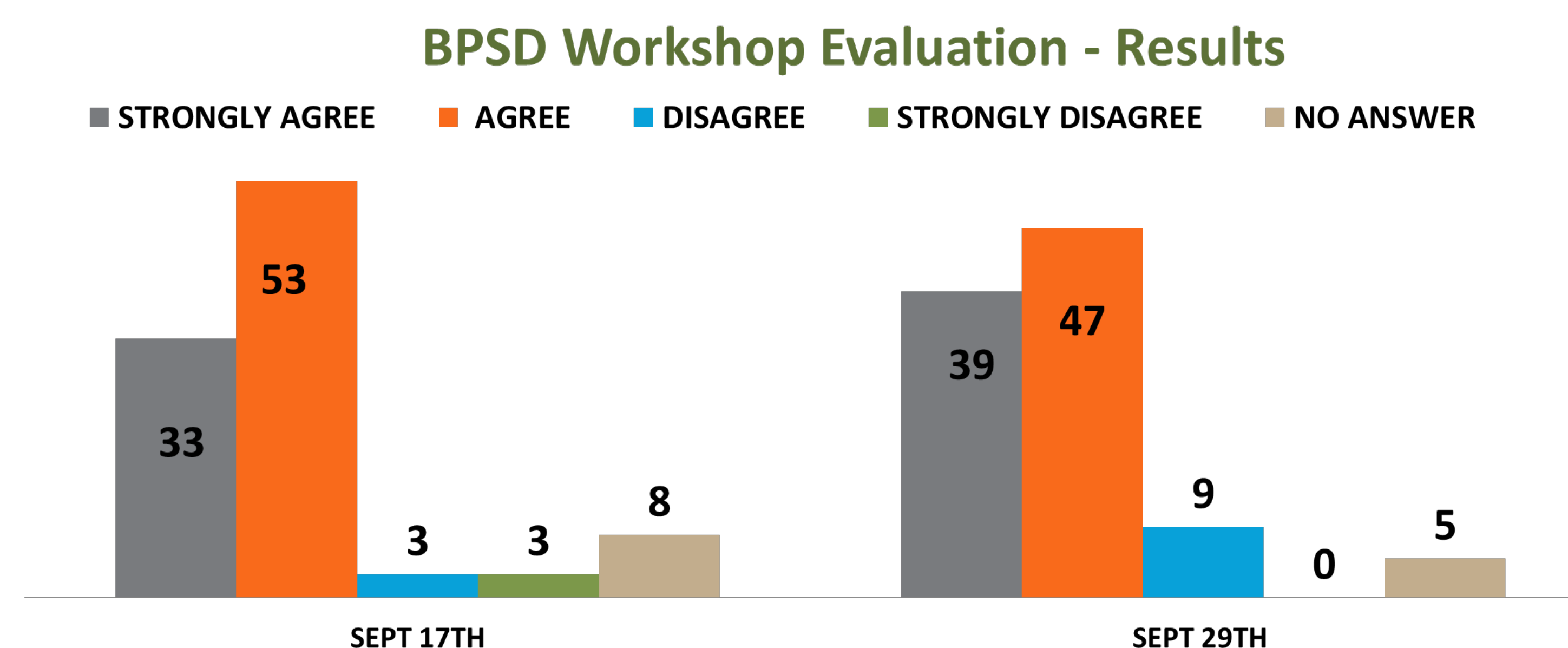


Workshop Format: A 2 hour interprofessional workshop attended by 5 west staff.

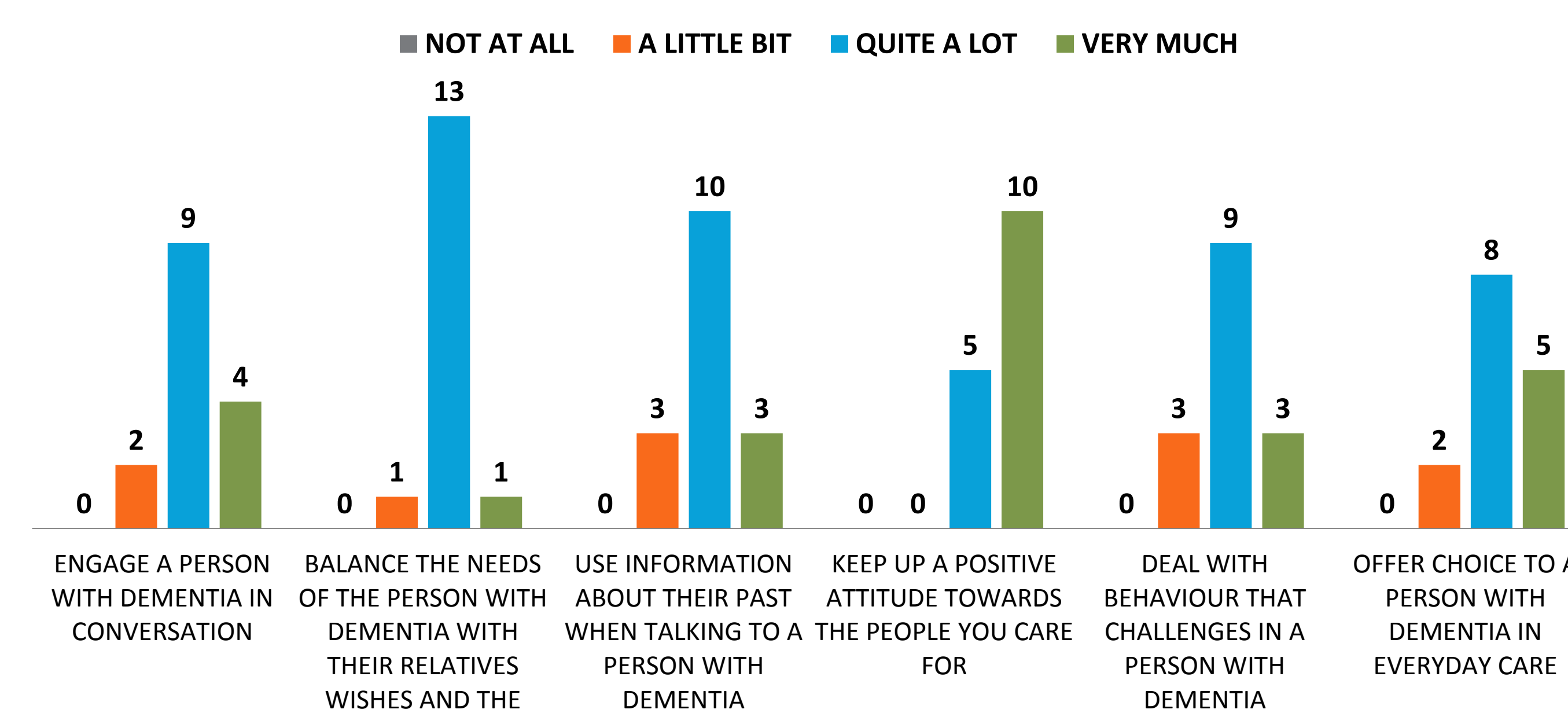
- Consisted of a combination of didactic instruction, interactive exercises, storytelling and case scenarios in order to consolidate and share knowledge amongst staff members.
- A family member of a patient with BPSD and a NYGH Patient and Family Advisor also participated in the workshops to provide the lived experience perspective.

Evaluation questions:

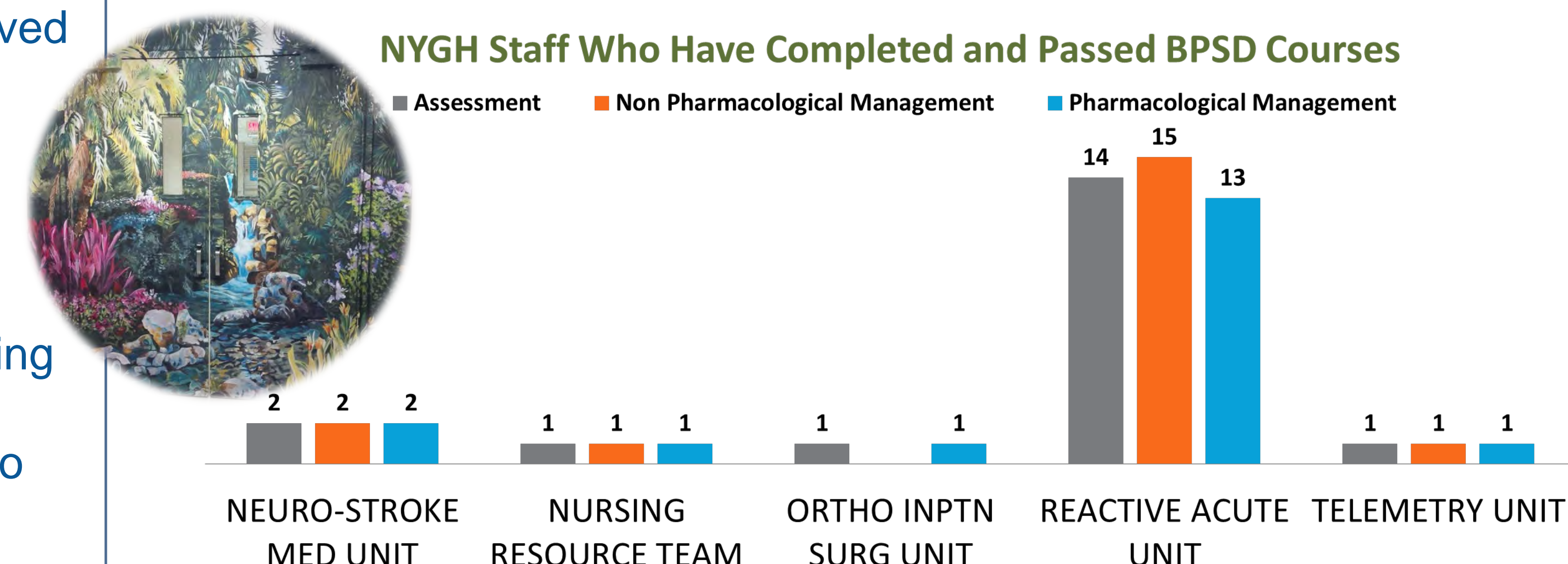
- I have more knowledge of BPSD
- I have more confidence in finding resources to manage BPSD
- Reviewing the modules prior to the workshop enhanced my learning
- I would recommend this workshop
- This workshop provides opportunity to learn from my colleagues to better manage BPSD



The SCIDS Survey Results - 3 Months Post Workshop



NYGH Staff Who Have Completed and Passed BPSD Courses



Future Steps

- Implement and evaluate a bedside communication binder that would include an All About Me booklet, an assessment tool and an individualized care plan developed by inter professional staff and the patient's family.
- All new staff on 5WEST are to complete the on line BPSD modules.
- Development of 5WEST website to enhance inter professional education of key medical and mental health conditions.