

RESPONSIVE BEHAVIOURS

This poster outlines the key steps in your responsive behaviour Quality Improvement plan. The poster is designed as a flexible worksheet that can support the needs of your Long-Term Care (LTC) home. Key measures and ideas that have been proven effective in many LTC home settings have been included; they may be used directly or adapted to suit your LTC home needs. Indicate which measures/ideas you have chosen by checking the appropriate boxes and add other relevant items in the spaces provided.

TEAM

Quality improvement is a team effort. Consider assembling a team that includes members from nursing and allied health along with a Personal Support Worker (PSW) and a manager. Think broadly in terms of team representation, including both internal team members and external consultants who are involved in the process of caring for residents with behavioural issues. Include a resident or family member if appropriate. Include someone with training in quality improvement facilitation so they can support you on your journey.

Your team will:

- ❖ Gather baseline measures
- ❖ Conduct small-scale tests of change using Plan Do Study Act (PDSA) cycles – “Think BIG, test SMALL”
- ❖ Study outcomes of changes before planning next action steps
- ❖ Help successful changes become standard practices and lessons learned.

MEASURES

Improvements must be measured: the changes that are occurring in your LTC home must be tracked, and their impact on quality improvement must be assessed. Your measures are your guides. Measure actual outcomes, or results. Also, measure the processes that have been put in place to achieve these results, and any steps that have been taken to balance or mitigate the impact of changes. The most relevant outcome, process and balancing measures are outlined below. Choose the measures you will use or adapt and/or add other relevant measures.

Outcome Measures

- Percentage of residents who have a responsive behaviour (wandering, verbally aggressive behaviours, physically aggressive behaviours, socially inappropriate or disruptive behaviours, and resistance to care) in the month
- Number of responsive behaviours in the month by type (# episodes of each of the following – select those most applicable):
 - wandering
 - verbally aggressive behaviours
 - physically aggressive behaviours
 - socially inappropriate or disruptive behaviours
 - resistance to care

_____ your measures

Process Measures

- Percentage of residents with responsive behaviours who have a documented behavioural care plan that addresses their current status and needs
- Percentage of behavioural episodes reviewed by the team after the behaviour occurrence (i.e. team huddle)
- Percentage of newly admitted residents with behaviour information on 24-Hour Admission Care Plan

_____ your measures

Balancing Measures

- Percentage of residents with physical restraints

_____ your measures

AIM

It is important to be very clear about the aim you are trying to achieve. Consider your current circumstances, and how you would like to improve them. Specify a level of improvement that will add value to residents. Commit to achieving this improvement within a timeframe that will stretch your capability.

Your aim pinpoints your destination and establishes a schedule for getting there.

Example: The AIM of the (your LTC home) Responsive Behaviours Quality Improvement Team is to reduce by 50% the number of resident responsive behaviours* (from a baseline of (number) to (number) per month) by (date).

* Responsive behaviours are defined as “wandering, verbally abusive behaviour, physically abusive behaviour, socially inappropriate or disruptive behaviour, or resistance to care” (RAI-MDS 2.0)

Organizational Practice Change Concepts

Additional change ideas can be developed for your LTC home by considering the following **Organizational Practice Change Concepts**. Each represents a particular way of looking at your organization to identify opportunities for change. Think of the Change Concepts listed below as idea starters that help you to think about how the current situation can be improved. Some examples of ideas from successful LTC homes have also been included on the far right of the table below. Write your own in the space provided.

Change Concept	Definition	Your Change Ideas
Recognition and Assessment	Assess each resident at admission, after behavioural episodes and at regular intervals for behaviours, meaning, risk, triggers, and required actions, strategies or assessments.	Example: ❖ Team huddle after behaviour episode guided by the P.I.E.C.E.S. 3-Question Template _____ _____ your ideas here _____
Education and Engagement	Engage residents and families as partners in care and provide education about risks and prevention strategies. Implement staff education and training as required to support the required changes.	Example: ❖ Educate residents, families and staff about responsive behaviours, impact of noise and the environment, and preventive strategies _____ _____ your ideas here _____
Care Planning and Documentation	Prepare an individualized Plan of Care that proactively addresses the resident’s physical, social and emotional needs and is based on best-practice evidence, retained abilities, preferences, and goals of care.	Example: ❖ Change care plan based on behaviour patterns detected with the Dementia Observation System (DOS) _____ _____ your ideas here _____
Improve Work Flow	Work flow is about the movement of a service or product within the system from the beginning to the resident. If you have good work flow, jobs get done quickly, and move seamlessly from person to person as each stage is completed.	Example: ❖ Organize resident closets to facilitate dressing and prevent lost time looking for items of clothing _____ _____ your ideas here _____
Develop Routine Practices	Developing work routines is about finding the most effective and safe way to complete a task in order to achieve the results desired by the resident.	Example: ❖ Increase consistency of PSW assignment _____ _____ your ideas here _____
Design Systems to Avoid Mistakes	Designing systems to avoid mistakes, which can also be called error-proofing, is about designing your system so it is impossible to commit an error, or any error that is made is obvious and can be fixed.	Example: ❖ Conduct audits to assess the presence of physical and social dementia-friendly design concepts _____ _____ your ideas here _____

High Leverage Best-Practice Change Ideas

The following change ideas represent a selection of clinical best practices with demonstrated widespread success in long-term care homes. Be sure to consult the clinical and organizational change ideas summary chart and www.residentsfirst.ca for a more thorough listing of clinical best practices that may be relevant to your LTC home. Choose the ones that are most appropriate in your case.

- On admission, assess and document behaviour history, risk, triggers, strategies
- Review all behaviour episodes in team huddle
- Reduce noise
- Create a standardized risk assessment algorithm for situations of escalating behaviour
- Regularly review behaviour patterns with the Dementia Observation System (DOS)
- Involve residents and families in care planning and give families a copy of the plan
- Obtain resident’s life history
- Implement regular pain assessment and management processes
- Implement individualized toileting routines
- Optimize vision and hearing
- Avoid antipsychotics unless indication of psychotic condition
- Utilize communication best practices in dementia

Think about *how* these change ideas become established as activities that are applied consistently. Identify which organizational changes (see **Organizational Practice Change Concepts**) might need to be introduced to support the clinical processes you choose to implement.