Behavioral Intervention Algorithm for Neuropsychiatric Symptoms in Dementia

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Introduction

- Mismanagement of challenging behaviors associated with dementia can lead to decreased quality of life, improper assessment and treatment, and acceleration of disease.1
- Neuropsychiatric symptoms occur in 97% of people with dementia at some point in the course of the disease.2
- On medical unit Zones 31, 41, and 51 at Mercy, the mismanagement of neuropsychiatric symptoms with dementia leads to frequent Behavioral Emergency Response Team (BERT) or Code Green calls and longer stays in the hospital.
- Confidence and attitudes about dementia care likely contribute to mismanagement of this population.

Purpose

- Purpose: To create an evidence-based behavioral intervention algorithm to safely guide management of challenging behaviors associated with dementia on acute medical units
- **Objective 1**: to improve attitudes and confidence of nurses and techs on medical units caring for patients with dementia
- **Objective 2**: to reduce lengths of stay for patients with dementia
- **Objective 3**: to reduce number of BERT/Code Green calls for patients with dementia

Methods

- IRB approval was received from the Mercy Medical Center and St. Luke’s Hospital Institutional Review Committee
- Setting: Medical unit Zones 31, 41, and 51 at Mercy Medical Center in Cedar Rapids
- Population: Dementia patients with neuropsychiatric symptoms on inpatient medical units
- The algorithm was created using evidence-based research, then printed in pocket-sized format and laminated.
- Education about the algorithm was provided to the medical units via a PowerPoint presentation.
- The Dementia Attitudes Scale and Confidence in Dementia Scale were collected before and after implementation of the algorithm3,4
- Hospital reports were run for number of BERT/Code Green calls and lengths of stay before and after implementation of the algorithm

Outcomes

- **Objective 1**: Overall average scores were calculated for both surveys for the pre-implementation period (N=36) and the post-implementation period (N=30).

Evaluation

- **Objective 1**: Using the Welch’s t-test (95% confidence interval), there was statistically significant improvement in both overall attitudes (p=0.00002) and confidence (p=0.0002) when caring for patients with dementia
- 7 of 20 Attitudes survey questions showed statistically significant improvement (p<0.05). Common themes included fear/discomfort being around people with dementia, frustration in caring for people with dementia, and avoidance of agitation with dementia.
- 5 of 9 Confidence survey questions showed statistically significant improvement. Common themes included comfort in interacting with and understanding the needs of patients with dementia, managing agitation, and maintaining safety.

Conclusions

- The Behavioral Intervention Algorithm promotes the use of a person-centered approach for caring for the dementia population by guiding health care workers in caring for physical, emotional, and social needs.
- The algorithm can lead to improvement of attitudes and confidence of hospital staff caring for patients with dementia by helping them to better understand needs, be less fearful and avoidant of symptoms like agitation, and be less frustrated when providing care.
- Plans for dissemination include application for publication in the peer-reviewed Geriatric Nursing journal because it publishes management advice, among other topics, associated with the care of both acute and chronic illnesses in older adults.5
- Limitations include small sample size; data collected only from Mercy Medical Center; delay of implementation while awaiting the IRB process; high hospital staff turnover; and Covid-19 restrictions. These limitations may affect generalizability of results.

References


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