

Background

- Many patients on Grant 5 have comorbidities of dementia and/or Alzheimer's Disease
- Dementia patients can become difficult to safely manage when they become agitated or upset
- Various distraction techniques can redirect patients' focus and attention to manage inappropriate and potentially dangerous behaviors
- Distraction interventions have positive outcomes for de-escalation, leading to a more therapeutic solution to agitation in patients with dementia

Practice Change

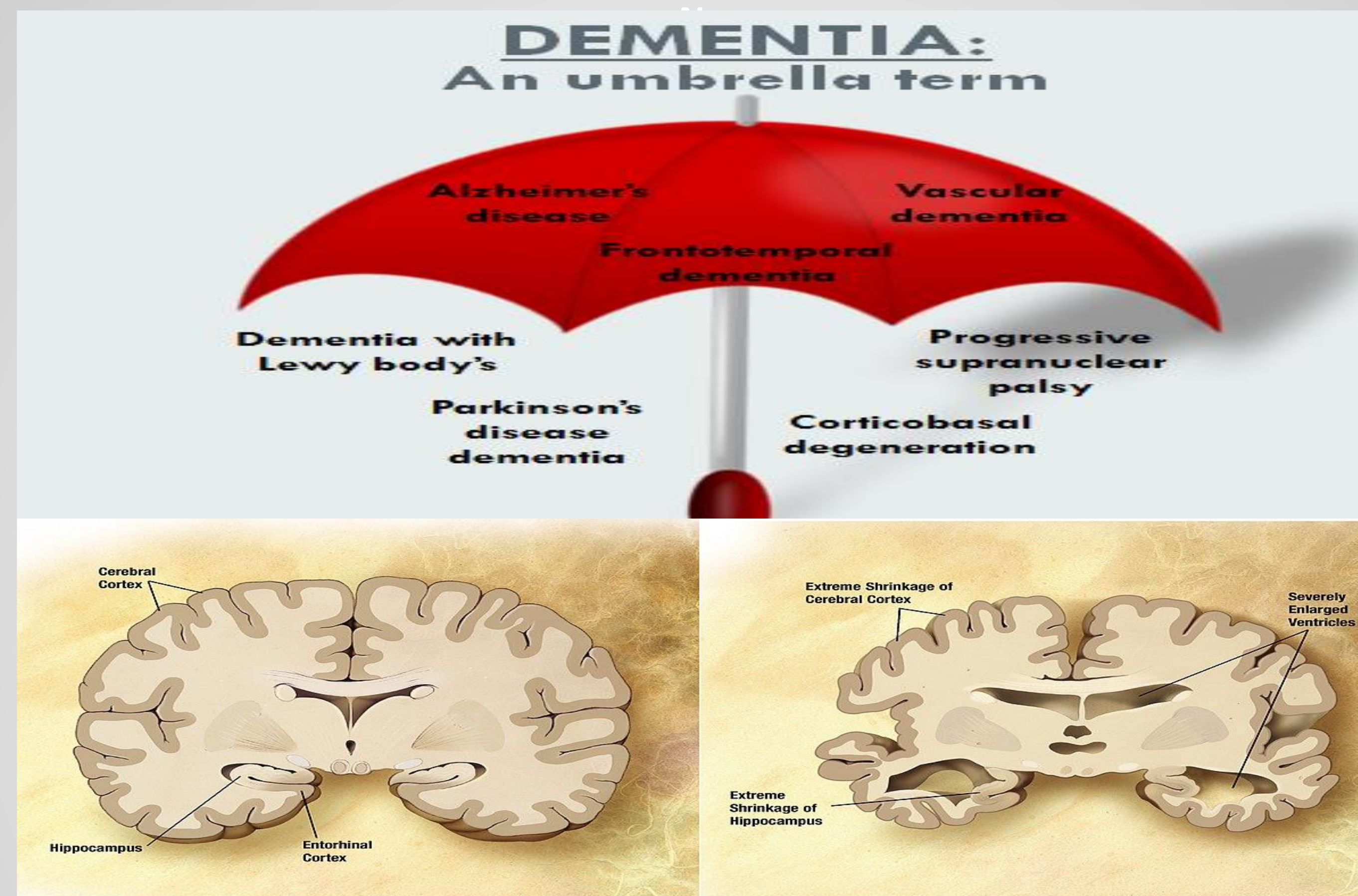
Implementing patient-centered methods of managing agitation in dementia/Alzheimer's Disease

Methods

- Administered anonymous paper pre-surveys to RNs
- Discussed non-confrontational distraction techniques with daytime staff who were assigned to patients in this population during the month of July, 2019
- Anonymous post-surveys were administered directly after the education discussion

Measures and Results

Distraction Techniques Screening Tool



Results (n=25)

Admission Survey: A tool to help us figure out what will decrease agitation in targeted patients

Questions: what we are asking	Rationale
Music that I like	Music that the patient enjoys is soothing
I like to talk about:	Thinking about something else can help distract patients
I used to do ___ for work:	Feeling useful increases self-esteem
My hobbies were/are:	Doing things we enjoy promotes a positive mood
Past interventions	What worked or didn't work in the past?

Post-Survey: What Distraction Interventions Worked?

POST-INTERVENTION	OBSERVATION	SURVEY	QUESTIONS
Music	YES	NO	N/A
Coloring	YES	NO	N/A
Folding Towels	YES	NO	N/A
PRN Medication Used	YES	NO	N/A

Summary/Discussion

Developing the survey tools for this project is a great first step but the next step is to implement these interventions across the floor:

- Implement the Admission survey tool on all patients with these comorbidities at the time of admission
- Involve families and caregivers in filling out the form
- Have the assigned RN do a post-intervention survey at the end of every shift and discuss with the care team and family or caregiver as needed

Some feedback we heard during our education for the staff was:

- "I really like how this tool is proactive. You have the information that you need to manage the behavior before the patient becomes upset."
- "I think that this will make the admission much less traumatic for patients and families."

Conclusion

- Implementation of the tool will reduce reliance on restraints and pharmaceuticals to manage behavior and:
 - creates a more therapeutic environment for the patient
 - makes the admission less traumatic for families.
 - will decrease the risk of injury to the patient and/or staff

References

Cohen-Mansfield, J., Libin, A., Marks, M.S. (2007). Nonpharmacological Treatment of Agitation: A Controlled Trial of Systematic Individualized Intervention. *The Journals of Gerontology: Biological sciences and medical sciences, Series A, Oxford, 62A(8)*, 908-916. <https://doi.org/10.1093/gerona/62.8.908>

Park, S., Williams, R. A., & Lee, D. (2016). Effect of Preferred Music on Agitation After Traumatic Brain Injury. *Western Journal of Nursing Research, 38(4)*, 394-410. <https://doi.org/10.1177/0193945915593180>