Dementia—Compromised Behavior in the Nursing Home: Vocational Nurse Care and Documentation

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I certify that there is no personal, professional or financial conflict of interest with any agency regarding the material discussed in this presentation.
Objectives

- The attendee will identify at least two reasons it is important to document care of nursing home residents with dementia-compromised behavior.
- The attendee will identify at least four nursing interventions utilized by vocational nurses for nursing home for residents with dementia-compromised behavior.
- The attendee will describe at least three documentation formats that are used in the nursing home to record interventions for dementia-compromised behavior.
Background & Significance

60-80% of persons with dementia living in nursing homes exhibit need-driven dementia-compromised behavior (NDBs)

- Agitation
- Aggression
- Anxiety
- Apathy
- Appetite disturbances
- Depression
- Delusions
- Disinhibition
- Euphoria
- Hallucinations
- Pacing
- Psychosis
- Picking
- Rummaging
- Sleep disturbances
- Wandering
NDBs may lead to:
- Staff avoidance, frustration and stress
- Unmet needs
- Adversely affected quality of life
- Weight loss
- Infection
- Incontinence
- Adversely affected resident safety
- Falls
- Increased cost of care
- Increased likelihood of antipsychotic drug prescription
The Literature …

- Staff education related to NDBs improves staff morale
- Education is needed to improve staff expertise
- Most resident NDBs occur during personal care
- Residents with impaired communication more likely to exhibit NDBs
- Person-centered care decreases NDBs

Borson et al. (2000); Lann-Wolcott et al. (2011); Morgan et al. (2012); Nakahira et al. (2008); Pulsford et al. (2011); Zeller et al. (2011)
Important Points About Antipsychotic Use in the Nursing Home

- 88% antipsychotic of use in the nursing home for persons with dementia
  - 83% prescribed off label
  - Not covered by Medicare
  - 22% not administered in accordance with Medicare standards

When are Antipsychotics Appropriate?

- Delusional disorder
- Hiccups (not induced by other medications)
- Huntington Disease
- Mood disorders (e.g. bipolar disorder)
- Medical illness with psychotic symptoms (e.g., neoplastic disease)
- Nausea and vomiting associated with cancer or chemotherapy
- Psychosis in the absence of dementia
- Schizo-affective disorder, schizophrenia, and schizophreniform disorder
- Treatment related psychosis or mania (e.g., secondary to high dose steroids)
- Tourette’s Disorder

The Need-driven Dementia-compromised Behavior Model

- Mid-range theory
  - Reframes behavior of persons with dementia
  - Underlying needs or goals expressed through behavior
    - Background factors
    - Proximal factors
    - NDBs
    - Dementia-compromised behaviors are communication

Whall & Kolanowski (2004)
The Need-driven Dementia-compromised Behavior Model

Need-Driven Behaviors (NDB)
- Physically non-aggressive behaviors
- Physically aggressive behaviors
- Problematic vocalizations
- Problematic passivity

Proximal Factors
- Physiological need states
- Psychological need state
- Physical environment
- Social environment

Background Factors
- Neurological factors
- Cognitive abilities
- Health state
- Psychosocial history

Whall & Kolanowski (2004)
Ethical Considerations

- Institutional Review Board Approval
- Facility permission
  - Licensed vocational nurse (LVN) consent
  - Family member proxy consent
    - Resident assent
Research Question

What is the relationship between licensed vocational nurses’ responses to dementia-compromised behavior, documentation, and perceptions of dementia care?
Design & Setting

- Qualitative study
  - Ethnonursing
    - Search for meaning in a specific problem
- Three nursing homes in rural Texas
  - Medicare and Medicaid certified
  - Size: 81-118 beds
  - For profit
Sample: Licensed Vocational Nurses

- 100% participation
  - n = 10
  - Seven worked on secure units

Demographics

- 100% female
- Aged ranged from 24 – 57
- M = 40.80
- 70% received dementia-specific education in LVN program
Sample: Nursing Home Resident

- 33 residents invited to participate
  - n = 13
  - 11 resided in secure units
  - One resident withdrawn from study

Demographics
- Age ranged 74 – 96
- M = 84.62
- 84% female
Data

- Observation
  - LVN care of residents exhibiting NDBs
- Chart audit
  - LVN documentation about residents exhibiting NDBs
- Semi-structured interview
  - NDBs
    - Response to NDBs
    - Documentation
Results

- Three overarching themes
  - The resident with dementia
  - The licensed vocational nurse
  - Documentation of dementia-related behaviors
Theme 1: The Resident with Dementia

- Observation Example:
  - During a shower, a resident yelled, “Help, help, help, momma. Goddamn you, you son of a bitch. I want to go to bed.”

- Documentation Example:
  - “This resident had a hold of another resident’s arms. The other resident was bleeding from bottom lip. Residents separated by [certified nursing assistant].”

- Interview Example:
  - “She normally kept her hands and fingers spread; when she didn’t feel well she clenched them. I had her sent to the [emergency room] because of these non-specific findings, and got some grief from staff there; but, when she was worked up we found out she had [heart failure].”
Observation Example:
- The LVNs would sit and look directly at their resident when interacting. Eye contact alone was not always enough to engage residents. Listening was an important part of exchange, in an attempt to understand what the resident was trying to impart.

Documentation Example:
- This resident had a hold of another resident’s arms. . . . Residents separated by CNA when she walked out of shower room. . . . PRN administered for agitation. No injuries noted to this resident at this time. Resident continues to be agitated at this time. Sitting by nurses’ station in merry walker. Will continue to monitor.

Interview Example:
- We can use different approaches, like a Velcro stop sign in front of the door. They’ll go up to it, but won’t go through it. Or, you can use what we call a blackout spot in front of the door. We will make like a black spot on the floor, looks like a hole, and they won’t cross it.
Theme 3: Documentation of Dementia-related Behaviors

- **Observation Example:**
  - During observation, a resident refused to eat and several attempts were made to assist her; however, the refusal was not charted.

- **Documentation Example:**
  - Hallucinations and delusions were marked on the flow sheet as a behavioral exception for the resident, but there was no explanation of the behavior provided in the narrative.

- **Interview Example:**
  - “We’ve had residents that have crawled around on the floor for activity. After its care planned, we don’t document on it anymore because it’s normal for them.”
  - “We have behavior sheets. So, as long as we have it on there, we don’t have to do extra in the chart.”
## Comparison of Documentation and Observation

<table>
<thead>
<tr>
<th>Resident</th>
<th>Documentation</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Little interest/pleasure in doing things; trouble concentrating; delusions;</td>
<td>Repetitive behaviors; restlessness; inappropriate use or touch; wandering; disorganized speech; dressing and undressing</td>
</tr>
<tr>
<td></td>
<td>inattention/disorganized thinking; wanders; restlessness</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>(No documentation located)</td>
<td>Disorganized speech</td>
</tr>
<tr>
<td>3</td>
<td>No episodes refusing care; no episodes of hitting/kicking</td>
<td>Resists care; repetitive behaviors, wandering; repetitive vocalizations; dressing and undressing</td>
</tr>
<tr>
<td>4</td>
<td>No anxiety; no delusions</td>
<td>Repetitive vocalizations; resists care</td>
</tr>
<tr>
<td>5</td>
<td>(Study withdrawal)</td>
<td>(Study withdrawal)</td>
</tr>
<tr>
<td>6</td>
<td>Resists care</td>
<td>Wanders, paces</td>
</tr>
<tr>
<td>7</td>
<td>(No documentation located)</td>
<td>Wanders</td>
</tr>
<tr>
<td>8</td>
<td>(No documentation located)</td>
<td>Resists care</td>
</tr>
<tr>
<td>9</td>
<td>Agitated; resists care</td>
<td>Resists care; verbal aggression</td>
</tr>
<tr>
<td>10</td>
<td>(No documentation located)</td>
<td>Wanders; repetitive vocalizations; resists care; taking what is not theirs; repetitive behaviors; inappropriate touching handling or use; verbal aggression</td>
</tr>
<tr>
<td>11</td>
<td>Passivity; refuses care; verbal aggression</td>
<td>(No NDBs observed)</td>
</tr>
<tr>
<td>12</td>
<td>(No documentation located)</td>
<td>(No NDBs observed)</td>
</tr>
<tr>
<td>13</td>
<td>Verbal and non-verbal aggression</td>
<td>Disorganized speech; picking and touching; inappropriate touch or use; wanders; verbal aggression; non-verbal aggression</td>
</tr>
</tbody>
</table>
Discussion

- The resident with dementia and the LVN dyad
  - LVNs utilized a broad knowledge base to diffuse and prevent NDBs
  - They perceived NDBs to be an expression of unmet needs.
  - LVN responses and perceptions were reflective of the Need-driven Dementia-compromised Behavior model.
Discussion

- Documentation of dementia-related behaviors
  - No gap between theory and practice was uncovered
  - However, LVNs inconsistently documented practice
    - Descriptions of behavior
    - Non-pharmacological interventions
    - Follow-up to PRN medications
  - Inconsistent documentation may formulate an inaccurate picture of the person with dementia.
    - Inaccurate MDS 3.0
    - Inaccurate care plans
  - Care plans that do not reflect an accurate picture of the resident result in a failure to provide person-centered care.
Study Limitations

- Small sample:
  - Caucasian
  - All LVNs female; all but one resident female
  - English speaking
- Potential for researcher bias based on experience
- Researcher presence might have affected both resident behavior and LVN care.
- Unable to verify “normal resident behavior”
- Unable to verify documentation by exception
Nursing Implications

- Nursing homes need to adopt structured, systematic charting methods and train staff to consistently document across all shifts.
  - Documentation is central to provision of safe, effective, person-centered care, and continuity of care
- Electronic medical records
  - Opportunity to implement effective and efficient forms of documenting LVN care
  - Designed to capture
    - Accurate descriptions of resident behavior
    - Nursing interventions and
    - Resident response to interventions
Nursing Implications

- **Staffing ratios**
  - The Coalition of Geriatric Nursing Organizations
    - Advocate for improved staffing in long-term care
      - 4.1 nursing hours per resident
    - Average in Texas
      - 3.47 nursing hours per resident
    - Nursing homes in this study
      - Nursing hours per resident ranged from 2.64 to 4.14

Conclusions

- Results from this study will bring focus to the practice-documentation gap.
- Enhance holistic person-centered care for nursing home residents with dementia-compromised behavior.
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Thank You

- Are there any questions?
References


