Implementation of Gentle Persuasive Approaches (GPA) at Hamilton Health Sciences

OHA 3rd Annual Senior Friendly Hospital Care Conference
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Conflict of Interest

- None to declare

- Initial funding for this GPA project was received through the Center for Healthcare Optimization Research and Delivery Program (CHORD), an internal HHS funding opportunity and the Department of Professional Affairs at HHS
Contributing Colleagues

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- Anne Pizzacalla RN, BScN, MHSc, NP-Adult
- Maureen Montemuro RN, BScN, MHSc, GNC(C)
- Esther Coker RN, MScN, MSc, GNC(C)
- Heather Pepper RN, BHSc
- Karen Robinson RN, BScN, MEd, GNC(C), ONC(C)
- Jeff Benner RN, BScN
- Joanna Gusciora MSW, RSW
- Nancy Fram RN, BScN, MEd
- Brian Misiaszek MD
- Cathy Reis, RN, BScN, MSc (T), GNC (C)
Objectives

- Provide a brief overview of the initial development, implementation and evaluation of Gentle Persuasive Approaches (GPA) in Dementia Care
- Report on the results of the CHORD project where GPA was introduced to acute care staff at Hamilton Health Sciences, Juravinski Hospital
- Review the implementation and evaluation of GPA through the Senior Friendly Hospital lens
Senior Friendly Model

- Organizational Support
- Processes of Care
- Emotional and Behavioral Environment
- Ethics in Clinical Care and Research
- Physical Environment
Hamilton Health Sciences

- 5 campuses – 2 large acute adult hospitals
- 1100 inpatient beds
- 11,000 staff
Gentle Persuasive Approaches (GPA) in Dementia Care

- GPA is an evidence-based curriculum established in 2004
- Multiple education strategies – mini-lectures, reflection, videos, small group, practical skill development
- Designed for delivery to staff from all departments
- Addresses attitudes, knowledge & skills
- Encourages staff to reframe patient behaviour viewed as disruptive and aggressive to be interpreted as self-protective or responsive behaviour
- Behaviour symptoms are emphasized as part of disease indicators versus volitional acts on the part of the patient
In Ontario, older adults with dementia are twice as likely to visit ER and twice as likely to be hospitalized as older persons without dementia.

This population has a 4 fold risk of developing delirium.

On medical units, 25-50% may have dementia.

CQC Care Update Issue 2: March 2013 . Health System Use by Frail Ontario Seniors, Institute for Clinical Evaluative Sciences, 2011.
Responsive Behaviours and Burden of Care

- 60% of nurses reported distress with patient behaviour (Sourial, 2001).

- Few reported formal training in behavioural management for these conditions (Fessey, 2007).

- Hamilton Health Sciences internal survey 2009: 60% of staff respondents reported being disturbed by patient behaviour on a daily basis.


Agitation in demented patients in an acute care hospital: prevalence, disruptiveness, and staff burden. Sourial R¹, McCusker J, Cole M, Abrahamowicz M.
Provincial and Professional Practice Standards

GPA supports meeting legislative requirements related to:

- Least/No Restraint environment for patients.
- Ontario Occupational Health and Safety requirements for staff
- Professional College Standards
1600 staff educated in GPA with 40 front line staff coaches between HGH and JHCC sites.
Quarterly management/leadership sessions
Measured staff self confidence in managing responsive patient behaviours with interventional and comparator groups.
Code white, code yellow, and benzodiazepine/ anti-psychotic usage were evaluated pre and post intervention.
Staff self-efficacy tool: Self-perceived Behavioural Management Self-Efficacy Profile

“Staff reported greater confidence on a standardized self-efficacy measure when comparing pre and post-intervention confidence scores” (N=179):

- Interpreting responsive behaviours (p < .001)
- Recognizing triggers of agitation (p < .001)
- Using self-protective techniques (p < .001)
- Removing from an unsafe situation (p < .001)
- Diverting with music, food, pictures (p < .001)
Final Results

- Staff reported GPA strategies also worked with patients with delirium

- 50% reduction of overall Benzodiazepine usage at HHS between 2010-2012
Final Results

- No increase in Code Whites (Violent Situations) at JHCC site between 2009-2012 despite 20% increase in adult inpatient days with hospital new build.

- Further review of Code Whites identified a doubling of “standby” rate in which there is no physical intervention by HHS Security staff at the JHCC site.

- Clinical staff have de-escalated code white situations prior to security arrival.
Dissemination of Findings

- Presentation of project trends in 14 national and international forums/conferences between 2010-2013.

- Collaboration with Advanced Gerontological Education (AGE) focusing on delerium and dementia relevancy in acute care, and roles/responsibilities of leadership/management in knowledge translation.
Sustainability Actions

- Over 40 Interprofessional Staff at HHS have been trained as GPA coaches since 2010
- Coaches role model in classroom and clinical unit
- Over 1600 staff have participated in GPA workshops
- GPA continues to be offered twice a month at HHS
- Will be offered to over 100 HELP volunteers
- Quarterly leadership sessions
- Restraint Policy integration--GPA is the standard of care by which we evaluate our competencies in responding to patients with responsive behavior –
Publications

ACCEPTED FOR PUBLICATION:


SUBMITTED FOR PUBLICATION:

- Gillies, L., Coker, E., Montemuro, M., & Pizzacalla, A. Leadership supports for successful implementation of an innovation to manage behaviors in dementia care. Manuscript submitted for publication.
Learnings – if we were to do this over again ...

- Protect more resources for measurement and analysis
- Prospectively translate key GPA curriculum from LTC paradigm to acute language
- Don’t go ahead of the resources
- Partner earlier with aligned departments - Health and Safety, Security, Education, Professional Practice
For further information on GPA ……

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