



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

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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
- Project Lead: Leslie Gillies



Contributing Colleagues

- Leslie Gillies RN, BScN, Med
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- Nancy Fram RN, BScN, MEd
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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



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



Senior Friendly Model

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




Background: Dementia and Delirium

- 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
- Dementia and delirium are associated with challenging behaviours such as pacing, wandering, shouting, irritability, explosiveness and resistance to care

COC Care Update Issue 2: March 2013 . Health System Use by Frail Ontario Seniors, Institute for Clinical Evaluative Sciences, 2011.
Sampson EL, et al. *Dementia in the acute hospital: prospective cohort study of prevalence and mortality.* *Br J Psychiatry* 2009; 195: 61-6.




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.

Int Psychogeriatr. 2001 Jun;13(2):183-97.
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.
- Occupational Health and Safety requirements for staff were key drivers
- Professional standards for staff

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Implementation of GPA into Acute Care at Hamilton Health Sciences

- 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.



Final Results

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)

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Final Results

- Staff reported GPA strategies also worked with patients with delirium
- 50% reduction of overall Benzodiazepine usage at HHS between 2010-2012

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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 delirium and dementia relevancy in acute care, and roles/responsibilities of leadership/management in knowledge translation.
- 2 publication submissions in 2013.



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
- (increase of 500 staff since funding completion)
- GPA continues to be offered twice a month at HHS
- Will be offered to over 100 HELP volunteers
- Quarterly leadership sessions
- GPA is the standard of care by which we evaluate our competencies in responding to patients with responsive behavior – Restraint Policy integration

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Learnings – if we were to do this over again ...

- Protect more resources for measurement and analysis
- Translate key GPA curriculum from LTC paradigm to acute language
- Don't go ahead of the resources
- Partner earlier with aligned interests- Health and Safety, Security, Education, Professional Practice



For further information on GPA

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