CGO TASK FORCE ON HEIGHTENED AGGRESSION IN LTC HOMES

COMMUNITY GOVERENED ORGANIZATIONS

Recommendations Report

May 2015

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EXECUTIVE SUMMARY

Over the past several years the Nova Scotia health system has done remarkable work to expand services to allow citizens to remain in their homes as long as possible. A decade ago, people would have had no option but to live in a Long Term Care setting. This move, while appropriate, has seen an increase in the care intensity needs of those moving into nursing homes. Aggression is exhibited by some clients for a variety of reasons, however, for a small percentage of clients living in Long Term Care settings, the heightened aggressive behaviours can be a critical area of concern and create a significant risk to the safety and quality of life for residents and staff living and working in Long Term Care. It also poses an insurance risk for service providers.

Following a targeted literature search, and discussions, the Task Force on Heightened Aggression in Long Term Care made recommendations for system improvements that were categorized into four broad categories:

1. **Education and Resources**
2. **Specialized Staff/Care Teams**
3. **Process, Structure and Regulations**
4. **Specialized Units**

Since the initiation of this Task Force, there has been an amalgamation of health districts within the province into one authority (April 1, 2015), which is the Nova Scotia Health Authority. The group recognizes that many of these recommendations now may fall under the purview of the new health authority. There may be opportunity now, and within the future, for us to work together to find a solution to improve the lives for the Nova Scotians living in Long Term Care settings across the province.

BACKGROUND

The proportion of Canadians who are seniors is expected to increase dramatically. In 2011, an estimated 5.0 million Canadians were 65 years of age or older, a number that is expected to double in the next 25 years to reach 10.4 million seniors by 2036. By 2051, about one in four Canadians is expected to be 65 or over.[1] Projections suggest that by the year 2041 the rates of mental illness, including dementia, will be highest for adults between the ages of 70-89 years.[2] It is also reported that approximately 80% (78%) of people living in Long Term Care have dementia or a form of cognitive decline.[3]

Depression is the most common mental health problem for older adults (CCSMH, 2006a), and substantial depressive symptoms affect an estimated 15% of those living in the community (CCSMH, 2006a). Rates of depression are higher in Long Term Care Homes (also called nursing homes) with up to 44% of residents having an established diagnosis of depression or significant (3 or more) depressive symptoms (CIHI, 2010b). (MacCourt, Wilson, & Tourigny-Rivard, p. 17).

Of those living in Long Term Care facilities, including those with cognitive decline and/or mental illness, there is a small percentage of seniors who exhibit aggressive and violent behaviours that pose a significant risk for those residents and staff living and working in that environment. When these incidents occur, the residents within the Long Term Care facilities are at serious risk, the staff are at risk of both physical and psychological injury, and the facilities themselves can be compromised from having these incidents within their facilities. From a legal and risk perspective, providers assume the responsibility of all residents they serve. This is a critical area of emerging concern in Nova Scotia, requiring a coordinated, system-level approach to identify potential solutions to improve the safety and quality of care for residents and staff.

From a broader health system perspective, there are several recognized challenges and opportunities for greater collaboration between Long Term Care facilities and mental health services. The issue of patients occupying acute mental health beds in hospitals while waiting for a space in a Long Term Care facility is an ongoing concern that the health sectors across Canada continue to attempt to address. Recognizing that hospitals are not the optimal environment as a long term residence for people with continuing care needs, it is imperative that the two systems collaborate on effective and efficient solutions to improve access to the care that is needed, when it is needed, and in the most appropriate service location.

In November of 2014, the Community Governed Organizations (CGO), which is an organization representing 80% of the not for profit Long Term Care beds in the province of Nova Scotia, initiated the "Task Force on Heightened Aggression in LTC Homes". The group's mandate was to review current best practices on managing heightened aggression in Long Term Care settings, and to develop recommendations on how to address the facility and system response to the issue, in an effort to improve the experience of care and safety of both staff and residents in Long Term Care homes. The group consisted of representatives from Long Term Care facilities from the CGO, non-CGO members, the Nova Scotia Department of Health and Wellness, Continuing Care and Mental Health and Addictions branches, health authorities,

[1] Statistics Canada. *Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual* (CANSIM Table 051-0001). Ottawa: Statistics Canada, 2010.

[2] Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S., & Khan, M. (2011). The life and economic impact of major mental illnesses in Canada: 2011 to 2041. RiskAnalytica, on behalf of the Mental Health Commission of Canada.

[3] Seitz, D., Purandare, N., Conn, D. (2010). Prevalence of psychiatric disorders among older adults in long-term care homes.

the Alzheimer Society of Nova Scotia, the Nova Scotia Centre on Aging, and the Nova Scotia Department of Community Services (Appendix A).

The task force also wanted to ensure that we heard from Long Term Care facilities themselves, to be certain that their voice was also included. A request for information around this issue, was sent to the CGO facilities across the province (Appendix B). Responses were received from 39% of those surveyed. Of those respondents, 100% confirmed that they have experienced incidents of heightened aggression from residents within their facilities that they felt they were unable to manage in a way that was timely, safe for all those involved, and most importantly, ensured that the dignity of the resident was maintained.

FINDINGS AND RECOMMENDATIONS

Recommendations to improve the care of those with heightened aggression in Long Term Care were grouped into four broad categories:

1. **Education and Resources**
2. **Specialized Staff/Care Teams**
3. **Process, Structure and Regulations**
4. **Specialized Units**

For all of these recommendations, the group acknowledges that with the implementation of the new health authority, that responsibility for implementation would reside not only with the Department of Continuing Care but also would need the involvement of the health authority in order to be successful.

Education and Resources

1. Entry Level Training

Currently, staff caring for the residents in Long Term Care facilities have basic training in dealing with behavioral issues. The Continuing Care Assistant Curriculum does have some education that provides components of the U-First Training but it does not encompass the entire program. The care providers that are at the bedside twenty four hours a day are the people who can identify behavior that may indicate impending aggression. As all behavior has meaning, this ability to intervene early on may allow staff to predict, or prevent an incident of heightened aggression.

Recommendation: It is recommended that core competencies of entry level training programs for direct care workers such as Continuing Care Assistant and Licensed Practical Nurse be reviewed to ensure they adequately reflect sector needs pertaining to dementia and mental health.

2. Continuing Education

There is a continuing need, for staff in Long Term Care facilities to be educated around new philosophies of care, processes and techniques that ensure that we are providing the best possible care to residents. As new knowledge about dementia and mental health evolves, innovative care practices continue to be released. PIECES Training, U-First, Teepa Snow education, and Gentle Persuasion are all examples of available education that can be utilized to enable staff to provide better care to residents. However, access to such continuing education opportunities is not equitable due to limited resources, staff time, etc. The Task Force recognizes that PIECES Training is an effective tool that focuses on prevention and de-escalation of aggressive behaviours. While there is training available in the province, it is not easily accessible, or convenient for staff in Long Term Care to access. The registration process is not user friendly and often sessions are not within time frames or locations that are realistic for staff to attend; or for providers to schedule to attend.

Recommendation:

It is recommended that direct care staff be able to access and participate in ongoing professional development opportunities to ensure their knowledge is current and based on innovative approaches to care. It is recommended that access to PIECES training be made consistently available across the province.

3. Resource Sharing

It is a reality that there are staffing challenges for all Long Term Care facilities all across the province. By working towards building capacity within the staff currently employed within the province, we will have a positive impact on improving our ability to address aggressive behaviour. Easy access to evidence based tools and resources is imperative to all facilities across the province. The Task Force reviewed multiple tools that would be beneficial in assisting staff in the most fundamental ways; the SBAR tool to aid in gathering information prior to contacting on-call supports, problem solving tools that would prompt staff with interventions, etc. In our current state, facilities are attempting to deal with these issues independently with very limited resources. Building capacity in this way develops a strong working force that would have equal access to standardized tools and resources in all Long Term Care facilities in Nova Scotia.

Recommendation: It is recommended that Long Term Care facilities have access to an electronic resource library that would be accessible to all staff in all Long Term Care facilities. This resource library would enable the sharing of resources and provide access to evidence based, current literature and tools that staff could utilize.

Specialized Staff/Care Teams

1. Develop Responsive Behaviours Team(s)

Some of the Long Term Care facilities, either because of the rural area they are located in or because of the volume of residents within their facility, are challenged to effectively manage aggressive behaviours or heightened aggressive incidents. Specialized staff are not equally distributed throughout the province. While all areas have access to Challenging Behaviour Consultants, a team approach often is more effective in dealing with challenging or aggressive behaviours. The Task Force learned that in some areas access to mental health resources, psychiatry services, Challenging Behaviour Consultants, etc. are better organized to assess residents, make care plan recommendations and be available to problem solve. These staff that are positioned across the health care system are working more collaboratively when needed in these situations and are drawing on each other's expertise. It is recognized that access to these specialized staff is not fiscally realistic for every community in the province, yet, this "team" approach should be more readily available throughout the province.

Recommendation: It is recommended that ready access to a Responsive Behaviour Team, comprised of specialized staff trained for managing complex mental health conditions be ensured for all facilities throughout the province. There may be some benefit to these teams if arranged geographically, where facilities are grouped in a cluster based on available resources. For example, in a rural setting, some smaller facilities could be assigned together with a larger facility. The "cluster" would have a Responsive Behaviour Team available to be consulted when necessary. Access to a psychiatrist, as a member of this team would be very important as well. Not all Long Term Care residents in the province have access to Geriatric Psychiatric services. This role is crucial in managing heightened aggression in people with dementia and mental illness.

Process, Structure and Regulations

While Nova Scotians are fortunate to have many services available to them, we recognize that access to these services may not be equitable throughout the province. For those residents living in Long Term Care, we believe that all residents deserve access to the same services, regardless of where they live.

1. Access to Seniors Mental Health Resources

Currently, some facilities in some specific geographic areas of the province do have access to Seniors Mental Health resources, through a referral process. Often, there may be a delay in residents being seen, but the service does exist. Other areas, unfortunately, do not enjoy the same access to services. All Nova Scotians, living in Long Term Care facilities should have the same access to the same services.

Recommendation:

a) It is recommended that all Long Term Care facilities across the province have the ability to contact Seniors Mental Health resources in a timely manner.

b) It is recommended that the current provincial referral process be reviewed. With the recent implementation of the Nova Scotia Health Authority, an opportunity may exist to allow for a standard process to be implemented.

2. Long Term Care Admission Assessment Tools

In our current system, when a decision is made that a person requires admission to a Long Term Care facility, the Medical Status Report is necessary to initiate the process. This assessment form must be completed by a physician. For various reasons, the information gathered may not be comprehensive or accurate and as such, may not be able to provide insight into a person's true care needs upon admission to a Long Term Care facility. Improving the flow of information about a person's need for specialized services would benefit all of those involved; most importantly, the person with potential or actual aggressive behaviours.

Long Term Care facilities could be better prepared to manage behaviours if the appropriate information was more readily available upon admission. The Clinical Geriatric Assessment Tool (CGA) is utilized in some Long Term Care Facilities following admission. The tool is initiated by the physician, and is built upon by other disciplines throughout the resident's stay; and allows a more comprehensive "picture" to evolve of the resident's needs.

Recommendation:

a) It is recommended that a tool be developed and implemented that would gather a more comprehensive assessment of the care needs of the person prior to admission to a Long Term Care facility. A validated tool (e.g. the CGA tool) could be utilized as the application process for admission and could follow the person into and through their journey in Long Term Care, as opposed to the Medical Status Report that is currently being used. The information gathered using the CGA is more robust and accurate.

b) In addition to the use of a different tool for the admission assessment tool, it is also recommended that health practitioners, other than a physician, be able to complete the CGA. The addition of Nurse Practitioners would greatly enhance the ability to access Long Term Care services, as well as enhance community supports while waiting for a bed.

3. Standardized Provincial Nursing Assessment and Admission Tools

Currently, Long Term Care facilities utilize their own unique nursing assessment and admission tools for residents entering their respective facility. They also have their own system in which information is gathered and stored. This variation in approach may meet the needs of the own individual facility in terms of planning but contributes to variation in practice and approach to resident care from facility to facility. It also means that there is not a consistent approach and common data base of assessment information on resident needs to support planning in Long Term Care more broadly. The allocation of resources to support residents who may exhibit heightened aggression requires a broader approach to planning for which better common data and tracking mechanisms are needed across the health system.

Recommendation: It is recommended that a common (standardized) tool be implemented across the province to assess resident needs upon entry to a Long Term Care facility. The information gathered could be contained in a central repository to support planning and allocation of resources.

4. Access to Physician Coverage Across the Province

Nova Scotians are generally challenged with access to primary care physicians across the province. For people entering into Long Term Care, it can be even more challenging to find a physician to manage their care. The Care by Design model currently in place within the central zone of the Nova Scotia Health Authority (formerly Capital District Health Authority) is one example of such an approach to physician care. This model ensures that all residents in all Long Term Care facilities within the district have equal access to physician services.

Recommendation: It is recommended that models be considered to provide access to physician services to people living within Long Term Care across the province.

5. Space Requirements in Long Term Care

We heard from several facilities that when dealing with heightened aggression in residents living in Long Term Care, that all Long Term Care beds are not equal. Some of the approaches used when dealing with heightened aggression in Long Term Care may be to allow residents to wander, or to redirect them to their own private rooms in an effort to de-escalate behaviours or to protect other residents. This is not an option in all Long Term Care facilities. Aging buildings with small communal spaces and bedrooms that have more than one person often add to tensions when dealing with heightened aggression.

Recommendation: It is recommended that a review of existing long term facilities be undertaken with a view to changing layout to increase more private rooms and space for wandering.

Specialized Units

Our recommendations so far, include a focus on identification of an issue initially, then on prevention of a heightened aggressive incident. However, for a small number of residents living in Long Term Care, no matter the supports and interventions that are put in place, they will still have aggressive episodes that place others at risk.

Recommendation: For this small group of residents in care, the Task Force recommends the implementation of specialized units, throughout the province, that can accept and stabilize their behaviours. The goal would be to stabilize their behaviours so that they can return to their own home in a safe and supportive manner. These units would be housed in designated existing Long Term Care facilities around the province that would have protected beds for residents with these specific care needs.

These areas should have appropriate space to allow residents to wander freely and safely, without risk to other residents. Specialized units would be staffed with a higher ratio of registered staff (RN's and LPN's), with specific training in how to manage aggressive behaviours. Units should also have access to psychiatric services to support them through these episodes. The goal would always be to stabilize the person's behaviour and transfer them back to their home with supports, to ensure the safety of the residents and staff.

We would also recommend that in order for this approach to be successful, there would need to be very clear admission and discharge criteria set, in order to maintain an optimal flow throughout these units.

CONCLUSION

There is a spirit of willingness to cooperate within the sector to address heightened aggression within Long Term Care facilities across the province. We have heard loud and clear that this is an issue that all facilities are struggling to manage safely and effectively. The solutions that are necessary, in order for us to be successful, require cooperation from educational institutions, continuing care, policy makers, physicians, nurses, caregivers, unions, etc.

The common goal among stakeholders is to help those individuals affected, while providing a safe and caring environment for residents and staff, who are living and working in Long Term Care facilities, and also to provide families reassurance that their loved one is safe, in a place they can call home.

There is a sense of urgency for us to prepare for a better world for residents living in Long Term Care across the province. Various stakeholders are working towards this goal already. The Department of Health and Wellness in collaboration with the Alzheimer Society of Nova Scotia are working on developing a Dementia Care strategy for the province; recent changes to policy for individuals waiting for a long term care bed; proposed changes to the requirements for Long Term Care facilities that clearly outline standard expectations for those living in Long Term Care; these all demonstrate the desire for change.

These recommendations, put forth by the Task Force on Heightened Aggression will help all facilities to better prepare for, and manage heightened aggression within our facilities. However, even with a focus on improved resources and education for staff, there will continue to be a small number of individuals who will require specialized spaces and staff to support them in dealing with their specific needs. By implementation of these recommendations, the hope is that the number of people who do require specialized units and staff, will be decreased. Improved education for staff and families, standardization of processes, equity in access to resources and support when in need, an electronic repository of best practice tools for facilities, appropriate living space for all those Nova Scotians living in Long Term Care; all of these will help us move to an improved Long Term Care environment in Nova Scotia.

SOURCES

1. *Changing Directions, Changing Lives:* The Mental Health Strategy for Canada (MHCC-2012)

2. *Guidelines for Comprehensive Mental Health Services for Older Adults* in Canada (MHCC-June 2011)

3. *Guidelines for a Comprehensive Service System to Support Family Caregivers* of Adults with Mental Health Problems and Illness (MHCC – June 2013)

4. *The Assessment and Treatment of Mental Health Issues in Long Term Care Homes* (CCSMH-2006)

5. *Rising Tide: The Impact of Dementia of Canadian Society* (Alzheimer Society)

6. *Behavioural Supports* Ontario (BSO Initiative: Cooperation Agreement South eastern Ontario document (2012)

7. *Psychotherapy Groups for Long-Term Care Residents* (Baycrest – 2011)

8. *Strategy for Positive Aging in Nova Scotia* (Senior's Secretariat – 2005)

9. *Shaping the Future of Continuing Care-Continuing Care Strategy for Nova Scotia* (DHW)

10. *Challenging Behaviour Program Evaluation Report* (Horizons – 2012)

11. *Together We Can* – The Plan to Improve Mental Health and Addictions Care for Nova Scotians (April 2012)

12. *Challenging Behaviours Assessment Unit* (HANS – 2008)

13. *Seniors Mental Health Service Development Proposal* (CDHA – 2011)

14. *The Care Path for Patients with Acute Behavioural & Psychological Symptoms of Dementia* (CDHA District Medical Advisory Committee Quality Subcommittee – 2010)

15. *National Guidelines for Seniors' Mental Health: Introduction and Project Background* , Canadian Journal of Geriatrics; Vol. 9, Supplement 2, (2006)

APPENDICES LIST

APPENDIX A

TASK FORCE ON HEIGHTENED AGGRESSION IN LONG TERM CARE HOMES

Terms of Reference

December 29, 2014

Background:

Over the past several years the Nova Scotia health system has done remarkable work to expand the services provided at home for individuals that (a decade ago) would have been living in long term care homes. This move to expanded community and home care has created more intensity in the care requirements for those moving into nursing homes (as well as other healthcare institutions). Aggression is exhibited by some clients for a variety of reasons, however, for a small percentage of clients living in long term care settings it becomes a critical incident of concern where injuries to self and others can occur. It is this small percentage of clients living in care that have created a significant risk to the safety and quality of life for residents and staff living and working in long term care. It has posed insurance risks for providers and the issue must be addressed systemically.

The CGO members and Board have decided to provide the leadership for the ***Task Force on Heightened Aggression in Long Term Care***.

COMPOSITION OF MEMBERSHIP:

The Task Force on Heightened Aggression will be a collaborative effort between various stakeholders including representatives as follows:

Three (3) representatives from CGO membership (one member shall Chair)
Two (2) non CGO members (nursing home operators)
Two (2) Department of Continuing Care (Province of Nova Scotia) representatives
Two (2) District Health Authority Representatives
One (1) representative Alzheimer`s Society of Nova Scotia
One (1) representative Nova Scotia Department of Seniors
One (1) representative Mental Health services (Province of Nova Scotia)
One (1) representative Nova Scotia Center on Aging, Mount Saint Vincent University
One (1) representative from Nova Scotia Department of Community Services
Two (2) front line staff representatives from Mental Health services

PURPOSE:

The purpose(s) of the Task Force are as follows:

- ✓ Review the current best practises in managing heightened aggression in Long Term Care (nationally and internationally).
- ✓ Collect information on the prevalence and incidence of heightened aggression in Long Term Care in Nova Scotia (quantitative and qualitative)
- ✓ Collect information from nursing home providers on what they see as solutions to managing heightened aggression in Long Term Care homes.
- ✓ Ensure the analysis of the issue and subsequent recommendations are organized in a manner that is specific for organizations as well as system solutions.
- ✓ Develop and submit recommendations on proposed solutions to managing heightened aggression in Long Term Care Homes to the Executive Director, Continuing Care Province of Nova Scotia no later than April 30th, 2015.

DECISION MAKING:

Any decisions in the group shall be made by consensus rather than voting procedures.

MEETINGS:

Meetings of the Task Force will be chaired by a CGO nominee and be held bi-weekly in Halifax Regional Municipality

MEMBERSHIP LIST:

Angela Bransfield, Chair
Margie Lamb, CDHA
Ken Scott, DHW
Jackie Rogers, DCS
Natalie LeJean, CBDHA
Paula Withrow, DHW
Diane Warner, Shannex
Darlene Rogers, Northwood Care
Pam Fancey, NS Centre on Aging
Lindsay McVicar, DHW
Cathy Logan, Harbourview Lodge
Linda Bird, Alzheimer Society NS
Carolyn Maxwell, DHW
Marie MacPhee, CBDHA

APPENDIX B

COMMUNITY GOVERNED ORGANIZATIONS

Task Force on Heightened Aggression in LTC Homes

Dear CGO Member,

As you may know, the CGO Committee has been a part of a group, working towards identifying issues within our systems and processes that prevent us, as care providers, from effectively providing an adequate level of care to a very specific group of residents within our facilities. Those residents that exhibit heightened aggression have very specific needs that currently, long-term care facilities in Nova Scotia are struggling to adequately meet.

Within the membership of this working group, we have a variety of expertise and knowledge, all who are very dedicated to coming to some understanding around what these issues are. The group expects to make recommendations to the Department of Health and Wellness about what we think are the challenges and possible solutions to be able to provide the type of care that these residents require.

We would like to have a better understanding of some challenges that you, as care providers, face in dealing with heightened aggression within your facilities. We would also like to have a better understanding of how you are managing with this issue currently; recognizing that there are varying levels of resources available within different regions in the province.

At this time, we would very much appreciate some feedback in this area. As members of the Community Governed Organizations Committee, would you please assist us by answering the following questions and send back to us by March 25, 2015?

Any additional feedback that you might be able to provide would also be welcomed.

Sincerely,

Angela Bransfield, RN, BScN.

Chair, Task Force on Heightened Aggression in Long Term Care

1. How many residents live in your facility?_____

2. What region/area of the province are you located in?_____

3. Can you please describe what you would consider to be heightened aggressive behaviours in your facilities, (i.e. those behaviours that are outside your ability to manage)?

4. Please share how you would manage such a situation currently? Has this strategy been effective for your facility?

5. Do you have security personnel at your facility? If so, would you share what their qualifications are and how often you have that support in a 24-hour period?

6. What education/training to help manage these situations of heightened aggression do you have in place for your CCA/RN/LPN staff?

7. What suggestions/advice should the Task Force consider when making its recommendations to government?

8. Other comments:

Thank you for your time! Your input is greatly appreciated.

Can you please complete and return by email to abransfield@oceanv.ca either before or on Thursday March 30th, 2015.