Behavior-Based Ergonomics Therapy (BBET)

Developed by Dr. Bharwani, and his daughter, Meena, at Wright State University, Dayton, Ohio

Non-medication program designed to reduce & even prevent behaviors associated with dementia.

Pine Village is the first & only community in the State of Kansas to implement BBET
How BBET works

- The purpose is to provide residents with access to personalized activities in order to manage resident behaviors
- Identifying clinical vs. non-clinical causes for behaviors
- Specialized caregiver training
- Customized plans for each resident

Why BBET?

- Reduces behaviors
- Reduces medications
- Resources (therapies) available 24/7
- Residents are engaged in meaningful activity that is of specific interest to them
- Reduces caregiver stress level
Resource Center Virtual Tour

Virtual Tour
Virtual Tour

BBET’s Impact at PV

- **47% reduction in prn medications**
  - Better than Bharwani’s average at other campus’s
  - This indicates that caregivers are working hard to utilize a BBET therapy rather than administering medication.
Opening Up New Possibilities

- Tanganyika Trip

BBET’s Impact at PV
What families are saying...

“Since the BBET program began, my mom seems happier and more content, which has resulted in more meaningful visits.”
– Javonni Gresham

What families are saying...

“Behavior Based Ergonomic Therapies. These initials are hard to remember. And it’s hard to remember what they mean. However, the results are not hard to remember. The activities prescribed as part of this therapy, are specific to the needs of that person. The specific behavior makes all the difference between agitation and calm, between fear and security. My husband can become anxious, but when the therapy is music on his portable CD player, he relaxes visibly. The scowl on his face becomes a smile. BBET has allowed me, as a loved one, to relax and smile as well.”
– Barbara Kaufman
What caregivers are saying...

“We’re able to facilitate family visits that have meaningful outcomes. The BBET therapies allow families to be involved in the activity with their loved-one.”

-Shelly Hushback, CNA

What caregivers are saying...

“Prior to having BBET we only had redirection, distraction or medication to help prevent and/or manage behaviors. Now we have specific activities for each individual to get them involved with. Since BBET, the residents are much calmer. It also has reduced a lot of medications for residents, and they sleep better at night because their days are more fulfilling with the BBETs.”

-Judie Steiner, LPN
Questions?

Upcoming Opportunities & Current Issues

October 25, 2013
SAIDO: "Smart Aging Intervention, Do Learning"

Definition of Saido Learning:
- Saido Learning is a program in which Learners conduct mental exercises that involve reading aloud and simple math while communicating with support staff.

Learn more about SAIDO

LeadingAge Kansas
2013 NURSE LEADERSHIP CONFERENCE
NOVEMBER 12 – 13, 2013
MERIDIAN CENTER
NEWTON, KANSAS
Register online at leadingagekansas.org
click on the Education Calendar
# AP Data Comparison

<table>
<thead>
<tr>
<th>State</th>
<th>Qtr. 2-2011 - Qtr. 4 2011</th>
<th>Qtr. 3 2012 - Qtr. 1 2013</th>
<th>Percentage Point Difference</th>
<th>RIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation</td>
<td>23.9%</td>
<td>21.7%</td>
<td>2.2</td>
<td>9.2%</td>
</tr>
<tr>
<td>Kansas</td>
<td>25.76%</td>
<td>23.8%</td>
<td>1.96</td>
<td>7.6%</td>
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National Goal = 15% RIR (Relative Improvement Rate)

# State vs QCC vs non-QCC

![Bar Chart: Kansas AP Med Status](chart.png)

- **Entire State**: 23.5%
- **NHQCC participants Group**: 22.5%
- **Non-NHQCC participants**: 24.5%
Antipsychotic Medication Use

Kansas QCC Homes vs Rest of Kansas Homes

Antipsychotic Medication Use Rates

KS QCC Homes
May '13: 21.94
Jun '13: 21.97
Jul '13: 21.47

Other KS Homes
May '13: 24.73
Jun '13: 24.61
Jul '13: 24.42

Algorithm for Treating BPSD

Algorithm for Treating Behavioral and Psychological Symptoms of Dementia (aka Problem Behaviors)

**Step 1: Identify, Assess and Treat Contributing Factors**: Identify and document frequency, duration, intensity, and characteristics of each problem behavior. Identify, assess, treat or eliminate Antecedents and Triggers.

- Unmet physical needs:
  - Pain
  - Infection/illness
  - Sleep disturbance
  - Medication side effects
  - Sensory deficits
  - Constipation
  - Incontinence
- Unmet psychological needs:
  - Loneliness
  - Fear
  - Emotion discomfort
  - Lack of enjoyable activities
  - Lack of socialization
  - Loss of intimacy

- Environmental causes:
  - Level/type of stimulation: noise, confusion, lighting
  - Caregiver: approaches
  - Institutional routines, expectations
  - Lack of cues, prompts to function & way find

- Psychiatric cause:
  - Depression
  - Anxiety
  - Delirium
  - Hallucinations
  - Other mental illness

**Step 2: Select and Apply Non-Drug Interventions**

- Select interventions based on the type of problem and assessment of retained abilities, preferences and resources
- Cognitive level
- Physical function level
- Log-standing personality: life history, interest/abilities
- Interpersonal routines and daily schedule
- Personal family: facility resources
- Train staff to use selected interventions appropriately: following best practice and evidence-based guidelines
- Tailor intervention to individualized needs, combining approaches and interventions to promote comfort & function
- Monitor outcomes using rating scales to quantify behavior
Dementia Care Cards

- Adapted from work of University of Iowa
- Six laminated cards on a ring
- Contents:
  - A Step-by-step Evidence-Based Approach
  - Evaluation of Problem Behaviors
  - Delirium Assessment & Management
  - Delirium Screening Tool
  - Non-drug Management of Problem Behaviors in Dementia
  - Drugs that may cause Delirium or Behaviors
  - Dementia Antipsychotic Guide
  - Dementia Antipsychotic Guide for Care Providers
Antipsychotic Alternatives

- 3 page tool
- Gives non-drug interventions to use when addressing specific behaviors
- Contents
  - General Principles
  - Resisting Care
  - Disrupting Group Function
  - Verbally or Physically Abusive
  - Sudden Mood Change
  - Pacing/Wandering
  - Also addresses the environment with each behavior type

Adverse Effects with Antipsychotic Medications

- Drugs listed across the top
- SE down the side
- Colors indicate the degree of risk (red being high risk)
Composite QM Score

National Nursing Home Quality Care Collaborative (NNHQCC)

The NNHQCC is a fast-paced initiative, modeled after the Institute for Healthcare Improvement breakthrough collaborative model, and is being led by the Centers for Medicare & Medicaid Services (CMS) and Quality Improvement Organizations (QIOs). The NNHQCC runs from February 2013 through July 2014, and has approximately 5,000 nursing homes participating across the country. The NNHQCC seeks to rapidly spread the practices of high-performing nursing homes with the aim of ensuring that every nursing home resident receives the highest quality of care. Specifically, the NNHQCC will strive to instill quality and performance improvement practices, eliminate healthcare acquired conditions, and dramatically improve resident satisfaction through the achievement of a rate of 6 or better using the NNHQCC quality composite measure by July 31, 2014. Prior to the launch of the NNHQCC, nearly 10% of the nation’s nursing homes had achieved a composite score of 6 or better.

Measuring Collaborative Success
Participating nursing homes, focusing on processes that improve their system, measure on individual tests of change. They will look at their Plan-Do-Study-Act (PDSA) improvement cycle results, their clinical outcome measures, and their composite score.

Calculating the NNHQCC Quality Composite Measure Score
The composite is comprised of thirteen NOF-endorsed, long-stay quality measures that represent larger systems within the long-term care setting:
1. Percent of residents with one or more falls with major injury
2. Percent of residents with a UTI
3. Percent of residents who self-report moderate to severe pain
4. Percent of high-risk residents with pressure ulcer
5. Percent of low-risk residents with loss of bowels or bladder
6. Percent of residents with catheter inserted or left in bladder
7. Percent of residents physically restrained
8. Percent of residents whose need for help with ADL has increased

**This measure is intended for the sole purpose of measuring progress in the NNHQCC. It is not intended to replace any existing CMS measures or scores such as the Five Star Rating System. These measures were chosen for the composite because timely data are available for measuring progress in this fast-paced Collaborative. QIOs have access to the quality measure data necessary to calculate composite scores for their state.

Composite Score Calculation

The composite score is calculated by summing the 13 measure numerators to obtain the composite numerator, summing the 13 measure denominators to obtain the composite denominator, then dividing the composite numerator by the composite denominator and multiplying by 100. This method of calculation is based on the “opportunity model” concept.**
The Neuropsychiatric Symptoms of Dementia: A Visual Guide to Response Considerations

Michelle Niedens, L.S.C.S.W.
Director of Education, Programs and Public Policy
Alzheimer’s Association – Heart of America Chapter

$20 each plus S & H
Contact: Carol Smith, Receptionist
Alzheimer’s Association, 3846 W. 75th Street., Prairie Village, KS  66208
www.alz.org/kansascity
913-831-3888
Focus Topics Needed

- ABERDEEN VILLAGE
- BETHEL HEALTH CARE CENTRE
- BONNER SPRINGS NURSING & REHABILITATION CENTER
- FOUNTAIN VIEW
- FOWLER RESIDENTIAL CARE
- FRANKFORT COMMUNITY CARE HOME
- GOLDEN LIVING CENTER - FREDONIA
- GOLDEN LIVING CENTER - SPRING HILL
- GOLDEN LIVING CENTER - WAKEFIELD
- GOLDEN LIVING CENTER - WICHITA
- GOOD SAMARITAN - VALLEY VISTA
- GOOD SAMARITAN - WINFIELD
- GRISELL MEMORIAL HOSPITAL LTC (Rhode Island Suites)
- HILLSIDE VILLAGE OF DESEO
- LAKEPOINT EL DORADO
- LARKSFIELD PLACE
- LINCOLN PARK MANOR
- LINN COMMUNITY NURSING HOME
- MEADOWBROOK REHABILITATION HOSPITAL LTCU
- PRAIRIE SUNSET HOME
- QUAKER HILL MANOR
- SABETHA MANOR
- ST LUKE LIVING CENTER
- STANTON COUNTY HEALTH CARE FACILITY LTCU
- THE LEGACY AT PARK VIEW
- THE SWEET LIFE ROSEHILL (Brookdale Living)
- VICTORIA FALLS
- VILLAGE VILLA
- WATHENA HEALTHCARE & REHABILITATION CENTER
- WESTWOOD MANOR
- WESTY COMMUNITY CARE HOME
- WINDSOR ESTATES NURSING HOME
QAPI Self Assessments Needed

- Bonner Springs Nursing & Rehabilitation Center
- Golden Living Center - Wichita
- Good Samaritan – Dodge City
- Good Samaritan - Liberal
- Good Samaritan - Valley Vista
- Grisell Memorial Hospital LTC (Rhode Island Suites)
- Larksfield Place
- Lincoln Park Manor
- Meadowbrook Rehabilitation Hospital LTCU
- Montgomery Place
- Prairie Sunset Home
- Specialty Hospital of Mid-America SNF
- Wheatland Nursing Center
- Windsor Estates Nursing Home

For More Information Contact

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