



## Service Priorities and Programmes Electronic Presentations

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**Submitting author:** Ms Kit Ping HO

**Post title:** Advanced Practice Nurse, Shatin Hospital

### **Quality Enhancement Program for elderly with Behavioural and Psychological Symptoms of Dementia ( BPSD )**

*Ho KP(1), Lee KL(1), Leung CY(1), Tsang YT(1), Au-yeung WC(1), Chan HL(1)  
(1) Psychogeriatric Ward, Shatin Hospital*

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#### **Introduction**

Up to 90% of dementia patient will exhibit one or more BPSD during the course of illness. Patient with BPSD are uncooperative, distressing, disturbing and agitated. It can sometimes cause dangerous situation to themselves and staff. Besides, caregivers could easily be burnt out as dementia care is associated with higher physical and psychological workloads. Non pharmacological interventions are considered as first-line management of BPSD. Thus, quality enhancement program for elderly with BPSD was implemented.

#### **Objectives**

1. To enhance the quality of life of patient with BPSD during hospitalization
2. To try alternatives to reduce the use of restraint and ensure restraint is the last resort
3. To empower and educate caregiver the attitude and skill of handle common BPSD

#### **Methodology**

The improvement program was implemented from May/2015 till March/2016, which including to procure the required equipment and activity items (i.e. a Merry Walker & a set of mobile multi-sensory equipment), to educate staff on the program, to select target patients and implement the improvement program in addition to evaluate the effectiveness of the program. Different types of therapeutic activities were conducted during November/2015 to February/2016. These activities included multisensory stimulation therapy, music therapy, aromatherapy, doll therapy, mahjong game, matching game, visual-spatial coordination game, video show appreciation and individual walking exercise.

#### **Result**

A total of 12 patients of dementia with BPSD were included in the program and 144 therapeutic activities were implemented. The overall result was encouraging. By using Cohen-Mansfield Agitation Inventory and Neuropsychiatric Inventory as the

assessment tools, the mean score for patients' behavioural and psychological symptoms decreased by 25% and 69% respectively. The mean score for caregiver distress was decreased by 38%. The restraint rate decreased from 48% in 8/2015 to 21% in 2/2016. It further dropped to 12.9% in 3/2016. The Injury of Duty episodes related to patient's aggressive behavior were minimized to zero after the implementation of program from 11/2015 to 3/2016. Lastly, ward staff mostly agreed on having the skills and knowledge in managing BPSD after the improvement program. To sustain a positive environment and culture for quality of care, multidisciplinary team approach on carers training, ongoing training to staff on dementia care and person-centered care was highlighted.