Australian Government
Aged Care Quality and Safety Commission

Restrictive Practices – myth busting part 2

Date: 25 March 2024

Australian Government

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Acknowledgement of Country

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Behaviour Support and Restrictive Practices Unit

- Clinical Unit, FND, and Clinical Pharmacy Unit, RPU
- Implements recommendations from Royal Commission into Aged Care
- Provides clinical expertise and advice
- The RPU comprises of clinicians (nurse practitioner, registered nurses and pharmacist)

What are Restrictive Practices?

The Aged Care Act 1997 defines a Restrictive Practice as…

- *any practice or intervention that has the effect of restricting the rights or freedom of movement of the consumer*

Chemical restraint

Mechanical restraint

The Quality of Care Principles 2014 (Part 4A) defines five types of restrictive practices:

Seclusion

Environmental restraint

Physical restraint

Chemical restraint

Chemical restraint is a practice or intervention that is, or that involves, the use of medication or a chemical substance for the primary purpose of influencing a care recipient's behaviour, but does not include the use of medication prescribed for:

(a) the treatment of, or to enable treatment of, the care recipient for:

(i) a diagnosed mental disorder; or

(ii) a physical illness; or

(iii) a physical condition; or

(b) end of life care for the care recipient.

Myths

- **the consumer's diagnosis is the only factor that needs to be considered**
- **only as required (PRN) medication needs to be considered a RP**
- **behavioural and psychological symptoms of dementia (BPSD) is a mental disorder**
- **anxiety and agitation are considered a mental disorder**

Psychotropic medications self-assessment tool (Commission template)

Record of consumers receiving psychotropic medication(s)

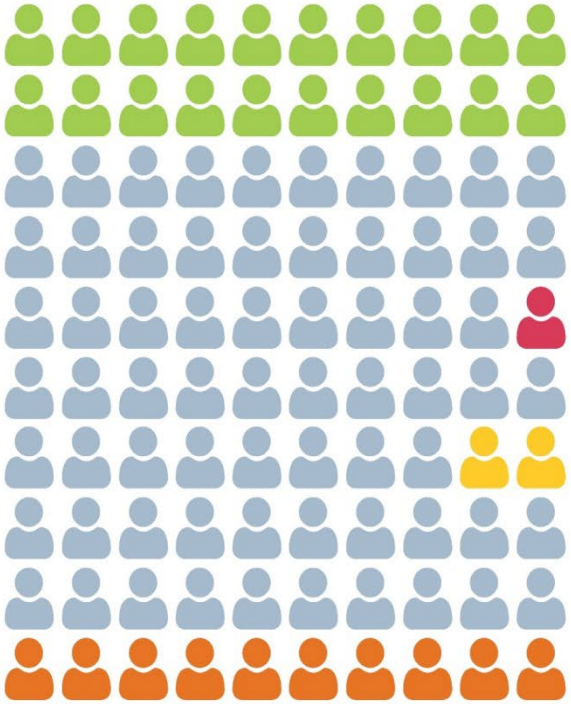
Date last updated:

Surname	First name	Date first prescribed (approx. if unknown)	A. Name of medication, dose and frequency	B. Reason for prescribing	C. If PRN, circumstances for use	D. Date and how prescriber last communicated informed consent had been obtained	E. Is the medication use identified as a restraint? Yes/No	F. Behaviour support plan developed and implemented. Yes/no If yes, date behaviour support planning commenced	G. Is monitoring occurring for effectiveness and side effects? Yes/no	H. Date of last formal medication review

- Completion of the Commission's template/tool is voluntary. It helps consolidate information for a provider in order to monitor and manage risks to consumers who are receiving psychotropic medications.
- Information in the psychotropic assessment tool may be used by Commission staff as part of ongoing assessment and monitoring activities.

Risks and benefits

If 1,000 people with BPSD were treated with an antipsychotic for 12 weeks:



91–200 People show clinically significant improvements

10 Additional deaths

18 Additional cerebrovascular events

58–94 People with disturbed gait

NPSMedicineWise Dementia and psychotropic medicines, 2021

Benzodiazepines for insomnia and anxiety

- **Insomnia -** increases sleep time by 30 mins ***BUT*** *lose effect after 2 weeks*
- **Anxiety -** reduces physical signs (e.g. restlessness, palpitations, sweating)
  Their role is controversial

In most older people the risk of harm exceeds their benefit

Reference: Therapeutic Guidelines: Psychotropic, 2021

Chemical sedation: Harms

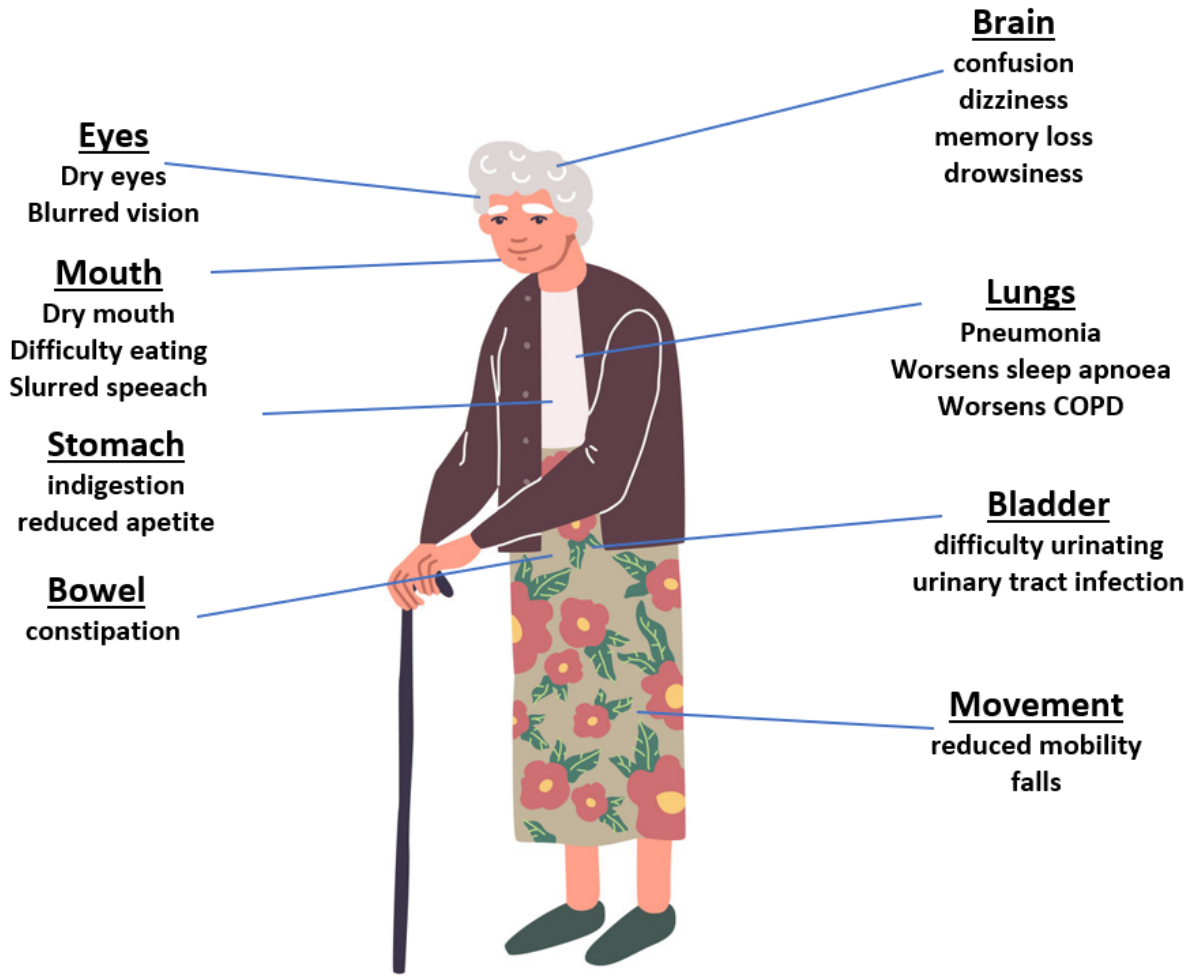
Medical side effects:

- Sedation
- Balance = falls
- Nutrition, Pressure Injury
- Independent function
- Anticholinergic
- Cardiovascular
- Death
- Reduced interaction, Quality of Life

Tools for ACB (Anticholinergic Burden):

- DBI (Drug Burden Index)
- Veterans' MATES
- GMEDSS, etc.

Other side effects of psychotropic use



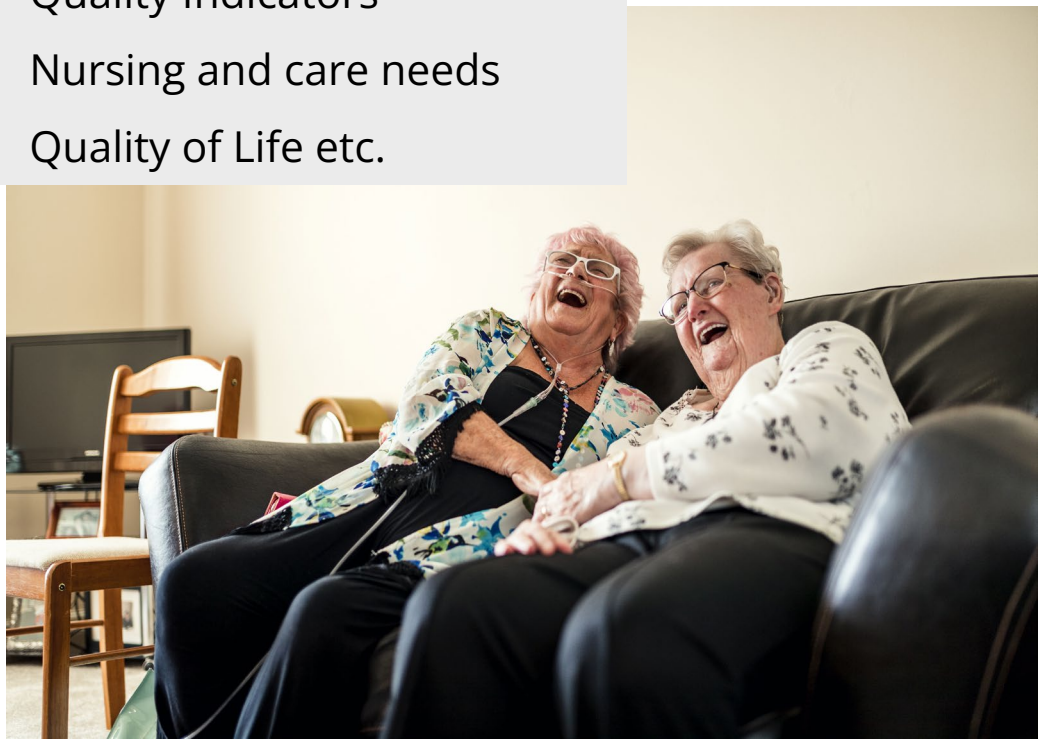
From https://www.vectorstock.com/royalty-free-vector/cartoon-character-old-women-full-length-vector-29145568

Oversedation

- Falls
- Pressure areas
- Nutrition ⟶ sarcopenia, immunocompetence, frailty, energy
- Incontinence
- Lack of meaningful socialisation, interaction
- Depersonalisation
- Loss of autonomy, dignity
- Deconditioning
- Reduced participation pleasurable activity

Impact

- Aged Care Quality Standards
- Quality Indicators
- Nursing and care needs
- Quality of Life etc.



Supporting Behaviour = Supporting the person

- Individualised, proportional to complexity
- Prevent, often just good care
- Knowledge of the individual, interests, habits, life, occupation, family
- Talking to family, previous general practitioner and carers
- Ongoing attempts, communication, what triggers, what calms or settles
- Documentation and communication
- Creative trying
- Expert advice: general practitioner, psycho-geriatrician, geriatrician, psychiatrist, dementia clinical nurse consultant, inpatient admission, Dementia Support Australia (24 hours)

Understanding Behaviour Support Plans (Residential)

A Behaviour Support Plan (BSP) must be developed and implemented:

For any consumer who experiences a changed behaviour or/and

For any consumer who may require the use of restrictive practices as part of their care to manage risks of harm to the consumer and/or others

A BSP must be a cohesive, fit-for-purpose, identifiable document that is inclusive of all information set out in the *Quality of Care Principles 2014*, and is able to meaningfully inform care.

Understanding Behaviour Support Plans (Home Services)

Behaviour Support Plans (BSP) are not a legislative requirement for home service providers. However:

- Contemporary and best practice for home service providers would include the development of BSPs to support consumers with changed behaviours.
- BSPs form part of the individual care and services plan and do not replace it.
- If a restrictive practice is used, it must be used in accordance with the consumer's documented care and service's plan.

What to Look for in a Behaviour Support Plan

Is the plan:

- informed by comprehensive and ongoing assessment
- person-centred with unique and individualised strategies
- being implemented and effective
- being updated and reviewed regularly or after changes in the consumer's circumstance

If a restrictive practices are being used:

- Does the plan outline the reasons for the use of the restrictive practice (i.e. to manage the clearly articulated risk/s of harm)
- Residential: the plan sets out all matters in the *Quality of Care Principles* and appropriately guide staff how the restrictive practice is to be used, monitored and reviewed
- Home Services: the plan sets out all relevant information and assessment about the restrictive practice.

Generic vs

Person-centred

Behaviour Support Care Plan

Observation	Goal	Intervention
Peter can get agitated	To manage Peter's agitation in an effective manner and maintain Peter's and other's safety	Offer a cup of tea
Peter can disrupt others through calling out		Provide reassurance
Peter can wander		Peter likes music
		Peter likes the garden
		Check for pain

Person-centred vs Generic

Behaviour Support Care Plan

Observation	Goal	Intervention
Peter can become agitated if the environment is too loud, noisy or busy. Peter lived by himself for many years and he likes quiet and calm environment. Peter may express agitation through pacing up and down the hallway, grabbing people's arms and shouting out "help me".	Support Peter to feel safe and comfortable in his living environment	Ensure noise and human movement levels are minimised where possible. Avoid loud communal music.
	Peter experiences less occurrences of agitation (behaviour) and if strategies are ineffective review, re-assess and escalate as necessary.	Offer Peter to listen to his Spotify playlist (Peter loves Queen and ABBA) via his Bluetooth headphones
When Peter becomes agitated and is pacing up and down the hallway this commonly is caused by him becoming lost when looking for the toilet or wants to go sit outside in the garden.		Ask Peter if he needs to go to the toilet and if indicates yes - show and help direct him to the bathroom.
		Offer to take Peter for a walk in the garden and look at the birds/trees.

Dementia Support Australia

Funded by the Australian Government
A service led by HammondCare

Dementia Support Australia

Supporting when behaviour impacts care

Jenny Summerton
National Program Manager

25/03/24

	Staying at Home	DBMAS	SBRT	NBA
Program details:	• Carer wellbeing/respite program • Supports person living with dementia to stay at home longer	• Phone/in-person consultation within 7 days • Tailored advice and strategies to address individual needs.	• In-person consultation within 48 hours • Tailored advice and strategies to address individual needs.	• Assessed for eligibility into specialist dementia care unit (SDCU).
Where do they live? (At time of referral)	☑ Community ☐ Residential Care ☐ Acute Care	☑ Community ☑ Residential Care ☑ Acute Care	☐ Community ☑ Residential Care ☐ Acute Care	☑ Community ☑ Residential Care ☑ Acute Care
Clients supported?	• Nil-mild changes to behaviour	• Moderate changes to behaviour	• Severe changes to behaviour	• Very severe changes to behaviour
Program impact	• New program that commenced in 2022	• 58% reduction in distressing behaviours	• 65% reduction in distressing behaviours	• 90% satisfied with DSA assessment of SDCU eligibility

2016-2022

Dementia Support Australia

The nature of change

Supporting change in dementia care

- Change can be challenging in the context of dementia support.
- The variation in dementia can create new barriers to behaviour support every day.
- Flexibility and an adaptive mindset is key.

Setting reasonable expectations

- Behaviour support practices are not infallible.
- The changing nature of dementia can impact effectiveness of support practices.
- Success may be more about reducing distress rather than eliminating any particular behaviour.

What worked today may not work tomorrow and that's okay.

Dementia Support Australia

Maximising DSA support

Insert slide sub-header here

- DSA information can support the development of Behaviour Support Plans
- Consider the accessibility of the reports. Do the staff know where to find a report?
- Can you role model the strategies for them?
- How are we positioning the conversation about non-pharma strategies?
- Actions you can take before DSA are involved

Key questions to ask

- What is the goal of the referral?
- Is there an acute change that may be driving the behaviour?
- Has the person been seen by DSA in the past?
- Is a previous report available?
- Is there documentation on the impact of the recommended strategies?
- Have these strategies been trialled over time?

Dementia Support Australia

Free 24/7 dementia support

Call us:
1800 699 799

Email us:
dsa@dementia.com.au

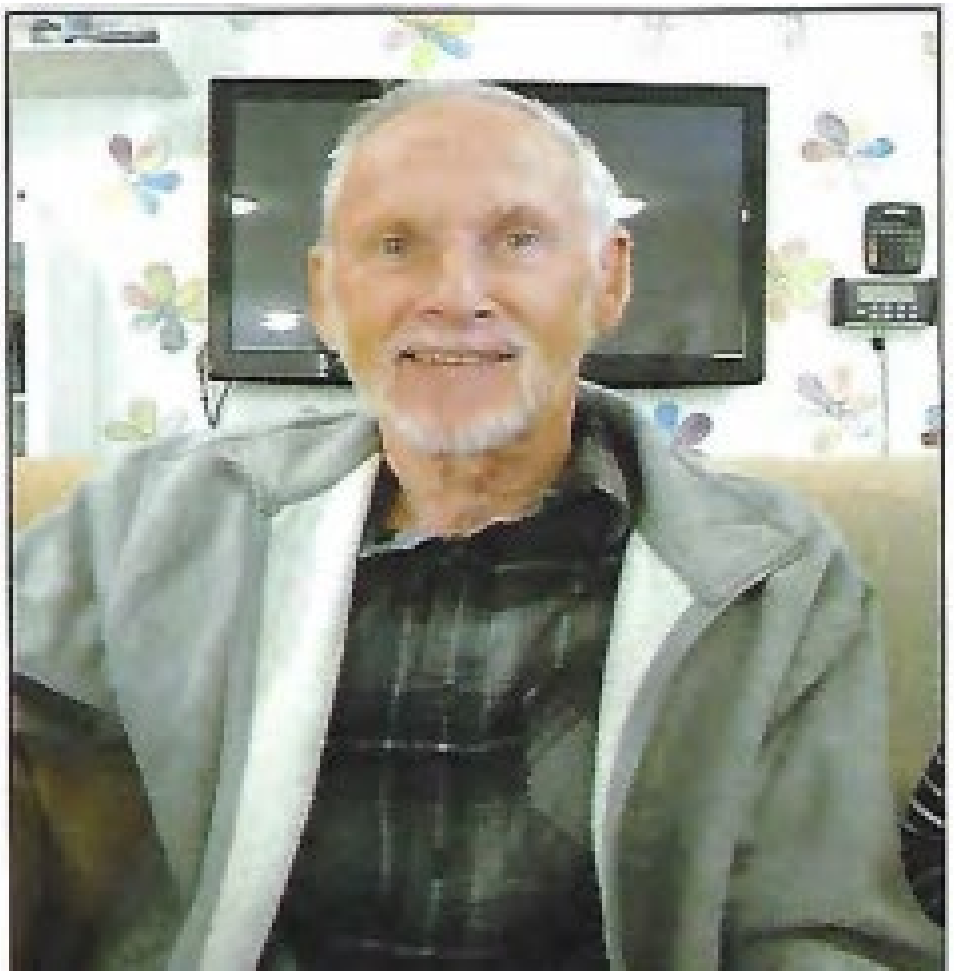
Visit us:
www.dementia.com.au

Live chat
accessible via the website

Resources for Providers

- Psychotropic self-assessment tool and FAQ (Commission factsheet)
- Psychotropic medications used in Australia (Commission factsheet)
- Consent for medication in aged care (Commission factsheet)
- Medical practitioner responsibilities (Department of Health and Aged Care resource)
- Behaviour Support Plan (Commission Clinical Alert)
- Behaviour Support Plans Factsheet (Commission factsheet)
- Dementia Support Australia - Behaviour Support Plan resources (DSA resource and factsheets)


Brian Lynch - Direct evidence
Royal Commission into Aged Care Quality and Safety



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