



# Beacon Bits & Bites

THE WORLD'S FAVOURITE Education Update - August 2021

## **RNAO's Assessment and Management of Pain Best Practice Guideline: How it Changed a Resident's Life and a Nurse's Practice Forever.**

Harry (The resident's name has been changed to protect his privacy) is a 75-year-old resident of the John Noble Home who has three children and several grandchildren. Harry loves music and hums to his favorite tunes. Harry was diagnosed with dementia when he was 70 years old. His overall health condition started deteriorating when his wife passed away three years ago.

As his dementia progressed, Harry became increasingly confused, started missing meals and became agitated and physically aggressive towards home care staff. He then also became incapable of dressing and feeding himself. His family were not able to provide the level of care he required due to their own family and work commitments, so an application was made for Harry to move into the John Noble Home. When Harry moved in, he was confused and wandered into co-resident's rooms. Often, he would have responsive behaviours in common spaces, such as in the dining room, where he would grab co-resident's walkers or drinks.

Staff utilized the variety of information provided by Harry's family on his likes and dislikes in an effort to provide care and reduce behaviours, however there were several incidents of aggression towards staff, including one incident of attempted significant harm. This resulted in Harry needing 24/7 one-on-one care and an application to a complex care behavioural unit.

Initially pain was not a known trigger for Harry's responsive behaviours, as Harry was not able to verbalize pain due to cognitive impairment and no other obvious signs of pain were noted. The responsive behaviours were managed with a routine and PRN anti-psychotic.

Our risk management team, in the last year completed a pain program gap analysis with our long-term care best practice coordinator, Deirdre Boyle. We implemented the RNAO's Assessment and Management of Pain Best Practice Guideline using the Knowledge to Action Framework. We carefully observed Harry's behaviours and thought that they might be pain-related. Registered staff and the Behavioural Supports Ontario (BSO) team completed a Comprehensive Pain Assessment, using best practices and discovered that pain was triggering his behaviours.

Harry's medications were reviewed and new pain medications were ordered and evaluated. BSO developed a care plan that included the following recommendations:

- If Harry is verbally or physically responsive he might require a PRN pain medication. If a PRN pain medication is administered, give time for that medication to start to work before initiating care.
- Approach with a calm tone of voice and body language. When possible, try using humour with him, he does laugh with staff when he is calm and relaxed
- Need for personalized approach to care (Avoid the words "no" and "don't". Instead say "let's go this way" and "Let's go listen to music".)

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- Two staff to assist Harry so that they can complete care quickly. As soon as care is completed, he goes back to presenting as calm and quiet.
- Ensure that the water temperature is warm, he does not like feeling cold.
- If he becomes very agitated, stop and give him some space. Try re-approaching after 10 minutes, or once he appears calm.
- If staff are not able to complete a shower, provide a bed bath instead.
- Offer the iPod to Harry with his favorite music on.

The effectiveness of interventions was measured in risk management meetings weekly, where the frequency of Harry's behaviours and the effectiveness of non-pharmacological and pharmacological interventions was discussed. Adjustments to medications and to Harry's care plan were made accordingly.

With reduced pain, Harry's wandering into co-resident's rooms decreased and physical aggression during care also decreased. The need for one-on-one staffing decreased and eventually was discontinued. Staff are no longer scared to provide care to Harry. They are very proud of their success with improving Harry's quality of life. The successful management of Harry's behaviours has also resulted in a calmer environment on his resident home area.

Our registered nurse Aman, drew inspiration from how Harry's quality of life was greatly improved by using the best practices in the RNAOs guideline, and has chosen to do an Advanced Clinical Practice Fellowship on how best practices can be used to assess and manage pain and reduce responsive behaviours in older adults.

A significant outcome of effectively managing Harry's pain is that the home was able to cancel Harry's application to the complex care behavioural unit! Harry's family was thrilled with this change in Harry, specifically that his pain was being managed effectively. The cancellation of the application to complex care was a milestone and his family were thankful that Harry would not have to experience another change in environment, potentially worsening his behaviours. Harry's family is very thankful of the staff of the John Noble Home.

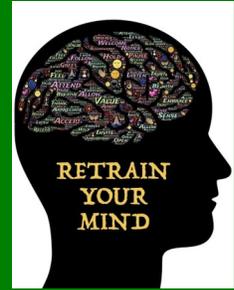


## Self-care “Staycation”

“Anxiety and depression rates are soaring. We live by the incessant battering of bings, swipes, scrolls, and notifications of our devices. The sharp rise in popularity of self-care, mindfulness, minimalism, journaling, mental health awareness, and all things wellbeing in recent years goes to show that we’re seeking solutions to the noise, pressure, societal expectations, comparison traps, and volatile political climate that has us all feeling worn down and not living our best lives. Naturally, wellness retreats are on the rise too as an antidote to the toll daily stress takes on our mind, body, spirit. Who wouldn’t want to escape everyday pressures to luxuriate in pool-side pampering sessions and eat healthy meals under swaying palms? But what’s one to do if time, money, or the ability to sip green juice on the beach for days on end are in short supply? Give yourself a self-care staycation anytime, anywhere.” (information found on: [www.theresetritual.com](http://www.theresetritual.com))

Here are a few website to guide you into your self-care staycation:

- [www.theresetritual.com](http://www.theresetritual.com)
- [www.livingly.com](http://www.livingly.com)
- [www.theconfusedmillennial.com](http://www.theconfusedmillennial.com)
- [www.gr8ness.com](http://www.gr8ness.com)



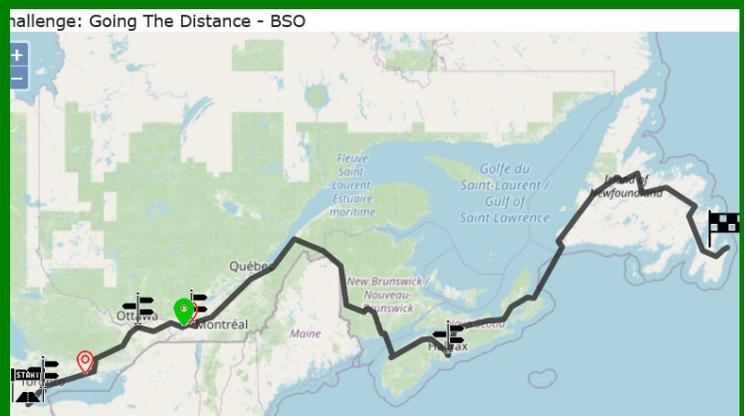
In August, we are thrilled to welcome several new colleagues:

- ◆ Rachel Blenkinsop, CC in Brant
- ◆ Rose Snowdon, CSW in Burlington
- ◆ Bailey Kober, CSW in Brant
- ◆ Alexis Mabon, Mobile Social Worker
- ◆ Nicole Lake, BL in Brant

We look forward to getting to know you! We also wish the very best success to our colleagues Breeann Bridgman - CSW Burlington and Krishna Mopera - CC Hamilton who are leaving this month. Goodbye!

## BSO distance Challenge!

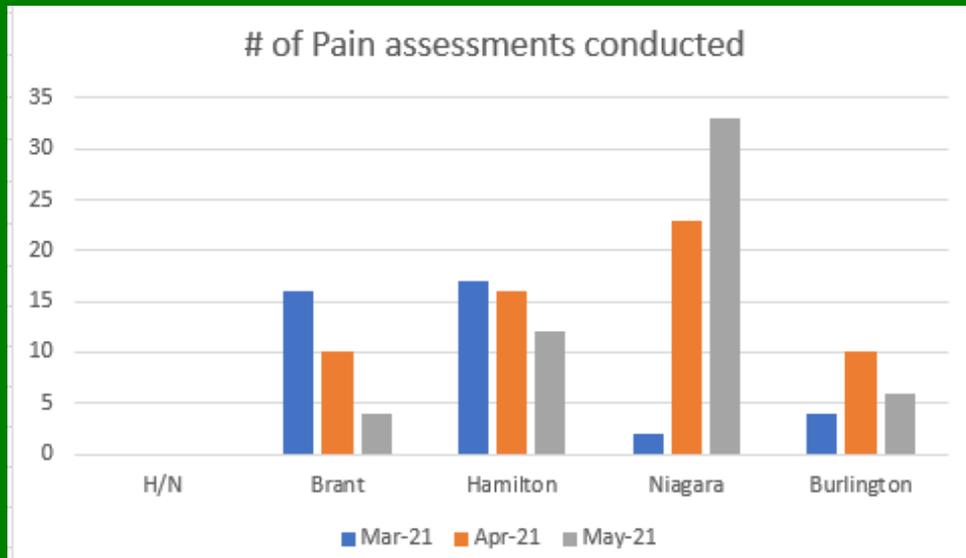
On August 1st, BSO team accepted the challenge to travel towards our virtual destination of Trapper Johns Newfoundland! Together, through hiking, biking & running outside of working hours, the Happy Feet, the Twisted Blisters and the Run Like the Winded teams have travelled 781 kilometers so far!



## Assessment & Management of Pain Guideline Implementation

We are sharing our first results with regards to the number of BSO pain screeners & pain assessments that were conducted by BSO staff since March 2021.

Thank you for continuing to capture your pain screeners or pain assessments on your tracking sheet!



## Person-and-family-centred care Guideline Implementation

