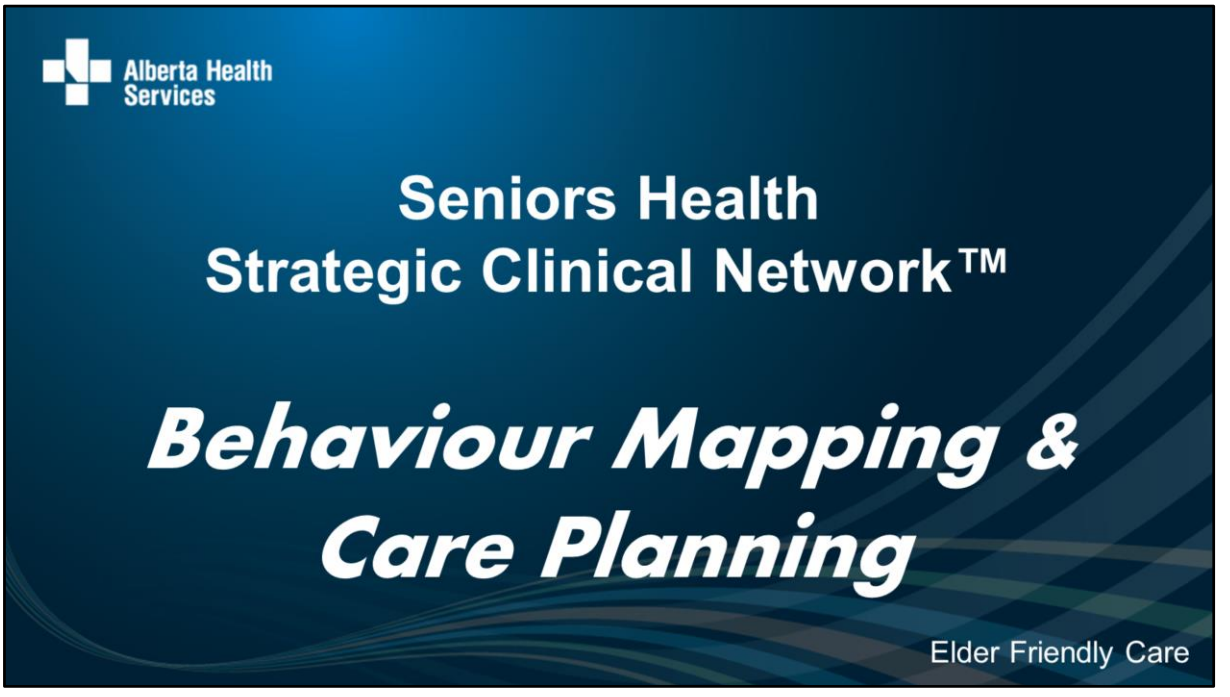
Alberta Health Services
Seniors Health
Strategic Clinical Network™
Behaviour Mapping & Care Planning
Elder Friendly Care

Alberta Health Services

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Resources to Support this Presentation

- Behaviour Mapping Chart: Form #19895

https://www.albertahealthservices.ca/frm-19895.pdf

- Behaviour Mapping Guide

https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-efc-behaviour-map-guide.pdf

- Behaviour Mapping Process

https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-srs-efc-behaviour-map-process.pdf

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https://www.youtube.com/watch?v=hqKY9v5x2Kg

It's important for us to recognize what patients are trying to tell us through their behaviours. Sometimes they are saying "come closer", and sometimes they are saying "stay away".

When they're asking us to come closer, they may be trying to tell us about:
- unmet needs for comfort
- the need to use the bathroom
- boredom
- loneliness

When their behaviours ask us to go away, they may be trying to communicate:
- confusion from medications
- too much overstimulation
- feeling psychologically unsafe

WHY behaviour map?

The goal of behaviour mapping is to build on the information provided by the family, care partners and/or facility, to create a person-centred care plan.

This means personal preferences, behavioural triggers and effective interventions are included in the care plan.

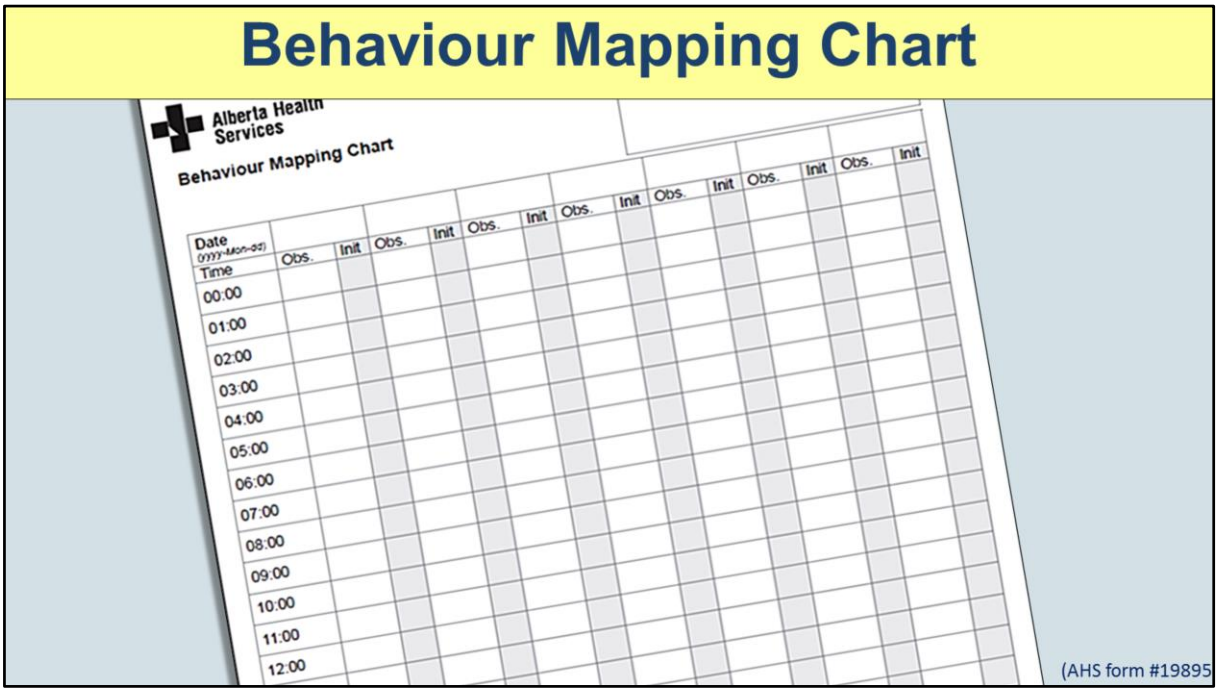
Behaviour mapping also supports:

Restraint as a last resort. Person-centered strategies are usually more effective than pharmacologic restraints such as antipsychotics (e.g. quetiapine, olanzapine).

Monitoring for improved or worsening behaviours in response to changes in medication, care approaches and routines.

Discharge planning and successful transitions from acute care to long term care or supportive living facilities.

Behaviour Mapping Chart

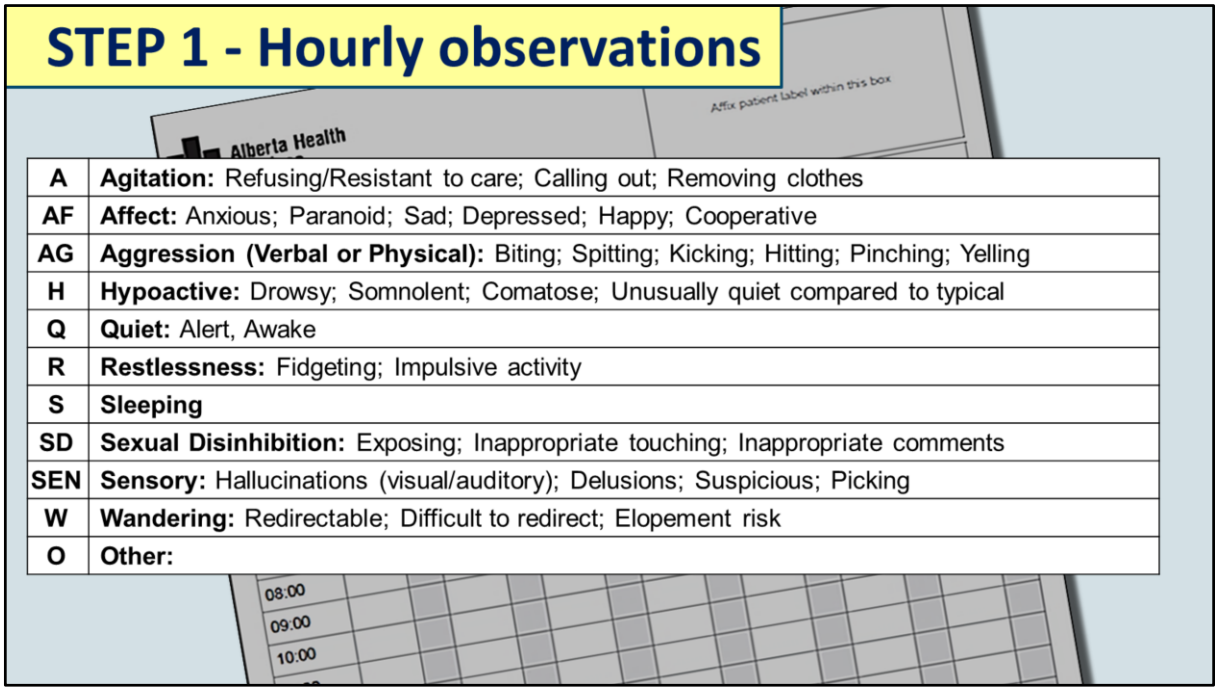


AHS has developed a form to allow easy recording of observations. The format helps us notice trends in responsive behaviours across time.

Behaviour mapping is a two-step process aiding us to gather useful information that helps us understand the person.

1. Hourly Observations
2. Descriptive notes in the Multidisciplinary Progress Record (MPR)

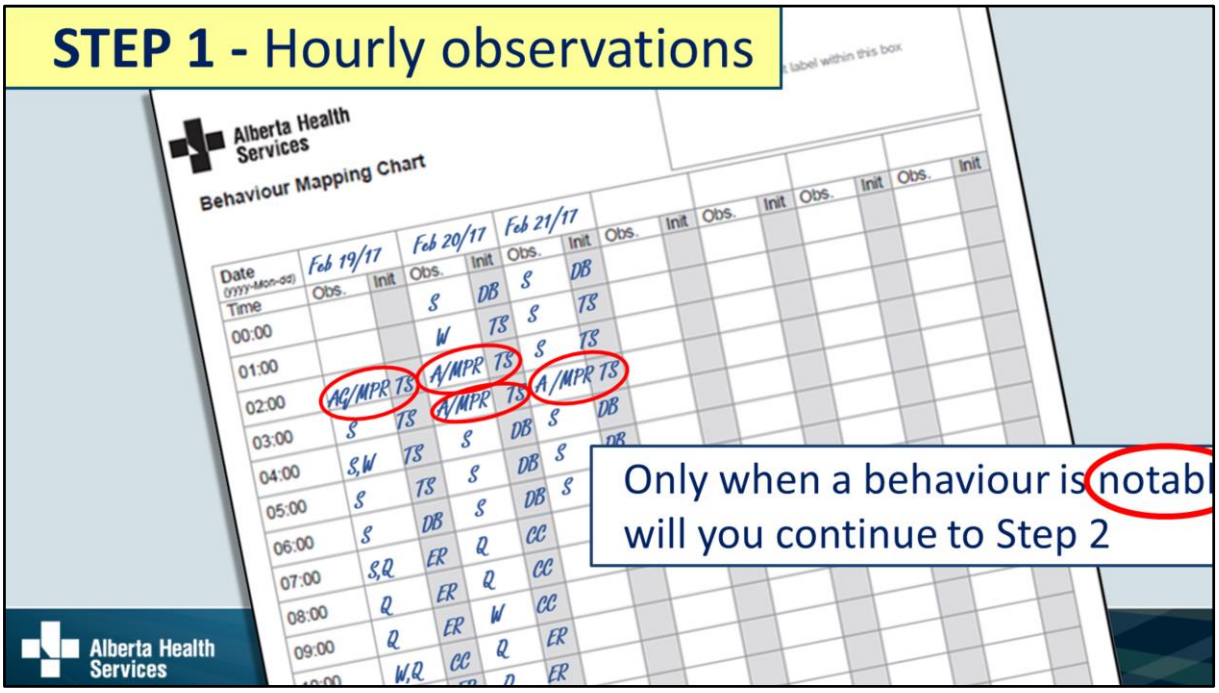
AHS Form # 19895



A	**Agitation:** Refusing/Resistant to care; Calling out; Removing clothes
AF	**Affect:** Anxious; Paranoid; Sad; Depressed; Happy; Cooperative
AG	**Aggression (Verbal or Physical):** Biting; Spitting; Kicking; Hitting; Pinching; Yelling
H	**Hypoactive:** Drowsy; Somnolent; Comatose; Unusually quiet compared to typical
Q	**Quiet:** Alert, Awake
R	**Restlessness:** Fidgeting; Impulsive activity
S	**Sleeping**
SD	**Sexual Disinhibition:** Exposing; Inappropriate touching; Inappropriate comments
SEN	**Sensory:** Hallucinations (visual/auditory); Delusions; Suspicious; Picking
W	**Wandering:** Redirectable; Difficult to redirect; Elopement risk
O	**Other:**

The legend on the back of the form guides the documentation of hourly observations, e.g. Q for quiet, alert and awake, AG for Aggression (verbal or physical).

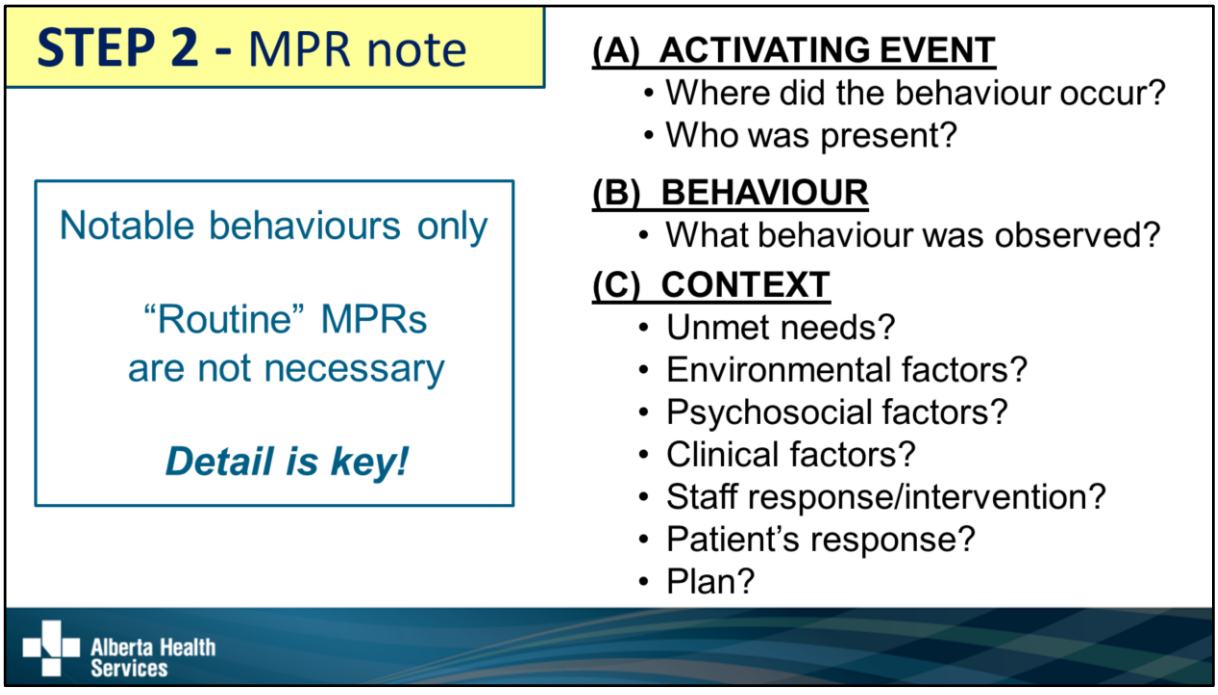
A 24 hour record helps to show how behaviours relate to important daily patterns such as eating and sleeping, and unit routines such as shift change.



If the person's behaviour is not a responsive behaviour, simply record the "S" for sleeping or the Q for quiet, alert and awake etc.

Enter only letters in the "observation" ("obs") column on the chart. Other than the recorder's initials, no further observational detail is placed on the behaviour mapping chart.

When a behaviour is notable e.g. a responsive behaviour such as aggression, continue to Step 2: an MPR note.

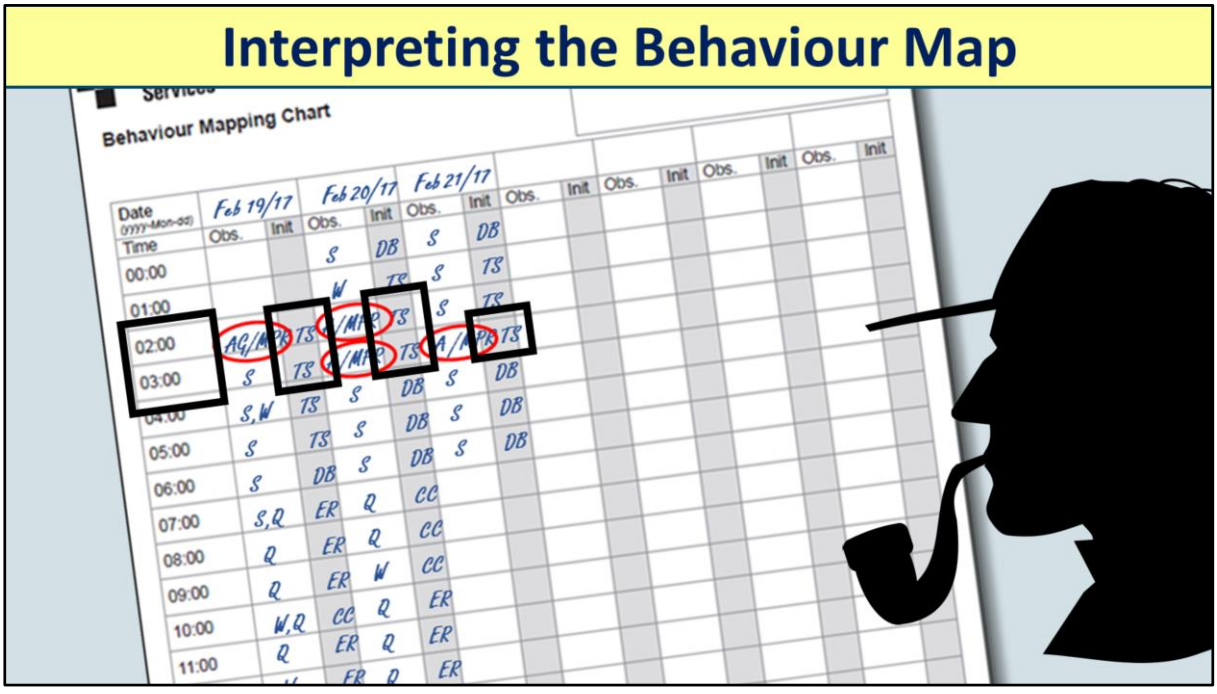


Note: MPR notes are only for notable (*responsive)* behaviours. Don't create "routine" MPR notes to sum up an entire shift or day. These create more work both for the writer and for the person later reading the notes for triggers and trends of behaviours.

Detail is important. More detail provides more clues to understand what the patient is trying to tell us.

If focus charting is used, the focus word is "Behaviour Mapping".

Interpreting the Behaviour Map



You are ready to make a care plan once you have enough hourly entries to note trends, and/or enough MPR notes to examine behaviours. No more than two weeks should be allowed to elapse before care planning is addressed. Usually it is possible to start much earlier, sometimes on the first day of behaviour mapping or with a single MPR note.

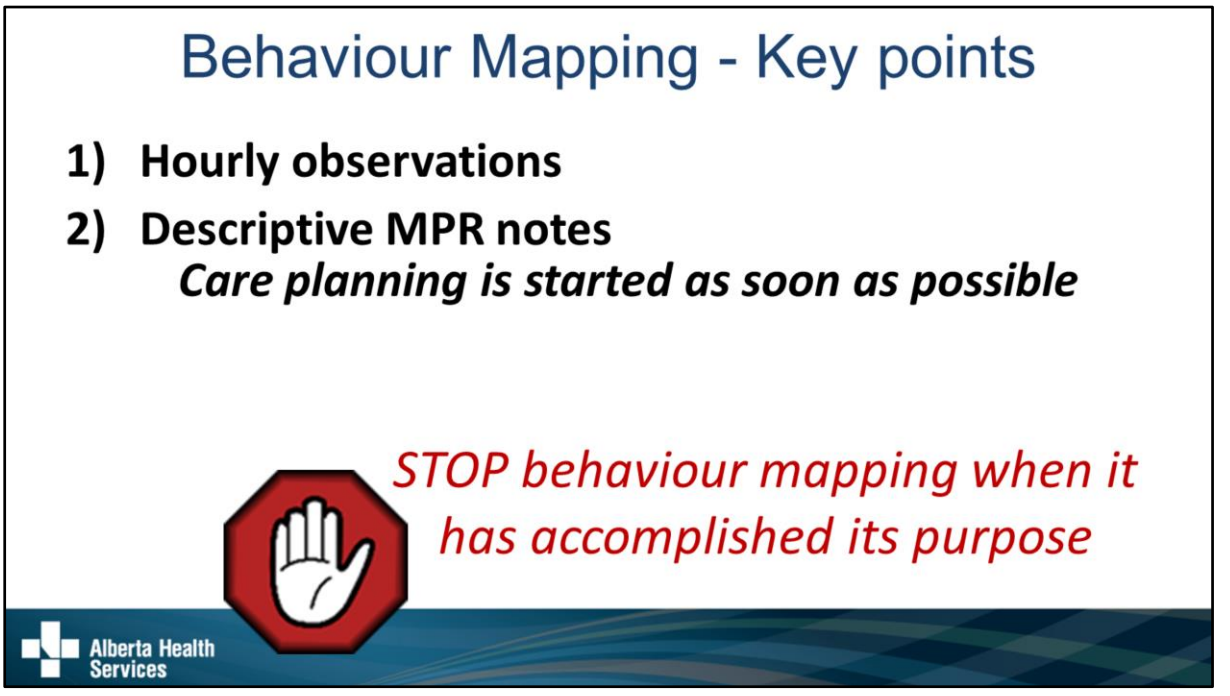
To create a care plan (or to update an existing care plan):

First – look at the Behaviour Mapping Chart. Look for trends over certain times of the day or with certain people.

Consider what might be contributing to the trend.

In this example one might notice that the person has woken 3 days in a row in the early morning and has been aggressive or agitated. We could ask:

- Did the person sleep too much in the daytime?
- Why is this person agitated or aggressive? Are they frightened when waking because it is too dark? Do they prefer dark and it is too light? Was there a noise that might have startled them?
- Could there be unmet needs contributing to the behaviour (e.g. discomfort from a full bladder? Pain? Cold?)
- Was this person given evening sedation? These medications often cause confusion in the elderly.
- All the entries were made by one care provider (“TS”). Perhaps this caregiver is inadvertently triggering the behaviour or could provide more information.



Summary: Behaviour mapping is a 2 step process.

1. Hourly observations of behaviours
2. Descriptive MPR notes for notable behaviours only

Care planning is started as soon as possible and not longer than 2 weeks from initiation of behaviour mapping.

If focus charting is used, the focus word is “Behaviour Mapping”.

Behaviour mapping is not meant to go on forever. It is done for the purpose of creating a care plan that decreases responsive behaviours and restraint so the person can be discharged from acute care.

If or when responsive behaviours appear again – restart mapping until you can modify the care plan to more effectively prevent or manage responsive behaviours.

Sample Care Plan

Likes: Prefers to be called “Mister Smith”

Dislikes: bananas, gravy

Triggers: becomes agitated if cold during showers, agitated without his eyeglasses. Removes clothes when itchy; lotion for dry skin nightly.

Behaviour: If refuses care, take for a walk then try again. Enjoys 1960s rock music - CDs at bedside

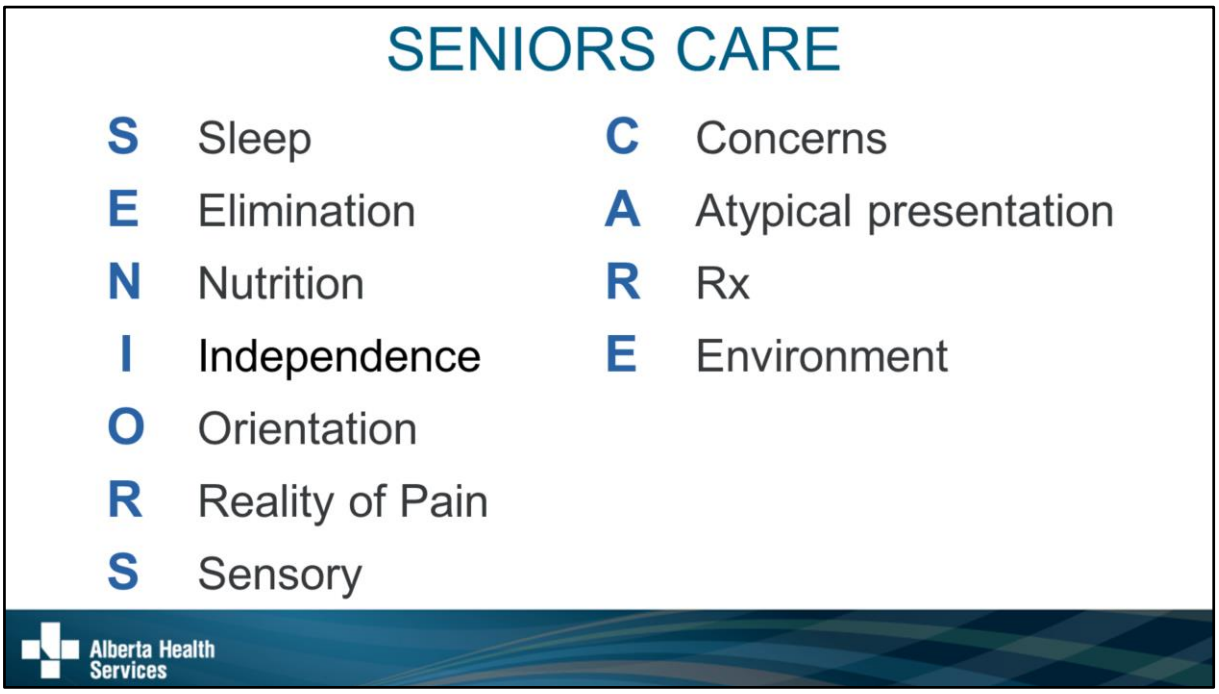
Routine: up by 0930, limit daytime nap to 45 minutes

Safety: approach from right side (L side visual neglect post stroke). Elopement risk: frequent safety checks.

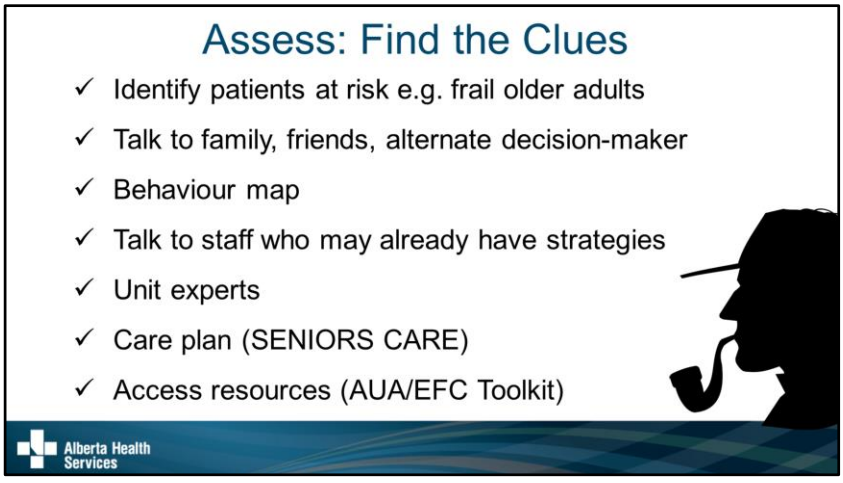
This is an example of how you might use the behaviour map, along with conversations with the family and other care providers to set up a care plan for responsive behaviours.

Entries under each of these headings will be person-centered and take into account the person’s preferences.

Consider how you will share this care plan with other caregivers, so that consistent care can be provided.



Other things to consider as part of the care plan. Older adults have unique needs. For more information, see the Elder Friendly Care Toolkit



Deciphering the responsive behaviours of persons with dementia often requires serious detective work. Behaviour mapping is one way to discover clues about what patients are trying to tell us, so that we can develop person-centered care plans and a more consistent, effective approach.

Other considerations:

- Identify patients at risk e.g. frail older adults

Edmonton frailty scale; Dalhousie – are you using any of these – how?

- Talk to family, friends, alternate decision-maker
  - How do you include?
  - Consider a supported decision maker
  - Getting to know you form (ask family to fill it out?)
- Behaviour map
  - What are you currently using?
  - Pitfalls, tips
  - Any notable behavior, not just negative behavior
  - Look for periods of calm
  - Look for relationship to sleep, visitors, meal times, pain…
  - Triggers, trends, effective interventions
- Talk to staff – who may have strategies
- Talk to Unit/Facility experts: PIECES, seniors health resource person, PIECES trained, Gerontology certification, Supportive Pathways
- Access resources: AUA Toolkit, Curbside Consultations, Teepa Snow Alzheimers Society

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