

Managing Environmental Factors to Enhance Behavioural Outcomes

Purpose of this information:

A supportive environment will help the person maintain his or her abilities; if not, it may lead to behavioural changes such as increased disorientation, frustration, or fear. (Reference: PIECES, 6th edition, page 43)

THERAPEUTIC GOAL	STRATEGIES AND RECOMMENDATIONS
<i>Orient the person to the environment</i>	<p>Objective: Provide visual/sensory cues to:</p> <ul style="list-style-type: none"> • assist the resident to find their room or bathroom with universal way finding signage and symbols, which should be eye level from resident’s perspective; • use the toilet for voiding purposes; • find the activities located in the facility such as the dining room for meals; lounge for reading; activity room for games, watching a film; • assist with getting dressed by promoting clothing choices and laying out clothes in the correct sequential order; • personalize room and door entrance to enhance identification by resident – consider objects, pictures that support resident with ease of self-identification; • use clocks/calendars, window covering to assist with orientation to time as preferred; • use annual seasonal and celebratory decoration that is age and culturally appropriate; • ensure placement of personal and furniture items are not disrupted by staff;
<p><i>Stimulate the Person’s Senses</i></p> <p>Hearing</p> <p>Seeing</p> <p>Smelling</p> <p>Tasting</p> <p>Touching</p>	<p>Objective: Support functional abilities by promoting integrated use of sensory abilities:</p> <ul style="list-style-type: none"> • Consider the impact of background noise from staff conversations, TV’s, call or alarm bells, overhead pagers, medication crushers, rolling carts, facility phones, ice machines, etc and reduce or disable; • Close doors or windows to muffle loud sounds (e.g., floor cleaner, lawn mower, etc.); • Speak English or the resident’s language. <ul style="list-style-type: none"> • Provide access to personal items in front visual field (not peripheral field of vision); • Avoid use of dark floor mats in resident areas; • Provide visual contrast with table setting for meals; • Recommend the use of engaging wall décor using warm colours. Minimizing green/blue in close proximity and the use of bold patterns and pastel colours; • Avoid standing in front of windows while speaking with the resident; • Cover mirrors if the resident appears distressed and doesn’t recognize him or herself; • Close curtains at night, open during day. Turn lights on during day during daily living activities. <ul style="list-style-type: none"> • Minimize or eliminate offensive odours; • Involve recreation in therapeutic activities that promote home-like smells; <ul style="list-style-type: none"> • Involve recreation in therapeutic activities related to food preferences; • Involve dietician to meet the resident’s individual food and fluid preferences; <ul style="list-style-type: none"> • Involve recreation in therapeutic activities involving textures and touch; • Use warmed blankets and towels to comfort; • Provide hand massages with lotion or back massages.
<i>Provide for privacy, control and autonomy</i>	<p>Objective: Reduce emotional and behavioural distress when a resident believes his or her personal space is threatened, or feel overwhelmed by loss of choice and control.</p> <ul style="list-style-type: none"> • Promote privacy in shared rooms with screens, curtains, scheduling care while room-mates are away;

P.I.E.C.E.S. Consult Group (2008). Putting the P.I.E.C.E.S. Together. A Model for Collaborative Care and Changing Practice (6th ed.). Canada.

<http://www.ccsmh.ca/en/designPrinciples.cfm>

Code Plus: Physical Design Components for an Elderly Friendly Hospital, Fraser Health Authority

Cecil G. Sheps Centre for Health Services Research (2009). Therapeutic Environment Screening Survey for Nursing Homes.

Privacy	<ul style="list-style-type: none"> • Knock before entering; • Create opportunities for quiet times in quiet spaces as needed by the person, balanced with periods of meaning activity and engagement; • Bathe with minimal required staff ; avoid other staff interruptions into bathing area; avoid bathing two residents at once; door should be closed or curtain drawn if door must be open for safety; • Ensure privacy while resident uses the toilet.
Personal control	<p>Objective: Provide visual/sensory cues to:</p> <ul style="list-style-type: none"> • Offer choices (e.g., wake-sleep routines, food, drink, clothing, activity participation); • Respect resident decisions; • Honour personal routines identified from life patterns and provided in a setting as close to the individual’s natural, nurturing environment as possible; • Introduce self as often as needed; wear nametag; • Ensure that bed position controls and call bell can be reached by the resident.
Continuity of self	<ul style="list-style-type: none"> • Decorate using home-like, age appropriate and familiar items (e.g., pictures, afghan, mementos); • Create safe space for personal items (e.g., hair brush, make-up, purse, wallet, jewelry, etc. • Minimize the visibility of institutional staff supplies and equipment (e.g., lifts, laundry bags, etc.) to promote home-like setting; • Display staff notices/reminders in staff-only areas.
Maximize safety & security	<p>Objective: Prevent unplanned exiting from the care environment by residents with dementia who are in danger of becoming lost:</p>
Exit Control	<ul style="list-style-type: none"> • Disguise doors and door handles as part of an alternate décor (e.g., bookshelves, Velcro door guard STOP sign); • Consider using dark mats in front of stairwell, elevator to deter exit; • Create interesting sitting areas at the end of long hallways; • Ensure that locked doors are not propped open even temporarily; • Respond quickly to exit alarms; • Implement the principles of search and rescue as described in Alzheimer Society of Canada website: <i>Search is an Emergency</i> if a resident exits out of a secured environment.

P.I.E.C.E.S. Consult Group (2008). Putting the P.I.E.C.E.S. Together. A Model for Collaborative Care and Changing Practice (6th ed.). Canada.

<http://www.ccsmh.ca/en/designPrinciples.cfm>

Code Plus: Physical Design Components for an Elderly Friendly Hospital, Fraser Health Authority

Cecil G. Sheps Centre for Health Services Research (2009). Therapeutic Environment Screening Survey for Nursing Homes.