HALT UPDATE

WOW! I can’t believe that the end of 2014 is upon us and I’m writing the 3rd HALT newsletter. It is now almost 12 months since the first of our HALT facilities was recruited and as of last week we have locked in our final facility making a grand total of 25. We have again expanded our HALT recruitment zone to include facilities in the North/Northern Beaches areas of Sydney as well as Western, Inner West of Sydney and Illawarra locations. On page 2 there is a full list of HALT facilities and we thank all managers and staff for their commitment and support for this important project.

It is now a very busy time for the HALT Team as we have residents in our first wave of facilities commencing deprescribing, we have a second group of residents moving into this phase in the New Year and of course our newest champions are currently helping us to identify participants that may benefit from participation in the project.

The 4th and final HALT Champion workshop was held at the UNSW Australia in the last week of November, with 23 eager participants coming along to learn from an expert in Person Centred Care and non-pharmacological behaviour management, Professor Lynn Chenoweth. As always this workshop received positive feedback and we thank Professor Chenoweth for sharing her knowledge and experience with our Champions.

From the entire HALT Team I wish you a happy, safe and restful holiday season!

See you in 2015,

Tiffany

Tiffany Jessop
(HALT Project Coordinator)
Do you know how to recognise if a person has delirium?

Characteristics of delirium are:

- **sudden, acute onset** over hours or days
- **altered consciousness or awareness** disorientation
- **fluctuating presentation**: at times may appear to be functioning normally, at other times appears very confused and disorganised; similarly agitation may alternate with withdrawal
- **inattention**: unable to focus on conversations, with wandering thoughts and disorganised.

Use the **Confusion Assessment Method** (available at the Dementia Outcomes Measurement Suite) to help identify delirium.

This figure is adapted from the NSW Health “Assessment and Management of People with Behavioural and Psychological Symptoms of Dementia (BPSD)” guidelines (http://www.health.nsw.gov.au/dementia/Pages/assessment-mgmt-people-bpsd.aspx).

This is a powerful and thought provoking insight into what may be experienced by a person with dementia versus what the carers or clinicians see as ‘challenging behaviours’. One of the key HALT messages is to see resident behaviour as a way of communicating their unmet needs and taking an individualised approach to meeting those needs.

It is essential to treat each resident as an individual with unique preferences, cultural background, values and a lifetime of experiences that may all impact how they react to certain situations. Changing the way we view BPSD is the first step to achieving change in the way we care for people experiencing these symptoms.
CHAMPIONING THE HALT MESSAGE

Sarah Hughes – The Montefiore Home Hunters Hill

What were your initial thoughts about the HALT project?
My initial thoughts of the project were like everyone else’s “oh no we are taking away the anti-psychotic medication; it’s going to be mayhem in the unit”. But I tried to keep an open mind and after training with Lynn I was eager to see the effects of the person centred care and see if this actually worked on the floor. Because sometimes projects are a nice idea but making them work on the floor is often a different matter.

What was the most beneficial part of the workshop with Professor Chenoweth?
I felt the workshops with Lynn were good because it reinforced the importance of person centred care, the actual training was a while ago therefore I can’t remember a particular part but on the whole I felt the workshops were beneficial especially when providing education to the staff I reflected on a lot of the training when supporting staff.

What has been the most surprising / interesting outcome so far?
The most surprising outcome is that through interactive education sessions and micro training we have changed the attitudes of staff regarding antipsychotic medication. I think that it’s evident that the project has greatly benefited our residents, as there have been no major incidents of behaviours that cannot be managed with the planned non-pharmacological strategies. It has been observed that the HALT residents are more alert, communicating and interacting more with staff. For example one of our residents - she was previously always tired and easily irritated when staff woke her she often displayed verbal and physical behaviours, since de-prescribing there have been no increase in behaviours (some behaviours remain) but it has been reported that she now sits in the lounge with the other residents, and only last week she participated in the Hallal baking activity telling the diversional therapist that she used to bake this for her family and actually pleating the dough (This is something she has never done before). Overall the HALT project was something completely new that we brought to Shirah and I think it has had a positive impact on the unit as a whole (including residents and staff involved).

What do you think needs to change (system-wise) to facilitate implementation of HALT principals across all aged care facilities?
I think that education and funding for more staff is needed to be able to facilitate implementation of HALT principles across aged care facilities. HALT champions are essential to the project functioning therefore funding, education and staff would need to be addressed in facilities to make it successful.

HALT SUPPORTERS

As always we thank all of our collaborators and supporters for their assistance with this project throughout 2014.

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