

ANTIPSYCHOTIC REDUCTION IN DEMENTIA

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MOQI

CMS AWARDED AN INITIATIVE GRANT OF 14.8 MILLION DOLLARS TO UNIVERSITY OF MISSOURI, COLUMBIA WHO PARTNERED WITH NATIONAL HEALTH CARE (NHC) IN DESLOGE AND T&C, MISSOURI AND 15 OTHER MISSOURI NURSING HOMES WITH GOALS OF:

1. REDUCING AVOIDABLE HOSPITALIZATIONS BY RECOGNIZING ILLNESS EARLY
2. REDUCING ANTIPSYCHOTICS IN DEMENTIA
3. REDUCING POLYPHARMACY
4. INCREASING ADVANCE DIRECTIVE DISCUSSIONS



American Healthcare Association Presentation

MISSOURI QUALITY INITIATIVE FOR NURSING HOMES (MOQI)
NHC HEALTHCARE, DESLOGE
ANTIPSYCHOTIC ELIMINATION SUCCESS STORY

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BACKGROUND

- Centers for Medicare & Medicaid Services
- University of Missouri - Columbia
- National Healthcare Delege, Missouri

GOALS

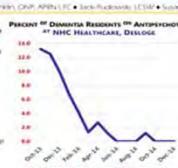
- Reduce avoidable hospitalizations
- Eliminate antipsychotics in dementia
- Reduce polypharmacy
- Advance advance directives

METHODS

- Identify areas for work
- Recruit participants to implement
- Use 100% observational assessments
- Identify and eliminate barriers
- Develop training materials
- Implement training
- Monitor and evaluate progress
- Adjust and refine as needed
- Communicate and report progress

CHALLENGES

- Staff resistance to change
- Change in medication management
- Staff not understanding importance
- Staff not participating in their own care
- Staff not understanding importance
- Staff not understanding importance
- Staff not understanding importance



PERCENT OF DEMENTIA RESIDENTS ON ANTIPSYCHOTICS AT NHC HEALTHCARE, DESLOGE

SUSTAINABILITY

- Current medication monitoring
- Medication review by nurses and pharmacist
- Education on medication management

BOTTOM LINE

Eliminated antipsychotics in dementia residents

- Eliminated antipsychotics in dementia residents

BUSINESS OUTCOMES

- Staff own ownership
- Improved patient care

Non-Pharmacological Care is "PRICELESS"

WHAT OUR APRN DOES

- EDUCATES
- ENCOURAGES THE USE OF INTERACT TOOLS
- BECOMES PART OF OUR TEAM
- MEDICAL RECORDS REVIEWS
- MEDICATION REVIEW AND MANAGEMENT
- MODELS ASSESSMENT SKILLS AND PHYSICIAN CALLS
- PARTICIPATES IN END OF LIFE DISCUSSIONS

Interact tools

- Stop and Watch
- S BAR
- Advance Care Tracking Form
- Quality Improvement tool to determine the root cause and trends of transfers
- Care Path Book
- <https://interact2.net/>

Challenges to our program

- Fear of change
- Fear of more work
- Personal conflicts regarding who knows best for our residents
- Recognizing various levels of education
- Buy in at all levels
- Physician liability concerns
- Families

STUDIES SHOW AVERAGE NURSING HOME PER YEAR:

- HAS 135 ADVERSE DRUG EVENTS
- CREDITED 93,000 DEATHS
- COST \$ 4 BILLION



ANTIPSYCHOTICS WOULD YOU GIVE THIS DRUG TO YOUR MOTHER

- CAUSED ASPIRATION
- MADE HER DRINK LESS WELL
- COULD MAKE HER MORE AGITATED
- INCREASE FALLING AND HIP FRACTURES
- INCREASED ASPIRATION PNEUMONIA
- INCREASED CHANCES OF DYING BY 10%
- DIDN'T WORK





THE FOOD AND DRUG ADMINISTRATION WARNED IN 2005

- ANTIPSYCHOTIC MEDICATIONS ARE OFF-LABEL IN DEMENTIA WITH A "BLACK BOX" WARNING.
- ANTIPSYCHOTIC USE IN ELDERS, INCREASES MORTALITY RISK ESTIMATED AT 1.6-1.7 TIMES HIGHER THAN THOSE NOT TAKING ANTIPSYCHOTICS.
- ELDERLY NH RESIDENTS ACCOUNT FOR 20% OR (\$1.7 MILLION) ATYPICAL ANTIPSYCHOTICS



WHY THE CONCERN FOR ANTIPSYCHOTIC USE?

ASSOCIATED WITH INCREASED RISK OF STROKE, FALLS, DYSPHAGIA AND OTHER NEUROLOGIC RISK

NO VALUE OF ANTIPSYCHOTICS IN TREATMENT OF BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

CMS'S QM/QI REPORT (JULY - SEPTEMBER 2010) SHOWED 39.4% OF NURSING HOME RESIDENTS NATIONWIDE WHO HAD COGNITIVE IMPAIRMENT AND BEHAVIORAL PROBLEMS BUT NO DIAGNOSIS OF PSYCHOSIS OR RELATED CONDITIONS RECEIVED ANTIPSYCHOTIC DRUGS



excellent
 good
 average
 poor

NEW SURVEYOR GUIDANCE KEY PRINCIPLES

PERSON CENTERED CARE

QUANTITY AND QUALITY OF STAFF

THOROUGH EVALUATION OF NEW OR WORSENING BEHAVIORS

INDIVIDUALIZED APPROACHES TO CARE

CRITICAL THINKING RELATED TO ANTIPSYCHOTIC DRUG USE

INTERVIEWS WITH PRESCRIBERS

ENGAGEMENT OF RESIDENT IN DECISION MAKING

WHAT WAS THE BEHAVIOR TRYING TO COMMUNICATE?

WHAT WERE THE POSSIBLE REASONS FOR THE PERSON'S BEHAVIOR ?

WHAT OTHER APPROACHES OR INTERVENTIONS WERE ATTEMPTED?

WAS THE FAMILY OR REPRESENTATIVE CONTACTED PRIOR TO INITIATING RX

WAS THE MEDICATION CLINICALLY INDICATED AND NECESSARY TO TREAT A SPECIFIC CONDITION AND TARGET SYMPTOMS AS DIAGNOSED AND DOCUMENTED IN THE RECORD?

WAS THE LOWEST POSSIBLE DOSAGE USED ?

WERE GRADUAL DOSE REDUCTIONS PLANNED OR DONE?

WAS THE PCP INVOLVED IN THE CARE PLANNING PROCESS ?

HOW IS MONITORING DONE?

IF THERE IS A DECLINE IN FUNCTION, WORSENING BEHAVIOR, SUBOPTIMAL IMPROVEMENT, OR RESIDENT REFUSAL/RESISTANCE, THE CARE PLAN APPROACHES SHOULD BE REVIEWED/REVISED/UPDATED AS APPROPRIATE



FIGURE OUT ROOT CAUSE OF BEHAVIOR

"COMMON PRACTICE TO USE VARIOUS TYPES OF PSYCHOPHARMACOLOGICAL MEDICATIONS IN NURSING HOMES TO TRY TO ADDRESS BEHAVIORS WITHOUT FIRST DETERMINING WHETHER THERE IS A

- MEDICAL,
- PHYSICAL,
- FUNCTIONAL,
- PSYCHOLOGICAL,
- EMOTIONAL,
- PSYCHIATRIC,
- SOCIAL OR
- ENVIRONMENTAL

CAUSE OF THE BEHAVIORS"



INDIVIDUAL APPROACHES & TREATMENT

CORRECT CARE PLAN IMPLEMENTATION

IDENTIFY AND DOCUMENT SPECIFIC TARGET BEHAVIORS AND DESIRED OUTCOMES

IMPLEMENT PERSON-CENTERED INTERVENTIONS

DOCUMENT RESULTS AND COMMUNICATE

CONSISTENTLY IMPLEMENT CARE PLAN, ACROSS TIME SHIFTS STAFFING AND STAFF TRAINING

PROVIDE STAFF (QUANTITY AND QUALITY) TO MEET RESIDENT NEEDS.

STRIVE TO STAFF TO OPTIMIZE RESIDENT FAMILIARITY.

QUALITY STAFFING INCLUDES CNA COMPETENCY IN SKILLS / TECHNIQUES NECESSARY TO CARE FOR INDIVIDUAL DEMENTIA NEEDS

MUST RECEIVE AN ANNUAL PERFORMANCE REVIEW AND RECEIVE REGULAR IN- SERVICE EDUCATION BASED ON OUTCOMES.

THE FACILITY MUST PROVIDE TRAINING IN DEMENTIA CARE / WHEN HIRED AND ANNUALLY

FACILITIES MAY HAVE SYSTEMS TO ASSIST STAFF WITH CAREGIVER STRESS.



KEY CONSIDERATIONS TO HELP PREVENT BEHAVIORAL SYMPTOMS

EFFECTIVELY COMMUNICATE:

- USE CALM VOICE OFFER NO MORE THAN TWO CHOICES
- DO NOT USE OPEN-ENDED QUESTIONS
- KEEP IT SIMPLE – DO NOT OVER EXPLAIN OR DISCUSS EVENTS
- ATTEND TO RESIDENT’S NONVERBAL COMMUNICATIONS
- GRIMACING MAY BE A SIGN OF PAIN
- RINGING HANDS MAY BE A SIGN OF ANXIETY



RELAX THE RULES - NO RIGHT OR WRONG WAY IF SAFE

- ESTABLISH A STRUCTURED DAILY ROUTINE FOR RESIDENT THAT IS PREDICTABLE
- KEEP RESIDENT ENGAGED IN ACTIVITIES OF INTEREST AND MATCH CAPABILITIES
- USE CUEING STRATEGIES (E.G., TOUCH, VERBAL DIRECTIONS)
- HELP INITIATE, SEQUENCE, AND EXECUTE DAILY ACTIVITIES
- UNDERSTAND BEHAVIORS ARE NOT INTENTIONAL BUT ARE AN EROSION IN THE PERSON’S ABILITY TO INITIATE OR COMPREHEND TASK OR PURPOSE
- INFORM PHYSICIAN IMMEDIATELY OF CHANGES IN BEHAVIOR AS THEY OCCUR (E.G., SLEEP DISRUPTIONS, WITHDRAWAL, INCREASED CONFUSION)



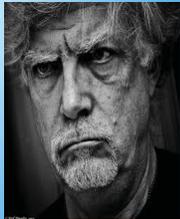
ASSESS BEHAVIOR

- HOW OFTEN DID THE BEHAVIOR OCCUR IN THE PAST WEEK/MONTH?
- WHERE DOES THE BEHAVIOR OCCUR?
- IS THERE A PARTICULAR ROOM/SETTING WITHIN THE FACILITY WHERE THE BEHAVIOR OCCURS (E.G., DURING ACTIVITIES, IN DINING ROOM, IN PERSON’S OWN ROOM WITH DAILY CARE ROUTINES)?
- CAN YOU RECOGNIZE ANY PATTERNS?
- DOES THE BEHAVIOR HAPPEN AT THE SAME TIME EVERY DAY?
- WHAT HAPPENS RIGHT BEFORE THE BEHAVIOR OCCURS?
- WHO IS AROUND WHEN THE BEHAVIOR OCCURS AND HOW DO THEY REACT?
- WHAT IS THE ENVIRONMENT LIKE WHERE THE BEHAVIOR OCCURS?
- IS THERE A LOT OF STIMULATION (TELEVISION, NOISE, PEOPLE)?
- HOW WOULD YOU LIKE THIS BEHAVIOR TO CHANGE?
- WHEN WOULD YOU CONSIDER THE PROBLEM “SOLVED”?



DESCRIBING BEHAVIORAL SYMPTOMS

- WHAT IS THE BEHAVIOR?
- CAN YOU DESCRIBE THE BEHAVIOR?
- WHAT DID HE/SHE DO?
- WHAT DID HE/SHE SAY?
- WHAT DID YOU DO AND SAY?
- WHY IS THIS BEHAVIOR A PROBLEM?
- WHAT ABOUT IT REALLY GETS TO YOU OR MAKES YOU UPSET?
- WHEN DOES THE BEHAVIOR OCCUR?
- WHAT TIME OF DAY?
- WHAT DAY(S) OF THE WEEK?



CAREGIVER BASED FACTORS

- COMMUNICATIONS TOO COMPLEX
- EMOTIONAL TONE IS HARSH
- HIGH LEVEL OF DISTRESS
- LACK OF AVAILABILITY (STAFFING ISSUES)
- POOR HEALTH STATUS
- EXPECTATIONS ARE TOO HIGH OR TOO LOW
- CULTURAL EXPECTATIONS /VALUES/BELIEFS NOT GOOD FIT WITH CARE NEEDS
- STYLE OF CAREGIVING NOT GOOD FIT POOR RELATIONSHIP WITH RESIDENT
- LACK OF EDUCATION ABOUT DISEASE AND BEHAVIORS
- LACK OF SUPPORTIVE NETWORK OR SYSTEM WITHIN FACILITY FOR DEMENTIA CARE
- LIMITED OPPORTUNITIES FOR RESPITE
- STRAINED FINANCIAL SITUATION INFLUENCING WORK PERFORMANCE
- EMPLOYMENT AND OTHER FAMILY CARE RESPONSIBILITIES



ENVIRONMENTAL FACTORS

- LEVEL OF PHYSICAL AND/OR SOCIAL STIMULATION (TOO MUCH OR TOO LITTLE)
- ROOM ARRANGEMENTS O AMOUNT OF CLUTTER
- NEEDED ITEMS ARE OUT-OF-SIGHT OR NOT IN WHERE PERSON CAN SEE THEM
- LACK OF APPROPRIATE VISUAL CUES
- SAFETY RISK
- TOO HOT OR TOO COLD
- LACK OF NEEDED ADAPTIVE EQUIPMENT (GRAB BARS IN BATHROOM)
- POOR LIGHTING



ENVIRONMENTAL FACTORS

- CREATE A PREDICTABLE, PERSON CENTERED ROUTINE
- ENSURE FAMILIARITY (SAME STAFF, OWN POSSESSIONS)
- USE SIMPLE LANGUAGE, EXPLAIN ACTIONS
- SIMPLIFY TASKS
- DISTRACT AND REDIRECT
- ENSURE A SAFE ENVIRONMENT
- ORIENT (CLOCKS, CALENDARS, ETC)
- MODERATE LIGHTING IN DAY AND NIGHT
- REDUCE EXCESSIVE STIMULATION
- GROUP AND INDIVIDUAL ACTIVATES



MORE NON-PHARMACOLOGIC MEASURES

PHYSICAL PAIN OR DISCOMFORT?

MEDICAL TREATMENT; NURSING INTERVENTION;
CHANGE ENVIRONMENT

LOOKING FOR HOME? MAKE PLACE LOOK/FEEL MORE LIKE HOME

NEED FOR SOCIAL CONTACT?/RESTLESS? SOCIAL INTERACTION (REAL OR SIMULATED); IDENTIFY MEANINGFUL ACTIVITIES

DISTURBING OTHERS? SEPARATE PEOPLE WHO MAY TRIGGER NEGATIVE RESPONSES IN EACH OTHER

HALLUCINATIONS? CHECK VISION/HEARING; TRY USING FAMILIAR OBJECTS/PEOPLE

NEED MORE CONTROL? OFFER CHOICES

REFUSING HELP WITH ADL? PERFORM ADL AT A DIFFERENT TIME OF A DIFFERENT METHOD

NEED FOR STIMULATION/EXERCISE?

PROVIDE LARGE ENCLOSED ENVIRONMENTS; SAFETY DEVICES; CHANGE LOCKS



NHCD SUCCESS

- NHC DESLOGE HAS LEAD THE SIXTEEN NURSING HOMES IN THE MIZZOU GRANT BY HAVING NO ANTIPSYCHOTIC MEDICATIONS FOR OUR DEMENTIA POPULATION.

IN JANUARY WE WERE THE FIRST OF SIXTEEN HOMES TO SEND NO ONE OUT TO THE HOSPITAL BY RECOGNIZING ILLNESS EARLY.

WE HAVE REDUCED THE MEDICATION BURDEN FOR ALL NHC DESLOGE RESIDENTS. NHC DESLOGE



HAD 51 ADVANCED DIRECTIVES NOTARIZED ON APRIL 16, 2015 INCLUDING OUR FREE SERVICE TO COMMUNITY MEMBERS. WE HAD THE MOST OF THE SIXTEEN HOMES.

Starting Point

- Find your partners that fit
- Build Trust early
- Communicate
- Celebrate successes
- Plant the seeds

RESOURCES

MANAGEMENT OF BEHAVIORAL SYMPTOMS IN DEMENTIA
 JAMA, NOVEMBER 21, 2012, 308(19): 2020-20

HAND IN HAND www.cms-handinhandtoolkit.info IS A TRAINING KIT FOR NURSING HOMES CAN BE DOWNLOADED

www.qipmo.org QIPMO MDS HELP

JOURNAL OF NURSING CARE QUALITY SEPTEMBER 2015 (ACCEPTED FOR PUBLICATION) BETTER QUALITY BETTER CARE- REDUCING COST AVOIDABLE HOSPITALIZATIONS OF NURSING HOME RESIDENTS- MARILYN RANTZ, PHD, RN, FAAN, MARCIA FLESNER, PHD, RN, JOANN FRANKLIN, DNP, APRN, GNP-BC, FNP-BC, MHNP, COLLEEN GALAMBOS, PHD, ACSW, LCSW, LCSW-C, JACKI PUDŁOWSKI, LCSW, NHA, ANGELITA PRITCHETT, LCSW, GREG ALEXANDER, PHD, RN, ANNETTE LUECKENOTTE, MSN, RN, FNGNA

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