“Caring for Resident Behaviors- From a NH and Family’s Perspective”

Isabella Geriatric Center
Resident’s Family Representative
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Family and Staff Working Together: Reducing Antipsychotic Medication

Isabella Geriatric Center Washington Heights NYC

Sharon Corso Family Member
David Emanuel, Chief Medical Office
Ellen Harnett, Vice President for Quality and Compliance
Karen Harper, Community Director

Isabella

Isabella is a non-profit, non-sectarian organization that has pioneered in the care of the elderly of New York City since 1875.

Today, our mission is to provide quality care through diverse programs designed to promote health and independence within and beyond our walls.

Ours Services Include:

- A 705 bed Skilled Nursing Facility
- Resident-Centered Care Program
- Sub-Acute & Long Term Rehabilitation
- Independent Living Apartments
- Isabella Care at Home, Inc. – CHHA
- Isabella Visiting Care, Inc. LHCSA
- Adult Day Health Care Program
- Health Home Program
- NORC Programs
- Senior Resource Center
- YUM Fresh Food Program
- Case Management Services
- Care Giver Support
- Institute For Older Adults
- Training and Education Programs

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Objectives

- 1. Participants will understand the importance of family involvement in developing care plans and reducing/avoiding anti-psychotic medication use for persons with dementia.

- 2. Participants will be able to articulate steps for developing a performance improvement project to reduce off label use of anti-psychotic medication.

Isabella's Journey

- The story of one couple
- The Comfort Matters® Initiative
- QAPI Project to reduce off label anti-psychotic medications

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Anthony and Sharon

- Met in 1969 while travelling in London
- He was “the best date you could ever want to have”
- Very social, outgoing, loved restaurants, theater, dancing…

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The Journey

- Anthony was diagnosed with Alzheimer's Disease in 2005
- As the disease progressed, she struggled to care for him at home.
- He became accusatory, wandered out at night, went missing…
- Over the years, he moved through ER's, psychiatric facilities and residential care homes without available Alzheimer's units.
- Doctors prescribed high doses of many different antipsychotic medications.

Initial Difficulties

- In 2013, Sharon moved him into Isabella Geriatric Center to a specialized dementia floor. This coincided with the beginning of the palliative care project which will be discussed later in the program.

- Staff had difficulties managing his care – he was resistant to staff interventions, pushed people away and became combative.

- Staff found these behaviors occurred frequently when they tried to get him up in the morning.

Sharon knows best

- Anthony never went to bed early. All the years she has known him, he has stayed up late – often enjoying a late night snack. He slept late in the day.

- He enjoys music and dancing

- MDS Preference Section Interview

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Anthony's Care Plan

- Identifies strategies for providing comfort
- Speaks to his needs for flexibility in sleep/wake routines
- Identifies food preferences and times he likes to eat.

Organizational Components

- Families included from the onset in developing the care plan – helping to identify what provides comfort and what triggers distress
- All three shifts need to support the schedule adjustment (No one should question why the night shift did not get him up before leaving).
- Facilities policies and procedures must support flexibility in waking and sleeping, and meal times
- Education and orientation for staff in understanding the stages of dementia.
- Focus on education that stresses behavior as a means of communicating unmet needs.
- Ongoing engagement with families.

Comfort Matters®

- In 2012 Isabella began participation in a pilot project with Caring Kind focused on palliative care for people with advanced dementia.
- The aim was to replicate the Comfort Matters® approach to care which originated at The Beatitudes Campus in Arizona.

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Comfort Matters Key Concepts ®

- Comfort is the goal of all interventions:

1. Anticipate Needs
2. Know each person
3. Person Directed Practice
4. Staff Empowerment

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Laying the Foundation

- Administrative Support
- Staff Education
- Interdisciplinary Meetings
- Individualized Care Plans identifying sources of comfort
- Enhancing Assessment Skills
- Policies and Procedures
- System Changes

Knowing Each Person

- Important People
- Memorable Events: positive and negative
- Hobbies
- Work Histories
- Medical History
- Faith/Spirituality
- Self Identity
- Likes/dislikes
- Values
- Customary routines

How Nursing Homes View Behavior

- Resident is:

- Difficult
- Aggressive
- Agitated
- Combative
- Non-Compliant
- Resistant

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How we view behavior

- I am trying to tell you something…

- Behavior Problem= I am in distress and trying to tell you…

What influences behavior?

- Environmental factors
- Physical Factors
- Emotional State
- Medications
- Caffeine
- Sleep
- Ability to exercise choices
- Personal Space
- How people relate to us…

Organizational Focus

- To teach behavior is a means of communication on all communities
- To reduce off label anti-psychotic medication use.

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- In 2015 we developed a PIP to focus on the reduction of antipsychotic medications in our short stay residents.

- Our stated goal was to reduce by **30%** from an overall rate of **3.2** in 2014 as measure by Equip QM's by December 31, 2015

- By December 31, 2015 our overall score for the entire year was **2.1**, a greater than **30% reduction,** well below the national benchmark of **2.9.**

Important Steps

- Psychiatrist screened all new orders for anti-psychotics prior to them being sent to pharmacy
- Consulting pharmacist did in-service for primary care physicians and psychiatrist
- Nursing played a vital role
- In-service was done on recognizing delirium

The focus of weekly reviews:

- Identification of underlying issues contributing to prescribing patterns;
- Education of front line staff and care team members of the importance of reducing reliance on antipsychotics;
- Improvements in pain management;(PRN often changed to standing)
- Recognition of delirium as a contributor to behaviors;
- Addressing substance withdrawal issues (i.e. nicotine);
- Greater reliance on non-pharmacologic interventions.
- Attention was also given to dosage tapering and whenever appropriate, discontinuation of unnecessary medications, which led to an unintended and extremely beneficial impact on our long stay metric.

What we did

- Beginning in January 2015, a team met weekly to review all new orders of antipsychotic medications.

- Interdisciplinary team initially comprised of
  - Medical Director,
  - Consultant Pharmacist,
  - Director of Nursing,
  - VP of Care Services,
  - VP of Quality and
  - Senior Director of Clinical Compliance

  Expanded to include the Director of Social Work and a newly hired QAPI specialist

  In 2016 expanded team to include Corporate Director of Social Work and Community Programs and Community Director overseeing Comfort Matters Program.

Monitoring Performance

Metric	2015 Q2	2015 Q3	2015 Q4	3-quarter average	National 3 quarter average
% of short stay residents who newly received an antipsychotic medication	3.1	1.1	1.4	1.9	2.2
% of long stay residents who received an antipsychotic medication	10.7	7.4	6.7	8.3	17.4

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Equip Data - 2016

Metric	January	February	March	April	May	National Benchmark
% of short stay residents who newly received an antipsychotic medication	1.0	1.9	2.8	2.9	2.0	2.2
% of long stay residents who received an antipsychotic medication	7.0	7.6	6.5	6.3	5.4	17.4

Moving Forward

- Ongoing bi-weekly review of medications
- Focus on staff education
- Revisiting the Care Planning Process
- Emphasis on including Families in the Process

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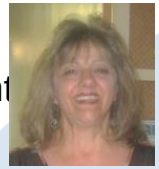

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