Managing Residents Behaviors

Barbara Frank & Cathie Brady

Two Goals for today

• The Why and How of Reducing Resident Stressors that Generate Behavioral Distress and Antipsychotic Medications

• Use QAPI methods to improve in reducing distress and off-label use of antipsychotics

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Studies Show
Low Effectiveness and High Danger

• Antipsychotic effect takes 3-7 days to start working
  – Very sedating medication so acute effect is most likely due to sedating effect not the antipsychotic effect

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Net effectiveness

“For every 100 patients with dementia treated with an antipsychotic medication, only 9 to 25 will benefit”

Drs Avorn, Choudhry & Fishcher
Harvard Medical School
Dr Scheurer
Medical University of South Carolina


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Associated with adverse outcomes

- Off-label use of antipsychotics in nursing facility residents are associated with an increase in:
  - Death (heart failure or pneumonia)
  - Hospitalization
  - Falls & fractures
  - Venothrombolic events (stroke)
- Conventional antipsychotics are worse than atypical antipsychotics

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Management of Behavioral and Psychological Symptoms in People with Dementia Living in Care Homes: A UK Perspective

Clive Ballard
Professor of Age Related Diseases, King’s College London
And Director of Research, Alzheimer’s Society (UK)
Major Adverse Outcomes with antipsychotics over 6-12 weeks
(Schneider et al 2005, Ballard et al 2009)

- Parkinsomism
- Sedation
- Gait disturbance
- Increased respiratory infections
- Oedema
- Accelerated cognitive decline
- Stroke (>3 fold)
- Other thrombo-embolic events
- Mortality (1.5-1.7 fold)

Why do people die?

- Causes of death (Ballard et al 2010)
  - Pneumonia
  - Stroke
  - Pulmonary embolism
  - Sudden cardiac arrhythmias

- Likely Mediating Factors
  - Dehydration
  - Chest infection
  - Over sedation
  - Q-T prolongation
Conclusions – the Evidence Base

- Antipsychotics have a focused but limited role in the short term management of severe aggression and psychosis.
- But we are currently overprescribing, the longer term efficacy is limited and the serious adverse risks are considerable.
- The evidence base supports the value of simple non-drug interventions and intensive staff training in care homes.

FDA Black Box Warning

- Issued in 2005
- Warning: Increased Mortality in Elderly Patients with Dementia-Related Psychosis
  - Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. [Name of Antipsychotic] is not approved for the treatment of patients with dementia-related psychosis.

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Can you stop antipsychotics safely?

If individuals with dementia on low dose antipsychotics were randomized to either continue their meds or abruptly switched to a placebo, would the placebo group’s behaviors compared to continued meds group be?

- a. a lot worse
- b. somewhat worse
- c. no different
- d. somewhat better
- e. a lot better

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Where to start in eliminating antipsychotics for people with dementia and no other psychotic diagnosis

- PRN-only orders for antipsychotics
- Residents on the medication for <12 weeks (3 months), particularly those on very low doses
- Evaluate antipsychotics at admission
- Evaluate antipsychotics started on residents during the evening/night shift or over the weekend

Remember that antipsychotics are not made for use with residents with dementia and no other psychotic diagnosis – this is an off-label use

Survey Guidelines - **F 329 and Antipsychotics**

- Wandering
- Poor self-care
- Restlessness
- Impaired memory
- Mild anxiety
- Insomnia
- Un sociability
- Fidgeting

- Nervousness
- Uncooperativeness
- Inattention/indifference to surroundings
- Verbal expressions and/or behaviors that do not present danger to the resident or to others
**Individual Routines Improve Outcomes**

- Improved
  - Sleep
  - Mood
  - Appetite

- Less
  - Agitation
  - Depression

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**Principles**

All behavior has meaning  
Not just symptoms

All behavior communicates

All behavior expresses unmet core human needs

Easier to change ours than others

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From Susan Wehry, MD
What causes residents’:

- agitation?
- aggression?

What interventions can you/do you use to address and prevent:
- agitation?
- aggression?
Change our language

Instead of

“Behavior”…
(to be stopped)

Expression of Need
(to be understood and met)

To Reduce Anti-Psychotic Medications:

1. Relational Coordination Practices
   – Consistent Assignment
   – Shift and QI Huddles

2. Individualized Care and Environment
   – Morning Routine
   – Night-time Routine
   – Individualized Dining
   – Individualized Activity
   – Noise
To Reduce Off-Label Use of Anti-psychotics:

1. Understand that behaviors are often distress signals communicating **unmet needs**
2. Have systems to know residents well, understand what they are communicating, and problem-solve to **prevent distress**
3. Follow residents’ **customary routines**

CRITICAL THINKING
Enhanced ~ Expansive ~ Analytical Thinking

Two Central Activities:

1. **Identify and challenge our assumptions**
2. **Explore and imagine options and act on them**
Questioning Our Assumptions:

Scenarios

Imagine...
You have to get to the bus stop at 3:00 to pick up your son. You know he’s waiting for you and he’ll be upset and crying if you’re not there on time. But as you go to try to meet the bus, a stranger stops you and tells you you can’t do this and bars you from leaving.
How Would You Feel?

What Would You Do?

Imagine...

You are in a deep sleep but you hear someone come into your room. It’s someone you don’t recognize. They tell you to get up.
Challenge is changing attitude

- Many health care professionals and families believe that these behaviors are “abnormal”, are caused by the dementia, and need medications to stop
- Most health care professionals and families believe these medications are effective at stopping these “abnormal behaviors”

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Dementia re-examined

What are actions by individuals with dementia?

Abnormal behaviors
OR
Predictable human responses to the situation perceived

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Understanding Behavioral Communication

Differentiating Between Agitation and Aggression

Susan Wehry, MD
http://www.susanwehrymd.com
### Agitation

<table>
<thead>
<tr>
<th>• Slapping thighs</th>
<th>• Self-referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clapping</td>
<td>– Something is wrong with me</td>
</tr>
<tr>
<td>• Yelling</td>
<td>– Do something!</td>
</tr>
<tr>
<td>• Screaming</td>
<td></td>
</tr>
</tbody>
</table>

From Susan Wehry, MD

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### Agitation

HELP ME

Pain

Hunger or Thirst

Other Urgent Need

From Susan Wehry, MD
Aggression

• Hitting out
• Kicking
• Pinching
• Biting
• Threatening
• Swearing

From Susan Wehry, MD
Aggression

STOP

LEAVE ME ALONE!

From Susan Wehry, MD

What happened here?

What was the resident communicating?
What happened here?

What was the resident communicating?
What would an anti-psychotic do?
What would be effective non-pharmacologic interventions?
to ease the distress of the bathing experience?

Bathing without Distress

• Timing – night whirlpools...
• Type of wash up
• Who does it
• How it’s done
• Journey to the shower room – sit in a shower chair
• Environment – does it look like a storage area?
• Temperature
• Place to change
• Modesty – full size towels
• Self care
PRNs a red flag

MDS Section E - Behaviors
E6 – Rejection of Care

How have you made adjustments for
“resistance to care?”

Colleen O’Keefe, LPN,
Dementia Care Unit Manager

Case Example:
Michael
“Worst case scenario”
What are you doing to provide flexibility in food service and in night time care to support residents’ customary routines?

Individualizing Dining
Bill Graves at St. Camillus in MA

• Cooks not warmers
• Real food and whole grains and fresh fruit and vegetables
• Decreased time from cooking to plating to eating
• Food is its own best supplement
• Saves money on plate waste and food supplements, increase satisfaction and good nutrition
Individualizing Nights

- Support maximum sleep by reducing interruptions
- Know people’s patterns and follow them
- Allow later wake up in the morning
- Ways of engagement at night – food, cards, movies
- Alter medication regimen to maximize sleeping patterns

Survey Guidelines:
Questions to ask before Rxing

- What did you do to try and figure out why the resident was doing <fill in the blank>?
- What is resident trying to communicate to us about their <fill in blank>?
- What is reason for resident doing <fill in blank>?
  - Unacceptable answer (Dementia or sun-downing)
- What did you try before requesting medications?

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   - Individualized Activity
   - Noise

Organizational Practices

1. Stop the Line

2. Bedside Nurse talk it through with DoN first, before calling the doctor; DoN help develop bedside nurse’s critical thinking skills

3. Watch for meds started in the hospital

4. QI Closest to the Resident

1. Weekly rounding and case huddles
### MDS Section F
Customary Routines

**How important is it to you to:**

- A. Choose what clothes to wear
- B. Take care of your personal belongings
- C. Choose between a tub bath, shower, or other
- D. Have snacks between meals
- E. Choose your own bedtime
- F. Do your favorite activities
- G. Go outside to get fresh air

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**Surveyor Resident and Staff Interviews**

*Choices over schedules to include: waking, eating, bathing, and going to bed at night, as well as health care schedules*

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Whether 11 years or 11 weeks
Facility must:
- Actively seek information
- Be “pro-active” in assisting residents to fulfill their choices
- Make residents’ choices known to caregivers

Surveyors Ask Residents:

<table>
<thead>
<tr>
<th>B Choices QP234</th>
<th>1) Are you able to participate in making decisions regarding food choices/preferences?</th>
<th>□ No</th>
<th>□ Yes (skip to #3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2) Is this acceptable to you?</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>3) Do you participate in choosing your bedtime?</td>
<td>□ No</td>
<td>□ Yes (skip to #5)</td>
</tr>
<tr>
<td></td>
<td>4) Is this acceptable to you?</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>5) Do you participate in choosing when to get up?</td>
<td>□ No</td>
<td>□ Yes (skip to #7)</td>
</tr>
<tr>
<td></td>
<td>6) Is this acceptable to you?</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td></td>
<td>7) Do you choose your dressing and bath schedule?</td>
<td>□ No</td>
<td>□ Yes (skip to C)</td>
</tr>
<tr>
<td></td>
<td>8) Is this acceptable to you?</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>
CNAs ask five simple questions within an hour of a new person’s arrival:

1. How would you like to be addressed?
2. What time do you want to shower?
3. What time do you want to go to bed?
4. What time would you like to wake up?
5. What would make you comfortable?

As a result:

1. Fewer family complaints
2. Fewer rehospitalizations
3. Fewer missed therapy sessions
4. Less resident distress
5. Better resident satisfaction from Day One
Customary Routines:

How do you get this information to the people who need it on Day One?

Developing Critical Thinking as an Organizational Norm

- Welcome ideas
- Appreciate divergent viewpoints
- Make it safe to be challenged
- Routinely seek participation when making decisions
Four key practices:

- Lead with questions, not answers
- Engage in dialogue and debate, not coercion
- Conduct autopsies without blame
- Build “red flag” mechanisms

Jim Collins

Getting Started:

Choose one neighborhood/unit to start in, based on which is most likely to succeed.

Identify potential leaders among staff working there.

Identify people from other departments to support the effort.

Then, meet with the team of staff on the neighborhood to decide which resident would be easiest to start with. Learn what is at the root of each resident’s distressed behavior, what are early warning signs, and effective interventions.

Have the unit team work with other departments, design a small PIP to make adjustments that reduce the resident’s distress.
For more information

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