

sentara nurse

An Interprofessional Approach to Successful Reduction in Antipsychotic Medications

Kathleen Charette, RN, Tony Long, MS, RN and Nelda J. Booker, MSN, MHA, RN

Sentara Nursing Center – Currituck



Introduction

More than half of nursing facility residents have some form of dementia, many of whom experience behavioral and psychological symptoms that can pose significant challenges for staff and other residents. According to the Centers for Medicare and Medicaid Services (CMS) over 25% of patients in nursing facilities in the United States receive antipsychotic medications. These drugs have many legitimate uses. However, they are often used inappropriately in nursing facilities.

In March 2012, CMS launched a nursing facility quality initiative that included a goal to decrease the off-label use of antipsychotics by 15% by December 2012.

In November 2012, the leadership team joined the efforts by participating in the North Carolina Action Collaborative for Excellence in Long-term Care (ACE). At the same time, Sentara Nursing Center – Currituck initiated a systematic, data-driven patient centered approach by using standardized tools to reduce the inappropriate use of antipsychotic medication.

Process Improvement

Goal: To reduce the use of inappropriate and off-label antipsychotic medications.

- Included the Medical Director, clinical pharmacist, Activities Director, registered nurses, licensed practical nurses, and nursing care partners in staff meetings and quarterly quality improvement to regularly discuss antipsychotic use.
- On admission attempt to reduce dosage of antipsychotic medications and consider eliminating all PRN orders for antipsychotic medications.
- Obtained a list of all residents on antipsychotics. Removed any resident from the list with approved label use (Schizophrenia, Huntington's, & Tourette's Syndrome) and reviewed the chart for other diagnoses.
- Identified the name and dose of any antipsychotic medications including which residents are on PRN antipsychotics.
- Identified when the order was written and the reason for the antipsychotic medication order.
- Track resident behaviors with the Stop & Watch program and review on a monthly basis.
- Propose a trial medication reduction discussing the risks versus the benefits of continued antipsychotic medication usage with a written summary focused on behaviors.
- All staff are involved with determining the best interventions to care for the resident.

Staff Education

General Approach

- Staff uses a positive comforting demeanor, each resident is treated with respect and valued as a individual with unique qualities and experiences.
- The Activities Director helps the resident create a Memory Box in which personal photos, pictures, objects, etc. were placed. The Memory Box could be used by the staff during difficult times.
- Paired with the Behavioral Health Centers and Hospice to provide programs to increase staff knowledge and awareness.

Non-pharmacological Interventions

- **Environment** – Provide adequate space, reduce stimuli, and maybe provide calm comforting music.
- **Behavioral** – Awareness of nonverbal communication, use positive reinforcement, communicate in short clear sentences, and provide adequate time for response.

STOP & WATCH program

All staff uses the Stop and Watch communication tool to identify differences in the residents behavior

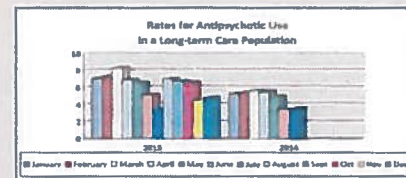
Policies and Procedures

- Lab work (HGB A1c and lipids) scheduled every six months.
- No psychotropic drug may be ordered on a PRN basis and can not be ordered for more than a 24 hour time frame.
- Routine monthly medication checks were instituted.

Results

2013-2014 Rates of Antipsychotic Use

Usage has decreased and remains below both North Carolina and National average. The plan is to continue to monitor and document behaviors to justify antipsychotic use.



Awards

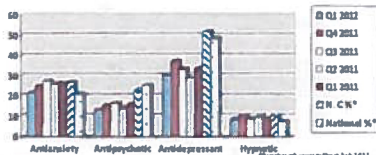
Level one recognition: 2014 American Health Care Association's Quality Initiative Recognition for safely reducing the off-label use of antipsychotics by the staff's proven commitment to quality.

Level two recognition: 2013 American Health Care Association's Quality Initiative Recognition for safely reducing the off-label use of antipsychotics.

References

American Health Care Association's Quality Initiative Recognition (2013) www.ahca.org
Action Collaborative for Excellence in Long-term Care, ACE Quality Leadership Initiative, CMS. www.cms.gov/quality

Psychotropic Drug Utilization 2011-2012



Interprofessional Collaboration

- Participated in the ACE collaborative where various professionals investigate the areas being surveyed by CMS and generate plans / proposals to achieve better resident outcomes.
- Worked with the resident and all persons involved in their care. Starting on admission either from home or upon discharge from another facility. The physician, family, local ombudsmen, administrators, staff development educators, clinical managers, registered nurses, licensed practical nurses, and nursing care partners collaborated to provide the best individualized care for the resident.
- Monthly staff meetings were used to educate caregivers, discuss changes in behaviors and problem solve best care interventions.