A Program for Review of Residents on Anti-Psychotic (AP) Medications in a County Owned Nursing Facility

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A Program for Review of Residents on Anti-Psychotic (AP) Medications in a County Owned Nursing Facility

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Introduction, Objectives & Description

Introduction

Gracedale Nursing Home is a 685 bed facility with 15 units run by the County of Northampton. In the first quarter of 2013 it was decided to review use of anti-psychotic (AP) medications, as the facility was at the 95th percentile in the state for usage. There was no formal process for evaluation of the use of AP and the behavioral charting was usually absent, and at best inaccurate or unhelpful. The staff had little education on behavioral disturbance, or how to document and manage these issues. The consultant pharmacist made gradual dose reduction recommendations but these were often ignored as there was no clear delineation of responsibility to address them. A preliminary review of the care plans of some residents on AP showed that they were seldom individualized and rarely updated.

Objectives

- To review the diagnoses and indications for the use of AP medications in each resident on APs
- To develop an Interdisciplinary team (IDT) assessment using structured tools to determine if a GDR or discontinuation of the AP was appropriate
- To attempt GDR in those residents that the IDT felt it would be appropriate
- To improve assessment and documentation of behaviors, educate staff on non pharmacologic interventions, and improve care plan documentation

Description

We designed a single page data collection sheet (the Psychopharmacology Interdisciplinary Review PIMR) to gather information on the AP dose and indication, diagnoses, reason for review, documentation of resident behaviors, non pharmacologic interventions, effectiveness of regimen and possible side effects. Also recorded were the BIMS (Brief Inventory of Mental Status) and PHQ 9 from the latest MDS, to determine if there were residents with possible undocumented dementia and assess for depression. This was completed for each resident on AP by an IDT. This IDT was composed of the Assistant Director of Nursing, a Staff Development Instructor, a social worker, a nursing supervisor, and an activities coordinator. On each unit reviewed, a nurse from the unit, usually the charge nurse also participated.

It was decided to review only those residents with dementia who were on an AP for the first cycle of this program. As this is a County owned nursing facility there are many residents with significant psychiatric disorders. We wished to target the residents with dementia first as they are the focus of the CMS initiative, and also because we felt there was a higher chance of success in these residents.

We chose the Pittsburgh Agitation Scale (PAS)[1] for standardized documentation of behavior.

Educational sessions were provided for the provider group by the Medical Director, and all other staff by the Staff Development Department.

Intervention

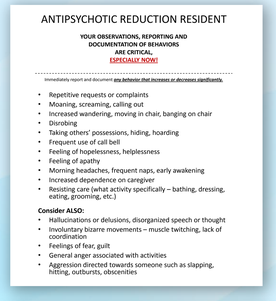
Education for the staff included description of the overall plan, how to use the PAS, a behavior description sheet and reminder to document which was placed on the nurse aide care sheets. Behaviors were documented in the Care Tracker System by the CNAs, and on behavioral documentation sheets in the Medication Administration Record and the PAS by LPNs and RNs.

The provider group (physicians and CRNPs) were educated on all the elements of the program. There are multiple consultant psychiatrists who visit the facility, but not regularly, and so the decision was made that, in general, decisions about GDR would be made by the primary service, not the consultant psychiatrists.

Each resident on AP was evaluated. Prior to the IDT evaluation, a PAS was completed by each shift for seven days to provide a baseline. The IDT evaluated each resident's chart and documentation, and completed a PIMR. This included recommendations for documentation, specific non pharmacologic interventions, care plan update and a GDR or discontinuation of AP medications if appropriate. In the initial first phase of this project, no recommendations were made by the IDT for a GDR attempt if the resident had multiple high scores on the PAS.

Once completed, the PIMR was given to the primary physician/CRNP for approval and writing the actual order; if a GDR was declined, the reason for this was documented.

Where a GDR was attempted, a PAS was completed for the seven days following the GDR.



ANTIPSYCHOTIC REDUCTION RESIDENT

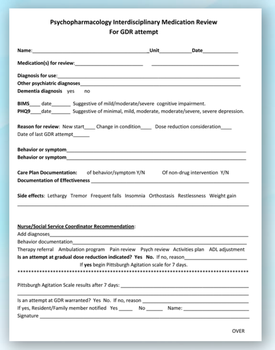
YOUR OBSERVATIONS, REPORTING AND DOCUMENTATION OF BEHAVIORS ARE CRITICAL, ESPECIALLY NOW!

Immediately report and document any behavior that increases or decreases significantly.

- Repetitive requests or complaints
- Moaning, screaming, calling out
- Increased wandering, moving in chair, banging on chair
- Disrobing
- Taking others' possessions, hiding, hoarding
- Frequent use of call bell
- Feeling of hopelessness, helplessness
- Feeling of apathy
- Morning headaches, frequent naps, early awakening
- Increased dependence on caregiver
- Resisting care (what activity specifically – bathing, dressing, eating, grooming, etc.)

Consider ALSO:

- Hallucinations or delusions, disorganized speech or thought
- Involuntary bizarre movements – muscle twitching, lack of coordination
- Feelings of fear, guilt
- General anger associated with activities
- Aggression directed towards someone such as slapping, hitting, outbursts, obscenities



Psychopharmacology Interdisciplinary Medication Review
For GDR attempt

Name:_____ Unit:_____ Date:_____

Medication(s) for review:_____

Diagnosis for use:_____

Other psychiatric diagnoses:_____

Dementia diagnosis yes no

BIMS____ date_____ Suggestive of mild/moderate/severe cognitive impairment.

PHQ9____date_____ Suggestive of minimal, mild, moderate, moderate/severe, severe depression.

Reason for review: New start____ Change in condition____ Dose reduction consideration____

Date of last GDR attempt_____

Behavior or symptom_____

Behavior or symptom_____

Care Plan Documentation: of behavior/symptom Y/N Of non-drug intervention Y/N

Documentation of Effectiveness:_____

Side effects: Lethargy Tremor Frequent falls Insomnia Orthostasis Restlessness Weight gain

Nurse/Social Service Coordinator Recommendation:

Add diagnoses:_____

Behavior documentation:_____

Therapy referral Ambulation program Pain review Psych review Activities plan ADL adjustment

Is an attempt at gradual dose reduction indicated? Yes No If no, reason_____

If yes begin Pittsburgh Agitation scale for 7 days.

Pittsburgh Agitation Scale results after 7 days:_____

Is an attempt at GDR warranted? Yes No If no, reason _____

If yes, Resident/Family member notified Yes _____ No _____ Name:_____

Signature _____

OVER

References:

1. Rosen J et al The Pittsburgh Agitation Scale (1994) *American Journal of Geriatric Psychiatry* 2, 52-59.

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Outcomes

- At the beginning of the initiative, there were 228 residents out of 656 (34.7%) on an AP medication.
- 117 of these had a diagnosis of dementia. Recommendations for GDR were made in 107 residents.
- Of 107 residents in whom a GDR was recommended, 56 (52%) were able to have their AP medication discontinued, and the dose was reduced in another 34 residents (31%).
- The breakdown of GDR by unit is shown in Table 1.

Unit	Number of Residents that Gradual Dose Reduction was Recommended	Number of Anti Psychotic Medications Discontinued	Number of Anti Psychotic Medications with Dose Reduction but not Discontinued
NE1	3	1	2
NE2	4	3	2
NW1	13	9	4
NW2	7	3	4
SE1	1	1	0
SE2	3	2	2
SW1	0	0	0
SW2	11	9	0
T3	11	1	5
T4	12	7	5
T5	3	0	1
T6	14	8	2
T7	6	6	2
T8	6	1	1
T9	10	4	2
T10	3	1	2

Few residents had a GDR attempt declined. The most common reasons for this were a hospice resident or using the AP for symptom control of nausea or vomiting.

The proportion of those residents on AP medication who did not have a diagnosis of dementia fell from 71.4% in Dec 2012 (baseline) to 56.8% in Dec 2013 after the project. This was because of improved documentation on the medical record for residents who had cognitive impairment but no diagnosis identified prior to the project.

No systematized review of the improvement in nursing documentation was performed, but the consultant pharmacists and IDT reviewers found better documentation on almost every resident evaluated.

Discussion

This was a successful first step in an initiative to reduce the use of AP medication targeted in the first phase at those residents with dementia. The next phase of the project will continue regular review of these residents, and expand to those residents with diagnoses other than dementia.

The facility is managed by one group of primary providers who were supportive of the initiative and declined only 8 out of 107 recommendations made by the IDT for GDR. This was usually because of a recent failed GDR or residents on comfort care. One family declined GDR even after education.

The initiative raised awareness in the facility in many areas. Staff became more knowledgeable about non pharmacologic interventions, and documentation improved for almost all residents. The educational programs provided by Staff Development educated the nursing staff about the long term side effects of AP medication and the fact that many behavioral symptoms may be less responsive to drug treatment than behavioral interventions. Careful review of each resident on APs by the IDT led to many alternative suggestions for behavioral interventions.

The three pillars of nursing documentation – care plan, behavioral charting and CNA charting – were completed in full for those residents evaluated and were likely to reflect the actual behaviors of the residents. Prior to this initiative it was common to find residents with little documentation, even for those with severe behaviors.

The main barrier experienced will be well known to other nursing facilities - lack of staff to provide redirection and activities for residents experiencing behaviors. While the educational programs were able to showcase non pharmacologic methods, many of them were hard to implement with no increase in staff or other resources. This was particularly true for the evening and night shifts.