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

Grazendale 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 unreliable. The staff had little time to review these issues. The consultant pharmacist made gradual dose reduction recommendations but these were often ignored as there was no clear determination 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 assess documentation and evaluation of AP use in relationship to behavioral disturbance
- To develop a single page data collection sheet (the Psychopharmacology Administration Record and the PAS).

Description

We designed a single page data collection sheet (the Psychopharmacology Interdisciplinary Review PMR) to gather information on the AP dose and indication, diagnosis, reason for review, documentation of resident behaviors, non pharmacologic interventions, effectiveness of regimen and possible side effects. Also recorded were the BMIS (Brief Inventory of Mental Status) and PSQ 3 from the latest MDS, to determine if there were residents with possible undiagnosed 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 nurse, a social worker 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 phase at this point in time. It was decided to review only those residents with dementia who were on an AP for the first phase at this point in time.

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 behaviors days sheets in the Medication Administration Record and the P & R by LPNs and RNs.

The provider group physicians and CRNP/s were involved 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 PMR. This included recommendations for documentation, specific non pharmacologic interventions, care plan update and a GDR or discontinuation of AP medications as 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 PMR was given to the primary pharmacist/CNP/ 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.

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.

Intervention

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Discussion

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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 of the 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 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.

References:


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