



Strategies to Reduce the Use of Inappropriate Antipsychotic Medications in Nursing Home Residents

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Part 1: Strategies Implemented by QIN-QIOs

Promote implementation of best practices through a QI approach.

- Use the NNHQCC Change Package *Avoidance of Unnecessary Antipsychotic Medications* Bundle in learning sessions, communications, and newsletters:
http://qioprogram.org/system/files_force/resources/documents/NH_ChangePackage_032615_Final_508_2.pdf?download=1.
- Offer training on QAPI methodology to develop a performance improvement project on antipsychotic medication reduction, follow the training with conference calls to support participants in their antipsychotic reduction initiatives.
- Use a visual to display how avoiding unnecessary antipsychotics fits in the context of a QAPI performance improvement project: <https://www.hsag.com/contentassets/18167c889b8d4c929d102435e41f2421/nh-avoidingunnecessaryantipsychotics-infographic-508.pdf>.
- Share best practice resources and tools on QIN-QIO website, to support reduction of inappropriate antipsychotic medication use.
- Refer nursing homes to best practice resources, educational materials, and tools:
 - Advancing Excellence: <https://www.nhqualitycampaign.org/goalDetail.aspx?g=med>
 - CMS Hand-in-Hand Training Manual: <http://www.cms-handinhandtoolkit.info/>
 - National Partnership to Improve Dementia Care: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html>
- Encourage nursing homes to actively engage in state and national Partnership to Improve Dementia Care activities.
- Work with nursing home staff to engage their pharmacy consultants and behavioral health providers to gradually reduce resident antipsychotic medication doses, engaging frontline staff and families in the process.
- Encourage family member engagement in the planning/provision of care to keep them involved in the resident's life, to individualize care, to understand what really matters to the resident, and to help understand the meaning of behaviors.
- Provide tips to help family members understand the progression of dementia.
- Encourage peer coaches to share insights and successful activities for residents living with dementia.
- Identify nursing homes needing support on antipsychotic medication use and provide technical assistance.
 - Share and review nursing home specific data with facility leadership teams including the composite score, antipsychotic measure data, and rates illustrating their progress with the clinical measures. Highlight how the measures impact their five-star rating.
 - Schedule coaching calls with nursing home leaders, eliciting any barriers experienced in their efforts to reduce use of antipsychotic medications and brainstorming possible strategies to address barriers. One QIN-QIO shared commonly heard challenges and shared possible probing questions:
 - A physician/nurse practitioner does not agree with trialing antipsychotic medication reduction.
Ask: "Why do you think the physician is hesitant? Do you have any suggestions about what you can do to help get the physician on board?" Meet with the providers and discuss the facility goals

for decreasing antipsychotic meds, address any reservations the provider may have, and discuss how the provider can support these efforts.

- A Nursing Home is concerned that a change in leadership/champion gets in the way of their efforts.
Ask: "What can you do to change the system so no matter who is in a leadership position, your antipsychotic drug program remains intact?"
- Nursing homes feel they are justified in using these (antipsychotic) medications because they accept dementia residents with "behaviors" that other nursing home will not accept.
Ask: "You specialize in accepting residents with dementia, tell us what services and care you offer for this special population? At what point will you look at gradual dose reduction for those residents who are progressing in their dementia?"
- Nursing homes feel the use of antipsychotic medications is justified. They are giving them in the best interest of their residents.
Ask: "Tell us what you have tried besides medications to help these residents? Are you giving these medications to residents that have a true mental illness diagnosis?"
- Nursing homes feel it is not their "fault" that their rates are high. Most of the residents with these medications were admitted with the order for the medication.
Ask: "Tell us your process when a resident is admitted with the medication."
- The nursing home has tried to reduce antipsychotic meds with poor results.
Ask: "Tell us about your process for reducing these medications. How are you monitoring behavioral changes? How do you prepare staff? What is being offered instead of the medication for these residents?"

Feature antipsychotic reduction in sessions/meetings and facilitate peer coaching and sharing.

- Feature pharmacists, physicians, or expert speakers (e.g., Dr. Al Powers, Dr. Keith Savell) in webinars or educational sessions that focus on decreasing use of antipsychotic medications. Include interactive activities as part of the session, for example on process mapping, brainstorming, goal setting and root cause analysis.
- Share the "Role of Geriatric Psychiatry in Caring for Persons with Dementia" link. Include a transcript of the interview and brochure (available on HealthCare Communities website):
<http://www.healthcarecommunities.org/Home.aspx>.
- Provide education to assist nursing homes staff in understanding the underlying physical, mental and psychosocial needs (Needs-Driven Behavior model) of residents with dementia that will provide person-centered care and reduce antipsychotic medication use.
- Partner with stakeholders in offering educational opportunities for physicians, and other clinical professionals that focus on providing dementia care without antipsychotic medications.
- Provide communication techniques for persons living with dementia training for nursing home staff.
- Partner with a medical school, inviting medical students to present information on behavioral and environmentally-based strategies to understand and address the factors that contribute to aggressive behavior in persons with dementia. Information was also presented on strategies to support people with dementia that like to walk (sometimes referred to as wander).

Part 2: Strategies Implemented by Nursing Homes

Engagement of Multidisciplinary Teams

- Form an interdisciplinary team (including, for example, the Director of Nursing, Medical Director, Psychiatric Provider, Pharmacist, Social Services Director, and Activity Director) to regularly review resident charts, including weekly psychological evaluations, to determine the appropriate use of antipsychotic medications and consider possible dose reduction. Establish a system that will evaluate all residents receiving a high number of medications to reduce the effects of taking multiple medications concurrently.
- Adopt automatic stop orders on all new antipsychotic medication orders, prohibiting extension of resident medication without endorsement of the multidisciplinary team that has completed a comprehensive resident and environmental assessment. Work with providers and pharmacists to help determine the effectiveness of the antipsychotic medication.

Best Practices Implemented by Nursing Homes

- Successful strategies used by nursing homes to reduce antipsychotic medication use:
 - Offer in-depth dementia training for all staff focusing on communication and environmental modification techniques. Include education on non-pharmacological interventions, and offer information to help staff evaluate if behaviors are unmet needs.
 - Identify and support a facility Champion in antipsychotic medication reduction programs.
 - Create robust and personalized activity/recreational programs for residents, incorporating past lifestyle habits into daily routines.
 - Identify the root cause of behaviors prior to determining the best non-pharmacological intervention (e.g., music, distraction, aroma therapy, or one-to-one activities) for a resident.
 - Implement an all-day activity room that provides residents with individualized, meaningful, interactive activities to maintain cognition and dexterity.
 - Provide nursing home activity and recreational staff with training on personalized activity program development and implementation.
 - Review composite progress reports provided by the QIN-QIO.
 - Implement a person-centered approach that administers medications upon rising, with meals or food, and at bedtime, or per resident routines/preferences.
 - Focus on achievable goals to avoid becoming overwhelmed with too much change at once.
 - Engage family members to work with direct caregivers to better understand underlying reasons for resident behaviors.
 - Offer routine and ongoing education for the entire nursing home team on proper use and risks of antipsychotic medications. Promote problem solving and questioning attitudes. For example, consider: Is the resident behavior persistent? If not persistent it could be an acute illness. Is the behavior harmful to the resident or others? What non-pharmacological approaches have been used/tested prior to initiation of a medication?
 - Identify and secure funding to purchase/support a Music and Memory program.