



TIPS FOR SUCCESS:

Reducing the Use of Antipsychotic Medications

Antipsychotic medication use in nursing home residents who have dementia has limited effectiveness and causes severe side effects, including low blood pressure, over sedation, increased risk of stroke, diabetes, heart disease, falls and fractures and increased mortality. A key component of state and national initiatives is eliminating the off-label use of antipsychotic medications. How? Through individualized non-pharmacologic interventions that address residents' unmet needs, thereby reducing their distressed behaviors.

Interventions for Antipsychotic Medications

Interventions only work if they are individualized for each resident.

- ❑ Use a "Behavioral Symptoms Monitoring Sheet" to track behaviors and learn the "unmet need" being communicated. Observe and assess a resident over 48 hours. Do not use an isolated instance. Look for patterns, triggers and unmet needs.
- ❑ Meet weekly as an interdisciplinary team to review residents, behaviors and medications. Select one or two residents for gradual dose reduction (GDR). Once resident(s) is stabilized, choose one or two more.
- ❑ Make the director of nursing or other nurse leader a gatekeeper for all antipsychotic medications. Structure it so nurses must first check in with the nurse leader before contacting the physician for a new order/dose change. The nurse leader should model how to use non-pharmacologic interventions.
- ❑ Include specific interventions for each distressed behavior for suggestions about how to provide comfort and how to understand what the resident needs/wants.
- ❑ Make a policy that all new orders for antipsychotic medications have an automatic stop order after 72 hours and cannot be resumed without care team recommendations.
- ❑ Use personalized music to engage residents with dementia. Some other non-pharmacologic interventions include aroma and light therapy, food or drink, going outside and/or assessing for pain.
- ❑ Ask certified nursing assistants (CNAs) to get information from families, including helpful approaches to comfort/calm the resident. Record and share with unit staff.
- ❑ Conduct a stand-up meeting/huddle on the unit after a new distressed behavior. Involve CNAs.

Tips for All Interventions:



- Keep a focus on reducing antipsychotic medications. Select one or two residents at a time for a gradual dose reduction (GDR).
 - Listen to the resident. Get to know the resident well. Tune into his/her communication style and needs. This is the cornerstone for avoiding antipsychotic medications.
 - Organize information in a tracking tool to record all antipsychotic medications, GDRs and results.
 - Use strong leadership and establish a gatekeeper who will monitor use and prevent new orders without an appropriate diagnosis. Do not allow a "knee-jerk" reaction of ordering an antipsychotic medication after an isolated behavior.
 - Use trial and error when trying different non-pharmacologic interventions. Be sure to include everyone's ideas. Start with the easiest interventions and look for successes to share.
 - Establish an automatic process for evaluation and GDR for newly admitted residents who are taking antipsychotic medications.
 - Conduct additional activities through one-on-one interactions with a resident. Place resident-specific boxes (e.g., memory box, activity box, life history or career-related activity box) in the resident's room.
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- ❑ Create a general toolbox of ideas and non-pharmacologic interventions for staff. Keep handy. Use regularly.
 - ❑ Meet with families and spend as much time as it takes to educate them about the dangers of and need to eliminate off-label use. Involve them in problem-solving.



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Overcoming Barriers

- ❑ Educate staff about the serious side effects of and need to reduce this class of medications. Provide regular support, information and training about dementia and non-pharmacologic interventions.
- ❑ Overcome CNA hesitation by regularly asking for their input and giving praise. Follow through on their suggestions.
- ❑ Educate physicians about state and national initiatives. Encourage your medical director to discuss these efforts with all prescribers.
- ❑ Before a resident is admitted, contact the hospital case manager about an appropriate diagnosis, history of medication use and/or discontinuation of an antipsychotic medication, etc.
- ❑ When undergoing a GDR, be prepared and consider the following:
 - Huddle regularly to problem solve *together*.
 - Recognize early warning signs and share interventions that work best.
 - Learn as much as you can about the resident's preferred routines and create an individualized schedule, if needed.
 - Conduct one-on-one activities.
 - Utilize consistent staff assignment.
 - Consider assigning two staff members to assist during care.
 - Include the family in all care changes and keep them informed of any results.
 - Trial and error are key—along with patience!

For more information, consult the **ACE Best Practices booklet**, which can be found by going to

www.mpqhf.org/qio/quality-improvement-tolls-resources/

Then click on **Nursing Home Quality Improvement** and look under QAPI.

Or go directly to this link:

<http://mpqhf.org/QIO/wp-content/uploads/2016/03/ACEBestPracticesHandbook-508.pdf>



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www.mpqhf.org/QIO