



eQuipping for Quality: Steps to Measure Up!

Why is this important?

Ninety percent of people with dementia experience behavioral and psychological symptoms at some point during their illness (Corbett & Ballard, 2012). While antipsychotic medications used to treat behaviors associated with dementia in the elderly population is not supported clinically and is considered 'off-label' use by the Food & Drug Administration (FDA), it is commonly used as a first-line approach to managing these symptoms.

The FDA has issued a warning that treatment with atypical antipsychotic drugs has nearly doubled the rate of death in elderly dementia patients. Physiological changes in drug metabolism, distribution, and brain receptors accompany the normal aging process and must be considered for optimal clinical outcome. The elderly are generally receiving multiple general medical therapies, and therefore, present a greater risk of drug interactions when behavioral health medications are utilized. Antipsychotic drugs also increase the risk of falls with fractures, hospitalizations, and other complications resulting in poor health outcomes. Off-label use of antipsychotics can also mask symptoms of underlying conditions that may go untreated.

Best Practices:

- **Implement a strong interdisciplinary review process for residents taking antipsychotic medications.** Include a pharmacist in this review to help identify potential drug interactions and/or side effects and possible alternative drugs. Ensure ongoing communication between the Medical Director, attending physicians, members of the interdisciplinary team and family members regarding prescribing practices.
- **Develop a resident-centered approach for care plan goals.** The approach should be aimed at identifying the specific behaviors as well as identifying the circumstances or 'triggers' that precede the behavior.
- **Identify resident specific behaviors:** Are the behaviors new or old? An acute onset may be indicative of a medically-related issue. Are the behaviors an indication of unmet needs? Is the resident hungry, thirsty, lonely, or simply bored? Are the behaviors a result of the environment? The resident may be overstimulated, under-stimulated, the lighting may be too bright, or the environment too noisy. Are the behaviors a result of sensory impairment? If needed, are hearing aids or eyeglasses used and in proper working condition?
- **Provide education beyond medication information.** Education of direct care associates about how to detect and react to resident behaviors greatly impacts the use of antipsychotic medications in a positive way. Education of families/legal representative regarding appropriate medication use can also result in reduction.
- **Other practices:** Include a psychiatrist in the residents' care and nutritional reviews for the proper combination of vitamins and minerals. It is also important to include





therapists in the care of residents with dementia. Recreation, music, and art therapy should also be considered.

Tools:

- [AHCA Anti-Psychotic Reduction Resources](#): Free member resources.
- [CMS Hand-in-Hand Program: A Training Series for Nursing Homes Toolkit](#): The mission of the Hand in Hand training is to provide nursing homes with a high-quality training program that emphasizes person-centered care in the care of persons with dementia and the prevention of abuse.
- [CALM Training](#): Provides techniques for reacting to aggressive patient behaviors.
- [Alive Inside](#): A documentary film of music and memory.
- [Now What?](#) Educational television programs that provide education/information about issues surrounding dementia.

Measure Up/Follow Up:

- **Start with a realistic goal.** Remember, quality is a journey, not a destination. Setting smaller, more reasonable goals allows the team to experience success. Then, the team can set additional goals to pursue.
- **Set clear intervals for goal review.**
 - Review goals using QAPI processes (data collection and management). Decisions in a quality improvement program are driven by data and the ability to manage and process them. Without accurate data, we would be challenged to analyze or implement changes.
 - Educate staff that the purpose of data collection is to validate the current process; define the rationale for making changes in care; provide a rationale for increasing, decreasing, or maintenance of resources; and/or establish a reliable and realistic threshold for evaluation. QAPI provides a framework for improvement while maintaining a central focus on the patient perspective.

More on the Topic:

- [Contact your local QIO](#)
- [Agency for Healthcare Research and Quality](#)
- [Advancing Excellence](#)

DISCLAIMER: The AHCA/NCAL quality programs' contents, including their goals and standards, represent some preferred practices, but do not represent minimum standards or expected norms for skilled nursing and/or assisted living providers. As always, the provider is responsible for making clinical decisions and providing care that is best for each individual person.



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