

Reducing Antipsychotic Medication Use in LTC Collaborative



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Supports



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- Central Health operates 11 Long Term Care Homes for a total of 518 LTC beds (including 1 Protective Community Residence which accommodates 12 residents).
- Western Health operates 6 Long Term Care Homes and 4 Protective Community Residences for a total of 474 LTC beds (40 beds of which are located in the PCR).
- Central Newfoundland has the highest rate of antipsychotic drug use amongst residents in LTC without a diagnosis of psychosis in the country (Approx. 40%).
- In Western Health Approximately 39% of all LTC residents in are prescribed an antipsychotic medication (Range 21%-87%).

Why target antipsychotic usage?

- Antipsychotic medications were introduced more than 50 years ago.
- These medications were developed to treat psychotic conditions such as Schizophrenia.
- These medications were never developed to treat dementia and can be unsafe for use in the frail elderly population.
- More than 90% of our residents receiving antipsychotic meds do NOT have a diagnosis of schizophrenia

Why Target Antipsychotic Usage?

Key Resident Safety and Quality Issue!!

- Excessive sedation
- Dizziness/unsteadiness
- Dry mouth
- Parkinsonism (tremors and rigidity)
- Cardiovascular problems
- Body restlessness
- Reduced well-being
- Social withdrawal
- Urinary symptoms
- Accelerated cognitive decline

All antipsychotic medications are associated with an increased risk of stroke and death in the elderly

CFHI expression of interest issued for participation in National Quality Improvement Collaborative March 2014

Aim of the collaborative was to spread innovation and evaluate results, reduce antipsychotic usage and analyze collective lessons about spread

- Three RHA's from NL accepted (15 national teams in total)
- Collaborative pre work began June 2014
- 12 month implementation September 2014-September 2015

Our Aims

- Decrease antipsychotic medication usage rates by 15% amongst persons living with dementia at each of 4 pilot sites in CH by Sept. 2015
- Decrease antipsychotic medication usage rates by 25% amongst persons living with dementia at pilot site WH- CBLTC Home by Sept. 2015.
- Develop and implement spread plan for all sites

The ultimate goal was to:

- improve care and quality of life for resident

- Medication review process
- Staff and Family education sessions
- Check in's and Huddles
- Specific Training Programs:
 - Gentle Persuasive Approach (GPA)
 - P.I.E.C.E.S education
 - Dementia Care E-Learning Modules
- Person Centered Care
 - Develop individualized “intervention kits”
 - “About Me”

GPA Training

- Education for ALL staff in ALL departments
- GPA is a competency based training program for people who care for older adults with Dementia
- GPA is a 7.5 hour evidence-based training program designed for people who care for older adults with dementia and their challenging responsive behaviours.
- Learners complete 4 modules that include interactive exercises and gain purposeful knowledge and develop skills that can be used immediately in dementia care.

- Education for team leads on P.I.E.C.E.S
- P.I.E.C.E.S.™ is a dementia care education program.
 - P = physical
 - I = intellectual
 - E = emotional
 - C = capabilities
 - E = environment
 - S = social and cultural
- P.I.E.C.E.S. provides a framework to:
 - understand the care needs of individuals with complex cognitive and mental health needs
 - assess care needs and develop care plans
 - help people at risk for responsive behaviors

Strategy for Change – Key Elements

Developed individualized “intervention kits”



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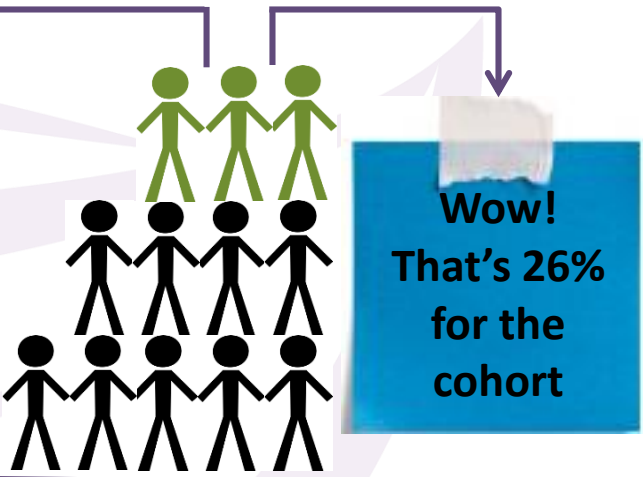
Decreasing Antipsychotic Medication Use in Long Term Care :

A CFHI Quality Improvement Project

Spotlight Central Health

July 1, 2014-June 30, 2015

11 of 42
Cohort Residents
had their antipsychotics
completely DISCONTINUED



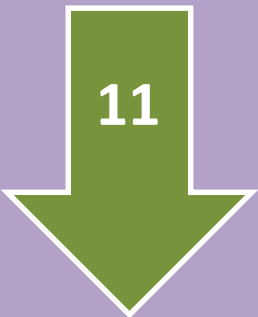
Percentage of cohort residents that had antipsychotics discontinued but were still on 1 or more antipsychotics

10%
(4 residents)



~14%
(6 residents)

Percentage of *remaining* cohort residents on more than one antipsychotic



Number of cohort residents that had their total daily dose of antipsychotics DECREASED

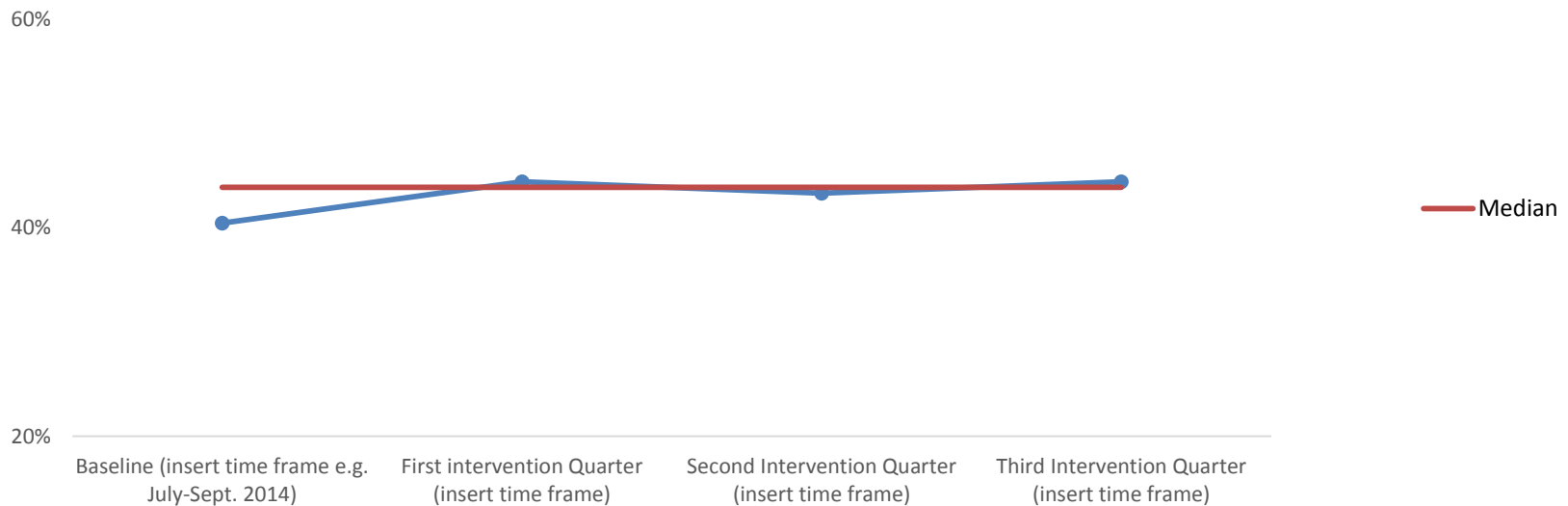


Number of cohort residents that had their total daily dose of antipsychotics INCREASED



Key Results: Patient Experience of Care and Outcomes

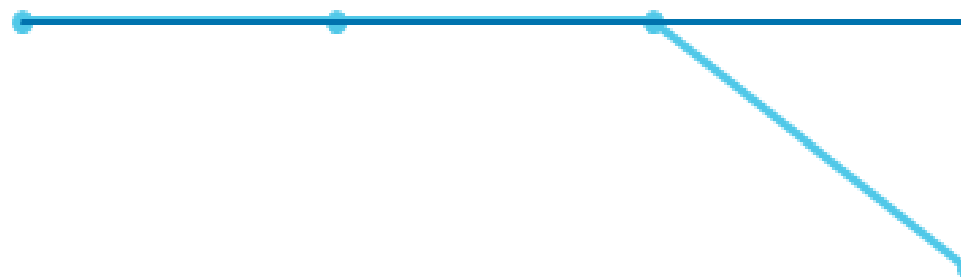
Percent of target residents in physical restraints (Any restraint P4c, P4d, P4e)



Key Results: Patient Experience of Care and Outcomes

Percent of target residents who fell in the last 30 days

20%



— Median

0%

Baseline (insert time
frame e.g. July-Sept.
2014)

First intervention
Quarter (insert time
frame)

Second Intervention
Quarter (insert time
frame)

Third Intervention
Quarter (insert time
frame)



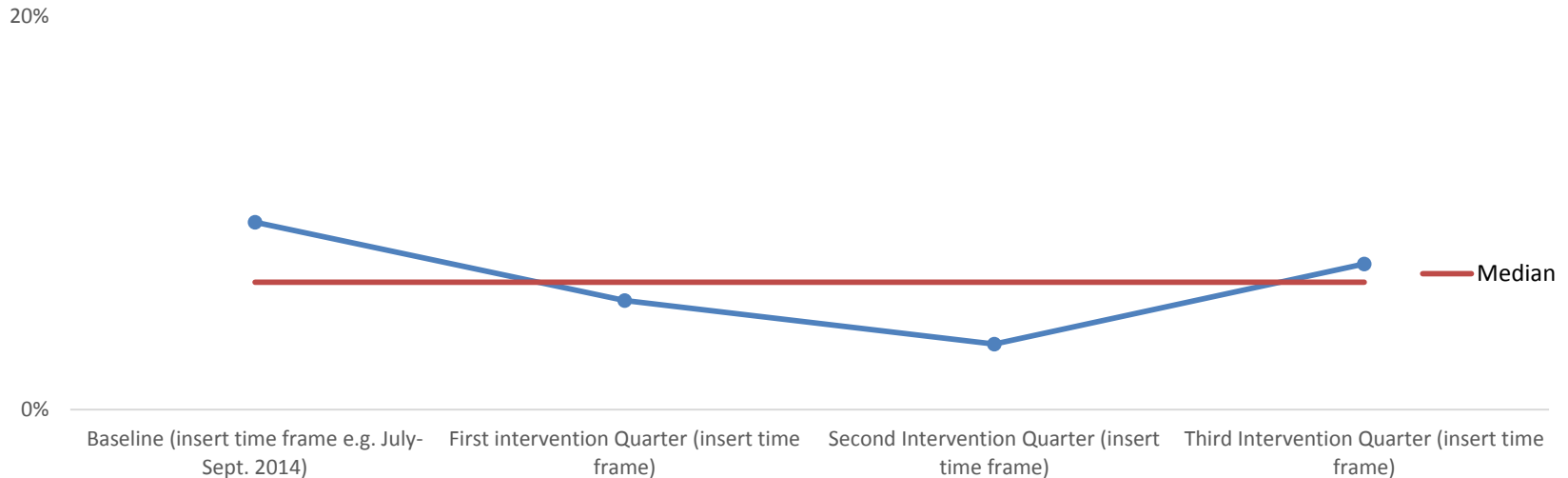
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Key Results: Patient Experience of Care and Outcomes

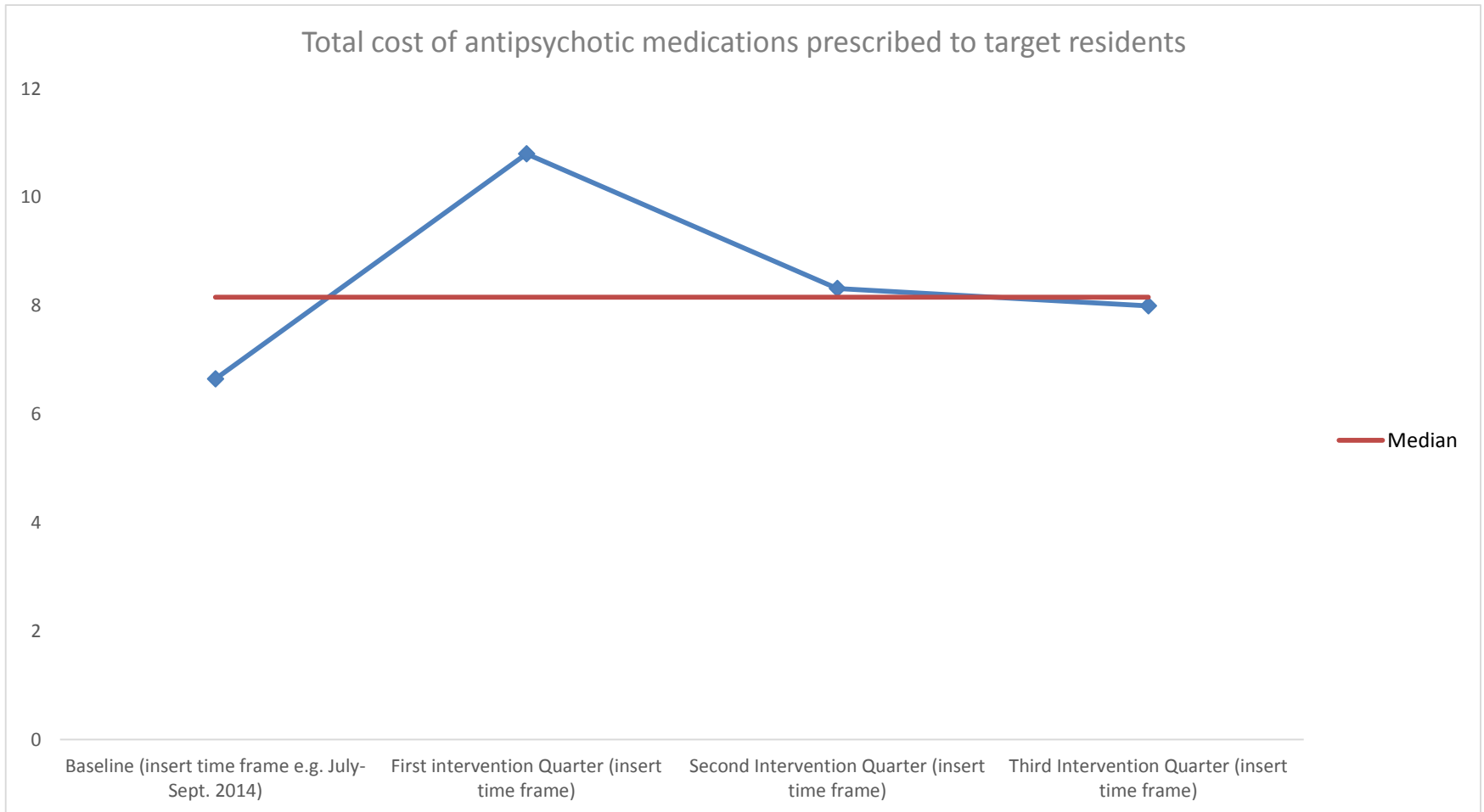
Percent of target residents with an ABS Score of 6 or greater (very severe aggressive behaviour)



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Key Results: Better Value



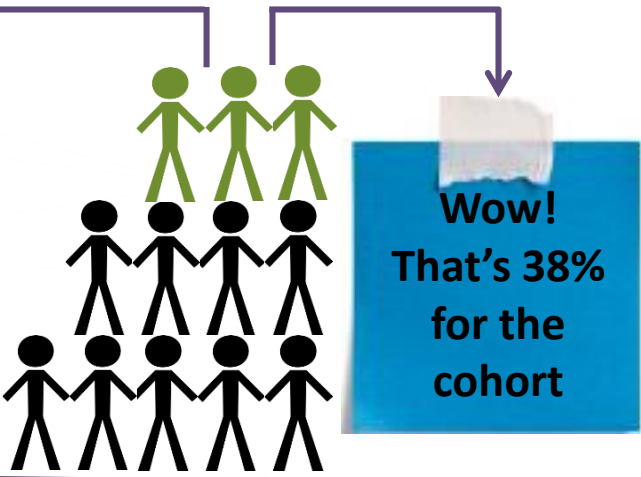
Decreasing Antipsychotic Medication Use in Long Term Care :

A CFHI Quality Improvement Project

Spotlight Western Health

November 1, 2014- September 15, 2015

17 of 29
Cohort Residents
had their antipsychotics
completely DISCONTINUED



Percentage of cohort residents that had antipsychotics discontinued but were still on 1 or more antipsychotics

21%
(6 residents)

11/29 in process of medication titration

Percentage of *remaining* cohort residents on more than one antipsychotic

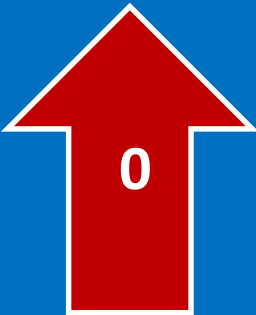
~0%
(0 resident)



Number of cohort residents that had their total daily dose of antipsychotics DECREASED

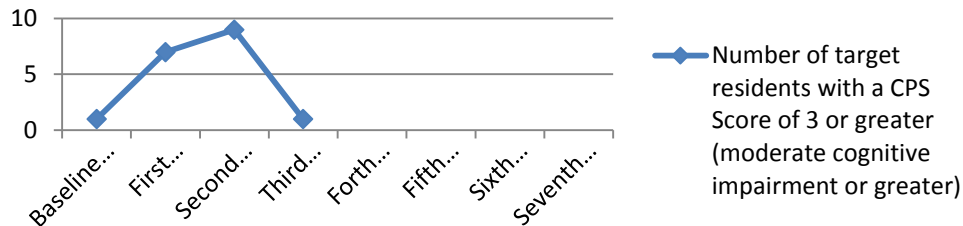


Number of cohort residents that had their total daily dose of antipsychotics INCREASED



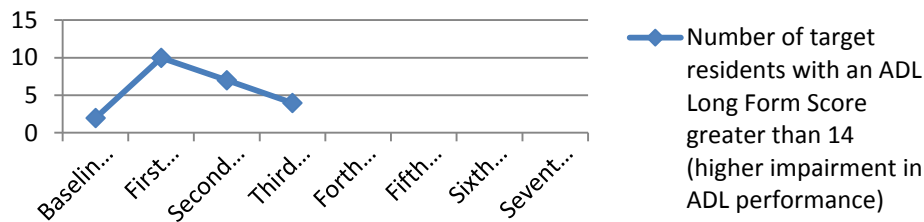
Key Results: Resident Experience of Care and Outcomes

Number of target residents with a CPS Score of 3 or greater (moderate cognitive impairment or greater)



Reviewing the data from baseline to the end of the 3rd quarter there is a marked decrease in the residents CPS scores which indicates an increase in cognitive functioning.

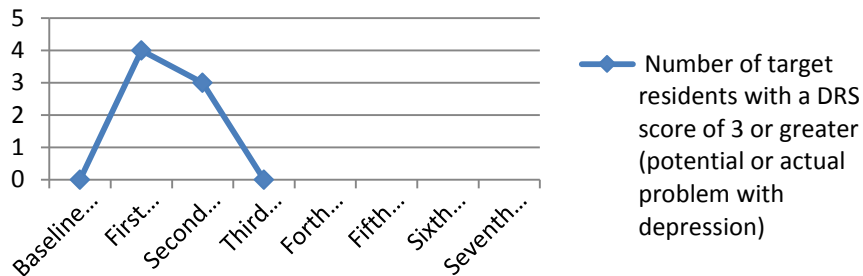
Number of target residents with an ADL Long Form Score greater than 14 (higher impairment in ADL performance)



Data from baseline to the end of the 3rd quarter indicate an improvement in ADL functioning.

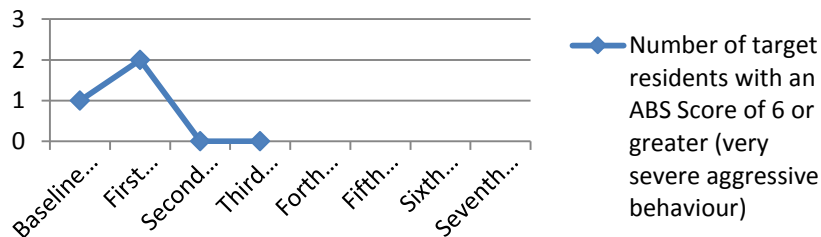
Key Results: Resident Experience of Care and Outcomes

Number of target residents with a DRS score of 3 or greater (potential or actual problem with depression)



Upon review of the data for potential or actual depression, we had a high number of residents who had a depression rating of 3 or higher. With the tapering of antipsychotics their depression scales decreased/improved.

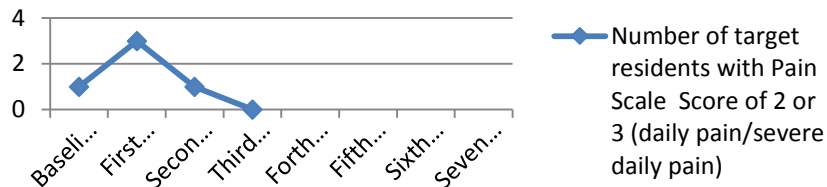
Number of target residents with an ABS Score of 6 or greater (very severe aggressive behaviour)



The numbers of resident exhibiting severe aggressive behaviours dramatically declined with tapering.

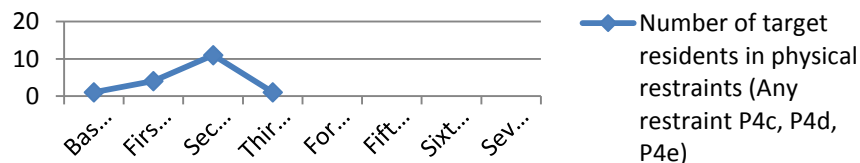
Key Results: Resident Experience of Care and Outcomes

Number of target residents with Pain Scale Score of 2 or 3 (daily pain/severe daily pain)



As staff members used alternate assessments in order to identify causes of responsive behaviours, pain was identified and treated more appropriately.

Number of target residents in physical restraints (Any restraint P4c, P4d, P4e)

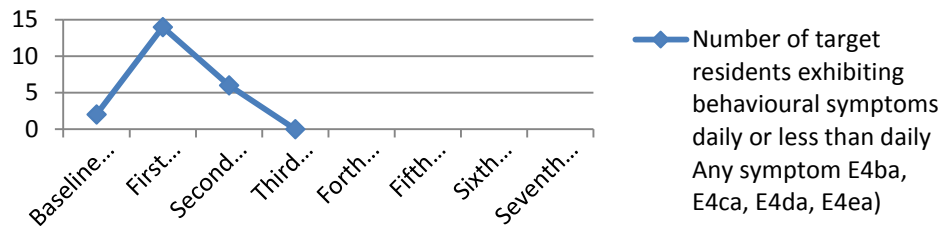


Use of restraints has decreased, which shows an improvement in physical functioning and also shows a direct correlation with our falls occurrence data.

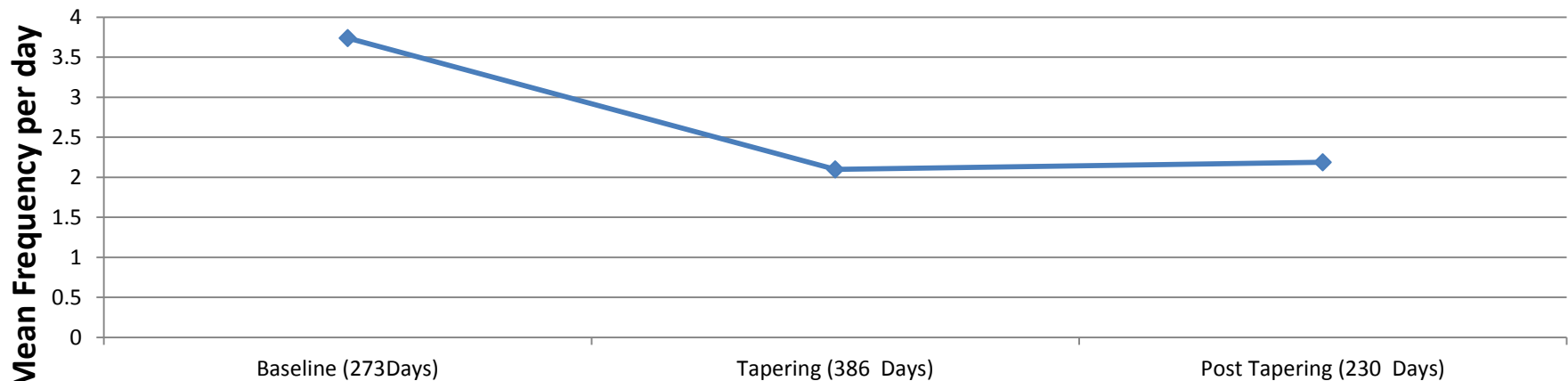
Key Results: Resident Experience of Care and Outcomes

Number of target residents exhibiting behavioural symptoms daily or less than daily Any symptom E4ba, E4ca,...

As the residents were tapered from the antipsychotics there was a continual decrease in the behavioural symptoms.



Mean Behavioural Frequency of all Responsive behaviours for all Residents (Baseline, Tapering, and Post Tapering)



KEY RESULTS: BETTER VALUE



Family Survey Results:

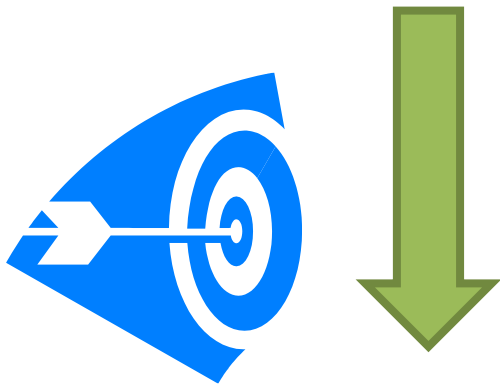
- Positive and encouraging feedback.
- Key Lesson learned: some families wanted more formal follow up regarding progress.

Staff Focus Group Results:

- Awareness and compliance were reported to be crucial in the success of the initiative.
- Further discussion and planning on how to engage casual staff is required.

- Increased the organization's knowledge and awareness of the importance of reducing the inappropriate use of antipsychotic medications in LTC.
- Increased family engagement with care teams in LTC
- Upscale Spread to other care settings – such as community care and acute care

Both RHAs *Successfully Achieved Aim to Reduce Antipsychotic Medication Use by Set Target*




Lesson #1- Start Small and Scale-Up

Lesson #2- Just Do It!

Lesson #3- More Real-Time Data!

Lesson #4- Addressing the Use of Antipsychotics in LTC requires a Strategy for Acute Care

- There are 7 LTC sites remaining in Central Health, and 5 in Western Health (+ 4 PCRS).
- Goals: Spread throughout all LTC site in both organizations by Spring 2016.
- Beyond that, both RHAS would like to target the acute care settings.



Thank you! Questions?



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