Reducing Antipsychotic Medication Use in LTC Collaborative

Kelli O’Brien, VP Long Term Care and Rural Health
Heather Brown, VP Rural Health, LTC and Community Supports
Team Members

**Executive Sponsor**
Heather Brown

**Project Lead**
Mimie Carroll

**Measurement Lead**
Natalie Howell

**MDS Champion**
Melissa Miller

**Clinical Champion**
Dr. Jody Woolfrey

**Pharmacy Champion**
John King

**Therapeutic Recreation Champion**
Doug Keough

**Family Advocate**
Dr. John Trend
Team Members

Executive Sponsor
Kelli O’Brien

Project Lead
Renee Luedee Warren
Lori Scott

Measurement/MDS Lead
Julia Fequet

Clinical Champions
Dr. Cliff Westby
Jody Burt
David Tappe
Debbie Dolomount

Pharmacy Champion
Regina Staples

Therapeutic Recreation Champion
Patricia Barrett
Background

- 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 PCRs).

- 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
The Opportunity

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
Change Strategy

- 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.
P.I.E.C.E.S Training

- 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”
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)
- Percentage of remaining cohort residents on more than one antipsychotic: ~14% (6 residents)
- Number of cohort residents that had their total daily dose of antipsychotics DECREASED: 11
- Number of cohort residents that had their total daily dose of antipsychotics INCREASED: 5

Wow! That’s 26% for the cohort.
Key Results: Patient Experience of Care and Outcomes

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

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)
Key Results: Patient Experience of Care and Outcomes

Percent of target residents who fell in the last 30 days

20%

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)
Key Results: Patient Experience of Care and Outcomes

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

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)
Key Results: Better Value

Total cost of antipsychotic medications prescribed to target residents

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)

Median
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

21%
(6 residents)

11/29 in process of medication titration

Wow!
That’s 38% for the cohort

0%
(0 resident)

29
Number of cohort residents that had their total daily dose of antipsychotics DECREASED

0
Number of cohort residents that had their total daily dose of antipsychotics INCREASED

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

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

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.
Capacity, Culture Change and Spread

• 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
SUMMARY RESULTS

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

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
Sustaining the Gains and Future Spread

- 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?