



Change Bundle: Avoidance of Unnecessary Antipsychotic Medications in Nursing Home Residents Living with Dementia

— Excerpted from the National Nursing Home Quality Care Collaborative's Change Package

The bundle of actions below represents the practices described by nursing homes participating in the National Nursing Home Quality Care Collaborative to reduce the use of inappropriate antipsychotic drug use successfully. Nursing homes across the country, in collaboration with CMS, QIN-QIOs, long term care trade associations, professional organizations, state health departments, ombudsmen, and many other partners and stakeholders, have been working over the past several years to improve care for persons living with dementia, with particular focus on reducing inappropriate antipsychotic drug use. While the actions described below are supported by the literature and evidence-based guidelines provided by organizations or programs such as the Iowa Geriatric Education Center, AMDA, AGS, and the Alzheimer's Association, additional research is needed to evaluate the most effective approaches to avoiding inappropriate antipsychotic use in nursing home residents with dementia. The solution to improving care for persons living with dementia in nursing homes, likely involves a multi-faceted approach, perhaps not easily summarized in three-to-five practices.

The overall approach described by participating nursing homes was to form a multi-disciplinary quality improvement team committed to improve care for persons living with dementia and avoid inappropriate use of antipsychotic drugs. They included, for example, nursing staff, medical director, department leaders such as therapeutic recreation, social services, and direct care staff who care for residents with dementia. They planned and implemented a structured quality improvement project that assessed current data and practices with regard to antipsychotic drug use, and identified and implemented changes that resulted in improved resident outcomes. They actively engaged staff, residents, and family members.

Five Point Bundle:

1. Design and create a calming environment

- Eliminate loud or competing noises. Television, music, and other sources of auditory or visual stimulation should be used judiciously and only when residents are actively engaged. It should not become background noise.
- Have a place for everything, and everything in its place. The environment should be clean, uncluttered, and organized to reduce confusion and stress caused by unexpected changes to the environment. This decreases the chance of people losing their way or becoming upset when they are not able to find things.
- Eliminate patterns in carpet or other furnishings that could be confusing. Reduce shadows and glare (such as floors, mirror, and windows).
- Include private personal spaces that are comforting and soothing to residents.
- Respect each resident's private space.

2. Create meaningful relationships

- Implement consistent assignment. Staff that consistently care for and interact with a resident get to know them personally; this allows the staff to more easily recognize early changes in resident condition or behavior and to better meet their needs and preferences.
- Establish familiar faces – with a goal of developing trust and familiarity between residents and all staff with whom they interact to minimize fear and anxiety.

3. Provide meaningful activities

- Identify opportunities for individuals to contribute to the daily routine such as helping with laundry or meal preparation, greeting visitors, feeding pets, or welcoming new residents.
- Encourage decision making throughout the day, preferably on issues that have direct impact on the individual, and honor those decisions.
- Engage individuals in conversation; know some of their favorite discussion topics.
- Promote and encourage mobility (for example, walking, transferring, arm or leg exercises, tai chi) throughout every day. Make frequent physical movement – passive and active - a priority in every daily care plan.

4. Identify and treat physical and mental conditions

- Identify practitioners in the community that are skilled at working with individuals with dementia and willing to provide onsite care.
- Educate staff on assessment of behaviors (considering behaviors as signs of unmet needs such as pain, fear, anxiety, hunger, needing to use the bathroom, boredom, fatigue, under/overstimulation), and possible non-pharmacologic approaches to their management. Do not treat behaviors, instead understand and treat what they represent.
- Educate all staff on the signs and symptoms of delirium as well as appropriate interventions.

5. Define a consistent approach to minimize the use of antipsychotic medications

- Engage pharmacy consultants to identify opportunities for changing or eliminating medications to maximize benefit and minimize side effects.
- Use the medical director to communicate between the interdisciplinary team and attending (medication-ordering) physicians and other mental health professionals to align goals and practices with regard to providing improved care for persons with dementia and avoiding inappropriate antipsychotic drug use.
- Prior to initiation of any new antipsychotic drug for a resident, implement a policy that key leaders (e.g., director of nursing, medical director) must sign-off on the plan for initiation and monitoring of the drug.
- Use data to identify and track who is taking an antipsychotic drug and why.
- Identify residents that are appropriate for gradual dose reductions.
- Establish a clear plan for the dose reduction incorporating a plan for monitoring and reassessing the resident's response to the reduction. Actively engage staff, residents, and family members as appropriate.

To download the entire Change Package, visit

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/NNHQCC-Package.pdf