

Medication Best Practices in ALFs

Part III: Changing the Culture of Antipsychotic use in ALFs

Developed by Tyler Corson, PhD
for the VCU Department of Gerontology &
Virginia Department of Social Services, Division of Licensing Programs

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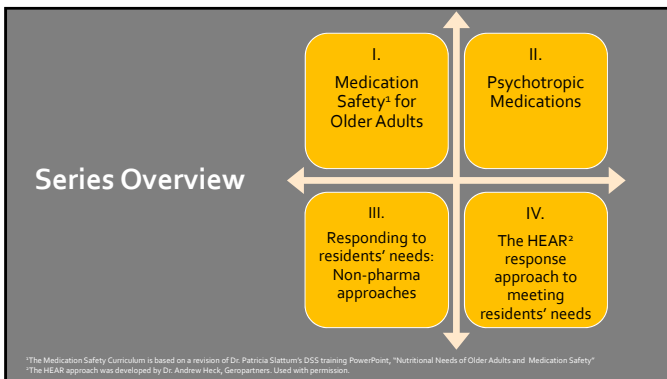
PART III: Responding to residents' needs: non-pharma approaches

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AT the end of this series, you will have an increased understanding of :

Strategies to prevent medication-related problems	Healthcare providers' role as partners in maintaining and improving medication safety	Resources for improving medication safety in ALFS	Psychotropic medications and why they are used.
The warnings concerning antipsychotic use, especially in persons living with dementia.	Antipsychotics as part of a comprehensive care plan for persons with diagnosed mental illness.	Behaviors and psychological symptoms of dementia (BPSD) as communication efforts	Underlying causes of people's behaviors
	The impact of approaches/attitudes when responding to residents' needs	Person-centered, non-pharma techniques for responding to residents' needs	

Webinar 3: Changing the Culture of Antipsychotic use in ALFs

As a result of attending this webinar, you will:

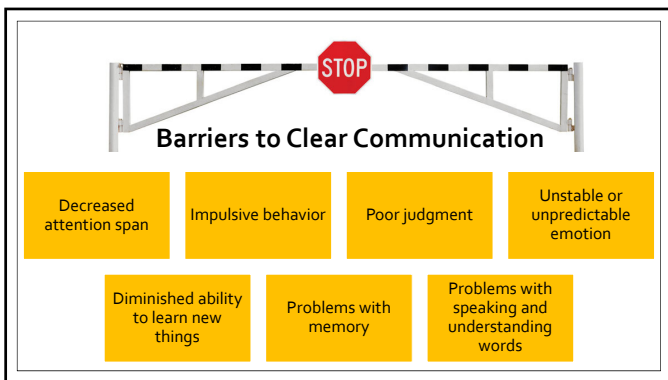
- 1) Recognize that behaviors and psychological symptoms of dementia (BPSD) are attempts to communicate.
- 2) Be able to identify underlying causes of agitated and aggressive behaviors
- 3) Understand the regulations concerning PRN (as needed) medications
- 4) Understand that non-pharma strategies should be the first-line approach to responding to residents' behaviors and needs

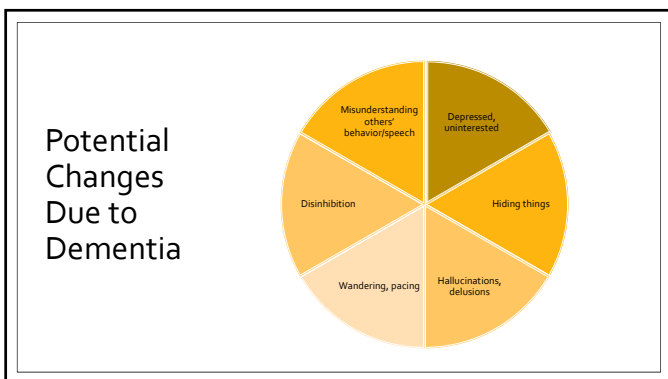


CHANGING THE CULTURE OF APM USE IN ALFS

- Behaviors as communication
- Planned Interventions
- Staffing
- Ethical issues







1 2 3 4 5 6 7 8 9

Sadness Stress Anxiety Confusion Fear Anger Frustration Shame Feeling overwhelmed

Feelings that may accompany these changes

Behaviors as communication:
Are we listening?

- Have you seen individuals using behavior to communicate?
- Why were they using behaviors instead of verbal communication?
- What types of behaviors?
- What might the person have been trying to communicate?

Teepa Snow: A positive approach

https://www.youtube.com/watch?time_continue=39&v=ZpXeefZjAM

Finding And Filling Unmet Needs

Identifying triggers for emotional and behavioral responses

- Difficult encounters
- Enjoyable encounters

Cracking the code to:

- Identify causes
- Correctly interpret communication
- Fulfill unmet needs



Investigating residents' behaviors to determine their needs requires:

- Patience
- Detective work
- Persistence
- Trial and error

Fully explore the specific behavior(s)

Carefully observe:



Type of behavior

- Duration
- Frequency
- Intensity



Triggers, or times the behavior DIDN'T happen



Result

- What function did the behavior have?
- Was there a consequence?




Hit Pause and Practice



<https://www.youtube.com/watch?v=VXkocUWdPio&feature=youtu.be>







Barriers to Clear Communication


Taking it personally	Lack of awareness	Pressure from other stakeholders: <ul style="list-style-type: none">• Medical professionals• Family members• Corporate interests	Resources: Need mental health partnerships
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Community Support

- Alzheimer's Association
- Mental Health Advocacy Groups
- Faith-based Groups
- Hospitals
- Private Practices
- Community CSBs/Behavioral Health Authorities
- Online communities/organizations

- Educational Classes
- Support Groups
- Coping Skills
- Links to Resources
- Advocacy

Staff Self Care




<https://www.youtube.com/watch?v=WBYYFbStfHM>

In order to provide person-centered behavior responses, we need:



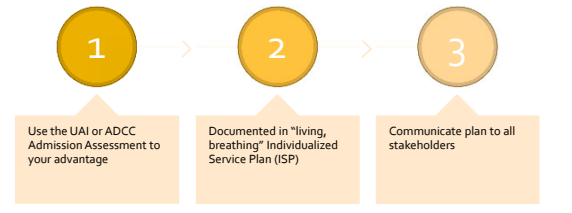
Comprehensive care plans	Commitment to staff training	Knowledge of DSS regulations for PRN medication administration	Non-pharmacological behavior responses <ul style="list-style-type: none">• Organizational buy-in• Pre-planning• Protocols
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Comprehensive care plans



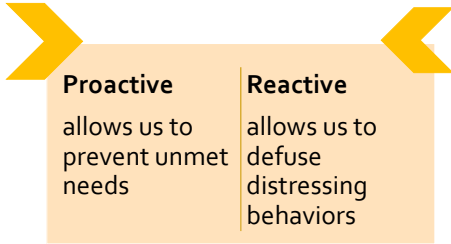
- Focusing on each person and his/her individual needs
- Get to know the person
- Systematic review of whole-person care
- Periodic medication reviews

Invest in the Process: UAI and ISP



1. Use the UAI or ADCC Admission Assessment to your advantage
2. Documented in "living, breathing" Individualized Service Plan (ISP)
3. Communicate plan to all stakeholders

We need to have planned approaches² to respond to people's behaviors and their underlying needs.



²de Oliveira, A., Radanovic, M., Homem de Melo, P. et al., "Nonpharmacological Interventions to Reduce Behavioral and Psychological Symptoms of Dementia: A Systematic Review," *BioMed Research International*, vol. 2012, Article ID 218980, 3 pages, 2012. doi:10.1155/2012/218980

Activities and Alternative Therapies



<https://youtu.be/fyZQfop73QM>

Caring responses



- Physical and relaxation exercises
- Redirection
- Teamwork

PRN Medications Regulations:

22 VAC 40-73-680-K

The use of PRN (as needed) medications is prohibited, unless one or more of the following conditions exist:

1) The resident is capable of determining when the medication is needed;

2) Licensed health care professionals administer the PRN medication;

OR

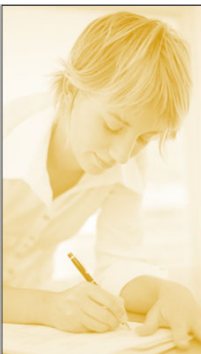
As Needed Medications

3) Medication aides administer the PRN medication when the facility has obtained from the resident's physician or other prescriber a detailed medication order. The order shall include

Symptoms that indicate the use of the medication

Exact dosage, the exact time frames the medication is to be given in a 24-hour period, and

Directions as to what to do if symptoms persist.



PRN: Write it down!

Documentation of "as needed" medication use is very important to:

Avoid excessive dosing of as needed medications

Comply with state regulations

Evaluate drug regimen

Hit Pause and Reflect: Case Study



Mrs. Jones has been widowed for five years. She has mild cognitive impairment from vascular dementia. She is in relatively good physical health. While she has not been formally diagnosed with bipolar disorder, she has had some episodes of high energy in the past (prior to the ALF) where she exhibited reckless behavior (online gambling, overspending her credit cards). Mrs. Jones' daughter took her to the family doctor, who prescribed "as needed" (PRN) Seroquel, a prescription that she brought with her into your ALF.

For the past 4-5 months, she has been mistaking many of the men living in the ALF for her husband. Mrs. Jones often holds hands with those men, or kisses them on the cheek if she is sitting near them in the dining room (so far, the men have been good-naturedly accepting it, as they are friendly with Mrs. Jones). However, Mrs. Jones' daughter came in during dinner one evening and saw her mother flirting loudly with a man. The daughter is embarrassed and tells the RN on duty that she wants her mother to take the PRN Seroquel to stop "these shameless behaviors."

How might the RN respond using person-centered practices?

Potential Case Study Responses

- Medical assessment: physical and mental health

- Medication review

- Neurological screening/assessment

- Ask team about their observations

- Be sure PRN regulations are met

- Talk to the male residents

- Arrange meeting with resident/family to discuss use of APM meds
- Discuss Mrs. Jones' behaviors

Improvement

Education Practical School

Capacity

Job Qualification Feedback


Vocation Professional Training

Knowledge

Acquisition

COMMITMENT TO STAFF TRAINING

Ethical issues




Promote quality of life

Treat people with dignity

Respect ethical principles

- Beneficence: "Do good"
- Non-maleficence: "Do no harm"

Hit Pause and Reflect



Abuse, Neglect, and Exploitation

If we use drugs to control someone's behavior, do you think we are unconsciously neglecting their needs?

Are we neglecting a person's health care needs by giving them medications that we know have serious side effects, including stroke, aspiration that can lead to pneumonia, increased fall risk, and higher risk of death?

Could this be considered abuse?

Homework: Case Study

Meet Maria

Maria has mid-stage dementia and compromised comprehension and communication skills. Maria has a doctor's order to toilet every 2 hours.

She needs help with toileting, and is consistently combative when staff helps her in the bathroom.

She deeply scratched a staff member on the face. Even with 2 staff members assisting, the problems remain.

Staff members are afraid of Maria's assaults. As a result, her disposable briefs are always soaked, leading Maria to have painful rashes and broken skin.

Because the area is so sensitive, it makes toileting even more traumatic, and there is a vicious cycle of combativeness every 2 hours.

Maria has a prescription for "as needed" Risperidone, which staff have been giving her more and more frequently in response to her aggressions.



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