Managing Behavioral Symptoms Through Best Care Practices & Behavioral Management Programs Rather Than Medication

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Goals:

- Make people with dementia feel happy and good about themselves
- Reduce the incidence of significant behavioral symptoms
- Reduce the need for, and use of, antipsychotic, antianxiety and hypnotic drugs
- Reduce the risk of falls
The Problem:

“83% (1,197,442) of atypical antipsychotic drug claims were for elderly nursing home residents diagnosed with conditions for which the drugs’ use was not approved by FDA (i.e., the drugs were used off-label).

88% (1,263,641) of the drug claims were for residents diagnosed with dementia.”

May 2011 Department of Health and Human, Office of Inspector General

November 2009 Omnicare pays US $98 million settlement to resolve allegations that it received kickbacks to recommend drugs, including Risperdal (an atypical antipsychotic), for use in nursing homes.

July 2012 Johnson and Johnson Ordered to Pay $2.2 Billion in Risperdal Settlement

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### July 2012

<table>
<thead>
<tr>
<th></th>
<th>PA State Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotic Use</td>
<td>22.4%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

source: CMS Nursing Home Compare website

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## Antipsychotic Use

<table>
<thead>
<tr>
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<th>Gwynedd Square</th>
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<tr>
<td>July 2012</td>
<td>14.5%</td>
<td>22.4%</td>
<td>23.9%</td>
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Source: CMS Nursing Home Compare website
Basic Prerequisites of All Good Care Practices

- **Leadership** – ownership & management must be active & involved; board, corporate executives, Administrator, DON

  *Quality improvement comes from the top down.*

- Adequate Staffing with permanent assignments

  ratio of CNAs to residents by shift:
  
<table>
<thead>
<tr>
<th>Shift</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>1-8</td>
</tr>
<tr>
<td>2nd</td>
<td>1-9</td>
</tr>
<tr>
<td>3rd</td>
<td>1-16</td>
</tr>
</tbody>
</table>

- Communication between family, nursing staff, DON & Administrator

- **Adequate Medicaid Rates** (also, Medicare)
Gwynedd Square Nursing Center
Lansdale, PA

- 72% Medicaid
- 181 beds
- for profit
- not part of a chain
- family owned & operated since 1980
People with dementia have behavioral symptoms due to their confusion and memory deficit.

The first course of action in managing behavioral symptoms should always be to use non-pharmacological approaches.
non-pharmacological approaches to behavioral symptoms:

1) Knowing the resident and giving individualized, person-centered care

2) Behavioral Management Programs
pharmacological approaches to behavioral symptoms:

Psychotropic medication can be appropriate where using the lowest possible dose of medication helps to maintain the resident’s highest level of psychosocial & physical well being.

(Critical: communication between geriatric psychiatrist, nursing staff, physician and family to insure that the resident is functioning at his/her highest level.)
July 2012

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source: CMS Nursing Home Compare website
### August 2012

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<tr>
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<th>Gwynedd Square</th>
<th>PA State Average</th>
<th>National Average</th>
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<tbody>
<tr>
<td>Antipsychotic Use</td>
<td>12%</td>
<td>22.4%</td>
<td>23.9%</td>
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</table>

source: Lynn Tercha, Pharmacy Consultant, Omnicare
Behavioral Management Programs
Behavioral Management Programs

Keeping people active, engaged & monitored

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Behavioral Management Programs at Gwynedd Square

- 5 different *level-appropriate* activities programs twice a day (one is all day long; plus there is an evening activity)

- 11 activities staff each day (for 181 residents)
  All activities staff are trained & work as feeding assistants at meals.

- 3 different dining programs for lunch & dinner

A resident can be kept active, engaged and monitored in level-appropriate activity and dining programs for much of the day.

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The 5 Activities Programs at Gwynedd Square:

Friendship Club – early stage dementia

Sunshine Club – late stage dementia

Rising Stars Program – high fall risk, late stage dementia

Korean Elders Program (41 out of 181 residents)

Alert & oriented group and whole community functions

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3 Dining Programs (45-90 minutes):

“Main Dining Room”
independent dining with some total assist tables

“Lunch Bunch & Supper Club”
middle stage dementia dining program
(enabling residents with memory impairment through cueing, directing and assisting)

“Lakeside Dining Program”
total feeding assistance
morning:
  Friendship Club
  Sunshine Club then Rising Stars Program (10:15am – 7:45pm)
  Alert & oriented group or community-wide program
  Korean Program

  lunch:
  main dining room - independent and total assist
  Lunch Bunch Program – early stage dementia  (staffing: 1-3)
  Lakeside Dining Program – late stage dementia (staffing: 1-2)

afternoon:
  Friendship Club
  Sunshine Club
  Rising Stars Program
  Alert & oriented group or community-wide activity
  Korean Program also, room visits

  dinner: main dining room - independent and total assist
  Supper Club – early stage dementia
  Lakeside Dining Program – late stage
default

night: general activity
  Rising Stars Program till 7:45pm
People with dementia often need help with eating, especially at later stages of life. Without help eating, a person with dementia will often lose weight.

If you help a person with dementia to eat, she is less likely to lose weight.
<table>
<thead>
<tr>
<th>residents who lose too much weight</th>
<th>PA State Average</th>
<th>National Average</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>7.4%</td>
<td>7.2%</td>
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source: CMS Nursing Home Compare website
## July 2012

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<th>residents who lose too much weight</th>
<th>Gwynedd Square</th>
<th>PA State Average</th>
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<tr>
<td>4.9%</td>
<td>7.4%</td>
<td>7.2%</td>
<td></td>
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</table>

source: CMS Nursing Home Compare website
Gwynedd Square Nursing Center

top 9% in preventing weight loss

(better than 91% of Pennsylvania nursing homes)
3 Level-Appropriate Dining Programs:

“Main Dining Room”
independent dining with some total assist tables

“Lunch Bunch & Supper Club”
middle stage dementia dining program
(enabling residents with memory impairment
through cueing, directing and assisting)

“Lakeside Dining Program”
total feeding assistance
“Lunch Bunch & Supper Club”

Middle Stage Dementia Dining Program

(enabling residents with memory impairment through cueing, directing and assisting)
“Lakeside Dining Program”

total feeding assistance
A resident can be kept active, engaged and monitored in level-appropriate activity and dining programs for much of the day. Behavioral symptoms can be monitored, anticipated, redirected and lessened, and the use of psychototropic medication reduced.
Individualized Care:

Resident has dementia, our only smoker in the facility.

Behavioral symptom: Constantly asks for a cigarette.

Intervention: Post signs with her name on it showing the next time to smoke.
Individualized Care:

Resident has dementia.

Behavioral symptom: Resident was always taking and grabbing people’s things.

Intervention:
Given an infant doll. Resident cares for it constantly. It is usually constantly in her arms keeping her hands busy and away from other’s things.
| Antipsychotic Reduction Effort  
| Performance Indicators  |

| % of residents in facility on antipsychotics: | ________ |

| Quality Measure State Percentile Rank - antipsychotics: | ________ |

<table>
<thead>
<tr>
<th>At admission information is obtained from the family on resident’s preferences/routine/positive interventions</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>The information obtained at admission on resident’s preferences/routine/positive interventions is conveyed in person (not simply in writing) on the day of admission by admissions or social service staff to the resident’s direct care nurse and CNA(s).</td>
<td>YES</td>
<td>NO</td>
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<table>
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<tr>
<th>Facility has permanent assignments (same CNA to same resident 5 days/week)</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>CNA to Resident Ratio 1st shift/2nd shift/3rd shift</td>
<td>YES</td>
<td>NO</td>
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<table>
<thead>
<tr>
<th>NHA attends care plan meetings</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>DON attends care plan meetings</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Family attends care plan meetings</td>
<td>YES</td>
<td>NO</td>
</tr>
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<table>
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<tr>
<th>NHA &amp; DON review Quality Measures every month and use QM report to identify residents needing improved or different care interventions and oversee their implementation</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>NHA &amp; DON review pharmacy consultant’s report quarterly (with pharmacy consultant, medical director)</td>
<td>YES</td>
<td>NO</td>
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<tr>
<th>Each month, NHA &amp; DON use Quality Measures report, along with the pharmacy consultant report, to identify residents appropriate for possible reduction/elimination of antipsychotics</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>NHA &amp; DON together with family and care plan team are involved in the process to find effective alternatives to address behavioral symptoms.</td>
<td>YES</td>
<td>NO</td>
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| The facility provides at least two different level activities programs twice daily (one for higher functioning residents and one for lower functioning residents). | YES | NO |

“*Yes*” answers require supporting documentation and visual confirmation by quality improvement personnel.
Antipsychotic Reduction Effort – Best Practices

✓ At admission information is obtained from the family on resident’s preferences/routine/major life experiences/positive interventions.

✓ The information obtained at admission on resident’s preferences/routine/positive interventions, etc. is conveyed in person (not simply in writing) on the day of admission by admissions or social service staff to the resident’s direct care nurse and CNA(s).

✓ CNA to Resident Ratio  1st shift 1-8
   2nd shift 1-9
   3rd shift 1-16

✓ Facility has permanent assignments (same CNA to same resident 5 days/week).

✓ NHA & DON attend care plan meetings. Family is invited to and attends care plan meetings.

✓ NHA & DON review Quality Measures every month and use QM report to identify residents needing improved or different care interventions and oversee their implementation.

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Antipsychotic Reduction Effort – Best Practices (cont’d)

✓ NHA & DON review pharmacy consultant’s report quarterly (with pharmacy consultant, medical director).

✓ Each month, NHA & DON use Quality Measures report, along with the pharmacy consultant report, to identify residents appropriate for possible reduction/elimination of antipsychotics.

✓ NHA & DON together with family and care plan team are involved in the process to find effective alternatives to address behavioral symptoms.

✓ The facility provides at least two different level activities programs twice daily (one for higher functioning residents and one for lower functioning residents).

key performance indicators:

% of residents in facility on antipsychotics: __________

Quality Measure State Percentile Rank - antipsychotics: __________
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Gwynedd Square Nursing Center
A Community of Caring People℠

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