

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

Morris J. Kaplan, Esq., NHA

President, Kaplan Health Management, LLC
Operating Partner, Gwynedd Square Nursing Center
(215) 699-5000 gwyneddsquare@aol.com



Gwynedd Square Nursing Center

A Community of Caring PeopleSM
773 Sumneytown Pike
Lansdale, PA 19446

www.GoodNursingHome.com

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**

July 2012

		PA State Average	National Average
Antipsychotic Use		22.4%	23.9%

source: CMS Nursing Home Compare website

July 2012

	Gwynedd Square	PA State Average	National Average
Antipsychotic Use	14.5%	22.4%	23.9%

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:

1st 1-8

2nd 1-9

3rd 1-16

- **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

	Gwynedd Square	PA State Average	National Average
Antipsychotic Use	14.5%	22.4%	23.9%

source: CMS Nursing Home Compare website

August 2012

	Gwynedd Square	PA State Average	National Average
Antipsychotic Use	12%	22.4%	23.9%

source: Lynn Tercha, Pharmacy Consultant, Omnicare

Behavioral Management Programs

Behavioral Management Programs

*Keeping people active,
engaged & monitored*

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.

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

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

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.

July 2012

		PA State Average	National Average
residents who lose too much weight		7.4%	7.2%

source: CMS Nursing Home Compare website

July 2012

	Gwynedd Square	PA State Average	National Average
residents who lose too much weight	4.9%	7.4%	7.2%

source: CMS Nursing Home Compare website

Gwynedd Square Nursing Center

top 9% in preventing weight loss

**(better than 91% of Pennsylvania
nursing homes)**

9/10 , CMS

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 psychotropic 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: _____			
	YES		NO
At admission information is obtained from the family on resident's preferences/routine/positive interventions			
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).			
Facility has permanent assignments (same CNA to same resident 5 days/week)			
CNA to Resident Ratio 1 st shift/2 nd shift/3 rd shift			
NHA attends care plan meetings			
DON attends care plan meetings			
Family 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			
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).			

"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.

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: _____

Morris J. Kaplan, Esq., NHA

President, Kaplan Health Management, LLC
Operating Partner, Gwynedd Square Nursing Center
(215) 699-5000 gwyneddsquare@aol.com



Gwynedd Square Nursing Center

A Community of Caring PeopleSM

773 Sumneytown Pike

Lansdale, PA 19446

www.GoodNursingHome.com