Considerations of Antipsychotic Medication Management

Much discussed and proposed in the past year about dementia care, addressing behavior symptoms, and appropriate use of medications

Quality measures introduced related to:
- Prevalence of antipsychotic medications in long-stay residents
- Incidence of antipsychotic initiation in short-stay residents
Shifting Focus

- Reasons to focus first on interventions
- However, care of individuals with dementia involves much more than interventions

Toolkit

- Contains steps and objectives
- Provides performance expectations at each step
- Offers or identifies tools and resources that will help you meet performance expectations and outcomes
- Identifies steps that need to be taken in order to clinically manage individuals who:
  - Take antipsychotic medications
  - Gradual dose-reduction exists or contemplated
- Objective to lower off-label use of medications just one part of bigger picture
Basic Model

✓ Nursing Process
✓ Care Delivery Process
✓ Key steps
  • Recognition/Assessment
  • Diagnosis/Cause identification
  • Outcomes Planning
  • Implementation
  • Monitoring and evaluation

Rationale

✓ A universally acknowledged method used to identify and address complex issues
✓ Consistent with standard problem-solving and quality improvement (QAPI)
Importance of Nursing Involvement

- Toolkit adds Leadership and Staff Training sections, consistent with recommended quality improvement approaches.
- Nursing center leaders/supervisors
  - Lead this quality improvement effort with input from all staff, residents, families and practitioners.
- Framework details support that leadership must provide to ensure quality improvement success.

Additional Toolkit Components

- Staff Training section added to support need for staff education.
- Set up to allow access to tools and resources by clicking on tool/resource name appearing in each section of framework.
- Designed to assist facilities in moving towards a more appropriate decision-making process for antipsychotic medication use.
Behavior/Antipsychotic Management: Step 1: Leadership

http://www.ahcanecal.org/quality_improvement/qualityinitiative/Pages/ResourcesByGoal.aspx

### Step & Objectives

<table>
<thead>
<tr>
<th>Step &amp; Objectives</th>
<th>Expectations</th>
<th>Tools/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set facility direction &amp; goal to better manage antipsychotic drug use and individuals with dementia</td>
<td>• Know your facility’s antipsychotic prevalence rates (short &amp; long stay) by using CMS QMs when available, AHCA and/or facility data</td>
<td>Nursing Process Approach for Antipsychotic Drug – Gradual Dose Reduction</td>
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<tr>
<td>Ensure staff and others understand what needs to be done and how to accomplish the goal</td>
<td>• Set a facility antipsychotic quality measurement goal – focus on outcomes</td>
<td>Antipsychotic Prescription Log</td>
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<tr>
<td></td>
<td>• Make sure all supervisors, staff, residents/family and physicians are aware of and understand the goal</td>
<td>Sample Facility Policy for Use of Antipsychotic Medications</td>
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<td></td>
<td>• Make sure employees know their performance expectations</td>
<td>Sample Antipsychotic Physician Memo</td>
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<tr>
<td></td>
<td>• Hold employees accountable for following care process steps</td>
<td>LTC Trend Tracker: <a href="http://www.ltctrendtracker.com">www.ltctrendtracker.com</a></td>
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<td>• Make regular employee rounds to address questions about the goal</td>
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<td></td>
<td>• Ensure all staff are trained on how to identify unmet needs and nurses are trained on recognizing common antipsychotics</td>
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<tr>
<td></td>
<td>• Recognize departments and staff doing well in implementing process and using tools</td>
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</table>

### Tools/Resources

- Nursing Process Approach for Antipsychotic Drug – Gradual Dose Reduction
- Antipsychotic Prescription Log
- Sample Facility Policy for Use of Antipsychotic Medications
- Sample Antipsychotic Physician Memo
- LTC Trend Tracker: www.ltctrendtracker.com

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**Step 1: Setting the Stage**

- Set facility direction & goal to better manage antipsychotic drug use and individuals with dementia
- Ensure staff and others understand what needs to be done and how to accomplish the goal
- Provide staff education needed to achieve results
Step 1: Expectations

- Know your facility’s antipsychotic prevalence rates (short & long stay)
- Set a facility antipsychotic quality measurement goal
- Make sure supervisors, staff and physicians are aware of and understand the goal
- Make sure employees know performance expectations
- Hold the staff and practitioners accountable for following care process steps
- Address questions about the goal
- Ensure staff are trained
- Recognize departments and staff doing well in implementing process and using tools

Step 1: Tools

- Nursing Process Approach
  - Purpose: evaluate summarizes the approach, based on nursing care process
  - Identifies key information to be collected and reviewed for defining behavior and trying to identify causes
  - Promotes identification of possible adverse consequences related to existing medications
- Physician Guidelines Related to GDR
  - General tips for physicians related to whether and when to attempt to reduce doses of, or discontinue antipsychotic medications
- Antipsychotic Prescription Log
  - An Excel spreadsheet template for documenting antipsychotic medications in the facility
Step 1: Sample Facility Policy

Facility Policy for Use of Antipsychotic Medications

(Facility Name) recognizes the use of antipsychotics for off-label purposes to address behavioral responses associated with dementia may pose more harm than benefit to residents. Therefore, the attending physician, psychiatric consultant, and facility administration agree when off-label use of antipsychotic medications is indicated, the facility should identify target behaviors and implement a care plan with both non-pharmacological and pharmacological interventions. Potential adverse drug reactions and side effects should also be evaluated along with a plan for periodic attempts at dose reduction.
Step 1: Sample Facility Memo to Physicians

Template of a memo to physicians explaining their roles in trying to use medications appropriately for behavior and psychiatric issues and in reducing psychopharmacological medications use to the extent possible.

SAMPLE FACILITY MEMO TO PHYSICIANS ON ANTIPSYCHOTIC MEDICATION USE

Date:

To: [Physician Name]
From: [Your Name] / [Title]

Date: [Month Day, Year]

On May 31, 2012, the Center for Medicare and Medicaid Services (CMS) announced the Partnership to Improve Dementia Care, an initiative to assess appropriate use and use of antipsychotic medications for nursing home patients. This partnership centers on behalf and some studies, nursing homes, and other providers, nurses, nurse aides, and nursing assistants. The initiative was spurred by concerns that one-fourth to one-third of Medicare beneficiaries at nursing homes are prescribed antipsychotic medications and that the use of these drugs may be linked to the risk of adverse outcomes of nursing home residents.

According to published guidance, antipsychotic medications should be used only if the only indication for doing so is one of the following: unstable, poor self-care, agitation, impaired attention, anxiety, depression, reduced psychomotor function, insomnia, memory impairment, delirium, or aggression in behavioral expressions. It has been shown however that dementia is not a medical disorder and that the use of antipsychotic medications is not recommended as a primary treatment (please refer to guidelines).

In keeping with the Partnership to Improve Dementia Care, this memo is intended to provide the use of antipsychotic medications, where possible, to address behavioral problems. We would like you to be aware of this effort and to support our clinical staffs in making behavioral changes with the least use of antipsychotics and to consider gradual dose reductions or elimination of medications for residents with a history of dementia or severe psychiatric symptoms.

We appreciate your support in helping to provide the best possible care to our individuals we serve. If you have any questions or need further information, please contact [Your Name] at [Phone Number] (please attach). We cannot achieve success without you.
Behavior/Antipsychotic Management: Step 2: Recognition/Assessment

**Step & Objective**
Timely identify antipsychotic drug use and behavior, mood, cognition and function changes

**Expectations**
Be able to recognize antipsychotic drugs commonly used in the LTC setting and the issues surrounding the use of these drugs
- Observe resident behaviors
- Describe behavior/symptom details like onset, intensity, duration, severity to self and/or others
- Identify if change in level of consciousness (e.g. alert, drowsy, stuporous, comatose)
- Determine why the necessity to control or limit behavior
- Assess mood, thinking, function, and behavior within 24 hours of admission if an individual is taking an antipsychotic or identified as having a behavior problem
- For individuals taking antipsychotics, identify where and why treatment started and how effective/problematic the treatment has been

**Tools/Resources**
INTERACT Care Path for Mental Status Change – found at www.INTERACT2.net

**Other resources**
Individual’s medical record, progress notes, hospital discharge summary, MAR, Stop and Watch Reports, and latest MDS assessment

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Step 2: Recognition/Assessment

- Timely identification of antipsychotic drug use and behavior, mood, cognition and function changes
- Determine the necessity to control or limit behavior
- Assess mood, thinking, function, and behavior within 24 hours of admission if an individual is taking an antipsychotic or identified as having a behavior problem
- For individuals taking antipsychotics, identify where and why treatment started and how effective/problematic the treatment has been
- Be able to recognize antipsychotic drugs commonly used in the LTC setting and the issues surrounding the use of these drugs
- Observe resident behaviors
- Describe behavior/symptom details like onset, intensity, duration, severity to self and/or others
- Identify change in level of consciousness (e.g. alert, drowsy, stuporous, comatose)
Step 2: Recognition/Assessment

Through identification and assessment:

- Assess changes in behavior, mood, and functional changes that may effect mental status
- Identifies if a side effect of antipsychotic
- Usefulness of medication

Step 2: Expectation

Assessor should be able to recognize abnormal behavior through observation

Determine if there needs to be an intervention

Identify if resident is currently on psychoactive medications and side effects

Determine if this is physical versus mental
Step 2: Implementation

- This step encourages investigator to gather information for discussion with physician
- Prepare goals for management of symptoms
- Identify the problem and the cause

Step 2: Tools

- Interact Care Path “Care Path for Mental Status Change”
  Tools developed to standardize and improve details of observation, assessment, documentation and reporting of information, especially regarding acute changes in condition
- Interact Stop N Watch
- Medical record
- Hospital discharge summary
- Comparison of MDS
### Step 3: Behavior/Antipsychotic Management: Diagnosis & Clinical Judgment

**Step & Objectives**
- Use existing medical information and assessment data to form an opinion about probable cause(s) of behavior/symptom.
- Evaluate the current medical regimen as the potential source of behavior/symptom.

**Expectations**
- Review assessment and observation data.
- Evaluate psychiatric reports.
- Contact family and/or others who may provide insight about behavior or add to medical history.
- Systematically determine if the behavior/symptom(s) are likely related to:
  - medical condition
  - use of a antipsychotic drug
  - the current medication regimen
  - psychosocial/unmet need
  - environmental cause

**Tools/Resources**
- Behavioral Approach Algorithm
- Guidance on Using the Behavioral Approach Algorithm
- INTERACT Change in Condition File Cards found at [www.INTERACT2.net](http://www.INTERACT2.net)

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### Step 3: Diagnosis/Clinical Judgment

- Use existing medical information and assessment data to form an opinion about probable cause(s) of behavior/symptom.
- Evaluate the current medical regimen as the potential source of behavior/symptom.
Step 3: Tasks

- Review assessment and observation data
- Evaluate psychiatric reports
- Contact family and/or others who may provide insight about behavior or add to medical history
- Systematically determine if the behavior/symptom(s) are likely related to:
  - medical condition, use of an antipsychotic drug, current medication regimen, psychosocial/unmet need / environmental cause

Step 3: Tools

- Approach to Considering Causes of Behavior Algorithm and guide
  - Approach to thinking through medical and psychiatric causes of behavior
    - Especially when a situation is more complex, causes are unclear, interventions have been based on conjecture, individual is worsening despite interventions, or there are other signs and symptoms
Step 4: Behavior/Antipsychotic Management: Outcomes Planning

<table>
<thead>
<tr>
<th>Step &amp; Objective</th>
<th>Expectations</th>
<th>Tools/Resources</th>
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<tbody>
<tr>
<td>Collect pertinent information as the basis for having identified a specific cause or causes of the problematic behavior/symptom</td>
<td>• Contact your Consultant Pharmacist to identify/verify high risk medications most likely related to behavior/symptoms • If antipsychotic drug use is likely part of the problem, consider discussing possible gradual dose reduction or drug discontinuance with the physician.</td>
<td>Antipsychotic Medication Tapering Checklist</td>
</tr>
</tbody>
</table>
Step 4: Outcomes Planning

- Collect pertinent information as the basis for having identified a specific cause or causes of the problematic behavior/symptom

Step 4: Tasks

- Contact consultant pharmacist to identify/verify high risk medications most likely related to behavior/symptom
- If antipsychotic drug use is likely part of the problem, consider discussing possible gradual dose reduction or drug discontinuance with the physician
Step 4: Tools

Antipsychotic Tapering Checklist –

Considerations to identify factors that may influence the success of attempted medication tapering
Step 5: Behavior/Antipsychotic Management: Implementation

<table>
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<tr>
<th>Step &amp; Objectives</th>
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<th>Tools/Resources</th>
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</table>
| Organize and prepare assessment findings and information to be discussed with the physician | • Collaborate with practitioners to identify possible urgent situations such as delirium or psychosis  
• Discuss your finding with the practitioner and work together to form a care plan and next steps  
• Discuss and document why causes were not sought or efforts to identify them were not fruitful  
• Implement/update care plan to address causes of behavior/symptom(s)  
• If indicated, develop a plan to taper or discontinue antipsychotic treatment  
• As much as possible, the plan should include non-pharmacological and behavior management strategies  
• Adapt or adjust the environment to minimize related causes  
• Include family in the plan development and approval of plan  
• Document in the medical record the basis for interventions | Antipsychotic SBAR  
CHAT WHAT ID  
Agitation CHAT  
Altered Mental Status CHAT  
Dizziness/Unsteadiness CHAT  
Fall CHAT |
| Identify specific goals for managing the behavior/symptom | • After consultation with the physician, document the basis for having identified the problem/symptom(s) and basis for the cause of behavior/symptom | Antipsychotic SBAR  
CHAT WHAT ID  
Agitation CHAT  
Altered Mental Status CHAT  
Dizziness/Unsteadiness CHAT  
Fall CHAT |
| After consultation with the physician, document the basis for having identified the problem/symptom(s) and basis for the cause of behavior/symptom | 

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Step 5: Implementation

- Organize and prepare assessment findings and information to be discussed with the physician
- Identify specific goals for managing the behavior/symptom
- After consultation with the physician, document the basis for having identified the problem/symptom(s) and basis for the cause of behavior/symptom
Step 5: Expectation

- Once information has been gathered it is the expectation of this process to
  - Work with the different practitioners and present findings
  - Prepare care plan based on collaboration with physicians
  - If currently on a psychoactive medication, discuss tapering of dose and provide non-pharmacological behavior strategies

Step 5: Tasks

- Collaborate with practitioners to identify possible urgent situations such as delirium or psychosis
- Discuss findings with the practitioner and work together to form a care plan and next steps
- Discuss and document why causes were not sought or efforts to identify them were not fruitful
- Implement/update care plan to address causes of behavior/system(s)
- If indicated, develop a plan to taper or discontinue antipsychotic treatment
- As much as possible, the plan should include non-pharmacological and behavior management strategies
- Adapt or adjust the environment to minimize related causes
- Include family in the plan development and approval of plan
- Document in the medical record the basis for interventions
Steps 5: Tools

Two directed tools

1. Antipsychotic SBAR
   - Great tool for preparation to provide physician with accurate information in a prescriptive manner
   - Physicians are familiar with this approach

2. CHAT
   - Duke University and NC VA Rehab Center developed
   - Stands for “communicating Health Assessment by Telephone”…adapted from 2004 AMDA protocols
   - Similar to SBAR
   - History, Exam, Progress Note (used as nurses’ notes’)
   - Several common conditions such as altered mental status, fall, dizziness/unsteadiness, agitation

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SBAR

Physician/NP/PA Communication and Progress Note

1. Describe the patient and complete the SBAR form
   - Situation (Patient’s condition: __________)
   - History: __________
   - Exam: __________
   - Plan: __________

2. Before calling the MD/NP/PA:
   - Explain the patient’s condition and describe the SBAR form
   - Physician received and completed the SBAR form
   - Situation (patient’s condition: __________)
   - History: __________
   - Exam: __________
   - Plan: __________

3. Date/Time:

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Background

Primary diagnosis and most recent progress in the nursing home

Referral source is identified by:

Doctor / Nurse

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This is a programmed and assigned problem__Yes,__No

If Yes, what medication intervention is the individual receiving?
### Step 6: Behavior/Antipsychotic Management: Evaluation

<table>
<thead>
<tr>
<th>Step &amp; Objectives</th>
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<th>Tools/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor responses to interventions for each individual and adjust them accordingly</td>
<td>• Monitor for care plan effectiveness &lt;br&gt;• Review each resident’s medication regimen for high risk medications and the appropriateness of continued use of any antipsychotic or other psychopharmacological medications &lt;br&gt;• Form a Behavior Management Team to identify unmet needs and monitor and document the effectiveness of interventions</td>
<td>Antipsychotic Medication QA Review Tool &lt;br&gt;Assessment of Resident Receiving Psychotropic Medication</td>
</tr>
<tr>
<td>Identify and address complications related to interventions</td>
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<tr>
<td>Monitor facility frequency of antipsychotic drug use and the effectiveness of strategies</td>
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</table>
Step 6: Evaluation

- Monitor responses to interventions for each individual and adjust them accordingly
- Identify and address complications related to interventions
- Monitor facility frequency of antipsychotic drug use and the effectiveness of strategies

Step 6: Tasks

- Monitor for care plan effectiveness
- Review each resident’s medication regimen for high risk medications and the appropriateness of continued use of any antipsychotic or other psychopharmacological medications
Step 6: Tools

- Antipsychotic Medication QA Review tool – Checklist, consistent with the care delivery process, that helps assess antipsychotic utilization in the facility; focuses on decision making processes more than merely on numbers
- Assessment of Resident Receiving Psychotropic Medication – flow sheet to help facilitate ongoing review of individuals receiving antipsychotic medications

### Antipsychotic Medications QA Review Tool

The Antipsychotic Medication QA Review Tool is intended to be used by nurses to help explore prescribing and graphically facilitate decision making processes. The tool is intended to deliver nursing processes and should be used to document adherence to processes with regard to treatment and case plan decisions, involving medication use, selection or discontinuation. Develop questions responses to document practice improvement notes.

<table>
<thead>
<tr>
<th>ID</th>
<th>Criterion</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is there documentation of the details of any potentially problematic behavioral observation?</td>
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<td>2</td>
<td>Is there a data-based rationale for why a behavioral response is problematic?</td>
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<td>3</td>
<td>Is there documentation of a careful review of the medication regimen, including prior to documentation this agent efficacy, nurse, and other observations?</td>
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<tr>
<td>4</td>
<td>Is there documented evidence to verify that feedback on assessment and assessment review of problematic behavioral responses, beyond documenting these to dementia or standardization?</td>
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<tr>
<td>5</td>
<td>Did you ask the resident and/or family directly about possible causes trigger of this behavior?</td>
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<tr>
<td>6</td>
<td>Are your caregivers identified those possible cause triggers of behavior?</td>
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<tr>
<td>7</td>
<td>Are there specific goals and objectives for responding to a resident’s behavioral observation?</td>
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<td>8</td>
<td>Is there a documented rationale for choosing and implementing specific interventions, including comprehensive behavioral approaches?</td>
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<tr>
<td>9</td>
<td>Is there documentation rationale for monitoring to use specific medication or any category that can affect mood, cognition, levels of responsiveness, and behavior?</td>
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<tr>
<td>10</td>
<td>Are you and family informed of the decision to stop or continue medication and when case plan decisions?</td>
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<tr>
<td>11</td>
<td>Is there evidence of ongoing monitoring documentation of medication effects?</td>
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<tr>
<td>12</td>
<td>Is there evidence of ongoing monitoring documentation for complications of any interventions and for adjusting the course of care/care?</td>
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<tr>
<td>13</td>
<td>Is there documentation rationale included in the care plan for assisting continuing, or modifying any interventions, including medication?</td>
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</table>
Step 7: Behavior/Antipsychotic Management: Staff Education

**Step & Objective**
Ensure that staff and others have the knowledge and skills needed to appropriately provide care to individuals with behavior/symptoms(s).

**Expectations**
- Instruct clinical staff on how to recognize and identify antipsychotic drugs commonly used in the LTC setting.
- Instruct clinical staff on how to apply a systematic approach to collecting, analyzing, documenting, and reporting medical information and clinical findings for potential cause for behavior/symptoms.
- Educate all staff in identifying unmet needs.

**Tools/Resources**
- Antipsychotic Drugs Common Terms and Definitions
- Case Study 1: Behavior Issues in a Resident Who is Already Receiving Psychopharmacological Medications
- AHCA’s Suggested Tools for Reducing Off Label Use of Antipsychotics: How These Tools Can Improve Regulatory Compliance
- University of Iowa – Improving Antipsychotic Appropriateness in Dementia Patients
  [https://www.healthcare.uiowa.edu/igec/IAADAPT](https://www.healthcare.uiowa.edu/igec/IAADAPT)
Step 7: Staff Education

- The objective is to ensure staff have the knowledge and skills to provide care for individuals with behavior and other symptoms.
- Need to provide education to clinical staff based on the information in toolkit.

Step 7: Ongoing Staff Education

- Improve staff knowledge and skills needed to appropriately provide care to individuals with behavior/other symptom(s).
- Instruct clinical staff on how to recognize and identify antipsychotic drugs commonly used in the LTC setting.
- Instruct clinical staff on how to apply a systematic approach to collecting, analyzing, documenting, and reporting medical information and clinical findings for potential cause for behavior/symptom.
- Educate all staff in identifying unmet needs.
Step 7: Expectation

Clinical staff education to include:

- How to recognize the common antipsychotics that are ordered in LTC
- How to collect, analyze, document, and communicate the pertinent information regarding behavior to the practitioner
- How to provide non-pharmacological interventions once an unmet need is identified

Step 7: Tools

Clinical staff education to include:

- How to recognize the common antipsychotics that are ordered in LTC
- How to collect, analyze, document, and communicate the pertinent information regarding behavior to the practitioner
- How to provide non-pharmacological interventions once an unmet need is identified
Summary

- Toolkit provides comprehensive approach to individuals with complex and challenging behaviors and other symptoms

- Systematic approach based on the care process supports greater success for all situations and medications, including (but not limited to) antipsychotic medications

- Tools in this toolkit help facilities and their staff and practitioners think through each situation and understand and provide a rationale for their interventions, especially when those involve medications and other medical treatments