

Anti-Psychotic Reductions in the Long Term Care Setting  
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Nike's famous "Just Do It" slogan became the anthem for an entire generation imploring them to exercise and get in shape. No excuses. Get up off the couch and "Just Do It". Although not always effective in getting everyone to the gym, it remains a powerful reminder of the benefit of exercise to health and well-being.

The "Just Do It" slogan continues to capture our attention that something is wrong and needs to change. As leaders in Long Term Care we are frequently asked to do what seems to be impossible—changing ingrained habits that we have recently learned are no longer in the best interest of the people we care for.

Genesis Lebanon Center is located in rural New Hampshire and provides both rehabilitative and long term care to one hundred and ten residents. Lebanon Center has a history of being an early adopter facility, one which incorporates new initiatives and changes with a "Just Do It" attitude.

In October of 2012, 24 of 110 residents were taking antipsychotics for a variety of diagnoses. Only two of these diagnoses were acceptable according to current CMS guidelines of Tourettes Syndrome, Huntington's Chorea and Schizophrenia. When exposed to the new research regarding the risks of unnecessary antipsychotic use, Lebanon Center began a project for improvement which included education, monitoring, increased communication, and accountability

Through this past year, Lebanon Center's resolve to "Just Do It" for our residents' health and well-being assisted us through the challenges and supported our triumphs. The following components of Lebanon's quality improvement plan represent the key contributors to its success. We highly recommend that others join us in our "Just Do It" approach.

1. Start with Strong Leadership Commitment and Staff Awareness
  - **Leaders Speak and Act Consistently Against Inappropriate Antipsychotic Use.** Administrator, Director of Nursing, Medical Director, Activities Director and Corporate leadership must agree that the reduction of antipsychotics is a priority for the facility. All members of leadership must agree that the use of antipsychotics is no longer acceptable as a first line treatment for behaviors. Leaders must then instill that belief in all staff and facilitate buy-in. For instance, a family member may request an antipsychotic that is no longer appropriate per the new guidelines. Leaders must be willing and easily accessible to explain these policies to the family member who does not understand.
  - **All members of the team receive education regarding why the reduction of antipsychotics is important to the well-being of the residents.** That team must include all employees, regardless if they are indirect or direct care staff. Each employee must buy into the cause and feel that they are contributing to the success of the initiative. It may be a member of the maintenance staff that

recognizes a resident's behavior is related to the temperature of the room and when regulated, does not need an antipsychotic to manage that behavior

- **All direct care staff receive adequate education in the care of the resident with behaviors, including an understanding that antipsychotics are no longer an option for first line treatment.** In order to do that effectively, the team must be given the tools to treat and manage behaviors without antipsychotic use. Without the proper tools, direct care staff members are left working with hands tied. This will only breed frustration and discontent among staff trying to implement the initiative. For instance, a resident undergoing a dose reduction may exhibit new behaviors and need reassurance. If there is a particular staff member to whom the resident responds positively, that individual should be made available to comfort and reassure the resident.

## 2. **Develop Effective Clinical Systems to Oversee Prescribing**

- **Track each resident's antipsychotic use.** Tracking room, diagnosis, prescriber and primary care staff will assist in managing trends early and ensure that corrections can be made. For example, tracking trends may reveal that there is a pocket of use within one wing of the facility. That information will allow root cause analysis and possible interventions specific to that one wing.
- **Track residents on antipsychotics to ensure that each resident has appropriate assessments.** Up to date evaluations in the areas of pain, social work and recreation will ensure that antipsychotics are not being used inappropriately. Lebanon Center tracks residents on antipsychotics to ensure that Pain, Social Work and Activity Assessments are completed at least quarterly. Each resident who is on an antipsychotic without proper diagnosis is also seen by a psychiatric nurse practitioner at least monthly. A resident who is on an antipsychotic with proper diagnosis is seen by a psychiatric nurse practitioner at least quarterly.
- **When reducing antipsychotics, begin with the low hanging fruit.** Discontinue infrequently used 'as needed' medications. Reduce only a few residents at a time to monitor for emerging behaviors and allow time to develop plans to address those behaviors without the use of antipsychotics. This will also reinforce the success that comes with reduced antipsychotic use.
- **Review any new admission for antipsychotic use.** Many tertiary care centers are prescribing antipsychotics for management of behaviors in the acute care setting, or sometimes for sleep. Research and discuss with both the acute care team and the SNF team if the new resident is truly in need of the medication. Discontinuation of antipsychotics before admission may be very appropriate.
- **Place a hard stop on all antipsychotic prescriptions.** Before any new antipsychotic is administered, a member of leadership must be notified. This will allow both close monitoring and an open line of communication between direct line staff and leadership. Licensed nursing, nurse assistants and activity staff must have the ability to reach out and discuss a situation to explore non-pharmacologic action prior to using an antipsychotic.

## 3. **Be transparent regarding your current practice with antipsychotic use.** In addition to discussion at regular Quality Assurance meetings, be open with staff about

the antipsychotic rates in the facility and how they fluctuate. Encourage staff to celebrate the successes and to contribute to the root cause analysis of failed antipsychotic reduction. This input is crucial to the ongoing education of staff and to reinforce positive outcomes from antipsychotic reduction. One way to accomplish this is through 'Behavior Rounds' which allows key members of the team to gather and discuss a resident to evaluate current behavior plans. Again, engagement of front line staff is key to any successful initiative.

As of October of 2013, one year after we began, only 11 of 110 Lebanon Center residents were taking antipsychotics. Of those eleven, five have appropriate diagnoses for use. Each of the remaining six residents has clear and succinct documentation supporting the use of antipsychotics with up to date gradual dose reductions and behavior plans in place.

Though the Nike swoosh may continue to remind me that my gym visits are not going as hoped, the "Just Do It" mantra reminds me that each leader can use it to empower their staff on behalf of critical new practices that impact resident care. Never underestimate the imagination, ingenuity and creativity of the direct care staff. It is imperative that leaders in long term care give their staff the tools in which to meet challenging initiatives, such as antipsychotic reduction, in a way that attains and maintains a level of excellence that each resident deserves.