Behaviors and Care Planning

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- Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents - published May 2011
- Six month review of atypical antipsychotic drugs usage in nursing homes

Findings

- 14% of elderly nursing home residents had Medicare claims for atypical antipsychotic drugs
- 83% of Medicare claims for atypical antipsychotic drugs for elderly nursing home residents were associated with off label conditions; 88% were associated with the condition specified in the FDA boxed warning

Findings

- 51% of Medicare antipsychotic drug claims for elderly nursing home residents were erroneous, amounting to $116 million
- 22% of the atypical antipsychotic drugs claimed were not administered in accordance with CMS standards regarding unnecessary drug use in nursing homes

RECOMMENDATIONS

- Facilitate access to information necessary to ensure accurate coverage and reimbursement determinations
- CMS response: CMS did *not* concur with this recommendation and expressed several general concerns with the report due to lack of diagnosis information for prescriptions

RECOMMENDATIONS

- Assess whether survey and certification processes offer adequate safeguards against unnecessary antipsychotic drug use in nursing homes
- CMS response: CMS concurred and stated it has already assessed and made improvements in the survey and certification process

RECOMMENDATIONS

- Explore alternative methods beyond survey and certification processes to promote compliance with federal standards regarding unnecessary drug use in nursing homes
- CMS response: CMS concurred and is exploring alternative strategies (contractual agreements among drug manufacturers)

RECOMMENDATIONS

- Take appropriate action regarding the claims associated with erroneous payments identified in our sample
- CMS response: CMS concurred and will consider what appropriate actions need to be taken when the claims data are received from OIG

What Drugs at What Cost?

- Quetiapine (Seroquel)
  - $86 million
- Risperidone (Risperdal)
  - $87 million
- Olanzapine (Zyprexa)
  - $94 million
- Ariprazole (Abilify)
  - $29 million

What Drugs (cont.)

- Ziprasidone (Geodon)
  - $10 million
- Clozapine (Clozaril)
  - $1.5 million
- Olanzapine/Fluoxetine (Symbyax)
  - $431,000
- Paliperidone (Invega)
  - $207,000

What About the Residents?

- Side effects: drowsiness/sedation, restless, somnolence, low blood pressure, impaired judgment
- Increase risk of death in the elderly:
  - Abilify, Clozaril, Zyprexa, Symbyax, Invega, Seroquel, Risperdal, and Geodon

Now What???

Surveyor Guidelines Checklist

- Used to review the care and services for a resident with dementia
- It is to be used with Interpretive Guidance for F309: Quality of Care: Provide Care/Services for Highest Well-Being

Assessment and Underlying Cause Identification

- Behavior description: onset, duration, possible precipitating events or environmental triggers and related factors (appearance, alertness, etc.)
- Sudden change or worsening from baseline; was MD notified for medical evaluation?

Assessment and Underlying Cause Identification

- Medical causes ruled out: attempt to find root causes with a comprehensive assessment
  - Usual and current cognitive patterns, mood and behavior, risk to resident or others
  - Typical communication for basic needs
  - Prior life patterns and preferences

Comprehensive Assessment

- Assessment needs to include the physical, mental, and psychosocial needs of the resident, and also identify risks and/or determine underlying causes of the behavior and impact upon the residents function, mood and cognition
- If not, could be cited F272 - Comprehensive Assessment

Care Planning

- Resident and family involvement (to the extent possible)
- Reflects individualized team approach with measureable goals, timetables and specific interventions

Care Planning

- Includes
  - Involvement of resident/representative
  - Description of targeted behaviors and how to prevent them
  - Why behaviors should be prevented or otherwise addressed
  - Monitoring the effectiveness of any/all interventions

Documentation Beyond the Care Plan

- **Documentation** of the meeting and what was discussed
- If resident/family/representative refuse recommendations, was counseling on consequences and alternative approaches discussed?

Care Planning

- Develop plan of care with measureable goals and interventions to address the care and treatment for a resident with dementia related to behavioral and/or mental/psychosocial symptoms in accordance with assessment, resident's wishes and current standards of practice
- If not, may cite F279 - Development of a Comprehensive Care Plan

Implementation of the Care Plan

- **Identify, document, and communicate** specific targeted behaviors and expressions of distress as well as desired outcomes
  - Person-centered interventions
  - Communication between staff and consistency with care
  - Investigate potential causes of any sudden changes in behavior
  - Sufficient numbers of trained staff

Implementation of the Care Plan

- Facility provided or arranged provision of services by qualified persons in accordance with the resident's written plan of care? If not, can cite F282 - Services by Qualified Persons

Care Plan Revision and Monitoring

- Adjust interventions based on impact
- Care plan modified as necessary
- If above not done, could be cited F280 Right to Participate in Planning Care – Revise Care Plan

Care Plan Revision/Monitoring

- Ensure that the physician responds in a timely fashion and if not, the **medical director** should be contacted for assistance

Care Plan Revision/Monitoring

- Facility provided necessary care and services for a resident with dementia to support his or her highest practicable level of physical, mental and psychosocial well being in accordance with the assessment and care plan
- If not, cite F 309 - Provide Care/ Services for Highest Well-Being

Quality Assessment and Assurance

- Resident care policies and procedures outline a systematic process of care for residents with dementia
- Monitoring of consistent implementation
- Correct any identified quality deficiencies
- Provide monitoring and oversight for the care

Now What

- Rules vs Reality
- How would you like to be treated????
- Does Dementia take away our feelings?
- Does Dementia mean that we no longer care how we are treated?

Look in the Mirror

- What would you like people to know about you???
- What will make or break your day??

What Does the PERSON with Dementia Need?

- Attachment:
  - Without the reassurance that attachment provides, it's difficult for **any** person to function well
- Inclusion:
  - It's possible for people to be together but profoundly alone; care plans sometimes overlook this

What Does the PERSON with Dementia Need?

- Occupation:
  - To be involved in the process of life in a way that is personally significant and uses one's abilities
- Identity:
  - To some extent, identity is conferred by others with subtle messages about his or her being

What Does the PERSON with Dementia Need?

- Comfort:
  - Feelings of closeness and security

AND

- Love:
  - A blending of all of the above that enhances self–worth and well–being

Physical Needs of the Person with Dementia

Physical Comfort:

- Could pain, illness, or discomfort be an issue?
- Has the person been assessed for new or worsening of other progressive disease, besides dementia, that may cause pain or discomfort?

Physical Needs of the Person with Dementia

Nutrition/Hydration:

- Is the person hungry or thirsty?
  - Why?
  - Is this a regular pattern?
  - **Medication issue?**

Physical Needs of the Person with Dementia

Sleep/rest:

- Is the person sleepy in the day time?
  - Possible reasons?
- Is the person not sleeping at night?
  - Possible reasons?
- Is the person getting needed rest during the day?
- Is this a life pattern?
- **Medication issue?**

Physical Needs of the Person with Dementia

Elimination:

- Does this person have a regular toileting or cueing schedule?
- Has there been a change in elimination patterns, either urinary or bowel?
- Is the person accepting of toileting or cueing?
- Could approach for toileting be an issue?
- **Medication issue?**

Physical Needs of the Person with Dementia

Exercise:

- Is this person getting appropriate exercise to maintain their highest level of independence?
- If not, what are some possible reasons?
- **Medication issue?**

Physical Needs of the Person with Dementia

Physical Hygiene:

- Are the person's hygiene needs being met (bathing, oral care, etc.)?
- If not, why?
- Is there a mismatch of assistance to ability?
- Could approach be an issue?
- Could environment be an issue?
  - Water/air temp too hot or too cold, lighting, institutional bathroom

Resident's Perspective

- **All behaviors have meaning and are a form of communication**
- Focus on **assessment** and not the reaction
- What is the resident trying to tell us?

Staff's Perspective

- What can I do to take care of this person?
- How can I care for him without feeling threatened, or punched or kicked?
- Is there help when I need it?

Assessment and Cause Identification

- Documentation of the behavior in relationship to:
  - Onset, duration, intensity, possible precipitating events, or environmental triggers
- Related factors:
  - Appearance, alertness, etc.

Assessment and Cause Identification

- Medical causes ruled out:
  - Review the Behavioral Symptoms CAA (#9)
  - An excellent baseline for the identification of potential cause or causes
- Don't forget, **pain** could be the issue (or at least a contributing factor)

Assessment and Cause Identification

- Complete the Medical/Physical Assessment
- Talk to everyone and anyone who knows the person now and also prior to admission (neighbors, spouse, family, etc.)
- You can't help the ***now*** if you don't know the ***before!!***

Care Planning Set the Stage

- How are your care plans set up?
- Can you tell who the resident is simply by the care plan?
- Can you "see" the PERSON who is the resident?

Care Planning Set the Stage

- A picture of the resident
- A story of who they are:
  - What they want to be called: nick names, formal name, etc.
  - Occupation
  - Family names
  - Favorite things to do
  - What brings them joy

Care Planning

- What behaviors are we talking about for this individual?
- What triggers the behaviors?
- What calms the resident?

Be specific and give examples

Behavior Examples

- Joe becomes anxious (wringing hands, pacing) when a room gets too crowded
- Charlotte "searches" for her clothes in other rooms and does not like to be told that she is doing anything wrong

Behavior Examples

- Sam is very suspicious and food containers need to be opened in his presence
- Julie becomes physically aggressive (kicking, hitting, etc.) if she does not understand what you are doing (i.e. being toileted, time for a meal)

Measurable Goals

<u>Think about the coding of the MDS:</u>

- Physically aggressive: Carol will have less than 4-6 days a week of kicking and hitting staff
- Verbal: John will have verbal outbursts (shouting and cussing) less than daily

Measurable Goals

- Problem: Daily crying
  - Progressive goals:
    - Episodes will decrease from daily to 4-6 days per week
    - Episodes will decrease to 1 to 3 days per week
    - No further episodes

Interventions

- Start with what the person has shown is important to them
  - Enjoys watching police shows such as CSI and NCIS
  - Takes a nap every afternoon
  - Eats slowly (so try to have Joan in the dining room promptly)
  - Enjoys a cup of coffee or dish of ice cream

Interventions

- Then move to potential triggers
  - Don't sit Susan next to John in the dining room, as it upsets his wife
  - George does not like when the dining room is very noisy, move him to the assist dining area
  - June will only shower on Saturday evening so she is ready for "church" on Sunday

Interventions

- Then what to do if the individual does start having behavioral expressions
  - If Joe starts cursing/yelling ensure his safety and leave the room; come back 5-10 minutes later, he will apologize, accept it and move on
  - Susan will start wringing her hands if she is getting upset; take her back to her room and put on the TV and give her some quiet time

DOCUMENTATION

- Paint a picture of what happened
- What happened **before, during, and after**
- Even if it happens everyday we need to note it **everyday** (if we don't why are having problems)
- Interventions **MUST** be tried **each and every time**
- If PRN medications are given, document on why it was used and what interventions were tried

RESOURCES

- *Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home residents* (OEI-07-08-00150), issued May 2011. Available online at: http://oig.hhs.gov/oei/reports/oei-07-08-00150.pdf

RESOURCES

- Dementia Care Mapping class: August 24 through August 27, 2015 and will be at the Primaris; more information will be available later this spring
- Dementia Care Mapping will also be the topic at the MidMO MC5 meeting on 2/11/15

RESOURCES

- QIPMO Educators and Leadership Coaches – Contact Jessica Mueller at (573) 882-2041 or muellerjes@missouri.edu
- QIPMO website: www.nursinghomehelp.org