

Medication Reduction to Improve Resident Quality of Life

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Medication Management to Improve Resident Quality of Life

A Quality Improvement Program through Saint Therese Home of New Hope

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Medication Management and Reduction Objectives



- Facilitate a clinical record review to compile the clinical evidence needed to present medication management and/or reduction story to the medical provider
- Apply the six criteria from CMS F329 Unnecessary Medications to Medication Management and Reduction

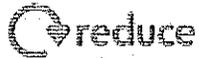
Objectives continued...



- Promote an increased home-like atmosphere for the dementia and long term care resident by reducing medications and lessen side effects associated with medication administration
- Demonstrate ability to sustain an ongoing quality improvement project in medication reduction

Objectives continued...

- Reduce the number of medications in the long term care setting by honoring resident's desire for comfort cares, esp. as it relates to end stage disease processes, through effective nurse management of resident clinical conditions and resident wishes.



Medication Reduction Ice Breaker

- Sample a crushed medication
- Follow with limited amount of water
- Dialogue
 - What did the medication taste like
 - What was your initial feeling prior to taking the medication
 - Did the medication leave an after taste
 - Imagine receiving multiple crushed and/or liquid medications prior to your meal



Elderly and Medication Use

- As people age, their bodies physiologically change affecting how medications are absorbed, distributed, metabolized and eliminated.
- Use of Antipsychotics can result in decreased cognitive functioning, adverse effects, and worsening quality of life such as sluggishness, impaired mobility, lessened awareness of surroundings, and increased risk of falls



Antipsychotics



- Little evidence to support these drugs manage dementia related behaviors
- Can lead to increase risk of falls and other health related events
- Prior to treating agitation with medication, rule out reversible causes i.e.: delirium, pain, hypoxia, boredom, sensory loss, polypharmacy, infection, psychosocial needs, dehydration

Department of Health and Human Services May 2011 OIG Report



- Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents Report released in May 2011:
- "Atypical antipsychotic drugs were prescribed for elderly nursing home residents for off-label conditions, (conditions other than schizophrenia and/or bipolar disorder) and/or for resident with the condition specified in the FDA boxed warning, i.e. dementia"

Atypical Antipsychotic Drugs



- FDA has approved the use of eight atypical antipsychotic drugs for schizophrenia and/or bipolar
- Side effects associated with these drugs include increased risk of death in elderly persons with dementia
- Elderly residents in nursing homes are frequently prescribed off label



FDA 8 Approved Atypical Antipsychotic Drugs for Schizophrenia or Bipolar

- Aripiprazole (Abilify)
- Clozapine (Clozaril)
- Olanzapine (Zyprexa)
- Olanzapine/Fluoxetine (Symbyax)
- Paliperidone (Invega)
- Quetiapine (Seroquel)
- Risperidone (Risperdal)
- Zispraside (Geodon)



Off-Label Use

- 2007 Agency for Healthcare Research and Quality, (AHRQ) report included amongst its list of the most common off-label uses: treatment of agitation in dementia and depression
- 2009 study examining antipsychotic drug use in Department of Veterans Affairs health care, found 60.2% individuals who received an antipsychotic drug, had no record of a diagnosis for which FDA approved.

FDA Atypical Antipsychotic Drug Patient Information Sheet

- Risks
 - Increased chance of death in elderly
 - Drug is not approved for dementia
 - Life threatening nervous system problem called neuroleptic malignant syndrome
 - Tardive dyskinesia
 - High blood sugar and diabetes
 - Strokes
 - Low BP, increased heart rate, fainting, seizures, difficulty swallowing

**Back Bone for Saint
Therese Medication
Reduction Project**



- F329 Unnecessary Drugs
 - Excessive Dose and/or Duplicate Therapy
 - Excessive Duration
 - Inadequate Monitoring
 - Inadequate Indications for Use
 - Adverse Consequences
 - Any combination of reasons 1-5

Medication Reduction



- Required a team approach
 - Positive working relationships between MD/NP, resident and staff
 - Staff feeling empowered and ownership
 - Family input
 - Nurse Education in Medication Management
 - IDT education for non-pharmacological approaches

**Study of a Systematic
Approach to DC Multiple
Medications**



- A study conducted from 2005-2008 in community dwelling elderly, "Feasibility Study of a Systematic Approach for Discontinuation of Multiple Medications in Older Adults"
- 311 medications were discontinued in 64 patients with no significant adverse reactions
- 84% of patients reported an improvement in health
- Supporting 'less is more'

History of Program

- Originated with a focus of reducing medications in dementia care unit to improve quality of life
- Reduce number of crushed medications
- Reduce poly-pharmacy and potential for adverse consequences



Crushing Medications in End Stage Dementia

- Licensed staff on dementia care spending excessive time on med pass
- Difficulty ingesting sufficient fluids to ease the taste of crushed and liquid medications
- Repeated attempts to gain cooperation to swallow medications, increasing behaviors
- Offensive taste of crushed and liquid medications to decreased appetite at meals
- Crushed medications found in roof of mouths with oral cares



Project Timeline

- Began 2010
- Project sustained through 2011 despite periods when project put on hold ex. facility software implementation, survey etc.
- 2012 refocusing on Medication Reduction and Management Program with adjusted goals



Project Beginning

- Initially selected a Station Manager from dementia unit who was looking forward to participating, interested in improving the culture of unit
- Station managers on subsequent units came with mixed feelings towards project
 - Apprehension
 - Excitement
 - "There are not any meds that can be reduced."
 - However once started, Station Managers have bought into project.

Medication Reduction Process Outlined

- Routine meeting time that met the Station Manager schedule
- Chart review held off unit to lessen distractions
- Station Manager was "leader" and "champion" of program



Process continued...

- Station Manager was closest to the resident and therefore important to "lead" the meeting, "held the chart"
- Also in attendance was the Clinical Care Coordinator and Quality Improvement ADON
- Meetings scheduled for 30 minutes, allotting 15 minutes per chart review



Chart Review



- Chart Review consisted of:
 - Review of most recent MD/NP medication and treatment orders with the 6 criteria from F329 Diagnosis for medication or treatment
 - Progress toward Nursing Therapeutic Goal
 - Original reason for medication/tx and does this remain active
 - Current symptoms, target behaviors
 - Dose reductions in past year, GDRs

Chart Review continued...



- What are the benefits to the resident
- Risks
- Adverse Consequences and side effects
- Related labs from past year
- Clinical significance of medication
- Vital signs and weights
- MD/NP progress notes from past year
- Nursing Progress notes from past year
- Duplicate Therapy

Other Considerations During a Chart Review

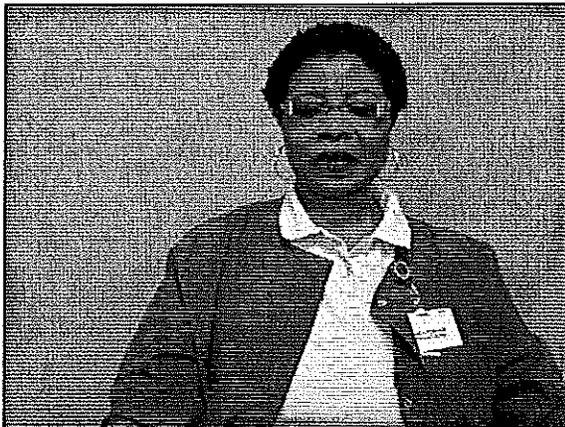


- Age of resident
- Advance Directives
- Tolerance to medications
- Resident goals for medication
- Family goals for medication
- Was it required to crush or alter form
- IDT approaches
- Non-pharmacological approaches

Telling the Story



- Upon completion of a chart review, the nurse was to compile a "story" to enter into dialogue with the Medical Provider
- Interventions and/or monitoring is suggested if medication may be reduced or eliminated
- Set timelines ie: prn medication for specified time frame



Tracking



- 1 simple Medication Tracker was kept current by the ADON, reviewed at each meeting
- A 2nd tracker was used by the Station Manager
- Did not want to burden project with unnecessary paper forms
- Minutes were taken at each review
- Resident selection went room by room

Communication to MD/NP

- Station Manager communicated to MD/NP at next visit unless change was warranted sooner
- Type of monitoring, if needed, was determined in chart review and communicated to MD/NP
- Quality Improvement ADON tracked recommendations and progress

Communication to MD/NP continued...

- Chart review provided educational opportunity for critical thinking skills in medication management
- Feedback from nurses valued the education and empowerment to know how to manage medications.
- When contacting MD/NP they were to "tell the story" and not "can we discontinue"



Project Awareness within Saint Therese

- The Medication Reduction Quality Improvement Project was reviewed at:
 - Nurse Administration
 - Station Manager Meetings
 - Nurse Practitioner meeting
 - Quality Improvement meeting
 - Medical Director and DON were updated regularly and were an integral part to the success of the program

Examples of Positive Findings

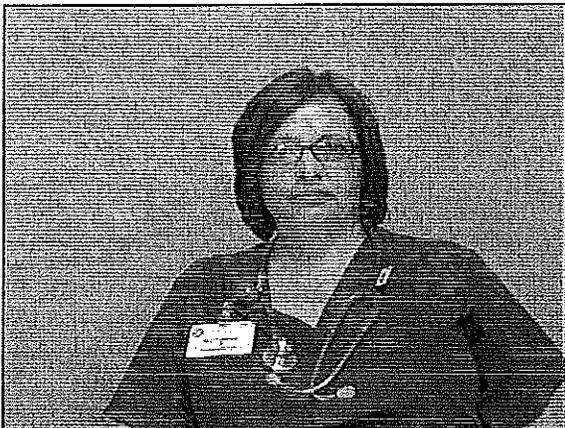


- Favorable from Residents
- Family members offered gratitude for reducing medication, "Mother more alert and talkative."
- Resident said, "Thank you for not making me do that nose spray anymore."
- MD/NPs have been supportive, appreciate the dialogue between nurse and MD/NP

Examples of Positive Findings Continued



- Resident with no further falls after reduction in Toprol
- Resident with increased ambulation after GDR of Nuerontin
- Resident expressed happiness after discontinuing of Lidoderm patch due to felt "cold" when applied
- Resident felt she could converse with greater ease after GDR of Oxycodone
- Resident happy she did not need to be "poked in finger every day"



Positive Findings Continued...



- Resident thankful she, "Did not have to breathe in from that noisy machine."
- Resident expressed feeling more confident attending activities once "water" pill was eliminated
- Eliminated dementia behaviors of spilling out medications and hiding medications
- Resident had no further hospitalizations for unresponsive episode

Success to Program



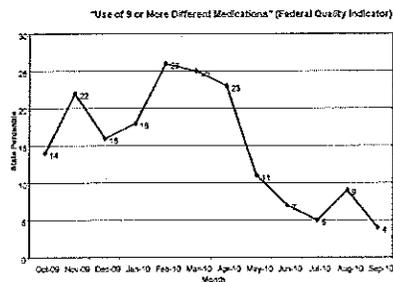
- 2010, 2011, 2012 Annual Survey
- No Citations in F329 - Unnecessary Medications related to proper medication, diagnosis, GDR's



Success continued...



- Federal QI Indicator "Use of 9 or More Different Meds"



Success of Project

- First 100 Resident Reviews
 - 156 meds discontinued
 - 199 daily doses discontinued
 - 62 treatments discontinued
 - 207 pm medications discontinued

DISCONTINUED

Success Continued in first 100 Residents...

- 43 meds had reductions in daily frequency
 - i.e. QID to BID
 - i.e. QD to weekly
 - i.e. One resident went from pain medications administered six times a day to BID
 - Medications with frequency reductions included Oxycodone, Cefexa, Atenolol, Carvedilol, Naprosyn, Tylenol, Colace

Success Continued...

- 36 meds had daily dose reductions which included meds i.e.: Hctz, Trazadone, Lisinopril, Tylenol ES, Norvasc
- 1 resident had Procrit hemoglobin range reduced therefore lessening the frequency of Procrit administration
- Several accuchecks were reduced in frequency or discontinued in exchange for every 3 month Hgb A1C

Overall Psychoactive Med Reductions

- 37 psychoactive medications reviewed
- 27 discontinued or GDR
- 10 requests denied
- Included Celexa, Trazadone, Elavil, Lexapro, Remeron, Zoloft, Tranxene, Ativan, Seroquel, Haldol, Risperadol

Failed Reductions

- Station managers report at med reduction meetings if failed reduction
- In first 100 resident reviews, 9 medications reinstated to previous order
- Coumadin for DV
- Tylenol
- Tranxene
- Mucinex
- Celexa
- HCTZ
- Aldactone
- Lexapro
- Metoprolol

Examples of Medications Discontinued

- Multivitamins
- Tums
- Artificial Tears
- Coumadin
- Simethicone
- Lasix
- Oscal
- Lisinopril
- Potassium
- Glucotrol
- Zaroxin
- Omeprazole
- Tylenol
- Catapres Patch
- Cufensen
- ASA
- ES Tylenol
- Simvastin
- Flonase
- Allegra
- Trazadone
- Actonel
- Claritin
- Pulmicort
- Prilosec
- Vitamin B12
- Refresh Eye Drops
- Celexa
- Senokot
- Cranberry Tabs

Additional Findings...

- 570 medication and treatment orders reviewed in first 50 residents
- 42% had changes discontinuing, frequency reduction and/or dose reduction
- Additionally each chart review increased survey compliance

Cost Analysis

- Facility pharmacist conducted cost analysis from first 65 residents
- Project saved estimated cost of \$3,571/month
- Will continue to look at cost benefits in 2012 with a focus on psychoactive medications

Excessive Dose or Duplicate Therapy

- A medically complex resident on 23 daily medications.
- Recommendation for pharmacist to review and present to MD/NP.
- MD/NP wrote progress note supporting need for polypharmacy.
- Medication plan remained the same in this case.

Excessive Duration



- End stage dementia resident, with falls, bruised easily, resisted INR draws and found on long term Coumadin use.
- Presented to MD/NP and asked for risks/benefit analysis.
- Resident placed on Coumadin for DVT. Protocol was to d/c after 1 year if no further DVT.
- Resident had been free from DVT for 3 years.

Without Adequate Monitoring



- Several residents started on Multivitamins for change in condition, weight loss, skin alteration.
- When condition resolved, no re-evaluation if vitamin still needed.
- This was a focus on end stage dementia with the need to crush meds.



Without Adequate Reasons for Use



- Several residents on diuretics with no edema or respiratory problems over past year, weights and vital signs stable.
- Some had fall histories.
- One resident was medicated for "distressing behavior" of frequent requests to use the toilet.

**Presence of Adverse
Consequences**

- A non-ambulatory, end stage dementia resident receiving Actonel, due to kyphotic condition was not able to sit upright after ingestion.
- This resident had a difficult time consuming adequate liquid after administration of meds.



**Combination of 6 Criteria
from F329**

- End stage dementia resident on duplicate allergy medications. No adequate reason for use and used in excess duration.
- Resident on Flonase and not able to properly use.
- Discontinued allergy meds and artificial tears for "dry eyes" was also able to be discontinued.

**What's Next for
2012...**

- Project will run on all long term care units – 250 beds
- Each chart review provides opportunity for med management education and survey compliance
- Changing system to keep project running on all units at a more "local" level

**Education for 2012
Restructure**



- January and February 2012 completed RN Competency in Medication Management and Reduction
- February/March 2012 education expanded to LPNs
- Nurses are aware of facility measurements with Quality Improvement project
- Will provide MD/NP updates

**How Project will run in
2012**



- Station Manager and Clinical Coordinator will schedule a 15 minute time period each week
- 1 chart reviewed each week and tracked on a medication management tool
- Involvement of the IDT as needed
- Increasing use of Psych services for dementia.

**Tracking of Project in
2012**



- A "story" will be obtained to convey to MD/NP on next visit or sooner if warranted
- Each month a report will be sent to the ADON for Quality Improvement
- ADON will attend periodic unit meetings
- Project updates will be reviewed at Unit Nurse meetings, IDT, Nurse Administration, MD/NP Clinical meetings and facility Quality Improvement meetings

2012 Medication Management and Reduction QI Project

- Second ½ of 2012, will increase focus on Psychoactive Med Reduction d/t CMS focus
- Increase non-pharmacological approaches for management of behavior, ancillary services
- Staff will obtain education how to improve sleep without using pharmacological interventions



Measurements for 2012 QI project Jan 1st 2012-Dec 31st 2012

- Number of LTC residents with psychoactive medication orders
- Number of psychoactive medication orders in LTC residents
- MN QI measurement Antipsychotic Medications without Acceptable diagnosis
- Number of residents on Dementia unit with crushed meds

Measurements continued...

- Number of crushed meds administered in a 24 hour period
- Average number of medications received on dementia unit
- Number of scheduled medications and/or treatments discontinued

Measurements continued...

- Number of prn medications and/or treatments discontinued
- Number of medications with reduced frequency and/or dose
- Will report on measurements at key facility meetings



Case Studies

- Complete a chart review
- Tell "your story"

References

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Questions



- For questions, you may contact:
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