



CASE STUDY

Reducing Inappropriate Use of Antipsychotic Drugs to Improve Quality of Life for Nursing Home Residents in the District of Columbia



A Focused Educational Approach with Individual Monitoring and Feedback Achieves a **30.6%** Improvement Rate—Doubling Government Expectations

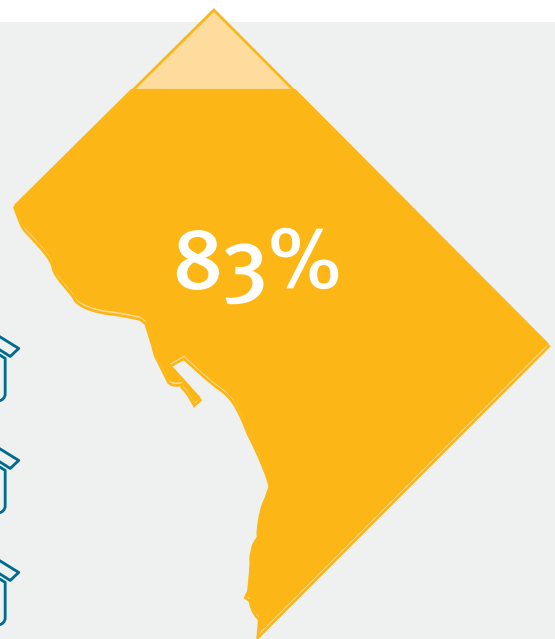
BACKGROUND

Studies have shown that antipsychotic medications administered inappropriately to the elderly can have serious side effects and even result in death. In 2011, The Centers for Medicare & Medicaid Services' (CMS) *National Partnership to Improve Dementia Care in Nursing Homes* challenged nursing homes to reduce or eliminate inappropriate use of antipsychotic medications to treat behaviors exhibited in dementia residents.

15%



CMS challenged nursing homes to reduce antipsychotic use in long-stay nursing home residents by 15 percent by the end of 2019.



15 nursing homes, along with key stakeholders from the trade association and partners from the DC Department of Health, committed to reducing inappropriate antipsychotic use in their resident populations. These facilities represent 83% of the District's nursing home community.



BASELINE

The fourth quarter 2014 Quality Improvement Evaluation System (QIES) Quality Measure Report identified the District of Columbia's antipsychotic rate as 13.7%.

District homes working with Qlarant had already made significant reductions in antipsychotic use since 2011, but these facilities remained committed to make further reductions.

CHALLENGE

“A major study...found that people taking some of these [antipsychotic] medications were more likely to have serious side effects than people taking other kinds of these medications...studies have linked antipsychotics...to increased risks of death in older adults with dementia.”

(<http://www.healthinaging.org/resources/resource-for-older-adults-with-dementia-and-behavioral-problems-some-antipsychotic-drugs-may-be-safer-than-others/>)

THE ISSUE

“This National Partnership to Improve Dementia Care in Nursing Homes involved adding indicators to facility surveys that tracked the use of antipsychotics within the facility. These indicators then linked to a facility's five-star quality rating.”

(<https://www.apadivisions.org/division-55/publications/tablet/2015/12/geriatric-medicine.aspx>)

THE GOAL

Qlarant's goal was to implement a focused information and education effort to achieve or exceed the target 15% improvement rate based on the following observations:



Need to **educate prescribers** and **clinical staff** on the dangers of administering antipsychotic medications without a psychiatric diagnosis



Need to **inform coding staff** about the criteria of this new quality measure, which assesses the percentage of long-stay residents receiving antipsychotic medication



Need to **educate family members** about the reasons for reducing or eliminating these medications from their loved ones' regimen



Need to **instruct clinical staff** on how to provide resident-specific interventions without using antipsychotic medications

SOLUTION

Qlarant engaged stakeholders through webinars and live, in-person events with topics including:

- Quality Improvement methods such as SMART Goal setting, Model for Improvement and Plan-Do-Study-Act (PDSA) Cycle
- How to use available data to identify opportunities for improvement
- Subject matter expert presentations on steps to reduce inappropriate use of antipsychotics
- Sharing successful interventions with the peer community



Qlarant provided teams feedback through:

- Timely technical assistance calls and visits to review progress with the antipsychotic reduction goal
- Quarterly facility-specific progress reports that identified a team's progress reducing antipsychotic use
- Recommendations on how to use data to drive quality improvement efforts
- Educational resources provided by Qlarant's pharmacists which address antipsychotic side effects; a gradual dose reduction protocol; a delirium assessment and screening tool; and a caregiver guide for non-drug management of problem behaviors
- Individual monitoring sessions

Qlarant's focused efforts resulted in these best practices:

- 1 Identify residents that do not meet the exclusion criteria for the antipsychotic use quality measure
- 2 Form an interdisciplinary team consisting of a psychiatrist, consultant pharmacist, and clinical nurse to plan gradual dose reduction with close monitoring of changes as appropriate for each resident on an antipsychotic medication
- 3 Develop individual care plans for families with the assistance of a social worker and activities director to address behavior issues using knowledge of each resident's past interests, hobbies, or career
- 4 Develop an activities room used for residents requiring all day interactive engagement to help minimize disruptive behaviors



RESULTS

Antipsychotic Use

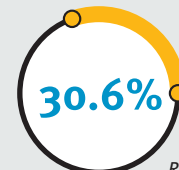
Source: QIES Quality Measure Report
Q4 2014 and Q2 2018)



Q 4 2014 state rate
prior to collaborative



Q 2 2018 state rate
end of collaborative



Relative improvement rate

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