Patient Centered Care Planning and Behaviors

Presented by:
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Objectives

1. Identify 3 ways to promote patient centered care throughout communication
2. List 3 care plan components for patients with behaviors
3. Name 2 alternatives to PRN psychotropics
LTC Final Rule

First major overhaul for LTC Rules since 1991

Goals:

• Deliver better healthcare
• Find smarter ways to spend healthcare dollars
• Improve standards for quality and safety
LTC Final Rule Impact

- Patient centered care
- Training requirements
- Services (i.e. physician, nursing, dental, pharmacy)
- Delegating authorities
- Physical environment
- Quality
- Transitions of care
- Infection prevention and control
§ 483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must—
(i) Be developed within 48 hours of a resident’s admission.
(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—
(A) Initial goals based on admission orders.
(B) Physician orders.
(C) Dietary orders.
(D) Therapy services.
(E) Social services.
(F) PASARR recommendation, if applicable.

F655/483.21
Comprehensive Person Centered Care Planning
Patient Centered Care

• QSEN (Quality and Safety Education in Nursing): “...about ensuring that the resident is in the center of everything we do with and for them.”

• IOM (Institute of Medicine): “...The goal of patient centered care is to empower patients to become active participants in their care.”

• F252 CMS Person Centered Planning: Not just achieved through a home-like environment, but emphasis on relationships & psychosocial environment
Caring for Granny Em

Caring for Granny Em

- Staff set up appt and THEN notify family
- Low dose antipsychotic added
- Hitting & screaming when staff approach for labs
- Provider decides to check labs and U/A
- Clinic RN & provider discuss all the faxes received from facility
- Sent to appt by herself

Insomnia, agitation, confusion

Low dose antipsychotic added
Keeping It Patient Centered

• Communication
  – Ask resident open ended questions
  – Do not interrupt and allow time to respond
  – Actively listen
  – Understand resident goals
  – Utilize shared decision making
  – Identify family or friends that will serve as resident advocate
Keeping It Patient Centered

• Identify
  – Strengths
  – Preferences
  – Capacities and abilities
Keeping It Patient Centered

• Preparation
  – Gather information
  – Set aside time when family and resident can tell their story
  – Understand resident and their situation
  – Complete resident assessment processes
Resident Centered Care Tools

• Behavior Assessment Tool (BAT)
  – Useful in developing an individualized care for those whose behavior has:
    • recently changed
    • interferes with care
    • represents a danger to him/herself or others
    • or interferes with quality of life.
  – http://geropsychiatricleducation.vch.ca/bat.htm
Resident Centered Care Tools

• My Personal Directions for Quality Living
  – Useful at pre-admission and for formatting the 48 hour Baseline Care Plan
  – Gathers patient specific information such as:
    • “I want my caregivers to know:”
    • “I become anxious when:”
Caring for Granny Em

- 88 year old female
- Lived alone for many years
- Admitted to NH 1 week ago
- PMH: glaucoma, GERD, urinary incontinence, HTN, insomnia, compression fractures
- Since admission:
  - up wandering at night
  - bouts of agitation
  - son feels she seems more forgetful, but no diagnosis of dementia
Caring for Granny Em

Current Medication Orders:
- Haloperidol 0.25mg PO daily PRN agitation – 1/2018
- Hydro/APAP 5/325mg 4xd PRN compression fx pain – 1/2018
- Ibuprofen PM 1 tab PO at bedtime – 6/2017
- Alprazolam 0.25mg PO at bedtime PRN insomnia – 5/2016
- Omeprazole 20mg PO BID – 5/2016
- Hydrochlorothiazide 25mg PO daily – 8/2015
- Oxybutynin 5mg PO BID – 10/2015
- Timolol Gel Soln 0.25% 1 drop OS daily – 7/2013
Resident Centered Interview

- What did we find out about Granny Em?
  - She’s been an independent woman and the matriarch of her family
  - One living son
  - Mixing up night and day so confusion with meds was occurring at home
  - Is able to communicate and make her own decisions
  - Widowed and lived alone at home for years
  - Loves soap operas and Carol Burnett TV shows
  - Loves necklaces and is particular with her clothes
Resident Centered Interview

• What did we find out about Granny Em?
  – Having difficult time accepting living with a roommate
  – Rummages and hides items in room
  – Outbursts of verbal aggression and now new physical aggression at clinic
  – Up wandering at night
Caring for Granny Em

Family, staff & Granny Em discuss concerns

Appt set up per resident & son wishes at a time he can also attend

Granny Em agrees with appt & is hoping her concerns are addressed

Evaluation and treatment options are discussed with Granny Em & son

Labs & U/A were obtained without incident

Low dose antipsychotic added
Care Plan Components

• For residents with behaviors:
  – Identify SPECIFIC behaviors
  – Focus on one behavior at a time
  – Is there potential for behavior improvement?
    • Define reasonable goal
  – Rule out causes for behavior
One of Granny Em’s Care Plans

- Problem: Ineffective Individual Coping R/t meds, new environment, loss of self control e/b verbal aggression, rummaging
- Goal: Granny Em will displace anger to meaningful activities and have no aggressive behaviors through the next ___ days
- Intervention: Calm voice, offer choices, do not argue, Offer favorite TV show, start a conversation about her family/son, offer private room or drawers that can be locked
Psychotropic Drugs

• LTC requirements previously identified antipsychotic drugs and provided specific safeguards for their use
• Final rule expands the drugs to which safeguards apply to include “psychotropic” medications
• Psychotropic drugs include the following categories:
  – Antipsychotic
  – Anti-depressant
  – Anti-anxiety
  – Hypnotic
Our PRN is Gone – Now What?

- § 483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except...

- § 483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
Medication Impact

- ADME changes with age
  (absorption, distribution, metabolism, elimination)
  - Changes to gut absorption/motility
  - Increase in fat
  - Changes to hepatic metabolism/receptor functions
  - Reduced organ function (i.e. kidney)
Medication Impact

• Medication Burden
  – Increased need for labs, vitals, administrations, etc

• Polypharmacy and cognitive toxicity
  – Anticholinergic meds
  – Drug interactions
  – Central nervous system (CNS) side effects

• Prescribing Cascade
  – Treating a medication side effect with another medication

• Taper Delirium
Nonpharmacological Approaches

• Defined by what they are not: Not Medications

• Approaches involving some action with the resident and/or his physical and social environment
  – Generalized: behavior non-specific such as caregiver education & support.
  – Targeted: behavior-specific such as eliminating conditions contributing to a specific behavior.
Granny Em’s Meds

**Haloperidol**

- Obtain order to discontinue
- Re-evaluate need for psychotropic after interventions & documentation

**Hydro/APAP**

- Scrutinize newer meds
- Additive CNS side effects in combo w/other meds
- Consider non-opioid alternatives: therapy, calcitonin spray for compression fx pain

**Oxybutynin**

- Added a few months after diuretic – rule out prescribing cascade
- Highly anticholinergic – do benefits of reduced incontinence outweigh burdens?
- If needed, switch to extended release
Granny Em’s Meds

Ibuprofen PM

Obtain order to discontinue

Diphenhydramine is poorly tolerated with increased age, but in many OTC products

Alprazolam

Obtain order to discontinue within 14 days of admission
If using frequently, taper
Consider scheduled melatonin

Omeprazolone

Assess benefits vs burdens of use: is an indication for long term use found?
Use of PPI beyond 8 weeks is not recommended
Potential association with increased risk for delirium
Reducing Medication Risks

• Identify alternatives to high risk medications
• Address polypharmacy
• Obtain scheduled, time limited psychototropic orders
• Rule out underlying clinical causes for behavior
• Don’t underestimate the value of non-pharmacologic interventions & a resident’s adjustment time
References/Resources

- National Citizens’ Coalition for Nursing Home Reform
- http://geropsychiatriceducation.vch.ca/bat.htm Adapted from 1998 Better Directions, Inc
Test Your Knowledge

• List 3 Care Plan Components for patients with behavior

• Identify 3 ways to promote patient centered care throughout communication

• Name 2 alternatives to PRN psychotropics