

Patient Centered Care Planning and Behaviors

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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

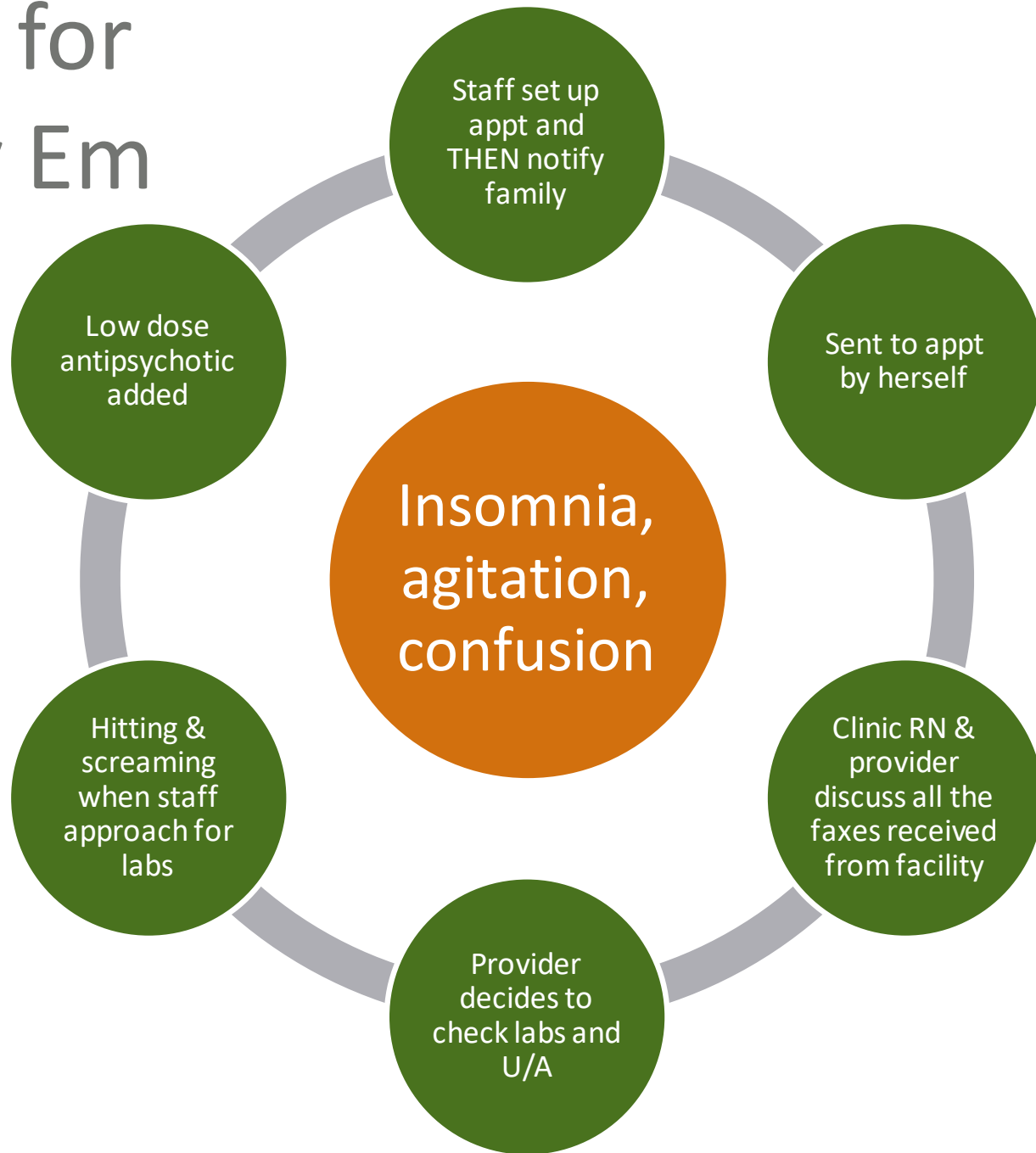
Comprehensive Person Centered Care Planning

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



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://geropsychiatriceducation.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:”
 - <http://theconsumervoice.org/uploads/files/long-term-care-recipient/my-personal-directions-blank-6-8.pdf>

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



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?

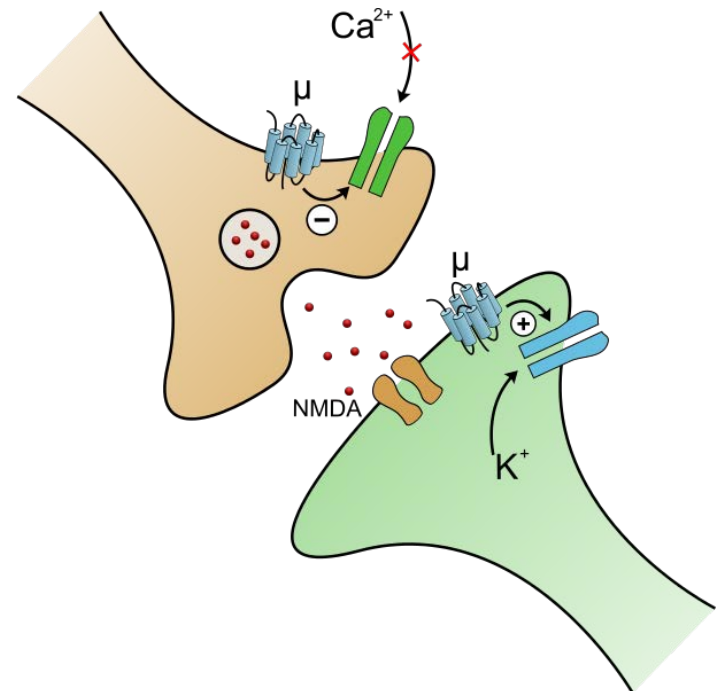
- § 483.45(e)(4) PRN orders for psychotropic drugs are limited to **14 days**. Except...
- § 483.45(e)(5) PRN orders for anti-psychotic drugs are limited to **14 days** and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.



**KEEP
CALM
THE COUNTDOWN
HAS
BEGUN**

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

Omeprazole

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 psychotropic orders
- Rule out underlying clinical causes for behavior
- Don't underestimate the value of non-pharmacologic interventions & a resident's adjustment time

References/Resources



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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*