Antipsychotics and Dementia

F329, F309, F248, F155

With Supplemental Q&As (02/05/2014)

Background

- CMS S&C letter 13-35-NH (59 pages)
- Posted to our website
- Emailed to all facilities June 7, 2013, #2013-04
- READ IT PLEASE!!!!!

Training

- Hand in Hand Dementia Training
  - sent to all facilities
  - Implement this or equivalent dementia training

  Surveyor Training

  Three CMS broadcasts required for all surveyors

  Hand in Hand completed

  LTC team training in January and ongoing

Overview

- Tightens the requirements for dementia care, including use of antipsychotics for residents with dementia

- Will require more staff time

- Will likely result in an increase in deficiencies at F329, F309, F248

F309 Update

- Now has a section on dementia care
- About 27 pages long- in the email attachment sent to facilities on 6-7-13
- “Cook Book” – a mini-course in caring for residents with dementia

F309

- Focuses on
  - Assessment
  - Individualized care plan-- We don’t see this happening
  - Implementing the care plan
  - Re-evaluating and tweaking the plan

F309

- Has an excellent algorithm for managing behavior symptoms

- There is a surveyor checklist for reviewing the resident with dementia. This is the last attachment on the email of 6-7-13, S&C 13-35-NH.

F248

- Cannot overstate the importance of Activities in dementia care
- Individualized and meaningful activities are vital to behavior management
- Activity care plan needs to be built on assessment data, past interests, what has worked in the past, etc.

F248

- Facilities need to have enough staff to implement the Activities care plan

- Remember there is lots of technology out there that can help meet residents' needs; individualized music, family videos, talking books, etc.

Citations

- Dementia care citations that do not involved psychotropic medications will be cited at
  - F309
  - F248
  - Assessment tags such as F272

Dementia care citations involving the use of medication to manage behavior will be cited at F329

Behavior Care Plans

- Must have specific staff interventions for the specific target behaviors
- Too much canned language, same for all residents, all behaviors
- Care plans too long, full of interventions required for all residents, i.e., call bell within reach, answer light promptly, or not specific, reposition PRN, transfer with 1-2 assist

F329 Changes

- All related to antipsychotic use
- Table 1 for antipsychotics all revised
- In surveyor protocol, new examples for severity involving use of antipsychotics

Table 1 Changes

- 8 Pages of the email attachment
- New criteria for adequate indications for use when dementia with behavioral symptoms (BPSD) is the diagnosis.

- Diagnosis alone is not enough!!! There are no magic diagnosis words that will make diagnosis alone adequate indication.

Additional Criteria

- 1. The behavioral symptoms present a DANGER to the resident or others
- AND, one or both of the following:
- 2. The behavior is identified as being due to mania or psychosis, OR
- 3. Behavioral interventions have been attempted and included in the care plan

Indications for Use

- We rarely see that the behavior symptom is actually a danger to self or others. We see anxiety, restlessness, resistance to care frequently identified as the problem behavior.
- If the behavior does not present a danger, the facility will be cited at F329 for inadequate indication for use of an antipsychotic for a resident with dementia.

Crisis Sedation

- There is still provision allowing the facility to use antipsychotics in an actual acute crisis, with 7 days to get a clinical evaluation.

Target Behaviors

- Must be clearly and specifically identified,
- Documented,
- Monitored,
- Not due to:
  - environmental stressors,
  - Medical condition
  - Psychological stressors
  - Other drugs (polypharmacy)

New Admissions

- Residents with dementia who are admitted on antipsychotics—The facility has two weeks to:

- Gather data and evaluate if the criteria above are met.
- If not met, consider reducing or discontinuing the antipsychotic drug

Monitoring for Effectiveness

- Must occur at least quarterly
- Must have enough documentation to be able to determine the effectiveness of the medication in controlling the target symptom
- Residents with month after month of zero behaviors documented must be considered for GDR, even if it is not due by the calendar

GDR failure

- One GDR failure is not “forever”
- Listen carefully to your pharmacist.
- Consult your Medical Director if the attending clinician fails to meet these guidelines

Other Issues

- Residents taken down the hallway for bathing must be either in clothes or a bathrobe. Wrapping in a blanket will be cited as a dignity issue.

Supplement

02/05/2014

- Q&A #1
  - *Question*: Sometimes a resident with dementia may present with severe hallucinations that are not really physically dangerous, but cause the resident severe distress and suffering. Does this meet the required criteria for a dangerous behavior symptom, therefore allowing the use of an antipsychotic?
  - *Answer*: Yes. If the hallucination is causing severe distress and/or suffering for the resident, it is considered a danger to the resident that has met the criteria for psychosocial harm. This meets the danger criteria for use of an antipsychotic drug for a resident with dementia. Make sure to document the resident's reactions to the hallucination or delusion.

Supplement

02/05/2014

- Q&A #2
  - *Question*: There seems to be no practical way to use a bathrobe on a resident who requires a Hoyer lift transfer for bathing. Do you have any ideas?
  - *Answer*: We want to suggest evaluating the option of a bed bath in this situation. Often this is more comfortable for the resident.

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