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.
• 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.