



The Miami Shores Story: A Facility-wide Initiative to Individualize Dementia Care



Introduction to the Initiative

In 2012, our nursing home administrator (NHA) received a call from the Centers for Medicare & Medicaid Services (CMS) informing her that the facility had the highest off-label antipsychotic use rate in the state of Florida. This translated to 44 residents being on off-label use of antipsychotic medications, of which 16 were dementia patients. We set forth an immediate goal of removing the 16 dementia patients from antipsychotic medication use. The staff started with one patient at a time, achieved a result, and then moved to the next patient. Our story of reduction began with resistance and chaos, but slowly we began to see the benefits and kept on going.

Who

To achieve our goal, we engage a multidisciplinary team, including the NHA, director of nursing, certified nursing assistant(s) (CNA), activities director, medical director, and a psychiatrist to deliver appropriate and individualized care for patients with dementia. We also encourage families and caregivers to get engaged in the residents' care plan.

What

There are many different approaches that we took, and still take today, to ensure that residents with dementia receive individualized care. The first step is identifying why the resident is on antipsychotic medications at the time of admission. Residents who arrive from the hospital are assessed for all medication use. Those residents who were administered antipsychotic medications (only) in the hospital are removed from the medication immediately. Long-term use is assessed based on medical diagnosis and monitored. Some things we did as a team include:

- Collect a medical history at admission; this is the best time to capture as much about the residents as you can (psychiatric conditions are different than dementia)
- Always seek and obtain a psychiatric consultation before giving new medications
- Remove patients from medication strategically; not all at the same time
- Monitor new residents closely for four weeks and establish a routine within two weeks
- A thorough care plan review for new patients within 48-hours of admission
- Create a system to look at each resident in a systematic way; this will create consistency in your approach to reducing medication use
- Make sure physicians know about the reduction and include the medical director to act as a gatekeeper from reintroducing medications to the resident
- Only administer changes in medication based on what can be managed at the time of planned reduction.
 - For example: Based on the design of our facility and staffing guidelines, we are only able to manage four residents with wandering behaviors at any given time.
- Create and utilize the peer coach position with the lead CNA who has no assignment but to assist other staff members who were challenged by difficult situations and/or residents
- Build a blameless, staff empowered environment/culture; look at what happened not who caused it
- Look for reasons to celebrate everyone and everything – including staff and residents
- Take 5 – if a resident stops a staff member, the staff spends time with the resident
- Empower staff to work outside of their typical job descriptions to visit with patients
- Have a staff member accompany all dementia residents to outside appointments
- Change the environment from a clinical institution to an inviting home atmosphere
 - Facility hallways are lined with family and staff pictures outside of each resident room
 - Nursing stations are renamed Caribbean islands and painted with a tropical local flare
 - Staff refer to the nursing stations as the Island name, not as a nursing station



Ah-ha moment came when a previous team member was admitted to the facility with dementia; it was an eye opening moment.

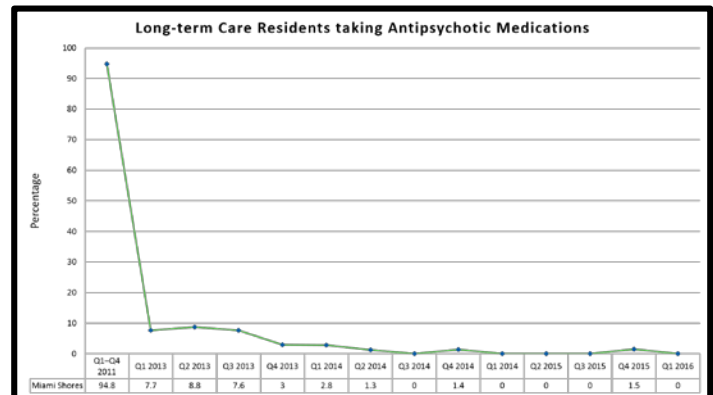
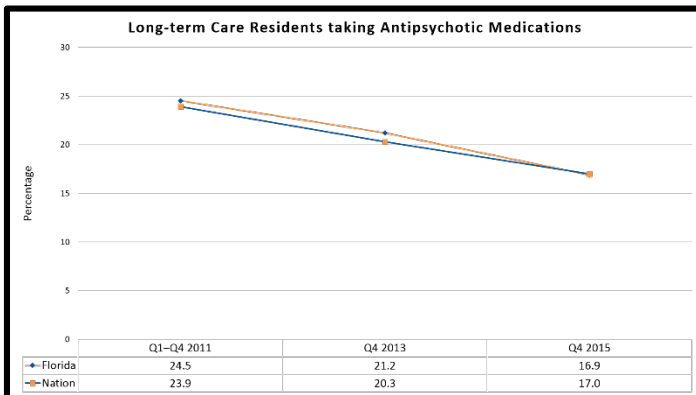
Barriers and Solutions

- Sometimes when medications were removed the behaviors were escalated; remember it takes time for medications to leave the body systems
- Sometimes, no matter what interventions are implemented we cannot resolve the triggers and behaviors.
- Interventions were initially, very challenging. Staff need to know that administration cares.
 - Administrator, who is also a nurse, stepped in to help staff with difficult residents. The administrator worked with staff to teach them why and how to handle residents who refused treatment.
- New staff members were reluctant. The autonomy of the staff culture is outside of the typical NH staffing program, peer coach helps to ensure success.
- Sundowners need additional staff and activities. In the past, we always called the physician for medication as a first response to behavior challenges; now we work through situations.

How – The Story of Gang Tackling

Gang tackling is our team focusing on four residents per day and providing a complete look at the resident. The focus is, "It's your day." Housekeeping and maintenance do a deep clean of the room, meal preferences are given for the day including items like McDonalds or their culturally specific preference. Residents can select their choice of activity. It can be a manicure, haircut or hair grooming, a movie(s), a game(s) or whatever is available in the facility. Every resident is reviewed at least monthly. The interdisciplinary team has a thorough review of the residents' chart and share in discussion about observed behaviors, challenges, and improvements. Responses are collected and data is used in monthly QAPI program where the facility then uses the PDSA cycle to improve resident outcomes.

Data



Conclusion

Medication masked the emotions of residents. Removing medications helped residents live again. Today, 99 percent of our residents are mobile and zero use antipsychotic medications. Be patient; eliminating medication use can take a long time. The first patient took about one year and it took three years to get to zero.

Our team mantra is, "patience, patience, patience." Observe then act. Medications are not the solution. Not one person got worse when medications were removed – all got better.

“Celebrate successes, celebrate birthdays, anniversaries, family, staff. Celebrate as often as you can.”

