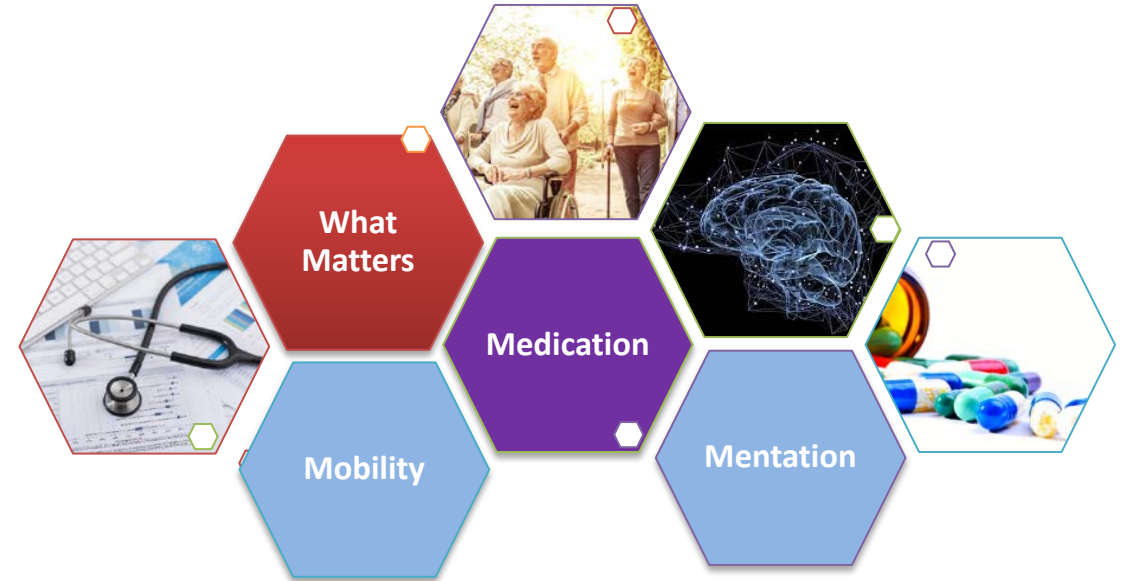


Good stewardship of medications and how it effects quality

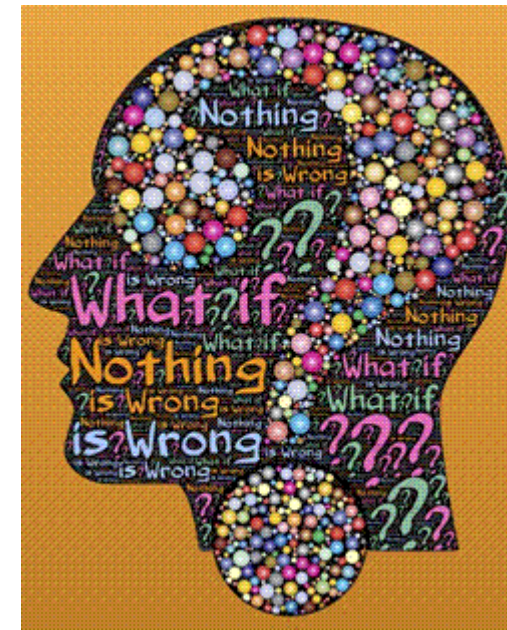
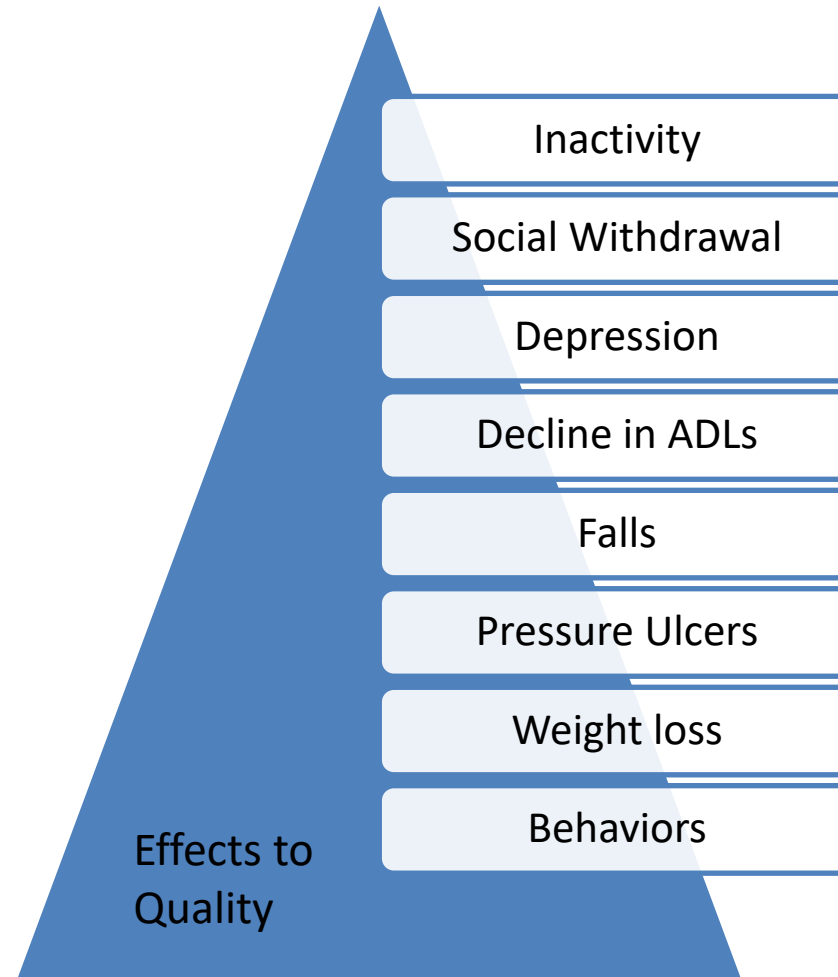
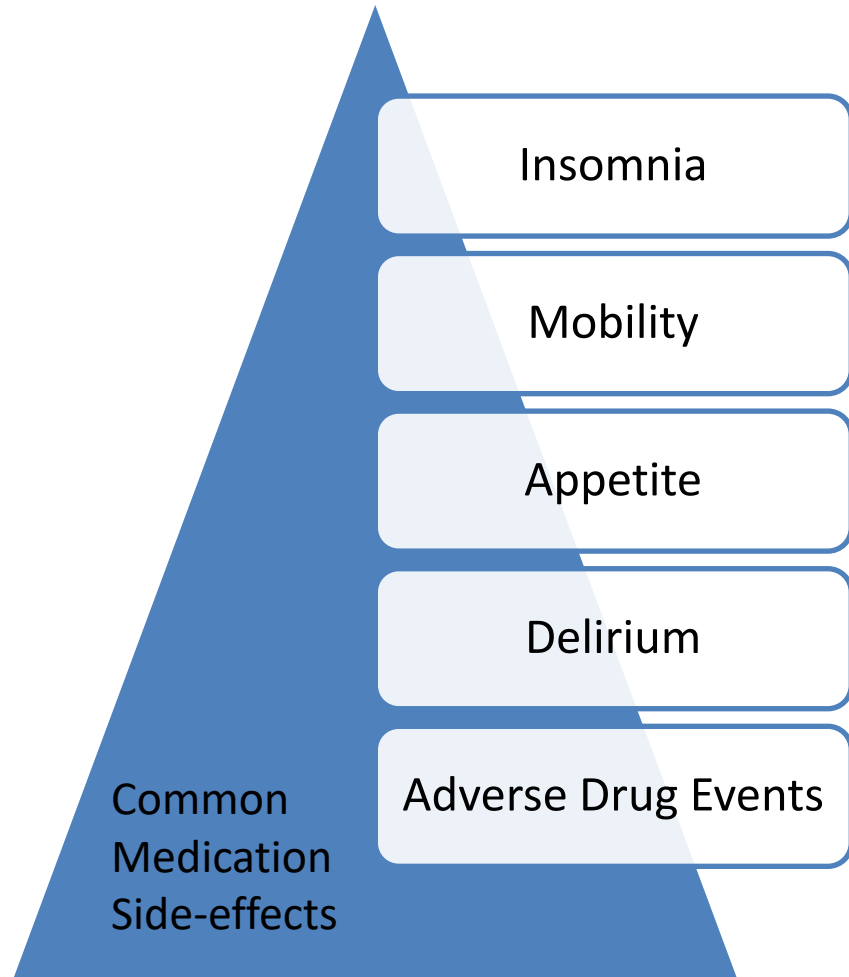




Medications can
alter all 4 M's of
Age-Friendly care

- What Matters
- Medication
- Mentation (Mind & Mood)
- Mobility

Medications can impact a resident's functional status and quality of life.



Medication side effects

Manifestations of medication side-effects

- Poor Sleep
- Comfort
- Cognition
- Unstable Balance
- Appetite

Interventions

- Timeline and Root Cause Analysis
- Fewer Meds equals fewer side effects
- Gradual Dose Reduction

Use of Tools

- Comprehensive Assessment Tool
- History
- Education and Communication Staff and Family
- Narcan for Opioid Adverse Drug Events
- Tapering Tools
- Agreements with Resident and Families





An Aging Nation

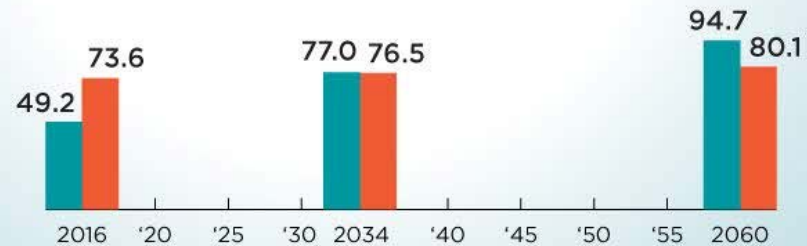
Projected Number of Children
and Older Adults

For the First Time in U.S. History Older Adults Are
Projected to Outnumber Children by 2034

Projected
percentage
of population



Projected
number
(millions)



Note: 2016 data are estimates not projections.

United States®
Census
Bureau

U.S. Department of Commerce
U.S. CENSUS BUREAU
[census.gov](https://www.census.gov)

Source: National Population
Projections, 2017
www.census.gov/programs-surveys/popproj.html



Performance Improvement



- ☐ Falls
- ☐ Effect on Function- ADLs
- ☐ Behaviors effecting others

Interview:

- ☐ Appetite
- ☐ Cognition
- ☐ Nausea
- ☐ Dizziness
- ☐ Intended Resolution
- ☐ Condition Evaluation

Performance Improvement Project (PIP) Documentation

Nursing Home: Comfort Home

Start Date: _____

PIP Team Members:

Staff Name	Title		
	Medical Director		
	DON		
	Pharmacy		
	MDS Nurse		

PIP Team Project:

Quality Measure of Focus	Baseline Rate of QM	Improvement Goal for QM	Goal Rate	Date to reach the goal rate
Antipsychotic Meds	20.1%	Below State Average	10%	Dec 2021

Goal Monitoring:

Current Date	Current Rate	Current Date	Current Rate	Current Date	Current Rate
Nov 2022	16.1%				
Dec 2022	18.2%				
Jan 2023	18.8%				
Feb 2023	13.3%				
Mar 2023	12.9%				

Interventions: The following are the interventions Implemented:

Start Date	Intervention Description	Intervention Notes	Outcome/Results
Nov 2022	Reviewing Antipsychotic Meds rate and Residents triggered on MDS Report-	Identify current resident list and if candidate for GDR ; current rate below the state average	Continue to monitor monthly
Dec 2022	PIP team reviewing new admissions for use of Antipsychotic Meds	Identify residents early to determine if candidate for GDR	
Dec 2022	Monitor Timeline of Events for individual residents	Correlate multiple quality concerns	





Informed Medication Consent



PSYCHOACTIVE MEDICATION THERAPY INFORMED CONSENT FORM

Use a separate form for each medication.

To protect our residents from harm to others and themselves, and to promote our residents for a higher level of independence, it is necessary to use psychoactive medical interventions under certain conditions. Medication interventions are NEVER used for disciplinary action or for the convenience of the facility to control behavior.

Psychoactive medication prescribed for resident _____
is _____ for the diagnosis of _____.

The specific condition(s) being treated include(s):

- | | | |
|--|--|---|
| <input type="checkbox"/> Adjustment Disorder | <input type="checkbox"/> Dementia w/Psychotic Behavior | <input type="checkbox"/> Paranoia |
| <input type="checkbox"/> Agitation | <input type="checkbox"/> Delusions | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Sexual Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Irritability | <input type="checkbox"/> Sleeping Disorder |
| <input type="checkbox"/> Catatonia | <input type="checkbox"/> Obsessive Compulsive Behavior | <input type="checkbox"/> Socially Withdrawn |
| <input type="checkbox"/> Combative Behavior | <input type="checkbox"/> Panic | <input type="checkbox"/> Stress Disorder |
| | | <input type="checkbox"/> Other _____ |

The expected benefit(s) from the medical intervention include(s):

- ☐ Improved Functional Ability
☐ Reduced Adverse Behavior
☐ Other (please specify): _____

The clinically significant side effects possibly associated with this medical intervention include but are not limited to:

Antipsychotic	Anti-Anxiety	Hypnotic	Antidepressant	Anti-Manic	Psychomotor Stimulant
Blurred Vision Confusion Constipation Drooling Dry Mouth Involuntary Movements Muscle Rigidity Restlessness Sedation Sleep Disturbances Stiffness of the Neck	Appetite Changes Blurred Vision Confusion Dizziness Drowsiness Fatigue Hypotension Nightmares Sedation Slurred Speech Urinary Retention Dry Mouth	Anxiety Confusion Dizziness Fatigue Hallucinations Headache Lightheadedness Mania Nightmares Sedation Syncope	Appetite Changes Blurred Vision Constipation Dry Mouth Dyspepsia Headache Hypotension Insomnia Weight Changes Urinary Retention	Bradycardia Confusion Drowsiness Hypotension Impaired Cognition Impaired Vision Nausea Nephritic Syndrome Seizures Tremors	Anorexia Dry Mouth Impaired Taste Insomnia Nervousness

The proposed course of therapy is approximately:

- ☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months ☐ Prolonged treatment / Unknown

☐ I GIVE my full consent for the use of the medication indicated above. I understand that once the targeted behavior is controlled, the usage of the medication should be gradually decreased to the lowest possible dosage and frequency.

☐ I DO NOT GIVE my consent for the use of the medication indicated above. I realize the dangers of not taking this medication may result in uncontrolled behaviors which may make it difficult for the nursing staff to appropriately provide care.

Signature of Resident _____ Date _____

Signature of Representative _____ Date _____

Signature of Person Obtaining Consent _____ Date _____

Verbal Consent given by (full name and relation) _____ Date _____

NAME-Last First Middle Attending Physician Record No. Room/Bed

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BRIGGSHealthcare

PSYCHOACTIVE MEDICATION THERAPY
INFORMED CONSENT FORM

- [Medication Informed Consent form](#)

Creating an Environment and Sustainable Culture

Supporting Actions

1. Develop role descriptions to facilitate collaboration amongst the health care team
2. Create dedicated time and space for discussions during each shift, at care conferences and as needed
- *3. Establish a monitoring and evaluation framework for the impact of health care provider and personnel collaborations on deprescribing, care plans, quality of life, retention and workload
- *4. Recognize health care providers and personnel who identify signs and symptoms that lead to a deprescribing conversation

All members of the health care team will participate in conversations about deprescribing.

People living in LTC homes and their families/caregivers will participate in shared decision making to establish and monitor goals of care with respect to medication use considering effectiveness, safety and non-drug alternatives.

Supporting Actions

- *1. Use approaches like modelling to illustrate positive outcomes through personal story sharing
- *2. Offer/develop educational resources for people living in LTC homes and their family/caregivers to inform them about their opportunities for contributions and to standardize approaches
- *3. Schedule timely medication-focused discussions with the people living in LTC homes, families, caregivers and the health care team
4. Develop regulations that mandate and monitor the person/family/caregiver involvement in care planning and medication review

Supporting Actions

- *1. Provide education and training using tools that link signs and symptoms to medication-related effects
2. Use approaches like modelling to promote health care provider and personnel engagement through personal story sharing
3. Make tools to help monitor changes in signs and symptoms accessible at the point-of-care

All health care providers and personnel will observe for signs and symptoms in the people they care for, reporting changes as a result of medication adjustments, or changes that might prompt review for deprescribing.

Prescribers in every health care setting will document reasons for use, goals and timelines for each medication.

Supporting Actions

- *1. Incorporate relevant components (reason for use, goals of therapy, planned duration of use and date for review) into e-prescribing and electronic health records
2. Develop regulations that mandate and monitor associated documentation standards and compliance
3. Enable medication information sharing via centralized electronic records

* Asterisks represent prioritized actions

- Science Direct.com https://ars.els-cdn.com/content/image/1-s2.0-S2667276622000671-gr2_lrg.jpg

Story Board- Medication Culture Change

The Seven Rights of Medication Administration

Use these questions to make sure that you are providing proper medication dosages to the individual you serve. They will help keep the individual you serve healthy and safe every day!



Dawn Jelinek

Age-Friendly Clinics and LTC

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Senior Clinical Consultant
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405-651-4796

