Geriatric quality improvement project

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Introduction

- Inappropriate use of antipsychotic medications for behavioral problems is endemic Nation Wide.
- There are no guidelines on educating staff for proper documentation of antipsychotic use in the Nursing Home.
- Non pharmacological measures for patients with difficult behavior are recommended as the first line of treatment.
Antipsychotic Medication Use Varies by State

Antipsychotic Medication Use Varies by State (AVG % of long stay residents Q1 - Q3 2012)

Source: Nursing Home Compare
The Problem

~22% of antipsychotic prescriptions in nursing homes are problematic per Centers for Medicare and Medicaid Services (CMS) standards

<table>
<thead>
<tr>
<th>Problem per CMS standards</th>
<th>% of claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive dose</td>
<td>10.4%</td>
</tr>
<tr>
<td>Excessive duration</td>
<td>9.4%</td>
</tr>
<tr>
<td>Without adequate indication</td>
<td>8.0%</td>
</tr>
<tr>
<td>Without adequate monitoring</td>
<td>7.7%</td>
</tr>
<tr>
<td>In the presence of adverse effects that indicate the dose should be reduced or discontinued</td>
<td>4.7%</td>
</tr>
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http://oig.hhs.gov/oei/reports/oei-07-08-00150.pdf
Number of Medicare Claims and Amount for Each Atypical Antipsychotic Drug (January 1 through June 30, 2007)

<table>
<thead>
<tr>
<th>Generic Drug Name</th>
<th>Claims</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quetiapine</td>
<td>627,661</td>
<td>$85,847,131</td>
</tr>
<tr>
<td>Risperidone</td>
<td>536,600</td>
<td>$87,161,507</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>356,695</td>
<td>$94,055,067</td>
</tr>
<tr>
<td>Aripiprazole</td>
<td>83,756</td>
<td>$29,565,887</td>
</tr>
<tr>
<td>Ziprasidone</td>
<td>44,681</td>
<td>$10,067,477</td>
</tr>
<tr>
<td>Clozapine</td>
<td>27,294</td>
<td>$1,691,718</td>
</tr>
<tr>
<td>Olanzapine/Fluoxetine</td>
<td>1,521</td>
<td>$431,799</td>
</tr>
<tr>
<td>Paliperidone</td>
<td>666</td>
<td>$207,731</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,678,874</strong></td>
<td><strong>$309,028,317</strong></td>
</tr>
</tbody>
</table>
Is VA system different?

- VA hospital is no different from national rate of antipsychotic medication use in CLC residents
Antipsychotic Prescribing in Older Veterans Administration Community Living Center Patients

Cross-sectional Study of 3,692 Veterans > age 65 admitted to one of 133 CLC’s for >90 days. Overall 25.7% residents used antipsychotics, of which 59% had an evidence based indication for use. Aggressive behavior, polypharmacy (+9)

AD/dementia unit residents were at increased risk to be treated with pharmacotherapy for patients with Dementia with behavioral problems.

- In the VA CLC until January 2014 there was no official policy on antipsychotic use in CLC
- In the VA CLC documentation of difficult behavior events is poor

So.....

S.M.A.R.T. Goal Statement:

• Measure the effect of In-service in Nursing Staff at VA Phl CLC on quality of documenting encounters with a CLC resident with behavioral problem.
What changes can we make that will lead to improvement?

1) Educating the staff on aspects on non-pharmacological approach to a patient in a NH with behavioral issues.

2) Provide the Incentive for proper documentation

3) Enroll in quality assessment groups

4) Conduct QI projects.
PLAN

• WHAT ARE WE GOING TO TEST?
  • Effect of in-service on documentation of difficult behavior encounters

• PREDICTIONS
  • In service will improve the quality of documentation of difficult behavior encounters
PLAN

• THE TEST: WHO WHAT HOW WHY WHERE
  • RN’s LPN’s and CNA
  • Administer a short 15min in-service lecture on appropriate use of antipsychotics in the NH and how to deal with a difficult patient behaviors.
  • Between March 2014 and June 2014 in the VA Phl CLC

• COLLECTION OF DATA: WHO, WHAT, WHEN, WHERE?
  • Data collection will be done by myself
  • Data collection will be used in Excel and Redcap
  • Pretest and Post test results will be broken down by RN, LPN, CNA results and charts will plot the findings
  • Nursing Notes and Geriatric Behavioral Intervention Notes will be evaluated in 10 CPRS charts and assessed for presence of documentation of Activator event, Behavior Description and Consequence of the Behavior
PLAN

How will we know if the change is an improvement?

• Measure the baseline knowledge of nursing staff in the VA hospital
• Measure post in-service knowledge in the nursing staff in the VA hospital
• Pick up 10 random charts and measure the baseline and post in-service documentation quality of the Nursing Notes in patients with difficult behavioral symptoms.
• Knowledge will be scored based on correct answers from the test ranging from 0 – 5
• Quality of the documentation of difficult patient encounter would be scored based on a presence of Activator, Behavior and Consequence description model
Question list

1) Questions on topic “difficult behavior” resident
2) Question on topic “difficult behavior” resident
3) Question on topic of “pharmacology of antipsychotics”
4) Question on topic of “Delirium
5) Question on the topic of “Prn antipsychotic use” in the NH
How to approach difficult behavior?
STOP AND LISTEN

- What’s the Context? Old or New?
- What happens before and after? A
- What is the behavior? B
- When it occurs? B
- Where it occurs? B
- What’s the result of the behavior? C
DO

• Plan the in-service objectives and create power point presentation
• Schedule and attend meetings with a support team consists of QI CLC manager, Nursing managers of 1C 2A and 2B
• Presenting the product to PD and QI officer at CLC finalizing the preparation for in-service activity.
• Projected attendance 65 members from nursing staff
• Planned activity on 2b conference room scheduled with QI officer.
DO

• On March 25th, 2014, in-service was given to 31 members of nursing staff at CLC VA that included 11 RN’s, 7 CNA’s, 13 LPN’s.
• Pretest conducted before every session that took 5 min.
• In service took approximately 15 min.
DO

• After the in-service, questions were reviewed with the nursing staff with active debate to why each question could be the right or the wrong answer.

• **Key answers were not provided to the staff but were inferred**

• Activity took additional 10 min

• Post test conducted after session took around 3 min

• In service was given in 3 different sessions to accommodate changes in shifts
RESULTS - Knowledge

pre test scores
RESULTS - Knowledge

Post test scores

Post test results

m/SD post test

RN(11) LPN(13) CNA (7)
Results - Documentation

Pre test

Post test
Results

• LPN’s did better than RN’s on the pre-test.
• All groups made significant improvement on the post-test.
• Difficult behavior documentation encounter showed that the Activation (Trigger) event as well as the Consequence of the Behavior were poorly documented at baseline.
• Although there was a slight improvement in documentation all across the Activation, Behavior and Consequence domains the difference is very small, if any.
Discussion and Conclusion

- Results are not disappointing
- Future planning would include improving the attendance of the nursing staff, more intervals of in-service education every three months and continuing to monitor improvement
Acknowledgments