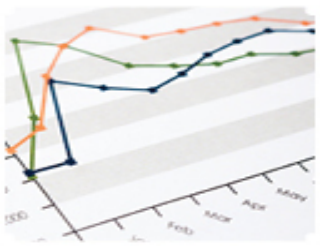
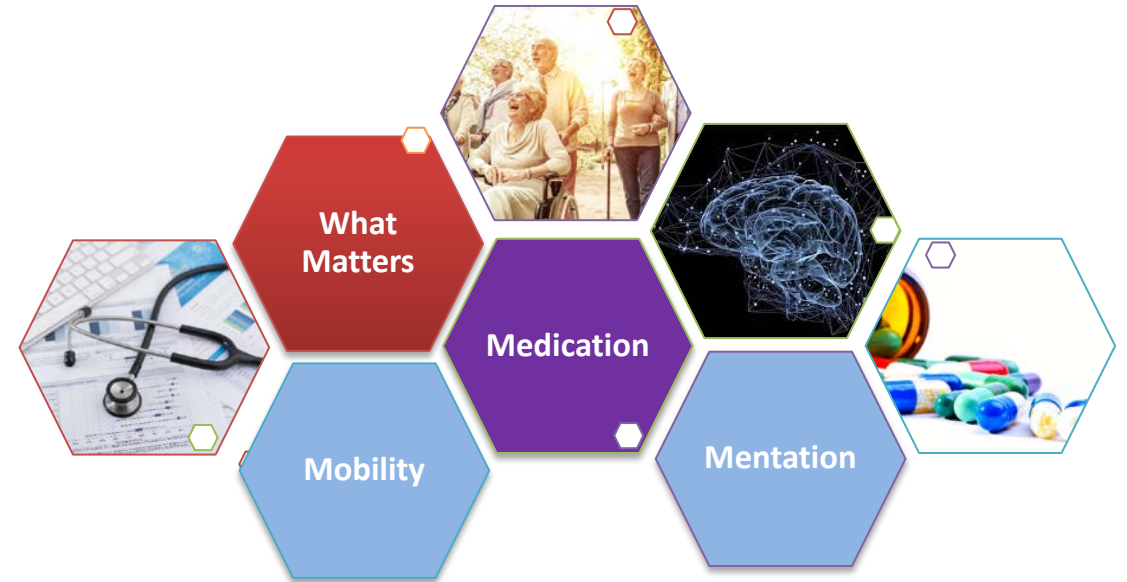


# Good stewardship of medications and how it effects quality



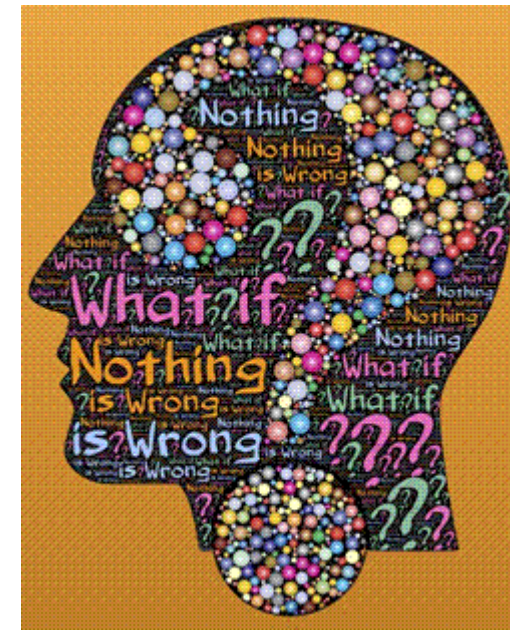
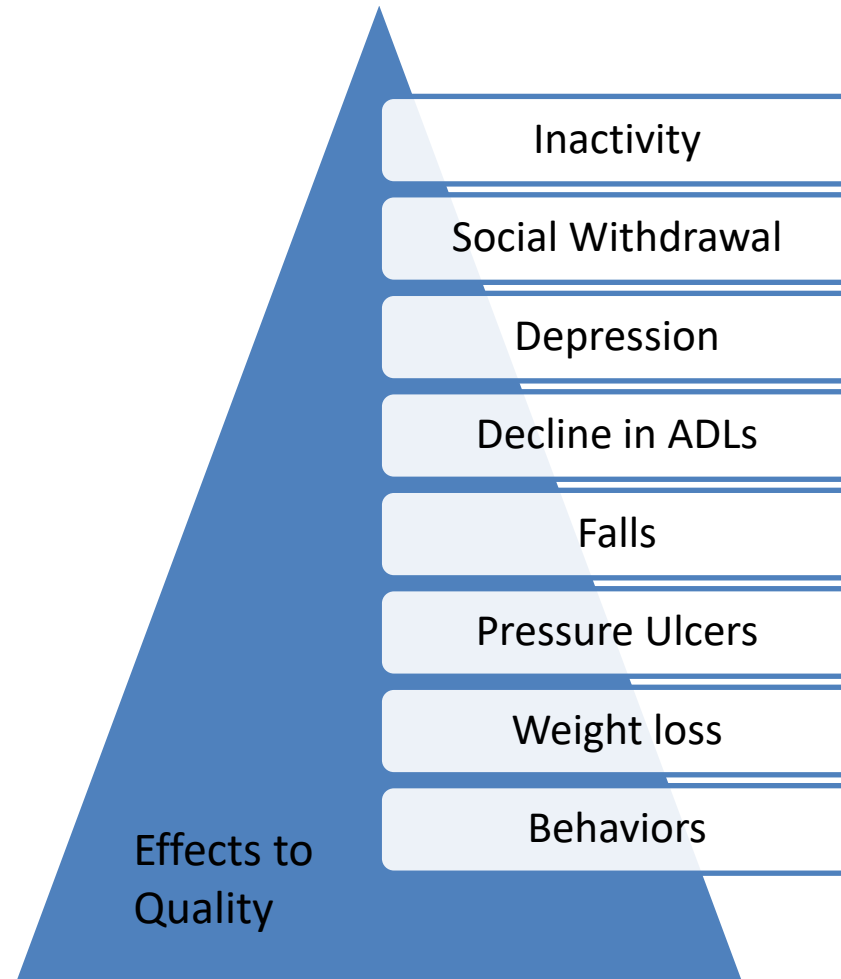
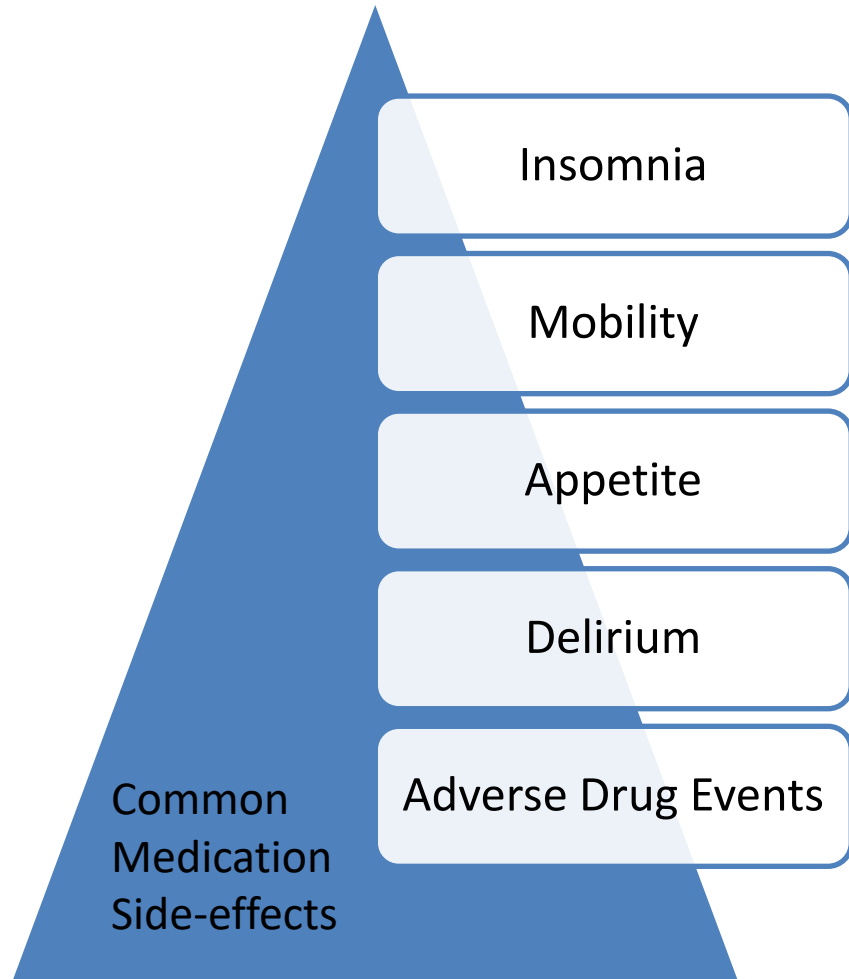


Medications can alter all 4 M's of Age-Friendly care

- 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

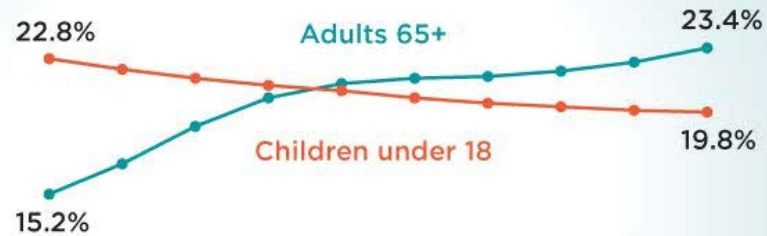


# An Aging Nation

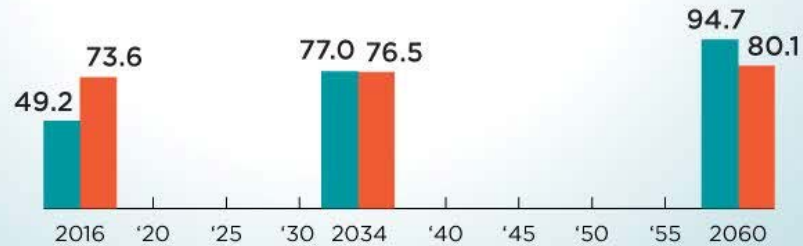
Projected Number of Children and Older Adults

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<sup>®</sup>  
**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](https://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<br>Confusion<br>Constipation<br>Drooling<br>Dry Mouth<br>Involuntary Movements<br>Muscle Rigidity<br>Restlessness<br>Sedation<br>Sleep Disturbances<br>Stiffness of the Neck | Appetite Changes<br>Blurred Vision<br>Confusion<br>Dizziness<br>Drowsiness<br>Fatigue<br>Hypotension<br>Nighmares<br>Sedation<br>Slurred Speech<br>Urinary Retention<br>Dry Mouth | Anxiety<br>Confusion<br>Dizziness<br>Fatigue<br>Hallucinations<br>Headache<br>Lightheadedness<br>Mania<br>Nightmares<br>Sedation<br>Syncope | Appetite Changes<br>Blurred Vision<br>Constipation<br>Dry Mouth<br>Dyspepsia<br>Headache<br>Hypotension<br>Insomnia<br>Weight Changes<br>Urinary Retention | Bradycardia<br>Confusion<br>Drowsiness<br>Hypotension<br>Impaired Cognition<br>Impaired Vision<br>Nausea<br>Nephritic Syndrome<br>Seizures<br>Tremors | Anorexia<br>Dry Mouth<br>Impaired Taste<br>Insomnia<br>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

- [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](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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