Use Medications Appropriately

Probing Questions

November 21, 2016

Why is our use of antipsychotics high for individuals with dementia?

- Has the use of antipsychotics risen over the last three months?
- Is our use of antipsychotics more than the average for our state?
- How does our rate compare to the national average?

Which groups are affected?

a. Residents

- Are the individuals with dementia long stay or short stay?
- Are individuals on the same unit?
- Are residents on scheduled antipsychotics, as needed (PRN) antipsychotics or both?
- Do we discuss the use of antipsychotics with residents and/or families and gain their consent for their use?

b. Prescribers

- Do the prescriptions for antipsychotics come from the same prescriber or are there different prescribers?
- Are antipsychotics started outside of the nursing home (for example - hospital, outside consultant) or are the drugs started after people are in the nursing home?
- For those whose medications are started in the nursing home is there an assessment done prior to, or shortly after the initiation of an antipsychotic medication?
- Have there been conversations with the prescribers about reducing or stopping antipsychotics?
- Have there been any consulting pharmacist recommendations to reduce the antipsychotics and were these recommendations followed?

Processes and Resources to Consider

What practices do we have in place to minimize the use of antipsychotic medications?

- Is there an optimum number of staff and do staffing patterns support individualized, person-centered care?
- Does our staffing pattern provide for flexibility based on the number of persons with dementia, and/or the severity of their illness?
- Does our staffing pattern provide adequate coverage for crisis management?
- Is there adequate staff training on dementia and on understanding and responding to behavior as a means of communication?
- Does support exist within the nursing home to change the utilization of antipsychotics?
- Do staff request antipsychotics prior to assessment of a resident?
- Do staff request antipsychotics prior to systematic attempts to identify and address unmet needs that may be triggering behavioral responses?
- Are there patterns of use?

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- Are there clear and acceptable clinical rationale for use of medications?
- Are gradual dose reductions being conducted at our home?
- Are the medications being monitored by objective measures?
- If so, are the outcomes positive for the individual?
- Are the medications causing adverse effects for the resident and/or change in function?