Decreasing the Potential for Abuse of Controlled Substances with e-Prescribing

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HHSC HEALTH CARE QUALITY WEBINAR SERIES

Conflict of Interest

- Dr. Holly has no conflicts of interest to disclose.

- All of SETMA's Electronic Patient Management and Clinic Decision Support materials are deployed at www.jameslhollymd.com. There is nothing for sale on that site and anything there can be used without permission, attribution or cost, with the one restriction that nothing can be repackaged and sold.

Goals and Objectives

- Identify Safety and Quality issues related to all medication prescribing habits and methods
- Medication Reconciliation – A Modest Proposal for Automation
- Medication Prescribing
  1. e-Prescribing of Routine Medications
  2. **e-Prescribing of Control Substances**
  3. Use of Prescription Access in Texas
  4. Auditing of Prescription Drug Usage with Urine Drug Screens
  5. Decreasing the use of antipsychotics in the elderly
  6. Awareness of drugs of abuse in patients receiving controlled substances

DOJ DEA Office of Diversion Control

- The United States Department of Justice DEA Office of Diversion Control has a webpage with frequently asked questions relating to electronic prescriptions of controlled substances. "The questions and answers…are intended to summarize and provide information for prescribing practitioners regarding the "Drug Enforcement Administration (DEA) Interim Final Rule with Request for Comment 'Electronic Prescriptions for Controlled Substances.'"
- The webpage can be found at

  http://www.deadiversion.usdoj.gov/ecomm/e_rx/faq/practitioners.htm

Prescription Access in Texas (PAT)

Increased Use of Prescription Access in Texas

- Provided by the Texas Department of Public Safety, this is another point-of-care tool which allows Texas physicians to review their patients' prescribing information and/or the provider's own prescribing information.
- This allows the provider to know whether or not patients are receiving controlled-substance-prescription medication from more than one healthcare provider. This is the only database for Schedule II-V controlled substances in the state of Texas.
- More information can be found at https://www.texaspatx.com and at www.getepcs.com.

The Future: A Modest Proposal - Automation

- Quality care and patient safety would be immeasurably advanced if an automated medication reconciliation function could be accomplished in the next two years: http://www.jameslhollymd.com/your-life-your-health/a-modest-proposal-automated-medication-reconciliation
- The two most complicated and difficult problems in medical record keeping are consistently and relentlessly maintaining an accurate, complete and current medication list and maintaining a similar list for chronic problems for which a patient is being followed. (see Problem List Reconciliation Tutorial: EPM Tools - Problem List Reconciliation: The Tools Required to Facilitate the Maintenance of a Current, Valid and Complete Chronic Problem List in an EMR): http://www.jameslhollymd.com/your-life-your-health/a-modest-proposal-automated-medication-reconciliation

Automation will require e-prescribing of all medications including e-prescribing of controlled substances.

Pre-ePCS Sequence for Prescriptions

- With ePCS, patients have increased confidence that their medication needs are and will be met and the process is more convenient.

- Convenience Is The New Word For Quality: http://www.jameslhollymd.com/Presentations/HIMSS-2012-Leaders-and-Innovators-Breakfast-Meeting

Pre-ePCS Sequence for Prescriptions

Do you remember the prescription refill sequence before e-Prescribing?

1. Prescription is written
2. Taken by patient to pharmacy
3. Pharmacist can't read it
4. Pharmacy calls provider
5. Provider doesn't remember
6. Provider asks for chart
7. Chart can't be found
8. Three days later prescription finally filled by which time everyone is mad

Current Use of Electronic Prescribing

- E-Prescribing is a prescriber's ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care and is an important element in improving the quality of patient care.
- E-Prescribing is part of the Meaningful Use Standards.
- In 2016, almost all chain pharmacies and independent pharmacies are e-prescribing capable.
- As of April, 2014, 70% of physicians in the United States were e-prescribing medications through an EMR. Today, almost all physicians can e-prescribe.
- The Foundation of success in e-Prescribing of Controlled Substances is the capability and experience with e-prescribing of all other medications.
- Controlled substances account for approximately 20% of all prescriptions.

Current Use of Electronic Prescribing

- As of 2015, the electronic prescribing of controlled substances is legal in all 50 states.
- SETMA has been e-PCS since April, 2015.
- State Wide, approximately 5% of Texas physicians are using e-PCS
- Work flow changes are never easy but this one has had great benefits to SETMA.
- Remember, the principle of change: **If you are going to make a change, it must make a difference.**
- For SETMA the effect of e-PCS has been uniformly positive for the provider, the staff and the patient.

E-Prescribing and e-PCS Benefits

- Improved patient safety and quality of care
- Reduces or eliminates phone calls and call backs to pharmacies
- Eliminates Faxes to pharmacies
- Streamlines the refill requests and authorization processes
- Increases patient adherence
- Increases patient convenience
- Improves reporting ability and accuracy of medication lists

ePCS Decreases Potential Abuse/Harm

- SETMA's use of ePCS decreases the potential for abuse/harm:
  - Eliminating the duplication of prescriptions
  - Eliminating alteration of numbers of refills and of quantity prescribed
  - Creating a record of all e-prescribed controlled substances
  - Requiring a provider-specific, unique six-digit number, which changes every thirty-seconds for ePCS
  - Eliminating the ability for anyone but the prescribing physician to create the e-prescription
- Allows the provider to audit own use of controlled substances

The Convenience of e-PCS

- Wherever a SETMA provider has access to our EMR – clinic, nursing home, personal home, emergency department, hospital or hotel – the provider can respond to a patient request for a medication refill.
- No longer do we have to tell the patient at the time of hospital discharge on Friday night that they will have to wait until Monday to have their medication refilled. It can be done right there and the documentation is automatically in the EMR because the refill is being done through the EMR.
- No longer does a patient have to arrange for transportation to the clinic to "pick up" a handwritten, triplicate prescription; it is done electronically.

e-PCS Increases Patient Adherence

- Collaboration between Physicians, Nurse Practitioners, Physician Assistants and pharmacists has never been more real.
- While the credentialed provider must complete the prescription process, the entire team is involved with various steps.
- Patient safety and quality of care requires careful transitions of care between all members of the healthcare team; this includes during evenings, nights, weekend, and holidays.
- Gone are the days when pharmacists had to interpret prescription orders.
- Now pharmacies receive prescriptions electronically and providers receive notifications that a prescription has been received by the pharmacist.
- Quality, safety and convenience are increased.

Efficiency and Cost Effectiveness

Efficiency has an element of cost effectiveness, if you look at the institutional (**Long-Term Care Facility**) cost of controlled-substance medication refills:

- Call the doctor
- Doctor writes the prescription
- Calls and tells the institution it is ready
- Institution sends someone to get the prescription
- Institution takes the prescription o the pharmacy
- Institution goes back to pharmacy to get the medication

Efficiency and Cost Effectiveness

- This process is repeated 12 times a year or more for each resident. If all of these steps take only 30 minutes for each refill, and if the institution has 50 patients, that's 12 times a year x 30 minutes an event x 50 patients divided by 8 hours a day, which is a great deal of time.

Efficiency and Cost Effectiveness

With ePCS, the math changes:

- Secure Text or e-mail sent to provider by the facility – 1 minute
- Provider ePCS – 1 minute
- Pharmacy receives electronic order – zero minutes
- Pharmacy batches, fills and delivers the medication – 5 minutes due to shared cost

The equation changes to 12 times a year 7 minutes x 40 patients divided by 8 hours in a day – The current system takes 8.57 times the effort time and cost to do the same tasks as can be done by ePCS.

Implementation of ePCS at SETMA

1. Electronic Systems are Prepared
2. Electronic Systems are Tested
3. Process is Demonstrated with a small group
4. Provider Training in Monthly Provider Meetings and in Permanent Laboratory for Training
5. Continuous Follow-up to see that the Process is working and that it is being used.
6. Skeptics are won over.

ePCS Decreases Potential Abuse/Harm

Before prescribers can "go live" with EPCS, a provider or practice must:

1. Ensure their EHR is upgraded, certified, audited and enabled for ePCS
2. Achieve required personal ID proofing – this will require independent vendor.
3. Secure Two-Factor Authentication (TFA) credential
4. Use TFA to set system access controls and be able to audit the use of the function (provider and IT)

ePCS Decreases Potential Abuse/Harm

Factors which quality for two-factor authentication:

1. Something you have – a smart card or token
2. Something you know – a secure password or access code
3. Something you are – retinal scan, finger print, etc.

The Conundrum

- When I started practicing medicine in 1973, urine drug screens were done to determine whether or not a person was abusing medications, whether illegal or prescription drugs.

- Today, urine drugs screens are used to determine whether patients are taking their prescription pain medications or whether they or others are diverting them to illicit sales and use.

The Conundrum

- Some physicians adopted a policy of not prescribing any controlled substances; however that is as problematical as over prescribing.

- The Texas Medical Board requires physicians to provide treatment for legitimate chronic pain conditions while also requiring physicians to use those medications appropriately.

The Conundrum: Controlled Substances

Tension which exists between

- Patients who need pain medications and other medications which are subject to abuse,
- Providers who want to properly treat patients with these medications,
- Increasing abuse of pain medications and
- Increasing demands by the Texas Medical Board upon physicians who prescribe these medications.

The Conundrum

- Every month, the Texas Medical Board publishes the names of doctors whose licenses and/or prescribing privileges have been suspended or revoked due to inadequate record keeping in the prescribing of narcotic pain medications and/or who are over prescribing such drugs without adequate documentation of their necessity.

The Conundrum

- In most states, medical-practice acts include not only standards for when and how to prescribe narcotics, but also the admonition that the under-treatment of pain is as culpable as the over prescribing of narcotics and/or the over prescribing of narcotics without adequate surveillance or documentation.

The Conundrum and Policies

- ePCS gives all providers the opportunity to review their prescribing habits.
- Rather than deal directly with suspected abuse of controlled substances, healthcare providers have often attempted to put barriers in a patient's access to these medications.
- One policy which has been commonly used is that **a patient has to be seen in the office before a controlled substance can be refilled.**
- That may or may not contribute to the decrease of abuse but it also can contribute to patient anxiety when they need their medications and can't get them.

The Conundrum and Policies

- Having to be seen before a controlled substance can be refilled may be a reasonable policy, but ePCS gives us the opportunity to review our prescribing habits to determine if a policy is just a method for making the acquiring of controlled substances more difficult without improving patient-care quality and safety.
- **If the patient legitimately needs controlled substances, they should be no more difficult to obtain than any other medication.**
- If abuse is suspected, it is more important to directly address that than it is just to make it more difficult for patients to obtain medication.

The Conundrum: Drugs of Abuse

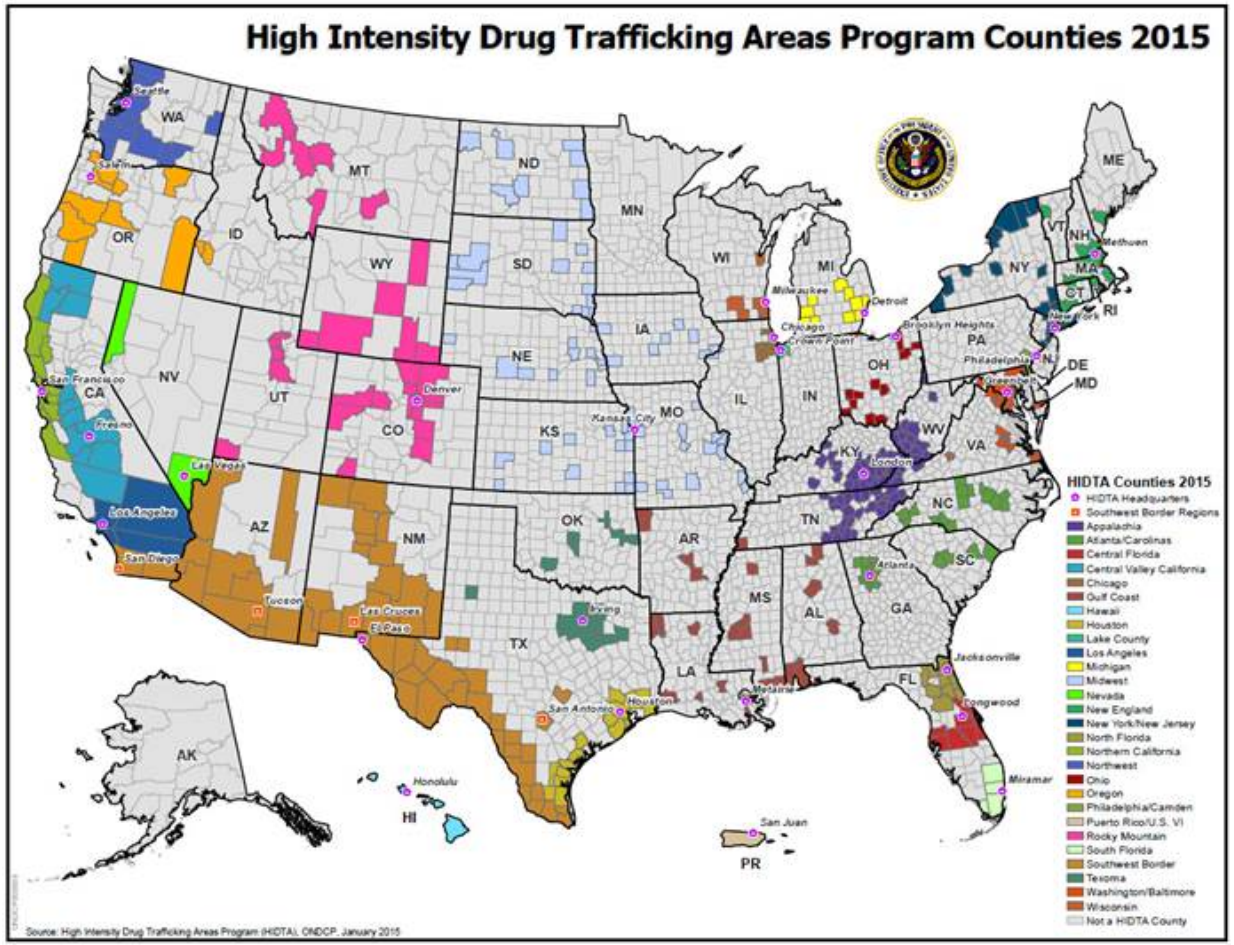
- Deaths from prescription painkillers have quadrupled since 1999, killing more than16,000 people in the United States in 2013. Nearly two million Americans, aged 12 or older, either abused or were dependent on opioids in 2013.

- Federal and state authorities are responding to the rapid rise in opioid abuse and deaths. Earlier in August, the White House announced funding for its **High Intensity Drug Trafficking Areas** (HIDTA) program that combines law enforcement and public health resources to help fight painkiller abuse.

High Intensity Drug Trafficking Areas

- There are currently 28 HIDTA's, which include approximately 17.2 percent of all counties in the United States and a little over 60 percent of the U.S. population.
- HIDTA-designated counties are located in 48 states, as well as in Puerto Rico, the U.S. Virgin Islands, and the District of Columbia.
- Each HIDTA assesses the drug trafficking threat in its defined area for the upcoming year, develops a strategy to address that threat, designs initiatives to implement the strategy, proposes funding needed to carry out the initiatives, and prepares an annual report describing its performance the previous year.

High Intensity Drug Trafficking Program



SETMA's Pain Management Policy

- For over fifteen years, SETMA has had a systematized pain-medication management tool/policy. This policy will print on the pain management document that will be given to the patient at the end of the visit. This policy states:
- "Under no circumstances will the medication be refilled:
  1. Prior to the renewal date at the prescribed dosage and frequency of use.
  2. Without the patient being seen in the office.*
  3. Without evidence of continuing need for medication.
  4. On the weekend, evenings after hours, holidays or other times when your regular doctor is not available."

***ePCS has made us rethink this element of our policy**.

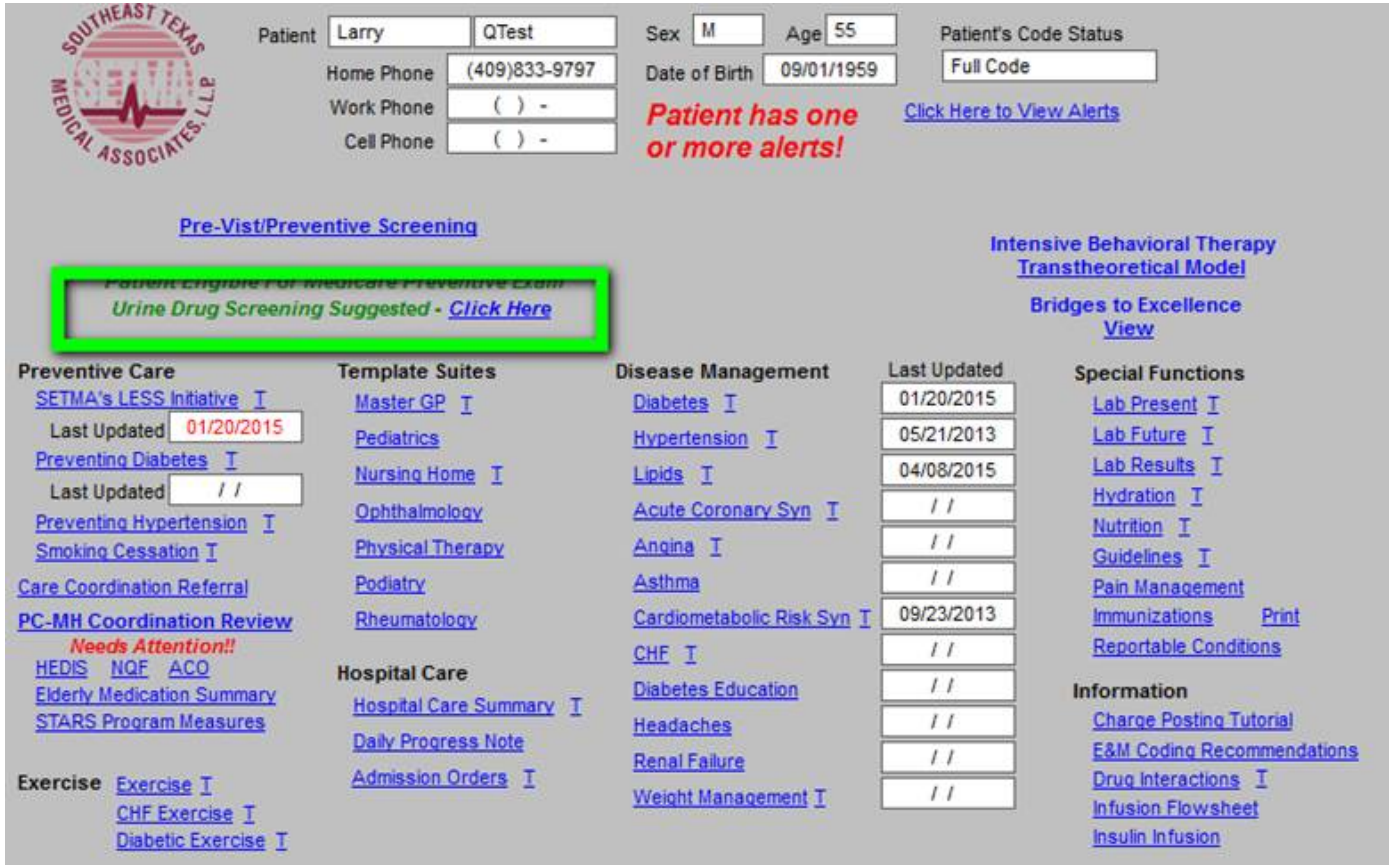
SETMA's Pain Management Policy

- "The following reasons will not be accepted by any SETMA provider for an early refill of pain medication and/or medication with a significant potential for habituation:
  1. My medications were stolen.
  2. I only got half of the prescription filled.
  3. I dropped my medications into the sink, the sewer, the swimming pool or other watery body.
  4. I left my medication in my hotel on my trip.
  5. I missed my appointment.
  6. The neurosurgeon and/or the surgeon cancelled my appointment."

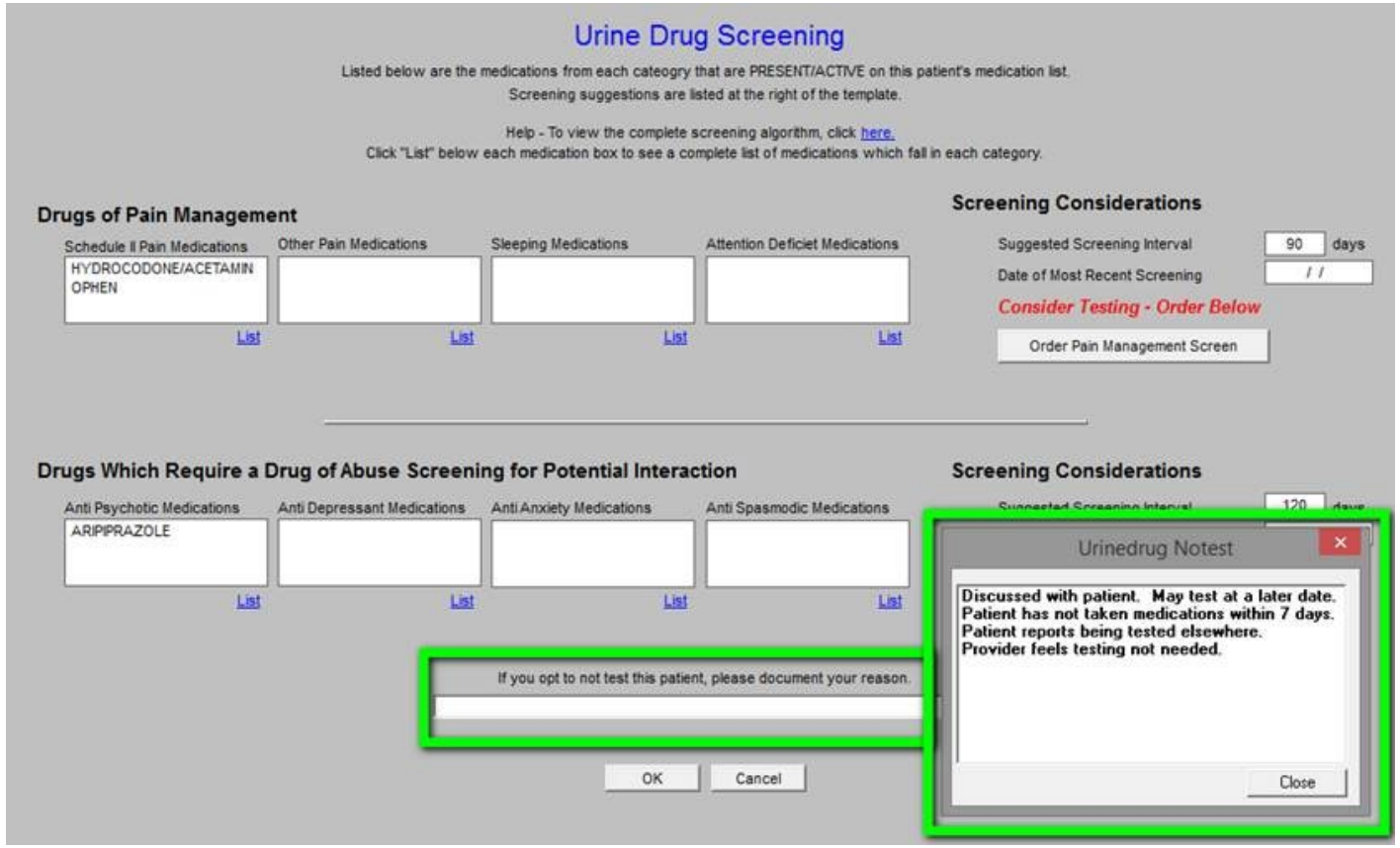
SETMA's Pain Management Policy

- Since the development of this tool, the Texas State Medical Board's regulations have been strengthen and SETMA has responded to the changes by adding another tool which recommends the frequency of drug screening for "**Controlled substances**," "**Drugs of Abuse**" and/or "**Drugs which require a Drug of Abuse Screening for Interaction**." The steps of action with this tool are:
  1. When the patient's electronic medical record is opened and the patient is taking drugs in either of these categories, an alert appears which states, "**Urine Drug Screen Suggested**."
  2. Next to this suggestion is a button entitled "click here." When this button is clicked, the following appears.
  3. Any drugs which have been prescribed for the patient and which should be periodically screen will appear in the appropriate box.

SETMA's Pain Management Policy



SETMA's Pain Management Policy



SETMA's Pain Management Policy

- When the Urine-Drug-Screening tool is deployed, there are several reasons why a "suggested" drug screen alert might not be done, although many of those reasons are being shown to be invalid as we find that when we do the screen it proves the patient is not taking the medication.
- If you opt not to do a drug screen, you can document your reason for not doing by click in the space which is outlined in green below and then selecting the appropriate reason in the second box below, also outlined in green.
- SETMA is committed to complying with all State Board of Medicine requirements and to making sure that we use narcotics appropriately. These tools help us do that more efficiently.

ePCS at SETMA

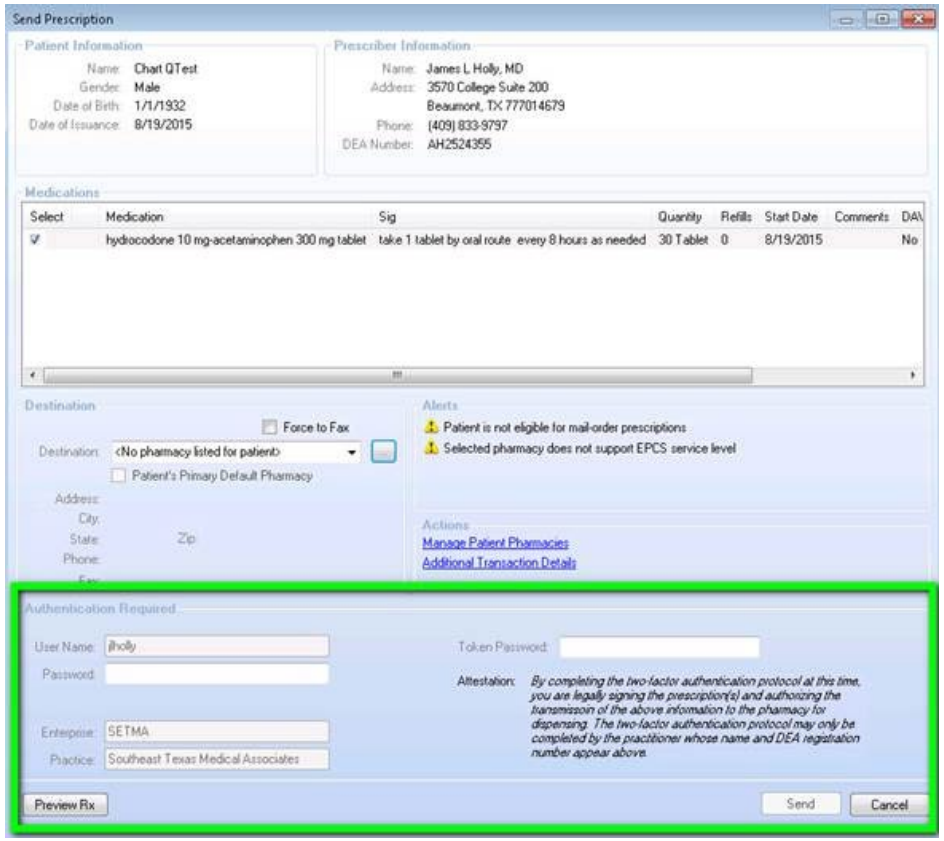
- Once the decision is made to prescribe a controlled substance and/or to renew the prescription, it should be done electronically.
- **All** Southeast Texas Medical Associates, LLP (SETMA) providers have the ability to electronically prescribe controlled substances electronically (ePCS).
- This is another major step in the safe and effective use of controlled substances and places SETMA in the company of about 6% of physicians nationally who are currently using this function.

ePCS at SETMA

- Only providers who have had ePCS access granted in the EMR may send controlled substance prescriptions. The provider's smart card, PIN number and code from their SETMA iPhone are all required to send each prescription. Thus, nurses and unit clerks may not send the prescriptions on behalf of the provider.
- A provider may only renew and send a controlled substance that he/she originally wrote. They may not renew and send an ePCS prescription that was created by another provider. In this case, they would need to stop the previous prescription rather than renew it and then create a new prescription to send.
- All steps for creating and entering the ePCS prescription are the same as for any other medication at SETMA. The only difference in the process will be when you go to send the prescription electronically to the pharmacy.

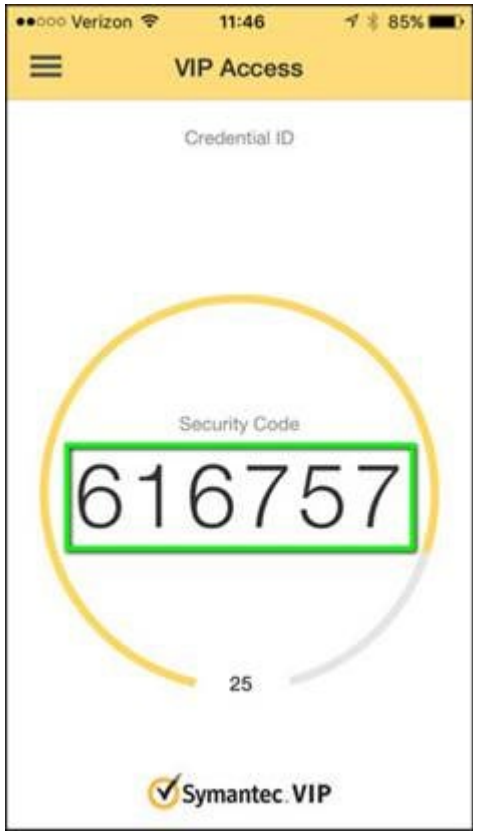
ePCS at SETMA

- When sending a controlled substance this additional section of information at the bottom of the screen under "Authorization Required" appears.



ePCS at SETMA

- In the "Password:" box a provider must enter their PIN number that is associated with their smart card.
- Also, in the "Token Password" box the provider must enter the rolling code from the VIP Access app on their iPhone which requires a four-digit PIN to access. This code changes every 30 seconds and is specific to each provider.



ePCS at SETMA

- Only once the provider has successfully entered **both** their PIN Password and the 30 second Token Password from their iPhone will they be able to click the "Send" button and the prescription will be routed to the pharmacy like all other electronic prescriptions.

ePCS at SETMA: Auditing of Use

- The audit at SETMA, allows the provider, with the click of a button, to display a summary of their e-Prescribing of control substances.
- The audit can be for 30, 60, 90, or 180 days.
- The Audit will display the number of prescriptions filled in that period of time and the number of distinct patients.
- The audit will display eight data points about each e-prescription of controlled substances: **type, date, provider, patient, medication, quantity, refills and sig code**.

ePCS at SETMA: Auditing of Use

ePCS Audit Report by Provider

Return

View Report For Previous 30 Days

23 Prescriptions written for 17 distinct patients

Type	Date	Provider Last	Provider First	Patient Last	Patient First	Medication	Qty
New eRx Message Created	01/26/2016	Holly	James	[redacted]		alprazolam 0.25 mg tablet	30
New eRx Message Created	01/22/2016	Holly	James			hydrocodone 7.5 mg-ibuprofen 200 mg tablet	90
New eRx Message Created	01/21/2016	Holly	James			fentanyl 75 mcg/hr transdermal patch	12
New eRx Message Created	01/21/2016	Holly	James			fentanyl 50 mcg/hr transdermal patch	12
New eRx Message Created	01/20/2016	Holly	James			fentanyl 100 mcg/hr transdermal patch	10
New eRx Message Created	01/18/2016	Holly	James			Norco 5 mg-325 mg tablet	60
New eRx Message Created	01/18/2016	Holly	James			Provigil 200 mg tablet	30
New eRx Message Created	01/18/2016	Holly	James			fentanyl 75 mcg/hr transdermal patch	10
New eRx Message Created	01/13/2016	Holly	James			fentanyl 37.5 mcg/hour transdermal patch	10
New eRx Message Created	01/13/2016	Holly	James			clonazepam 1 mg tablet	30
New eRx Message Created	01/13/2016	Holly	James			fentanyl 37.5 mcg/hour transdermal patch	10
New eRx Message Created	01/07/2016	Holly	James			fentanyl 50 mcg/hr transdermal patch	10

SETMA's Letter to Pharmacies

- In September of 2015, SETMA sent a letter to 105 local pharmacies about the SETMA's ability to e-prescribe controlled substances. We wanted to let pharmacies know we were taking the step to curb prescription drug abuse and asked them to partner with us.

- We asked them to complete a questionnaire about their intentions regarding ePCS.

SETMA's Letter to Pharmacies

- "This correspondence is to inquire as to whether your pharmacy can receive electronic prescriptions and electronic prescriptions for controlled substances (ePCS).
- Would you please take a moment to complete the enclosed questionnaire and place it in the enclosed self-addressed envelope. This will help us know which pharmacies our patients can use with these new functions and will hopefully enable us to encourage all pharmacies to use these functions. The questionnaire includes:
  1. Can you receive electronic prescriptions?
  2. Can you receive electronic prescriptions for controlled substances?
  3. If you cannot receive either of the above, do you plan to begin doing so?
  4. When will that function be available at your pharmacy?
- If you do not respond to this inquiry, we will assume that you can do neither and will let our patients know that we cannot use this function in their care."

Beyond ePCS

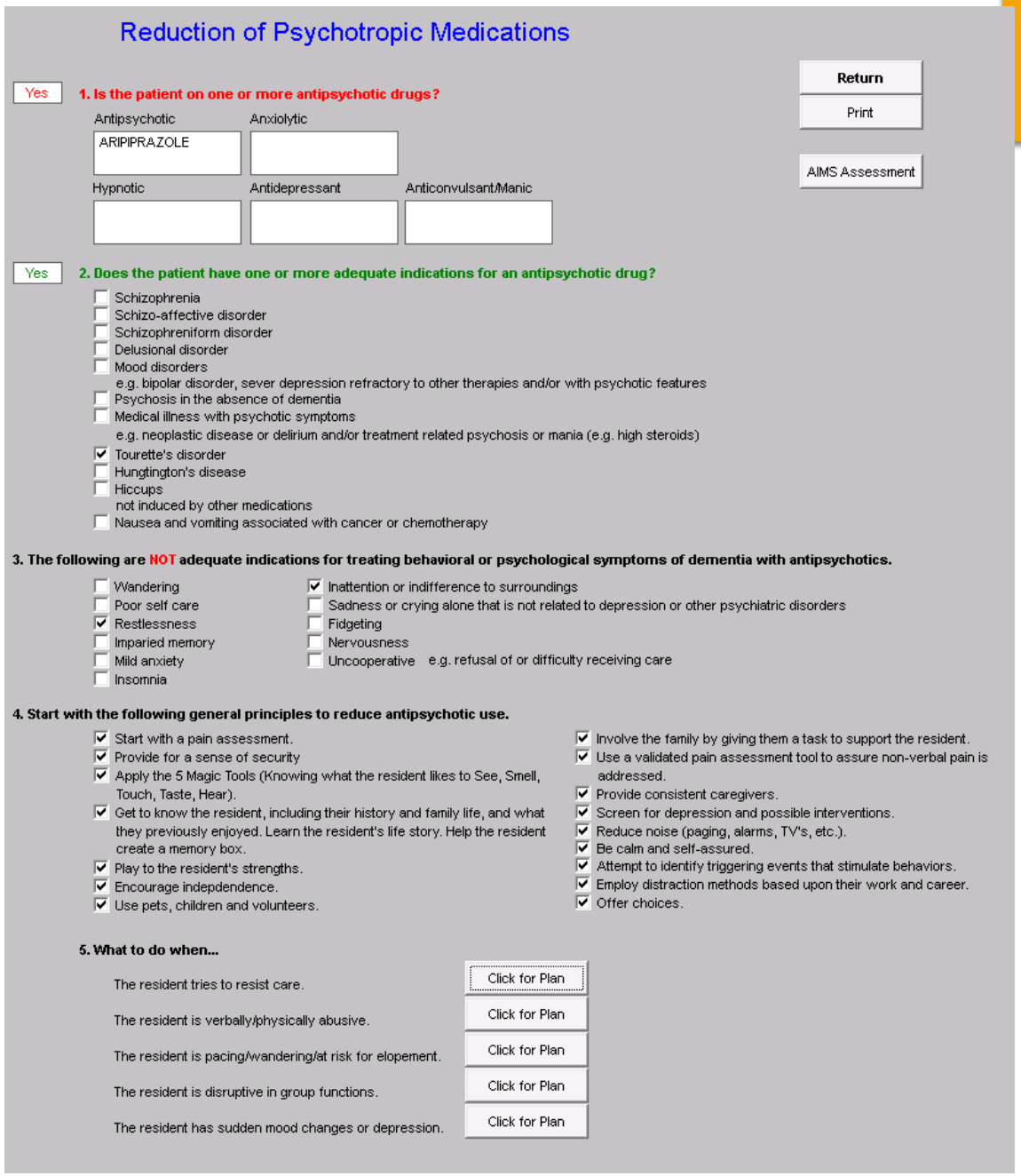
- Beyond controlled substances and much like the Urine Drug Screening Suggestion in our system, SETMA has developed other tools to ensure the appropriate use of different types of medications in all healthcare settings.
- In an effort to decrease the inappropriate use of antipsychotic medications in Texas Nursing Homes, The Texas Medical Foundation and the Texas Department of Aging and Disability provided this toolkit. Because SETMA provides care to over 90% of the long-term care residents in Southeast Texas, which comprises a five county area, and because SETMA documents the care of those patients in our electronic patient record (EMR), we have taken this tool kit and created a Clinical Decision Support tool to improve the care of the patients for whom we have responsibility.

Reduction of Antipsychotics

When the Nursing Home Master template is deployed there is a button which launches the Antipsychotics toolkit. There are five sections to the toolkit:

1. Is the patient on one or more antipsychotic drugs?
2. Does the patient have one or more diagnoses for an antipsychotic drug?
3. The following are not adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.
4. Start with the following general principles to reduce antipsychotic use.
5. What to do when…

Reduction of Antipsychotics



Reduction of Psychotropic Medications

Return

Print

AIMS Assessment

Yes **1. Is the patient on one or more antipsychotic drugs?**

Antipsychotic	Anxiolytic	
ARIPIPRAZOLE		
Hypnotic	**Antidepressant**	**Anticonvulsant/Manic**

Yes **2. Does the patient have one or more adequate indications for an antipsychotic drug?**

- ☐ Schizophrenia
- ☐ Schizo-affective disorder
- ☐ Schizophreniform disorder
- ☐ Delusional disorder
- ☐ Mood disorders
  e.g. bipolar disorder, sever depression refractory to other therapies and/or with psychotic features
- ☐ Psychosis in the absence of dementia
- ☐ Medical illness with psychotic symptoms
  e.g. neoplastic disease or delirium and/or treatment related psychosis or mania (e.g. high steroids)
- ☑ Tourette's disorder
- ☐ Hungtington's disease
- ☐ Hiccups
  not induced by other medications
- ☐ Nausea and vomiting associated with cancer or chemotherapy

3. The following are NOT adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

- ☐ Wandering
- ☐ Poor self care
- ☑ Restlessness
- ☐ Imparied memory
- ☐ Mild anxiety
- ☐ Insomnia
- ☑ Inattention or indifference to surroundings
- ☐ Sadness or crying alone that is not related to depression or other psychiatric disorders
- ☐ Fidgeting
- ☐ Nervousness
- ☐ Uncooperative e.g. refusal of or difficulty receiving care

4. Start with the following general principles to reduce antipsychotic use.

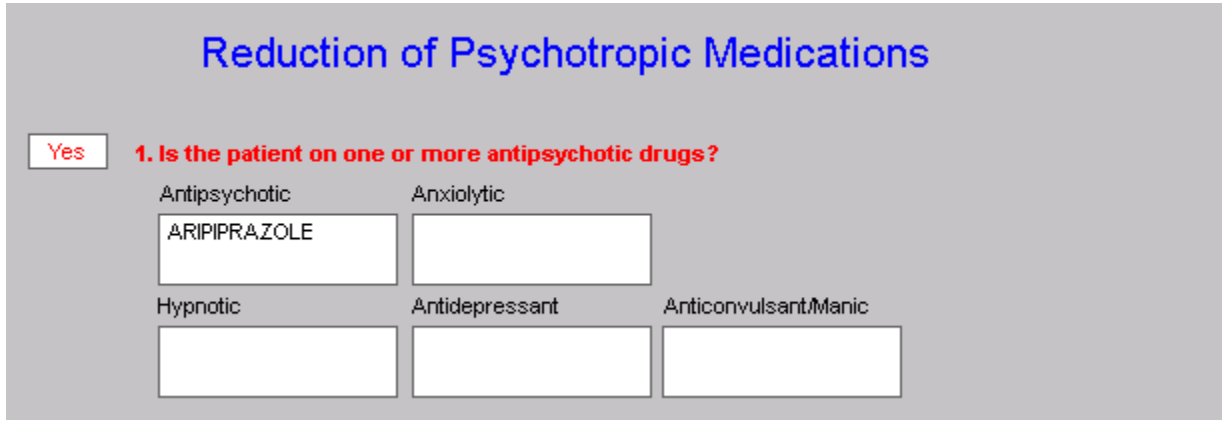
- ☑ Start with a pain assessment.
- ☑ Provide for a sense of security
- ☑ Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear).
- ☑ Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box.
- ☑ Play to the resident's strengths.
- ☑ Encourage indepdendence.
- ☑ Use pets, children and volunteers.
- ☑ Involve the family by giving them a task to support the resident.
- ☑ Use a validated pain assessment tool to assure non-verbal pain is addressed.
- ☑ Provide consistent caregivers.
- ☑ Screen for depression and possible interventions.
- ☑ Reduce noise (paging, alarms, TV's, etc.).
- ☑ Be calm and self-assured.
- ☑ Attempt to identify triggering events that stimulate behaviors.
- ☑ Employ distraction methods based upon their work and career.
- ☑ Offer choices.

5. What to do when...

The resident tries to resist care.	Click for Plan
The resident is verbally/physically abusive.	Click for Plan
The resident is pacing/wandering/at risk for elopement.	Click for Plan
The resident is disruptive in group functions.	Click for Plan
The resident has sudden mood changes or depression.	Click for Plan

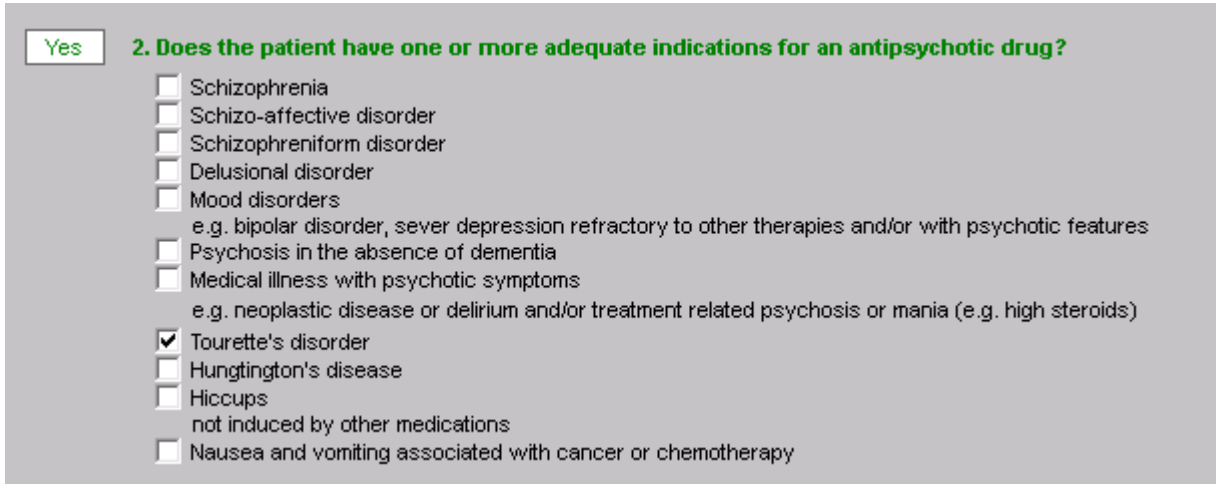
Reduction of Antipsychotics

- When this button is deployed, the EMR is searched for Antipsychotic Drugs in these Classifications:
  - Antipsychotic
  - Anxiolytic
  - Hypnotic
  - Antidepressant
  - Anticonvulsant/Manic
- This is a partial list of psychotropic drugs commonly used in the long-term care setting. Some of these drugs are listed under their official classifications, but may be seen with the intended use of the above classifications to alter/change mood or behavior. Any drugs which are found are automatically listed under its category.



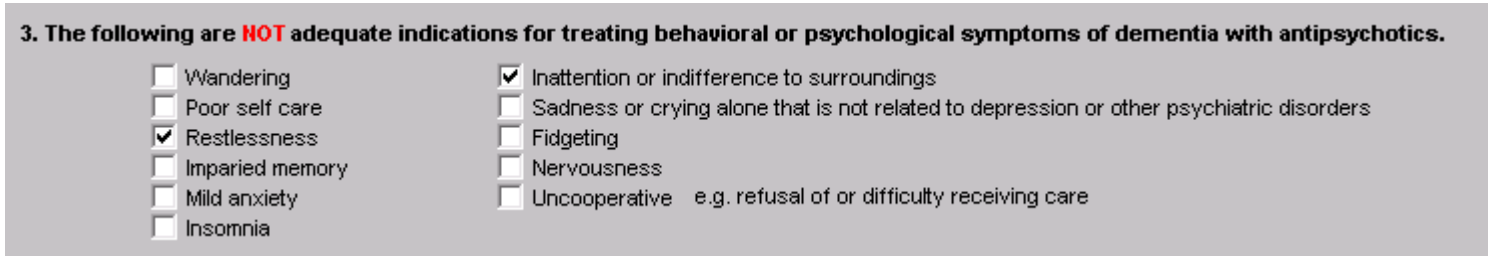
Reduction of Antipsychotics

- In section 2 of this template, the computer automatically denotes: "Does the patient have one or more adequate indications for an antipsychotic drug?"
- If there is no appropriate diagnosis for the use of an antipsychotic medication, consideration should be given for discontinuing the medication and/or for employing one of more of the therapeutic or environment interventions provided below.



Reduction of Antipsychotics

- Section 3 of the tool kit lists the indications for which antipsychotics are often used but which are inadequate indications for such use.



3. The following are NOT adequate indications for treating behavioral or psychological symptoms of dementia with antipsychotics.

- ☐ Wandering
- ☐ Poor self care
- ☑ Restlessness
- ☐ Imparied memory
- ☐ Mild anxiety
- ☐ Insomnia
- ☑ Inattention or indifference to surroundings
- ☐ Sadness or crying alone that is not related to depression or other psychiatric disorders
- ☐ Fidgeting
- ☐ Nervousness
- ☐ Uncooperative e.g. refusal of or difficulty receiving care

Reduction of Antipsychotics

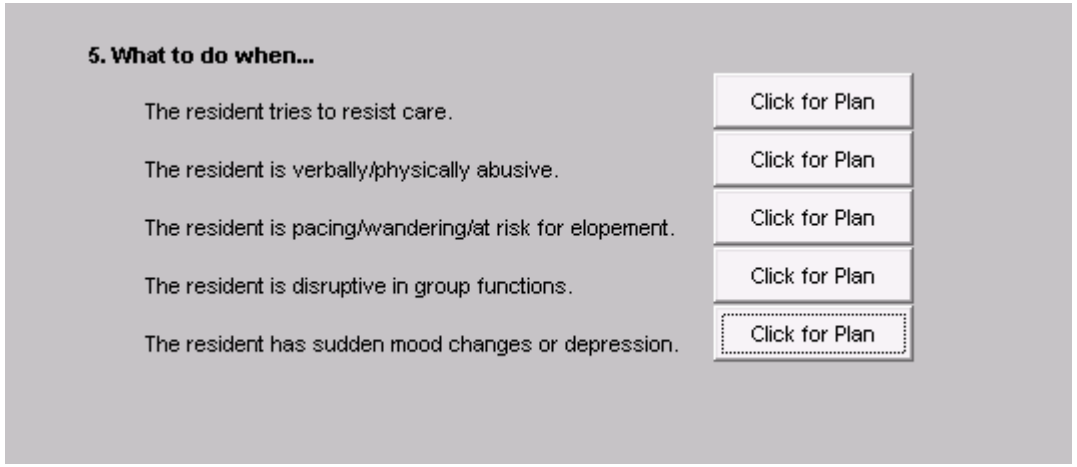
- Section 4 lists alternatives for antipsychotic medications when there is not an indication for their use. This section lists 16 actions which can be instituted to decrease the use of antipsychotic medications. The example shows all of the actions checked off but generally you would only began a few at a time.

4. Start with the following general principles to reduce antipsychotic use.

- ☑ Start with a pain assessment.
- ☑ Provide for a sense of security
- ☑ Apply the 5 Magic Tools (Knowing what the resident likes to See, Smell, Touch, Taste, Hear).
- ☑ Get to know the resident, including their history and family life, and what they previously enjoyed. Learn the resident's life story. Help the resident create a memory box.
- ☑ Play to the resident's strengths.
- ☑ Encourage indepdendence.
- ☑ Use pets, children and volunteers.
- ☑ Involve the family by giving them a task to support the resident.
- ☑ Use a validated pain assessment tool to assure non-verbal pain is addressed.
- ☑ Provide consistent caregivers.
- ☑ Screen for depression and possible interventions.
- ☑ Reduce noise (paging, alarms, TV's, etc.).
- ☑ Be calm and self-assured.
- ☑ Attempt to identify triggering events that stimulate behaviors.
- ☑ Employ distraction methods based upon their work and career.
- ☑ Offer choices.

Reduction of Antipsychotics

- Section five is entitled "What can be done…" Each of the five recommendations give specific guides for helping patients cope with their new surroundings and with their decreasing mental acuity.



Reduction of Antipsychotics

- What to do when…The resident tries to resist care.

What to try when a resident resists care

Therapeutic Intervention

- ☐ Evaluate recent medication changes, especially if the behavior is new.
- ☐ Determine if the resident is in pain, and if so, why? Treat the pain.
- ☐ Evaluate whether the care can be performed at a different time.
- ☐ Determine if the resident is trying to communicate a specific need.
- ☐ Evaluate the resident's sleep patterns.
- ☐ Place the resident in bed when he or she is fatigued.
- ☐ Evaluate if there has been a change in the resident's routine.
- ☐ Provide a positive distraction, or something the resident enjoys.
- ☐ Is the resident hungry? Offer the resident a snack prior to providing care.
- ☐ Provide a periodic exercise program throughout the day (e.g. A walk to dine program.
- ☐ Encourage wheelchair/chair pushups, or assist the resident to stand periodically.
- ☐ Provide activities to assess and provide entertainment.
- ☐ Encourage repositioning frequently.

Environmental and Equipment Intervention

- ☐ Use assistive devices (wedge cushion, solid seat for wheelchair, side or trunk bolsters, pommel cushion, Dycem, etc.).
- ☐ Evaluate the resident for an appropriate size chair and proper fit.
- ☐ Evaluate alternative seating to relieve routine seating pressure/pain.
- ☐ Use an overstuffed chair, reclining wheelchair, non-wheeled chairs, or wingback chair.
- ☐ Place a call bell in reach of the resident.
- ☐ Provide an over-bed table for to allow for diversional activities.
- ☐ Place a water pitcher in reach of the resident.
- ☐ Place the resident's favorite items in their room to provide them comfort.
- ☐ Allow access to personal items that remind the resident of their family, especially photos.
- ☐ Encourage routine family visits with pets.
- ☐ Provide consistent caregivers.
- ☐ Evaluate if the resident's environment can be modified to better meet their needs. (i.e. Determine if the resident's environment can be more personalized.)

Reduction of Antipsychotics

- What to do when…The resident is verbally/physically abusive.

What to when the resident is verbally or physically abusive

Therapeutic Intervention

- ☐ Begin with medical evaluation to rule out physical or medication problems.
- ☐ Evaluate the resident for acute medical conditions such as urinary tract infections, upper respiratory infections, ear infections or other infections.
- ☐ Evaluate the resident for pain, comfort and/or other physical needs such as hunger, thirst, position changes, bowel and bladder urges.
- ☐ Attempt to identify triggering events or issues that stimulate the behavior.
- ☐ Consider using a behavior tracking form to assist in identification of triggers and trending patterns.
- ☐ Consult with the resident's family regarding past coping mechanisms that proved effective during times of increased stress levels.
- ☐ Provide companionship.
- ☐ Validate feelings such as saying, You sound like you are angry.
- ☐ Redirect.
- ☐ Employ active listening skills and address potential issues identified.
- ☐ Set limits.
- ☐ Develop trust by assigning consistent caregivers whenever possible.
- ☐ Avoid confrontation. Decrease you voice level.
- ☐ Provide a sense of safety by approaching in a calm/quiet demeanor.
- ☐ Provide rest periods.
- ☐ Provide social services referral if needed.
- ☐ Provide a psychologist/psychiatrist referral if needed.
- ☐ Provide touch therapy and/or massage therapy on the hands or back.
- ☐ Reduce external stimuli (overhead paging, TV, radio noise, etc.).
- ☐ Evaluate staffing patterns and trends.
- ☐ Evaluate sleep/wake patterns.
- ☐ Maintain a regular schedule.
- ☐ Limit caffeine.
- ☐ Avoid sensory overload.

Environmental and Equipment Intervention

- ☐ Use relaxation techniques (i.e. tapes, videos, music etc.).
- ☐ Help the resident create theme/memory/reminiscence boxes/books.
- ☐ Help the resident create a magnification box to create awareness of the resident's voice level and provide feedback.
- ☐ Use a lava lamp, soothe sounders, and active mobile.
- ☐ Play tapes and videos of family and/or familiar relatives or friends.
- ☐ Move to a quiet area, possibly a more familiar area, if needed. Decrease external stimuli.
- ☐ Use fish tanks.
- ☐ Encourage family visits, and visits from favorite pets.
- ☐ Identify if another resident is a trigger for this behavior.

Reduction of Antipsychotics

- What to do when…The resident is pacing/wandering/at risk for elopement.

What to when the resident is pacing or at risk for elopement

Therapeutic Intervention

- ☐ Find ways to meet a resident's needs to be needed, loved and busy while being sensitive to their personal space.
- ☐ Provide diverse activities that correspond with past lifestyles/preferences.
- ☐ Consider how medications, diagnoses, Activites of Daily Living schedule, weather or how other residents affect wandering.
- ☐ Evaluate the need for a Day Treatment Program for targeted residents.
- ☐ Help resident create theme/memory/reminiscence boxes.
- ☐ Provide companionship.
- ☐ Provide opportunities for exercise particularly when waiting.
- ☐ Pre-meal activities.
- ☐ Singing, rhythmic movements, dancing, etc.
- ☐ Identify customary routines and allow for preferences.
- ☐ Help the resident create a photo collage or album of memorable events.
- ☐ Provide structured, high-energy activities and subsequent relaxation activities.
- ☐ Avoid confrontation. Decrease you voice level.
- ☐ Provide distraction and redirection.
- ☐ Provide written/verbal reassurance about where he/she is and why.
- ☐ Alleviate fears.
- ☐ Ask permission before you touch, hug etc.
- ☐ Assess/evaluate if there is a pattern in the pacing or wandering.
- ☐ Assess for resident' personal agenda and validate behaviors.
- ☐ Ask family to record reassuring messages on tape.
- ☐ Evaluate for a restorative program.
- ☐ Perform a physical workup.

Environmental and Equipment Intervention

- ☐ Remove objects that remind the patient/resident of going home (hats, coats, etc.)
- ☐ Individualize the environment. Make the environment like the resident's home. Place objects within the environment that are familiar to the resident.
- ☐ Place a large numerical clock at the resident's bedside to provide orientation to time of day as it relates to customary routines.
- ☐ Ensure the courtyard is safe for the resident.
- ☐ Decrease noise level (especially overhead paging).
- ☐ Evaluate floor patterns.
- ☐ Evaluate rest areas in halls.
- ☐ Evaluate camouflaging of doors.
- ☐ Evaluate visual cues to identify safe areas.
- ☐ Play a favorite movie or video.
- ☐ Put unbreakable or plastic mirrors at exits.
- ☐ Place Stop and Go signs.
- ☐ Evaluate the WanderGuard system.
- ☐ Use relaxation tapes.
- ☐ Evaluate and use, as necessary, visual barriers and murals.
- ☐ Evaluate wandering paths.
- ☐ Evaluate room identifiers.

Reduction of Antipsychotics

- What to do when…The resident is disruptive in group functions.

What to do when the patient is disruptive in group functions

Therapeutic Intervention

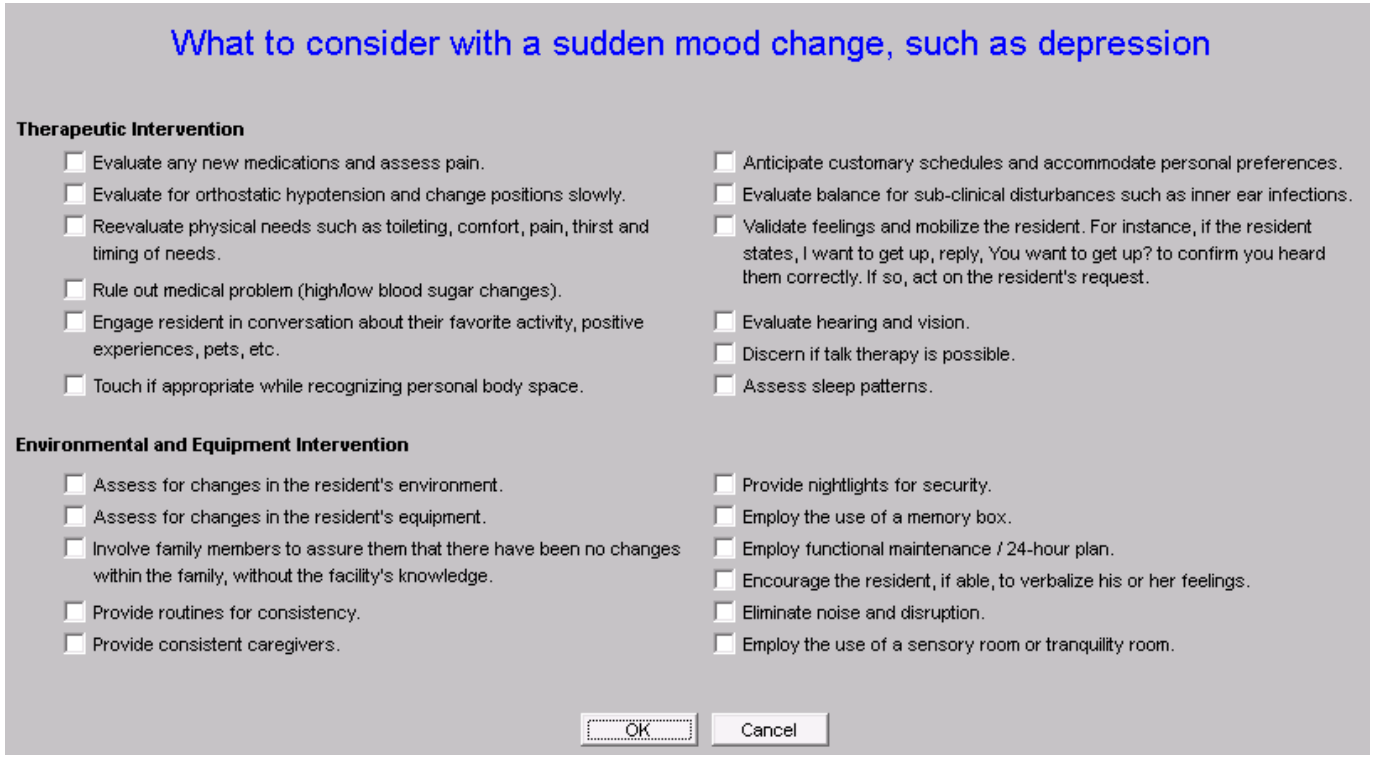
- ☐ Evaluate new medications, antibiotics especially, and asses pain.
- ☐ Remove resident from group, evaluate for group stress.
- ☐ Determine if resident requires toileting.
- ☐ Determine if resident is hungry, and if so, provide them with a small snack. If the resident is thirsty, provide the resident a beverage.
- ☐ If this is a new behavior in a group, evaluate what is different this time.
- ☐ Assure resident has had a rest period prior to group activity.
- ☐ Assure there are no medical complications (low/high blood sugar).
- ☐ Assure resident is not in pain.
- ☐ Return resident to group function, if possible.

Environmental and Equipment Intervention

- ☐ Determine whether clothing is appropriate for a particular function.
- ☐ Evaluate is the resident has well-fitting shoes, and ensure they do not rub the resident's feet.
- ☐ Evaluate ambulation devices (wheelchair, walker) that are in good working condition.
- ☐ Ensure there is adequate lighting, especially at night.
- ☐ Ensure room/function is not overly crowded.
- ☐ Ensure room is not too warm or cold.
- ☐ Consider providing snacks and refreshments for all group functions.
- ☐ Ensure sound in group functions is loud enough so the resident can hear.
- ☐ Provide consistent caregivers.
- ☐ Evaluate if this program fits into the resident's area of interest.

Reduction of Antipsychotics

- What to do when…The resident has sudden mood changes or depression.



What to consider with a sudden mood change, such as depression

Therapeutic Intervention

- ☐ Evaluate any new medications and assess pain.
- ☐ Evaluate for orthostatic hypotension and change positions slowly.
- ☐ Reevaluate physical needs such as toileting, comfort, pain, thirst and timing of needs.
- ☐ Rule out medical problem (high/low blood sugar changes).
- ☐ Engage resident in conversation about their favorite activity, positive experiences, pets, etc.
- ☐ Touch if appropriate while recognizing personal body space.
- ☐ Anticipate customary schedules and accommodate personal preferences.
- ☐ Evaluate balance for sub-clinical disturbances such as inner ear infections.
- ☐ Validate feelings and mobilize the resident. For instance, if the resident states, I want to get up, reply, You want to get up? to confirm you heard them correctly. If so, act on the resident's request.
- ☐ Evaluate hearing and vision.
- ☐ Discern if talk therapy is possible.
- ☐ Assess sleep patterns.

Environmental and Equipment Intervention

- ☐ Assess for changes in the resident's environment.
- ☐ Assess for changes in the resident's equipment.
- ☐ Involve family members to assure them that there have been no changes within the family, without the facility's knowledge.
- ☐ Provide routines for consistency.
- ☐ Provide consistent caregivers.
- ☐ Provide nightlights for security.
- ☐ Employ the use of a memory box.
- ☐ Employ functional maintenance / 24-hour plan.
- ☐ Encourage the resident, if able, to verbalize his or her feelings.
- ☐ Eliminate noise and disruption.
- ☐ Employ the use of a sensory room or tranquility room.

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