



# Practical Approaches to Managing Behaviors: Person-centered Care Planning

**Speaker:** Amy Lee, RN, MSN, CRRN, QCP  
President/CEO  
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## Amy E. Lee, RN, MSN, CRRN, QCP

Amy is the President & CEO of Coretactics™ Healthcare Consulting, Inc. Coretactics™ is a quality-driven consulting service that implements proven systems and processes into daily operations to achieve positive & sustainable outcomes in quality of care, regulatory compliance, and the financial well-being of health care organizations.

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- Regulatory Compliance
- Policy / Competency
- Quality Outcomes
  - VBP/QRP/5 Star/ QMs/State Initiatives
  - MDS/CAAS/Care Planning
- PDPM & CMI Utilization
- Corporate Compliance
- Claims Appeals & Denials
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## Objectives

1. Understand the side effects of behavior related medications.
2. Recognize early signs of behaviors and how to use person-centered care planning approaches effectively.
3. Identify the negative impact poor behavior management can have on your quality outcomes.

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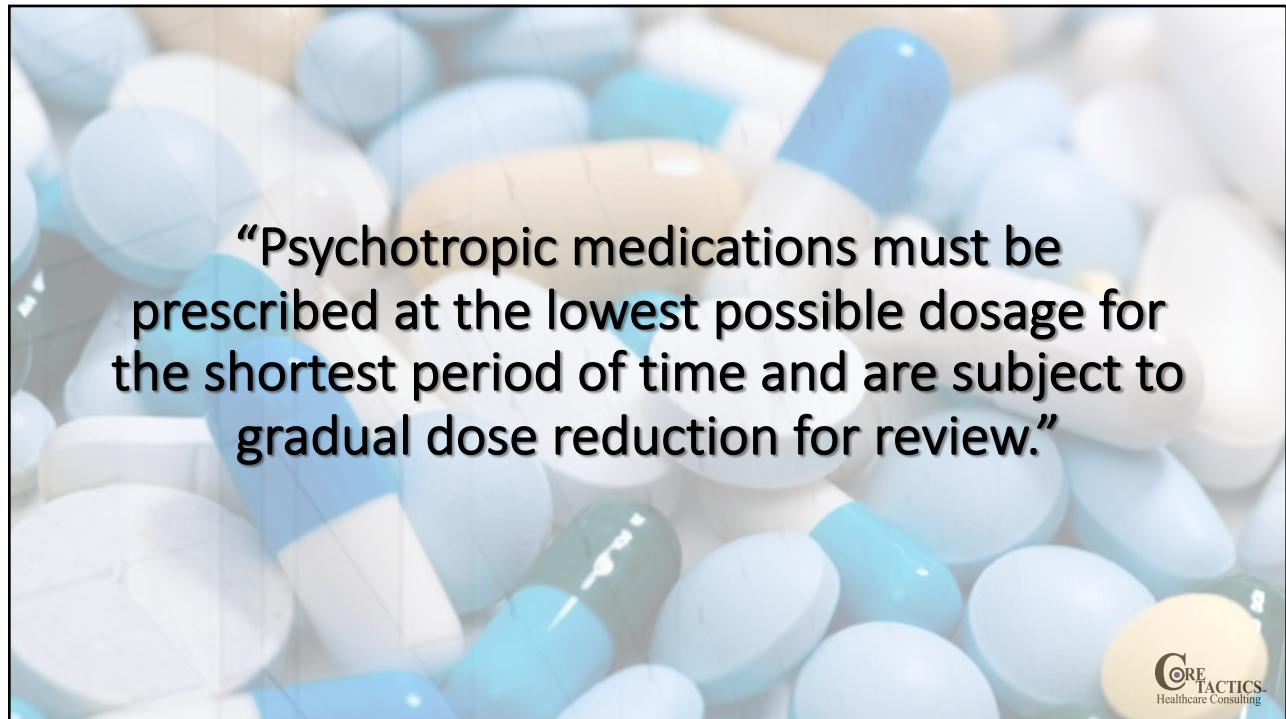
## Psychotropic Definition

### Psychotropic Definition

Any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories.

- ✓ Anti-psychotic
- ✓ Anti-depressant
- ✓ Anti-anxiety
- ✓ Hypnotic

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### OIG report on Adverse Events (AEs):

- ✓ Occurs in 1 of 5 elderly residents
- ✓ 37% related to medications
- ✓ 66% of medication-related AEs were preventable
- ✓ Often occurs due to substandard treatment or insufficient monitoring
- ✓ Use of multiple medications complicates the determination of the primary cause of events

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## New Black Box Warning?

# WARNING

- ✓ Antipsychotics Drugs are not approved treatment for behavioral or psychological signs and symptoms of Dementia.
- ✓ The FDA placed a Black Box Warning for use of antipsychotic medication with Dementia





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## Black Box Warning

Because of the increased mortality in elderly patients, the US Food and Drug Administration (FDA) requires a warning label on all antipsychotic drugs. Such “black box” warnings are only required for drugs with serious risks.

### Black Box Warning: What Do I Need to Know?





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## Possible ADR Due to Antipsychotics

- **Agitation\***
- **Insomnia\***
- Uncontrolled Tremors
- Cramping
- Dizziness (upon standing)
- **Nervousness\***
- Restlessness
- Constipation
- **Anxiety\***
- Rash
- **Nightmares\***
- Nausea/vomiting
- Altered Hearing
- Involuntary muscles spasms
- Perspiration
- Falls
- Itching
- Repetitive Movements
- **Delusions\***
- Bruising
- Fatigue
- Fainting
- Unsteady /unstable gait
- **Depression\***
- **Hallucinations\***
- Hives
- Diarrhea
- Altered Vision
- Weight gain/edema
- Fever
- Cough
- Change in Appetite
- Dry Mouth
- Headache
- Neuroleptic Malignant Syndrome (fever, sweating, unstable B/P, increase respirations, stupor, rigidity)


\* = Psychological Harm

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## Effectiveness of Antipsychotics in People with Dementia

- Effect takes 3-7 days to start working.
- Very sedating medication so acute effect we see is due to sedation effect not antipsychotic effect.
- Not everyone who receives these drugs improves.
- Use of these medications in nursing facilities is associated with increased death, hospitalization, falls and fractures, weight loss and other negative outcomes.

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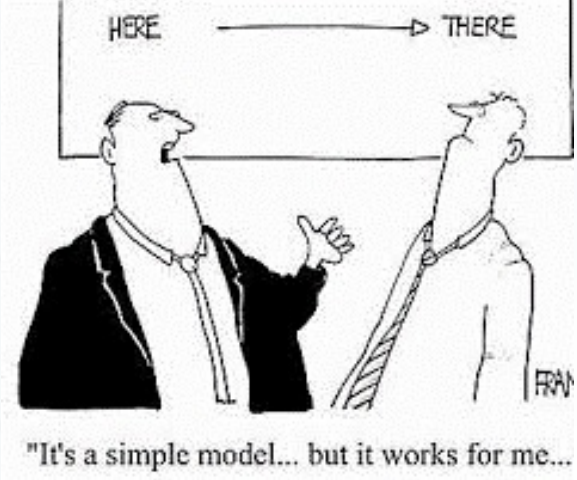
**SO.....WHY USE  
ANTIPSYCHOTIC  
MEDICATIONS?**




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**THEORIES...**


1. Lack of staff/physician training.
2. Lack of relevant person-centered therapeutic recreation (meaningful activities).
3. Lack of non-pharmaceutical interventions.
4. Staff feel that non-pharmaceutical interventions are too time consuming.



"It's a simple model... but it works for me..."




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**THEORIES...**

5. Lack of RN staffing/assessment or oversight of LPN giving medications.
6. Lack of enough direct care staff to implement therapeutic interventions at time needed.
7. Lack of IDT collaboration to conclude a root cause analysis of the underlying cause of the behavior.
8. LACK OF PERSON CENTERED CARE PLANNING!



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## CMS National Partnership to Improve Dementia Care

**GOALS**

1. **Person centered care** (organizational focus on the individual, as a person) **optimizing resident quality of life and function**
2. **Improving dementia care with the use of non-pharmacological interventions** to manage behavioral symptoms of dementia
3. **Reducing off-label use of anti-psychotic medications** for residents with dementia but without diagnosis or history of psychosis
4. **Reduction of psychotropic meds** as an organizational focus to reduce the use of antipsychotic medications without documentation of clinical justification and by understanding the triggers and root causes and implementing non-pharmacological approaches

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes>



**2019 Goal  
15% reduction**



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## Case Review of Ms. June

- Resident has history of Dementia, Falls, HOH, Depression, UTI's, Hypothyroidism
- **Nursing note:** 7/1/17 Resident has increased confusion she has been sitting in the lobby by the receptionist since after lunch at 2:30pm she tried to exit out the front door and became agitated when staff tried to redirect her. MD contacted & order obtained give Haldol (haloperidol injection) 5mg x 1 IM now.



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## Case Review of Ms. June

- ☐ **Order placed in chart and med given**
  - Follow up Nursing Note: Resident receives med; calmed down rested remainder of shift and slept all night.
- ☐ **5 days later.....Nurses note:**
  - Resident is with normal confusion. Wandered to lobby tried to go out front door with visitors; hard to redirect, became combative. MD called prn Haldol (haloperidol injection) ordered give one dose now.



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## Case Review of Ms. June

- ❑ Two days later.....Nurses note:
  - Haldol (haloperidol injection) given for agitation---*note did not explain what agitation means.*
- ❑ Week later.....Nurses Note:
  - Tremors noted. MD called and Cogentin ordered.
- ❑ 2 days later.....Nurses Note:
  - Tremors resolved
- ❑ Pharmacy Consultant makes visit later that week.....
  - Pharmacy Medication Review Note: NO Irregularities

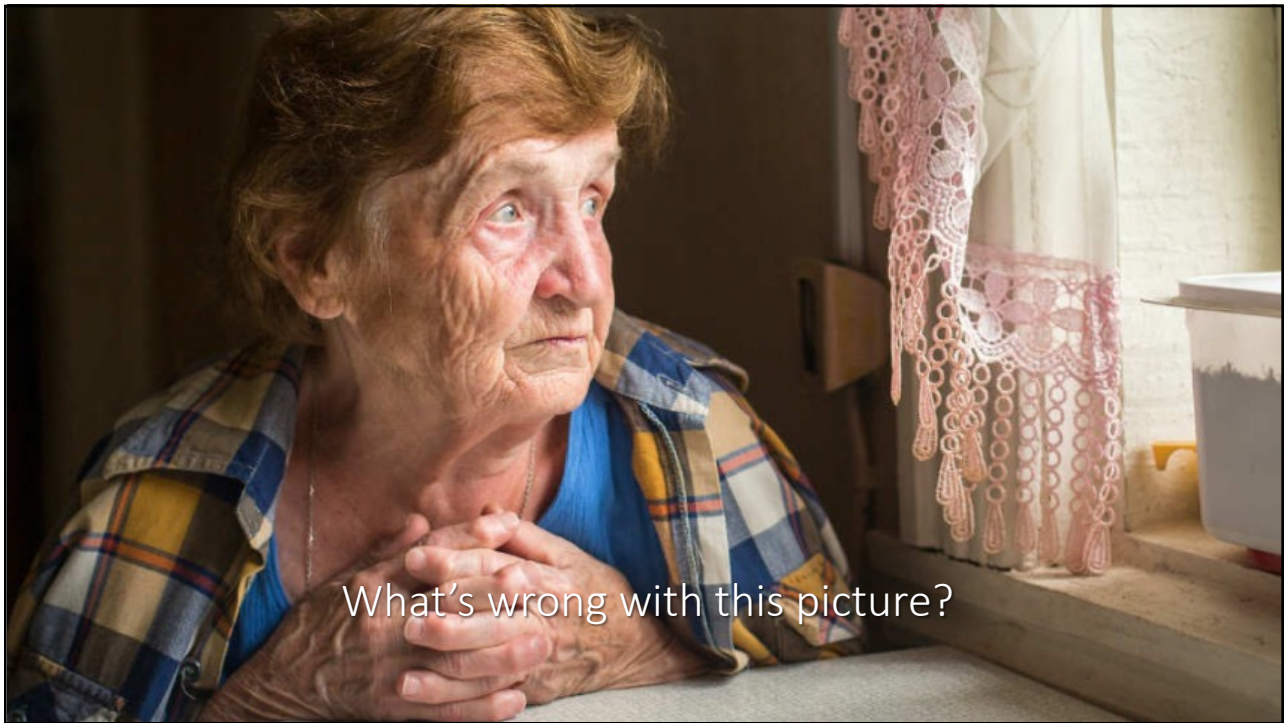
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## Case Review of Ms. June

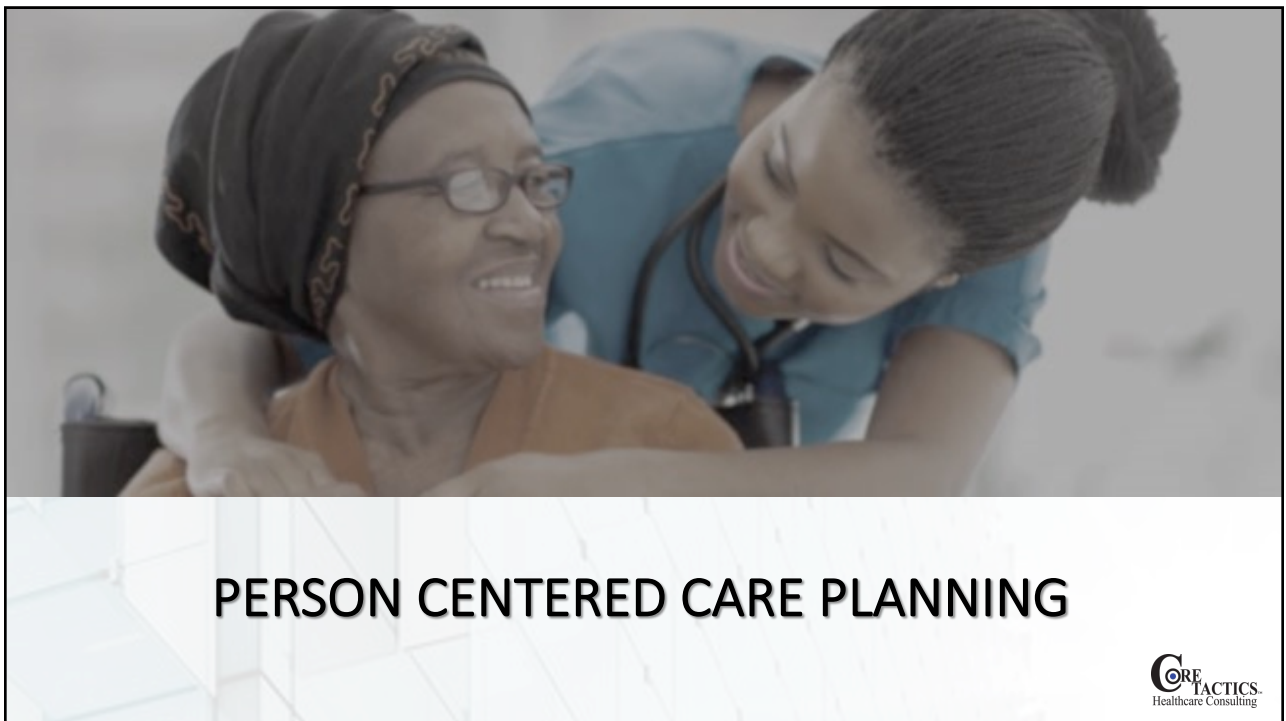
- ❑ MD visit Note.... does not comment on Haldol (haloperidol injection) use or Pharmacy Medication review



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Look at Me



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## Who's Who

People

People who are stigmatized or "labeled" as something

People with stories


- Successes
- Trauma
- Losses

People with

- Dreams
- Wishes
- Strengths
- Needs

People who are marginalized

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## Person-Centered Care

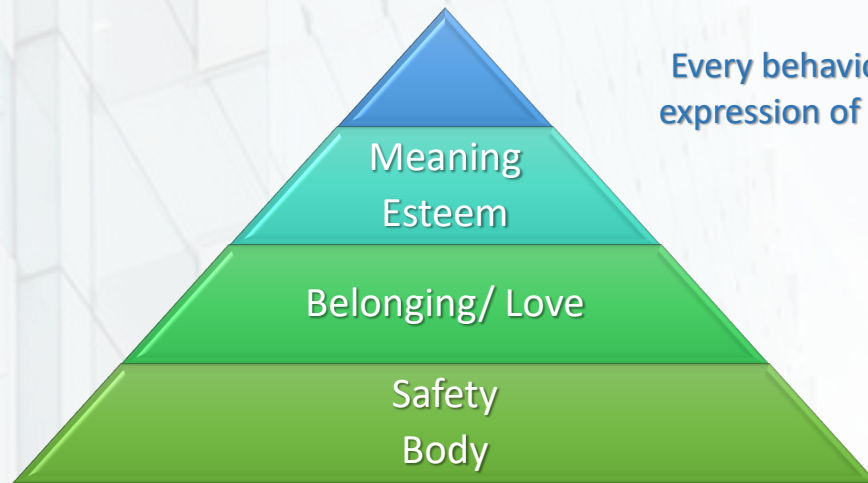
- Helps meet core human needs
- Better health outcomes
- Higher quality of life
- Less use of antipsychotic medications
- Improved customer satisfaction (internal and external)

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## Maslow – Basic Human Needs



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## Agitation is....

- Slapping thighs
- Clapping
- Yelling (verbal agitation)
- Screaming
- Self-referred
  - Something is wrong with me

**Something is wrong with me...  
Do Something!**

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## Aggression is...

- Hitting out
- Kicking
- Pinching
- Biting
- Threatening
- Swearing

**Something is wrong with you...  
STOP! Leave me alone!**




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## Common Triggers

- **Noisy environment**
- **Pain**
- Constipation
- Discomfort
- Infection
- Drugs
- Hearing loss
- **Boredom** (agitation)
- **Loneliness** (agitation)
- Abrupt, tense or impatient staff (aggression)
- Frustration (aggression)



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## Sample Interventions

- 1:1 time
- Toilet or give incont. care
- Offer hydration or snacks
- Exercise, walking
- Moving to a quieter environment
- Sleep hygiene practices
- **Music therapy**
- Massage therapy
- Videos and photo albums of family
- **Pet therapy**
- Mechanical pets
- Aromatherapy
- Busy box
- Memory boxes
- **Warming blankets**
- **Weighted aprons/blankets**
- Busy aprons
- Alternate seating
- Glider chairs, rockers, swings
- Companionship

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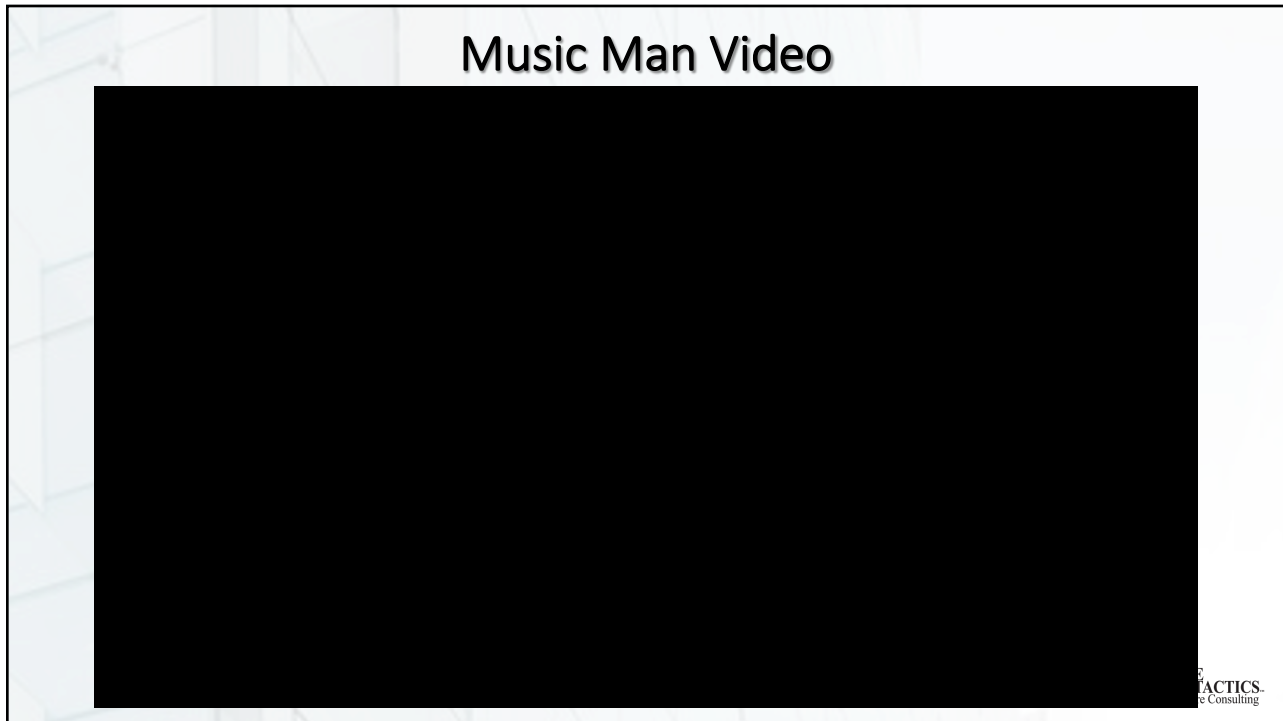
**Facts**

- Helps prevent or alleviate distressing symptoms of dementia.
- Promotes well-being & fosters sociability in part by offsetting the isolation that can result from progressive loss of verbal ability.
- Music memory is retained longer than other memories.
- Music can facilitate reminiscence reducing anxiety.



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## Person Centered/Person Directed Care

### I have the right to:

- Be included
- Make decisions
- Have an individual plan based on my hopes, dreams and goals

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## What's Your Process?

- How are preferences, likes/dislikes, routines, life story, etc., obtained and documented?
- How is this information integrated into their care plan (ex. "I care plans.")
- How is this information communicated to "all" staff (ex. Shadow box, All About Me Book, etc.)

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Antipsychotics **DO NOT** treat these behaviors

### Behaviors in people with dementia are normal reactions to:

1. Something scary
2. A basic human need not being met
  - ✓ Food
  - ✓ Water
  - ✓ Nap because they are tired
  - ✓ Toileting
  - ✓ Activities to address boredom
3. Something upsetting or uncomfortable



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## BEHAVIOR CHANGE FORM

Before calling the MD/NP, the nurse needs to evaluate the resident and be prepared:

- What is the exact behavior they are calling about
- What interventions have they used
- Current antipsychotic, anxiolytic, antidepressant and sedative/hypnotic medications resident is taking
- Any recent medication or medication dose changes
- VS, O2 Sat and blood sugar readings
- Assessment findings
- Neuro: confused, sedated, unequal pupils, localized weakness
- CVS: chest pain, palpitations, diaphoresis, bleeding
- Resp: cough, wheezing, shortness of breath, crackles
- Pain: On medication? Scheduled, PRN, recently given
- GI: Nausea, Vomiting, Diarrhea, constipation
- GU: symptoms, urinary catheter



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## A Practical Approach

- ❑ Discuss antipsychotics
- ❑ Hold routine behavior meetings (IDT Approach)
- ❑ Accurately document behaviors – track effectiveness of interventions
- ❑ Educate staff on managing behaviors
- ❑ Monitor use through Quality Assurance
- ❑ Care plan from a person-centered perspective
  - Listen
  - Involve family & friends
  - Watchful waiting (2-3 of direct observation; huddle to discuss events before and after a behavior)



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## Thank You for Joining us Today!

Any Questions?

Amy Lee, RN, BSN, MSN, CRRN

President/CEO

Coretactics Healthcare Consulting, Inc.

[amy.lee@core-tactics.com](mailto:amy.lee@core-tactics.com)

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