

**Partnership to Improve
Dementia Care in Nursing
Homes
Region IX/CDPH Meeting
August 17, 2012**

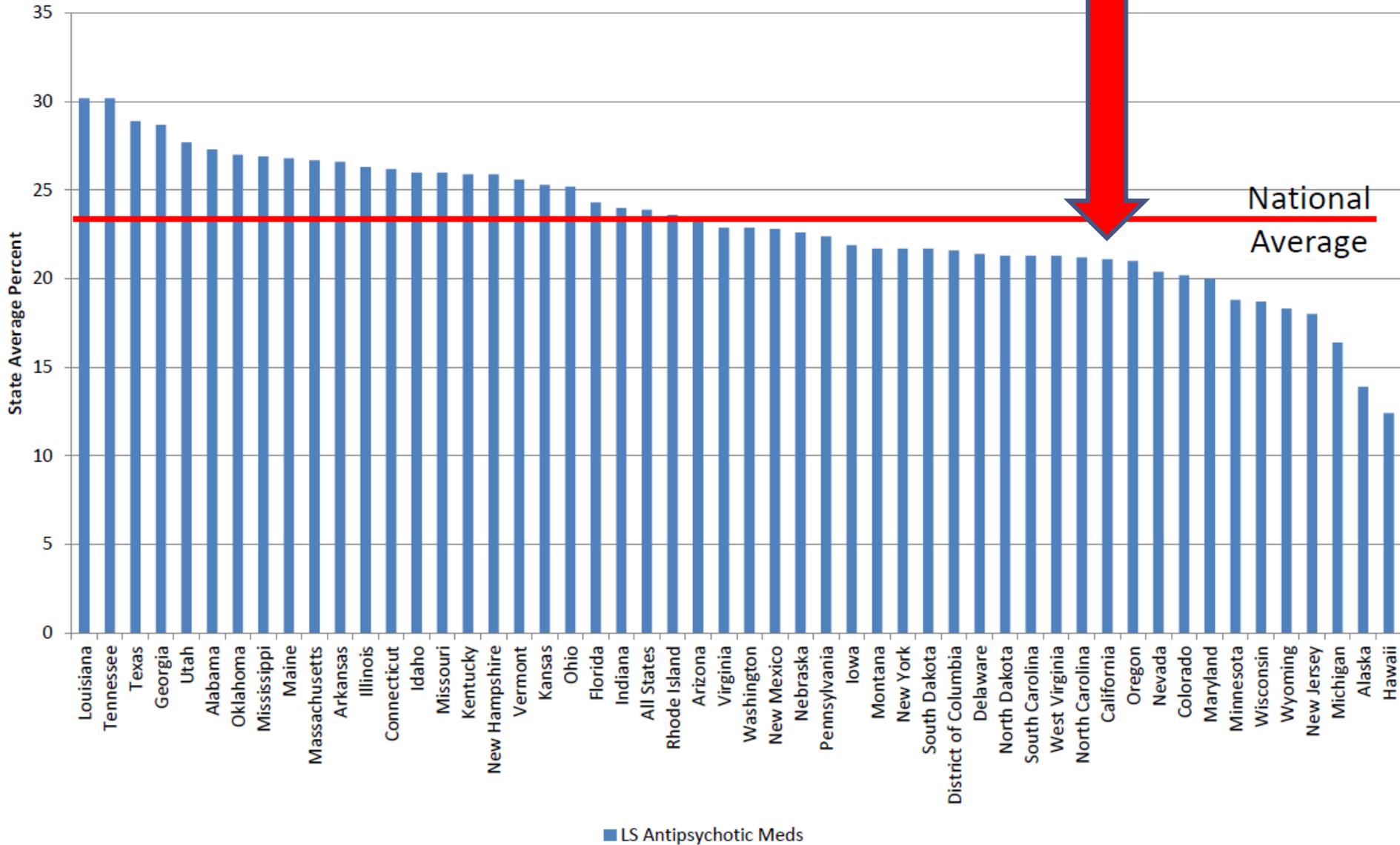
CALIFORNIA ASSOCIATION OF HEALTH FACILITIES

Jocelyn Montgomery RN

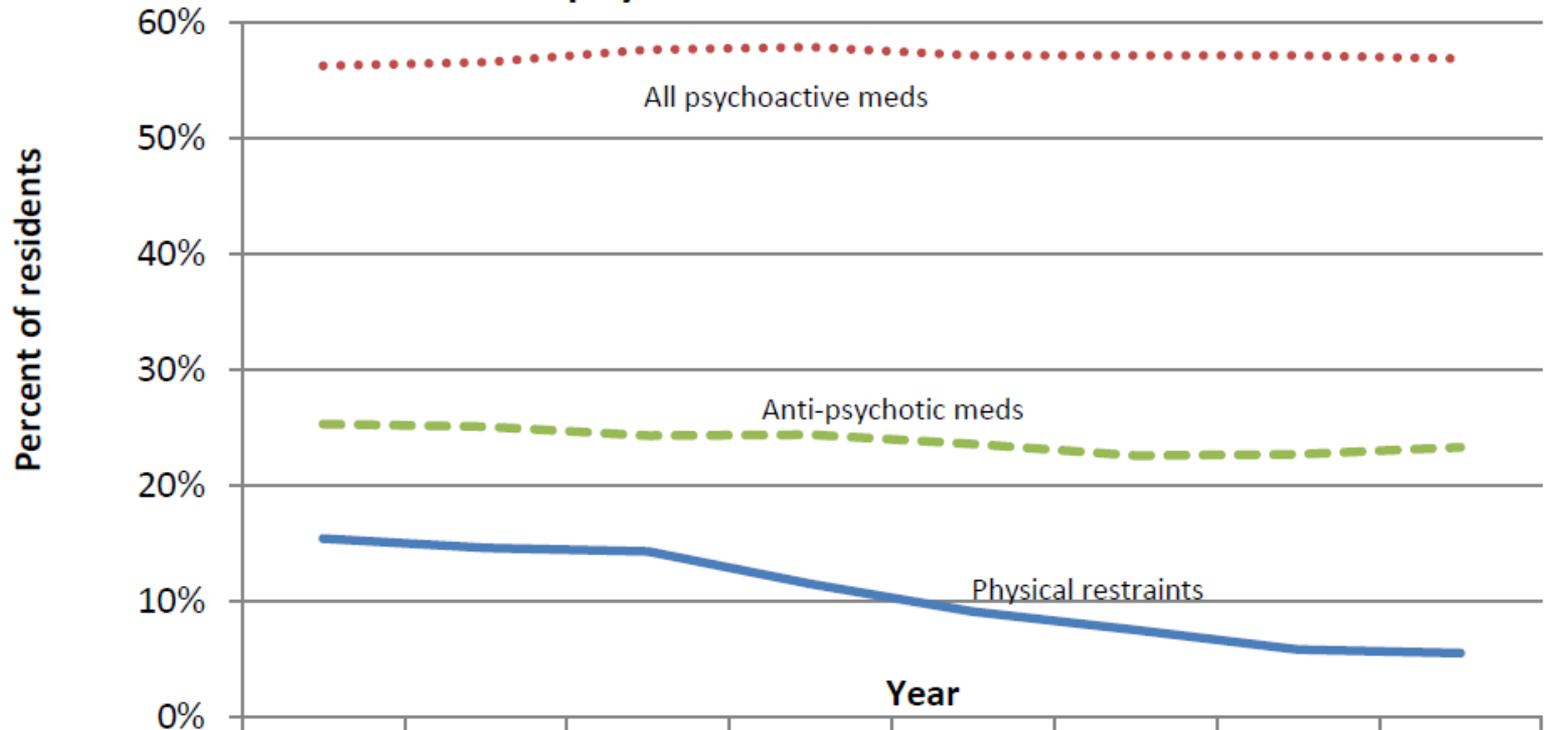
Director of Clinical Affairs



Antipsychotic Meds (Long stay)



Residents of California free-standing SNFs* Percent with physical and chemical restraints



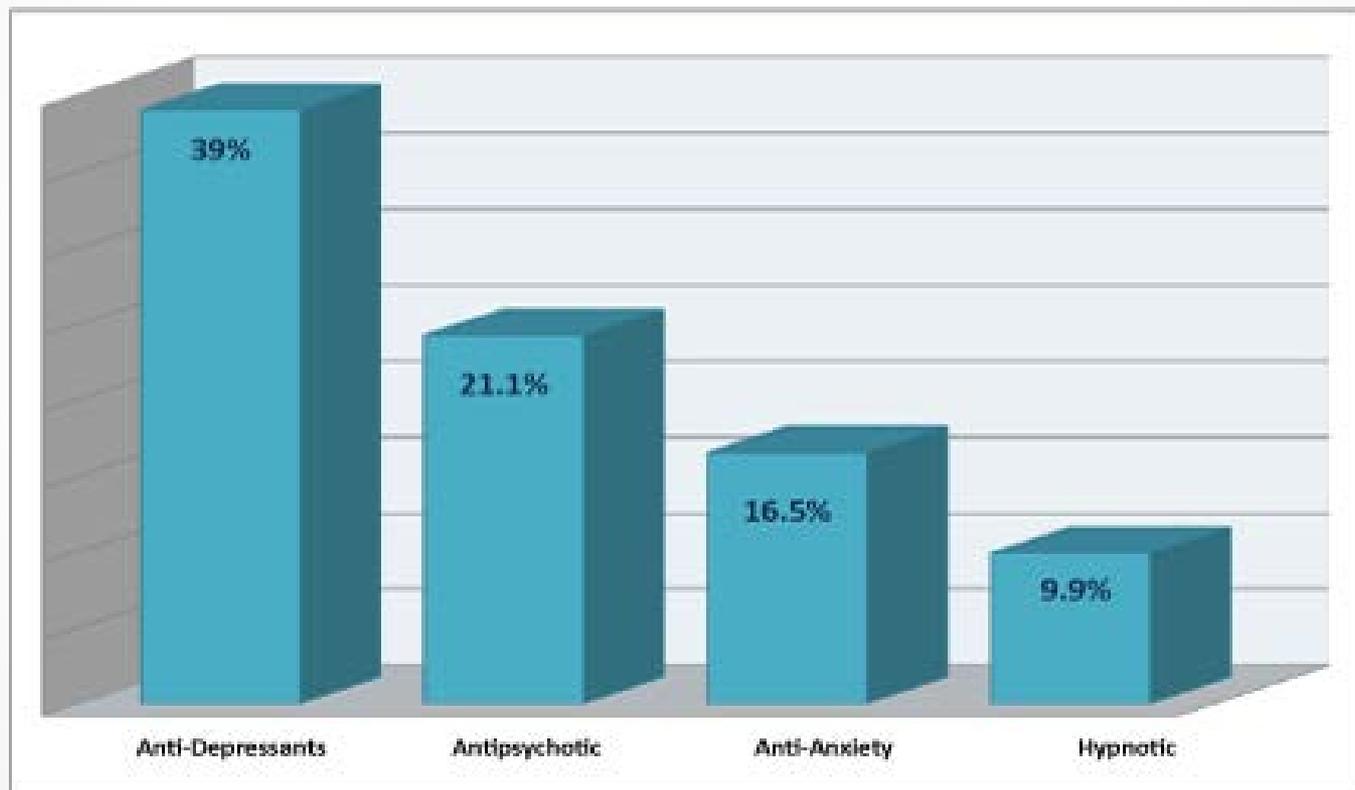
	2004	2005	2006	2007	2008	2009	2010	2011
All psychoactive meds	56.3%	56.6%	57.7%	57.9%	57.2%	57.2%	57.2%	56.9%
Anti-psychotic meds	25.3%	25.1%	24.3%	24.4%	23.6%	22.6%	22.7%	23.3%
Physical restraints	15.4%	14.6%	14.3%	11.5%	9.1%	7.5%	5.8%	5.5%

* IMDs/STPs are not included.

Source: CMS CASPER (OSCAR) standard survey data updated Apr 2012

CAHF May 2012

Psychoactive Drugs in California Nursing Facilities



Quality Leaders: California Nursing Facilities Achieve Top Rankings in Key Categories

Quality Measure	California Average	Rank	National Average
ADL Decline	13.7	1	16.8
Long-Stay (LS) Pain	10.6		12.5
LS High-Risk Pressure Ulcer	7.4		7.0
Weight Loss	5.7	1	7.2
Incontinence	44.2		41.5
Catheter	4.5		4.3
Urinary Tract Infection	7.6		7.8
Depressive Symptoms	2.9	1	7.2
Restraints	4.3		2.4
Injurious Falls	1.8	2	3.4
LS Flu Vaccine	90.0		91.0
LS Pneumonia Vaccine	93.7		94.0
LS Antipsychotic Meds	21.1		23.9
Short Stay (SS) Pain	23.0		23.1
Worsening Ulcers	1.8		2.1
SS Flu Vaccine	77.4		80.5
SS Pneumonia Vaccine	77.3		80.6
SS Antipsychotic Meds	2.6		3.0

CAHF Highlights The Facts

The screenshot shows the CAHF website interface. At the top, the CAHF logo is displayed with the tagline "Supporting People, Health and Quality of Life" and the full name "California Association of Health Facilities". A navigation menu includes links for Home, About CAHF, QCHF Education, Our Members, Media Center, Career Center, Meetings, and Disaster Prep. A sidebar on the left contains a "Links" section with various resources and a video player featuring Millie Darrough, LVN, who discusses the appropriate use of antipsychotic medication in skilled nursing facilities.

Psychoactive medications in SNFs

Understanding the use of medications in skilled nursing

Misleading and exaggerated information regarding the internet and in the news media, confusing residents at prescribe psychoactive medications in cases where th

The term "psychoactive" is an all-encompassing desc stabilizers (anti-manic agents), anti-depressants, anti-

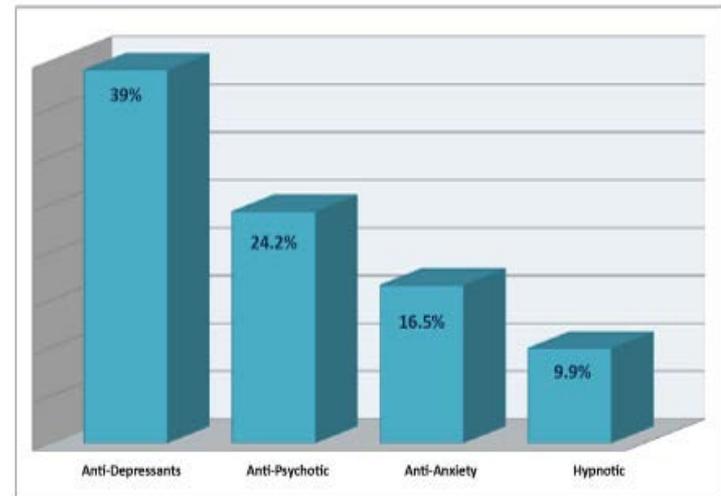
Skilled nursing facilities do not prescribe psychoactive appropriate drug for an individual patient requires cari

Medical professionals in skilled nursing settings strive When medications are appropriate, physicians must d lowest dose possible. Physicians are also required to In addition, the resident or a representative must provi emergencies.

The distribution and use of psychoactive medication is

- ▶ State & Federal Regulations
- ▶ California Statistics on Medications

Psychoactive Drugs in California Nursing Facilities



Understanding the use of psychoactive medications in skilled nursing facilities



CAHF encourages its members to take part in a national effort to reduce the unnecessary use of antipsychotic medication in skilled nursing homes by 15 percent by the end of 2012. We believe the number of residents that are being prescribed antipsychotic medication can be reduced and we continue to explore ways to prevent and manage difficult behavior without medications.

However, misleading information regarding the use of psychoactive medications in nursing facilities abounds across the internet and in the news media, confusing residents and family members and creating consternation among physicians who sometimes prescribe psychoactive medications in cases where they are necessary and medically appropriate.

The term “psychoactive” is an all-encompassing description of a broad category of specific medications which include mood stabilizers (anti-manic agents), anti-depressants, anti-anxiety, hypnotics and antipsychotics.

Skilled nursing facilities do not prescribe psychoactive drugs – physicians do. Long-term care doctors understand the most appropriate drug for an individual patient requires careful consideration, in consultation with residents and family members.

Medical professionals in skilled nursing settings strive to offer the best care possible using the least amount of medication. When medications are appropriate, physicians must carefully weigh the dangers against the individual benefits starting with the lowest dose possible. Physicians are also required to reassess the use of psychoactive drugs on a quarterly basis.

In addition, the resident or a representative must provide informed consent regarding the use of these medications, except in emergencies.

The distribution and use of psychoactive medication is legal and strictly regulated by the state and federal government.



State & Federal Regulations



What Physicians Say



California Statistics on Medications



Frequently Asked Questions



Coping With Dementia



Resident Rights

The AHCA/NCAL Quality Initiative is an effort that builds upon existing work in the long term and post-acute care field by setting specific, measurable targets to further improve quality of care in America's skilled nursing centers and assisted living communities. AHCA/CAHF members are encouraged to reach defined, concrete goals over the next three years, in four core areas.

Safely Reduce the Off-Label Use of Antipsychotics: By December 2012, reduce the off-label use of antipsychotic drugs by 15 percent. [Learn more.](#)

Safely Reduce Hospital Readmissions: By March 2015, reduce the number of hospital readmissions within 30 days during a SNF stay by 15 percent. [Learn more.](#)

Increase Staff Stability: By March 2015, reduce turnover among nursing staff (RN,

Increase Customer Satisfaction: By March 2015, increase the number of customer percent. [Learn more.](#)



Quality Initiative in California

A Message from CAHF CEO/President Jim Gomez to our members:

"As a participant in the American Health Care Association's [Quality Initiative](#), you are taking on an important challenge to improve the quality of life and quality of care for the 300,000 residents we serve each year in California.

This effort will take time, education and coordination among physicians and medical directors, pharmacists, nurses, nursing assistants, residents and families.

As you are aware, post-acute and long-term care is undergoing continual change to align with new regulations as well as advances in treatments and new approaches. In the wake of that activity, we must remain vigilant in seeking new pathways to improve the quality of care and quality of life for our residents.

Thank you for your participation."

PRIORITY: REDUCE ANTIPSYCHOTIC USE

Target: By December 31, 2012, reduce the unnecessary use of off-label antipsychotics by 15 percent.

In May, 2012, the Centers for Medicare and Medicaid Services (CMS) announced a "[Partnership to Improve Dementia Care in Nursing Homes](#)," a public - private partnership to ensure appropriate care and use of off-label antipsychotic medication for nursing home patients.

This initiative will be promoted in California by a coalition of interested stakeholders including CAHF, California Department of Public Health Licensing and Certification, CMS Region IX, California Association of Long-Term Care Medicine, Health Services Advisory Group and others who will work together to plan strategies to share resources.

CAHF is excited and encouraged by CMS' call to facilitate the formation of a partnership in California to reduce the unnecessary use of antipsychotic medications in nursing homes.

In 2005, when CMS issued a goal to reduce the rate of physical restraints, California's restraint rate dropped from 16% to 5%, demonstrating that we can make significant strides when we work together.

CAHF encourages all California facilities to participate in the focused effort to reduce off-label use of antipsychotic medications in long-term care.

Join the Quality Initiative Campaign

CAHF Members: Sign up to receive your free campaign packet, including a window decal.

[Join Now!](#)



Quality Initiative Tools & Resources

[AHCA Quality Initiative Resources](#)

[See Who's Participating](#)

[Quality Initiative Participants](#)

Kicked off in February 2012

Safely Reduce the Off-Label Use of Antipsychotics:

By December 2012, reduce the off-label use of antipsychotic drugs by 15%.

The AHCA Quality Initiative

Long Stay Antipsychotic Use

- National Ave 23.9%
- California Ave 21.1%
- *Drop to:*
 - **Nationally 20.3%**
 - **California 17.9%**

Short Stay Antipsychotic Use

- National Ave 3.0
- California Ave 2.6%

Nursing Home Compare Quality Indicators Three quarter averages as of July 2012

Home About AHCA News Research and Data Advocacy Facility Resources Events Quality Improvement

The AHCA/NCAL Quality Initiative

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About the Initiative
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Progress

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quality@ahca.org

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The Brochure

Additional Links
LTC TRENDTRACKER

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The
QUALITY
INITIATIVE

The Quality Initiative is an effort that builds upon existing work the long term and post-acute care field is doing by setting specific, measurable targets to further improve quality of care in America's skilled nursing centers and assisted living communities. AHCA/NCAL members are encouraged to reach defined, concrete goals over the next three years, in four core areas.

Safely Reduce Hospital Readmissions: By March 2015, reduce the number of hospital readmissions within 30 days during a SNF stay by 15 percent.

Increase Staff Stability: By March 2015, reduce turnover among nursing staff (RN, LPN/LVN, CNA) by 15 percent.

Increase Customer Satisfaction: By March 2015, increase the number of customers who would recommend the facility to others up to 90 percent.

Safely Reduce the Off-Label Use of Antipsychotics: By December 2012, reduce the off-label use of antipsychotic drugs by 15 percent.

[The Goals](#) [Resources](#) [Your Story](#)

NATIONAL QUALITY AWARD

Where Do We Go From Here?

- **Government Performance Results Act CMS – DHS Summit - 2007**

- CMS Region IX
- California DHS
- QIO
- California office of the Ombudsman
- CAHF/QCHF
- ASC

CALIF RESTRAINT RATE DROPPED FROM 13% to 4.3%



THANK YOU

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