

**Reducing the Use of Antipsychotics  
in NWO Skilled Nursing Facilities  
Second Quarter Progress Report to the Ohio Department of Medicaid**  
Timeframe: April 1, 2018 through June 20, 2018

The second quarter of 2018 saw a renewed energy for the KTL project since the facility participants in attendance took advantage of the March face-to-face educational session. Individuals that were new to the project since the Replacement class was held in October 2017, attended the March meeting and returned to their facility and shared the enthusiasm and refreshed feeling with the facility staff. During the time period from April 1st through June 30th the following activities occurred:

- A. The majority of the facilities have adopted the Keys To Living concept of the project and are expanding their focus from the RCCT assessment and the antipsychotic meds utilization to including the use of the non-pharmacological behavior management interventions.
- B. The technical assistance provided by Barbara Brock assisted the participants in learning more about the intricacies of the RCCT assessment continued throughout the quarter. Participants are learning the many aspects of a resident's challenges through discussions with Barbara and relating factors learned to the resident being discussed. The skill level of those administering the RCCT assessment continue to increase in quality.
- C. The onsite consultants continue to work with the facility staff as they review and revise their implementation plan for the project components. Each facility determined how they were going to sequence, implement and revise the more than eleven non-pharmacological behavior management interventions they have available to them. Because the project covers three years they are not feeling pressured to move more quickly than they wish. The goal is for the tools they put into place to stay in place over time.
- D. The Memory Care Consultants continued to make facility visits as well as working with the participants on the phone and via emails to address specific questions. The trust the facility participants are exhibiting with these consultants continues to grow as the project is becoming a part of the way the facilities work with the residents with memory loss. As they are in the facilities, they strive to keep the administrator and the director of nursing in the loop if those individuals aren't able to attend the monthly meeting. The support and encouragement of the facility management is vital to the success of the project.

- E. Three of the facilities have been placed into an On Hold status due to staff changes. The memory care consultants continue to touch base with them to assist them in determining how they wish to again become active participants in the KTL Project. It is the hope that they will have staff they will enroll in the fall replacement class and be able to become active again with the project. In the meantime their QM scores are being collected and will be possibly considered as controls for the final QM score analysis. At this point there is a total of six facilities that could be considered the control group. More discussion about utilization of these facilities will take place as the project moves forward.
- F. The grid on page 4 shows the project progress as of the completion of April through June. The aggregate data continues to be reflective of data submitted by 37 facilities. There is a steady increase in most components even with the addition of no data from 3 On Hold facilities.
- G. Of note is the increase in the utilization of two of the components that assist staff and families to have meaningful conversations with the residents. Those are the chatter bags and the question of the day. Staff are seeing the value and enjoying actually engaging the residents in these activities. Families are also picking up the chatter bags or checking on the question of the day as they visit. Good results are being reported.
- H. The monitoring of the number of residents admitted with antipsychotic medications continues. There is an increased awareness among the participants that this action can potentially be the easiest way to reduce the use of antipsychotic medications, to the benefit of the residents not to mention the reduction in their QM score. Interesting to note that the number of residents who had an antipsychotic medication ordered during a hospitalization but that medication was not brought forward into the facility showed a consistent increase from 39 reported at the end of the 1st quarter of 2018 to 57 being reported for the 2nd quarter. This aspect will continue to be closely monitored.
- I. The remainder of statistics shared on the grid on page 4 show a consistent increase in resident involvement in the project. Each of these components are directed at increasing resident feelings of usefulness and success while reducing feelings that lead to challenging behaviors.
- J. The decision was made that beginning with the 3rd quarter of 2018 the Gift of Purpose data, sessions and residents, will be collected as averages on a quarterly basis due to the fact that capturing accurate numbers has proven to be more time consuming than it is beneficial. There are six gift of purpose components with varying numbers of residents in each one for a varying amount of sessions each month. The value is in utilizing this non-pharmacological approach with the tangential benefit of residents feeling successful and useful thereby reducing challenging behaviors that have lead to utilization of antipsychotics. Capturing that sessions are being done and residents are being impacted will continue to show utilization on an ongoing basis.

K. The resident and family stories that have been shared demonstrate the value of knowing the resident as a person coupled with knowing their CFA. To see the “AH” moment in the eyes of the facility staff members, both participants as well as other staff that are a part of the team, is truly gratifying and supports the value of this project.

MASTER AGGREGATE DATA FILE 2ND QTR 2018

<b>COMPONENTS-ALL FACILITIES INVOLVEMENT</b>	<b>37 FAC</b>
<b>FACILITY MED DIRECTOR INFORMED AND SUPPORTIVE - OF ALL FACILITIES</b>	97%
<b>PROJECT ANNOUNCEMENT COMPLETED &amp; SHARED - OF ALL FACILITIES</b>	62%
<b>POLICY CREATED - OF ALL FACILITIES</b>	20%
<b>STAFF EDUCATION - OF ALL FACILITIES</b>	70%
<b>FAMILY EDUCATION - OF ALL FACILITIES</b>	65%
<b>CHATTER BAGS - OF ALL FACILITIES</b>	78%
<b>QUESTION OF THE WEEK - OF ALL FACILITIES</b>	73%
<b>RESIDENTS IN PROJECT 4/1/17 TO PRESENT</b>	689
<b>RCCT ASSESSMENT COMPLETED AND SHARED 4/1/17 TO PRESENT</b>	715
<b>"I WAS THINKING" BOOK COMPLETED 4/1/17 TO PRESENT</b>	240
<b>ADMISSIONS WITHOUT ANTIPSYCHOTIC 4/1/17 TO PRESENT</b>	996
<b>ADMISSIONS WITH ANTIPSYCHOTIC ORDER BUT DROPPED 4/1/17 TO PRESENT</b>	57
<b>ADMISSIONS WITH ANTIPSYCHOTIC MED ORDER IN PLACE 4/1/17 TO PRESENT</b>	394
<b>NUMBER OF RESIDENTS WITH A GDR IN PLACE 4/1/17 TO PRESENT</b>	288
<b>PHOTO BOOK CREATED AND SHARED 4/1/17 TO PRESENT</b>	142
<b>GIFT OF PURPOSE SESSIONS 4/1/17 TO PRESENT</b>	10372
<b>GIFT OF PURPOSE RESIDENTS 4/1/17 TO PRESENT</b>	1717