

**Reducing the Use of Antipsychotics
in NWO Skilled Nursing Facilities
Third Quarter 2018 Progress Report to the Ohio
Department of Medicaid**

Timeframe: October 1, 2018 through December 31, 2018

The fourth quarter of 2018 of the KTL (Keys to Living) project continued stable and quiescent! This quarter contained two months that focus on holiday events which consume a great deal of staff time in preparation and implementation. With that said, the facilities continued their commitment to implementing components of the project that work for them. This is the 22nd month that the facilities have been actively working on the project. The hope is that with that amount of time invested and positive results realized the project will continue beyond the end of the funded grant project. During the time period from October 1st through December 31st the following activities occurred:

1. During each visit the consultants review the components they have not utilized as of yet to assure they are aware of all components and know how to implement each component. Each facility voices awareness of all components and do explain their rationale for their selections. Of course it is our goal that they give all components a "go" but we also understand if the component is to continue after the grant is completed, it has to be a component they value. The consultants stand ready to assist them as they wish to try yet one more of the more than 18 components.
2. Barbara Brock continues to provide one-on-one technical assistance to participants as they learn more and more about administering, scoring and utilizing the RCCT assessment data directly as a integral part of resident care planning. After participants have been administering the RCCT for over one (1) year, they are showing increased skill with the component.

As of this quarter Barbara focuses on how the RCCT results can be utilized by a wide variety of facility staff from dietary to nursing to therapy to social services. She helps them determine who needs to know what results and why with the goal of person-centered care planning.

3. The Replacement Class was held in October. All 17 participants were in attendance and excited to learn! This brings the number of individuals who have completed the initial training session to 113. Of course many of these replacement participants were replacing another trained participant they have left the facility's employment but it is interesting to see the facilities that are adding additional staff members so their base becomes more solid.
4. The facilities that reactivated with the Replacement Class education are moving quickly and have benefited from the learning the consultants have done with other facilities over the length of the project and can assist them to move ahead more quickly.
5. The grid on page 3 continues to reflect progress. There is a consistent increase in all number components such as the numbers of residents in the project, the number of RCCT assessments completed, etc. The goal is to increase utilization of all components which is occurring. The components that continue to lead the statistics are the chatter bags, the photo books and the question of the day.
6. The monitoring of the number of residents admitted with antipsychotic medications continues. The number of residents admitted without an antipsychotic medication continued to increase over those admitted with an antipsychotic. It is obvious that focus is on this issue and with focus comes action. This aspect will continue to be closely monitored.

7. The weakest aspect of the medication monitoring component is the small number of residents that have an antipsychotic medication order prior to admission that is evaluated and dropped prior to admission due to the short duration. The consultants continue to ask the admission staff at each facility to simply ask the following questions to gather data to analyze if the medication order needs to be brought forward or discontinued prior to admission. The questions are:

-Is this person on an antipsychotic medication?

-For what reason?

-How long have they been on the medication?

The answers to these questions provide them with data that they then can discuss with the physician when orders are being reconciled. If the medication has been taken by the person for years, the facility can work with that in a GDR format after admission. If the medication was added within the last 5-7 days a discussion about discontinuing it can occur.

This critical thinking step requires nurses who see themselves as partners to the physicians. Perhaps that could be the focus of another project.

8. At the risk of being redundant, the resident and family stories that have been shared demonstrate the value of knowing the resident as a person coupled with knowing their CFA (Cognitive Functional Age). To see the "AHA" 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 4TH QTR 2018

COMPONENTS-ALL FACILITIES INVOLVEMENT	37 FAC
FACILITY MED DIRECTOR INFORMED AND SUPPORTIVE - OF ALL FACILITIES	97%
PROJECT ANNOUNCEMENT COMPLETED & SHARED - OF ALL FACILITIES	62%
POLICY CREATED - OF ALL FACILITIES	20%
STAFF EDUCATION - OF ALL FACILITIES	70%
FAMILY EDUCATION - OF ALL FACILITIES	68%
CHATTER BAGS - OF ALL FACILITIES	78%
QUESTION OF THE WEEK - OF ALL FACILITIES	81%
RESIDENTS IN PROJECT 4/1/17 TO PRESENT	1019
RCCT ASSESSMENT COMPLETED AND SHARED 4/1/17 TO PRESENT	800
"I WAS THINKING" BOOK COMPLETED 4/1/17 TO PRESENT	434
ADMISSIONS WITHOUT ANTIPSYCHOTIC 4/1/17 TO PRESENT	1904
ADMISSIONS WITH ANTIPSYCHOTIC ORDER BUT DROPPED 4/1/17 TO PRESENT	69
ADMISSIONS WITH ANTIPSYCHOTIC MED ORDER IN PLACE 4/1/17 TO PRESENT	825
NUMBER OF RESIDENTS WITH A GDR IN PLACE 4/1/17 TO PRESENT	803
PHOTO BOOK OR PAGES COMPLETED 4/1/17 TO PRESENT	226