



# Heritage Living Center Park Rapids, MN

Reduction of Chemical Restraints  
and Alarm Use

May 11, 2011





# Heritage Living Center

- Skilled Nursing Facility – Medicare and Medicaid Certified
- Northern Minnesota – Park Rapids
- 68 Nursing Home beds
- County Owned – Nonprofit
- Managed by Ecumen





# Heritage Living Center

- Our team:
  - Cheryl Olson, LPN, Awakenings Project Lead
  - Peggy Ciampi, TMA, Awakenings Rehab Aide
  - Laurel Baxter, RN, Awakenings Project Manager
  - All departments and staff at Heritage Living Center!



# The Problem



- ➡ As people age, their bodies physiologically change, affecting how medications are absorbed, distributed, metabolized and eliminated. Antipsychotic medications can result in decreased cognitive functioning, stroke, pneumonia, diabetes and other adverse drug events that can lead to death. Other side effects include a worsening quality of life such as sluggishness and impaired mobility.



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# The Problem



- ➡ Antipsychotics are considered “Chemical Restraints” when used to control dementia-related behaviors. There is little evidence to support these drugs to manage dementia-related behaviors, such as agitation and wandering. Instead, quality of life worsens for these residents.



# The Problem

- ➔ A resident's environment can be positive, neutral or negative.
  - A noisy environment, such as when alarms go off, can increase a person's agitation and lead to unnecessary use of psych meds
  - Staff may focus on the alarm going off instead of determining why the resident is trying to get up in the first place!



# Our Goals

- Improve resident quality of life by:
  - Improving the percentage of possible points received for the MN QI antipsychotics without a diagnosis of psychosis
  - Improving the percentage of positive responses for the MN DHS Quality of Life Survey in areas of meaningful activity and relationships
  - Decreasing the number of alarms used overall



# Success Strategy #1

- Improved Rehab Nursing Program
  - As psych meds and alarms are decreased, residents are “awakened” to better functioning and better quality of life
  - Rehab nursing programs have helped these residents to have increased strength, balance, mobility, cognitive skills, communications and improved motor skills



# Success Strategy #1

- Improved Rehab Nursing Program
  - Thanks to a Performance-based Incentive Payment Program (PIPP) grant we received from MN DHS, we were able to add rehab nursing hours
  - We received training through Ecumen and then provided training to all staff at Heritage Living Center





# Success Strategy #1

- Improved Rehab Nursing Program
  - As we saw residents improve, we shared our success stories with other staff at Heritage Living Center and across Ecumen
  - There are resisters, but we work with those who are supportive while continuing to win over other staff one at a time
  - It takes patience, but we believe it is the right thing to do!



# Success Strategy #2

- Enhanced Activities
  - To help decrease mood / behavioral symptoms and the need for psych meds or alarms
  - Based on the individual's assessment
    - One-to-one visits at critical times
    - Small group activities
    - Card games, ball toss, reading, reminiscence, massage, aromatherapy



## Success Strategy #2

- Enhanced Activities
  - Potential barrier is trying to use one size fits all for activity
  - Have to be flexible – Enhanced activity depends on where resident wants to go and this can change from day to day



## Success Strategy #3

- Education
  - Education for staff by placing resource notebooks at stations, staff meetings, new employee orientation, CareTracker
  - Education for families through family council, newsletters, and frequent communication
  - Communication with physicians to share our philosophy and goals



# Success Path



- Residents with discontinued psych meds = 6
- Residents with decreased psych meds = 4
- Residents with alarms discontinued = 2
- MN QI percentage of points improved by almost 18%
- Too soon for DHS Quality of Life Survey results



# Surprises / Successes



Star # 1, whose Risperdal was discontinued, went from just sitting in a wheel chair and sleeping all day to propelling herself in the hallway and reading the names on the resident rooms. She now visits and smiles with staff and will laugh out loud when “Hello Dolly” is sung to her. She still needs some assistance when eating but does well with finger foods.



## Surprises / Successes

★ Star # 2, is now off of her Seroquel and doing well. She was on the medication due to aggressive behavior. She is behavior free at this time. She loves to visit with staff and to know how they are doing.



## Surprises / Successes

★ Star # 3, has had her Risperdal decreased from twice a day to 0.25 milligrams at bedtime, and then discontinued. The diagnosis was for hallucinations. With the decrease in the medication, she is now coming out of her room, joining in on games, and visiting more with staff. She enjoys smaller group activities. She has the choice if she wants to join in or not. She is doing very well.



## Surprises / Successes



Star # 4, has had his Seroquel discontinued. He now comes out of his room with encouragement and is much more alert. He has been playing cribbage with the staff. There has been no real notable change in his behavioral symptoms since the medication was discontinued. His antidepressant is being decreased and his family is looking forward to having it discontinued.



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# Surprises / Successes

★ Star # 5, Risperdal has also been discontinued. He is now more alert and will answer when spoken to. He will state if he needs to go the bathroom, and has become more continent of bowel and bladder. In fact, he went an entire eight hour shift being continent! He has started to talk again and carry on short conversations. He has improved from using a Hoyer lift (lifted by staff) to a Pal lift, which requires him to bear some of his own weight.



# Tools

- The CARES Approach training:  
<http://www.hcinteractive.com/caresprogramdemo>
- Alarm tracking form
- Creating Moments of Joy by Jolene Brackey





# Tools

- Evidence-based guidelines developed with federal funding for distribution by the University of Iowa, John A. Hartford Center of Geriatric Nursing Excellence (HCGNE). Examples:
  - Non-pharmacologic Management of Agitated Behaviors in Persons with AD/Dementia
  - Bathing Persons with Dementia
  - Improving Medication Management for Older Adult Clients



# Barriers

## Resistance to Change!



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# Recommendations

- Educate, Educate, Educate! (Everybody!)
- Leaders / Managers ***must*** be on board
- Gather your team and develop ***your*** plan – every facility is different! What do you already have that is working well? What areas need to be improved or supplemented?
- Hold your plan accountable through QA



# Can We Sustain Our Improvements?

- Possible increased MN reimbursement with RUGs-IV nursing rehab classifications will allow us to keep enhanced rehab nursing and enhanced activities
- Decreased medication costs?
- Money saved by not purchasing and maintaining alarms

# Mala Strana Health Care Center



Alarm- and Restraint-Free  
Environment

May 11, 2011



# Mala Strana Health Care Center

- 90 bed skilled nursing facility
  - 20 beds dedicated to memory care
  - Attached assisted living, 34 apartments
- Approx. 170 staff members
- New Prague, MN
  - Rural farming community of about 6,000.  
Strongly rooted in the Czech heritage

# Our Team



Back: Karen Bergland, SS; Terry Korbelt, TRD; Diane Holicky, DON; Pat Boyle, HR;  
Roxie Dillon, MDS Coord.; Nonnie Veeder, Nurse Mgr; Dianne Peterson, COTA.

Middle: Jennifer Lake, Nurse Mgr; Betty Kubes, FSD; Jenny Bakke, R-OT;, Deb  
Busch, Safety/Ed. Nurse.

Front: Josie Ceplecha, Bookkeeper; Julie Dvorak, LSW; Lisa Menden, HID; Buddy,  
Morgan Hinkley, NHA. Absent: Jan Ferrazzo, SS.



# Issue/Problem

**F252** (*Rev. 48; Issued: 06-12-09;*

*Effective/Implementation Date: 06-12-09)*

- **§483.15(h) - Environment** *The widespread and long-term use of audible (to the resident) chair and bed alarms, instead of their limited use for selected residents for diagnostic purposes or according to their care planned needs. These devices can startle the resident and constrain the resident from normal repositioning movements, which can be problematic.*

# Goal or Aim





# Success Strategy 1

- What: Start slowly
- Why: Change of any kind doesn't come without hurdles
- How implemented: Pilot in Memory Care Unit
  - Our smallest unit, and a belief of the goal making the biggest impact with this clientele
- How staff motivated: Education from top down
- Barriers: “How will we know if they are trying to get up”?
- Solutions: Provide the tools necessary for success
  - OT/PT involvement (Glider Chair Program, consistent staffing, interventions implementation (e.g., walking, toilet, food, drink, etc.))



# Success Strategy 2

- What: Start slowly (part II)
- Why: Change of any kind doesn't come without hurdles
- How implemented: assess current utilization and identify opportunities for change
- How staff motivated: Education from top down
- Barriers: general resistance
- Solutions: Encourage line-staff involvement
  - Meeting tools were placed in communication books for line staff to provide feedback and input
  - All departments encouraged to attend and provide input
- Families educated at Family Council Meeting and upon admit related to alarms/restraints

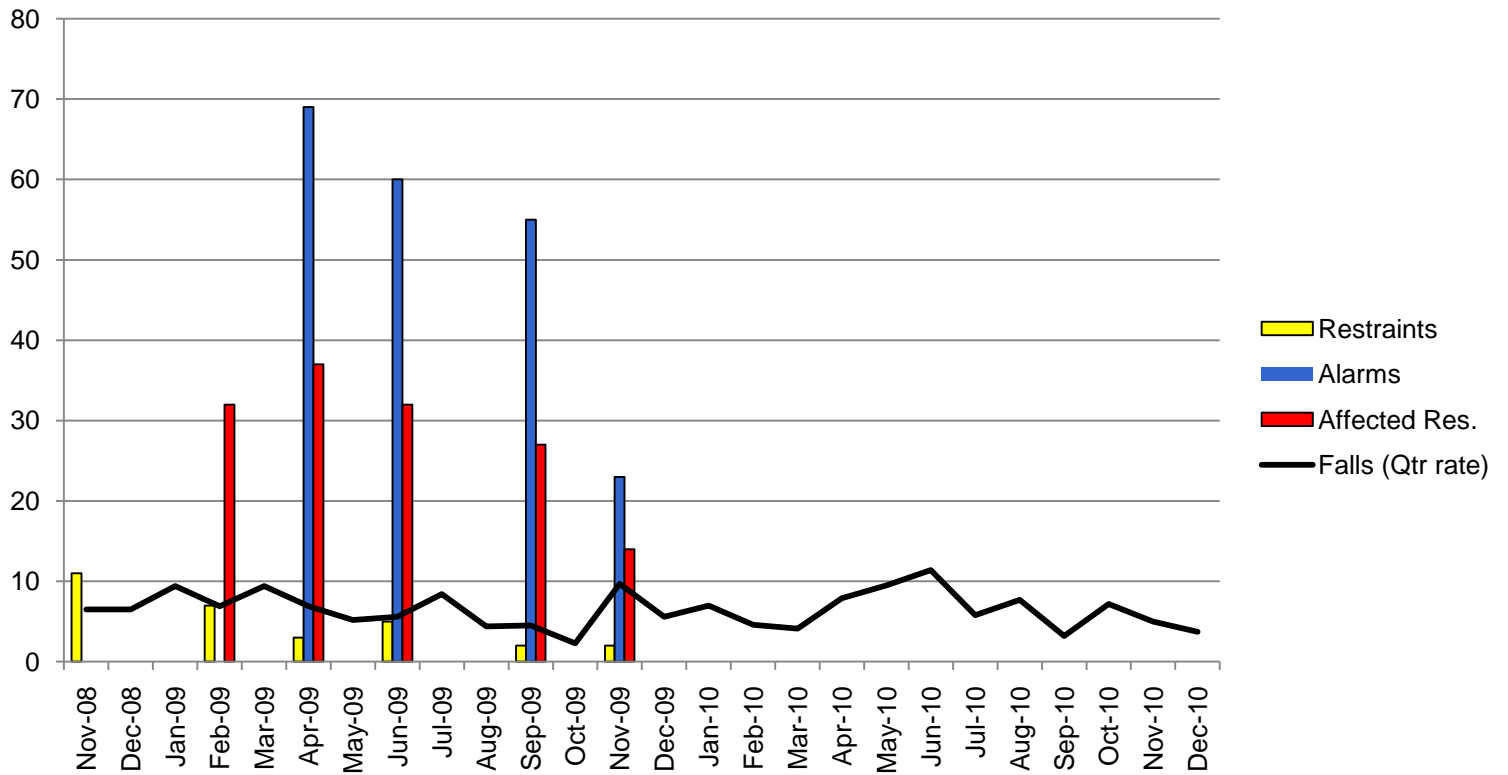


# Success Strategy 3

- What: Celebrate success
- Why: Provide staff with a sense of accomplishment, meaning behind their efforts
- How implemented: General update, approximately monthly through postings, newsletters, etc.

# Success Path

## Fall Rate Progress: Restraint and Personal Alarm Elimination





# What Surprised You?

- Lack of resistance from responsible parties
  - Staff were more difficult to get on board
- Turn out for staff educational meeting
- No spike in falls after alarm/restraint elimination
- Staffs' response to other safety alarms (e.g., Mag-lock doors, code alerts, etc.)

# Tools

Resident	Lap Buddy	Lap Tray	Code Alert	Recommendations
Sally	x		x	DC code alert – not wandering
Joe		x		Trial ½ lap

Resident	MM-chair	MM-bed	Pad-chair	Pad-bed	Recs
Emma	x		x		DC MM-chair
Mary	x	x		x	Change bed alarms to motion sensor



# Barriers

- Staff resistance
- Responsible party resistance
- Training for purposeful movement – getting to the WHY



# What Would You Change?

- Involve OT and PT even more with plans to enhance residents' purposeful movement
- Notify discharging hospitals sooner in the process



# What Would You Recommend to Others?

- START SLOWLY
- Educate before, during, and after
- Celebrate successes AND continue to show results even after your goal is achieved
- Never stop intervening – consider the whole picture when implementing interventions to aid in preventing falls and injuries



# How Will You Sustain Your Improvements?

- It is now second nature to not use alarms or restraints
- Continue to support staff in getting to the root cause of movement – learn residents routines
- Continue to report outcomes to staff, and educate families upon admission
- Further improve consistent assignment staffing