

5-13-22 Weekly Clinical Update

I want to follow up briefly on Federal surveys for F888. Thanks so much to all of you that are sharing your experiences with us. KDADS reported on Tuesday that most of the F888 tags have been based on the facility policy requiring N95 masks during outbreaks and observations of staff either not wearing masks or wearing them inappropriately. One facility in the SW region reported the surveyor was in the center 3.5-4 hours total. The requests included:

- Alpha list of residents-anyone on isolation highlighted
- Vaccination policy emphasizing that the policy should include what the facility for unvaccinated staff
- The matrix
- Nursing schedule for current day & day prior
- Surveyor then selected 4 staff members & 2 agency; 2 of them with exemptions & for the exemptions, surveyor wants to see the most recent negative COVID test & the exemption & state that the exemption must have a signature of approval with a date that it was approved; for others, surveyor wanted a copy of the COVID card
- Surveyor walked around & observed masks & asked staff members about the facility's policy & vaccine status

It appears that the Federal & contracted surveys are becoming more consistent and there is some clarification for them to follow.

I know that you are sick and tired of hearing about psychoactive medications, but the issue isn't going away. I also know that you are working with various staff members that may need additional education and training. I found 2 articles that provide excellent information...one for physicians and practitioners and one for nurses. I hope you will find them as interesting and helpful as I did.

In today's McKnights Daily Update there was a very interesting article describing a study of F-tags related to misuse of psychotropic drugs in LTC. The findings were published in the Journal of American Medical Directors Association. The full study might be helpful to facilities when discussing orders with physicians and physician extenders. Here is a link to the full findings: [https://www.jamda.com/article/S1525-8610\(22\)00302-4/fulltext#%20](https://www.jamda.com/article/S1525-8610(22)00302-4/fulltext#%20). Feel free to copy it off & provide it to your practitioners. The conclusions and implications state: "This study suggests areas for improvement that could potentially reduce inappropriate psychotropics use. Supporting quality of dementia care workforce and improving cooperation within healthcare staff and professionals are recommended to ensure proper nonpharmacologic and pharmacologic interventions."

Here is the text of the McKnights article:

"A new study that explores deficiency-of-care citations in nursing homes offers a wealth of lessons on reducing overreliance on psychotropics in residents with dementia, according to researchers from Stony Brook University School of Nursing in New York, and the University of Maryland's schools of nursing and of pharmacy.

The study team analyzed care citations for inappropriate psychotropics across 444 nursing facilities that received survey F-758 tags in the first quarter of 2018. In these cases, the deficiency citations flagged unnecessary use of psychotropics specifically in the care of residents with dementia.

Antipsychotics top the list

The F-758 tag citations most frequently involved antipsychotics medications, they found. And there were three common reasons surveyors cited facilities: failure to identify and/or monitor behavioral symptoms, failure to attempt gradual drug reduction and failure to maintain 14-day limitations on PRN psychotropic orders (medications not scheduled but taken as needed).

There were distinct differences in care issues depending on which drug a facility was cited for using unnecessarily. When compared to facilities whose citations did not involve antipsychotics, for example, those that used antipsychotics inappropriately were less likely to identify and/or monitor behavioral symptoms, attempt gradual drug reduction or provide adequate indications for psychotropics use.

The nursing homes with F-758 tags related to inappropriate anti-anxiety medication use, meanwhile, were less likely to maintain 14-day limitation on PRN orders or to provide residents with nonpharmacologic interventions.

Addressing these problems is a place to start when attempting to further reduce inappropriate psychotropics use for individuals with dementia, Jung Min Yoon, Ph.D., RN, of Stony Brook, and colleagues urged clinicians.

Training and cooperation needed

Along with correcting these issues, Yoon and colleagues recommended that facilities support the dementia care staff by providing comprehensive training in areas such as behavioral symptom assessment and monitoring and proper drug use guidelines. Ongoing coaching and mentoring are also important to help increase staff attitudes toward challenging resident behaviors, they added.

Finally, cooperation is needed between staff, clinicians and families to ensure proper outcomes with psychotropic medications are used, they wrote.

When a citation is given, “ongoing efforts should be made to develop strategies to successfully reduce inappropriate, unnecessary psychotropics use and minimize detrimental effects in those living with dementia,” the authors concluded.”

In a “related article”, a study in Finland proved that 2-4 hour dementia training for nursing staff lead to reduced use of antipsychotics.

“A brief staff training session on good drug practices for older adults led to significant reduction in psychotropic drug use in assisted living communities, a new study from Finland finds.

The results of the randomized clinical trial were presented during the October 2021 session at the European Geriatric Medicine Society annual congress, as reported by Medscape. Investigators followed prescribing practices for 227 residents aged 65 years and older in 2011.

Nursing staff were randomly assigned to participate in two 4-hour educational sessions, or to serve as controls. There were 10 wards in each group. In each, nearly two-thirds of residents were taking at

least one psychotropic drug, and fully a third of those residents had been prescribed 2 or more of the drugs.

Investigators calculated prescriptions and the resulting costs at 6 and 12 months. Psychotropic drugs included antipsychotics, antidepressants, anxiolytics and hypnotics as classified by the World Health Organization, Medscape reported.

Wards with trained nurses showed a significant reduction in all psychotropic drug use at the 6-month follow-up. In contrast, while there was no change in the control wards. Costs were reduced as well. But the improvement disappeared by 12 months.

“Future research would be investigating how we could maintain the positive effects that were gained at 6 months but not seen any more at 1 year, and how to implement the good practice in nursing homes by this kind of staff training,” said researcher Ulla Aalto, M.D., Ph.D., of Helsinki Hospital.”

PLEASE offer your nursing staff additional training for caring for dementia residents. It's important. What if 2 brief trainings really could make a significant difference for residents with dementia?