



## Welcome to Telligen's High-Risk Medication ECHO® Series: Behavioral Support for Residents in a Long-Term Care Setting

We will get started momentarily

- Using chat, enter your organization and state
- Please complete the poll

# High-Risk Medication ECHO® Series

Session 3: Behavioral Support of Residents in a Long-Term Care Setting  
February 22, 2023

Facilitator: Kristen Ives, Quality Improvement Facilitator, Telligen

Guest Speaker: Cary Levy, MD, PhD, CMD, Professor of Medicine,  
University of Colorado Denver



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Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research and to inform new initiatives.

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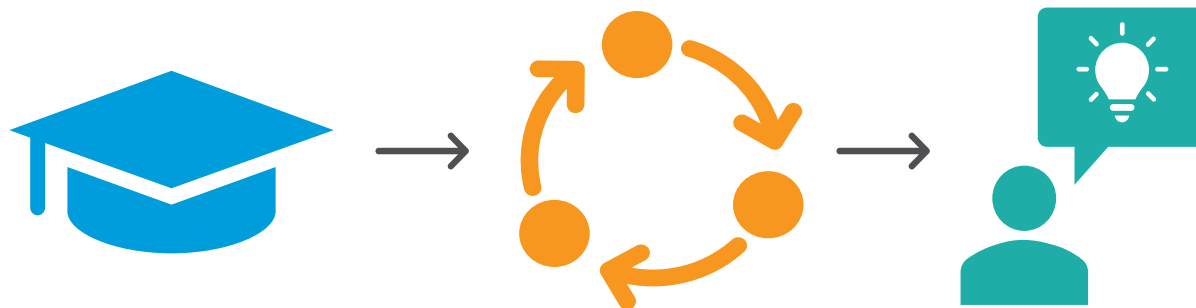
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# Begin With the End in Mind

During the presentation, visualize and plan how you will use the information:

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase collaboration within your network to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 and 90 days?



# Objectives

- Highlight common causes for behaviors
- Describe non-pharm behavioral interventions to support residents



# Introduction to Topic/Share Data/Value/WIFMs

- A report from the Office of Inspector General for the U.S. Department of Health and Human Services (OIG) found that from 2015-2019 both reporting of residents with schizophrenia in the MDS and number of residents who lacked a corresponding schizophrenia diagnosis in Medicare claims and encounter data increased by 194%. The report also indicated the highest percentages in nursing homes with lower RN/resident ratios and facilities with higher percentages of low-income subsidies.
- Recent study published in JAMA found rate of antipsychotic drug prescribing to people with dementia increased in the initial months of COVID-19 in the 6 countries studied and did not decrease to pre-pandemic levels after the acute phase of the pandemic had ended (Nov 2021). The findings suggest that the pandemic disrupted the care of people living with dementia and that the development of intervention strategies is needed to ensure the quality of care.

# Today's Speaker



Cary Levy, MD, PhD, CMD

Professor of Medicine

University of Colorado and the Rocky Mountain Regional Veterans Affairs  
Medical Center



## > Managing Behavioral Disturbances in Dementia



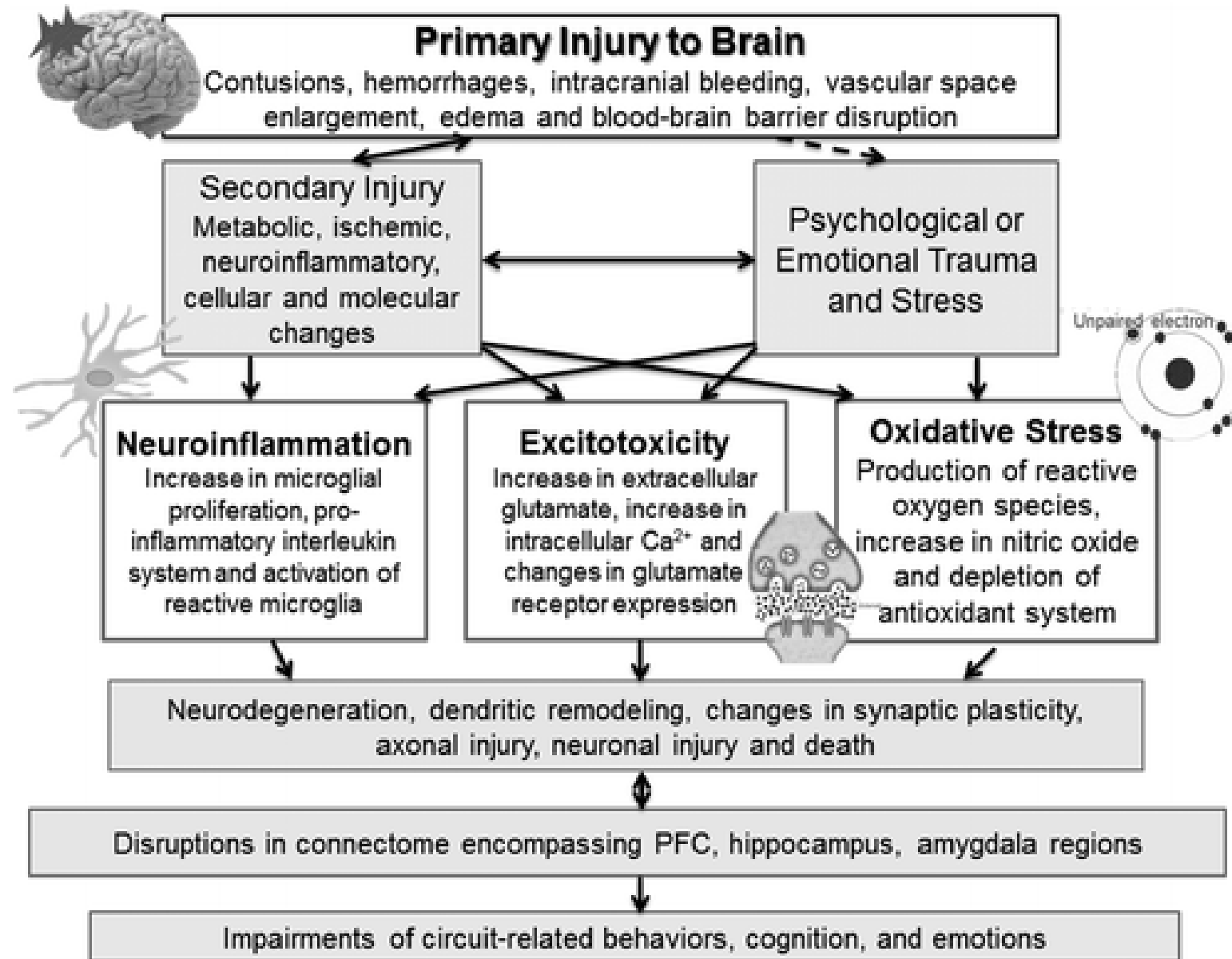
## “Agitated” Behavior

What makes you agitated?

- Headache or other pain?
- Being rushed?
- Too much commotion?
- Loud noise?

Guess what – you’re not alone!





# Assessment: A Day with Daisy

- Sticky notes
- Watch/phone reminder
- A day in Daisy's shoes:
  - Temporal onset and course
  - Associated circumstances
  - Relationship to key environmental factors
  - Care partner status and stressors



## Case Study: Beatrice



72yo female, retired nurse. She will not leave her room x 2 weeks. Agitated and strikes out at staff when staff attempt to walk her into the main areas of the facility. Speaks about ghosts and is angry at everyone for stealing her possessions.

# The **DICE** Approach



**Describe**

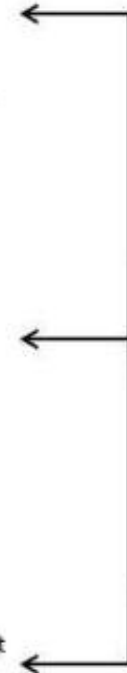
**Investigate**

**Create**

**Evaluate**

- Caregiver **describes** problematic behavior
  - Context (who, what, when and where)
  - Social and physical environment
  - Patient perspective
  - Degree of distress to patient and caregiver
- Provider **investigates** possible causes of problem behavior
  - Patient
    - Medication side effects
    - Pain
    - Functional limitations
    - Medical conditions
    - Psychiatric comorbidity
    - Severity of cognitive impairment, executive dysfunction
    - Poor sleep hygiene
    - Sensory changes
    - Fear, sense of loss of control, boredom
  - Caregiver effects/expectations
  - Social and physical environment
  - Cultural factors
- Provider, caregiver and team **collaborate to create** and implement treatment plan
  - Respond to physical problems
  - Strategize behavioral interventions
    - Providing caregiver education and support
    - Enhancing communication with the patient
    - Creating meaningful activities for the patient
    - Simplifying tasks
    - Ensuring the environment is safe
    - Increasing or decreasing stimulation in the environment
- Provider **evaluates** whether “CREATE” interventions have been implemented by caregiver and are safe and effective

Consideration of Psychotropic Use (Acuity/Safety)





# Care Plan for Beatrice



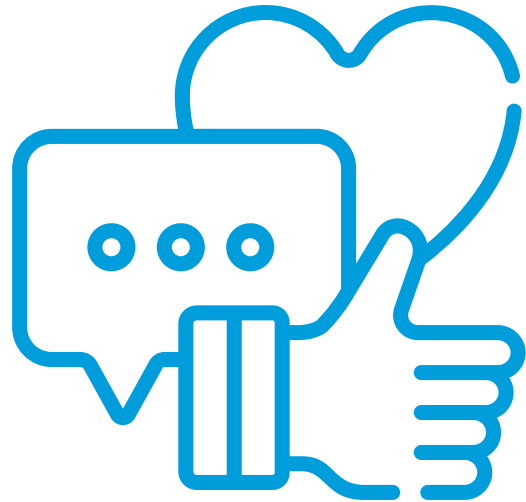
## Next Steps – Lead into Action

- Try the *A Day With Daisy* approach
- Meet as a multidisciplinary team and try the *Describe, Investigate, Create, Evaluate* (DICE) approach





## How Did We Do? Let Us Know:



Please fill out the poll before logging off

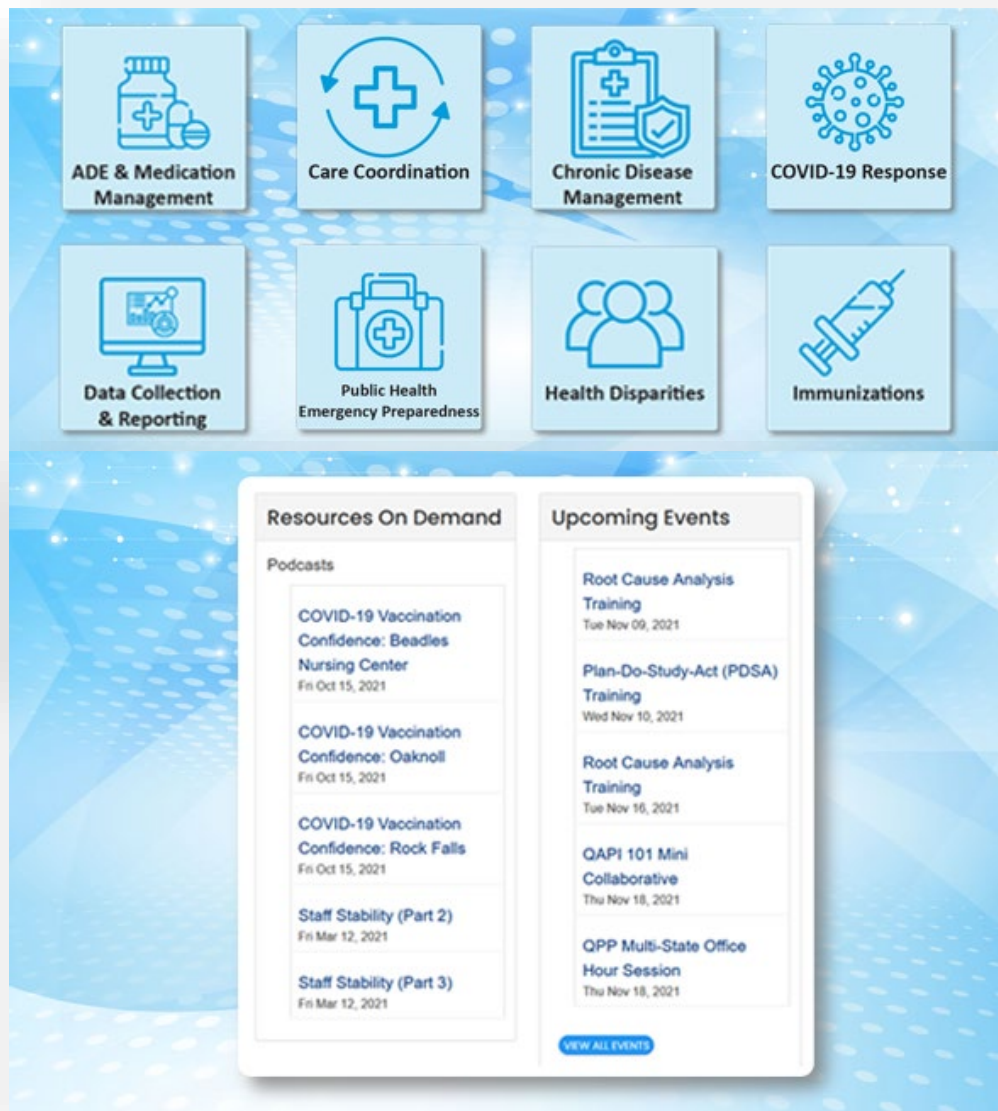
# Upcoming High-Risk Medication ECHO® Series Sessions

Join us on the following Wednesdays beginning at 7:30am MST/8:30am CST  
ECHO® Session Dates and Topics:

- Session 4: 3/8/23 – Beyond Meds: Meeting the Needs of Elders
- Session 5: 3/22/23 – Gradual Dose Reduction for High-Risk Medications
- Session 6: 4/12/23 – Communication Across the Care Continuum
- Session 7: 4/26/23 – Communicating with Residents and Families



Register here: <https://telligen.zoom.us/meeting/register/tZUrd-ioqDojGdYAnCnlmO48fDbLWZyWHsMS>



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