Managing Behaviors and Unnecessary Drugs

Linda M. Elizaitis RN, BS, RAC-CT
President

CMS Compliance Group, Inc.
E. lmelizaitis@cmscg.net
T. 631.692.4422
cmscompliancegroup.com
@lindaelizaitis
• Understand how to assess difficult behaviors and understand these behaviors as a form of communication of an unmet need

• Understand how to implement effective non-pharmacological interventions

• Recognize the importance of implementing an individualized, person-centered behavior management plan

What do we want to accomplish today?
The new RoPs: Why we need to focus on non-pharmacological interventions

- Residents who have not used psychotropics cannot be given these drugs unless necessary to treat a specific condition that has been diagnosed and documented in the clinical record.
- Residents who receive psychotropics must receive gradual dose reductions as well as behavioral interventions.
- **PRN Orders**
  - Residents do not receive psychotropics via PRN order unless necessary to treat a diagnosed specific condition that is documented in the clinical record.
  - PRN orders for psychotropics limited to 14 days.
    - If physician believes order needs to be extended, rationale needs to be documented in medical record along with duration for order.
  - PRN orders for antipsychotic drugs limited to 14 days.
    - Cannot be renewed unless physician evaluates resident for continued appropriateness.
Assessing Difficult Behaviors

Who is responsible for evaluating a resident?

- Nursing
- Physician
- Psychiatrist
- Psychologist
- Social Worker
- Recreational Therapy

What needs to be included in the evaluation?

- Severity of symptoms
- Nature of problem
- Types of interventions currently in use
- Review of potential causes that may be medical in nature
After the Assessment

Elements of an individualized behavior management plan

Include in plan:

- Identification of the problem behavior
- Information from the resident assessment - triggers
- Resident-specific behavioral interventions
- On-going documentation of the resident’s response to behavioral interventions – outcomes
- Evidence of on-going revisions to the individual’s care plan based on observed results
Implementing a Sound Plan

• Get creative – use the whole team for brainstorming
• “Pick the brain” of the staff member who always has success with the resident
• Reconsider a behavior from the point of view of the resident
• Reinforce with staff the importance of creating a “do-able” plan – make small changes
• Approaches need to be:
  • Non-threatening
  • Non-infantilizing
  • Non-restrictive
  • Appropriate for resident’s current abilities
  • Individualized, taking into account the person’s life history, culture and preferences
Don’t Forget the Family!

- The Resident Representative and resident’s family and friends are a great source of information on key details you need to know:
  - Preferred schedule – sleep/wake times, bathing preferences, meal times
  - Favorite:
    - Music/ TV program
    - Activities/ Hobbies
    - Favorite food/snack
  - Religious/Spiritual needs
  - Prior exhibited behaviors
  - Interventions that have been successful in the past
Identifying Unmet Resident Expectations

- Protect my rights
- Protect my autonomy
- Protect my individuality
- Don’t stereotype me
- Assist me
- Make me feel safe and secure
- Make me feel a part of the group
- Bond with me
Individual Stressors

- Fatigue
- Pain
- Unmet physical needs – hungry / thirsty / sick
- Visual/hearing impairments
- Changes in regular routine
- Changes in environment
- Lack of personal space/ privacy
- Staff expectations of resident that exceed current abilities
  - Abilities can change daily
- Frustration at being interrupted, criticized or corrected
- Excess stimuli
- Boredom

**Individual stressors that may impact the resident**
**Staff Behavior Modification**

- Cognitively impaired residents are more aware of staff emotions and attitudes
- Approaches need to be non-threatening
  - Approach from the front
  - Talk to the resident
  - Explain what is happening when providing care
- Recognition that we are sometimes the cause of the exhibited behavior – or what we do causes an escalation

**Staffing**

- Consider consistent assignment
- Inadequate staff numbers can lead to negative outcomes
  - Residents not fed/hydrated
  - Residents not toileted
  - Residents not having emotional or social needs met

**Monitoring**

- Monitor staff for burnout
- Stigmatizing
- Expressing frustrations towards resident
- Appropriate staff for unit – “want” to be there

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**Staffing Considerations**

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Addressing Potential Systems Issues

Communication with Staff

• How is behavior-related information being communicated to all responsible caregivers?
• How do staff share information with one another on “tricks” that seem to help?

Communication with Resident Representative

• How is the representative made aware of behaviors that are being exhibited?
• How is the representative made aware of the behavior management strategies that you have implemented?

Communication with the Resident

• How are residents involved in making decisions about their daily lives and the care being provided to them?
• How do staff communicate with residents when providing care, during meal times, etc.?
• What is the resident trying to communicate through a behavior?
Addressing Potential Systems Issues

Environment

- Even slight changes to the environment can have major impacts on cognitively impaired residents
  - Noise levels
  - Lighting
  - TV/radio
  - Shift change

Lack of privacy

- Used to living alone/with small family unit before admission – now transitioned into a communal space
- Consider roommate assignments – take behaviors into consideration

Other Potential Issues

- Protect your wanderers
- Sexual Behaviors
  - Assess residents for capacity to consent
Addressing Potential Systems Issues

Environment

Environmental Considerations

- Reduce noise, clutter and crowding of common areas
- Consider limiting the use of overhead paging systems
- Ensure staff are providing adequate supervision and are actively engaged
- Provide an environment where meaningful activities are conducted to engage residents based on their individual needs

Environmental Design

- Ensure residents who wander or require supervision have somewhere to go that is unrestricted, yet safe
  - Stimulate your walkers and wanders
    - Hallway décor
    - Manipulatives on walls
    - Walking path arrows
- Ensure proper wayfinding
  - Resident room identifiers
  - Memory boxes
  - Stationary objects to help orient residents to their location within the unit/facility
Addressing Potential Systems Issues

Activities

Sufficient Programming

- Many incidents occur on nights and weekends
- Addressing the needs of “night owls”
- Are individualized programs actually individualized and updated depending on results?

Group Programming

- Mixed populations may not be effective – i.e. Younger psychiatric populations with residents with dementia
- Distinguish between behavioral problems related to cognitive deficits versus behavioral problems related to psychiatric symptoms

Engagement

- Variety to engage all residents who exhibit behaviors
- Look for cues that programs may need changes
  - Residents sleeping during activities
  - Limited interactions from residents
Non-pharmacological Interventions

- Focus on positives – what can we do to make the person a little bit happier? Vs. How do we get him to stop?
- Entering the individual’s reality vs. trying to orient to staff reality
- Reminiscence Therapy
- Therapeutic Touch/ Massage
- Music Therapy
- Social Activities – Walks, Conversations
- Snacks
- Sufficient staffing
Interventions for Aggressive Behaviors

• Distraction
  • Social activities
  • Exercise

• Population-appropriate activities/groups

• Sexual Behaviors
  • Crafts that require use of hands
  • Stuffed animals/toys
  • Clothing that opens in back/ lacks zippers

• Wandering
  • Use of stop signs/barricades
  • Redirection from other residents’ rooms/personal space
  • Scheduled monitoring for predatory behaviors
  • Painting exit doors/fire doors to reduce wandering
## Activities for Individuals with Dementia

### Based on prior activities
- Bake
- Decorate cookies
- Make sandwiches or salad
- Fold laundry
- Dust
- Water plants
- Polish silver
- Ball/darn socks
- Look through recipes
- Have a manicure/makeover

### Based on prior hobbies
- Gardening
- Arrange flowers
- Wind yarn
- Make clay sculpture
- Make a collage
- Dance
- Sing songs/hymns
- Sand woodblocks
- Coloring books – age-appropriate
- Have high tea

### Based on cognition/physical level
- Chair Yoga
- Name games (states/capitals)
- Card games (Uno, Old Maid)
- Play balloon volleyball
- Finish famous quotes
- Try different scented lotions
- Aromatherapy hand massage
- Take a walk

### Based on reminiscence
- Talk about a special vacation
- Look at old/baby pictures
- Look through old catalogues
- Write a letter
- Look up names in Yellow Pages
Animal-Assisted Therapy

- AAT has been shown to help people with dementia by:
  - Decreasing anxiety
  - Improving concentration
  - Increasing motivation
  - Improving wakefulness and sleeping conditions

- Residents who touch animals exhibit more social behaviors

- Also provides a meaningful activity
De-escalation

• Use of active listening

• Not making assumptions

• Control the environment

• Change the environment
  • Quiet Room
Thank you to **Pharmscript** for having CMS Compliance Group present today on Managing Behaviors and Unnecessary Drugs.

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**Thank you!**