

**Reducing the Use of Antipsychotics
in NWO Skilled Nursing Facilities
First Quarter Progress Report to the Ohio Department of Medicaid**
Timeframe: January 1, 2018 through March 31, 2018

The first quarter of 2018 saw a positive continuation of collaboration between the facility staff members in the project with the consultants. During this time period the following activities occurred:

- A. The participants that received the initial education during the replacement class that was referenced in the last report truly did hit the ground running. They quickly engaged with the project completing the RCCT assessments which then lead to implementation of a variety of the project components. It was rewarding to see their enthusiasm and the effect that had on the previous participants at the facility level. For many facilities it gave them the additional participant which was extremely helpful to the facility, the initial participants and ultimately the residents.
- B. The technical assistance provided Barbara Brock in learning more the intricacies of the RCCT assessment continued throughout the quarter.
- C. The onsite consultants continue to work with the facility staff as they review and revise their implementation plan for the project components. It is productive to see each facility make the project their own as they select the sequencing of the addition of the more than eleven non-pharmacological behavior management interventions they have available to them. This flexibility in time and task selections is the benefit of this three-year plan.
- D. The Memory Care Consultants continued to make facility visits as well as working with the participants on the phone and via emails to address specific questions. The trust the facility participants are exhibiting with these consultants continues to grow as the project is becoming a part of the way the facilities work with the residents with memory loss.
- E. The second of the three face-to-face educational sessions occurred in the month of March. Project participants came together for a one day learning session where they were able to discuss the project with others; discuss ways to manage barriers; and share project approaches and successes. Additionally they learned more about the way the project dovetails perfectly with the concept of person-centered care. One of the fun challenges was how to talk about the wide variety of components of this project. It was recommended that the project be given a name that would speak to all of the components that are utilized. Of course each facility can name the

project as it works best for them but the following name was offered to all: Keys to Living or the KTL Project.

- F. The grid on page 3 shows the project progress as of the completion of January and February of the 1st quarter. The educational session was the focus of the March activity. The consultants met with the participants from their facilities at the educational session rather than making visits to the facility. Therefore the data for March was not collected. That data collection will resume in April. The aggregate data continues to be reflective of data submitted by 37 facilities. There is a steady increase in all components.
- G. The monitoring of the number of residents admitted with antipsychotic medications continues. There is an increased awareness among the participants that this action can potentially be the easiest way to reduce the use of antipsychotic medications, to the benefit of the residents not to mention the reduction in their QM score. Interesting to note that the number of residents who had an antipsychotic medication ordered during a hospitalization but that medication was not brought forward into the facility almost doubled from the running total for all of 2017 of 20 to the two month total of an additional 19. This aspect will continue to be closely monitored.
- H. The remainder of statistics shared on the grid on page 3 show a consistent increase in resident involvement in the project. Each of these components are directed at increasing resident feelings of usefulness and success while reducing feelings that lead to challenging behaviors.
- I. The resident and family stories that have been shared demonstrate the value of knowing the resident as a person coupled with knowing their CFA. It is to see the "AH" 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 1ST 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	65%
CHATTER BAGS - OF ALL FACILITIES	49%
QUESTION OF THE WEEK - OF ALL FACILITIES	59%
RESIDENTS IN PROJECT 4/1/17 TO PRESENT	459
RCCT ASSESSMENT COMPLETED AND SHARED 4/1/17 TO PRESENT	568
"I WAS THINKING" BOOK COMPLETED 4/1/17 TO PRESENT	159
ADMISSIONS WITHOUT ANTIPSYCHOTIC 4/1/17 TO PRESENT	548
ADMISSIONS WITH ANTIPSYCHOTIC ORDER BUT DROPPED 4/1/17 TO PRESENT	39
ADMISSIONS WITH ANTIPSYCHOTIC MED ORDER IN PLACE 4/1/17 TO PRESENT	279
NUMBER OF RESIDENTS WITH A GDR IN PLACE 4/1/17 TO PRESENT	173
PHOTO BOOK CREATED AND SHARED 4/1/17 TO PRESENT	94
GIFT OF PURPOSE SESSIONS 4/1/17 TO PRESENT	6467
GIFT OF PURPOSE RESIDENTS 4/1/17 TO PRESENT	1251