Avoiding Hospitalization for Behavioral Disturbances

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Assessment of “State of Readiness”

How ready are you to avoid hospitalization for individuals with behavioral disturbances?
Where is the resident?

Challenges for Administrators

How do we keep the resident front and center?

How do you, as a leader, adhere to regulatory requirements while keeping a clear line of sight to both the fiscal needs of the organization and the clinical needs of your residents?
What about compliance?

Compliance is a routine part of a leader’s day. It determines, to a large extent, “why” we do “what” we do.

CMS → 15-percent reduction in the use of antipsychotic medications
CMS → Penalties for re-hospitalization

What is the real impact?

Hitting these “marks” have positive implications

- Reputation
- Relationships with other care providers
- Fiscal benefits (occupancy, reimbursement)
- Employee satisfaction
More Challenges

- How to get prescribers on board
- How to get nurses on board
- How to get direct caregivers on board
- How to get everyone on board quickly

Many Eyes Watching

- We are no longer an “island.”
- Increased oversight for how individuals move throughout the health-care system
- Increased oversight into “how” we address health-care needs of those we treat
Readiness Assessment

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*Develop plan to address those that rated 2 or below. Consider potential action for ratings of 3.*

Setting the Stage
How prepared are you?

- Is your facility **prepared to admit** the most challenging types of residents?
- Is your staff **adequately trained** to care for these residents?
- Do you have the **necessary supports** in place to manage residents with behavioral issues?

Residents have Complex Needs

- Types of residents admitted to long-term care facilities are becoming more challenging to manage.
  - Medically compromised
  - Advanced dementia
  - Behavioral disturbances
  - High risk for falls

* Case examples
Performance Improvement (PI)

- Identify reasons for decreased census.
- Collaborate with affiliating referral sources for feedback and input regarding areas for improvement.
- Improving resident-flow process
  - Intakes
  - Turnaround time for case review/ approval/admission
- Tracking and trending data

Organizational Readiness

- Policies and procedures are in place.
- Staff are trained and competent in their skills.
- Expectations regarding types of residents admitted are clear to all staff and administration.
- Board of directors is in agreement with types of residents who can be managed at your facility.
Staff Competency

- Staff are more confident if they feel competent.
- Providing ongoing training to staff for effective management of behavior disturbances is essential!
  - Crisis de-escalation
  - Constant observation or 1:1 sitter
  - Management of combative behaviors

Discharge Planning

- From hospital-based care to long-term care setting
  - Decreased length-of-stay in hospitals
  - Prioritizing long-term care facilities which process a referral expediently
  - Forging positive collaborations is imperative for efficient movement of individuals across the continuum of care.
Excel at Quality

How does your organization measure up?

How do you measure, monitor, communicate, and follow up to ensure your organization is on target?
Quality makes a difference!

- High-quality care is less costly than poor care.
- Facilitates improved care outcomes
- Improves organizational efficiency
- Increases satisfaction with services delivered
- Improves organizational image and employee morale

Consequences of Poor Quality

- Poor quality = increased costs and inefficiencies
- Longer lengths-of-stay
- Duplicative services and tests
- Lack of coordinated care between health-care settings
- Increased volume of avoidable readmissions
- Substandard/poor care outcomes
- Diminished satisfaction with care and services
- Lower reimbursement rates for services delivered
- Organizational image compromised
Current Trends in Health Care

- CMS health-care-acquired conditions: no extra payment for avoidable complications during a hospital stay
- Penalties for hospital readmissions within specified timeframes
- Focus on person-centered care and non-pharmacologic strategies to manage behavioral disturbances.
- Systems to monitor quality and improve care outcomes and services are essential tools to measure overall organizational performance.
- Accountability for care outcomes and quality of services tied into employee performance evaluations and annual merit raises.
- Increased transparency
- Top-down, frontline, down-top communication expected

What does this mean for skilled-nursing and assisted-living facilities?

- Prepare for a future in which reimbursement for services delivered is directly related to care outcomes and quality of services!
- CMS is currently exploring how to expand these programs to skilled-nursing facilities.
- Assisted-living facilities have improvement opportunities in this area as well.
- Evidence is pointing toward those who invest in quality improvement will see a return on the investment.
Quality Initiatives

Centers for Medicare and Medicaid Services (CMS), American Health Care Association (AHCA), and National Center for Assisted Living (NCAL) concentrating on:

Safely Reducing Hospital Readmissions

AHCA and NCAL also concentrating on:

Safely Reducing Off-label Use of Antipsychotics
Safely Reduce Hospital Readmissions

- 1 in 4 persons admitted to SNF from the acute-care setting is readmitted to the hospital within 30 days during his/her SNF stay (AHCA, 2012).

Behavioral Disturbance and Emergency Department Visits

Summary of study conducted by Stephens, Newcomer, Blegen, Miller, and Harrington (2011) University of California, San Francisco:

- N = 132,753 nursing-home residents
- 82,335 had at least one Emergency Department (ED) visit.
- Residents with mild and moderate cognitive impairment highest rate of ED visits.
- Probability of ED visit and/or hospital admission negatively associated with advanced dementia.
- Poor quality/fragmented care between care settings
- Frequently associated with greater cognitive and functional decline and iatrogenic complications
- Many ED visits are potentially preventable.
Reduce Hospital Readmissions Related to Behavioral Disturbances

- 90 percent of individuals with dementia develop behavioral disturbances during the course of the disease process.
- 65 to 91 percent of older adults in long-term care facilities have a psychiatric disorder.
- Timely and effective treatment can reduce the proportion of ED visits and acute-care hospitalizations.
- Having an organizational plan to address behavioral disturbances is a key component of this endeavor.

Common Behavioral Disturbances in Dementia

**Aggression**
- **Verbal**: screaming, swearing
- **Physical**: hitting, biting, kicking, scratching, grabbing

**Non-aggressive behavioral**
- **Verbal**: repetitive questioning, complaining
- **Physical**: wandering, pacing, hoarding, rummaging, hiding, taking other people’s belongings, voiding in inappropriate places, following others, resistance to care, intrusiveness, inappropriate mannerisms

**Affect-Mood**
- Anxiety, depressive symptoms, apathy, irritability, anger, outbursts

**Thought and perception**
- Delusions, hallucinations, illusions, misperceptions

**Vegetative symptoms**
- Sleep disturbances, insomnia, increased daytime napping, sun downing

**Sexual**
- Hypo sexuality, hyper sexuality, sexual disinhibition

Do you have a plan?

- How will you manage potential increases in behavioral disturbances related to reduced antipsychotic usage?
- How will you reduce the potential to transfer residents to ED for evaluation and possible admission for behavioral disturbances?

Preparing Your Health-care Organization for Success

- Behavioral-management program
- Policies and procedures
- Selective recruitment and retention of personnel
- Evidenced-based professional development programs
- Assessment strategies
- Person-centered interventions
- Non-pharmacological approaches
- Reserve pharmacological interventions for severe behavioral disturbances
- Documentation strategies
- Develop relevant quality measures
- Monitor and evaluate outcomes
- Action planning to address opportunities for improvement

Professional Development Programs to Facilitate Success

- Understanding the etiology of behavioral disturbances
- Crisis-prevention techniques
- Dementia-specific education
- Person-centered care
- Non-pharmacologic strategies to manage behavioral disturbances
- Documentation guidelines for assessing, treating, intervening, and evaluating outcomes of behavioral disturbances

Quality monitoring is essential.

*Develop a process to track:* ED visits and acute-care hospitalizations and readmissions to acute care
- Medical and psychiatric
- Conduct case reviews
**Suggested Quality Monitoring**

*Develop a process to track:*

- Evidence of person-centered care interventions utilized prior to administration of antipsychotic medications
- Guidelines for prescribing and documenting antipsychotic medications for behavioral disturbances are adhered to
- Off-label use of antipsychotic medications for behavioral disturbances
- Resident attendance at therapeutic-activity programs
- Employee and resident injury rates related to behavioral disturbances
- Frequency and distribution of Code Grays
- Employee attendance at professional-development programs

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**Quality Indicator Guidelines**

- High risk
- High volume
- High risk/low volume
- Problem-prone process
- Federal and state regulations
- Resident-safety goals
- National and state quality initiatives
- Benchmarking opportunities
- Financial viability
- Results from federal and state surveys
- Resident satisfaction surveys
- Employee satisfaction surveys
Dimensions of Performance

- Safety
- Timeliness
- Efficiency
- Availability
- Effectiveness
- Continuity
- Appropriateness
- Efficacy
- Respect/dignity

Quality-indicator Essentials

- Indicator name
- Criteria
- Sample size (include numerator/denominator or specific population)
- Frequency of monitoring (daily, weekly, monthly)
- Acceptable threshold
- Target or goal
Evaluate Quality Outcomes

- Resident-care outcomes
- Resident/organizational safety outcomes
- Resident/employee satisfaction
- Cost effectiveness of services delivered
- Efficiency and consistency
- Can you prove yourself to major partners, payers, referral sources, investors, and your competitors?

Closing Thought

“Whatever is worth doing at all, is worth doing well.”

- Philip Stanhope
References

Organizational Culture

An organizational culture is defined as the set of shared attitudes, values, mission, goals, and practices that characterizes an institution, organization, or group.

Organizational Goals

Your organization has to assess if providing care for residents with potential behavioral challenges is appropriate for your culture and part of your values.
Organizational Core Values and Leadership

The core values of an organization begin with its leadership, which then evolve into a leadership style.

Staff are led by these values and the behavior of leaders, resulting in the consistency in the messages that the staff receive regarding expectations.

Values and Vision

These core values should translate through the vision and through each level of the organization, taking into account all areas of care.
Administration’s Expectations

This is very specific to the organization and care environment.

What do they need from administration?

Program leaders need to align with administration to reinforce expectations and ensure the provision of quality care.
To make the cultural shift toward managing residents with psychiatric/behavioral disturbances...

Administration needs to evaluate...

What to consider?

Organizational culture and expectations
Organizational physical layout
Hiring practices – Screening candidates
(Management processes)
Professional skills - Staff orientation and training and competency
* Therapeutic activities and programming
Psychiatric support
Medication management
Organizational Physical Layout

- Is this space appropriate for residents with a high potential of exhibiting behavioral outbursts?
- What kind of space do we need to manage these residents safely and efficiently?
- Where is the best location for designated quiet space or activity space in my facility?

Screening Candidates

What interested the candidate about the position?

Does the candidate's response align with your organization's mission and demonstrate an interest in the care setting and the residents whom you serve?
What are the core competencies that administration expects the staff will be able to demonstrate and utilize in providing care for and managing the behaviors of residents with challenging behaviors?

**Competency – Staff Training**

- Understanding the etiology of behavioral disturbances
- Crisis-prevention techniques
- Dementia-specific education
- Person-centered care
- Non-pharmacologic strategies to manage behavioral disturbances
- Documentation guidelines for assessing, treating, intervening, and evaluating outcomes of behavioral disturbances
- Pharmacological interventions and ongoing assessment of effectiveness
A therapeutic activity program is one of the most crucial components of care in a facility. Without proper structure, programming, and meaningful activities, your facility is a holding station and may not be able to accommodate those residents with behavioral/psychiatric issues.

Qualifications

- In order to assure you can develop the best programming for your residents, you should have qualified staff.

- Consider certification through the National Certification Council for Activity Professionals [www.nccap.org](http://www.nccap.org).
Hiring the Right Activity Professional

As we all know, the interview process is important and using the correct interview questions are vital!
- Interview individuals with the proper certification and previous experience.
- Ask the traditional questions and then get into specifics regarding groups, working with difficult residents, and how to handle outbursts.

Example questions and appropriate answers may include:
Q. Can you tell me about the most successful program/group that you developed and what type of residents benefited from it?
A. I started a new program on a small unit that primarily consisted of residents who were restless, wandered, couldn’t focus, and were always getting into things they should not be in. I broke the program into a morning and afternoon schedule, similar to a work environment in which they come in and out to complete different tasks/jobs. It has helped them to stay focused, oriented, and full of self-confidence.

Appropriate Responses

(Continued) Example questions and appropriate answers
Q. How would you cope with residents with challenging behaviors, i.e. the sundowner who argues with peers or the resident who is always calling out looking for her home or family?
A. We moved residents with sun downing to a different location that was well lit for change of environment and had programming for them later in the day, until late in the evening. With residents who were calling out, we verified first if they were medically stable, then we worked on providing comfort and reassurance, i.e. validated their response, discussed their past, offering short programs to move on to the next materials to keep them structured.

Q. Tell me about some of your experiences of working with the interdisciplinary team to reduce residents' inappropriate behaviors.
A. We worked on cases as a team to reduce residents' periods of being combative with care/treatment. We assessed when the residents were struggling, and we worked out their care times around groups that were stimulating. Once the resident was stimulated from the group and more in the here and now, we explained the level of treatment and care they were going to receive for awareness and reassurance.
Consider All Staff

In relation to educational needs, consider all staff relative to expectations in a situation when behavior is escalating. What are their roles and expected competencies? In order to succeed it is important for all staff to have the tools they need.

Ongoing Education

Can you provide me with an example of when you had to deal with a confused or demanding resident? What was the result?
Psychiatric Support

Do you have a psychiatrist on staff or as a consultant that is readily available to assist your resident needs?

Is the staff aware of the psychiatrist's role and supportive of his/her recommendations?

Medication Management

How does staff manage, monitor, and report effectiveness of medication?
If it is decided that the expectation is that your facility is equipped to care for residents with behavioral challenges, then providing the staff with the necessary tools is essential.

“Whether you think you can or whether you think you can't, you're right.”

Henry Ford