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PHCA ANNUAL CONVENTION 2017 Excellence in Quality Contest

Organization: Schuylkill Center

Company/Corporation: Genesis Healthcare

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Quality Category (Please select the one that best describes your storyboard):

Best Practice in Integrating a Quality Culture

Evaluation Criteria: (Insert responses in each section below)

I. Indicate the problem that the quality project was trying to solve/impact.

Schuylkill Center has a quality centered, interdisciplinary approach to all aspects of patient care. Schuylkill Center has achieved a deficiency free CMS survey for 10 consecutive years that validates that the quality focus is engrained into our daily practice.

Although our outcomes are great, we continue to strive to increase quality for our patients. As examples, in 2016 we initiated two performance improvement projects. A siderail reduction initiative and an antipsychotic reduction plan.

II. Outline the root cause analysis that occurred as part of the process.

We reviewed our baseline list of residents and determined the reasons for increased use of siderails & antipsychotics. As a result we determined that the root cause was based in patient, family, staff & physician attitudes & beliefs that such interventions kept patients safer & in the case of antipsychotics, the benefit of use was greater than risks and belief better control was achieved with medications. We realized that we had to challenge our outdated thinking using a patient centered approach.

III. Describe the process that was implemented or adapted.

For side rails, the process was changed to have an interdisciplinary collaboration with therapy and others as part of the team. Before a siderail is used the patient is assessed for that need by both nursing and therapy. Following the assessment a discussion with all important decision makers including the patient/family, nursing, therapy, and physician. Benefits and risks of this decision is discussed and weighed and a decision is made. Usage rate has fallen from 57% to 27.8% as of April.

IV. Outline the monitoring plan, timeframe.

Continued from above: Antipsychotics were reviewed with psyche services, attending MD, nurses, direct care CNAs and families, along with patient assessment for alternative interventions. Patients were identified after assessment as reduction candidates and physicians ordered alternative or nursing interventions were implemented. This new process led to a usage rate of 9.62% which is down from 17.03%.

Both processes are monitored on a daily basis and reviewed monthly in the center's monthly QAPI

V. Identify challenges/pain points that occurred throughout the process.

Barriers to both programs were family and staff. They were resistant to reducing both siderails and antipsychotics because they did not fully understand the level of risk that is associated with these interventions. They needed to understand that the decision to use either side rails or antipsychotics requires a more sophisticated risk benefit analysis. Education was provided and successful.

VI. Indicate any adaptations or modifications that were made throughout the process.

none were needed

VII. Provide the plan for sustainability.

Both programs are reviewed daily in routine clinical meetings, care plans and family discussions. By incorporating a continual review of these interventions we have been able to integrate it into our daily work. As a results our improved performance has been sustained.

VIII. Outline the status of the project (include progress towards goal).

Both of these projects have moved into our daily work and have become part of our culture. This hardwiring of the process has resulted in continued sustainability. If we notice that our rates start to creep up again we will move these initiatives out of a maintenance status into active performance improvement projects again.

Side Rail Reduction

The purpose of this QI product is to reduce the number of antipsychotic medications given to the residents in the long term care setting. The study began in March 2016 and is ongoing. The purpose and intended goals of the project were to: improve the quality of life of the residents through accurate assessment of current antipsychotic medications, to educate all staff/families/residents on the potential effects of antipsychotic medications, to educate staff on the need and importance of evidence based practice, and to decrease the overall average of antipsychotic medication usage.

The current practice as of March 2016 is that the patient arrives from the hospital with a list of discharge medications, the nurse calls the attending and gets them verified, the nurse gives medications based on the orders, the nurse obtains the consent for the antipsychotic medications, the nurse performs a psychotropic medication assessment monthly, and finally a behavior sheet is started for potential side effects as well as behaviors.

In May 2011, the Inspector General of the Department of Health and Human Services issued a report indicating that 304,983 elderly nursing home residents (14%) received atypical antipsychotic drugs between January 1 and June 30, 2007, at a cost of hundreds of millions of dollars for the six-month period. 83% of the claims were for off-label conditions, including 88% for conditions specified in the black-box warning given to antipsychotic drugs by the Food and Drug Administration (FDA).

The following diagnosis are FDA approved for the use of antipsychotic medications: Schizophrenia, Schizo-affective disorder, Delusional disorder, Psychotic mood disorders (mania and depression with psychotic features), acute psychotic episodes, brief reactive psychosis, schizophreniform disorder, atypical psychosis, Tourette's disorder, Huntington's disease, and Short term (7 days) treatment of hiccups, nausea, vomiting, or pruritus.

Antipsychotic medications are often started in the community setting to treat psychosis (i.e., hallucinations, delusion, or paranoia) and/or the agitation (i.e., aggression and irritability) associated with dementia. A study published within the Archives of Internal Medicine found that more than one third of residents in nursing homes lacked a clinical indication for the appropriate use of an antipsychotic. There is no approved treatment for behavioral and psychological symptoms of dementia (BPSD). Atypical antipsychotics are associated with increased risk of seizures, development of diabetes, with some causing life-threatening prolonged QT interval.

The antipsychotic reduction program was put into effect. The following steps were taken: Education provided to all staff regarding antipsychotic usage, education provided to all families and residents currently on antipsychotic medications, all antipsychotic medications tracked by RN, all new admissions and readmissions with orders for antipsychotics evaluated by nursing using a patient centered approach. A gradual dose reduction was performed (when evaluation determined appropriate) , in 3 steps starting with as needed medications, then low dose medications, and finally residents on an antipsychotic who are continuing with behavior symptoms. Alternate interventions were initiated when needed. The barriers to the program were the physician's reluctance as well as family and resident's belief that the medication is needed.

The final result of the reduction program is an overall reduction achieved at 9.62% antipsychotic usage, down from 17.03%. This was a 7.41% reduction achieved from GDR.



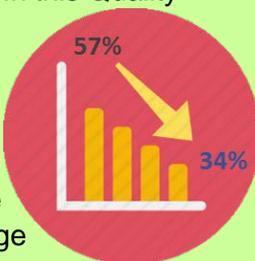
An Interprofessional Approach to a Side Rail Reduction Program:

An Evidence Based Approach to QAPI in Long Term Care

Erin Woodford, BSN RN

INTRODUCTION

Despite nurses' awareness of the risk of side rails in health care settings, from **2003 to 2012 there were 155 fatal side rail accidents in the United States**, 25 of which were in the long term care setting. Alarming, in that same time period, there were 36,900 non-fatal side rail injuries. In this Quality Assurance and Process Improvement project, we **reduced the use of side rails from 57% to 34%** over a six month period in our long term care practice setting. A significant change in process involved removing nursing from initial assessments.



- G** To improve quality of care through accurate assessment of needed devices for bed mobility
- O** Decrease risk for injury associated with use of side rails
- A** Educate all staff to about side rail risks and benefits
- L** Educate staff on need and importance of Evidence Based Practice, and interprofessional collaboration
- S**

When facilities use a interprofessional collaborative practice model where multiple workers from different professional backgrounds work together with patient, families, and caregivers the highest quality of care is achieved. (WHO, 2010)

APPROACH

Properly evaluating side rail need will eliminate unnecessary use and decrease injury related risks associated.

- Review literature on side rail injuries and best practice guidelines
- Review literature on interprofessional collaboration
- Assess current process in center
- Evaluate areas of current program for change
- Engage ID team for collaboration and support
- Educate family and staff
- Implement new interprofessional program



- Routine rail use began when staffing levels were at a critical level during the 1950's post war and the dawn of institutional liability began
- Best practice suggests that self-awareness, assessment and documentation are the keys to safe use or non-use of side rails
- Rails are not normal practice tools and residents must be individually assessed for use
- Rails do not prevent falls

COLLABORATIVE PROCESS

- Occupational therapy performs assessment for side rails based on their findings with bed mobility for all new admissions and quarterly with existing patients; this information will be relayed to nursing staff who will continue with patient/family education related to side rails.
- Occupational therapy to recommend side rails when warranted based on patient physical need, risks and benefits evaluated in collaboration with nursing, and physician.
- After therapy assessment for side rails support use, nursing staff to continue monthly assessment to ensure they remain in proper use for patient. This assessment is documented in nurse's notes as is the current process.
- Ongoing patient assessment will be done by ID team during rounds. Rescreens will be sent to therapy as needed.
- Patients that progress to not needing side rails presented a Certificate of Accomplishment by the therapy staff.

Using an interprofessional approach consisting of occupational therapy taking the lead and an interprofessional team engaging in continuous assessment of patients' needs for side rails, with staff and family education being an important component, we were able to significantly reduce side rail use at our facility.



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