

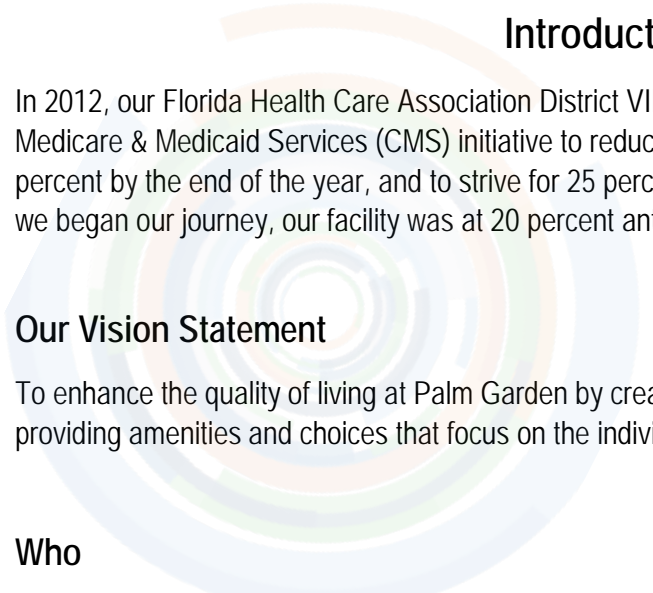


The Palm Garden of Ocala Story: It's All About Having Choices



Palm Garden
OF OCALA
HEALTH AND REHABILITATION CENTER

A Member of The National Nursing Home Quality Care Collaborative (NNHQCC) in Florida



Introduction to the Initiative

In 2012, our Florida Health Care Association District VIII President challenged all facilities to exceed the Centers for Medicare & Medicaid Services (CMS) initiative to reduce the use of antipsychotic drugs in long-term care residents by 15 percent by the end of the year, and to strive for 25 percent reduction. Palm Gardens of Ocala took on the challenge. When we began our journey, our facility was at 20 percent antipsychotic use.

Our Vision Statement

To enhance the quality of living at Palm Garden by creating person directed care within a home-like environment, and by providing amenities and choices that focus on the individual.

Who

The first step we took was to identify a multi-disciplinary team of passionate team members who wanted to meet the goal. The team included a psychiatrist, consultant pharmacist, medical director, director of nursing, social services director, certified nursing assistant (CNA), and activities director.

What – First Steps

The team obtained a list of all residents currently on antipsychotics, their start date, and drug and dose. We requested a discontinuation for residents on PRN with infrequent use. We then reviewed the diagnosis for all remaining residents and gradually discontinued antipsychotics that did not have a supporting diagnosis.

How – What Happened Along the Way

- Conducted meetings with the psychiatrist, consultant pharmacist, and medical director to discuss the goal and present at the next facility QAPI meeting
- Offered education to our staff, attending physicians, and physician extenders about the goal
- Discussed the goal with families and caregivers at the Resident Council meeting
- Included articles and progress reports in the Palm Garden monthly newsletter
- Continued committee meetings to review all residents receiving antipsychotic drugs, and addressed behaviors and triggers for residents to actualize individual care approaches
- Created an individualized needs and desires sheet for CNAs
- Worked with the resident to create a customized routine and tried to maintain the schedule
- Embraced consistent assignment and obtained as much information about the resident upon admission as possible
- Encouraged individualism with our residents and looked for unique triggers of behavior to actualize patient-centered care
- Eliminated and minimized unnecessary noises like buzzers, bells, alarms and overhead paging
- Monitored the nighttime environment to ensure that residents were able to get four hours of REM sleep to minimize confusion (reference sleep study)
- Gave night shift staff flashlights to enable lower lighting levels when checking on their residents

When – Developing Momentum

As we started to see residents improve, we worked together to create individualized, non-drug interventions that were meaningful to our residents. Residents began sharing their talents like singing, dancing, drawing, and painting. They began to take ownership and pride in being part of the facility. For example, some would deliver mail to other residents, set dining room tables, dust areas, and provide feedback for facility improvements.

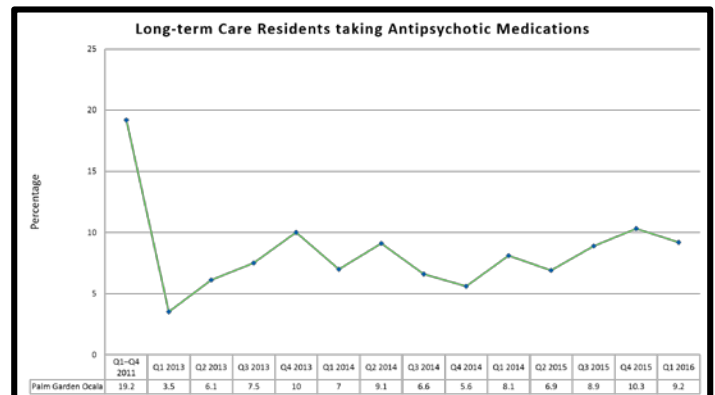
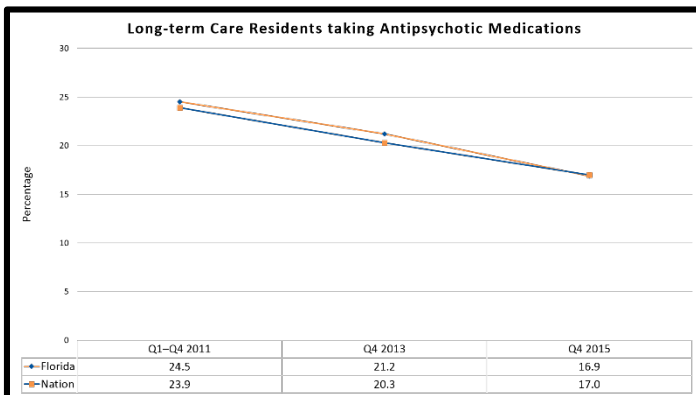
- We developed programs to keep people active and engaged, and then monitored participation and interest.
- We created zones within the facility. These zones describe the activities that might take place there. For example, Fun Zone, Quiet Zone, Pamper Zone, and Spa.
- We incorporated aromatherapy, pet therapy, music therapy, massage therapy, reminiscence therapy, exercise and gardening, and resident directed med pass.

We shaped an environment of open and constant communication between our psychiatrist, nursing staff, physicians, and families to ensure that our residents are functioning at their highest level possible.

Where – Benefits and Changes

The consultant pharmacist and psychiatrist have a significant and influential role in providing clinical and regulatory expertise to provide benefit vs. risk analysis for each resident, and facilitated for gradual drug reduction or discontinuation. The multi-disciplinary team is changing at the same time the residents are improving and both changes are enhancing the living and working environment at our facility.

Data



Conclusion

Antipsychotics do not treat dementia. Instead, pharmacological interventions sedate and subdue residents. Multi-disciplinary commitment and family inclusion is essential to be successful. The greatest chance for improved quality of life, quality of staff life, and quality of resident care, is through individualizing resident care, learning their preferences, adapting the preferences as they become more engaged, and honoring their preferences so that they feel validated, respected, and understood as people first and patients second.

Celebrate Successes

