



*South Carolina Initiative to Improve Dementia Care  
and Eliminate Off-Label Antipsychotics*

*Coordinated by LeadingAge South Carolina*

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## **QUICK TIPS FROM AP REDUCTION TO INDIVIDUALIZED DEMENTIA CARE**

Pilot homes examined the situation for each resident triggering for off-label AP use to identify what they could do differently for the resident. Understanding that all behavior has meaning and is a form of communication, they strove to understand what residents were communicating about their needs. The Hand in Hand provided techniques to use to understand and respond to residents' behaviors. Through the training, staff learned that lack of deep REM sleep contributes to distressed behaviors. Pilot homes took on improvement projects to maximize sleep. They changed morning and nighttime routines, resulting in better sleep and reduced agitation. One home said, "It made us think about things differently, that we could do things differently."

### **Eliminating Off-Label AP Use**

- 1. Analyze your CASPER Resident Level Quality Measures report** to identify the residents who need APs reviewed. Find out when and why the APs started and are used. Determine to address the situations that prompt AP use. Pilot homes discussed each resident and found that by changing their approach and timing they could reduce the distressed behavior. Several pilot homes regularly review residents to discuss behaviors and GDRs. At one home, "our Unit Manager is not afraid to try GDR because staff aren't afraid to try changes to approach."
- 2. Stop using PRNs:** Homes looked at when a resident is being given a PRN and examined the circumstances closely. At one home a CNA who knew how best to approach a resident shared tips with her co-workers. At another, sitting in the sunshine reduced behaviors.
- 3. Track and trend** to observe a resident and learn what's triggering their distressed behavior.
- 4. Explain why to staff** - A pilot home did a mini-training explaining that behavior is communication, and that APs are a slow killer for people with dementia. At one pilot home the social worker huddles with staff daily about residents' behaviors and effective responses.
- 5. Work with the hospital:** Pilot homes worked with hospitals to eliminate the APs before transfer and to have their physicians discontinue new APs upon arrival.

### **Hand in Hand**

- 1. All in:** Pilot homes gave everyone on staff the Hand in Hand training in one week. They found that while it was a scheduling challenge, they got a tremendous boost from having everyone get it at same time. It gave staff a common language for talking about situations and responses. One pilot home reported that staff now ask, "what's she trying to tell us."
- 2. Build teamwork:** By having all departments attend classes in mixed groups, staff got to know each other, share issues, and develop a shared outlook that continued after the class.

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- 3. Hear about barriers:** Hand in Hand provides opportunities for staff to share barriers to individualized dementia care. Several pilot homes learned about ways that staff manage the morning and nighttime routines and took on individualized care improvement projects to improve sleep. Staff engaged in the changes because they had all learned together about the importance of sleep from Hand in Hand, and had had a part in identifying the barriers.
- 4. Keep it going:** Pilot homes have reinforced the Hand in Hand training in huddles with staff to discuss residents' distressed behaviors. Homes have incorporated Hand in Hand into their orientation and made plans to bring it to staff who missed the round of training.
- 5. Use training techniques:** After seeing how engaged staff were in Hand in Hand training, one pilot home made its other training more interactive to develop critical thinking.

### **Individualized Care Project – Maximizing Uninterrupted Sleep**

- 1. Gentle Awakening:** Several homes stopped the night shift get up list or the practice of getting residents up in time for breakfast if they want to sleep in, arranging longer breakfast hours to accommodate late sleepers. At one home, the DoN asked each resident their preferences and assured them they could have a later breakfast. Now they ask about waking and sleeping at admission and include it in the 48 hour care plan. Homes used the daily huddle to let staff know residents could get a late breakfast. One DoN got input from staff on who doesn't want to wake up, who wants to sleep in later, and who is up early. They got early risers early coffee and donuts. One home said, *"They'd all been to the training and knew about the importance of sleep. So we let them know we were going to start gentle awakening, where we would quietly check on people in the morning. If they were sleeping, we'd keep checking. If they were awake, we'd help them get ready for the day. The huddle was a great place to talk it through as we went along."* Dining services cooperates and the DoN trouble shoot any issues. She said, *"We had to tell them it's ok to call dietary for later breakfast."* Homes report less resistance to care in the mornings, and residents having a better day. The change also took some pressure off the morning schedule for staff.
- 2. Quiet nights:** One pilot home talked with night staff about supporting residents to have a good night sleep. They were eager to work on this because of Hand in Hand training and they now coordinate care to limit sleep interruptions. They are working on keeping down the nighttime noise, using a Yacker Tracker that signals when it gets too loud. The home said, "Now we are quieter at night so they can sleep better."

Pilot homes say the process of looking at the circumstances for individual residents receiving APs, giving the entire staff Hand in Hand training to understand dementia, and then working together to apply Hand in Hand principles to an individualized care project, "Taught me to look at things differently." Homes use huddles to ask if anyone has a good approach that others can use and to brainstorm about what they can do differently. Homes use tracking and trending to



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find out what's going on and how they can change their care approach or care systems to relieve residents' distress. Their advice: Don't make all changes at once - do a little at a time.

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