To the Point

2019 AMDA PALTC Annual Meeting Recap

Dr. Greg Johnson joined Sanford and the Society in March 2019. He is a board certified geriatrician with both bedside and leadership experience in post-acute care and accountable care. He joins the Society as the medical director for the Great Plains Medicare Advantage iSNP plans. Greg is originally from Illinois, where he attended medical school. He completed his family medicine residency in Sioux Falls, where he met his wife, and then pursued a geriatric fellowship in Illinois. We are happy to welcome them into the Good Samaritan family.

Patient Driven Payment Model (PDPM)

In October, Medicare is completely overhauling how it pays for skilled nursing care. Rather than basing payment on how much therapy a resident receives, the new formula is based on the medical complexity of the care being delivered. The complexity is determined by the information entered in the resident's chart in the first seven days after admission.

It is VERY important that accurate and complete documentation is present upon admission to ensure the reimbursement accurately reflects the resources needed to provide care. Please start talking about this with the attending physicians, physician assistants and nurse practitioners in your building, as well as the hospital partners you receive transfers from. Additional tools will be shared in the upcoming months.

Pharmacy Update: Antipsychotic Use

Since 2011, the Society has decreased its use of antipsychotics by 22 percent, and currently the overall rate of use is 15.1 percent. The Society is committed to providing top-notch dementia care in ALL of our locations, and those with persistently higher rates of antipsychotic use are being asked to address this through their QAPI committees. Review the *Antipsychotic Deprescribing* document for an overview of key principles for prescribing and deprescribing.

Reminder – keep looking at hospital transfers

Every re-hospitalization is an opportunity to learn something that will help improve care for the next resident. The *Medical Provider Checklist* will help you take a thorough look. Be sure to report the time you spent when you submit your invoice to the administrator.

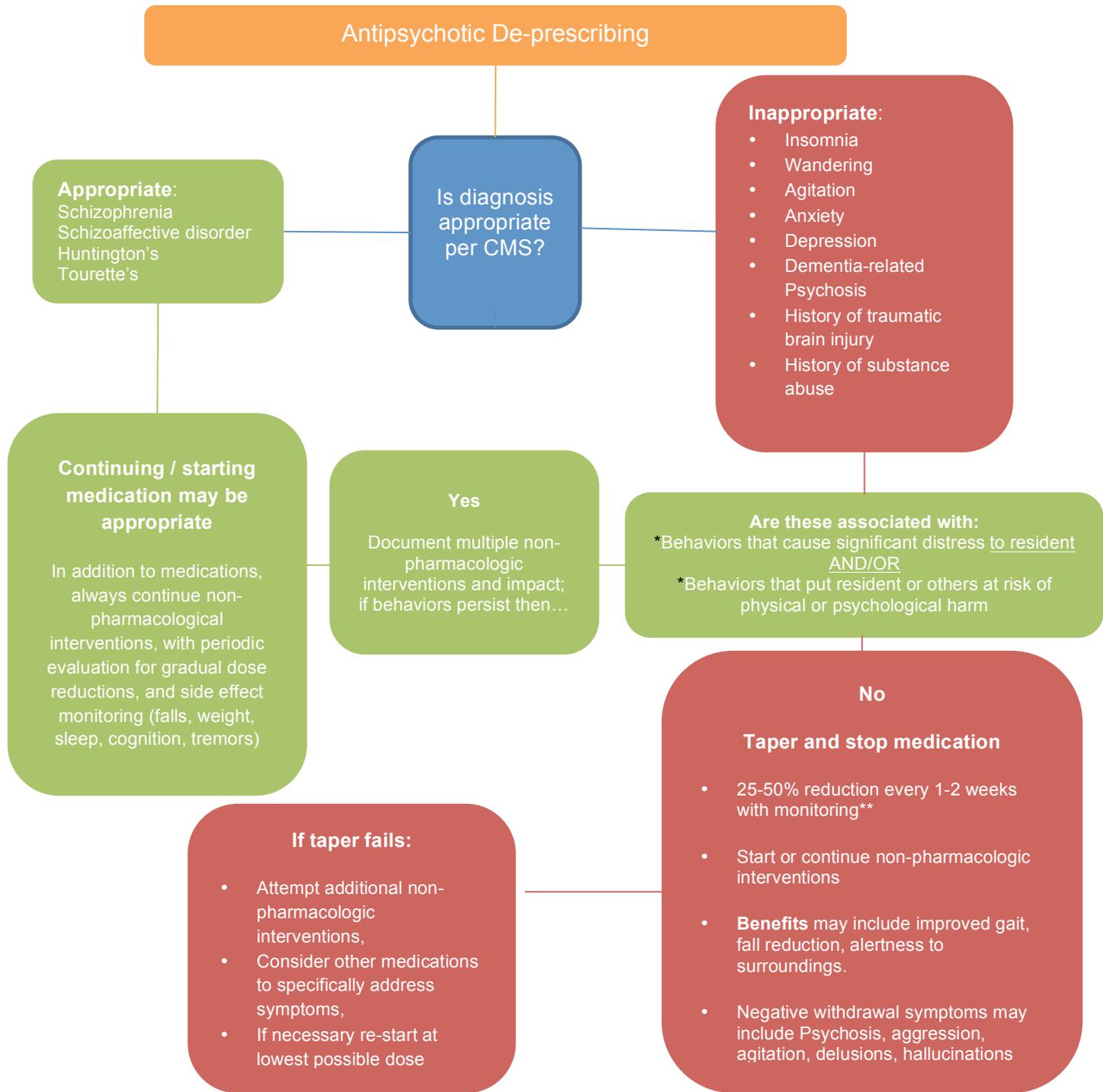**New standards for diet orders**

The International Dysphagia Diet Standardization Initiative (IDDSI) is creating more objective and consistent diet textures for patients. These standards will be applied to drink textures in August and food textures in 2020, and orders will need to be updated as the old NDD options are being removed. Please review the *IDDSI Poster* for an overview and look for additional information over the coming months.

AMDA-The Society for Post-Acute and LTC Medicine

Take advantage of the free CME that you can access through the AMDA membership provided by the Society. Also, remember, the Society helps cover costs to become a certified medical director – talk to your administrator about pursuing this exceptional professional development opportunity.

Questions? Email vwalker3@good-sam.com.

Our mission: Dedicated to sharing God's love through the work of health, healing and comfort.

Antipsychotic De-prescribing

Is diagnosis appropriate per CMS?

Appropriate:
Schizophrenia
Schizoaffective disorder
Huntington's
Tourette's

Inappropriate:
- Insomnia
- Wandering
- Agitation
- Anxiety
- Depression
- Dementia-related Psychosis
- History of traumatic brain injury
- History of substance abuse

Continuing / starting medication may be appropriate

In addition to medications, always continue non-pharmacological interventions, with periodic evaluation for gradual dose reductions, and side effect monitoring (falls, weight, sleep, cognition, tremors)

Yes

Document multiple non-pharmacologic interventions and impact; if behaviors persist then…

Are these associated with:
*Behaviors that cause significant distress <u>to resident AND/OR</u>
*Behaviors that put resident or others at risk of physical or psychological harm

No

Taper and stop medication

- 25-50% reduction every 1-2 weeks with monitoring**
- Start or continue non-pharmacologic interventions
- **Benefits** may include improved gait, fall reduction, alertness to surroundings.
- Negative withdrawal symptoms may include Psychosis, aggression, agitation, delusions, hallucinations

If taper fails:

- Attempt additional non-pharmacologic interventions,
- Consider other medications to specifically address symptoms,
- If necessary re-start at lowest possible dose

*Note that even though these are considered appropriate exceptions for antipsychotic use by CMS, they still count as part of a facility's antipsychotic rate and negatively impact Quality Ratings.

**Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia Evidence-based clinical practice guideline. https://www.cfp.ca/content/cfp/64/1/17.full.pdf

Medical Provider Checklist for Reviewing Unanticipated Hospital Transfers

The reason for carefully evaluating hospital transfers is not to blame individuals, but to pinpoint where there are opportunities to improve processes. We can't change what has happened in the past, but we have an obligation to constantly learn how to do better.

Use this checklist to evaluate the transfer:

	Was there a delay between when a change in condition was noted and evaluation by nursing staff?
	Was there a delay between nursing evaluation and speaking with the medical provider?
	Was there accurate communication of resident condition?
	Was there a delay in diagnostic tests being performed?
	Were there any delays in communication of important lab or radiology results ?
	Were there delays in communication of issues that were identified by the consultant pharmacist in the drug regimen review or medication reconciliation?
	Were there medication errors that contributed to the transfers?
	Was there an adverse medication event?
	Where there issues missed in the drug regimen review that could have
	Was there another adverse event, such as an injury?
	Was appropriate monitoring in place for high risk medications?
	Were appropriate clinical guidelines being followed for known conditions?
	Was there delay in access to medications?
	Were there differences in opinion (i.e. between family, staff, medical provider, resident) about whether the resident should be transferred?
	Was the transfer inconsistent with the expressed wishes of the resident?

Please discuss any opportunities for improvement with the director of nursing services and QAPI coordinator. As a team, you can decide the best approach for achieving a better outcome next time.

FOODS

TRANSITIONAL FOODS

REGULAR	7
EASY TO CHEW	
SOFT & BITE-SIZED	6
MINCED & MOIST	5
PUREED	4 EXTREMELY THICK
LIQUIDISED	3 MODERATELY THICK
	2 MILDLY THICK
	1 SLIGHTLY THICK
	0 THIN

DRINKS

Copyright: The International Dysphagia Diet Standardisation Initiative 2016
@ https://iddsi.org/framework/

How to access your AMDA membership.

1. The URL is: https://paltc.org/

The member will be prompted to login using their email address. (GSS employees will use your GSS email address, medical directors will use the email address that is used for newsletters and PBJ hours). If you haven't already set a password, click to reset it from the login screen.

When you log into the AMDA website you are directed to the My Account Screen. See the screenshot below:

2. Webinars

The placement of the Archived Webinars link on the My Account Page (above) has been highlighted. The direct link is: https://profile.paltc.org/archived-webinars

New webinars are continually being added.

3. Medical Directors, Administrators and DON's have access to:
- Clinical Practice Guidelines
- Know-it-All Before You Call
- Heart Failure Implementation Manual.
- There is a link for these items on the Rehabilitation/Skilled Care button on our intranet. The direct URL to access these products is: http://www.paltc.org/sites/default/files/sam/

4. The URL for Medical Director certification is: http://www.paltc.org/core-curriculum-medical-direction-post-acute-and-long-term-care