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## Purpose:

Westminster Manor is a continuing care facility in Austin, TX, with independent and assisted living apartments and an 85-bed skilled nursing facility, which includes a 30-bed memory care unit. Westminster Manor management has reduced antipsychotic use among residents from 22% to 14% in the last two years, and has set ambitious goals to reduce antipsychotic use even further; ideally to less than 10%, which would make it lower than the average for the state of Hawaii, which has the lowest use in the country.

## Background:

In order to meet this goal, or even move towards it, management agreed to allocate an extra certified nursing assistant (CNA) per shift to the memory care unit so that this “floater” could spend time arranging activities to stimulate the cognitively impaired residents. However, staff members have continued to focus on their care tasks, preferring to subdivide the residents’ care among themselves at a lower staff/resident ratio. In addition, PRN staff frequently had little information about residents and as a result were reluctant to initiate stimulating activities.

## Resident Assessment:

The Minimum Data Set (MDS) assessments required by CMS are completed quarterly for each resident. The Allen Cognitive Levels (ACLs) ability designations provided general guidelines for creating ability groups. By splitting the ACL range of 2.0-4.8 into four-color groups, ranked as they are within the ACLs, four different colored engagement groups were created as follows, based loosely around the MDS cognitive scores, with some flexibility for resident abilities:

- Red – (low functioning ACL 2.0- 3.0) – MDS scores 0-2 /15
- Yellow – (basic functioning ACL 3.2- 3.8) – MDS scores 3-5/15
- Green – (moderate functioning ACL 3.8 – 4.2) - MDS scores greater than 5/15
- Blue – (higher functioning ACL 4.2- 4.8) - MDS scores greater than 7/15.

*“For every 100 patients with dementia treated with an antipsychotic medication, only 9-25 will benefit and 1 will die.”*

Drs Avorn, Choudhry & Fishcher, Harvard Medical School  
Dr Scheurer, Medical University of South Carolina

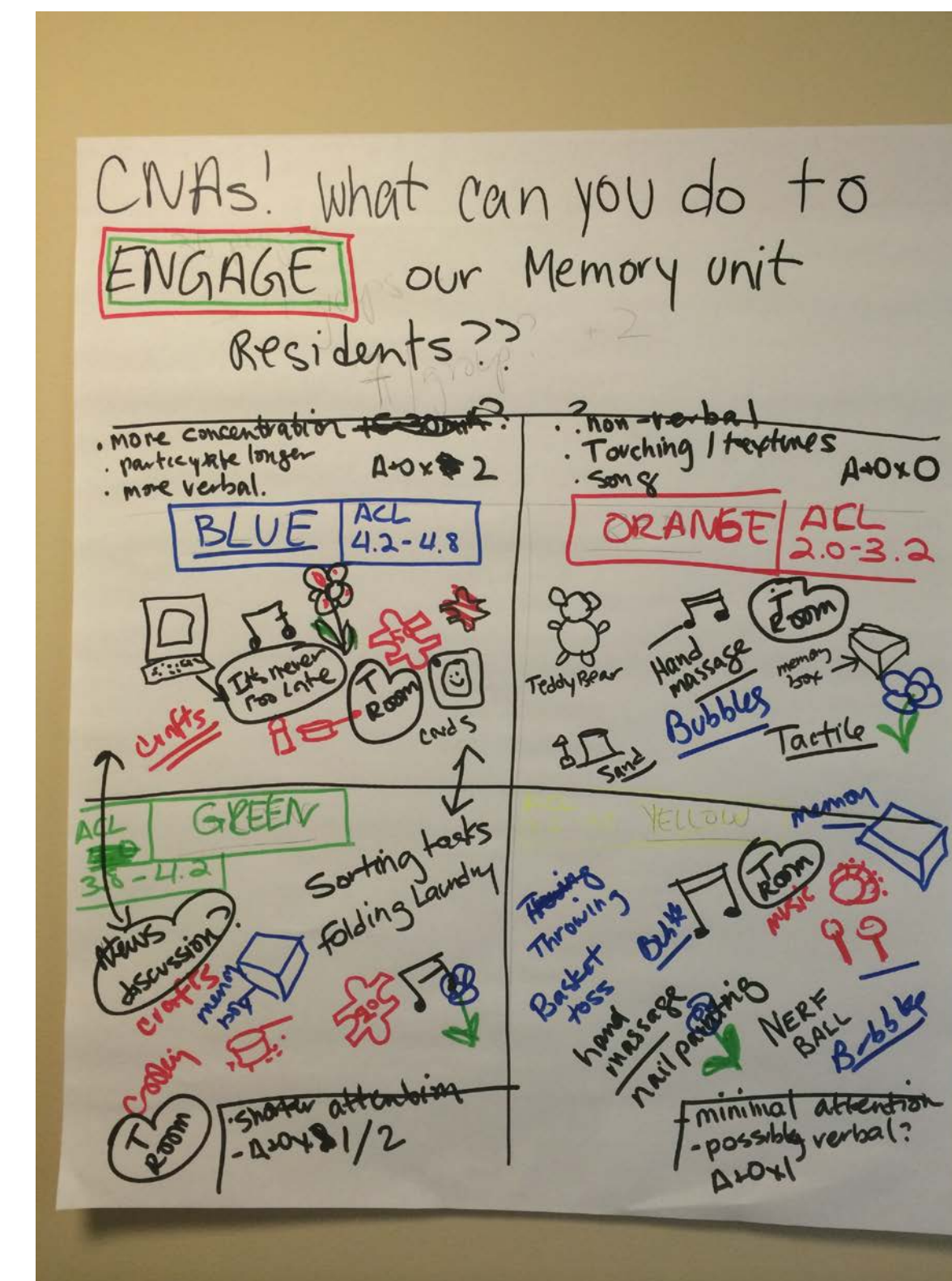
Source: Independent Drug Information Service (IDIS) Restrained Use of Antipsychotic Medications: Rational management of irrationality 2012.

## A More User-friendly Approach:

The CNAs at Westminster Manor come from more than eight different countries, as diverse as Tibet and Mexico, with a variety of levels of education. In addition, many of them are not native English speakers. Resident information contained in the therapy department’s functional maintenance profiles (FMPs), was not used because the FMPs were handwritten and frequently contained therapy-oriented acronyms and jargon, which was intimidating to many CNAs.

A graphical display board, posted in the staff break room, was created to display the resident ability groups and suitable activities for the “float” to initiate. Symbols and short text phrases made it fun and easy to understand.

## Enhancing Staff Engagement:



The pilot boards that were developed on large pieces of paper during a joint nursing/therapy brainstorming session were taken to the staff break room a few days later and formally launched to the day staff at the 2pm handover. The Assistant Director of Nursing explained the idea of the CNA Engagement Board and asked for feedback. Several CNAs suggested moving residents to different groups depending on the time of day, as they knew some were more alert in the morning or afternoon. Others requested access to art supplies to enable them to start activities.

Staff reaction was very positive. Nursing management will monitor engagement and adverse incidents over the coming months to see how the idea concept is being used.

## Conclusion and Implications for Practice:

Information about residents must be presented in a user-friendly manner that CNAs with varying levels of education and reading ability can understand. By placing the chart in full view in the staff break room, by encouraging CNAs to share information about residents’ preferences and move them between different groups as their condition changes, it is hoped that the staff will feel empowered to lead small groups in suitable activities and to share management techniques with other CNAs. Keeping residents engaged has the potential to improve their living experience, can reduce falls, and can redirect them from repetitive or distressing behaviors. In addition, it is hoped they will sleep better at night with fewer wandering incidents. All these improvements can help to reduce antipsychotic use, as recommended by CMS.

## Off-Label Use of Antipsychotics

