

Interdisciplinary Antipsychotic Stewardship Between Operator and Neurobehavioral Consultant

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Background

Antipsychotic utilization in skilled nursing facilities (SNFs) is a major focus of regulatory compliance and a key theme in resident care. At first, improvements via national rate lowering initiatives were effective, but as of late, reductions have slowed. Due to a slowing of industry-wide advancements in the care of behavioral and psychological symptoms of dementia (BPSD), the Federally mandated patient centered care initiative has not widely incorporated “best practices” for BPSD care. This has opened an opportunity for innovations in clinical care of BPSD. In a shared initiative with this operator, we have implemented a joint program focused on rigorous clinical diagnosis and “best practices” in pharmacology support, specifically aimed at assessing and reducing antipsychotic use whenever appropriate.

Methods

In three targeted buildings, all patients identified as receiving antipsychotic medication were enrolled in a specific assessment and treatment protocol designed to mitigate antipsychotic use where possible. Diagnoses were reviewed by Clinical Psychology, Psychiatry, Consultative Gerontology (where indicated), and building Social Service. Additionally, behavioral documentation for each resident was reviewed, and a team approach to polypharmacy, all psychotropic medications, and antipsychotic reductions were implemented. Data was verified by facility pharmacy records, and reports detailing the proportion of residents taking antipsychotic medications were generated in January, March, and July of 2021.

Results

Prior to full implementation of the protocol (January 2021), antipsychotic rates were 32%, 14% and 18% in the three buildings. Immediately following initial review, rates were noted to be similar to baseline (Table 1). After implementation of clinical protocols, we found that the proportion of residents using antipsychotic medications declined to 9.6%, 4.2% and 6.3% respectively (Table 1, Figure 1). In addition, there were no noted harms, nor deteriorations related to the discontinuation of these medications.

Conclusion

Implementation of a shared cooperative clinical protocol between the SNF facility staff and clinical treatment team resulted in a reduction of antipsychotic use of more than 65% with no noted harms nor clinical decline.

Table 1

Facility	January	March	July
A	32%	33.30%	9.60%
B	14%	15.20%	4.20%
C	18%	18.70%	6.30%

Figure 1

