



## Using the MDS 3.0 as an Engine for High Quality Individualized Care

National Learning Collaborative  
Webinar Series on Using the MDS 3.0  
as an Engine for High Quality  
Individualized Care

### **SERIES FOUR**

Reducing Anti-Psychotics  
Through Individualized Care —  
Medical Perspective and Case Studies

### **Part Nine – September 20, 2012**

Individualizing Care and Environments:  
Non-pharmacologic Interventions  
Instead of Anti-Psychotic Medications



## Using the MDS 3.0 as an Engine for High Quality Individualized Care

### **Part Nine – September 20, 2012**

# Individualizing Care and Environments: Non-pharmacologic Interventions Instead of Anti-Psychotic Medications

## **Speakers:**

**Dr. Allen Power, Author of *Dementia Beyond Drugs***

**Rowena Sebastian, Director of Nursing and  
Colleen O'Keefe, 7-3 Sup., Dementia Care  
Buckingham at Norwood, NJ**





## Using the MDS 3.0 as an Engine for High Quality Individualized Care

### **OBRA 87:**

***Provide care and services  
to attain or maintain  
the highest practicable  
physical, mental, and psycho-social  
well-being of each resident***



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*Highest Practicable* =  
No “avoidable” decline

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Unavoidable =  
natural progression of a  
resident’s disease or condition



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## **Group Viewers**

***Pause for Discussion***



## Using the MDS 3.0 as an Engine for High Quality Individualized Care



### BUCKINGHAM at Norwood Care & Rehabilitation Center



Helaine Ledany,  
Administrator



Rowena Sebastian,  
Director of Nursing



Colleen O'Keefe, 7-3  
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## Using the MDS 3.0 as an Engine for High Quality Individualized Care



Rowena Sebastian, Director of Nursing

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## Using the MDS 3.0 as an Engine for High Quality Individualized Care



Colleen O'Keefe, 7-3 Supervisor, Dementia

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Colleen O'Keefe, 7-3  
Supervisor, Dementia Care

I read his book and I thought, he's absolutely insane, how many people could he actually see as a doctor?

*You're not dealing with what I'm dealing with...*



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Colleen  
O'Keefe, 7-3  
Supervisor,  
Dementia Care

We decided to try the worst case scenario so we could say, “we tried it, it’s not going to work, we don’t have to do it anymore”





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### “Worst case scenario” The story of Michael

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Rowena Sebastian,  
Director of Nursing

A visibly upset resident with three other persons – you would cause more harm than good.

It was a behavior that was countered with medication because we, the staff didn't know better at the time.



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Colleen O'Keefe, 7-3  
Supervisor, Dementia Care

We would tell him to sit down and he would try to hit people for no reason... He was on a lot of psychoactive medication...

Family:

He didn't do this at home...

Why didn't we fix his cognition?

Why does he have to stay long term?





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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

No one looked at  
Michael... it was just  
Michael's behaviors

We had no rhyme or reason, we thought...  
He would just randomly hit people...





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Colleen O'Keefe,  
7-3 Supervisor, Dementia  
Care

Met with Psychiatrist  
Met with staff  
Talked to the family...

His son told us about his schedule at home – he was always up at night, he ate at night...

*"I don't know how that fits in a nursing home but we'll see."*



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Colleen  
O'Keefe, 7-3  
Supervisor,  
Dementia Care

Midnight snacking program

Talked to staff across shifts about his customary routines...  
Now he's not hitting...



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

***What do you want to eat?***

***Got rid of the alarm***

***When he was tired he would go back to bed***

***He would sleep in***

***The aides would see if he was starting to get agitated and take him out of the noisy room***





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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

***We realized he was better if he could be up and having what he wanted... so it was about giving him choices.***

***We didn't understand what he wanted***



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

***In three weeks he was off of everything... we held our breaths***

***It just became normal: The noise is getting loud, someone take him for a walk... It's going to set him off, let's just get him out of there now...***



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

The more they could  
identify that with one  
person...

If it works with one, now we'll try again





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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

Lola: Came from a  
psychiatric crisis unit on  
a lot of anti-psychotic  
medications

Daughter brought familiar belongings in the  
room and signs in her language so she'd  
know what's hers



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

***She hallucinated, she “wandered,” “she’s trying to get out of here.”***

We had to adjust and say she’s not, she’s really just looking at a door and then she walks away...



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

**She was a nurse...  
She was up at night...  
She wasn't eating...  
She worked at night so  
she wanted to be working**

**Night shift supervisor took her on rounds**





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Colleen O'Keefe, 7-3  
Supervisor, Dementia  
Care

***When she came in we  
looked at her meds:  
What does she absolutely  
not need that we can get  
rid of right now?***

We had to educate the daughter...  
All meds gone now  
She rounds on all five floors and then goes back to bed  
knowing everyone's safe.



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## **Group Viewers**

***Pause for Discussion***

## **Dr. Allen Power**

***What is the experience of living  
in a nursing home like for  
someone with dementia?***

***How do care routines and the physical  
environment contribute to distress?***





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### **Dr. Allen Power**

1. Knowing each person and following their customary routines and
2. Having consistent assignment and huddles so staff can know residents well and problem solve together.

“Relational coordination” practices foster people working well together.



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### **Buckingham:**

- Improvements
- Lessons Learned/Advice



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

*Out of 60 residents:*

Then: 58 on psychoactive medications; 47 alarms

Now: 3 on medications and 1 alarm



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

***We had to go by  
what they do...***

*We had to adapt to the residents instead  
of making the residents adapt to us...*

**Now it feels good...**





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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

Alarms:

***They're not doing their  
job anyway...***

***You're just agitating them more...  
A different way of looking at something***



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

***There's so much  
improvement up there...  
So much more life up  
there***

Staff is anticipating and dealing with it ahead of time  
Everyone works together across departments so you can  
get a lot more stuff done  
What the resident wants instead of what we want



Rowena Sebastian,  
Director of Nursing

***Care planning has  
changed***

**Before**: Monitor for  
adverse reactions

**Now**: Know residents, what are triggers, how can  
staff support their quality of life  
More interdisciplinary; geared toward preferences





Rowena Sebastian,  
Director of Nursing

***We let staff know we won't  
be using medications...  
instead:  
Thinking Outside the Box***

- What are the triggers for the behavior?
- What things would make them calm down?
- What things support the resident so they don't exhibit this behavior further?



Rowena Sebastian, DoN

A Korean man came to us because he was found “wandering” and the police had to bring him home.

Staff wanted to put a wander guard on him

As a group, talked about it:  
First we have to know his customary routines.



Rowena Sebastian,  
Director of Nursing

Thirty minute monitoring  
to know when he's awake  
and what he's doing

*He has a tendency to pace when he doesn't  
know where he is and naturally since he just  
came to the facility, he's still disoriented.*





Rowena Sebastian,  
Director of Nursing

***When he's up, someone's  
supervising him but not  
being too close to him  
because we don't want  
him to be afraid***

No medication, no wander guard.  
*Although he cannot express what he wants,  
the staff can find out from him what he wants.*



Rowena Sebastian,  
Director of Nursing

***From not using anti-  
psychotics...it fosters for the  
staff to think about the  
relationships they can build  
with the resident.***

Residents with dementia view things differently  
Staff think as they approach a resident:  
“what will his behavioral reaction be”



Rowena Sebastian,  
Director of Nursing

***Best Outcome for reduced  
use of psycho-active meds  
is that the staff is thinking:***

“if I do this, what will happen to the resident?”  
“if I know my resident better what would happen  
to him on the shift that I work with him?”





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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

**Keys to Success:**  
*It wasn't just nursing –  
it had to be everybody*

Staff was supportive – did it together  
DoN pushed your comfort zone  
Good team; good co-workers  
Every department



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Colleen O'Keefe,  
7-3 Supervisor,  
Dementia Care

***Everyone meets at the beginning of the shift***

*You need to listen to everybody  
When they felt that we listened, they were more apt to helping.  
Bringing the families in was major*



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Colleen O'Keefe, 7-3  
Supervisor, Dementia Care

*In school we were taught you make them do for themselves and somewhere after you graduate you lose that*

It becomes “I have to do for you so it gets done and I can go home in 8 hours”





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Colleen O'Keefe, 7-3  
Supervisor, Dementia Care

Now it's:

***What am I going to do to help you be where you want to be, not where I think you should be.***

So how do I get you to where you want to be...  
so it makes my day easier too.



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**Dr. Allen Power**

***How to set a good tone for the day***



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**The little elements of the day that  
add up to a good experience**





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*Highest Practicable* =  
No “avoidable” decline

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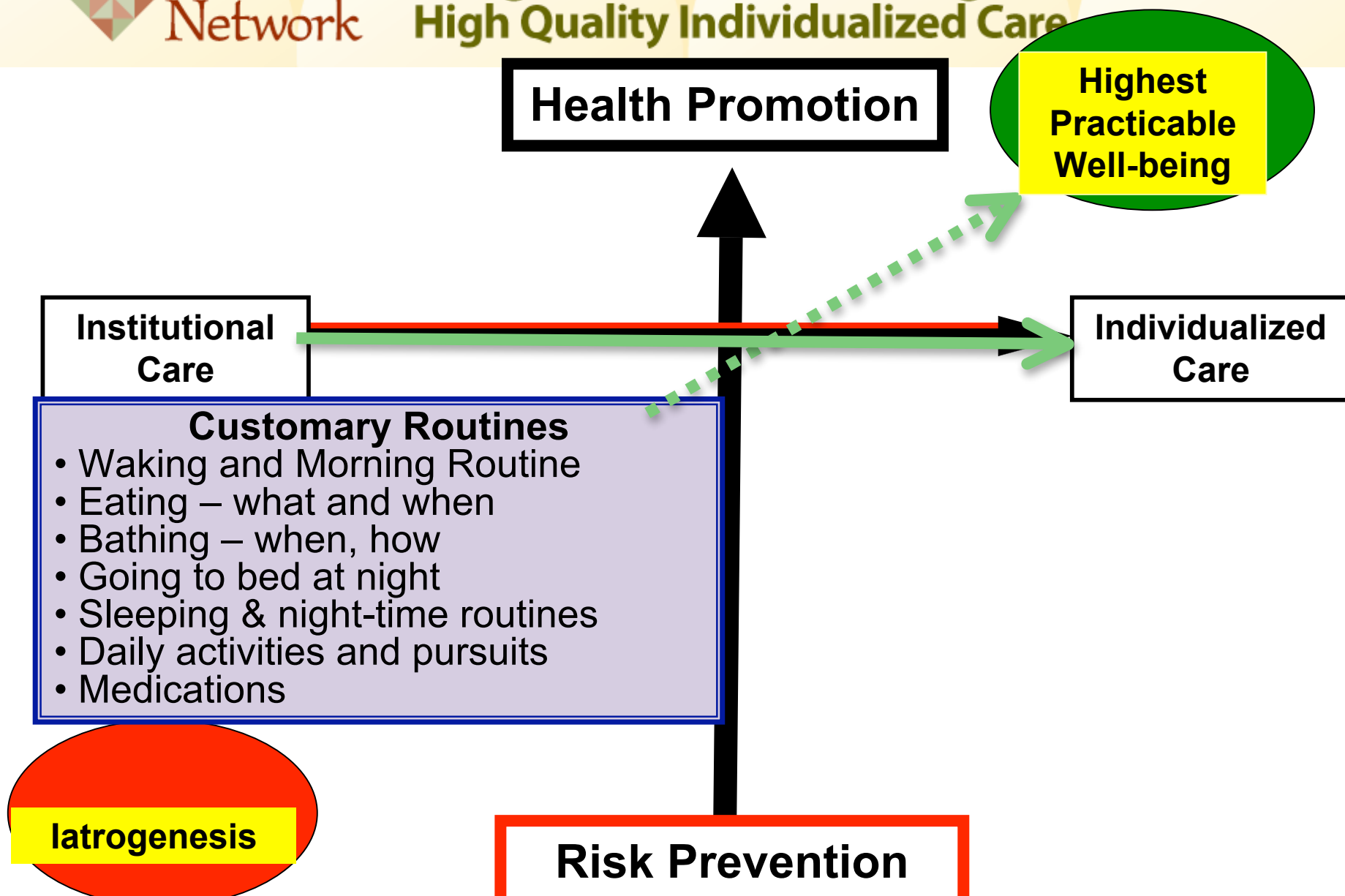
Avoidable = Iatrogenic = *We caused it*  
“Genic” – Beginning/Cause  
“Iatro” – We

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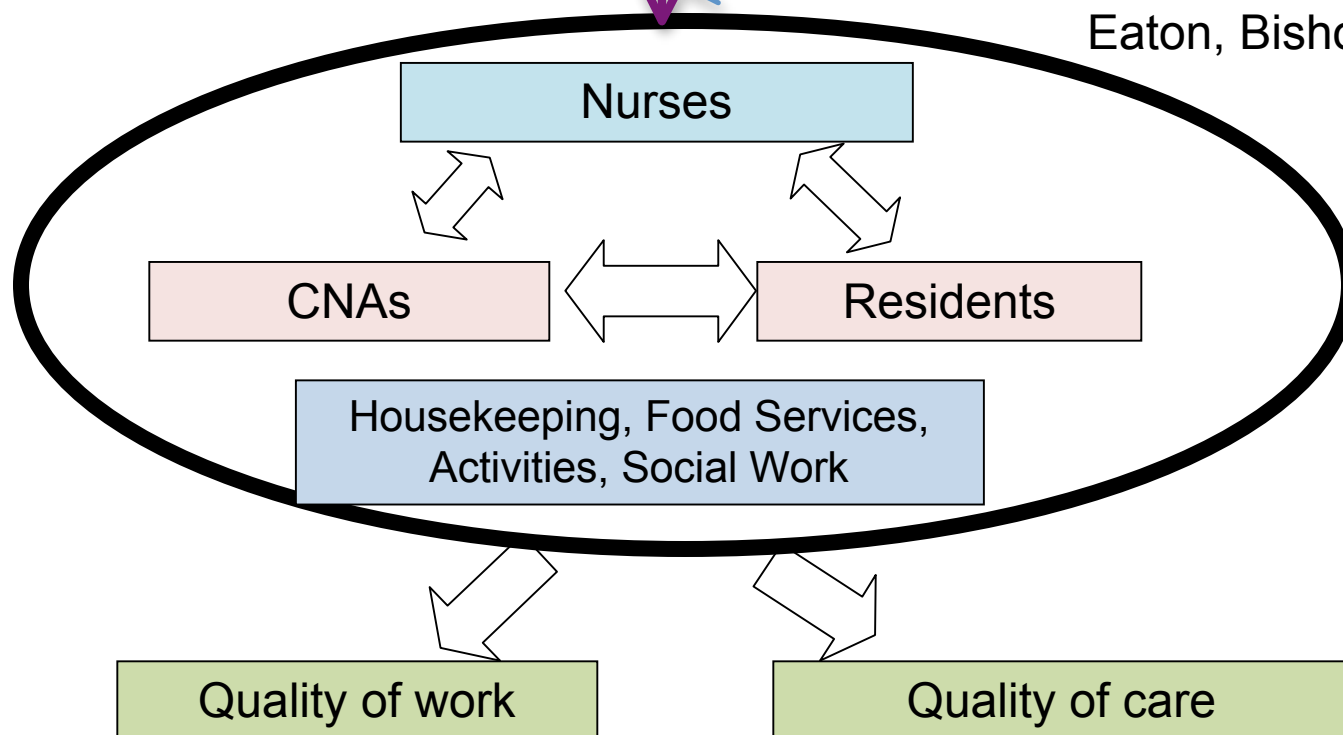


## Using the MDS 3.0 as an Engine for High Quality Individualized Care

Interdisciplinary and Interdepartmental Collaboration within and across units and shifts

### Relationships Closest to the Resident Matter Most

Eaton, Bishop, Gittell



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## Using the MDS 3.0 as an Engine for High Quality Individualized Care

**Health Promotion**

**Highest  
Practicable Well-being**

### Customary Routines

- Waking and Morning Routine
- Eating – what and when
- Bathing – when, how
- Going to bed at night
- Sleeping & night-time routines
- Daily activities and pursuits
- Medications

**Institutional  
Care**

**Individualized  
Care**

**Risk Prevention**

**Iatrogenesis**

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### **SERIES FOUR**

Reducing Anti-Psychotics  
Through Individualized Care —  
Medical Perspective and Case Studies

## **Webinar 10**

### **Promoting Mental Health Through Team-based Individualized Assessment and Care Planning**

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