



The National Scene, Volume 5

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The National Scene is a premier news feature of the National Association of Activity Professionals. Subject matter focuses on national/federal programs and policies specifically tailored for today's working Recreation/Activity Professional.

This quarter's focal point:

**National Partnership to Improve Dementia Care in Nursing Homes and
Quality Assurance and Performance Improvement**



Behavioral health, which includes diagnoses of bipolar disorder, delirium, dementia, depression, psychosis, schizophrenia and traumatic brain injuries embraces a resident's whole emotional and mental well-being together with the prevention and treatment of mental and substance use disorders.

Thus, it is essential that person-centered care focuses on each resident as the *locus of control* supporting the individual's choices and decisions regarding daily living.

CFR 483.21 states, "The facility must develop and implement a comprehensive care plan that addresses the resident's medical, nursing, and mental and psychosocial needs." This comprehensive care plan must be discussed, written and signed by the healthcare community's Interdisciplinary Team including professionals from ***all disciplines*** as determined by the resident's needs or as requested by the resident. Recreation/Activity Professionals are significant contributors with Quality of Care/Life services and therefore are required to keep themselves updated with current information and specific federal mandates that affect residents living with mental health disorders.

On 15 June 2017, the National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance Performance Improvement presented a live webcast dealing with the Federal Long-Term Care Requirements and Interpretive Guidelines 483.45

Unnecessary Drugs and F-Tag #329 – Free from Unnecessary Drugs - 42 CFR 483.25(l) (2) (i, ii) 5 - (2) (i): Residents who haven't used antipsychotics are not given them unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed/documented in the clinical record, and - (2) (ii): Residents who use antipsychotics receive gradual dose reductions, and behavioral interventions (unless clinically contradicted) in an effort to discontinue these drugs.



F- Tag #329 is one the most important F-Tags for inappropriate antipsychotic drugging. The primary purpose of F- Tag #329 relates to antipsychotic drug use and the prevention of nursing home staff from giving a resident any unnecessary antipsychotic drug. Despite the FDA's black box warning of the potentially fatal side effects of antipsychotics for people suffering from dementia, these powerful drugs are too often used as a means of sedating elderly nursing home residents with dementia, as a substitute for appropriate care. This is in direct contradiction with the Nursing Home Reform Law's requirement of promoting person-centered care enabling each individual to maintain his or her highest practicable physical, emotional and social well-being. It is often evidenced by a failure to try non-pharmacological approaches to dementia care, such as when a resident becomes agitated and is subdued with an antipsychotic drug without first trying other, non-drugging options. Furthermore, F-Tag #329 relates to antipsychotics to ensure that facilities take steps to wean residents from antipsychotics drugs whenever the drugs are given. These goals are accomplished through either the implementation of behavioral interventions (unless diagnoses do not call for such interventions) or through recorded and monitored gradual dose reductions (GDR). In most scenarios, it is the combination of both goals that has been evidenced and documented throughout long-term care facilities.

Impact on Recreation/Activities

Always remember that a resident's diagnosis comes first; then the treatment/care plan!

I). One of the most important responsibilities of Recreation/Activity Professionals is to attend, connect and actively engage with their healthcare community's Psychotropic Drug Team. For point of reference, a psychotropic drug is defined as, "Any drug capable of affecting the mind, emotions and behavior of an individual."

Activity staff strive to maintain each resident's highest practicable health and well-being. Specifically, knowing the different drugs and medications being given to each resident helps throughout the planning, monitoring and delivery of activity programming.

Secondly, being aware of each drug's potential side effects provide key data that helps activity staff during the approach, observation and assessment stages of each program.

II). Some of the most debilitating side effects of mental illness include cognitive decline in areas of memory, attention, problem-solving skills and motor speed. Many residents diagnosed with mental illness also have difficulty with social interaction, which has been shown to be essential to their overall well-being. Here is where we shine! Recreation/Activity Professionals can organize and program all types of activities that are not only 'fun' ways to engage residents, but when carefully and appropriately selected and implemented, these programs can add substantially to a resident's functional abilities. As with any treatment/care plan, it is important to include *points of challenge (goals)* that will allow residents to feel successful and experience purpose and meaning without adding to any existing or potential levels of frustration.

III). Games incorporate a variety of important socialization features; i.e., eye contact, good listening and communicating skills, and appropriate body distance.

Some excellent and proven games used with patient's diagnosed with mental illness include:

- Role-playing short scenarios
- Enacting short plays and/or stories
- Group charades
- Board games

IV). Certain board and card games can be used to aid behavioral health residents in developing better memory, problem solving and attention skills. These programs include:

- Go Fish
- Uno
- Eye-Spy
- The Alphabet Game
- Puzzles
- Photo and Scrapbooking
- Recipes/Measurement
- Planning a party
- Computer games

There are many activities, games and programs that are appropriate for persons living with mental illness. The one guideline that we must always follow is to never degrade residents by having them do children's activities. Instead, show your respect by engaging residents in pastimes that are similar to children's activities, but suitable for an adult, retaining whatever qualities that make the activity both interesting and fun.

Important Reminder

Be mindful of and avoid labeling patients/residents with specific diagnoses to justify the use of medications or other treatments. Acknowledge that some persons living with dementia and other mental illnesses *may* benefit from treatment with psychotropic medications if they are clinically indicated and non-pharmacological approaches to care have been ineffective or are contraindicated.

As Activity Professionals, focus attention on the closing words of the last sentence from the page above; *“non-pharmacological approaches to care have been ineffective or contraindicated.”*

Our job is to provide a variety of successful and recognized leisure approaches that foster positive results for each resident; one-to-one interactions, personalized room visits, small group settings, ladies’ groups, men’s groups, family meetings, large group socials, groups with specific adaptations/modifications; and the list goes continues! Knowing our residents and taking an interdisciplinary team approach makes the process of reducing PIMs (potentially inappropriate medications) more successful. In addition, we should always be listening to the following questions and involved in the discussion as part of the Psychotropic Drug Team: What is the goal of the medication therapy? Is the medication still indicated? What are the potential side effects versus the benefits of the medication? Is a nonpharmacological treatment an effective and safer alternative to the PIM?

Moving Forward

Progress is being made! Antipsychotic medication use has dropped from 18.73% (August 2014) to 15.34% (February 2017) according to CMS. When we work together, the Interdisciplinary Team approach is truly a win-win for all.

As we prepare for the implementation of CMS Phase 2 Final Rule (November 2017) reflect on the following list of strategies and how we can ‘bring’ them into our individual departments:

- Leading with a sense of purpose.
- Recruiting and retaining quality Activity Team members.
- Connecting with residents in a celebration of their lives.
- Nourishing teamwork and communication.
- Learn new things continually.
- Provide exceptional compassionate care that treats the whole person.
- Construct solid recreational practices that support our purpose.

People who suffer with mental illness need our full attention. Rolling up our sleeves and delving into each person’s individual needs and concerns is essential. The ultimate goal is finding those specific and exact ways of bringing joy and purpose into our residents’ lives. And, the first way to do this is to *stop, listen and observe*. Recreational activities should meet not only the interests of each resident, but also *that resident’s* specific needs for movement, stimulation, relaxation, and social experiences. Be ready to work hard knowing that what you are doing each day makes a difference ~ a positive, meaningful difference in someone’s life!



“Social interaction is critical for mental and physical health. And, social connectedness generates a positive feedback loop of social, emotional and physical well-being.”

~ Emma Seppala

The Stanford Center for Compassion and Altruism Research and Education