

5 Ways to Target Psychotropic Use on Admission

At least one study showed that over half of hospital patients age 65 and older received at least one psychotropic medication during a hospital stay. So it is important to start psychotropic stewardship before a resident sets foot in the long-term care facility.

"If you do the right thing at the beginning, you save a lot of time and have better outcomes in the end," said Jeffrey Herr, PharmD, manager of clinical operations at PharMerica.

By taking these five steps, you can help ensure that stewardship starts early and effectively:

"Construct the stewardship program in a way that it doesn't try to go from 0 to 100 right away."

– David Phillips,
PharmD, manager of
clinical operations at
PharMerica

1. **Make sure staff have current, consistent information about psychotropics.** Everyone, particularly those involved in admissions, needs to be familiar with these drugs, including the risks and benefits. "We have much data to show that these drugs often are inappropriate and can have detrimental effects. We need to communicate this to staff," said David Phillips, PharmD, manager of clinical operations for the Mid-Atlantic.

Team members at all levels also need to understand their role in psychotropic stewardship and doing what is best for each individual resident. Admissions teams need to know what information to obtain and document about psychotropic use.

2. **Do some detective work.** "We can't assume that what was done at the hospital was appropriate or necessary. Even if it was, we can't assume it still is," said Phillips. This means making sure you have background details such as if the medication was started before or during the hospitalization, why it was started, and what the results have been to date.

"We need to stop and look for red flags and ensure documentation, monitoring, and other processes are in place," he said, adding, "The Department of Public Health would rather see the drug stopped immediately and restarted if the behavior continues. But it's best to verify if the drug is being used appropriately before we take any actions," said Phillips.

3. **Care plan early and often.** Care planning should involve family members as well as the care team. "The care planning process is key," stressed Matthew Palmer, PharmD, BCGP, manager of clinical operations at PharMerica, adding, "When a resident comes to us on a psychotropic drug or is started on it here in the facility, we need to establish goals of therapy. If we can set expectations from the beginning at the care plan meeting, everyone knows what to expect. And we can work with the pharmacist to determine if the medication is achieving the desired results and meeting goals of care. If not, we can strategize about what steps to take next."

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4. **Prioritize nonpharmacologic interventions.** Palmer noted, “The expectations should be that we try nonpharmacologic interventions first. If this is care planned appropriately, we have strategies in place when behavioral issues arrive. When these things are put into place first, everyone understands what works for the residents and medications are used as a last resort.”

Herr stressed the need to engage nonpharmacologic interventions that address physical needs, psychological needs, and environmental issues.

5. **Build stewardship with a stepwise approach.** “Construct the stewardship program in a way that it doesn’t try to go from 0 to 100 right away. Instead, it should be a stepwise approach that starts with ‘low-hanging fruit,’ that is, it incorporates things you’re already doing and builds on these,” says Phillips, adding, “That way it feels more approachable and do-able and not overwhelming.”

All this requires leadership buy-in from day one, Palmer observed. “Leaders need to understand the value of stewardship and provide support and encouragement for the rest of the team. They also need to keep the team inspired and celebrate milestones so they want to keep the program going.”

He added, “It also is important to have a champion, someone who is passionate about psychotropic stewardship, wants to help build a program, and is committed to seeing it succeed.”