KENDAL® on Hudson
Together, transforming the experience of aging.®

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LeadingAge® CAST
center for aging services technologies

The LeadingAge Center for Aging Services Technologies (CAST) is focused on accelerating the development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging.

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LINKEDSENIOR

Reducing Antipsychotics through Digital Engagement

Category

Reduce Use of Antipsychotics
Increased Resident Engagement and Satisfaction
Increased Quality of Life
Increased Staff Efficiencies

Organization Name

Kendal on Hudson

Organization Type

Continuing Care Retirement Community (CCRC)

Organization Description

Kendal on Hudson (KOH) is a not for profit 501 (c) 3 organization, incorporated in 1997, and is an affiliate of The Kendal Corporation, a system of communities and services for older people based in Kennett Square, PA. Kendal is a continuing care retirement community with 222 independent living units.

Project Description

The project was called "The Power of Zero" and it began with a plan and buy-in from the entire interdisciplinary care team to ensure everyone was educated and on-board with the goals of a patient being withdrawn from antipsychotic medications. The objective was to reduce the use of unnecessary drugs to zero and to focus on "untying our elderly."

Socialization Modality

Community App (Linked Senior)

System Embodiment

The TouchStream solution has a multi-user capacity with the ability to distinguish between multiple users.

Business Model

Standard of Care

Implementation Approach

1. Reduce antipsychotics if you can by first reviewing all patients that are currently using them, considering their diagnosis and medical background and evaluating if the medication is truly helping them. For those who can be weaned off, work with physicians and families to develop a plan.

2. Analyze the continuity of care by ensuring that direct caregivers are on consistent schedules so that residents see the same people and experience a normal routine so that health and well-being can be maintained.

3. Monitor and document behaviors by following each patient and document if behaviors or delusions increase. If you do notice changes or relapses, address the event by documenting it, notifying the physician, and alerting them to what you believe triggered the behavior.

4. Use an intervention to engage the patient. Kendal on Hudson used Linked Senior's life enrichment platform on an on-going scheduled program basis for residents with dementia who were using antipsychotics. When they were engaged in the activities of music appreciation, trivia, travel logs, art appreciation, cognitive activities or videos it appeared to reduce stress and anxiety which was helpful to eliminate some negative behaviors associated with Alzheimer's and related dementias.

5. We then continuously updated the care plan with activities including Linked Senior and found the most appropriate and preferred digital social connectedness and engagement modalities for each resident. We could prevent behaviors by having them engaged in the programs instead of mitigating them resulting in modification of behaviors and a better quality of life and higher satisfaction for family and staff.

Outcomes

Reduce Use of Antipsychotics

In the year 2016-2017 we had 17% of our Skilled Nursing unit on antipsychotics and they were reduced to zero in 2017.

Increased Resident Engagement and Satisfaction/Increased Quality of Life

Our Annual Resident Satisfaction research conducted by Holleran provided multiple indicators of a positive "quality of life" on our skilled nursing unit. While this cannot be proven to be the direct outcome caused by these programs, we believe they have contributed to it. Our overall satisfaction with KOH – "excellent" 60%, up from 52.4% prior year. Well above Holleran benchmark of 43.3%. Key indicators of "individual fulfillment" are at or above 90% --- and directionally or satistically above the Holleran benchmark – these items speak to the experience of living in our skilled nursing unit, including things like "right to make independent decisions, staff commitment to patient-centered care and encouraging functional independence, preservation of dignity, etc.

Increased Staff Efficiencies

The increased of staff efficiencies of knowing what programs the resident like and spending less time in preparation allows us more time to give one to one programming, which also helps to reduce negative resident behaviors.

Challenges and Pitfalls to Avoid

The entire team in your community must agree to look for signs, symptoms, and behaviors from residents; and when a behavior does start to occur, the team needs to understand what triggered it and what to do about it.

Lessons Learned/Advice to Share with Others

"At Kendal, we have worked with our internal teams to observe and understand behaviors, and then proceed to ensure that, as must as possible, the residents exhibiting them were present for all scheduled Linked Senior life enrichment programming. We have specifically ensured our direct care team understands that engaging with a patient is not wasted time; it's, in fact, their core job. This has made all the difference in reducing antipsychotics in our community. It's imperative that we change the mindset of the direct caregiver." – Chris Appel, RN, Director of Nursing, Kendal on Hudson.