Care Bundle

Patients with dementia prescribed antipsychotic medication

June 2014
What is a care bundle?

A care bundle is a set of interventions that, when used together, significantly improve patient outcomes. The measures chosen reflect best practice and are based on NICE quality standards or other national guidance. Care bundles have been used extensively and successfully in Secondary Care, their use in Primary Care is more recent. This care bundle is based on the work of Healthcare Improvement Scotland and the Scottish Patient Safety Programme in Primary Care.

Reliability in health care is a failure-free operation over time. This equates to ensuring patients receive all the evidence-based care they are entitled to receive.

A care bundle is a structured way of improving processes of care to deliver enhanced patient safety and clinical outcomes. In relation to care bundles, this means ensuring that patients receive optimum care at every contact. The process for achieving reliability is to implement this set of measures (a care bundle). The key measure in a care bundle is the score which measures the level of compliance with all measures for all patients. The care bundle data collection tool is a way of sampling whether optimum care is being delivered by applying the bundle to a sample of patients. This approach is therefore very different from traditional auditing approaches that are designed to identify whether individual measures are being implemented.

What makes up a care bundle?

- 4-5 measures
- All or nothing compliance
- Measurement done by a non-clinician if possible
- Spread over patient’s journey
- Evidence based
- Creates teamwork and communication
- Multiple functions of care essential for desired outcome

How should a care bundle be used in practice?

A care bundle is a quality improvement tool which can be used in general practice to identify both where care is in line with best practice and where improvements are needed. Some are disease specific and some are medication specific. The latter are also known as patient safety bundles as they relate to high risk medication.

Bringing about changes in practice is not easy. To be an effective tool the results of the care bundle measurements must be discussed by ALL members of the team involved in the care of the patient. The practice team then need to take ownership of the issues identified and commit to changing the way care is provided, using tools such as the PDSA cycle.

Principles of successful measurement:

- The support of all members of the practice team should be obtained
- Data should be collected anonymously
- The results should be discussed by every member of the team
- The results should be used to plan and implement improvement initiatives
- Clinician support may be needed initially by the data collector until they are familiar with the measures.
Antipsychotics in Dementia Care Bundle

Records
The care bundle is not a performance tool and so there is no requirement to report the measures achieved. The practice should keep a reflective log of improvements.

Resources
This care bundle has the following supporting resources:

- A word document data collection form
- An excel spreadsheet data collection form with a graphing function
- A PowerPoint presentation for use in educational sessions
- A reflective log template

Further information on Care Bundles and Improvement Models can be found at www.healthcareimprovementscotland.org/pspc.aspx

Further advice can be obtained from the Medicines Optimisation team, the Primary Care Development team and specific queries about this care bundle can be directed to the author (details are on the final page).

Antipsychotics in dementia

Search Criteria
Please identify a random sample of up to 20 patients a month in your practice with a diagnosis of dementia prescribed an anti-psychotic on repeat prescription. Use the data collection form to record the answer to each measure and transfer this to the spreadsheet. This should be repeated over a period of time, and the results discussed by the clinical team at regular intervals. Use of the spreadsheet will enable changes in practice to be monitored and compliance with the care bundle to be measured.
## Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Has the patient had a full clinical assessment including identification of underlying health disorders?</th>
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<tbody>
<tr>
<td>Rationale</td>
<td>Challenging behaviours in dementia may be a way of communicating an unmet need and patient-specific factors may generate, aggravate or improve Behavioural and Psychological symptoms of Dementia (BPSD). A thorough medical review is essential to detect any general health problems that could impact on the person's quality of life, well-being or other symptoms. A record should also be kept of any clinically significant behavioural symptoms. Full assessment should include: physical health, pain, depression, infection, environment etc. (with multi-disciplinary team input). Pain can be a major trigger for agitation and aggression, and infections (eg urinary tract infection) can increase a broad range of BPSD. Patient-specific factors may generate, aggravate or improve BPSD. Many people with BPSD will experience significant improvement or resolution of symptoms over a 4–6 week period.</td>
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| Source | NICE/SCIE. NICE clinical guideline 42. November 2006 (amended March 2011)  
http://www.nice.org.uk/CG42  

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<th>Measure</th>
<th>Has the patient and carer participated in development of a care plan?</th>
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| Rationale | It should not be assumed that people with dementia are unable to make their own decisions. Individuals should be supported in making their own decisions about their care and day to day life for as long as possible. Even if a person with dementia can no longer make complex decisions, such as where to live, it is likely that they can make day to day decisions.  
Once the person with dementia begins to lose capacity it is important that the carer and/or family is fully involved in making decisions about the person's care and treatment. Everyone who has been diagnosed with dementia should have a care plan drawn up with healthcare professionals. End of life care should be a key part of this dementia care plan. Having end of life care covered in the care plan means the person with dementia will be able to specify where they would like to die and to ensure that they are treated with dignity, in the way they would wish. |
Care plans are based on the person’s:

- life history, social and family circumstances, and preferences
- physical and mental health needs and current level of functioning.

The Mental Capacity Act 2005 must underpin the decision making and advanced planning process.

Source


Mental Capacity Act 2005

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<th>Measure</th>
<th>Has the patient been supported with non-pharmacological measures before drug therapy?</th>
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<tr>
<td>Rationale</td>
<td>Use specific interventions if symptoms are severe or persist after watchful waiting and simple non-drug treatments:</td>
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<td>- psychosocial interventions</td>
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<td></td>
<td>- drug treatment of underlying health disorders (e.g. pain relief) as appropriate</td>
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Psychological treatments do not slow down the progression of dementia, but they can help with coping with the symptoms. Some psychological treatments are outlined below and more information is available here: [http://www.nhs.uk/Conditions/dementia-guide/Pages/dementia-treatment.aspx](http://www.nhs.uk/Conditions/dementia-guide/Pages/dementia-treatment.aspx)

#### Cognitive stimulation and reality orientation therapy

Evidence suggests that cognitive stimulation can help improve thinking and memory skills in people with dementia and it is currently the only psychological treatment specifically recommended by the National Institute for Health and Care Excellence (NICE) for the treatment of mild to moderate dementia.

#### Validation therapy

Validation therapy is a type of therapy that focuses on dementia from an emotional, rather than factual, perspective. It is based on the principle that even the most confused behaviour has some meaning for the person.

#### Behavioural therapy
**Behavioural therapy** tries to find reasons for difficult behaviour. Different strategies are adopted to try to change that behaviour.

Behavioural interventions are a more efficient use of public money than antipsychotic drugs. Taking into account quality of life improvements, the net benefit of using behavioural interventions rather than antipsychotics in England has been estimated as £54.9 million per year.

**Source**


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<th>Measure</th>
<th>At initiation; has the patient and carer been given information about the risks &amp; benefits of anti-psychotic treatment?</th>
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| Rationale | The decision to prescribe antipsychotics should be taken on an individual basis after full consideration and discussion with the patient and/or carer about the risks and benefits.

Antipsychotics are associated with a number of major adverse outcomes and side effects, including sedation, parkinsonism, gait disturbances, dehydration, falls, chest infection, accelerated cognitive decline, deep vein thrombosis/pulmonary embolism, cardiac arrhythmia and stroke (highest risk in first four weeks of treatment). Antipsychotics are also associated with increased mortality in the long term (often related to pneumonia and thrombo-embolic events) which can be caused by over-sedation and dehydration.

Treating 1000 people with BPSD with an atypical antipsychotic for around 12 weeks results in:

- 10 deaths
- 18 cerebrovascular events (~ half of which are severe)
- 58 to 94 people with gait disturbances (in addition to those who experience... |
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<th>Measure</th>
<th>Has the patient had medication reviews at the recommended intervals?</th>
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<td>Rationale</td>
<td>Once treatment has begun it is important that it is regularly reviewed by the doctor. For antipsychotic drugs, this should be after six and/or twelve weeks. Weekly monitoring of sedation, fluid intake and early indicators of chest infection is strongly recommended. Discontinue treatment at review, unless patient still has severe symptoms, or previous discontinuation caused symptoms to return. The patient should be monitored for side effects and progression of symptoms. In consultation with the patient, their family and carers, and clinical specialist colleagues, establish: Why was the antipsychotic initiated; Whether the continued use of antipsychotics is appropriate; Whether it is safe to begin the process of discontinuing their use; What access to alternative interventions is available. Consult the Dementia Action Alliance best-practice guide for further guidance.</td>
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For further information please contact:

Name: Jeanette Pieri
E-mail: Jeanette.Pieri@cumbria.necsu.nhs.uk
Tel: 07909 891868