

## Problem Statement

In a Senior Behavioral Health Unit (SBH), inexperienced nurses use PRN psychoactive medications as a first line defense, resulting in psychoactive medications given as a PRN an average of 37 times/month for an average monthly census of 310 patients.

## Literature Review

Up to 50% of hospitalized patients are given some form of psychoactive drugs<sup>1</sup>. In 2005, the US Food and Drug Administration (FDA) issued an advisory regarding an association between psychoactive drugs and an increased mortality rate for the elderly<sup>2,3</sup>. Many studies have been conducted, resulting in the FDA expanding the advisory to include typical and atypical antipsychotic medications<sup>1,2</sup>. Increasing the number of Geriatric Resource Nurses (GRN) should result in an increased use of nonpharmacologic interventions and thus decrease the use of PRN psychoactive medications

## Goals and Measurement

Increase the number of Geriatric Resource Nurses on the SBH unit. Decrease and maintain rate of PRN Haldol use for inpatient Senior Behavioral Unit by 25% within 4 months and 50% within 8 months.

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# CHRISTUS Santa Rosa Health System

## “GRNs Don’t do Drugs”

### Reducing PRN Haldol use on a Senior Behavioral Unit

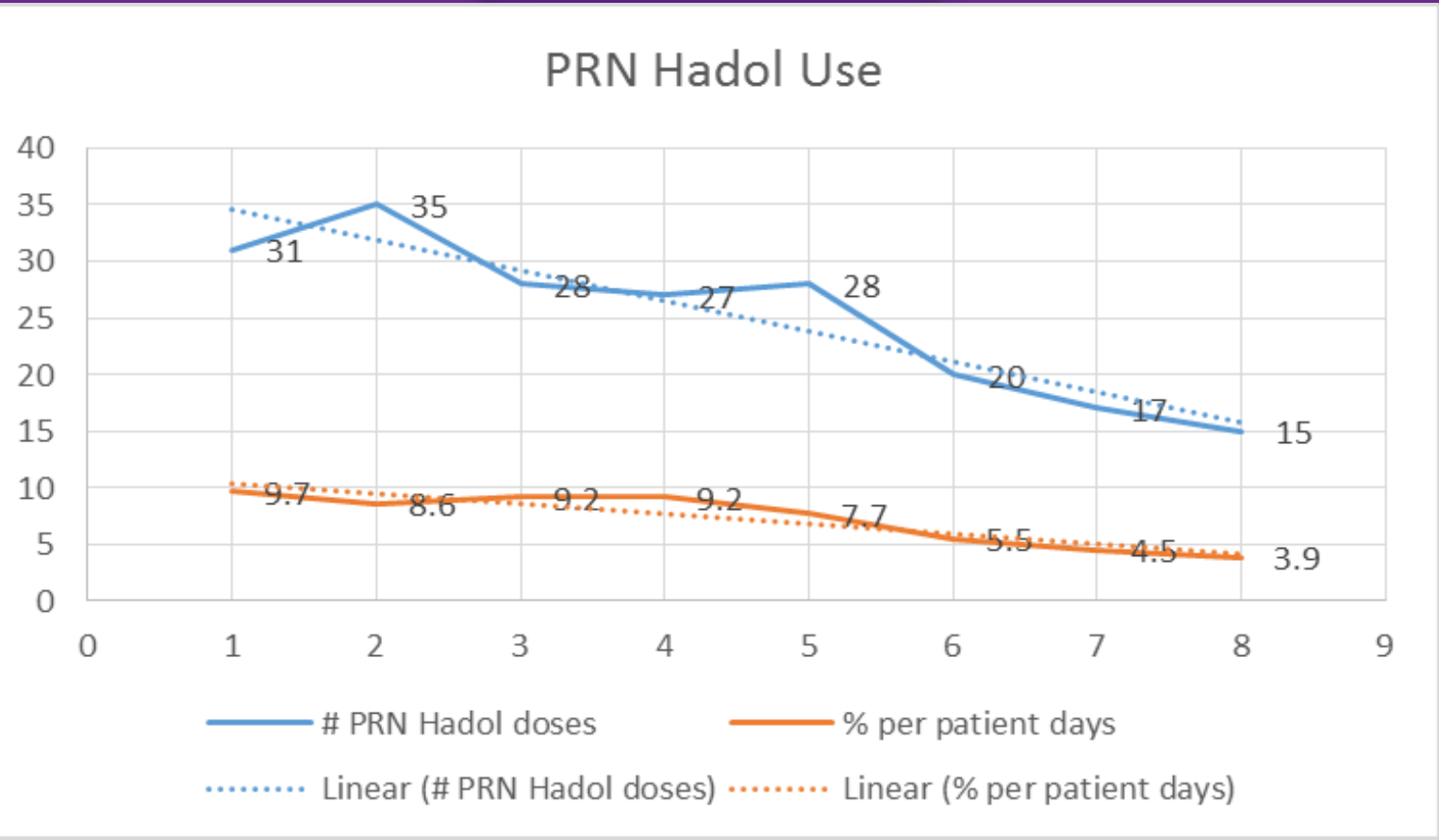
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## Interventions

1. The number of GRNs increased from zero to four for the Senior Behavior Unit.
2. Educate all staff on non-pharmacological interventions for agitation.
3. Emphasize non-pharmacological interventions that should be used during patient report and shift huddle.
4. Collaborate with GRNs prior to administration of PRN Haldol.

## Average Length of Stay



## Results

From April thru November, 2016, the PRN use of Haldol decreased from a 14% administration rate to 3.9% administration rate. The doses per patient days (PD) are as follows: April, 31 doses per 320 PD for 9.7% rate; May, 35 doses in 405 PD for 8.6% rate; June, 28 doses per 304 PD for 9.2% rate; July, 27 doses per 293 PD for 9.2% rate; August, 28 doses per 362 PD for 7.7% rate; September, 20 doses per 358 PD for 5.5% rate; October, 17 doses per 377 PD for 4.5% rate; and November, 15 doses per 383 PD for 3.9% rate. The number of GRNs on the unit increased from 0 to 4: 1 in May, 2 in July, and 1 in August.

## Conclusion/Recommendations

A Quality Improvement measure was initiated in July 2016 to increase nursing knowledge of elderly care by way of increasing the number of trained GRNs on the SBH unit. The increased number of GRNs on the core staff aided in the guidance and accountability of new or inexperienced staff . This increased education impacted the number of nonpharmacologic interventions resulting in a decreased administration of the PRN psychoactive medication Haldol. A poster identifying optional nonpharmacologic interventions was placed within the nurse’s station in September. Shift change huddles placed added emphasis on options for nonpharmacologic interventions that could be implemented as opposed to using PRN Haldol. Data was collected between the months of April to November 2016. The results indicate a steady decrease in the PRN use of Haldol as the number of GRNs increased. By the 4 month goal, we had not yet decreased the administration rate by 25%. However, by the end of 8 months, we were able to meet and exceed our goal by a total reduction rate of 60% . The results indicate that the increased number of geriatric educated resource nurses on a Senior Behavioral Health Unit impacts and reduces the number of PRN antipsychotic medication administration.

## References

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3. Park, Y., Franklin, J., Schneeweiss, S., Levin, R., Crystal, S., Gerhard, T., and Huybrechts, K. (2015). Antipsychotics and mortality: Adjusting for mortality risk scores to address confounding by terminal illness. *Journal of American Geriatrics Society*, 63, 516-523.
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