


- <http://deprescribing.org/caden/>
- <http://deprescribing.org/resources/deprescribing-guidelines-algorithms/>
- [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/) trigger tools for ADE in SNF
- [www.choosingwisely.org/wp-content/uploads/2015/02/AGS-choosing-wisely-list.pdf](http://www.choosingwisely.org/wp-content/uploads/2015/02/AGS-choosing-wisely-list.pdf)
- <http://onlinelibrary.wiley.com/doi/full/10.1111/jgs.13702> AGS Beers Criteria
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4339726/> STOPP/START criteria older adult PIM
- The Anti-cholinergic Burden Calculator: <http://anticholinergicscales.es/calculate>
- The Beers List: a Pocket guide to the 2019AGS BEERS Criteria
- Medstopper: <https://medstopper.com/>
- How to guide: Prevent Adverse Drug Events.Boston: Institute for Healthcare Improvement;2011.  
<http://www.ihl.org/resources/Pages/Tools/HowtoGuidePreventAdverseDrugEvents.aspx>

- Medications at Transitions and Clinical Handoffs(MATCH) Toolkit ;Rockville,MD: Agency for Healthcare Research and Quality 2012. <https://www.nm.org/-/media/Northwestern/Resources/for-medical-professionals/northwestern-medcne-match-toolkit.pdf>
- Ontario Primary care Medication Reconciliation Guide.Ontario: Institute for Safe Medication practices Canada 2015,. [https://www.ismp-canada.org/download/primaryCare MedRecGuide EN.pdf](https://www.ismp-canada.org/download/primaryCare%20MedRecGuide%20EN.pdf)
- AMDA: the Society for Post Acute Care and Long Term Care Medicine; quality prescribing/ webpage link
- Coming in 2019 but already using current data
- Updated F tags: F 867 QIP measures, F757 unnecessary drugs, 757,760 medication error management
- [www.health.gov/hai/ade.asp#action-plan](http://www.health.gov/hai/ade.asp#action-plan)
- AMDA LTPAC -ADE webinar and action plan
- Eprognosis
- LACE, Flacker Mortality Score, Charlson Comorbidity Index



## AGS Guidelines: person centered care for older adults with multiple chronic conditions

- Inquire about primary concern of patient and family-preferences, goals, intentions
- Conduct a complete review of care plan or focus on key aspect of care
- Identify current conditions and interventions and adherence with plan
- **Identify and consider patient preferences and goals of care**
- Is relevant evidence available regarding key outcomes
- **Consider** prognosis
- **Consider** interactions within and between treatments and conditions
- **Weigh** benefit and harm of treatment components
- **Communicate and decide which plans to implement or continue**
- Reassess at selected intervals: benefit, feasibility, adherence, alignment with preferences and changing goals
  - JAGS; expert panel 60; 2012; 1957-1968

## Action Steps for Decision Making with Multi-morbidity Executive summary For AGS Guiding Principles

C Boyd et al JAGS April 2019; 67,(4); 665-73

### Have any of Us Been Taught How to Do This?

- **Elicit** and incorporate patient and **family/caregiver preferences** into medical decision making
- **Recognize** the limitations of evidence based guidelines and interpret and apply the literature tailored to this population
- **Frame** clinical management decisions within the context of harm, burden, benefits prognosis(remaining life expectancy, function, quality of life)
- **Consider** treatment complexity and feasibility when choosing clinical management decisions
- **Use strategies for choosing therapies that optimize benefit and minimize harm, enhancing quality of life and patient preferences**

## New Models of De-prescribing

TR Fried, MC Mecca; JAGS June 2019; 67(6); 1123-27

### Age 65 with 5 or more medications:

Identify patients with multimorbidity and STRATIFY  
assess prognosis, frailty, cognitive and physical impairment  
Identify PIM with MAI, BEERS, STOPP

Robust vs Vulnerable

#### Identify Goals of Care using worksheet

**Robust:** Apply Clinical de-prescribing; apply BEERS, STOPP, START, applications, guidelines, resources; **align goals of care with evidence based risk assessment (traditional model)**

**Vulnerable:** Boyd suggested applying PCC Guidelines as soon as prognosis is 2-10 years if vulnerable: Distinguish when harm from treatment is more likely than reducing risk of disease

Mecca/Krusewicz/Messenger- **align goals of care with symptom burden and minimize harm**




## Structured interview models in literature

- [Vitaltalk.org](http://Vitaltalk.org)
- [Patientprioritiescare.org](http://Patientprioritiescare.org)
- EPEC (educating physician for end of life care NIM)
- [PreferenceBasedLiving.com](http://PreferenceBasedLiving.com)
- [Deprescribing.org](http://Deprescribing.org) (CADEN)
- [Advancecareplanning.ca](http://Advancecareplanning.ca)
- [The conversationproject.org](http://Theconversationproject.org)
- Serious Illness Conversation Guide



## Medication Appropriateness Index

- Is there an indication for the drug?
- Is the medications effective for this condition?
- Is the dosage correct?
- Are the directions correct?
- Are the directions practical?
- Are there significant drug-drug interactions?
- Are there significant drug- syndrome interactions?
- Is there unnecessary duplication with other drugs?
- Is the duration of therapy acceptable and meaningful?
- Is the drug the least expensive alternative?



## Using Wisely: Working with BEERS 2019 recommendations for appropriate use-

MA Steinman et al; JAGS April 2019; vol 67,(4); 644-6

- 1. Medications in the BEERS criteria are potentially not definitely inappropriate
- 2. Read the rationale and recommendations for each criterion. The caveats and guidance listed there are important
- 3. Understand why medications are Included and adjust your approach to those medications accordingly
- 4. Optimal use of the BEERS when identifying PIM means considering safer nonpharmacological and alternate medications not just tapering
- 5. The BEERS criteria should be a starting point in process of identifying and improving medication appropriateness and safety
- 6. Access to medications included in the BEERS criteria's should not be excessively restricted by prior authorization and or health plan policies
- 7. The AGS BEERS criteria are not equally applicable in all countries



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## Preferences for Everyday Living

PELI-NH- KM Abbott et al; JAMDA; December 2018 (pp 1092-8)

Top 20/75 with 90% consistent over 90 days

- Respect
- Care for personal belongings
- Feel cared for (by staff)
- Regular contact with family
- provide relief when upset
- Choose who can participate in your care plan discussions
- Control room temperature
- Choose your medical providers
- Choose your mouth care
- Choose how often to bathe
- Take care of where you live
- Keep up with the news
- Choose your hair care
- Choose what to eat
- Set up bed for comfort
- Do your favorite hobbies
- Learn about topics that interest you
- Do your favorite activities
- Regular contact with friends
- Listen to music you like

PreferenceBasedLiving.com

## Dr.Krulewitch's stepwise protocol for assessing agitation in dementia cases

- 1. Confirm the diagnosis of dementia and understand the different presentations of neurodegenerative disorders in the elderly
- 2. Rule out delirium. When it presents above the neck **THINK BELOW THE NECK**
  - Do a thorough physical exam. Be systematic.
- 3. Rule out pain, dehydration, hunger, constipation, immobility; the geriatric syndromes - Consider trial analgesia, fluids, laxatives, feeding, dysphagia
- 4. Rule out infections: UTI, aspiration pneumonia, cellulitis, joints, abdomen
- 5. Rule out polypharmacy; malignant pathways, cascades, house of cards
- 6. Rule out metabolic syndromes- serotonin, anti-cholinergic, SIADH, opiate sedation
- 7. Identify the set and setting/triggers and target behaviors/listen to family, staff and patient and explore the patient's narrative with a person centered approach
- 8. Can triggers and environmental factors be modified first? Avoid throwing sedating drugs into the mix first. Can any non-pharmacological approach be effective?
- 9. Identify the core behavioral mood disorder- depression, anxiety, psychosis; treat with the lowest dose from one class of medication. Consider adding a trial of Memantine. Consider resuming anti-cholinergic esterase inhibitors if stopped.
- 10. Educate staff and communicate family. Honor POLST and GOC .
- 11. Re-assess ; based on Pieper MJC JAGS 64: 261-269,2016