

Antipsychotic Reduction

## Implementing a Toolkit for Improving Dementia Care in Nursing Homes

Julie Kueker, MT (ASCP), MBA  
Quality Improvement Specialist



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### Objectives

- Understand why antipsychotic medication use should be decreased in long-term care
- Learn how the CMS Antipsychotic Quality Measure is calculated
- Identify the Clinical Considerations of Antipsychotic Management Framework
- Increase knowledge of A Toolkit for Improving Dementia Care in Nursing Homes



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### A Toolkit for Improving Dementia Care in Nursing Homes

- Quality Insights A Toolkit for Improving Dementia Care in Nursing Homes is a FREE resource
- Today we will review:
  - Quality Insights as your improvement resource
  - How to get started by using the Antipsychotic Management Framework
  - Specific tools available for each topic in the framework



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### Quality Insights and the 11th Scope of Work

- CMS re-organized the Quality Improvement Organization (QIO) system for the nation
- The QIO program is the largest federal program dedicated to improving health quality at a local level
- Non-profit, under contract with CMS to assist health care providers
- We are a free resource for knowledge and tools to improve health quality, efficiency and value
- Advocate for Medicare beneficiaries
  - [www.qualityinsights-qin.org](http://www.qualityinsights-qin.org)
  - [www.qioprogram.org](http://www.qioprogram.org)



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### 11 SOW QIN-QIO Map



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### 11th Scope of Work Goals for Nursing Homes

- Achieve a score of six or better on the Nursing Home Quality Composite Measure Score
- Improve the mobility of long-stay residents
- Decrease unnecessary use of antipsychotic medications
- Decrease healthcare-associated infections and other healthcare-acquired conditions
- Decrease potentially avoidable hospitalizations
- Actively participate in Learning and Action Network collaboratives



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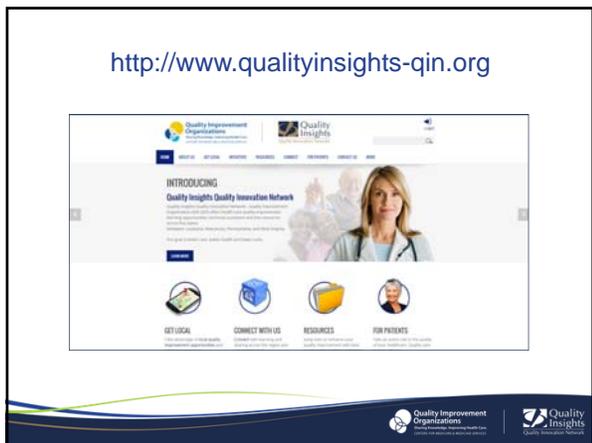
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### National Partnership to Improve Dementia Care in Nursing Homes

- CMS partnered with federal and state agencies, nursing homes, other providers, advocacy groups, and caregivers to improve comprehensive dementia care. The goals are:
  - Find new ways to implement practices that enhance the quality of life
  - Protect from substandard care
  - Promote goal-directed, person-centered care for every nursing home resident
  - Reduce the use of antipsychotic medications in long-stay nursing home residents by 25 percent by the end of 2015
  - Reduce the use by 30 percent by the end of 2016

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### National Partnership to Improve Dementia Care in Nursing Homes

- The Partnership promotes a multidimensional approach that includes public reporting, state-based coalitions, research, training and revised surveyor guidance.
- The Partnership's larger mission is to enhance the use of non-pharmacologic approaches and person-centered dementia care practices.

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html>

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### Why the Need?

#### BLACK BOX WARNING

**Increased Mortality in Elderly Patients with Dementia-Related Psychosis – Elderly patients with dementia related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo.**

FDA Public Health Advisory: Deaths with antipsychotics in elderly patients with behavioral disturbances. [www.fda.gov/cder/drug/advisory/antipsychotics.htm](http://www.fda.gov/cder/drug/advisory/antipsychotics.htm)




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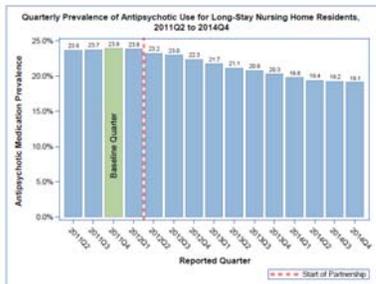
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### Why the Need?




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### Why the Need?

Partnership to Improve Dementia Care in Nursing Homes  
Antipsychotic Drug Use in Nursing Homes Trend Update  
Quarterly Prevalence of Antipsychotic Use for Long-Stay Residents, States 2011Q2 to 2014Q4

| State                | 2011Q2 | 2011Q3 | 2011Q4 | 2012Q1 | 2012Q2 | 2012Q3 | 2012Q4 | 2013Q1 | 2013Q2 | 2013Q3 | 2013Q4 | 2014Q1 | 2014Q2 | 2014Q3 | 2014Q4 | 2014Q4 - 2011Q2 | % Change |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------|----------|
| Alabama              | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Alaska               | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Arizona              | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Arkansas             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| California           | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Colorado             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Connecticut          | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Delaware             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| District of Columbia | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Florida              | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Georgia              | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Hawaii               | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Idaho                | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Illinois             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Indiana              | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Iowa                 | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Kansas               | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Kentucky             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Louisiana            | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Maine                | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Maryland             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Massachusetts        | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Michigan             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Minnesota            | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Mississippi          | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Missouri             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Montana              | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Nebraska             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Nevada               | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| New Hampshire        | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| New Jersey           | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| New Mexico           | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| New York             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| North Carolina       | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| North Dakota         | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Ohio                 | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Oklahoma             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Oregon               | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Pennsylvania         | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Rhode Island         | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| South Carolina       | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| South Dakota         | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Tennessee            | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Texas                | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Utah                 | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Vermont              | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Virginia             | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Washington           | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| West Virginia        | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Wisconsin            | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |
| Wyoming              | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | 19.2%  | -4.0%           | -20.8%   |




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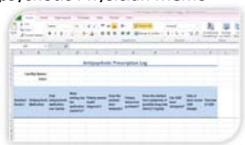
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### Step One Tools: Leadership

- Nursing Process Approach for Antipsychotic Drug – Gradual Dose Reduction
- Antipsychotic Prescription Log
- Sample Facility Policy for Use of Antipsychotic Medications
- Sample Antipsychotic Physician Memo




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### Step Two: Recognition/Assessment

- Be able to recognize antipsychotic drugs commonly used in the LTC setting and the issues surrounding them

| Typical Antipsychotics   | Atypical Antipsychotics   |
|--|---|
| <ul style="list-style-type: none"> <li>•Compazine</li> <li>•Haldol</li> <li>•Lozitan</li> <li>•Mellaril</li> <li>•Molan</li> <li>•Navane</li> <li>•Orap</li> <li>•Prolixin</li> <li>•Stelazine</li> <li>•Thorazine</li> <li>•Trilafon</li> </ul> | <ul style="list-style-type: none"> <li>•Abilify</li> <li>•Clozaril</li> <li>•Fanapt</li> <li>•Geodon</li> <li>•Invega</li> <li>•Risperdal</li> <li>•Saphris</li> <li>•Seroquel</li> <li>•Zyprexa</li> </ul> |




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### Step Two: Recognition/Assessment

- Observe resident behaviors
- Describe behavior /symptom details like onset, intensity, duration, severity to self/others
- Identify change in level of consciousness
- Determine the necessity to control or limit behavior
- Assess mood, thinking, function, and behavior within 24 hours of admission if an individual is taking an antipsychotic or identified as having a behavior problem
- For individuals taking antipsychotics, identify where and why treatment started and how effective/problematic the treatment has been




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### Step Two: Recognition/Assessment

- Issues surrounding the use of antipsychotics may include:
  - Prolongation of the QT interval of the heart electrical system can cause arrhythmias and death
  - The resultant sedation can lead to aspiration of stomach contents and pneumonia
  - Gait disturbances and extra pyramidal effects will cause falls and injuries
  - Cerebrovascular events including TIAs and stroke




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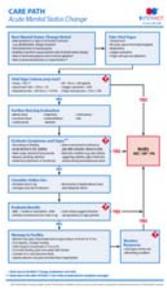
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### Step Two Tools: Recognition/Assessment

- INTERACT Care Path for Mental Status Change: [www.INTERACT2.net](http://www.INTERACT2.net)
- Other resources
  - Individual's medical record, progress notes, hospital discharge summary, MAR, Stop Watch Reports, and latest MDS assessment




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### Step Three: Diagnosis/ Clinical Judgment

- Review assessment and observation data
- Evaluate psychiatric reports
- Contact family and/or others who may provide insight about behavior or add to medical history
- Systematically determine if the behavior/symptom(s) are likely related to:
  - Medical condition
  - Use of an antipsychotic drug
  - The current medication regimen
  - Psychosocial/unmet need
  - Environmental cause




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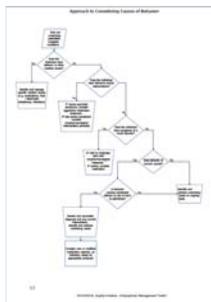
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### Step Three Tools: Diagnosis/ Clinical Judgment

- Approach to Considering Causes of Behavior Algorithm
- Guidance to Using the Behavioral Approach Algorithm
- INTERACT Change in Condition Cards: [www.INTERACT2.net](http://www.INTERACT2.net)




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### Step Four: Outcomes Planning

- Collect pertinent information as the basis for having identified a specific cause or causes of the problematic behavior/symptom
- Contact your consultant pharmacist to identify/verify high risk medications most likely related to behavior/symptom
- If antipsychotic drug use is likely part of the problem, consider discussing possible gradual dose reduction or drug discontinuance with the physician




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### Step Four Tool: Outcomes Planning

- Antipsychotic Medication Tapering Checklist

| MULTI-DOMAIN PLANNING  |   |
|--|---|
| ANTIPSYCHOTIC MEDICATION TAPERING CHECKLIST  |   |
| Tapering Plan Details to Review (A)  | Relevant Practices (B)  |
| There is a clear and detailed picture of the individual's symptoms and characteristics of underlying issues.   | The picture of the individual's symptoms, onset and course, and related underlying issues, symptoms, characteristics of underlying issues, and medication history is clear. |
| The individual has been assessed in a comprehensive manner (e.g., in terms of medical and behavioral health) and the results of the assessment are documented in the plan. | The individual has been assessed in a comprehensive manner (e.g., in terms of medical and behavioral health) and the results of the assessment are documented in the plan.  |
| The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.   | The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.  |
| The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.   | The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.  |
| There are specific goals related to tapering antipsychotic medication and tapering high risk medications.  | There are specific goals related to tapering antipsychotic medication and tapering high risk medications.   |
| The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.   | The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.  |
| There are specific goals related to tapering antipsychotic medication and tapering high risk medications.  | There are specific goals related to tapering antipsychotic medication and tapering high risk medications.   |
| The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.   | The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.  |
| There are specific goals related to tapering antipsychotic medication and tapering high risk medications.  | There are specific goals related to tapering antipsychotic medication and tapering high risk medications.   |
| The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.   | The individual's symptoms and characteristics of underlying issues are clearly defined and documented in the plan.  |




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### Step Five: Implementation

- Collaborate to identify urgent situations such as delirium or psychosis
- Discuss findings with practitioner to develop care plan
- Implement and update care plans to address causes of behavior
- If indicated, develop a plan for gradual dose reduction
- Include non-pharmacological and behavioral management strategies in care plan
- Adapt environment if needed
- Include family members
- Document in the basis for interventions



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### Step Five Tools: Implementation

- Antipsychotic SBAR
- The CHAT tools
  - Agitation/Confusion/Altered Mental Status
  - Dizziness/Unsteadiness
  - Fall



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### Step Six: Evaluation

- Monitor for care plan effectiveness
- Review residents' medication regimen for high risk medications and the appropriateness of continued administration of antipsychotic
- Form a behavior management team to identify unmet needs and monitor and document the effectiveness of interventions



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### Step Six Tools: Evaluation

- Antipsychotic Medication QA Review Tool
- Assessment of Resident Receiving Psychotropic Medication



**EVALUATION**

**ANTIPSYCHOTIC MEDICATION QA REVIEW TOOL**

The Antipsychotic Medication QA Review Tool is intended to be used to assess to help reduce prescribing of antipsychotic medication. Review findings carefully. The table contained in this document provides a guide to the tool. This tool is not intended to be used as a substitute for professional judgment. This tool is subject to revision as our program evolves.

| RECOMMENDATION  | YES | NO | NA | PK | KA |
|---|-----|----|----|----|----|
| 1. Is there documentation of the latest or most previously prescribed medication?       |     |    |    |    |    |
| 2. Is there a clear documented reason for the behavioral problem or problem identified? |     |    |    |    |    |
| 3. Is there documentation of a valid order of the medication regimen?                   |     |    |    |    |    |
| 4. Is there documentation of a valid order of the medication regimen?                   |     |    |    |    |    |
| 5. Is there documentation of a valid order of the medication regimen?                   |     |    |    |    |    |
| 6. Is there documentation of a valid order of the medication regimen?                   |     |    |    |    |    |
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| 8. Is there documentation of a valid order of the medication regimen?                   |     |    |    |    |    |
| 9. Is there documentation of a valid order of the medication regimen?                   |     |    |    |    |    |
| 10. Is there documentation of a valid order of the medication regimen?                  |     |    |    |    |    |
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| 13. Is there documentation of a valid order of the medication regimen?                  |     |    |    |    |    |
| 14. Is there documentation of a valid order of the medication regimen?                  |     |    |    |    |    |
| 15. Is there documentation of a valid order of the medication regimen?                  |     |    |    |    |    |
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| 17. Is there documentation of a valid order of the medication regimen?                  |     |    |    |    |    |
| 18. Is there documentation of a valid order of the medication regimen?                  |     |    |    |    |    |
| 19. Is there documentation of a valid order of the medication regimen?                  |     |    |    |    |    |
| 20. Is there documentation of a valid order of the medication regimen?                  |     |    |    |    |    |

Quality Improvement Organizations | Quality Insights

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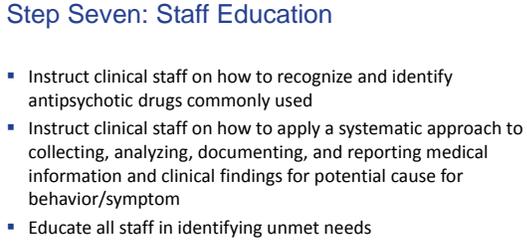
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### Step Seven: Staff Education

- Instruct clinical staff on how to recognize and identify antipsychotic drugs commonly used
- Instruct clinical staff on how to apply a systematic approach to collecting, analyzing, documenting, and reporting medical information and clinical findings for potential cause for behavior/symptom
- Educate all staff in identifying unmet needs



Quality Improvement Organizations | Quality Insights

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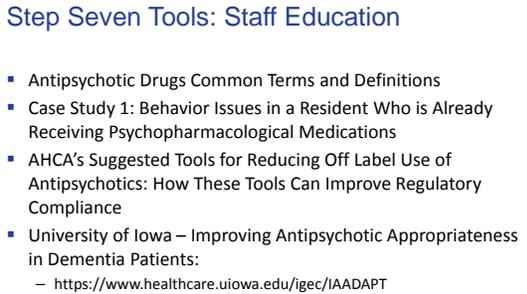
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### Step Seven Tools: Staff Education

- Antipsychotic Drugs Common Terms and Definitions
- Case Study 1: Behavior Issues in a Resident Who is Already Receiving Psychopharmacological Medications
- AHCA's Suggested Tools for Reducing Off Label Use of Antipsychotics: How These Tools Can Improve Regulatory Compliance
- University of Iowa – Improving Antipsychotic Appropriateness in Dementia Patients:
  - <https://www.healthcare.uiowa.edu/igec/IAADAPT>



Quality Improvement Organizations | Quality Insights

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### Additional Toolkit Items

- Questions to Consider in Interdisciplinary Team Review
- Suggestions for a Provider Checklist
- Review of Non-pharmacological Approaches for Treating Behavioral and Psychological Symptoms of Dementia (Table 1)
- Efficacious and Feasible Non-pharmacological Approaches for Behavioral and Psychological Symptoms of Dementia (Table 2)
- Screening Admissions for Antipsychotic Use
- Reducing Antipsychotics in Your Facility

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### How is the Quality Measure Calculated

MDS 3.0 Measure: Percent of Long-Stay Residents Who Received An Antipsychotic Medication \*

| MEASURE DESCRIPTION   | MEASURE SPECIFICATIONS  | COVARIATES      |
|---|---|-----------------|
| <p>QMS: N031 02<br/>NDF: none</p> <p>This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.</p> | <p><b>Numerator</b><br/>Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows:</p> <ul style="list-style-type: none"> <li>▪ For assessments with target dates on or before 03/31/2012: N0400A = [1]</li> <li>▪ For assessments with target dates on or after 04/01/2012: N0410A*[1,2,3,4,5,6,7]</li> </ul> <p><b>Denominator</b><br/>All long-stay residents with a selected target assessment, except those with exclusions.</p> <p><b>Exclusions</b></p> <p>1. The resident did not qualify for the numerator and any of the following is true:</p> <ol style="list-style-type: none"> <li>1.1. For assessments with target dates on or before 03/31/2012: N0400A = [1]</li> <li>1.2. For assessments with target dates on or after 04/01/2012: N0410A*[1]</li> </ol> <p>2. <b>Any</b> of the following related conditions are present on the target assessment (unless otherwise indicated):</p> <ol style="list-style-type: none"> <li>2.1. Schizophrenia (0300 = [1])</li> <li>2.2. Tourette's Syndrome (0330 = [1])</li> <li>2.3. Tourette's Syndrome (0350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.</li> <li>2.4. Huntington's Disease (0250 = [1])</li> </ol> | Not applicable. |

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-User's-Manual-V80.pdf>

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### Use QAPI to Guide Improvement Efforts




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### The QAPI Approach

- Sustainable
- Standardized
- Accountable
- Promotes Performance Improvement Projects (PIPs)
- Proactive
- Ongoing
- Whole Team/Interdisciplinary
- Use Root Cause Analysis and PDSA



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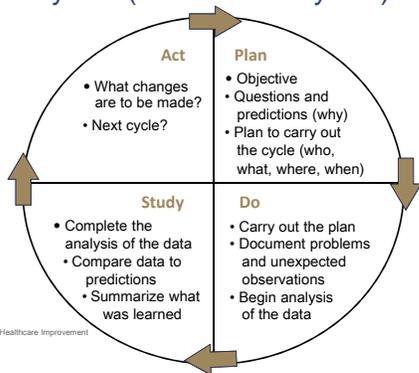
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### PDSA cycles (Plan-Do-Study-Act)



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### Advancing Excellence [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)



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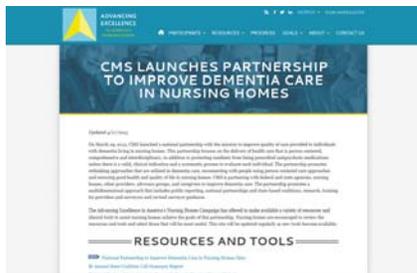
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### Multitude of Resources




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### Questions?

[www.qualityinsights-qin.org](http://www.qualityinsights-qin.org)  
[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

[bhoover@area-j.hcqis.org](mailto:bhoover@area-j.hcqis.org) – Project Lead  
[jkuiker@area-j.hcqis.org](mailto:jkuiker@area-j.hcqis.org)

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