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

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
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)

11 SOW QIN-QIO Map

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
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

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.

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.

[Click here for FDA Public Health Advisory: Deaths with antipsychotics in elderly patients with behavioral disturbances.](http://www.fda.gov/cder/drug/advisory/antipsychotics.htm)
Why the Need?

Where Do We Start in Reducing Antipsychotics?

- Multi-disciplinary approach
- Management Framework
  - Leadership
  - Recognition/Assessment
  - Diagnosis/Clinical Judgment
  - Outcomes Planning
  - Implementation
  - Evaluation
  - Staff Education

Step One: Leadership

- Know your facilities antipsychotic prevalence rate
- Set a facility antipsychotic QM goal – focus on outcomes
- Make sure all supervisors, physicians and staff are aware of goals
- Make sure employees know performance expectations
- Hold employees accountable for following care process steps
- Make regular employee rounds to answer questions
- Ensure all staff are trained
- Recognize departments/staff for doing well
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

Step Two: Recognition/Assessment

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

<table>
<thead>
<tr>
<th>Typical Antipsychotics</th>
<th>Atypical Antipsychotics</th>
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<tbody>
<tr>
<td>Compazine</td>
<td>Abilify</td>
</tr>
<tr>
<td>Haldol</td>
<td>Clozaril</td>
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<tr>
<td>Gastrine</td>
<td>Fanapt</td>
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<tr>
<td>Mellaril</td>
<td>Geodon</td>
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<td>Moban</td>
<td>Invega</td>
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<tr>
<td>Navane</td>
<td>Risperdal</td>
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<td>Orap</td>
<td>Saphris</td>
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<td>Prolixin</td>
<td>Seroquel</td>
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<td>Stelazine</td>
<td>Zyprexa</td>
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<td>Thorazine</td>
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<td>Thorazine</td>
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<td>Triafon</td>
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- 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
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

Step Two Tools: Recognition/Assessment

- INTERACT Care Path for Mental Status Change: www.INTERACT2.net
- Other resources
  - Individual’s medical record, progress notes, hospital discharge summary, MAR, Step Watch Reports, and latest MDS assessment

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
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

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

Step Four Tool: Outcomes Planning

- Antipsychotic Medication Tapering Checklist
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

Step Five Tools: Implementation

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

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
Step Six Tools: Evaluation

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

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

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](https://www.healthcare.uiowa.edu/igec/IAADAPT)
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

How is the Quality Measure Calculated

- Use QAPI to Guide Improvement Efforts

Quality Assurance
- Reactive
- Regulation compliance

Performance Improvement
- Proactive
- Solves problems before they occur
The QAPI Approach

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

PDSA cycles (Plan-Do-Study-Act)

Plan
- Objective
- Questions and predictions (why)
- Plan to carry out the cycle (who, what, where, when)

Do
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

Study
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

Act
- What changes are to be made?
- Next cycle?
Multitude of Resources

Questions?

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