Quality Measure Tip Sheet

Percent of Residents Who Received an Antipsychotic (Long Stay)

MDS Coding Requirements

- Code medications in Item N0410 according to the medication's therapeutic and/or pharmacological classification, not how it is used.
- Record the number of days an antipsychotic medication was given to the resident, at any time during the seven day look-back period.
- At item N0450D, enter date the physician documented GDR attempts as clinically contraindicated.

Coding Tips

- Include any medications given to the resident by any route (e.g., PO, IM or IV) in any setting (e.g., in a hospital ER) while a resident of the nursing home.
- Code a medication even if it was only given once during the look-back period.
- Count long acting medications that are given every few weeks or monthly only if they are given during the seven day look-back period.
- Combination medications should be coded in all categories/pharmacologic classes that constitute the combination.
- Do not include Gradual Dose Reductions that occurred prior to admission to the facility.
- Physician documentation indicating dose reduction attempts that are clinically contraindicated must include the clinical rationale for why an attempted dose reduction is inadvisable.
- Within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless physicians documentation is present in the medical record indicating a GDR is clinically contraindicated.
- Do not count an antipsychotic medication taper performed for the purpose of switching the resident from one antipsychotic medication to another as a GDR in this section.

Best Practices

- Print out and review CASPER facility level QM of antipsychoctic long and short-stay monthly.

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- Print out and review CASPER resident level and psychotropic reports to identify residents on antipsychotic medications monthly.
- Check diagnosis and the MDS for coding discrepancies.
- Focus on residents receiving antipsychotics for negative behaviors, especially residents with dementia.
- Make GDR recommendations to prescribers. MD/PA/NP can make better informed treatment decisions with input from frontline staff.
- Discuss the interventions and approaches with all IDT and family members and obtain their input for family.
- Plan non-drug therapy to use with GDR and involve all members of the IDT. Make sure non-drug therapy, target behaviors and goals are care planned.
- Many psychoactive medications increase confusion, sedation and falls. For those residents who are already at risk for these conditions, nursing home staff should develop plans of care that address these risks.

Ask These Questions

MDS

- Is the MDS coding accurate?
- Have you checked for diagnosis coding discrepancies?

Prior to starting an Antipsychotic

- Are the staff members and family educated on behavior management and nonpharmacological interventions?
- Have the least restrictive interventions been attempted first?
- Have staff members assessed the resident to rule out underlying conditions that are affecting behavior?
- Are basic needs being met (i.e., pain, thirst, toileting)?
- Is the resident's environment calming? Are there areas for private space? Is clutter managed?
- Are there consistent staff member assignments?
- Are there consistent routines?
- Are orders received from outside vendors (i.e., hospice) monitored?
- Are psychological services for treatment available and offered?

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Ask These Questions continued

- Possible adverse effects of these medications should be well understood by nursing staff. Are your nursing home staff educated to be observant for these adverse effects?

Attempting a GDR

- Has the resident had previous GDR's attempted and were they successful?
- Have you discussed a GDR with the resident's family and obtained input on possible non-pharmacological approaches?
- Has the IDT identified nonpharmacological approaches that work?
- Have you involved the entire IDT on the GDR?
- Are the targeted behaviors, GDR and non-pharmacological interventions and goals cares planned?

After a GDR

- Are all your staff aware that the resident has recently had a GDR and is no longer receiving a psychotropic medication and the nonpharmacological interventions that are being used?
- Are all shifts documenting whether the resident is continuing to exhibit the targeted behaviors, if the behaviors have improved or worsened or are there new behaviors that need to be addressed?
- Are all shifts documenting the non-pharmacological approaches being used should the resident be exhibiting behaviors?
- Are you updating the care plan and informing the IDT and family of interventions that are not working and new interventions being implemented?
- Is your team meeting or "huddling" at least weekly to discuss your residents that have had a GDR?