

# Improving Dementia Care & Reducing Unnecessary Use of Antipsychotics: Process Assessment

Statement	Rating on 1 to 5 Scale 1 = Rarely 5 = Always	Comments
<b>Dementia Care Policies, Leadership, Training, Documentation: Implementing systems to ensure that the facility adequately provides care and services to residents with dementia.</b>		
The facility has specific policies and procedures related to comprehensive care planning. These policies and procedures define how plans are developed that are reflective of resident specific risks, factors, goals, resident centered interventions and are based on each individual's preference and choice.		
Facility has sufficient staff that possess the appropriate competencies and skills to provide direct services to residents with dementia.		
<b>Assessing Resident and Individualized Care Planning: Practices to understand who the resident with dementia is and their needs. It is through understanding the individual needs of the resident with dementia that you can understand the meaning of behavior and how to address it.</b>		
Prior to or at admission facility obtains information from the family/responsible party on resident preference, routines, social patterns, responses to stress, recent changes in behavior or cognition, cultural preferences, usual cognitive patterns, mood and behavioral distress associated with dementia, how resident typically communicates a need, expectations for how nursing home will work with the resident to prevent and reduce any distress, and effective responses.		
The information obtained prior to or during the admission process is accessible to direct caregivers and support staff.		
The facility has a system in place to identify changes in resident preference, response to stress, changes in behavior or cognition, and effective response.		
The facility has a system in place to assist staff members in identifying etiology or predictive factors related to individual behavioral expressions and appropriate responses.		
Facility practices consistent assignment (i.e. same nursing assistant to same resident).		
Review systems to validate that ADL function is promoted.		

**Review for Reduction:  
Identifying residents to reduce or eliminate antipsychotic medications**

<p>The nursing home administrator, director of nurses, and other team members as appropriate (i.e. pharmacists, medical director, mental health professional, interdisciplinary team members) review the quality measures and pharmacy reports monthly.</p>		
<p>Quarterly, at a minimum, the facility QAPI Committee reviews the quality measures and pharmacy reports with the director of nursing, pharmacy consultant and medical director for purpose of tracking and trending data, including trends among providers, and adverse events.</p>		
<p>The facility has a "real-time" system in place to monitor, track, trend, and evaluate the use of antipsychotic medication (including PRN medication) to identify residents that may be appropriate for reduction or elimination of antipsychotic medications.</p>		
<p>The facility has an established system for monitoring each identified resident's reduction efforts for effectiveness of medication changes and approaches (i.e., weekly behavior meetings, weekly at-risk meetings, etc.).</p>		
<p>If a resident is admitted with an order for antipsychotic medication, then the facility has a system to notify the interdisciplinary team and consulting pharmacist for review of care plan and physician orders within three days of admission.</p>		
<p>The facility has a communication system in place to alert the interdisciplinary team to new recommendations for antipsychotic medication from external providers (i.e., hospice or consulting medical providers).</p>		
<p>The facility has an established protocol for the prescribing of antipsychotic medications that is communicated to attending physicians, consulting medical providers, and consulting medical service providers (i.e., hospice).</p>		
<p>If a new prescription for an antipsychotic medication is received, then the facility has a system to notify the interdisciplinary team and consulting pharmacist for review of the care plan and physician orders within three days of receiving the physician orders.</p>		
<p>A documented process is in place and utilized when initiating or increasing a dosage of an antipsychotic medication (i.e., decision support algorithm, physician order process, reassessment timeline, etc.).</p>		

**Understanding and Responding to Behaviors:  
Gathering information, exploring reasons behind behavior, and identifying responses**

Staff in all departments are trained in person-centered care and how to respond effectively to behaviors [i.e., training programs on the National Nursing Home Quality Improvement Campaign website, CMS Hand in Hand, etc.].		
The facility has resources available that are accessible to all staff members to assist in meeting the resident's need as behavior expressions occur (i.e., person-centered activities and interests).		
The facility has an established system for identifying and reporting changes in resident condition/behaviors (i.e., huddles, INTERACT Stop and Watch, etc.).		
The facility has an established system for documenting and monitoring resident behaviors and effectiveness of approaches.		
The Interdisciplinary team, to include nursing assistants and other team members (i.e., housekeepers) along with the family or responsible party, are involved in the process of developing and implementing effective, person-specific approaches to address behavioral expressions.		
Family or responsible party education is provided regarding behavioral or psychological symptoms and approaches.		
The facility has a system in place to notify the family or responsible party of a change in resident condition/behavior, physician orders, and/or approaches.		
The facility has a system in place to notify and effectively communicate with the attending physician of a change in resident condition/behavior (i.e., SBAR).		
The facility has an arrangement that allows for timely access to mental healthcare (psychiatrist, psychologist, LCSW, etc.) through on-site services or telehealth.		
The facility has established procedures and staff are trained in procedures to address emergency mental health needs [i.e., temporary detainment order (TDO)].		

**Care Planning:  
Developing and implementing measurable goals and approaches to address the care and treatment for a resident with dementia.**

Care plans reflect a person-centered, individualized approach with measurable goals, timetables and specific approaches for supporting the resident with dementia.		
The admission information is integrated into the care plan and revised as the resident's condition and/or needs change.		

The nursing home administrator, director of nurses, and medical provider periodically attend care plan meetings for residents with behavioral or psychological symptoms.		
Interdisciplinary team seeks input for care plan meetings from the medical provider, consultant pharmacist, certified nursing assistants, mental health professional, family or responsible party, and other staff members for residents with behavioral or psychological symptoms.		
The family or responsible party is encouraged to participate in care plan meetings and are involved in determining the goals of care that are consistent with the resident's wishes (e.g., facility offers flex scheduling or uses conference calls when in-person attendance is not possible).		
<b>Improvement Plan</b>		
For the next 3 months, what action plan would you be willing to develop that would assist in improving processes and/or reducing the use of unnecessary antipsychotic medications?		

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