Developing and Action Plan: Person Centered Dementia Care and Psychotropic Medications

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March 2018

Objectives

• Review interpretive guidance F758 (Free from Unnecessary Psychotropic Drugs/PRN’s and unnecessary medications
• Identify PRN requirements
• Use performance improvement tools to for a performance improvement project (PIP)
• Engage in an interactive root cause analysis activity focusing on gradual dose reductions (GDR)
Pharmacy Services 483.45
Psychotropic Medications

• Expands requirement for reporting medication irregularities to include the medical director
• Expands requirement for how RPh must document irregularities and how attending Dr. must respond
• Adds requirement for P&P for monthly DRR (MRR)
  • New definition of psychotropic drug
  • Added 14 day limitations to PRN psychotropic drug use
  • Added 14-day limitation to PRN orders for psychotropic and antipsychotic drugs
• DRR must include medical record
• Maintains requirement of med error rates 5% or less

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Pharmacy Services (§ 483.45)

Phase 2
• Update practices on psychotropic drug use
  – Anyone who has not received psychotropic drugs should not be given these drugs unless necessary
  – **Gradual dose reduction, behavioral interventions**
  – Limit PRN Orders
    ▪ Psychotropic
    ▪ Antipsychotics
CMS Moratorium

F-Tags included in moratorium:
- F655   Baseline Care Plan
- F740   Behavioral Health Service
- F741   Sufficient/Competent Direct Care/Access Staff- Behavioral Health
- F758   Psychotropic Medications related to PRN Limitations
- F838   Facility Assessment
- F881   Antibiotic Stewardship
- F865   QAPI Program and Plan
- F926   Smoking Policies

Psychotropic Medication

New Definition

A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:

- (i) Anti-psychotic;
- (ii) Anti-depressant;
- (iii) Anti-anxiety; and
- (iv) Hypnotic.
§ 483.45(e) Psychotropic Drugs

Based on a comprehensive assessment of a resident;

- 483.45(e)(1): Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition

- 483.45(e)(2): Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated

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§ 483.45(e) Psychotropic Drugs

Based on a comprehensive assessment of a resident;

- 483.45(e)(3): Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition

- 483.45(e)(4): PRN orders for psychotropic drugs are limited to 14 days
  - Except if the prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days
  - They must document rationale in medical record and it is limited to a maximum of 14 days*

- 483.45(e)(5): PRN orders for antipsychotic drugs are limited to 14 days
  - Cannot be renewed unless the attending physician or prescribing practitioner evaluates through examination of the resident for the appropriateness of that medication
  - After the evaluation, the new order is limited to 14 days

*Source: Regulatory Beat IHCA 1.2018
Illinois Data  Antianxiety or Hypnotic Medication

Long Stay Residents Who Received an Antianxiety or Hypnotic Medication
Illinois

Percent
Q4 2016 Q1 Q2 Q3 Q4 2017 Q1 Q2 Q3
National Median
State Median

Late Adopters
IL Ranked 49

Illinois Data  Antipsychotic Medication  LS

Long Stay Residents Who Received an Antipsychotic Medication
Illinois

Percent
Q4 2016 Q1 Q2 Q3 Q4 2017 Q1 Q2 Q3
National Median
State Median

Late Adopters
**Sample Selection – Unnecessary Medication Review**

- System selects five residents for full medication review
- Based on observation, interview, record review, and MDS
- Broad range of high-risk medications and adverse consequences
- Residents may or may not be in sample
Unnecessary Medications

For **Psychotropic Medications**, did the facility ensure that:

- Medications are used only to treat a specific, diagnosed, and documented condition;
- A GDR was attempted, unless clinically contraindicated, and non-pharmacological approaches to care were implemented;
- PRN use is only if necessary to treat a specific, diagnosed, and documented condition;
- PRN orders for psychotropic medications which are not antipsychotic medications are limited to 14 days, unless the attending physician/prescribing practitioner documents a rationale to extend the medication;
- PRN orders which are for antipsychotic medications are limited to 14 days, without exception and the attending physician/prescribing practitioner did not renew the order without first evaluating the resident?

If No to any of the above, cite F758

NA, the resident was not prescribed psychotropic medications
Unnecessary Medications Psychotropic Medications GDR

Reviewed in advance: most current medications, comprehensive and quarterly MDS/CAA

- Demonstrates a system and documents GDR for psychotropic medication unless contraindicated
- Within the first year in which a resident is admitted on a psychotropic medication or after the facility has initiated a psychotropic medication: GDR attempts in two separate quarters with at least one month between the attempts.
- The GDR must be attempted annually thereafter unless clinically contraindicated.
- Non-pharmacological approaches must be attempted and documented instead of using psychotropic medications, along with use of psychotropic medications, and while GDR is attempted.

Antipsychotic Medication Use Must be Assessed During Transitions

Journal of American Geriatrics Society

- 7496 Nursing Home Residents with new antipsychotic medication use
- Initiation
  - 18.8% Hospital
  - 17.5% As an Outpatient
  - 64% Nursing Home
    - 63.2 % had evidence of potentially appropriate indication on the MDS
    - 40.4% were dispensed within a week of admission
F865 QAPI Program

• Each facility must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.

Intent of Regulation

• To ensure facilities develop a plan that describes the process for conducting QAPI/QAA activities, such as identifying and correcting quality deficiencies as well as opportunities for improvement, which will lead to improvement in the lives of nursing home residents, through continuous attention to quality of care, quality of life, and resident safety.

What is a System?

• A set of connecting parts to form a whole
• An organized purposeful structure made of interrelated and interconnected components

Departments, services, and people in a nursing home form a system
Medication System

Unnecessary Medications/Psychotropic CE Pathway

GDR System

Admitted with Psychotropic Year One

GDR Attempt #2 must be
1. Separate Qtr
2. > 1 Month after attempt #1

GDR Attempt #1 Year One

Must Use Non Pharmacological approaches

Annual Attempts (unless clinically contraindicated)
All QI Activities Begin with Data

- CASPER Reports
- NH Composite Score Trend Report
- 5 Star Preview Report
- Internal data sources
  - EMR systems i.e.: Point Click Care
  - Incident reports
  - Grievances
  - Staff and resident satisfaction surveys
- External provider reports
  - Lab reports
  - Pharmacy reports

Nursing Home Compare Five Star Ratings Preview Report

<table>
<thead>
<tr>
<th>MDS 3.0 Long-Stay Measures</th>
<th>2016Q4</th>
<th>2017Q1</th>
<th>2017Q2</th>
<th>2017Q3</th>
<th>4Q avg</th>
<th>Rating Points¹</th>
<th>4Q avg</th>
<th>4Q avg</th>
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<tbody>
<tr>
<td>Percentage of residents experiencing one or more falls with major injury</td>
<td>8.3%</td>
<td>9.7%</td>
<td>10.7%</td>
<td>4.3%</td>
<td>8.3%</td>
<td>20.00</td>
<td>3.4%</td>
<td>3.4%</td>
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<tr>
<td>Percentage of residents who self-report moderate to severe pain²</td>
<td>4.2%</td>
<td>6.0%</td>
<td>1.6%</td>
<td>5.2%</td>
<td>4.2%</td>
<td>80.00</td>
<td>4.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Percentage of high-risk residents with pressure ulcers</td>
<td>15.0%</td>
<td>1.8%</td>
<td>4.0%</td>
<td>8.3%</td>
<td>6.7%</td>
<td>40.00</td>
<td>5.9%</td>
<td>5.0%</td>
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<td>Percentage of residents with a urinary tract infection</td>
<td>2.8%</td>
<td>1.4%</td>
<td>10.7%</td>
<td>0.0%</td>
<td>3.8%</td>
<td>60.00</td>
<td>3.7%</td>
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<tr>
<td>Percentage of residents with a catheter inserted and left in their bladder²</td>
<td>1.0%</td>
<td>1.1%</td>
<td>2.3%</td>
<td>1.9%</td>
<td>1.9%</td>
<td>80.00</td>
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<td>Percentage of residents who were physically restrained</td>
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<td>0.0%</td>
<td>100.00</td>
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<td>Percentage of residents whose need for help with daily activities has increased</td>
<td>23.4%</td>
<td>59.0%</td>
<td>21.0%</td>
<td>10.9%</td>
<td>28.3%</td>
<td>20.00</td>
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<td>Percentage of residents who received an antipsychotic medication</td>
<td>43.0%</td>
<td>39.1%</td>
<td>40.6%</td>
<td>41.8%</td>
<td>41.2%</td>
<td>10.05</td>
<td>19.3%</td>
<td>19.7%</td>
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<tr>
<td>Percentage of residents whose ability to move independently worsened²³</td>
<td>20.7%</td>
<td>47.5%</td>
<td>36.3%</td>
<td>15.0%</td>
<td>29.4%</td>
<td>17.1%</td>
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</table>
Use MDS Facility Level QM Report to Select a LS measure above the state or national average

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<tr>
<th>Measure Description</th>
<th>CMS ID</th>
<th>Dets</th>
<th>Num</th>
<th>Denom</th>
<th>Facility Observed Percent</th>
<th>Facility Adjusted Percent</th>
<th>Comparison Group State Average</th>
<th>Comparison Group National Average</th>
<th>Comparison Group National Percentile</th>
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<tr>
<td>SR Mod/Severe Pain (S)</td>
<td>N001.01</td>
<td>1</td>
<td>5</td>
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<td>20.0%</td>
<td>20.0%</td>
<td>15.1%</td>
<td>13.4%</td>
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<td>SR Mod/Severe Pain (L)</td>
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<td>5</td>
<td>62</td>
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<td>4.8%</td>
<td>7.4%</td>
<td>5.3%</td>
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<td>Hi-risk Pres Ulcer (L)</td>
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<td>57.5%</td>
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<td>3.5%</td>
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<td>2.2%</td>
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<td>AntiPsych Med (L)</td>
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<td></td>
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<td>7.5%</td>
<td>6.6%</td>
<td>7.5%</td>
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<tr>
<td>Behav Sit affect Other (L)</td>
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<td>73</td>
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<td>35.6%</td>
<td>26.6%</td>
<td>21.3%</td>
<td>84 *</td>
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<tr>
<td>Depress Sit (L)</td>
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<td>4.1%</td>
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<td>71</td>
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<td>Excess Vit Loss (L)</td>
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<td>2.0%</td>
<td>8.0%</td>
<td>7.5%</td>
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<tr>
<td>Incr ADL Help (L)</td>
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<td>10</td>
<td>76</td>
<td></td>
<td>13.2%</td>
<td>13.2%</td>
<td>14.7%</td>
<td>15.1%</td>
<td>46</td>
</tr>
</tbody>
</table>

Develop Your Charter

- A team charter describes the quality improvement project, the goals, interventions, and participants
- Benefits of using a charter:
  - Accountability
  - Track progress
  - Identify barriers
  - Enhances organization
TEAM CHARTER

Team Name: Blue Skies Team  Leader:  Date: 10/16/16

How will the success of this team impact the Quality Measures? The success of the team will impact the Quality Measures by improving our Five Star rating, improving survey results, and improving resident care.

What is the Objective or Aim of the Team? Reduce Antipsychotic Medication use by 10% by December 31, 2015

Method of Measurement | Baseline | Target/Goal
--- | --- | ---
CASPERS Report | 20% | 10%

What is the start and end of the process you are trying to improve? Start: 10/30/16  End: 12/31/16

Who are the customers being impacted?  Residents

What are the departments, units or sites in the organization that will be impacted by the work of this team? Information Technology, Social Service, Nursing, and Residence

Anticipated timeframe for completion: 6 months

Team members by name or position (include direct care staff)

Name/Title: "North Neighborhood"

SMART Goal e.g.: Reduce antipsychotic use for 3 LS residents to achieve a 15% QM reduction from 30.3% to 25.8% by July 31, 2018

Who is the Executive Sponsor? (Person outside of the team, who will monitor progress and can remove barriers to success)

Steve Sommers

Goals and Goal Setting

- A goal is a conscious behavior or outcome to be performed or obtained
- Goal setting is the process of identifying the actions or steps that will lead to establishing the behaviors and outcomes

QAPI SMART Goal Setting Worksheet

Organize a Performance Improvement Project Team (PIP)

- Form a team with people closest to the problem
- Identify a Champion for your LS measure
- Establish expectations
  - Champion schedules meetings with team
  - Meeting norms/roles/responsibilities
  - Clear and concise picture of project
- Gather feedback from those who are doing the work
- Be open to change and innovation

Like Riding a Bike!

- [https://www.youtube.com/watch?v=MFzDaBzBIL0](https://www.youtube.com/watch?v=MFzDaBzBIL0)
Identify the Problem

Compare process

• How it ought to happen
• How it IS happening

• Then Identify mismatches or gaps!

Identify Root Causes (RCA)

Root Cause Analysis is a systematic process identifying unseen factors contributing to undesirable outcomes
Root Cause Analysis

- Keeps us from jumping right to solution without really understanding the problem
- Keeps us from fixing the wrong thing
- Helps us find the right solution rather than a global, ‘one-size-fits-all’ solution
- Focus is on the process, not the people
- Explore the cause-and-effect relationships underlying a particular problem
- Starts with data

Let’s Try Root Cause Analysis

What are other potential causes?

Worksheet Gi
Fishbone Diagram

Goal: Reduce our Antipsychotic Medication rate from 25% to 10% (per the CASPER report) beginning 2/1/17 and ending 7/1/17

- Environment
  - Interventions occur in the ER after work.
  - The evening staff.
  - 6 of agitated behaviors have been noted at the nurses’ station.

- Equipment
  - E-goods are not available for MM to the night staff.
  - Staff turnover.

- People
  - Staff members refuse GDRs.
  - Most new orders come on evening shift and weekend.

- Communication
  - Staff about specific GDRs.
  - Target behavior, non-pharm interventions.

- Activity
  - Life Enrichment.
  - Aromatherapy.
  - Quiet area with fish tank.

- Prescriber refusal
- Incomplete behavior tracking forms
- No sys/schedule to monitor GDR

LS APM rate is 30.3% exceeding Nat’l rate of 15.5%
RCA: 5 Whys

Clear problem statement, just the facts.
Problem: Woke up late
1. Why did you wake up late? Because alarm didn’t go off.
2. Why didn’t alarm go off? Because time re-set on clock.
3. Why did time re-set on clock? Because power went out.
4. Why did power go out? Because there was a storm.
5. Why was there a storm? I don’t know.

This root cause NOT within my control

RCA: 5 Whys

Clear problem statement, just the facts.
Problem: Woke up late
1. Why did you wake up late? Because alarm didn’t go off.
2. Why didn’t alarm go off? Because time re-set on clock.
3. Why did time re-set on clock? Because clock lost power.
4. Why did clock lose power? Because back-up battery was not installed.
5. Why was back-up battery not installed? Because I didn’t know I needed to install one.

This root cause is within my control.
Try a 5 Whys Using a Cause From the Fishbone


<table>
<thead>
<tr>
<th>Problem statement</th>
<th>One sentence description of event or problem</th>
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<tbody>
<tr>
<td>Why?</td>
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<tr>
<td>Why?</td>
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<td>Why?</td>
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<td>Why?</td>
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<tr>
<td>Root Cause(s)</td>
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<tr>
<td></td>
<td>2.</td>
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<tr>
<td></td>
<td>3.</td>
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</table>

To validate root causes, ask the following: if you removed this root cause, would this event or problem have been prevented?

PDSA Cycle

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?
### PDSA Documentation

#### QAPI Performance Improvement Project (PIP)

**Facility Name:** ABC Nursing Home

**Overview:**
- **Mission Statement:** The mission of ABC Nursing Home is to provide quality, home-like care by having special people doing the right thing in the right way every day.

**Improvement Area:**
- Improve staff behavior
- Reduce hospitalization safety
- Prevent and manage infections
- Patient centered care planning
- Increase resident mobility
- Decrease symptoms of pain

**Initial Assessment:**
- Our throughput rate for long stay residents is greater than the state and national averages. This may indicate that some residents are receiving these services unnecessarily.
- To decrease the number of residents receiving antipsychotic medications by 10% within 9 months, decreasing by 1% monthly will get us to goal (82.9% by November 2018).

**Plan-Do-Study-Act (PDSA) Cycle:**

<table>
<thead>
<tr>
<th>PDSA Cycle</th>
<th>PLAN</th>
<th>DO</th>
<th>STUDY</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDSA 1</td>
<td>Make rounds of work and add to admission screening cavity - educate all fronts staff on one of worksheet.</td>
<td>NICU Staff</td>
<td>9/1/2016</td>
<td>Adopt</td>
</tr>
<tr>
<td>PDSA 2</td>
<td>Conversation with care manager or floor nursing staff happens at least 1 day per week - if not scheduled an API, ask diagnostic, what conversation already.</td>
<td>NICU Staff</td>
<td>9/1/2016</td>
<td>Adopt</td>
</tr>
<tr>
<td>PDSA 3</td>
<td>Provide feedback to family members at family council of PMM when resident addition to hospital or coming from hospital on API meds - encourage family.</td>
<td>NICU Staff</td>
<td>9/1/2016</td>
<td>Adopt</td>
</tr>
<tr>
<td>PDSA 4</td>
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</tbody>
</table>

**Rationale:**
- Reduce hospitalization safety
- Prevent and manage infections
- Patient centered care planning
- Increase resident mobility
- Decrease symptoms of pain

**Final Assessment:**
- **Measure:** Reduce hospitalization safety
- **Result:** 82.9% reduction of antipsychotic medications

**Follow-Up:**
- Monthly review of data to ensure continued improvement.

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**Note:**
- All changes must be documented in the patient’s medical record.
- All staff members are responsible for reviewing and implementing the changes.

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**Telligent**
Telligen Antipsychotic Prioritization Tool

Improvement Projects Can Run Multiple PDSA Cycles

GDR Prioritization Process (tool)
Behavior Tracking Forms and Huddles
Leadership coaching using person centered evaluation and approaches before requesting a psychotropic
Resources To Support PIP

- Life Story Questionnaire
- Habilitation Therapy Toolkit
- GDR Success Story
- Nursing Process Approach for GDR
- GDR Document (example)
- Iowa Adapt:
- Antipsychotic Alternatives
- Antipsychotic Medication Prioritization Tool

Toolkits

The Quality Initiative Tool Kit,...
Clinical Considerations of Antipsychotic Management

Habilitation Therapy Toolkit

- A Competency-Based Approach to Providing Care to People with Dementia
Telligen QAPI/QM Resources

- Telligen QIN-QIO Nursing Home Care
  https://telligenqinqio.com/our-work/nursing-home-care/
- Quality Measure Tip Sheets
  https://telligenqinqio.com/resource/quality-measures-tip-sheets/
- DIY Toolkit (Do It Yourself)
  https://telligenqinqio.com/improve-quality-measures-toolkit/
- QAPI Process Framework Tools

Please Contact Telligen to Learn More

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720-554-1479

This material was prepared by Telligen, the Medicare Quality Improvement Organization for Colorado, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SCW-IL-C2-3/19/2018-2638