



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

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CMS Moratorium

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Center for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop C3-21-36
 Baltimore, Maryland 21244-1800

CMS
 CENTER FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

DATE: November 24, 2017 Ref: SAC 18-04-NH
 TO: State Survey Agency Directors
 FROM: Director, Survey and Certification Group
 SUBJECT: Temporary Enforcement Delays for Certain Phase 2 F-Tags and Changes to Nursing Home Compare

Memorandum Summary

- **Temporary moratorium on imposing certain enforcement remedies for specific Phase 2 requirements:** CMS will provide an 18 month moratorium on the imposition of certain enforcement remedies for specific Phase 2 requirements. This 18 month period will be used to educate facilities about specific new Phase 2 standards.
- **Freeze Health Inspection Star Ratings:** Following the implementation of the new LTC survey process on November 28, 2017, CMS will hold constant the current health inspection star ratings on the *Nursing Home Compare* (NHC) website for any surveys occurring between November 28, 2017 and November 27, 2018.
- **Availability of Survey Findings:** The survey findings of facilities surveyed under the new LTC survey process will be published on NHC, but will not be incorporated into calculations for the *Five-Star Quality Rating System* for 12 months. CMS will add indicators to NHC that summarize survey findings.
- **Methodological Changes and Changes in Nursing Home Compare:** In early 2018, NHC health inspection star ratings will be based on the two most recent cycles of findings for standard health inspection surveys and the two most recent years of complaint inspections.

Background

On September 28, 2016, CMS revised the SNF and NF Requirements for Participation, which became effective on November 28, 2016, and have a three-part phase-in of implementation dates over three years. Phase 1 became effective on November 28, 2016. Implementation of the new regulations for nursing homes under Phase 2 will become effective on November 28, 2017 (see SAC memo: 17-30-NH, dated June 30, 2017).

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

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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.

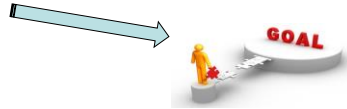


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§ 483.45(e) Psychotropic Drugs

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

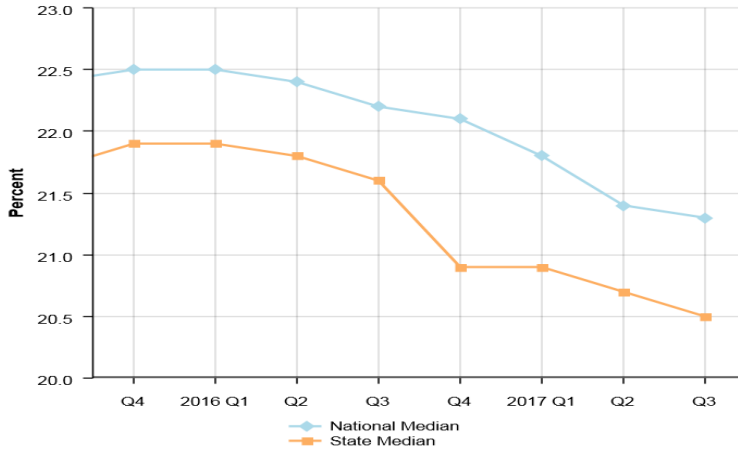


*Source: Regulatory Beat IHCA 1.2018

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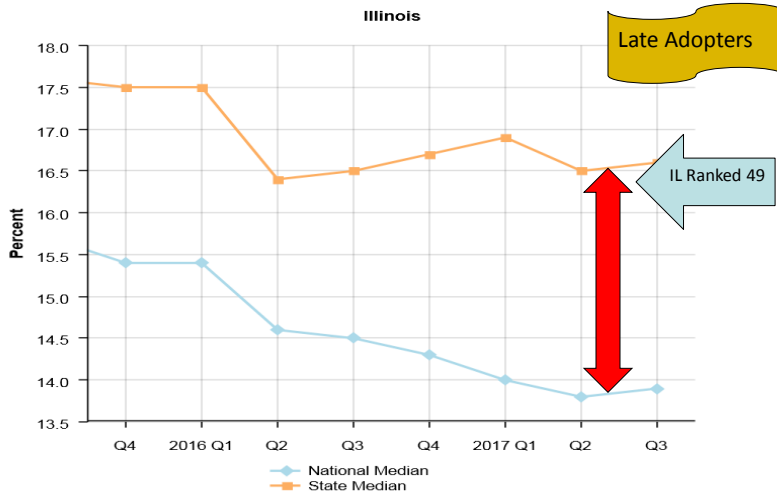
Illinois Data Antianxiety or Hypnotic Medication

Long Stay Residents Who Received an Antianxiety or Hypnotic Medication
Illinois



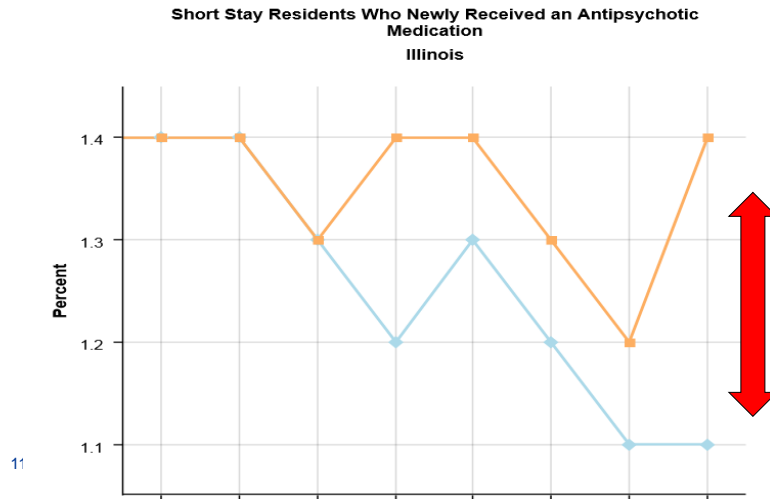
Illinois Data Antipsychotic Medication LS

Long Stay Residents Who Received an Antipsychotic Medication
Illinois



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Illinois Data Antipsychotic Medication SS



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, Psychotropic Medications, and Medication Regimen Review Critical Element Pathway

- All psychotropics – monitor behavioral expressions or indications of distress.
- Facility staff, along with the pharmacist and prescribing practitioner recognize and evaluate the onset or worsening of signs or symptoms, or a change in condition to determine whether these potentially may be related to the medication regimen; and follow up as necessary upon identifying adverse consequences.
- Facility staff monitor the effectiveness of each medication and make changes to the pharmacological intervention, when necessary.
- ✓ **Demonstrates appropriate dosing for each medication.**
 - Is there documentation of a rationale for any medication that exceeds the manufacturer's recommendations, clinical practice guidelines, evidence based guidelines or standards of practice?
- ✓ **Documents duration for each medication.**
 - Medications are not used for an excessive duration.
- ✓ **Documents clinical rationale for continued use for the medications, as required.**
 - Tapering when clinically indicated in an effort to discontinue or reduce the dose.
 - Concomitant use of two or more medications in the same pharmacological class.
 - Potential incompatibilities between medications.
- ✓ **Demonstrates a system that monitors and addresses the presence of or potential for adverse consequences.**
 - A clear clinical rationale from the attending physician/prescribing practitioner for continuing a medication that may be causing an adverse consequence, including risks and benefits.
- ✓ **Demonstrates a system for and documents gradual dose reduction (GDR) for psychotropic medications, 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.
- ✓ **Demonstrates adherence to requirements for as needed (PRN) psychotropic and antipsychotic medications.**
 - Residents do not receive PRN psychotropic medications unless necessary to treat a diagnosed specific condition which must be documented in the record.
 - PRN orders for psychotropic medications which are not antipsychotic medications are limited to 14 days. The attending physician/prescriber may extend the order beyond 14 days if he or she believes it is appropriate. If the attending physician extends the PRN for the psychotropic medication, the medical record must contain a documented rationale and determined duration.
 - PRN orders for psychotropic medications which are antipsychotic medications are limited to 14 days. A PRN order for an antipsychotic cannot be renewed unless the attending physician/prescriber evaluates the resident to determine if it is appropriate to write a new PRN order for the antipsychotic medication. The evaluation entails direct evaluation of the resident and assessment of the

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Unnecessary Medications Psychotropic

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** for 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

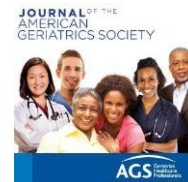
- ✓ Demonstrates a **system** and **documents GDR** for psychotropic medication unless contraindicated
- Within the **first** year in which a resident is admitted on a psychotropic medication or after the facility has initiated a psychotropic medication: GDR attempts in **two separate quarters** with 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.

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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



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Aligning Regulations for QAPI and Unnecessary Medications

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

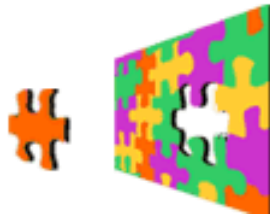
- *To ensure facilities develop a plan that describes the process for conducting QAPI/QAA activities, such as identifying and correcting quality deficiencies as well as opportunities for improvement, which will lead to improvement in the lives of nursing home residents, through continuous attention to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

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What is a System?

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

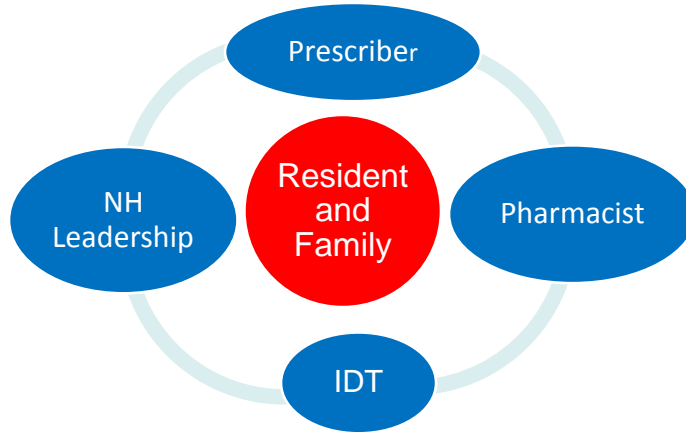


Departments, services, and people in a nursing home form a system

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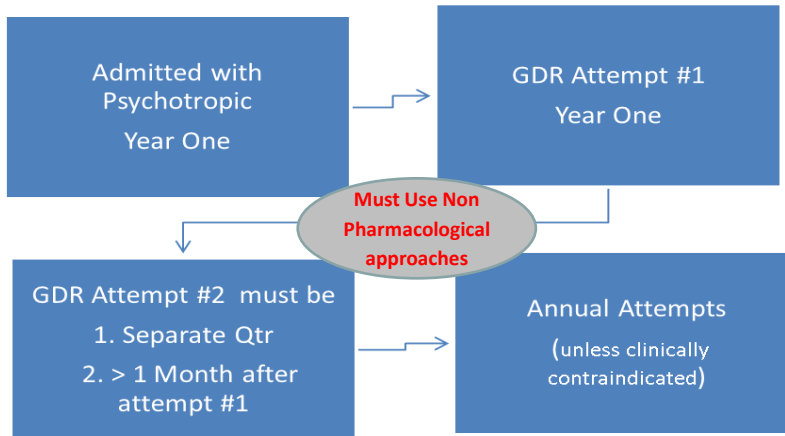
Medication System



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Unnecessary Medications/Psychotropic CE Pathway GDR System



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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



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Nursing Home Compare Five Star Ratings Preview Report

						State	Nations	
	2016Q4	2017Q1	2017Q2	2017Q3	4Q avg	Rating Points ¹	4Q avg	4Q avg
MDS 3.0 Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	8.3%	9.7%	10.7%	4.3%	8.3%	20.00	3.4%	3.4%
Percentage of residents who self-report moderate to severe pain ²	4.2%	6.0%	1.6%	5.2%	4.2%	80.00	4.1%	5.6%
Percentage of high-risk residents with pressure ulcers	15.0%	1.8%	4.5%	8.3%	6.7%	40.00	5.8%	5.6%
Percentage of residents with a urinary tract infection	2.8%	1.4%	10.7%	0.0%	3.8%	60.00	3.7%	3.7%
Percentage of residents with a catheter inserted and left in their bladder ²	1.0%	1.1%	2.3%	1.9%	1.6%	80.00	2.2%	1.9%
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	0.4%	0.4%
Percentage of residents whose need for help with daily activities has increased	23.4%	59.0%	21.0%	10.9%	28.3%	20.00	14.2%	15.0%
Percentage of residents who received an antipsychotic medication	43.5%	39.1%	40.5%	41.8%	41.2%	30.3	19.3%	15.7%
Percentage of residents whose ability to move independently worsened ²	20.7%	47.5%	36.3%	15.0%	29.4%	20.00	17.1%	18.2%

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Use MDS Facility Level QM Report to Select a LS measure above the state or national average

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
SR Mod/Severe Pain (S)	N001.01		1	5	20.0%	20.0%	15.1%	13.4%	76 *
SR Mod/Severe Pain (L)	N014.02		5	62	8.1%	4.8%	7.4%	5.5%	58
Hi-risk Pres Ulcer (L)	N015.01		3	40	7.5%	7.5%	4.7%	6.1%	68
New/worse Pres Ulcer (S)	N002.02		0	12	0.0%	0.0%	0.6%	0.8%	0
Phys restraints (L)	N027.01		0	80	0.0%	0.0%	0.2%	0.4%	0
Falls (L)	N032.01		46	80	57.5%	57.5%	49.3%	45.5%	81 *
Falls w/Maj Injury (L)	N013.01		3	80	3.8%	3.8%	3.5%	3.5%	61
Antipsych Med (S)	N011.01		0	8	0.0%	0.0%	1.6%	2.2%	0
Antipsych Med (L)	N031.02		20	66	30.3%	30.3%	14.2%	15.5%	92 *
Antianxiety/Hypnotic (L)	N033.01		3	40	7.5%	7.5%	6.8%	7.9%	58
Behav Sx affect Others (L)	N034.01		26	73	35.6%	35.6%	24.8%	21.3%	84 *
Depress Sx (L)	N030.01		3	73	4.1%	4.1%	3.8%	4.9%	70
UTI (L)	N024.01		0	78	0.0%	0.0%	2.9%	3.6%	0
Cath Insert/Left Bladder (L)	N026.02		1	71	1.4%	1.2%	2.0%	2.1%	43
Lo-Risk Lose B/B Con (L)	N025.01		25	51	49.0%	49.0%	47.6%	47.6%	51
Excess Wt Loss (L)	N029.01		2	78	2.6%	2.6%	8.0%	7.5%	15
Incr ADL Help (L)	N028.01		10	76	13.2%	13.2%	14.7%	15.1%	45

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: Betsy Betterson Date: 10/15/15
 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? (There should be Measures of Success for each Objective)	Method of Measurement	Baseline	Target/Goal
Reduce Antipsychotic Medication use by 10% by December 31, 2015	CASPER Report	20%	10%

Include # of residents to reach goal

What is the start and end of the process you are trying to improve? Start: 10/15/16 End: 12/31/15

Who are the customers being impacted? Patients/Residents Family Staff Physicians Other _____

What Departments, Units or Sites in the organization will be impacted by the work of this team?
 Department/Unit: Nursing, Rehab, Dietary, Social Service, Recreation Sites: North Neighborhood

Anticipated timeframe for completion: 30 days 60 days 3 months 6 months >6 months

Team members by name or position: (Include direct care staff)

<u>Hal Doll (CNA North neighborhood)</u>	
<u>Pharm Acy (RN day shift North neighborhood)</u>	
<u>Mary Jane (Social Services Assistant assigned to the North neighborhood)</u>	

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

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



This material was prepared by Telligen, Medicare Quality Innovation Network Quality Improvement Organization, 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. 11SOW-QIN-QIN-1/2016-11385

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

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIGoalSetting.pdf>



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



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Like Riding a Bike!

- <https://www.youtube.com/watch?v=MFzDaBzBLO>



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Identify the Problem

Compare process



- How it ought to happen
- How it IS happening

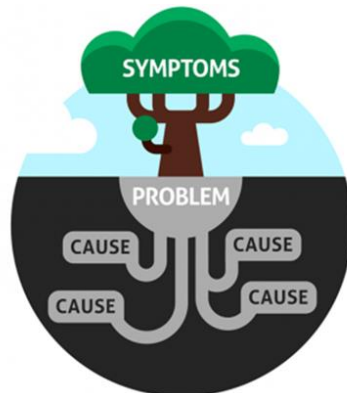
- Then Identify mismatches or gaps!



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Identify Root Causes (RCA)

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



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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

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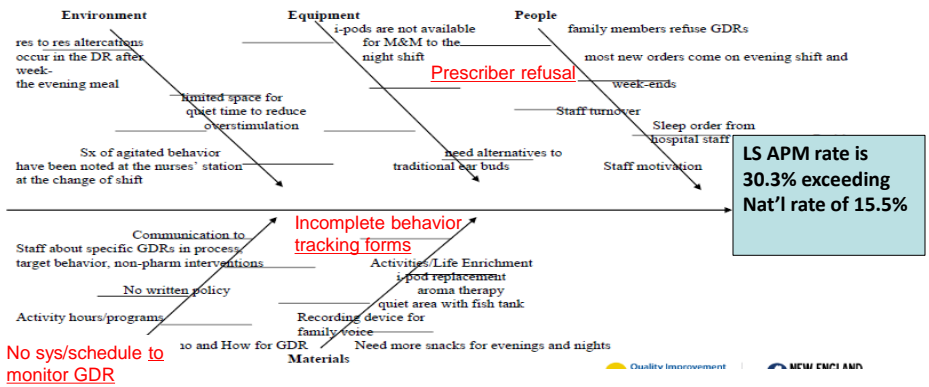


Let's Try Root Cause Analysis

What are other potential causes?

**Worksheet G:
Fishbone Diagram**

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



No sys/schedule to monitor GDR

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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

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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.

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Try a 5 Whys Using a Cause From the Fishbone

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FiveWhys.pdf>

Problem statement	One sentence description of event or problem
Why? →	
Why? →	
Why? →	
Why? →	
Why? →	
Root Cause(s)	<ol style="list-style-type: none"> 1. 2. 3. <p>To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?</p>

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PDSA Cycle

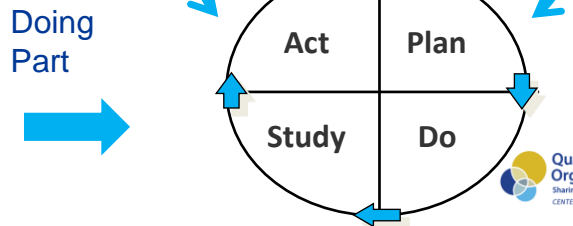
Model for Improvement

Thinking Part →

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?



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PDSA Documentation



QAPI PERFORMANCE IMPROVEMENT PROJECT (PIP)
Page 1 of 2

FACILITY NAME: ABC Nursing Home		DATE: JUNE 1, 2016									
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.											
TEAM MEMBERS: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">• LEAD: <i>Michelle</i></td> <td style="width: 33%;">• <i>Jayne</i></td> <td style="width: 33%;">• <i>Dr. J</i></td> </tr> <tr> <td>• <i>Lia</i></td> <td>• <i>Shelle</i></td> <td>• <i>Craig</i></td> </tr> <tr> <td>•</td> <td>•</td> <td>•</td> </tr> </table>			• LEAD: <i>Michelle</i>	• <i>Jayne</i>	• <i>Dr. J</i>	• <i>Lia</i>	• <i>Shelle</i>	• <i>Craig</i>	•	•	•
• LEAD: <i>Michelle</i>	• <i>Jayne</i>	• <i>Dr. J</i>									
• <i>Lia</i>	• <i>Shelle</i>	• <i>Craig</i>									
•	•	•									
FOCUS AREA: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Improve staff stability</td> <td style="width: 33%;">Reduce hospitalizations safely</td> <td style="width: 33%;">Prevent and manage infections</td> </tr> <tr> <td>Increase consistent assignments</td> <td>Use medications appropriately</td> <td>Reduce pressure ulcers</td> </tr> <tr> <td>Person-centered care planning</td> <td>Increase resident mobility</td> <td>Decrease symptoms of pain</td> </tr> </table> Other: aka <i>Reducing antipsychotics</i>		Improve staff stability	Reduce hospitalizations safely	Prevent and manage infections	Increase consistent assignments	Use medications appropriately	Reduce pressure ulcers	Person-centered care planning	Increase resident mobility	Decrease symptoms of pain	
Improve staff stability	Reduce hospitalizations safely	Prevent and manage infections									
Increase consistent assignments	Use medications appropriately	Reduce pressure ulcers									
Person-centered care planning	Increase resident mobility	Decrease symptoms of pain									
DESCRIBE PROBLEM: OUR ANTIPSYCHOTIC RATE FOR LONG STAY RESIDENTS IS GREATER THAN THE STATE AND NATIONAL AVERAGES. THIS MAY INDICATE THAT SOME RESIDENTS ARE RECEIVING THESE MEDS INAPPROPRIATELY-		GOAL Desired Outcome: TO DECREASE THE NUMBER OF RESIDENTS RECEIVING ANTIPSYCHOTIC MEDS BY <u>6</u> WITHIN 6 MONTHS DECREASING BY 1 /MONTH WILL GET US TO GOAL (STATE RATE) (BY NOVEMBER 2016)									
OUTCOME MEASUREMENT											
	BASELINE Starting Point	TARGET/GOAL	REMEASUREMENT								
REPORT PERIOD	12/01/16-05/31/16	06/01/16-11/30/16	12/01/15-05/31/16 01/01/16-06/30/16 02/01/16-07/31/16 03/01/16-08/31/16 04/01/16-09/30/16 05/01/16-10/31/16								
NUMERATOR DENOMINATOR	17/70	11/70	17/70 16/70 16/71 15/67 14/69								
RATE (%) Facility Observed Percent	24-3%	17-8%	24-3% 22-5% 22-5% 22-4% 20-3%								
NATIONAL GROUP COMPARISON PERCENTILE	82ND	82ND	80TH 79TH 78TH 68TH								

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Telligen

PDSA Documentation


QAPI PERFORMANCE IMPROVEMENT PROJECT (PIP)
Page 2 of 2

FACILITY NAME: ABC Nursing Home					
ROOT CAUSE(S) Reason(s) for current results (Outcome): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Residents being admitted or readmitted on new A/P when transferred from hospital without appropriate diagnoses.</td> <td style="width: 33%;">3. Residents being started on A/P med over weekend or night for behavior and remaining on MAR as PRN.</td> </tr> <tr> <td>2. Family wanting residents to stay on A/P med.</td> <td>4. Pain inadequately addressed contributing to agitation.</td> </tr> </table>		1. Residents being admitted or readmitted on new A/P when transferred from hospital without appropriate diagnoses.	3. Residents being started on A/P med over weekend or night for behavior and remaining on MAR as PRN.	2. Family wanting residents to stay on A/P med.	4. Pain inadequately addressed contributing to agitation.
1. Residents being admitted or readmitted on new A/P when transferred from hospital without appropriate diagnoses.	3. Residents being started on A/P med over weekend or night for behavior and remaining on MAR as PRN.				
2. Family wanting residents to stay on A/P med.	4. Pain inadequately addressed contributing to agitation.				
EVIDENCE-BASED INTERVENTION(S) What intervention(s) will be tested	PROCESS MEASURE(S) Numerical measurement(s) for success				
INTERVENTION #1 REQUEST GDR OR D/C ORDER IN TRANSFER ORDERS FOR A/P MED STARTED FOR ACUTE BEHAVIORS IN HOSPITAL	100% INTAKE STAFF WILL UTILIZE INTERVENTION WORKSHEET TO GUIDE CONVERSATION WITH HOSPITAL STAFF WHILE PLANNING FOR TRANSFER BY 8/31				
PDSA Plan - Do - Study - Act (Small tests of change)					
PLAN	DO	STUDY	ACT		
INTERVENTION TEST Brief description of Who - What - Where	RESPONSIBLE TEAM MEMBER(S)	LEARNING What worked? What didn't? What changes needed for next PDSA test?	ACTION		
PDSA #1 Make copies of worksheet and add to admission nursing packets - educate all intake staff on use of worksheet.	Michelle 06/22/2016	07/19/2016	<input type="checkbox"/> Adopt <input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Abandon		
PDSA #2 Conversation with case manager or floor nursing staff begun on first day of hosp when possible - ask if started on A/P, ask diagnosis, start conversation to d/c	Michelle 07/19/2016	08/23/2016	<input type="checkbox"/> Adopt <input type="checkbox"/> Adapt <input type="checkbox"/> Abandon		
PDSA #3 Provide ed for family members at family council as PRN when resident admitted to hospital or coming from hospital on A/P meds - encourage family	Michelle 07/19/2016	08/23/2016	<input type="checkbox"/> Adopt <input type="checkbox"/> Adapt <input type="checkbox"/> Abandon		
PDSA #4			<input type="checkbox"/> Adopt <input type="checkbox"/> Adapt <input type="checkbox"/> Abandon		

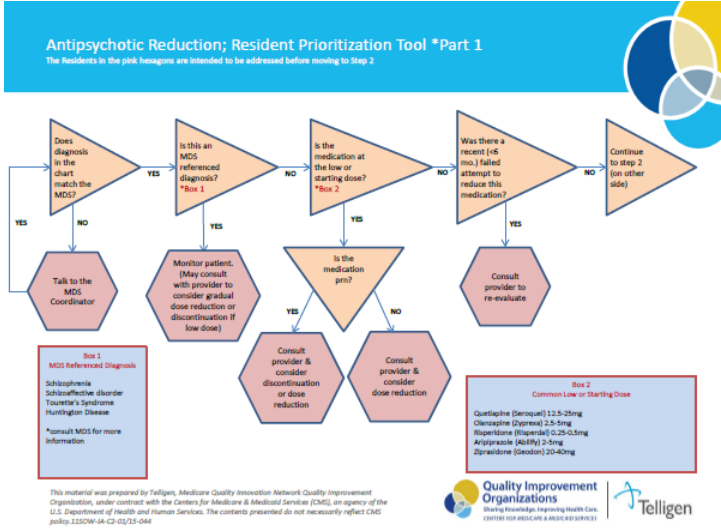
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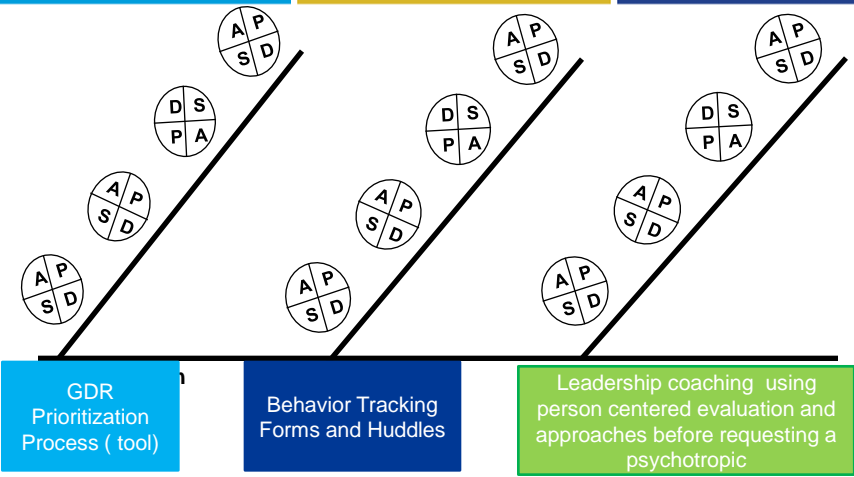
Telligen

Telligen Antipsychotic Prioritization Tool

<https://telligenqinqio.com/resource/antipsychotic-reduction-resident-prioritization-tool/>



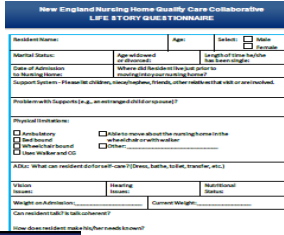
Improvement Projects Can Run Multiple PDSA Cycles

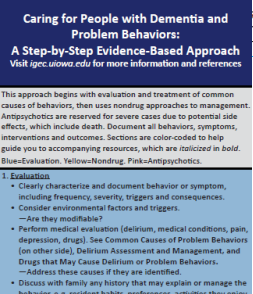


Resources To Support PIP

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

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Toolkits

[The Quality Initiative Tool Kit.... Clinical Considerations of Antipsychotic Management](#)

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[Habituation 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
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>

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Please Contact Telligen to Learn More

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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 11SOW-IL-C2-3/19/2018-2638

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