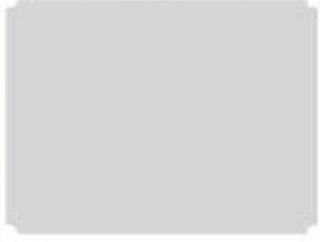
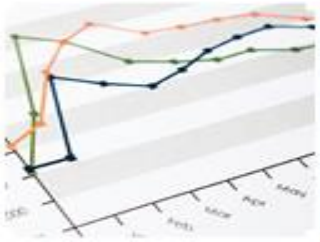
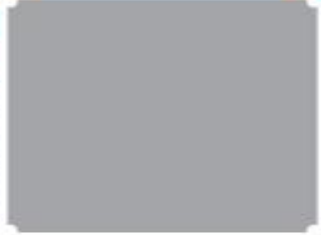
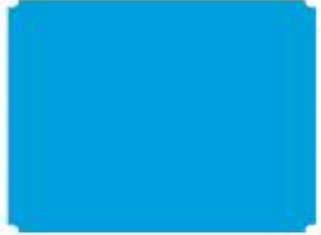


QI – Anti-Psychotic Medications Quality Measure

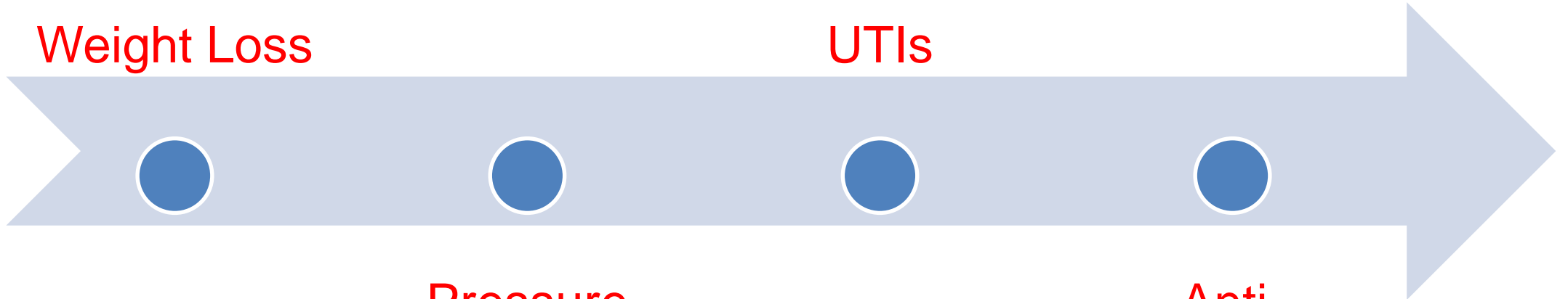


What do your Quality Measures Reflect for your Home?



Weight Loss

UTIs



Pressure
Ulcers

Anti-
Psychotic
Medications

Prepare for QI P4P Journey

- Review your Facility Level Quality Casper Report
- Choose your Quality Measures to focus on
- Team Huddles
- Root Causes

Facility Level Quality Measure Report



CASPER Report MDS 3.0 Facility Level Quality Measure Report

Page 1 of 1

Facility ID: NH5531
CCN: 375256
Facility Name: **check facility name**
City/State: OKLAHOMA CITY, OK

Report Period: **check the report period**
Comparison Group: 05/01/2019 - 10/31/2019
Report Run Date: 01/03/2020
Data Calculation Date: 12/30/2019
Report Version Number: 3.02

Note: Dashes represent a value that could not be computed

Note: S = short stay, L = long stay

Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected

Note: * is an indicator used to identify that the measure is flagged

Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

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
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	8	62	12.9%	12.9%	9.8%	8.1%	81 *
Phys restraints (L)	N027.02	C	1	117	0.9%	0.9%	0.2%	0.2%	92 *
Falls (L)	N032.02	C	70	117	59.8%	59.8%	52.0%	45.4%	86 *
Falls w/Maj Injury (L)	N013.02	C	12	117	10.3%	10.3%	4.9%	3.5%	97 *
Antipsych Med (S)	N011.02	C	4	129	3.1%	3.1%	2.2%	2.0%	81 *
Antipsych Med (L)	N031.03	C	19	116	16.4%	16.4%	17.4%	14.2%	66
Antianxiety/Hypnotic Prev (L)	N033.02	C	4	78	5.1%	5.1%	9.4%	6.5%	51
Antianxiety/Hypnotic % (L)	N036.02	C	31	89	34.8%	34.8%	25.9%	19.7%	90 *
Behav Sx affect Others (L)	N034.02	C	3	100	3.0%	3.0%	18.2%	20.8%	8
Depress Sx (L)	N030.02	C	0	108	0.0%	0.0%	4.0%	5.5%	0
UTI (L)	N024.02	C	2	112	1.8%	1.8%	4.8%	2.8%	48
Cath Insert/Left Bladder (L)	N026.03	C	4	111	3.6%	3.6%	2.9%	2.2%	75 *
Lo-Risk Lose B/B Con (L)	N025.02	C	8	39	20.5%	20.5%	37.8%	48.2%	7
Excess Wt Loss (L)	N029.02	C	10	84	11.9%	11.9%	5.3%	5.7%	89 *
Incr ADL Help (L)	N028.02	C	9	82	11.0%	11.0%	14.4%	14.9%	32

CASPER Report

MDS 3.0 Resident Level Quality Measure Report

- Focus First
 - Residents that Trigger Multiple Quality Measures
- Post-Incident Checklist
 - Ask the Why's
- Root Cause Analysis
 - List all the possible Reasons Why
- Person Centered Approach
- Individual Care Plan
 - Build the Team
 - Clear Communication of Plan
 - Team Huddles
 - Follow-up Meetings

	Hi-risk/Unstageable Pres Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Improvement in Function (S)	Quality Measure Count
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
	X	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	2
	b	b	b	b	b	b	b	b	b	b	b	b	X	b	b	b	b	1
	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
	b	b	X	b	b	X	b	b	X	b	b	b	b	b	X	b	b	4
	b	b	b	b	b	b	b	b	b	b	b	b	X	X	b	b	b	2
	b	b	X	b	b	b	b	b	b	b	X	b	X	b	X	b	b	4
	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	1
	b	b	b	b	b	b	b	b	b	b	b	b	b	X	b	b	b	1
	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0

- Is your home % below the state average to receive the Pay for Performance Incentive payment for Anti-Psychotics?

Performance Improvement Project (PIP) Documentation

Nursing Home: Happy Days Care Center

Start Date: 2/2022

PIP Team Members:

Staff Name	Title
	Admin
	DON
	CNA
	Med Director
	Social Worker- Family Liaison
	Pharmacist

PIP Team Project:

Quality Measure of Focus	Baseline Rate of QM	Improvement Goal for QM	Goal Rate	Date to reach the goal rate
Antipsychotic Med (L)	25%	10+%- Below Natl Avg	14 %- national Avg	June 2022

Goal Monitoring:

Current Date	Current Rate	Current Date	Current Rate	Current Date	Current Rate
2/2022	25%	6/2022	15%		
4/2022	20%				

Interventions: The following are the interventions implemented:

Start Date	Intervention Description	Intervention Notes	Outcome/Results
2/2022	Identify a few residents triggering Antipsychotic Med Measure	Look to see if they have a psych diagnosis and if gradual dose reduction has been tried	
2/2022	Create Antipsychotic Med PIP team- With Medical Director		

(Duplicate rows as needed)

Outcomes: Use the table below to document what has worked, what has not worked, or lessons learned.

Intervention Successes	Intervention Barriers	Lessons learned
Successfully Reduced Anti-Psychotic Meds for 2 residents	Family, Staff, Medical Director	Education of Family and Staff reduces hesitancy. Alternate non-RX interventions work.

- Team Members
- Project Focus
- Goal Monitoring
- Interventions
- Outcomes

PIP IT: Anti- Psychotic Medication Reduction/ Elimination



The Root Cause is...

The most fundamental reason a problem has occurred:

Conducted when performance does not meet expectations.

NOT Fun Facts-

- The Human Rights Watch found that in 2018, antipsychotic drugs were administered weekly to more than 179,000 nursing home residents who did not have diagnoses for which the drugs are approved.
- A 2019 report by the House found that while only about 2% of skilled nursing facility residents in the U.S. qualified for an antipsychotic prescription, some 20% of residents were receiving the drugs.

Continue down the right path: Oklahoma was 49th in 2018 is 20th in 2021 in the nation for use of Antipsychotics in LTC. Lowered by 50% since 2011.



BEFORE PRESCRIBING

Factors to consider

- Functional ability
 - Mobility
 - Cognition
 - ADLs
- Quality of life
- What Matters Most to the resident and their family

Individual situations

- Prevention vs treatment
- Screenings
- Clinical status



Root Causes

- Hospitalizations
- Behaviors
- New Diagnosis
- MDS Coding errors
- Sleep Patterns
- Lack of Activities-Boredom

- What are the only diagnoses that are approved for Anti-Psychotic medications? Therefore, excluded from the AP Quality Measure.

MDS Elements Related to the Residents Who Received an Antipsychotic Medication Quality Measure

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Neurological - Continued	
<input type="checkbox"/>	I5250. Huntington's Disease
<input type="checkbox"/>	I5350. Tourette's Syndrome
Psychiatric/Mood Disorder	
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

Informed Consent

Informed Consent for Use of Anti-Psychotic Medication Therapy

Resident Name: @RESIDENTNAME@ Physician: @ATTENDINGPHYSICIAN@ Date: @CURRENTDATE@

Psychotropic Medication Ordered: _____ Date: _____

Specific Condition to be treated:

- | | |
|--|--|
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Huntington's Disease |
| <input type="checkbox"/> Delirium | <input type="checkbox"/> Impulse Control Disorder |
| <input type="checkbox"/> Dementia, Alzheimer's type w/Behavioral Disturbance | <input type="checkbox"/> Mood Disorder w/Psychotic Features |
| <input type="checkbox"/> Dementia w/Behavioral Features | <input type="checkbox"/> Delusional Disorder |
| <input type="checkbox"/> Dementia w/Psychotic Features | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Dementia Vascular w/Behavioral Disturbance | <input type="checkbox"/> Psychotic Disorder, NOS/Psychosis |
| <input type="checkbox"/> Tourette's Syndrome | <input type="checkbox"/> Schizophrenia/Schizo-Affective Disorder |

Other _____

Target Symptom(s) or Behavior(s) resident is exhibiting that are harmful/present a danger to the resident or others. Specify: _____

Non-Pharmalogical care options have been unsuccessfully attempted for above target symptoms/behaviors

The Beneficial Effects Expected from the Medication:

- Improved Functionality Other: _____
- Reduced Adverse Symptoms/Behaviors

Common side-effects or risks associated with Antipsychotic Medications:

- | | |
|--|--|
| <ul style="list-style-type: none">• Cholesterol increase• Confusion• Constipation• Diarrhea• Hangover effect• Hypotension• Nausea/Vomiting | <ul style="list-style-type: none">• Abdominal Pain• Ataxia• Frequent urination• Thirst• Tremors• Weight loss/gain |
|--|--|

The proposed course of the medication is:

- 1 month 12 months
- 3 months Prolonged Treatment
- 6 months

@RESIDENTNAME@

STATEMENT OF CONSENT

____ I DO Consent to the use of _____. I understand my physician has prescribed the above listed antipsychotic medication(s) for a specific diagnosis manifesting target symptoms/behavior. The medication listed on the reverse side of this form along with its conditions for use and potential side effects.

I give consent voluntarily and without coercive or undue influence. I understand that this consent may be revoked at any time by me. I understand this consent is valid until the consent is withdrawn or the physician had discontinued the above-mentioned medication.

____ I DO NOT Consent to the use of _____. I understand that, as a result of my refusal to consent to the prescribed antipsychotic medication(s), I absolve the facility and its employees from any liability or responsibility for anything that may happen to the above-named resident as a result of this refusal.

I understand my refusal to consent to the prescribed antipsychotic medication therapy may result in the facility being unable to meet my needs, necessitating the facility to assist me to find placement in another facility that can meet my needs.

IN-PERSON CONSENT:

Nurse's Signature (Completing Form) _____ Date _____

Resident's Name (Print) _____ Resident's Signature _____ Date _____

Resident Representative or Durable Power of Attorney

Authorized Person's Name and Relationship _____ Signature _____ Date _____

TELEPHONE CONSENT:

Name of person giving consent: _____ Date: _____

Relationship to Resident: _____

Nurse's Signature: _____ Date: _____

@RESIDENTNAME@

Does Staffing Effect Quality...



Teamwork

- Team Approach
- Recognition and Celebrating Wins
- Career Advancement
- Education
- Bonus upon Performance

- What successful non-pharmaceutical interventions have you tried in your homes? Create a story board together.

Dawn Jelinek

Age-Friendly Clinics and LTC

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Senior Clinical Consultant

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