Dementia Survey

Lori Sharma Dimmick

QA Clinical Resource

Renew Health Group

Quality Leaders- How Do We Measure Up with Psychotropic Medications

Quality Measure	CA Ave Q 4 2018	CA Ave Q 1 2019	Rank Currently	US Average Q1 2019
Depressive Symptoms	0.8	0.8	1	4.6
Long Stay Antipsychotic	11.0	10.8	4	14.6
Short Stay Antipsychotic	1.3	1.3	na	1.8
Long Stay Antianxiety/ Hypnotic	16.1	15.6	na	20.4

Focused Dementia Survey History

- CMS Pilot Program- 2015 in five States- California, Minnesota, New York, Illinois, and Louisiana.
- Initial Findings during pilot:
  - Valuable Learning experience for surveyors and facilities targeted.
  - Identified Training Needs for Basic Dementia (Dementia Modules)
  - Time to complete focused survey became burdensome
  - Needed a more detailed evaluation of dementia care practices should be integrated into the annual survey.
  - F 309/F 329 (2015) were cited in 80% of surveys and four were cited at a S/C G.
  - While many deficiencies surveyors struggled with actual harm component

Survey Process

- Generally a 2 day event.
- There is also an option of incorporating the focused survey into an extended or complaint survey process.
- If they find something not related to the Psychotropic/Dementia survey the surveyors can report to district office for further review/complaints.

Live and Learn

- Survey occurred August 2019.
- 2 full day survey.
- Both surveyors were Pharm D.
- Conducted a formal entrance- like a regular survey with an 802/Matrix
- Requested Resident Census
- List of all residents with Dx of Dementia
- List of all residents on Psychotropic medications
- Requested a room and lap tops.

Indication of Use

- Using the CDPH L&C Antipsychotic Use Survey Tool (updated 3/14/18) they began their review.
- Verified Medication, Dosing, Order Date, Behavioral Manifestation and Monitoring.
- Was the Indication of Use- used to treat a specific diagnosed and documented condition?
  - Schizophrenia, Bipolar, Depression, or PTSD
  - Neurological illness such as Huntington's Disease or Tourette's Syndrome
  - Psychosis and Psychotic Episodes
  - Dementia- (See FDA BBW for antipsychotic medications: elderly patients with dementia-related psychosis treated with antipsychotic drugs are an increased risk of death. Antipsychotics are not approved for the treatment of patient with dementia-related psychosis.
  - * IF No to indication- cite F 758 for inappropriate indication of use or F 605 if used as a chemical restraint for staff convenience.

Diagnosis

- Determine if resident's documented behavioral symptoms meet one or more of the following criteria: Diagnosis alone do not necessarily warrant the use of an antipsychotic medication.
- The documented behavior symptom presents a danger to the resident or to others Y/N
- Expressions or indications of distress cause significant distress to the resident? Y/N
- If not clinically contraindicated, multiple non-pharmacological approaches have been attempted, but did not relieve the symptoms which are presenting a danger or significant distress.
- * If criteria not met cite F 758 (not used to treat a specific, diagnosed, and documented condition or F 605 if antipsychotic is used as a chemical restraint for staff convenience, discipline, sedating or subduing a resident.

Emergencies/Acute Situations

- Section is either Met/Not Met/NA
- There is a specific diagnosed condition is documented in the clinical record AND
- A clinician, in conjunction with IDT has evaluated and documented the situation to identify and address any contributing and underlying causes of the acute condition and verify the continuing need for antipsychotic medication.

Enduring/Chronic Conditions

- The facility must ensure that the resident's expressions or indications of distress: Met/Not Met/ NA
- Not due to a medical condition or problem (pain, fluids, infection, constipation, side effects or poly pharmacy) that can be expected to improve
- Not due to environmental stressors alone, (alteration in the residents customary location or daily routine, unfamiliar car provider, hunger, thirst, inappropriate staff response)
- No due to Psychological stressors (loneliness, taunting, abuse), anxiety or fear stemming from misunderstanding related to his or her cognitive impairment that can be improved or resolved if addressed.
- Persistent- The medical record must contain clear documentation that the resident's distress persists andhis or her quality of life is negatively affected and unless contraindicated that multiple non pharmacological approaches hake been attempted and evaluated in any attempts to discontinue the medication.

New Admissions-Admitted with Meds

- Facility has re-evaluated antipsychotic at the time of admission and/or soon after admission and has evaluated whether the medication can be tapered.
- Met/Not Met/NA

- If any of the above are not met-cite F 758 or F 605.

DOSAGE

- Resident is not receiving a total amount of any medication (including duplicate therapy)at one time or over a period of time that exceeds the amount recommended by the manufacturer's recommendations, clinical practices guidelines, evidence based studies from medical/pharmacy journals, or standards of practice for a resident's age and condition without documented clinically pertinent rationale.
- Met/Not Met/NA

- If above Not Met- cite F 578 ((in excessive dosage or duplicate therapy) unless the prescriber has documented resident specific clinical rationale/ justification demonstrating the benefit exceeds the associated risk

Monitoring for Efficacy and Adverse Consequences.

- Incorporated into the PCP that reflects person-centered medications related goals and parameters for monitoring the resident's condition including the likely medication effects.
- Incorporated into the PCP plan monitoring the potential for adverse consequences.
- Optimized the therapeutic benefit of medication therapy and minimized or prevented potential adverse consequences.
- Established parameters for evaluating the ongoing need for the medication
- Tracked progress and or decline towards the therapeutic goal.
- If goals are not being met or the resident is experiencing adverse consequences, the prescriber in collaboration with IDT has considered whether current medication and doses continue to be appropriate or should be reduces, changed or discontinued.
- If any Not Met/ Cite F 656 Care planning, or F 758 Inadequate monitoring

Behavior Data

- Made available to the prescriber in a consolidated manner at least monthly
- Sufficient to provide the prescriber with the necessary information to determine antipsychotic medication effectiveness/in effectiveness as well as the presence of adverse consequences.

- If any of the above criteria Not Met- cite deficiency under Title 22- 72319 (j) (3) if consolidated monthly not available.

PRN Antipsychotic Use

- PRN Antipsychotic use has not exceeded 14 days unless the prescriber has directly examined the resident, assessed the resident's current condition and progress, and has written a new PRN order.
- The practitioner at the least should determine and document the following in the resident's record:
- Is the antipsychotic medication still needed on a PRN basis
- What is the benefit of the medication to the resident
- Have the resident's expressions or indications of distress improved as a result of the PRN Medication.

- If not met cite F 758

Gradual Dose Reduction

- If the antipsychotic was initiated within the last year, the facility has attempted a GDR in two separate quarters * with at least one month between attempts)
- If the resident has been receiving for more than a year a GDR has been attempted at least annually.
- If no GDR has been attempted, the prescriber had documented a taper is clinically contraindicated.

- If not met- cite 758

Provisions of Consultant Pharmacist Services/Drug Regimen Review

- A licensed pharmacist has reviewed the resident's medical record at least once a month.
- If non compliance related to antipsychotic use were noted In previous sections the pharmacist identified irregularities in a separate written report to the attending physician, director of nurses and the Medical Director and these reports were acted upon.
- If the Pharmacist did not identify (in the monthly DRR report) irregularities related to antipsychotic use, the attending physician has documented rationale if there is not medication changes.

- If not met Cite 758

Informed Consent

- If the antipsychotic was initiated prior to admission to the facility, the clinical record contains documentation of previous informed consent: or verification of resident consent after admission: IF NOT MET cite 756
- If the antipsychotics was initiated after admission to the facility, the clinical record contains verification of the resident informed consent. Exception issue for an emergency basis. If not met Cite Title 22 72528 (c)
- If the antipsychotic dose was increased the clinical record contains verification of a new resident informed consent:
- Interview the resident or RP to determine if the following material information was provided prior to the use of antipsychotics.
  - Reason for the treatment and nature and seriousness of the resident's illness
  - The nature of the proposed treatment including frequency and duration
  - The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without treatment.
  - The nature, degree, duration, and probability of the side effects and significant risks commonly known by the health professionals.
  - The reasonable alternative treatments and risks, and why the health professional is recommending the particular treatment
  - That the resident has the right to accept or refuse the treatment and if consents, has the right to revoke at any time.

Informed Consent Continue

- This information is not required if the resident or residents representative specifically requested that he or she not be informed of the risk or material information concerning the treatment or procedure. This request does not waive the requirement for providing the other material concerning the treatment or procedure.
- That the licensed healthcare practitioner acting within the scope of his or her professional licensure relied upon objective facts, as documented in the health record that would demonstrate to a reasonable person that the disclosure would have so seriously upset the resident that the resident would not have been able to rationally weigh the risks of refusing to undergo the recommended treatment that unless inappropriate, a resident's representative gave informed consent as set forth .

Informed Consent Continue

- Determine if the MD provided material information necessary to obtain informed consent and received consent form the resident.
- Prior to giving informed consent, the information provided was understood and questions were satisfactorily answered
- The resident/RP has been invited to participate in care planning as it relates to the use of antipsychotic medication
- IF NOT Met cite T22-72528 (a)
- If Not Met cite F552
- If Not Met cite F 553/T22- 72527 (a) (3)

If Resident Lacks Capacity and has no RP

- The attending physician has identified efforts (resident interview/family members consulted.) no person with legal authority exists.
- The facility IDT has documented review assessment and care planning (unless of emergency) of the proposed antipsychotic order in accordance with H&SC prior to receipt of the medication.
- If any of the above not met Cite H&SC Section 1418.8

Policies

- The facility has written patients rights policies and procedures related to psychotherapeutic informed consent.
- Licensed nursing staff is familiar with written informed consent facility policies and procedures and are able to explain the proves of verifying psychotherapeutic informed consents.
- The resident's attending physician has verified (on interview) that antipsychotic informed consent was obtained in accordance with facility policies and regulatory requirements.
- If not met cite T22 72527 (a)

CMP

- Consider issuance of a civil money citation for one or more of the following non compliance
  - Resident /RP indicates on interview required material information was not received in order to make an informed decision prior to the receipt of the medication.
  - Physician did not obtain informed consent from the resident (the process was delegated to the nurse)
  - Facility failed to develop and implement patients rights policies and procedures in accordance with state laws and regulations related to psychotherapeutic informed consent.

Medical Director/QAA

- The medical director is responsible for coordinating medical care and helping to implement and evaluate resident care policies that reflect current professional standards of practice.
- The Medical Director is responsible for- implementation of resident care policies, coordination of medical care in the facility.
- QAA Committee must develop and implement appropriate plans of action to correct identified quality deficiencies, regular review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvement
- If a pattern of non-compliance with antipsychotic use has been identified consider citing F 867

Thank You