CDPH L&C SNF Antipsychotic Use Survey Tool

(Use in conjunction with Form CMS-20082: Unnecessary/Psychotropic Meds/MRR CE Pathway)

Facility: _____ Date of Record Review: ____/____/____

Resident Name: _____ Unit/Room/Bed: _____

Resident Identifier: _____ DOB: ____/____/____ Age: ____

Date of Admission: ____/____/____ ☐Readmit Event ID: _____

Surveyor Name/Discipline/Federal ID No.: _____

Antipsychotic Name:	Daily Dosage:	Order Date:	Behavioral Manifestation:

1. Indication for Use:	**Yes**	**No**
Is the antipsychotic medication used to treat a specific, diagnosed, and documented condition?	☐	☐

"Indication for use" is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence-based review articles that are published in medical and/or pharmacy journals.

Examples include:

- *Chronic psychiatric illness such as schizophrenia or schizoaffective disorder, bipolar disorder, depression, or post-traumatic stress disorder;*
- *Neurological illness such as Huntington's disease or Tourette's syndrome;*
- *Psychosis and psychotic episodes; and*
- *Dementia (see the FDA's Boxed Warning for antipsychotic medication: elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Antipsychotics are not approved for the treatment of patients with dementia-related psychosis).*

If "No" to indication, cite at F758 (not used to treat a specific, diagnosed, and documented condition) or consider citing at F605 if antipsychotic is used as a chemical restraint (for staff convenience, discipline, sedating or subduing a resident). *Continue with Section 2.*

2. Determine if resident's documented behavioral symptoms meet one or more of the following criteria. Diagnoses alone do not necessarily warrant the use of an antipsychotic medication. Antipsychotic medications may be indicated if:	**Met**	**Not Met**	**N/A**
• The documented behavioral symptoms present a danger to the resident or to others;	☐	☐	☐
• Expressions or indications of distress cause significant distress to the resident;	☐	☐	☐
• 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 at F758 (not used to treat a specific, diagnosed, and documented condition) or consider citing at F605 if antipsychotic is used as a chemical restraint (for staff convenience, discipline, sedating or subduing a resident). *Continue with Section 3.*

3. If the antipsychotic is being used for acute/emergency situations, complete section 3A; if used to manage enduring/chronic conditions, complete section 3B; if resident admitted to SNF on an antipsychotic medication, complete section 3C to evaluate appropriateness.			
3A. Acute or Emergency Situations Must meet all of the following:	**Met**	**Not Met**	**N/A**
• The specific diagnosed condition is documented in the clinical record; **AND**	☐	☐	☐
• A clinician, in conjunction with the 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.	☐	☐	☐

3B. Enduring/chronic Conditions The facility must ensure that the resident's expressions or indications of distress are:	**Met**	**Not Met**	**N/A**
• Not due to a medical condition or problem (e.g., pain, fluid or electrolyte imbalance, infection, obstipation, medication side effect or poly-pharmacy) that can be expected to improve or resolve as the underlying condition is treated or the offending medication(s) are discontinued;	☐	☐	☐
• Not due to environmental stressors alone (e.g., alteration in the resident's customary location or daily routine, unfamiliar care provider, hunger or thirst, excessive noise for that individual, inadequate or inappropriate staff response), that can be addressed to improve the symptoms or maintain safety;	☐	☐	☐
• Not due to psychological stressors alone (e.g., loneliness, taunting, abuse), anxiety or fear stemming from misunderstanding related to his or her cognitive impairment (e.g., the mistaken belief that this is not where he/she lives or inability to find his or her clothes or glasses, unaddressed sensory deficits) that can be expected to improve or resolve as the situation is addressed;	☐	☐	☐
• Persistent--The medical record must contain clear documentation that the resident's distress persists and his or her quality of life is negatively affected and, unless contraindicated, that multiple, non-pharmacological approaches have been attempted and evaluated in any attempts to discontinue the antipsychotic medication.	☐	☐	☐

3C. New Admissions (pertains to residents admitted to the SNF already on an antipsychotic medication):	**Met**	**Not Met**	**N/A**
• Facility has re-evaluated antipsychotic at the time of admission and/or soon after admission and has evaluated whether the medication can be tapered or discontinued.	☐	☐	☐

If any of the above criteria "Not Met," cite at F758 (not used to treat a specific, diagnosed, and documented condition) or consider citing at F605 if antipsychotic is used as a chemical restraint (for staff convenience, discipline, sedating or subduing a resident). *Continue with Section 4.*

4. Dosage	**Met**	**Not Met**	**N/A**
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 practice guidelines, evidence-based studies from medical/pharmacy journals, or standards of practice for a resident's age and condition, without a documented clinically pertinent rationale.	☐	☐	☐

If above "Not Met," cite at F758 (in excessive dosage or duplicate therapy) unless the prescriber has documented resident specific clinical rationale/justification demonstrating the benefit exceeds the associated risk. *Continue with Section 5.*

5A. Monitoring for Efficacy and Adverse Consequences. Determine the facility has done the following:	**Met**	**Not Met**	**N/A**
• Incorporated into a comprehensive care plan that reflects person-centered medication related goals and parameters for monitoring the resident's condition, including the likely medication effects;	☐	☐	
• Incorporated into a comprehensive care 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 the therapeutic goals are not being met or the resident is experiencing adverse consequences, the prescriber in collaboration with facility staff, the pharmacist, and the resident has considered whether current medications and doses continue to be appropriate or should be reduced, changed, or discontinued.	☐	☐	☐

Potential Adverse Consequences include:

☐ ***General****: anticholinergic effects which may include flushing, blurred vision, dry mouth, altered mental status, difficulty urinating, falls, excessive sedation, constipation*

☐ ***Cardiovascular:*** *signs and symptoms of cardiac arrhythmias such as irregular heart beat or pulse, palpitations, lightheadedness, shortness of breath, diaphoresis, chest or arm pain, increased blood pressure, orthostatic hypotension*

☐ ***Metabolic:*** *increase in total cholesterol and triglycerides, unstable or poorly controlled blood sugar, weight gain*

☐ ***Neurologic:*** *agitation, distress, EPS, neuroleptic malignant syndrome (NMS), parkinsonism, tardive dyskinesia, cerebrovascular event (e.g., stroke, transient ischemic attack (TIA)).*

If any of the above criteria "Not Met," cite at F656 (care planning) and consider citing F758 (inadequate monitoring)

5B. Behavioral data are:	**Met**	**Not Met**
• 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/ineffectiveness as well as the presence of adverse consequences.	☐	☐

If any of the above criteria "Not Met," consider deficiency at Title 22 72319(j)(3) if consolidated monthly behavioral data not available to prescriber. *Continue with Section 6.*

6. PRN Antipsychotic Use (limited to 14 days)	**Met**	**Not Met**	**N/A**
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 attending physician or prescribing practitioner should, at a minimum, determine and document the following in the resident's medical 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 the above not met, cite at F758*. Continue with Section 7.*

7. Gradual Dose Reduction (GDR)	**Met**	**Not Met**	**N/A**
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 the antipsychotic for more than one year, the GDR has been attempted annually.	☐	☐	☐
If no antipsychotic GDR has been attempted, the prescriber has documented a taper is clinically contraindicated	☐	☐	☐

If criteria "Not Met," cite at F758*. Continue with Section 8.*

8. Provision of Consultant Pharmacist Services/Drug Regimen Review (DRR)	Met	Not Met	N/A
A licensed pharmacist has reviewed the resident's medical chart at least once a month.	☐	☐	☐
If non-compliances related to antipsychotic use were noted in Sections 1 – 7, the pharmacist identified irregularities in a separate written report to the attending physician, director of nursing, and the Medical Director; and these reports were acted upon.	☐	☐	☐
If the pharmacist **did** identify (in the monthly DRR report) irregularities related to antipsychotic use, the attending physician has documented his/her review and action taken in the clinical record. The physician has documented rationale if there is no medication change.	☐	☐	☐

If any of the above criteria "Not Met," cite at F756 (Drug Regimen Review). *Continue with Section 9.*

9. Informed Consent (Note: RP = Responsible Party)	Met	Not Met	N/A
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 T22 Section 72528(c).**	☐	☐	☐
If the antipsychotic was initiated **after** admission to the facility, the clinical record contains verification of resident informed consent. Exception is use for an emergency basis as defined in T22 Section 72528(e). **If "Not Met" cite T22 Section 72528(c).**	☐	☐	☐
If the antipsychotic dosage was increased the clinical record contains verification of resident informed consent. **If "Not Met" cite H&SC 1418.9.**	☐	☐	☐
Interview the resident (or RP if the resident does not have capacity) to determine if the following material information was provided prior to the use of the antipsychotic:	**Met**	**Not Met**	**N/A**
(1) The reason for the treatment and the nature and seriousness of the resident's illness; and	☐	☐	☐
(2) The nature of the proposed treatment including frequency and duration; and	☐	☐	☐
(3) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment; and	☐	☐	☐
(4) The nature, degree, duration, and probability of the side effects and significant risks (e.g., FDA boxed warning), commonly known by the health professions; and [1]	☐	☐	☐
(5) The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment; and	☐	☐	☐
(6) That the resident has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time.	☐	☐	☐

Except as noted immediately below, if identified as "Not Met," cite the facility at T22 Section 72528(b)(1-6) as applicable.

[1] Per 72528(f): Notwithstanding Sections 72527(a)(5) and 72528(b)(4), disclosure of the risks of a proposed treatment or procedure may be withheld if there is documentation of one of the following in the resident's health record:

(1) That the resident or resident's 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 information concerning the treatment or procedure.

(2) 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 and that, unless inappropriate, a resident's representative gave informed consent as set forth herein.

	Met	Not Met	N/A
Determine if the prescribing physician provided material information necessary (listed above) to obtain informed consent and received consent from the resident. ***If "Not Met," cite the facility at T22 Section 72528(a).***	☐	☐	☐
Prior to giving informed consent, the information provided was understood and questions were satisfactorily answered. ***If "Not Met," cite at F552.***	☐	☐	☐
The resident/RP has been invited to participate in care planning as it relates to the use of the antipsychotic medication. ***If "Not Met," cite F553 or T22 Section 72527(a)(3).***	☐	☐	☐

If the resident does **not** have capacity to give informed consent and has **no** designated RP/person with legal authority to make those decisions on behalf of the resident:	Met	Not Met	N/A
• The attending physician has identified efforts (resident interview/family members consulted, etc.) no person with legal authority exists.	☐	☐	☐
• The facility IDT has documented review, assessment and care planning (unless in an emergency) of the proposed antipsychotic order in accordance with H&SC 1418.8 (e)(1) through (e)(6) prior to receipt of the medication.	☐	☐	☐
• In the case of an emergency antipsychotic medication intervention, the IDT has met within one week of the emergency for an evaluation of the intervention.	☐	☐	☐
• The IDT has, at least quarterly or upon a significant change of condition, evaluated the antipsychotic therapy.	☐	☐	☐

If any of the above "Not Met," cite at H&SC Section 1418.8.

Determine the following regarding informed consent policies and procedures:	Met	Not Met	N/A
• 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 process of verifying psychotherapeutic informed consent.	☐	☐	☐
• The resident's attending physician has verified (on interview) that antipsychotic informed consent was obtained in accordance with facility policies and procedures and regulatory requirements.	☐	☐	☐

If any of the above "Not Met," cite at T22 Section 72527(a).

Consider issuance of a civil money citation (in accordance with HSC §1424) for one or more of the following non-compliance(s):

- ***Resident/RP indicates (on interview) required material information (as defined in T22 Section 72528 (1-6)) was not received in order to make an informed decision prior to receipt of the antipsychotic medication.***
- ***Physician did not obtain informed consent from the resident (the process of informed consent was delegated to licensed nursing staff, ward clerk, etc.).***
- ***Facility failed to develop and implement patients' rights policies and procedures, in accordance with state laws and regulations, related to psychotherapeutic informed consent.***

10. Medical Director/Quality Assessment & Assurance (QAA)	Met	Not Met	N/A
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 — (i) Implementation of resident care policies; and (ii) The coordination of medical care in the facility. If a pattern of non-compliance with antipsychotic use is identified, consider citing F841 (Medical Director)	☐	☐	☐
QAA committee must develop and implement appropriate plans of action to correct identified quality deficiencies; regularly 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 improvements. If a pattern of non-compliance with antipsychotic use has been identified, consider citing F867 (QAA)	☐	☐	☐

Please note: If professional licensing board referral (MBC, BOP or BRN) appears appropriate discuss with DO Supervisor.