

Improving Dementia Care in Nursing Homes

Education of Nursing Home Surveyors

CMS required mandatory training for surveyors on the care of persons with dementia and unnecessary antipsychotic medication use. **All surveyors are required to complete the training.**

How to Access these Videos for Non-Surveyors

If you are a provider or do not wish to receive credit for viewing the program follow the instructions below.

1. Go to <http://surveyortraining.cms.hhs.gov>
2. Click on the "I am a Provider" tab
3. Click on the "Reduction in Unnecessary Medications in Nursing Homes" at the menu at the top of the screen
4. Click on the program that you wish to view

Impact on the Survey Process

A comprehensive, interdisciplinary approach must be used to ensure the benefit for the resident outweighs the risk.

- } Federal guidance in the State Operations Manual was revised at F309 (Quality of Care) and F329 (Unnecessary Drugs) effective June, 2013.

Survey and Cert. Letter 13-35

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-35.pdf>

Impact on the Survey Process

- } Key Principles used in revising surveyor guidance
 - Person-Centered Care
 - Quality and Quantity of Staff
 - Thorough Evaluation of New or Worsening Behaviors by the interdisciplinary team
 - Individualized Approaches to Care
 - Critical Thinking Related to Antipsychotic Drug Use
 - Interviews with Prescribers
 - Engagement of Resident and/or Representative in Decision Making

Impact on the Survey Process

} Off Site Preparation

- If the home's Quality Measures for residents on antipsychotic medications are flagged (75th or greater percentile), then residents with dementia who receive antipsychotic medications will be added to the sample of residents to be reviewed on the first phase of the survey process (Phase I).

Impact on the Survey Process

} Entrance Conference

- } The team coordinator will request a list of the names of residents who have a diagnosis of dementia and who are receiving, have received, or presently have PRN orders for antipsychotic medications over the past 30 days.
- } If the home's population includes residents with dementia, the surveyor will ask the administrator or director of nursing to describe how the home provides individualized care and services for residents with dementia and to provide policies related to the use of antipsychotic medications in residents with dementia.

Impact on the Survey Process

- } Sample Selection for Traditional Survey
- } Surveyors will use the list of residents, who over the past 30 days, received, are presently receiving or have PRN orders for antipsychotic medications and have a diagnosis of dementia:
 - Compare this list to the off-site Phase 1 resident sample and determine if a resident from this list is already included in the Phase 1 sample; and
 - □ Ensure that, at a minimum, at least one of the residents on the list who is receiving an antipsychotic medication is in the Phase 1 sample for a comprehensive or focused record review.
- } If the sample does not identify at least one resident that is on the home's provided list, the team will either replace a resident on the Phase 1 sample with a resident from the home's provided list or add a resident from the list to the sample.

Impact on the Survey Process

- } Resident Review-Surveyors will use Observation, Interview and Record Review to review the overall care provided to the sampled resident.

- } CMS provided surveyors a tool to use in their review. The “Review of Care and Services for a Resident with Dementia Checklist” can be used by surveyors to ensure they are completing a comprehensive review of:
 - The Resident Assessment/Underlying Cause Identification
 - Care Planning
 - Implementation of the Care Plan
 - Care Plan Revision/Monitoring and Follow Up
 - Quality Assessment and Assurance

Importance of All Disciplines in the Antipsychotic Reduction Initiative

- } Training of all nursing home staff and volunteers in proper dementia care – not just nursing's responsibility
- } Identification of non-pharmacological interventions/alternatives for providing care to persons with dementia
- } Proper assessment of resident preferences and history to assist in care planning
- } Providing group and individual activities/care to help in the reduction of behaviors

F309–Criteria for Compliance

} Key Principles

- } The home obtained details about the person's behaviors (nature, frequency, severity, and duration) and risks of those behaviors, and discusses potential underlying causes with the care team and (to the extent possible) resident, family or representative.

F309 – Criteria for Compliance

} Key Principles

- } The home ruled out potential underlying and treatable causes of behaviors (medical, medication-related, psychiatric, physical, functional, psychosocial, emotional, environmental) and determined if symptoms were severe, distressing or risky enough to adversely affect the safety of residents;

F309 – Criteria for Compliance

} Key Principles

- } The home implemented environmental and other approaches in an attempt to understand and address behavior as a form of communication and modified the environment and daily routines to meet the person's needs;

F309 – Criteria for Compliance

- } Key Principles
- } The home implemented the care plan consistently and communicated across shifts and among caregivers and with the resident or family/representative (to the extent possible); and

F309 – Criteria for Compliance

} Key Principles

- } The home assessed the effects of the approaches, identified benefits and complications in a timely fashion, involved the attending physician and medical director as appropriate, and adjusted treatment accordingly.

F329 – Unnecessary Drugs

- } Antipsychotic Drugs – The facility must ensure that:
 - Residents who have not used antipsychotic drugs are not given these drugs unless necessary to treat a specific condition as diagnosed and documented in the clinical record

AND

Residents who use antipsychotic drugs receive gradual dose reductions and interventions, unless clinically contraindicated, in an effort to discontinue these drugs

F329 – Guidelines on Antipsychotic Use

- } Antipsychotic Medications should *generally* be used only for clinical conditions/diagnoses including:
 - } o Schizophrenia
 - } o Schizo-affective disorder
 - } o Schizophreniform disorder
 - } o Delusional disorder
 - } o Mood disorders (e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features)
 - } o Psychosis in the absence of dementia
 - } o Medical illnesses with psychotic symptoms (e.g., neoplastic disease or delirium) and/or treatment related psychosis or mania (e.g., high-dose steroids)
 - } o Tourette's Disorder
 - } o Huntington disease
 - } o Hiccups (not induced by other medications)
 - } o Nausea and vomiting associated with cancer or chemotherapy

F329 – Guidelines on Antipsychotic Use

- › Diagnoses alone do not warrant the use of an antipsychotic, however, unless the following criteria are also met:
 - The behavioral symptoms present a danger to the resident or others
 - AND one or both of the following:
 - The symptoms are identified as being due to mania or psychosis (such as: auditory, visual, or other hallucinations; delusions, paranoia or grandiosity);
OR
 - Behavioral interventions have been attempted and included in the plan of care

F329 – Inadequate Indications for Antipsychotic Use

Antipsychotic medications in persons with dementia should not be used if the only indication is one or more of the following:

- wandering
 - poor self-care
- restlessness
- impaired memory
- mild anxiety
- insomnia
- inattention or indifference to surroundings
- sadness or crying alone that is not related to depression or other psychiatric disorders
- fidgeting
- nervousness
- uncooperativeness (e.g. refusal of or difficulty receiving care).

F329 – Criteria for Compliance

- } The home, in collaboration with the prescriber:
 - Assessed the resident to ascertain, to the extent possible, the causes of the condition/symptoms requiring treatment, including recognizing, evaluating, and determining that the condition/symptoms:
 - Are not due to an underlying medical condition that would resolve if treated
 - Are not the result of an adverse medication consequence
 - Are not environmental stressors that can be addressed
 - Are not psychological stressors that can be expected to improve as the situation is addressed
 - Are persistent (recurs over time, other approaches have failed, residents quality of life is negatively impacted)

F329 – Criteria for Compliance

- Based on the assessment, determined that medication therapy was indicated and identified the therapeutic goals for the medication
 - Target behavior(s) must be clearly and specifically identified and documented.

F329 – Criteria for Compliance

- Utilized only those medications in appropriate doses for the appropriate duration, which are clinically necessary to treat the resident's assessed condition(s).
 - Antipsychotic medications must be prescribed at the lowest possible dosage to improve target symptoms for the shortest period of time.
 - Surveyors are advised to speak with the practitioner/prescriber and/or consultant pharmacist in cases where an antipsychotic medication is prescribed for an elderly resident with dementia

F329 – Criteria for Compliance

- Implemented a gradual dose reduction and behavioral interventions for each resident receiving antipsychotic medications unless clinically contraindicated
 - Behavioral symptoms must be reevaluated periodically to determine the effectiveness of the antipsychotic and the potential for reducing or discontinuing the dose based on target symptoms and any adverse effects or functional impairment

F329 – Criteria for Compliance

- Monitored the resident for progress towards the therapeutic goal(s) and for the emergence or presence of adverse consequences, as indicated by the resident's condition and the medication(s)
- Adjusted or discontinued the dose of a medication in response to adverse consequences, unless clinically contraindicated
 - If antipsychotic medication is causing or contributing to adverse consequences, the home must act to determine if benefits of treatment outweigh the risks. This rationale must be documented by home and prescriber

MDS Considerations

- } The current QM reporting system does not acknowledge diagnoses of Schizophrenia, Tourette's Syndrome, or Huntington's Disease unless they are specifically checked in I6000, I5350 and I5250.
- } Entering the ICD code in I8000 will result in an error on the QM report – doing this will not exclude these residents in the calculation for antipsychotics – the QM rate will be higher than it should be

MDS Considerations

Section I

Active Diagnoses

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

- I4900. Hemiplegia or Hemiparesis
- I5000. Paraplegia
- I5100. Quadriplegia
- I5200. Multiple Sclerosis (MS)
- I5250. Huntington's Disease
- I5300. Parkinson's Disease
- I5350. Tourette's Syndrome
- I5400. Seizure Disorder or Epilepsy
- I5500. Traumatic Brain Injury (TBI)

Nutritional

- I5600. Malnutrition (protein or calorie) or at risk for malnutrition

Psychiatric/Mood Disorder

- I5700. Anxiety Disorder
- I5800. Depression (other than bipolar)
- I5900. Manic Depression (bipolar disease)
- I5950. Psychotic Disorder (other than schizophrenia)
- I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
- I6100. Post Traumatic Stress Disorder (PTSD)