Comagine Health
Formerly Qualis Health and HealthInsight

Quality Measure Tip Sheet:

Antipsychotic Medication — Long Stay

Quality Measure Overview

This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.

Numerator: Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows:
1. For assessments with target dates on or after 04/01/2012: (N0410A = [1, 2, 3, 4, 5, 6, 7]).

Denominator: Long-stay nursing home residents with a selected target assessment except those with exclusions.

Exclusions:

1. The resident did not qualify for the numerator and *any* of the following is true:
   1.1 For assessments with target dates on or after 04/01/2012: (N0410A = [-]).
2. *Any* of the following related conditions are present on the target assessment (unless otherwise indicated):
   2.1 Schizophrenia (I6000 = [1]).
   2.2 Tourette's syndrome (I5350 = [1]).
   2.3 Tourette's syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.
   2.4 Huntington's disease (I5250 = [1]).

MDS Coding Requirements

In the Minimum Data Set (MDS), indicate the number of days the resident received antipsychotic medication during the last seven days (or since admission/entry/ re-entry if less than seven days).

Resource:
https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf

Ask These Questions

- Is the MDS coding accurate?
- Are orders received from outside vendors (e.g., hospice) monitored? (These vendors may use antipsychotic medications to control conditions such as nausea and vomiting that could be controlled by a less restrictive medication or antiemetic.)
- Have the least restrictive interventions been attempted first?
- Are staff members and family educated on behavior management and nonpharmacological interventions?
- Are psychotropic medications only being used when appropriate to enhance the resident's quality of life while maximizing his/her functional potential and wellbeing?
- Are gradual dose reductions completed per regulation?
- Have staff members analyzed the resident holistically to rule out any underlying conditions (e.g., medical causes) that are affecting behavior?
- Are basic needs being met?
- Is the resident hungry or thirsty and instructed when to eat or drink?
- Is the resident dressed appropriately for weather and his/her age?
- Are activities individualized and specific to the resident to alleviate boredom?
- Is the resident's incontinence being managed?

Adapted by Comagine Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho, Nevada, New Mexico, Oregon, Utah and Washington, from materials provided by HealthInsight, and prepared 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.

- Is the resident's pain being managed?
- Is the nursing home environment calming? Are there areas for private space? Is clutter managed? Is the resident's belongings organized to decrease confusion?
- Have staff members sat quietly and paid attention to the sounds and noises around a resident and taken action to reduce noise, including eliminating alarms?
- Does the resident have a sense of trust with caregivers?
- Are there consistent staff member assignments?
- Are there consistent routines?
- Does the facility involve direct-care staff members, physicians and pharmacists in pharmacy and therapeutic meetings at least quarterly?
- Is a behavior-tracking process in place to monitor for changes?
- Are adverse side effects of drugs monitored and treated accordingly?
- Does the resident obtain psychological services for treatment, if indicated?