

Quality Measure Tip Sheet:

Antipsychotic Medication – Long Stay

This measure is used in the 5-star quality rating system.

Quality Measure Overview

- Reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period; any time during the seven-day look-back period (or since admission/entry or reentry if less than seven days)
- Exclusions: Residents do not qualify for the numerator if any of the following is true:
 1. 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 (I 5350 = [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])

Minimum Data Set (MDS) Coding Requirements

In the MDS, refer to section N:

- N0410A, Antipsychotic: Record the number of days an antipsychotic medication was received by the resident at any time during the seven-day look-back period (or since admission/entry or reentry if less than seven days).

Consider These Questions:

- Is the MDS coding accurate?
- Are psychotropic medications only being used when appropriate to enhance the resident's quality of life while maximizing his or her functional potential and wellbeing?
- Have the least restrictive and non-pharmacological interventions been attempted first?
- Have staff members analyzed the resident holistically to rule out underlying conditions, such as medical causes, that are affecting behavior?
- Are activities individualized and specific to the resident to alleviate boredom?
- Are basic physiologic and psychosocial needs being met?
- Are dementia residents hungry/thirsty and instructed when to eat/drink?
- Are dementia residents dressed appropriately for the weather and their age?
- Is the resident's incontinence being managed?
- Is the resident's pain being managed?
- Is the nursing home environment calming? Are there areas for private space? Is clutter managed? Are residents' belongings organized to decrease confusion?
- Do residents have a sense of trust with their caregivers?
- Are there consistent staff member assignments?
- Are there consistent routines?
- Are orders received from outside vendors, such as 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.)
- Are gradual-dose reductions completed per regulation?
- 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?
- Do residents obtain psychological services for treatment if indicated?
- Are staff members and family educated on behavior management and nonpharmacological interventions?

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