



Getting Started on Your Performance Improvement Project *Reduction of Unnecessary Antipsychotics in Residents with Dementia*

In 2012, the Centers for Medicare & Medicaid Services (CMS) launched the National Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Use in Nursing Homes. The goal of the partnership is to optimize the quality of life and function of nursing home residents by improving the approach to meet their behavioral health needs. CMS has a national action plan that uses a multidimensional approach to improve person-centered care for individuals with dementia that includes public reporting, raising public awareness, regulatory oversight, technical assistance, provider and consumer education, and research.

To find out more, you may view the CMS video here:

<http://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?cid=1098>

Key Steps to Help You Get Started With Your Performance Improvement Project

1. Obtain Leadership Commitment and Gather Key Staff

- a. Speak with leadership about your plans for an improvement project.
- b. Explain your overall goal and confirm their support of your efforts towards this goal.
- c. Gather key staff members that will help to plan and execute the improvement project.
- d. Include the consultant pharmacist, medical director, administrator, director of nursing, recreational and therapy staff members, social worker, and direct care partners/staff members (CNAs).
- e. Include resident and family members when policies and practices are being discussed.

2. Identify Your Baseline for Unnecessary Antipsychotic Medication Use and Set a Target for Performance Improvement

Collecting this information will help you identify the processes you may want to change to make your improvement(s).

- a. Collect data for a month to determine your starting point.
 - i. *Antipsychotic Use in Dementia Assessment*
www.gapna.org/sites/default/files/u45/Rabins.pdf
 - ii. *Advancing Excellence in America's Nursing Home Medication Tracking Tool*
www.nhqualitycampaign.org/goalDetail.aspx?g=med#tab2
- b. Set a target for your improvement goal(s). You can set a target based on an actual value or on a percentage.
 - i. For example: *"Reduce unnecessary antipsychotic use by 20% by December 31, 2015."*



c. Questions to consider when analyzing your data:

- i. Do you know how to obtain your data?
 - CASPER Report
 - Facility data collection tools, etc.
- ii. Do you know how your data/quality measures are calculated?
 - Link to MDS 3.0 Quality Measures User's Manual:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf>
- iii. Do you know the specific tags that relate to medication adherence in nursing home regulations?
 - **Pharmacy Services (F755)**. State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf (p. 479)
 - **Drug Regimen Review (F756)**. State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf (p. 494)
 - **Drug Regimen is Free from Unnecessary Drugs (F757)**. State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf (p. 504)
 - **Free from Unnecessary Psychotropic Med/PRN Use (F758)**. State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf (p. 505)
- iv. Are you reviewing all residents on antipsychotics at least monthly or as needed?
- v. Have you begun gradual dose reduction (GDR) on appropriate residents?
- vi. Are the residents and their families involved in your process and treated as primary stakeholders?

3. Examine Your Process

- a. Ask what you have to do to meet your improvement goal(s).
- b. Refer to your policies and procedures. If you don't have a policy and procedure, how can you get one? If you have a policy and procedure, can you observe/verify them?



- i. Track resident(s) according to your process
- ii. Are you compliant with state regulations and/or your own policies and procedures?
- c. Explore problem areas in greater depth by conducting a root cause analysis (RCA)

4. Create Improvement

- a. Make a small change to the process, pilot test this change, and then tweak to improve it
 - i. AMDA Action for Improving Dementia Care in Nursing Homes: www.amda.com/advocacy/dementiacare.cfm
 - ii. Iowa Geriatric Education Center: <https://igec.uiowa.edu/ia-adapt>
 - iii. CMS *Hand in Hand* DVD series: <https://surveyortraining.cms.hhs.gov/pubs/HandinHand.aspx>
 - iv. Institute for Healthcare Improvement PDSA Worksheet: www.ihl.org/knowledge/Pages/Tools/PlanDoStudyActWorksheet.aspx

5. Engage Leadership and Stakeholders

- a. Continue to engage key leaders, staff members, family, and other stakeholders. Post and celebrate your successes. Conduct town hall meetings to discuss your progress, barriers, and challenges. Use fact sheets to educate leadership and stakeholders about your performance improvement efforts. Listen to their ideas/suggestions.
 - i. National Nursing Home Quality Improvement Campaign fact sheets to start the conversation and encourage everyone to be involved: https://www.nhqualitycampaign.org/files/Factsheet_for_Leadership_Medications.pdf

6. Monitor Progress and Sustain the Gain

- a. Continue to collect data on the tool you have selected.
- b. Monitor your ability to “Sustain the Gain.”
- c. Perform additional RCA if you encounter barriers or if you are ready to move on to additional areas of focus.
- d. Celebrate your success!