



Quality Measure Tip Sheet: Antipsychotic Medication—Long Stay

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Quality Measure Overview

- Reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period. Any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).

Exclusions:

1. Residents did not qualify for the numerator and any of the following is true: 1.1 For assessments with target dates on or before 03/31/2012: (N0400A = [-]). 1.2 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 Ssyndrome (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]).

MDS Coding Requirements

In the Minimum Data Set (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 7-day look-back period (or since admission/entry or reentry if less than 7 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 well-being?
- 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?

For guidance on your quality measures, reach out to Health Services Advisory Group (HSAG).

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