CDPH L&C SNF Antipsychotic Use Survey Tool

Facility: _____ Date of Record Review: ____/____/____

Resident Name: _____ Unit/Room/Bed: _____

Resident Identifier: _____ DOB: ____/____/____ Age: ____ DOA: ____/____/____ □ Readmit

Event ID: _____

Antipsychotic Name:	Daily Dosage:	Order Date:	Behavioral Manifestation:

1. Which of the following represents the primary indication for use of the antipsychotic? (complete for each antipsychotic)	**Y**	**N**
1. Schizophrenia		
2. Schizo-affective disorder		
3. Delusional disorder		
4. Mood disorders (e.g., bipolar disorder, depression w/ psychotic features)		
5. Schizophreniform disorders		
6. Psychosis		
7. Atypical psychosis		
8. Brief psychotic disorder		
9. Dementing illnesses with associated behavioral symptoms		
10. Medical illnesses with psychotic symptoms (e.g., neoplastic disease) and/or treatment related psychosis or mania (e.g., high-dose steroids)		
11. Tourette's Disorder or Huntington disease		
12. Hiccups or nausea and vomiting associated with cancer or chemotherapy		
13. None of the above		

If "Y" to any indications 1 – 10 complete Sections 2 - 4;
If "Y" to indications 11 or 12 skip Sections 2-4 and continue with Section 5;
If "Y" to 13 cite at F329 (inadequate indication for use) or F222 (chemical restraints) and continue with Section 5.

2. Determine if resident's documented behavioral symptoms meet at least <u>one</u> of the following criteria:	**Y**	**N**
• The symptoms are due to mania or psychosis (such as auditory, visual, or other hallucinations; delusions); **OR**		
• The behavioral symptoms present a danger (documented) to the resident or to others; **OR**		
The symptoms are significant enough that the resident is experiencing one or more of the following:	**Y**	**N**
• Inconsolable or persistent distress (e.g., fear, continuously yelling, screaming, distress associated w/ end-of-life, or crying); **OR**		
• A significant decline in function; **OR**		
• Substantial difficulty receiving needed care (e.g., not eating resulting in weight loss; fear and not bathing leading to skin breakdown or infection).		

If "N" to all of the above, cite at F329 (inadequate indication for use) or F222 (chemical restraints).

3. If the antipsychotic is being used for long term behavioral management complete section 3A. If the antipsychotic is used to manage an acute situation complete section 3B to determine appropriateness.			
3A. Chronic Psychiatric Condition (N/A if resident admitted on an antipsychotic) The target behavior must be specifically identified and monitored objectively and quantitatively prior to its use to ensure the behavioral symptoms are:	**Y**	**N**	**N/A**
• Not due to a medical condition or problem (e.g., pain, fluid or electrolyte imbalance, infection, unrecognized hearing or visual impairment) that can be expected to improve or resolve as the underlying condition is treated; **AND**			
• Not due to environmental stressors (e.g., alteration in the resident's customary location or daily routine, unfamiliar care provider, hunger or thirst, excessive noise for that individual, inadequate or inappropriate staff response, physical barriers) that can be addressed to improve the symptoms or maintain safety; **AND**			
• Not due to psychological stressors (e.g., loneliness), or anxiety or fear stemming from misunderstanding related to his or her cognitive impairment that can be expected to improve or resolve as the situation is addressed; **AND**			
• Persistent; **AND**			
• Documented non-pharmacological interventions (e.g., psychological counseling, massage therapy, comfort-focused care) have been attempted but failed to resolve the cause of the behaviors.			

3B. Acute Psychiatric Situation/Emergency (must meet all of the following and be related to one or more clinical conditions in Section 1):	**Y**	**N**	**N/A**
• The acute treatment period is limited to 7 days or less; **AND**			
• A clinician in conjunction with the interdisciplinary team must evaluate and document the situation within 7 days, to identify and address any contributing and underlying causes of the acute psychiatric condition and verify the continuing need for antipsychotic medication; **AND**			
• Pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation.			

If "N" to any of the above, cite at F329 (inadequate indication for use) or F222 (chemical restraints). Additionally, if the facility failed to monitor the behaviors in an objective and quantitative manner, cite at F329 (for inadequate monitoring).

4. Dosage	**Y**	**N**	**N/A**
• If the antipsychotic is used to treat behavioral symptoms associated with a dementing illness, the daily dosage doesn't exceed that listed in F329 ("Table 1: Medication Issues of Particular Relevance" and also in attached supplemental guidance).			
• Resident is receiving one antipsychotic medication.			

If "N" to any of the above criteria cite at F329 (in excessive dosage or duplicate therapy) <u>unless</u> the prescriber has documented resident specific clinical rationale/justification demonstrating the benefit exceeds the associated risk.

5. Monitoring for Effectiveness	**Y**	**N**
Target behavior(s) are: • Identified in the resident's care plan.		
• Monitored objectively (behaviors are specifically identified and not generalized such as; "agitation, restlessness") and quantitatively (number of behavioral episodes		

exhibited over a specified course of time)		
• Consistent with the primary indication for use (e.g., schizophrenia as manifested by auditory hallucinations or dementia as manifested by hitting other residents during activities).		
Behavioral data are:	**Y**	**N**
• Made available to the prescriber in a consolidated manner at least monthly.		
• Sufficient to provide the prescriber with the necessary information to determine antipsychotic medication effectiveness/ineffectiveness as well as the presence of adverse consequences.		

If "N" to any of the above, consider deficiencies at F329 (inadequate monitoring) and/or F279 (care planning); or Title 22 72319(j)(2) and 72311(a)(1) for nursing care plan data that does not specify data to be collected for use in evaluating the effectiveness of the drugs and occurrence of adverse reactions; or Title 22 72319(j)(3) if consolidated monthly behavioral data not available to prescriber.

6. Monitoring for Adverse Consequences	**Y**	**N**
Adverse consequences to be monitored shall include at least the following: • Significant or severe consequences, such as those listed in FDA boxed warnings (manufacturer's package insert) and those that may be significant based on the resident's clinical condition.		
• Those listed in Table 1 of F329 and also in attached supplemental guidance.		
• The associated adverse consequences are identified in the resident's care plan		
If the resident has experienced possible or actual antipsychotic related adverse consequences the facility has documented such and taken action.		

If "N" to any of the above criteria cite at F329 (inadequate monitoring or presence of adverse consequences which indicate the dose should be reduced or discontinued).

7. Gradual Dose Reduction (GDR)	**Y**	**N**	**N/A**
If the antipsychotic was initiated within the last year the facility has attempted a GDR in two separate quarters (with at least one month between attempts).			
If the resident has been receiving the antipsychotic for more than one year the GDR has been attempted annually.			
If no antipsychotic GDR has been attempted the prescriber has documented a taper is clinically contraindicated (as defined in supplemental guidance).			

If "N" to any of the above criteria cite at F329 (for excessive duration/GDR).

8. Provision of Consultant Pharmacist Services	**Y**	**N**	**N/A**
Documentation is present the resident's clinical record was reviewed monthly by a consultant pharmacist.			
If non-compliances related to antipsychotic use were noted in Sections 1 – 7 the consultant pharmacist identified irregularities in writing to the attending physician and director of nursing.			
If the consultant pharmacist **did** identify (in the monthly Medication Regimen Review report) irregularities related to antipsychotic inappropriateness the facility acted on the report.			

If "N" to any of the above, cite at F428 (Drug Regimen Review).

9. Informed Consent **(Note: RP = Responsible Party)**	**Y**	**N**	**N/A**
If the antipsychotic was initiated **prior to** admission to the facility the clinical record contains documentation of previous informed consent; or verification of resident consent after admission. ***If "N" cite T22 Section 72528(c).***			
If the antipsychotic was initiated **after** admission to the facility the clinical record contains verification of resident informed consent. Exception is use for an emergency			

basis as defined in T22 Section 72528(e). ***If "N" cite T22 Section 72528(c).***			
If the antipsychotic dosage was increased the clinical record contains verification of resident informed consent. ***If "N" cite H&SC 1418.9.***			
Interview the resident (or RP if the resident does not have capacity) to determine if the following material information was provided prior to the use of the antipsychotic:	**Y**	**N**	**N/A**
(1) The reason for the treatment and the nature and seriousness of the resident's illness; and			
(2) The nature of the proposed treatment including frequency and duration; and			
(3) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment; and			
(4) The nature, degree, duration, and probability of the side effects and significant risks (e.g., FDA boxed warning), commonly known by the health professions; and			
(5) The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment; and			
(6) That the resident has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time. ***If "N" to any of the above cite the facility at T22 Section 72528(b)(1-6).***			
Determine the prescribing physician provided material information necessary (listed above) to obtain informed consent and received consent from the resident. ***If "N," cite the facility at T22 Section 72528(a) and/or H&SC 1418.9.***			
Prior to giving informed consent, the information provided was understood and questions were satisfactorily answered. ***If "N," cite at F156.***			
The resident/RP has been invited to participate in care planning as it relates to the use of the antipsychotic medication. ***If "N," cite F280 or T22 Section 72527(a)(3).***			

If the resident does **not** have capacity to give informed consent and has **no** designated RP/person with legal authority to make those decisions on behalf of the resident:	**Y**	**N**
• The attending physician has identified efforts (resident interview/family members consulted, etc.) no person with legal authority exists.		
• The facility IDT has documented review, assessment and care planning (unless in an emergency) of the proposed antipsychotic order in accordance with H&SC 1418.8 (e)(1) through (e)(6) prior to receipt of the medication.		
• In the case of an emergency antipsychotic medication intervention, the IDT has met within one week for an evaluation of the intervention.		
• The IDT has (at least quarterly or upon a significant change of condition) evaluated the antipsychotic therapy. ***If "N" to any of the above, cite at H&SC 1418.8.***		

Determine the following regarding informed consent policies and procedures:	**Y**	**N**
• The facility has written patients' rights policies and procedures related to psychotherapeutic informed consent.		
• Licensed nursing staff are familiar with written informed consent facility policies and procedures and are able to explain the process of verifying psychotherapeutic informed consent.		
• The resident's attending physician has verified (on interview) that antipsychotic		

informed consent was obtained in accordance with facility policies and procedures and regulatory requirements. ***If "N" to any of the above, cite at T22 Section 72527(a).***		

Consider issuance of a civil money citation for one or more of the following non-compliance(s):

- ***Resident/RP indicates (on interview) required material information (as defined in T22 Section 72528 (1-6)) was not received in order to make an informed decision prior to receipt of the antipsychotic medication.***
- ***Physician did not obtain informed consent from the resident (the process of informed consent was delegated to licensed nursing staff, ward clerk, etc.).***
- ***Facility failed to develop and implement patients' rights policies and procedures, in accordance with state laws and regulations, related to psychotherapeutic informed consent.***

10. Medical Director/Quality Assessment & Assurance (QAA)	**Y**	**N**	**N/A**
Medical Director has ensured resident care policies and procedures were developed and implemented regarding antipsychotic informed consent.			
Medical Director has addressed facility-identified clinically inappropriate use of antipsychotic medications in the context of regulatory requirements and current standards of practice.			
QAA has developed and implemented an action plan related to non-compliances with antipsychotic informed consent; appropriate antipsychotic use; or acting on consultant pharmacist MRR recommendations related to inappropriate antipsychotic use (note: facility not required to disclose QAA minutes).			

If "N" to any of the first three items, cite at F501 (Medical Director is responsible for implementation of resident care policies and/or the coordination of medical care in the facility); if "N" to the last item, cite at F520 (QAA committee develops and implements appropriate plans of action to correct identified quality deficiencies).