

Improving Dementia Care in SNFs



Where have we been?

Where are we now?

Where are we going?

Disclosures

I have no relevant financial relationships with commercial interests to disclose.

Learning Objectives

Participants will be better able to:

- Describe the organizational and regulatory context related to dementia care in SNFs
- Describe some of the state and federal efforts to improve dementia care and reduce the use of antipsychotics.

Where We Have Been



Antipsychotic Use – A Hot Topic Nationally



*“Cause for Alarm:
Antipsychotic Drugs for Nursing Home
Patients”*

McKnight's
Long-Term Care News & Assisted Living



*“Nursing homes should be penalized for
overuse of antipsychotic medications for
dementia residents, federal investigator
says”*

CA Advocates Launch Campaign

California Advocates for Nursing Home Reform



CMS Delivers Antipsychotic Reduction Message Via You Tube

- Video released last summer:
“Hand in Hand” CMS You Tube Posting:
www.youtube.com/watch?v=U1_rpO0bwbM&list=UUhHTRPxz8awulGaTMh3SAkA&index=3&feature=plcp
- Surveyors have a template for evaluating antipsychotic Rx use in persons with dementia who do not have psychiatric diagnosis
- Key areas of emphasis:
 - ✓ Consistent assignment
 - ✓ **Non-pharmacological interventions**
 - ✓ Consultant pharmacist role
 - ✓ Enough staff?

CDPH Antipsychotic Collaborative with Department of Health Care Services

Collaborative goal:

- Promote appropriate use of antipsychotic medication by:
 - ✓ Identifying inappropriate antipsychotic use in SNF residents with a diagnosis of dementia.
 - ✓ Provider education.

Interagency agreement - Started May 2010

- Data provided by Medical Pharmacy Benefits Division

CMS Antipsychotic Initiative

- CMS National Initiative to improve dementia care -- rolled out May 2012
- Reduce NH antipsychotic use by 15%
- Target date: End of 2012
- “Nursing Home Compare” website posts MDS 3.0 Quality Measure antipsychotic use data beginning July 2012

CDPH/CMS Antipsychotic Use in Nursing Homes Initiative



*"Those with dementia are still people and they still have stories
and they still have character and they're all individuals and
they're all unique. They just need to be interacted with on a
human level"*
-Carey Mulligan



HSAG
CANHR
AMDA
CAHF
CA Dept. of Aging
Alzheimer's Association
Mednet-UCLA
Foundation Aiding the Elderly

WORKING TOGETHER

**California Partnership to Improve
Dementia Care and Reduce Unnecessary
Antipsychotic Medication Drug Use in
Nursing Homes**

***SUMMARY REPORT
DECEMBER 2012***

WHERE ARE WE NOW?



NH COMPARE

Long Stay Antipsychotic Measure

California - National

2012	CALIFORNIA	NATIONAL
QUARTER 1	21.1	23.9
QUARTER 2	20.7	23.8
QUARTER 3	20.1	23.4

Where are we going?



Ventura Ground Zero for Advocates

vcstar.com
VENTURA COUNTY STAR

Printer-friendly story
Read more at vcstar.com

Local nursing homes leading movement to reduce chemical restraints

By Tom Kiskan

Thursday, March 7, 2013

Ventura County long-term care watchdogs and nursing homes are helping lead a national movement to reduce the use of powerful drugs aimed at controlling the behavior of people with dementia, according to leaders of a Thursday forum.

The use of antipsychotic drugs on nursing home residents in the county fell by 20 percent from 2010 to 2012, said attorney Tony Chicotel of the California Advocates for Nursing Home Reform, citing data from the U.S. Centers for Medicare & Medicaid Services.

The use of psychotropic drugs, a broader category medicine that can control the mind, emotion and behavior, fell 12 percent over the same

“The use of antipsychotic drugs on nursing home residents in the county fell by 20 percent from 2010 to 2012, said attorney Tony Chicotel of the California Advocates for Nursing Home Reform, citing data from the U.S. Centers for Medicare & Medicaid Services.” Ventura County Star – March 7, 2013



CAHF Aligns with AHCA Quality Initiative

We are a
Proud Participant
in the



The Quality Initiative

Launched March 1 2012

The Goals

- **Safely Reduce Hospital Readmissions:**
By March 2015 by 15%
- **Increase Staff Stability:** **By March 2015**
by 15%
- **Increase Customer Satisfaction:** **By**
March 2015, customers who would
recommend the facility up to 90
percent.
- **Safely Reduce the Off-Label Use of**
Antipsychotics:
By December 2012, by 15 percent.

Home | About AHCA | News | Research and Data | Advocacy | Facility Resources | Events | Quality Improvement

The AHCA/NCAL Quality Initiative

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About the Initiative

The Goals

Resources

Share Your Story

Progress

Contact Us
quality@ahca.org

DOWNLOAD
The Brochure

Additional Links
LTC TRENDTRACKER

The QUALITY INITIATIVE

The Quality Initiative is an effort that builds upon existing work: the long term and post-acute care field is doing by setting specific, measurable targets to further improve quality of care in America's skilled nursing centers and assisted living communities. AHCA/NCAL members are encouraged to reach defined, concrete goals over the next three years, in four core areas.

Safely Reduce Hospital Readmissions: By March 2015, reduce the number of hospital readmissions within 30 days during a SNF stay by 15 percent.

Increase Staff Stability: By March 2015, reduce turnover among nursing staff (RN, LPN/LVN, CNA) by 15 percent.

Increase Customer Satisfaction: By March 2015, increase the number of customers who would recommend the facility to others up to 90 percent.

Safely Reduce the Off-Label Use of Antipsychotics: By December 2012, reduce the off-label use of antipsychotic drugs by 15 percent.

[The Goals](#) [Resources](#) [Your Story](#)



The QUALITY INITIATIVE

Reduce Antipsychotic Use ("off-label")

- ✓ THE NUMBER: 15%
- THE TIME: December 31, 2012
- THE RESULT: (QMs for fourth quarter are out mid April.)

SAFELY REDUCING OFF-LABEL USE OF ANTIPSYCHOTICS

Measurement Summary



AHCA Quality Initiative Goal: Safely reduce the off-label use of antipsychotic drugs by 15 percent by December 31, 2012.

How is AHCA Measuring this Goal? We will be using 2 distinct measures from CMS for this goal:

Measure	Calculation	Exclusions
<i>Short-Stay Incidence:</i> % of individuals who have an antipsychotic drug initiated for an off-label use within the first 100 days of a nursing facility stay	# of short-stay individuals with antipsychotic drug use indicated on an MDS assessment over the target period <hr/> # of short-stay individuals (100 or less cumulative days in facility) on an MDS assessment over the target period	(1) Antipsychotic use identified on the initial assessment OR (2) Diagnosis of: Schizophrenia, Huntington's Disease or Tourette's Syndrome
<i>Long-Stay Prevalence:</i> % of long-stay residents with off-label use of an antipsychotic drug	# of long-stay residents with antipsychotic drug use indicated on the MDS at the end of the target period <hr/> # of long-stay residents (more than 100 cumulative days in the facility) at the end of the target period.	Diagnosis of Schizophrenia, Huntington's Disease or Tourette's Syndrome.

Evidence Basis For And Against The Use Of Antipsychotics In Dementia*

- For every 100 patients with dementia treated with an antipsychotic medication, only nine to 25 will benefit.**
- Evaluate need for antipsychotics started on residents during the evening/night shift or over the weekend.
- Off-label use of antipsychotics in nursing facility residents is associated with an increase in death (heart failure or pneumonia), hospitalization, falls and fractures, stroke.

Initial Steps To Reduce Antipsychotics

- Discontinue PRN-only (as needed) orders.
- Look at withdrawing the drug for residents who have been taking it for less than 12 weeks, especially those on very low doses.
- Evaluate the need for continuing antipsychotics at admission.



Gifford

*Excerpts from presentation handout by David Gifford, MD, senior vice president, quality and regulatory affairs, AHCA

** Drs. Avorn, Choudhry, & Fischer, Harvard Medical School; Dr. Scheurer, Medical University of South Carolina

*Source: Independent Drug Information Services
Restrained Use of Antipsychotic Medications:
Rational Management of Irrationality, 2012*

AHCA Recommends “1st Steps”

- Identify and review everyone on antipsychotics
- Identify new admits with medication started in the hospital and DC unless contraindicated to do so
- DC PRNS
- GDR for everyone on for 3 months unless contraindicated.
- Implement a process to ensure that all antipsychotic prescriptions initiated during the evening/night shift or on weekends are critically evaluated as soon as possible by clinical and administrative staff.

AHCA Recommends Track Quarterly

- % new admissions without psychiatric diagnoses admitted to your facility on antipsychotic drugs that have those drugs discontinued within the first 30, 60, 90 days of their stay.
- % new admissions without psychiatric diagnoses admitted without antipsychotic usage that are started on these drugs in your facility within the first 90 days of stay.
- % residents in the facility for greater than 90 days without psychiatric diagnoses that are on antipsychotic drugs.
- On an ongoing basis track the number of days since the last person was started on an antipsychotic medication in the facility.

FROM CMS and CDPH

CDPH L&C SNF Antipsychotic Use Survey Tool

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

Resident Name: _____ Unit/Room/Bed: _____

/____ **Readmit**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

DRAFT for State Pilot Testing 8/30/2012

Investigative Protocol/Surveyor Worksheet Care of a Resident with Dementia



Facility Name: _____ Facility ID: _____ Date: _____
 Surveyor Name: _____
 Resident Name: _____ Resident ID: _____
 Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____

al Manifestation:

	Y	N

Objective of Worksheet	
The objective is to determine if a resident with dementia is receiving care and services to support his or her highest practicable level of physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care (F309).	
Use	
Use this worksheet for a sampled resident diagnosed with dementia. If the resident is receiving any psychopharmacological medications (including but not limited to antipsychotic medications) this worksheet must be used in conjunction with the evaluation of F329 (Unnecessary drugs). Briefly review the care plan and orders to identify facility interventions and to guide observations to be made. Corroborate observations by interview and record review. Focus in investigation on observations and interviews with staff, residents, family members, and the clinical team.	
Recognition / Assessment	
<ol style="list-style-type: none"> Did staff describe behavior (onset, duration, intensity, possible precipitating events or environmental triggers, etc.) and related factors (appearance, alertness) in the medical record with enough detail of the actual situation to permit cause identification and individualized interventions? (F514) As part of the comprehensive assessment (F281 or F272) did staff evaluate: <ol style="list-style-type: none"> The resident's usual and current cognitive patterns, mood and behavior, and whether these present a risk to the 	Notes:

Sampled Residents with Dementia

CMS TOOL

- Recognition/ assessment
- Root Cause/DX
- Care Planning
- Treatment
- Monitoring and Follow up
- Resident Involvement
- QAA
- Use in conjunction with F329 if on meds

CDPH TOOL

- Indications for Med
- Chronic or Acute
- Dose
- Monitoring for Effectiveness
- Monitoring Adverse Consequences
- GRD
- Informed Consent
- QAA

Mandatory Training for Surveyors

SURVEYORTRAINING.cms.hhs.gov
CMS Survey and Certification Group

Help | CMS.gov

Web based Training | Webcasts | Archived Webinars
Reduction in Unnecessary Medications in Nursing Homes

Home > Provider Tools > Provider Welcome



WELCOME



<http://surveyortraining.cms.hhs.gov/pubs/AntiPsychoticMedHome.aspx>

THANK YOU!

**JOCELYN MONTGOMERY, RN PHN
DIRECTOR OF CLINICAL AFFAIRS
CALIFORNIA ASSOCIATION HEALTH FACILITIES**



AHCA Quality Initiative Goal: Reduce Off-Label Use of Antipsychotic Drugs by 15 percent by 12/31/12.

How is AHCA Measuring this Goal? We will be using 2 distinct measures for this goal:

Measure	Calculation	Exclusions
<p><i>Incidence:</i> % of individuals who have an antipsychotic drug initiated for an off-label use within the first 90 days of a nursing facility stay (regardless of payor source or length of stay)</p>	<p># of individuals with antipsychotic drug use indicated on any MDS assessment, except the admission assessment, conducted within 90 days of admission</p> <hr/> <p># of individuals with at least 2 MDS assessments (admission & follow-up) within 90 days of admission</p>	<p>(1) Antipsychotic use identified on admission assessment OR (2) Diagnosis of: Manic depression (bipolar), schizophrenia, Huntington’s Disease, or Tourette’s Syndrome</p>
<p><i>Prevalence:</i> % of long-stay residents with off-label use of an antipsychotic drug</p>	<p># of residents in the calendar year with antipsychotic drug use indicated on a quarterly, annual, or significant change MDS assessment completed >90 days since admission within the calendar year</p> <hr/> <p># of residents in the facility for >90 days since admission in the calendar year</p>	<p>Diagnosis of: Manic depression (bipolar), schizophrenia, Huntington’s Disease, or Tourette’s Syndrome</p>

How Have Others Measured this Outcome?

CMS has previously used the measure defined below, generated from MDS 2.0, in QI reports used by surveyors to select resident samples at the time of survey and provided to facilities for use in quality improvement programs. Going forward, CMS is in the process of developing new MDS 3.0-based measures of off-label use of antipsychotics for public reporting. We are advocating for those measures to be the same as the measures described above that we are using for this initiative.

User	Measure	Definition
CMS	Prevalence of antipsychotic use in the absence of psychotic and related conditions (CHSRA-developed Quality Indicator, generated with MDS 2.0 data)	<p># of residents identified on most recent assessment as receiving antipsychotic drugs</p> <hr/> <p>All residents except those with diagnoses of schizophrenia, Huntington’s Disease, Tourette’s Syndrome or with hallucinations indicated on the most recent assessment</p>

Why should you be tracking your own progress?

Obtaining real-time information to track your facility's quality improvement efforts is challenging using any of the national measures discussed above, because there will always be some lag time in analyzing national data such as MDS before it is readily available to you. This is an unavoidable challenge for national programs and benchmarking. It is important from a facility-level quality improvement standpoint, however, to measure and track your progress on an ongoing basis.

CMS has indicated that they intend to increase focus on reviewing use of antipsychotic drugs in nursing facilities to identify whether that use is appropriate. You can expect that in the coming year and beyond, this will be an area you will see emphasized in survey and enforcement activity. In addition, CMS is working on developing measures for public reporting purposes that we expect to be identical or very similar to those that AHCA is using for this initiative.

We encourage you to get a leg up by proactively collecting, analyzing, tracking and trending your own data to identify opportunities for improvement and to demonstrate progress and success.

How can you track progress on a real-time basis?

If you are not already doing so, we recommend tracking a number of facility-level data points on a regular basis (e.g., monthly or quarterly) that will help you to target quality improvement efforts as well as demonstrate your performance.

1. Percent of new admissions without psychiatric diagnoses admitted to your facility on antipsychotic drugs that have those drugs discontinued within the first 30, 60, 90 days of their stay.
2. Percent of new admissions without psychiatric diagnoses admitted without antipsychotic usage that are started on these drugs in your facility within the first 90 days of stay.
3. Percent of residents in the facility for greater than 90 days without psychiatric diagnoses that are on antipsychotic drugs.
4. On an ongoing basis, we recommend you track the number of days since the last person was started on an antipsychotic medication in the facility. This is a very simple indicator that can be posted in the facility to remind all staff of the importance of this goal and galvanize efforts around it, with the simple target of extending that number as long as possible.

It is possible your MDS 3.0 software system will allow you to create and run reports to one or more of the above measures. We suggest talking with your MDS vendor to determine whether there are ways to accomplish this if they are not readily apparent. We recommend using your own internal trend data as your benchmark for quality improvement, since these exact rates will be different from any national data source at a particular point in time. Your data, however, will be the most timely information for tracking your own efforts and will allow you to showcase the data as well as the robust nature of your internal QI processes.

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
<ul style="list-style-type: none"> • The symptoms are due to mania or psychosis (such as auditory, visual, or other hallucinations; delusions); OR 		
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Inconsolable or persistent distress (e.g., fear, continuously yelling, screaming, distress associated w/ end-of-life, or crying); OR 		
<ul style="list-style-type: none"> • A significant decline in function; OR 		
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> 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 			
<ul style="list-style-type: none"> 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 			
<ul style="list-style-type: none"> 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 			
<ul style="list-style-type: none"> Persistent; AND 			
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> The acute treatment period is limited to 7 days or less; AND 			
<ul style="list-style-type: none"> 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 			
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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). 			
<ul style="list-style-type: none"> Resident is receiving one antipsychotic medication. 			

If “N” to any of the above criteria cite at F329 (in excessive dosage or duplicate therapy) unless 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:		
<ul style="list-style-type: none"> Identified in the resident’s care plan. 		
<ul style="list-style-type: none"> 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)		
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Made available to the prescriber in a consolidated manner at least monthly. 		
<ul style="list-style-type: none"> 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:		
<ul style="list-style-type: none"> 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. 		
<ul style="list-style-type: none"> Those listed in Table 1 of F329 and also in attached supplemental guidance. 		
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> The attending physician has identified efforts (resident interview/family members consulted, etc.) no person with legal authority exists. 		
<ul style="list-style-type: none"> 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. 		
<ul style="list-style-type: none"> In the case of an emergency antipsychotic medication intervention, the IDT has met within one week for an evaluation of the intervention. 		
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> The facility has written patients' rights policies and procedures related to psychotherapeutic informed consent. 		
<ul style="list-style-type: none"> 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. 		
<ul style="list-style-type: none"> 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).		
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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).