

Quality Monitoring Program



Improving Dementia Care

Strategies for prescribers

*Reducing the reliance on
antipsychotic drugs in dementia care*

Appropriate Use of Antipsychotic Medications

Antipsychotic medications are frequently used in nursing homes, but for elderly residents who have dementia, antipsychotics are appropriate only in a small number of instances. Antipsychotic drug therapy is an off-label treatment for behavioral and psychological symptoms of dementia. Off-label use of antipsychotics as a chemical restraint for residents with dementia shows mixed results and can increase morbidity and mortality. Because of this, the National Partnership to Improve Dementia Care has established a nationwide goal of reducing the use of antipsychotic medications in nursing home residents. The coalition includes the Centers for Medicare & Medicaid Services (CMS), consumers, advocacy organizations, providers and professional associations.

Texas Health and Human Services and the National Partnership are committed to enhancing the quality of life for people with dementia, ensuring excellent care and promoting goal-directed, person-centered care for every nursing home resident.

The Role of Prescribers

Practitioners with prescribing privileges have a key role in reducing the inappropriate use of antipsychotic medications in residents with dementia. As members of the interdisciplinary team, prescribers should:

- Evaluate each resident to determine the continued appropriateness of the resident's current medical regimen.
- Review prescribed medications closely and monitor need based on validated diagnoses for active and new problems.
- Monitor specific behaviors and possible adverse drug reactions to justify changes in medication and treatment orders.
- Update diagnoses, conditions and prognoses to help residents attain the highest possible level of functioning in the least restrictive environment possible.



- Document relevant conditions that affect quality of life, especially in residents with dementia.
- Reduce off-label antipsychotic usage gradually, documenting person-centered, non-drug interventions implemented and other approaches for eventual discontinuation.
- Avoid potential liability by using antipsychotic medications in residents with dementia as a last resort in the lowest possible dose, for limited time and for a defined rationale.

How Prescribers Can Improve Dementia Care

Residents with dementia can have difficulty communicating what they need, become frustrated due to boredom or experience un-met basic needs such as pain relief.

- If an antipsychotic medication is prescribed, document the specific condition and the targeted behavior for the drug's use.
- Review and discuss recommendations from consultant pharmacist.
- Verify the nursing staff has assessed for pain or medication side effects.
- Review behavioral and side effect monitoring.
- Discuss and encourage gradual dosage reduction when appropriate.
- Challenge the facility to increase implementation of non-drug interventions.
- Inquire about care plans with specific and individualized interventions and approaches.

Non-Drug Therapy Works

Nursing home staff can select non-pharmacological approaches to optimize care for people with dementia living in nursing homes instead of using potentially harmful medications (antipsychotic medications). HHS initiatives such as Music and Memory and Reminiscence Activity have already improved the quality of life for many residents. By providing non-drug therapies and focusing on person-centered care, nursing home staff can gradually reduce the use of antipsychotics.

*As a prescriber, you write the orders.
You approve the diagnosis.*



Visit hhs.texas.gov and use the search box at the top of the page to find the following resources:

- Appropriate Use of Antipsychotic Medications

HHS Initiatives:

- MUSIC & MEMORYSM
- Reminiscence Activity
- One a Month Campaign for Reducing Antipsychotic Use
- Texas Reducing Antipsychotics in Nursing Homes (T.R.A.I.N.)

CMS Resources:

- National Partnership to Improve Dementia Care in Nursing Homes
- Hand in Hand: CMS Dementia Care Toolkit
- Survey and Certification letters
- Web-Based Surveyor Training: Improving Dementia Care and Reducing Unnecessary Antipsychotic Medications in Nursing Homes
- Adverse Drug Event Trigger Tool

Additional information is available at [CMS.gov](https://cms.gov), including clarification on federal regulations for the National Partnership to Improve Dementia Care in Nursing Homes and the State Operations Manual, which contains information related to the federal regulations.

Know the Nursing Facility Regulations*

F-501 Medical Director Requirements

1. The facility must designate a physician to serve as medical director.
2. The medical director is responsible for both
 - Implementation of resident care policies.
 - Coordination of medical care in the facility.

F-385 Physician Supervision

Determine whether the physician has assessed and developed a relevant treatment regimen and responded appropriately to the notice of changes in condition.

F-386 Physician Visits

Review if the attending physician or designee reviewed the resident's total program of care and wrote, signed, and dated progress notes covering pertinent aspects of the medication regimen and related issues.

F-329 Unnecessary Medications

Each resident's drug regimen must be free from unnecessary drugs. Each resident's medication regimen must be managed and monitored to achieve the resident's highest practicable mental, physical and psychosocial well-being, as identified by the resident or representative(s) in collaboration with the attending physician and facility staff.

F-279 Care Planning

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs as identified in the comprehensive assessment.

F-428 Medication Regimen Review

Each resident's medication regimen must be reviewed monthly by a licensed pharmacist. The pharmacist must report irregularities to the physician and director of nurses. These reports must be acted upon. The pharmacist evaluates the effects of the medications and considers continuing, reducing, discontinuing or changing.

F-333 Significant Medication Errors

The facility must ensure that residents are free of any significant medication errors.

* Centers for Medicare & Medicaid Services State Operations Manual
For more information related to Regulations visit:
www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcg.pdfw

The Quality Monitoring Program (QMP)

QMP pharmacists are committed to working with prescribers to implement practices that enhance the quality of life for people with dementia, protect them from substandard care and promote goal-directed, person-centered care for every nursing home resident.

Questions?

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Be sure to follow the Texas Nursing Facility Quality Improvement Coalition on Facebook.