



*Quality Monitoring Program*

# Improving Dementia Care

**Strategies for prescribers**

*Reducing the reliance on  
antipsychotic drugs in dementia care*



**TEXAS**  
Health and Human  
Services

*The Quality Monitoring Program (QMP) is 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.*



***As a prescriber, you write the orders and the diagnosis.***

## Use of Antipsychotic Medications

Antipsychotic medications are frequently used in nursing homes. There are only a few instances when the use of antipsychotic medications are appropriate for older adults with dementia. 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.

## Diagnosing Schizophrenia

People with schizophrenia, schizoaffective disorder and bipolar disorder show symptoms early in life. These diagnoses rarely have an onset late in life without prior early-life symptoms. Data suggests that in some Texas facilities, prescribers add new diagnoses, such as schizophrenia, to residents' clinical records to justify antipsychotic use — even in residents without a history of mental illness. This means many residents with dementia may be subjected to unnecessary mental illness assessments and unnecessary drugs because of inaccurate diagnoses. Making a diagnosis “fit” the medication causes ethical and clinical practice issues. Physicians and other prescribers must be mindful and avoid labeling residents with a diagnosis of schizophrenia or other diagnoses to justify the use of antipsychotic medications.

A number of professional organizations released a joint summary statement related to diagnosing schizophrenia in the long-term care setting. That statement is available at:

[paltc.org/newsroom/joint-summary-statement-diagnosing-schizophrenia-skilled-nursing-centers](http://paltc.org/newsroom/joint-summary-statement-diagnosing-schizophrenia-skilled-nursing-centers).

## The Role of Prescribers in Dementia Care

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 a limited time and for a defined rationale.

## How Prescribers Can Improve Dementia Care

Residents with dementia can have difficulty communicating what they need and may become frustrated due to boredom or have an un-met need 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 the 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 & 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.

**Visit the Quality Monitoring Program website at: [hhs.texas.gov/qmp](https://hhs.texas.gov/qmp) for more information related to the Appropriate Use of Antipsychotic Medications.**

Find information related to non-pharmacological interventions available:

### **HHS Initiatives:**

- Music & Memory
- One a Month campaign for reducing antipsychotic use
- Reminiscence Activity
- Virtual Dementia Tour
- Alzheimer's Disease and Dementia Care Seminar
- Texas OASIS: Dementia Care Training
- Person-Centered Thinking Training
- Meaningful Engagement to Enhance Quality of Life Training Academy
- CNA Advanced Training Academy

# Know the Nursing Facility Regulations\*

## **F841** *Medical director:*

The facility must designate a physician to serve as medical director.

The medical director is responsible for:

- Implementation of resident care policies; and
- The coordination of medical care in the facility.

## **F710** *Physician Services:*

A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.

### *Physician Supervision*

The facility must ensure that:

- the medical care of each resident is supervised by a physician; and
- another physician supervises the medical care of residents when their attending physician is unavailable.

## **F711** *Physician Visits*

The physician must:

- review the resident's total program of care, including medications and treatments, at each visit required as per frequency of physician visits.
- write, sign, and date progress notes at each visit; and
- sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.

## **F712** *Frequency of Physician Visits:*

The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. A physician visit is considered timely if it

occurs not later than 10 days after the date the visit was required. All required physician visits must be made by the physician personally. There are exceptions. At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist.

#### **F757 Unnecessary Drugs:**

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate drug therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons stated.

#### **F758 Psychotropic Drugs:**

A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: *Anti-psychotic; Anti-depressant; Anti-anxiety; and Hypnotic.*

##### **Psychotropic Drugs:**

Based on a comprehensive assessment of a resident, the facility must ensure that:

- Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;
- Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
- Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

# Know the Nursing Facility Regulations\*

## Psychotropic Drugs (continued):

- PRN orders for psychotropic drugs are limited to 14 days. Except if:
  - the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.
- PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

## **F756** *Drug Regimen Review*

The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. This review must include a review of the resident's medical chart. The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.

- Irregularities include, but are not limited to, any drug that meets the criteria for an unnecessary drug.
- Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
- The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she

identifies an irregularity that requires urgent action to protect the resident.

#### **F760 *Significant Medication Errors:***

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

#### **F655 *Comprehensive Person-Centered Care Planning***

##### **Baseline Care Plans:**

The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must:

- Be developed within 48 hours of a resident's admission.
- Include the minimum healthcare information necessary to properly care for a resident including, but not limited to —
  - Initial goals based on admission orders.
  - Physician orders.
  - Dietary orders.
  - Therapy services.
  - Social services.
  - Pre-Admission Screening and Resident Review (PASRR) recommendation, if applicable.

##### **Replacement Baseline Care Plan:**

The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan:

- Is developed within 48 hours of the resident's admission.
- Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).

##### **Baseline Care Plan Summary:**

The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:

- The initial goals of the resident.

## Baseline Care Plan Summary (continued):

- A summary of the resident's medications and dietary instructions.
- Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.

## **F656** *Comprehensive Care Plans:*

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

### **Comprehensive Care Plan contents:**

The comprehensive care plan must describe the following:

- The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; and
- Any services that would otherwise be required but are not provided due to the resident's exercise of rights, including the right to refuse treatment.
- Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASRR recommendations. If a facility disagrees with the findings of the PASRR, it must indicate its rationale in the resident's medical record.
- In consultation with the resident and the resident's representative(s):
  - The resident's goals for admission and desired outcomes.
  - The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
- Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements.

*Learn more at CMS.gov, including clarification on federal regulations for the care of residents with dementia, materials related to the National Partnership to Improve Dementia Care in Nursing Homes and access to the State Operations Manual/Appendix PP, which is available at*

**[cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)**

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*(Faxes should be sent to the attention  
of the Quality Monitoring Program)*



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



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