Requirements of Participation Overview

PointClickCare Tools

Phase 2 Implementation Nov. 28, 2017
Thank you for joining us!

Welcome

What to expect

• Session is being recorded for replay
• Listen-only mode during the presentation
• Submit questions via the Chat Panel
• Q & A sessions at the end
• The recording and slides will be shared
Speaker

Jayne Warwick, HBScN, RN
Directory, Market Insights, PointClickCare
Requirements of Participation

• Objective:
  o To provide general background information related to the Requirements of Participation (RoP)
  o To present PointClickCare tools that support our customers to meet the Requirements of Participation
Background
Where did the Requirements of Participation come from?

- The requirements for Long-Term Care (LTC) Facilities are the health and safety standards that LTC facilities must meet in order to participate in the Medicare or Medicaid Programs.
- Originally published in 1989, this is the only comprehensive update since 1991.
- The finalized provisions reflect advances in the theory and practice of service delivery and safety, and implement sections of the Affordable Care Act (ACA) and the IMPACT Act of 2014.
- The Requirements for Participation are found at 42 CFR 483 Subpart B.
- Additional guidance can be found in the State Operations Manual, Appendix PP.

Final Rule

• Themes for the Final Rule
  o Person-Centered Care
  o Quality
  o Facility Assessment
  o Competency-Based Approach
  o Alignment with HHS priorities
  o Comprehensive Review and Modernization
  o Implementation of Legislation

• 3 Part Implementation
  o Phase 1 implementation 11/28/2016
  o **Phase 2 Implementation 11/28/2017**
  o Phase 3 Implementation 11/28/2019
Additional Considerations for Homes

- Nursing Home Compare Freeze – October 2017
- SNFRM Data release – October 2017
- New Survey Process starts November 28, 2017
- New F-tags will be implemented at the same time

ATTENTION!
Important Context

• **Most of the elements of the RoP are not new**
  o Facilities should already have policies and procedures in place to address most the Phase 2 RoP as part of their standard operating procedures
  o PointClickCare has evaluated existing and enhanced functionality to help users meet these higher standards
  o For some of the requirements, PointClickCare assistance is not available
  o Additional features will be added over time to enhance support
  o In parallel, PointClickCare will work on Phase 3 Requirements
Facility Assessment
The facility assessment is a comprehensive inventory of the resources required to care for residents competently during every day operations and emergencies.

It must include the following:

- Resident population served
- Care requirements of the resident population, based on diagnosis, physical and cognitive disabilities and overall acuity
- Facility staffing and staff competencies
- Ethnic, cultural and religious needs of the residents
- Facility resources
- Services provided
- Contracts/agreements with third parties to provide services
- Health Information resources
- Facility and community based risk assessment, utilizing an all hazards approach

There are no explicit CMS guidelines detailing the acceptable format of the assessment document
Make sure your facility assessment is comprehensive – that means using all the reports and assets you have available to you to complete this requirement.
Facility Assessment

What the Facility Needs to Do

- Complete an extensive assessment at the facility by November 29, 2017, with any significant change to the content and on an annual basis.
- With surveys after this date, homes will be required to provide evidence that the resident population was assessed.

Support PointClickCare Provides/Will Provide

- Various reports to aid in collection of data to complete assessment outside of PointClickCare
Facility Assessment – Phase 3 NOTE

PHASE 3 – November 28, 2019

- Facility Assessment becomes the basis for evaluating compliance in:
  - Staffing levels
  - Staff competency in the delivery of care specific to the resident population
  - Staff education and training
  - Availability of appropriate direct care resources to provide competent care to the specific population admitted to the facility.

Non-compliance with meeting the needs identified in the facility assessment can result in deficiencies (F490).

It is imperative that the assessment truly reflect actual operations.
Infection Control and Antibiotic Stewardship
The facility must establish an infection prevention and control program (IPCP) that addresses antibiotic stewardship.

- 483.80 Infection Control
  - (a) Infection prevention and control program
  - The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:
    - (3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use
    - Components of Antibiotic use Protocols
      - Correct Antibiotic
      - Correct Indication for antibiotic (McGeer Criteria)
      - Antibiotic being monitored
      - Monitor the antibiotic use against the Antibiotic Use Protocols
Infection Control and Antibiotic Stewardship

• Must include:
  o System for preventing, identifying, reporting, investigating and controlling infections and communicable diseases
• Must be based on facility assessment
  o 483.75(e)
  o Follow acceptable national standards
• Must be able to show how assessment of resident population and staffing has impacted your IPCP
What the Facility Needs to Do

• Establish an Infection Prevention & Control Program (IPCP)
• Facilities need to evaluate their existing Infection control process to ensure it meets the new RoP requirements

Resources for National Standards:

Antibiotic Stewardship

Antimicrobial stewardship is a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms. - APIC

What the Facility Needs to Do

• Monitor Antibiotics Prescribed Against Protocols

Support PointClickCare Provides/Will Provide

• Antibiotic Monitoring Dashboard
• Educational Sessions (through Partner/SmartPath)

Resources for Developing Antibiotic Stewardship Program

• https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html
New Antibiotic Drug Dashboard View

Display Fields:
- Resident Name
- Order
- Schedule
- Medication Class
- Order Status
- Start Date
- End Date
- Ordered By

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<thead>
<tr>
<th>Patient Name</th>
<th>Order</th>
<th>Schedule</th>
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<th>End Date</th>
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</tr>
</tbody>
</table>
Determine who will have responsibility for oversight (Infection Preventionist) of the program (may be more than one person)

1. Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
2. Be qualified by education, training, experience or certification;
3. Work at least part-time at the facility; and
4. Have completed specialized training in infection control.

TRAIN NOW FOR FUTURE COMPLIANCE
Psychotropic Drugs
Changes to F-329 (F757) and Psychotrophic Drugs

- Moved from Quality of Care Category to Pharmacy Services
- Expanded focus on psychosocial harm from medications
- Section on Psychotropic drugs added to F-329 that will take effect in Phase II
- Change in language from using the term Antipsychotic to the term Psychotropic drugs
- Psychotropic drugs are any drug that affects brain activities associated with mental processes and behavior
Part I- §483.45(d) Unnecessary Drugs—General
The unnecessary medication requirement has six aspects in order to ensure that medication therapy is appropriate for the individual resident.
The facility must assure that medication therapy (including antipsychotic agents) is based upon:

1. Appropriate Dose (including duplicate therapy)
2. Appropriate duration of use
3. Appropriate monitoring for efficacy and presence of adverse consequences
4. Diagnosis/Indication for Use
5. Reduction of dose or discontinuation if adverse consequences occur
6. Any combination of the above
Psychotropic Drug Monitoring

- Change from term Anti-psychotic to Psychotropic Drugs with following definition:

  “Psychotropic drug” as any drug that affects brain activities associated with mental processes and behavior. Opioids are excluded from the definition.

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

- Residents without psychotropic drugs are not given these drugs unless the necessary to treat a specific condition/diagnosis as documented in the record
- Residents receiving these drugs must receive gradual dose reductions and behavioral interventions, in an effort to discontinue these drugs
- Residents are not to receive PRN orders for psychotropic drugs unless the drug is intended to treat a condition that is documented in the clinical record
- Observe for psychosocial harm
Psychotropic Drug Monitoring

- PRN orders are limited to 14 days, unless the prescriber documents in the clinical record that it is appropriate to extend the order beyond 14 days.
- PRN orders cannot be renewed beyond 14 days unless the prescriber has evaluated the resident for the appropriateness of the medication.
- If the prescriber believes the resident requires an antipsychotic drug on a PRN basis for longer than 14 days, he/she will be required to write a new PRN script every 14 days after the resident has been evaluated.
Psychotropic Drug Monitoring

What the Facility Needs to Do

- Review of all orders to ascertain whether there are any that fit into the new definition of a psychotropic and ensure monitoring
- Ensure adequate education of staff on drug reduction strategies
- Ensure comprehensive monitoring by staff for efficacy and side effects.

Support PointClickCare Provides/ Will Provide

- Psychototropic Monitoring Dashboard
- Educational Sessions (through Partner/SmartPath)
New Psychotropic Drug Dashboard View

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Order</th>
<th>Schedule</th>
<th>Medication Class</th>
<th>Order Status</th>
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<th>End Date</th>
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</table>

Display Fields:
- Resident Name
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QAPI – Quality Assurance and Performance Improvement

• QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving. (CMS)

• The Provisions set forth at Section 6102 (c) of the Affordable Act provide the opportunity for CMS to mobilize some of the best practices in nursing home QAPI and to identify technical assistance needs in advance of a new QAPI regulation.

• The existing Quality Assessment and Assurance (QAA) provision at 42 CFR, Part 483.75(o) specifies the QAA committee composition and frequency of meetings in nursing facilities and requires facilities to develop and implement appropriate plans of action to correct identified quality deficiencies.
QAPI

- Should not be new to homes – talking about QAPI since ACA was new

As per Final Rule and CMS

- QAPI programs must be data-driven, address all systems of care and management practices, and focus on “clinical care, quality of life, and resident choice.”

- The QAPI program must be designed to monitor and evaluate performance of all services and programs of an organization, including contractual services.

- Elements of the program must include: 1) design and scope; 2) governance and leadership; 3) feedback, data systems and monitoring; 4) performance improvement projects; 5) systematic analysis and systemic action.

What the Facility Needs to Do

• Develop an ongoing, comprehensive QAPI program that addresses all care and services provided as identified in your facility assessment
• Develop QAPI plan by November 27, 2017 and submit to surveyor at first annual recertification survey.

Support PointClickCare Provides/ Will Provide

• *Compliance Analytics Package

Resources

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/nhqapi.html
Performance Improvement Plan

Scope

- Active PIPs: 13
- Discontinued PIPs: 6
- Average PIP Age: 230 days
- Average PIP Age on Completion: 0 days

Graph

Advanced Filters

Facility Type Title Created Date Target End Date Priority Category
- Review PIP DEMO: Reduce Low Risk Bladder Incontinence Rates 05/04/2016 06/29/2017 High Patient Outcomes
- Review PIP Self Report Pain (5) 06/22/2016 12/19/2016 Medium Patient Outcomes

Opportunity

- Title: DEMO: Reduce Low Risk Bladder Incontinence Rates
- Category: Patient Outcomes
- Priority: High
- Type: Improvement Activity

State or Problem or Opportunity for Improvement:

- N/A

Supportive Data:

- Extremely high percentage of incontinence compared to Fed, State and PCP. Incontinence service costs have significantly increased over the past several months.

Instructions and Hints

- Evaluate your healthcare delivery services, resident outcomes, resident satisfaction, supply chain management and business processes to identify indicators of a problem or an opportunity for improvement.
- Your annual planning should include a variety of processes to monitor and frequency of monitoring such as: reassessments, planning, pharmacy services, including medication administration, dietary services, safety, infection control, environmental services and CMB initiatives.
- Not all problems or opportunities require PIPs. Choose areas of highest risk for resident well-being, resident rights or satisfaction.
- Problems to create improvement plans (PIPs) for are charged by the QAP steering committee for prioritizing opportunities for improvement from their ongoing structured review of facility performance.
- Careful planning of PIPs includes identifying areas to work on through comprehensive data review which are meaningful and important to your residents. It is important to focus PIPs by defining the scope, so they do not become overwhelming. You and your team may:
  - Character each PIP learning process.
  - Determine what information you need for the PIP.
  - Determine a timeline and communicate it to the QAP steering committee.
  - Identify and request any needed supplies or equipment.
  - Select or create measurement tools as needed:
    - Prepare and present results.
    - Use a problem solving model like PDSA (Plan-Do-Study-Act).
  - Report results to the QAP steering committee.
- Prioritizing opportunities for improvement is a key step in the process of translating data into action. Your QAP team will:
  - Prioritization opportunities for more intensive improvement work. Problems versus opportunities are a matter of perspective and often require discussion.
Staffing
Staffing

- Final rule does NOT address ratios of staff to residents or require 24/7 presence of an RN
- Language is as follows:
  
  Sufficient nursing staff with the appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

- Staffing requirements must be determined using resident assessments, care plans and the facility assessment.
- There is NOT a dictated methodology for implementation.
- CMS states it may consider using PBJ data to calculate expected staffing levels for the Facility Assessment but if so would phase it in.
Staff Competencies

What the Facility Needs to Do

- Complete the facility assessment and review of resident needs
- Ensure all staff have the skills and competencies needed to provide effective, person-centered care based on the findings of the above.

Support PointClickCare Provides/Will Provide

*SmartZone and *Relias Training for PointClickCare skills
Baseline Care Plan
Baseline Care Plan

Phase I – Care Planning
• Final Rule requires care plans to be developed with the resident and any decision makers
• That it includes the recommendation of the PASARR (Level II – any specialized services must be on the CP)

Phase II – Baseline Care Plan
• Within 48 hours of admission, homes must develop an interim or baseline care plan
• CMS distinguishes the baseline (Admission) from the comprehensive (MDS) little guidance on how closely Interim Care Plan needs to adhere to existing CP requirements
Baseline Care Plan

The text of the Final Rule listing the required content of a baseline CP states that it must 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; and
• PASARR recommendation, if applicable
Baseline Care Plan

What the Facility Needs to Do

• Develop plan of care that incorporates resident goals, preferences and services within 48 hours of admission

Support PointClickCare Provides/ Will Provide

• Resident Goals
• Preferences Prompt on BCP
• Services to be Provided on BCP
• Signature Page for BCP
• All Orders Dashboard Item
• Therapy Services on BCP
• Social Services on BCP
• PASRR on BCP
• BCP with Printable Dashboard View = Baseline Care Plan
Transfer/Discharge
Transfer/Discharge

- Final rule requires that before a facility transfers or discharges a resident, the facility must notify the residents, residents representative in writing and send a copy to the Office of the State Long Term Care Ombudsman.
- Proposed rule indicated that an in-person assessment by a medical professions/NP was required PRIOR to any unscheduled or non emergency transfer removed in Final Rule.
- Final Rule does require DOCUMENTATION in the medical record that identifies the need for the transfer and any consultation that lead to that decision.
- Transfers based on Needs Not Met: If a facility asserts that a transfer or discharge is necessary for a resident’s safety and welfare, the facility would have to document the specific needs it is unable to meet, efforts made to meet the resident’s needs, and what services are available at the receiving setting that will meet those needs.
Transfer Discharge/ Transitions of Care

What the Facility Needs to Do

• Ensure their Discharge, Transfer and Transitions of Care policy meet RoP standards
• Formal process of notification

Support PointClickCare Provides/ Will Provide

• Add RoP content to new system Discharge Planning, Admission and Transfer UDA’s
• Push the new assessments to all homes in the fall timeframe
Results
Laboratory, Radiology and other diagnostic services

All changes implemented in Phase I – but noteworthy, must file in the residents record and report promptly to the ORDERING individual.

What the Facility Needs to Do
Must develop policy and procedure for ensuring prompt filing of reports and notification of abnormal results to the ordering physician or practitioner

Support PointClickCare Provides/ Will Provide
• Facility may leverage *3rd Party services or *Results product
New Policies and Processes of Note
New Required Policies and Survey Process

What the Facility Needs to Do

• Dental Services – you can’t charge the resident for lost dentures – need a policy which survey will look for identifying when loss or damage IS the facilities responsibility (§483.55 Dental services – (a)(3) and (a) (5)

• November 2017, New Survey Process – Review and understand the new survey process, changes to the SOM and the F-tags

Support PointClickCare Provides/ Will Provide

802 Resident Matrix will be updated with new survey process effective 11/28/17

Resources


• F-tag Crosswalk: https://www.ahcancal.org/facility_operations/Documents/SC17-36.02_LTC%20FTags_Phase%202_Crosswalk.pdf

Additional Resources
Facility Assessment
The WORD doc will be sent with the slides and recording

### Requirements of Participation: Facility Assessment

#### 1. Resident Population

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<thead>
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<th>TITLE</th>
<th>FACILITY RESPONSE</th>
<th>PointClickCare REPORTS</th>
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<tr>
<td>Number of Residents (Annual Avg)</td>
<td>Care Plan Reports</td>
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<td>Types of Diseases and Conditions</td>
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<td>Physical Disabilities</td>
<td>Care Plan</td>
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<td>Cognitive Disabilities</td>
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<td>Physical environment</td>
<td>RMS Reports</td>
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<td>Care Programs</td>
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<tr>
<td>Services</td>
<td>Care Plans</td>
<td>CarePlans Reports</td>
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#### Other Physical Plant Considerations
- Urban Factors (activities, food and nutrition services) - Resident List
- Cultural Factors (activities, food and nutrition services) - Resident List
- Religious Factors (activities, food and nutrition services) - Religious Report
- Other - Risk Management Reports

### Requirements of Participation: Facility Assessment

#### 2. Facility Resources

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<th>TITLE</th>
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<td>Risk Management</td>
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#### Risk Assessment - Community-Based

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<thead>
<tr>
<th>(1) Asset or Operating Risk</th>
<th>(2) Hazard</th>
<th>(3) Scenario (Location, Timing, Magnitude)</th>
<th>(4) Inherent Risk in Prevention or Mitigation</th>
<th>(5) Probability (C, M, H)</th>
<th>(6) People</th>
<th>(7) People</th>
<th>(8) Operations</th>
<th>(9) External Event</th>
<th>(10) Entity</th>
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### SURVEY TOOLS

**Forms CMS-672 & CMS-802:**
- Categorize Clinical Conditions
  - Skilled vs. non-skilled
  - Tube feeding
  - IVs
  - Tracheostomy care
  - Suctioning
  - Dementia care
  - Behavior services
  - B&B incontinence
  - Number in a program
  - Non-ambulatory, dependence
  - Skin program
- Number of current licensed nurses
  - RN and LPN/LVN
- Number of current non-licensed staff

**Nursing Home Compare Reports**
- Five-Star Measure Report:
  - Percent of short-stay residents who made improvements in function
  - Percent of short-stay residents who were re-hospitalized after a nursing home admission
  - Percent of short-stay residents who have had an outpatient emergency department visit
  - Percent of short-stay residents who were successfully discharged to the community
  - Percent of long-stay residents whose ability to move independently worsened

**INTERNAL REPORTS**

**Pharmacy Reports**—Request the entire previous year (ex. April 2016 – March 2017)
- Percent of drug classification of medications (by body systems and drug use such as, respiratory, cardiac, psychotropic, anticoagulants, antibiotics)
- Percent of routes used
- Percent of diagnosis to medication
- Volume of orders
- Volume of afterhours deliveries
- List of back-up box use
- List of stock medications

**OTHER CONSIDERATIONS**

**Care Coordination**—Pick the month and the day information/data will be pulled annually, or upon substantial modification
- Request from HR
  - List of mandatory trainings (including drills)
  - List of competencies
  - Staff/competency inventory
  - Current education platform (media, return demonstration, scenario)
  - Physician engagement
  - Physician physician visit
  - Routine, emergent
  - Admission, re-entry
  - Planned discharge visits (documentation)

**Resident Population Data**

**Census Data:**
- LTC census (daily average)
- Short stay census (daily average)
- Short stay (average length of stay)
- Actual bed capacity
- 12-month census average (by payer)
- Ethnic factors
- Religious factors

**Physical plant information:**
- Number of units/wings, including:
  - Specialty
  - Designated long-term
  - Designated short-term
  - Unique staffing patterns
- Medical equipment
  - W/C, walkers, etc.
  - Mechanical lifts/stands
  - Specialty beds/mattresses, equipment
Psychotropic Drugs
Medication Resources Replacing Medication Tables

- **The TakeRX website’s generic drug prefix and suffix list**, [http://www.takerx.com/class.html](http://www.takerx.com/class.html)
Symptoms, Signs, And Conditions That May Be Associated with Psychotropic Medications

- Behavioral changes, unusual behavior patterns (including increased distressed behavior, social isolation or withdrawal)
- Bleeding or bruising, spontaneous or unexplained
- Bowel dysfunction including diarrhea, constipation and impaction
- Dehydration, fluid/electrolyte imbalance
- Depression, mood disturbance
- Dysphagia, swallowing difficulty
- Falls, dizziness, or evidence of impaired coordination
- Gastrointestinal bleeding
- Headaches, muscle pain, generalized or nonspecific aching or pain
  - Lethargy
- Mental status changes, (e.g., new or worsening confusion, new cognitive decline, worsening of dementia (including delirium), inability to concentrate)
- Psychomotor agitation (e.g., restlessness, inability to sit still, pacing, hand-wringing, or pulling or rubbing of the skin, clothing, or other objects).
- Psychomotor retardation (e.g., slowed speech, thinking, and body movements)
- Rash, pruritus
- Respiratory difficulty or changes
- Sedation (excessive), insomnia, or sleep disturbance
- Seizure activity
- Urinary retention or incontinence
INAPPROPRIATE

- Wandering
- Poor self-care
- Restlessness
- Impaired memory
- Mild anxiety
- Insomnia
- Inattention or indifference to surroundings
- Sadness or crying alone that is not related to depression or other psychiatric disorders
- Fidgeting
- Nervousness
- Uncooperativeness such as refusal or difficulty receiving care

When the preceding indications are present in combination with the following criteria, CMS states a resident with dementia may be appropriate for the use of a psychotropic medication:

- Behavioral symptoms present a danger to the resident and others.
- AND one OR both of the following are present:
  - Symptoms are identified as being due to mania or psychosis.
  - AND/OR
  - Behavioral interventions have been attempted and included in the plan of care, except in an emergency.

Side Effects Psychotropic Drugs – by System

- **General** – anticholinergic effects, falls, excessive sedations
- **Cardiovascular** – cardiac arrhythmias, orthostatic hypotension
- **Metabolic** – increase in total cholesterol and triglycerides, unstable or poorly controlled blood sugar, weight gain
- **Neurologic** – akathisia, neuroleptic malignant syndrome, Parkinsonism, tardive dyskinesia, cerebrovascular events (strokes or transient ischemic attacks.)
Baseline Care Plan
BCP – UDA  System UDA will be pushed to all Centers. Centers will need to link the UDA to their Care Plan Library in order to complete workflow.

Creating a UDA which schedules on admission will keep you on track. With initiation and completion.

UDA can drive required elements to the care plan when it is completed.
<table>
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<th>Description</th>
<th>Supplementary Notes</th>
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- BCP -Dashboard Printable View
- Use as a checklist for completion of data entry
- Print to share with the family
- The PDF doc will be sent with the slides and recording.
Resources

- For Specific IMPACT Act Phase 2 Questions: PACQualityInitiative@cms.hhs.gov
References
References


References


http://www.kindreddocs.com/uploadedFiles/Corp_-_kindreddocscom/Resources/NCD_Resources/Content/Appropriate_Use_of_Antipsychotics_in_PostacuteLTC.pdf – Author, Marc Rothman, MD Chief Medical Officer Nursing Center Division Kindred Healthcare, 2012


https://www.ismp-canada.org/lmssa/ (Audit)
