



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

National Partnership to Improve Dementia Care in Nursing Homes & Quality Assurance and Performance Improvement

March 12, 2019



Acronyms in this Presentation

- CCSQ – Center for Clinical Standards and Quality
- CMS – Centers for Medicare & Medicaid Services
- EMR – Electronic Medical Record
- GDR – Gradual Dose Reduction
- IDT – Interdisciplinary Team
- LS – Long-stay
- NNHQIC – National Nursing Home Quality Improvement Campaign
- PRN – Pro Re Nata



Agenda

Dementia Care & Psychotropic Medication
Tracking Tool

Adrienne Mihelic, National Nursing Home Quality
Improvement Campaign (NNHQIC)
David Reynolds, NNHQIC
Yolanda Jones, Centers for Medicare & Medicaid
Services (CMS)

Nursing Home Staff Competency Assessment

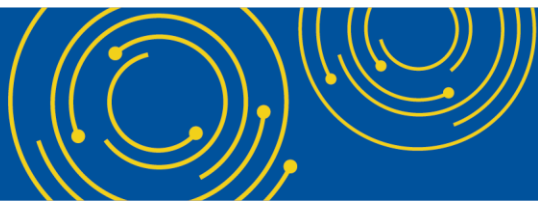
Jay Weinstein, CMS

Phase 3 – Federal Requirements for Participation

Debra Lyons, CMS

National Partnership Updates

Michele Laughman, CMS



Dementia Care & Psychotropic Medications Tracking Tool

Adrienne Mihelic PhD

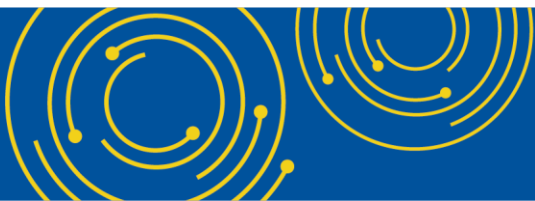
David Reynolds

NNHQIC

Yolanda Jones RN

CMS - Center for Clinical Standards and Quality

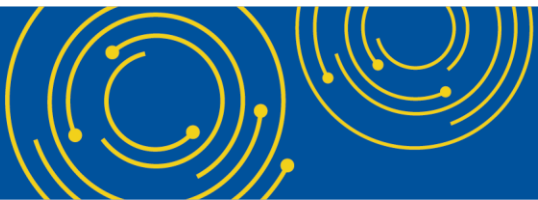
(CCSQ)



Learning Objectives

Participants in this session will be able to:

1. Describe four uses for the Campaign's Dementia Care & Psychotropic Medications Tracking Tool
2. Know how to finalize monthly results and get trend graphs
3. Give examples of three implementation strategies



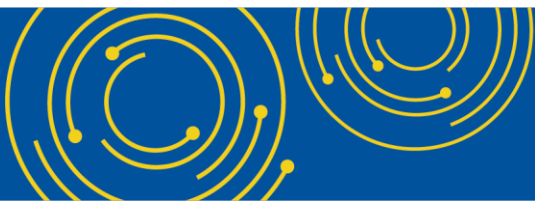
CMS Leadership Introduction

Yolanda Jones RN

Subject Matter Expert, Antibiotic Stewardship in the Outpatient Setting,
CMS CCSQ

CMS priorities reflected in this project:

- Individualized, person-centered care
- Reducing the use of psychotropic medications
- Support each resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being
- Involving all staff in continuous quality improvement



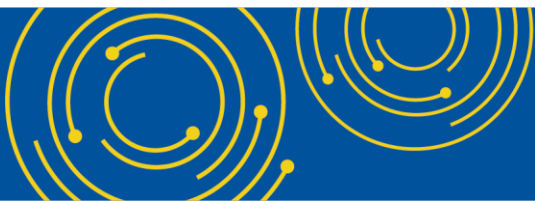
NNHQIC

- Provides no cost evidence-based and model-practice resources to support data-driven quality improvement projects in long-term care settings



- Promotes focus on individuals' preferences, staff member empowerment, and involving all staff members, consumers, and leadership in creating a culture of continuous quality improvement

In August 2016, the Advancing Excellence in Long Term Care Collaborative turned over the operation of the Advancing Excellence in America's Nursing Homes Campaign to CMS. The Campaign has been renamed the NNHQIC.



Motivation

Improve care for individuals living with dementia & ensure that when psychotropic medications are used, they are clinically justified and best practices are followed

What

- Excel-based tool for recording and displaying both individual information and aggregate trends

Who

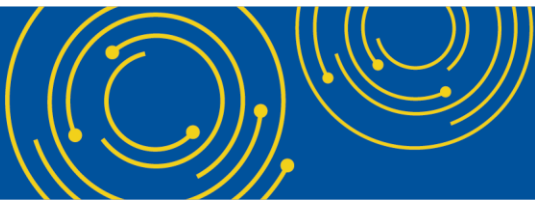
- Tracks information for individuals living with dementia and any resident for whom psychotropic medications are prescribed

How

- Emphasis on pleasant moments and meaningful activities
- Learning expressions of distress and unmet needs and how to address those
- When psychotropic medications are considered necessary, ensuring that key processes are followed, and that minimal effective dose is prescribed

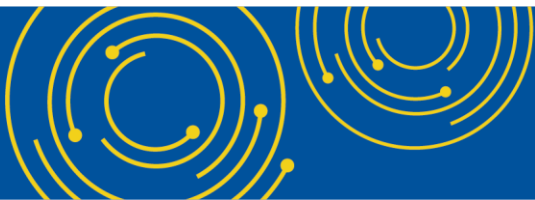
Why

- Support and prompt individualized care
- Document key processes
- Provide information to identify opportunities & drive improvement



Subject Matter Advisors

- **Alice Bonner, PhD, RN**
- **Melody Brown, MSM** Alliant Quality
- **Rachel Digmann, PharmD** Quality Improvement Network National Coordinating Center
- **Gary Epstein-Lubow, MD** Center for Memory Health at Hebrew SeniorLife
- **Yolanda Jones, RN** CMS CCSQ
- **Linda J. Keilman, DNP, GNP-BC, FAANP** Michigan State University, College of Nursing
- **Michele Laughman** CMS CCSQ
- **Cathy Lieblich, MA** Pioneer Network
- **Sheryl Marshall, RN, CDP** Telligen & Consumer
- **Denise F. O'Donnell, RN, MN, MASM, GCNS-BC, NHA** Healthcare Management Solutions, LLC
- **Doug Pace, NHA** Alzheimer's Association
- **Lori Smetanka** Consumer Voice
- **Terri Verbic-Boggs, RN** CMS CCSQ
- **Jeff West MPH, RN** Qualis Health
- **Diane Wood, MA, CDP OFMQ**
- **State Campaign Liaisons, including Quality Innovation Network-Quality Improvement Organization Quality Improvement Specialists, Long-term Care Ombudsman, State Affiliates of LeadingAge and American Health Care Association, and more**





Welcome

March 2019 - February 2020

Dementia Care & Psychotropic Medications Tracking Tool version 1.0

January 25, 2019

Use this tool to create easy-reference information for each individual's comfort, pleasant moments and meaningful activity preferences. Document necessary steps for appropriate use of psychotropic medications, and track efficacy, side effects and timely GDR attempts. Charts and graphs are available in the Reports tab. Transfer Monthly Outcomes to the Campaign website for a continuous trend to monitor your efforts.

Confidentiality is important. Please do not transmit this form with resident-identifying information.

Use the Create De-identified Copy button below to create a de-identified tool for transmission.

Instructions

My Residents

Finalize Outcomes

Create De-identified Copy of
This Workbook

Reports

Get Monthly Outcomes

Click "My Residents" to start entering data.



This material was prepared by Telligen, National Nursing Home Quality Improvement (NNHQI) Campaign Special Innovation Project contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-CO-NNHQIC-11/18-002



Bruce Lee (demo record)

Edit Another Record

Quick View

Close

Individual's Information

Preferences & Joys

Communication

Psychotropic Medications

* Name

Bruce Lee (demo record)

Prefers to be called

Date of birth

5/1/1931

Age: 87

* Date of most recent admission

3/10/2018

Close Record

* Type of care

Long-stay Post-acute

Service area

Memory care

Hospice care

Psychiatric care

Rehab/post-acute care

Long-term care

Structured medication reconciliation ?

Form completed Form not completed

Date of most recent comprehensive assessment

3/11/2018

Current psychotropic medication orders

3 current orders listed on the Psychotropic Medication tab.

Update medication status on the Psychotropic Medications tab.

* Does this individual have a diagnosis of dementia? ?

Alzheimer's disease

Vascular dementia

Dementia with Lewy bodies

Mixed dementia

Other (please specify):

None

Diagnosis documented?

Have diagnostic criteria been met and documented for the selected diagnosis?

Yes No

* Does this individual have a mental health diagnosis? ?

Diagnosis

Anxiety disorder

Bipolar disorder

Delirium

Depression

Huntington's

PTSD

Schizophrenia

Tourette's

Other (please specify):


Approx. age at diagnosis ?

70+

70+



Supports Following Guidelines and Best Practices

Structured medication reconciliation 

Form completed Form not completed

Structured Medication Reconciliation ✕

[Joint Commission \(JCAHO\) Sentinel Event Alert](#)

[AHRQ Patient Safety Primer on Medication Reconciliation](#)

[INTERACT Medication Reconciliation Worksheet for Post-Hospitalization Care](#)

JCAHO defines medication reconciliation as “the process of comparing a patient’s medication orders to all of the medications that the patient has been taking. This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions.” (See JCAHO link above.) Following a structured process to complete medication reconciliation when a resident is admitted, and each time a resident returns from hospital, is an essential step in quality of care and reducing subsequent transfers.

Many times, immediate clarifications to medication order questions are not available. This is especially true for residents admitted on weekends, evenings, and holidays. Questions, discrepancies and clarifications should be clearly documented so all staff have access to the same medication information to ensure resident safety and eliminate delays in administration.

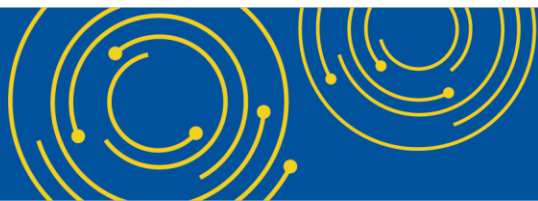
###

Psychotropic Medications on Admission

New admissions: Many residents are admitted to a SNF/NF already on a psychotropic medication. The medication may have been started in the hospital or the community, which can make it challenging for the IDT to identify the indication for use. However, the attending physician in collaboration with the consultant pharmacist must re-evaluate the use of the psychotropic medication and consider whether or not the medication can be reduced or discontinued upon admission or soon after admission. Additionally, the facility is responsible for:

- Preadmission screening for mental illness and intellectual disabilities, see §483.20(k), F645 and F646; and
- Obtaining physician’s orders for the resident’s immediate care, see §483.20(a), F635.

State Operations Manual Appendix PP - Guidance to Surveyors for
Long Term Care Facilities
Rev. 11-22-17



Strengths

[More ideas...](#)[Brain Changes \(13 min\)](#)

Indicate general areas of strength to draw on below. Details on preferred activities may be recorded on the Preferences & Joys tab.

- Communicates needs
- Expresses preferences
- Positive interactions with others
- Mobility (with or without assistive device)
- Engages in personal care/grooming
- Enjoys reciting songs, prayers, poetry
- Enjoys rhythmic movements, dancing
- Likes to be in control
- Enjoys 1:1 activities
- Enjoys small group activities
- Enjoys large group activities
- Other (please specify):
- Other (please specify):
- Other (please specify):

Dislikes/fears/phobias

Intensely dislikes dirty clothes, especially sweat stains.

Adverse consequences ?

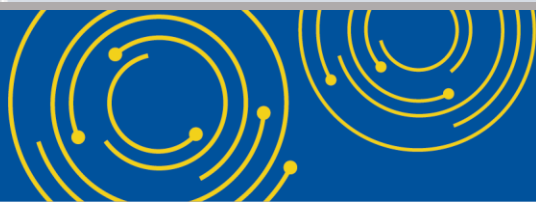
Indicate any of the following signs/symptoms that have been noted in this resident during the past month. These signs/symptoms may be attributable to (be a side effect of) a psychotropic or other medication the resident is taking.

- Changes in vital signs
 - Blurred vision
 - Constipation, diarrhea, nausea, or frequent urination
 - Dizziness
 - Insomnia, trouble sleeping, or nightmares
 - Muscle spasms, tics or rigidity, seizures, or tremors**
 - Agitation or restlessness
 - Decline in functioning (e.g., ADLs)
 - Increased falls
 - Other (please specify):
 - Other (please specify):
 - Other (please specify):
 - Other (please specify):
- Slumping
 - Acting aggressively, being angry, or violent
 - An extreme increase in activity and talking (mania)
 - Drowsiness or sleepiness**
 - Difficulty thinking or remembering
 - New or worsening anxiety
 - New or worsening depression
 - New or worsening irritability
 - ED visit or hospital admission

[Other adverse consequences](#)[Key resource: Stop and watch](#)

Possible side effects are listed on this overview page for maximum visibility. The selected items also appear on the Psychotropic Medications tab to support making the connection while an individual's medication profile is being reviewed.

Listing strengths (far left) prompts staff to build days and use approaches to maximize abilities and exercise strengths.



Workbook Uses Minimum Data Set Resident Assessment Instrument Definitions Where Available to Emphasize Consistency

Adverse consequences [?](#)

Indicate any of the following signs/symptoms that have been noted in this resident during the past month. These signs/symptoms may be attributable to (be a side effect of) a psychotropic or other medication the resident is taking.

<input type="checkbox"/> Changes in vital signs	<input type="checkbox"/> Slumping
<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Acting aggressively, being angry, or violent
<input type="checkbox"/> Constipation, diarrhea, nausea, or frequent urination	<input type="checkbox"/> An extreme increase in activity and talking (mania)
<input type="checkbox"/> Dizziness	<input checked="" type="checkbox"/> Drowsiness or sleepiness
<input type="checkbox"/> Insomnia, trouble sleeping, or nightmares	<input type="checkbox"/> Difficulty thinking or remembering
<input checked="" type="checkbox"/> Muscle spasms, tics or rigidity, seizures, or tremors	<input type="checkbox"/> New or worsening anxiety
<input type="checkbox"/> Agitation or restlessness	<input type="checkbox"/> New or worsening depression
<input type="checkbox"/> Decline in functioning (e.g., ADLs)	<input type="checkbox"/> New or worsening irritability
<input type="checkbox"/> Increased falls	<input type="checkbox"/> ED visit or hospital admission
<input type="checkbox"/> Other (please specify): <input type="text"/>	
<input type="checkbox"/> Other (please specify): <input type="text"/>	
<input type="checkbox"/> Other (please specify): <input type="text"/>	

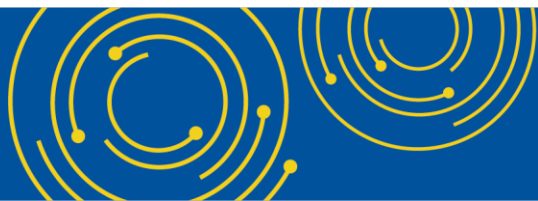
[Other adverse consequences](#)

[Key resource: Stop and watch](#)

Adverse Consequences ✕

An unpleasant symptom or event that is caused by or associated with a medication, impairment or decline in an individual's physical condition, mental, functional or psychosocial status. It may include various types of adverse drug reactions (ADR) and interactions (e.g., medication-medication, medication-food, and medication-disease).

Resident Assessment Instrument 3.0 User's Manual
(version 1.15), page N-5 (p479)



Bruce Lee (demo record)

Edit Another Record

Quick View

Close

Individual's Information

Preferences & Joys

Communication

Psychotropic Medications

Instructions: Continually update this form, beginning with conversations with the individual and their family, and adding from experience and observation as you spend time with the person. Share this information with direct care staff, activity staff, and include in care plan. Days that are comfortable and include positive moments help create a sense of wellbeing, improve quality of life, and support resilience to stress.

[Survey guidance on individualizing care](#)

[Getting to know me resources](#)

[Creating a good day resources](#)

Dislikes/fears/phobias

Edit on [Individual's Information tab](#)

Intensely dislikes dirty clothes, especially sweat stains.

* Pleasant Moments & Meaningful Activities

Describe what this individual enjoys. Include small things such as special greetings, affection, or a favorite snack. Also include individualized activities, such as sharing personal photos, looking at picture books, prompting specific topics/stories for reminiscing, or participating in a household task. Include details that could be useful for someone who doesn't know the person well such as time, place, and specific words or body language for this activity.

Pleasant greeting: Bruce enjoys returning a small bow. If you speak a bit of Cantonese, even "hello" brings a big smile.

It is very important to provide Bruce with time outside each morning, regardless of the weather.

Bruce likes to *choose* black or green tea each morning, before breakfast.

Bruce is fascinated by the photo albums and scrapbooks with images of movie posters his family has made for him. Seems both calm and focused.

Enjoys a scoop of ice cream in the bistro, mid-afternoon

Up-to-date as of
1/18/2019 ?

Click to mark this
page up-to-date

Add Another

Throughout the Workbook: Find Links to Resources

Bruce Lee (demo record) Edit Another Record Quick View Close

Individual's Information Preferences & Joys Communication Psychotropic Medications

Instructions: Continually update this form, beginning with conversations with the individual and their family, and adding from experience and observation as you spend time with the person. Share this information with direct care staff, activity staff, and include in care plan. Days that are comfortable and include positive moments help create a sense of wellbeing, improve quality of life, and support resilience to stress.

Dislikes/fears/phobias
Edit on [Individual's Information tab](#)
Intensely dislikes dirty clothes, especially sweat stains.

[Survey guidance on individualizing care](#)

[Getting to know me resources](#)

[Creating a good day resources](#)



Bruce Lee (demo record)

Edit Another Record

Quick View

Close

Individual's Information

Preferences & Joys

Communication

Psychotropic Medications

* What do you see?

What do you see that may signal emotion, perceptual differences, unmet needs or distress:

- | | | |
|---|---|---|
| <input type="checkbox"/> Wandering ? | <input type="checkbox"/> Slumping ? | <input type="checkbox"/> Different perceptions |
| <input type="checkbox"/> Searching | <input type="checkbox"/> Anxiety | <input checked="" type="checkbox"/> Delusions or confabulation ? |
| <input type="checkbox"/> Pacing ? | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Hallucinations |
| <input checked="" type="checkbox"/> Exit-seeking | <input type="checkbox"/> Repetitive movement ? | <input checked="" type="checkbox"/> Other (please specify): jumps and kicks |
| <input type="checkbox"/> Nudity/disrobing | <input type="checkbox"/> Repetitive vocalizations | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Sexual inappropriateness | <input checked="" type="checkbox"/> Restlessness | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Resisting care | <input type="checkbox"/> Verbal agitation | |
| <input checked="" type="checkbox"/> Crying | <input type="checkbox"/> Physical agitation | |

[We Are Detectives \(5 min\)](#)

[Curbside Consultation](#)

[Using the Unmet Needs Model](#)

[Positive Approach Demonstrations](#)

* Communication notes

Add or remove expressions or indications of distress using the checkboxes in the list above.

Enter detail for each expression. Keep this information updated as this person's needs and preferences change. Use this information to create a care plan that addresses needs before they become distressing.

Expression	What this means/triggers	This helps	Try next	Notes ?	Updated
Exit-seeking	This happens when Bruce doesn't get outside time in the morning	Prevent by keeping routine. If exit-seeking occurs, gently offer an excursion to		Working well. Infrequent occurrence with routine.	10/22/2018
Crying	Movies, especially in the evening.	Avoid movies. If Bruce starts talking about being	Let's try the scrapbooks that seem to calm him. The ones with movie posters		1/18/2019
Restlessness	It's not clear -- it seems to happen randomly.	Nothing yet	reaction to medication? Talk to doc about titrating down?	Increasing frequency. Not just restlessness, Bruce	10/22/2018

Each hyperlinked button opens a resource or set of resources relevant to the section.

Checking an observed expression creates a row in the Communication Notes grid.



Bruce Lee (demo record)

Edit Another Record

Quick View

Close

Individual's Information

Preferences & Joys

Communication

Psychotropic Medications

Medications

Select medication to edit.

Medication	Start date	Date d/c
neurontin	9/1/2018	
Sertraline (Zoloft)	4/1/2018	
Ziprasidone (Geodon)	3/15/2018	

Add

Entered by Mistake - Delete

Monthly Review Notes

Possible adverse consequences ?

Add observed symptoms that could be attributable to medication on the [Individual's Information tab](#).

Muscle spasms, tics or rigidity, seizures, or tremors
Drowsiness or sleepiness

Upcoming review & reduction attempts ? ?

6/15/2018: Ziprasidone (Geodon)
7/1/2018: Sertraline (Zoloft)
12/1/2018: neurontin

Active reduction attempt: Ziprasidone (Geodon)

Reduction attempt begun

5/1/2018

Finished - Document Results

Reduction attempt notes

Start of GDR: Apparent delusions regarding ancient dynastic battles continue, despite medication (5/7; 5/15). Sometimes we are finding Bruce slumped over

Review & Reduction Attempt History

Details for selected medication display in the pane below



The list of target symptoms comes from the Communications tab. This dual visibility may help prompt differentiating expressions of unmet need from symptoms for which medication is appropriate.

Target symptom(s) ?
Add target symptoms to this list by checking boxes on the [Communication tab](#).

- Exit-seeking
- Crying
- Restlessness
- Delusions or confabulation
- jumps and kicks

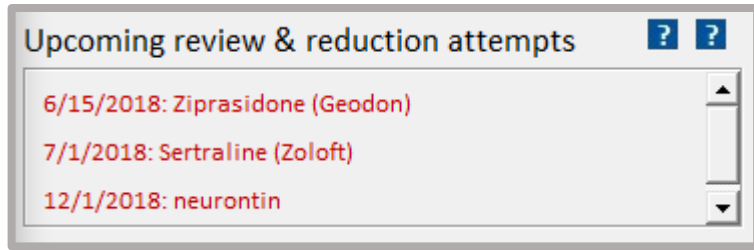
Adverse consequences as noted on the Individual's Information tab.

Keeping them in view while considering medications may help the team recognize possible connections between the medication and these signs.

If the selected medication did not have a Gradual Dose Reduction (GDR) attempt in progress, this area would display options to manually change the next review date, start a GDR, or record a contraindication.



Information Icons Display Additional Detail on the Field



In this example, clicking the icon displays information on how the workbook calculates a next recommended date to begin a GDR for a medication or to document the specific rationale for why a reduction attempt is contraindicated.

Note the option to manually adjust the date of the next review.

The bottom section provides an excerpt from the State Operations Manual guidance for easy reference.

GDR Guidelines

Each psychotropic medication order should be reviewed regularly and considered for reduction/deprescribing. This workbook is programmed to provide reminders as follows:

- Year 1, Reminder 1:** 90 days from the date a psychotropic medication was started, or from the date a resident was admitted with an active psychotropic medication order
- Year 1, Reminder 2:** 90 days following the end date of the first reduction trial OR the date a reduction trial was noted as contraindicated
- Annual reminders:** Yearly from the end date of the most recent reduction trial OR the date a reduction trial was most recently noted as contraindicated

For medications that were started more than 6 months before today's date and for which no review has been documented, the record will indicate "PAST DUE." Once you document a GDR attempt or GDR contraindicated date, you will receive a second reminder within that year, and annual reminders thereafter, as noted above.

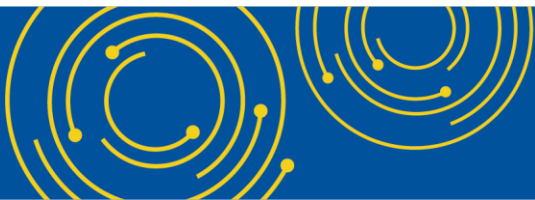
Prefer a different schedule? Click the "Change Due Date of Next Review" button.

###

Within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, a GDR must be attempted annually, unless clinically contraindicated.

State Operations Manual Appendix PP
Guidance to Surveyors for Long Term Care Facilities
Rev. 11-22-17

Close



Printable QuickView

- Prints in black & white
- Includes all information pertinent to direct care staff

Bruce Lee (demo record)

Print View Another Record Edit Record Close

Dislikes/fears/phobias

Intensely dislikes dirty clothes, especially sweat stains.

Pleasant moments & meaningful activities

Pleasant greeting: Bruce enjoys returning a small bow. If you speak a bit of Cantonese, even "hello" brings a big smile.

It is very important to provide Bruce with time outside each morning, regardless of the weather.

Bruce likes to *choose* black or green tea each morning, before breakfast.

Bruce is fascinated by the photo albums and scrapbooks with images of movie posters his family has made for him. Seems both calm and focused.

Enjoys a scoop of ice cream in the bistro, mid-afternoon

Reduction trials

Bruce Lee (demo record) is in the process of a reduction attempt for Ziprasidone (Geodon).

Possible adverse consequences

Muscle spasms, tics or rigidity, seizures, or tremors
Drowsiness or sleepiness

Strengths

Expresses preferences
Mobility (with or without assistive device)
Likes to be in control

Expressions of distress & communication notes

Restlessness Updated 10/22/2018

What this means/triggers: It's not clear -- it seems to happen randomly.

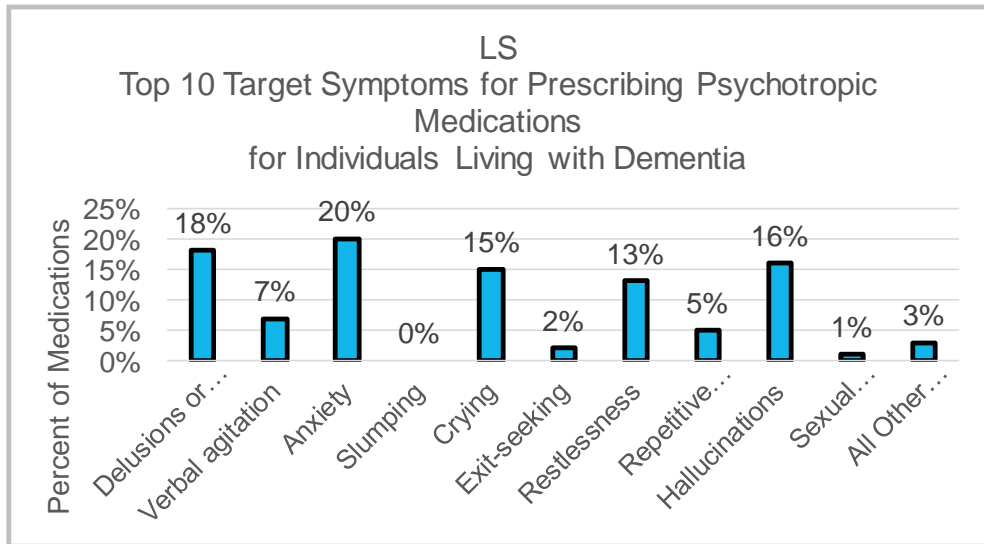
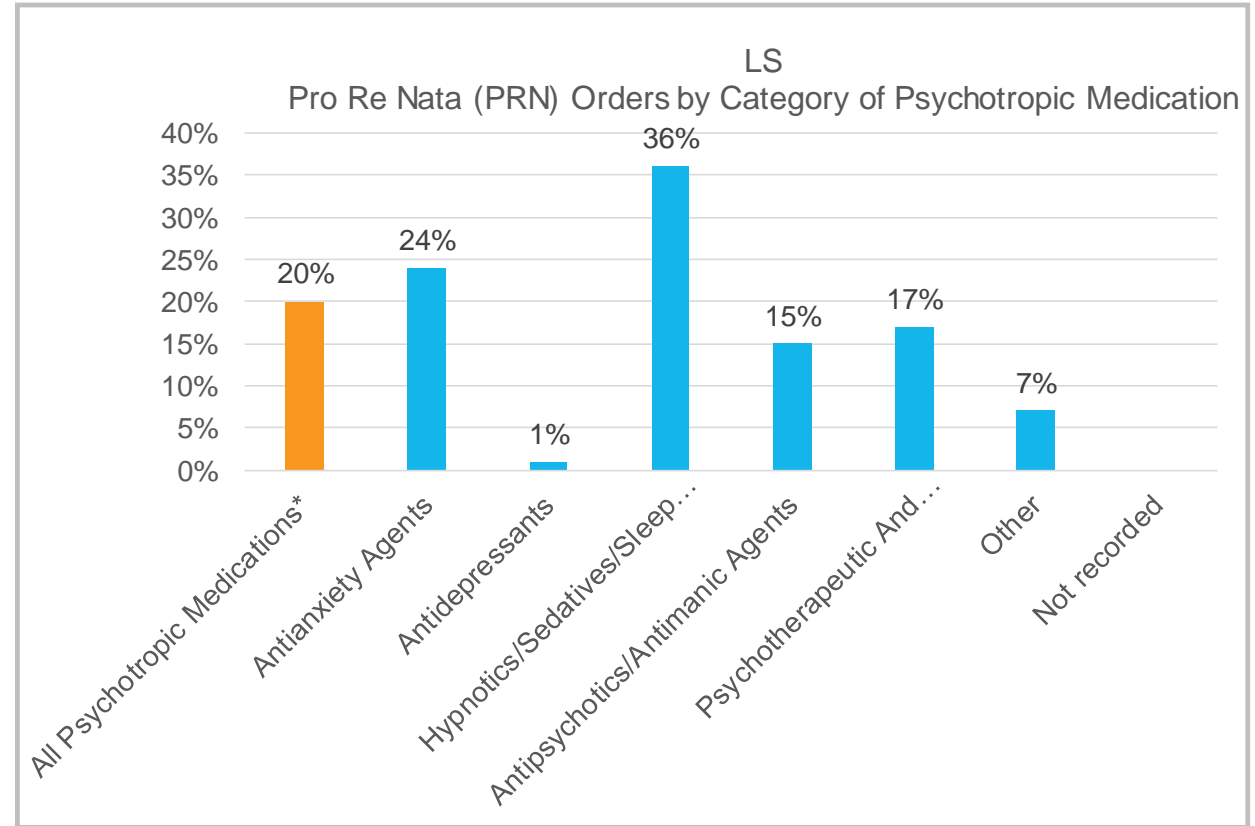
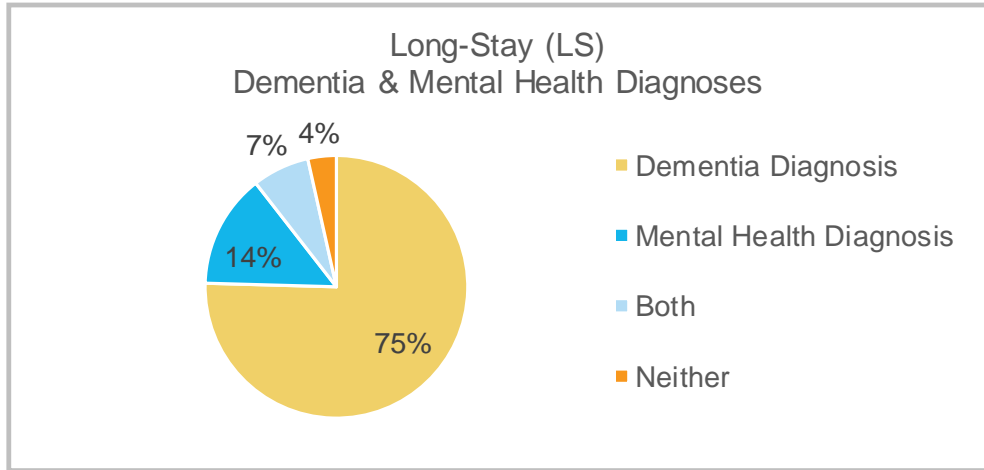
This helps: Nothing yet

Try next: reaction to medication? Talk to doc about titrating down?

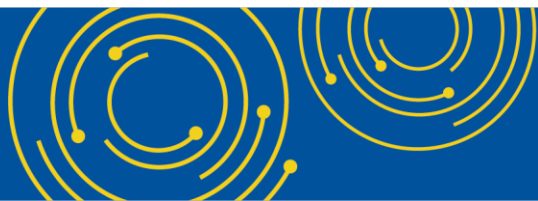
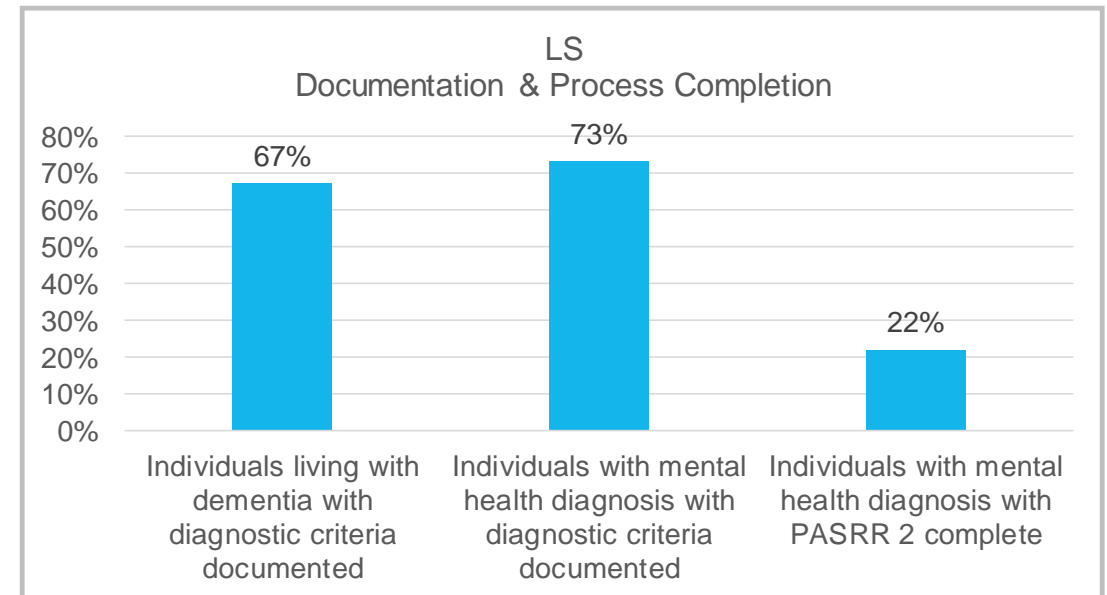
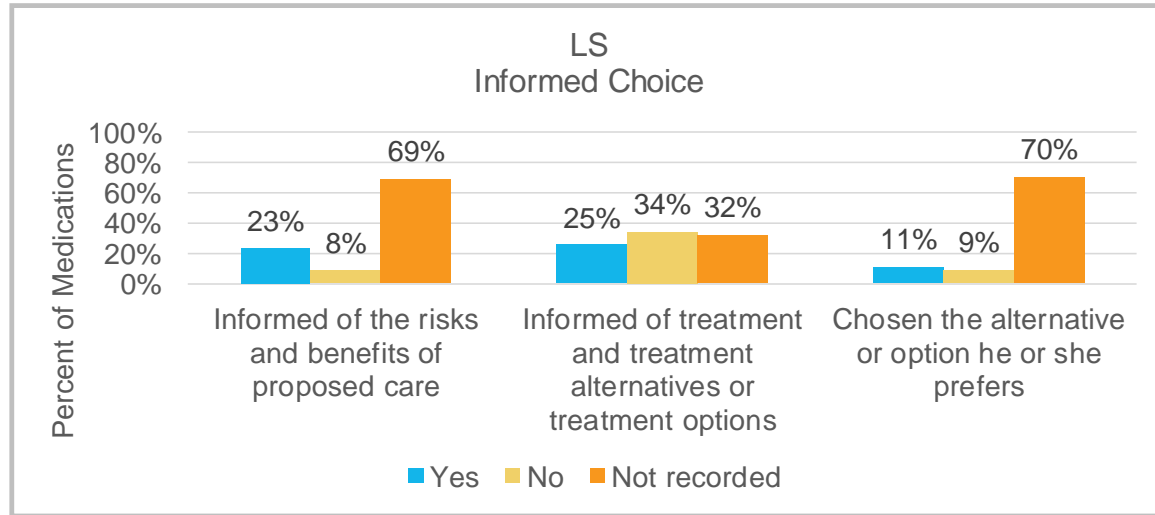
Notes: Increasing frequency. Not just restlessness, Bruce



Finding Patterns & Identifying Opportunities – Example Data



Process & Documentation Tracking



Monitor Outcomes

Individualizing Care

- Percent of individuals for whom signs of distress / expressions of unmet need have been recorded*
- Percent of individuals for whom signs of distress / expressions of unmet need and approaches to address those have been recorded*
- Percent of individuals for whom four or more pleasant moments/meaningful activities have been recorded*

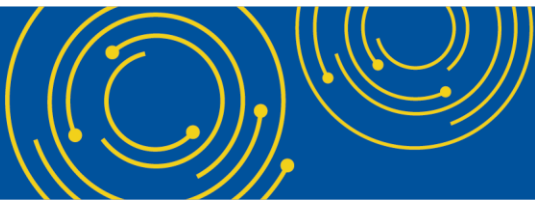
**Information must be updated or confirmed each month to be counted.*

Psychotropic Medications

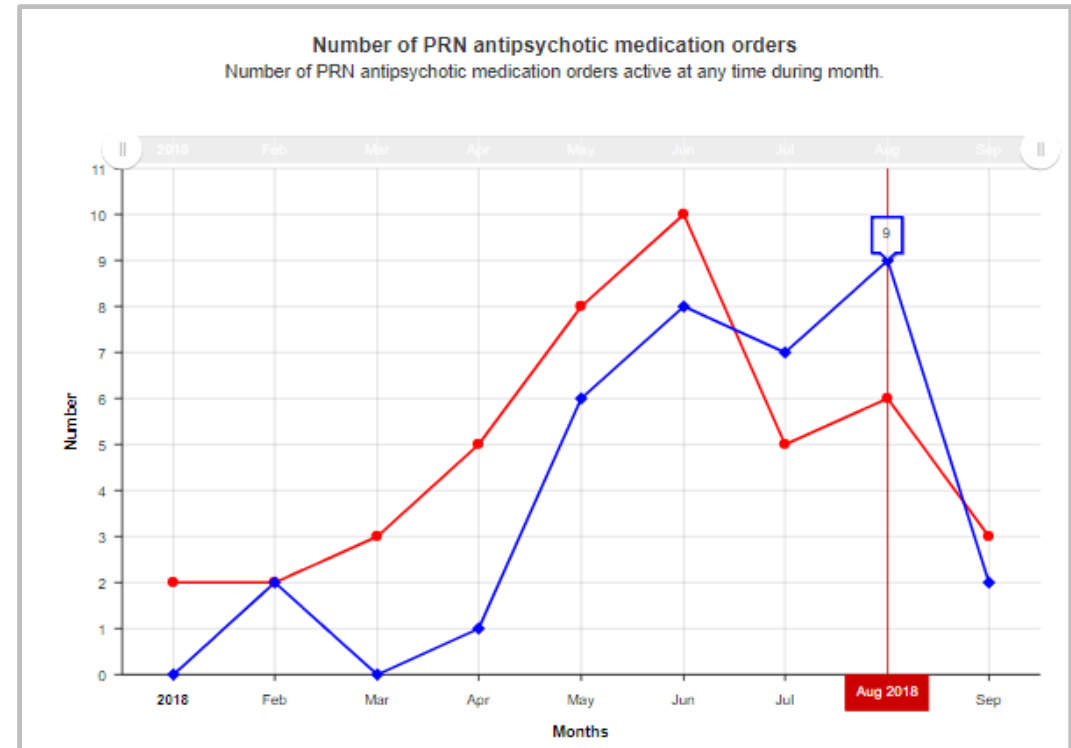
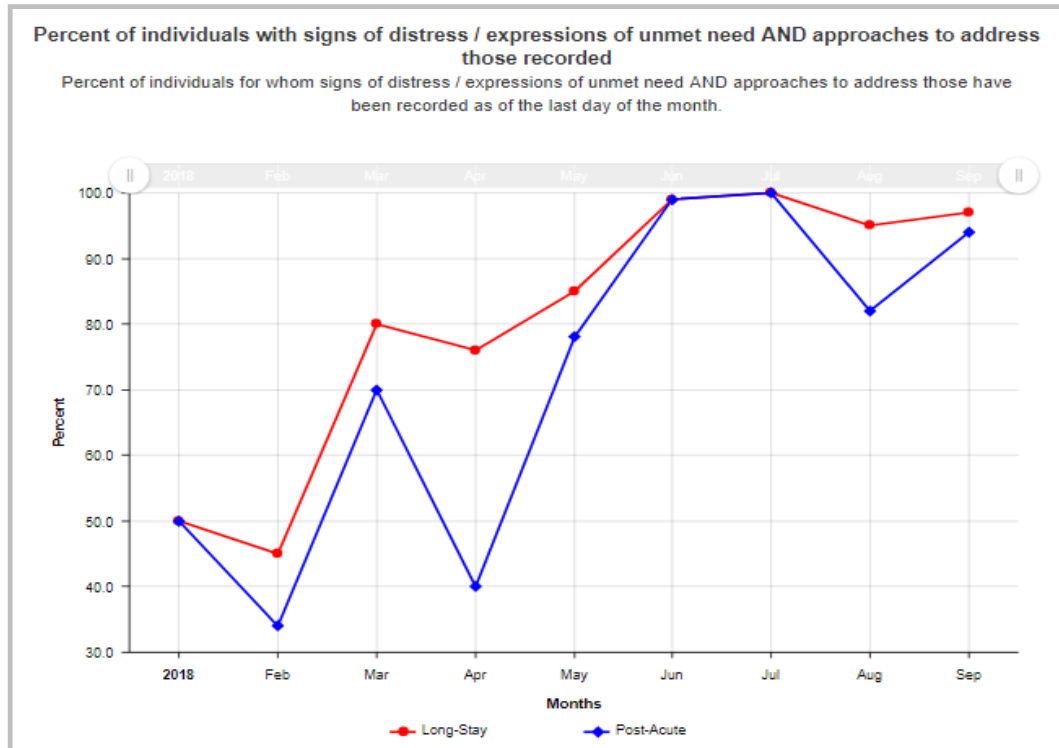
- Percent of individuals living with dementia with no psychotropic medication orders
- Number of PRN antipsychotic medication orders active at any time during month
- Percent of individuals receiving psychotropic medication who have multiple psychotropic medication orders
- Percent of psychotropic medication orders for which GDR requirements are current** (LS)
- Percent of individuals admitted this month for whom structured medication reconciliation is noted as complete (Post-acute Care)

***Following timing guidelines to indicate that either a gradual dose reduction was attempted or contraindicated.*

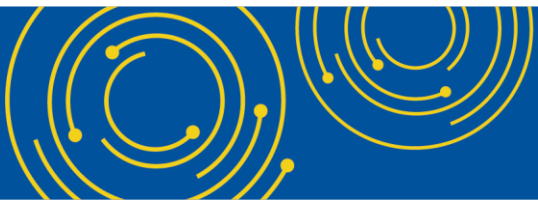
**Workbook calculates these monthly outcomes for you.
Transfer to website (see next slide) for continuous trending.**



Monitoring Progress



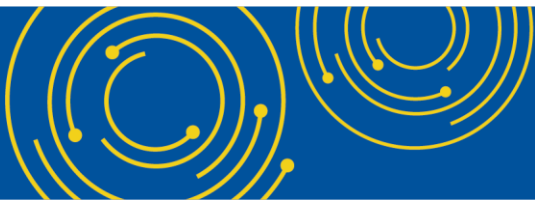
Transfer your outcomes (see previous slide) to the Campaign website for dynamic, downloadable and printable trend graphs to monitor your quality improvement.



Implementation & Integration: Experience from Pilot Testers and Early Adopters

[Is This Tool for You?](#)

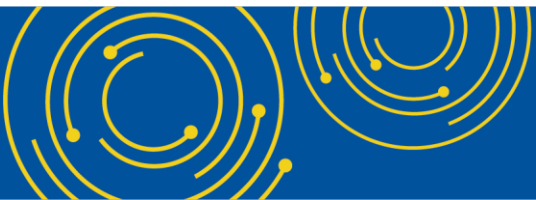
[Implementation Tips](#)



Implementation Strategy #1

Start small

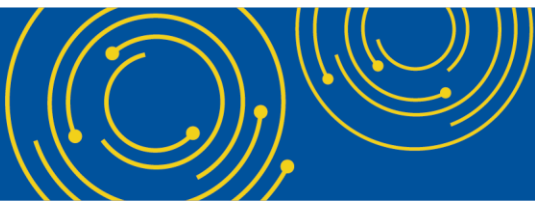
- Set up records for just a few people the first week, then evaluate the process for efficiencies
- Add a few residents each week, or for representative outcomes in the first month, 25 percent of residents each week
- Begin with LS residents; perhaps choose one household
- Choose to complete only parts of the tool (individualizing care or psychotropic medication tracking)



Implementation Strategy #2

Leverage existing processes and systems to collect and share information

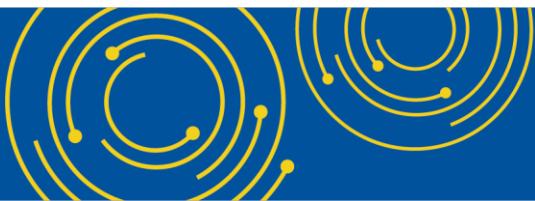
- Cross-over/shift-change huddles with direct care staff
- Interdisciplinary Team (IDT) Meetings
- Medication Reviews
- Care Conferences
- Electronic Medical Record (EMR) / Care Plans
- Pharmacy reports
- Previously collected “About me” information



Implementation Strategy #3

Involve your whole team

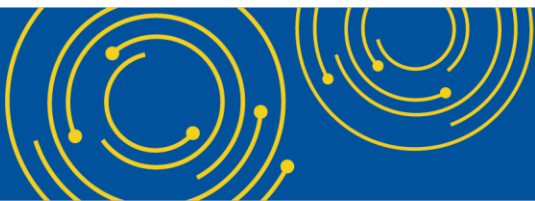
- Create a shared vision
- Engage and empower direct care staff as the experts on individuals' preferences and communications
- Find the best way to make the QuickView easy for staff to access, use, and add to
- Motivate and sustain by sharing results. Try a [story board and share your successes](#)



Answer Summary Learning Objective 1

Describe four uses for the Campaign's Dementia Care & Psychotropic Medications Tracking Tool.

1. Individualize care: Gather and share information on individual's preferences and communications
2. Appropriate use and reduction of psychotropic medications: Track documentation of diagnoses, informed choice, medications (with target symptoms and possible adverse consequences), meet GDR/review requirements and review GDR outcome history
3. Explore patterns and identify opportunities, using charts and graphs embedded in the workbook
4. Monitor quality improvement through trending outcomes calculated by the tool



Answer Summary Learning Objective 2

Know how to finalize monthly results and get trend graphs.

National Nursing Home
QUALITY IMPROVEMENT CAMPAIGN

Welcome

December 2018 - November 2019

Dementia Care & Psychotropic Medications Tracking Tool version 1.0

January 25, 2019

Use this tool to create easy-reference information for each individual's comfort, pleasant moments and meaningful activity preferences. Document necessary steps for appropriate use of psychotropic medications, and track efficacy, side effects and timely GDR attempts. Charts and graphs are available in the Reports tab. Transfer Monthly Outcomes to the Campaign website for a continuous trend to monitor your efforts.

Confidentiality is important. Please do not transmit this form with resident-identifying information. Use the Create De-identified Copy button below to create a de-identified tool for transmission.

Instructions My Residents Finalize Outcomes

Create De-identified Copy of This Workbook Reports Get Monthly Outcomes

Your workbook will last for 12 calendar months: You will be prompted to choose the start month before you begin entering data

Step 1. When your workbook is complete through the end of the month of interest, click “Finalize Outcomes”

Step 2. “Finalizing” takes a snapshot of your data. Click “Get Monthly Outcomes” and print your results

Step 3. Log in to your account on the Quality Campaign website:

<https://www.nhqualitycampaign.org/>

Step 4. Click “Enter My Data” and follow the prompts

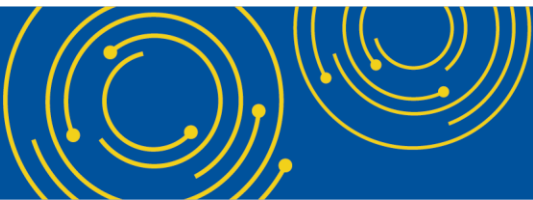
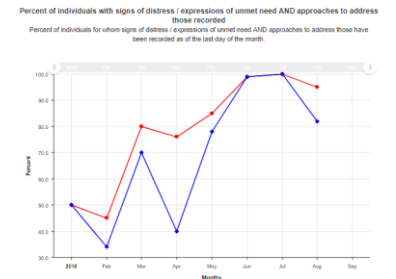
National Nursing Home
QUALITY IMPROVEMENT CAMPAIGN

NEWSLETTER SEARCH SIGNED IN AS MYHOMEDEMO

PARTICIPANTS RESOURCES GOALS ABOUT CONTACT US

Share Your Success Participate Get Tracking Tools Enter My Data View My Progress View My Goals

Step 5. Customize, download, print and share!



Answer Summary Learning Objective 3

Give examples of three implementation strategies.

1. Start small

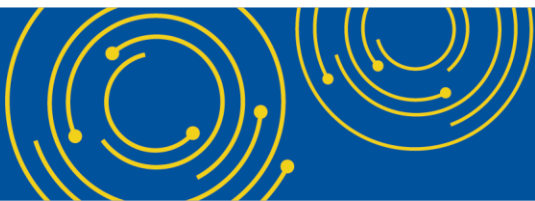
- Set up records for just a few people the first week, then evaluate the process for efficiencies
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- Begin with LS residents; perhaps choose one household
- Choose to complete only parts of the tool (individualizing care OR psychotropic medication tracking)

2. Leverage existing processes and systems to collect and share information

- Cross-over/shift-change huddles with direct care staff
- IDT Meetings
- Medication Reviews
- Care Conferences
- EMR / Care Plans
- Pharmacy reports
- Previously collected “About me” information

3. Involve your whole team

- Create a shared vision
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- Find the best way to make the QuickView easy for staff to access, use, and add to
- Motivate and sustain by sharing results. [Try a story board; Share your success](#)





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- Get the Tracking Tool, video instructions, and handouts: [Tracking Tool](#) webpage
- Browse resources: [Create Improvement](#) webpage
- Questions, support & account access: Help@nhQualityCampaign.org

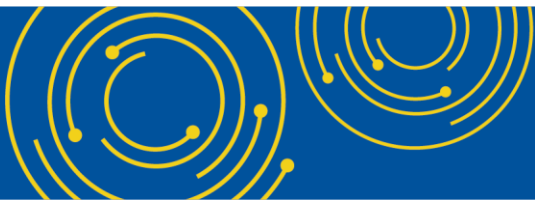
Thank You

For making long-term care communities great places to live, work, and visit!

[https://www.nhqualitycampaign.org/
Help@nhQualityCampaign.org](https://www.nhqualitycampaign.org/Help@nhQualityCampaign.org)

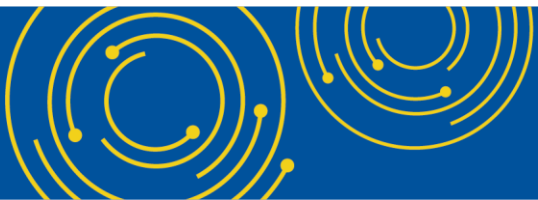


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Nursing Home Staff Competency Assessment

Jay Weinstein, CMS



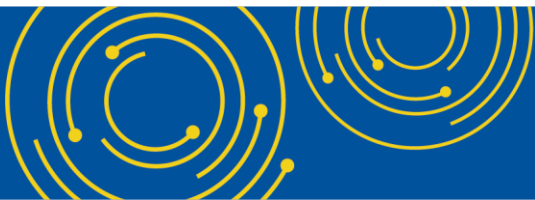
Phase 3 – Federal Requirements for Participation

Debra Lyons, CMS



National Partnership Updates

Michele Laughman, CMS



Question & Answer Session



Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – [Evaluate](#) today's event

Visit:

- [MLN Events](#) webpage for more information on our conference call and webcast presentations
- [Medicare Learning Network](#) homepage for other free educational materials for health care professionals
- [National Partnership to Improve Dementia Care](#) webpage for more information about the National Partnership

Contact the National Partnership:

- dnh_behavioralhealth@cms.hhs.gov

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