



## National Nursing Home Quality Care Collaborative in Florida Improving Dementia Care & Reducing Unnecessary Use of Antipsychotics: Process Assessment

Please complete the below assessment by circling the most accurate response. You may leave additional comments in the “Comments” column.

**Rating Scale:** 1 = Never; 2 = Sometimes; 3 = Always

Statement	Response	Comments
<b>Assessing Resident and Individualized Care Planning:</b> <i>Practices to understand who the resident with dementia is and their needs. It is through understanding the individual needs of the resident with dementia that you can understand the meaning of behavior and how to address it.</i>		
1. Prior to or at admission, the facility obtains information on resident preferences, routines, social patterns, responses to stress, recent changes in behavior or cognition, and effective responses.	1 2 3	
2. The information obtained prior to or during the admission process is made accessible to direct caregivers and support staff.	1 2 3	
3. The admission information is integrated into the care plan and revised as the resident’s condition and/or needs change.	1 2 3	
4. The facility has a system in place to identify changes in behavior or cognition, and effective responses.	Yes No	
5. The facility has a system in place to assist staff members in identifying etiology or predictive factors related to individual behavioral expressions and appropriate responses.	Yes No	
6. Facility practices consistent assignment (same nursing assistant to same resident).	1 2 3	
<b>Review for Reduction:</b> <i>Identifying residents to reduce or eliminate antipsychotic medications</i>		
7. The nursing home administrator, director of nurses, and other team members as appropriate (e.g., pharmacists, medical director, mental health professional, interdisciplinary team members) review the quality measures and pharmacy reports monthly.	1 2 3	
8. Quarterly, at a minimum, the facility reviews the quality measures and pharmacy reports with the pharmacy consultant and medical director for the purpose of tracking and trending data.	1 2 3	



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9. The facility has a “real-time” system in place to monitor, track, trend, and evaluate the use of antipsychotic medication (including PRN [as needed] medications) to identify residents that may be appropriate for reduction or elimination of antipsychotic medications.	Yes No	
10. The facility has an established system for monitoring each identified resident’s reduction efforts for effectiveness of medication changes and approaches (e.g., weekly behavior meetings, weekly at risk meetings, etc.).	Yes No	
11. When a resident is admitted with an order for antipsychotic medication, the facility has a system to notify the interdisciplinary team and consulting pharmacist for review of care plan and physician orders within three days of admission.	Yes No	
12. The facility has a communication system in place to alert the interdisciplinary team to new recommendations for antipsychotic medication from external providers (e.g., hospice or consulting medical providers).	Yes No	
13. The facility has an established protocol for the prescribing of antipsychotic medications that is communicated to attending physicians, consulting medical providers, and consulting medical service providers (e.g., hospice).	Yes No	
14. When a new prescription for an antipsychotic medication is received, the facility has a system to notify the interdisciplinary team and consulting pharmacist for review of the care plan and physician orders within three days.	Yes No	
15. A documented process is in place and utilized when initiating or increasing a dosage of an antipsychotic medication (e.g., decision support algorithm, physician order process, reassessment timelines, etc.).	Yes No	
<b>Understanding and Responding to Behaviors:</b> <i>Gathering information, exploring reasons behind behaviors, and identifying responses</i>		
16. Staff in all departments are trained in person-centered care (e.g., training programs on Advancing Excellence website [patient-centered care], CMS <i>Hand in Hand</i> , etc.) and how to respond effectively to behaviors.	1 2 3	



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17. The nursing home administrator, director of nurses, and medical provider periodically attend care plan meetings for residents with behavioral or psychological symptoms.	1 2 3	
18. Interdisciplinary team members seek input for care plan meetings from the medical provider, consultant pharmacist, nursing assistants, mental health professional (if available), family or responsible party, and other staff members for residents with behavioral or psychological symptoms.	1 2 3	
19. The family or responsible party is encouraged to participate in care plan meetings (e.g., facility offers flex scheduling or uses conference calls when in-person attendance is not possible).	1 2 3	
20. The facility has resources available that are accessible to all staff members to assist in meeting the resident's need as behavior expressions occur (i.e., person-centered activities and interests).	1 2 3	
21. The facility has an established system for identifying and reporting changes in resident condition/behaviors (e.g., huddles, Stop and Watch, etc.).	Yes No	
22. The facility has an established system for documenting and monitoring resident behaviors and effectiveness of approaches.	Yes No	
23. The interdisciplinary team, to include nursing assistants and other team members (e.g., housekeepers) along with the family or responsible party, are involved in the process of developing and implementing effective, person-specific approaches to address behavioral expressions.	1 2 3	
24. Family or responsible party education is provided regarding behavioral or psychological symptoms and approaches.	1 2 3	
25. The facility has a system in place to notify the family or responsible party of a change in resident condition/behavior, physician orders, and/or approaches.	Yes No	



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26. The facility has a system in place to notify and effectively communicate with the attending physician of a change in resident condition/behavior (e.g., SBAR).	Yes No	
27. The facility has an arrangement that allows for timely access to mental healthcare (e.g., psychiatrist, psychologist, LCSW, etc.) through on-site services or telehealth.	Yes No	
28. The facility has established procedures and staff trained in procedures to address emergency mental health needs.	Yes No	
<b>Improvement Plan</b>		
<p><b>For the next three months, what action plan will you develop to improve your process and/or reduce the use of unnecessary antipsychotic medications?</b></p>		