Quick Guide to Start a Quality Assurance Performance Improvement (QAPI) Project

ANTIPSYCHOTIC MEDICATION REDUCTION
Reducing the unnecessary use of antipsychotics is important, because it is a national focus per the National Partnership to Improvement Dementia Care. It is also a key part of the final rule which went into effect on November 28, 2016 and outlines the requirements for nursing homes to participate in the Medicare and Medicaid programs. For the purposes of this antipsychotic medication reduction quick guide, the final rule addresses changes as it relates to the use of psychotropic drugs and gradual dose reductions and behavioral interventions for residents.

This quick guide can assist in initiating a Quality Assurance Performance Initiative (QAPI) Performance Improvement Project (PIP) through these steps:

- Root cause analysis
- Setting a stretch, yet attainable goal
- An action plan to improve with a plan for sustainability

To get started, choose strong PIP team members that include:

- Front line staff
- Resident and/or family members
- Pharmacist
- Key clinical staff
- Leadership

Next, gather your baseline data and initial project information. You will need to know your current status to have an idea of where you are going, improvement needed and goals you wish to achieve. Data examples include:

- Current CASPER Report
- Current Resident Roster Mix Report
- Pharmacy reports
- Internal tracking data
- Any pertinent chart review information

Having all that information in hand and your PIP team at the ready, use this step-by-step quick start guide to establish a QAPI plan to reduce the use of antipsychotic medications in your nursing home.
Step One: Always Begin With a Root Cause Analysis

Keep asking “why” until you have identified the real causes of the problem. Get the entire team’s input, and remember – there are no wrong answers. This is an essential piece to any PIP because:

- All details surrounding the problem are reviewed
- All staff members provide input – empowerment
- The focus is on the process not people

You might use one of the following root cause analysis tools from Quality Insights to accomplish this task. The first is the Five Whys tool, which will assist your PIP team as they ask those “why” questions.

![Five Whys Tool for Root Cause Analysis](image)

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The second tool to assist your team in getting to the root cause of the problem is the Fishbone Diagram.

This cause and effect diagram (fishbone) starts with a problem at the head of the fish, and for each category answer the question, “Why?”

- Review all causes identified to drive the focus for the improvement plan
- There may be several causes of the problem
- Prioritize which item(s), if solved, would have the most positive impact
Step Two: Set Goals for Your Project

Goal setting is important because you can quantify a measurable improvement result without guessing if you have gotten better. Goals should be a stretch, yet attainable. They should be clearly stated and describe what you intend to accomplish with targeted dates for review/achievement.

Goals for a PIP are recommended to follow the SMART formula: Specific, Measurable, Attainable, Relevant and Time-Bound. This format is outlined in Quality Insights’ goal setting worksheet.
Step Three: Develop an Action Plan for Improvement with the Plan, Do, Study, Act (PDSA) Model

Use tools and resources from Quality Insights to determine which resident is a candidate for inclusion in the antipsychotic reduction improvement project. For example, Quality Insights has a trigger tool to help identify potential candidates for successful gradual dose reduction.
Questions for Your PIP Team to Consider

- Is your staff ready for non-pharmacological interventions for difficult behaviors?
- Is staff educated and empowered to challenge/stop antipsychotics on admission, to review for medical necessity?
- Are your medical director and/or nurse practitioners comfortable challenging/stopping an antipsychotic that was prescribed by a psychiatrist in the hospital?
- Do you use psychotropic drugs in your facility on a PRN basis or off-label? If yes, are you within the guidelines of the Final Rule timeframes?
- Do you have criteria in place to review all psychotropic medications for medical necessity at least quarterly, maybe even monthly?
- Does your pharmacist have a good gradual dose reduction mechanism?
- Do you review your antipsychotic quality measure at least monthly for improvement?
- Are you using all the tools and resources from Quality Insights to their full potential?
- Have you asked for an individual, online GoToMeeting from Quality Insights for assistance?
- Will you consider a pilot test change on a small scale before rolling out to the entire home?

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### Reducing Antipsychotics in Your Facility - Step By Step Method

*Instructions: Please complete this detailed checklist based on residents currently on antipsychotics as identified in your data.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your staff meet regularly to discuss antipsychotic use?</td>
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<tr>
<td>What meeting is utilized as a venue for discussion of antipsychotic use?</td>
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<tr>
<td>Are the following staff included on your team?</td>
<td>Psychiatric Mgmt. Clinician Psychiatric/NP or attending physician (if Psych Mgmt Clinician not available)</td>
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<tr>
<td>Have you identified a list of all residents currently on antipsychotic use?</td>
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<tr>
<td>Have you obtained the name &amp; dose of antipsychotic for each resident?</td>
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<tr>
<td>Did you utilize dosing information from the chart?</td>
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<tr>
<td>Have you identified all residents on prn antipsychotics?</td>
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<tr>
<td>Have you identified when the antipsychotic order was written for each resident?</td>
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<tr>
<td>Have you identified the antipsychotic use for each resident? Be sure to look for weak reasons like sleep, wandering, anxiety.</td>
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<tr>
<td>Have you reviewed the chart to look for past diagnosis?</td>
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<tr>
<td>Have you removed residents with exempted diagnoses from consideration (i.e. Schizophrenia, Huntington’s, Tourette’s syndrome)</td>
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<tr>
<td>Have you reviewed the chart to look for obscure diagnosis? (e.g. ‘organic hallucinosis’)</td>
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<tr>
<td>If residents were delirious on admission, then, did you attempt dose reductions in 1-2 months?</td>
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<tr>
<td>Have you attempted to establish a psychiatric diagnosis if appropriate?</td>
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</table>
| * Delete redundant diagnoses - it’s tough to be bipolar and schizoaffective*  
  * This may require psychotropic reeducation*  
  * Have you considered eliminating all PRN antipsychotic medications first? This should be based on use and dose.*  
  * Have you focused on residents with very low (24 hr) dose antipsychotics (see dosages below) | | | |

### Medication (Generic and Brand) | Initial Dose Discontinuation | Second Dose Discontinuation
---|---|---
Risperidone/Geocaps | 0.25 mg or less | 0.5 mg
Olanzapine/Zyprexa | 5 mg or less | 10 mg
Quetiapine/Serentil | 25 mg or less | 50 mg
Ziprasidone/Geodon | 20 mg or less | 40 mg SID
Aripiprazole/Neura | 5 mg | 10 mg or less

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*This toolkit was prepared by Quality Insights, the Medicare quality innovation network quality improvement organization for New York, Vermont, Connecticut, Delaware, New Jersey, and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS) as a part of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number: QI-CDS11157*
Step Four: Monitor and Track Data for Improvement and Sustainability

- Know your data and track it over time to determine if improvement is occurring.
- Share the data so everyone knows they are making an impact. Keep the momentum going.
- Quality Insights has data reports for collaborative participants to make tracking data easy, see example below. If you are unsure if you have access, or would like assistance downloading your report, e-mail your local Quality Insights project coordinator.

![Nursing Home Quality of Care Collaborative Quality Measure Report](image-url)
Using the following principles, you will be able to target areas to improve and achieve sustainability for your Antipsychotic Reduction Performance Improvement Project.

- Set groundwork in the QAPI process
- Educate all staff on the improvement steps
- Assess system processes
- Perform root cause analysis
- Set stretch goal for the project
- Implement PDSA cycles
- Monitor process change to secure improvement
- Learn from challenges and celebrate success

Contact your local Quality Insights project coordinator for assistance with reaching your QAPI antipsychotic performance improvement goals.