Welcome and thank you for viewing “What’s your number? Understanding the Long-Stay Antipsychotic Quality Measure”. This presentation is one in a series of videos explaining the 13 quality measures that comprise the Nursing Home Quality Measure composite score. You may find it helpful to have a copy of the current Quality Measures User’s Manual turned to the Long-Stay Antipsychotic Quality Measure page when viewing this video. MDS 3.0 sections I and N are included in this quality measure.
This presentation contains information from the MDS 3.0 RAI Manual and MDS 3.0 Quality Measure User’s Manual accessed in October of 2015. This presentation is meant to enhance understanding of the Quality Measure discussed during the presentation and is not meant to take the place of or be inclusive of information and instructions provided by the MDS 3.0 RAI Manual and the MDS 3.0 Quality Measure User’s Manual. Any updates to both user’s manual will supersede content presented and the most current manuals should be utilized at all times. The links to the official CMS site providing MDS 3.0 and MDS 3.0 Quality Measures materials are provided on this slide.
### Quality Measure Description

**MDS 3.0 Measure**  
Percent of long-stay residents who received an antipsychotic medication

**Measure Description**  
**CMS: N031.02**  
**NQF: none**  
Reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.

The long-stay antipsychotic quality measure reports the Percentage of long-stay residents who receive an antipsychotic medication during the target period. Every Quality Measure has a CMS and National Quality Forum descriptor.
During this presentation I will refer to the target assessment. This is the reason for the MDS assessment.

The Federally required OBRA assessments are completed on admission, quarterly, annual, and with a change in status. An OBRA assessment may also be completed when making a significant correction to a prior MDS assessment. For OBRA assessments, MDS item A0310A is coded as 1, 2, 3, 4, 5 or 6.

For Medicare Part A residents the target assessment is considered any of the PPS assessments – the 5 day, 14, 30, 60 or 90 days assessments. Also included is a PPS assessment completed due to a readmission/return assessment. For PPS assessments, item A0310B is coded as 1, 2, 3, 4, 5 or 6.

Another reason for a target assessment may be a discharge assessment. Discharge assessments are coded as 10 or 11 in item A0310F.
Each of the MDS assessments has a target date also known as the event date of an MDS record.

The first type of record is the Entry record. The target date for the entry record is the date the resident entered your building.

For discharge records, the target date is the date of the residents discharge. The discharge record is coded as a resident whom you are not expecting to return or as a resident you are anticipating to return to your facility. Deaths in the facility are also coded as a discharge record. For discharge records the actual date of discharge or death is coded in item A2000.

For any other assessments such as OBRA required admission, quarterly, annual or significant change in status or the PPS assessments, the target date is the Assessment reference date or sometimes called the ARD. The ARD or target date is the last day of the resident’s observation period and is MDS item A2300. For example, if an item on the MDS has a 7day look-back period, the information collected for the 7 day period will end on the ARD at midnight.

For each of these target dates, you will want to make sure that you include anything that occurs on that date up until midnight.
The quality measures that comprise the nursing home composite score are all long-stay quality measures. Long-Stay means that the resident is in your facility for 101 days or more by the end of the target period that we discussed in slide 5. A resident must be in your building for at least 101 days to be included in the long-stay measure. A couple of points to keep in mind is that only days within the facility count in the 101 days. When calculating days in the facility, the day of entry counts, however the day of discharge does not. However, if the resident is admitted or readmitted on the same day as they are discharged then the resident is considered as having a 1 day stay.
Now that we’ve discussed some important definitions, let’s look at the antipsychotic quality measure more closely.

On the CASPER report the numerator is the actual number of residents who were impacted by the quality measure condition during the report period. This example shows that 15 residents are included in the numerator as taking an antipsychotic medication during this target period.
To be included in the long-stay antipsychotic numerator, the resident’s MDS at item N0410A is coded as having received an antipsychotic medication 1 to 7 days during the look back period of the MDS assessment.
On the CASPER report the denominator is the number of residents *potentially* impacted by the quality measure condition during the report period. So in this example, 48 residents are part of the denominator.
For the long-stay antipsychotic quality measure all residents who have a stay at your facility 101 days or more with a selected target assessment discussed in slide 5 are included in the denominator unless they have an exclusion.
Exclusions are certain conditions that *exclude* the resident from both the numerator and denominator.

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<th>Definition</th>
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<td><strong>Exclusion</strong> – conditions that <em>exclude</em> the resident from both the numerator and denominator</td>
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Exclusions are certain conditions that will exclude a resident from being counted in the numerator and denominator.
There are 2 conditions where long-stay residents are excluded in the long-stay antipsychotic quality measure.

The first condition is where the long-stay resident’s MDS is coded as not being assessed for the receipt of antipsychotic medications during the target assessment. In this case there is a “dash” in the box of MDS item N0410A where the number of days is coded.

I want to caution you about using dashes. When a dash is used it indicates that this item was not assessed. The most common use of the dash is when a resident is discharged or dies before the item could be assessed. Dashes should not be used routinely and can affect your quality measures by reducing the size of the resident denominator causing an increase in your facility percentages resulting in an inaccurate picture of your nursing home residents or quality improvement efforts.
The second condition that is excluded are long-stay residents who have schizophrenia, huntington’s disease, or tourette’s syndrome marked as a current diagnosis on the target assessment in MDS Section I. Residents with these active diagnoses are not included in the numerator or the denominator for the long-stay antipsychotic quality measure.

**What Conditions are Excluded?**

**Condition #2**

*ANY* of the following related conditions are present on the target assessment (unless otherwise indicated):

- I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
- I5250. Huntington’s Disease
- I5350. Tourette’s Syndrome

**Also if Tourette’s Syndrome was marked on the prior assessment and is not active on the target assessment and if a prior assessment is available**
The MDS manual provides coding instructions and tips for accurate and proper MDS coding. I encourage you to review the MDS manual frequently as the volume of instructions and special circumstances cannot be committed to memory for coding all of the MDS items. Here are a few tips to remember:

- All active diagnoses are identified on the MDS
- Count number of days an antipsychotic medication was received during the 7-day look-back period (or since admission/entry or re-entry if less than 7 days)
- Code according to the medication’s therapeutic category and/or pharmacological classification, not how it is used (Example: Compazine)

A review of the medical record is needed to identify active diagnoses. Active diagnoses needs to be documented by the practitioner within the last 60 days and be active during the 7 day look back period. Be certain that all current diagnoses are coded on the MDS in Section I.

When counting the number of days an antipsychotic medication was received, a 7 day look-back period is used. The last day of the look-back period is the target date for the assessment type as found on slide 5.

Medications on the MDS are coded by their pharmacological class or therapeutic category, not how the medication is used. An example is: Compazine is given for severe nausea and vomiting, however it’s classification is an antipsychotic drug and it should be coded as such.
When long-acting medication are given to residents they are only counted if they are given during the 7-day look-back period (or since admission/entry or reentry if less than 7 days) (Example: haloperidol decanoate)

- Combination medications should be coded in all categories/pharmacological classes that constitute the combination (Example: Symbyax)

When residents receive combination medications the MDS is coded to recognize both drug classifications. For example, Symbyax is a combination of Fluoxetine and Olanzapine. When coding the MDS the fluoxetine component would be coded as an antidepressent and the Olanzapine component would be coded as an antipsychotic.
Resources

- Current Drug Reference Book
- State Operations Manual
- Nursing Home Compare Website [Link](https://www.medicare.gov/nursinghomecompare/search.html)
- National Partnership to Improve Dementia Care in Nursing Homes [Link](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html)
- Great Plains QIN-QIO Nursing Home Web page [Link](http://greatplainsqin.org/providers/nursing-homes/)
- Great Plains State Specific Nursing Home Collaborative Web page – see your state’s GPQIN-QIO state contact for more information

There are several resources that you can access to assist you with this when working on this quality measures. A drug reference book for the current year is especially important when identifying the pharmacological classification of medications. There are many new medications added every year and having a current drug reference book is imperative to accurate MDS coding. We’ve provided the State Operations Manual link for review of the rules and regulations related to antipsychotic medications and to be aware of what the surveyors are looking for. In addition the CMS policy & memos can provide documentation of any changes to the regulation. Antipsychotics are a publically reported quality measure on Nursing Home compare. Use this website to view what consumers see regarding your nursing home and the quality measures. In addition, you can see how your nursing home compares with nursing homes in your city, region, state and nationally. Check out the national partnership to improve dementia care in nursing homes website for additional information on antipsychotic reduction. The Great Plains QIN-QIO nursing home web page provides tools/resources and past training events. Ask your Great Plains QIN-QIO state representative about the nursing home collaborative web page specific to your state where you will find additional past events, tools and resources available.
Contact your state’s Great Plains QIN nursing home contact for more information or technical assistance concerning the nursing home quality composite score or the quality measures. Thank you for taking time to learn more about the long stay antipsychotic quality measure and for all you do in improving the quality of care to your residents.