

Antipsychotic Medications Quality Measure (QM) Short Stay (SS) MDS Coding Tips

Quality Measure Overview

This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period, but does not include the initial assessment. This measure is a look-back scan measure. If a resident was administered an antipsychotic medication on any of the 7 days in the assessments for the look-back scan (does not include initial assessment), it will trigger the measure, unless there is an exclusion.

Exclusions:

- For **All** assessments in the look-back scan the resident's MDS is coded as not being assessed for the receipt of antipsychotic medications (does not include the initial assessment). In this case there is a "dash" in the box of MDS item N0410A where the number of days is coded.
- Any of the following related conditions are present on Any assessment in the look-back scan – noted as Active Diagnosis in Section I (unless otherwise indicated):
 - o Schizophrenia (I6000 = [1])
 - o Huntington's disease (I5250 = [1])
 - o Tourette's syndrome (I5350 = [1])
- The initial assessment indicates antipsychotic medication use or unknown:
 - o N0410A = [1,2,3,4,5,6,7, -]

I: Active Diagnoses in the Last 7 Days (cont.)

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Neurological - Continued	
<input type="checkbox"/>	I4900. Hemiplegia or Hemiparesis
<input type="checkbox"/>	I5000. Paraplegia
<input type="checkbox"/>	I5100. Quadriplegia
<input type="checkbox"/>	I5200. Multiple Sclerosis (MS)
<input type="checkbox"/>	I5250. Huntington's Disease
<input type="checkbox"/>	I5300. Parkinson's Disease
<input type="checkbox"/>	I5350. Tourette's Syndrome
<input type="checkbox"/>	I5400. Seizure Disorder or Epilepsy
<input type="checkbox"/>	I5500. Traumatic Brain Injury (TBI)
Nutritional	
<input type="checkbox"/>	I5600. Malnutrition (protein or calorie) or at risk for malnutrition
Psychiatric/Mood Disorder	
<input type="checkbox"/>	I5700. Anxiety Disorder
<input type="checkbox"/>	I5800. Depression (other than bipolar)
<input type="checkbox"/>	I5900. Bipolar Disorder
<input type="checkbox"/>	I5950. Psychotic Disorder (other than schizophrenia)
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
<input type="checkbox"/>	I6100. Post Traumatic Stress Disorder (PTSD)

N0410: Medications Received

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input type="checkbox"/>	A. Antipsychotic

N0410A = [1, 2, 3, 4, 5, 6, 7]

For more guidance on completing the MDS appropriately, refer to the [RAI Manual Section N & Section I](#)

This measure is used in the [Five Star Quality Rating System](#)

To explore QAPI opportunities at the system-wide, facility level:

Meet at least monthly as an Interdisciplinary Team (IDT), including the consultant pharmacist to review your CASPER Facility Level report and trends seen in your facility. Consider this Antipsychotic QM (L) a priority if your facility's National Comparison Percentile (last column) is starred and ≥ 75 , if your facility rate is great than national average rate and/or your facility rate is greater than the state average rate.

Consider using a [Dementia care and Psychotropic Medication tracking sheet](#)

To explore QAPI opportunities at the resident level:

Meet at least monthly as an IDT, including the consultant pharmacist to review your CASPER Resident Level report. Do the individuals on the list match those you know are receiving antipsychotics? If not, could there be a coding error, such as one of the above diagnosis not being checked as a current, active diagnosis in Section I?

As part of your pre-admission process, investigate if potential resident is on an antipsychotic. Was this antipsychotic prescribed recently, perhaps while hospitalized? Can this med be discontinued before the resident moves to your facility?

Meet with resident and family/friends as part of the admission process to explore likes and dislikes and any non-pharmacological interventions that have helped the resident with distress prior to the admission and add these to care plan. Assure for a good communication practice to get this information to all staff members.

Consider using the [Antipsychotic Reduction Resident Prioritization Tool](#)

Do your staff need additional ideas for non-pharmacological interventions? Here are some [suggestions](#). Contact the Alzheimer's Association at 800-272-3900 for support and to request care consultation – 24/7.

Please refer to the current [MDS 3.0 Quality Measures User's Manual \(v. 14.0\)](#) for additional details:

For guidance on quality measures and support in making improvements, reach out to Great Plains Quality Innovation Network Quality Improvement Advisors:

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