

# Antipsychotic Medications Quality Measure (QM) Long Stay (LS) MDS Coding Tips

## Quality Measure Overview

This measure reports the percentage of long-stay resident who are receiving antipsychotic drugs in the target period. This measure is a look-back scan measure. If a resident was administered an antipsychotic medication on any of the 7 days in the look-back period, it will trigger the measure, unless there is an exclusion.

## Exclusions:

- 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.
- Any of the following related conditions are present on the target assessment – noted as Active Diagnosis in Section I (unless otherwise indicated):
  - o Schizophrenia
  - o Huntington's disease
  - o Tourette's syndrome
    - NOTE: 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.

## 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	
<b>Neurological - Continued</b>	
<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)
<b>Nutritional</b>	
<input type="checkbox"/>	I5600. Malnutrition (protein or calorie) or at risk for malnutrition
<b>Psychiatric/Mood Disorder</b>	
<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="text"/>	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  $\geq 75$ , if your facility rate is great than national average rate and/or your facility rate is greater than the state average rate.

Consider this a priority area for your facility, if your facility name appears on the CMS National Partnership to Improve Dementia Care [Late Adopter's list](#).

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

Consider using [a prioritization tool](#) to guide your antipsychotic reduction efforts.

**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 this 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?

Look into any PRN (as needed) prescriptions for antipsychotic medications. Have these medications been used recently? If not, can we get them discontinued from orders? If so, why were they used – can we look for alternative, non-pharmacological interventions for the conditions for which they were prescribed?

Does your staff need additional ideas for non-pharmacological interventions? Here are some [suggestions](#) to look further into.

Contact the Alzheimer's Association for support and to request care consultation. Call the 24/7 helpline at 800-272-3900.

The National Partnership to Improve Dementia Care has collected many tools and resources to help your efforts to reduce antipsychotic meds and improve dementia care. [Access resources here](#).

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:**

**North Dakota:** Michelle Lauckner at [michelle.lauckner@greatplainsqin.org](mailto:michelle.lauckner@greatplainsqin.org)

**South Dakota:** Lori Hintz at [lori.hintz@greatplainsqin.org](mailto:lori.hintz@greatplainsqin.org)

