

# CDPH L&C SNF Antipsychotic Use Survey Tool

(Mandatory use for any resident receiving antipsychotic medication)

Facility: \_\_\_\_\_ Date of Record Review: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Name: \_\_\_\_\_ Unit/Room/Bed: \_\_\_\_\_

Resident Identifier: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ DOA: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Readmit

Event ID: \_\_\_\_\_

Surveyor Name/Discipline/Federal ID No.: \_\_\_\_\_

Antipsychotic Name:	Daily Dosage:	Order Date:	Behavioral Manifestation:

1. Which of the following represents the primary indication for use of the antipsychotic? (complete for each antipsychotic)	Yes	No
1. Schizophrenia		
2. Schizo-affective disorder		
3. Schizophreniform disorder		
4. Delusional disorder		
5. Mood disorders (e.g., bipolar disorder, severe depression refractory to other therapies and/or with psychotic features)		
6. Psychosis in the absence of dementia		
7. Medical illnesses with psychotic symptoms (e.g., neoplastic disease or delirium) and/or treatment related psychosis or mania (e.g., high-dose steroids)		
8. Behavioral or psychological symptoms of dementia (BPSD)		
9. Tourette's Disorder or Huntington disease		
10. Hiccups (not induced by other medications) or nausea and vomiting associated with cancer or chemotherapy		
11. None of the above (indication not in accordance with standards of practice)		

**If "Yes" to any indications 1 – 9 complete all remaining sections of the tool;**

**If "Yes" to indication 10 skip Sections 2-4 and continue with Section 5;**

**If "Yes" to indication 11 cite at F329 (inadequate indication for use) or F222 (chemical restraints) and continue with Section 2.**

2. Determine if resident's documented behavioral symptoms meet the following criteria:	Met	Not Met	N/A
• The behavioral symptoms present a danger (documented) to the resident or to others; <b>AND</b> one or both of the following:			
• The symptoms are identified as being due to mania or psychosis (such as auditory, visual, or other hallucinations, delusions, paranoia or grandiosity); <b>OR</b>			
• Behavioral interventions have been attempted and included in the plan of care, except in an emergency			

**If criteria "Not Met," cite at F329 (inadequate indication for use) or F222 (chemical restraints).**

**If behavioral interventions have not been attempted and included in the plan of care (except in an emergency) cite at F309 (note additional guidance in "Checklist: Review of Care and Services for a Resident with Dementia").**

**3. If the antipsychotic is being used for long term behavioral management complete section 3A; if used to manage an acute situation complete section 3B; if resident admitted to SNF on an antipsychotic medication complete section 3C to evaluate appropriateness.**

<b>3A. Chronic or Prolonged Conditions</b> The target behavior must be specifically identified and monitored objectively and quantitatively prior to its use to ensure the behavioral symptoms are:	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
<ul style="list-style-type: none"> <li>Not due to a medical condition or problem (e.g., pain, fluid or electrolyte imbalance, infection, obstipation, medication side effect or polypharmacy) that can be expected to improve or resolve as the underlying condition is treated or the offending medication(s) discontinued; <b>AND</b></li> </ul>			
<ul style="list-style-type: none"> <li>Not due to environmental stressors alone (e.g., alteration in the resident's customary location or daily routine, unfamiliar care provider, hunger or thirst, excessive noise for that individual, inadequate or inappropriate staff response, physical barriers) that can be addressed to improve the symptoms or maintain safety; <b>AND</b></li> </ul>			
<ul style="list-style-type: none"> <li>Not due to psychological stressors alone (e.g., loneliness, taunting, abuse), anxiety or fear stemming from misunderstanding related to his or her cognitive impairment (e.g., the mistaken belief that this is not where he/she lives or inability to find his/her clothes or glasses, unaddressed sensory deficits) that can be expected to improve or resolve as the situation is addressed; <b>AND</b></li> </ul>			
<ul style="list-style-type: none"> <li>Persistent (the situation/condition recurs over time and the resident's quality of life is negatively impacted by the behaviors/symptoms); <b>AND</b></li> </ul>			
<ul style="list-style-type: none"> <li>Documented non-pharmacological interventions (e.g., psychological counseling, massage therapy, comfort-focused care) have been attempted but failed to adequately address the behavioral/psychological symptoms.</li> </ul>			

<b>3B. Acute Psychiatric Situation/Emergency</b> (must meet all of the following and be related to one or more clinical conditions in Section 1):	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
<ul style="list-style-type: none"> <li>The acute treatment period is limited to 7 days or less; <b>AND</b></li> </ul>			
<ul style="list-style-type: none"> <li>A clinician in conjunction with the interdisciplinary team must evaluate and document the situation within 7 days, to identify and address any contributing and underlying causes of the acute psychiatric condition and verify the continuing need for antipsychotic medication; <b>AND</b></li> </ul>			
<ul style="list-style-type: none"> <li>If the behaviors persist beyond the emergency situation, pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the emergency situation.</li> </ul>			

<b>3C. New Admissions</b> (pertains to residents admitted to the SNF already on an antipsychotic medication who do not require PASSR screening – see F285):	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
<ul style="list-style-type: none"> <li>Facility has re-evaluated antipsychotic at the time of admission and/or within two weeks of admission (at the time of the initial MDS assessment) and has evaluated whether the medication can be tapered or discontinued.</li> </ul>			

***If any of the above criteria "Not Met," cite at F329 (inadequate indication for use) and/or F222 (chemical restraints). Additionally, if the facility failed to monitor the behaviors in an objective and quantitative manner, cite at F329 (for inadequate monitoring).***

***If non-pharmacological behavior interventions have not been attempted cite at F309.***

<b>4. Dosage</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
<ul style="list-style-type: none"> <li>If the antipsychotic is used to treat behavioral symptoms associated with a dementing illness, the daily dosage does not exceed that listed in F329 ("Table 1: Daily Dose Thresholds for Antipsychotic Medications Used to Treat Residents with BPSD" and also in attached supplemental guidance).</li> </ul>			
<ul style="list-style-type: none"> <li>Resident is receiving one antipsychotic medication.</li> </ul>			

***If any of the above criteria "Not Met," cite at F329 (in excessive dosage or duplicate therapy) unless the prescriber has documented resident specific clinical rationale/justification demonstrating the benefit exceeds the associated risk.***

<b>5. Monitoring for Effectiveness</b>	<b>Met</b>	<b>Not Met</b>
Target behavior(s) are:		
<ul style="list-style-type: none"> <li>Identified in the resident's care plan.</li> </ul>		
<ul style="list-style-type: none"> <li>Monitored objectively (behaviors are specifically identified and not generalized such as; "agitation, restlessness") and quantitatively (number of behavioral episodes exhibited over a specified course of time)</li> </ul>		
<ul style="list-style-type: none"> <li>Consistent with the primary indication for use (e.g., schizophrenia as manifested by auditory hallucinations or dementia as manifested by hitting other residents during activities).</li> </ul>		
<ul style="list-style-type: none"> <li>Evaluated <b>at least</b> quarterly (during care plan review) after initiating antipsychotic or dosage increase.</li> </ul>		
Behavioral data are:	<b>Met</b>	<b>Not Met</b>
<ul style="list-style-type: none"> <li>Made available to the prescriber in a consolidated manner at least monthly.</li> </ul>		
<ul style="list-style-type: none"> <li>Sufficient to provide the prescriber with the necessary information to determine antipsychotic medication effectiveness/ineffectiveness as well as the presence of adverse consequences.</li> </ul>		

***If any of the above criteria "Not Met," consider deficiencies at F329 (inadequate monitoring) and/or F279 (care planning); or Title 22 72319(j)(2) and 72311(a)(1) for nursing care plan data that does not specify data to be collected for use in evaluating the effectiveness of the drugs and occurrence of adverse reactions; or Title 22 72319(j)(3) if consolidated monthly behavioral data not available to prescriber.***

<b>6. Monitoring for Adverse Consequences</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
Adverse consequences to be monitored shall include at least the following:			
<ul style="list-style-type: none"> <li>Significant or severe consequences, such as those listed in FDA boxed warnings (manufacturer's package insert) and those that may be significant based on the resident's clinical condition.</li> </ul>			
<ul style="list-style-type: none"> <li>Those listed in Table 1 of F329 and also in attached supplemental guidance.</li> </ul>			
<ul style="list-style-type: none"> <li>The associated adverse consequences are identified in the resident's care plan.</li> </ul>			
If the resident has experienced possible or actual antipsychotic related adverse consequences the facility has documented such and taken action.			

***If any of the above criteria "Not Met," cite at F329 (inadequate monitoring; or presence of adverse consequences which indicate the dose should be reduced or discontinued; or if antipsychotic continued despite adverse consequences and facility/prescriber risk/benefit documentation is not present in clinical record).***

<b>7. Gradual Dose Reduction (GDR)</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
If the antipsychotic was initiated within the last year the facility has attempted a GDR in two separate quarters (with at least one month between attempts).			
If the resident has been receiving the antipsychotic for more than one year the GDR has been attempted annually.			
If no antipsychotic GDR has been attempted the prescriber has documented a taper is clinically contraindicated (as defined in supplemental guidance).			

*If any of the above criteria “Not Met,” cite at F329 (for excessive duration/GDR).*

<b>8. Provision of Consultant Pharmacist Services</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
Documentation is present the resident’s clinical record was reviewed monthly by a consultant pharmacist.			
If non-compliances related to antipsychotic use were noted in Sections 1 – 7 the consultant pharmacist identified irregularities in writing to the attending physician and director of nursing.			
If the consultant pharmacist <b>did</b> identify (in the monthly Medication Regimen Review report) irregularities related to antipsychotic inappropriateness the facility acted on the report.			

*If any of the above criteria “Not Met,” cite at F428 (Drug Regimen Review).*

<b>9. Informed Consent (Note: RP = Responsible Party)</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
If the antipsychotic was initiated <b>prior to</b> admission to the facility the clinical record contains documentation of previous informed consent; or verification of resident consent after admission. <i>If “Not Met” cite T22 Section 72528(c).</i>			
If the antipsychotic was initiated <b>after</b> admission to the facility the clinical record contains verification of resident informed consent. Exception is use for an emergency basis as defined in T22 Section 72528(e). <i>If “Not Met” cite T22 Section 72528(c).</i>			
If the antipsychotic dosage was increased the clinical record contains verification of resident informed consent. <i>If “Not Met” cite H&amp;SC 1418.9.</i>			
Interview the resident (or RP if the resident does not have capacity) to determine if the following material information was provided prior to the use of the antipsychotic:	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
(1) The reason for the treatment and the nature and seriousness of the resident’s illness; and			
(2) The nature of the proposed treatment including frequency and duration; and			
(3) The probable degree and duration (temporary or permanent) of improvement or remission, expected with or without such treatment; and			
(4) The nature, degree, duration, and probability of the side effects and significant risks (e.g., FDA boxed warning), commonly known by the health professions; and <sup>1</sup>			
(5) The reasonable alternative treatments and risks, and why the health professional is recommending this particular treatment; and			
(6) That the resident has the right to accept or refuse the proposed treatment, and if he or she consents, has the right to revoke his or her consent for any reason at any time.			
<b>Except as noted immediately below, if identified as “Not Met,” cite the facility at T22 Section 72528(b)(1-6) as applicable.</b>			
<sup>1</sup> Per 72528(f): Notwithstanding Sections 72527(a)(5) and 72528(b)(4), disclosure of the risks of a proposed treatment or procedure may be withheld if there is documentation of one of the following in the resident’s health record:			
(1) That the resident or resident’s representative specifically requested that he or she not be informed of the risk or material information concerning the treatment or procedure. This request does not waive the requirement for			

providing the other material information concerning the treatment or procedure. (2) That the licensed healthcare practitioner acting within the scope of his or her professional licensure relied upon objective facts, as documented in the health record, that would demonstrate to a reasonable person that the disclosure would have so seriously upset the resident that the resident would not have been able to rationally weigh the risks of refusing to undergo the recommended treatment and that, unless inappropriate, a resident's representative gave informed consent as set forth herein.			
	Met	Not Met	N/A
Determine if the prescribing physician provided material information necessary (listed above) to obtain informed consent and received consent from the resident. <b><i>If "Not Met," cite the facility at T22 Section 72528(a) and/or H&amp;SC 1418.9.</i></b>			
Prior to giving informed consent, the information provided was understood and questions were satisfactorily answered. <b><i>If "Not Met," cite at F156.</i></b>			
The resident/RP has been invited to participate in care planning as it relates to the use of the antipsychotic medication. <b><i>If "Not Met," cite F280 or T22 Section 72527(a)(3).</i></b>			

If the resident does <b>not</b> have capacity to give informed consent and has <b>no</b> designated RP/person with legal authority to make those decisions on behalf of the resident:	Met	Not Met	N/A
<ul style="list-style-type: none"> <li>The attending physician has identified efforts (resident interview/family members consulted, etc.) no person with legal authority exists.</li> </ul>			
<ul style="list-style-type: none"> <li>The facility IDT has documented review, assessment and care planning (unless in an emergency) of the proposed antipsychotic order in accordance with H&amp;SC 1418.8 (e)(1) through (e)(6) prior to receipt of the medication.</li> </ul>			
<ul style="list-style-type: none"> <li>In the case of an emergency antipsychotic medication intervention, the IDT has met within one week for an evaluation of the intervention.</li> </ul>			
<ul style="list-style-type: none"> <li>The IDT has (at least quarterly or upon a significant change of condition) evaluated the antipsychotic therapy.</li> </ul>			

***If any of the above "Not Met," cite at H&SC Section 1418.8.***

Determine the following regarding informed consent policies and procedures:	Met	Not Met	N/A
<ul style="list-style-type: none"> <li>The facility has written patients' rights policies and procedures related to psychotherapeutic informed consent.</li> </ul>			
<ul style="list-style-type: none"> <li>Licensed nursing staff is familiar with written informed consent facility policies and procedures and are able to explain the process of verifying psychotherapeutic informed consent.</li> </ul>			
<ul style="list-style-type: none"> <li>The resident's attending physician has verified (on interview) that antipsychotic informed consent was obtained in accordance with facility policies and procedures and regulatory requirements.</li> </ul>			

***If any of the above "Not Met," cite at T22 Section 72527(a).***

***Consider issuance of a civil money citation\* for one or more of the following non-compliance(s):***

- Resident/RP indicates (on interview) required material information (as defined in T22 Section 72528 (1-6)) was not received in order to make an informed decision prior to receipt of the antipsychotic medication.***
- Physician did not obtain informed consent from the resident (the process of informed consent was delegated to licensed nursing staff, ward clerk, etc.).***
- Facility failed to develop and implement patients' rights policies and procedures, in accordance with state laws and regulations, related to psychotherapeutic informed consent.***

***(\*See H&SC Section 1424 in Supplemental Guidance)***

<b>10. Medical Director/Quality Assessment &amp; Assurance (QAA)</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
Medical Director has ensured resident care policies and procedures were developed and implemented regarding antipsychotic informed consent and behavioral health/psychopharmacological medication use.			
Medical Director has addressed facility-identified clinically inappropriate use of antipsychotic medications in the context of regulatory requirements and current standards of practice.			
QAA has developed and implemented an action plan related to non-compliances with policy and procedure implementation regarding antipsychotic informed consent; appropriate antipsychotic use; care of residents with dementia; or acting on consultant pharmacist MRR recommendations related to inappropriate antipsychotic use (note: facility not required to disclose QAA minutes).			

***If either of the first two items “Not Met,” cite at F501 (Medical Director is responsible for implementation of resident care policies and/or the coordination of medical care in the facility); if the last item “Not Met,” cite at F520 (QAA committee develops and implements appropriate plans of action to correct identified quality deficiencies).***

***Please note: If professional licensing board referral (MBC, BOP or BRN) appears appropriate discuss with DO Supervisor.***