Virginia Long-Term Care Clinician Network Monthly Forum

March 15, 2023

Welcome!

Please mute your phone or computer for now. We have time for open chat and hope to hear from each of you. Feel free to keep your camera on. We are happy to see you.

Disclosures

The speakers and presenters for today have no relevant financial conflicts of interest.

*Funding Disclosure: This work is supported by the **Virginia Department of Health, Office of Epidemiology, Division of Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program** and the Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity (ELC) Program under federal award number NU50CK000555 and state subrecipient number VCULTC603-GY23 in the amount of $820,002. The content presented is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control, the Virginia Department of Health, or Virginia Commonwealth University.*

VDH VLIPP Projects

https://www.vdh.virginia.gov/haiar/virginia-long-term-care-infrastructure-pilot-projects-vlipp/

Virginia Long-Term Care Infrastructure Pilot Project (VLIPP) funding will be utilized in nursing homes and long-term care facilities to assist with the ongoing COVID-19 response and to bolster preparedness for emerging infections. The projects are based on identified needs that align with funding objectives

VLIPP Stakeholders:

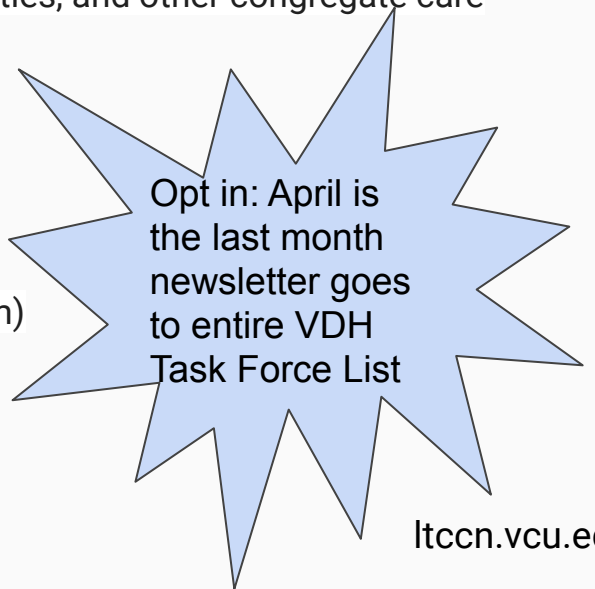
- Carilion Clinic
- Eastern Virginia Medical School (EVMS)
- Health Quality Innovators (HQI)
- LeadingAge Virginia
- University of Virginia (UVA)
- Virginia Commonwealth University (VCU)
- Virginia Department of Social Services (VDSS)
- Virginia Health Care Association-Virginia Center for Assisted Living (VHCA-VCAL)

Introducing the Network - Share w/ Peers

About the Network: The Virginia Long-Term Care Clinician Network (LTC-CN) brings together medical directors and clinicians practicing in nursing homes, assisted living facilities, and other congregate care settings, such as Program of All-inclusive Care for the Elderly (PACE).

Member Benefits:

- Free peer network fostering open discussion and collaboration
- Monthly newsletter
- Monthly forum (third Wednesday of each month from 4:00-5:00 pm)



ltccn.vcu.edu

Where to find us?

SCAN ME

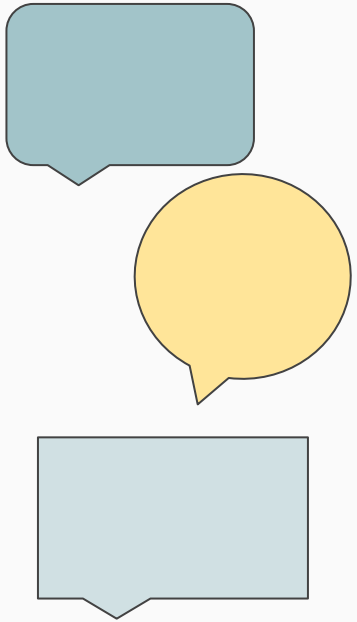
Who are we?

- Christian Bergman, MD - Principal Investigator
- Bert Waters, PhD - Project Director
- Laura Finch, MS, GNP, RN - Clinical Coordinator
- Kim Ivey, MS - Communications / Administration
- Jenni Mathews - Survey Data & Evaluations Specialist
- Kristin MacDonald, MS, RD - Newsletter & Content Editor

Who are you?

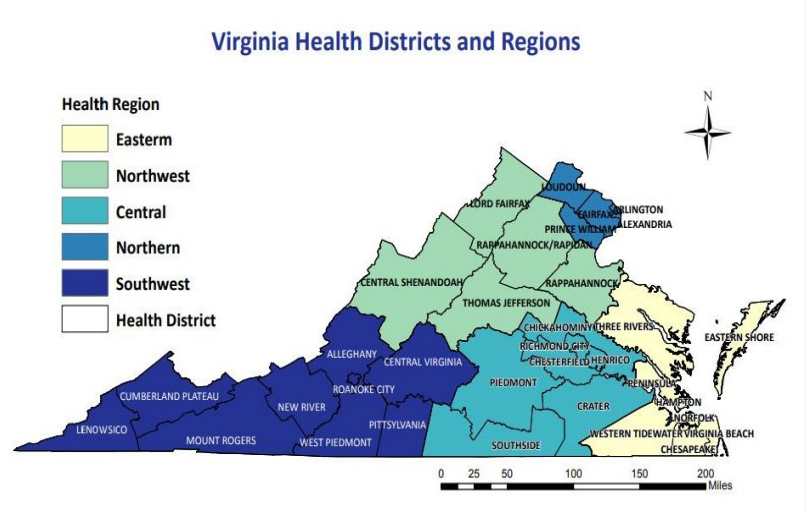
Please use the Chat box to share:

- **Name**
- **Role**
- **Location in Virginia (city or region)**



Steering Committee Structure

- 2 representatives (MD, NP/PA) from each of the Virginia Health Planning Regions
- Monthly meetings to provide guidance to project



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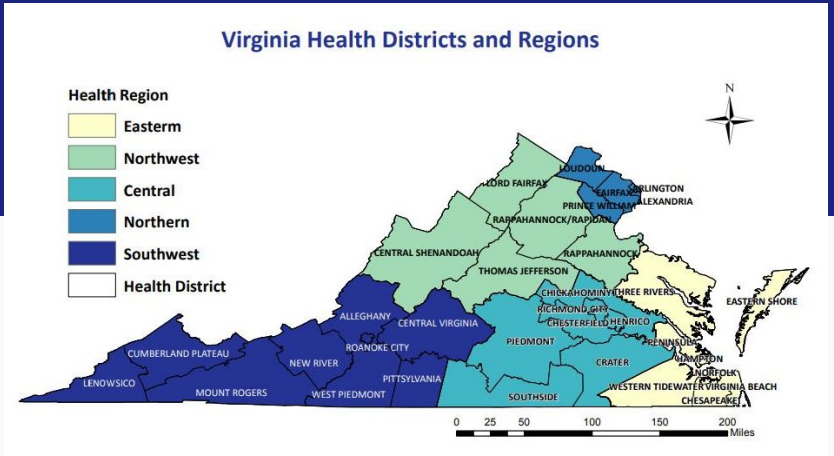
Steering Committee



Eastern Region: Rob Walters, MD & Mary Mallory, NP

Northwestern Region: Jonathan Winter, MD

Central Region: William Reed, MD & Tangela Crawley-Hardy, NP

Southwest Region: Katherine Coffey-Vega, MD, Jamie Smith, NP & Melanie Wade, NP

Northern Region: Noelle Pierson, NP & Aahba Jain, MD

Statewide: Shawlawn Freeman-Hicks, NP

Monthly Forum - Every 3rd Wednesday, 4-5 PM

A 60-minute Zoom session to connect with long-term care clinicians around the state. We will continue to integrate COVID-19 topics in our discussion, but will also expand the topics and encourage robust discussions around other areas of interest pertinent to long-term care such as:

- Infection Control Practices (enhanced barrier precautions, etc.)
- Clinical topics (falls, antipsychotic use, antibiotic stewardship, etc.)
- Vaccinations (influenza, pneumonia, COVID-19, shingles)
- State and Federal Legislative Updates
- Advance Care Planning and Capacity Determination
- QAPI and sample PIP charters
- Staffing challenges and best practices

Monthly Forum Structure, 60 min

Introduction - 2 minutes

Updates - 6 minutes

Featured Monthly Topic - 15-20 minutes

Open Discussion - 15-20 minutes

Feedback - 3 minutes

February’s Forum

- Nearly 40 participants from all over Virginia
- MDs, NPs, nursing, social work, infection prevention, NH administration
- Feedback: 100% positive that Forum was helpful and that they were likely to attend again
- The Network has grown to just over 100 members so far!

High Bridge, Farmville

Virginia Long-Term Care Clinician Network

- 6 - planning team
- 11 - steering committee
- 100 - network members

Professions

- RN (32)
- NP (25)
- MD/DO (24)
- LNHA/Administration (13)
- IP/QIA (7)
- SW (3)
- Emergency Prep Coord (2)
- LPN (2)
- Nurse Educator (2)

Care Settings

- AL (32)
- SNF/LTC (63)
- Other (30)

Regions

Central (42)
Eastern (39)
Southwest (23)
Northern (21)
Northwest (11)

Feb. Forum Participants

- Steering Team (7)
- Planning Team(6)
- Network Members (27)

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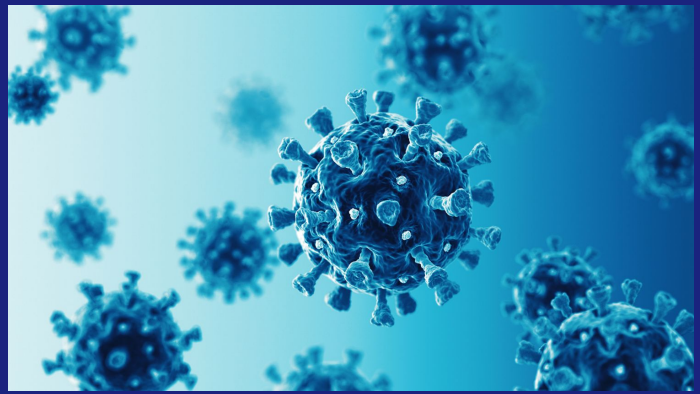
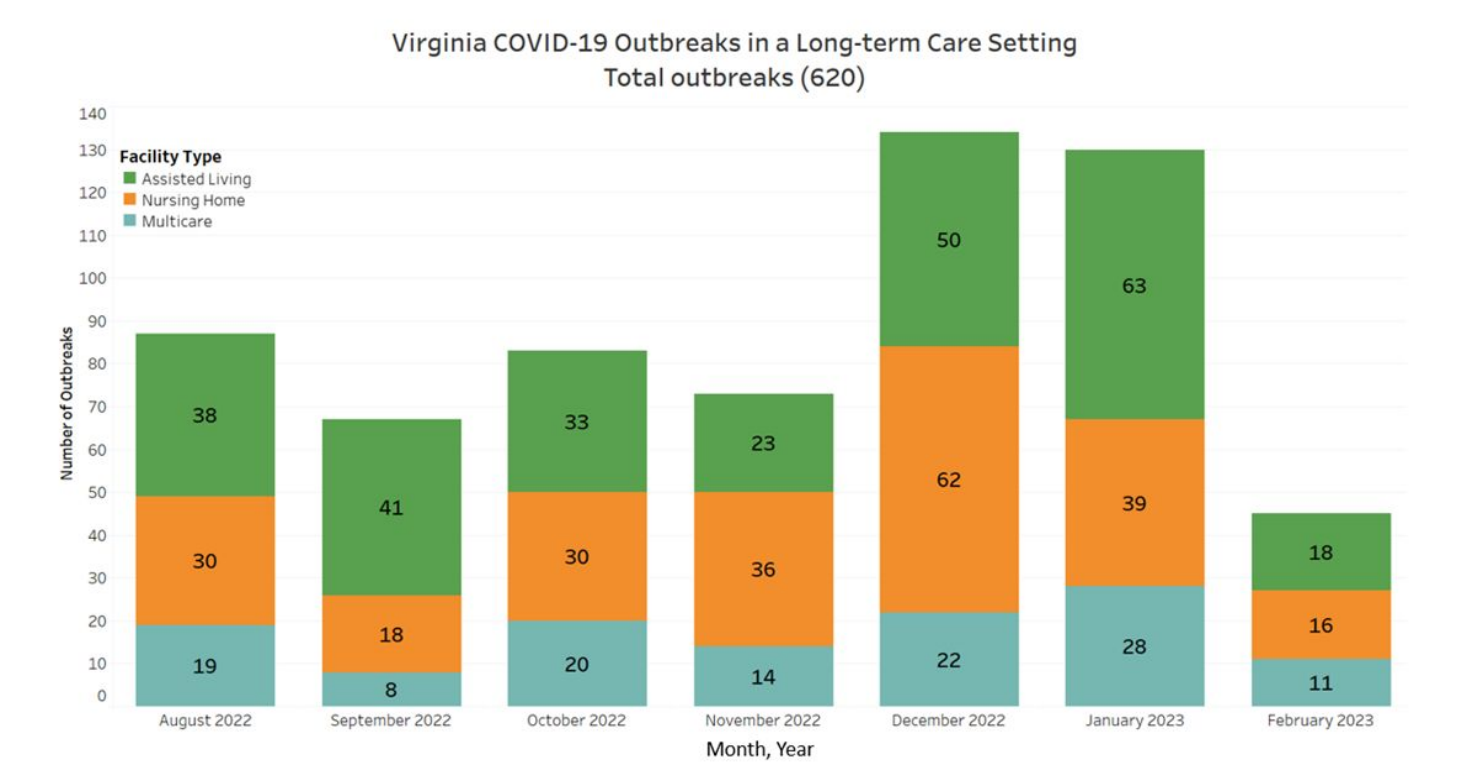
Updates

COVID-19:
Data, Treatment, Vaccines



Data from VDH

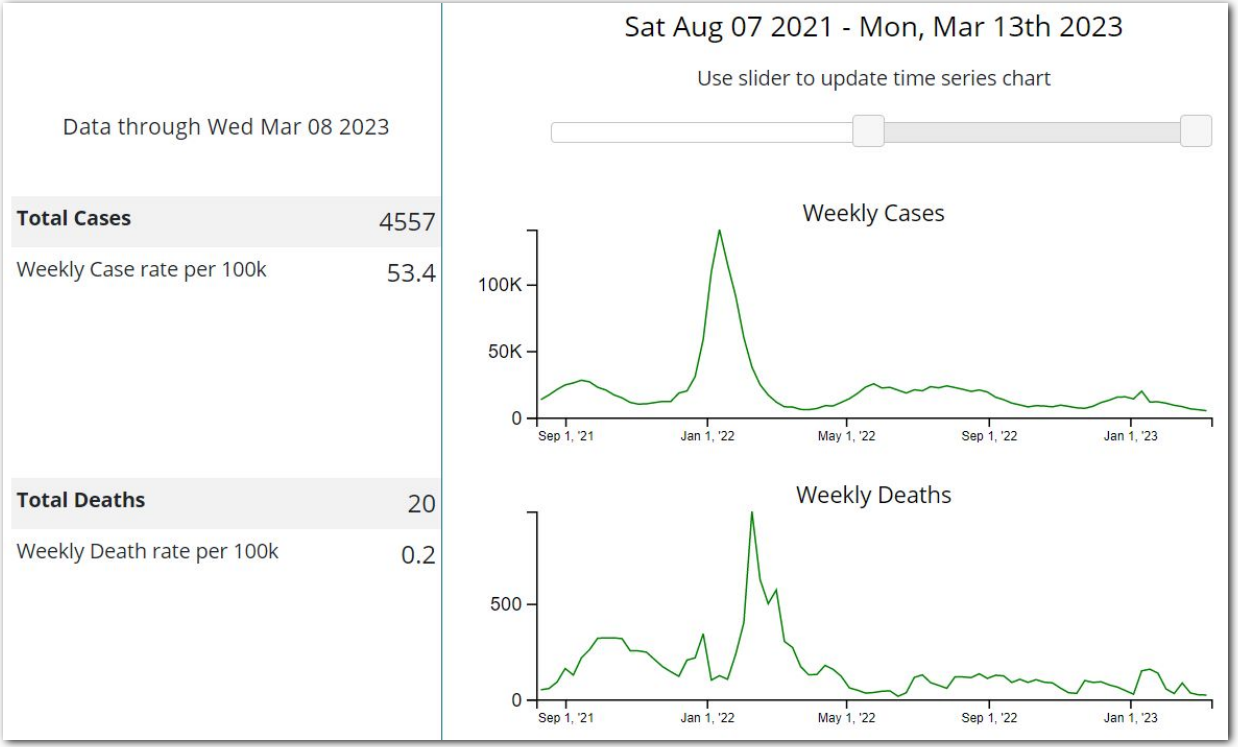
August-February reported outbreaks in Nursing Homes, Assisted Living, and in Multicare



Data from VDH and CDC

Current state of COVID-19 in Virginia as of 3-13-2023:

- Current Va. hospital admissions primary dx COVID: **318** (VDH)
- Cases (CDC)
- Deaths (CDC)



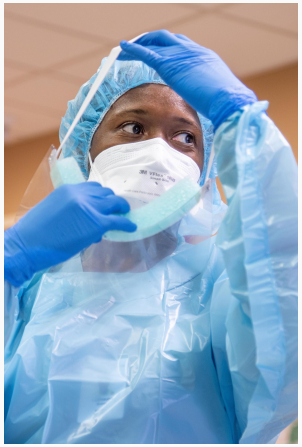
https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Virginia&data-type=Risk
https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/vhha-hospitalizations/

VDH Dashboard Snapshot COVID-19 Admissions

355 new hospital admissions in the week ending 03/11/2023

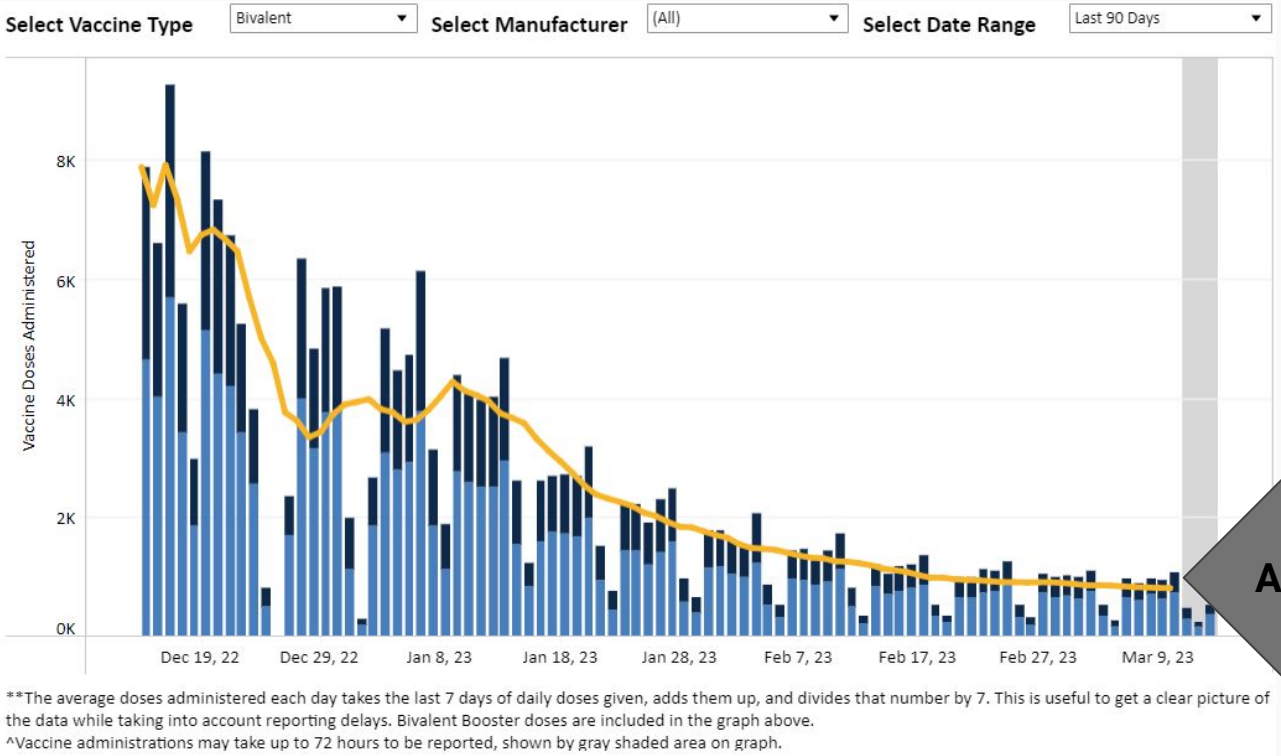
15% points lower than the previous week ending 03/04/2023

4 week trend in Hospital Admissions



https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/

VDH Dashboard: 90D Bivalent Booster Administration



Note: 73.8% of Virginia is Fully Vaccinated (first two Moderna/Pfizer or one J&J)

https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/covid-19-vaccine-summary/

Current Therapeutics

ASPR - COVID-19 Treatments: Key Messages for Long-Term Care Facilities

Vaccination Updates

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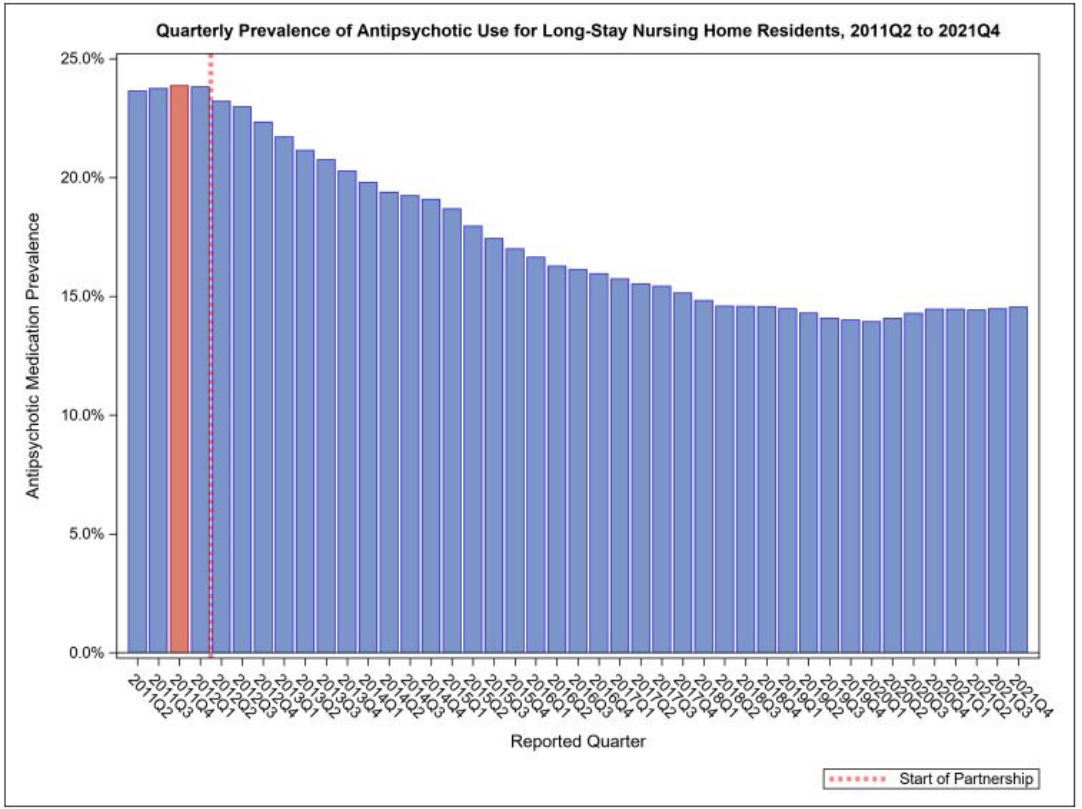
***Read more COVID-19 updates in our March edition of the LTC-CN newsletter!**

Featured Monthly Topic:

Appropriate antipsychotic use in LTC and CMS regulatory changes on diagnosis of Schizophrenia

National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (April 2022)



https://www.cms.gov/files/document/antipsychotic-medication-use-data-report-2021q4-updated-07292022.pdf

Antipsychotic Use in Nursing Homes

U.S. Department of Health and Human Services
Office of Inspector General

Long-Term Trends of Psychotropic Drug Use in Nursing Homes

What OIG Recommends and How the Agency Responded

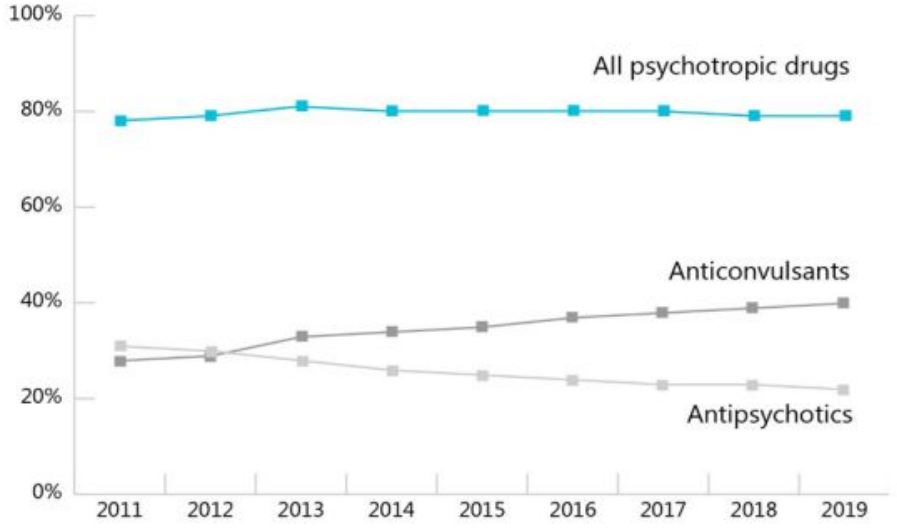
CMS should: (1) evaluate the use of psychotropic drugs among nursing home residents to determine whether additional action is needed to ensure that use among residents is appropriate, (2) use data to identify nursing homes or nursing home characteristics that are associated with a higher use of psychotropic drugs and focus oversight on nursing homes in which trends may signal inappropriate use, and (3) expand the required data elements on Medicare Part D claims to include a diagnosis code. CMS concurred with the first two recommendations and did not concur with the third recommendation in this report.

U.S. Department of Health and Human Services
Office of Inspector General
Report in Brief
November 2022, OEI-07-20-00500

https://oig.hhs.gov/oei/reports/OEI-07-20-00500.pdf

Antipsychotic Use in Nursing Homes

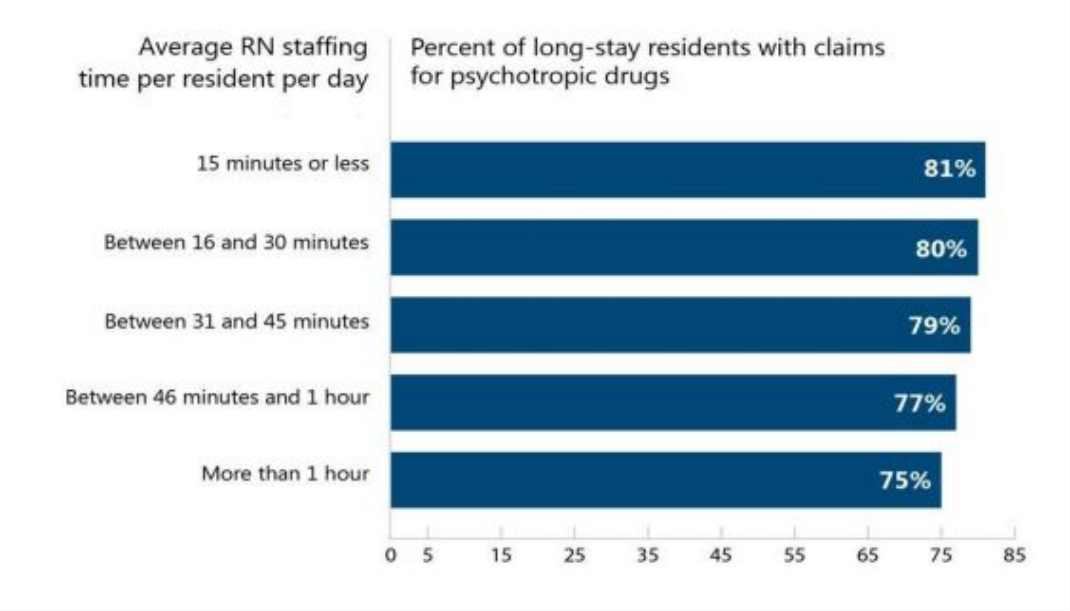
Exhibit 1: While CMS focused its efforts on reducing antipsychotic drug use, overall psychotropic drug use remained constant, and anticonvulsant drug use increased among long-stay residents aged 65 and older.



Source: OIG analysis of MDS and Medicare claims data, 2022. (See endnote 11 for a list of all categories included in the analysis of all psychotropic drugs.)

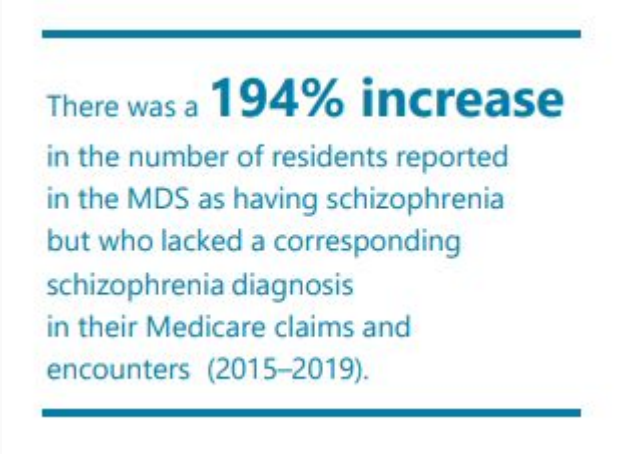
Psychotropic drugs - antipsychotic, antidepressant, antianxiety, and hypnotic drugs

Antipsychotic Use in Nursing Homes



Nursing homes with lower RN staffing numbers were associated with a higher percentage of long-stay residents with claims for psychotropic drugs in 2019.

Antipsychotic Use in Nursing Homes



From 2015 through 2019, there were increases in both MDS reporting of schizophrenia and the numbers of residents who lacked a corresponding schizophrenia diagnosis in Medicare claims and encounters

In 2015, there were 6,465 in their Medicare claims and residents who were reported in the encounters (2015–2019). MDS as having schizophrenia but who lacked a corresponding schizophrenia diagnosis in their claims for medical visits, treatments, tests, or supplies during 2015 or in the preceding year. By 2019, this number had almost tripled to 19,009.

The timing of this increase coincides with CMS's incorporation of the quality measure that tracks antipsychotic use in nursing homes in 2015 into one of its Nursing Home Five-Star Quality Rating System calculations

CMS QSO - Jan 18, 2023

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-23-05-NH

DATE: January 18, 2023

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: **Updates to the Nursing Home Care Compare Website and Five Star Quality Rating System: Adjusting Quality Measure Ratings Based on Erroneous Schizophrenia Coding, and Posting Citations Under Dispute**

Memorandum Summary

- **Adjusting Quality Measure Ratings:** CMS will be conducting audits of schizophrenia coding in the Minimum Data Set data and, based upon the results, adjust the Nursing Home Care Compare quality measure star ratings for facilities whose audits reveal inaccurate coding.
- **Posting Citations Under Dispute:** To be more transparent, CMS will now display citations under informal dispute on the Nursing Home Care Compare website.

Adjusting star rating based on schizophrenia diagnosis

QM LTC - percentage of long-stay residents who are receiving antipsychotic drugs.

CMS will begin conducting offsite audits to assess the accuracy of Minimum Data Set (MDS) data. Specifically, we will examine the facility's evidence for appropriately documenting, assessing, and coding a diagnosis of schizophrenia in the MDS for residents in a facility.

QM LTC - Antipsychotics

Prior to 2012, there was a CASPER long-stay measure for long-stay antipsychotics.

The prior QM “excluded from the denominator residents with Schizophrenia, Tourette’s syndrome, Huntington’s disease, Manic Depression (Bipolar disease), hallucinations, and delusions, while the new measure only excludes residents with Schizophrenia, Tourette’s syndrome, and Huntington’s disease. “

“The long-stay measure on NHC will be used to track the progress of the CMS National Partnership to Improve Dementia Care in Nursing Homes, and CMS will be using as a baseline the last three quarters of Calendar Year 2011. This corresponds to the data that will be posted on NHC starting in July 2012. The national average for the percentage of long-stay residents who received an antipsychotic during this time period was 23.9%.”

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/AntipsychoticMedicationQM.pdf

CMS QM ID N031.03 (effective 4/1/2012)

Numerator Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received.

This condition is defined as follows: 1. For assessments with target dates on or after 04/01/2012: (N0410A = [1, 2, 3, 4, 5, 6, 7]).

Denominator Long-stay nursing home residents with a selected target assessment except those with exclusions.

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

2.1. Schizophrenia (I6000 = [1]).

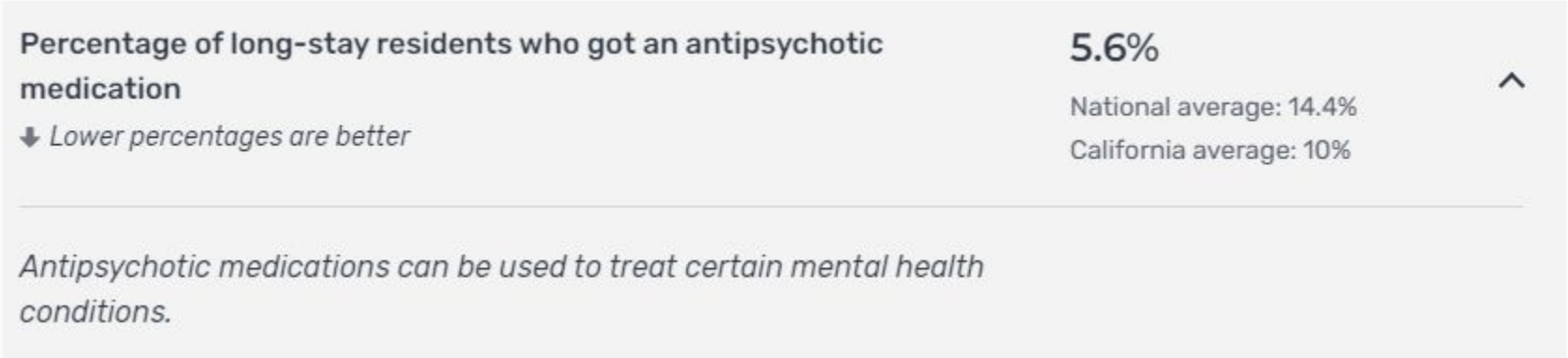
2.2. Tourette's syndrome (I5350 = [1]).

2.3. Tourette's syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.

2.4. Huntington's disease (I5250 = [1]).

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-USERS-MANUAL-v121.pdf

Nursing Home Compare



https://www.medicare.gov/care-compare/details/nursing-home/055115?city=Los%20Angeles&state=CA&zipcode=&measure=nursing-home-quality-of-care

Recommendations Re: Antipsychotic Meds

Impossible to separate from 2 things:

- Approach to behaviors in facility → Think of nurse-led behavioral intervention team
- IDT Documentation

Schizophrenia - do not use unless you have supporting documentation

Consider all FDA indications are “appropriate” (bipolar d/o, schizoaffective d/o, depression w/ psych, refractory depression, etc.)

PRN antipsychotics should never or rarely be used

Documentation / Follow up (starting medication - > 7 -10 days). Target symptom.

Gradual-Dose Reduction

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-USERS-MANUAL-v121.pdf

CMS Surveyor Checklist

Review of Care and Services for a Resident with Dementia (for use with the Interpretive Guidance at F309)

Did staff describe behavior (onset, duration, intensity, possible precipitating events or environmental triggers, etc.) and related factors (appearance, alertness, etc.) in the medical record with enough specific detail of the actual situation to permit underlying cause identification to the extent possible?

If the behaviors represent a sudden change or worsening from baseline, did staff contact the attending physician/practitioner immediately for a medical evaluation, as appropriate?

If medical causes are ruled out, did staff attempt to establish other root causes of the behavior using individualized knowledge about the person and when possible, information from the resident, family, previous caregivers and/or direct care staff?

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SC-Letter-13-35-Surveyor-Checklist.pdf

Case 1

- Ms. Smith is an 85 year old female with a history of HTN, DM, COPD who was hospitalized from 2/15 – 2/21 for a left hip fracture, now s/p left hip ORIF. The nurse is calling you for admission orders. On review of her medication list, you notice that she is on quetiapine 100 mg nightly. The discharge summary says “Problem 6: Insomnia, continue quetiapine”.

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- Question 1: What do you do next?
  - A. Approve as written
  - B. Change the diagnosis to schizophrenia
  - C. Discontinue quetiapine

Case 1, continued

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Case 1, continued

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- Question 2: What changes do you make to quetiapine?
  - A. Discontinue quetiapine
  - B. Decrease dose to 50 mg
  - C. Continue current dose at 100 mg

Case 1 Discussion

1. Approach to short stay patient on antipsychotic with unknown diagnosis.
2. Tapering antipsychotics.
3. Obtain additional information.
4. Monitor for behaviors (document), and side effects of medication.

Case 2

- Mr. Jones is a 45 year old male with a history of paranoid schizophrenia, HTN, CKD who was hospitalized for 2 months following a car accident. The nurse is calling you for admission orders and you notice that he is on risperidone 2 mg twice a day.

Case 2

- Mr. Jones is a 45 year old male with a history of paranoid schizophrenia, HTN, CKD who was hospitalized for 2 months following a car accident. The nurse is calling you for admission orders and you notice that he is on risperidone 2 mg twice a day.

Question 3: What do you do next?

A. Approve as written

B. Change the diagnosis to psychosis NOS

C. Discontinue risperidone

Case 2, continued

- Mr. Jones is a 45 year old male with a history of paranoid schizophrenia, HTN, CKD who was hospitalized for 2 months following a car accident. The nurse is calling you for admission orders and you notice that he is on risperidone 2 mg twice a day.
- You evaluate him at bedside and review the diagnostic criteria for schizophrenia but he denies any current symptoms. Otherwise he appears well and is participating in PT /OT without any behaviors. He had been receiving risperidone as prescribed in the hospital.

Case 2, continued

- Mr. Jones is a 45 year old male with a history of paranoid schizophrenia, HTN, CKD who was hospitalized for 2 months following a car accident. The nurse is calling you for admission orders and you notice that he is on risperidone 2 mg twice a day.
- You evaluate him at bedside and review the diagnostic criteria for schizophrenia but he denies any current symptoms. Otherwise he appears well and is participating in PT /OT without any behaviors. He had been receiving risperidone as prescribed in the hospital.

Question 4: Can you keep the diagnosis of schizophrenia on the chart as written?

A. Yes

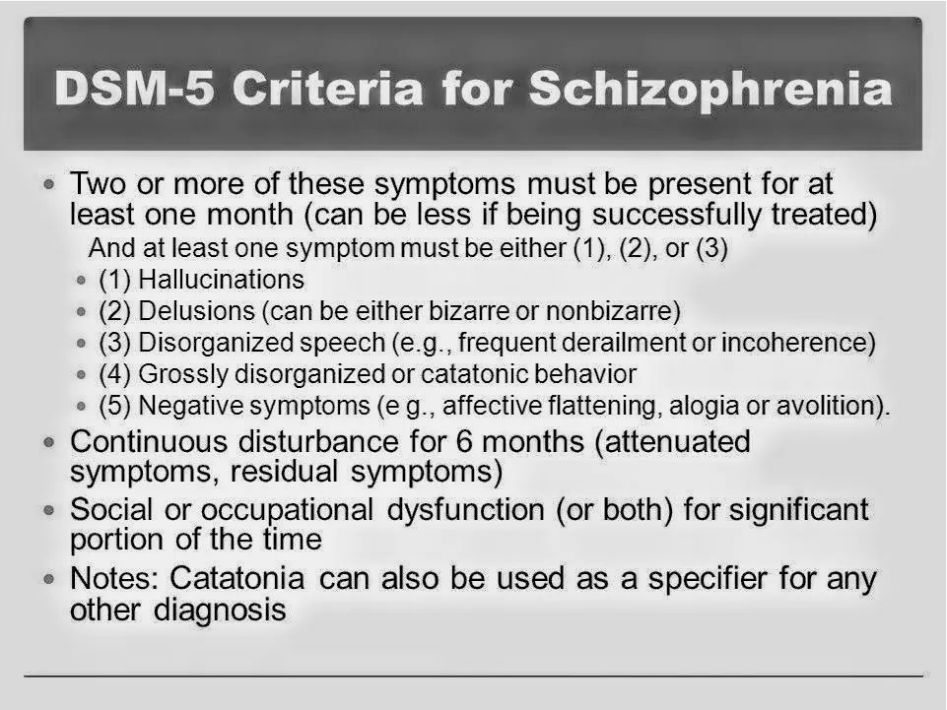
B. No

C. I don't know

Case 2 Discussion

DSM Criteria for diagnosis of schizophrenia

https://ptmasterguide.com/2019/11/23/dsm-5-criteria-for-schizophrenia/



Case 3

- Ms. West is a 92 year old female and long-term care resident with a history of progressive dementia, DM, HTN, prior stroke, and CKD. Her dementia has been progressive and she now spends most of her time in bed. Nurse calls her requesting “She just hit a staff member, we need some help. Can you give her something.” The staff say that she has been more challenging to re-direct during ADL care and describe that today, she became agitated and hit a staff member. After you go through the behavior and ask staff to document and rule out reversible causes, you evaluate her the next day. She appears bothered by restlessness and easily agitated. You decide she would benefit from trial period of a low dose of an antipsychotic.
-

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Question 5: What diagnosis would you put for quetiapine 12.5 nightly?

A. Delirium with psychosis

B. Dementia with agitation

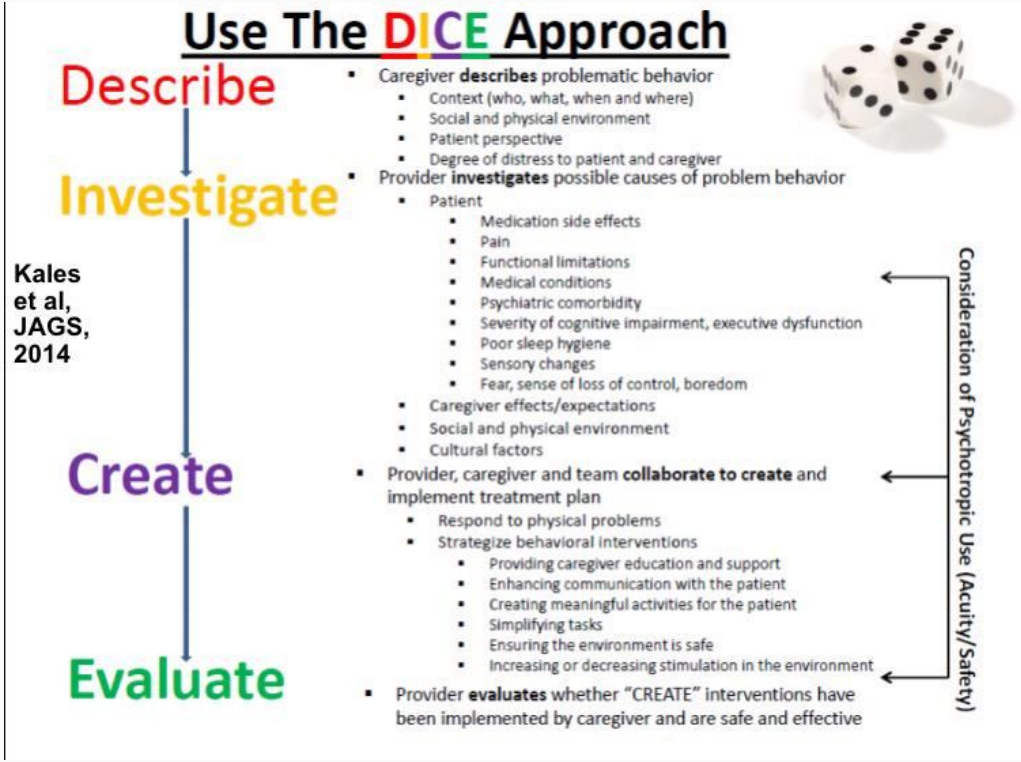
C. Dementia with behavioral distubances

D. Agitation

E. psychosis NOS

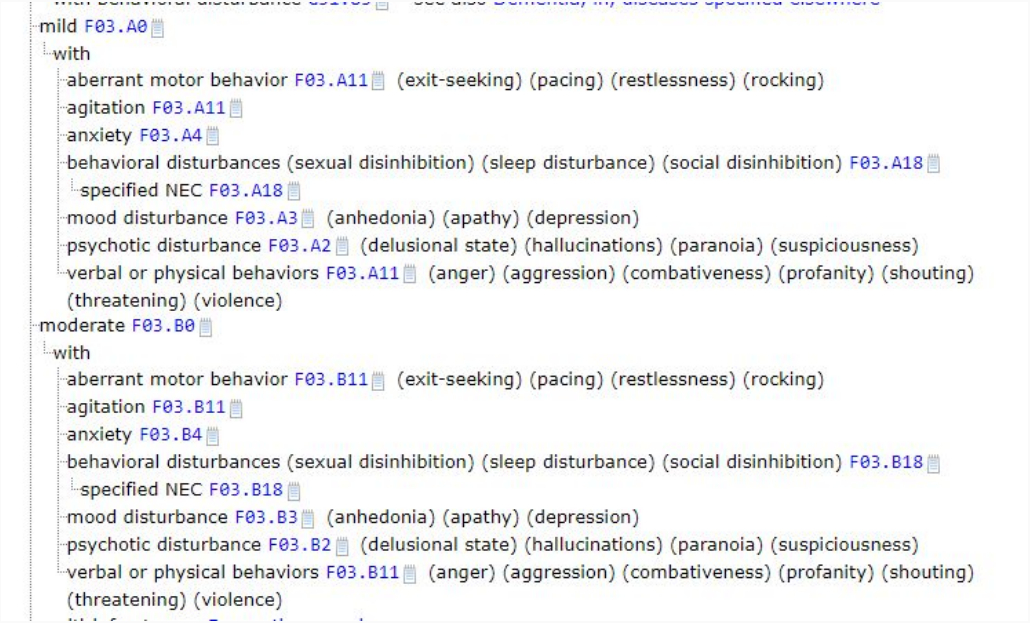
Case 3 Discussion

1. Approach to behaviors
   a. DICE
   b. ABCD
2. ICD-10 Codes



F03.90 - The code exists

Dementia (degenerative (primary)) (old age) (persisting) (unspecified severity) (without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety) F03.90



- mild F03.A0
  - with
    - aberrant motor behavior F03.A11 (exit-seeking) (pacing) (restlessness) (rocking)
    - agitation F03.A11
    - anxiety F03.A4
    - behavioral disturbances (sexual disinhibition) (sleep disturbance) (social disinhibition) F03.A18
      - specified NEC F03.A18
    - mood disturbance F03.A3 (anhedonia) (apathy) (depression)
    - psychotic disturbance F03.A2 (delusional state) (hallucinations) (paranoia) (suspiciousness)
    - verbal or physical behaviors F03.A11 (anger) (aggression) (combativeness) (profanity) (shouting) (threatening) (violence)
- moderate F03.B0
  - with
    - aberrant motor behavior F03.B11 (exit-seeking) (pacing) (restlessness) (rocking)
    - agitation F03.B11
    - anxiety F03.B4
    - behavioral disturbances (sexual disinhibition) (sleep disturbance) (social disinhibition) F03.B18
      - specified NEC F03.B18
    - mood disturbance F03.B3 (anhedonia) (apathy) (depression)
    - psychotic disturbance F03.B2 (delusional state) (hallucinations) (paranoia) (suspiciousness)
    - verbal or physical behaviors F03.B11 (anger) (aggression) (combativeness) (profanity) (shouting) (threatening) (violence)

https://www.icd10data.com/ICD10CM/Index/D/Dementia

Case 4

- Ms. West's condition now continues to progress and after a goals of care conversation, she is converted to hospice and remains in your building. Her behaviors and quality of life have improved on quetiapine 12.5 nightly. The hospice agency enters the facility and add their standard orderset, including haloperidol PRN and lorazepam PRN. Your nurse calls you to ask for clarification and for a diagnosis on the medications?
-

  Question 6: Are hospice patients who are on antipsychotic medications excluded from the QM metrics and PRN rules/regulations?

  A. Yes

  B. No

Case 4 Discussion

1. Hospice and antipsychotic medications

2. Hospice and PRN medications

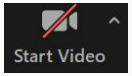
Zoom Photo Op

Zoom Photo Op

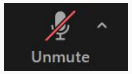
- Before we transition into our Open Forum Discussion, please turn on your cameras so we can take a screenshot of everyone in the Network to show what we are doing and for possible use on our website and social media pages.
- The photos will be small, reflecting the size of the group, more than the faces.
- Say cheese!

Open Forum Discussion

Open Forum Discussion

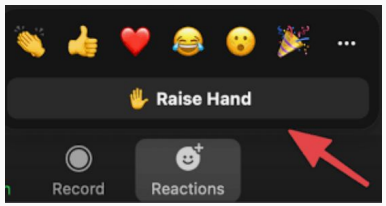


Turn on your video - we'd love to see you!



Unmute to contribute a question or comments

Use the **Chat box** to type in questions or comments



Or **Raise Your Hand** in Reactions, or in Participants or use Option+Y (mac) or Alt+Y (pc)

Open Forum Discussion

Waterfall Chat Instructions In your Zoom Chat box, type in your response, but DON'T press enter until you hear, "5, 4, 3, 2, 1… press ENTER!"

Today's Question

"What strategies work well to improve staffing?"

Staffing-related Resources

HQIN Recruitment and Retention Action Plan Template
A resource to help nursing home staff create a recruitment and retention action plan
https://hqin.org/resource/recruitment-and-retention-action-plan-template/

Staff Wellbeing Depends on the Trauma-Informed Principles of Safety and Trust
https://www.vcuhealth.org/-/media/media/file/nhecho_staffwellbeingdependsontraumainformedprinciples.ashx

Flexible Scheduling Helps Attract and Retain Nurses
https://consultqd.clevelandclinic.org/flexible-scheduling-helps-attract-and-retain-nurses/

Thank you for joining the Network!

Next Newsletter - coming to you early April

Next Monthly Forum - April 19th, 4pm -
Featured topic: Enhanced Barrier Precautions

- Scroll down in the Zoom registration confirmation email you received for a calendar link you can use to update your calendar automatically with the Zoom link for future meetings.

On your way out of Zoom, kindly answer a 3-question feedback survey.

Stay in touch! Email questions and suggestions to ltccn@vcu.edu

Invite your colleagues! They can register at ltccn.vcu.edu