

ANTIPSYCHOTIC DRUG QUESTIONNAIRE FOR SURVEYORS

1. Introduction

This Questionnaire is related to the CMS Partnership to Improve Dementia Care in Nursing Homes, and the Effectiveness/Efficiency Initiative. It is designed around F329, relating to antipsychotic drugs, and will be completed by all long-term care surveyors in ten selected states. The confidential results will be used to achieve efficiencies and improve effectiveness nationally, not to critique surveyor or state performance. As front-line surveyors, you are in the best position to explain your efforts and your daily challenges and to direct us to practical solutions that will assist you and your fellow surveyors.

The questionnaire is comprised of 7 sections following this introduction, with several questions in each of the sections. Some of the 49 questions require yes/no answers. Others provide an opportunity for you to explain in greater detail how you cite antipsychotic drug deficiencies, challenges you encounter, and suggestions you propose to the Requirements of Participation and the survey process.

Please complete all of the questions with answers describing the way in which you conduct surveys today, and provide short text responses when explanations are requested. Our hope is that this questionnaire will yield substantive long-term improvements.

As each section is completed, the "next" button will move you forward. If you would like to review your answers before submission, use the back button. Please note that the form will not let you skip ahead or back unless all required questions on the current page are completed. When the survey is complete, click "finished." We are asking that all responses be in by March 31, 2013. We wish to thank you and your state survey agency in advance for your valuable contributions.

2. Background

1. What is your professional/work background: *

Registered nurse

Pharmacist

Social worker

Dietician

Behavioral specialist

Other (Please identify)

2. How many years have you been a surveyor for your state agency? *

Less than one year

1-5 years

5-10 years

More than 10 years

3. In what year did you pass the Surveyor Minimum Qualifications Training test? *

4. Are you a QIS or traditional survey state? *

QIS

Traditional

5. What state do you survey? *

Georgia

Illinois

Maryland

Massachusetts

Missouri

New Jersey

Oregon

Pennsylvania

Texas

Wisconsin

3. Identifying and Citing Deficiencies Related to Antipsychotic Drugs

6. Without simply referencing the SOM/Guidance, briefly describe the core elements of your analysis in identifying F329 antipsychotic drug deficiencies. We are looking for help in understanding how you primarily evaluate these deficiencies, in practice. *

7. When investigating F329 deficiencies, do you determine whether a systematic, individualized approach was implemented for a resident with dementia who is in the sample? How? *

8. When investigating F329 deficiencies, do you determine whether the nursing facility has in place, and follows in practice, a systematic process for providing care to persons with dementia? How? *

Empty text input field with navigation controls (back, forward, up, down arrows).

9. When investigating F329 deficiencies, do you evaluate the role of the consultant pharmacist, physician, nurse practitioner (NP), physician's assistant (PA), medical director, direct care staff, family and other members of the interdisciplinary care team? Which ones? How? *

Empty text input field with navigation controls (back, forward, up, down arrows).

10. When investigating F329 deficiencies, whom do you interview? *

Empty text input field with navigation controls (back, forward, up, down arrows).

11. When do you expand your sample and what "triggers" or circumstances cause you to expand your sample or to inquire further? *

Empty text input field with navigation controls (back, forward, up, down arrows).

Empty horizontal bar.

12. What records do you routinely obtain/review in order to investigate a potential F329 deficiency? *

13. Are there one or two key elements that determine whether you cite F329? What are they, and why are they key to your determination? *

14. Are there any other elements of primary import?

15. When you are conducting a survey related to F329, do you:

(Note: please detail answers in #16, below) : *

	Yes	No
A. Make sure that you include residents who take antipsychotic drugs in your sample?	<input type="checkbox"/>	<input type="checkbox"/>
B. Evaluate care plans/changes?	<input type="checkbox"/>	<input type="checkbox"/>
C. Assess hospital discharge plans?	<input type="checkbox"/>	<input type="checkbox"/>

D. Evaluate gradual dose reductions?	<input type="checkbox"/>	<input type="checkbox"/>
E. Examine drug regimens?	<input type="checkbox"/>	<input type="checkbox"/>
F. Examine staff engagement and activity programming?	<input type="checkbox"/>	<input type="checkbox"/>
G. Determine whether an assessment was done to determine if there was a medical/physical/environmental cause for the resident's behavior?	<input type="checkbox"/>	<input type="checkbox"/>
H. Determine whether the facility attempted non-pharmacological interventions before using antipsychotic drugs?	<input type="checkbox"/>	<input type="checkbox"/>
I. Determine whether the facility/attending physician got the resident's informed consent for drug use?	<input type="checkbox"/>	<input type="checkbox"/>
J. Review the consultant pharmacist's recommendations, if any?	<input type="checkbox"/>	<input type="checkbox"/>
K. Review the facility's policy on antipsychotic drugs?	<input type="checkbox"/>	<input type="checkbox"/>
L. Consult with a pharmacist at the state agency?	<input type="checkbox"/>	<input type="checkbox"/>
M. (Does your state have a consultant pharmacist?)	<input type="checkbox"/>	<input type="checkbox"/>
N. Consult with a physician at the state agency?	<input type="checkbox"/>	<input type="checkbox"/>
O. (Does your state have a consulting physician?)	<input type="checkbox"/>	<input type="checkbox"/>

P. Cite medical/geriatric/long term care literature?	<input type="checkbox"/>	<input type="checkbox"/>
Q. Cite the Food and Drug Administration's Black Box warnings for antipsychotic drugs?	<input type="checkbox"/>	<input type="checkbox"/>
R. Cite the facility's policy on use of antipsychotic drugs?	<input type="checkbox"/>	<input type="checkbox"/>
S. Evaluate whether unnecessary drugs are utilized because sufficient/trained staff are not available to provide care to residents?	<input type="checkbox"/>	<input type="checkbox"/>

16. Add any details or comments you have for the items from question #15, above:

A. Make sure that you include residents who take antipsychotic drugs in your sample?:	<input type="text"/>
B. Evaluate care plans/changes?:	<input type="text"/>
C. Assess hospital discharge plans?:	<input type="text"/>
D. Evaluate gradual dose reductions?:	<input type="text"/>
E. Examine drug regimens?:	<input type="text"/>
F. Examine staff engagement and activity programming?:	<input type="text"/>
G. Determine whether an assessment was done to	<input type="text"/>

determine if there was a medical/physical/environmental cause for the resident's behavior ?:	
H. Determine whether the facility attempted non-pharmacological interventions before using antipsychotic drugs?:	<input type="text"/>
I. Determine whether the facility/attending physician got the resident's informed consent for drug use?:	<input type="text"/>
J. Review the consultant pharmacist's recommendations, if any?:	<input type="text"/>
K. Review the facility's policy on antipsychotic drugs?:	<input type="text"/>
L. Consult with a pharmacist at the state agency?:	<input type="text"/>
M. (Does your state have a consultant pharmacist?):	<input type="text"/>
N. Consult with a physician at the state agency?:	<input type="text"/>
O. (Does your state have a consulting physician?):	<input type="text"/>
P. Cite medical/geriatric/long	<input type="text"/>

term care literature?:

Q. Cite the Food and Drug Administration's Black Box warnings for antipsychotic drugs?:

R. Cite the facility's policy on use of antipsychotic drugs?:

S. Evaluate whether unnecessary drugs are utilized because sufficient/trained staff are not available to provide care to residents?:

17. Are there survey tasks you are required to perform that you believe are less important, or unnecessary, or that otherwise lessen your ability to fully investigate possible F329 deficiencies? What are those tasks and why do you think they are less important/unnecessary? *

18. When citing antipsychotic drug deficiencies, do you:
(Note: please detail in #19, below) *

	Yes	No
A. Cite antipsychotic drug deficiencies only under F329?	<input type="checkbox"/>	<input type="checkbox"/>
B. Cite antipsychotic drug deficiencies only under	<input type="checkbox"/>	<input type="checkbox"/>

F222 (chemical restraints)?

C. Cite antipsychotic drug deficiencies under another F-tag? (If so, please identify the F-tag and explain.)

D. Cite only one F-tag? (If so, please identify the F-tag and explain.)

E. Cite more than one F-tag? (If so, please identify the F-tags and explain.)

F. Cite related F-tags, such as staffing?

19. Add any details or comments you have for the items from question #18, above:

A. Cite antipsychotic drug deficiencies only under F329?:

B. Cite antipsychotic drug deficiencies only under F222?:

C. Cite antipsychotic drug deficiencies under another F-tag? (If so, please identify the F-tag and explain.):

D. Cite only one F-tag? (If so, please identify the F-tag and explain.):

E. Cite more than one F-tag? (If so, please identify the F-tags and explain.):

F. Cite related F-tags, such as staffing?:

4. Citing Antipsychotic Drug Deficiencies and Assigning Scope and Severity

20. Without simply referencing the SOM/Guidance, briefly describe the core elements of your analysis in assigning scope and severity to F329 antipsychotic drug deficiencies. We are looking for help in understanding how you primarily evaluate F329 scope and severity, in practice. *

21. Do you believe that you are citing F329 at the scope and severity required by CMS guidelines? *

Yes

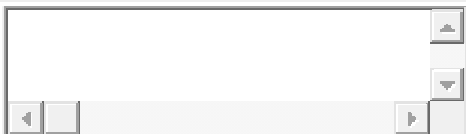
No

Sometimes

22. If you answered "no" or "sometimes" to question #21, above, please explain (e.g., are the guidelines too long, too short, complicated and hard to understand, too detailed, not detailed enough, lacking examples, complicated by too many choices, etc.). *

A text input field with a white background and a thin grey border. On the right side, there are two small square buttons stacked vertically, each with a downward-pointing arrow. On the left side, there are two small square buttons: the left one has a left-pointing arrow, and the right one has a right-pointing arrow.

23. What would you propose to improve consistent and accurate citing of F329 deficiencies according to CMS guidelines, with appropriate scope and severity? *

A text input field with a white background and a thin grey border. On the right side, there are two small square buttons stacked vertically, each with a downward-pointing arrow. On the left side, there are two small square buttons: the left one has a left-pointing arrow, and the right one has a right-pointing arrow.

24. Is the assignment of scope and severity made by members of the survey team together? *

Yes

No

Sometimes

25. If you answered "no" or "sometimes" to question #24, above, does the team defer to the surveyor who conducted the observation/interview/record review who identified the deficiency?

Yes

No

26. If you answered "no" to question #25, above, how is the assignment of scope and severity made?

27. When assigning scope to antipsychotic drug F329 deficiencies, do you (please check all that are relevant): *

Consider the number of residents taking antipsychotic drugs to whom the deficient practice applies (e.g., 3 of 5 residents taking antipsychotic drugs).

Consider the number of residents in the total sample.

Consider the number of residents in the facility.

Other (Please elaborate)

28. When assigning severity levels to antipsychotic drug F329 deficiencies, please indicate when you/your team cite at "no-harm" level (D, E, F), "harm" level (G, H, I), or "immediate jeopardy" level (J, K, L). (Check only one, the one that most often applies).

(Note: please detail in #29, below) *

	No Harm	Harm	Jeopardy	Never Cited
A. If antipsychotic drugs are prescribed for wandering, yelling out, agitation, resisting care, or similar behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If the facility fails to monitor for side effects of antipsychotic drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. If a resident(s) is (are) given an excessive dosage of an antipsychotic drug.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. If a resident(s) is (are) given more than one antipsychotic drug.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. If a resident(s) stops participating in normal activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. If resident(s) is (are) extremely lethargic or sleepy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. If resident(s) has (have) involuntary physical movements or extreme restlessness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. If a resident(s) experiences significant weight loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. If the facility fails to attempt gradual dose reduction .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. If the only deficiency is perceived as paperwork (e.g., failure to document the consultant pharmacist's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

recommendation for gradual dose reduction, failure to document care plan interventions for the behaviors).

K. If no negative resident outcomes are identified.



L. Other (please specify in appropriate section below).



29. Add any details or comments you have for the items from question #28, above:

A. If antipsychotic drugs are prescribed for wandering, yelling out, agitation, resisting care, or similar behaviors.:

B. If the facility fails to monitor for side effects of antipsychotic drugs.:

C. If a resident(s) is (are) given an excessive dosage of an antipsychotic drug.:

D. If a resident(s) is (are) given more than one antipsychotic drug.:

E. If a resident(s) stops participating in normal activities.:

F. If resident(s) is (are) extremely lethargic or sleepy.:

G. If resident(s) has (have) involuntary physical

movements or extreme restlessness.:	
H. If a resident(s) experiences significant weight loss.:	<input type="text"/>
I. If the facility fails to attempt gradual dose reduction .:	<input type="text"/>
J. If the only deficiency is perceived as paperwork (e.g., failure to document the consultant pharmacist's recommendation for gradual dose reduction, failure to document care plan interventions for the behaviors).:	<input type="text"/>
K. If no negative resident outcomes are identified.:	<input type="text"/>
L. Other.:	<input type="text"/>

30. Please specify, to the best of your recollection, the percentage of your/your team's F329 deficiencies, during the past year, at the following levels. (Answers should total 100%) *

A-B-C %:	<input type="text"/>
D-E-F %:	<input type="text"/>
G-H-I %:	<input type="text"/>
J-K-L %:	<input type="text"/>

5. Potential Barriers to Citing Antipsychotic Drug Deficiencies and Assigning Scope and Severity

31. Do you experience any challenges/barriers to citing and assigning scope and severity to antipsychotic drug F329 deficiencies? *

Yes

No

32. Which of the following challenges/barriers have you experienced (check all that apply)? *

A. None.

B. Insufficient CMS guidance.

C. Unclear CMS guidance.

D. Contradictory CMS guidance.

E. Too much CMS guidance.

F. State policy (please elaborate below).

G. Insufficient time to conduct survey.

H. Too much focus on process, too little time to investigate/interview.

I. More training needed in how to cite antipsychotic drug deficiencies.

J. State supervisors reversing your decision to cite antipsychotic drug deficiency.

K. State attorney guidance on citing antipsychotic drug deficiency.

L. Difficult for non-physician surveyors to challenge physician order.

M. Pressure from nursing home not to cite.

N. Pressure from other members of the survey team not to cite.

O. Concern that facility will file informal dispute resolution (IDR) or an appeal.

P. Concern that state will lose IDR or appeal.

Q. Other (Please specify)

33. For the challenges/barriers you specified in question #32, above, please estimate, in your opinion, what percentage of F329 citations are affected, and offer any further necessary explanation. Enter "0" if you have not experienced a given problem.

A. None.:

B. Insufficient CMS guidance.:

C. Unclear CMS guidance.:

D. Contradictory CMS guidance.:

E. Too much CMS guidance.:

F. State policy.:

G. Insufficient time to conduct survey.:

H. Too much focus on process, too little time to investigate/interview.:

I. More training needed in how to cite antipsychotic drug

deficiencies.:	
J. State supervisors reversing your decision to cite antipsychotic drug deficiency.:	<input type="text"/>
K. State attorney guidance on citing antipsychotic drug deficiency.:	<input type="text"/>
L. Difficult for non-physician surveyors to challenge physician order.:	<input type="text"/>
M. Pressure from nursing home not to cite.:	<input type="text"/>
N. Pressure from other members of the survey team not to cite.:	<input type="text"/>
O. Concern that facility will file informal dispute resolution (IDR) or an appeal.:	<input type="text"/>
P. Concern that state will lose IDR or appeal.:	<input type="text"/>
Q. Other:	<input type="text"/>

6. Changes to Federal Requirements for Facilities and Federal Guidance for Surveyors

34. Do you recommend that CMS revise the federal Requirements of Participation for nursing facilities with respect to antipsychotic drugs? *

Yes

No

35. If you answered "yes" to question #34, above, please identify the specific changes you would like to see made to the Requirements of Participation listed below. Explain why, note anticipated impact(s) on health, safety and welfare, and note efficiencies and effectiveness to be gained):

A. Revise Requirements of Participation to require physician to see resident in person before prescribing an antipsychotic drug.:

B. Revise Requirements of Participation to prohibit PRN antipsychotic drugs, or allow only in cases of emergency.:

C. Require that survey agencies have pharmacists available to consult with surveyors during survey.:

D. Require every facility to have a Performance Improvement Project (PIP) on antipsychotic drug use as part of Quality Assurance Performance Improvement (QAPI).:

E. Require mandatory staffing levels.:

F. Other (please elaborate).:

36. Do you recommend that CMS change federal guidance for surveyors for F329? *

Yes

No

37. If you answered yes to #36, above, please identify which specific changes to surveyor guidance you would like CMS to make (please explain why, note anticipated impact(s) on health, safety and welfare, and note efficiencies and effectiveness to be gained):

A. Require that all state survey agencies/CMS have a pharmacist available to consult with surveyors during surveys.:

B. Re-establish a separate F-tag for antipsychotic drugs (i.e., unbundle antipsychotics from F329, unnecessary drugs).:

C. Provide more links to research literature on antipsychotic drugs.:

D. Reduce and simplify surveyor guidance in State Operations Manual.:

E. Specify that a facility must be cited with, at a minimum, a harm-level deficiency when

(see 5 lines below)::	
1) A facility gives an antipsychotic drug to a resident who does not have a documented history of psychosis.:	<input type="text"/>
2) A facility gives a resident an antipsychotic drug without first evaluating whether there is a medical or physical or environmental cause of the resident's "behavior.":	<input type="text"/>
3) A facility gives a resident an antipsychotic drug but does not monitor for side effects.:	<input type="text"/>
4) A facility does not try gradual dose reduction for a resident who is appropriately receiving an antipsychotic drug.:	<input type="text"/>
F. Other (please elaborate).:	<input type="text"/>

7. Additional Thoughts and Opinions on Citing Antipsychotic Drug Deficiencies

38. What else should be done to enhance your ability to investigate F329 antipsychotic deficiencies, to cite them, and to assign the appropriate scope and

severity? Please include suggestions, anticipated impact, and how/when to implement.

Suggestion 1:

Suggestion 2:

Suggestion 3:

Suggestion 4:

More (include any beyond 4 here):

39. Do you believe that your job as a surveyor makes a difference in improving care? Why, Why not? *

40. Do you believe that enhanced enforcement citing F329 will contribute to reducing the percentage of long-stay nursing home residents who are given antipsychotic drugs? Why, why not? *

41. Are you inhibited/discouraged in the fulfillment of your survey responsibilities by any policies or procedures or persons or other factors? If so, please explain, without providing names or positions. *

42. Is there anything else you would like to share with us about citing antipsychotic drug deficiencies?

8. Your Observations Concerning Implementation of the "Partnership to Improve Dementia Care in Nursing Homes" Initiative

43. Have you observed providers responding positively to the Initiative, such as:

	Yes	No
A. Doing better resident assessments (to understand residents' customary routines, preferences, etc.).	<input type="checkbox"/>	<input type="checkbox"/>

B. Doing better care planning.	<input type="checkbox"/>	<input type="checkbox"/>
C. Involving residents and families in decision-making about use of antipsychotic drugs.	<input type="checkbox"/>	<input type="checkbox"/>
D. Making consistent assignment of staff to residents.	<input type="checkbox"/>	<input type="checkbox"/>
E. Responding to consultant pharmacists' recommendations.	<input type="checkbox"/>	<input type="checkbox"/>
F. Addressing antipsychotic drug use in the quality assurance committee or QAPI.	<input type="checkbox"/>	<input type="checkbox"/>
G. Increased staff/training.	<input type="checkbox"/>	<input type="checkbox"/>
H. Other	<input type="checkbox"/>	<input type="checkbox"/>

44. Add any details or comments you have for the items from question #43, above:

A. Doing better resident assessments (to understand residents' customary routines, preferences, etc.):	<input type="text"/>
B. Doing better care planning.:	<input type="text"/>
C. Involving residents and families in decision-making about use of antipsychotic drugs.:	<input type="text"/>
D. Making consistent assignment of staff to	<input type="text"/>

residents.:	
E. Responding to consultant pharmacists' recommendations.:	<input type="text"/>
F. Addressing antipsychotic drug use in the quality assurance committee or QAPI.:	<input type="text"/>
G. Increased staff/training.:	<input type="text"/>
H. Other:	<input type="text"/>

45. Have you observed questionable provider responses to the Initiative, such as:

	Yes	No
A. Performing inaccurate assessments.	<input type="checkbox"/>	<input type="checkbox"/>
B. Falsifying records.	<input type="checkbox"/>	<input type="checkbox"/>
C. Switching to other (non-antipsychotic) psychoactive medications.	<input type="checkbox"/>	<input type="checkbox"/>
D. Failing to determine appropriate gradual dose reductions (GDRs).	<input type="checkbox"/>	<input type="checkbox"/>
E. Failing to adjust staffing levels, when necessary.	<input type="checkbox"/>	<input type="checkbox"/>
F. Reducing antipsychotic medications when they are truly necessary and appropriate.	<input type="checkbox"/>	<input type="checkbox"/>

G. Creating a new, but false, diagnosis of psychosis.

H. Other

46. Add any details or comments you have for the items from question #45, above:

A. Performing inaccurate assessments.:

B. Falsifying records.:

C. Switching to other (non-antipsychotic) psychoactive medications).:

D. Failing to determine appropriate gradual dose reductions (GDRs).:

E. Failing to adjust staffing levels, when necessary.:

F. Reducing antipsychotic medications when they are truly necessary and appropriate.:

G. Creating a new, but false, diagnosis of psychosis:

H. Other:

47. Have you cited more F329 and related deficiencies since the Initiative began? *

Yes

No

48. Is the scope/severity at which you are citing these deficiencies: *

Lower?

The same?

Higher?

49. What has primarily caused you to make the changes noted in questions #47 and #48, above?

