***APPLICATION*** for Recognition for achieving Level One “At the Starting Block” under guidelines set out by the NMHCA/NMCAL Quality Committee for the antipsychotic medication reduction initiative.

***Part One:*** DEMOGRAPHIC INFORMATION:

Name of Center:

Type of Center: 𝥁 Nursing Facility 𝥁 Assisted Living Facility 𝥁 ICF/IID

Physical Address:

Mailing Address (if different)

Name of Administrator:

Name of Director of Nursing (or equivalent):

Name of President of Resident Council:

Does the facility have an organized family council? 𝥁 Yes 𝥁 No

If yes, name, and contact information for the head of family council.

Name and address for the Administrator’s supervisor:

***Part Two:*** **ATTESTATION*/NARRATIVE***

***ATTESTATION***

By our signatures below we attest that we meet the criteria for recognition at Level One “At the Starting Block” under the criteria established by the NMHCA/NMCAL Quality Committee as part of the antipsychotic medication reduction initiative.

 Specifically, we attest to the following:

1. That we have adopted facility “best practices” that demonstrate our commitment to the appropriate use of antipsychotic medications at our center. It is not required that all of these practices are adopted in order to apply for recognition. These are only offered as EXAMPLES of best practices in different long-term care settings. You will be asked to **list the best practices that** your center has implemented as part of your antipsychotic medication reduction initiatives.

Examples of Best Practices:

* CNAs/RCAs are an integral part of reporting changes in residents/clients that are taking antipsychotic medications
* Customer service rounds, e.g., Angel Rounds, Partner Rounds, Ambassador Program, etc
* Within 48 hours of being prescribed a new antipsychotic medication, a pharmacist performs a Drug Regimen Review and issues a written recommendation regarding the continued use of the antipsychotic drug therapy (SNF)
* Ask family/resident/significant others to meet with Program Director/clinical nurse within 48 hours of being prescribed a new antipsychotic medication. Discuss diagnoses to ensure appropriate medication usage. Does the resident have psychiatric/psychological services for usage? Who is the provider prescribing the medication? Do the resident and others involved understand what an antipsychotic medication is? Identify residents already on antipsychotic medications and identify what the medications are.
* Facility communicates resident/client functional level clearly to all members of the care team
* The incidence of use of antipsychotic medications is a key indicator for the work of the QAPI committee (SNF)
* Pointright Predictive Analytics to identify residents at risk of inappropriate antipsychotic usage (SNF)
* Other Pat’s best practice of sitting down with the resident/responsible party within 48 hours of admission to reconcile the admitting orders with the meds the resident was taking at home
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. We informed employees, residents/clients, and family members about our commitment to the appropriate use of antipsychotic medications and informed them that we are seeking recognition under the NMHCA/NMCAL Antipsychotic Medication Reduction Initiative

NOTE: Provide written, narrative information about your antipsychotic medication reduction journey. This should be typewritten. Please address all three parts of the narrative in a total of 1-2 pages.

1. Provide at least one story from your antipsychotic medication reduction journey. This might be a story about your most memorable or challenging success story with respect to the reduction of antipsychotic medications. Please remove all Protected Health Information (PHI) to protect resident confidentiality. For instance, refer to any residents in the story at Resident/Client #1, etc. Do the same for employees that are identified in the story, e.g., LPN #1. These stories will be made available to others who are progressing on journeys of their own.
2. Provide a written summary of the best practices in reducing the use of antipsychotic medications that you adopted
3. Include a narrative summary of your efforts to educate your employees, residents, and family members about these practices.

The Attestation will be signed by the Administrator (or Assisted Living equivalent), the Director of Nursing Services (or Assisted Living/IIDD equivalent), the President of the Resident Council, and the President of the Family Council (if you have one).

We the undersigned make these claims individually and as a group.

*Printed Name of Administrator* *Signature of Administrator* *Date*

*Printed Name of Director of Nursing (or equivalent) Signature of DON Date*

*Printed Name of President of Resident Council (if active) Signature of President Date*

If the facility has an organized group of family members complete the following section:

*Printed Name of Group Leader Signature of Group Leader Date*

 *Here is a sample letter for sending to interested parties. This letter would be mailed to your resident’s family members if you don’t have an organized Family Council.*

Sample:

[Date]

[Interested Party]

[Address]

Dear Interested Party:

On behalf of [name of facility], I am pleased to inform you that we are seeking recognition from the New Mexico Healthcare Association/New Mexico Center for Assisted Living (NMHCA/NMCAL) for our commitment to an “Antipsychotic Decline: Toe That Line” philosophy. You are invited to provide feedback to be considered during the application process.

If you wish to offer feedback, call the NMHCA/NMCAL and offer your comments directly to the staff. The phone number is 505-880-1088.

We are proud of our commitment to an “Antipsychotic Decline: Toe That Line” philosophy and are eager to discuss our antipsychotic medication reduction initiative with you. If you have any questions about this matter, please contact me.

Respectfully submitted,

[Your name]

Administrator