Psychotropic Medication Reduction

Chloe Hird, Quality Improvement Advisor

August 5, 2026

MIDWEST
QIN-QIO

What are we trying to achieve?

- Improve healthcare outcomes for everyone, especially high-risk Medicare beneficiaries.
- Implement evidence-based best practices and quality improvement initiatives.
- Provide information to help navigate the constantly evolving healthcare landscape.
- Align healthcare quality improvement activities with current reporting requirements and organizational priorities.
- Ensure program designs are timely, efficient and effective.

Midwest QIN-QIO Priority Areas

FOUNDATIONAL

- QUALITY MANAGEMENT SYSTEMS
- WORKFORCE PLANNING
- SUPPLY CHAIN
- DRUG SHORTAGES
- CYBER-SECURITY
- EMERGENCY PREPAREDNESS
- ADVANCING HEALTHCARE QUALITY THROUGH TECHNOLOGY

FOCUS AREAS

Prevention & Chronic Disease Management

- Vaccinations
- Type 2 Diabetes
- Hypertension
- Chronic Kidney Disease
- Preventive Medicine & Wellness
- Obesity Management, Nutrition, and Physical Activity

Patient Safety

- Infection Prevention & Control
- Adverse Drug Events
- Safety Events

Behavioral Health

- Depression and Suicide Prevention
- Substance Use Disorders
- Chronic Pain

Care Coordination

- Hospital 30-day Readmissions
- Readmissions to Hospitals from Skilled Nursing Facilities
- Community-based Emergency Department Utilization

Psychotropic Medication

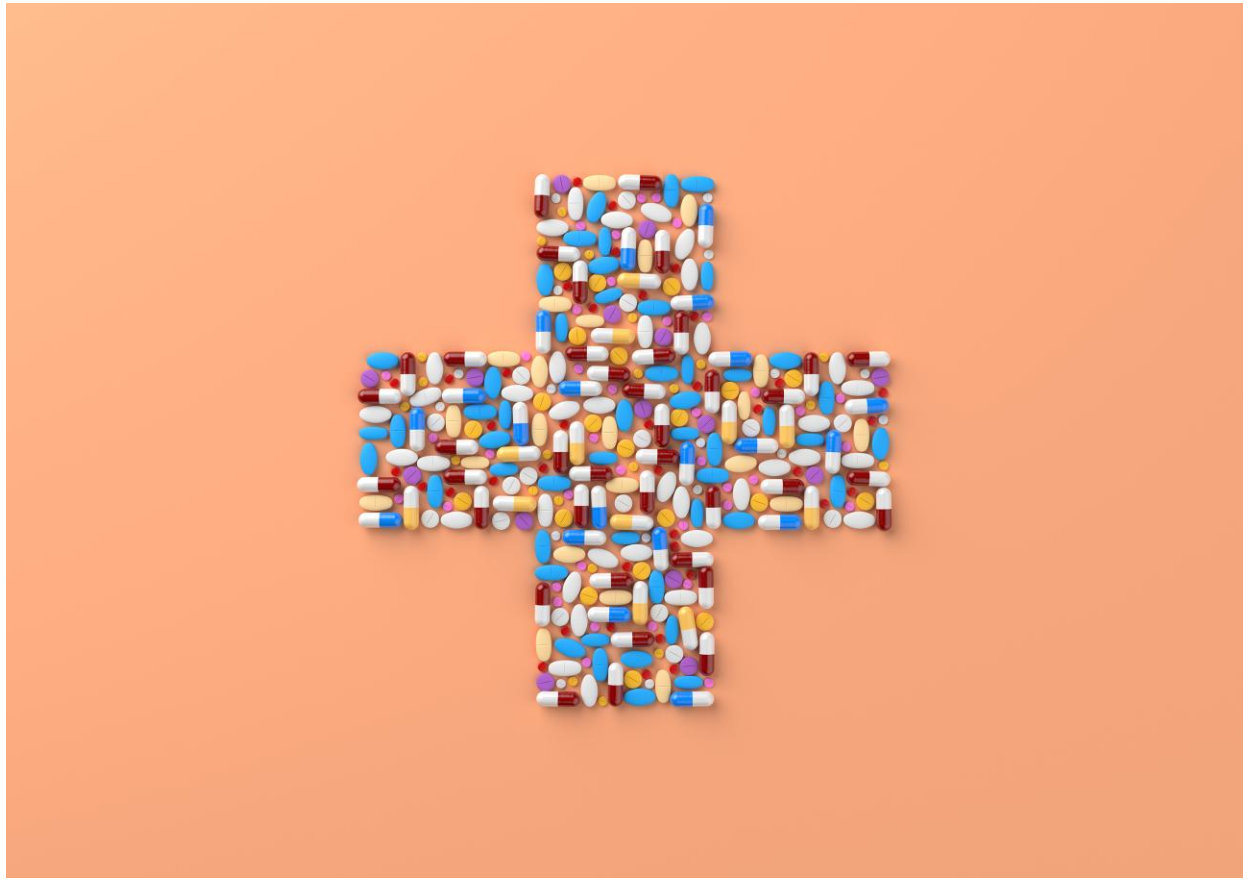
- Defined in the Centers for Medicare & Medicaid Services (CMS) regulation 483.45(c)(3)
  - “Any drug that affects brain activities associated with mental processes and behavior”
  - Includes antipsychotics, antidepressants, anxiolytics and depressants/hypnotics
  - Could include anticonvulsant if used for a psychiatric reason
- “The facility must ensure that residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record. Residents who use psychotropic drugs must receive gradual dose reductions (GDRs), and behavioral interventions, unless clinically contraindicated, to try to discontinue these drugs.”

https://igec.uiowa.edu/sites/igec.uiowa.edu/files/2025-05/CMS%20surveyor%20updates%20psychotropic%20drugs%202025.pdf

eCFR :: 42 CFR 483.45 -- Pharmacy services.

Unnecessary Drugs - What is Deemed Unnecessary?

- In excessive dose
- Excessive duration
- Without adequate monitoring
- Without adequate indications for use
- In the presence of adverse consequences which indicate the dose should be reduced or d/c
- Any combination of the above



Psychotropic Drug Use in LTC Settings: It's Getting Another Look!

Psychotropic Medications in the Skilled Nursing Facility - AAPACN

Typical Scenarios in Which We See Psychotropic Use

New admit or re-admit to facility from recent hospital/ ED stay with new medication

New onset or worsening of resident behaviors or expressions

New Admits or Re-admits with New Psychotropic Medication

Those admitted or re-admitted with med, facility has responsibility for understanding background for the start of the drug (a thorough medical history and medication review is necessary).

Evaluation of necessity of new drug must be determined within two weeks of new admission or re-admission.
- Includes determining titration or discontinuation

PRN psychotropics have 14-day stop date.
- Can only be extended with documented provider assessment and justification for longer duration
- Appropriate diagnoses: Huntington's disease, schizophrenia and Tourette syndrome
- Psychotropics used for schizophrenia require a level 2 PASSR

All psychotropic med use (except clinically indicated instances) must have documented gradual dose reduction attempts and nonpharmacological interventions/behavioral charting documented in the resident chart.

Gradual Dose Reduction (GDR)

- To find an optimal dose or determine if continued use is of benefit to resident
- GDR indicated if clinical condition has improved, underlying causes of s/s have resolved and/or non-pharm interventions have proven to be effective
- Must be attempted within first year of admit or after the initial administration of new drug during 2 separate quarters (with one month in-between) for ALL psychotropic drugs resident is on
- At least annually after first year

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Assess Before You Mitigate

- Complete a thorough assessment to understand if there are underlying reasons to any behavioral manifestations.
  - Are there medical, physical, social needs not being met? Environmental triggers?
- Gather data on the behavior- are there patterns or certain triggers that can be identified? (i.e., time frame, certain staff, specific ADLs (activities of daily living), etc.).

Residents Presenting with New or Worsening Behaviors

Investigate new onset or worsening of challenging behaviors or expressions (thorough review of medical, mental, social history).

Nonpharmacological interventions and behavioral care planning should be attempted first and documented for success and failures in the resident chart.

Residents who have not used psychotropics are not given the medication unless **absolutely** necessary to treat a condition that is diagnosed and documented in the patient chart.

The use of psychotropics are meant to be used as a last resort after other attempts have failed.
*Failures in ineffectiveness of nonpharmacological behavioral approaches must be documented prior to psychotropic use.

https://qsep.cms.gov/data/107/PharmacyServices.pdf

Person-Centered Care: Nonpharmacological Interventions and Behavior Charting

- Patient-centered care is understanding what the resident is communicating (verbally and nonverbally) and providing care and interventions based on their specific needs, preferences and lifestyle.
  - What is this person/behavior trying to tell me? Psychotropics can mask communication occurring through behavior.
- Resident medical, nursing, physical, mental, psychosocial SMART goals are understood by the whole team and monitored for effectiveness.
  - This includes the outlined and agreed upon nonpharmacological interventions being utilized in all aspects of resident care.
    - This outlines a consistent approach to avoiding or minimizing the use of psychotropics.
  - Nonpharmacological interventions and behavior charting should be documented in the resident chart and care plan.

https://nursinghomehelp.org/wp-content/uploads/2021/03/Comprehensive-Care-Plans-Part-1-Final-Master-Copy.pdf

Person-Centered Care Plan (Slide 1 of 2)

Example:

Mrs. “Jane” Doe is a resident with mild cognitive impairment and diagnoses of dementia, episodic mood disorder, anxiety and depression. She has several crying spells and repetitive vocalizations throughout the day that become more pronounced in the evening and at bedtime. She has been known to throw items on the floor when upset.

https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/qmp/care-planning-dementia.pdf

Person-Centered-Care-Plan_Cheat-Sheets_V3.pdf

Person-Centered Care Plan (Slide 2 of 2)

Date	Problem	Goal	Approaches/Interventions	Staff
7/1/26	Jane becomes upset due to unknown causes and may have crying spells	Jane will have less than 3 crying spells per week	Sit with Jane when she is having a crying spell to offer reassurance	All staff
			When Jane becomes upset, offer comfort items she identified as her favorite things: her photo album, a glass of cherry soda and the trinket her granddaughter gave her	All staff
7/1/26	Jane has daily loud, repetitive vocalizations between 2-3 p.m.	Jane will have no more than 5 repetitive vocalizations per month	Allow Jane to listen to her radio or engage in 1:1 walking or stretching exercise	Activity/ CNA
7/1/26	Jane exhibits repetitive vocalizations and crying spells during ADLs	Jane will have no more than 5 crying spells during ADLs	Crying and vocalization can be Jane's way of communicating, "I'm not comfortable". De-escalate behaviors by talking to her about her time baking pies (identified as a favorite activity through assessment).	CNA

https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/qmp/care-planning-dementia.pdf;

Person-Centered-Care-Plan_Cheat-Sheets_V3.pdf

Nonpharmacological Interventions

Communication

- Ask vs. order
- Simplify tasks, words, sentences
- Repeat and reinforce
- Redirect
- Reassure
- Check non-verbal body language

Environment

- Reduce or eliminate objects or practices that lead to confusion or stress
- Address overstimulation and under-stimulation
- Assist meaningfully
- Engage in meaningful activities

Know your limits! Never confront, challenge or escalate. Swap places with a team member.

https://igec.uiowa.edu/non-drug-management-symptoms;
https://www.hhs.gov/grants-contracts/contracts/get-ready-to-do-business/index.html

Nonpharmacological Interventions, Continued

Physical

- Physical therapy, occupational therapy, restorative
- Exercise/stretching
- Cold/heat application
- Dietary

› Comfort Menu

Other

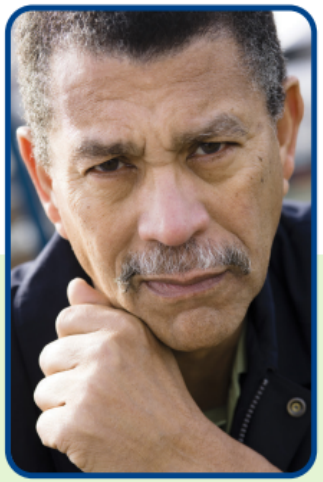
- Routine/consistency/create familiarity
- Follow through
- Utilize family or personal resources
- Utilize religious or faith-based resources

› Tips to Manage Challenging Situations

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Tips to Manage Challenging Situations

When residents are experiencing a high level of fear and anxiety, staff may notice a wide range of emotions and behaviors, such as increased anxiety levels, crying spells, crying out, fear, aggression and agitation. Here are some tips that will help staff provide the best possible care and safety when intervening in these situations:



1. Ask about and listen to the concern(s).
2. Remain calm and speak in a monotone voice.
3. Answer questions the resident may have about the situation; be concise and honest.
4. Offer reassurance that everything that can be done, is being done.
5. Politely tell the resident what you would like him/her to do.
6. Offer choices. Ask, "What can I do to make you feel better?" Follow through if it is within your control. For requests outside of staff control, share the need with management.
7. Do not become involved in a power struggle or escalate the situation. Know when it is time to step away and allow a colleague to engage.
8. Be mindful of nonverbal body language: facial expressions, hand movement, posture and gestures.
9. Do not take the interaction personally.
10. If you are unfamiliar with the resident, consider involving a staff member who is familiar with the resident.
11. Staff should report any changes in behaviors to the charge nurse.

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Comfort Menu

Use the comfort menu with residents to identify ways to reduce anxiety, discomfort and pain without using medications.

☑Check items below that you are interested in trying...

Relaxation

- ☐ Stress ball
- ☐ Hand massage
- ☐ Visit from chaplain
- ☐ Reading visit
- ☐ Talking visit
- ☐ Relaxing music
- ☐ Soft background sounds/sound machine
- ☐ Guided Imagery Therapy: helping you imagine positive and relaxing things
- ☐ Quiet/uninterrupted time
- ☐ Pet therapy
- ☐ Essential oils
- ☐ Darkness
- ☐ Walking/ Change of Scenery

Comfort

- ☐ Warm pack
- ☐ Cold pack
- ☐ Ice
- ☐ Warm blanket(s)
- ☐ Warm washcloth
- ☐ Cool washcloth
- ☐ Extra pillow(s) - (neck, knees, ankles, lumbar)
- ☐ Humidification for your oxygen source
- ☐ Saline nose spray
- ☐ Fan
- ☐ Repositioning
- ☐ Warm bath or shower
- ☐ Gentle stretching
- ☐ Food or beverage
- ☐ Temperature adjustment

Entertainment

- ☐ Book (audio, large print)
- ☐ Magazine
- ☐ Movie
- ☐ Wi-Fi for your personal laptop or tablet
- ☐ Deck of cards
- ☐ Puzzle book (crossword puzzles, word searches, Sudoku)
- ☐ Notepad and pen
- ☐ Coloring book
- ☐ Board games
- ☐ Arts & crafts
- ☐ Favorite music
- ☐ Television
- ☐ Handheld electronic game
- ☐ Activity apron/blanket

Feel Better

- ☐ Lip balm
- ☐ Wash face/brush teeth
- ☐ Lollipop/Lozenges
- ☐ Chocolates
- ☐ Sunshine

Sleep

- ☐ Ear plugs
- ☐ Night light
- ☐ Quiet
- ☐ Eye shield/mask
- ☐ Television/Music/ Sound machine
- ☐ Weighted blanket
- ☐ Uninterrupted sleep time

Tips to Manage Challenging Situations

https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/02/COE-NF-Comfort-Menu-FINAL_508.pdf

Monitor Outcomes and Adjust Accordingly

- Monitor the number of behavioral episodes since intervention has been implemented.
- Review and update person-centered care plans at least quarterly and as needed.
  - Do changes need to be made due to change of condition, functionality or cognitive ability?

GDR Best Practices

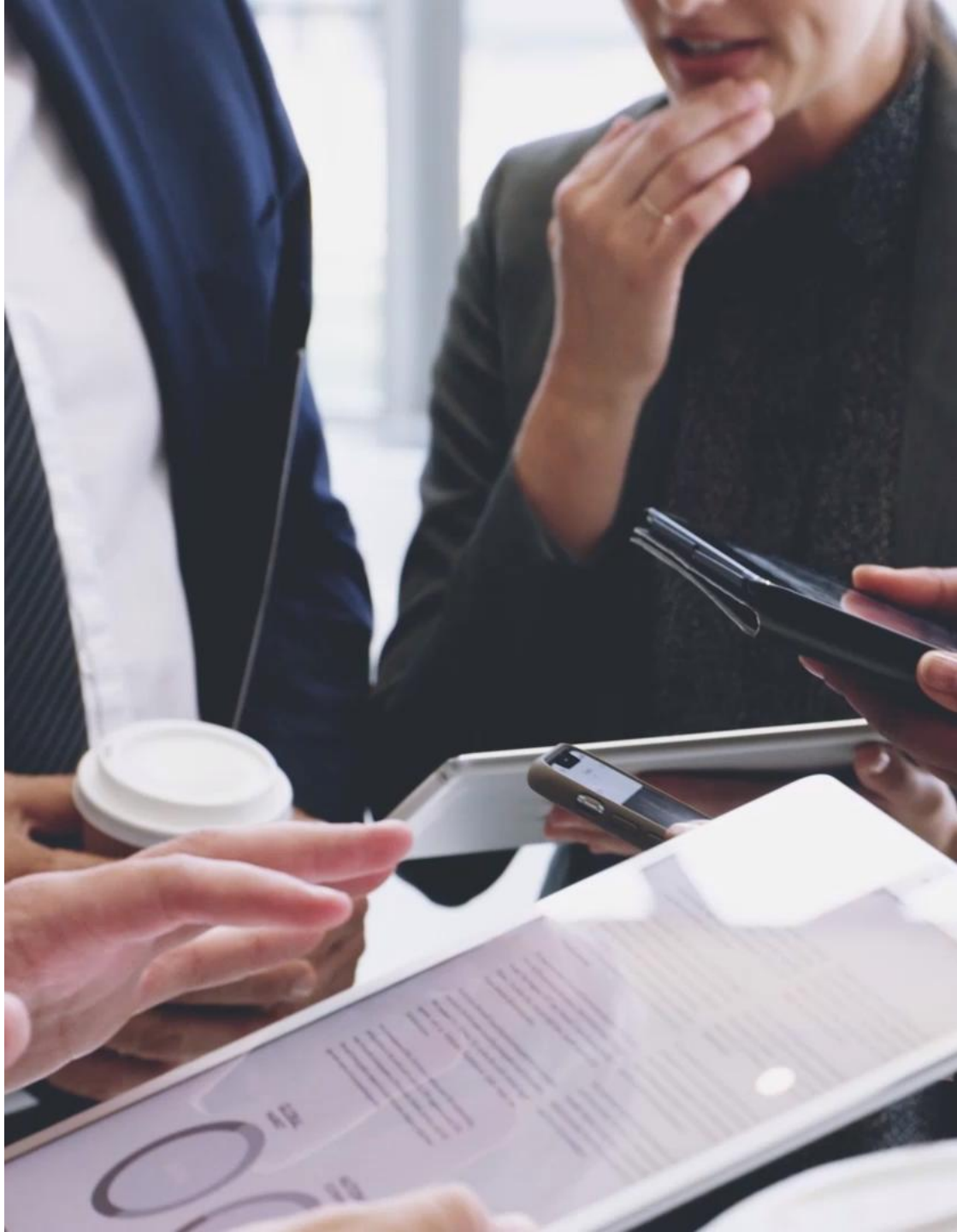
- Ensure communication is open between resident physician, pharmacist, care team and family; everyone should be in the know about the GDR attempt and what to expect
- Regularly assess the resident's response and educate staff on watching for expressions or indications of distress that arise or worsen during GDR attempt
- Documentation in the chart and care plan should include
  - If GDR is indicated/not indicated, date, titrating dose or if discontinuing
  - Nonpharmacological interventions that are/were used
  - Behavior charting/resident response (assessments and resulting expressions or symptoms)
  - Whether the GDR was successful
  - Revisit of the care planned GDR-dates and any corresponding med changes, behavioral interventions, etc.

https://advancedltcsolutions.com/blog/cms-gradual-dose-reduction-guidelines-2025

Discussion

- How confident are you that you are currently meeting regulations around:
  - Appropriate use?
  - GDR?
  - PRN use?

- What practices do you currently have in place around psychotropic use?



Communication

- Residents and families are not always great historians, making it difficult for the facility IDT (Interdisciplinary Team) to identify the indication for use.
  - The attending physician in collaboration with the consultant pharmacist, must re-evaluate the use of the psychotropic medication and consider whether the medication can be reduced or discontinued upon admission or soon after admission.
- When a resident needs a psychotropic drug, it is essential to ensure there's an appropriate AND documented justification for its use.

Documentation, Documentation, Documentation

- Documentation is crucial for determining the success or failure of a GDR (gradual dose reduction).
- Educate staff on assessing resident during GDR and documenting the assessment.
  - Know the resident's baseline prior to starting the GDR.
  - Assess the resident's response to drug discontinuation or tapering.
  - GDR *failures* must be clearly documented and must meet the CMS (Centers for Medicare & Medicaid Services) criteria for use of the medication (wandering, yelling, pacing and exit-seeking are not appropriate, clinical rationale). *Failures* typically occur over weeks and months, not hours and days.

Behavior Charting

For behavior charting, consider including:

- What specific activity or event occurred before the behavior?
- What was the environment?
- What exactly did the resident do or say?
- What happened after? What was the result of the behavior?
- What non-pharmacological, person-centered interventions were utilized. Were these interventions successful?

Thank you!

We are committed to supporting quality improvement across the Midwest.
We look forward to continued collaboration.

This material was prepared by the Midwest QIN-QIO, the Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 13thSOW-QIN-QIO-232