

# Improving Outcomes for an Aging Population: Alzheimer's Treatment in Long Term Care

## Stage A & C Sample Data Collection Form

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### Instructions

1. Collect data from 20 distinct resident charts (i.e., 20 individuals).
2. **10 charts** should be from **residents with Alzheimer's disease (AD)**. The **other 10 charts** should come from **residents who do not have AD** (it is acceptable for these other 10 residents to have a dementia diagnosis or other cognitive or memory impairment as long as there is no documented diagnosis of AD).
3. Complete one form based on one resident chart. Answer questions outlined in Section A, as well as either Section B or C.

Review a minimum of 20 resident charts (or another number determined to be appropriate) from residents most recently admitted, and complete this Data Collection Form, one form per resident chart. This form and the questions included can be customized to meet your needs. The questions relating to specific quality measures are identified (\*). Other questions are included to provide additional information should you be interested in analyzing it.

**A. General Information (complete for each chart pulled)**

1. Record number (1 of 20, 2 of 20, etc): \_\_\_\_\_
2. Chart number (for your reference only): \_\_\_\_\_
3. Resident Sex  
 Male  
 Female
4. Resident's year of birth: \_\_\_\_\_
5. Resident's date of admission (month/year): \_\_\_\_\_
6. Does the resident have Medicare?  
 Yes  
 No
7. Was this resident's cognition assessed?  
 Yes  
 No-provide reason if available \_\_\_\_\_ **(please go to question 10)**
8. What is the average follow-up frequency to assess for cognitive changes? \*  
 None (no follow-up assessments have been made)  
Was lack of follow-up due to documented medical (ie, advanced stage dementia) or patient reason?  Yes  No  
 Resident's cognition re-assessed at least annually (ie, at least once in 12 mos)  
 Other (ie, 13-15 mos, every 2 years) \_\_\_\_\_
9. What tools were used to assess cognition? Please check all that apply.  
 Mini-Mental State Exam  
 Cognitive Abilities Screening Instrument  
 Blessed Mental Status Exam  
 Brief Interview for Mental Status (BIMS)  
 Other \_\_\_\_\_
10. Has the resident received a documented medication review?  
 No  
 Yes - please indicate the frequency of review:  
 Daily  
 Weekly  
 Monthly  
 Other \_\_\_\_\_
11. Has the resident ever required any interventions to control behavior? Please check all that apply.  
 No interventions required  
 Pharmacologic intervention  
 Use of restraints (type)\*: \_\_\_\_\_  
 Other non-pharmacological interventions
12. Does the resident have a care plan that addresses existing mental health concerns?  
 No  
 Yes
13. Does this resident have a documented diagnosis of Alzheimer's disease (AD)?  
 No (please continue to Section B in the shaded boxes on the next page)  
 Yes (please continue to Section C on the next page)

**B. Resident with NO documented diagnosis of AD**

14. Does this resident have dementia or dementia-like symptoms?  
 No  
 Yes – please indicate the severity of the dementia  
 Mild to Moderate  
 Moderate to Severe
15. Since admission, has this resident been prescribed an acetylcholinesterase inhibitor or NMDA antagonist?\*
- No  
 Yes – please check all that apply:  
 Donepezil (Aricept)  
 Galantamine (Nivalin, Razadyne, Razadyne ER, Reminyl, Lycoremine)  
 Memantine (Namenda)  
 Rivastigmine (Exelon)  
 Other \_\_\_\_\_
16. Have quality of life (QoL) assessments been made?  
 No (If No, then chart pull for **NO AD** resident is **complete**)  
 Yes – please check the measures that were used to assess QoL:  
 SF-36  
 Resident and Staff Observation Checklist  
 Other: \_\_\_\_\_
17. Did the outcome from the QoL assessment prompt a change in the resident's care plan?  
 Unknown  
 No change  
 Change in pharmacologic intervention  
 Change in non-pharmacologic intervention  
 Other: \_\_\_\_\_

**Chart pull for resident with NO AD is complete!**

**C. Resident with a documented diagnosis of AD**

14. Has the resident's cognitive status impacted activities of daily living (ADLs)?  
 No  
 Yes – please describe:  
 Basic ADLs: ability to eat, walk, toilet, bathe, groom, dress, or dispose of garbage  
 Higher-functioning ADLs: make conversation, find personal belongings, talk about current events, read, write, engage in a pastime, hobby or game  
 Independence: ability to travel, be left alone
15. What tools were used to assess functional status? Please check all that apply.  
 Functional status not assessed  
 Katz Index of Independence in Activities of Daily Living  
 Clinical Dementia Rating Scale  
 10 Warning Signs of Alzheimer's disease  
 Other \_\_\_\_\_
16. Have quality of life (QoL) assessments been made?  
 No (**If No then please go to question 18**)  
 Yes – please check the measures used to assess QoL:  
 ADQRL  
 SF-36  
 Resident and Staff Observation Checklist  
 Other: \_\_\_\_\_
17. Did the outcome from the QoL assessment prompt a change in the resident's care plan?  
 Unknown  
 No change  
 Change in pharmacologic intervention  
 Change in non-pharmacologic intervention  
 Other change: \_\_\_\_\_

**Continue to the last page**

**C. Resident with a documented diagnosis of AD**

**Medication Questions**

18. Since admission, has this resident been prescribed an acetylcholinesterase inhibitor or NMDA antagonist for their AD?\*
- No
- Yes – please check all that apply:
- Donepezil (Aricept)
  - Galantamine (Nivalin, Razadyne, Razadyne ER, Reminyl, Lycoremine)
  - Memantine (Namenda)
  - Rivastigmine (Exelon)
  - Other \_\_\_\_\_
19. Were medications initiated at the same time as dementia symptoms presented?
- Not recorded in chart
- No
- Yes
20. Did any medications need to be discontinued?
- Not recorded in chart
- No
- Yes
21. Did the resident's cognitive impairment change as a result of medication discontinuation?
- Unknown
- No change
- No – Symptoms worsened
- Yes – Symptoms improved

**Chart pull for resident with AD is complete!**

**Improving Outcomes for an Aging Population: Alzheimer’s Treatment in Long-Term Care  
Quality Measures and Calculation Instructions**

Measure #	Symptom	Quality Measure	Numerator	Numerator Calculation	Denominator	Denominator Calculation
I (Primary Measure)	Cognitive status	Percentage of residents with Alzheimer’s disease or dementia for whom an assessment of cognition was performed and the results reviewed at least within a 12 month period	Number of residents with either dementia (any type), dementia-like symptoms, or Alzheimer’s disease who have had follow-up assessments to check for changes to their cognitive status	Question B14: Yes AND Question 8: Resident’s cognition re-assessed at least annually [checked]  PLUS  Question 13: Yes AND Question 8: Resident’s cognition re-assessed at least annually [checked]	Of charts reviewed, number of residents with a documented diagnosis of Alzheimer’s disease, plus number of residents with dementia  Denominator exclusion: Residents with documentation of medical or patient reason for not re-assessing cognition	Question 13: Yes  PLUS  Question B14: Yes  (less exclusions)
II (Primary Measure)	Drug-disease interactions in the elderly	Percentage of residents with Alzheimer’s disease or dementia receiving pharmacotherapy for their cognitive impairment	Number of residents with either dementia, dementia-like symptoms or Alzheimer’s disease who are receiving pharmacotherapy for their cognitive impairment	Question B14: Yes AND Question B15: Yes (from residents without Alzheimer’s disease)  PLUS  Question C18: Yes (from residents with Alzheimer’s disease)	Number of residents with a documented diagnosis of Alzheimer’s disease, plus number of residents with dementia	Question 13: Yes  PLUS  Question B14: Yes
III (Primary Measure)	Restraint Use	Percentage of residents with dementia or Alzheimer’s disease requiring physical restraints	Number of residents with either dementia, dementia-like symptoms or Alzheimer’s disease who have required physical restraints	Question B14: Yes AND Question 11: Use of restraints[checked]  PLUS  Question 13: Yes AND Question 11: Use of restraints[checked]	Number of residents with a documented diagnosis of Alzheimer’s disease, plus number of residents with dementia	Question 13: Yes  PLUS  Question B14: Yes

IV (Secondary Measure)	Documented Medication Review	Percentage of residents receiving a documented medication review	Number of residents with either dementia, dementia-like symptoms or Alzheimer's disease who have received a medication review	Question B14: Yes AND Question 10 Yes [checked]  PLUS  Question 13: Yes AND Question 10: Yes [checked]	Number of residents with a documented diagnosis of Alzheimer's disease, plus number of residents with dementia	Question 13: Yes  PLUS  Question B14: Yes
V (Secondary Measure)	Quality of Live Assessment	Percentage of residents (with dementia or AD) receiving a QoL assessment	Number of residents with either dementia, dementia-like symptoms or Alzheimer's disease who have received a QoL assessment	Question B14: Yes AND Question B16 Yes [checked]  PLUS  Question 13: Yes AND Question C16: Yes [checked]	Number of residents with a documented diagnosis of Alzheimer's disease, plus number of residents with dementia	Question 13: Yes  PLUS  Question B14: Yes
VII (Secondary Measure)	Care Plan Addressing Mental Health Concerns	Percentage of residents (with dementia or AD) having a care plan that addresses existing mental health concerns	Number of residents with either dementia, dementia-like symptoms or Alzheimer's disease who have a care plan that addresses existing mental health concerns	Question B14: Yes AND Question 12: Yes [checked]  PLUS  Question 13: Yes AND Question 12: Yes [checked]	Number of residents with a documented diagnosis of Alzheimer's disease, plus number of residents with dementia	Question 13: Yes  PLUS  Question B14: Yes

Source: AMA. Dementia Performance Measure Set. 2011: 17-18. 1. Masgi H, Malloy T. *J Am Geriatr Soc.* 2005;53:295-298. 2. Maeck L, et al. *Int J Geriatr Psychiatry.* 2008;23:415-421. American Psychiatric Association (APA). Practice guideline for the treatment of patients with Alzheimer's disease and other dementias. Arlington (VA): American Psychiatric Association (APA); 2007;October: 85.