

## POTENTIALLY INAPPROPRIATE CARE PRACTICES IN THE LAST 12 MONTHS OF LIFE

**Potentially inappropriate** care practices are aggressive life-prolonging therapies that

- are not aligned with preferences of residents and their families (goals of care)
- have no proven use in managing burdensome symptoms
- cause unnecessary burden

Potentially inappropriate care practices that we can measure using the RAI-MDS 2.0 are:

Practice	Definition
<b>Antipsychotic use without psychosis diagnosis</b>	<i>Any use of antipsychotics without schizophrenia, Huntington's disease, hallucinations, or illusion</i>
<b>Hospital or emergency room transition</b>	<i>Hospital admission or emergency room visit in last 90 days</i>
<b>Indwelling catheter use</b>	<i>Resident had catheter to support urination in last two weeks without supporting diagnosis</i>
<b>Not using antidepressants with a diagnosis of depression</b>	<i>No antidepressant use in last week, despite diagnosis of depression</i>
<b>Physical restraint use</b>	<i>Trunk, limb, and/or chair restraint during last week</i>
<b>Polypharmacy(≥ 9 medications)</b>	<i>Using more than seven different medications in the last week</i>