Drug Regimen Review Policy

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DRUG REGIMEN REVIEW POLICY

POLICY

It is the policy of the facility that a licensed pharmacist will review the resident drug regimen including the resident chart at least once a month. The consultant pharmacist may need to conduct the medication regimen review more frequently depending on the resident condition, review of short stay residents and risk of adverse consequences. The licensed pharmacist will report in writing, any irregularities to the attending physician, the facility's medical director and the director of nursing to be acted upon.

OBJECTIVE OF DRUG REGIMEN REVIEW POLICY

The objective of this requirement is to try to minimize or prevent adverse consequences or to prevent residents from receiving unnecessary drugs. The pharmacy consultant will complete the drug regimen review by reviewing the comprehensive assessment information of the resident, identifying irregularities, syndromes potentially related to medication therapy, adverse medication consequences, as well as potential for adverse drug reactions and medication errors.

Centers for Medicaid and Medicare Services (CMS) - Definitions

Definitions are provided to clarify terminology related to pharmaceutical services and the management of each resident's medication regimen for effectiveness and safety.

a. **Adverse consequence** refers to an unpleasant symptom or event that is due to or associated with a medication, such as impairment or decline in an individual's mental or physical condition or functional or psychosocial status. It may include various types of adverse drug reactions and interactions (e.g., medication-medication, medication-food, and medication-disease).

> **NOTE:** Adverse drug reaction (ADR) is a form of adverse consequence. It may be either a secondary effect of a medication that is usually undesirable and different from the therapeutic and helpful effects of the medication or any response to a medication that is noxious and unintended and occurs in doses used for prophylaxis, diagnosis, or therapy. The term "side effect" is often used interchangeably with ADR; however, side effects are but one of five ADR categories. The others are hypersensitivity, idiosyncratic response, toxic reactions, and adverse medication interactions. A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not rise to the level of being an adverse consequence.

b. **Clinically significant** means effects, results, or consequences that materially affect or are likely to affect an individual's mental, physical, or psychosocial wellbeing either positively by preventing, stabilizing, or improving a condition or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status.

c. **Dose** is the total amount/strength/concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/concentration received at each administration. The amount received over a 24 hour period may be referred to as the daily dose.

d. **Excessive dose** (including duplicate therapy) means the total amount of any medication given at one time or over a period of time that is greater than the amount recommended by the manufacturer's label, package insert, or current standards of practice for a resident's age and condition; without evidence of a review for the continued necessity of the dose or of attempts at, or consideration of the possibility of, tapering a medication; and there is no documented clinical rationale for the benefit of, or necessity for the dose or for the use of multiple medications from the same class.

e. **Duration** is the total length of time the medication is being received.

f. **Excessive Duration** means the medication is administered beyond the manufacturer's recommended time frames or facility established stop order policies, beyond the length of time advised by current standards of practice, and/or without either evidence of additional therapeutic benefit for the resident or clear clinical factors that would warrant the continued use of the medication.

g. **Irregularity** refers to any event that is inconsistent with usual, proper, accepted, or right approaches to providing pharmaceutical services, or that impedes or interferes with achieving the intended outcomes of those services.

h. **Medication Interaction** is the impact of another substance (such as another medication, herbal product, food or substances used in diagnostic studies) upon a medication. The interactions may alter absorption, distribution, metabolism, or elimination. These interactions may decrease the effectiveness of the medication or increase the potential for adverse consequences.

i. **Medication Regimen Review** (MRR) is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication. The review includes preventing, identifying,

reporting, and resolving medication related problems, medication errors, or other irregularities, and collaborating with other members of the interdisciplinary team.

j. Monitoring is the ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline data in order to:

- Ascertain the individual's response to treatment and care, including progress or lack of progress toward a therapeutic goal;
- Detect any complications or adverse consequences of the condition or of the treatments; and
- Support decisions about modifying, discontinuing, or continuing any interventions.

k. **Pharmacy Assistant or Technician** refers to ancillary personnel who work under the supervision and delegation of the pharmacist as consistent with state requirements.

l. Psychotropic Drug means any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:

(i) Anti-psychotic;
(ii) Anti-depressant;
(iii) Anti-anxiety; and
(iv) Hypnotic.

NOTE: Although the regulatory language refers to "drugs" the guidance in this document generally will refer to "medications" except in those situations where the term "drug" has become part of an established pharmaceutical term (e.g., adverse drug event, and adverse drug reaction or consequence).

PROCEDURE

1. The Pharmacy will be informed of all new residents upon admission in order for a pharmacist to review prescriptions prior to dispensing.

2. The Pharmacy Consultant will perform a monthly drug regimen review on each resident unless the resident condition/risk will indicate a more frequent schedule that is individualized and communicated between the facility clinical staff and the Pharmacy Consultant.

3. Irregularities identified will be documented on a separate, written report and sent to the attending physician, medical director, and director of nursing, listing the resident name, relevant drug and irregularity the pharmacist has identified. If in the professional judgement of the pharmacy consultant that an irregularity requires urgent action, the

pharmacy consultant will immediately report the irregularity to the Director of Nursing and/or Unit Charge Nurse and the attending physician by phone.

4. The Pharmacy Consultant will be notified within 24 hours of a resident admission, significant change in resident condition or short stay resident that would indicate the need for a medication regimen review. The Pharmacy Consultant will arrange with facility staff, a review of drug regimen on:
    a. New admissions
    b. Transfers from another facility
    c. Resident returns to the facility
    d. Residents on respite care, hospice, end-of-life
    e. Residents with significant Change of condition
    f. Anticipated short term stay of less than 30 days

    If the review is offsite, the pharmacy consultant will document findings and send electronically to the facility to include in the medical record. Irregularities identified will be documented on a separate, written report and sent to the attending physician, medical director, and director of nursing, listing the resident name, relevant drug and irregularity the pharmacist has identified. If in the professional judgement of the pharmacy consultant that an irregularity requires urgent action, the pharmacy consultant will immediately **(Facility may identify time range in accordance with State and Federal interpretation)** report the irregularity to the Director of Nursing and/or Unit Charge Nurse and the attending physician by phone.

5. The attending physician will document in the resident record that the identified irregularity has been reviewed and what, if any action has been taken to address it. If the physician chooses not to act upon the pharmacy consultant recommendations, the physician must document rationale as to why the change is not indicated in the resident record.

6. A review will be completed on any drug at the request of the QAPI committee.

7. All medication regime review documents will be maintained in the resident medical record.

References

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities 10/04/16:

- https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities

State Operations Manual Appendix PP – Guidance to Surveyors for Long-Term Care Facilities, 06/10/16:

- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

CMS Memo Ref: S&C 17-07-NH: Advance Copy – Revisions to State Operations Manual (SOM), Appendix PP- Revised Regulations and Tags, 11/09/16:

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf