



# Medication Management Policy and Procedure Checklist

## Purpose and Intent of §483.35 and §483.45(d) for Medication Management

The purpose of the facility Medication Management Policy is to develop guidelines regarding expectations in the nursing home to develop and implement a solid system to ensure medication management procedures are in place, only authorized persons will administer medications, personnel administering medications have the skills and competencies to assure resident safety and to attain and/or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Medication management is based in the care process and includes recognition or identification of the problem/need, assessment, diagnosis/cause identification, management/treatment, monitoring, and revising interventions, as warranted as well as documenting medication management steps. The attending physician plays a key leadership role in medication management by developing, monitoring, and modifying the medication regimen in conjunction with residents, their families, and/or representative(s) and other professionals and direct care staff (the IDT).

To assure that the individual facility has followed all the required steps for the development and implementation of a comprehensive Medication Management policy in accordance to the new Requirements of Participation (RoP), the following checklist captures specific action items for successful completion. The left column represents the actual Requirements of Participation (RoP) language and the right column indicates specific leadership strategies for successful completion and implementation of the revised RoP. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable.

## Suggested Checklist Program and Policy and Procedure

Regulation	Re	Recommended Actions	
§483.35 Nursing Services (F726):		Review, develop and/or implement	
The facility must have sufficient nursing staff with		the Medication Management Policy	
the appropriate competencies and skills sets to		and Procedure	
provide nursing and related services to assure			
resident safety and attain or maintain the highest		Educate Licensed Nurses and non-	
practicable physical, mental, and psychosocial well-		licensed personnel who administer	
being of each resident, as determined by resident		medications (in accordance with State	
assessments and individual plans of care and		law) about the Medication	
considering the number, acuity and diagnoses of the		Management Policy and Procedure	





facility's resident population in accordance with the facility assessment required at §483.70(e).

§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

Competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as;

- Resident Rights;
- Person centered care;
- Communication;
- Basic nursing skills;
- Basic restorative services;
- Skin and wound care;
- Medication management;
- Pain management;
- Infection control;
- Identification of changes in condition;
- Cultural competency.

and their role in development and implementation of interventions.

- Conduct updated training for nursing leaders about supervising and monitoring for compliance with the Medication Management Policy and Procedure
- Conduct competency evaluations for licensed nurses and non-licensed personnel who administer medications (in accordance with State law)
- □ Review the Medication Management Policy with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance Committee meeting

F757 §483.45(d) Unnecessary Drugs—General. Each resident's drug regimen must be free from unnecessary drugs. □

### MEDICATION MANAGEMENT

Medication management is based in the care process and includes recognition or identification of the problem/need, assessment, diagnosis/cause identification, management/treatment, monitoring, and revising interventions, as warranted as well as documenting medication management steps. The attending physician plays a key leadership role in medication management by developing, monitoring, and modifying the medication regimen in conjunction with residents, their families, and/or representative(s) and other professionals and direct care staff (the IDT).

The regulations associated with medication management include consideration of:

- Review, develop and/or implement policy as it relates to the Medication Management Program
- Assure that the policy contains the essential components which includes the recognition or identification of the problem/need (indication for use), assessment, diagnosis/cause identification, management/treatment, monitoring and revising interventions as warranted as well as documenting medication management steps
- As part of the Medication
   Management process, facility is to assure documentation includes:





<ul> <li>Indication and clinical need for medication;</li> </ul>	Person-Centered, non-
<ul><li>Dose (including duplicate therapy);</li></ul>	pharmacological approaches as
Duration;	necessary
<ul> <li>Adequate monitoring for efficacy and adverse</li> </ul>	
consequences; and	Involvement of the resident/resident
<ul> <li>Preventing, identifying, and responding to adverse</li> </ul>	representative in the medication
consequences.	management process
With regard to psychotropic medications, the	Selection of medications based on
regulations additionally require:	assessing risks and benefit,
<ul> <li>Giving psychotropic medications only when</li> </ul>	
necessary to treat a specific diagnosed and	Evaluation of resident's physical,
documented condition;	behavioral, mental and psychosocial
<ul> <li>Implementing GDR and other non-pharmacologic</li> </ul>	signs and symptoms
interventions for residents who receive psychotropic	
medications, unless contraindicated; and	Selection and use of the medication is
<ul> <li>Limiting the timeframe for PRN psychotropic</li> </ul>	appropriate dose and duration
medications, which are not antipsychotic	
medications, to 14 days, unless a longer timeframe is	Monitoring for efficacy and adverse
deemed appropriate by the attending physician or	consequences
the prescribing practitioner.	
<ul> <li>Limiting PRN psychotropic medications, which are</li> </ul>	Resident Choice
antipsychotic medications, to 14 days and not	
entering a new order without first evaluating the	Advance Directives
resident.	
F755	Review, develop and/or implement
§483.45 Pharmacy Services	the Medication Management Policy
The facility must provide routine and emergency	and Procedure including Medication
drugs and biologicals to its residents, or obtain them	Administration
under an agreement described in §483.70(g). The	
facility may permit unlicensed personnel to	Assure that policy contains the
administer drugs if State law permits, but only under	necessary components of a
the general supervision of a licensed nurse.	medication management program
§483.45(a) Procedures.	such as:
A facility must provide pharmaceutical services	Medication Administration
(including procedures that assure the accurate	<ul><li>Availability of Medication in</li></ul>
acquiring, receiving, dispensing, and administering of	emergency supply
all drugs and biologicals) to meet the needs of each	Process for timely ordering and
resident.	reordering
Intent:	Acquisition of Medications





- In order to meet the needs of each resident, the facility accurately and safely provides or obtains pharmaceutical services, including the provision of routine and emergency medications and biologicals, and the services of a licensed pharmacist;
- The facility utilizes only persons authorized by state or local, regulation, or other guidance to administer medications during the course of employment by a facility;
- The licensed pharmacist collaborates with facility leadership and staff to coordinate pharmaceutical services within the facility, guide development and evaluation of pharmaceutical services procedures, and help the facility identify, evaluate, and resolve pharmaceutical concerns which affect resident care, medical care or quality of life
- The facility, in coordination with the licensed pharmacist, provides for:
  - o A system of medication records that enables periodic accurate reconciliation and accounting for all controlled medications; o Prompt identification of loss or potential diversion of controlled medications; and o Determination of the extent of loss or potential diversion of controlled medications

■ Receiving Medications

□ Reporting Errors

Documentation

■ Disposition of Medications

Controlled Medications

☐ Educate Licensed Nurses and nonlicensed personnel who administer medications (in accordance with State law) about the Medication Management Policy and Procedures and their role in development and implementation of interventions.

 Conduct updated training for nursing leaders about supervising and monitoring for compliance with the Medication Management Policy and Procedures

 Conduct competency evaluations for licensed nurses and non-licensed personnel who administer medications (in accordance with State law)

Review the Medication Management
Policy and Procedures with the
Medical Director and Pharmacy
Consultant in conjunction with the
Quarterly Quality Assurance
Committee meeting





The below areas serve as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in F726 Competency and F758 Unnecessary Drugs as it relates to Medication Management

This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

Cross Reference: (additional areas for review)

**CMS** Regulations

State and Local Regulations

**Employee Orientation** 

**Annual Training Requirements** 

**Medical Director** 

**Psychotropic Medications** 

**Pharmacy Services** 

Resident Abuse (related to diversion)

Quality Assurance and Performance Improvement

Staff Training and Education

#### References

CMS State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities:

<a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-">https://www.cms.gov/Medicare/Provider-Enrollment-and-</a>
 <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-">Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf</a>