

# Tool: Drug Regimen Review Policy Checklist

LeadingAge®



**PATHWAY  
HEALTH**  
Insight | Expertise | Knowledge

*State logo added here. If not,  
delete text box*



## Tool: DRUG REGIMEN REVIEW POLICY CHECKLIST

**483.45(c):** The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

### Purpose and Intent of 483.45(c):

The purpose of this Drug Regimen Review Policy Checklist is to provide an outline to guide the facility in the development of a comprehensive Drug Regimen Review Process that provide both the quality of care for the facility resident population and compliance with regulations.

The intent for this requirement allows the facility to maintain the resident’s highest practicable level of functioning and prevents or minimizes adverse consequences related to medication therapy.

To assure that the individual facility has followed all the required steps for the development and implementation of a comprehensive Drug Regimen Review Policy in accordance to the new Requirements of Participation, the following checklist captures specific action items for successful completion. The far left column represents the actual 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. Please note that CMS has not issued its interpretative guidance for the new Requirement of Participation, therefore additional updates may be necessary once they are released.

### Suggested Checklist: COMPREHENSIVE DRUG REGIMEN REVIEW POLICY AND PROCEDURE

Regulation	Recommended Actions
<p><b>483.45(c) Drug Regimen Review.</b>            (1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review, revise and institute a Drug Regimen Review Policy and in accordance to the new RoP</li> <li><input type="checkbox"/> Update all definitions and new terms; adverse consequence, clinically significant, dose, excessive dose, duration, excessive duration, irregularity, medication interaction, medication regimen review (MRR), pharmacy assistant or technician, and monitoring.</li> <li><input type="checkbox"/> Review pharmacy consultant agreement to align with new requirements and expectations.</li> </ul>



Regulation	Recommended Actions
	<input type="checkbox"/> Review pharmacy consultant agreement with Medical Director
<p>(2) This review must include a review of the resident’s medical chart [483.45 (c)(2) will be implemented beginning November 28, 2017 (Phase 2)]</p>	<input type="checkbox"/> Review pharmacy consultant agreement to include medical chart review
<p>(3) A psychotropic drug is 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:</p> <ul style="list-style-type: none"> <li>(i) Anti-psychotic</li> <li>(ii) Anti-depressant;</li> <li>(iii) Anti-anxiety; and</li> <li>(iv) Hypnotic</li> </ul>	<input type="checkbox"/> Review and update the Policy and Procedure for the use of Psychotropic Medications/Chemical Restraints outlining use, alternatives and reduction plans  <input type="checkbox"/> Review and update the Policy on Gradual Dose Reductions for Psychotropic Medications/Chemical Restraint
<p>(4) The pharmacist must report any irregularities to the attending physician and the facility’s medical director and director of nursing, and these reports must be acted upon.</p> <ul style="list-style-type: none"> <li>(i) Irregularities include, but not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for unnecessary drugs.</li> <li>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate written report that is sent to the attending physician and the facilities medical director and director of nursing and lists, at a minimum, the resident’s name, the relevant drug, and the irregularity the pharmacist identified.</li> <li>(iii) The attending physician must document in the resident’s medical record that the identified irregularity has been reviewed and what if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident’s medical record.</li> </ul>	<input type="checkbox"/> Pharmacist and MD documentation guidelines updated with new regulatory language  <input type="checkbox"/> Update a system for the pharmacist to track responses to recommendations and has a process in place to address issues that do not receive a timely response  <input type="checkbox"/> Ensure pharmacy recommendations are part of the resident’s medical record or are kept in the facility for reference  <input type="checkbox"/> Review system for notification and review with Medical Director related to requirements, Practitioner’s responses and documentation of pharmacy recommendations

This document is for general informational purposes only.



Regulation	Recommended Actions
<p>(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.</p>	<p><input type="checkbox"/> Provide staff education on the revised Drug Regimen Review Policy. Update training for orientation, annual, agency staff, as needed. Evidence of education will include sign in sheets</p>

The below areas serves as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in **483.45(c)** Drug Regimen Review processes and procedures. This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

- CMS Definitions
- Employee Orientation
- Annual Training Requirements
- Quality Assurance and Performance Improvement
- Staff Training and Education
- Unnecessary Drugs Policies and Procedures
- Incident Accident Policy and Procedure
- Behavior Management
- Physical Device and Chemical Restraint Policy and Procedure
- Primary Care Physician roles and responsibilities
- Medical Director Requirements
- Medical record retention protocols

This document is for general informational purposes only.