Drug Regimen Reviews:

Yes, there are two DRRs!

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Purpose

Explore each of the two Drug Regimen Reviews (DRR)

- What's required
- Why is any DRR required
- How your facility can comply with the requirements for each

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Participants will be able to:

- ✓ Identify both Drug Regimen Reviews
- ✓ Describe the requirements for each DRR
- ✓ Discuss the differences between the DRRs
- ✓ Locate the regulations/requirements for each DRR
- ✓ Locate documentation resources for each DRR

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There are 2

- Drug Regimen Review – MDS/SNF QRP
- Drug Regimen Review – RoP/F756
- Both are required by law!

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Major Differences

MDS/SNF QRP DRR

- Quality Measure – from IMPACT Act of 2014
- Data collection began 10/1/2018
- Section N of MDS 3.0, v1.16.1
- Skilled/traditional Medicare Part A beneficiaries, only during skilled stay
- Clinician conducts with completion of follow-up by midnight of the next calendar day

F756 DRR

- Regulatory – Requirements of Participation (RoPs)
- Updated requirement as of 11/28/2017
- Appendix PP of the State Operations Manual
- All residents, regardless of LOC
- Monthly (at least)
- Licensed pharmacist

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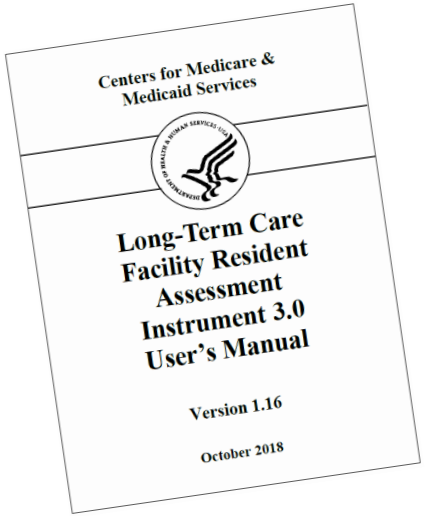
N2001. Drug Regimen Review - Complete only if A0310B = 01	
Enter Code ☐	**Did a complete drug regimen review identify potential clinically significant medication issues?** 0. **No** - No issues found during review 1. **Yes** - Issues found during review 9. **NA** - Resident is not taking any medications
N2003. Medication Follow-up - Complete only if N2001 =1	
Enter Code ☐	**Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?** 0. **No** 1. **Yes**
N2005. Medication Intervention - Complete only if A0310H = 1	
Enter Code ☐	**Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?** 0. **No** 1. **Yes** 9. **NA** - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications



Let's explore each one…

Drug Regimen Review

MDS/SNF QRP

SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM

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IMPACT Act: Quality Measure Implementation Dates

Measure Domain	HHA	SNF	LTCH	IRF
Functional Status	1/1/2019	10/1/2016	10/1/2016	10/1/2016
Skin Integrity	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Medication Reconciliation	1/1/2017	10/1/2018	7/1/2018	10/1/2018
Incidence of Major Falls	1/1/2019	10/1/2016	10/1/2016	10/1/2016
Transfer of Health Information	Future	Future	Future	Future

Resource Use & Other	HHA	SNF	LTCH	IRF
Medicare Spending per Beneficiary	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Discharge to Community	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Potentially Preventable Hospital Readmissions	1/1/2017	10/1/2016	10/1/2016	10/1/2016

IMPACT Act Domain	Meaningful Measures Framework Healthcare Priority	Meaningful Measures Area	IMPACT Act Measure
Functional Status	Strengthen Person & Family Engagement as Partners in their Care	Care is Personalized and Aligned with Patient's Goals	Application of Percent of LTCH Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function [IRF, LTCH, SNF, HH]
			Percent of LTCH Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function [LTCH]
		Patient Reported Functional Outcomes	Change in Self-Care Score for Medical Rehabilitation Patients [IRF, SNF*]
			Change in Mobility Score for Medical Rehabilitation Patients [IRF, SNF*]
			Change in Discharge Self-Care Score for Medical Rehabilitation Patients [IRF, SNF*]
			Change in Discharge Mobility Score for Medical Rehabilitation Patients [IRF, SNF*]
Skin Integrity	Promote Effective Prevention & Treatment of Chronic Disease	Medication Management	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) replaced with Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury [IRF, LTCH, SNF, HH]
Medication Reconciliation	Promote Effective Prevention & Treatment of Chronic Disease	Medication Management	Drug Regimen Review [IRF, LTCH, SNF, HH]
Incidence of Major Falls	Making Care Safer by Reducing Harm Caused in the Delivery of Care	Preventable Healthcare Harm	Application of the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) [IRF, LTCH, SNF, HH]
Transfer of Health Information	Promote Effective Communication & Coordination of Care	Transfer of Health Information and Interoperability	UNDER DEVELOPMENT [IRF, LTCH, SNF, HH]

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Drug Regimen Review Conducted With Follow-Up for Identified Issues

- DRR is an assessment - based, cross - setting process QM, adopted to meet the requirements of the Improving Medicare Post - Acute Care Transformation (IMPACT) Act domain of medication reconciliation
- Data collection for Skilled Nursing Facilities (SNFs) began October 1, 2018

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Intent

- Drug Regimen Review conducted upon the resident's admission (start of SNF PPS stay) and throughout the stay (through Part A PPS discharge)

AND

- Clinically significant medication issues were addressed in a timely manner when identified

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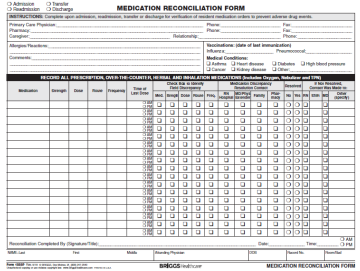
DRR Includes


MEDICATION RECONCILIATION FORM

- Medication reconciliation
- Review of all medications a resident is currently using
- Review of the drug regimen to identify, and, if possible, prevent potential clinically significant medication adverse consequences


DRUG REGIMEN REVIEW - MDS/SNF GRP

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Medications Requiring Review

- Prescribed and over the counter, including nutritional supplements, vitamins, and homeopathic and herbal products
- Administered by any route
- Total Parenteral Nutrition (TPN) and oxygen

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Clinically Significant - Definition

- Potential or actual issue that, in the clinician's professional judgment, warrants:
  - Physician (or physician - designee) communication and
  - Completion of prescribed/recommended actions by midnight of the next calendar day (at the latest)
- Effects, results, or consequences that materially affect or are likely to affect an individual's mental, physical, or psychosocial well - being either:
  - Positively by preventing a condition or reducing a risk or
  - Negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status

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Clinically Significant Issues (not limited to)

- Medication prescribed despite documented medication allergy or prior adverse reaction
- Excessive or inadequate dose
- Adverse reactions to medication
- Ineffective drug therapy
- Drug interactions (drug-drug, drug-food, drug-disease)
- Duplicate therapy (co-prescription of generic and brand name drugs)
- Wrong resident, drug, dose, route and time errors

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And…

- Medication dose, frequency, route, or duration not consistent with resident's condition, manufacturer's instructions, or applicable standards of practice
- Use of a medication without evidence of adequate indication for use
- Presence of a medical condition that may warrant medication therapy
- Omissions
- Non-adherence

Medical Record Resources for DRR

- Medical records received from facilities where the resident received health care
- The resident's most recent history and physical
- Transfer documents
- Discharge summaries
- Medication lists/records
- Clinical progress notes
- Other resources as available

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Other DRR Resources

Talk to these folks to supplement/clarify medical record resources:

- Acute care hospital/transferring facility
- Other staff and clinicians responsible for completing the DRR
- The resident
- The resident's family/significant other

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Who Does the DRR?

- Facility, Federal and State policies and procedures determine which SNF staff members may complete a DRR – pharmacist, RN, NP, PA, etc.
- *Be sure your facility has a policy and procedure re: DRR*
- Implement a system to ensure that each resident's medication usage is evaluated upon admission and on an ongoing basis, and that risks and problems are identified and acted upon.
- Document all DRRs in the resident's medical record. Be sure to document physician contact and response as well as staff actions. Don't forget to include dates and times.

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N2001, N2003 and N2005

N2001. Drug Regimen Review - Complete only if A0310B = 01	
Enter Code ☐	**Did a complete drug regimen review identify potential clinically significant medication issues?** 0. **No** - No issues found during review 1. **Yes** - Issues found during review 9. **NA** - Resident is not taking any medications
N2003. Medication Follow-up - Complete only if N2001 =1	
Enter Code ☐	**Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?** 0. **No** 1. **Yes**
N2005. Medication Intervention - Complete only if A0310H = 1	
Enter Code ☐	**Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?** 0. **No** 1. **Yes** 9. **NA** - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

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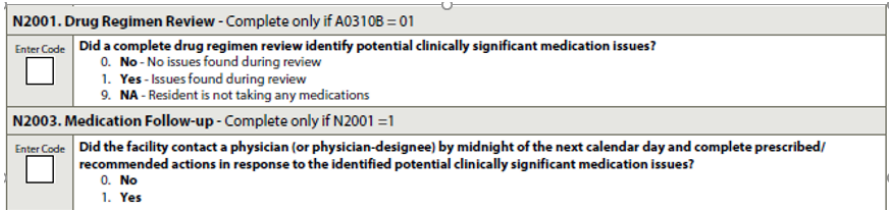
Coding N2001 and N2003

- N2001 – only on 5-day PPS assessment (A0310B = 01)
- N2003 – only if N2001 = yes (1)
- Complete a drug regimen review upon admission (start of SNF PPS stay) or as close to the actual time of admission as possible to identify any potential or actual clinically significant medication issues.



N2001. Drug Regimen Review - Complete only if A0310B = 01

Enter Code ☐

Did a complete drug regimen review identify potential clinically significant medication issues?

0. **No** - No issues found during review
1. **Yes** - Issues found during review
9. **NA** - Resident is not taking any medications

N2003. Medication Follow-up - Complete only if N2001 =1

Enter Code ☐

Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?

0. **No**
1. **Yes**

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N2001 Coding Scenario – Drug Regimen Review

- Mr. H was admitted to the SNF after undergoing cardiac surgery for a mitral valve replacement
- The acute care hospital discharge information indicated that Mr. H had a mechanical mitral heart valve and was to continue receiving anticoagulant medication
- While completing a review and comparison of Mr. H's discharge records from the hospital with the physician's admission medication orders and admission note, the nurse noted that the admitting physician had ordered Mr. H's anticoagulation medication to be held if the international normalized ratio (INR) was below 1.0
- However, the physician's admission note indicated that the desired therapeutic INR parameters for Mr. H was 2.5–3.5
- The nurse questioned the INR level listed on the admitting physician's order, based on the therapeutic range of 2.5 to 3.5 documented in the physician's admission note
- This prompted the nurse to call the physician immediately to address the issue
- Did a complete DRR identify potential clinically significant medication issues?

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N2003 Coding Scenario – Medication Follow-up

- Mr. P was admitted to the SNF with active diagnoses of pneumonia and atrial fibrillation
- The acute care facility medication record indicated that the resident was on a 7 - day course of antibiotics and the resident had 3 remaining days of this treatment plan
- The nurse reviewing the discharge records from the acute care facility and the SNF admission medication orders noted that the resident had an order for an anticoagulation medication that required INR monitoring as well as the antibiotic
- On the date of admission, the nurse contacted the physician caring for Mr. P and communicated a concern about a potential increase in Mr. P's INR with this combination of medications that could place the resident at greater risk for bleeding
- The physician provided orders for laboratory testing so that the resident's INR levels would be monitored over the next 3 days, starting that day
- However, the nurse did not request the first INR laboratory test until after midnight of the next calendar day
- Did the facility contact a physician by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

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Coding N2005 – Medication Intervention

- Observation period for this item is from the date of admission (start of SNF PPS stay) through discharge (Part A PPS discharge)
- Complete N2005 only if A0310H = 1

N2005. Medication Intervention - Complete only if A0310H = 1	
Enter Code ☐	**Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?** 0. **No** 1. **Yes** 9. **NA** - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

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N2005 Coding Scenario – Medication Intervention

- At the end of her Part A PPS stay, the discharging nurse reviewed Ms. T's medical records from the time of admission (start of SNF PPS stay) through her entire Part A PPS stay (Part A PPS discharge) and noted that a clinically significant medication issue was documented during the admission assessment
- Ms. T's medical records indicated that a nurse had attempted to contact the physician several times about the clinically significant medication issue
- After midnight of the second calendar day, the physician communicated to the nurse, via telephone, orders for changes to Ms. T's medications to address the potentially significant medication issue
- The nurse implemented the physician's orders
- Upon further review of Ms. T's medical records, the discharging nurse determined that no additional issues had been recorded throughout the remainder of Ms. T's stay
- Did the facility contact and complete physician-prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

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Another N2005 Coding Scenario – Medication Intervention

- At discharge, the nurse completing a review of Ms. K's medical records found that two clinically significant medication issues had been identified during the resident's stay
- During the admission DRR, the nurse identified a clinically significant medication issue, contacted the physician, and implemented new physician orders on the same day
- Another potentially significant medication issue was identified on day 12 of Ms. K's stay; the nurse communicated with the physician and carried out the orders within 1 hour of identifying the potential issue
- Did the facility contact and complete physician - prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

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SNF QRP – Drug Regimen Review

- Drug Regimen Review Conducted With Follow-Up for Identified Issues
- Reports the percentage of resident stays in which:
    - A DRR was conducted at the time of admission AND
    - Timely follow - up with a physician occurred each time potential and actual clinically significant medication issues were identified throughout the resident's stay
- Risk Adjustment: This measure is not risk adjusted or stratified
- Denominator Exclusions: This measure has no denominator exclusions

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SNF QRP – DRR (continued)

- If a dash is entered for any of these three items:
  - The resident stay will not be included in the numerator count
  - The resident stay will be included in the denominator count
- MDS 3.0 items included in the QM:
  - N2001. Drug Regimen Review
  - N2003. Medication Follow - Up
  - N2005. Medication Intervention

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Numerator

The numerator is the number of short-stay residents with an MDS 3.0 assessment during the selected time window for which all of the following are each true:

- The facility conducted a DRR at the admission (N2001= [0,1]) or resident is not taking any medications (N2001= [9]); and
- If potential clinically significant medication issues were identified at the admission (N2001 = [1]), then the facility contacted a physician (or physician-designee) by midnight of the next calendar day and completed prescribed/recommended actions in response to the identified issues (N2003= [1]); and
- The facility contacted a physician (or physician-designee) and completed prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission (N2005 = [1]) or no potential clinically significant medications issues were identified since the admission (N2005 = [9]). This condition is evaluated at discharge.

=

Denominator

The denominator is the number of stays in the selected time window for SNF residents with a SNF PPS Part A Discharge Assessment (A0310H = 1) during the reporting period

Other Drug Regimen Review – RoP/F756

F756

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.45(c) Drug Regimen Review.

§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

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F756 Specifics

- §483.45(c)(2) This review must include a review of the resident's medical chart.
- §483.45(c)(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.
  - (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.
  - (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 facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.

F756 Specifics (continued)

- (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.

- §483.45(c)(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.

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F756 Intent

INTENT §483.45(c)(1), (2), (4), and (5)

The intent of this requirement is that the facility maintains the resident's highest practicable level of physical, mental and psychosocial well-being and prevents or minimizes adverse consequences related to medication therapy to the extent possible, by providing oversight by a licensed pharmacist, attending physician, medical director, and the director of nursing (DON).

NOTE: Although the regulatory language refers to "drug regimen review," the guidance in this document generally will refer to "medication regimen review," 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).

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Other Important Components

- The pharmacist must review each resident's medication regimen at least once a month in order to identify irregularities and to identify clinically significant risks and/or actual or potential adverse consequences which may result from or be associated with medications. It may be necessary for the pharmacist to conduct the review more frequently, for example weekly, depending on the resident's condition and the risks for adverse consequences related to current medications.
- Regulations prohibit the pharmacist from delegating these reviews to other staff.
- The requirement for this drug regimen review applies to all residents (whether short or long-stay) - without exceptions.
- The pharmacist's findings are considered part of each resident's medical record.

Clinically Significant Definitions

- "Clinically significant" means effects, results, or consequences that materially affect or are likely to affect an individual's mental, physical, or psychosocial well-being 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.

- Potential or actual issue that, in the clinician's professional judgment, warrants:
  - Physician (or physician - designee) communication and
  - Completion of prescribed/recommended actions by midnight of the next calendar day (at the latest)
- Effects, results, or consequences that materially affect or are likely to affect an individual's mental, physical, or psychosocial well - being either:
  - Positively by preventing a condition or reducing a risk or
  - Negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status

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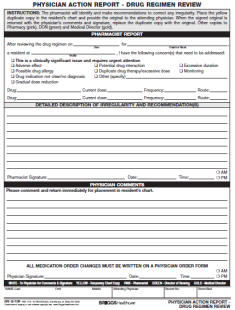
Facility Responsibilities

Facilities must develop policies and procedures to address the MRR. The policies and procedures must specifically address:

- The appropriate time frames for the different steps in the MRR process and
- The steps a pharmacist must follow when he or she identifies an irregularity that requires immediate action to protect the resident and prevent the occurrence of an adverse drug event
- MRR policies and procedures should also address, but not be limited to:
  - MRRs for residents who are anticipated to stay less than 30 days
  - MRRs for residents who experience an acute change of condition and for whom an immediate MRR is requested after appropriate staff have notified the resident's physician, the medical director and the director of nursing about the acute change
  - The facility should have a procedure for how to resolve situations where:
    - The attending physician does not concur with or take action on identified irregularities and
    - The attending physician is also the medical director

Pharmacist Responsibilities

- Expected to document either that no irregularity was identified or the nature of any identified irregularities (irregularities referenced pages 471 – 472 of Appendix PP; see also F756 – Pharmacist Resources slide)
- Responsible for reporting any identified irregularities to the attending physician, the facility's medical director, and director of nursing. Timeliness of notification of irregularities depends on factors including the potential for or presence of serious adverse consequences
- Must document any identified irregularities in a separate, written report. Report may be in paper or electronic form
- If no irregularities were identified during the review, the pharmacist includes a signed and dated statement to that effect


PHYSICIAN ACTION REPORT - DRUG REGIMEN REVIEW

INSTRUCTIONS: The pharmacist will identify and make recommendations to correct any irregularity. Place the yellow duplicate copy in the resident's chart and provide the original to the attending physician. When the signed original is returned with the physician's comments and signature, replace the duplicate copy with the original. Other copies to Pharmacy (pink), DON (green) and Medical Director (blue).

PHARMACIST REPORT

After reviewing the drug regimen on _____ for _____ (Facility No.)

a resident of _____ (Unit) _____ (Room No.) I have the following concern(s) that need to be addressed:

☐ This is a clinically significant issue and requires urgent attention
☐ Adverse effect ☐ Potential drug interaction ☐ Excessive duration
☐ Possible drug allergy ☐ Duplicate drug therapy/excessive dose ☐ Monitoring
☐ Need for additional therapeutic diagnosis ☐ Other (specify): _____
☐ Gradual dose reduction

Drug: _____ Current dose: _____ Frequency: _____ Route: _____
Drug: _____ Current dose: _____ Frequency: _____ Route: _____

DETAILED DESCRIPTION OF IRREGULARITY AND RECOMMENDATION(S)

Pharmacist Signature: _____ Date: _____ Time: _____ ☐ AM ☐ PM

PHYSICIAN COMMENTS

Please comment and return immediately for placement in resident's chart.

ALL MEDICATION ORDER CHANGES MUST BE WRITTEN ON A PHYSICIAN ORDER FORM

Physician Signature: _____ Date: _____ Time: _____ ☐ AM ☐ PM

WHO To Physician for Comments & Signature	TO DON	Telephone Read Back	Rec. Pharmacist	DON & Director of Nursing	DON & Medical Director
Date / Time	Date	Name	Pharmacy Number	Date/Time	Date/Time

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PHYSICIAN ACTION REPORT
DRUG REGIMEN REVIEW

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Identification of Irregularities – Resident Record Review

- Medication Administration Records (MAR)
- Prescribers' orders
- Progress, nursing and consultants' notes
- Resident Assessment Instrument (RAI) – MDS, Care Area Assessments (CAAs) and Care Plan
- Laboratory and diagnostic test results
- Other sources of information about documented expressions or indications of distress and/or changes in condition
- Pharmacist may also obtain information from the Quality Measures/Quality Indicator reports, the attending physician and facility staff
- (As appropriate) from interviewing, assessing and/or observing the resident

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Irregularity Reporting Categories

- The use of a medication without identifiable evidence of adequate indications for use, such as, the use of a medication to treat a clinical condition without identifiable evidence that safer alternatives or more clinically appropriate medications have been considered
- The use of homeopathic or herbal options (e.g., St. John's Wort) that may interfere with the effectiveness of clinically appropriate medications
- The use of an appropriate medication that is not helping attain the intended treatment or resident's goals because of timing of administration, dosing intervals, sufficiency of dose, techniques of administration, or other reasons
- The use of a medication in an excessive dose (including duplicate therapy) or for excessive duration, thereby placing the resident at greater risk for adverse consequences or causing existing adverse consequences
- The presence of an adverse consequence associated with the resident's current medication regimen
- The use of a medication without evidence of adequate monitoring; i.e., either inadequate monitoring of the response to a medication or an inadequate response to the findings
- Presence of medication errors or the risk for such errors
- Presence of a clinical condition that might warrant initiation of medication therapy
- A medication interaction associated with the current medication regimen

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Attending Physician Responsibilities

- The medical record must show documentation that the attending physician reviewed any irregularities identified by the pharmacist.
- Attending physician either accepts and acts upon the report and recommendations or rejects all or some of the report and should document his/her rationale of why the recommendation is rejected in the resident's medical record. It is not acceptable for an attending physician to document only that he/she disagrees with the report, without providing some clinical basis for disagreeing.

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Pharmacist Interview

Pharmacist Interview:

- ☐ Do you perform a monthly MRR (or more frequently if needed)?
- ☐ Do you include each resident's medical record in this monthly review?
- ☐ How do you evaluate PRN medications, specifically PRN psychotropic and antipsychotic medications?
- ☐ What are you reviewing (e.g., adequate indication, dose, continued need, and adverse consequences)?
- ☐ Did you identify and report to the attending physician, medical director, and DON any irregularities with this resident's medication regimen? Did you use a separate, written report?
- ☐ If the pharmacist didn't identify a specific issue, ask why the issue was not identified as an irregularity on the MRR.
- ☐ What is the MRR process for short-stay residents?
- ☐ What protocols to do you have in place (e.g., lab to monitor for adverse events and drug interactions related to use of antibiotics and other high-risk medications)?
- ☐ Are you part of the IDT who reviews this resident's medication?
- ☐ What steps do you take when an irregularity requires immediate action? Are these steps part of facility policy?

AP, Medical Director & DON Interviews

Attending Practitioner, Medical Director, and DON Interviews:

- ☐ Did you receive a written report of irregularities identified during the MRR?
- ☐ Did you make a change in the resident's medication in response to the identified irregularity(ies) or document a rationale if you didn't make a change in the medication regimen?
- ☐ What is the rationale behind why the medication is being used (e.g., antipsychotic for dementia or other high risk medications)?
- ☐ What other approaches were attempted prior to the use of a psychotropic medication and/or while attempting a GDR?
- ☐ When was a GDR last completed? What was the result?
- ☐ Are you included in the IDT meeting for this resident?

Staff Interviews

Staff Interviews (Nursing Aides, Nurse, Director of Nursing (DON), Social Services):

- ☐ What, when, and to whom do you report changes in the resident's status (e.g., indications of distress or pain)?
- ☐ How do you learn what the resident's daily care needs are?
- ☐ What non-pharmacological approaches are used?
- ☐ What is the clinical indication for the medication?
- ☐ How does the facility monitor the medication?
  - What monitoring tools or systems are used?
  - How did the interdisciplinary team (IDT) determine what should be monitored?
  - For psychotropic medications, how did you determine what behavior to monitor?
  - How do you assure orders for medication monitoring are implemented (e.g., HbA1c, PT/INR)?
  - How do you communicate relevant information regarding medication monitoring for this resident to other team members?
- ☐ How do you assess whether each medication is effective?
- ☐ Why does the resident have two medications in the same class?
- ☐ How does the IDT determine what dose and duration is clinically indicated?
- ☐ If the amount of any medication exceeds the manufacturer's recommendations, clinical or evidence-based practice guidelines, or standards of practice, what is the rationale?
- ☐ How do you monitor for significant adverse consequences?
- ☐ Has the resident had a change in condition, diet, weight loss, dehydration, or acute illness? If so, what was done to assess the possible complications for these changes due to medications?
- ☐ Has the resident had an adverse reaction? If so, what and how was the adverse reaction addressed?
- ☐ How do you evaluate whether medications should be initiated, continued, reduced, discontinued, or otherwise modified? How often is the evaluation for modification conducted?

Staff Interviews (continued)

- ☐ How does the facility ensure a review of medications for GDRs?
- ☐ If the resident is on a psychotropic medication: When did you attempt to reduce the medication in the last year and what were the results?
- ☐ If the practitioner denied a GDR: Did the practitioner provide a risk-benefit statement describing the contraindications for a GDR?
- ☐ How do you monitor staff to ensure they are implementing care planned approaches?
- ☐ What was the rationale for the practitioner's decisions in managing the resident's medications or medication-related concerns?
- ☐ How did you involve the resident in decisions regarding medications?
- ☐ How often is the MRR conducted and are medical charts included in this review?
- ☐ Under what circumstances is the MRR conducted more often than monthly?
- ☐ Are there policies and procedures in place to address issues which include the different steps in the MRR process and steps to take when an identified irregularity requires immediate action?
- ☐ How are medication-related issues communicated to other staff, the attending practitioner or prescribing practitioner, and resident and, if appropriate, resident representative?
- ☐ How is the MRR process conducted for short-stay residents?
- ☐ Has there been a change in the resident's overall function and mood that potentially may indicate unnecessary medications or adverse reactions? If so, describe.
- ☐ If the resident is receiving PRN psychotropic or antipsychotic medication(s): How is this medication monitored and how does the IDT determine if the PRN medication is clinically indicated and ensure the PRN orders are consistent with PRN requirements for psychotropic and antipsychotic medications?
- ☐ Ask about any other related concerns the surveyor has identified.

Critical Element Decisions

1. For the **Medication Regimen Review (MRR)**:

   A. Did the licensed pharmacist:
   - Conduct an MRR, at least monthly, that included a review of the resident's medical record;
   - Conduct an MRR more frequently, as needed; and
   - Report irregularities to the attending physician, medical director, and the DON?

   B. Did the attending physician document:
   - Review of identified irregularity(ies);
   - The action, if any, taken;
   - A rationale if no action is taken?

   C. Has the facility developed and implemented MRR policies and procedures?
   - Do they address, at a minimum:
     - Time frames for steps in the MRR process;
     - Steps the pharmacist must take when an irregularity requires urgent action.

   If No to any of the above, cite F756

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Final Thoughts

- Review your policies and procedures to ensure you have addressed the MDS/SNR QRP and F756 Drug Regimen Reviews as required. To do this, you'll need to review the MDS 3.0 RAI User's Manual for N2001, N2003 and N2005 as well as F756 in Appendix PP.
- Train responsible staff on both DRRs – the conduct as well as the follow-up and documentation. Audit frequently for compliance. Re-educate as needed. Review your SNF QRP and QM reports on a regular basis.
- Utilize your Medical Director to ensure physician communication/knowledge and compliance with both DRRs.
- Use CMS-20082 Critical Element Pathway to audit your F756 DRR process.
- Avoid the use of dashes (-) in N2001, N2003 and N2005. This is the baseline data collection year. Starting 10/1/2019, those dashes could cost you reimbursement!

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Resources

- https://downloads.cms.gov/files/1-MDS-30-RAI-Manual-v1-16-October-1-2018.pdf [Chapter 3, Pages N-15 through N-24]
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf [F756...pages 466 - 476]
- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html -> LTC Survey Pathways -> CMS-20082…Unnecessary Medications, Psychotropic Medications, and Medication Regimen Review Critical Element Pathway
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-of-2014-Data-Standardization-and-Cross-Setting-Measures.html
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Final-Specifications-for-SNF-QRP-Quality-Measures-and-Standardized-Resident-Assessment-Data-Elements-Effective-October-1-2018.pdf
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html
- https://www.briggshealthcare.com/search?keywords=drug%20handbook

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F756 Pharmacist Resources

- https://www.fda.gov/Safety/MedWatch/SafetyInformation/default.htm
- https://www.ascp.com/ [American Society of Consultant Pharmacists]
- https://paltc.org/ [Society for Post-Acute and Long-Term Care Medicine]
- https://www.nccmerp.org/ [National Coordinating Council for Medication Error Reporting and Prevention]
- https://www.americangeriatrics.org/ [American Geriatrics Society]
- https://www.crediblemeds.org/healthcare-providers/drug-drug-interaction

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Documentation Resources – Briggs Healthcare®

- https://www.briggshealthcare.com/Drug-Regimen-Review-MDS-SNF-QRP (3601P)
- https://www.briggshealthcare.com/Reconciliation-Form (1888P)
- https://www.briggshealthcare.com/Physician-Action-Report-Drug-Regimen-Review-5-Part (CFS12-7/5P)
- https://www.briggshealthcare.com/Drug-Regimen-Review-Request (3541)

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About our speaker

Mary Madison is a registered nurse with 45+ years of experience in the healthcare field; 40 years in the long-term care industry. Mary has held positions of Director of Nursing in a 330-bed SNF, DON in two 60-bed SNFs, Reviewer with Telligen (Iowa QIO), Director of Continuing Education, Manager of Clinical Software Support, Clinical Software Implementer and Clinical Educator. Mary is a Certified Resident Assessment Coordinator (AANAC) and a Certified Dementia Practitioner (NCCDP). Mary has conducted numerous MDS training and other LTC educational sessions across the country in the past 2+ decades. She joined Briggs Healthcare® as their LTC/Senior Care Clinical Consultant in July 2014.

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