The Pharmacy Role in New Rules of Participation

Description

The new rules of participation not only impact the work you do in your facilities but also the relationships you have with your vendors. This session will focus on the new RoP and what they will mean related to your medication use processes and what to expect from your provider pharmacy. The work the pharmacy and consultant pharmacist provide play a vital role in all aspects of medications from psychoactive drugs and antimicrobial stewardship to emergency preparedness; utilizing their expertise will help your facility thrive with these rule changes. This session will also review the Medication Regimen Review process changes and the need for your consultant pharmacist to review the chart concurrently as well as what the changes in PRN psychotropic medication requirements will mean to managing 14 day prescriptions.
Objectives

1. Participants will review the rules of participation related to medications to make sure their policy and procedures are compliant with the rule changes.
2. Participants will focus on changes related to psychoactive medications in order to educate their staff and medical providers.
3. Participants will explore antimicrobial stewardship and ways that the pharmacy and consultant pharmacist can help achieve facility goals.

Phase 1 Review
Irregularity

F 756: Drug Regimen Review: “refers to use of medication that is inconsistent with accepted standards of practice for providing pharmaceutical services, not supported by medical evidence, and/or that impedes or interferes with achieving the intended outcomes of pharmaceutical services. An irregularity also includes, but is not limited to, use of medications without adequate indication, without adequate monitoring, in excessive doses, and/or in the presence of adverse consequences, as well as the identification of conditions that may warrant initiation of medication therapy.”

Report of Irregularities

• Consultant Pharmacist Report- must document in a separate, written report any irregularities. Must include: Resident’s name, relevant drug, irregularity
  • Attending Physician
  • Director of Nursing
  • MEDICAL DIRECTOR- how are you accomplishing this?
Response to Irregularities

• 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 rationale in the 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.

MRR Policy

• Facility must develop and maintain policies for monthly DRR that include:
  • Time frames for different steps in the process;
  • Steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.

• 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 requirement for the MRR applies to all residents (whether short or long-stay) without exceptions.

• It may be necessary for the pharmacist to conduct the MRR more frequently, for example weekly, depending on the resident’s condition and the risks for adverse consequences related to current medications.
F758: Free From Unnecessary Medications

- Circumstances that warrant evaluation of the resident and medication(s) include:
  - Admission or re-admission;
  - A clinically significant change in condition/status;
  - A new, persistent, or recurrent clinically significant symptom or problem;
  - A worsening of an existing problem or condition;
  - An unexplained decline in function or cognition;
  - A new medication order or renewal of orders;
  - An irregularity identified in the pharmacist’s medication regimen review. (See F756 . . .)
  - Orders for PRN psychotropic and/or antipsychotic medications which are not prescribed to treat a diagnosed specific condition or do
Misc. Related to Medications

Drug Regimen Review

- The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.
  - Review must include the resident’s medical chart
F661 Discharge Summary

- Reconciliation of all pre-discharge medications with the resident’s post-discharge medications (both prescribed and over-the-counter)
  - Medication Reconciliation: A process of comparing pre-discharge medications to post-discharge medications by creating an accurate list of both prescription and over the counter medications that includes the drug name, dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or omissions at transition points in care.
  - A resident’s discharge medications may differ from what the resident was receiving while residing in the facility. Facility staff must compare the medications listed in the discharge summary to medications the resident was taking while residing in the nursing home. Any discrepancies or differences found during the reconciliation must be assessed and resolved, and the resolution documented in the discharge summary, along with a rationale for any changes.

Resident Right to be Informed

- F 552: Planning and Implementing Care
  - 483.10(c)(5): The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.
Self Administering Medications

• If a resident requests to self-administer medication(s), it is the responsibility of the interdisciplinary team (IDT) (as defined in §483.21(b), F657, Comprehensive Care Plans) to determine that it is safe before the resident exercises that right. A resident may only self-administer medications after the IDT has determined which medications may be self-administered.

Liquid Medications

• F 755” . . . that absolute accuracy in tracking volume and use of liquid controlled medications may not be possible. The actual volume in these containers may be slightly over or under the manufacturer’s stated volume depending on the shape and material of the container and the formulation of the medication such as thick liquid suspensions. The opaque container, measurement markings, manufacturer fill volume variation, and method for recording usage all make detection of diversion for liquid controlled medications more difficult. The general standard of practice for documenting usage of liquid controlled medications is to record the starting volume from the label, record each dose administered, subtract the dose administered from the previously recorded volume, and record the remaining amount. Any observed discrepancy between the recorded amount and what appears to be remaining in the container should be reported according to facility policy.”
F 760: Significant Medication Errors

• Medication Error- not in accordance with;
  1. Prescriber Order;
  2. Manufacturer’s specifications (not recommendations) or;
  3. Accepted professional standards and principles

F 760: Errors Due to Failure to Follow Manufacturer Specifications or Accepted Professional Standards

• Crushing Medications and Administering via Feeding Tube
  • The standard of practice is that crushed medications should not be combined and given all at once, either orally (e.g., in pudding or other similar food) or via feeding tube.
  • If the surveyor observes medications being crushed and combined, then the number of errors would be equal to the number of medications crushed whether the medications are to be administered orally or via feeding tube.
  • Flushing between each medication is also standard of practice and the lack of flushing between each medication is equivalent to combining medications, regardless of whether the medication is in crushed or liquid form.
F761: Labeling of Drugs and Biologicals

• ... to minimize contamination, facility staff should date the label of any multi-use vial when the vial is first accessed and access the vial in a dedicated medication preparation area:
  • If a multi-dose vial has been opened or accessed (e.g., needle-punctured), the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.
  • If a multi-dose vial has not been opened or accessed (e.g., needle-punctured), it should be discarded according to the manufacturer’s expiration date.

Psychotropic Medications
Definition of Psychotropic Drugs

• Psychotropic drugs are defined as drugs that affect brain activities associated with mental processes and behavior. These drugs include, but are not limited to the following categories: anti-psychotic; anti-depressant; anti-anxiety; and hypnotic.
  • Not to be used unless necessary to treat specific condition documented in medical chart
  • Have to receive Gradual Dose Reductions and behavior interventions

New Admissions

• Many residents are admitted to a SNF/NF already on a psychotropic medication. The medication may have been started in the hospital or the community, which can make it challenging for the IDT to identify the indication for use. However, the attending physician in collaboration with the consultant pharmacist must re-evaluate the use of the psychotropic medication and consider whether or not the medication can be reduced or discontinued upon admission or soon after admission.
14 Day PRN Orders

- Anxiolytics/Sedative-Hypnotics/Antidepressants
  - Limited to 14 days
  - Exception: Prescriber believes it is appropriate to be extended in which case they must document rationale in medical record with duration.

- Antipsychotics
  - Limited to 14 days
  - Exception: **None**; must evaluate resident for appropriateness for each 14 day order; The required evaluation of a resident before writing a new PRN order for an antipsychotic entails the attending physician or prescribing practitioner directly examining the resident and assessing the resident’s current condition and progress to determine if the PRN antipsychotic medication is still needed. *Report of the resident’s condition from facility staff to the attending physician or prescribing practitioner does not constitute an evaluation.*

Antimicrobial Stewardship
Infection Control Program

- Infection Control Program: An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.

- The intent of this regulation is to ensure that the facility:
  - Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic;
  - Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and
  - Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.

Why Antimicrobial Stewardship?

- Antibiotic Stewardship- optimize the treatment of infections while reducing the adverse events associated with antibiotic use
  - Up to 70% of residents in a nursing home received one or more courses of systemic antibiotics in one year
  - 40-75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate
  - At least 2 million people become infected with antibiotic-resistant bacteria and 23,000 die from these infections
Problem with Antimicrobial Overuse

- Increased adverse drug reactions
  - Warfarin
- Increased adverse drug events
  - Diarrhea, Hepatotoxicity, Ototoxicity, tendon rupture, Rash, Stevens-Johnsons Syndrome, Neurotoxicity, Anaphylaxis, QT prolongation
- Antibiotic Resistance
  - Drugs versus Bugs - Drugs always WIN
  - Multidrug resistance
- Clostridium Difficile Infections
  - 1 in 9 with healthcare associated C. Diff infection died within 30 days of diagnosis \(^1\)
  - 30% of C. Diff diagnosed patients readmitted within 30 days \(^1\)
  - More than 80% of deaths associated with C. Diff infection occurred among patients aged 65 or older \(^3\)
- Antibiotic pipeline has stalled

Antimicrobial Stewardship Tools

- CDC\(^2\):
  - Core Elements of Antibiotic Stewardship in Nursing Homes
- AHRQ\(^6\)
  - Not All “Infections” Need Antibiotics
  - UTI SBAR
    - Letter for Clinicians
    - Power Point Presentation
  - Antibiotic Pocket Cards
Questions/Discussion

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