Welcome to Telligen's High-Risk Medication ECHO® Series: Regs and Meds and Errors – Oh My!!

We will get started momentarily

- Using chat, enter your organization and state
- Please complete the poll

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Project ECHO®

High-Risk Medication ECHO® Series

Session 1: Regs and Meds and Errors – Oh My!

January 25, 2023

Gina Anderson, Senior Quality Improvement Facilitator

Guest Speaker: Vicki Worth, Medicare/Medicaid LTC Bureau Chief I, Iowa Department of Inspections & Appeals (DIA)

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QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Project ECHO®

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Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research and to inform new initiatives.

Before We Begin

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Begin With the End in Mind

During the presentation, visualize and plan how you will use the information:

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase collaboration within your network to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 and 90 days?

Introduction

Outer ring:

Four domains and descriptors affecting the high-risk medication management system

- Do they function well or are you discovering challenges?

Light gray ring:

Areas for continuous monitoring ensuring domains function to their fullest potential

- Are you addressing these areas and implementing action when you find challenges?

Medication Without Harm (who.int)

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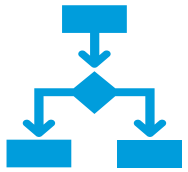
Age-Friendly Health System (AFHS)

- What is an Age-Friendly Health System?
- Age-Friendly Health Systems aim to:
  - Follow an essential set of evidence-based practices
  - Cause no harm
  - Align with What Matters to the older adult and their family caregivers

4Ms: What Matters, **Medication**, Mentation and Mobility

Monitoring system



Necessity decision

Does not interfere with What Matters, Mentation and Mobility

Age-Friendly Health Communities – CATCH-ON
4Ms Resources – CATCH-ON

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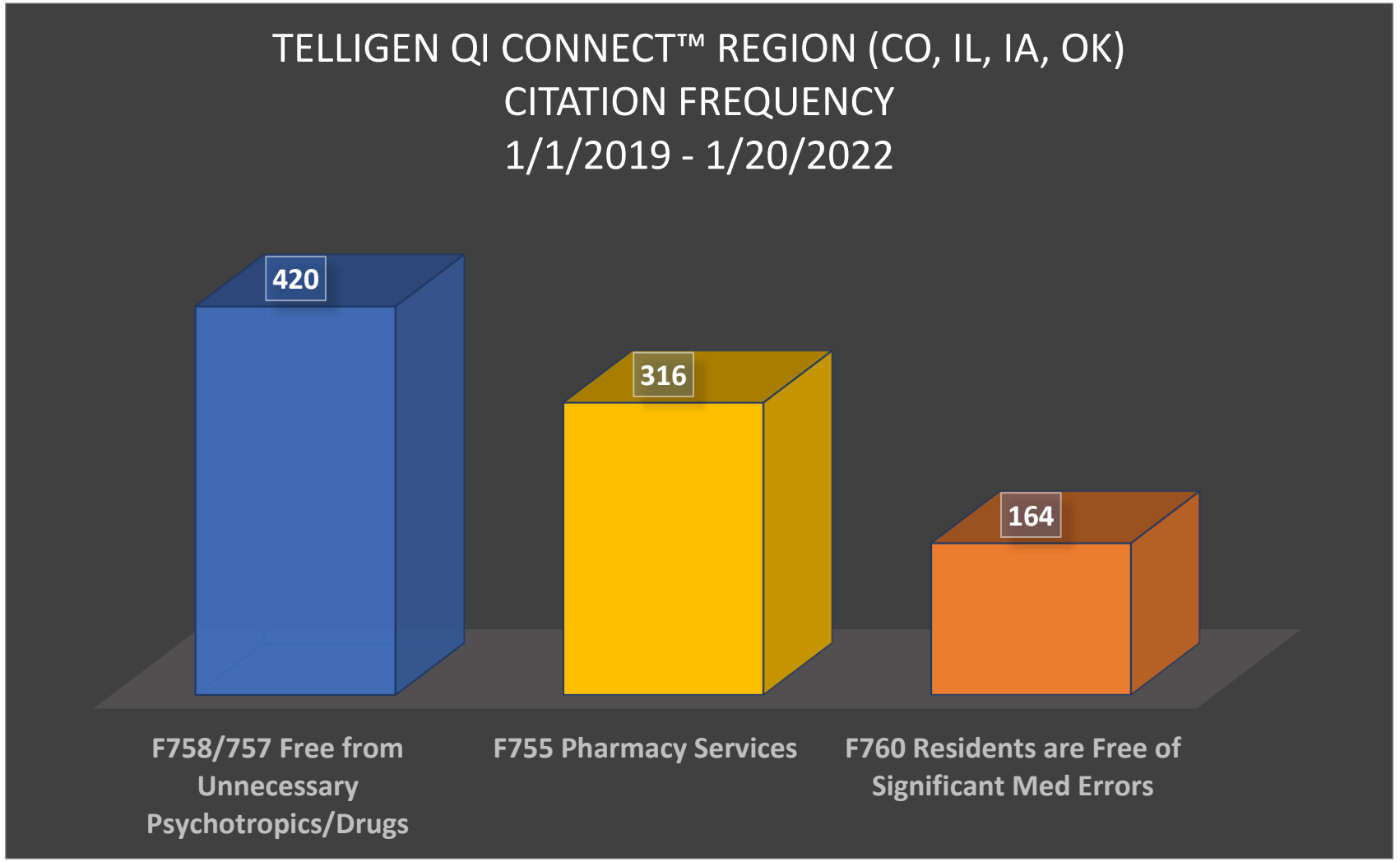
Objectives

- Describe the relationship between high-risk medication management and the potential impact on nursing homes
- Discover resources to support medication management processes
- Recognize opportunities for collaboration which may impact positive outcomes

High-Risk Medication Regulation Impacts



Source: *S&C QCOR Log On (cms.gov)*

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Today's Speaker

Vicki Worth, RN, BS

Medicare/Medicaid LTC Bureau Chief I,

Iowa Department of Inspections & Appeals (DIA)

F755 – Pharmacy Services

The facility must provide routine and emergency drugs and biologicals to meet the needs of the residents.

- This includes having procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident.
- The facility must employ or obtain the services of a licensed pharmacist who--
  - Provides consultation on all aspects of the provision of pharmacy services in the facility;
  - Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and
  - Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

F756 – Drug Regimen Review

The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

- 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.
- Any irregularities noted by the pharmacist 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.
- 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.
- The facility must develop and maintain policies and procedures for the monthly drug regimen.

F757 – Unnecessary Drugs - General

F758 – Unnecessary Drugs – Psychotropic Drug

Each resident's drug regimen must be free from unnecessary drugs.

An unnecessary drug is a drug used:

- In excessive dose (including duplicate drug therapy); or
- For excessive duration; or
- Without adequate monitoring; or
- Without adequate indications for its use; or
- In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

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:

- Anti-psychotic;
- Anti-depressant;
- Anti-anxiety; and
- Hypnotic

F758 (cont.) Psychotropic Drugs.
The facility must ensure that–

- Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;
- Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
- Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and
- PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.
- PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

F759 - Medication Error Rate
F760 – Significant Medication Error

The facility must ensure that its —

- Medication error rates are not 5 percent or greater; and
- Residents are free of any significant medication errors.

Significant and Non-significant Medication Errors Determining Factors:

- Resident Condition
- Drug Category
- Frequency of Error

Case Study

- Salley (fictional name) is a resident in a SNF. She has an undated diagnosis of Alzheimer's Disease with Behavioral Disturbances and noted she has severe cognitive impairment. There was a medication regimen review (MRR) dated in February which documents the pharmacy recommended reducing the antipsychotic medication from 25mg every morning and 50mg every evening to 25 mg one tablet twice daily. The prescribing physician approved the dose reduction. There is no documentation that this recommendation was implemented prior to March. The physician progress note dated in March documents to continue Salley's antipsychotic medication with no reduction. In August, the pharmacy again recommends reducing the antipsychotic to 25 mg one tablet twice daily. The physician signed the reduction form and marked the box for "Patient has had good response to treatment and requires the current dose for condition stability;" "Dose reduction is contraindicated because benefits outweigh risks for this patient and a reduction is likely to impair the resident's function and/or cause psychiatric instability".

- During the survey process performed in September, this facility was sighted for a level D deficiency tag F758 for failure to complete psychological medication assessments, complete the Abnormal Involuntary Movement Scales (AIMS) test, and to provide rationale for gradual dose reduction (GDR) refusals. Salley has only one completed psychological medication assessment and AIMS dated in July recorded in the chart. The infection preventionist shares that this does not follow policy, these assessments should be completed upon admission, for any increased dosages (which had occurred a couple of times during Salley's stay), and quarterly. A registered nurse stated that Salley's antipsychotic medication is for combative behaviors during care, yelling out, and resisting care. The nurse confirmed the physician did not document a clinical rational for declining the residents dose reductions in February and August.

Regulation Map

Pain Management §483.25(k) F697	Physician Services §483.30(a)	Nursing Services §483.35 F716
Strategies for Pain Management; SOM Pg. 402	Evaluates the effectiveness of the intervention [medications] and the resident's response to changes in the plan of care; SOM Pg. 451	Procedures and Probes §483.35(a)(3)-(4),(c); SOM Pg. 474
Use of Opioids for Pain Management; SOM Pg. 403		Competency includes medication and pain management; SOM Pg. 475
Non-pharmacological interventions; SOM Pg. 407		
Pharmacological interventions; SOM Pg. 408		

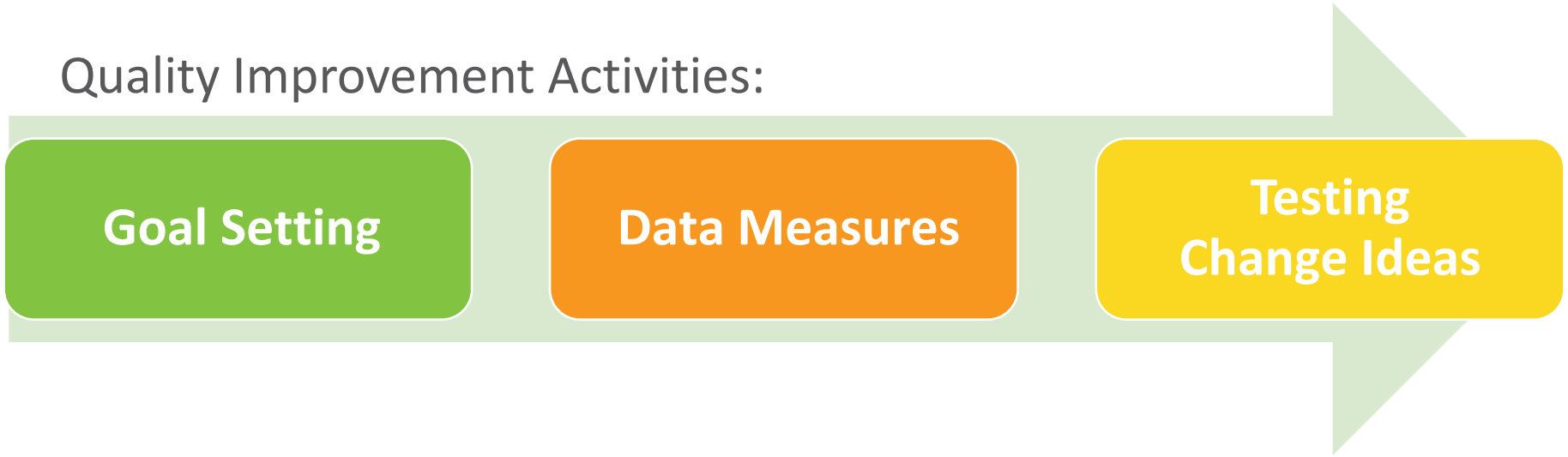
- *CFR :: 42 CFR Part 483 Subpart B -- Requirements for Long Term Care Facilities*
- *CMS SOM (State Operation Manual) - Appendix PP (cms.gov) (10/21/2022)*

Behavioral Health Services §483.40(a)(2) F741, F742, F744	Pharmacy Services §483.45 F755, F676, F679, F710, F711, F740, F841	QAPI Address High Risk Areas §483.75(e)(1) F865
Implementing non-pharmacological interventions; SOM Pgs. 493 & 502	(c) Drug Regimen Review, F756; SOM Pg. 546	§483.75(e)(1) QAPI address high risk areas; SOM Pg. 741
	(d) Unnecessary Drugs, F757, F758; SOM Pg. 556	§483.95(d) QAPI Training requirements, F944; SOM Pg. 843
	Medication Management; SOM Pg. 562	§483.75(g) Quality Assessment and Assurance (QAA) - Concerns pharmaceutical services have been identified, F867; SOM Pg. 545
	Psychotropic Medications and Antipsychotic Medications; SOM Pg. 570	§483.75(c) Program feedback, data systems and monitoring, F867; SOM Pg. 740
	Procedures: §483.45(d) Unnecessary drugs and §§483.45(c) and (e) Psychotropic Drugs; SOM Pgs. 580 & 583	Medication Errors & Adverse Events; SOM Pg. 746
	(f) Medication Errors, F759, F760; SOM Pg. 587	

- *CFR :: 42 CFR Part 483 Subpart B -- Requirements for Long Term Care Facilities*
- *CMS SOM (State Operation Manual) - Appendix PP (cms.gov)* *(10/21/2022)*

Next Steps – Lead into Action

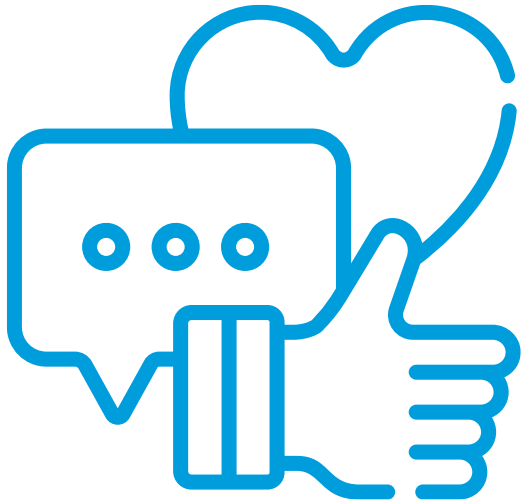
Quality Improvement Activities:



- ✓Explore the regulation to be informed of the required elements and impact in LTC
- ✓Share your vision on improving the medication management system with everyone
  - Nursing homes, medical directors, prescribing physicians, pharmacists, hospitalist/discharge planners
- ✓Collaborate with external partners and invite others to the remaining ECHO® Series
- ✓Bring your high-risk medication management program to Quality Assessment and Assurance (QAA) meetings

How to Begin a Quality Improvement Project - PMC (nih.gov)

How Did We Do? Let Us Know:



Please fill out the poll before logging off

Upcoming High-Risk Medication ECHO® Series Sessions

Join us on the following Wednesdays beginning at 7:30 a.m. MST/8:30 a.m. CST

ECHO® Session Dates and Topics:

- Session 2: 2/8/23 – Adverse Drug Events
- Session 3: 2/22/23 – Behavioral Support for Residents in a LTC Setting
- Session 4: 3/8/23 – Beyond Meds: Meeting the Needs of Elders
- Session 5: 3/22/23 – Gradual Dose Reduction for High-Risk Medications
- Session 6: 4/12/23 – Communication Across the Care Continuum
- Session 7: 4/26/23 – Communicating with Residents and Families

Register here:
https://www.telligenqiconnect.com/calendar

https://telligen.zoom.us/meeting/register/tZUrd-ioqDojGdYAnCnlmO48fDbLWZyWHsMS

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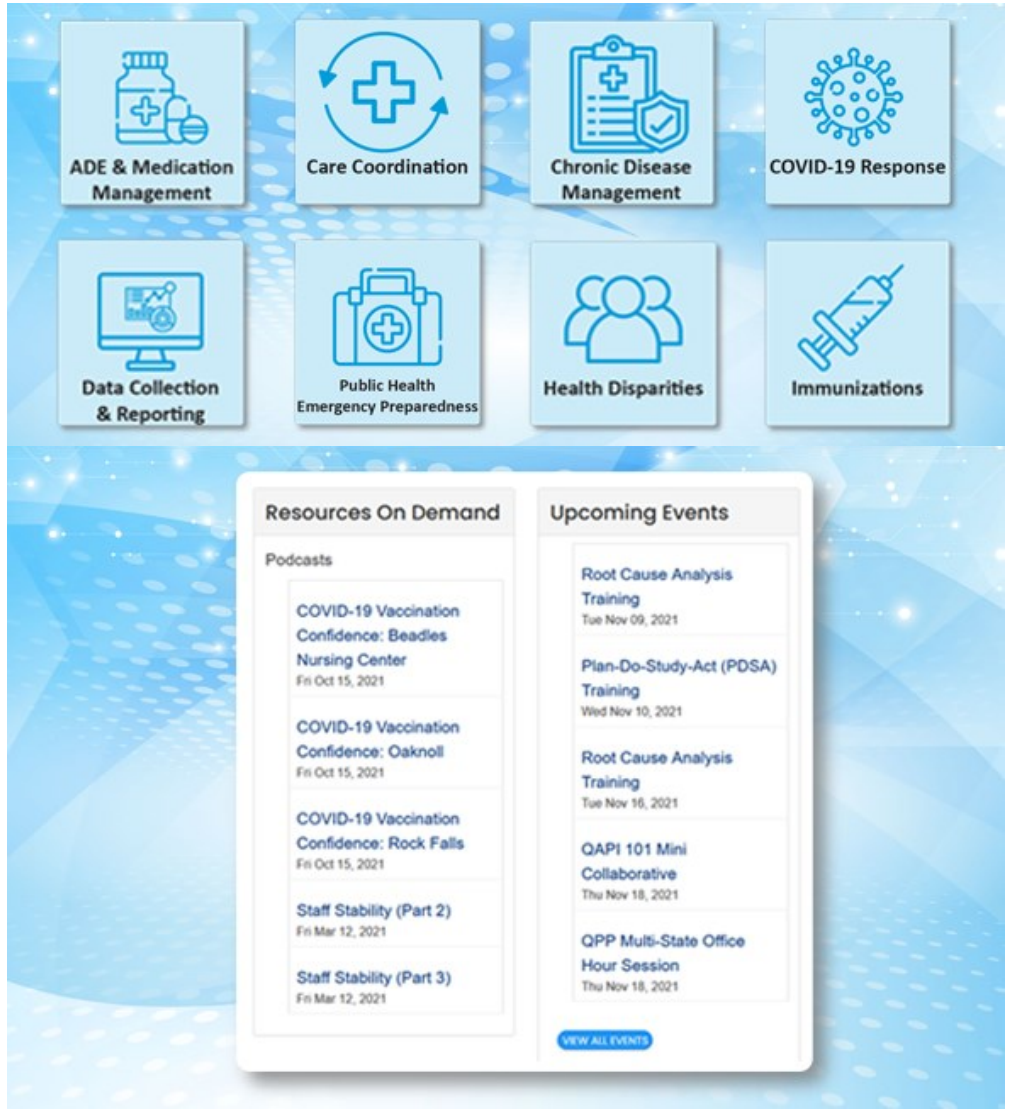

Secure Portal

The Telligen QI Connect™ Secure Portal provides users exclusive access to events, tools, resources and data reports to support your healthcare quality improvement work with Telligen.

The online network offers an opportunity to share and learn about innovative practices, all at no cost.

Access the Portal

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