Appendix PP and the Role of the Consultant Pharmacist

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Consultant Pharmacist

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MPhA Consultant Seminar 2024

Presented by Brian Bell, Consultant Pharmacist

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Financial Disclosure and CE Info

Brian Bell declares that he has no current affiliations or financial relationships with any ineligible companies relevant to the subject matter of this continuing pharmacy education activity within the past 24 months.

The University of Mississippi School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

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Appendix PP and the Role of the Consultant Pharmacist – Learning Objectives

- Describe the role and expectations of the consultant pharmacist.
- Describe the standards and policies of the Centers for Medicare & Medicaid Services (CMS) State Operations Manual and how they apply to the consultant pharmacist in the long-term care (LTC) setting.

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Appendix PP and the Role of the Consultant Pharmacist – Learning Objectives

- State the duties of consultant pharmacists when assisting LTC facility staff to navigate and meet the expectations of the survey teams to improve drug therapy outcomes for patients.
- List the most recent CMS updates and guidance issued to surveyors and the LTC community.

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Appendix PP and the Role of the Consultant Pharmacist – Learning Objectives

- Describe policy changes that can be an asset for the LTC facility staff and patients.

6

State Operations Manual

Appendix PP - Guidance to Surveyors for Long-Term Care Facilities

7

F-tags:

There are 210 F-tags listed in Appendix PP

8

F-tags: Pharmacy Services

7 F-tags fall under Pharmacy Services

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Pharmacy Services

- **F755 Pharmacy Services / Procedures / Records / Pharmacist**
- **F756 Drug Regimen Review / Report Irregularities / Act On**
- **F757 Free from Unnecessary Medication**
- **F758 Free from Unnecessary Psychotropic Med / PRN Use**
- **F759 Free from Medication Error Rate of 5% or More**
- **F760 Residents are Free from Significant Medication Errors**
- **F761 Label / Store Drugs & Biologicals**

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Additional F-tag Responsibilities

- **F554 Right to Self Administer**
- **F578 Right to Request, Refuse, and / or D/C Treatment**
- **F580 Notification of Changes**
- **F605 Right to be Free From Any Physical or Chemical Restraints**
- **F693 Enteral Nutrition (Peg Tube)**
- **F697 Pain Management**
- **F744 Treatment / Service for Resident With Dementia**

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Additional F-tag Responsibilities

- **F867 QAPI / QAA**
- **F868 QAA Committee**
- **F880 Infection Preventionist**
- **F881 Antibiotic Stewardship Program**
- **F883 Influenza and Pneumococcal Vaccines**
- **F945 Infection Control Training**

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Questions?

10 Questions for the Consultants

13

Question #1

True or False?

Per CMS guidelines, the disposal of fentanyl patches in a sharps container would not be compliant as this method does not prevent accidental exposure or diversion.

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Question #2

Which of the following methods is acceptable for the attending physician to document a response to the DRR?

a) Pharmacist writes DRR recommendation in the medical record and the physician responds directly on the medical record.
b) Pharmacist writes DRR recommendation on a separate form, physician writes response in the medical record.
c) Pharmacist writes DRR recommendation on a separate form, physician writes response on the form and form is placed in the medical record.
d) All of the above are acceptable.

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Question #3

True or False?

PRN orders for Alprazolam, Lorazepam, Trazodone or Hydroxyzine (used for anxiety/behaviors) must be limited to 14 days, unless the physician documents the rationale for a longer time frame and indicates the duration for the PRN order.

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Question #4

True or False?

If Valproic acid is ordered and the medical record shows no history of seizures but there is documentation that the medication is being used to treat mood disorder, then the facility should treat valproic acid as a psychotropic medication including monitoring appropriately and attempting gradual dose reductions as required per CMS regulations.

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Question #5

True or False?

A facility must employ a full time Infection Preventionist to oversee the Antibiotic Stewardship Program.

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Question #6

Ms. White is an 83 year old resident of Acme Nursing and Retirement Center. She has recently started having some aggressive behaviors in the evening and the attending physician orders quetiapine 25mg HS. There is no clear diagnosis for the quetiapine so you ask the prescriber to clarify diagnosis/indication. The prescriber documents schizophrenia as the diagnosis.

True or False? Schizophrenia is a disease state that antipsychotic medication treats, and CMS survey teams will accept the diagnosis of schizophrenia due to a physician documenting it in the record.

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Question #7

Ms. White is prescribed levofloxacin 750mg QD X 14 days but there is no indication she has an infection and there is no documentation on the rationale for use. The facility's Consultant Pharmacist fails to find this irregularity in the monthly drug regimen review. A CMS survey team completed a survey a few weeks later and found this order. What F-tag(s) could be cited:

a) F881 Antibiotic Stewardship
b) F757 Unnecessary Medication
c) F756 Drug Regimen Review
d) All 3 F-tags could be cited

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Question #8

True or False?

Ms. White has her medications administered by peg tube. Prior to medication administration, the nurse must check for proper peg tube placement. The nurse can use two methods to confirm that the peg tube is still in position, injecting air into the tube and listening for air escaping from the stomach with a stethoscope or by inserting the syringe into the tube and slowly drawing back residual content from the stomach.

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Question #9

If the nurse fails to confirm the peg tube placement, is this considered a 'medication error'?

A) Yes
B) No
C) Maybe, depending on the circumstances

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Question #10

True of False?

If a glucometer is used for more than one resident, the device is cleaned and disinfected after every use according to manufacturer's instructions. If manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for more than one resident.

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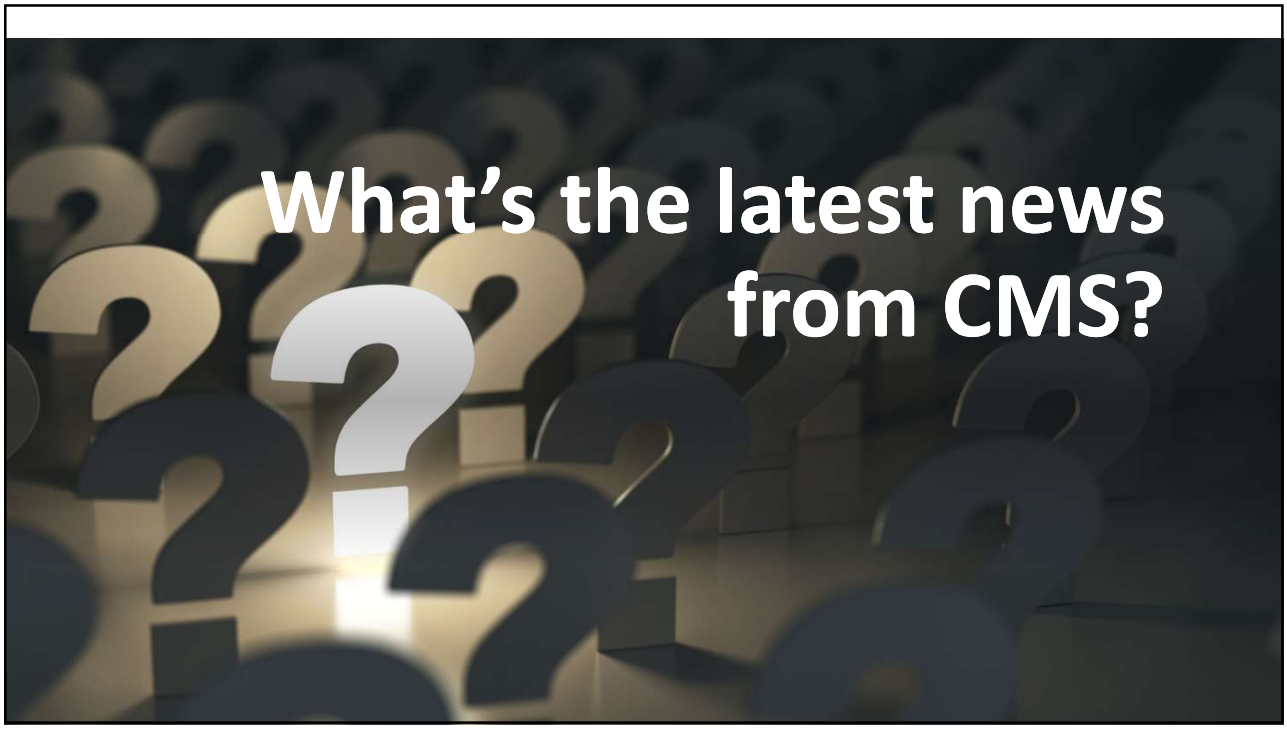

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Mega Rule

Enforcement implementation in October 2022

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Mega Rule Origins

Mega Rule was proposed on July 16, 2015.

Final Mega Rule published on September 26, 2016.

- Rewrites all LTC regulations required for participation in Medicare/Medicaid programs

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Original Mega Rule Phase-In Timeline

Phase 1 – November 28, 2016

Phase 2 – November 28, 2017

Phase 3 – November 28, 2019

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Mega Rule Revised Guidelines / Clarifications

Notice provided June 29, 2022

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Consultant Pharmacist

F-tags under Pharmacy Services

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F-755

Pharmacy Services

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F755 – Pharmacy Services Questions

1) **True or False:** A facility has the choice to utilize the services of a consultant pharmacist or a nurse practitioner to consult on the provision of pharmaceutical services.
2) **True or False:** If a facility qualifies under rule 87.1, the facility can choose to not provide pharmaceutical services.
3) **True or False:** Narcotic reconciliation procedures are outlined and discussed under F755 Pharmacy Services .

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F755 – Pharmacy Services Definition

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

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F755 – Pharmacy Services Definition

The facility must employ or obtain the services of a licensed pharmacist who:

(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.

(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and are periodically reconciled.

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F755 – Pharmacy Services - Pharmacist

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.

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F755 – Pharmacy Services - Pharmacist

The facility, in coordination with the licensed pharmacist, provides for:

- A system of medication records that enables periodic accurate reconciliation and accounting for all controlled medications;
- Prompt identification of loss or potential diversion of controlled medications; and
- Determination of the extent of loss or potential diversion of controlled medications.

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Updated F755 – Pharmacy Services

Fentanyl Patch Destruction - New Guidance

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Per the Appendix PP:

Fentanyl transdermal patches present a unique situation given the multiple boxed warnings, and the substantial amount of fentanyl remaining in the patch after removal, creating a potential for abuse, misuse, diversion, or accidental exposure. Due to the life-threatening risks associated with exposure to or ingestion of the patch, the Food and Drug Administration (FDA) and manufacturer instructions recommend consumers dispose of used fentanyl patches by folding the patch in half with the sticky sides together and flushing the patch down the sink or toilet, https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=e15a7e9b-8025- 49dd-9a6d-bafcccf1959f&type=display. . The Environmental Protection Agency Advanced Copy bans flushing of pharmaceuticals if they are considered hazardous waste pharmaceuticals; fentanyl patches are not in this category, https://www.epa.gov/hw/defining-hazardous-waste-listed-characteristic-and-mixedradiological-wastes#PandU

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Examples of F755 citation:

- **Citation Example** – On survey, a nurse was observed to have multiple medications in cups with resident names on them in her med cart. The medications were scheduled for 8am, but it was after 9am when the medications were observed. The medications had all been signed off as administered.
- **Immediate Jeopardy Citation Example -** A facility was placed in Immediate Jeopardy after 10 of 11 residents sampled did not receive their scheduled medications as ordered. Licensed nursing staff did not document the administration or reason for not administering the medication per facility policy. The facility had been using paper MARs due to an issue with the e-MAR, but a review of the paper MARS for multiple residents lacked administration documentation.

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Examples of F755 citation:

Citation Example – A facility was cited for failure to minimize the potential for diversion of a controlled substance when it did not ensure that a witness was present for the removal of a fentanyl patch 12 times. The facility's narcotic record book lacked appropriate documentation to support that a second nurse had witnessed the narcotic's disposal.

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F-756

Drug Regimen Review

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F756 – DRR Questions

1) **True or False:** When performing a DRR, the consultant pharmacist can choose not to review the resident's chart but only review the MAR.
2) **True or False:** Irregularities identified must be reported in writing only if there is a significant medication error.
3) **True or False:** Irregularities identified must be reported to the attending physician, the medical director and the DON.

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F756 – Drug Regimen Review Definition

"Medication Regimen Review (MRR)" or Drug Regimen Review is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication.

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F756 – Drug Regimen Review Definition

The MRR includes review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The MRR also involves collaborating with other members of the IDT, including the resident, their family, and/or resident representative.

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F756 – Objectives of the DRR

An objective of the DRR (or MRR) is to try to minimize or prevent adverse consequences by identifying irregularities including, for example: syndromes potentially related to medication therapy, emerging or existing adverse medication consequences (e.g., drug reactions or medication errors).

44

F756 – Chart Review

The pharmacist must review the resident's medical chart.

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F756 – Sources for the Consultant

Possible sources to obtain this information include:

- Resident's chart (required to review)
- Medication administration records (MAR)
- Progress, nursing and consultants' notes
- Resident Assessment Instrument (RAI)
- Laboratory and diagnostic test results
- Quality Measures/Quality Indicator reports
- Resident or family members

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F756 – Conducting a DRR

The pharmacist's review considers factors such as:

- Whether the physician and staff have documented objective findings, diagnoses, symptom(s), and/or resident goals and preferences to support indications for use;
- Whether the physician and staff have identified and acted upon, or should be notified about, the resident's allergies and/or potential side effects and significant medication interactions;
- Whether the medication dose, frequency, route of administration, and duration are consistent with the resident's condition, manufacturer's recommendations, and applicable standards of practice;
- Whether the physician and staff have documented progress towards, decline from, or maintenance of the resident's goal(s) for the medication therapy;

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F756 – Conducting a DRR

- Whether the physician and staff have documented any attempts for gradual dose reduction (GDR) or added any non-pharmacological approaches, in an effort to reduce or discontinue a drug;
- Whether the physician and staff have obtained and acted upon laboratory results, diagnostic studies, or other measurements (such as bowel function, intake and output) as applicable;
- Whether medication errors exist or circumstances exist that make them likely to occur;
- Whether the physician and staff have noted and acted upon possible medication related causes of recent or persistent changes in the resident's condition such as worsening of an existing problem or the emergence of new signs or symptoms.

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F756 – Reporting

The pharmacist must report any irregularities to:

*Attending physician

*Medical Director

*Director of Nursing

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F756 – Reporting

Any irregularity identified must be recorded in writing and must include at a minimum the resident's name, the relevant drug, and the irregularity identified by the pharmacist.

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F756 – Action Required

The attending physician must:

- Document the identified irregularity has been reviewed
- What action, if any, will be taken

If no action is to be taken, the physician must document the medical rationale in the medical record.

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F756 – Policy and Procedures for Irregularities that Require Urgent Action

Each facility must develop and maintain policies and procedures which include:

- **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 – Policy and Procedures for Irregularities that Require Urgent Action

Policies and Procedures should also address:

- **Anticipated stays that are less than 30 days**
- **Identified acute changes of condition**

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F756 – Irregularities

Irregularities include, but are not limited to:

- ❑ Medication that is inconsistent with accepted standards of practice for providing pharmaceutical services
- ❑ Medication not supported by medical evidence
- ❑ Medication that impedes or interferes with achieving the intended outcomes of pharmaceutical services

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F756 – Examples of Irregularities

- The use of a medication without identifiable evidence of adequate indications for use.
- 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.

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F756 – Examples of Irregularities

- 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.

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F756 – Key Points

- ❑ The Consultant Pharmacist must review the drug regimen of each resident at least once a month.
- ❑ This review must include a review of the resident's medical chart.
- ❑ The pharmacist must report in writing any irregularities to the attending physician and the facility's medical director and director of nursing in writing, and these reports must be acted upon.
- ❑ Irregularities include, but are not limited to, any drug that meets the criteria set forth in Appendix PP for an unnecessary drug.
- ❑ Irregularities found, MUST be acted on/addressed or facility risks F756 deficiency

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F756 – Key Points

- ❑ Irregularities found, MUST be acted on/addressed or facility risks F756 deficiency.
- ❑ Facility must have a process in place to address pharmacist recommendations timely (**not clearly defined).
- ❑ Must have a process in place to address "Clinically Significant Irregularities", i.e., issues that caused or are likely to cause discomfort, impairment, or harm to a resident.
- ❑ Process should include when to involve the Medical Director (if needed).

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Examples of F756 citation:

- **Citation Example** – The attending physician failed to document that he or she reviewed the pharmacist's identified irregularities and/or failed to document the action taken or not taken to address the irregularities.
- **Citation Example** - The facility failed to develop, maintain, and implement policies and procedures which address the time frames for the steps in the MRR process.
- **Citation Example** - The pharmacist's MRR failed to identify the indication for continued use for opioid analgesics that had been prescribed for a resident's acute pain which had resolved. As a result of prolonged duration of use, the resident continued to be or became more lethargic and/or withdrawn.

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F757

Unnecessary Medication

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F757 – Questions

1) **True or False:** Warfarin is dosed with a PT / INR lab Q month ordered. This lab monitoring meets CMS' requirement for monitoring residents on anticoagulant medication.
2) **True or False:** When furosemide is dosed, the resident should be monitored for edema with the results documented in record.
3) **True or False:** OTC medication orders do not require a documented medical diagnosis in the record.

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F757 – Unnecessary Medication Definition

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

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

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Examples of F757 citation:

- **Citation Example** – Facility failure to take appropriate action (e.g., suspending administration of the anticoagulant) in response to an elevated INR for a resident who is receiving warfarin, resulting in either the potential or actual need to transfuse or hospitalize the resident.
- **Citation Example** – Facility failure to identify and act upon minor symptoms of allergic response to medications, such as a rash.

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F758

Psychotropic Drugs

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F758 Psychotropic medication definition

A psychotropic drug is **any drug that affects** brain activities associated with mental processes and behavior.

65

F758 Psychotropic drugs

These drugs include, ***but are not limited to***, drugs in the following categories:

1. **Anti-psychotic**
2. **Anti-depressant**
3. **Anti-anxiety**
4. **Hypnotic**

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F758 Psychotropic drugs

Other medications which may affect brain activity include:

- central nervous system agents
- mood stabilizers
- anticonvulsants
- muscle relaxants
- anti-cholinergic medications
- antihistamines
- NMDA receptor modulators
- OTC natural and herbal products

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Per Appendix PP:

- Categories of medications which affect brain activity include antihistamines, anti-cholinergic medications and central nervous system agents used to treat conditions such as seizures, mood disorders, pseudobulbar affect, and muscle spasms or stiffness. **The requirements pertaining to psychotropic medications apply to these types of medications when their documented use appears to be a substitution for another psychotropic medication rather than for the original or approved indication.**
- For example, if a resident is prescribed valproic acid and the medical record shows no history of seizures but there is documentation that the medication is being used to treat agitation or other expressions of distress, then the use of valproic acid should be consistent with the psychotropic medication requirements under §483.45(e).
- Residents who take these medications must be monitored for any adverse consequences, specifically increased confusion or over-sedation, as required by §483.45(d)(3). Concerns related to the use of the medications noted here would be investigated at F757, Unnecessary Medications, if the medication is being used for its original or approved indication and not primarily as a psychotropic medication.

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F758 Psychotropic drugs

Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that:

1. 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;
2. Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

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Updated F758 – Free from Unnecessary Psychotropic Meds / PRN Use

Clarification on the definition of psychotropic medication, PRN use and schizophrenia
- New guidance

70

F758 Gradual Dose Reduction

"Gradual Dose Reduction (GDR)" is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued.

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F758 Gradual Dose Reduction

Within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, a facility attempts a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated.

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F758 Psychotropic drugs

NOTE: Gradual dose reductions may not be appropriate for specific, enduring, progressive, or terminal conditions such as chronic depression, Parkinson's disease psychosis, or recurrent seizures.

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F758 Psychotropic drugs

The regulations and guidance are intended to ensure psychotropic medications are used only when the medication(s) is appropriate to *treat a resident's specific, diagnosed, and documented condition* and the medication(s) *is beneficial to the resident*, as demonstrated by monitoring and documentation of the resident's response to the medication(s).

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F758 PRN Limitations

Two types of PRN limitations:

1. PRN orders for psychotropic medications, excluding anti-psychotics
2. PRN orders for anti-psychotic medications only

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F758 PRN Limitations

PRN orders for psychotropic medications, excluding antipsychotics:

- Limited to 14 days
- *May be extended beyond 14 days if the attending physician or prescribing practitioner believes it is appropriate to extend the order*
- Must have a documented rationale by the prescribing practitioner for the extended time period in the medical record, including a specific duration

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F758 PRN Limitations

PRN orders for antipsychotic medications only:

- *Limited to 14 days, without exception*
- If the prescribing practitioner wishes to write a new order for the PRN antipsychotic, they must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate

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F758 Key Points

- Must be necessary to treat a specific diagnosis/condition.
- Non-pharmacological interventions must be attempted prior to starting psychotropic medications.

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F758 Key Points

- Monitoring of target behavior and adverse effects must be present.
- Gradual dose reduction (GDR) must be attempted unless clinically contraindicated.
- GDR – must be done 2 times in the first year and yearly thereafter (or have documentation at that time interval).

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Examples of F758 citation:

- **Citation Example** – A psychotropic medication has been administered to a resident for the last 12 months without a gradual dose reduction attempted and the prescriber has failed to document the medical rationale for a continuing the current dose.
- **Citation Example** – A psychotropic medication has been administered to a resident, but the facility has failed to monitor for adverse effects associated with this medication's use.
- **Citation Example** - Hospice has ordered Lorazepam 2mg/ml – give 1ml po Q 2 hours PRN anxiety for a resident under their care. This order was written 3 weeks prior but has not been re-evaluated by the prescriber and no rationale for continuation past the 14-day limit and no time specific duration has been added.

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F757 or F758?

If identified concerns involve psychotropic medications, investigate compliance with F758.

For all other medication concerns, investigate compliance with F757.

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F759

Medication Error Rate of 5% or More

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F759
Med Error rate of 5% or more

"Medication Error" means the observed or identified preparation or administration of medications or biologicals which is not in accordance with:

1. The prescriber's order;
2. Manufacturer's specifications (not recommendations) regarding the preparation and administration of the medication or biological; or
3. Accepted professional standards and principles which apply to professionals providing services. Accepted professional standards and principles include the various practice regulations in each State, and current commonly accepted health standards established by national organizations, boards, and councils.

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F579

Ensure facility medication error rates are NOT 5% or greater

Surveyors may identify errors from multiple sources: MAR discrepancies, watching medication pass, interviewing resident

Non-significant medication error:

- Omission of docusate, artificial tears, etc.
- Wrong time of dose: dosed docusate at 8am but scheduled for 8pm

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F760

Free From Significant Medication Errors

85

F760 Significant Med Error

Significant - means one which causes the resident discomfort or jeopardizes his or her health and safety.

- Omission of digoxin, insulin, etc.
- Administered insulin to the wrong resident, etc.

- Significant medication errors – cited under F760 *(regardless of 5% error)*

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F761

Label / Store Drugs

87

F761- Label/Store Drugs

- ❑ Labeled in accordance with professional principles, expiration date, cautionary instructions.
- ❑ Ensure medications and biologicals are stored at their appropriate temperatures according to manufacturer and/or USP guidelines for temperature ranges.
- ❑ Facility should ensure that medications and biologicals for expired and/or discharged residents are stored separately, away from use, until destroyed or disposed of.

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Consultant Pharmacist

Important F-tags for the Consultant Pharmacist not under Pharmacy Services

89

F881

Antibiotic Stewardship

90

F881 Antibiotic Stewardship

The intent of the Antibiotic Stewardship Program is to ensure:

- Residents who require antibiotics are prescribed the appropriate antibiotic to optimize the treatment of infections with the correct indication, dose and duration.
- The risk of adverse events is reduced by ensuring that unnecessary/inappropriate antibiotic use does not occur, which could lead to the development of antibiotic-resistant organisms.
- That the facility has developed, promoted and implemented a facility-wide system to monitor the use of antibiotics.

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F881 - Antibiotic Stewardship

The Antibiotic Stewardship Program should include antibiotic use protocols that utilize an infection assessment tool, have ongoing monitoring of antibiotic use, and feedback and education to prescribing providers.

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F881 - Antibiotic Stewardship

- ✓ Encourage the use of standardized tools and criteria when assessing the need for antibiotics (SBAR tool for UTI assessment; Loeb minimum criteria for initiation of antibiotics; McGeer criteria).
- ✓ Educate on the use of shorter courses of antibiotics. Annals of Internal Medicine recently published appropriate use of short-course antibiotic in common infections. The article can be found at www.acpjournals.org/doi/10.7326/M20-7355.

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F881 - Antibiotic Stewardship

The consultant pharmacist is expected to conduct the MRR at least monthly, and to include a review of the resident's medical record. That review should include the assessment, monitoring and communication of antibiotic use.

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Per Appendix PP:

- If there are concerns with the ASP, surveyors must include at least one resident on an antibiotic in the resident sample Advanced Copy to assess whether the resident(s) is being prescribed an antibiotic(s) unnecessarily and whether there were any negative outcomes such as an adverse drug event. **Instances of prescribing antibiotics unnecessarily should be cited at F757. These findings may support citing F881, as well,** in which case the surveyor must also show that the facility does not have or is not implementing an ASP.
- **F756 can also be cited (Drug Regimen Review).**

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F881 - Antibiotic Stewardship

The facility must:

1. Develop and implement antibiotic use protocols to address the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotics;
2. Develop and implement antibiotic use protocols that address unnecessary or inappropriate antibiotic use thereby reducing the risk of adverse events, including the development of antibiotic-resistant organisms; and/or
3. Develop, promote and implement a facility-wide system to monitor the use of antibiotics

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Per the Appendix PP:

If there are concerns with the Antibiotic Stewardship Program, surveyors must include at least one resident on an antibiotic in the resident sample to assess whether the resident(s) is being prescribed an antibiotic(s) unnecessarily and whether there were any negative outcomes such as an adverse drug event. Instances of prescribing antibiotics unnecessarily should be cited at F757. These findings may support citing F881, as well, in which case the surveyor must also show that the facility does not have or is not implementing an ASP.

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F883

Influenza and Pneumococcal Immunizations

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F883 – Influenza and Pneumococcal Immunizations

For both influenza and pneumococcal immunizations, facilities are required to do several things:

- Provide residents with education on both the benefits and potential side effects risk of the immunization.
- Provide resident / representative with the opportunity to refuse.
- For influenza, residents must be offered the immunization between October 1 and March 31 on an annual basis.
- Pneumococcal immunizations, facilities are expected to follow CDC and ACIP (Advisory Committee on Immunization Practices) recommendations.
- Facilities need to have a protocol in place for the administration of PPSV23 and PCV13.
- Document education provided, immunization dosed (or not dosed with the reason).

99

F605

Free from Chemical Restraints

100

F605: KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F605, the surveyor's investigation will generally show that the facility has failed, in one or more areas, to do any one or more of the following:

- Assure that the resident is free from restraints imposed for discipline or staff convenience (convenience can be caused intentionally or unintentionally by staff);
- Identify medical symptoms that were being treated with the use of a chemical restraint;
- If a chemical restraint is in use, the facility:
  - Provides the least restrictive alternative for the least time possible, including and as appropriate, developing and implementing a plan for gradual dose reduction, in the absence of identified and documented clinical contraindications;
  - Monitors and evaluates the resident's response to the medication; and
  - Discontinues the use of the medication when the medical symptom is no longer being treated, unless reducing or eliminating the use of the medication may be clinically contraindicated

101

F554

Right to Self Administer

102

F554 – Right to Self Administer

The resident has a right to self-administer medications if the IDT has determined that it is clinically appropriate and safe for the resident to do so.

103

F578

Right to Request, Refuse, and / or Discontinue Treatment

104

F578 – Right to Request, Refuse and / or Discontinue Treatment

- If a resident declines treatment, the resident may not be treated against his/her wishes.
- If a resident refuses treatment, he/she cannot be transferred or discharged for refusing treatment unless the criteria for transfer/discharge have been met.
- If a resident is unable to make a healthcare decision, the resident's legal representative, subject to State requirements, may make this decision and it would be binding on the facility.

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F693

Enteral Nutrition (Peg Tube Medication Administration)

106

F693 – Peg Tube Administration

- The standard of practice is that crushed medications should not be combined and given all at once via feeding tube.
- Crushing and combining medications may result in physical and chemical incompatibilities leading to an altered therapeutic response, or cause feeding tube occlusions when the crushed medications are combined and administered via feeding tube.
- Flushing the feeding tube between each medication is also standard of practice.

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F697

Pain Management

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F697 – Pain Management

The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

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F697 – Pain Management

- Risk are even greater for adults aged 65 and older (high risk for falls and hip fractures, cognitive impairment/confusion, daytime fatigue, and delirium.
- If concurrent use of opioids and benzodiazepines is clinically indicated for an individual resident, the resident should be closely monitored for adverse consequences.

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Consultant Pharmacist – Role in risk mitigation

How can we help the homes avoid these tags?

- Policy and procedures
  - Verify P&P in place and are being followed
  - Be a part in developing / updating policies and practices
- Educate the nursing staff and prescribers
  - Facility policies
  - Medication issues (empty stomach, do not crush, etc.)
  - Medication pass observations / education
  - Antibiotics (UA with C&S, durations, adverse effects, etc.)
  - In-services
- Monitoring and reviewing documentation
  - Review clinical notes for medication adverse effects and effectiveness (nurse and prescriber)
  - Audit MAR to verify documentation (missing dosing, insulin sites, etc.)
  - Psychotropic monitoring (target behavior, adverse effects)
  - Anticoagulant monitoring (bleeding)
  - Diabetic monitoring (glucose, etc.)
- Medication procurement / storage
  - Review ordering / reordering process
  - Audit medication availability and storage
  - Verify medication is being stored securely, accounted for (control substances)

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