


F329 Unnecessary Medications

Minnesota's Call to Action


- Unnecessary Medications (F329)
- Pharmacy Services (F425, 428 and 431)
- Train-the-Trainer format



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Transmittal 22 Summary


- See Transmittal 22 Cover
 - > under tab "Getting Started"
- Transmittal 22 consists of 611 pages
- Transmittal 22 contains 2 Appendices
 - > Appendix P, Survey Protocol
 - > Appendix PP, Regs and Interpretive Guidelines
- 128 pages or 20% applies to Sessions
- Reason for Transmittal 22 Excerpts!



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Minnesota's Call to Action Toolkit Contents

- Successful Strategies
 - > QAA documents from Stratis Health
- Education
 - > PowerPoint slides
- Getting Started
 - > Transmittal Excerpts and Information Bulletin
- Guidelines and References
 - > Tables, Cross Reference, Investigative Protocol



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Train the Trainer Tools

- MDH Information Bulletin 07-01
- <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

Link to "Clinical Web Window" to download training materials



Register for upcoming bulletins and updates



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Investigative Protocol

- F329 Unnecessary Medication
- F428 Medication Regimen Review





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Objectives

To determine whether the resident receives:

- Only medications clinically indicated in the dose and duration to meet the resident's needs
- Non-pharmacological interventions when clinically indicated
- GDR attempts for antipsychotics unless clinically contraindicated and tapering for other medications





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Investigative Protocol Objectives (Cont'd)

To determine if the facility and the prescriber:



- > Monitor medication for effectiveness and emergence of adverse consequences
- > Recognize, evaluate, followup on medication related adverse consequences



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Investigative Protocol Objectives (Cont'd)

- To determine if the pharmacist:
 - > Performed MRR monthly and identified existing irregularities
 - > Reported any identified irregularities to attending physician and DON
- To determine whether facility and/or practitioner acted upon report of irregularity





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Investigative Protocol Use

Each sampled resident

- Standard survey
- Initial survey
- As necessary for:
 - > Revisits
 - > Abbreviated survey





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Investigative Protocol Procedures

Investigation involves:



- > Observation
- > Record review
- > Interviews



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Use of Protocol



- Review of medication use is not intended to constitute the practice of medicine



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Use of Protocol

- Surveyors expected to investigate the basis for decisions related to implementation, use and monitoring of medications and how the interventions affect
- Could include potential or actual medication related adverse consequences





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Use of Protocol



- Facility staff may provide the attending physician with information about the resident and concerns prior to talking with the surveyor



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Investigation Protocol Procedure

- **Observation and Record Review**
- Table I, Medication Issues of Particular Relevance
- Table II, Medications with Significant Anticholinergic Properties
- Common Medication-Medication Interactions
- Tapering/GDR
- Cross Reference





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Investigative Protocol Procedures

Page 1 of the Investigative Protocol:

- Medication related signs and symptoms
- Expectations for review of all medications





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Considerations



- Non-pharmacological interventions
- Resident right to be informed about care and treatment
- Advance directives



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Non-pharmacological interventions

- Increasing intake of liquids and fiber in conjunction with individualized bowel regimen
- Identifying, addressing and eliminating or reducing causes of distressed behavior such as boredom or pain
- Using sleep hygiene techniques and individualized sleep routines
- Support and encourage activities reminiscent of lifelong work or activity patterns





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Investigative Protocol Purpose

To determine whether the resident receives:

- Only medications clinically indicated in the dose and duration to meet the resident's needs
- Non-pharmacological interventions when clinically indicated
- GDR attempts for antipsychotics and tapering for other medications





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Investigative Protocol Purpose cont.

To determine if the facility and the prescriber:



- > Monitor medication for effectiveness and emergence of adverse consequences
- > Recognize, evaluate, follow-up on medication related adverse consequences



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Investigative Protocol Purpose cont.

- To determine if the pharmacist:
 - > Performed MRR monthly and identified existing irregularities
 - > Reported any identified irregularities to attending physician and DON
- To determine whether facility and/or practitioner acted upon report of irregularity





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Investigative Protocol Procedures

Investigation involves:

- > Review medications (RX, OTC, Nutritional supplements) currently ordered.
- > Gather information regarding residents mental, physical, functional and psychosocial status and medication related therapeutic goals.





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Investigative Protocol Procedures

- Observation and Record Review
Use Tables in Protocol to guide investigation
- Changes in condition. Discharges. Incidents. Changes in medications/
- Potential medication related signs and symptoms
- Has facility considered medications?



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Investigative Protocol Procedures

Record Review- Are elements of medication management present?



Indication for use

Nonpharmalogical interventions attempted or explored?

Dose

Duration

Monitoring





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Investigative Protocol Procedures

Interview resident/responsible party to the extent possible to determine:

- Participation in care planning
- Consideration of non-pharmacological interventions
- Results/effectiveness of the medication therapy and non-pharmacological plan





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Investigative Protocol Procedures

If necessary interview knowledgeable staff to determine:

- Impact of medication upon resident
- Clinical rationale for medication
- Awareness that signs and symptoms may be adverse consequences related to the medication regimen
- Communication with attending physician to discuss symptoms





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Investigative Protocol Procedures

If necessary interview knowledgeable staff to determine:

- Physician response to notification of suspected adverse medication consequences
- MRR identification of related signs and symptoms of suspected adverse medication consequences
- Staff notification of pharmacist





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Investigative Protocol Procedures

Interview physician to determine:

- Staff notification regarding medication-related issues
- Assessment of the significance of medication-related issues and concerns
- Clinical rationale for management of resident's medications





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Case Scenario 1

- A 66 yr old woman is new to the facility and is in jeopardy of being sent back to the hospital because of behavioral problems. Her past medical history is significant for Alzheimers disease, seizure disorder and overactive bladder. Her target behaviors are paranoia, hallucinations, lashing out at staff (physically and verbally) as well as decreased interest in activities





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Case Scenario 1 cont.

Medications

- Valproic Acid (Depakene) 250mg in the morning
- Olanzapine (Zyprexa) 10 mg at bedtime
- Oxybutynin (Ditropan) 5mg in the morning for overactive bladder





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Case Scenario 2

AD is a 77 yr old female who has been recently admitted to the facility after the family was unable to care for her at home. Per the family, she is having continual episodes of urinary incontinence and her memory is getting worse.

PMH: Alzheimer's disease for 2 years, new onset diarrhea over last 1 -2 months, osteoporosis





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Case Scenario 2 cont.

Medications



- Donepezil (Aricept) 10mg in the evening
- Loperamide (Imodium) 2mg as needed for loose stools
- Calcium 500mg and Vit D 400 IU twice daily



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Case Scenario 3

- SD is a 76 year old male who was admitted to the facility about 4 months ago. When reviewing his medical chart, you note the following:
- Past Medical History: Benign Prostatic Hypertrophy (BPH), Coronary Artery Disease, history of stroke about 6 months ago.
- Medications: terazosin (Hytrin) 5mg at bedtime, zolpidem (Ambien) 10mg at bedtime, enteric coated aspirin 325mg in the morning, nifedipine (Procardia) 30mg in the morning.



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Compliance Determination





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Criteria for Compliance

- Assessed resident to ascertain causes of condition or symptoms requiring treatment
- Determined medication therapy indicated and identified therapeutic goals
- Utilized medications in appropriate doses for appropriate duration





Criteria for Compliance, cont.

- Unless clinically contraindicated, residents who use antipsychotics receive GDR's and behavioral interventions, in an effort to discontinue these drugs
- Monitored residents for progress towards therapeutic goals and emergence of adverse consequences
- Adjusted or discontinued dose in response to adverse consequences



Session Summary

- F329 compliance review
- Collect Information
 - Conduct observations & review record
 - Review MRR
 - Interview resident/responsible party
 - Interview pharmacist
 - Interview knowledgeable staff
 - Interview attending physician



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Deficiency Categorization

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Key Elements

- Presence of potential or actual harm/negative outcomes due to failure related to unnecessary medication
- Degree of potential or actual harm/negative outcomes due to failure related to unnecessary medication
- Immediacy of correction required

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**F329 Severity Level 4
Immediate Jeopardy Example**



- Resident receiving warfarin and **INR is greater than 9** with or without bleeding
- There is **no indication of assessment follow-up** to address potentially serious consequences associated with INR level

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F329 Severity Level 3 Example



- Failure to suspend the administration of warfarin in response to an **INR greater than 4, but less than 9,**
- When **spontaneous bruising or frank bleeding** occurs, resulting in the need to transfuse or hospitalize the resident



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F329 Severity Level 2 Example



- Resident is on warfarin.
- The **INR levels are between 4 and 9 without any evidence of bleeding or other symptoms** related to the anticoagulation



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F329 Severity Level 1

- Does not apply for this regulatory requirement





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F428 Severity Level 4 Example



- Despite identifying irregularities with the potential for serious harm or death, the pharmacist did not report the irregularities to the attending physician or
- No action was taken on the irregularities reported



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F428 Severity Level 3 Example



- The pharmacist's MRR failed to identify the lack of indication for continued use of opioid analgesics that had been prescribed for a resident's acute pain that had been resolved
- As a result of prolonged duration of use, resident became more lethargic, withdrawn and lost her appetite



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F428 Severity Level 2 Example

- No response to the pharmacist's notification that the resident was not receiving one medication that was ordered, there was no change in the resident's condition





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F428 Severity Level 1 Example

- Pharmacist conducted the medication review, identified an irregularity that has not resulted in a negative outcome and is of minimal consequence (such as multivitamin not being given as ordered)
- and reported to the DON and attending physician, but neither acted upon the report





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Contact Information



Register for updates and Information Bulletins

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**THANK YOU
FOR ATTENDING
THIS PRESENTATION**



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