**Medication Management**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Medication Management**

| **Regulation** | **Recommended Actions** |
| --- | --- |
| **F726 §483.35 Nursing Services**  “The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).  **§483.35(a)(3)** The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.”[[1]](#footnote-1)  “Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as;  • Resident Rights;  • Person centered care;  • Communication;  • Basic nursing skills;  • Basic restorative services;  • Skin and wound care;  • **Medication management;**  • Pain management;  • Infection control;  • Identification of changes in condition;  • Cultural competency.”[[2]](#footnote-2) | * Review, develop and/or implement the Medication Management Policy and Procedure * Educate Licensed Nurses and non-licensed personnel who administer medications (in accordance with State law) about the Medication Management Policy and Procedure and their role in development and implementation of interventions. * Conduct updated training for nursing leaders about supervising and monitoring for compliance with the Medication Management Policy and Procedure * Conduct competency evaluations for licensed nurses and non-licensed personnel who administer medications (in accordance with State law) * Review the Medication Management Policy with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance Committee meeting |
| **F757 §483.45(d) Unnecessary Drugs—General**. “Each resident’s drug regimen must be free from unnecessary drugs.”[[3]](#footnote-3)  **MEDICATION MANAGEMENT**  “Medication management is based in the care process and includes recognition or identification of the problem/need, assessment, diagnosis/cause identification, management/treatment, monitoring, and revising interventions, as warranted as well as documenting medication management steps. The attending physician plays a key leadership role in medication management by developing, monitoring, and modifying the medication regimen in conjunction with residents, their families, and/or representative(s) and other professionals and direct care staff (the IDT).”[[4]](#footnote-4)  “The regulations associated with medication management include consideration of:  • Indication and clinical need for medication;  • Dose (including duplicate therapy);  • Duration;  • Adequate monitoring for efficacy and adverse consequences; and  • Preventing, identifying, and responding to adverse consequences.  With regard to psychotropic medications, the regulations additionally require:  • Giving psychotropic medications only when necessary to treat a specific diagnosed and documented condition;  • Implementing GDR and other non-pharmacologic interventions for residents who receive psychotropic medications, unless contraindicated; and  • Limiting the timeframe for PRN psychotropic medications, which are not antipsychotic medications, to 14 days, unless a longer timeframe is deemed appropriate by the attending physician or the prescribing practitioner.  • Limiting PRN psychotropic medications, which are antipsychotic medications, to 14 days and not entering a new order without first evaluating the resident.”[[5]](#footnote-5) | * Review, develop and/or implement policy as it relates to the Medication Management Program * Assure that the policy contains the essential components which includes the recognition or identification of the problem/need (indication for use), assessment, diagnosis/cause identification, management/treatment, monitoring and revising interventions as warranted as well as documenting medication management steps * As part of the Medication Management process, facility is to assure documentation includes: * Person-Centered, non-pharmacological approaches as necessary * Involvement of the resident/resident representative in the medication management process * Selection of medications based on assessing risks and benefit, * Evaluation of resident’s physical, behavioral, mental and psychosocial signs and symptoms * Selection and use of the medication is appropriate dose and duration * Monitoring for efficacy and adverse consequences * Resident Choice * Advance Directives |
| **F755**  **“§483.45 Pharmacy Services**  The facility must provide routine and emergency drugs and biologicals to its residents or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  **§483.45(a) Procedures.**  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.”[[6]](#footnote-6)  Intent:   * “In order to meet the needs of each resident, the facility accurately and safely provides or obtains pharmaceutical services, including the provision of routine and emergency medications and biologicals, and the services of a licensed pharmacist; * The facility utilizes only persons authorized by state or local, regulation, or other guidance to administer medications during the course of employment by a facility; * 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 * The facility, in coordination with the licensed pharmacist, provides for:   o A system of medication records that enables periodic accurate reconciliation and accounting for all controlled medications;  o Prompt identification of loss or potential diversion of controlled medications; and  o Determination of the extent of loss or potential diversion of controlled medications.”[[7]](#footnote-7) | * Review, develop and/or implement the Medication Management Policy and Procedure including Medication Administration * Assure that policy contains the necessary components of a medication management program such as: * Medication Administration * Availability of Medication in emergency supply * Process for timely ordering and reordering * Acquisition of Medications * Receiving Medications * Reporting Errors * Documentation * Disposition of Medications * Controlled Medications * Educate Licensed Nurses and non-licensed personnel who administer medications (in accordance with State law) about the Medication Management Policy and Procedures and their role in development and implementation of interventions. * Conduct updated training for nursing leaders about supervising and monitoring for compliance with the Medication Management Policy and Procedures * Conduct competency evaluations for licensed nurses and non-licensed personnel who administer medications (in accordance with State law) * Review the Medication Management Policy and Procedures with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance Committee meeting |

**Reference**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursinghomeQualityInits/MDS30RAIManual.html>

Centers for Medicare and Medicaid Services (CMS) Medication Administration Critical Element Pathway, Form CMS 20056 (10/2017): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

1. 1,2 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. 3,4 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. 5,6 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. 7 Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-7)