SENIOR CARE CONSULTANT GROUP

MEDICATION REGIMEN REVIEW
iMRR, aMRR and MRR POLICY and PROCEDURE

Policy:

The State Operations Manual (F756), medication regimen reviews (MRR/ DRR) CMS Reform of Requirements for Long Term Care Phase II requires that facility must develop and maintain policies and procedures for the monthly drug regimen review that specifically address the following:

- Interim MRR (iMRR) for residents who are anticipated to stay less than 30 days;
- Interim MRR (iMRR) 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 IMPACT ACT also mandates the collection and reporting of standardized data in various healthcare settings including skilled nursing facilities (SNF), one of the Measure Domains for the IMPACT ACT is "transfer of health information and care preferences when an individual transition from one setting to another". Which includes medication reconciliation completed by the facility and an admission MRR (aMRR) completed by a consultant pharmacist to identify, and, if possible, prevent potential clinically significant medication adverse consequences.

Procedure:

- All new residents will receive an aMRR upon admission and re-admission, including those residents with anticipated or potential short length of stays upon admission.
- All residents receiving new orders for psychoactive medications will be considered for an iMRR.
- The facility management, medical director and consultant pharmacist have developed the following criteria for determining a resident who may experience an acute change of condition, that should be considered for an iMRR; an identified change of condition that has been identified by facility staff, as any resident who has experienced signs and symptoms of one or more of the following conditions that may be associated with medications **:

- Anorexia and/or unplanned weight loss or gain
- Behavioral changes
- Unexplained bleeding or bruising
- Bowel dysfunction including diarrhea, constipation or impaction
- Dehydration or fluid/electrolyte imbalance
- Depression, mood disorder
- Dysphagia
- Falls, dizziness or impaired coordination
- Gastrointestinal bleeding
- Headaches, muscle pain or non-specific pain
- Mental status changes (confusion, cognitive decline, delirium, dementia decline)
- Rash, pruritus
- Respiratory difficulty or change
- Increased sedation, insomnia or sleep disturbance
- Seizure activity
- Urinary retention or incontinence
- Other

*** Investigative Protocol F Tag 757, 758 Unnecessary Drugs*

- The interim iMRR request form for change of condition etc. should be completed by the appropriate facility staff member and faxed to SCCG at the designated fax number on the request form.
- Admission and re-admission aMRR requests for the IMPACT ACT should occur once the attending physician has approved all admission/re-admission orders and nursing staff have completed the medication reconciliation. Notification can be via an automated report or by manual request per facility agreement. The IMPACT ACT requires that the aMRR is to be completed "as soon as possible" after a resident admission or re-admission. Our interpretation is that a reasonable time window for this time period is within 72 hours of admission. To meet the 72-hour window, SCCG will perform aMRR's on all new admissions and readmissions Monday through Thursday mornings.
- The consultant pharmacist will perform the aMRR's by accessing Resident's drug regimen electronically in the facility EHR system or the pharmacy dispensing system wherever possible. If electronic access to clinical information is not available the facility will be instructed to fax along with the request a hard copy of the physician orders, and/or the MAR along with a H&P.
- Completed aMRR's will be posted on SCCG website and available for facility access that day. Recommendations designated as "clinically significant" during an aMRR must be addressed by the facility by midnight of the following day, i.e. aMRR's received Thursday should be resolved by midnight on Friday. The aMRR pharmacist at SCCG will notify the Director of Nursing at your facility by automatic e-mail if a "clinically significant issue" is found during an aMRR that needs to be urgently addressed. The aMRR pharmacist will also clearly highlight on the aMRR recommendation when a "clinically significant issue" has been identified.

- All other requested interim MRR's will be completed by a consultant pharmacist and faxed to the facility and posted to mysccg.com within 3 business days, or sooner if requested and noted "URGENT" on the request form, for review by the DON or designee. The DON or designee will forward to the physician the MRR findings that require their response; nursing recommendations can be responded to by the DON or designee, per the facility routine policy.
- The interim MRR response should be placed and stored in the established facility consistent location for all consultant pharmacist findings and recommendations per the facility policy.

PROCEDURE for Medication Regimen Review, MRR, aMRR, or iMRR

- The facility shall ensure the Consultant Pharmacist has access to the resident's complete medical record. (This includes all portions of an electronic medical record if applicable.)
- Recommendations and apparent irregularities will be reported timely to ensure the safe and appropriate medication utilization to meet the individual needs of the residents.
- Medication Regimen Review reporting of irregularities:

1. Emergency (Highest Priority) Consultant Pharmacist concerns that identify apparent irregularities that WOULD cause or result in harm to the resident, will be discussed verbally with the Nurse, Nurse Supervisor, Director of Nursing, or discussed directly with the Attending Physician at the time of consulting rounds. In addition, a hard copy recommendation of the same will be addressed to the attending physician as part of consultant's regular monthly report.

2. Non-urgent (Normal Priority and Low Priority) recommendations may be included in the consultant's written comprehensive monthly report or within a professional standard of "timely response".

The consultant's comprehensive monthly report will be provided to the facility either electronically and/or in written hard copy within 5 business days of completion of monthly consulting rounds. If provided electronically, the Director of Nursing or designee shall print out the report to facilitate follow up and required notification of the Attending Physician(s) and Medical Director within a professional standard of "timely response". Clinical justification will be documented on the recommendation response, which will remain as part of the in the clinical chart, if a recommendation is declined by the prescriber. Recommendations that are declined without clinical justification may be rewritten with a request for further clarification or required documentation.

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