



UF College of Pharmacy
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**Preparing Facilities
for Surveys:
Staying Current-
Resources**

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Disclosure Statement

Norman Pillsbury, Pharm.D., BCPS has disclosed that he has no relevant financial disclosures. No one else in a position to control content has any financial relationships to disclose.

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Objectives

At the completion of this activity, the participant will be able to:

- Discuss methods of how to prepare facilities for surveys
- Describe monthly and quarterly reports prepared by consultant pharmacists for various practice settings
- Outline resources available to a consultant pharmacist to help them stay up to date.

SNFs Survey Preparations

- Nursing Staff Medication Administration Observation
- Medication Storage
- Review last annual survey report
- Review Facility Quality Measures / Casper Report
- Review Consultant Pharmacist monthly and quarterly reports

Prior to Annual Survey

- Share Medication Observation Survey Form (CMS-20056) with licensed nurses who pass medications
- Prepare licensed nurses who pass medications for being observed using the same tool as the surveyors
- Make random medication observations of several nurses on different shifts and units
- Observe multiple routes of administration: PO, enteral, (IV), (IM), (SQ), topical, ophthalmic, and a minimum (not maximum) of 25 medication opportunities.

**Medication Administration Safety
Nursing Considerations**

1. Perform hand hygiene
2. Introduce yourself to patient
3. Confirm patient ID
4. Check allergies
5. Obtain vital signs as necessary
6. Provide patient education as necessary
7. Avoid disruption
8. Prepare medication for one patient at a time

**Medication Administration
Check-list**

1. Check MAR against physician's orders
2. Perform the Eight Rights (with each medication):
the right patient, the right drug, the right dose, the
right route, the right time, the right reason, the
right documentation, right response
3. Compare the medication name, dose and route
with the MAR at three different times:
 - when the medication is taken out of the
drawer
 - when the medication is being poured
 - when the medication is being put away

**Medication Administration
Check-list (cont.)**

4. Place all medications patient will receive in one cup,
except medications that requires pre-assessment (ex. BP
or pulse rate). Place these in a separate cup)
5. Do not touch medication with ungloved hands. Use
clean gloved hands if touching medication
6. Initial medication when poured
7. Patient education (i.e. name of medication, reason for
use)
8. Positioning: assist patient to sitting position, have
patient stay in this position for 30 min after administering
medication, offer patient water / fluid

Medication Error Rate

- Goal: To avoid survey citation
(Medication Error rates are < 5%)
- Calculations of medication error rate:
Medication Error Rate = Number of Errors Observed divided by the Opportunities for Errors (doses given plus doses ordered but not given) X 100.

Examples of Medication Errors

1. Omissions (Medication ordered but not administered at least once)
2. Unauthorized Medication (Medications without a physician's order) (This would include administering a medication to the wrong resident.)
3. Wrong Dose
4. Wrong Route of Administration
5. Wrong Dosage Form
6. Wrong Medication
7. Wrong Time
8. Failure to Follow Manufacturer's Specifications or Accepted Professional Standards

Assessment Question

A medication error rate of 7% will result in a survey citation (F759)

- A. True
- B. False

Significant Medication Error

An error which causes the resident discomfort or jeopardizes his or her health and safety.

Guidelines to determine Significance of Medication Error

1. Resident Condition
2. Drug Category
3. Frequency of Error

Assessment Question

According to federal regulations for nursing homes, a significant medication error causes the resident discomfort or jeopardizes his or her health safety

- A. True
- B. False

Medication Storage and Labeling

1. Medications and biologicals in medication rooms, carts, and refrigerators must be secured
2. Controlled medications maintained within a separately locked permanently affixed compartment.
3. Sufficiently detailed records of receipt and disposition of controlled medications maintained to enable an accurate reconciliation.
4. Medications and biologicals labeled in accordance with currently accepted professional principles

Centers for Medicare & Medicaid Services. Medication Storage and Labeling. <https://www.healthcare.com/webcontent/Files/2018-03/CMF-2008%20Medication%20Storage.pdf>

Assessment Question

Guidelines used to determine the significance of a medication error include

- A. Adverse drug effects
- B. Drug category
- C. Frequency of error
- D. B and C
- E. All the above

Consultant Pharmacist Monthly Report

1. Medication Regimen Review
2. Consultant Pharmacist recommendations submitted to Director of Nursing or designee who will notify the resident's prescriber for review
3. Prescriber's response to Consultant Pharmacist recommendation is documented in the clinical records

Consultant Pharmacist Quarterly Report

1. Summary of Physician response to MRR Recommendations
 2. Medication Utilization
 3. Psychopharmacological medication utilization
 4. High risk medication utilization
 5. Facility Drug Utilization Statistics
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Regulatory Resources

- DOH
 - DEA
 - AHCA
 - SOM
 - Joint Commission
 - ISMP
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How to develop a network

- Join a professional organization for Consultant Pharmacists
 - Attend continuing education programs
 - Attend Regional and State Meetings
 - Get involved through advocacy
 - Learn about legislative and regulatory issues affecting your practice.
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Consultant Pharmacist Professional Organizations

- ASCP (American Society of Consultant Pharmacist): Provides education, advocacy, and resources for consultant pharmacists who work with geriatric patients supporting the practice of senior care pharmacy
- ASHP: Represents pharmacists in acute and ambulatory settings
- Non Pharmacist LTC Organizations:
 - Florida Health Care Association: FL largest advocacy organization for LTC providers serving the elderly
 - Leading Age: an organization supporting, enabling and empowering people to live fully as they age

References

1. Centers for Medicare & Medicaid Services. Medication Administration Observation. <http://www.leadingagewi.org/media/80036/cms-20056-med-admin.pdf>
2. Centers for Medicare & Medicaid Services. Medication Storage and Labeling. <https://arhealthcare.com/sites/default/files/2018-03/CMS-20089%20Medication%20Storage.pdf>
3. Centers for Medicare & Medicaid Services. State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Preparing facilities for surveys Staying Current-Resources
