**DRUG REGIMEN REVIEW QAPI ACTION PLAN**

***(see Drug Regimen Review RoP Checklist)***

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| **Regulation (483.45(c):  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist):**  “(4) The pharmacist must report any irregularities to the attending physician and the facility’s medical director and director of nursing, and these reports must be acted upon.  (i) Irregularities include, but not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for unnecessary drugs.  (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident’s name, the relevant drug, and the irregularity the pharmacist identified.  (iii) The attending physician must document in the resident’s medical record that the identified irregularity has been reviewed and what if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident’s medical record.”[[1]](#footnote-1) | **Team Members/Titles:**  *(It is recommended the facility choose a team comprised of multiple departments, and include front-line staff.)* |
| **Root Cause Analysis:** *(The team will identify areas that allow or contribute to noncompliance with this regulation. Prioritize the causes and develop goals below for the top one or two causes.)* |
| **Goals & Objectives:** *(Team will customize goals and objectives based on root-cause investigation of facility status and where the team plans to work on realistic goals for completion.)* |
| **Charter:** *(Identify the resources needed to perform this improvement plan.)* | **Facilitator:** |

| **Recommended Action Items**  **(Use the Action item(s) that Correspond to Root Cause Identified above)** | **Responsible Team Member(s)** | **Start Date** | **Estimated Completion Date** | **Actual Completion Date** | **Comments** |
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| Pharmacist and MD documentation guidelines updated with new regulatory language. |  |  |  |  |  |
| Update a system for the pharmacist to track  responses to recommendations and has a process in place to address issues that do not receive a timely response. |  |  |  |  |  |
| Update a system for the DON to track responses to recommendations and has a process in place to address issues that do not receive a timely response. |  |  |  |  |  |
| Ensure pharmacy recommendations are part of the resident’s medical record or are kept in the facility for reference. |  |  |  |  |  |
| Review system for notification and review with Medical Director related to requirements, Practitioner’s responses and documentation of pharmacy recommendations. |  |  |  |  |  |
| *(Include State/Facility Specific items, as applicable):* |  |  |  |  |  |
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1. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf> [↑](#footnote-ref-1)