**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):** “(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.”1“MRR policies and procedures should also address, but not limited to: * MRR's for resident who are anticipated to stay less than 30 days;
* MRRs 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.”1
* Development of a procedure to resolve where the attending physician does not concur with or take action on identified irregularities and the attending physician is also the Medical Director.
 | **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:** |

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>

| **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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| Provide staff education on the revised Drug Regimen Review Policy.  Update training for orientation, annual, agency staff, as needed. Evidence of education will include sign in sheets. |  |  |  |  |  |
| *(Include State/Facility Specific items, as applicable):* |  |  |  |  |  |
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