**Drug Regimen Review**

**Leader’s Guide**

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The facility is required to ensure that each resident receives a monthly drug regimen review in order to take action necessary in the event that the pharmacist identifies an irregularity for resident protection and to keep each resident at their highest level of well-being and functioning. CMS does indicate that “Many nursing home residents have been identified as being at high risk for adverse consequences related to medications. Some adverse consequences may mimic symptoms of chronic conditions, the aging process, or a newly emerging condition.”1 Coordination with the pharmacy consultant on working with the facility policies and procedures will be important for quality and compliance.

**Key Definition**

**“Medication Regimen Review (MRR)” o**r Drug Regimen Review is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. The MRR includes review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The MRR also involves collaborating with other members of the IDT, including the resident, their family, and/or resident representative.”1

**Some areas to be considered for Drug Regimen Review (or MRRs) may include:**

* Staff Resources:
* Nursing staff availability to discuss any questions with the pharmacist during the drug regimen review
* DON and/or designee availability to promptly respond to pharmacist recommendations
  + Communication with attending physicians
* Medical Director availability to review and resolve any concerns
* Education:
* Pharmacist(s):
  + Appropriate time frames for the drug regimen reviews
  + Monthly MRR
  + MRRs for residents who are anticipated to be in the facility for less than 30 days
  + MRRs for residents with significant change in condition
* Policies and Procedures for drug regimen reviews for nurses and pharmacists
* Education for all staff:
  + Documentation of effectiveness of medication (i.e., behavior flow sheets, etc.)
* Monitoring and Evaluation
  + Completion of MRRs
  + Follow up for identified documentation or irregularities and/or recommendation
* Documentation
  + Identification of location in the medical record of the MRR

**Reference**

1Centers 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>