



# Critical Element Pathways

Annual CDPH RAP Session  
CAHF San Bernardino/Riverside Chapter



Presented by  
Robert Jackson, Pharm.D.  
Pharmaceutical Consultant II, Specialist

Doubletree by Hilton San Bernardino  
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# Introduction

- ▶ What are Critical Element Pathways?
  - Probes or guides for identification of potential deficient practices
  - 41 total; 4 pharmacy related
- ▶ How are they being used?
  - Used by CDPH surveyors during CMS recertification surveys
- ▶ How can they be helpful to the provider?
  - Provide insight into what surveyors look for and guidance on how to treat residents

# Pharmacy CEPs

- 1) Unnecessary Medications, Psychotropic Medications, and Medication Regimen Review (Form CMS 20082)
- 2) Medication Storage and Labeling (Form CMS 20089)
- 3) Medication Administration Observation (Form CMS 20056)
- 4) Infection Prevention, Control, & Immunizations (Form CMS 20054)

# Unnecessary Meds, Psychotropic Meds, & MRR

- ▶ Probe for F757, F758, and F756
- ▶ “Use for a resident who has potentially unnecessary medications, is prescribed psychotropic medications, or has the potential for an adverse outcome to determine whether facility practices are in place to identify, evaluate, and intervene for potential or actual unnecessary medications. Use also to evaluate the medication regimen review (MRR) process.”

# Unnecessary Meds/MRR Elements

## ► Indications

- Documented diagnosed condition
- Other causes have been ruled out
- Signs & symptoms are persistent or significant to initiate or continue medication
- Benefits justify potential risk of adverse consequences

# Unnecessary Meds/MRR Elements

- ▶ Antibiotic Policies & Procedures
  - Use of infection assessment tools for antibiotic use for infections
    - SBAR communication tool for UTI
    - Loeb minimum criteria for antibiotic initiation

# Unnecessary Meds/MRR Elements

## ► Medication Monitoring

- **Opioids** – pain assessment/bowel
- **Anticoagulants** – PT/INR, bleeding, P&Ps labs
- **Diuretics** – edema, electrolytes
- **Insulin** – BS levels, HgbA1c
- **Antibiotics** – indication/dose/route/duration, interactions, adverse events, timeout
- **All psychotropics** – behavior monitoring

# Unnecessary Meds/MRR Elements

- ▶ Dosing and Duration
  - Does the dose or duration exceed manufacturer guidelines, or standards of practice?
  
- ▶ Documentation when:
  - GDRs required
  - Potential duplicate therapy
  - Incompatibilities



# Unnecessary Meds/MRR Elements

- ▶ System for potential or actual adverse consequences:
  - Clear clinical rationale provided by prescriber, including risks/benefits
- ▶ Gradual Dose Reduction System
  - 1<sup>st</sup> year: 2 separate quarters with 1 month between
  - Annually thereafter
  - Non-pharmacological approaches attempted

# Unnecessary Meds/MRR Elements

- ▶ PRN requirements for psychotropic and antipsychotic
  - Med must be necessary
  - Psychotropic prn limited to 14 days
    - May be continued if prescriber documents rationale and specific duration
  - Antipsychotic prn limited to 14 days
    - May NOT be continued
    - May be renewed only if prescriber directly evaluates resident and documents rationale including continued need, benefit, and any improvement noted.

# Unnecessary Meds/MRR Elements

- ▶ Observation of staff/resident interaction
  - Does the facility implement care planned interventions for high risk meds?
  - Non-pharmacological interventions?
  - How do staff respond to resident expression or indication of distress?
  - Medication used for convenience or discipline?
  - Medication related adverse consequences?

# Unnecessary Meds/MRR Elements

## ► Interviews

- Resident/Family
  - Questions aimed at determining if resident is aware of their medication regimen and provided information from the facility
- Staff (CNA, LVN, RN, DON, SS)
  - Questions aimed towards determining if staff are aware of appropriate use and monitoring of the medications

# Unnecessary Meds/MRR Elements

## ► Interviews

- Pharmacist
  - Questions regarding MRR, evaluation of psych PRN meds, irregularities noted, short-stay residents, reporting to facility
- Attending physician, Med Director, and DON
  - Questions regarding pharmacist MRR report, how follow-up is done, GDRs

# Unnecessary Meds/MRR Elements

## ► Record Review

- Underlying causes ruled out
- GDR
- MRR monthly
- Irregularities identified and reported
- Prescriber rationale documented
- MAR accuracy
- Individualized, non-pharmacological approaches for use of psych meds

# Unnecessary Meds/MRR Elements

## ► Critical Element Decisions

- MRR = F756
  - MRR monthly and report irregularities?
  - Attending physician review and document rationale
  - P&Ps for MRR process
- Unnecessary Meds = F757
- Psychotropic Meds = F758
  - Specific, diagnosed, documented condition/indication
  - GDR unless clinically contraindicated
  - PRN limitations (psych and antipsychotic)
- Others to investigate = F881, F655, F636, F637, F641, F656, F657

# LabCorp Results

Test Name	Result	Units	Flag	Reference Range	Site ID	Status
Phenytoin (Dilantin), Serum				Reported On: 3/19/2016 10:08 A	SO	F
Phenytoin (Dilantin), Serum	28.6	ug/mL	HH	10.0-20.0		
Neonatal:						
Therapeutic 6.0 - 14.0						
Detection Limit - 0.6						
<0.6 Indicates None Detected						
Patient drug level exceeds published reference range. Evaluate clinically for signs of potential toxicity.						

Phoned & Faxed to M.D.  
with/without new orders no  
LN name: \_\_\_\_\_  
Date: 3/21/16 15:21

*no new orders.*



## Order

**Monitor Episodes Of schizophrenia AEB:  
paranoid delusions that she is being  
overmedicated.  
(Med\_ziprasidone\_\_)**

# Medication Storage & Labeling

- ▶ Review includes:
  - Half of medication storage rooms on different units
  - Half of medication storage carts on unit where the storage room was not observed
  - One surveyor assigned Medication Storage Task but may be several reviewing medication storage

# Medication Storage & Labeling

- ▶ Med storage in rooms, carts, boxes, refrigerators were:
  - Secure (locked) accessible only to designated/authorized staff
  - Clean and sanitary
  - Temperatures according to manufacturer specifications and/or national guidelines (e.g. CDC vaccine storage)
  
- ▶ Schedule II in a separately locked permanently affixed compartment

# Medication Storage & Labeling

- ▶ Controlled medication records of receipt and disposition are maintained and reconciled
- ▶ Labeling includes:
  - Appropriate instructions
  - Expiration date if applicable (e.g. insulin opened or removed from refrigerator)
- ▶ Multi-dose vials for multiple residents kept in central area & do not enter resident treatment area

# Medication Storage & Labeling

- ▶ MDVs opened dated for 28 day Beyond Use Date (e.g. insulin or heparin)
- ▶ Insulin pens are resident specific and clearly labeled
- ▶ Controlled medication disposition system prevents diversion and/or exposure

# Medication Storage & Labeling

## ▶ Critical Element Questions:

- 1) Pharmaceutical services for acquisition, receiving, dispensing, and administering medications meets the needs of each resident?
  - F755
- 2) Medications stored and labeled properly?
  - F761
- 3) System for controlled medication receipt, usage, disposition, and reconciliation?
  - F755









# Medication Administration Observation

- ▶ A medication pass includes:
  - Random observations of several staff over different shifts and units
  - Multiple routes of administration
    - PO, IV, IM, SQ, topical, ophthalmic, GT/NGT
  - Minimum of 25 opportunities
  - Sampled residents if possible but not required

# Medication Administration Observation

- ▶ General observations:
  - Hand hygiene
  - Correct medication, dose, and route
  - Current active order
  - Accurate directions (frequency, before/after meals, etc..)
  - Unexpired
  - Medication held for adverse events
  - BP, pulse, RR monitored prior to administration when ordered

# Medication Administration Observation

- ▶ General observations continued:
  - Administration observed completely
  - Resident positioned properly
  - Resident informed of meds given
  - Med cart locked
  - Controlled medication administered and accounted in record
  - Medication prepared properly (e.g. suspensions shaken)

# Medication Administration Observation

## ► Notes:

- Intervention prior to a potential medication error will be counted
- Nutritional and dietary supplements not counted towards opportunities/errors EXCEPT vitamins and minerals.

# Medication Administration Observation

- ▶ Oral or NG tube administration
  - Adequate fluid (bulk laxatives, NSAIDs, K supplements)
  - Do not crush (EC, ER)
  - Given separately
  - Tube placement confirmed
  - Flushing with required amount of water before and after each medication unless physician orders differently (e.g. fluid restriction)
  - Minimize enteral feeding and medications that can be affected (e.g. phenytoin, alendronate)

# Medication Administration Observation

- ▶ Injection Practices and Sharps
  - Aseptic technique used
  - New, unused supplies used for each resident (needles, syringes, etc.)
  - SDV used once for one resident
  - IV fluids for one resident
  - MDV (centralized, 28 days)
  - Insulin pens (labeled, resident specific)

# Medication Administration Observation

## ► Injection continued:

- Vial swabbing
- Sharps containers available and properly disposed
- POC devices (BG monitors) safely used for one resident unless thoroughly cleaned and disinfected after every use
- Finger stick devices (lancets) for one resident
- IV pumps cleaned between residents

# Medication Administration Observation

- ▶ Topical, Ophthalmic, and Inhalational
  - Transdermal patches
    - rotated, dated, timed, and disposed of properly
  - Multiple eye drops time in between (3–5 minutes)
  - Inhalational devices administered correctly
  - Nebulizers for one resident or cleaned and stored properly



# Medication Administration Observation

- ▶ Medication Error Calculation
  - Number of errors divided by Opportunities
  - Medications ordered but not given are considered opportunities
  - Stay below 5%
  - Cite F759 for med error rate 5% or greater
  - Cite F760 for significant med error

SEROquel Tablet  
25 MG (QUetiapine  
Fumarate)

Insert 1 tablet  
rectally at bedtime  
for

RESTLESSNESS

-Order Date-

# Infection Prevention, Control, & Immunizations

- ▶ Used to investigate F880 (IC), F881(IPCP), F883 (Immunizations)
  
- ▶ Antibiotic Stewardship Plan
  - Written P&P
  - Protocols for review of s/sxs and labs to guide antibiotic therapy
    - SBAR & Loeb
  - Process for periodic review of antibiotic therapy
  - Protocols to optimize treatment
  - System for feedback to prescriber (use, resistance patterns, prescribing practices)

Description	Time
<b>PRM PRN MEDICATIONS ORDER</b>	
FLEET ENEMA 1 RECTALLY Q3DAY PRN CONSTIPATION IF MOM AND DULCOLAX INEFFECTIVE Order Date: 10/10/15 Start Date: 10/10/15	PRN
FLAGYL 500 MG PO DAILY PRN FOR ALCOHOL DESIRES Order Date: 11/10/15 Start Date: 11/10/15	
TYLENOL 325 MG TABLET (ACETAMINOPHEN) 2 TABS (650 MG) PO Q 4 HRS PRN FOR HEADACHE/TEMP <101, CALL MD***NTE 3 GM ACETAMINOPHEN/24 HRS*** Order Date: 10/10/15 Start Date: 10/10/15 ACETAMINOPHEN	

