The Scope of the Problem

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Pharmacy Review

(1) The assisted living manager of a program shall arrange for a licensed pharmacist to conduct an on-site review of physician prescriptions, physician orders, and resident records at least every 6 months for any resident receiving nine or more medications, including over the counter and PRN (as needed) medications.
(2) The pharmacist’s review shall include, but is not limited to, whether:

- (a) The program is in compliance with Board of Pharmacy’s requirements for packaging of medications;
- (b) Each resident’s medications are properly stored and maintained;
- (c) Each resident receives the medications that have been specifically prescribed for that resident in the manner that has been ordered;
- (d) Based on available information, the desired effectiveness of each medication is achieved and, if not, that the appropriate authorized prescriber is so informed;
– (e) Any undesired side effects, potential and actual and adverse drug reactions, and medication errors are identified and reported to the appropriate authorized prescriber;
– (f) The resident has a medical condition as documented in the resident’s records that is not currently being treated by medication;
– (g) There is drug use without current indication in the resident’s records of a medical condition that warrants the use of the drug;
– (h) There is drug overuse that is causing side effects as documented in the resident records
– (i) Current medication selections result in inappropriate drug dosage
– (j) The resident may be experiencing drug interactions;
– (k) The resident is receiving medication, either prescribed or over-the-counter medications, as well as herbal remedies that could result in drug-drug, drug-food, or drug-laboratory test interactions;
– (l) Administration times of medication need to be modified to address drug interactions or meal times, or both;
COMAR 10.07.14.29.I (continued)

– (m) The resident records need to be reviewed to assure that periodic diagnostic monitoring required by certain medications have been performed; and

– (n) The resident’s medication regimens need to be reviewed to determine if more cost-effective medications are available to treat current medical conditions.
(3) The pharmacist shall document the pharmacy review as required under this section in each resident’s chart and this documentation shall be reviewed every 6 months as part of the assisted living program’s quality assurance activities as required in Regulation .13 of this chapter.
The person conducting the on-site review under F or I of this regulation shall recommend changes, as appropriate, to the appropriate authorized prescriber and the assisted living manager or designee.
Transmittal January 14, 2009

There is a new requirement that, for individuals receiving 9 or more medications, a licensed pharmacist must conduct an on-site review. The review must occur every six months (facilities may “group” reviews together on the same day to avoid multiple trips by the pharmacist). A specific transmittal on this requirement, with a list of pharmacists available to perform pharmacy reviews will be issued separately. The surveyors will anticipate compliance with this requirement four months from the date of the transmittal with more information on the pharmacy requirement.
Attached you will find a summary checklist which highlights revisions applicable to medication management. Among other things, the revisions require that individuals receiving nine or more medications, defined as prescription, over the counter, herbals, vitamins and as needed medications, a licensed pharmacist must conduct an on-site review of all medications, prescriber orders, and resident records. The review must occur every six months (facilities may “group” reviews together on the same day to avoid multiple trips by a pharmacist, even if it means some disruption of the 6-month rule for some residents). A list of consultant pharmacists who are available to perform pharmacy review is attached. OHCQ surveyors will anticipate that providers will be in compliance with this requirement on or before July 1, 2009.
While some of you may have experience working with pharmacists and realize the benefits of having them as a healthcare provider, for others this may be new. Consultant pharmacists are invaluable resources to help you not only identify and overcome medical related issues for residents at your facility. They can also help you to minimize medication errors, improve knowledge regarding medications, optimize medication storage and administration which will hopefully improve the medication safety in your facility. Additionally, the written information and recommendations provided by a consultant pharmacist about medication safety and practices will be helpful to the facility manager and delegating nurse as part of the facility’s six-month quality assurance review, required by COMAR 10.07.14.13
If you have concerns about pharmacist availability, please call our offices. If you are dissatisfied with the cost quoted by a pharmacist on the list, we would recommend calling other pharmacists to compare costs.
The new regulations also require staff to count and record controlled drugs before the close of each shift. In a small facility, if a staff person works a 24 hour “shift”, the drugs should be counted at the conclusion of the 24 hours and as new staff sign in. The regulations require Schedule II and Schedule III medications to be maintained under a double lock system – a list of Schedule II and III medications is attached to this memorandum on the OHCQ website.

The list of Frequently Asked Questions and answers on the revised Assisted Living regulations, as well as the training dates statewide can be found on the OHCQ website.
Presentation Schedule

Overview of Assisted Living Regulations

3/10/09  -  Catonsville, MD
3/24/09  -  Temple Hills, MD
4/8/09   -  Salisbury , MD
4/28/09  -  Hagerstown, MD
5/12/09  -  Columbia, MD
5/19/09  -  Charlotte Hall, MD
6/8/09   -  Centerville, MD
6/16/09  -  Cumberland, MD
Questions and Answers

Q: Does the on-site pharmacist need to look at the medications kept in the resident rooms if they self administer medications? Does this mean the pharmacist should be including the medications stored in the resident’s room as part of their overall medication review; or is it to be interpreted more literally as the pharmacist should be physically inspecting any medication(s) in a resident room?

A: Regulation .29l(2) (a)-(n) addresses the regulatory requirements of the on-site pharmacist review. The intent of the regulation is to have the pharmacist review medication(s) being self-administered as part of the medication regimen review and the pharmacist should look at how all medications, including those maintained by the resident, are stored. If the resident refuses to allow the pharmacist to assess their medications then that should be noted by the pharmacist an no further action is necessary. (Revised 12/14/10)
Questions and Answers

Q: Does a pharmacist have to be licensed in Maryland to act as the consultant pharmacist in and ALF?

A: Pharmacist who desire to practice pharmacy in Maryland should contact the Maryland Board of Pharmacy with any licensure/practice questions or issues. Contact information: http://www.dhmh.state.md.us/pharmacyboard/ (2/16/10)
Questions and Answers (continued)

Q: Does a resident who self administers medications have to have on-site pharmacy reviews if they take 9 or more medications?
A: YES (3/19/09)

Q: Is the 6-month pharmacy review required every 6 months for each specific resident or just every 6 months at the facility?
A: A pharmacy review for each resident who takes 9 or more medications must occur every six (6) months. Facilities may “group” reviews together on the same day to avoid multiple trips by the pharmacist, even if it means some disruption of the six month rule for some residents (5/26/09)
Questions and Answers (continued)

Q: Does the pharmacist actually have to do his review on-site at the facility?
A: YES (5/26/09)

Q: Who is responsible for the pharmacist’s payment?
A: The facility needs to determine its’ policy/procedure for payment to the pharmacist (5/26/09)
Questions and Answers (continued)

Q: Does the on-site pharmacist need to look at the medications kept in resident rooms if they self administer medications?

A: Resident’s who take 9 or more medications, including resident’s who self-medicate, are required to have an on-site review by a pharmacist. Part of the pharmacy review should include review of the resident’s medications. So yes, the pharmacist should be looking at the resident’s medications including those kept in the resident room. (5/26/09)
Questions and Answers (continued)

Q: Where can I obtain a list of consultant pharmacists?

A: The University of Maryland School of Pharmacy will be hosting a list of consultant pharmacists for AL. The list will be housed at http://geri-ed.umaryland.edu/ and located in the “Med Management” tab section. The anticipated date of availability is July, 2010. (6/3/10)
Cite Frequency 2010

Tag 3680 - .29 Medication Management and Administration (M)

Medications and treatments shall be administered consistent with current signed medical orders and using professional standards of practice.

93 (7/1/09 - 12/31/09)
104 (1/01/10 - 6/30/10)
76 (7/01/10 - 12/31/10)
Tag 3600 - .29 Medication Management and Administration. I (1)

The assisted living manager of a program shall arrange for a licensed pharmacist to conduct an on-site review of physician prescriptions, physician orders, and resident records at least every 6 months for any resident receiving nine or more medications, including over the counter and PRN (as needed) medications.

76 (7/01/09-12/31/09)
72 (1/01/2010-6/30/10)
30 (7/01/10-12/31/10)
Cite Frequency (continued)

Tag 3520 - .29 Medication Management and Administration. (A, B)
A. All staff who administer medications to residents shall have completed the medication administration course that is taught by a registered nurse who is approved by the Maryland Board of Nursing.
B. The assisted living manager shall document completion of the medication technician training in the personnel file or other readily available record of each unlicensed staff member who administers medications.

42 (7/01/2009-12/31/09)
49 (1/01/2010-6/30/10)
29 (7/01/10-12/31/10)
Cite Frequency (continued)

Tag 3650 - .29 Medication Management and Administration . (K)

If a resident requires that staff administer medications as defined in Regulation .02B(3) of this chapter, and the administration of medications has been delegated to an unlicensed staff person pursuant to COMAR 10.27.11, the assisted living manager shall comply with COMAR 10.27.11 by arranging for an on-site review by the delegating registered nurse at least every 45 days. The delegating nurse shall make appropriate recommendations to the appropriate authorized prescriber, and the assisted living manager or designee.

72 (7/01/2009-12/31/09)
43 (1/01/2010-6/30/10)
26 (7/01/10-12/31/10)

(1) A staff member shall record the documentation required under L of this regulation for all residents for whom medications are administered, or who receive assistance in taking their medications, as defined by Regulation .02(B)(3)(b) of this chapter, at the time that the resident takes or receives medications.

61 (7/01/09-12/31/09)
42 (1/01/10-6/30/10)
16 (7/01/10-12/31/10)
Cite Frequency (continued)

Tag 3660 - .29 Medication Management and Administration. L. Safe Storage of Medication.

(1) Medications are stored in the original dispensed container;

(2) Medications are stored in a secure locations, at the proper temperature

41 (7/01/09-12/31/09)
29 (1/01/2010-6/30/10)
18 (7/01/10-12/31/10)
Tag 3540 - .29 Medication Management and Administration . C

All medications shall be administered consistent with applicable requirements of COMAR 10.27.11

44 (7/01/09-12/31/09)
27 (1/01/2010-6/30/10)
27 (7/01/10-12/31/10)
Cite Frequency (continued)

Tag 3710 - .29 Medication Management and Administration. O. Accounting for Narcotic and Controlled Drugs.

(1) Staff shall count and record controlled drugs, such as narcotics, before the close of every shift.

(2) The daily record shall account for all controlled drugs documented as administered on the medication administration record.

(3) All scheduled II and III narcotics shall be maintained under a double lock system.

49 (7/01/09-12/31/09)
24 (1/01/2010-6/30/10)
12 (7/01/10-12/31/10)
Cite Frequency (continued)

Tag 3610 - .29 Medication Management and Administration. I (2) (a) – (g).

(2) The pharmacist’s review shall include, but is not limited to, whether:

(a) The program is in compliance with Board of Pharmacy’s requirements for packaging of medications;
(b) Each resident’s medications are properly stored and maintained;
(c) Each resident receives the medications that have been specifically prescribed for that resident in the manner that has been ordered;
(d) Based on available information, the desired effectiveness of each medication is achieved, and, if not, that he appropriate authorized prescriber is so informed;
(e) Any undesired side effects, potential and actual adverse drug reactions, and medication errors are identified and reported to the appropriate authorized prescriber;
(f) The resident has a medical condition as documented in the residents records that is not currently being treated by medication;
(g) There is drug use without current indication in the resident’s records of a medical condition that warrants the use of the drug;

8 (7/01/10-12/31/09)
16 (1/01/10-6/30/10)
6 (7/01/10-12/31/10)
Important Web sites

OHCQ/Assisted Living
www.dhmh.state.md.us/ohcq

University of Maryland School of Pharmacy
http://www.pharmacy.umaryland.edu/

Maryland Board of Pharmacy
http://www.dhmh.state.md.us/pharmacyboard/