

Session # W26
F 329: Unnecessary Drugs
A Resident Centered Approach
to Compliance

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Disclosure / Contact

- Rob Shulman has no relevant disclosures
- William Vaughan is a shareholder at Remedi SeniorCare, a consultant to CMS currently working on QAPI and on the advisory board of the Institute for Safe Medication Practices' long-term care newsletter
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Objectives

At the conclusion of the presentation, the participant will be able to:

- Describe what constitutes an unnecessary drug per F 329
- Identify two methods of monitoring medications which enhance compliance with the regulatory requirements of F 329
- Describe the concept of gradual dose reduction and how it relates to the regulatory requirements of F 329
- Discuss how promoting resident involvement with medication management can improve compliance with F 329
- Discuss how the use of regulatory language in the medical record can improve survey outcomes related to F 329

NPR – December, 2014

Antipsychotic use in Nursing Homes

<http://www.npr.org/tags/136204680/antipsychotics#>

"The initiative has been all about training, teaching, cajoling, encouraging, but not enforcing the law."
 - Toby Edelman, attorney, Center for Medicare Advocacy

"There are many near misses, whether it's hospitals or nursing homes, where medication might be given that's not needed and doesn't cause permanent harm. We view that as a learning opportunity."
 - Dr. Patrick Conway, chief medical officer, Centers for Medicare and Medicaid Services



Can You Relate ???




"In the interest of streamlining the regulatory process, we'll skip the evidence and go right to the deficiency"




Today's Themes

- Medication management:
 - Evidence based
 - Risk / benefit analysis
 - Resident centered




(all of the above preferably documented)

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Today's Themes


- Transitions in care
 - Trust but verify
- Communication
 - Lab results (MAR), fax machine, consults
- Timeliness
 - Drug half-life, needs of resident
- Regulatory language in the record
 - GDR, decision not to treat, anticipated outcome

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Today's Themes

Avoiding Citations During Transitions

- Review all admission medications with Consultant
 - Avoid duplication
 - Medication timing
 - Avoid unnecessary medication doses
 - Lab work ordered
- Document the review by Consultant Pharmacist
- Contingency Supply: in date and **complete**

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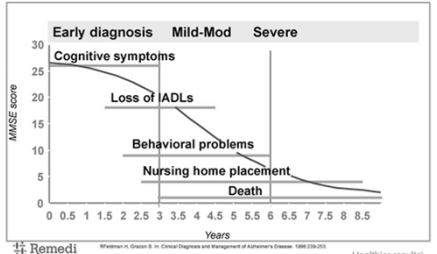
Today's Themes


- Med management is a team sport
 - Listen to the resident, family, housekeeper, roommate, therapist, pharmacist, aide
- The life boat approach
 - > 9 meds = ADR, every dose is a potential error, less is more
- Monitoring frequency
 - Resident specific, hold parameters, behavior monitoring sheets, excessive POCs

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Today's Themes

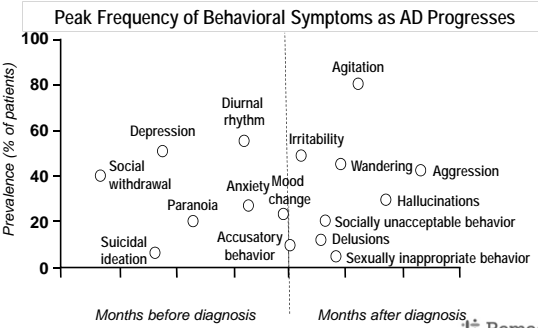
Alzheimer's: The Case for GDR




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Today's Themes

Peak Frequency of Behavioral Symptoms as AD Progresses



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Today's Themes

Behaviors Generally Unresponsive to Psychoactive Medications:

- Wandering*
- Annoying repetitive activities, including "exit seeking"
- Disrobing
- Persistent disruptive vocalization (swearing, offensive comments, yelling/screaming)*
- Restlessness/ repeated attempts to unsafely arise from chair or climb out of bed*
- Hiding/hoarding
- Eating inedibles
- Climbing into bed with other residents
- Sleep disturbance, diurnal reversal*
- Pushing wheelchair-bound residents




** may be related to pain or discomfort*



Today's Themes

- Infection versus colonization
 - Chasing culture results, UTI, wounds
- End of life care
 - F 329, goals of care, risk / benefit
 - Hospice v nursing home: who "owns" the resident, hospice dosing
- Quality assurance
 - Promptly review hospitalized / closed records
 - Data driven
 - Thoughts on QAPI



Today's Themes

Survey Alert
Always treat the resident,
never the surveyor !






Today's Themes

- The Vaughan List
 - Warfarin
 - Diuretics
 - Potassium
 - Phenytoin
 - Levothyroxine
 - Prednisone
 - Lithium
 - NSAID
 - Antibiotic/steroid ophthalmic



Today's Themes



- Rob's List
 - PPIs (Nexium, omeperazole)
 - NSAs (loratadine)
 - PRN Antipsychotics
 - Hypnotics
 - ESAs (Procrit)
 - Duplicate PRNs
 - Outdated Insulins



Today's Themes

Failing to follow this geriatric principle puts the facility and resident at risk:

"Any symptom in an elderly patient should be considered a drug side effect until proven otherwise." -- J. Gurwitz et al. Brown University Long-Term Care Quality Letter, 1995.



Pop Quiz

The regulation F 329 requires the facility to attempt a gradual dose reduction (unless clinically contraindicated) when the following class of drugs is used:

- a) Antidepressants
- b) Sedative hypnotics
- c) Antipsychotics
- d) All of the above



F 329: Regulatory Language

Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.



Word Count

- Pledge of Allegiance = 32
- Lord's Prayer = 66
- Bill of Rights = 478
- Declaration of Independence = 1335
- CMS Surveyor Guidance on Unnecessary Drugs = 17, 273



Guidance to Surveyors

▪ Thomas Hamilton, S&C-08-10, January 18,2008

- "In providing [new] interpretive guidance, CMS is careful not to prescribe new requirements. Instead, the focus is on relaying to surveyors information consistent with the regulations and accepted standards of care."
- "... surveyors must base all cited deficiencies on a violation of statutory and/or regulatory requirements, rather than sections of the interpretive guidelines."




Regulations

- Broadly written minimum standards
 - "... regulations establish the outcomes which facilities must achieve but provide each facility with flexibility to select methods to achieve them that are appropriate to its own circumstances and needs ..." (Departmental Appeals Board, Decision # 2339, September 30, 2010)
- Flexibility varies (F 314 verses F 276)



Who Decides ... You or the Surveyor?

- What is an excessive dose?
- How long is too long to continue a drug?
- How much and what type of monitoring is adequate?
- What is an adequate versus inadequate indication for a drug?
- What constitutes an adverse consequence from use of a certain drug?
- What specific condition justifies the use of an antipsychotic?
- In which residents should a gradual dose reduction of antipsychotics be attempted? 

You Decide !

- Medication management:
 - Evidence based
 - Risk / benefit analysis
 - Resident centered



(all of the above preferably documented)



Misadventures with Medications



Thank You

Questions?