

Long-Term Care Survey Alert

Look Beyond The Survey On Drug Regimen Review

Dont let minimal F tag requirements for drug reviews lull your facility into a malpractice disaster

Meeting the minimal F tag requirements for drug regimen review may earn you passing marks on the survey, but just squeaking by leaves the door wide open to malpractice risks.

F429 requires the pharmacist to do a monthly drug regimen review on each resident and notify the physician and DON of any irregularities related to their disciplines, explains certified medical director **Duncan MacLean**, who consults with nursing facilities in Delaware. Yet, theoretically, all physicians or DONs have to do to satisfy tag F430 is to act upon the irregularities by indicating that they accept or reject the pharmacists findings and by signing and dating the report.

But if the resident later suffers substantial harm or dies because the physician or DON didnt heed the pharmacists recommendation, watch out for malpractice actions. Thats especially true if the physician failed to document why he chose not to follow the drug reviews advice.

The **American Medical Directors Association** policy says the attending physician or collaborating practitioner shall act on pharmacist recommendations by:

- writing an order; or

- documenting an explanation for not following the recommendation. (Read the guidelines at www.amda.com/library/policymanual/qua-03.htm.)

The DON should refer the pharmacists recommendations for medication changes to the quality assurance (QA) team and medical director, suggests **Beth Klitch**, principal of **Survey Solutions Inc.** in Columbus, OH. If the DON disagrees with the pharmacists recommendation for how nursing should administer a drug, the medical director should be the tie breaker. The QA teams support for following a pharmacists recommendation just might give the medical director the support he needs to confront the attending physician if he chose not to make the change, Klitch notes.

The key is to have a policy and procedure for how the communication between the pharmacist and facility occurs and for documenting that it has occurred, says pharmacist **Thomas Clark** with the **American Society for Consultant Pharmacists**. Many consultant pharmacists send a letter to the facility or physician summarizing the review with a place for the doctor and DON to sign and a box to check whether the clinician agrees or disagrees or wants to try some alternative approach. **Tip:** Include the pharmacists report in the residents medical record. That way its easier for the physician and nurse to read the information within the context of the residents chart, Clark says.

What if an attending physician isnt complying with F430? MacLean tackles that issue by asking all physicians under contract at his facilities to follow the AMDA guidelines for responding. Then the facility uses quality management data to monitor whether physicians are following that directive. If a particular physician repeatedly fails to comply, MacLean passes along the data showing the physician how he stands out like a sore thumb among his peers. In his experience, professionals usually respond to that kind of data.