

This section of the MDS prompts performance and follow up on Drug Regimen Review findings for newly admitted and readmitted **Medicare Part A residents**. This section is filled out by the facility's **MDS department**.

**Overview:**

A0310. Type of Assessment	
Enter Code <input type="text"/>	<b>A. Federal OBRA Reason for Assessment</b> 01. <b>Admission</b> assessment (required by day 14) 02. <b>Quarterly</b> review assessment 03. <b>Annual</b> assessment 04. <b>Significant change in status</b> assessment 05. <b>Significant correction to prior comprehensive</b> assessment 06. <b>Significant correction to prior quarterly</b> assessment 99. <b>None of the above</b>
Enter Code <input type="text"/>	<b>B. PPS Assessment</b> <b>PPS Scheduled Assessments for a Medicare Part A Stay</b> 01. <b>5-day</b> scheduled assessment 02. <b>14-day</b> scheduled assessment 03. <b>30-day</b> scheduled assessment

Section **A0310, B. 01** indicates that sections N2001 and N2003 are to be completed as part of the “5-day scheduled assessment” of newly admitted and readmitted **Medicare Part A residents**, requiring that Drug Regimen Review be completed as close to the time of admission as reasonably possible. This review begins with the medication reconciliation performed by the **nurse** when doing admission orders and continues throughout the residents **stay** under **Medicare Part A**.

Further, section N2003 requires that any **“Clinically Significant”** finding be promptly communicated **to the PRESCRIBER**, to facilitate obtaining an answer **by midnight of the next day (24 hours)**. Section N2005, to be completed on discharge assessment. Section N2005 requires clinically significant medication issues be identified and addressed throughout the **Medicare Part A stay**.

<b>N2001. Drug Regimen Review</b> - Complete only if A0310B = 01	
Enter Code <input type="text"/>	<b>Did a complete drug regimen review identify potential clinically significant medication issues?</b> 0. <b>No</b> - No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs 1. <b>Yes</b> - Issues found during review → Continue to N2003, Medication Follow-up 9. <b>NA</b> - Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures, and Programs
<b>N2003. Medication Follow-up</b>	
Enter Code <input type="text"/>	<b>Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?</b> 0. <b>No</b> 1. <b>Yes</b>
<b>N2005. Medication Intervention</b> - Complete only if A0310H = 1	
Enter Code <input type="text"/>	<b>Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?</b> 0. <b>No</b> 1. <b>Yes</b> 9. <b>NA</b> - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications



### Action Plan:

To assist with compliance, Pharma-Care, Inc./Creative Care Consulting provides electronic pharmacy consultants in addition to the monthly visit.

### For E.P.I.C. reviews:

1. E.P.I.C. reviews for all newly admitted and re-admitted residents will be completed by our Consultant Pharmacists within 48 hours of receipt at E.P.I.C. Services.
2. All recommendations deemed "**Clinically Significant**" will be marked as such on the review, and will be sent to the Director of Nursing, or Designee.
3. A "**Clinically Significant**" medication issue is any potential or actual issue that, in the consultant pharmacist professional judgment, warrants physician (or physician-designee) communication and completion of prescribed/recommended actions by "**midnight of the next calendar day**" ("at the latest").
4. Clinically significant medication issues may include but are not limited to:
  - Medications prescribed despite documented medication allergy or prior adverse reaction
  - Excessive dose
  - Significant drug interactions
  - Wrong drug, dose, frequency and route errors
  - Omissions (medications missing from a prescribed regimen)

### For Consultant Pharmacist Monthly DRR:

1. Charts will be reviewed monthly as part of the regular monthly visit.
2. Any "**Clinically Significant**" medication issues identified will be brought to the attention of nursing and needed action discussed while the Consultant Pharmacist is in the facility.
3. The consultant will document the medication issue in the medical record and include the issue and actions taken in the monthly report which is sent to the Director of Nursing, the physician (or physician-designee), the Administrator and the Medical Director.
4. A "**Clinically Significant**" medication issue is any potential or actual issue that, in the consultant pharmacist professional judgment, warrants physician (or physician-designee) communication and completion of prescribed/recommended actions by "**midnight of the next calendar day**" ("at the latest").
5. Clinically significant medication issues may include but are not limited to,
  - Medications prescribed despite documented medication allergy or prior adverse reaction
  - Excessive dose
  - Significant drug interactions
  - Wrong drug, dose, frequency and route errors
  - Omissions (medications missing from a prescribed regimen)

**Title: E.P.I.C. Reviews**

**E.P.I.C.** reviews will be provided within 48 business hours of receipt from the facility. The Consultant Pharmacist shall identify, document and report actual and potential irregularities. These reviews shall be communicated to the Director of Nursing and/or Designee for distribution and action by the nursing staff and the attending physician (via email, fax or both), where appropriate. The nursing staff and attending physician or licensed designee shall respond to the **E.P.I.C.** reviews in a timely manner, per facility policy. The **E.P.I.C.** review recommendations along with the prescriber response shall be inserted as part of each resident's permanent medical record.

**“Clinically Significant”** irregularities shall be marked as such and included within the physician recommendations section of each **E.P.I.C.** review. Recommendations marked as **“Clinically Significant”** should be promptly communicated by the facility to the prescriber to facilitate obtaining an answer by **midnight of the next calendar day (24 hours)**.

Potentially **“Clinically Significant”** irregularities shall be defined as any finding that, in the clinical judgement of the Consultant Pharmacist reviewer, must be acted upon on or before **midnight of the next calendar day (24 hours)** for the immediate safety and wellbeing of the resident. Any physician comment that does **not** require immediate attention (within 24 hours) will not be considered a potential or actual clinically significant medication issue. These comments will be addressed by the physician according to the facility policy.



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