Welcome to Community Based Care News Hour April 26th, 2018

Please remember to put your phone on mute

Agenda

- Compliance Tips: Dave Mackowski, Surveyor

- Compliance Trend Report

- Hot Topics:

Utilization of EMS

Notice of assertion of compliance

Safety Plans

Medicaid Contracts

- Manager's Corner: Ann McQueen

Compliance Tips

Dave Mackowski

CBC Survey "Tips" Series

Understanding Accurate MARs and Parameters

Learning Objectives

At the conclusion of this presentation you will be able to:

- Understand the meaning of "an accurate MAR"
- Understand how survey determines compliance with tag C310 and C330
- Understand effective methods for monitoring MARs for accuracy

C310 – Accurate MAR

- Tag C310 – Medication Administration – continues to be one of survey's most frequently-cited tags.
- Surveyors refer to this tag as "Accurate MAR and parameters" – and that pretty much sums up the rule.

The Rule: 411-054-0055 (2)

- "An accurate Medication Administration Record (MAR) must be kept of all medications, including over-the-counter medications that are ordered by a legally recognized prescriber and are administered by the facility."
- But what does this mean, exactly?

411-054-0055 (2)(b)

"At a minimum, the MAR must include:

- The current month, day and year;
- Name of medication, reason for use, dosage, route and date/time given;
- Any medication specific instructions, if applicable (i.e., significant side effects, time sensitive dosage, when to call the prescriber or nurse);

411-054-0055 (2)(b)

At a minimum, the MAR must include:
(continued)

- Resident allergies and sensitivities, if any;
- Resident-specific parameters and instructions for PRN medications; and
- Initials of the person administering the medication."

What Survey Sees

Common deficiencies that are cited include:

- Orders were transcribed incorrectly;
- Medications are lacking a reason for use;
- There are blanks on the MAR or documentation is lacking;

What Survey Sees

- There are multiple PRNs ("as needed" medications) for the same condition lacking instructions as to which to administer first or under what circumstances;
- Documentation regarding a PRN given, including a PRN psychoactive medication, is incomplete; and
- The person signing the MAR didn't actually administer the medication/treatment.

How We Review the MAR

First, survey reviews the physician's orders and reconciles the orders with the MAR.

- This is where survey often identifies transcription errors.

How We Review the MAR

Second, survey reviews the MAR to ensure:

- Each medication has a reason for use or a diagnosis;
- There are no blanks on the MAR;
- Staff documented/explained any exceptions.

How We Review the MAR

Third, survey reviews PRN medications:

- When there is more than one PRN medication for the same condition, there must be clear parameters for the Med Aides.

PRN Parameters

Examples:

- PRN MOM, suppository and enema for "constipation."
- PRN Tylenol, Norco and Tramadol for "pain."

How will a Med Aide know which medication to administer and when?

PRN Parameters

- Tylenol 325 mg tablet; 2 tabs (650 mg) for mild pain (pain scale 1-4) or fever > 100 degrees.
- Norco; 1 tab for moderate to severe pain (pain scale 5-10) or if Tylenol not effective after 30 minutes.
- Tramadol; 1 tab for resident complaint of knee pain.

PRN Parameters

For PRN pain meds:

- Parameters can specify an order of administration – first, second, third, etc.
- Or parameters can specify the use of a pain-rating scale.
- Or parameters can specify for what condition or location the medication should be administered.

PRN Parameters

- MOM for 3 days no BM or resident complaint of constipation;
- If MOM not effective after 12 hours, administer Dulcolax suppository;
- If suppository not effective after 12 hours, administer enema.
- If enema not effective after 6 hours, contact PCP.

PRN Parameters

For PRN bowel care meds:

- Parameters should specify an order of administration;
- Parameters should also specify how long to wait until administering the next medication or treatment.

Evaluate the Parameters

Please evaluate the parameters you develop!

- If you use a pain-rating scale, make sure the resident understands the scale and can express his/her level of pain.
- Likewise, if a med is to be used for pain in a specific body area, make sure the resident can identify that area for the Med Aide.

A Resident Who Self-Directs

If you tell survey the resident self-directs PRN meds, make sure you have evaluated and documented the resident can self-direct.

- Survey will verify that the resident is able to report a level of pain or differentiate and choose between PRN medications by interviewing the resident and staff.

Document Accurately

Med Aides need to be trained to document per the parameters. This means:

- If you are using a pain-rating scale, the pain rating is documented.
- If the resident can self-direct, staff document something to the effect of "Resident requested…"

PRN Parameters

Besides PRN pain or bowel care medications, parameters might be needed for multiple:

- Medications/treatments used for "shortness of breath" such as inhalers or nebulizers; and
- Medications used to treat a resident's behavioral symptoms. These are known as *psychoactive medications*.

C330 – Psychoactive Medications

- Though C330 is a different tag and has some additional requirements, it also has similarities to C310.
- Let's look at what's similar….

C310 and C330 - Similarities

For PRN psychoactive medications, the MAR still has to include reasons for use.

- However, it is not enough to just note "Ativan for anxiety"
- The rule requires the reason for use be specific for that resident: 411-054-0055 (6)(c)(A) "The specific reasons for the use of the psychoactive medication for that resident."

C330 – Resident-Specific

A PRN psychoactive medication must include resident-specific indicators for use. Examples:

- "… for anxiety such as pacing the hallway, repeating the same question, or using the call light repeatedly."
- "… for agitation such as yelling at staff/peers, banging on exit door, knocking over furniture."

C330 – Non-Drug Interventions

411-054-0055 (6)(d)(A) These PRN medications may be used only after documented, non-pharmacological interventions have been tried with ineffective results.

- Non-drug interventions should be developed and documented on the MAR.
- The interventions should be individualized to the resident (resident-specific).

Document Accurately

Again, make sure staff document accurately when a PRN psychoactive medication is administered:

- The MAR should document why the medication was indicated; and
- The MAR should document what non-drug interventions were attempted.

How We Review the MAR

Finally, survey will review signatures on the MAR.

- A med aide can only sign the MAR for a medication or treatment s/he actually administered.
- Example: If caregivers are applying barrier cream with toileting, med aides cannot sign the MAR. The facility will have to develop a different way to document the order is being followed.

Other stuff:

An RN can write parameters.

- If the RN wants validation of his/her parameters, s/he could contact the physician/prescriber for review.

Other Stuff: Hospice Residents

It is common for hospice to write orders for multiple PRN pain and psychoactive medications.

- There should still be clear parameters written for each of these medications.
- For a hospice resident near end of life, survey does not expect non-drug interventions to be attempted prior to administration.

Evaluating Your Systems

As part of your facility's Quality Improvement Program, consider the following questions:

- Who transcribes orders to the MAR? Is that person trained to transcribe accurately? Does that person know what to do if an order is incomplete?

Evaluating Your Systems

- Does your facility have a process for periodically reviewing MARs for accuracy? Who does this? Is this person properly trained?
- Are your med aides trained to identify errors or information that is lacking from the MAR? Do they know who to notify?

Evaluating Your Systems

- Does your facility have a process for periodically reviewing the documentation on the MARs? Who does this? Is this person properly trained?

Summary

- Inaccurate MARs, including MARs lacking parameters or adequate documentation, are one of the rules most frequently cited by survey.
- Your facility can avoid being cited by reviewing the applicable rules, providing good training to staff and developing good systems for reviewing the MARs for accuracy.

Thanks for your attention and participation!

CBC Survey Team
April 2018

Compliance Trend Report
Top Ten Citations:1/1/2018-3/31/2018

1: C 270 change of condition (11)

2: C 370 Staff training (9)

3: C 303 treatment orders (8)

4: C 252 resident move in (5)

5: C 260 Service plan (5)

6: C 310 Med admin (5)

7: C 240 Food sanitation (5)

8: C 290 on/off site services (4)

9: C 280 RN health services (3)

10: C 282 RN delegation (3)

999: Technical assistance (6)

0010: LCU (7)

Hot Topics

- **Utilization of EMS**

- **House Bill 3359**

Notice of assertion of compliance

- **Safety Plans**

Becky Mapes

Utilization of EMS

- Please us EMS only for emergencies

- Providers to meet scheduled and unscheduled needs

411-054-0070 (1) Staffing requirement.

House Bill 3359

Notice of assertion of compliance

- Facilities with License condition
- State must receive **Written Notice**
- State must come back to re-inspect in 15 days

Safety Plans

- Becky Mapes

Medicaid contracts

If you have an questions or concerns with your Medicaid contract, please contact;

APD.ProviderEnrollment@dhsoha.state.or.us

Call 503.947.1141 – PROVIDER ENROLLMENT

Licensing does not handle Medicaid contracts, or payments, or terminations.

Thanks so much!

Next News hour:

July 26th 2018

9:00 am

Questions????

CBCTeam@state.or.us

CBC web site Address::
http://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/index.aspx