Introduction and Background
Medications are an integral part of the care provided to residents of nursing facilities. They are administered to try to achieve various outcomes, such as curing an illness, diagnosing a disease or condition, arresting or slowing a disease process, reducing or eliminating symptoms, or preventing a disease or symptom. Any medication or combination of medications—or the use of a medication without adequate indications, in excessive dose, for an excessive duration, or without adequate monitoring—may increase the risk of a broad range of adverse consequences such as medication interactions, depression, confusion, immobility, falls, and related hip fractures. While assuring that only those medications required to treat the resident's assessed condition are being used, reducing the need for and maximizing the effectiveness of medications are important considerations for all residents. F329 – Unnecessary Medications has steadily become a top citation for facilities during the survey process.

Legal/Risk Management Considerations
Potential negative outcomes of unnecessary drugs may include but are not limited to those that are directly a result of the medication effect, i.e. side effects, allergies, inadequate monitoring, or a more indirect result of decline in function. These might include: decline in the resident’s physical condition (ability to ambulate), contractures, increased incidence of pressure ulcers, delirium, agitation, and incontinence. In addition the use of unnecessary medications may increase the potential for falls and accidents.

Regulatory/Survey Considerations
F329 states that each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: in excessive dose (including duplicate drug therapy); or for excessive duration; or without adequate monitoring; or without adequate implications for use; or in the presence of adverse consequences that indicate the dose should be reduced or discontinued. The intent of this requirement is that each resident’s entire drug/medication regimen be managed and monitored to achieve the following goals:

- The medication regimen helps promote or maintain the resident’s highest practicable mental, physical, and psychosocial well-being, as identified by the resident and/or his/her representative(s) in collaboration with the attending physician and the facility interdisciplinary team.
- Each resident receives only those medications, in doses and for the duration clinically indicated to treat the resident's assessed condition(s);
- Non-pharmacological interventions (such as behavioral interventions) are considered and used when indicated, instead of, or in addition to, medication;
- Clinically significant adverse consequences are minimized; and
- The potential contribution of the medication regimen to an unanticipated decline or newly emerging or worsening symptom is recognized and evaluated, and the regimen is modified when appropriate.

Additional potential survey citations, if Unnecessary Medications tag is being investigated at your facility include but are not limited to:
- F154, F155, Notice of Rights & Services, Free Choice
- F272, Comprehensive Assessments
- F281, Resident Assessment
- F310, Decline in ADL
- F319, F320, Mental & Psychosocial Functioning
- F327, Hydration
- F157, Notification of Changes
- F279, F280, Comprehensive Care Plans
- F309, Quality of Care
- F315, Urinary Incontinence
- F325, Nutritional Parameters
- F385, Physician Supervision
Policy/Process Considerations

Facilities should assure that the following systems are in place:

- Evaluation and assessment of the selection of medication(s) based on assessing relative benefits and risks to the individual resident.
- Evaluation of the resident’s signs and symptoms, in order to identify the underlying cause(s) including adverse consequences of medication(s).
- Identification of which classes of medications need special monitoring such as lab work, vital signs, behavior tracking, etc.
- Identification and monitoring of those meds where gradual dose reductions (GDR) need to be attempted or documentation is present to show GDR is contraindicated.
- Identification and monitoring of residents for EPS (extrapyramidal symptoms) or tardive dyskinesia. Monitoring of the care plan to assure one is initiated and updated to reflect medication management goals.
- Monitoring of the care plans/nursing notes to assure that non-pharmacological interventions are included in documentation to minimize the need for medications, permit the use of the lowest possible dose or allow medications to be discontinued.
- Addressing the Medication Regimen Review (MRR) recommendations where there is no response from the physician.

Educational Considerations

- Staff education appropriate to the monitoring considerations for various classes or types of medications, including associated documentation.
- All Staff education regarding non-pharmacological approaches prior to medicating for a symptom, including a system for communication to direct care staff (i.e., sign/symptoms of bleeding for resident on coumadin).
- Proper assessment of each resident’s drug regimen by all disciplines to assure each medication is necessary, including Consultant Pharmacist and Physician.
- Proper care planning of medication management; upon admission and timing of necessary updates.
- Annual inservice on Unnecessary Medications and medication pass audits.
- Staff education on communicating with pharmacy provider any questionable medication order.
- Educational programming addressing documentation of all aspects of the systems and processes for managing and monitoring medication regimes.

Resources

- RAP for Psychotropic Drugs
- State Operations Manual Appendix PP, Interpretive Guidelines
- Suggested Laboratory Monitoring Parameters for Commonly Used Medications
- Suggested Non-Pharmacological Considerations for Common Conditions in LTC
- AIMS, DISCUS
- Current drug reference manuals
- OHCA White Paper: Use and Risks of Coumadin Therapy
- Consultant Pharmacist

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