

COMPLIANCE CUE

F759

*Free of Medication Error Rates of 5% or More

BACKGROUND

F759 of the CMS State Operations Manual Appendix PP provides guidance to Long Term Care Facility (LTCF) surveyors regarding **Medication Error Rates**.

This Compliance Cue exclusively covers citations regarding a LTCF's medication error rate. Next month's Compliance Cue on **F760** will provide details and guidance regarding **significant medication errors** (which can be cited even if the observed medication error rate is below 5%).

REQUIREMENTS

§483.45(f) Medication Errors.

Step 1 [The facility must ensure that its] medication error rates are not 5 percent or greater.

Per CMS, "the '**Medication Error Rate**' is determined by calculating the percentage of medication errors observed during a medication administration observation. The numerator in the ratio is the total number of errors that the survey team observes, both significant and nonsignificant. The denominator consists of the total number of observations or 'opportunities for errors' and includes all the doses the survey team observed being administered plus the doses ordered but not administered."

$$\text{Medication Error Rate} = \frac{(\# \text{ of Errors Observed})}{(\# \text{ of Opportunities for Errors})} \times 100$$

KEY INFORMATION TO MANAGE SURVEY RISK

PER PHARMERICA CONSULTANT PHARMACISTS, THE FOLLOWING INFORMATION IS KEY TO HELP YOUR LTCF STAFF MANAGE SURVEY RISK:

- '**Medication Errors**' are documented when surveyors observe the **preparation** or **administration** of medications or biologicals NOT in accordance with:
 - The prescriber's order
 - Manufacturer's specifications (**not recommendations**) regarding the preparation and administration of the medication or biological
 - Accepted professional standards and principles which apply to professionals providing services.

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- **'Medication Error' Types:**
 - **Omissions** – medication ordered but not administered at least once
 - **Unauthorized medication** – medications administered without a physician's order
 - **Wrong dose**
 - **Wrong route of administration**
 - **Wrong dosage form**
 - **Wrong medication**
 - **Wrong time**
 - **Failure to shake well or mix a suspension**
 - **Crushing medications inappropriately** (e.g., manufacturer instructions to "do not crush"). This would also include crushing medications without a physician's order to crush.
 - **Failure to give medications with adequate fluid** when manufacturer specifies this as an administration requirement
 - **Failure to administer medications with food/antacids** when manufacturer specifies this as an administration requirement
 - **Failure to abide by all 6 'rights of medication administration'** (right person, drug, dose, time, route, and documentation)
 - **Failure to follow prescriber directions such as parameters for use** (e.g., sliding scale insulin, blood pressure hold orders, etc.)
- **The Medication Administration Observation Critical Elements Pathway** (CMS-20056) lists numerous, specific examples of processes that surveyors will focus review on. Review this with all staff involved with preparing and administering medications.
- **Medication carts must be locked** if unattended in resident care areas.
- **Bulk laxatives, NSAIDs, and potassium supplements** are specifically referenced as medications with manufacturer specifications to administer with **adequate fluid**.
- **Insulin suspensions** should be mixed by gently rolling the products without creating air bubbles. Insulin suspensions can be identified by their cloudy appearance.
- **Insulin pens** should be primed before each use per product-specific directions and should be patient specific.
- **Phenytoin** must be separated from enteral nutritional formula to minimize interaction when administered via oral or NG tube.
 - Consider holding the enteral tube feedings 1-2 hours before and after the administration of phenytoin for best absorption.
- **Crushing** medications is a significant surveyor focus – Contact your PharMerica Consultant Pharmacist for access to the **Do Not Crush List**.

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- **Crushing oral medications to be administered by mouth: best practice is to separately crush each medication and give with food.** However, this may not be appropriate for all residents and is not counted as a medication error unless there are instructions not to crush the medication (i.e., manufacturer specification).
- **Crushing oral medications for enteral tube administration: best practice is to separately crush each medication and administer separately with flushes between medications** (medications should NOT be combined and given all at once via feeding tube). Crushing and combining medications via feeding tube may result in physical and chemical incompatibilities leading to an altered therapeutic response or cause feeding tube occlusions.
 - A facility may be cited if medications administered via feeding tube are not crushed and administered separately with flushes in between medications. However, if a patient is on dialysis or otherwise fluid restricted, the flushes and amount of liquid mixed with the medications can be adjusted. This would require a physician's order with a rationale (including documentation of consultation with a dietician regarding fluid amounts).
- **NG or gastrostomy tubes must be flushed** with the required amount of water before and after each medication (unless physician orders indicate a different flush schedule due to the resident's clinical condition).
- Surveyors are **NOT permitted to round** a lower rate (e.g., 4.6%) up to a 5% rate for citation.
- Surveyors may investigate additional noncompliance issues related to **F755 (Pharmacy Services)** if a medication error rate of $\geq 5\%$ is identified, as this may be indicative of systemic issues.
 - LTCFs should review the [PharMerica F755 Compliance Cue](#) for best practices and supporting resources to maintain compliance with that regulation.

KEY QUESTIONS FOR SURVEYORS

Does the facility ensure that it is free of medication error rates of five percent or greater? Yes No

Calculations for Team's Combined Medication Administration Observations

- Step 1 Combine all surveyor observations into one overall calculation for the facility. Record the Total Number of Errors. Record the number of Opportunities for Errors (doses given plus doses ordered but not given).
- Step 2 Medication Administration Error Rate (%) = Number of Errors divided by Opportunities for Errors (doses given plus doses ordered but not given) multiplied by 100.
- Step 3 After the overall error rate is determined, the team will determine whether a facility citation is appropriate during the team meetings. If the Medication Administration Error Rate is 5% or greater, **cite F759**.

$$\frac{\text{Total \# of Errors}}{\text{Opportunities for Errors}} \times 100: \text{Medication Error Rate} = \text{ ______ } \%$$

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STEPS TO FACILITY COMPLIANCE

- ✓ Review (1) this **Compliance Cue**, (2) the PharMerica article, [Reducing Medication Errors and Improving Patient Outcomes](#), and (3) the [CMS SOM section on F759](#) (pg. 592-603) with all relevant staff.
- ✓ Assess facility policies and procedures against the CMS regulations.
- ✓ Utilize this [Medication Administration Observation Tool](#) for internal med pass audits.
- ✓ Leverage your PharMerica pharmacists and nurse consultants to educate staff as needed.

HOW PHARMERICA CAN HELP

- ✓ Experienced and knowledgeable nurse consultants available to conduct med pass observations and provide feedback to reduce medication error risks.
- ✓ Experienced and knowledgeable consultant pharmacists available for oversight and review of facility medication error reporting process.
- ✓ Numerous drug information resources maintained, including the Do Not Crush list.

RESOURCES

Be familiar with the [Medication Administration Observation Critical Elements Pathway](#) [LTC Survey Pathways ⇨ CMS-20056] that surveyors are encouraged to use when investigating concerns related to medication errors.