



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-36-NH

DATE: June 7, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Advance Copy– Changes for Sub-Task 5E, Medication Pass Observation Protocol for Long Term Care (LTC) Facilities

Memorandum Summary

- **Revisions to Appendix P of the State Operations Manual (SOM):** Changes have been made to the Sub-Task 5E - Medication Pass Observation Task in the Traditional Survey.
 - The number of observations required to calculate the facility medication error rate is revised to a minimum of 25 medication administration opportunities. A minimum number is specified because it is acceptable to include more than 25 observations in a medication observation to capture multiple routes, times, and caregivers.
 - This revision eliminates the current requirement to extend the medication pass for another 20-25 opportunities if errors are detected in the first 20-25 observations.
 - Form CMS–20056 (2/2013), Medication Administration Observation will be used; this form replaces Form CMS-677, Medication Pass Worksheet.
 - This change matches the Quality Indicator Survey (QIS) Medication Administration Observation protocol, thus standardizing the medication error rate calculation for both the Traditional and QIS surveys.

A. Background

In an effort to more effectively utilize surveyor resources and maximize on-site survey time, the Centers for Medicare & Medicaid Services (CMS) has undertaken a review of the current LTC survey protocols with a primary goal of optimizing the survey process. We made this change in response to feedback received from a technical expert panel convened in August 2012 and subsequent consultations with State Survey Agencies, the CMS Regional Offices and other stakeholders.

B. Medication Pass Sample Size Change

The number of observations required to calculate a facility's medication error rate is changed to a minimum of 25 medication administration opportunities. A minimum number is specified because it is acceptable to include more than 25 observations in a medication observation to capture multiple routes, times, and caregivers. For the Traditional Survey this protocol revision eliminates the requirement to extend the medication pass for another 20-25 opportunities if errors are detected in the first 20-25 observations. Additional guidance specifies that the surveyor will

watch and document all of the resident's medications being administered at the time of the observation. Surveyors will not stop the observation in the middle of a resident's medication pass. If the surveyor reaches 25 medication observation opportunities when there are medications remaining for that resident, observe all medications being administered and add those opportunities to the total medication administration sample.

C. Rationale

Between 2009 and 2011, F332 citations for the standard QIS ranged between 7 and 9 percent, and between 9 and 10 percent for the standard Traditional Survey. These changes will provide CMS with consistent data collection procedures to monitor medication administration errors. In March, the QIS Medication Administration Observation sample size was changed to a minimum of 25 observations. This change will align the two Long Term Care Survey processes.

D. Forms

Form CMS–20056 (2/2013), Medication Administration Observation will be used to document the Medication Administration Observation, see Attachment B. This form replaces CMS Form-677, Medication Pass Worksheet. CMS-20056 is available for download from the QIES Technical Support Office/QIS/QIS Forms: https://www.qtso.com/download/qis/forms/CMS-20056_MedAdmin_03062013.pdf. The printed version will be available by order with the existing CMS LTC Survey forms ordering process.

E. State Operations Manual

Attachment A provides an advance copy of the interim Survey protocol guidance. CMS is in the process of updating the SOM to reflect these revisions, as well as further clarifications on the Medication Administration Observation procedure. The final version of this document, when published in the on-line SOM may differ slightly from this interim advanced copy.

F. Effective Date

Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

G. Comments

Comments or questions about this memorandum may be addressed to Sharon Lash at sharon.lash@cms.hhs.gov.

/s/

Thomas E. Hamilton

Attachments:

Attachment A: Advance copy of updated SOM Appendix P/Sub-Task 5E

Attachment B: Form CMS 20056 (2/2013) Medication Administration Observation

cc: Survey and Certification Regional Office Management