



Center for Medicaid and State Operations

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**Ref: S&C-03-24**

**DATE:** June 12, 2003

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Long Term Care Medication Pass Survey Requirement Clarification

**TO:** Survey and Certification Regional Office Management (G-5)  
State Survey Agency Directors

This letter is intended to clarify the process for conducting Task 5E, Medication Pass, of the Survey Procedures for Long Term Care Facilities. The Medication Pass task is described on pages P-59-60 of Appendix P of the State Operations Manual (SOM). Those instructions include, but are not limited to:

“Initially observe a minimum of 20-25 opportunities for errors (opportunities are both the drugs being administered and the doses ordered but not administered). Strive to observe as many individuals administering medications as possible. This provides a better overall picture of the accuracy of the facility’s entire drug distribution system. Ideally the medication observation could include residents representative of the care needs in the sample, or the actual sampled residents...Observe different routes of administration (i.e., eye drops, injections, NG administration, inhalation). If you found no errors after reconciliation of the pass with the medical records, this task is complete. If you found 1 or more errors, observe another 20-25 opportunities for errors.”

**Planning the Medication Pass**

In order to perform the medication pass task effectively and efficiently, the survey team must undertake careful planning prior to initiating the medication pass. Such planning is imperative since the team is somewhat restricted in performing the task. The following guidelines should be used when observing the first set of opportunities:

- observe a minimum of 20-25 opportunities;
- observe multiple individuals administering medications within the minimum of 20-25 opportunities;
- observe as many different routes of administration as possible within the minimum of 20-25 opportunities;
- observe opportunities involving residents with care needs that are representative of the sample or the actual sampled residents within the minimum of 20-25 opportunities.

In order to accomplish this goal, the surveyor may find it necessary to break up this task into several passes of a few to several opportunities. For example, to meet the goals, a survey team might observe ten opportunities during the 7:00 a.m. pass performed by individual A to observe oral medications, NG administration, and eye drops; six opportunities during the 8:00 a.m. pass by individual B to observe injections and inhalers; and eight opportunities during the 4:00 p.m. pass by individual C to observe oral medications and injections, etc. The survey team leader may find it helpful to assign a specific number of observations to each member of the team who is going to conduct the medication pass observation before the medication pass begins.

### **Multiple Passes**

The idea behind the medication pass task is to obtain a complete picture of the facility's medication administration system. This is the basis for the requirement to observe the different routes of administration taking place at the facility, and to observe different individuals administering medications. To maximize the survey team's evaluation of the facility's medication administration system, the team should also observe different medication passes (e.g., at 7:00 a.m., 12 noon, 5 p.m., etc.). It is not unreasonable for a survey team to observe a medication pass during another shift in order to maximize the observation of the facility's system. In fact, observations on another shift may be necessary in order to observe all different routes of administration. Please note that it may be necessary to adjust a surveyor's shift to accommodate different times for medication pass observations and to minimize the use of overtime.

### **Conducting the First Set of Opportunities**

Note that the SOM states: "Initially observe a minimum of 20-25 opportunities..." If the surveyor(s) has observed as many different routes of administration as possible and the number of opportunities for error totals between 20 and 25, the medication pass observation is complete if no errors were found after reconciliation with the medical record.

If medication administration to one resident is being observed and the number of administrations to that resident causes the number of assigned observations to be greater than 20-25, that is acceptable. It is also acceptable at this point to make additional observations if necessary to observe various routes of administration not yet observed. Include the total number of opportunities observed in the denominator for the medication error rate calculation.

### **Conducting a Second Set of Medication Observations**

If at least one error is detected in the first set of opportunities, a second set of opportunities for error is observed. The same guidelines apply to the second set unless there is reason to be concerned about how a specific type of medication was administered. There is no specified maximum number of opportunities for the medication pass observation procedure. This will allow the surveyor some flexibility when evaluating the medication administration system of a facility and to observe the administration of all the medications the resident is receiving during the medication pass. That is, if you are observing your last resident of the medication pass receive his/her medications, and the total number of observations ends up more than 50, that is acceptable.

**Reconciling with the Medical Record**

Appendix P, Task 5-E, page P-60 also instructs us to reconcile our medication pass observations with the “medical record.” The reconciliation must be made with the physician’s order. Reconciling with the Medication Administration Record (MAR) is not acceptable, since the MAR is a transcript of the physician’s order and may contain errors or outdated orders.

If you have any questions regarding the instructions in this memorandum, please contact Rosalind Abankwah of my staff at 410-786-2012.

**Training:** The information contained in this memorandum should be shared with all survey and certification staff, their managers and the state/regional office training coordinator.

**Effective Date:** This clarification is effective immediately.

/s/  
Steven A. Pelovitz