

MRR? DRR? IMRR? A Review of the Definitions

- ◆ MRR/DRR: From the State Operations Manual: Appendix PP: F756 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)
 - §483.45(c) Drug Regimen Review.
 - §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.
 - §483.45(c)(2) This review must include a review of the resident's medical chart.
 - §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.
 - §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.

“Medication Regimen Review (MRR)” or Drug Regimen Review is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. The MRR includes review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The MRR also involves collaborating with other members of the IDT, including the resident, their family, and/or resident representative. ****Must be done by a pharmacist****

- Facilities must develop policies and procedures to address the MRR. The policies and procedures must specifically address:
 - The appropriate time frames for the different steps in the MRR process; and
 - The steps a pharmacist must follow when he or she identifies an irregularity that requires immediate action to protect the resident and prevent the occurrence of an adverse drug event.
- MRR policies and procedures should also address, but not be limited to:
 - MRRs for residents who are anticipated to stay less than 30 days;
 - MRRs for residents who experience an acute change of condition and for whom an immediate MRR is requested after appropriate staff have notified the resident's physician, the medical director, and the director of nursing about the acute change.
 - The above are examples of an interim medication regimen review or IMRR. These must both be performed by a pharmacist.

◆ From CMS's RAI Version 3.0 Manual CH 3: MDS Items [N] October 2018 Page N-15 (New Section N of the MDS):

- N2001: Drug Regimen Review (DRR): Drug regimen review is intended to improve resident safety by identifying and addressing potential and actual clinically significant medication issues at the time of a resident's admission (start of SNF PPS stay) and throughout the resident's stay (through Part A PPS discharge).
 - **DEFINITION:** A drug regimen review includes medication reconciliation, a review of all medications a resident is currently using, and a review of the drug regimen to identify, and if possible, prevent potential clinically significant medication adverse consequences. The drug regimen review includes all medications, prescribed and over the counter (OTC), nutritional supplements, vitamins, and homeopathic and herbal products, administered by any route. It also includes total parenteral nutrition (TPN) and oxygen.
 - The facility must contact the physician or physician-designee by midnight of the next calendar day and complete prescribed/recommended actions in response to any identified potential clinically significant medication issue.
 - Each facility should determine their policy and procedures for completing the assessments.