

ABSOLUTE SCOOP

DID YOU KNOW?

There is an increased risk of medication errors at transitions of care; Absolute Pharmacy's Admission Medication Review program can help!

ADMISSION MEDICATION REVIEW (AMR)

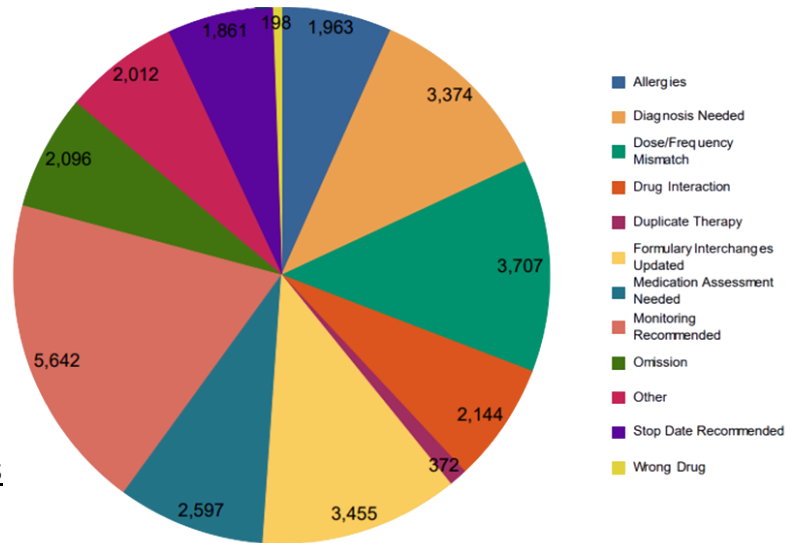
Written by Erica Melegari, AMR Program Administrator

Did you know that Absolute Pharmacy offers a comprehensive medication review service for all new admissions and readmissions?

The goal of our Admission Medication Review (AMR) program is to identify transcription errors, duplicate therapy, high doses, omitted medications, and other issues that could result in immediate harm to the resident, rehospitalization, or the receipt of a costly citation during a state survey. A thorough medication regimen review completed directly following an admission or readmission provides the unique opportunity to address a variety of discrepancies or recommendations before major errors occur.

Year in Review

- 9,616 AMR's were completed in 2025!
- 1,714 reviews were marked clinically significant. **(18%)**
- Total number of Issues/Recommendations cited: 29,421 – on average, 3 per review.

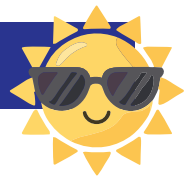


Top 3 AMR Error/Recommendation Categories

- Monitoring Recommended (5,642)
- Dose/Frequency Mismatch (3,707)
- Formulary Interchanges Updated (3,455)

Why are monitoring recommendations important?

Some medications put residents at an increased risk of adverse events that could require immediate attention. Recommendations for PRN orders of medications like Glucose gel and Naloxone will avoid potential delays in therapy when it matters most. Upon AMR review, Absolute identifies these at-risk residents and makes appropriate recommendations for additions. This sets the facility and the patient up for appropriate and timely treatment should an emergency situation occur. In addition, certain individual medications or medication combinations may warrant additional monitoring. An AMR review will evaluate for these clinical scenarios and alert the facility at time of admission which may be in well in advance of the standard monthly consultant pharmacist review. This keeps the facility compliant with “adequate monitoring” regulatory language from time of admission.



Why would a notice of formulary interchange be noted?

When applicable, some medications may formulary interchange to a drug in the same therapeutic class that can provide significant cost savings to the facility. In the event that a resident's MAR has not been updated to the newly dispensed medication, a recommendation would be added to the AMR form. A signed formulary may not be sufficient to prevent a citation during a state survey if the medication being administered does not match what is documented on the resident's MAR.

Examples of Clinically Significant Dose/Frequency Mismatches:

- Prednisone was ordered three times per week on the dc summary, but three times daily was entered into the eMAR.
- Spironolactone 12.5mg ordered every other day on discharge summary; entered daily into the eMAR.
- A total dose of Metformin 1500mg was ordered on the discharge summary, but 500mg was entered into the eMAR.
- Gabapentin 100 mg ordered on the dc summary, but 300mg was selected when entered into the eMAR.
- Donepezil 5mg was only ordered for 7 days on discharge summary, and would have been completed upon arrival to the facility, but an open ended order was added to the eMAR.
- Nucala ordered every 28 days on the dc summary, entered into the eMAR as once daily.
- Trelegy 200-62.5-25mcg inhaler ordered on discharge summary, but Trelegy 100-62.5-25mcg strength was selected upon entry into the eMAR.
- Xarelto was ordered once daily with dinner on the dc summary, but the medication was entered into the eMAR with directions to administer three times daily with meals.

For current pricing information and questions about enrollment, email: medreview@abshealth.com

About the Author



Outside of work, Erica enjoys spending time with her husband and two children. They can all be found spending time amongst nature at the beach or at the Savannah National Wildlife Refuge.

Erica has been with Absolute for almost 11 years. She started as a technician in our data entry department and was promoted to Pharmacist Assistant where she was able to support the pharmacy team with higher level tasks and projects. When the Admission Medication Review (AMR) program started in 2018, Erica quickly took over the administrative management of the program including process development, reporting, and expansion to what we offer to our facilities today. Erica understands the importance and impact of pharmacy interventions during transitions of care and loves to support our facilities with this integral program. We feel lucky to have Erica as part of the Absolute Pharmacy team!

Where do sharks go on vacation?

Fin-land.



Why do fish swim in salt water?

Because pepper makes them sneeze!