THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc., Health Care Consultation Specialists — Third Quarter 2012

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State Survey Results of LTC Facilities: Recorded Trends

Our review of the last quarter State Surveys identifies the following areas as having frequently cited deficiencies:

Storage of Medications and Biologicals

- Multi-dose vials not properly dated. Specifically, one should include date opened and date expired. Some nurses are also including manufacturer's expiration dates on vials. This is not necessary and can cause much confusion.
- Emergency kits being locked in med rooms. Reminder: emergency kits must be sealed but not locked and must be readily accessible in an emergency.
- Nebulizer solutions not dated. Prostat not dated when opened. This is specific to each medication; see individual packages.
- Insulin pens should be stored in refrigerator until opened. Once opened, date and store in-use pens in the medication cart.

Documentation Issues

- On controlled medications, declining inventory sheets should match medication administration records. Remember to sign in both places.
- Exelon patch must be rotated to 14 different sites of application. Remember to use the specific Exelon administration form.
- Borrowing of medications without a borrowing policy. Note: Controlled medications cannot be borrowed.
- Self-administration of medications without assessment and supporting documentation.

NJ Long-Term Care Leaders Coalition Annual Conference

October 4, 2012
(Thursday)
8:30 - 4:15

Crowne Plaza
390 Forsgate Drive
Monroe, NJ

$100 if registered by August 1
($125 after August 2)

(P) 732-574-9434, ext 105
(F) 732-499-6778
Register online at:
www.OPTCommunications.com/NJLTCLC

Physicians, medical directors, nurses, administrators, pharmacists, social workers and, dietitians earn **five credits** (pending).

The NJLTCLC is comprised of:
NJ Geriatrics Society
NJ Medical Directors
NJ Directors of Nursing Administration/LTC
NJ American College of Healthcare Administrators

CMS Launches New Initiative

On March 29, CMS launched a new initiative aimed at improving behavioral health and safeguarding nursing home residents from unnecessary antipsychotic drug use. As part of the initiative, CMS is developing a national action plan that will use a multidimensional approach including public reporting, raising public awareness, regulatory oversight, technical assistance/training and research. The action plan will be targeted at enhancing person-centered care for nursing home residents, particularly those with dementia-related behaviors.

CMS has identified reducing the off-label use of antipsychotics in nursing facilities as a top priority for 2012. These antipsychotics contain a black box warning for this class of medication which states that the elderly with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. This would be adverse outcomes due to heart attack, stroke, increased hospital stays, falls, or blood clots. Residents with schizophrenia or bipolar diagnosis are exempt. Also, residents in the facility less than 100 days are not figured into the percentage. This new initiative centers around long-term care residents.

Handouts available at: http://surveyortraining.cms.hhs.gov

US Aims to Cut Use of Drugs on Dementia Patients

The US Center for Medicare & Medicaid Services announced a multiyear initiative to slash the inappropriate use of antipsychotic drugs on nursing home residents, saying that nearly 40 percent of residents with dementia were receiving the powerful sedatives though they did not have a condition that would warrant it. The Services said it was aiming to reduce the use of antipsychotic drugs in nursing home residents by 15 percent by the end of this year, through training of nursing home staff and of state inspectors on alternatives to using antipsychotics to quell aggressive and agitated behavior among people with dementia.

from: Boston Globe; Lazar; 5/31

Statins and Label Changes

The FDA has approved important safety label changes for statins. The changes include removal of routine monitoring of liver enzymes from drug labels. Information about the potential for generally non-serious and reversible cognitive side effects and reports of increased blood sugar and glycosylated hemoglobin (HbA1c) levels has been added to the statin labels.

Narcotics in Oral Backup/Pyxis: DEA FORM 222

Instruction checklist:

1. Write in supplier name, address.
2. Date the form.
3. Indicate number of packages desired.
4. Size of package refers to the available size of the medication.
5. Name of item and desired strength of medication. (Name of Item must be filled out completely by writing the drug name, strength, and dosage form.)
6. The last line completed must ALWAYS be filled in.
7. Make sure the Registered Practitioner signs the DEA 222 Form.

When the medication is received from the pharmacy:

A) Record "packages shipped" and "date shipped" on the right-hand side of the form for each line item.
B) Forms should be filed in numerical order.
C) Facility must do biennial inventory of these medications.

Blank DEA Form-222
US Official Order Form – Schedules 1 & 11

See Reverse of PURCHASER'S Copy of Instructions	No order form may be issued for Schedule I and II substances unless a complete application form has been received, (21 CFR 1305.04).	OMB APPROVAL No. 1117-0010

TO: (Name of Supplier) PHARMACY PROVIDER — STREET ADDRESS 123 MAIN ST
CITY AND STATE ANYTOWN, NJ — DATE 1/2/201 — TO BE FILLED IN BY SUPPLIER — SUPPLIERS DEA REGISTRATION

TO BE FILLED IN BY PURCHASER

LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1	10	1	Oxycodone / APAP 5 / 325mg tab			
2	20	1	Hydromorphone 2mg tab			
3	2	30ml	Morphine Sulfate 20mg / ml soln.			
4	8	1	Oxycodone ER 10mg tab			
5	2	1	Fentanyl 50mcg patch			
6						
7						
8						
9						
10						

5 ◀ LAST LINE COMPLETED (*MUST BE 10 OR LESS*) — SIGNATURE OR PURCHASER OR ATTORNEY OR AGENT: Mary Smith

Date Issued	DEA Registration No.	Name and Address of Registrant
XX/ XX/ XXX	XXXXXXXX	JOHN DOE, MD HAPPY HOME NURSING FACILITY 555 MAIN STREE TOWN, NJ 00000
Schedules: XXX		
Registered as a: XXXXX	No. of this Order: 019888888	

PREPRINTED BY DEA

DEA Form-222 (Oct. 1992)
U.S. OFFICIAL ORDER FORMS – SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION
SUPPLIER'S Copy 1

EPIC Corner

EPIC Phone: 732-943-3573 **EPIC Fax: 732-574-3469**

- EPIC's new computer system, introduced in March, identifies duplicate transmissions from facilities. We've already reduced duplications by over 90 percent!
- EPIC must return transmissions that do not contain **the physician order sheet (POS).** An EPIC review cannot be performed without it. A medication administration record (MAR) IS NOT a physician order sheet.
- Each transmission returned to a facility is accompanied with a cover sheet clearly indicating the information needed. If you receive such a transmission, obtain what is being requested, add it to the transmission and relay back to the EPIC office.

Biennial Controlled Substance Inventory: An Inservice

The Code of Federal Regulations, Section 1304.11 outlines inventory requirements for controlled substances.

General Requirements

Each inventory shall contain a complete and accurate record of all controlled substances on hand on the date the inventory is taken. It shall be maintained in written, typewritten or printed form at the registration location. The inventory may be taken either at the opening of business or at the close of business on the inventory date and this shall be indicated on the inventory form.

Biennial Inventory Date

After the initial inventory is taken, a new inventory of all controlled substances on hand will be completed every two years. This inventory may be taken on any date which is within two years of the previous inventory.

Inventory Requirements

The inventory for each controlled substance shall include:

1. The name of the drug
2. The strength and dosage form (e.g. 10mg tablet)
3. The quantity on hand

Pharma-Care, Inc.
Health Care Consultation Specialists

BIENNIAL CONTROLLED SUBSTANCES INVENTORY FORM

Date/Time Inventory Performed: _____
Inventory Completed By: _____

Controlled Substance Name	Strength and Dosage Form	Quantity on Hand

I certify that this is a true and correct inventory of the controlled substances.

Nurse signature: _____ Date: _____

Nurse signature: _____ Date: _____

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Welcome to Our New Clients

Senior Care of Washington Twp
Senior Care of Trenton
Senior Care of Marlton