THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc., Health Care Consultation Specialists

Second Quarter 2016

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Controlled Substance Accountability

Accountability of controlled dangerous substances (CDS) is a very serious matter. Recent surveys have shown an alarming number of citations related to controlled substances. Therefore we are reprinting our related inservice:



Borrowing of CDS' is illegal and is viewed as a diversion

Properly maintained records are essential to ensure complete and accurate accountability of all doses administered. To ensure standardization and proper documentation of the use of CDS, you must follow the guidelines listed here. Failure to do so will be cause for follow-up by nursing supervision.

NEVER

- Use liquid paper or white-out on a CDS record or any other document in the patient's permanent chart.
- Use "ditto" marks on the Declining Inventory Record.
- Use arrows or other extraneous marks on the Declining Inventory Record.
- Pre-sign the Shift Count Record.
- Split tablets if a dosage has been changed. The provider pharmacy must be notified of the change in dose and dispense the drug in the ready-toadminister dose.

ALWAYS

- ✓ Sign and date all declining inventory records when medication is received. Record the amount received.
- Complete each line on the Declining Inventory Record with all required information for each dose administered immediately after dose is poured or removed from the bingo card.
- Double check the count on the controlled drugs whenever you are administering the drug. If there is a discrepancy, you can investigate it immediately.
- Have another nurse witness and co-sign the wasting of any dose of a controlled drug.
 This includes removal of Duragesic and Butrans patches.
- Count together with another nurse at the change of shift and sign the Shift Count accordingly. Reconcile resident name, drug name, strength, and quantity.
- Consider counting the total number of controlled substances between each shift to ensure all are accounted for. (Bingo cards, liquids, patches)
- Use accurately measurable quantities for each dose (such as 1 tablet, 5mL, 7.5mL, etc.) Call physician to clarify order if questionable.
- Report any discrepancy of a CDS to the charge nurse and supervisor immediately.
- Record the administration of the drug on the Medication Administration Record (MAR) after the resident takes the medication. The date on the Declining Inventory Sheet must correspond to the date on the MAR.





Following Up Needed On Your PCI Monthly Report

Facilities are being cited under **F428** for lack of response or follow-up on the Consultant Pharmacists' Monthly Report. Some important points to consider.

Nursing Suggestions and Information

This section contains pertinent information specific to the nursing unit and residents. These comments are appropriate for the nursing staff.

This section lists the patient's name, the comment or concern, and a response line for the action taken.

The nursing unit manager or designee should review this section, correct the problem, and note the correction on the response line if applicable.

At times, the problem may have been corrected at the time the consultant pharmacist visited the unit. The documentation of the problem will appear in this section of the report.

Upon completion of the review, the report will be returned to the DON, administrator, or designee to file for the facility.

Therapeutic Suggestions:

Comments and recommendations to physicians will appear in this section.

The first page of this section contains a summary of all comments made to the physician. This is for your review. If the situation deems immediate attention, the physician should be phoned for prompt action.

Many comments can wait until the physician's regular monthly visit for review. All comments directed to the physician will appear on individual pages that should be placed directly in the resident's medical record. The location of this page should be consistent with the facility's policy for other consults the physician reviews on a monthly basis. At the next physician visit, the physician will review the Pharmacy Consult.

If in agreement with the suggestion, the physician will sign the "Accepted" portion of the Pharmacy Therapeutic Suggestions sheet. If orders are indicated, the physician will write orders on the Physician's Order Sheet.

In the event that the physician is NOT in agreement with the suggestion, the physician will sign the "Not Accepted" portion of the Therapeutic Suggestion sheet and indicate the reason for rejection in the space provided.

At the next routine review of the Resident's Chart, the consultant pharmacist will note the acceptance or rejection of the previous month's suggestion. Any problem with follow-up will be reported in the next Pharma-Care, Inc. Monthly Report.



Remember to Remove **Tamper-Proof Seals**

(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

ELECTRONIC PHARMACIST INFORMATION CONSULTANT

EPIC Phone: 732-943-3573

EPIC Corner

EPIC Fax: 732-574-3469 or 3926

Every month, a letter is sent from EPIC to all facilities indicating which residents were reviewed and whether it was a "regular" EPIC review or a request for a "Change of Status" review. This letter is most helpful in aiding the EPIC coordinator in your facility to reconcile your EPIC reviews.

If your facility has not received a response from us within 48 hours of submitting a review request, please contact EPIC without delay at (732) 943-3573. Indicate the resident's name and when the review was submitted. EPIC can advise you of the status of the review and if your transmission has been received.

To maintain accuracy, please remember to clearly print the resident's name on the cover sheet and include the room number, wing, and any allergy information on the cover sheet.

Cover sheets may be downloaded at the Pharma-Care, Inc. website, Pharmacareinc.com. (Click on EPIC menu on left). Or call us and have cover sheets sent to you.

The Department of Health looks for the EPIC reviews when they visit your building. Please make sure the EPIC reviews are readily available!

We welcome Tony Acocella, RPh, CCP and Doug Wessel, PharmD, RPh, CCP to the EPIC staff. They bring their vast experience in pharmacy and consulting to the team.

Allaire Rehabilitation & Nursing Atlantic Medical Imaging Circle of Life Crystal Lake Healthcare Parker at McCarrick Preferred Care at Wall Rahway Dialysis Center Whiting Health Care Center Willow Creek-Genesis ElderCare

When opening a bottle with a tamper-proof seal, be sure to remove the entire_seal! If you open a bottle of nasal spray, for example, but leave the seal in place, it can give the appearance that the bottle has never been used. To avoid any confusion, once opened, the entire seal should be removed and discarded.



