THE QUARTERLY CONNECTION

Quarterly from Pharma-Care, Inc. / Creative Care Consulting / The Rasa Group Third Quarter 2024

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SURVEY READINESS

Medication pass during the Annual Department of Health survey always causes increased anxiety for the nursing staff. Following the 5 rights of med pass on a routine basis will provide confidence and allow for an error free observation. For the Second of these five rights, "the right medication", House stock may present an area for potential errors. House stock refers to common over-the-counter (OTC) medications that are stored at the facility, rather than medications ordered from the pharmacy provider. A number of OTC medications are available in different forms and strengths. Some items that contain multiple agents may have different formulas, but may be identified as the same thing (ex: ocular vitamins, probiotics). OTC items from different manufacturers may have different directions (ex: Lidocaine patches). It is important to check OTC labeling carefully and if it does not match the EMAR, the order needs to be reviewed with the MD and changed.

If the facility uses electronic MARs, the only option is for the nurse to correctly select the product that is going to be administered, and to be aware that some of these items come in many forms. The responsibility for writing/entering correct and appropriate house stock orders belongs to the nurse. They cannot select the first item that "looks" close. As an example, in Point Click Care (PCC) the first choice that comes up when looking for B12 tablets is "ER". Most facilities do not carry extended-release tablets but it is often found on the EMAR. The order on the Physician's Order Sheet (POS) and Medication Administration Record (MAR) MUST EXACTLY MATCH what is being administered. Therefore, the responsibility does not end with the person entering the order. Every nurse administering a stock item must check the label carefully every time it is used, and review with the prescriber for changes if necessary.

Some common OTC medications with the potential for errors

- Aspirin 81mg -available as chewable tablets, enteric coated tablets and capsules
- Artificial tears- multiple formulas that are not interchangeable
- Probiotics-Multiple formulas. Available as tablets and capsules. Some manufacturers recommend storing in refrigerator once opened.
- Lidocaine patches 4%- Although this has been used as a formulary interchange for the 5% Prescription patch, the directions are not the same. Direction and maximum number of patches/day differ among OTC brands.
- Miralax-available in two strengths
- MOM-available as regular and concentrated
- Ocular vitamins- available as tablets, capsules, with Lutein or without, directions may differ among brands
- Multivitamin liquid- check dosing; it may be 5mls, or 15mls.

Another area that continues to be of focus during med pass observation is infection control. Policies regarding dating, changing and/or cleaning of all tubing, Nebulizer treatment masks, and any other reusable medical equipment, have been requested. Check your facility policies and have Infection preventionist in-service the staff on these policies and procedures.

Initiative Idea: Consider an IV to Oral switch

The switch from intravenous (IV) to oral antibiotic therapy is an important part of antimicrobial stewardship (AMS), and is included in many best practice guidelines. Switching from IV to oral therapy once a patient has shown significant clinical response to treatment can improve the quality of patient care, minimize adverse events associated with IV therapy such as thrombophlebitis and line infections, and reduce nursing time and health care costs. Despite the effectiveness of this intervention, the perception that IV therapy throughout is more effective than oral therapy when suitable oral agents are available is unfounded, and remains a barrier to timely conversion to oral therapy. Certain antibiotics with good oral bioavailability have been shown to be as effective as IV therapy. For antibiotics available in both oral and intravenous forms, and with good oral bioavailability, a switch to oral treatment as soon as it is clinically safe to do so is relatively simple. For IV antibiotics where there is no obvious oral equivalent, alternative oral agents with known efficacy can be used. (see table below)Oral therapy is preferred for a number of reasons. Switching from IV to oral therapy is not appropriate for all patients and any initiative considered in this area must be support by the prescribers and a policy with clear criteria.

	IV to PO Conversion	
Drugs	**IV Dose**	**PO Dose**
Ciprofloxacin	200 mg every 12 hours	500 mg every 12 hours
Doxycycline	100-200 mg every 12 hours	100-200 mg every 12 hours
Levofloxacin	500 mg every 24 hours	500 mg every 24 hours
Ampicillin	1 gm every 6 hours	250-500 mg every 6 hours
Cefuroxime	500-750 mg every 8 hours	500 mg every 12 hours

STATE SURVEY TRENDS

F577 - Failure to post survey results

F600 - Resident have the right to be free from Neglect and abuse:
- Fingernails too long
- Double diapers being used

F636 - Comprehensive Assessments and Timing

F641 - Accuracy of Assessments

F655 - Baseline care plans not completed within 48 hours

F656 - Care plans not up to date or reflective of changes in status

F658 - Service did not meet professional standards of practice
- Resident receiving oxygen without an order.
- Monitoring orders for a dialysis resident not entered upon return
- Glipizide administered late during med pass
- Xarelto administered late (more than 1 hour after plotted time)
- Failure to follow physician orders

F676 - Activities of daily
- Resident did not receive showers as scheduled

F730 - Yearly CNA reviews not completed by the DON

F836 - CMS not notified that there was a change in ownership (proper forms not submitted)

F880 - Infection Prevention and Control
- CNA in isolation room without proper PE
- Hand washing error; The nurse started counting 20 seconds as soon as faucet was turned on.
- CNA failed to observe new Enhanced Barrier Precautions
- Nebulizer mask place in plastic bag after use, without being cleaned
- PPD/TB test note completed in a timely manner

S560 - Staffing ratios not meet

F940 - **Title 42 § 483.95 Training requirements** CMS Emergency Preparedness dated 2019. Conduct initial training in on policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, policies and procedures, communication plan reduced to at least every 2 years (annually for LTC).

SHRINGRX VACCINE ADMINISTRATION

With the increased availability of the Shingrix vaccine to residents in LTC, an increased number of administration errors have been discovered. These observations have been made after the fact during routine unit inspections by Pharma-Care consultants.

We have identified a number of instances where only the Adjuvant suspension component has been administered. This, of course, will lead to the ineffectiveness of the vaccine, leaving the resident vulnerable to developing shingles. When investigating, most of the nurses asked, thought that the second bottle was for the second dose.

If Shingrix is to be administered at your facility please consider in-servicing your staff on the proper technique:

1. Reconstitution: The vaccine comes as a lyophilized (freeze-dried) antigen component and an adjuvant suspension component. These must be mixed before administration. Reconstitute the antigen by adding the entire content of the adjuvant vial to the antigen vial. Gently swirl to mix, but do not shake.
2. Injection Site: Administer the vaccine intramuscularly (usually in the upper arm). Clean the injection site with an alcohol swab.
3. Dose Schedule: Shingrix is a two-dose vaccine. The second dose should be given 2 to 6 months after the first dose.
4. Storage: Store the reconstituted vaccine in the refrigerator and use it within 6 hours. Do not freeze.
5. Monitoring: Observe the patient for any immediate adverse reactions.

Please see the separate NEW
Nursing Notables
Administration Guide for SHINGRIX
In-service Available from your
Consultant Pharmacist

BACK-UP CONTROLLED SUBSTANCE CHECKLIST

The Department of Health Survey teams routinely ask to review the DEA-222 forms and other documents related to CDS inventory. Although our consultant pharmacist is happy to review this form with the DON periodically, the DON must have these documents completed and in-order at all times. The check off sheet below should be used routinely to avoid any irregularities and deficiencies during Department of Health inspections.

Use this as a quick inspection on your Controlled Substance

- ☐ Medical director CDS license (state) up-to-date (expires every year October 31st)
- ☐ Medical director DEA license (federal) up-to-date (expires after 3 years)
- ☐ Licenses should contain facility address
- ☐ DEA Form 222: The "last line completed" is filled out (part 1)
- ☐ DEA Form 222: When medications arrive from pharmacy, the date received and number of packages received is filled out (part 5)
- ☐ DEA Form 222: The package-size received by the purchaser (in part 5) must match the package-size ordered (in part 1)
- ☐ Process in place to keep track of unused DEA 222 forms (examples: sets of 3 in clear sheet protectors, spreadsheet, etc)
- ☐ Completed Form 222 should be filed in sequential order by order form number, separate from other controlled drug records
- ☐ Do not have any pre-signed 222 forms by medical director (use immediately or void & file in order)
- ☐ DEA 222 forms with facility address must be stored at that location
- ☐ Biennial inventory of controlled substances in back-up every 2 years
- ☐ Controlled substance back-up accountability check performed by 2 licensed nurses & documented at least once daily
- ☐ Inventory is checked periodically for expired medications
- ☐ DEA Form 222 are required to be kept available for inspection for a period of 2 years
- ☐ A Destruction Request Form must be completed prior to destroying controlled substances from back-up
- ☐ D.D.C. Form 51 (state) – obtain authorization number prior to destruction
- ☐ DEA Form 41 (federal) – authorization not required
- ☐ Medications awaiting authorization for destruction are stored in a secured, double-locked, designated area

E.P.I.C. Corner

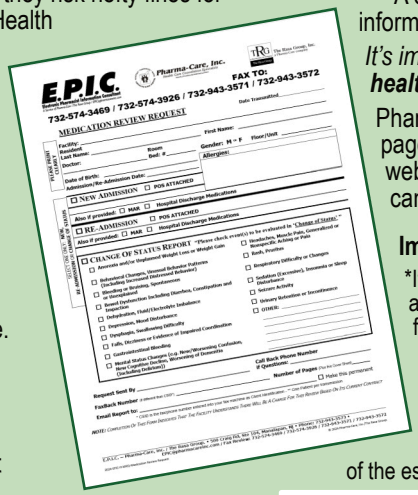
Electronic Pharmacist Information Consultant
(Medication reviews within 48 business hours)

Phone: 732-943-3573 - Email: epic@pharmacareinc.com

Why Cover Pages are Important in Healthcare

A fax cover sheet is an important document that helps send out faxes quickly and easily. It also includes information about a facility or organization. Organizations that process ePHI (Electronic Personal Health Information) are required by law to protect patient data.

If a organization is not using a proper solution they risk hefty fines for violating HIPAA and exposing PHI (Personal Health Information) for patient data that could be left on a traditional legacy fax machine for anyone walking by to view. A fax cover page would protect that data from a casual observer, which is why they are so important.


E.P.I.C.
Pharma-Care, Inc.
FAX TO:
732-574-3469 / 732-574-3926 / 732-943-3571 / 732-943-3572
MEDICATION REVIEW REQUEST

The Cover Sheet should include: (Using our provide cover form has many of these).

- Company Identifier (Name or Logo).
- Sender's Name.
- Sender's call back phone number if issue.
- Sender's fax number from the sending device. *
- Sender's email and possibly the website URL.
- A disclaimer to provide instructions about what to do if a fax is sent in error to an incorrect recipient. (not intended as legal advice)

A fax cover page should also include information about the recipient:

- Recipient name.
- Recipient's company (if relevant).
- Recipient's fax number.
- Recipient's phone number.

A fax cover page should also include information about the fax being sent:

- Subject [Resident Last and First Name] <- PRINT
- Number of pages, including cover sheet
- A comment section that could provide relevant information about the fax.

*It's important to remember **not to include protected health information** on the fax cover page.*

Pharma-Care, offers special blank, customized cover pages for E.P.I.C. Services, available from the company's website or your Consultant Pharmacist. Pharma-Care can also provide a Fill-able PDF file.

Important Fax Terminology Explained

*It's easy to get lost in some of the three and four-letter acronyms that surround the world of business fax, healthcare fax, and telephony. Terms like: Caller ID, CNAM (Calling Name Presentation), and CSID (Called Subscriber Identification for Device) are sometimes used interchangeably, even though there are some very important distinctions. Others, such as DNIS and DID, are also important to understand. Here's a brief guide to some of the essential terms that come up when we are talking about fax.

NOTICE

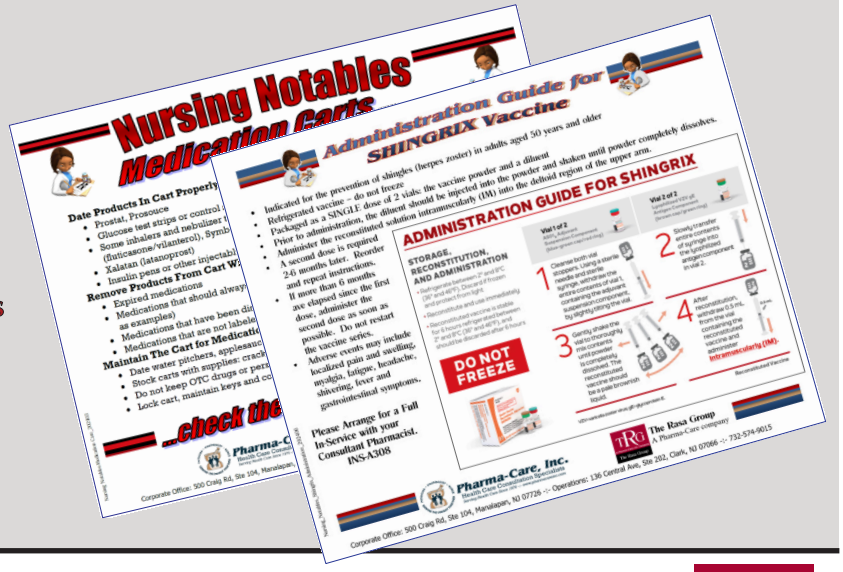
The Telephone Consumer Protection Act (47 U.S.C. §227) of 1991 rev 2003, makes it unlawful for any person to use a computer or electronic device to send any message via a telephone fax machine unless such messages clearly contain, in a margin at the top or bottom of each transmitted page, or on the first page of the transmission, the date and time it is sent and an identification of the business or other entity or other individual sending the message and the telephone/fax number of the sending machine or such business, other entity or individual.

https://www.fcc.gov/sites/default/files/tcpa-rules.pdf

EPIC/IMRR has 4 fax numbers:
732-574-3469 - 732-574-3926 - 732-943-3571 - 732-943-3572

Nursing Notables - Gets a Makeover!

The new format for Nursing Notables still contains the same important information that everyone has been accustom too. The new format includes all the colors of the different Pharma-Care companies and will be standardized on the typeface used on future postings.



Pharma-Care, Inc.
Health Care Consultation Specialists
Serving Health Care Since 1976 -:- www.pharmacareinc.com

Creative Care Consulting, LLC

TRG A Pharma-Care, Inc. Company The Rasa Group

Administration Guide for SHINGRIX Vaccine

- Indicated for the prevention of shingles (herpes zoster) in adults aged 50 years and older
- Refrigerated vaccine – do not freeze
- Packaged as a SINGLE dose of 2 vials: the vaccine powder and a diluent
- Prior to administration, the diluent should be injected into the powder and shaken until powder completely dissolves.
- Administer the reconstituted solution intramuscularly (IM) into the deltoid region of the upper arm.
- A second dose is required 2-6 months later. Reorder and repeat instructions.
- If more than 6 months ave elapsed since the first dose, administer the second dose as soon as possible. Do not restart the vaccine series.
- Adverse events may include localized pain and swelling, myalgia, fatigue, headache, shivering, fever and gastrointestinal symptoms.

Please Arrange for a Full In-Service with your Consultant Pharmacist.
INS-A308

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