

THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc. / Creative Care Consulting

Third Quarter 2021

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Do You Know Your Resident's Anticholinergic Load?

The American Geriatric Society (AGS) recommends against anticholinergic drugs in the elderly due to multiple side effects. Yet many of the medications prescribed in LTC have anticholinergic properties. Dry mouth, constipation, dry eyes, itching, urinary retention, sedation, and hallucinations are just some of the negative effects associated with these medications. The anticholinergic properties of Diphenhydramine and Oxybutynin are well known. But are we all aware of the many other medications that have these same properties? When prescribed together the total load may have a significant negative impact on the quality of life of our residents. (See table)

Before adding medications such as artificial tears, laxatives, and more psychoactive agents to treat the side effects associated with these medications, consider a closer review to identify those agents that might be adding to the anticholinergic burden of the resident.

A new alternative for Overactive Bladder (OAB)

Gemtesa (Vibegron)l, by Urovant Sciences, is a newly approved medication for the treatment of OAB. It is a selective Beta 3 agonist with no anticholinergic

properties. Additionally, due to its Beta 3 selectivity, it does not carry the same cardiac /blood pressure concerns as Myrbetriq.

Effectiveness, including significant reduction in both frequency and urgency, should be evident by the second (2nd) week and full effect should be seen by the 12th week of treatment.

Gemtesa is a once-a-day medication for OAB that requires no titration. It may be crushed and administered with applesauce. Gemtesa has a low side effect profile and minimal drug interaction potential. Digoxin levels should be monitored and adjusted if necessary.

Biennial Narcotic Counts

Biennial counts should be thought of as a checkpoint. This inventory is a complete accounting of all controlled substances, in the facility, under the ownership of the DEA registrant at the date and time the count is completed. The biennial narcotic inventory is required by DEA Title 21 §1304.11(c) and more information on the regulation can be found on the DEA website.



Although the biennial count must be completed by the 2nd anniversary of the initial controlled substance inventory and every 2 years thereafter, healthcare facilities may perform the count sooner, or at shorter intervals, if they like. Request an In-Service from your Consultant Pharmacist.

Management Positions Announced



Pharma-Care is pleased to congratulate Douglas Wessel (left) and Kimberly Reustle (right) on their appointments as Assistant Director's of Operations. Doug joined Pharma-Care in 2007, and serves also as the chairperson to our special Code Committee. Kim joined us in 2017, is on the Code Committee and part of our EPIC Services staff. They both bring in-depth knowledge of the healthcare industry and the needs of our clients.

Awesome Achievement-Jessica Park, LPN

Special recognition is due to Jessica Park who is assisting our consultant pharmacists as Pharma-Care's new Nurse Consultant. She joined PCI in 2010 as a part-time Documentation Specialist and was eventually promoted to full-time Administrative Assistant working with our Dialysis and Ambulatory Care department. While working at PCI (and at a second job), Jessica attended nursing school and recently earned her degree. Her knowledge and training make her a valuable asset to PCI. Kudos Jessica!



OVERACTIVE BLADDER ANTICHOLINERGIC (ACh) BURDEN SCORE CONSIDERATIONS

Many commonly prescribed overactive bladder ACh medications (see in bold below) have been given the highest anticholinergic cognitive burden (ACB) scale score of 3.^{1 2}

DRUGS WITH ACB SCORE OF 3^{1 2}

Amitriptyline	Darifenacin	Imipramine	Propranolol
Amoxapine	Desipramine	Meclizine	Quetiapine
Atropine	Dicyclomine	Methocarbamol	Scopolamine
Benzotropine	Dimenhydrinate	Nortriptyline	Solifenacin
Brompheniramine	Diphenhydramine	Olanzapine	Thioridazine
Carbinoxamine	Doxepin	Orphenadrine	Tolterodine
Chlorpheniramine	Doxylamine	Oxybutynin	Trifluoperazine
Chlorpromazine	Fesoterodine	Paroxetine	Trihexyphenidyl
Clemastine	Flavoxate	Perphenazine	Trimipramine
Clomipramine	Hydroxyzine	Promethazine	Tropium
Clozapine	Hyoscyamine		

Overactive bladder ACh treatment with ACB score of 3 significantly associated with increased risk of dementia³

References: 1. Data on file. Urovant Sciences GmbH.

2. Kobriger A. Drug Use in Long-Term Care (Effects on Nutrition & Health Status). OnCourse Learning; 2011:i-170.

3. Richardson K, Fox C, Maidment I, et al. Anticholinergic drugs and risk of dementia: case-control study. BMJ. 2018;361:k1315. doi: 10.1136/bmj.k1315.



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Creative Care Consulting, LLC

EPIC Corner

ELECTRONIC PHARMACIST INFORMATION CONSULTANT
(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

EPIC Phone: 732-943-3573

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732-943-3571 or 732-943-3572**

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FACILITY RESPONSIBILITY RECEIPT OF EPIC

Upon receipt of the EPIC review, the facility is responsible for initiating nursing recommendations in a timely manner except for “Clinically Significant” recommendations that need to be addressed within 24 hours.

Upon receipt of the EPIC review, the facility is responsible for contacting the attending physician for review of EPIC concerns directed to the physician in a timely manner except for “Clinically Significant” recommendations that need to be addressed within 24 hours.

Upon completion of both tasks, the facility is responsible for placing the EPIC review in a readily retrievable location. The completed EPIC review is ideally placed in the resident’s chart or if the facility is chart-less, scanned into their EMAR system.

The facility should designate an EPIC coordinator to keep track of reviews and notify the EPIC department with any issues. Please note reviews can take up to 48 business hours.

EPIC Services has four fax numbers listed above, if one of those numbers is busy, please go to the next. We have multiple facilities faxing in throughout the day.

Please reach out to the EPIC Department with any concerns or questions about services at (732) 943-3573.

State Survey Trends

1. Incorrect count on spot check of CDS- Surveyors are doing narcotic counts during med pass and on every cart. They are finding inconsistencies when the nurse has administered a CDS and has not yet signed the declining sheet.
2. Expired medications in the Pyxis and Cubex machines, including Narcotics.
3. Shift to shift logs are being closely monitored for pre-signing.
4. DEA 222 Forms that have not been filled in correctly and are not maintained in an organized manner.
5. Discontinued medications on the Medication carts and in the refrigerators.
6. Standards of practice has been cited multiple times for different reasons including-inconsistent follow up on consults, incorrect measuring of medication, incorrect transcription of order onto the EMAR system, not following hold parameters, same tissue used for each eye during med pass.

Focus on the follow-up of the Pharma-Care report and EPIC reviews.

Timely and appropriate follow up to your Pharma-Care monthly report and EPIC reviews can prevent deficiencies.

Your facility should have a policy in place that specifies a time frame in which these reports should be addressed and by whom. The policy should also identify the person or persons responsible to ensure that the reports have been completed, that the actions are appropriate, and that the report is correctly filed.

The Pharma-Care report comes in three (3) sections:

UNIT INSPECTIONS: This is a review of the storage and labeling of medications. Deficiencies in this area would be cited under 761. This is an area in which the facility can easily improve by doing their own weekly QA. Using the Unit Inspection form as a template, the nursing staff can check their own carts or the unit manager can do a weekly check.

A number of charts addressing medication dating are available from Pharma-Care.

NURSING RECOMMENDATIONS: This is most likely the largest section of the report. It identifies irregularities, but also contains educational information. Each recommendation is followed by a space to provide a correction or acknowledgment. Once completed, this section should be returned to the DON (ADON, selected responsible party) and maintained in a binder for reference.

THERAPEUTIC RECOMMENDATIONS: These recommendations are addressed to the physician and are part of the medical record. They should be signed and dated. If accepted, a corresponding order should be written. If not accepted, a note indicating the reason should be written on the recommendation page. To improve compliance, the nursing staff may call the MD and receive a verbal answer which may be written on the recommendation page. The MD can then sign when they come in for regular rounds.

EPIC reviews contain only nursing and therapeutic suggestions sections and should be handled in the same manner. Please see EPIC Corner for additional information.

The DOH has frequently requested information regarding the follow up to these reports during surveys.



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CELEBRATING
45
YEARS OF SERVICE
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