

THE QUARTERLY CONNECTION

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

Second Quarter 2023

P: (732) 574-9015 (PCI) / (732) 574-9434 (CCC)

136 Central Ave., Clark, New Jersey 07066

F: (732) 499-6778



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

Creative Care Consulting, LLC



Pharma-Care, Inc. is pleased to announce that it has acquired, The Rasa Group, Inc., effective April 1, 2023.

We are happy to say that all of The Rasa Group consultant pharmacists have agreed to come on board with our company and will remain the consultant in each of their facilities. This allows us to maintain our relationships and provide the same level of quality service.

In bringing the two largest pharmacist consultant firms together, we will be able to bring the best aspects of each organization to our customers and ultimately the patients/residents they serve.

We will continue to operate as The Rasa Group in the buildings that have been acquired. This will provide these buildings with an additional layer of support when it is needed as we now have approximately 75 pharmacists on staff.

We look forward to meeting with the leadership in each facility and learning about how we can best meet your needs and expectations.

Respectfully,

F. Scott Blumberg

F. Scott Blumberg, Chief Executive Officer

Are you prepared for the increased focus on Antipsychotics by CMS?

Per the CMS Memo, dated January 18, 2023, remote audits are taking place, and facilities need to review their process for documentation and follow-up of all antipsychotics for current and newly admitted residents. As recent on-site surveys have shown, the teams are also reviewing this same information when they arrive for their annual DOH surveys. Information learned from recent audits may help you prepare and plan for both remote audits and future on site surveys.

During the remote audits, charts were reviewed for residents whose initial MDS did not include a Diagnosis of schizophrenia. After a period of time in the facility, subsequent MDSs were updated to include a Diagnosis of schizophrenia.

The auditors reviewed medical records to assess whether:

- the resident was monitored for six months before a schizophrenia Diagnosis was added.
- prior to adding this DX the expectation was that a comprehensive medical evaluation along with labs, and a comprehensive psych evaluation were conducted. These evaluations should include background information obtained from previous facilities, families, and resident if reliable.

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Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

The CDC recommends the use of alcohol-based hand sanitizers as the primary method for hand hygiene in most healthcare situations.

Alcohol-based hand sanitizers effectively reduce the number of germs that may be on the hands of healthcare workers after interacting with patients. Using hand sanitizers is also a quick and easy way for healthcare workers to clean their hands, so it improves hand hygiene compliance in healthcare settings.

When do healthcare workers have to use soap and water?

- when hands are visibly dirty
- before eating
- after using the restroom
- after caring for people with infectious diarrhea
- after known or suspected exposure to spores (e.g. B. anthracis, C difficile outbreaks)



So, you no longer need to use soap and water after 3-5 times of using alcohol sanitizer per CDC. Recommend updating any policies with this old guidance to help save nursing time and avoid deficiency for not following policy.

Reminder when to perform hand hygiene:

- Immediately before touching a patient
- When hands are visibly soiled
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids or contaminated surfaces
- Immediately before putting on gloves and after glove removal

www.cdc.gov/handhygiene/providers/index.html

<https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html>

STATE SURVEY TRENDS

F637 Significant Changes

- Failed to ensure significant change assessment was completed

F641 MDS Assessment

- Failure to accurately assess behavioral status
- Failure to accurately enter DX

F656 Care Plans

- Missing or incomplete Care Plans
- F658 Professional standards of Practice
- Failed to ensure that labs were being drawn as per MD orders .
- Failed to clarify pain management orders; sequence or differentiate

F689 Environment is Free of Accident Hazards

- Floor mats not provided as order by MD, leading to accidents
- Failure to keep hallways free from potential accidents and hazards
- Not providing complete ABT course due to unavailable initial doses (order should have been re-plotted)

F690 Incontinence Care

- Catheter on the floor

F693 G-tube feeding-

- On 1/30 feeding bag with 1/27 found still hanging

F698 Dialysis.

- Failure to institute fluid restrictions
- Failure to complete communication log upon return to facility
- Failure to appropriately time medications

F756 DRR

- Failure of facility to act on consultant pharmacist reports in a timely manner.

F757 Unnecessary medications

- Continued use of an antipsychotic agent with no history to support the DX of Schizophrenia (on- site survey)
- Off-site survey are being done and if documentation does not support coded DX for Schizophrenia facilities are being penalized .
- Not providing complete course of ABT due to unavailable dose
- Unacceptable target behaviors for antipsychotics(agitation)

F759 Med Pass

- (comments) Medications left in room unattended.
- Narcotic declining sheet not signed when medication was pulled.

F812 Food Procurement

- Kitchen sanitation-expired food
- Inadequate dishwasher temperature

F880 Infection control

- Catheter on the floor.
- Incomplete vaccination records
- Failure to comply with vaccination policies
- Failed to procure medical exemptions forms for staff declining flu vaccines
- Failed to preform adequate handwashing and follow facility policy
- Incorrect direction for wound cleaning
- Not providing appropriate pneumonia vaccines and documentation of which vaccine was last administered.
- Failure by nurse to wear PPE when entering a Covid positive room

F881 Antibiotic Stewardship

- No antibiotic stewardship in place

F886 Covid testing.

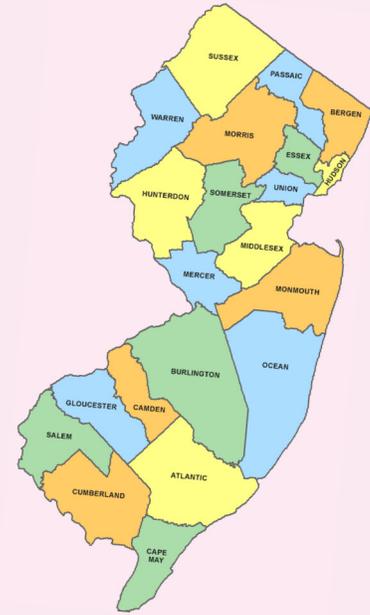
- Failure to test new residents for Covid per facility policy.

F922 Emergency supplies

- Failed to maintain adequate emergency supply of water.

F929 Resident call system-nonfunctional call light and S560 Mandatory Access to care-

- Multiple citations for inadequate staffing



Reporting Controlled Substance Diversion in Long-Term Care

Our Consultant Pharmacists have received the panicked phone call asking “what do I do, I think we have missing CDS” more often than one would think. Of course we are always happy to help, but these are the steps that the facility should take immediately:

1. Initiate an internal investigation.
2. Contact the local police department and file a report.
3. Notify the Department of Health
4. Notify the DEA
5. Notify the State Department of Law and Public Safety Enforcement Bureau/Drug Control Unit
6. Notify the Board of Nursing
7. Report the results of all investigations

Contact your consultant pharmacist if you would like a copy of our updated in-service that includes links to all necessary forms!

Are you prepared for the increased focus on Antipsychotics by CMS?

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- it might also be appropriate to consider a multi-disciplinary team review to rule out all causes of observed behaviors, accompanied by a comprehensive note to document the decision of the full team.

Taking the time to verify the diagnosis for the use of any antipsychotic medication at the time of admission is essential to a positive outcome during these CMS audits.

Along with the offsite audits, the CMS revised guidelines which have been in effect since October 24, 2022, direct the DOH surveyors to review those situations where practitioners or facilities may have inaccurately diagnosed and/or coded resident with schizophrenia on the resident assessment tool.

For those residents that are admitted to a LTC facility from the hospital, home, or other facility, already on an antipsychotic medication due diligence on the part of the facility is necessary and may present a challenge. However, a comprehensive history, along with medical and psychological evaluations, should be conducted as soon as possible. Without supporting evidence of an appropriate DX, the medication should be evaluated for a reduction or continued need, upon admission or soon thereafter.

Inservices on proper monitoring and use of antipsychotics and all psycho-active medications may be provided by your consultants. It may also be beneficial to invite your consultant to be part of the psych monitoring team meeting.

EPIC Corner

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

EPIC Phone: 732-943-3573

EPIC Fax: 732-574-3469 or 3926

Email: epic@pharmacareinc.com

WHERE IS MY E.P.I.C. REVIEW

NOT RECEIVING YOUR EPIC REVIEWS?

EPIC Services has switched to a new SMTP (Out-going Mail Server) which means your facility may need to WhiteList our Domain to receive reviews, this prevents the reviews from going into SPAM or JUNK mail folders.. Our sending domain is “iCare@pharmacareinc.com”, (please do not respond/reply to this domain) which currently is distributing over 14,000 reviews to facilities. This is 97% of review work. 3% of the reviews are still faxed to facilities.

Facility should assign a team or individual to act as EPIC Coordinator(s) to establish protocols for tracking of EPIC reviews and informing the EPIC department of any issues or missing EPICs.

Because of HIPAA regulations all EMAILED reviews are sent as individual's emails and not grouped with encryption. Your EPIC coordinator can always call and ask the EPIC representative who is on the distribution list. In many cases with the domain being @pharmacareinc.com recipients or facilities see the word “pharma” and automatically Black List our sending domain.

If the coordinator hasn't received the review in that period of time call 732-943-3573 or email to EPIC@Pharmacareinc.com.

If EPIC has EMAR access to your facility, please remind the nurses DO NOT FAX IN A REQUESTS FOR NEW ADMISSIONS AND/OR READMISSIONS, only for Change of Status and Antibiotic Stewardship (if your facility utilizes these types of EPICs.)

Please make sure your fax machine is sending over legible information. Many times, EPIC receives requests with blank lines going through the pages which makes it difficult to read. If your not sure, send a fax from one device to another device at your facility and review.

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

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.

**Check in your Local Area
Between April 22 to April 30th**

National Prescription Drug
TAKE BACK DAY



LAB MONITORING UPDATE

Questions often arise concerning how frequently certain routine labs should be ordered. Although prescribers may order labs with any frequency that they deem appropriate for the resident, our Education Department has researched manufacturer's and standards of practice recommendations and used the information to create a sample lab policy.

The most important thing to remember is that once lab monitoring orders have been added to the residents' medical records, they must be carried out as per MD specifications (every 3 months, every 6 months, annually, etc). During recent surveys the DOH has commented on and in some cases cited facilities (under professional standards of practice) for missing lab results.

It is important to have a process in place to ensure that lab orders are carried out with the frequency that the prescriber intended. It might be prudent to periodically review the need for current orders. Often duplicate orders are found (CMP and BMP every 3 months) or there are orders from admission that may no longer be necessary, such as a BMP weekly, or a TSH, lipids every 3 months. Due to changes in status a decrease in frequency, or discontinuing a lab may be appropriate.

Your consultant pharmacist can provide you with the full Inservice if needed. Ask for Inservice A176

LAB MONITORING RECOMMENDATIONS		
MEDICATION	MONITORING PARAMETER	FREQUENCY
Anticoagulants	PT/INR TSH	Every six (6) months
Atypical Antipsychotics	FBS or HbA1C	Every six (6) months
Angiotensin II Receptor Blockers	Serum Potassium	Annually and after dose changes
Angiotensin-Converting Enzyme Inhibitors	Serum Potassium	Annually and after dose changes
Anti-Diabetic Medications	FBS or HbA1C	HbA1C: every six (6) months if stable, every three months with dose changes. Foot or heel FBS: Every sixty (60) days
Clonidine	WBC, ANC	Weekly for the first 6 months of therapy, then every 2 weeks if stable for 6 months, then monthly
Carbamazepine	Carbamazepine level	Every six (6) months
Clozapine	Diapers level, BUN, serum creatinine	Every 6 months if given with clozapine, or with doses >150mg in steady state
Divalproex	No. K levels	Every six (6) months
Etoposide/Fluorouracil	High/Hot or CBC	Twice weekly until stable, and after dose changes. Once stable monitor monthly
Hiprex, Mendelesino	Urine pH (goal of pH7 or less)	Within 30 days of initiation, then monthly thereafter
Isoniazid	CBC or High/Hot	Within first month of therapy, then monthly
Lithium	Lithium levels	Annually and after dose changes
NSAID/COX-2	CBC, BMP, TSH	Annually and after dose changes
Phenothiazines	CBC or High/Hot	Annually
Phenytoin	Phenytoin levels	Every six (6) months
Primidone	Primidone levels	Every six (6) months
Statins & Other Cholesterol-lowering Medications	LFTs and Lipids	LFTs: Statins: after 12 weeks of therapy, then annually Lipids: annually
Theophylline	Theophylline levels	Steady state Every six (6) months
Thyroid Medications	TSH	4-6 weeks after dose changes, then annually
Tolid	CBC, LFT, Platelets	Every six (6) months for 3 months, then every six months thereafter
Valproic Acid	WBC level, LFTs, CBC	Every six (6) months
Vancomycin (IV)	Trough levels	Every six (6) months
Warfarin	PT/INR	Every 3-5 days after dose changes, monthly once stable

*Information obtained from Clinical Pharmacology 2019, package inserts and reference articles.
http://www.accessdata.fda.gov/drugsatfda_docs/nda/2019/012599Orig1s01.pdf

New Drugs In the Spotlight

QUVIVIQ® (daridorexant) - Approved for insomnia in adults. It is an orexin receptor antagonist (ORA), like suvorexant and lemborexant. It has the shortest half-life of other medications in this category possibly resulting in less next day drowsiness. It is taken orally 30 minutes prior to bedtime. Quviviq is a class IV controlled drug.

MOUNJARO® (tirzepatide) - Approved for adults with Type2 Diabetes. It is the first dual glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) agonist. It is given once weekly by subcutaneous injection at any time of the day, without regard to meals, in the abdomen, thigh or upper arm. Although not currently approved for weight loss, during the Surpass-1 trial, it was found to cause a weight loss of 15-21 pounds.

RELYVRIO® (sodium phenylbutyrate) - The first treatment approved to slow the progression of ALS and extend survival rates. Although the mechanism of action is not clearly understood, temporary approval by the FDA has been granted. Clinically studies are still underway in an effort to substantiate significant outcomes. Available as powder which is to be mixed in 8oz of room temperature water and taken by mouth of via g-tube, with meal or g-tube feeding.

SUNLENCA® (lenacapavir) - The first of a new class of antiviral agents to treat HIV. It is a capsid inhibitor which works by interfering with the virus' shell, preventing viral replication. After completing a starting regimen, Sunlenca is administered subcutaneously every 6 months.

BRIUMVI® (ublituximab-xiiv) - The first and only anti-CD20 monoclonal antibody approved to treat patients with relapsing forms of multiple sclerosis that, following a starting dose, is administered twice a year by IV infusion.

Pharma-Care's consulting services to long-term care facilities started many years ago. In that span of time the company has expanded the scope of services to the community in all areas of healthcare including the following:
 Long-Term Care/Skilled Nursing Facilities • 48 hour Review of Medication for New Admissions and Re-Admissions • Antibiotic Stewardship Reviews • Assisted Living/Personal Care Facilities • Ambulatory Surgery Centers • Dialysis Centers • Drug and Alcohol Rehabilitation • Pediatric and Adult Medical Day Care • Medication Therapy Management • Disease State Management • COVID-19 Vaccinations Clinics (Pfizer or Moderna) • Mock Survey-Preparedness, Education and Audit.
 To discover how some of these services many benefit your facility call our corporate office and speak to one of our area managers: 732-574-9015

ASC Connection

NEWS AND UPDATES FOR AMBULATORY SURGERY CENTERS



Harry Thibodeau, President of the Pharma-Care companies, supporting the New Jersey Association of Ambulatory Centers, with a display table at their quarterly meeting.

For additional information on Pharma-Care's and Creative Care Consulting's services to both the Ambulatory Surgery Centers and Dialysis Centers contact Cheryl Bruno, Director. Call 732-574-9015, extension 253



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