THE QUARTERLY CONNECTION

Quarterly from Pharma-Care, Inc. / Creative Care Consulting / The Rasa Group P: 732-574-9015 (PCI) / 732-574-9434 (CCC) / 732-973-728-5800 (RASA) Third Quarter 2023 F: (732) 499-6778

Corporate Office: 500 Craig Rd, Ste 104, Manalapan, NJ 07726 Operations: 136 Central Ave., Ste 202, Clark, NJ 07066

CMS INCREASES FOCUS ON INFECTION PREVENTION

Infection control has been and will continue to be a major focus of CMS surveillance in skilled nursing facilities. CMS Requirements of Participation (ROP) place high expectations on skilled nursing facilities in this area and during annual surveys increased scrutiny has been noted.

F880—Infection Control ,continues to be the #2 most frequent CMS citation during recent state surveys. CMS has indicated that there will be a special focus this year on F-Tag 881, addressing Prevention and Control programs (Antibiotic stewardship programs) and F 882, covering infection preventionist qualifications and training.

CMS mandates that nursing facilities have a designated and specially trained IP who is responsible for implementing a comprehensive infection prevention and control program. "AHCA recommends that all nursing facilities train at least two clinical staff members to serve as IPs should one IP leave the facility or be unavailable. " CMS ROP guidance actually states that facilities should consider a backup IP for when the primary IP is not available.

The designated RNs and LPNs/LVNs must have the professional training necessary to serve as a SNF IP and must provide evidence of additional specialized training per CMS regulation. These individuals must be employed at least part-time and on-site by SNFs and must actively participate in each SNF's Quality Assessment and Assurance (QAA) committee.

Through a grant from the New Jersey Department of Health, HCANJ is pleased to be able to provide infection control training to healthcare personnel reach out to : Mackenzie@hcanj.org

It is recommended that you review and familiarize your team with these regulations and the guidance notes that accompany them. Policies should be discussed at team meetings and updated as necessary.

F881: Antibiotic stewardship program:

The intent of this regulation is to ensure that the facility:

- Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic;
- Reduces the risk of adverse events, including the development of antibiotic- resistant organisms, from unnecessary or inappropriate antibiotic use; and
- Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.

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CHECK AND UPDATE YOUR FEEDING TUBE POLICY

Monitoring the feeding tube

How to verify that the tube is functioning before beginning a feeding and before administering medications, which may include:

- Checking gastric residual volume (GRV)
 - Not recommended for individuals who are alert and able to report symptoms that indicate a feeding is not well tolerated.
 - May be appropriate when initiating tube feedings or for individuals who are unable to report symptoms such as bloating, nausea, or abdominal pain.
 - Actions to take based upon the amount of GRV vary depending on the individual and the clinical condition.
 - pH of GRV may indicate correct placement i.e. pH < 5 generally indicates gastric contents versus intestinal contents but medications and feeding formulas can alter pH levels.
 - Changes in GRV appearance may also be helpful in confirming placement but should not be used in isolation.
- Observing changes in external length of tubing may indicate a change in position but can only be used if the exit site was marked upon initial placement; this method does not apply to low profile G tubes (tube that sits at skin level).

NOTE: Auscultation is no longer recommended for checking placement of the feeding tube. Movement of air would likely be heard whether the tube was in the correct or incorrect location. X-ray confirmation is the most accurate method for verification of tube placement when concerns arise regarding dislodgement or placement. Additional information regarding monitoring of feeding tubes may be found at, <u>https://www.ismp.org/tools/articles/</u> <u>ASPEN.pdf</u>

NOTE: References to non-CMS/HHS sources or sites on the Internet included above or later in this document are provided as a services and do not constitute or imply endorsement of these organizations or their programs by CMS or the U.S. Department of Health and Human Services. CMS is not responsible for the content of pages found at these sites. URL addresses were current at the date of this publication.

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

ATLANT

CMS INCREASES FOCUS ON INFECTION PREVENTION

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F882: (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17) §483.80(b) Infection preventionist

The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP.

The intent of this regulation is to ensure that the facility designates a qualified individual(s) onsite, who is responsible for implementing programs and activities to prevent and control infections.

Nursing facilities will be required to have one or more staff members who have been designated as the Infection Preventionist (IP) and who is/are responsible for the facility's Infection Prevention and Control Plan. The regulatory requirement generally focuses on the qualifications of someone who will be designated as the IP and provides you with a minimum set of requirements for that role, including:

- The Infection Preventionist must have primary professional training in one of the following: nursing, epidemiology, microbiology, medical technology or a related field
- The IP must be qualified for this role through education, training, certification or experience
- The IP must have completed specialized training in Infection Prevention and Control
- The IP needs to work at least part-time at the facility.

The designated Infection Preventionist must be a member of the facility's QAA Committee. The IP must routinely report to the QAA Committee on the facility's IPCP.

Pharma-Care opens office in Manalapan, NJ



Pharma-Care has relocated the Corporate Office to 500 Craig Road in Manalapan Township. The Operations Division will remain at the current location in Clark. This will make it easier to support our clients in the southern part of New Jersey

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

FACILITY RESPONSIBILITY UPON RECEIPT OF EPIC

- Upon receipt of the EPIC review, the facility is responsible for initiating nursing recommendations in a timely manner according to facility policy except for Clinically Significant recommendations that need to be addressed by midnight of the following day. The nurse should sign and date the EPIC review after the necessary changes and/or adjustments are made.
- Upon receipt of the EPIC review, the facility is responsible for contacting the physician for review of EPIC concerns directed to the physician in a timely manner according to facility policy except for Clinically Significant recommendations that need to be addressed by midnight of the following day. The physician either accepts the recommendation and makes the necessary changes and/or adjustments or does not accept and needs to document clinical rationale for continuing on the EPIC review and/or in the resident's medical record. The EPIC needs to be signed and dated when all concerns are addressed.
- 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.

If EPIC Services has access to your facility's <u>EMAR</u>, please remind the staff <u>Do Not Fax</u> 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.

connection

Encourage a thorough Medication Reconciliation!

When patients present their current drug regimens, they should be inclusive not only of prescription medications, but also over the counter products such as analgesics, gastrointestinal agents, and yes...herbals.

The following are some blood thinning over the counter (otc) medications and supplements:

- aspirin-containing otc products •
 - ginger gingko biloba bromelain grape seed extract
- cassia cinnamon
- cayenne peppers
- dong quai (female ginseng)
- feverfew garlic
- vitamin e Ginsena
 - Marijuana

turmeric

It is important that the ASC team, via its medication reconciliation process, captures all drug therapies so that adjustments, particularly by anesthesia providers, can be instituted. Since a stigma may still remain regarding marijuana use, a lot of patients may be reluctant to provide this information unless directly asked.

It is imperative that anesthesia providers and nursing staff be made aware of its use. Marijuana will possibly lead to increased oxygen consumption and poor oxygenation during and after the procedure and may lead to slower wound healing and/or increased scarring. Marijuana may also increase the risk of bleeding, decrease blood pressure or increase the amount of drowsiness caused by some medications utilized during the surgical procedure.

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

Pharma-Care continues to support The Rasa Group family with a separate distribution of new Nursing Notables quarterly, along with Quarterly Connections

🧐 Non-Insulin Injectables for Diabetes Mellitus 🥎					
GLP-1 Receptor Agonists					
Drug	Administration Pearls	Dosing Frequencies	Priming Requirements	Expirations	
Byetta (exenatide)	within 1 hour before breakfast and dinner (DON'T GIVE AFTER MEALS); hold for 5 seconds under the skin	twice daily	dial to "5" only on 1st use	30 days after opening or at room temperature	
Bydureon & Bydureon BCise (exenatide)	requires mixing and VIGOROUS shaking for 15 seconds; hold for 15 seconds under the skin for BCise	once weekly	none	28 days at room temperature	
Ozempic (semaglutide)	do not cover dose counter while injecting and hold injection for 6 seconds under the skin	once weekly	dial to "flow check symbol" only on 1" use	56 days after opening o at room temperature	
Tanzeum (albiglutide)	requires mixing and GENTLE rocking 5 times, PLUS 15mins (30mg) 30mins (50mg) waiting, PLUS rocking 5 more times before injecting; hold for 5 seconds under the skin after the "click"	once weekly	with needle pointing up, slowly dial to "3" and pen automatically releases air bubbles	28 days at room temperature	
Trulicity (dulaglutide)	hold under skin until a second "click" is heard (5-10 seconds)	once weekly	none	14 days at room temperature	
Victoza (liraglutide)	do not cover dose counter while injecting; hold under skin for 6 seconds	once daily	dial to "flow check symbol," press button with needle pointing up; repeat up to 6 times until drop appears only on 1 st use	30 days after opening o at room temperature	
Adlyxin (lixisenatide)	within 1 hour of 1 st meal of the day; hold under skin for 2 seconds	once daily	pull out injection button, depress it and hold for 2 seconds, observe drops of liquid from needle; only on 1s use	14 days at room temperature or after opening	
Mounjaro (tirzepatide)	can be given without regards to meals; hold under skin until 2 "clicks" are heard (up to 10 seconds)	once weekly	поле	21 days at room temperature or after opening	
Wegovy (semaglutide)	can be given without regards to meals; Do not remove the pen from the skin before the yellow bar in the pen window has stopped moving	once weekly	none	28 days at room temperature	

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Arexvy (respiratory syncytial virus vaccine): the first FDA approved vaccine for respiratory syncytial virus (RSV). Arexvy is approved for adults aged 60 years and older, and the proposed availability is for fall of 2023, hopefully prior to 2034/2024 RSV season.

Arexvy vaccine was found to reduce RSV-associated lower respiratory tract disease (LRTD) by nearly 83% and reduced the risk of developing severe RSV-associated LRTD by 94%. The most commonly reported side effects were injection site pain, fatigue, muscle pain, headache, and joint stiffness/pain

Vowst (fecal microbiota spores, live): Recently approved by the FDA as the first oral fecal microbiota product. Vowst is approved for the prevention of recurrence of Clostridioides difficile (C. difficile) infection (CDI) in individuals 18 years of age and older, following antibacterial treatment for recurrent CDI. The administration of fecal microbiota is thought to facilitate restoration of the gut flora to prevent further episodes of CDI.

The dosing regimen of Vowst is four capsules taken once a day, orally, for three consecutive days. Vowst contains live bacteria and is manufactured from human fecal matter that has been donated by qualified individuals. Although the donors and donated stool are tested for a panel of transmissible pathogens, Vowst may carry a risk of transmitting infectious agents. It is also possible for Vowst to contain food allergens; the potential for Vowst to cause adverse reactions due to food allergens is unknown.

- Jesduvrog (daprodustat): An oral agent indicated for the treatment of anemia due to chronic kidney disease (CKD) in adults who have been receiving dialysis for at least four months. Use individualized dosing and the lowest dose of Jesduvroq sufficient to reduce the need for red blood cell transfusions. Do not target a hemoglobin higher than 11 g/dL. Jesduvroq can be taken with or without food, and without regard to concomitant administration of iron or phosphate binders lesduvrog should be swallowed whole. Tablets should not be cut, crushed, or chewed. Jesduvrog can be administered without regard to the timing or type of dialysis. If a dose of Jesduvroq is missed, it should be taken as soon as possible, unless it is the same day as the next dose. In this case, the missed dose should be skipped, and the next dose taken at the usual time. Double-doses should not be taken to make-up for a missed dose. Clinical Pharmacology (12.3)
- Legembi (lecanemab-irmb) :FDA-approved to slow the progression of Alzheimer's disease in patients with mild cognitive impairment or mild dementia and also have amyloid beta plaques in their brain. Legembi is a monoclonal antibody that works by reducing these plaques, to slow the progression of the disease.It is administered by IV infusion over one hour, every 2 weeks. MRI should be done prior to and after the 5th,7th and 14th infusion, to monitor for ARIA, a serious side effect associated with the drug.



Creative Care Consulting, LLC



Quarterly Connections - Pharma-Care/Creative Care Consulting/The Rasa Group

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