

THE QUARTERLY CONNECTION

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

Fourth Quarter 2015

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AMDA Adds to Choosing Wisely List

As part of AMDA's (American Medical Director's Association) participation in the American Board of Internal Medicine (ABIM) Foundation's **Choosing Wisely** campaign, the Society recently released five additions to its list of medical tests and procedures common in post-acute/long-term care that may be unnecessary or even cause harm. AMDA published its first set in 2013.



Choosing Wisely is an initiative led by the ABIM Foundation to support and engage physicians as better stewards of finite health care resources. Participating societies such as AMDA have developed lists relevant to their specific care settings and patient populations to encourage discussions that help patients make wise care choices.

AMDA's newly released directives:

- Don't place an indwelling urinary catheter to manage urinary incontinence.
- Don't recommend screening for breast, colorectal, or prostate cancer if life expectancy is estimated to be less than 10 years.
- Don't obtain a *Clostridium difficile* toxin test to confirm "cure" if symptoms have resolved.
- Don't recommend aggressive or hospital-level care for a frail elder without a clear understanding of the individual's goals of care and the possible benefits and burdens.
- Don't initiate antihypertensive treatment in individuals aged 60 years and older for systolic blood pressure less than 150mm Hg or diastolic blood pressure less than 90mm Hg.

The directives released in 2013:

- Don't insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.

"Mock Survey" & Regulatory Compliance Service Now Available

Pharma-Care, Inc. (PCI) is pleased to announce a new service that offers mock surveys and regulatory compliance review of long-term care facilities through the eyes of a retired state surveyor.

We welcome Pat Pesonen to the PCI team. Pat brings the benefit of her many years of experience and knowledge in all aspects of the survey process. For ten years, Pat was a team leader for 37 facilities completing all surveys within a mandated 12 month average, completing revisits for all G level deficient facilities, immediate jeopardy, and substandard surveys.

In addition to her years as a state surveyor, she has worked as an assistant administrator, regional manager overseeing the operations of multiple facilities, and director of nursing.

Pat is now available to guide facilities through the survey process. She will perform a complete mock survey with an emphasis on record review and documentation, however, surveys can be tailored to specific needs as well. These reviews are in addition to the standard "pharmacy mock survey" of med pass observations and unit inspections already provided by PCI to clients.

To enlist her services or for further information, contact Jean Abdou at (732) 574-9015 ext. 284 or email: jabdou@pharmacareinc.com.

- Don't use sliding scale insulin for long-term diabetes management for individuals residing in the nursing home.
- Don't obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.
- Don't prescribe antipsychotic medications for behavioral psychological symptoms of dementia, without an assessment for an underlying cause of the behavior.
- Don't routinely prescribe lipid-lowering medications in individuals with a limited life expectancy. For more information, go to www.amda.com/tools/choosing_wisely.cfm.

From *Caring for the Ages*; June 2015; Vol 16, No.6; Author: Perry Meyers



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EPIC Corner

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To Bleed or Not to Bleed

Warfarin has a narrow therapeutic index. Most patients receiving warfarin are maintained with a target INR between 2.0 and 3.0. EPIC recently reviewed a patient who was receiving warfarin, enteric coated aspirin, carvedilol, atorvastatin, pantoprazole and zolpidem. This patient presented with an INR of 5.07. Warfarin was discontinued and the follow up INR was 2.26. The initial reaction was a drug interaction between enteric coated aspirin and warfarin, but could another medication be a contributing factor?

Although atorvastatin may increase the effect of warfarin, it may be less likely to significantly interact with warfarin.

Proton pump inhibitors can prolong the elimination of warfarin, particularly R-warfarin which is a CYP2C19 substrate. In addition, post-marketing reports of the combination of proton pump inhibitors and warfarin have indicated elevations in PT.

Even though one may feel safe that the INR returned to 2.26 in this resident, continuation of the proton pump inhibitor may continue to elevate this patient's INR. Perhaps an alternative would have been to discontinue the proton pump inhibitor and consider an H2 blocker.

EPIC welcomes Chris Poppe, RPh, CCP to its staff. Chris comes to us with many years' experience as a consultant pharmacist and a background in psychiatric pharmacy. We all appreciate his valuable input into EPIC.

Medication-Related Adverse Events in Nursing Homes

In a "Survey and Certification" memo dated June 17, 2015, CMS shared information on Medication-Related Adverse Events and shared an Adverse Drug Event Trigger Tool. The CMS has begun pilot testing a focused survey on medication safety systems to look at nursing home systems around high risk and problem-prone medications using an Adverse Drug Event Trigger Tool. The CMS is making the draft tool available to assist surveyors in investigating medication related adverse events and to nursing home providers as a risk management tool. The summary reads:

Medication-Related Adverse Events - Adverse events related to high risk medications can have devastating effects to nursing home residents. Proper management of high risk medications represents a serious challenge for nursing homes, and merits close attention by top management and staff throughout the facility. We are very concerned about the prevalence of adverse events involving such medications.

Focused Survey on Medication Safety Systems and Adverse Drug Event Trigger Tool- The Centers for Medicare and Medicaid Services (CMS) had begun pilot testing a Focused Survey on Medication Safety Systems to look at nursing home systems around high risk and problem-prone medications using an Adverse Drug Event Trigger Tool. The CMS is making the draft tool available to assist surveyors in investigating medication related adverse events and to nursing home providers as a risk management tool.

Use Cups that Measure mL Eliminate Cups that Measure Drams:

Multiple national organizations have called for the adoption of the metric system (milliliter) as the standard for prescribing and measuring doses of liquid medications.... Healthcare providers should stop using dosing cups that include a scale that measures in drams.... Make sure that your purchasing group or department knows what type of cup to purchase. Also, only purchase dosing cups that have printed, rather than embossed measurement scales, so they are easier to read.

from the National Alert Network (NAN), June 30, 2015

Welcome to Our Newest Clients

Core Health Services
Greenfield Senior Living at Cross Keys
Majestic Rehabilitation & Nursing
Center at Red Bank
Warren Haven Nursing Home

Certified Medication Aide classes are now being planned in central and southern New Jersey. Let us train your CNAs to become CMAs. Call Maureen Ziegler to arrange training, (732) 574-9015, ext. 105.



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