

THE QUARTERLY CONNECTION

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

First Quarter 2019

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

136 Central Ave., Clark, New Jersey 07066

F: (732) 499-6778



Dialysis Communication Guidelines



A communication process must be established between the nursing home and the dialysis facility to reflect ongoing communication, coordination, and collaboration. Dialysis communication and responses should be documented or filed in the medical record.

Information to be shared between facilities include:

- Timely medication administration by the nursing home and/or dialysis facility
- Physician/treatment orders, laboratory values, and vital signs
- Advance Directives and code status and specific directives about treatment choices
- Nutritional or fluid management including documentation of weights and resident compliance with dietary and fluid restrictions.
- Dialysis treatment provided and resident's response. Any changes in functional status, falls, and identification of symptoms such as anxiety, depression, confusion or behavioral symptoms that interfere with dialysis treatments.
- Dialysis adverse reactions, complications or recommendations for follow up observations and monitoring, or concerns related to the vascular access site or PD catheter
- Changes or decline in condition unrelated to dialysis
- Occurrence or risk of falls and other concerns related to transportation to and from the dialysis facility

Nursing home responsibilities:

- Staff must provide immediate monitoring and documentation of the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications (auscultation/palpation of the AV fistula, vital signs, edema, pain, skin integrity, collateral vein distension, hematoma, etc).
- The nursing home and dialysis facility dietitians should coordinate the nutritional care.
- Staff must weigh the resident and document the findings based on orders. If weight loss occurs, the facility must notify the attending practitioner and dialysis facility practitioner.

State Survey Trends/Focus

Our review of last quarter state surveys identified the following areas of concern:

F554 Self-Administration of Meds

- Improper med storage in resident room

F658 G-Tube Feedings

- Tube feeding incomplete
- Tube feeding set at incorrect rate per hour

F695 Respiratory Care

- No warning sign for oxygen use on resident's door

F698 Hemodialysis

- Weights not recorded

F711 Physician Visits

- Progress notes not provided on each visit with signature and date
- Physician orders not signed monthly

F712 Frequency of Physician Visits

- Face to face visit every 60 days by physician not being done

F730 Nurse Aide Performance Review

- Aides not receiving the required 12 hours of in-service education

F759 Medication Pass

- Iron and calcium administered at the same time
- Doxycycline and calcium given together
- MVI with minerals given when order was for MVI

F761 Storage of Biologicals

- Mucomyst not dated when opened in refrigerator
- Narcotic box not properly affixed in refrigerator
- PPD not dated when opened in refrigerator
- Xalatan opened in med cart and not dated

F880 Infection Control

- Blood pressure machine not properly cleaned

F812 Kitchen

- Hand washing
- Open food
- Low food temperatures
- Not cleaning digital thermometer

F842 Administration

- Restorative therapy not documented by CNA



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Health Care Consultation Specialists
WWW.PHARMACAREINC.COM



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Review of Regulations Regarding Physician Visits

F711 Physician Visits

On each visit, the physician must:

- ✓ Review the resident's total program of care including medications and treatments.
- ✓ Write/type, sign, and date progress notes at each visit; and
- ✓ Sign and date all orders with the exception of influenza and pneumococcal vaccines which may be administered per physician-approved facility policy after an assessment for contraindications.

F712 Frequency of Physician Visits

- ✓ The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.
- ✓ A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.
- ✓ After the initial visit, the physician may alternate between personal visits and visits by a physician assistant, nurse practitioner or clinical nurse specialist.

Annual Donations Collected



Every December, Pharma-Care, Inc. staff and CEO donate food staples and warm outerwear for the needy. In 2017 the food pantry at St. Theresa in Kenilworth and St. Joseph in Elizabeth were able to supply food to over 300 families with the donations. In 2018, donations will be distributed through the food pantry at St. John in Newark.

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

IMPACT Act

On October 1, 2018, the CMS guideline addressing medication review, "Section N" of the MDS, was initiated. This has been a most confusing issue for many providers. EPIC policy addressing the IMPACT Act is as follows:

- EPIC will process your submission within 48 hours of our receipt of the review request. Please note that the request for review is often not submitted to us on the same day as admission.
- If a CLINICALLY SIGNIFICANT finding is present in the review, the comment will be preceded by the words CLINICALLY SIGNIFICANT. This wording will also be on the cover sheet sent with the review to alert your facility.
- An observation deemed CLINICALLY SIGNIFICANT is to be addressed within 24 hours of receiving such comment by the prescriber and noted in section N of the MDS.
- To aid your facility, EPIC can send your reviews to your MDS coordinator, preferably by email. However, faxing is also an option. If your facility would like to include your MDS coordinator in the distribution list, please advise to: rcorritore@pharmacareinc.com.
- Many facilities make use of the EPIC Review Control Form. This enables your facility to track the resident submitted, the date submitted to EPIC, and the date the review was received from EPIC. Copies of this form can be requested from: rcorritore@pharmacareinc.com.
- Do not let more than three days go by if a review is not received. There are many factors which may cause a delay including fax machines not working, email being blocked, computer issues etc. Contact EPIC in such instances and we will advise you as to the status of the review in question.
- Avoid sending only a cover sheet without current medication lists or physician order sheets. This will markedly delay your request.

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