

THE QUARTERLY CONNECTION

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

Second Quarter 2019

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CDC's Pneumococcal Vaccine Protocol

For your information, below is a guide to the proper vaccination sequence recommended by the CDC. The CDC recommendations for pneumococcal vaccines now include both Pneumovax 23 and Prevnar 13.



CDC's ACIP adult recommendations for Prevnar 13®

Immunocompetent adults aged 65 and older

Immunocompromised adults aged 19 and older

The information below represents the CDC's ACIP recommendations to complete the pneumococcal vaccination sequence for immunocompetent adults aged 65 and older^{1,2}

Not previously vaccinated or unknown vaccination history*

Previously vaccinated with Pneumovax® 23

Administer Prevnar 13® first

Administer Prevnar 13®
(at least 1 year after the most recent dose of Pneumovax® 23)

Administer Prevnar 13®
(at least 1 year after the most recent dose of Pneumovax® 23)

At least 1 year later

Administer dose of Pneumovax® 23

*An attempt should be made to locate missing records. However, if not possible within a reasonable time frame, do not postpone vaccination.³

At least 1 year later

Administer subsequent dose of Pneumovax® 23
(no sooner than 5 years after the most recent dose of Pneumovax® 23)

As stated by the CDC's ACIP:

- For adults aged ≥65 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants, the recommended interval between Prevnar 13® followed by Pneumovax® 23 is ≥8 weeks.¹
- The 2 vaccines (Prevnar 13® and Pneumovax® 23) should not be coadministered. If a dose of Pneumovax® 23 is inadvertently given earlier than the recommended interval, the dose need not be repeated.¹

Prior receipt of Pneumovax® 23 within 1 year results in diminished immune responses to Prevnar 13® compared to Pneumovax® 23-naïve individuals.⁴

Pneumovax is a registered trademark of Merck & Co., Inc.

ACIP=Advisory Committee on Immunization Practices; CDC=Centers for Disease Control and Prevention; IPD=invasive pneumococcal disease.

What is the PCI Monthly Report?

At the end of a visit from your Pharma-Care, Inc. consultant pharmacist, a Summary Report (partial or final) is generated. The Report contains important suggestions, information, comments, summaries and recommendations for your nurses and physicians. Each report includes things like: overall facility comments, unit inspection results, unit wide comments, nursing recommendations, and special physician sign-off sheets designed to present to each doctor.

Talk to your Pharma-Care, Inc. consultant pharmacist about optional monthly summary reports: psych monitoring, medication errors, adverse drug reactions, pain management, time savings, labs, cost savings, medication observations, general dose reductions and antibiotic stewardship.

How Many of Your Staff Receive eMail Copies of Your Monthly Report?

Pharma-Care reports will be emailed to four facility staff members of your choice for distribution. Each facility is responsible to distribute copies to other discipline areas such as Unit Managers, InService Coordinators, Pain Management Teams and Wound Care Staff.



State Survey Trends/Focus

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

F-577 Signage

- Failure to post signage for State Survey results

F-641 MDS

- Inaccurate – coding errors

F-698 Dialysis

- Resident weight not on documentation upon return from dialysis and facility did not call to obtain it.

F-744 Care Plans

- Care plans not specific to resident condition (i.e. dementia, shingles)

F880 Infection Control

- Improper hand washing techniques



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Creative Care Consulting, LLC

Have you ever received a fax you can't read?

Many times senders are not even aware that the faxes they send are unreadable by the recipient. This may seem minor to the sender, but if there are streaks going through medication dose information, or white spots appear in a detailed information area on a resident chart, the missing information would require clarification which causes delays.

Streaks, white spots, and black smudges are all results of a poorly maintained fax device. Streaks are caused by a scratched lens caused by someone leaving a paper clip or staple on a sheet.

Wite-out is the biggest culprit of smudges. When the liquid is still wet, Wite-out covers the faxing optics of the flatbed of the device which then shows up as a black streak. White spots are caused by low spots on the transfer roller which cause air to separate the original from the faxing optics.

Black smudges come from fingerprints on the flatbed surface or the original optics of the scanner. And sticky fingers from glazed donuts are among the worst culprits!

To avoid these problems, conduct regular maintenance checks on your fax device. At that time, also check if your device is sending out the proper Caller-Id for the connection being used. If your device is provided by your pharmacy provider, have them come in and review the device. Or, have a staff member review the causes above and clean the surfaces.



Lines or tracks



Missing areas



Smudges

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

Help Prevent Duplication

As EPIC moves forward into the next decade, many facilities have chosen the option to have EPIC port into the facilities' electronic medical record and download any new residents. This has been very successful in many cases, saving nursing the burden of faxing information to the EPIC office.

If your facility is doing this, it is most important that your nursing staff be advised that they no longer must fax the resident information to EPIC. Unfortunately, this message does not seem to filter down to nursing. Nursing, in these cases, still faxes resident information to EPIC. Upon receipt, EPIC has no choice other than to perform a review. When EPIC administrative functions are performed, the same resident will show up in your system as a new admission, the information is downloaded, and a review performed. Although EPIC has safeguards built-in to prevent a duplicate review from being performed, this is not always the case.

When this occurs, despite best efforts to prevent duplicate billing, your facility may be billed for a second review within 72 hours for the resident. When this occurs, accounting departments on both sides of this spectrum are forced to spend additional time.

Working together, your facility and EPIC can significantly reduce this concern.

As always, any clarifications need can be addressed to the EPIC administrator at either 732-943-3573 or emailed to rcorritore@pharmacareinc.com.

DEA NATIONAL ^{Rx}
TAKEBACK



Saturday, April 27 | 10 a.m. – 2 p.m.

DEATakeBack.com



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