THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc. / Creative Care Consulting — First Quarter 2021

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REPORTING DRUG DIVERSION/LOSS

If drug diversion is suspected or a loss is discovered, the healthcare worker should report it to someone in charge, such as the nursing supervisor, director of nursing (DON) or administrator. The incident should be investigated following the facility's policies and procedures. These policies and procedures should follow the requirements set forth under F608 and F609 per NJAC 8:43.E-19.11 and 42 CFR 483.12. [F tags are federal regulations, CFR is federal law and NJAC is state law].

If diversion of controlled substances is suspected or discovered anywhere in the facility:

1. Notify the DON and/or administrator or whomever is in charge of the facility at the time it is discovered.
2. Open and complete an investigation into the incident.
3. Call the Department of Health and report it. Misappropriation of a resident's medication is theft of personal property and is a reportable event.
4. Call the police department and report it. The police will take a report and perform any investigation and/or actions they deem appropriate.
5. The Board of Nursing is available to assist in determining if a nurse should be reported. A complaint with the Board of Nursing may be filed if a nurse has the appearance of being impaired with drugs or alcohol while working and/or may have stolen medications from a resident.
6. Report to adult protective services if applicable. (Under F609).
7. Within five (5) days, report the findings of the investigation to the administrator and to all other agencies originally notified. If alleged violation is verified, then corrective action must be taken. (F609; 483:12(c)(4)).

Diversion or Missing Controlled Medications from Facility Backup

In addition to the above steps 1-5, if medication is missing from the facility backup, which legally belongs to the medical director, contact the Drug Enforcement Administration (DEA) and file DEA Form 106. (Title 21 Code of Federal Regulations, DEA-DC-046 – Pharmacist Manual of the Controlled Substances Act, NJAC 8:39-29.1, NJSA 24:21-10).

Reporting to the DEA can be accomplished online using Form DEA-106 "Report of Theft or Loss of Controlled Substances" and must be done within 24 hours after discovery. DEA Form 106 can be completed via the Theft/Loss Reporting Online Form or download the fillable PDF version and submit to the Local Diversion Field Office.

See link at the bottom of the DEA website to report theft/loss: "RX Abuse Online" https://www.deadiversion.usdoj.gov/

For additional information request Inservice I311 to be conducted by your Pharma-Care Consultant Pharmacist.

TIME FOR A CLOSER LOOK AT BENZODIAZEPINES?

The FDA recently announced that they would be requiring an update to the Boxed Warning for benzodiazepines which will address the potential for the "abuse, misuse, addiction, physical dependence and withdrawal reactions," which may be associated with benzodiazepines , even when used as prescribed. Although benzodiazepines are approved to treat multiple medical conditions, physical dependency may develop within days to weeks of use. Abrupt withdrawal may result in symptoms ranging from tremors, vomiting and sweating to hallucinations and life threatening seizures. Abruptly discontinuing these agents should be avoided and a gradual dose reduction schedule followed if appropriate.

Although CMS has not yet changed their guidelines regarding the use of benzodiazepines in LTC, it is not unrealistic to think that the DOH may take a closer look at the prevalence and appropriateness of these agents during upcoming surveys . Perhaps it is time to take a closer look at documentation and evaluate current orders. The CMS regulation to include a 14 day duration for an initial PRN benzodiazpine order gives the facility the perfect opportunity to assess the use and evaluate the continued need for these agents. If nursing documentation supports the need and the benefit of the benzodiazepine and also indicates a lack of adverse effects, the physician may decide to continue the medication. Subsequent orders still require a duration, but may be longer than 14 days. However, consider keeping the duration to 30-60 days so that continued need may be evaluated on an ongoing basis.

Newest CDC guidelines of pneumococcal vaccinations

Recommendations for PCV13 and 23-valent pneumococcal polysaccharide vaccine (PPSV23) among immunocompetent adults aged ≥65 years[1]

Medical indication group	Specific underlying medical condition	PCV13 for persons aged ≥65 years	PPSV23 for persons aged ≥65 years
None	None of the below	Based on shared clinical decision-making†	One dose; if PCV13 has been given, then give PPSV23 ≥1 year after PCV13
Immunocompetent persons	Alcoholism Chronic heart disease‡ Chronic liver disease Chronic lung disease§ Cigarette smoking Diabetes mellitus	Based on shared clinical decision-making†	One dose; if PCV13 has been given, then give PPSV23 ≥1 year after PCV13 and ≥5 years after any PPSV23 at age <65 years
	Cochlear implant CSF leak	One dose if no previous PCV13 vaccination	One dose ≥8 weeks after PCV13 and ≥5 years after any PPSV23 at <65 years

Adapted from Table 1 in *MMWR Morb Mortal Wkly Rep.*, 2019. See pages 5 to 11 for complete details.

Download the APP from the CDC : "*PneumoRecs Vax Advisor* " to customize pneumococcal vaccination schedules based on your patient's specific health criteria.

STATE SURVEY TRENDS

These issues are from both DOH annual surveys and infection control surveys.

F880-Infection Control

- *Improperly wearing and changing of PPE-gloves, masks, face shields, gowns.*
- *Improper hand washing-not long enough, not using clean paper towel to close faucet, not using soap and water before and after gloves.*
- *Lab tech dropped gloves on the floor and used them, she also placed items on bedside table without cleaning first or using a clean barrier.*
- *Staff with personal items(phones) in resident areas.*

F761-Labeling of Medications and Biologicals

- *Expired medications on the med cart, Emergency cart (including those not in currently in use), E-Kits, Med room.*
- *Multi-dose vials opened more than 28 days.*

F755-Pharmacy services

- *Missing EPIC reviews.*

F756-DRR-

- *Pharmacy consultant reports not acted upon.*

F812-Food Services

- *Incorrect temperatures recorded.*
- *Back splash dirty.*

Other areas that have not yet been assigned an F-tag:

- *Mail not being delivered to the residents in a timely fashion.*
- *Medical director not signing PT meeting sign in sheet.*
- *Nurse using a pen from her pocket during a treatment without cleaning it.*

PPIs and Covid -19

Possible risk relationship?

A recent study published in the American Journal of Gastroenterology (Oct 2020) found that "individuals taking PPIs twice daily have higher odds of reporting positive [Covid] test results when compared to taking lower [OTC] dose once daily." Those taking H2RA did not show an increased risk. Note that both once a day and twice a day use of PPIs were associated with a significant risk of positive Covid results. An article from July 2020 in GUT, a leading journal in gastroenterology and hepatology, identified patients receiving PPIs as being at greater risk for severe outcomes from Covid-19. Although information is limited and further studies are necessary, it may be appropriate to review the risk/ benefit of the long term use of PPIs, especially at twice daily dosing which is only approved for short term use in the eradication of H. Pylori.

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

1. If EPIC has EMAR access to your facility, please remind the nurses not to fax in requests for new admissions and readmissions, only for Change of Status and Antibiotic Stewardship if your facility utilizes these types of EPICs.
2. Antibiotic Stewardship EPICs are an extra service EPIC provides that can be a part of your facilities' Antibiotic Stewardship Program.
3. Completed EPIC reviews that are emailed go out as an e-fax and are sent to individuals one at a time like a fax is. It is not a regular email where multiple email addresses can be cc'd on.
4. Please remind nurses to send only one resident's information as a single transmission. Do not group residents together.
5. Please remind nurses to fill out an EPIC cover sheet with each transmission and to be filled out clearly and completely with no abbreviations.
6. 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.
7. 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.
8. Please reach out to the EPIC Department with any concerns or questions about services at (732) 943-3573.

NJBIZ **HEALTHCARE PROFESSIONAL OF THE YEAR**
WINNER

HEALTHCARE HEROES

Harry Thibodeau
President & Chief Operations Officer
Pharma-Care, Inc.
Clark, Union County

As the leader of a health care consulting firm, Thibodeau is passionate about advocating for the most vulnerable among us. A shining example of this was when the state mandated that there be three field hospitals assembled to accommodate COVID-19 patients being discharged. Thibodeau immediately jumped to the task of helping to set up pharmacies at each location to serve those patients.