

THE QUARTERLY CONNECTION

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

Second Quarter 2021

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A new standard in the fight to reduce risk of active TB in LTC with the use of QuantiFERON TB Gold Plus

For Residents

- The risk of a disease outbreak is amplified in congregate settings, where many people share a common space and are immunocompromised by age and other medical conditions, increasing the rates of disease and death of those affected.
- Control of tuberculosis in long-term care facilities has long been a priority in the US with the goal of identifying both active and latent TB before a person enters the facility.**

National guidelines from the US Preventive Services Task Force (USPSTF) now recommend the screening of all persons entering congregate settings for LTBI.

- Long-term care facilities are at an increased risk of TB outbreaks as the elderly are particularly susceptible to infection.
- 20% of TB cases in the U.S. occur in individuals over the age of 65.
- Estimated TB disease rate for older individuals living in long-term care facilities is 23 per 100,000, compared to 10 per 100,000 in older individuals not living in long-term care facilities.
- Younger individuals who live in long-term care facilities due to medical conditions are also at risk due to weaker immune systems, increasing their likelihood to progress into full-blown disease if LTBI is present.
- The symptoms associated with coexisting conditions may obscure the relatively vague

symptoms of TB, delaying detection and treatment.





- With most long-term care facilities housing 50-200 residents, plus dozens of employees and visitors, a single outbreak can put hundreds of people at risk. It is critical for long-term care facilities to identify those individuals who have been infected by LTBI as early as possible to avoid the spread of the dangerous disease.
- Convenience: QFT can be completed in a single appointment compared to the two visit skin test process for the elderly and/or chronically ill.

For Employees

- Faster Onboarding: Single test with results in 72 hours or less v. TST 2-step requires two (2) visits with results in nine (9) days.
- Cost-effective: A 2016 study found that a specific IGRA blood test cost three-times less per LTBI case detected than the skin test and reduces overtime and temporary staffing costs.

- More Accurate: Eliminates false positives results from Bacillus Calmette–Guérin TB (BCG) vaccination and quicker identification of individuals with true LTBI that lessens the need for unnecessary chest x-rays.

- Improved TB infection-control efforts: By requiring QFT TB testing for all staff and for incoming residents, limits the introduction of a TB outbreak in the future and does not require manual documentation of results; lab generated results with EMR capability.

	BLOOD TEST	SKIN TEST
	One visit to the doctor	Two visits to the doctor
	A small sample of blood is taken	Tuberculin is injected into the skin
	Results are unaffected by BCG vaccine	Results may be affected by the BCG vaccine
	Results are determined in a laboratory	Results determined by subjective/visual assessment

Diagnosis Matters: Eliquis has multiple indications and dosing schedules. Verify that the diagnosis aligns with the order, especially during transitions of care.

RECOMMEND DOSE OF ELIQUIS BASED ON INDICATION			
DOSE	TRANSITION TO	DOSE ADJUSTMENT	ADDITIONAL INFORMATION
DVT/PE TX			
FIRST 7 DAYS: 10MG TWICE DAILY	AFTER 7 DAYS: 5MG TWICE DAILY		
DVT/PE			
AFTER 6 MONTHS OF TREATMENT FOR DVT OR PE	2.5MG TWICE DAILY		To reduce the risk of recurrent DVT/PE following initial TX
NVAF			
5MG TWICE DAILY		2.5MG TWICE DAILY For patients with 2 of the following: 80y/o or older, weight equal to or less than 60kg, SCr 1.5mg/dl or greater	Reduction in the risk of stroke/systemic embolism in NVAF
DVT - Prophylaxis - Hip replacement surgery			
2.5mg twice daily for 35 days			Initial dose should be taken 12-24 hours after surgery
DVT - Prophylaxis - Knee replacement surgery			
2.5mg twice daily for 12 days			Initial dose should be 12 to 24 hours after surgery



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Creative Care Consulting, LLC



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

- Department of Health memo dated 12/9/20 clarified Executive Directive 20-026. This requires facilities to develop and implement a Respiratory Protection Program that complies with OSHA standards for employees, and to submit an attestation of compliance to the DOH by May 30, 2021. See <https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf> for more information and guidance.
- On September 16, 2020, Gov. Murphy signed A4476 into law as P.L.2020,c87. Section 6 of this statute has a compliance date of 6/16/2021. It requires all long term care facilities to establish connectivity to the NJ Health Information Network. Facilities should be working with their EHR Vendors to ensure their organization will be in compliance by that date.

CHECK YOUR FLU VACCINES

Some Lots expired on 3/17/21, others will expire soon

State Survey Trends

1. Physician visits- charts found that had not been signed in up to 10 months. No progress notes or H&Ps.
2. Expired medications in the narcotic back up stock.
3. Expired medications in the Pyxis and Cubex machines.
4. Nurse not changing gloves at the proper times during treatments.
5. Nurse not washing hands or using Alcohol gel in between residents during med pass.
6. Unsigned DEA 222 Forms.
7. Discontinued medications found in the medication carts and refrigerators.
8. Kitchen dishwasher not closing properly.
9. Kitchen water temperature not hot enough.
10. Kitchen staff not washing hands long enough.
11. Kitchen staff not wearing masks correctly while in the kitchen.
12. Midodrine hold parameters not followed.
13. BP taken in wrong arm - dialysis patient..
14. Missing EPIC reviews-teams are looking back over many months.
15. Facility failed to meet new staffing guidelines.
16. Medications left on top of cart unattended.
17. Computer screen with resident information left opened in the hallway.
18. Pain management found to be ineffective and not addressed by the physician.

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. Please use the new EPIC cover sheets that were mailed out when faxing requests in. Old cover sheets are still being used by many facilities.
2. Please make sure to use an EPIC cover sheet when faxing requests in. Many times reviews are faxed in without a cover sheet.
3. Please make sure fax machines are sending faxes in legibly.
4. For fax-in facilities: it is important to track which New Admissions, Re-Admissions, Change of Status, Antibiotic Stewardship have been faxed in. Your facility should designate an EPIC Coordinator to maintain an ongoing log of faxed in and received EPIC reviews.
5. For EMAR access facilities: Your facility should designate an EPIC Coordinator to maintain an ongoing log of new admission/readmission names and received EPIC reviews. Along with a log of Change of Status and Antibiotic Stewardship requests that have been faxed in and received.
6. Designating an EPIC coordinator can help avoid any duplicate reviews or missing reviews.

EPIC Services has four 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.

How effective is each vaccine?

Based on each vaccine manufacturer's reported data as of February 2021, all three vaccines are highly effective at preventing COVID-19-related severe infections and deaths.

	PFIZER-BIONTECH	MODERNA	JOHNSON & JOHNSON
AGAINST DEATH	100% Effective	100% Effective	100% Effective
AGAINST SEVERE INFECTIONS	75% Effective	100% Effective	85% Effective
AGAINST ALL INFECTIONS	95% Effective	94.5% Effective	66% Effective

All percentages are calculated based on a relatively small number of events and should be viewed as estimates.



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