

THE QUARTERLY CONNECTION

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

First Quarter 2022

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Core Elements of Antibiotic Stewardship

Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic prescribing and use is critical to effectively treat infections, protect patients from harm caused by unnecessary antibiotic use, and combat antibiotic resistance.

The CDC's Core Elements of Antibiotic Stewardship ([cdc.gov/antibiotic-use/core-elements/nursing-homes.html](https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html)) offers providers and facilities a set of key principles to guide efforts to improve antibiotic use and, therefore, advance patient safety and improve outcomes. These frameworks complement existing guidelines and standards from key healthcare partner organizations, including the Infectious Diseases Society of America, Society for Healthcare Epidemiology of America, American Society of Health System Pharmacists, Society of Infectious Diseases Pharmacists, and The Joint Commission.

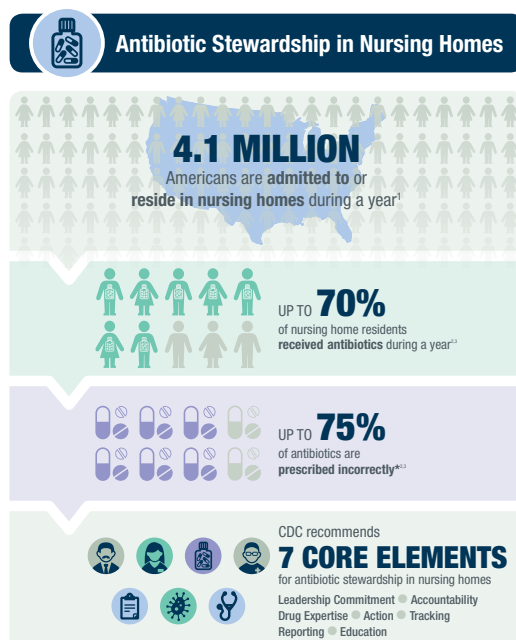
CDC recognizes that there is no "one size fits all" approach to optimize antibiotic use for all settings. The complexity of medical decision-making surrounding antibiotic use and the variability in facility size and types of care in U.S. healthcare settings require flexible programs and activities.

Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority. Antibiotic stewardship refers to a set of commitments and actions designed to "optimize the treatment of infections while reducing the adverse events associated with antibiotic use." The CDC recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use.

Antibiotics are among the most frequently prescribed medications in nursing homes, with up to 70% of residents in a nursing home receiving one or more courses of systemic antibiotics when followed over a year.

Similar to the findings in hospitals, studies have shown that 40–75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate. Harm from antibiotic overuse are significant for the frail and older adults receiving care in nursing homes. The harm include risk of serious diarrheal infections from *Clostridium difficile*, increased adverse drug events and drug interactions, and colonization and/or infection with antibiotic-resistant organisms.

See our new section of WEB|Connections Page 3



*Incorrectly = prescribing the wrong drug, dose, duration or reason

**AHRQ Quality Report 2013

***Lin CJ, King DKM, Smart RL. Reducing inappropriate antibiotic prescribing in the residential care setting: current perspectives. Clin Interv Aging. 2014; 9: 165-177.

****Nicolle LE, Bentley D, Garbadi R, et al. Antimicrobial use in long-term care facilities. Infect Control Hosp Epidemiol 2000; 21:537-45.



Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

New Drugs In the Spotlight

2021 has been a busy year for FDA approvals of new medications especially concerning treatment and prevention of the Covid virus.

There are many new agents approved for other chronic medical conditions that might be seen in LTC. Examples include:

Aptiom (eslicarbazepine acetate) is approved for mono and adjunctive therapy for partial on-set seizures. Aptiom does not require serum level monitoring or ECG monitoring, although baseline LFTs are recommended. There have been no significant drug to drug interactions with other AEDs identified. Scheduling is once a day, without regard to meals and Aptiom may be crushed easing administration to our elderly and others who have difficulty swallowing or who require administration through a g-tube. Educational information on epilepsy is offered from Sunovion at www.sunovionhealthinsights.com.

Kynmobi (apomorphine HCL) is a sublingual film approved for the treatment of "Off" episodes associated with Parkinson's disease.

Candidates for this medication:

- Must be carefully screened but those who might benefit are residents who have a therapeutic response to Carbidopa/Levodopa
- Experience clear On/Off times with their current dosing schedule.
- "Off" episodes interfere with ADLs such as eating, dressing, transferring. This medication does come with important safety and dosing information. Educational information on Parkinson's is offered by Sunovion.

Vyzulta ophthalmic drops (Latanoprostene bunod 0.024%) has been approved to decrease intraocular pressure in wide angle glaucoma and ocular hypertension. It works to decrease intraocular pressure by increasing the outflow in both the trabecular meshwork and the uveoscleral pathways. It is administered as one drop once daily at bedtime. Changes in iris and eyelid pigmentation, along with changes in eyelashes may occur and is reversible.

Unopened bottles are stored in the refrigerator, once opened Vyzulta may be stored at room temperature for 8 weeks.

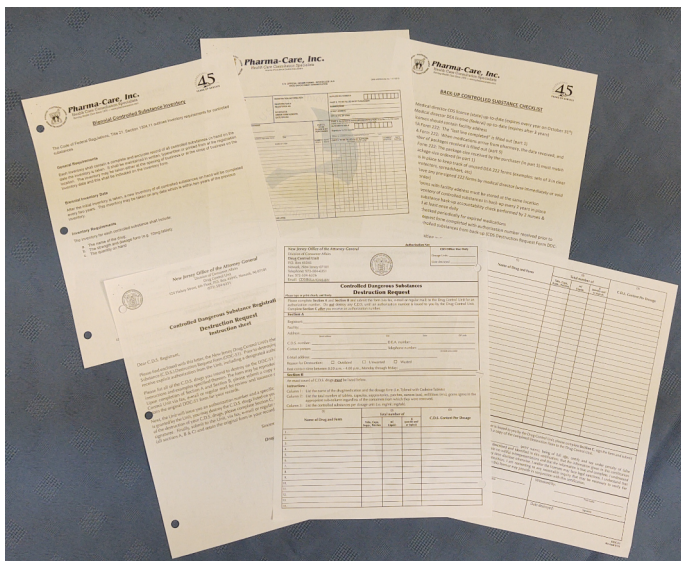
Facility Responsibility Surrounding Controlled Substances



State and Federal survey teams have placed an ever growing emphasis on all areas concerning Controlled Dangerous Substance (CDS) in Long-Term Care/Skilled Nursing facilities. It is the responsibility of the facilities administration and professional staff, with support from their pharmacy provider and consultant pharmacists to ensure that there are “safeguards and systems in place to control, account for, periodically reconcile controlled medications in order to prevent loss, diversion or accidental exposure.” (CMS reg 11/2017).

From the point of ordering to the disposition of CDS, all documents must be completely and correctly filled out and inventory properly accounted for. Keep your binder with the DEA222 forms and your Biennial Controlled Substance Inventory organized and readily available for review.

The Education Committee at Pharma-Care, Inc. has compiled information, audit tools, educational material and their websites, to support facilities efforts in these areas.



Pharma-Care In-Services H242-H242a-H242b

Review your policies and procedures around your CDS inventory periodically and reach out to your Pharma-Care consultant for any added support.

Records Needed for DEA Inspection:
Biennial Inventory
Executed or Voided DEA Forms 222
Invoices for C-III to C-V Drugs
Drug Destruction Reports
Controlled Substance Prescriptions



Supply chain interruptions of drugs and equipment

Shortages of medications and medical supplies continue to be a challenge for health care providers. Health care facilities should be proactive to minimize the impact of these shortages. Some recommendations are as follows:

- Consider several wholesalers especially the smaller ones who are often poised to better supply than the large standard companies who might prioritize hospital clients.
- Assure that your wholesaler is listing some trade name options such as Ancef and Kefzol if cefazolin is out of stock.
- Contact an FDA-approved compounding outsourced pharmacy that has been licensed in the state of New Jersey for possible supply options.
- Within corporate groups, noncontrolled items are enabled to be shared, PROVIDED that a trail of lot numbers is maintained by the lending facility should a recall be issued. The lender and not the receiver will be informed regarding recalls.
- Assure that the governing body/medical staff /anesthesia and nursing providers are informed in advance of the shortage situation.
- When ketorolac is unavailable, consider acetaminophen intravenous for post op pain management. This can mitigate opium derivative utilization.
- If 50% dextrose isn't available, you can use 25% dextrose in its place. You can also administer Lactated Ringer's and 5% Dextrose Injection.
- Minimize the use of antibiotics in GI facilities if possible.
- Purchase as many drugs "premixed" as possible. This would include, a key drug, cephazolin premixed. They may seem more expensive but consider the decreased cost of the medical supplies necessary for mixing, labeling and added nursing time.
- Key into three websites. One is the most current FDA known drug shortages, the other is the list of FDA-authorized expiration date extensions and the drug safety drug shortages.
<https://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortages>
<https://www.fda.gov/drugs/drug-safety-and-availability/drug-shortages>
<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension>
- Consider formulary options/substitutions such as other cephalosporins; cefoxitin (Mefoxin) and non-cephalosporins; clindamycin (Cleocin).

"ASC Connection" is a separate publication of Pharma-Care's Ambulatory Surgery Centers Service.



New Support Group for the Pharma-Care Companies

Pharma-Care’s “Facility Awareness”, “Educational Development”, and “Standards Committee” have been rolled into the newly formed Education Committee. Since all three of these services interface with each other it became a no-brainer to roll them into one area.

Chaired by Jennifer Balog and her team members Belinda Cella and Kelly Morris-Stephens, have the responsibility of developing and updating training materials for Pharma-Care’s - Certified Consultant Pharmacists on “Best Practice” for their daily tasks.

At the same time, much of these materials can be adapted to educate the staff at our numerous facilities, in short In-Services, to improve techniques and better serve their residents and patients.

Facility awareness is the simple creation of materials that can be used as simple reminders of safety and implementation of services ranging from Privacy Covers, Book Markers, Information Sheets, and special postings.



Examples of Pharma-Care’s - Privacy Covers, Book Markers, Information Sheets, and special postings.



Chair of the Education Committee:
Jennifer Balog, PharmD, RPh, CCP, CGP
Certified Consultant Pharmacist



Belinda Cella, RPh, CCP
Certified Consultant Pharmacist



Kelly Morris-Stephens, PharmD, RPh, CCP
Certified Consultant Pharmacist



WEB | Connections

Additional Resources for Articles in this Issue

The CDC’s Core Elements of Antibiotic Stewardship web reference
www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html



Visit Pharma-Care’s website for additional resources: www.pharmacareinc.com

STATE SURVEY TRENDS

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

1. Unit inspections: (F761)
 - a. Undated multi-dose vials/ insulin pens continue to be of issue.
Ask your consultant to provide the most updated in-service on dating items when opened, and then post the information where it is easily accessible for your nursing staff.
 - b. Refrigerator temperature logs not completed. Staff should know the facility procedure for when temperatures are outside the required range of 36-46 degrees Fahrenheit.
 - c. Expired items on the Emergency carts. This includes tubing, saline, etc. Consultants are spot checking your carts monthly, but nursing staff that sign the inventory check sheet each day must also check expiration dates.
 - d. Loose tablets/capsules in medication cart- considered unlabeled medications.
2. Expired items in the back-up inventory.
3. CDS storage and documentation (F755, F658).
 - a. Missing signatures on shift to shift log.
 - b. Missing signatures for back-up CDS count.
 - c. Expired CDS in the back-up inventory.
 - d. Pre-signed DEA 222 forms void them or use them.
 - e. Incorrectly filled out DEA 222 forms. Please check with your provider pharmacy as they are filling the orders and would not fill them if they were incorrect.
 - f. Incorrect count when spot checked by the DOH during med pass. This indicates that controlled medications administered during the current med pass were not signed out as they were administered.
 - g. Controlled drugs on the med cart that have been discontinued.
4. Medication regimen review - Survey teams are asking for Pharma-Care reports to assess follow up. Lack of follow up may be cited under multiple tags (F761, F658, F757).
5. Lab monitoring - deficiency given for not following routine lab order. Consider asking your lab account rep for an audit to ensure that the current routine orders in the cart match the order that the lab has in records.
F881 - improper procedure during dressing changes.
F658 - unlabeled /undated internal nutrition.
F686 - During wound care-failure to change gloves at appropriate times.
F540 - Failure to have adequate staff to resident ratio..

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

Did you know that EPIC also offers two other services in addition to reviewing medications for new admissions and readmissions?

These are the two other services:

Change of Status

Residents who experience a change of status as defined by the federal guidelines such as falls, bleeding, and mental status changes can have their medications reviewed.

Antibiotic Stewardship

This review addresses the use of antibiotics to improve resident outcome and possibly reduce adverse events.

NOT RECEIVING YOU EPIC REVIEWS?

EPIC Services has switched to a new SMTP (Out-going Mail Server) which means your facility may need to WhiteList our Domain to receive reviews, this prevents the reviews from going into SPAM or JUNK mail folders.. Our sending domain is "epic@pharmacareinc.com", which currently is distributing over 11,000 reviews to facilities. This is 95% of review work. 5% of the reviews are still faxed to facilities.

If EPIC has EMAR access to your facility, please remind the nurses **Do not fax in requests for new admissions and readmissions, only for Change of Status and Antibiotic Stewardship (if your facility utilizes these types of EPICs.)**

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.

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.

Please reach out to the EPIC Department with any concerns or questions about services at (732) 943-3573.



Pharma-Care, Inc.
Health Care Consultation Specialists
WWW.PHARMACAREINC.COM



Creative Care Consulting, LLC