

E.P.I.C.

Electronic Pharmacist Information Consultant
A Service of Pharma-Care, Inc. / Creative Care Consulting, LLC.

2020 EDITION

What is E.P.I.C.

We are committed to our vital role in the healthcare team by providing thorough and quick medication information for the patient's safety.

The Electronic Pharmacist Information Consultant (E.P.I.C.) is a unique pharmacy consulting service offered exclusively by Pharma-Care, Inc.; in New Jersey and their sister company Creative Care Consulting, LLC, in other states. E.P.I.C. provides a comprehensive medication review of a resident within 48 business hours of receipt.

E.P.I.C. is a proactive service that promotes positive outcomes for residents and facilities.

E.P.I.C. assists with compliance in addition to the monthly consultant visit.

E.P.I.C. for New Admission and Readmission residents in LTC facilities

New admissions and Readmissions to a long-term care facility often enter after a hospital stay. At this most critical stage in their care, the health care staff may have to wait up to 30 days for the next scheduled visit by their consulting pharmacist for a review of the resident's medication regimen. This wait puts the resident at risk for complications and possible hospitalization. Using E.P.I.C. hastens the medication review process by providing a complete and thorough assessment of an admission.

E.P.I.C. for Change of Status in a resident in LTC facilities

Residents who experience a change of status as defined by the federal guidelines can have their medications reviewed.

E.P.I.C. for Antibiotic Stewardship in a resident in LTC facilities

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

E.P.I.C. in other health care settings

E.P.I.C. use is not limited to long-term care facilities. Medication review can be a valuable tool and is available to any environment where assessing medications can impact upon wellbeing. Such environments include assisted living facilities, transitional care units, medical day care, and group homes.

E.P.I.C. reviews are available to non-client facilities as well.

E.P.I.C. is easy to use

1. Facilities that have an EMAR system and would like us to obtain direct access for new admissions and readmissions can contact us for specific instructions.
2. Facilities that have paper MAR or EMAR facilities that chose to fax in requests, can fax the completed E.P.I.C. cover sheet along with patient information to the EPIC Department at: 732-574-3469 / 732-574-3926 / 732-943-3571 / 732-943-3572.
3. The E.P.I.C. Consultant Pharmacist will review and make recommendations for the resident based on the information reasonably provided.
4. You will receive a complete, comprehensive, written assessment via fax and/or email that was provided to us within 48 business hours of receipt.

Patient benefits

- ❖ Improves quality of care
- ❖ Individually tailored assessments

Staff benefits

- ❖ Identifies potential risk of falls & hospitalization
- ❖ Identifies drug interactions
- ❖ Reduces risk of medication errors
- ❖ Early identification of potential medication side effects
- ❖ Advises nurses about proper medication administration and storage

Facility benefits

- ❖ Cost effective
- ❖ Keeps facility in compliance with Nursing Home Survey Guidelines regarding unnecessary medications and timeliness of pharmacy consultant review
- ❖ Keeps facility in compliance with the NJ State Advisory Pharmacy Regulation (NJAC8:39-30.3)
- ❖ Satisfies JCAHO requirements
- ❖ Decreases liability of facility by helping to meet facility-wide "safe medication practice guidelines"

Avoid the potentially dangerous and costly consequences of waiting up to 30 days for a medication review. E.P.I.C. provides thorough assessments at the critical intake stage.



Pharma-Care, Inc.
Health Care Consultation Specialists
Serving Health Care Since 1976 -- www.pharmacareinc.com



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POLICY:

Any facility or client wishing to use the services of the E.P.I.C. program will be advised on the use of E.P.I.C. and be provided with an E.P.I.C. Introductory packet.

PROCEDURE:

- A.** The facility should assign a team or individual to act as E.P.I.C. Coordinator(s) to establish protocols for tracking of E.P.I.C. reviews.
- B.** Advise Coordinator(s) to the placement of the "Remember the E.P.I.C." posting near the fax machine or nursing stations as a reminder.
- C.** If your facility has an EMAR system and E.P.I.C. is given access, then E.P.I.C. can go in on a daily basis and automatically do reviews for **New Admissions** and **Readmissions** without a fax request. **After we have access, please do not continue faxing in requests for new admissions and readmissions.**
- D.** Nurses will only need to continue faxing in requests for **Change of Status** and **Antibiotic Stewardship E.P.I.C.s** if the facility utilizes them.
- E.** Use the E.P.I.C. Medication Review Request form as a coversheet for fax in requests. Send in only one resident's information as a single transmission. **Do not group multiple residents in one transmission as this will delay reviews.**
- F.** Identify that the facility fax machine is set-up with CSID (Sending Number and Facility Identifier). May require your provider to set-up or adjust fax machine settings.
- G.** Send a Test Transmission from all fax machines using the provided TEST PAGE for new E.P.I.C. users.
- H.** It is important to transmit a review request on the day of admission and not two or three days later. This will allow the Consultant Pharmacist an opportunity to identify potential drug interactions or potential problems within 48 business hours of receipt.
- I.** The E.P.I.C. Consultant Pharmacist will review the POS and any other information reasonably provided and will fax and/or email the review back within 48 business hours of receipt. Facility faxes and/or emails need to be provided to the E.P.I.C. Department.
- J.** A copy of the Consultant Pharmacist E.P.I.C. review should be placed in the appropriate section of the resident's chart and acted upon by the assigned nurse in a timely manner, per facility policy.
- K.** When a response is requested from the attending physician, the facility will contact the attending physician in a timely manner, per facility policy, and will note the physician's response on the E.P.I.C. consult sheet. If the response is in the negative, the attending physician will need to indicate a short statement of the rationale for rejecting the recommendation.
- L.** **"Clinically Significant"** irregularities should be promptly communicated by the facility to the prescriber to facilitate obtaining an answer by **midnight of the next day (24 hours).**
- M.** A monthly letter is sent to the Director of Nursing with a listing of residents and the dates that reviews were conducted in the previous month.



**TEST PAGE
FACSIMILE COVER PAGE**

Facility Name: _____

E.P.I.C. FAX NUMBERS:

732-574-3469 / 732-574-3926 / 732-943-3571 / 732-943-3572

Thank you for choosing our E.P.I.C. service.

Date: _____

E.P.I.C. utilizes an automated receiving system for fax transmissions.

As part of our start-up service we request new users to transmit this special TEST PAGE to one of our displayed fax numbers above.

As important as transmitting this TEST PAGE, we also request that your facility provide a little background in case there is a dropped transmission or error in transmission.

Please make copies before filling out the information if your facility has multiple fax machines.

PLEASE PRINT CLEARLY	SENDING FAX NUMBER: _____	Fax Machine Manufacturer: _____
	Sender's Name: _____	Fax Machine Model: _____
	Sender's Call Back Number (if questions): _____	
	Sender's Email Address (if reviews are to be emailed): _____	
	----- Please provide a send back fax number if different than the sending fax number-----	
	SEND BACK FAX NUMBER: _____	

IMPORTANT: Please provide a FAX BACK NUMBER so that your facility can receive a confirmation fax in return. In many cases the Sending Fax Number used may not be the fax number where E.P.I.C. reviews are to be sent.

E.P.I.C. Service Test Page

This section of the MDS prompts performance and follow up on Drug Regimen Review findings for newly admitted and readmitted **Medicare Part A residents**. This section is filled out by the facility's **MDS department**.

Overview:

A0310. Type of Assessment	
Enter Code <input type="text"/>	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input type="text"/>	B. PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment

Section **A0310, B. 01** indicates that sections N2001 and N2003 are to be completed as part of the “5-day scheduled assessment” of newly admitted and readmitted **Medicare Part A residents**, requiring that Drug Regimen Review be completed as close to the time of admission as reasonably possible. This review begins with the medication reconciliation performed by the **nurse** when doing admission orders and continues throughout the residents **stay** under **Medicare Part A**.

Further, section N2003 requires that any **“Clinically Significant”** finding be promptly communicated **to the PRESCRIBER**, to facilitate obtaining an answer **by midnight of the next day (24 hours)**. Section N2005, to be completed on discharge assessment. Section N2005 requires clinically significant medication issues be identified and addressed throughout the **Medicare Part A stay**.

N2001. Drug Regimen Review - Complete only if A0310B = 01	
Enter Code <input type="text"/>	Did a complete drug regimen review identify potential clinically significant medication issues? 0. No - No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs 1. Yes - Issues found during review → Continue to N2003, Medication Follow-up 9. NA - Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures, and Programs
N2003. Medication Follow-up	
Enter Code <input type="text"/>	Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues? 0. No 1. Yes
N2005. Medication Intervention - Complete only if A0310H = 1	
Enter Code <input type="text"/>	Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission? 0. No 1. Yes 9. NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications



Action Plan:

To assist with compliance, Pharma-Care, Inc./Creative Care Consulting provides electronic pharmacy consultants in addition to the monthly visit.

For E.P.I.C. reviews:

1. E.P.I.C. reviews for all newly admitted and re-admitted residents will be completed by our Consultant Pharmacists within 48 hours of receipt at E.P.I.C. Services.
2. All recommendations deemed **“Clinically Significant”** will be marked as such on the review, and will be sent to the Director of Nursing, or Designee.
3. A **“Clinically Significant”** medication issue is any potential or actual issue that, in the consultant pharmacist professional judgment, warrants physician (or physician-designee) communication and completion of prescribed/recommended actions by **“midnight of the next calendar day”** (“at the latest”).
4. Clinically significant medication issues may include but are not limited to;
 - Medications prescribed despite documented medication allergy or prior adverse reaction
 - Excessive dose
 - Significant drug interactions
 - Wrong drug, dose, frequency and route errors
 - Omissions (medications missing from a prescribed regimen)

For Consultant Pharmacist Monthly DRR:

1. Charts will be reviewed monthly as part of the regular monthly visit.
2. Any **“Clinically Significant”** medication issues identified will be brought to the attention of nursing and needed action discussed while the Consultant Pharmacist is in the facility.
3. The consultant will document the medication issue in the medical record and include the issue and actions taken in the monthly report which is sent to the Director of Nursing, the physician (or physician-designee), the Administrator and the Medical Director.
4. A **“Clinically Significant”** medication issue is any potential or actual issue that, in the consultant pharmacist professional judgment, warrants physician (or physician-designee) communication and completion of prescribed/recommended actions by **“midnight of the next calendar day”** (“at the latest”).
5. Clinically significant medication issues may include but are not limited to,
 - Medications prescribed despite documented medication allergy or prior adverse reaction
 - Excessive dose
 - Significant drug interactions
 - Wrong drug, dose, frequency and route errors
 - Omissions (medications missing from a prescribed regimen)

Title: E.P.I.C. Reviews

E.P.I.C. reviews will be provided within 48 business hours of receipt from the facility. The Consultant Pharmacist shall identify, document and report actual and potential irregularities. These reviews shall be communicated to the Director of Nursing and/or Designee for distribution and action by the nursing staff and the attending physician (via email, fax or both), where appropriate. The nursing staff and attending physician or licensed designee shall respond to the **E.P.I.C.** reviews in a timely manner, per facility policy. The **E.P.I.C.** review recommendations along with the prescriber response shall be inserted as part of each resident's permanent medical record.

“Clinically Significant” irregularities shall be marked as such and included within the physician recommendations section of each **E.P.I.C.** review. Recommendations marked as **“Clinically Significant”** should be promptly communicated by the facility to the prescriber to facilitate obtaining an answer by **midnight of the next calendar day (24 hours)**.

Potentially **“Clinically Significant”** irregularities shall be defined as any finding that, in the clinical judgement of the Consultant Pharmacist reviewer, must be acted upon on or before **midnight of the next calendar day (24 hours)** for the immediate safety and wellbeing of the resident. Any physician comment that does **not** require immediate attention (within 24 hours) will not be considered a potential or actual clinically significant medication issue. These comments will be addressed by the physician according to the facility policy.



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New Admissions Policy and Procedure

POLICY:

All newly admitted residents will have their Physician Orders (POS) evaluated by the pharmacy consultant upon admission to the facility. The MAR and Hospital Discharge Medications will also be evaluated if reasonably provided.

PROCEDURE:

- A.** If you have an EMAR system and would like us to obtain direct access instead of faxing in requests, please contact our E.P.I.C. Department for specific instructions.
- B.** The assigned nurse who verifies and notes the Physician Orders is responsible to fax the following:
 - 1. The completed MEDICATION REVIEW REQUEST FORM provided by the E.P.I.C. department and CHECK OFF **NEW ADMISSION.**
 - 2. The Physician Order Sheet (**This is required.**)
 - 3. MAR and Copy of Hospital Discharge Medications (**if provided**)
- C. DO NOT SEND RESIDENT CHARTS OR MEDICAL RECORDS**
- D.** Send only **ONE** resident's information as a single transmission with the **RESIDENT'S NAME** and **FACILITY NAME** clearly printed on **ALL** sheets. **DO NOT GROUP RESIDENTS TOGETHER.** Fax to:

E.P.I.C. Department

Fax: (732) 574-3469 or (732) 574-3926 or 732-943-3571 or 732-943-3572

- E.** Within 48 business hours of receipt, the E.P.I.C. Consultant Pharmacist will evaluate the information provided and will fax and/or email the review back. The facility needs to provide the fax numbers and/or emails to the E.P.I.C. Department.
- F.** A copy of the E.P.I.C. report must be placed in the appropriate section of the resident's chart and acted upon by the assigned nurse in a timely manner, per facility policy.
- G.** When a response is requested from the attending physician, the facility will contact the attending physician in a timely manner, per facility policy, unless it is a **"Clinically Significant"** irregularity which needs to be addressed by **midnight of the next calendar day (24 hours)**. The physician's response needs to be noted on the E.P.I.C. consult sheet. If the response is in the negative, the attending physician will indicate a short statement of the rationale for rejecting the recommendation.

KEY POINT:

If your facility is utilizing an EMAR system, providing access to our E.P.I.C. Service can eliminate the need to fax in material and save nursing time - Call the E.P.I.C. Services Department for further information at 732-943-3573



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Re-Admissions Policy and Procedure

POLICY:

All readmitted residents will have their Physician Orders (POS) evaluated by the pharmacy consultant upon readmission to the facility. The MAR and Hospital Discharge Medications will also be evaluated if reasonably provided.

PROCEDURE:

- A.** If you have an EMAR system and would like us to obtain direct access instead of faxing in requests, please contact our E.P.I.C. Department for specific instructions.
- B.** The assigned nurse who verifies and notes the Physician Orders is responsible to fax the following:
 - 1. The completed MEDICATION REVIEW REQUEST FORM provided by the E.P.I.C. department and CHECK OFF **RE-ADMISSION.**
 - 2. The Physician Order Sheet (**This is required.**)
 - 3. MAR and Copy of Hospital Discharge Medications (**if provided**)
- C. DO NOT SEND RESIDENT CHARTS OR MEDICAL RECORDS**
- D.** Send only **ONE** resident's information as a single transmission with the **RESIDENT'S NAME** and **FACILITY NAME** clearly printed on **ALL** sheets. **DO NOT GROUP RESIDENTS TOGETHER.** Fax to:

E.P.I.C. Department

Fax: (732) 574-3469 or (732) 574-3926 or 732-943-3571 or 732-943-3572

- E.** Within 48 business hours of receipt, the E.P.I.C. Consultant Pharmacist will evaluate the information provided and will fax and/or email the review back. The facility needs to provide the fax numbers and/or emails to the E.P.I.C. Department.
- F.** A copy of the E.P.I.C. report must be placed in the appropriate section of the resident's chart and acted upon by the assigned nurse in a timely manner, per facility policy.
- G.** When a response is requested from the attending physician, the facility will contact the attending physician in a timely manner, per facility policy unless it is a "**Clinically Significant**" irregularity which needs to be addressed by **midnight of the next calendar day (24 hours)**. The physician's response needs to be noted on the E.P.I.C. consult sheet. If the response is in the negative, the attending physician will indicate a short statement of the rationale for rejecting the recommendation.

KEY POINT:

If your facility is utilizing an EMAR system, providing access to our E.P.I.C. Service can also eliminate the need to fax in material and save nursing time - Call the E.P.I.C. Services Department for further information at 732-943-3573



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Change of Status Policy and Procedure

POLICY:

Residents who experience a change of status as defined by the federal guidelines can have their medications reviewed by a licensed pharmacist.

PROCEDURE:

A. The assigned nurse is responsible to fax in the following:

1. The completed MEDICATION REVIEW REQUEST FORM provided by the E.P.I.C. department
CHECK OFF **CHANGE OF STATUS**, and any of the event(s) to be evaluated in a "Change of Status".
2. The Physician Order Sheet

B. DO NOT SEND RESIDENT CHARTS OR MEDICAL RECORDS

C. Send only **ONE** resident's information as a single transmission with the **RESIDENT'S NAME** and **FACILITY NAME** clearly printed on **ALL** sheets. **DO NOT GROUP RESIDENTS TOGETHER.** Fax to:

E.P.I.C. Department

Fax: (732) 574-3469 or (732) 574-3926 or 732-943-3571 or 732-943-3572

D. Within 48 business hours of receipt, the E.P.I.C. Consultant Pharmacist will evaluate the information provided and will fax and/or email the review back. The facility needs to provide the fax numbers and/or emails to the E.P.I.C. Department.

E. A copy of the E.P.I.C. report must be placed in the appropriate section of the patient's chart and acted upon the assigned nurse in a timely manner, per facility policy.

F. When a response is requested from the attending physician, the facility will contact the attending physician in a timely manner, per facility policy unless it is a "**Clinically Significant**" irregularity which needs to be addressed by **midnight of the next calendar day (24 hours)**. The physician's response needs to be noted on the E.P.I.C. consult sheet. If the response is in the negative, the attending physician will indicate a short statement of the rationale for rejecting the recommendation.



FAX TO:

732-574-3469 / 732-574-3926 / 732-943-3571 / 732-943-3572

MEDICATION REVIEW REQUEST

Date Transmitted _____

PLEASE PRINT CLEARLY

Facility: _____
Resident Last Name: _____ First Name: _____

Doctor: _____ Room _____ Bed: # _____ Gender: M OR F Floor/Unit _____

Date of Birth: _____
Admission/Re-Admission Date: _____

Allergies:

SELECT ONE ONLY: NEW, RE-ADMISSION OR CHANGE OF STATUS

NEW ADMISSION POS ATTACHED

Also if provided: MAR Hospital Discharge Medications

RE-ADMISSION POS ATTACHED

Also if provided: MAR Hospital Discharge Medications

CHANGE OF STATUS REPORT "Please check event(s) to be evaluated in 'Change of Status' "

<input type="checkbox"/> Anorexia and/or Unplanned Weight Loss or Weight Gain	<input type="checkbox"/> Headaches, Muscle Pain, Generalized or Nonspecific Aching or Pain
<input type="checkbox"/> Behavioral Changes, Unusual Behavior Patterns (Including Increased Distressed Behavior)	<input type="checkbox"/> Rash, Pruritus
<input type="checkbox"/> Bleeding or Bruising, Spontaneous or Unexplained	<input type="checkbox"/> Respiratory Difficulty or Changes
<input type="checkbox"/> Bowel Dysfunction Including Diarrhea, Constipation and Impaction	<input type="checkbox"/> Sedation (Excessive), Insomnia or Sleep Disturbance
<input type="checkbox"/> Dehydration, Fluid/Electrolyte Imbalance	<input type="checkbox"/> Seizure Activity
<input type="checkbox"/> Depression, Mood Disturbance	<input type="checkbox"/> Urinary Retention or Incontinence
<input type="checkbox"/> Dysphagia, Swallowing Difficulty	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Falls, Dizziness or Evidence of Impaired Coordination	_____
<input type="checkbox"/> Gastrointestinal Bleeding	_____
<input type="checkbox"/> Mental Status Changes (e.g. New/Worsening Confusion, New Cognitive Decline, Worsening of Dementia (Including Delirium))	_____

Request Sent By _____ Call Back Phone Number if Questions: _____

FaxBack Number (if different than CSID*) _____ Number of Pages (Plus this Cover Sheet) _____

Email Report to: _____ Make this permanent

* CSID is the fax/phone number entered into your fax machine as Client Identification - ** One Patient per transmission

NOTE: COMPLETION OF THIS FORM INDICATES THAT THE FACILITY UNDERSTANDS THERE WILL BE A CHARGE FOR THIS REVIEW BASED ON ITS CURRENT CONTRACT



Antibiotic Stewardship Policy and Procedure

POLICY:

The goal of Antibiotic Stewardship is to address the use of antibiotics in order to improve resident outcomes and possibly reducing adverse events. The Antibiotic Stewardship EPIC can be an added assessment to your Antibiotic Stewardship Program.

PROCEDURE:

A. The assigned nurse is responsible to fax the following:

1. The completed Antibiotic Stewardship EPIC Request Form
2. The Antibiotic order (This is required)
3. The Culture and Sensitivity (if ordered and available)

B. DO NOT SEND RESIDENT CHARTS OR MEDICAL RECORDS

C. Send only **ONE** resident's information as a single transmission with the **RESIDENT'S NAME** and **FACILITY NAME** clearly printed on **ALL** sheets. **DO NOT GROUP RESIDENTS TOGETHER.** Fax to:

E.P.I.C. Department

Fax: (732) 574-3469 or (732) 574-3926 or 732-943-3571 or 732-943-3572

D. Within 48 business hours of receipt, the E.P.I.C. Consultant Pharmacist will evaluate the information provided and will fax and/or email the review back. The facility needs to provide the fax numbers and/or emails to the E.P.I.C. Department.

E. A copy of the E.P.I.C. report must be placed in the appropriate section of the resident's chart and acted upon by the assigned nurse in a timely manner, per facility policy.

F. When a response is requested from the attending physician, the facility will contact the attending physician in a timely manner, per facility policy unless it is a **"Clinically Significant"** irregularity which needs to be addressed by **midnight of the next calendar day (24 hours)**. The physician's response needs to be noted on the E.P.I.C. consult sheet. If the response is in the negative, the attending physician will indicate a short statement of the rationale for rejecting the recommendation.

KEY POINT:

The Consultant Pharmacist will have the opportunity to review within 48 business hours if any dosage changes need to be made depending on renal function. Each antibiotic order will be reviewed for completeness (name, dosage form, dose, route, frequency, duration and diagnosis) as well as possible allergic reactions based on the allergy information provided. If provided, the culture and sensitivity report will be reviewed for organism identification as well as susceptibility and resistance based on the antibiotic prescribed.



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FAX to : 732-574-3469 or 732-574-3926

ANTIBIOTIC STEWARDSHIP PHARMACIST REVIEW REQUEST

PLEASE PRINT CLEARLY

Date Transmitted: _____

Facility: _____ Unit: _____

Resident Last Name: _____ First Name _____

Doctor: _____ ROOM/BED# _____ Gender M or F

Age: _____ Height: _____ Weight: _____

Most Recent Serum Creatinine (SCr) _____

Allergies: _____

PLEASE INCLUDE THE PROPER ATTACHMENTS TO AVOID ANY DELAYS

REASON FOR REVIEW:

- New Antibiotic Ordered
- Antibiotic Order Changed
- New Culture and Sensitivity Results Available

ATTACHMENTS:

- Antibiotic Order (Attach printed physician order sheet for EACH antibiotic ordered)
- Culture and Sensitivity (if ordered and available)

Request Sent By _____ Call Back Phone Number if Questions: _____

FaxBack Number _____ Number of Pages (Plus this Cover Sheet) _____

NOTE: COMPLETION OF THIS FORM INDICATES THAT THE FACILITY UNDERSTANDS THERE WILL BE A CHARGE FOR THIS REVIEW BASED ON ITS CURRENT CONTRACT

Remember the following pieces of important information for EMAR access reviews:

1. Your facility should designate an E.P.I.C. Coordinator to maintain an ongoing log of new admissions/readmissions and received E.P.I.C reviews. Along with a log of Change of Status and Antibiotic Stewardship requests that have been faxed in.
2. Please make sure information is reasonably provided within the EMAR system. If additional information is provided after the initial review is completed, it will be treated as a new request and a new review will be created, returned, and invoiced for review services.
3. **Please do not fax in requests for new admissions/readmissions once access is provided**, only for Change of Status and Antibiotic Stewardship.

Remember the following pieces of important information for fax-in requests:

1. Note that E.P.I.C. Services utilizes an automatic fax receiving system which timestamps all in coming fax-in reviews and forwards them to the E.P.I.C. Consultant Pharmacists.
2. To avoid charges for duplicate E.P.I.C. reviews of the same resident, it is important to track which New Admissions, Re-Admissions, Change of Status, Antibiotic Stewardship have been faxed in. Your facility should designate an E.P.I.C. Coordinator to maintain an ongoing log of sent and received E.P.I.C. reviews.
3. Fill out the E.P.I.C. cover sheet for fax-in requests. Clearly **Fill Out** all of the resident's information and please do not abbreviate the facility's name. Please select what type of E.P.I.C. is being requested.
4. Send only one resident's information as a single transmission. **DO NOT GROUP RESIDENT'S TOGETHER.**
5. Send resident information on the **DAY OF ADMISSION** or **DAY OF CHANGE IN STATUS**. Do Not Wait for a Later Date!
6. Be sure to include the **Physician Order Sheet!** Please make sure the resident's name and name of the facility is on all pages of the POS.
7. If additional information is sent after the initial review has been completed or if more than one review request is received for a resident after a 72 hour period, it will be treated as a new request and a new review will be created, returned, and invoiced for review services.
8. Include the fax and/or email to be used for the return of the **E.P.I.C. Review**. In some instances, it may be different than the sending machine's CSID #. *Example below is how the top of fax page should look.*

12/25/2014 1:53 PM FROM: 732-574-3469 - EPIC. TO: (732) 555-5555 Page 001 OF 003

In many cases, the missing CSID number is the most important factor causing difficulties for E.P.I.C. Most fax machines and multi-function machines on the market today have simple instructions for establishing both a resident telephone number and company name for outgoing faxes. It should take no longer than 15 minutes to complete.

Instructions can be found on the internet by searching for your make and model or call the company that installed the machine or provided the machine.

CAUTION: *If your machine is supplied by a Lab or Pharmacy Provide, it is important that when they swap out machines, they also reset the CSID to match the facility where the machine is located.*

The Telephone Consumer Protection Act of 1991 makes it unlawful for any person to use a computer or electronic device to send any message via a telephone fax machine unless such messages clearly contain, in a margin at the top or bottom of each transmitted page, or on the first page of the transmission, the date and time it is sent and an identification of the business or other entity or other individual sending the message and the telephone number of the sending machine or such business, other entity or individual.



DO NOT SEND TO E.P.I.C. SERVICES, FORWARD TO FACILITY FAX (###) ###-####

Pharma-Care, Inc.
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WWW.PHARMACAREINC.COM

Printed: MM/DD/YYYY

To: Example Facility Name
Attn: *Usually sent to the Director of Nursing*
From: *Consultant Pharmacist*
Subject: **Electronic Pharmacist Information Consultation**
Date: Date of Review

Patient: Example Last Name, First Name
Room: 2nd Floor – Room 2012
Physician: Dr. John Doe

Nursing Recommendations:

1. **Clinically Significant** Patient profile shows an allergy to Codeine Phosphate, Morphine and Dilaudid. A possible allergic reaction may occur with Demerol. Be sure to document what actions were taken by nursing and pharmacy about the use of Demerol and what instructions were issued by the physician.
2. Identify and monitor target behaviors for the use of clonazepam.
3. Do not exceed the use of three (3) grams of acetaminophen per day from ALL sources, or as per facility policy.
4. Do not crush Protonix.
5. Please chart a blood pressure and pulse rate weekly (or as per facility policy) with the administration of diltiazem.

Nurse Signature

Date

1 of 1

136 Central Avenue – Clark, NJ 07066 – Telephone: 732-943-3573 – Fax: 732-574-3469 / 732-574-3926



DO NOT SEND TO E.P.I.C. SERVICES, FORWARD TO FACILITY FAX (###) ###-####

Pharma-Care, Inc.

Health Care Consultation Specialists
WWW.PHARMACAREINC.COM

Printed: MM/DD/YYYY

To: Example Facility Name
Attn: Usually sent to the Director of Nursing
From: Consultant Pharmacist
Subject: **Electronic Pharmacist Information Consultation**
Date: Date of Review

Patient: Example Last Name, First Name
Room: 2nd Floor – Room 2012
Physician: Dr. John Doe

Physician Recommendations:

1. **Clinically Significant** Patient profile shows an allergy to Codeine Phosphate, Morphine and Dilaudid. A possible allergic reaction may occur with Demerol. Be sure to document what actions were taken by nursing and pharmacy about the use of Demerol and what instructions were issued by the physician.

Response: Accepted Not Accepted

Comment or Reason for not accepting: _____

2. In the geriatric population, Klonopin increases the risk of cognitive impairment, delirium, falls, and fractures. If continuing present therapy, please document the risk vs. benefit.

Response: Accepted Not Accepted

Comment or Reason for not accepting: _____

Physician's Signature

Date

REMEMBER THE E.P.I.C.

E.P.I.C.

Electronic Pharmacist Information Consultant
A Service of Pharma-Care, Inc. / Creative Care Consulting, LLC.

NEW ADMISSIONS,
READMISSIONS,
CHANGE IN STATUS,
ANTIBIOTIC STEWARDSHIP

EMAR System?

- If EPIC already has direct access to your EMAR System there is NO NEED to fax New Admissions or Readmissions.
- Direct daily access saves time.
- Check: If EPIC doesn't have access to your EMAR System call today (732) 943-3573.

No EMAR SYSTEM?

- You MUST use an EPIC Coversheet, assemble a single resident's information and then FAX to one of our 4 fax numbers.

**Change of Status &
Antibiotic Stewardship
request MUST be faxed with Coversheet**

Reviews returned within 48 business hours of receipt.

FAX NUMBERS **732-574-3469** **732-574-3926**
732-943-3571 **732-943-3572**

OUT OF the State of New Jersey USE 800-957-8486



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For Additional Information: Call 732-943-3573 or email: EPIC@pharmacareinc.com

136 Central Avenue - Clark, New Jersey 07066 - E.P.I.C. Services Department