

the Remedi Pulse

MED PASS /
MEDICATION
STORAGE



A CLINICAL AND REGULATORY UPDATE FROM REMEDI SENIORCARE

JULY 2015

Survey Solutions

with William Vaughan, BSN, RN
VP of Education & Clinical Affairs

The Medication Pass: Can We do Better?

In 2014, according to the website www.data.medicare.gov, there were 104,578 federal deficiencies cited in nursing homes nationwide. Of those, 1,618 or approximately 1.5% were written after surveyors observed a medication pass and calculated the medication error rate to be at least five percent. While error free administration of medications is the gold standard, federal nursing home regulations at F332 actually allow for error rates up to five percent before a deficiency is cited (provided none of the errors are significant).

A medications error, per the guidance to surveyors, occurs when the nursing staff fails to administer a medication in accordance with

1. The prescriber's order
2. The manufacturer's specification, and/or
3. Accepted professional standards and principles

To identify specific practices that consistently results in medication errors, we undertook a multi-state review of actual deficiencies cited under F332 during 2014. Those practices and recommendations to

address them are described below:

MED ERROR #1:

Failure to administer what the prescriber ordered

To improve compliance with this leading cause of medications errors, facilities should examine how medications orders are written and critically evaluate the clinical importance of each component. For example, Digoxin ordered to be given daily at 9 am is a much more restrictive order than one that simply instructs the staff to administer it once per day. In the case of the first order, administering the drug at noon would by definition be an error, while doing so in the context of the second order would not. Interestingly, due to its long half-life administering Digoxin at noon versus 9am is not clinically significant.

MED ERROR #2

Failure to administer medication consistent with professional standards and principles

Some examples of this second most
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FOR MORE INFORMATION
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Please do not hesitate to contact your Remedi Consultant Pharmacist or Account Manager if you have any questions or concerns.

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Tips for Keeping the Summer-Fun Safe this Season

Prepared by Sarah Brett, Pharm.D., Clinical Consultant Pharmacist

The season of sunshine and fun times is finally upon us! For most of us, summertime means taking time to enjoy the warm weather and sunshine outdoors. Review these tips to help our resident's make the most out of this summer.

STAY HYDRATED

Dehydration is a dangerous problem that can lead to several adverse consequences and even hospitalization. Elderly persons become even more susceptible to dehydration, as their sense of thirst and ability to conserve water decreases. The use of certain medications may also increase one's risk for dehydration including:

- Diuretics
- Laxatives
- Lithium
- Fentanyl

Prevent dehydration by maintaining adequate fluid intake.

KEEP YOUR COOL

As the temperature rises, so does the risk of heat-related illnesses and the dangers associated with them. Individuals, who are most at risk for these illnesses, include the elderly, obese, and those who have chronic medical conditions, such as cardiac, pulmonary, and psychiatric disorders. One may also be more sensitive to heat stress, if taking certain medications such as:

- Antipsychotic agents
- Thyroid hormones
- Medications with anticholinergic effects
 - Cogentin
 - Scopolamine
 - Benadryl
 - Ditropan

When temperatures get extreme, it is important to stay in air-conditioned areas as much as possible, wear appropriate clothing, and give baths or use cool cloths.

FUN IN THE SUN – SAFELY

EVERYONE should wear sunscreen, which should be applied liberally 30 minutes before heading out. Wearing sunglasses is also important along with allowing time to adjust to diminished light when heading indoors. These precautions become especially important when taking medication that may cause an increase in sun sensitivity. Common photosensitizing medications include:

- Certain antibiotics (doxycycline, tetracycline, Cipro, Levaquin, Bactrim)
- Diuretics (Lasix, hydrochlorothiazide)

- NSAIDs
- Sulfonylureas
- Antidepressants
- Statins
- Amiodarone

Many other medications may also contribute towards photo sensitivity, making it important to avoid sun exposure whenever possible. Contact your pharmacist if you have any questions regarding a specific medication

CELEBRATE IN MODERATION

Certain events taking place this season will provide an opportunity to celebrate and relax with an alcoholic beverage. With that said, there are a few extra precautions to keep in mind.

Since alcohol is a diuretic, it is important to drink plenty of water before, during, and after, in order to stay adequately hydrated. Drinking alcohol can also impact judgment, making it more difficult to self-recognize symptoms of heat-related illness. Alcohol can not only cause a decrease in blood sugar, but also mimic common symptoms of hypoglycemia, such as dizziness and confusion. While it may be difficult to impede on one's decision to enjoy alcohol in moderation, there are certain situations that require an intervention to prevent an adverse outcome. If taking a CNS-depressing medication, such as a benzodiazepine, muscle relaxant, or opioid, it is important to understand how alcohol may increase these effects. Medications that interact with alcohol may cause reactions that result in immediate and severe hangover-like symptoms. These include metronidazole, tinidazole, and sometimes Bactrim. Always be sure to promote responsible drinking and maintain a safe environment whenever alcohol is involved.

These are just a few tips to have in mind to help keep everyone safe this season and keep the good times as fun and enjoyable as possible.

ENJOY, AND HAVE A SAFE AND HEALTHY SUMMER!

References:

Drug Facts and Comparisons. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; June 2014.

Health Care Council of Illinois. "Keeping the elderly safe during summer heat waves." Breaking News. Illinois Council on Long Term Care, 7 Aug. 2009. Web. 26 June 2015. <http://www.nursinghome.org/breaking.html>

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MEDICATION STORAGE TIPS

Prepared by: Janee Parson, Pharm.D., Lead Consultant Pharmacist, Mid-Atlantic Region

We all know the basics of medication storage - keep your med carts locked, date your insulin vials/pens, count your narcotics between shifts...but there is more to it if you want a discrepancy-free monthly unit inspection report. Here are some reminders regarding the most common discrepancies found during medication storage inspections:

EMERGENCY BOXES

- Complete the replacement request form in its entirety, as per your pharmacy policy
- Complete the usage form to ensure proper billing is assessed
- Re-lock the box with the provided break-away lock

CONTROLLED SUBSTANCES

- Promptly remove unwanted medications per facility policy
- Monitor PRN controlled substances for expiration date
- Be sure you are documenting the use of your controlled substances on the declining inventory form AND on the MAR - for each entry on the declining inventory sheet, there should be an entry on the MAR for the same

MEDICATION CARTS

- Separate non-oral and oral medications in the cart. Inhalers, eye preparations, ear preparations, nasal sprays, injectables, topicals, and wound care items/supplies should NOT be stored in the bins/drawers with oral tablets/liquids
- If space does not allow complete separation into different drawers, make every effort to separate within the same drawer - use dividers to create separate spaces within the same drawer
- Do NOT save loose unit dose tablets/capsules that were not administered for whatever reason (discontinued order, refusal, etc.) - loose unit dose medications are considered non-labeled medications
- Date medications which have a shortened expiration date, including:
 - Advair® diskus: expires 30 days after removing from foil pouch
 - Latanoprost (Xalatan®) ophthalmic drops: expire 42 days after opening *Note: once opened, bottle may be stored in medication cart, refrigerate until opened
 - Acetylcysteine (Mucomyst®): vials expire 96 hours after opening
 - Levalbuterol (Xopenex®) inhalation solution: use within 14 days of opening foil pouch

***This list is not all inclusive of short-dated products. Please ask your Remedi representative to provide you with a more comprehensive listing of short-dated products.*

MEDICATION REFRIGERATOR

- Only medications are stored in this refrigerator; if nutritional supplements or items used for med pass (applesauce, pudding, etc.), are stored, separate these items from the medications
- Date medications with a shortened expiration date, including but not limited to:
 - PPD test (Aplisol®, Tubersol®) vials: expire 30 days after opening
 - Influenza vaccines: expire 28-30 days after opening depending on manufacturer
 - Lorazepam (Ativan®) intensol liquid: expires 90 days after opening
- Maintain refrigerator temperature between 36°-46°F
- Accepting sensitive medications, such as insulin from family members especially in the summer season, is not recommended, because the potential for unsafe storage (such as a hot car) could alter the effectiveness and, therefore, safety of the medication

Following these simple tips will help keep your facility in compliance and assure your residents receive properly stored medications.

CUSTOMER SATISFACTION SURVEY

Remedi SeniorCare strives to meet and exceed the expectations of the nurses, staff, and residents we serve. To achieve this on-going commitment, we will be conducting a Customer Satisfaction Survey this summer.

Be on the lookout for an email with a link to this electronic questionnaire.

We thank you in advance for taking the time to complete the survey and share your experiences with us.

Nurse of the Month

DANIELLE WILLIAMS, LPN

Otterbein Senior Lifestyle Choices at Lebanon, OH



CONGRATULATIONS to Danielle Williams, LPN, at Otterbein Senior Lifestyle Choices at Lebanon, Ohio for being chosen as the Remedi “Nurse of the Month.” Danielle was nominated by Sharon Strunk, RN, Director of Health Services. Per Sharon, “Danielle has been a facility partner for ten years and is a nurse on the memory support neighborhood. I wanted to nominate Danielle as nurse of the month as she is always the picture of not only a nurse, but a loving, patient, and gentle lady, who happens to be a nurse. She shows compassion, genuine concern, and patience with all residents. Recently, our campus had an unfortunate incident, which forced the movement of several independent residents. During the time that the residents were waiting in another building, Danielle came to check on them. She comforted them and ensured that they were drinking fluids and were warm and comfortable. As the evening progressed, the residents were taken to a local hotel for the night. Danielle went to the hotel after she ended her shift, where she again was a familiar face to make the residents feel safe, secure, and cared for. Even though she was off for the night and had a family to go home to, she chose to go above and beyond and check-in with the residents. She

truly made their night better. I feel privileged and very fortunate to have the pleasure of calling Danielle a ‘partner.’”

Remedi acknowledges a “Nurse of the Month” in each of our newsletters. DONs/ADONs/LNHAs, now is the time for you to reward the nurse(s) at your facility, who exemplify excellence in nursing practice. The “Nurse of the Month” will receive an award and a certificate of commendation from Remedi. Please submit the following information: nominated nurse’s name/title, facility name, state, years at facility, years of experience and why this nurse should be chosen, such as leadership abilities, clinical expertise, teamwork, professional and personal strengths.

Email your Nurse of the Month nomination(s) by the 30th of the month to Rebecca.Ogden@RemediRx.com. Nurses Rock!!

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frequent cause of medication errors cited in multiple states are:

- Failure to rinse after the inhalation of steroids
- Crushing medications despite manufacturer’s warning to the contrary
- Failing to prime needles on insulin pens
- Administering eye drops or multiple inhalers without allowing for adequate time between doses
- Appropriately crushing medication but then leaving significant amounts of the drug in the medication cup after administration

Facilities should routinely observe staff while performing a medication pass, looking for and correcting deviations from recognized standard of practice.

MED ERROR #3

The use (or perhaps misuse) of electronic health records

Several medication pass deficiencies focused on technology related inconsistencies between the order and medication administration record to poor prescriber training resulting in incomplete and inaccurate orders. This risk to residents is clear. Facilities should routinely audit all medication management aspects of their EHRs and work aggressively to correct identified deficiencies.

MED ERROR #4

Failure to comply with manufacturer’s specifications

While an infrequent citation, several deficiencies inappropriately held facilities accountable to comply with manufacturer’s recommendations rather than specifications. In one case, a facility was cited for administering Synthroid after breakfast. While the manufacturer notes that Synthroid is best absorbed on an empty stomach, this observation does not rise to the level of a manufacturer’s specification. Assistance with disputing such erroneous deficiencies is available through Remedi’s Account Managers and Consultant Pharmacists.

Coming next month ... more on the med pass including a deep dive into timing errors and a look at the impact of policies and procedures on citing medication errors.

Note: Bill was a surveyor with the Maryland State Survey Agency from 1988 until 2001. He became Chief Nurse of the agency in 2001 and remained in that position until joining Remedi SeniorCare in 2013.

References:

¹https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf (page 482)