

WELCOME

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Rx

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- About the topic being presented —
 - ❖ Click on the **Q&A** icon at the bottom of your screen
 - ❖ Type your question & hit Enter
 - ❖ Questions will be answered at the program's end, or offline if time runs out

- About technical issues or CE credit —
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Housekeeping notes

- ▶ This webinar is being recorded for on-demand access later, after the series' conclusion
- ▶ To earn CE, you must attend the entire session
- ▶ **For those sharing a computer**
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 - Each participant must complete an evaluation to obtain CE credit
 - Instructions will also be emailed to the program registrant



INTRODUCTION

Be Prepared and Survey Ready

Preparedness is the ultimate
confidence builder.

Vince Lombardi

quote fancy

Barbara Hackel

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Objectives



- Better navigate the survey process, particularly medication-related considerations.
- Explore best practices for ongoing survey readiness including areas where a pharmacy partner can support your efforts.
- Discuss options and resources for developing plans to resolve medication management issues raised during the survey process.

How do we get there?

- ▶ Get ready & stay ready
- ▶ Survive & thrive during survey
- ▶ What's next



Getting ready— it starts at the beginning

Admissions/move-ins are key

- ▶ *What processes do you have in place to protect residents, yourself & your building?*
 - Reviewing & reconciling orders
 - Looking for transcription errors?
 - Double-checking entries into an eHR/eMAR?
 - Your standard med pass times

Hospital discharges



- ▶ *If they arrive with meds from the hospital, do their discharge orders match these items?*
- ▶ *Are there “carryover” orders on the transfer sheet?*
 - Meds used for the original acute illness?
 - PRNs used only in hospital (PPIs)?
 - Conflicting PRN orders?
- ▶ *If they’re long-term residents, how do discharge orders compare with their previous med list?*

Admissions/move-ins from the community

- ▶ *Are families providing meds?*
 - Do they match your physician orders?
 - Are meds brought into your facility compliant with regulations?
 - ❖ Labeled appropriately?
 - ❖ Stored appropriately?
 - ❖ Are they in date?

Common issues with meds from home

- ▶ Eye GTTS (keep in dispensed bag or box)
 - Good until manufacturer expiration date
 - If PRN GTTS are not being used, may want to request D/C and discard
 - Latanoprost eye GTTS – expire 42 days after opening
- ▶ Acetylcysteine
- ▶ Inhalers
 - Opened & dated at pharmacy before delivery (Forum)
 - Do not give after expiration date

Readmissions

- ▶ Remove any meds not re-ordered
 - Include dose changes that cannot be administered using existing strengths
- ▶ Avoid duplication—notify pharmacy of any meds available from before hospital stay

Getting ready— start auditing

- ▶ Your pharmacy partner can help you make a plan
- ▶ Their expertise can help get staff survey ready



Medication/Tx auditing

- ▶ Documentation
- ▶ Packaging
- ▶ Equipment
- ▶ **Storage**
- ▶ **Administration**



Physician orders/documentation

- ▶ Are i's dotted and t's crossed?
- ▶ Signatures
- ▶ eHR/eMAR:
 - Are nurses proficient in procedures that affect medication dispensing & administration
 - Are your orders reconciled with pharmacy's?

Packaging

- ▶ Are all medications accurately labeled?
 - PRNs
 - OTCs
 - Supplements

Equipment & storage

- ▶ Carts
- ▶ Medication rooms
- ▶ Medication refrigerators



Cold storage meds

- ▶ Acetylcysteine
- ▶ Insulin
- ▶ Latanoprost (before opening)
- ▶ Lorazepam Intensol
- ▶ Procrit
- ▶ TB test solutions
- ▶ Vaccines



Hospice medications

- ▶ Included in counts
- ▶ Remember refrigerated items:
 - Dilaudid Liquid (only 4:1 concentration)
 - Compounded MSO4?

Temperature logging

- ▶ Twice-daily temperature checks?
- ▶ Are thermometers present?
- ▶ Temperature logs maintained?



Controlled substances

- ▶ Shift counts, including refrigerated & hospice meds
 - Accurate tools for measuring liquids
- ▶ CII vs CIII-V storage
- ▶ Documentation in order?
- ▶ Electronic prescriptions
- ▶ Destruction process

Getting ready— anticipate areas of concern

- ▶ Related to pharmacy, everything ultimately hinges on the success of administration observations

Area of concern: Medication pass

- ▶ Difference between real-world & what the surveyor expects
- ▶ Administration in accordance with
 - Prescriber order
 - Manufacturer specs in preparation and/or administration
 - Accepted professional standards & principles
- ▶ Med-pass observations

Potential med pass issues

- ▶ Med pass observation error rates:
 - >5% = tag (SNF)
 - 0% = tag (MR/DD/ICF)
- ▶ Observations include:
 - Rights of medicine
 - Technique
- ▶ Significance of med errors:
 - Could cause resident discomfort
 - Could jeopardize health & safety

Area of concern: Crushing medications

▶ Oral:

- Is med crushable
- Crushed separately
- Were all meds given?

▶ Via feeding tube:

- Flush before, after each med & after
- Crushed & given separately in 10 cc warm water
- Head of bed elevated
- Tube monitoring (F-693)

Area of concern: Treatment observation

- ▶ Technique reviewed
- ▶ Hand hygiene
- ▶ Disposal of items used
- ▶ Treatment observations

Area of concern: Pain management

- ▶ If pain present, is it adequately controlled?
- ▶ Was medication given prior to care/Tx or dressing change?
- ▶ Documentation

Areas of concern: IVs/central lines

- ▶ Line management care & management (F-694)
 - Hand hygiene & PPE
 - Use of infusion equipment, supplies
 - Maintaining vascular access

- ▶ IV/Central line medication/fluid administration
 - Assessments
 - Fluid/line labeling & dating
 - Aseptic technique
 - Safe prep, admin, maintenance & D/C
 - Infection site prevention
 - Documentation

And then there's COVID

- ▶ Enhanced enforcement for infection control deficiencies—includes low-level, isolated IC citations:
 - Proper hand-washing
 - Proper use of PPE
- ▶ Quality improvement organization support:
<http://www.qioprogram.org/locate-your-qio>

COVID survey triggers for SNFs (since Jun 2020)

- ▶ Focused Infection Control (FIC) on-site surveys triggered within 30 days of a previous outbreak where:
 - Cumulative confirmed cases/bed capacity at $\geq 10\%$ OR
 - Cumulative confirmed cases/bed capacity at $\geq 20\%$ OR
 - >10 deaths reported due to COVID

- ▶ FIC on-site surveys triggered within 3–5 days of identification of:
 - ≥ 3 new COVID-19 confirmed cases since NHTS report OR
 - 1 confirmed resident case in a facility previously COVID-free

2021 FIC survey 3-5-day triggers for SNFs

- ▶ Multiple weeks of new COVID cases
- ▶ Low staffing
- ▶ Special focus facilities
- ▶ Concerns about outbreak testing
- ▶ IJ allegations or complaints related to areas such as abuse or quality of care



It's survey time!



1st pharmacy-related steps

- ▶ Notify your pharmacy partner of survey as soon as you can
- ▶ Check medication availability
- ▶ Collect documentation for any meds not on site

Let pharmacy help you

- ▶ Pharmacy can work behind the scenes or provide assistance with surveyors on medication-related issues
 - On site
 - Off site



Your pharmacy partner can provide reference materials

KEY INFORMATION ABOUT COMMON INSULINS											
INSULIN (Keep refrigerated until 1 st use)			VIALS (May keep at room temp after opening)				PENS (MUST keep at room temp after 1 st use)				
Brand Name	Generic Name	Onset	Appearance	Concentration	Volume	Discard After Opening	Pen Name	Concentration	Volume	Preparation of New Pens	Discard After 1 st Use
Admelog	Lispro	Rapid	Clear	100 U/mL	10 mL	28 d	Solostar	100 U/mL	3 mL	Prime w / 2 U	28 d
Apidra	Glargine	Rapid	Clear	100 U/mL	10 mL	28 d	Solostar	100 U/mL	3 mL	Prime w / 2 U	28 d
Basaglar	Glargine	Long	Clear	---	---	---	KwikPen	100 U/mL	3 mL	Prime w / 2 U	28 d
Fiasp	Aspart	Rapid	Clear	100 U/mL	10 mL	28 d	FlexPen	100 U/mL	3 mL	Prime w / 2 U	28 d
Humalog	Lispro	Rapid	Clear	100 U/mL	10 mL	28 d	KwikPen	100 U/mL 200 U/mL	3 mL 3 mL	Prime w / 2 U	28 d
Humalog Mix 50/50 & 75/25	Lispro Protamine/Lispro	Intermediate/Short	Cloudy	100 U/mL	10 mL	28 d	KwikPen	100 U/mL	3 mL	Prime w / 2 U	10 d
Humulin Mix 70/30	NPH/Regular	Intermediate/Short	Cloudy	100 U/mL	10 mL	31 d	KwikPen	100 U/mL	3 mL	Prime w / 2 U	10 d
Humulin N	NPH	Intermediate	Cloudy	100 U/mL	10 mL	31 d	KwikPen	100 U/mL	3 mL	Prime w / 2 U	14 d
Humulin R	Human Insulin	Short	Clear	100 U/mL 500 U/mL**	10 mL 20 mL	31 d	KwikPen	100 U/mL 500 U/mL**	3 mL 3 mL	Prime w / 2 U Prime w / 5 U	28 d 28 d
Lantus	Glargine	Long	Clear	100 U/mL	10 mL	28 d	Solostar	100 U/mL	3 mL	Test w / 2 U	28 d
Levemir	Detemir	Long	Clear	100 U/mL	10 mL	42 d	FlexTouch	100 U/mL	3 mL	Prime w / 2 U	42 d
Novolin Mix 70/30	NPH/Regular	Intermediate/Short	Cloudy	100 U/mL	10 mL	42 d	FlexPen	100 U/mL	3 mL	Prime w / 2 U	14 d
Novolin N	NPH	Intermediate	Cloudy	100 U/mL	10 mL	42 d	FlexPen	100 U/mL	3 mL	Prime w / 2 U	14 d
Novolin R	Human insulin	Short	Clear	100 U/mL	10 mL	42 d	FlexPen	100 U/mL	3 mL	Prime w / 2 U	28 d
Novolog	Aspart	Rapid	Clear	100 U/mL	10 mL	28 d	FlexPen	100 U/mL	3 mL	Prime w / 2 U	28 d
Novolog Mix 70/30	Aspart Protamine/Aspart	Intermediate/Rapid	Cloudy	100 U/mL	10 mL	28 d	FlexPen	100 U/mL	3 mL	Prime w / 2 U	14 d
Ryzodeg Mix 70/30	Degludec/Aspart	Long/Rapid	Clear	---	---	---	FlexTouch	100 U/mL	3 mL	Prime w / 2 U	28 d
Soliqua	Glargine/Lixisenatide	Long	Clear	---	---	---	---	100 U / 33 mcg/mL	3 mL	Test w / 2 U	28 d
Toujeo	Glargine	Long	Clear	---	---	---	SoloStar	300 U/mL	1.5 mL	Test with 3 U	56 d
Toujeo Max	Glargine	Long	Clear	---	---	---	SoloStar	300 U/mL	3 mL	Prime w / 4 U	56 d
Tresiba	Degludec	Long	Clear	---	---	---	FlexTouch	100 U/mL 200 U/mL	3 mL 3 mL	Prime w / 2 U	56 d

**Insulin U-500 should only be used with the U-500 insulin syringe.

(1) Abbreviations: U = units; d = days; w / = with; (2) Onset & length of action: **BOLUS**: Rapid-acting, <15 minutes (up to 5 hr); Short-acting, 1/2-1 hr (up to 8 hr); **BASAL**: Intermediate-acting, 1-2 hr (up to 18 hr); Long-acting, 1-2 hr (up to 24 hr); (3) Be aware that facility policies and Medication Pass Guidelines may limit open dating to 28 days.

MEDICATIONS WITH SHORTENED EXPIRATION DATES			
Brand Name	Generic Name	Refrigerate?	Notes
Ablity Oral Solution	Apragrazole oral solution	Yes	Oral solution can be stored at controlled room temperature and used for up to 6 months after opening, but not beyond the expiration date on the bottle.
AccuVibe	Albuterol inhalation solution	No	Do not use inhalation solution if it changes color or becomes cloudy. Use within 1 week after opening foil pouch.
Aelixin	Lixisenatide	Yes (until activated)	Once activated, store at room temperature. After activation, pen is good for 14 days.
Akair Diskus	Fluticasone and salmeterol powder for inhalation	No	Store in a dry place away from direct heat or sunlight. Discard 1 month after removal from the moisture-protective overwrap or after all blisters have been used (when the dose indicator reads '0'), whichever comes first.
Apidra	Insulin glulisine injection	Yes (until initial use)	Store in a dry place away from direct heat or sunlight. Discard 1 month after removal from the moisture-protective overwrap or after all blisters have been used (when the dose indicator reads '0'), whichever comes first. Cartridge: Open (in-use) cartridges inserted in OptiClick should NOT be refrigerated but must be kept below 25°C. Discard open cartridge after 28 days. Pen: Open (in-use) pens should NOT be refrigerated but must be kept below 25°C. Discard open pen after 28 days.
Apitol	Tuberculin PPD, diluted, injection	Yes	Unopened vials/cartridges/pens not stored in a refrigerator must be used within 28 days. Store at 15°C to 7°C in the dark except when doses are being withdrawn from the vial. Discard vials in use more than 30 days; possible oxidation and degradation may affect potency.
Ananesp	Darifenacin injection	Yes	Keep in original carton until ready to use to protect it from light, and store in the refrigerator at 2°C to 7°C. Discard any unused portion. Do not use the vial or prefilled syringe more than one time. Do not shake or expose to light. Do not dilute or administer with other solutions. It may be used if left at room temperature (max 30°C) for up to 7 days. Inspect for particulate matter.
Asmanex Twisthaler	Mometasone furoate oral inhalation powder	No	Discard when oral dose counter reads '0', or 45 days after opening the foil pouch. Store in a dry place.
Bevespi Aerosphere	Glycopyrrolate and formoterol fumarate	No	Discard 3 months after removing from the foil pouch.
Brovana	Aformoterol inhalation solution	Yes (until dispensed)	Prior to dispensing, store in protective foil pouch refrigerated at 2°C to 8°C. Protect from light and excessive heat. After dispensing, unopened foil pouches may be stored at 20°C to 25°C for up to 6 weeks. Only remove vial from foil pouch immediately before use. Discard if solution is not colorless.
Byetta	Exenatide injection	Yes	Prior to use pens should be stored in refrigerator at 2°C to 7°C protected from light. The pen may be kept at room temperature, not to exceed 25°C after first use and must be discarded 30 days after first use even if some drug remains in the pen.
Calcitonin Nasal Spray	Calcitonin	(if unopened)	Store open container at room temperature for up to 35 days.
Chiroptic	Chlorzoxiprone ophthalmic solution	Yes (until dispensed)	Refrigerate until dispensed and then store below 30°C. Discard solution within 21 days from date dispensed.
Daytrona	Methylphenidate patch	No	Store patches in protective pouch at 15°C to 30°C. Once tray is opened, use patches within 2 months.
DepoDur	Morphine sulfate extended-release liposome injection	Yes	Store vials in carton refrigerated at 2°C to 8°C. Protect from freezing. May be stored at 15°C to 30°C for up to 30 days in sealed, unopened vials. Following withdrawal from the vial, product may be held at 15°C to 30°C for up to 4 hours prior to administration. Once unrefrigerated, do not return to refrigerator.
EpiPen & Jr. Rapthon (OTC), Twinject	Adrenaline, epinephrine	No	Rapthon (OTC): Refrigerate after opening.
Epogen, Procrit	Epoetin alfa injection	Yes	Single-dose 1 mL vial: Contains no preservative. Use one dose per vial and do not reenter vial. Discard unused portions. Multidose 1 mL and 2 mL vials: Contains preservative. Store at 2°C to 8°C after initial entry and between doses. Discard 21 days after first use.
Flovent Diskus	Fluticasone propionate inhalation powder	No	Discard device 6 weeks (50 mcg strength) or 2 months (100- and 250 mcg strengths) after removal from moisture-protective overwrap pouch. Store in a dry place.
Fluzavac	Influenza virus vaccine	Yes	Store under refrigeration (2°C to 8°C). Do not freeze. Store in original package to protect from light. Discard multidose vial 28 days after first use.
Foradil Aerolizer	Formoterol	Yes (until dispensed)	Prior to dispensing, store in refrigerator at 2°C to 8°C. After dispensing, store at 20°C to 25°C. Protect from heat and moisture. Capsules should always be stored in the blister and only removed immediately before use. Until within 4 months of purchase date or product expiration date, whichever comes first.
Forteo	Teriparatide injection	Yes	Store under refrigeration at 2°C to 8°C at all times. Each pen can be used for up to 28 days including the first injection from the pen. After the 28-day use period, discard the pen, even if still contains some unused solution.

How can we be of service?

- ▶ The Consultant Pharmacist
 - Key to SNF surveys
 - Beneficial in helping in with medication-related regulatory concerns for other licenses

When pharmacy is on site during survey

- ▶ Be on the units for nursing support
- ▶ Be available for support for management
- ▶ Medication and Tx cart compliance
- ▶ HIPPA maintained
- ▶ IV/central line administration/management

Please share survey findings

- ▶ Pharmacy can assist with medication-related issues:
 - Reviewing tags and citations
 - Responses to identified issues
 - Plans of correction
 - Education, re-training of staff

Questions?

About CE credit

Administrator credit

This program has been approved for Continuing Education for one total participant hour by the Illinois Healthcare Association.

Nursing credit

This program has been approved for Continuing Education for one total participant hour by the Illinois Board of Nursing.

Obtaining CE credit

- ▶ Complete the evaluation at the conclusion of this program:
 - In your web browser
 - Also emailed immediately following this program
- ▶ For those sharing a computer to view the webinar:
 - Submit your sign-in sheet to the email address listed on the form
 - Each participant will then be emailed a link to the evaluation
 - Each person must complete an evaluation to receive CE credit
- ▶ Certificates should be emailed in about 30 days

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- April:** *Safe Engagement Toolbox: Ensuring Active Living Never Stops at Any Phase of Health Precautions*
- May:** *Sexual Harassment Prevention Training to Fulfill Illinois CE Requirements*
- June:** *Safe Handling of Hazardous Drugs: New OSHA Requirements & How They Affect Long-Term Care*

THANK YOU!