Pharmacy Service Considerations under the CMS Conditions of Participation

The Conditions of Participation (CoP) MegaRule touches all Aspects of Pharmacy Services and Medication Management

- F755 – Pharmacy Services
- F756 – Medication (Drug) Regimen Review
- F757 / F656 - Unnecessary Drugs and Comprehensive Care Plans
- F758 - Psychotropic Drugs
- F759 / F760 / F661 – Medication Errors and Discharge Summary
- F761 - Labeling and Storage of Drugs
- F880, 881, 882, 883 – Infection Control, Antibiotic Stewardship and Immunizations

CMS Top Pharmacy Related Deficiencies FY 2018*

Tag/Description		# of Citations	% of Providers
F755	Pharmacy Services	1,272	8.1%
F756	Drug Regimen Review	876	5.6%
F757	Freedom from Unnecessary Drugs	942	6.0%
F758	Free from Unnecessary Psychotropic Meds / PRN	1,848	11.7%
F759	Med Error Rate 5% +	909	5.8%
F760	Free of Significant Med Errors	427	2.7%
F761	Label/Store Drugs & Biologicals	2,233	14.2%

* CMS Presentation at ASCP Annual Meeting, November 2, 2018 by Karen Tritz, CMS Division of Nursing Homes QSOG

What We're Hearing

F755 Pharmacy Services

- Consultant RPh Recommendations Not Addressed

F758 Free from Unnecessary Psychotropic Meds

- No Documentation for PRN Psychotropic > 14 days

F759 Med Error Rate 5% +

- Crushing Non-Crushable Meds

- Plus ……..

F755 Pharmacy Services

Provision of Pharmacy Services

The facility maintains a written **Agreement** with their Pharmacy Provider and Consultant Pharmacist that details the responsibilities of each party.

The facility maintains current up-to-date Facility and **Provider Pharmacy Policy and Procedures Manual**(s) for Pharmaceutical Services

Check your Contract Binder and P & P Manuals!

F755 Medication Procurement

Acquisition of Routine Medication Orders

- Clarification of Orders
- Electronic Cabinets (Omnicell, Pyxis and Passport)
- Emergency Boxes and On-Site Stores
- Foreign Acquired Medications
- Leave of Absence Medications
- Medication Brought from an Outside Source
- Medication Shortages and Unavailable Medications
- Ordering and Receipt of STAT Medications
- OTC and Bulk Medications
- Use of Outside (Non-Primary) Pharmacy

Delivery and Acceptance of Medication

Pharmacy Hours of Operation

- After Hours / Emergency Pharmacy Services

F755 Medication Procurement

FDA Approved Medications

- Facility should ONLY administer medications that are FDA approved!
- Current Controversy surrounding Medical Marijuana and associated products e.g. CBD and Hemp Oils

Foreign Acquired Medications

- Facility should not obtain, provide or administer to residents medications that have been imported from a country or territory outside of the United States

F755 Controlled Substances

- Acquisition of Controlled Substances
- Administration of Controlled Substances
- Discontinuation and Disposal of Controlled Substances
- Designated Agent of Practitioner for Communicating Controlled Substance Prescriptions
- Receipt of Controlled Substances
- Storage and Reconciliation of Controlled Substances

F755 Receipt of Controlled Substances

- All controlled medications should be delivered in tamper-evident packaging.
- Controlled medications must be counted and reconciled with the packing slip while the driver is present. The licensed nurse should sign the Packing Slip in the presence of the driver. The pharmacy may utilize electronic signature in lieu of a manual signature, to capture for proof of delivery.
- Discrepancies should be reported to the Pharmacy immediately so that the pharmacy may provide instructions to the facility and/or driver regarding the handling of the medication order.
- A controlled drug count sheet is provided for each Scheduled Controlled medication. The nurse accepting the order enters the total number of doses received on the appropriate line on the controlled drug inventory sheet.
- There should be only one (1) controlled drug count / inventory sheet or page for each controlled substance order regardless of the number of medication cards and/or packages delivered.

F755 Controlled Substance EDK's

CS EDK's need to be counted and/or inspected each Shift Change!

State and/or Container Specific Processes

Standard Tackle Box Kit

- Inspect each Shift Change

Lock Box requiring code from Pharmacy to open

- Check the integrity of the box each Shift change

Automated Dispensing Cabinets (Omnicell or Passport)

- Upon replenishment or per facility policy

Obtain permission from the Pharmacy before removing a CS from EDK if contents are property of the pharmacy

Administration of Controlled Substances under F 755

- Administration of a CS (Controlled substance) should be documented at the time of Administration – NOT at the end of the Med Pass
- Ensure Integrity and Accuracy of the Controlled Substance Log Book or Inventory Sheet
- Controlled Substance deliveries must be logged in by receiving nurse as soon as possible after receipt!
- Residents with Fentanyl Transdermal Patches should be checked every shift to ensure that patch is intact and in place and document its location on the MAR.

F755 Controlled Substance Disposal

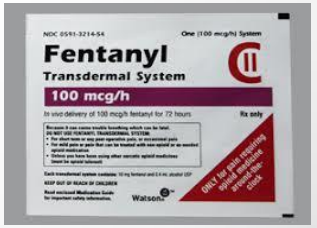
Discontinuation and Disposal of Controlled Substances

- The wasting of a dose of a controlled medication should be witnessed by two nurses or individuals authorized to administer medications, **placed in the Drug Buster or other similar drug neutralizing container**, and documented in the corresponding location on the controlled drug receipt/record disposition form.

- The same process applies to the disposal of unused partial tablets, unused portions of single-dose ampules and multi-dose vials. Facility should refer to state regulations regarding any additional documentation or reporting requirements.

- Fentanyl patches removed from residents must be folded onto itself and **destroyed using an approved method – Not in a Sharp's Container!**

- Fentanyl patch destruction and documentation of destruction should be conducted and observed by two licensed nurses.



Incorrect CS Count

- If a discrepancy is found, check the patient's/resident's order sheets and chart to see if a controlled substance has been administered and not recorded.
- Check previous recordings on the Controlled Substance Inventory Sheets for mistakes in arithmetic or error in transferring numbers from one sheet to the next.
- Facility should have an escalation and investigation policy and process in place to follow in the event of a discrepancy and possible diversion.

F755 / F756 Consultant Pharmacist

F755 Consultant Pharmacist Services

F756 Medication Regimen Review

F756 Medication Regimen Review

- Mega Rule / CoP requires a written report of all irregularities and recommendations be provided to the DON, Attending Physician, and also to the MEDICAL DIRECTOR!
- Facility must have a process in place to address pharmacist recommendations Timely!
- Have a process in place to address 'Clinically Significant Irregularities" i.e. those that have caused or are likely to cause discomfort, impairment, or harm to a resident
- Process should include Escalation to Medical Director if Necessary

F 756 Consultant Pharmacist Medication Regimen Review

MRR (Medication Regimen Review) & DRR (Drug Regimen Review) - both terms used interchangeably by CMS

MRR / DRR is a Pharmacist clinical review of a Resident's total pharmaceutical care and must be completed at least monthly for every LTC resident

An IMRR (Interim Medication Regimen Review) is an MRR for Short-Stay & with Resident's with a Change of Condition.

F756 Medication Regimen Review

Suggested Timelines to Address Non-Urgent MRR Recommendations

- Facility provides Consultant RPh recommendations to attending physician or their designee **within 5 business days** of RPh visit,
- Attending physician or designee should respond **within 14 days of pharmacist's review date, but not later than next monthly MRR**

Physician must document a **rationale** for rejection if he/she declines or rejects the pharmacist's recommendation

F756 Medication Regimen Review

- If Attending Physician fails to address a recommendation or fails to document a rationale for declining a recommendation:
  - Notify the Medical Director
  - Facility or Medical Director should review incomplete recommendations with Attending Physician
  - Summary of all incomplete or delayed recommendations should be provided to the QAPI Committee under Pharmacy Services
  - If the non-compliant physician is the Medical Director, escalate the issue to corporate management or ownership

F756 Med Regimen Review, IMRR's and the IMPACT Act

Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- New Section N on MDS - New DRR Quality Measures
  - SNF Data Collection and Reporting begins October 1, 2018
- Act Intent
  - To Ensure that a MRR was completed upon admission (IMRR)
  - Ensure that Clinically significant medication issues (Irregularities) are addressed timely
- IMRR Timing for New Admissions
  - Must be completed "As Soon As Possible" (our interpretation within 72 hours)
  - Clinically Significant Irregularities must be addressed by **Midnight** of the following day!!

F661 Discharge Summary and Medication Reconciliation

F661 483.21 C (2) Discharge Summary

"When the facility anticipates a discharge, a resident must have a discharge summary that includes, but is not limited to, the following:

> *(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the counter)"*

F661 Definitions

"Reconciliation of Medications": A process of comparing pre-discharge medications to the post-discharge medications by creating an accurate list of both prescription and over the counter medications that includes the drug name, dosage, frequency, route and indication for use for the purpose of preventing unintended changes or omissions at transition points in care."

F661 Medication Reconciliation

Medication Reconciliation Audit		
Patient:	DOB:	

HOW TO USE THIS MEDICATION RECONCILIATION FORM:

> Nurse completes the medication history of the patient's medication orders prior to admission based on patient interview, patient medication list, collected medications and other resources and then the medications the patient is currently on based on the discharge summary.

> Differentiate the Origin of the Medication Order by placing a check in the appropriate column: Medication Prior to Admission or Currently on this Medication. Place a checkmark in both columns if patient is currently on a medication that they were on prior to admission.

> Place a checkmark in the column Order Requires Physician Review for any medication order on which there is a question or that needs clarification.

Patient Medication History

*List all Medications incluiding OTC's and Supplements.

Medication	Dose	Route	Frequency	Medication Prior to Admission	Currently on this Medication	Order Requires Physician Review				Comments
Nurse Completing:						Date:				

F757 Adverse Drug Events

- When an adverse event is suspected, the nurse should notify the nurse supervisor, attending physician and pharmacist if appropriate.
- The adverse drug event, and subsequent actions taken, should be documented in progress notes
- Refer to your Drug Reference Guide to identify potential adverse effects or your LTC PHARMACY for Drugs with Boxed Warnings
- Refer to your policies for reporting of adverse drug events.

F758 Psychotropic Drugs

PRN Orders for Psychotropic Medications

- Only order PRN psychotropic medications to treat a diagnosed specific condition
- The prescriber must document the diagnosed specific condition along with the reason for the PRN in the medical record
- Psychotropic PRN order (*excluding antipsychotics*) should NOT EXCEED 14 days
  - If ordered for more than 14 days, Order must be for a finite period –not open ended!
  - Prescriber must document why PRN is needed more than 14 days
  - Inadequate documentation top survey cite!

F758 Psychotropic Drugs

For PRN psychotropic medications, including antipsychotics,

At the time a PRN is administered, documentation must be present

- justifying the need for the medication
- noting the non-pharmacological interventions that were attempted
- showing that monitoring for side-effects and effectiveness was done

F758 Psychotropic Drugs

PRN Orders for Antipsychotic Medications

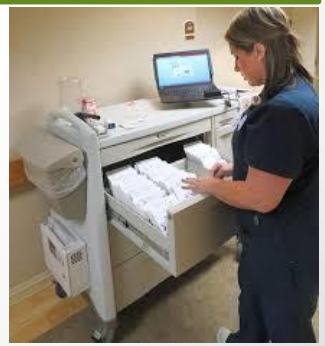
- The duration of a PRN antipsychotic order should not exceed 14 days.

- Antipsychotic PRN renewals require that the prescriber **directly examines** the resident and assesses the resident's current condition and progress to determine if the PRN antipsychotic is still needed.

- As part of the PRN renewal evaluation, the prescribing practitioner should document the following in the resident's medical record:
  - Is the antipsychotic medication still needed on a PRN basis?
  - What is the benefit of the medication to the resident?
  - Have the resident's expressions or indications of distress improved as a result of the PRN medication?

F759 Medication Errors

- Crushing of Medications*
- General Guidelines for Medication Administration*
- Refusal of Medications
- Self-Administration of Medications*



F-Tags Cited as Related to Med Pass

F725-F726	• Sufficient/Competent Nursing Staff
F658	• Professional Standards of Quality
F757	• Unnecessary Drugs
F759-760	• Medication Errors
F755	• Pharmacy Services
F761	• Storage, Labeling and Controlled Medications
F880	• Infection Prevention and Control

F 759 Medication Safety

Medication Error – A medication error is any **preventable event** that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.

Such event may be related to professional practice, health care products, procedures and systems, including:

- ❑ Prescribing
- ❑ Order communication
- ❑ Product labeling, packaging, and nomenclature
- ❑ Compounding
- ❑ Dispensing
- ❑ Distribution
- ❑ Administration
- ❑ Education
- ❑ Monitoring
- ❑ Use

Medication Errors: State Operations Manual (SOM)

The facility must ensure that

1. It is free of medication error rates of 5 percent or greater (F759)
2. Residents are free of any significant medication errors (F760)

F759 Facility Approach to Med Pass Excellence & Med Availability

Facilities should establish ongoing, non-punitive processes to continually educate, evaluate & monitor med pass administration & medication availability to ensure the safest environment and the lowest medication error rate possible

- Facility management should perform random Med Passes and MAR to Cart audits weekly (only need to do 2 or 3 residents/cart)
- Conduct a complete MAR to Cart Audit every Month on every Med Cart – remove unneeded medications and product found in the cart

F759 Medication Errors

Authorized Competent Staff Members

The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

The facility will ensure each person authorized to administer medications has completed

- **competencies** on all aspects of medication administration
- **upon hire, annually and per identified need.**

F759 Medication Errors

General Guidelines for Medication Administration Vehicles

Medication Pass Preparation

All med pass vehicles must be covered and dated and refreshed prior to each med pass if needed.

<u>Nutritional Supplements:</u>

- Mark with **<u>date</u>** opened.
- MedPass 2.0 can only be left at room temperature for a **<u>maximum of 6 hours</u>** and for **<u>no more than 48 hours if refrigerated at all times.</u>**.

F759 Crushing of Medications

CMS Final Rule notes that "Best Guidance" is for medications to be crushed and administered separately. Follow a ***"patient centered approach"!***

- Approval should be obtained from Resident, Family and/or Responsible Party if the resident wishes to have their medications crushed and administered together.
- The Care Plan must reflect resident's preference to have all crushed medications administered together.
- A physician's order is required to crush and administer crushed medications together with the order clearly stated on the MAR.
- This does not apply to meds given via G-Tube. They should be crushed and administered separately.

F759 Medication Errors

Suggested Best Practice for OTC Multi-Dose and Biologic Packages

Once any OTC multi-dose packaged medication or biological is opened, nursing should mark the product with the

- **date opened or expiration date**
- **discard and replace after 60 days (or sooner if required by the manufacturer i.e. Mix Insulins).**

F759 Insulin Handling and Storage

Insulin is to be stored in the refrigerator until needed and when removed from refrigerator to be put into use, clearly mark the vial or pen with the date opened or per facility policy

All insulin pens and vials must have a label with resident name and date opened – follow facility labeling policy

Be aware of manufacturer recommendations regarding insulin pen priming, injection time and administration in relation to meals and inspect insulin pens prior to each use for mechanical integrity

Discard all insulin pens and vials after 28 days, <u>except</u> for the following insulin pens that have <u>shorter</u> expiration dates

Insulin Pens with Limited Use*	Discard after these # of Days
HUMALOG MIX	10
HUMULIN N	14
NOVOLOG MIX	14
SOLIQUA	14
XULTROPHY	21

F759 Rapid-Acting Insulin Administration

Apidra: Within 15 minutes before a meal **or** within 20 minutes after starting a meal

Fiasp: At the start of a meal **or** within 20 minutes after starting a meal

Humalog: Within 15 minutes before a meal

Novolog: Immediately prior (within 5 - 10 minutes) before the start of a meal

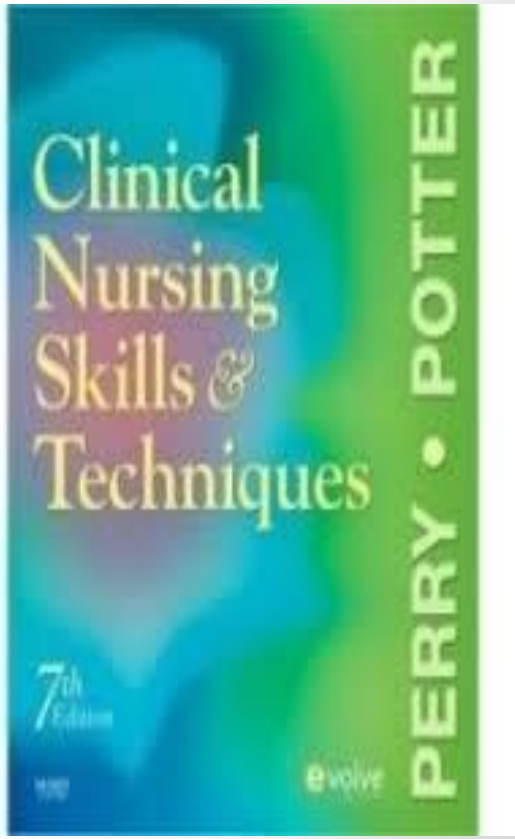
F759 Medication Errors

General Guidelines for Medication Administration – References

- Administering Medications and Routes of Administration

- For procedures for route specific med administration facility should have a designated On-line Clinical App
- or
- a printed Document such as *Clinical Nursing Skills & Techniques*, Perry & Potter.

- Plus a drug Reference guide



F761 Medication Storage

- Bedside Storage of Medications
- General Guidelines for Storage of Medications and Biologicals
- Medication Storage when a resident is transferred to an acute care facility or Bed Hold

F761 Drug Labeling

- When there is a change in direction from the RX label and a dose can be administered from the existing supply, affix an auxiliary sticker to the medication card or package such as “See MAR” or a “Label Change Sticker” (LCS) to indicate directions have changed and the administering nurse or authorized individual should refer to the MAR for the up-to-date directions.

- If an IV Medication or Solution is removed from an On-Site Store or EDK, the licensed nurse must affix a strip label directly to the IV bag that includes the **Resident Name** and the **Date**

- Strip labelling may be added to the original label of an OTC product to identify the name of the resident(s) the container is intended for.

F761 Medication Storage

General Guidelines for Storage of Medications/Biologicals

- Ensure medications and biologicals are stored at their appropriate temperatures according to manufacturer and/or USP guidelines for temperature ranges. **Facility staff should monitor temperature of medication storage areas twice a day.**
  - Medication Room Temperature: 59º – 77º F
  - Medication Refrigerators: 35º – 46º F
  - Medication Freezers*: ≤ 14° F Medications; ≤ 5° Vaccines
    - (*monitoring should only required if storing frozen medications/biologicals)
  - Facility staff should attempt to correct any medication storage area temperatures found to be out of range and report to the DON if the temperature cannot be brought into range within a reasonable amount of time.

Temperature Logs

Medication Storage Monthly Temperature Log **Location**_____ **Month/Year** _____/_____

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Staff Initials																														
Exact Time																														

REFRIGERATOR TEMPERATURE (✓= Acceptable Range 35°F - 46°F) Too Warm or Too Cold : Record Exact Temperature in *Other section and notify DON. If temp is out of range, call Vaccine Manufacturer (see Package Insert in product box) for vaccines and for all other items call the Pharmacy for guidance.																														
46 °F																														
45 °F																														
44 °F																														
43 °F																														
42 °F																														
41 °F																														
40 °F																														
39 °F																														
38 °F																														
37 °F																														
36°F																														
Other*																														

FREEZER TEMPERATURE (Acceptable Range ≤5°F Vaccines, < 14°F Frozen Medications) Record Exact Temperature below and if temp is above 5° F, notify DON. If temp is out of range, call Vaccine Manufacturer (see Package Insert in package box) for vaccines and for all other items call the Pharmacy for guidance.																														
≤5 °F																														

ROOM TEMPERATURE (Acceptable Range 59°F – 77°F) Record Exact Temperature below and if out-of-range, notify DON																														
59°F - 77°F																														

F761 Medication Storage

General Guidelines for Storage of Medications/Biologicals

- Facility should ensure that medications and biologicals for expired and/or discharged residents are stored separately, away from use, until destroyed or returned to the provider
- Infusion Therapy Storage - Facility should Ensure that:
  - Infusion therapy products are stored at the appropriate temperature on the medication room peg board or in a medication-only refrigerator or freezer
  - Infusion therapy solution containers are removed from the refrigerator or freezer an appropriate amount of time prior to use
  - Infusion therapy solutions not prepared or modified by Pharmacy (stock solutions) are stored in accordance with Applicable Law.
  - The infusion therapy product storage area is kept clean and free of clutter

F761 Medication Storage

Medication Storage Following Resident Transfer to an Acute Care Facility and/or Bed Hold

Facility should notify pharmacy when a resident is sent out to an acute care facility

Facility should remove all medications from medication cart and storage areas placing them in a secure holding area until the resident returns and the medication orders are reconciled.

Facility should store and inventory all Scheduled controlled substances pursuant to Applicable Law.

When the resident returns, the Facility should ensure that the physician/prescriber writes new medication orders for the resident

F761 Handling of Hazardous Medication

NIOSH and USP 800

- **Will require specialized handling and/or protective equipment for Hazardous medications that are crushed.**

- **Medications Include (but not limited to)**
  - **Clonazepm, Carbamazepine, Finasteride, Methotrexate, Phenytoin, Spironolactone, Tamoxifen, Warfarin**

- **Scheduled Effective Date 12/1/19**

F761 Disp of Haz Pharmaceuticals – RCRA & EPA Final Rule

Resource Conservation and Recovery Act -1997

Multiple Waste Classifications of Hazardous Drugs

P: Warfarin, Nicotine (Now only Vaping Liquids)

D/U: Insulin Vials and Pens, Neomycin Ophth and Otic Drops, Tetanus Toxoid injection, Chemotherapy Drugs, Alcohol

FLAMMABLES i.e. Pressurized Inhalers (Albuterol)

Effective Date of EPA Final Rule 8/21/19 – State Dependent

BUT, No sewering of medications after 8/21/19!

F761 Bedside Storage

For residents who self-administer some or all medications, the following conditions are met for bedside storage to occur:

1. Storage prevents access by other residents. Lockable drawers or cabinets are required.
2. Medications are kept in the containers dispensed by the dispensing pharmacy
3. Storage compartment should be locked when not in use.
4. If locked with a key, nursing department should keep an extra key in a secure location accessible only to authorized staff members. If the key is lost by the resident, nursing should access the medication compartment until a new lock and key are installed.
5. If the compartment is locked with a combination, the facility nursing department should keep a copy of the combination in a secure location accessible only to authorized staff members.
6. If a cabinet key or lock combination code is shared with an unauthorized person, the privilege to store medications at bedside can be revoked

F881 Infection Control

- Clean pill counters, pill crushers, med cart, glucometers regularly
- Have gloves, sanitizer and tissues always available
- **Always** practice proper hand washing and sanitizing during med pass
- What is the Status of your Antibiotic Stewardship Program?
  - Do you have an Infection Preventionist in Place?

F881 Antibiotic Stewardship

Program must include two core elements

- Antibiotic Use Protocols
- System to Monitor Antibiotic Use

Suggestions

- Limit the length of therapy for UTI whenever possible
- Target fluoroquinolones if used empirically

Are you getting the data you need from your pharmacy?

F881 Infection Control Influenza Vaccine

- Influenza vaccine will be administered to *all* patients/residents unless medically contraindicated, or refused
- All Patients/Residents will be offered influenza vaccine when it becomes available upon admission during the vaccine season, October 1st through March 31st
- Facility will review the resident's record of vaccination and immunization status, and complete an assessment of the resident for potential medical contraindications or if a medical condition (precaution) is present that will delay the vaccination
- Risks and benefits of receiving the vaccine should be fully explained to the patient/resident, or their responsible party, prior to receiving the injection
- Vaccine Information Statements (VIS) should be given prior to vaccines

Influenza Vaccine Cont.

- If a patient/resident refuses to accept the vaccine, they or their responsible party, will be asked to sign a declination form after all risks and benefits of taking/refusing the vaccine have been fully explained to them
- Documentation in the medical record should include:
- Education provided concerning the risks/benefits of receiving the influenza vaccine, and
  - The patient's/resident's decision regarding whether to accept or decline the vaccine.
  - If there is a medical contraindication to receiving the vaccine.
  - If the vaccine is delayed due to a precaution.
- Influenza Administration and Declination Logs will be maintained.
- Standing Orders will be used to expedite vaccination procedures unless there are State specific laws or regulation precluding their use.
- Refer to CDC and ACIP Clinical Guidelines

Infection Control and Influenza Vaccine Cont.

Influenza Immunization Log

Patient Name	Record #	Date Administered	Std. Dose Vaccine	High Dose Vaccine	Lot #	Site	Documented in Patient Record?

Influenza Declination Log

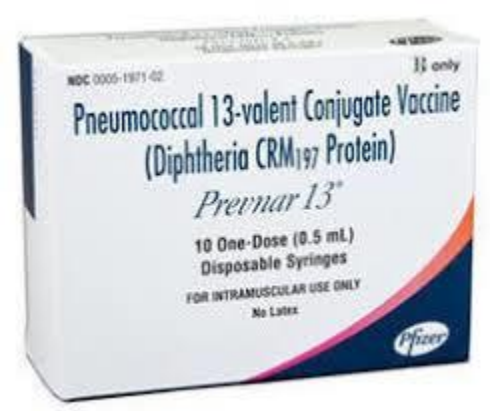
Patient Name	Record #	Date Offered	Education provided	Documented in Patient Record?

Pneumococcal Vaccine

- Facility will review the resident's record of vaccination and immunization status, and complete an assessment of the resident for potential medical conditions that may present as a precaution and delay the vaccination.
- Pneumococcal vaccine will be offered to all new patients/residents upon admission after determining whether they have previously received the vaccine or if they have a medical contraindication.

Pneumococcal Vaccine Cont.

- Follow the CDC and ACIP recommendations for vaccines and recommend both Pneumovax, the 23-valent pneumococcal polysaccharide vaccine PPSV23) and Prevnar, the 13-valent pneumococcal conjugate vaccine (PCV13) to be administered routinely in a series to all adults aged≥ 65. *(The recommendations for adults aged <65 years are different than for adults aged ≥ 65 years so they should be vaccinated based on the ACIP recommendations for their age group.)*



Refer to the CDC Pneumococcal Vaccine Timing for Adults in the table in the following slides attached below for administration timing.

Pneumococcal Vaccine Records

Documentation in the medical record should include:

- Education provided concerning the risks/benefits of receiving the pneumococcal vaccine, and
- The residents decision regarding whether to accept or decline the vaccine.
- If there is reason to believe that pneumococcal vaccine(s) was given previously, but the date cannot be verified.
- If resident or resident's representative were able to identify which vaccine was received. (23-valent pneumococcal polysaccharide vaccine (PPSV23 Pneumovax) or 13-valent pneumococcal conjugate vaccine (PCV13 Prevnar) vaccine)
- If there is a medical contraindication to receiving the vaccine or if the vaccine is delayed due to a precaution and/or supply shortage

Infection Control and Pneumococcal Vaccine Cont.

Pneumococcal Immunization Log

Patient Name	Prevnar (PCV13) or Pneumovax (PPSV23) Please Specify!	Record #	Date Administered	Lot #	Site	Documented in Patient Record?

Pneumococcal Declination Log

Patient **Name**	**Record #**	**Date Offered**	**Education provided**	**Documented in Patient Record?**

Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Two pneumococcal vaccines are recommended for adults:
- 13-valent pneumococcal conjugate vaccine (PCV13, Prevnar13®)
- 23-valent pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23)

PCV13 and PPSV23 should not be administered during the same office visit.

When both are indicated, PCV13 should be given before PPSV23 whenever possible.

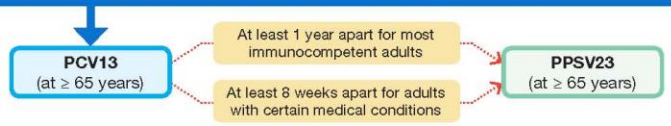
If either vaccine is inadvertently given earlier than the recommended window, do not repeat the dose.

One dose of PCV13 is recommended for adults:
- 65 years or older who have not previously received PCV13.
- 19 years or older with certain medical conditions and who have not previously received PCV13. *See Table 1 for specific guidance.*

One dose of PPSV23 is recommended for adults:
- 65 years or older, regardless of previous history of vaccination with pneumococcal vaccines.
  - Once a dose of PPSV23 is given at age 65 years or older, no additional doses of PPSV23 should be administered.
- 19 through 64 years with certain medical conditions.
  - A second dose may be indicated depending on the medical condition. *See Table 1 for specific guidance.*

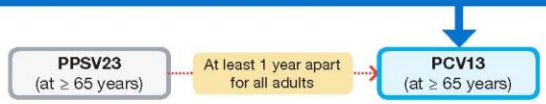
Pneumococcal vaccine timing for adults 65 years or older

For those who have not received any pneumococcal vaccines, or those with unknown vaccination history



- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 **at least 1 year** later for most immuno*competent* adults or **at least 8 weeks** later for adults with immuno*compromising* conditions, cerebrospinal fluid leaks, or cochlear implants. *See Table 1 for specific guidance.*

For those who have previously received 1 dose of PPSV23 at ≥ 65 years and no doses of PCV13



- Administer 1 dose of PCV13 **at least 1 year** after the dose of PPSV23 for all adults, regardless of medical conditions.

NCIRDig410 | 11.30.2015

www.cdc.gov/pneumococcal/vaccination.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Pneumococcal vaccine timing for adults with certain medical conditions

Indicated to receive 1 dose of PPSV23 at 19 through 64 years

Includes adults with:

- chronic heart or lung disease
- diabetes mellitus
- alcoholism
- chronic liver disease

Also includes adults who smoke cigarettes

For those who have **not** received any pneumococcal vaccines, or those with unknown vaccination history:

- Administer 1 dose of PPSV23 at 19 through 64 years.
- Administer 1 dose of PCV13 at 65 years or older. This dose should be given **at least 1 year** after PPSV23.
- Administer 1 final dose of PPSV23 at 65 years or older. This dose should be given **at least 1 year** after PCV13 and at least 5 years after the most recent dose of PPSV23.

Indicated to receive 1 dose of PCV13 at ≥ 19 years and 1 or 2 doses of PPSV23 at 19 through 64 years

Includes adults with:

- cerebrospinal fluid (CSF) leaks*
- cochlear implants*
- sickle cell disease or other hemoglobinopathies
- congenital or acquired asplenia
- congenital or acquired immunodeficiencies
- HIV infection
- chronic renal failure
- nephrotic syndrome
- leukemia
- lymphoma
- Hodgkin disease
- generalized malignancy
- iatrogenic immunosuppression
- solid organ transplant
- multiple myeloma

For those who have **not** received any pneumococcal vaccines, or those with unknown vaccination history:

- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 **at least 8 weeks** later.
- Administer a second dose of PPSV23 **at least 5 years** after the previous dose (**note: a second dose is not indicated for those with CSF leaks or cochlear implants*).
- Administer 1 final dose of PPSV23 at 65 years or older. This dose should be given **at least 5 years** after the most recent dose of PPSV23.

Table 1. Medical conditions or other indications for administration of PCV13 and PPSV23 for adults

Medical indication	Underlying medical condition	PCV13 for ≥ 19 years	PPSV23* for 19 through 64 years		PCV13 at ≥ 65 years	PPSV23 at ≥ 65 years
		Recommended	Recommended	Revaccination	Recommended	Recommended
None	None of the below				✓	✓ ≥ 1 year after PCV13
Immunocompetent persons	Alcoholism		✓		✓	✓ ≥ 1 year after PCV13 ≥ 5 years after any PPSV23 at < 65 years
	Chronic heart disease†					
	Chronic liver disease					
	Chronic lung disease§					
	Cigarette smoking					
	Diabetes mellitus					
	Cochlear implants	✓	✓ ≥ 8 weeks after PCV13		✓ If no previous PCV13 vaccination	✓ ≥ 8 weeks after PCV13 ≥ 5 years after any PPSV23 at < 65 years
	CSF leaks					
Persons with functional or anatomic asplenia	Congenital or acquired asplenia	✓	✓ ≥ 8 weeks after PCV13	✓ ≥ 5 years after first dose PPSV23	✓ If no previous PCV13 vaccination	✓ ≥ 8 weeks after PCV13 ≥ 5 years after any PPSV23 at < 65 years
	Sickle cell disease/other hemoglobinopathies					
Immunocompromised persons	Chronic renal failure	✓	✓ ≥ 8 weeks after PCV13	✓ ≥ 5 years after first dose PPSV23	✓ If no previous PCV13 vaccination	✓ ≥ 8 weeks after PCV13 ≥ 5 years after any PPSV23 at < 65 years
	Congenital or acquired immunodeficiencies¶					
	Generalized malignancy					
	HIV infection					
	Hodgkin disease					
	Iatrogenic immunosuppression‡					
	Leukemia					
	Lymphoma					
	Multiple myeloma					
	Nephrotic syndrome					
	Solid organ transplant					

*This PPSV23 column only refers to adults 19 through 64 years of age. All adults 65 years of age or older should receive one dose of PPSV23 5 or more years after any prior dose of PPSV23, regardless of previous history of vaccination with pneumococcal vaccine. No additional doses of PPSV23 should be administered following the dose administered at 65 years of age or older.

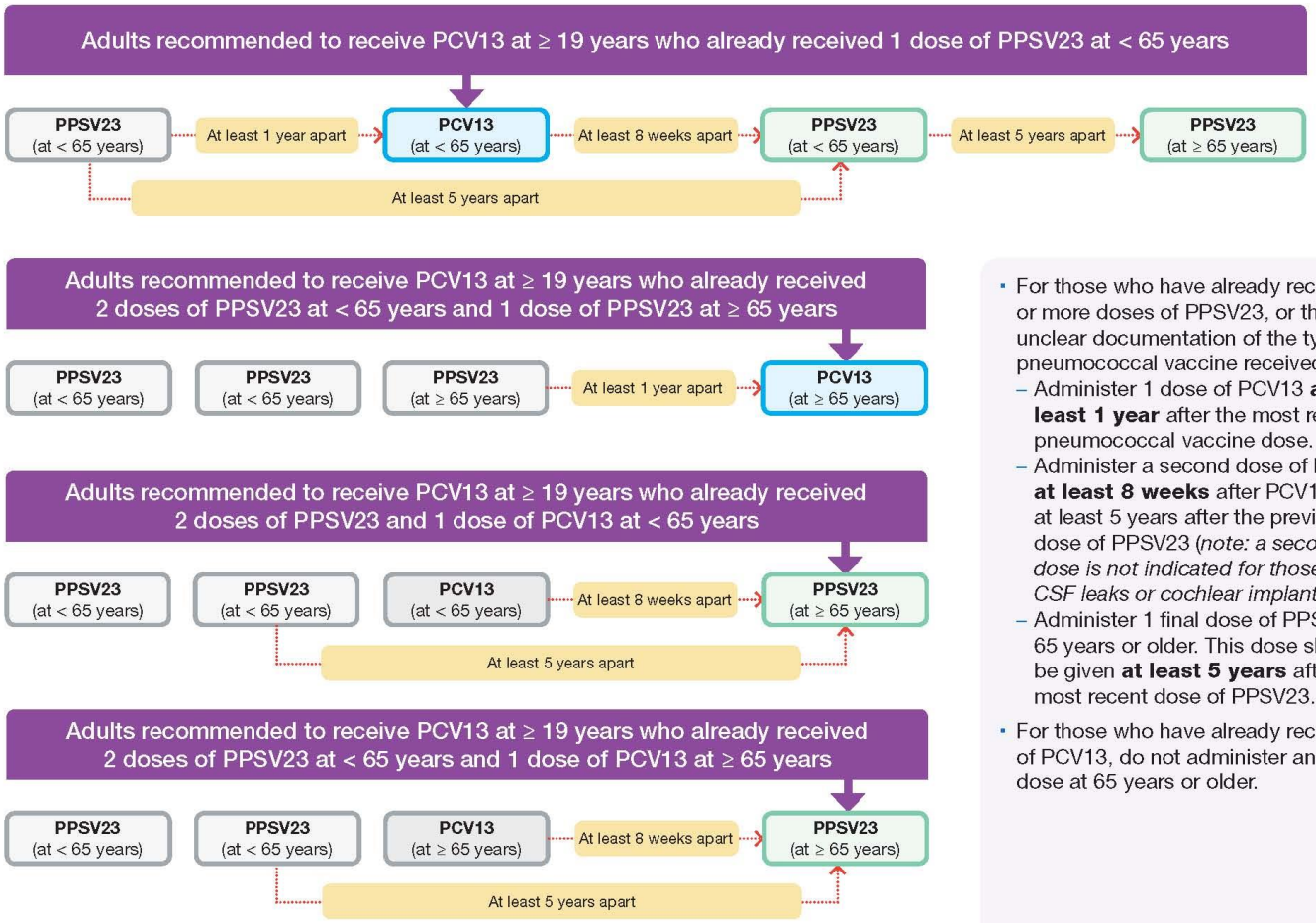
†Including congestive heart failure and cardiomyopathies

§Including chronic obstructive pulmonary disease, emphysema, and asthma

¶Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)

‡Diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy

Additional scenarios: completing the pneumococcal vaccination series for adults



- For those who have already received 1 or more doses of PPSV23, or those with unclear documentation of the type of pneumococcal vaccine received:
  - Administer 1 dose of PCV13 **at least 1 year** after the most recent pneumococcal vaccine dose.
  - Administer a second dose of PPSV23 **at least 8 weeks** after PCV13 and at least 5 years after the previous dose of PPSV23 (*note: a second dose is not indicated for those with CSF leaks or cochlear implants*).
  - Administer 1 final dose of PPSV23 at 65 years or older. This dose should be given **at least 5 years** after the most recent dose of PPSV23.
- For those who have already received 1 dose of PCV13, do not administer an additional dose at 65 years or older.

Pharmacy Services Basics

Expectations for Med Availability

- Residents should receive:
  - All ordered doses – No Excuses
  - Meds Timely (when scheduled)
  - Meds Accurately & Safely

- Nursing Responsibilities are to:
  - Understand reasons for use and side-effects
  - Ensure medication availability
  - To be proactive in ordering/reordering
  - Escalate any situation **immediately** when medication availability is an issue or a potential issue

Medication Ordering Process

- Post the Ordering Process and Pharmacy Cut Off and Delivery Times documents at all Nursing Stations

- Ensure that ALL nurses responsible for ordering medications have been trained and **UNDERSTAND** these processes

- Nurses must plan medication needs
  - Is next delivery run OK or is it required sooner?
  - Can the med be started from an EDK?

- All New Admission orders should follow a STAT order type process

If a Medication is needed before next Scheduled Daily Delivery

- Fax or Transmit the order and indicate "STAT" on the order along with time needed for delivery *(if possible with your system)*

- Nurse must follow-up the fax or transmission with a phone call to pharmacy
  - ***WHY ?????*** Because LTC Pharmacies are ***ELECTRONIC!!!***

Pharmacy Communications to Facilities

- Faxing is primary method used by Facilities to order medications and for the Pharmacy to alert facilities about issues regarding medication orders for your residents
- All faxes are to be considered URGENT
- Use One Designated fax number
- Fax area should be neat and organized

- Facility Management to set expectations for nursing for monitoring fax communications and how to prioritize them
- Facility Management to identify nurses who are able to authorize additional charges

Prioritizing Pharmacy Fax Communications

	Priority	
Clinical Pharmacy / Drug Interaction Alerts	1	Upon retrieval
Controlled Substance Documentation	1	before next Delivery Cutoff
Refill Too Soon Notifications	2	By End of Shift
Non-Covered Insurance / PA Requests	3	Within
High-Cost Drug Notifications	3	24 hours
Therapeutic Interchange Requests	3	

Pharmacy Disaster Plans

DISASTER PLANS you must have in place!

<u>For Your Pharmacy</u> – What will they do if they cannot fill RX's

- **Local Retail Back-up Pharmacy is not enough!**
- **Need Operational Redundancy**
- **Alternative Operations Location**

<u>For Facility</u> – Processes to deal with an Emergency or Natural Disaster

- **Evacuation Plans**
- **Medication Availability and Transfer**

Emergency Pharmacy & After Hours Services

Disaster plan for a natural disaster and/or extremely hazardous conditions (e.g., major snow storm, flood or hurricane, etc.) should include:

- Checking inventory of all medications, including House Stock, interim or reserve medications and emergency medications.
- Prioritize the residents' needs and placing orders immediately.
- If residents are transferred or evacuated to other locations, the facility must have a system in place to ensure that the residents' medications and all applicable medical records accompany the resident.
- notify the pharmacy IMMEDIATELY of Resident Transfers!

Medication Pass Responsibilities: When do they start?

At Shift Change or Medication Cart Transfer, a shift change count must be performed if there are controlled substances, or other items the facility mandates to be counted

- Both Individuals, i.e. the Nurse leaving and the Nurse taking over the cart must participate
- Both should read the inventory number from the sheet
- Both should check the actual # of doses being counted

Med Pass Responsibilities: Security

Facility Policies should follow

- One count sheet per controlled substance order – not one count sheet per card
- If the count is correct, the book must be signed and then the cart, its contents and the keys are now that individual's responsibility
- Keep the cart locked when it is out of your control and never give keys to anyone
- Ensure that controlled substances, not stored in the med cart, are secured in a separate, locked, permanently affixed area – must be counted each shift change
- Repeated Diversions of Full Packages: Count all CS packages each shift and to document that count on the shift change sheet

Med Cart Basics: OTC's and Supplies stocked and placed properly to avoid:

- Lengthening med pass time by looking for drugs or supplies in cart due to disorganization
- Interrupting and extending the length of the med pass to retrieve supplies from the med room or medical supply

Both scenarios increase the risk of making a medication error!

Medication Pass Setup: Supplies

Handling Food and Beverages

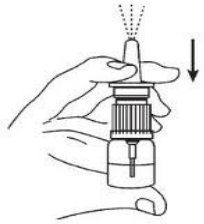
- **Only** food and beverages used for the medication pass should be on the cart, no personal food or drink
- Ensure you have a process to properly maintain refrigerated items
- All refrigerators should have a temperature log that is maintained Twice a Day per new CDC Guidelines
- Return refrigerated items (i.e. drugs, Apple Sauce, 2.0 Med Pass, etc.) to refrigerator between med passes

- **Protect against contamination:**
  - All food, beverages and straws should be covered
  - Spoons and mixers handles up, med and water cups rims down and not touching contaminated surfaces

Med Pass Setup: Cart Storage

- Separate **internals from externals** in all medication storage areas in the top drawer of med cart. Separate medications from sanitizers or cleaners (see recommended storage document for reference)

- If possible, separate all medications by **route of administration** (e.g., eye, ear, nose, topical, oral) to further decrease the risk of medication errors




Medication Self Administration

Steps required for a resident that has been assessed and evaluated by the Interdisciplinary Care Team (IDT) with a determination of safety and choosing to self-administer medications include:

1. A physician order for the specific medication(s) the resident may self-administer.
2. Completion of a resident consent to self-administer medications
3. Providing complete resident instructions in the proper use of the medications that will be self-administered, including:
   - What the medication is for
   - How it is to be used, how often it may be used
   - Proper cleaning of inhalers and devices
   - Proper storage of the medication (see BEDSIDE STORAGE OF MEDICATION)
   - Reporting each dose used to the nursing staff or performing bedside documentation
4. Care Planning should include:
   - Resident choices and preferences
   - Responsibility for the storage of the resident's medications
   - How resident will communicate self-administration of doses
   - Individualized interventions related to the administrations

Medication Self Administration

5

- Nursing staff will review bedside medication records or obtain resident report of administration each nursing shift, and document on the medication administration record (MAR) noting that the doses were self-administered
  - Other protocols such as site documentation, pulse, etc., are the responsibilities of the nursing staff
  - If a PRN medication is used, the symptoms for which the resident used the medication and the reported effect are documented

6

- The nursing staff will reorder bedside stored medications in the same manner as other medications

7

- The nursing staff will rotate bedside stock and will remove expired, discontinued, or recalled medications

8

- Nursing observations that should be reported include but are not limited to:
  - Change in the residents' functional and cognitive skills
  - Skipping of doses or refusing medications
  - Unsafe or inappropriate storage of medications (see BEDSIDE STORAGE OF MEDICATION)

Residents Rights F550, 583, 604, 605
The Resident has the right to

- ✓ Be Treated with Respect
- ✓ Refuse Medication and /or Treatment
- ✓ Given Privacy During Medication Administration
- ✓ Have their Medical Privacy Maintained – HIPAA
  - ✓ Including Technology
- ✓ Be Free of Chemical and Physical Restraints
  - ✓ Medications, especially Psychopharmacologic Drugs

Thank You!

Questions?