

Common Deficiencies, State Operations Manual Update, and Minimizing Effect on Nursing Time

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What we will be discussing today

- Common or recent deficiencies
- Poly-pharmacy
- Common nursing time saving opportunities
- Opportunities to decrease deficiencies and medication errors

F756 Drug Regimen Review:

- Facility (nursing and prescribers) not responding to Pharmacy Consultant reports in a timely manner. Facility must have a policy and procedure for addressing consultant's report.

--Sample policy and procedure available. Facility can decide time to respond to nursing and physician comments

Concerning Unnecessary Medications from revised surveyor guidance:

“When there are multiple prescribers, the continuation of a medication needs to be evaluated to determine if the medication is still warranted....

Medications prescribed by a specialist or begun in another care setting, such as the hospital, need to be clinically indicated, and documented in the resident’s medical record. If it is determined through monitoring that changes in the resident’s treatment plan need to be made, surveyors must review the medical record to determine whether the prescribing practitioner provided a rationale. Without a rationale, the use of the medication(s) may be unnecessary and therefore, noncompliant.”

Polypharmacy

Patient is stable, so why would I discontinue that medication?

Fair question

If it aint broke, don't fix it

Fair point

Polypharmacy

They may be stable. However,...

- Risks and *non-apparent* adverse effects
- Pill burden and comfort of patients
- Nursing time
- Financial cost to facility, patient, and society
- Liability to facility and prescriber

Dieticians can help!

Supplements

- Recommend dietician involvement!
 - Prescribers often responsive to dietician recommendations
- Review patients that have a HEALED wound
 - Prostat (and equivalents), Vit C and Zinc often no longer needed
- Recovered alcoholic patients
 - Vit B supplements, especially B1, essential when recovering
 - However, if recovered, and eating normal diet, time to review
- Iron supplements started due to acute blood loss

Appetite Stimulating Medications

Recommend stop date to re-evaluate

- Cyproheptadine (Periactin):
 - Highly anticholinergic antihistamine
 - Off-label use for weight gain
- Megestrol (Megace):
 - usually used off-label
 - only indicated for weight loss if have AIDS
 - *"Minimal effect on weight; increases the risk of thrombotic events and possibly death in older adults."
- Remeron and Marinol:
 - usually given off-label as well
 - both cause sedation

Get Hospice involved!

- Reduce unnecessary medications, i.e. statins, bisphosphonates (like Alendronate), supplements
- Do we really need Ativan and morphine initially?
 - more chances for diversion
 - more chances for incorrect orders without PRN duration for Ativan
- Prochlorperazine PRN for nausea needs to be re-ordered every 14 days

Get Hospice involved!

Is patient already on a PRN anxiolytic or PRN opioid?

If so, and these PRNs added, then NEED to SEQUENCE indications!

- Hospice is best to do this because:

- experts in Hospice care

- making the recommendation to add, so where does new medication fit?

- save nursing/pharmacist time adjusting orders after the fact

- prescribers more often follow Hospice recommendations

Midodrine

Per manufacturer:

- “..clinical benefits of midodrine hydrochloride, principally improved ability to carry out activities of daily living, have not been verified.” **And no reliable or consistent data showing reduction in falls**
- “Midodrine hydrochloride tablets are indicated for the treatment of **symptomatic** orthostatic hypotension”
- “After initiation of treatment, midodrine hydrochloride tablets should be continued **only for patients who report significant symptomatic improvement.**”
- “**Midodrine** hydrochloride tablets are **contraindicated** in patients with severe organic heart disease, acute renal disease, **urinary retention**, pheochromocytoma or thyrotoxicosis.”

Midodrine continued..

- Why were they started on it? -often started in hospitals to their specific protocols in acute setting scenario
- Treat the patient and not the numbers.
- Frequent BP monitoring, high risk of medication errors, increased risk of supine hypertension and possibly stroke

Midodrine continued..

Who should be reviewed for discontinuation?

Midodrine continued....

Patients to review for midodrine discontinuation:

-non-ambulatory patients

-patients who have not reported orthostatic hypotension symptoms

-verbal patients who don't report "**report significant symptomatic improvement**" after starting midodrine

-**any patient with urinary retention**, i.e. on tamsulosin (Flomax)

-frequently held due to **high BP**

**If dialysis patient, consider decreasing frequent dosing to just before and/or after dialysis.*

Unnecessary Monitoring Fingersticks

depends on the patient

May be too frequent if:

- BS has been stable without insulin coverage given
- multiple times per day without on infrequent coverage
- DM regimen is not managed and too dependent on coverage

Do recommend fingerstick monitoring when:

- erratic blood sugar
- recent change in DM medication regimen
- on basal insulin (long-acting like insulin glargine, Lantus, Basaglar, etc.) at least fasting fingerstick weekly or daily
- history of hypoglycemia

Unnecessary Monitoring BP Hold parameters

- Takes up a lot of nursing time
- Leads to apparent medication errors
- Increases risk of infection control issues

Steps to decrease

- ask consultant pharmacist
- ask regular nurses to review and request discontinuation
- ask prescriber and cardiologist to review
- decrease unnecessary BP medications

Metoprolol

- Generally, not used as first-line for JUST hypertension
- Benefits beside lowering BP:
 - improve outcomes in systolic heart failure (reduced ejection fraction HF)
 - prevent another heart attack
 - help rate control with arrhythmias like Afib
- One of the most common medication errors during medpass, per manufacturer “give with or immediately following meals”
 - Why with meal? That’s how it was studied and taking with meals maximizes absorption. Roughly 30% of dose may not be absorbed if taken on empty stomach.

Ways to decrease medication errors during medpass with Metoprolol use:

- If possible, have discontinued if low BP and/or HR
- If medication can swallow whole, change Metoprolol tartrate TWICE daily (immediate-release) to Metoprol succinate (ER) ONCE daily at DINNER time

Patient benefits include:

- less pill burden
 - BP medications staggered (likely has BP medications in morning)
 - better chance to give with meal and not on completely empty stomach
-
- If clinical benefit, have change directions in order read “without regard to meals”, especially if ordered every 8 or every 12 hours

Nurse time savings and decreasing medpass error risk: reviewing timing of medications that are automatically scheduled 8-9 am

- Like Metoprolol, if once daily, potassium supplement at dinner time.
- Diluting powder products like Miralax and Metamucil
Metamucil:
 - needs to be mixed with at least 8 oz of water
 - needs to be separated from other medications by 2 hours
 - alternatives: --Benefiber (mix w/ 4-8 oz) and no need to separate --Miralax (mix with 4-8 oz)
- Patches (besides Lidocaine), later in the day or 6am medpass
 - Fentanyl, clonidine, Butrans, Exelon, Nicoderm

Save more time by eliminating a medpass to a patient compared to d/c of a medication:

- If we can d/c a MVI, that's great, but only saves “pouring time”
- If we can avoid a medpass to a patient at a specific time, then that saves time to find patient, situate the medcart, pull up medication list, find their medications, go to patient, wait for patient, hand hygiene, etc.
- So, which shift is hurting the most?

Re-scheduling Medications

- Typically, 5pm medpass has less medications than 9 am
- If patient has once daily medications that can be given anytime, then utilize flexibility
- May be small addition of time to 3-11, but can **BIG** deduction of time from 7-3. NET savings time with TEAM approach.
- We can still save time for 3-11 by adjusting timing that could be changed from 5pm to 9pm or vice versa.

Maximize efficiency on 11-7 shift (6 am medpass)

- Generally, like to avoid waking up patient at 5 am for medications
- Eye drops, patches, basal insulin are ideal when patient is in bed before interrupting breakfast, patient goes to PT, already lying down.
 - However, only prefer if patient is already getting 6 am medication or they are known to be awake anyway
- Save time for 11-7 shift too!!
 - Omeprazole (before meals) can be changed to Pantoprazole (Protonix) TABLET, which can be given “without regard to meals” per manufacturer
 - If patient non-compliant with 11-7 medications or doesn't want to be woken, could change other medications like levothyroxine to another shift if clinical reason.

Obstacles

- Time
- Initiative
- Staffing
- Patient preference
- Buy-in from interdisciplinary team

Solutions

- Discuss with everyone involved, so there is context for these changes
- One strategy at a time
- Only so many patients at a time
- Follow-up
- Consultant pharmacist utilization

Questions before moving
on?

F880: Infection Control

- CNA did not wear gown when entering EBP room
- Nebulizer on top of the side table with the handheld mouthpiece unlabeled, unbagged and touching the content of a plastic container.
- PPE gowns and gloves were worn in the hallway
- Failed to wash hand for appropriate amount of time
- Nurse did not wash hands between glove changes.
- Incorrect wipes utilized for disinfecting glucometers
- Nurse did not disinfect glucometer after using. Using disinfecting wipes for inappropriate time. Always check the “Kill Time”, time required for wipe to be in contact with glucometer, or surface to kill listed organisms, on the container, which is different for each product. Inservice nursing staff to read the containers.
- Disinfectant wipes had lid open

F686: Skin Integrity

- Hand hygiene not done during wound care.

Know when to use alcohol-based hand sanitizer (ABHS) versus soap and water during routine patient care in healthcare settings

When to wash with soap and water

- When hands are visibly soiled.
- Before eating.
- After using the restroom.
- During the care of patients with suspected or confirmed infection during outbreaks of *C. difficile* and norovirus.

Know when to use alcohol-based hand sanitizer (ABHS) versus soap and water during routine patient care in healthcare settings

When to use an alcohol-based hand sanitizer (ABHS):

Unless hands are visibly soiled, ABHS is preferred over soap and water in most clinical situations because it:

- Is more effective at killing germs on hands than soap.
- Is easier to use when providing care, especially when moving from soiled to clean activities on the same patient or when moving between care of patients in shared rooms.
- Results in improved skin condition with less irritation and dryness than soap and water.
- Improves hand hygiene adherence.

222 Forms

- DEA Form 222: The “last line completed” is filled out (part 1)
- DEA Form 222: When medications arrive from pharmacy, the date received and number of packages received is filled out (part 5)
- DEA Form 222: The package-size received by the purchaser (in part 5) must match the package-size ordered (in part 1)
- Process in place to keep track of unused DEA 222 forms (examples: sets of 3 in clear sheet protectors, spreadsheet, etc)
- Completed Form 222 should be filed in sequential order by order form number, separate from other controlled drug records
- Do not have any pre-signed 222 forms by medical director (use immediately or void & file in order)
- DEA 222 forms with facility address must be stored at that location
- DEA Form 222 are required to be kept available for inspection for a period of 2 years

Biennial Inventory of back-up controlled medications

The DEA requires a physical inventory of all controlled substances to be conducted every two years for each registered location.

755: Pharmacy Services:

- Oxycodone on hospital discharge med list but not ordered upon admission at facility, delayed treatment of pain
- Failure to ensure accurate accountability of controlled drugs to prevent loss or diversion (shift to shift log incomplete)
- Failure to sign declining inventory sheet for controlled substance immediately after removing from bingo card
- Incomplete quality control log for glucometer

F698: Dialysis

- Dialysis communication records (book) not completed by nurse upon return to facility 8 times.
- Recommendation from dialysis not carried out from communication book
- Orders not scheduled to accommodate dialysis times
- Dialysis resident did not receive medication due to late transport pick up and MD was not notified.
- Zofran sent to dialysis with resident without an order.

--A “Communication Book” should be utilized to share information between the dialysis center and the facility. The facility should periodically update the list of meds & immunizations received at dialysis based on the communication book.

F761: Labeling and Storage Drugs & Biologicals

- Unlocked/unattended cart was observed with Acidophilus on top of cart.

--issue with acidophillus stock

--consider saccharomyces boulardii (Florastor)

F842: Medical Records

- Lack of documentation offering pneumonia/influenza vaccine

F883: Influenza and pneumococcal immunizations

- Administration/refusal/notification of risk and benefit of vaccines were not documented appropriately

F760 Medication error:

- incorrect oxygen concentration (MD order not followed)
- Medication administered late. (ex Carafate, Glucotrol, metoprolol)
- Insulin Pens not primed before use. Pen not held in place for adequate time. Proper wasting/priming not completed
- Lidocaine patch strength of applied patch did not match EMAR.

--5% or 4% Lidocaine patch? How long can patch be on patient? Depends on manufacturer

F761 Medication storage:

- Loose pills.

-Recommend weekly removal of bingo cards and nightly during surveys

Chemical Restraints and Unnecessary Psychotropic Drugs



“Alert for abuse If you see this symbol next to a nursing home’s name, it means that the nursing home has been cited for issues related to abuse.”

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Resident's Right to be Informed of Initiation or Increase in Psychoactives

... residents have the right to be informed of and participate in their treatment.

Prior to **initiating or increasing** a psychotropic medication, **the resident, family, and/or resident representative** must be informed of **the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications**, in advance of such initiation or increase...

...A written consent form may serve as evidence of a resident's consent to psychotropic medication, but other types of documentation are also acceptable

F 761 Storage of Medications:

“The temperature of any refrigerator that stores vaccines should be monitored and recorded TWICE daily “

“The surveyor reviewed the CDC (Centers for Disease Control and Prevention) guidelines for vaccine storage which reflected for Monitoring Vaccine Temperatures, to ensure the safety of vaccines, the storage unit minimum and maximum temperatures should be checked and recorded at the start of each workday. If using a TMD that does not display minimum and maximum temperatures, then the current temperature should be checked and recorded a minimum of two times (at the start and end of the workday).”

IJ deficiency:

petroleum jelly left at patient's bedside and used in patient with oxygen therapy

From product manual of oxygen concentrator:

"WARNING: Use only water-based lotions or salves that are oxygen compatible before and during oxygen therapy. Never use petroleum or oil-based lotions or salves to avoid the risk of fire and burns."

Questions?