

PHARMACY NEWSCAPSULE

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Looking at Drug-Drug Interactions by Doug Englebert, R.Ph.

Many types of surveys require the surveyor to look at the patient or resident list of medications and to identify potential problems that should have been addressed by the facility. To guide the surveyor, various resources --- including the State Operations Manual (SOM) --- identify potential medication-related problems that surveyors should recognize. This information should assist in the determination of proper facility identification and action. Because the survey process and federal regulations for pharmacy services in nursing homes are significant, the SOM for nursing homes contains the most extensive information on medication-related problems for seniors.

Although the SOM for nursing homes contains many medication-related problems specific to certain medications, the SOM is generally lacking in comprehensive information on drug-drug interactions. So, how are surveyors to identify drug-drug interactions that we would expect facilities to identify and act on? One approach is to look at those drug-drug interactions that cause the most problems for elderly individuals. In this case these common problematic interactions are listed in the SOM at F tag 428. Another option for surveyors is to stay informed about high level, significant drug-drug interactions that are identified in this newsletter, Division of Quality Assurance memos, and Food and Drug Administration alerts.

It is not necessary for surveyors to know the specifics of all possible drug-drug interactions to conduct a successful review. There are other means. Per Wisconsin pharmacy regulations, a pharmacist is required to complete a medication regimen review and act on drug-drug interactions when dispensing medications. During the survey process, a surveyor can interview facility staff and the pharmacist to determine their procedures for identifying, reviewing, and addressing drug-drug interactions. Clear communication is key to an effective process.

In some cases of significant drug-drug interaction specific outcomes can be identified and reviewed by the surveyor. For example, a drug order may have been changed, lab monitoring

may have been ordered, or specific care planning involving medication monitoring may have been implemented.

In today's environment, surveyors may also have ready access to electronic drug information resources via smart phones or personal digital assistants (PDAs) whereby medication regimens may be entered and checked for drug-drug interactions. If a surveyor utilizes these technologies to identify drug-drug interactions and potential medication problems, it is important for the surveyor to collect additional evidence. For example, it is important to conduct interviews to determine the facility's process for reviewing drug-drug interactions. It is also important for the surveyor to determine whether the facility did anything to mitigate the risk of the drug-drug interaction. If this evidence is not collected, it is difficult to ascertain whether the medication-related problem was identified and addressed by the facility. A drug-drug interaction in and of itself is not a violation. Failing to identify and address a drug-drug interaction, however, is more likely to be a violation.

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New Medications

Brand Name	Generic Name	Use
Afinitor	Everolimus	A medication for advanced kidney cancer.
Atryn	Antithrombin	An anticoagulant for hereditary antithrombin deficiency.
Fanapt	lloperidone	Atypical antipsychotic medication for schizophrenia.

Home Health Agencies and Pharmacy Solutions by Doug Englebort, R.Ph.

Home health nurses routinely use various pharmacy solutions for a variety of patient care purposes. Solutions of normal saline or acetic acid are often used for different wound care procedures. Two questions have arisen. What is the life of these solutions? And, is it appropriate for staff to use the solutions for multiple patients?

The first issue to consider is infection control. Using a single supply of a solution for multiple patients raises the risk of contamination and infection. A home health agency --- as with blood glucose meters and other multi-use devices, medications, and solutions --- must have an infection control program that ensures that solutions are not being contaminated and that patients are not treated with contaminated materials.

The second issue to consider is sterility of the solution. In cases where solutions are meant to be used in sterile procedures, the solutions also need to be sterile. Multiple use solutions that need to remain sterile can only be used for short periods of time to ensure sterility. Generally, items such as normal saline irrigation solutions are not considered sterile after 24 hours if left open in an open air environment. If home health agencies are using solutions that are meant to be sterile, the agency should have procedures to ensure that solutions are disposed of when they are no

longer considered sterile. In general, if the solution is used beyond 24 hours, the agency should have information available that supports use beyond the 24 hours.

The third and final issue to consider is stability of the solution. Some solutions need to be mixed; however, mixed solutions may only be stable for a set period of time. When agencies mix such solutions or have a pharmacy mix them, there should be a process that ensures that the mixture is properly labeled with the expiration date.

As surveyors review home health agencies, observations and interviews should indicate that the agency has processes in place to ensure that solutions used for patients are sterile, stable, and not causing infection control breaks.

Assisted Living Medication Packaging by Doug Englebert, R.Ph.

On April 1, 2009 the new regulations for Community Based Residential Facilities (CBRF) took effect. As a result of substantial changes numerous questions have been brought forward. Additionally, old issues are resurfacing. One of those issues is medication packaging for unique situations.

Example: A CBRF resident obtains a new prescription after hours on Saturday which extends through Sunday when the resident's normal pharmacy is closed. The back-up pharmacy will send medication to the CBRF; however, the medication is in vials instead of the traditional blister packaging. How can the unit dose requirement be met?

This question arose under the old regulations as well as the new. Many CBRFs are set up in such a manner that the facility has no nurse oversight and, therefore, medications must be packaged in unit of use. However, there will be instances when back-up pharmacies, sample medications, and other issues lead to situations where the medications are not packaged in unit of use.

A CBRF can address such scenarios by making alternative plans. For example, if the routine for a resident's pharmacy is to fill ALL weekend prescriptions as emergencies and the back-up pharmacy uses multi-dose bottles, the facility will not be compliant. One way to address this situation is to carefully review medications through discussions with the pharmacist or physician and determine whether or not residents can wait until Monday to start medications. If a medication must be started during a weekend, other alternatives must be considered; i.e., medication set-up can be done in accordance with the CBRF rules. It is also possible to ensure that the back-up pharmacy can meet packaging needs.

The bottom line is that the resident, facility, and primary pharmacy must develop a plan to address packaging requirements that meet the resident and facility needs at all times.

Consultant Corner by Doug Englebort, R.Ph.

- 1. A CBRF resident takes the city bus to attend work once a week. His employer requires the resident's medications to be delivered to the facility and that facility staff hand medications to work staff. The facility does not feel it is safe to transfer the resident's punch card with him as he travels on the city bus. Codes do not allow staff to take medications out of unit dose packaging for routine events. How can the facility meet all requirements while also maintaining the resident's independent bus travel and allowing medication transfer between staff?**

A sample of multiple, potential options include:

- a. The prescription may be changed so that the medication does not need to be taken at work.
- b. The employer maintains a month's supply of medication so that handoffs can be made monthly rather than weekly.
- c. After consideration, an employer may allow a resident to hand-off medications to work staff. If medication tampering is a concern, the use of some type of sealed, tamper-evident packaging may be possible.

The resident, work staff, facility staff, and the pharmacist need to discuss and understand all relevant regulations and/or requirements and find a viable solution that maintains the resident's desired level of independence.

- 2. Can a nursing home send medications, including controlled substances, home with a resident at the time of discharge?**

When a resident is discharged from a nursing home, discharge planning should include a consideration of the resident's medication needs. If the resident will continue using the same medications at home that they have been taking in the nursing home, the medications can be sent home with the resident as long as those medications are maintained in the appropriately labeled containers received from the pharmacy.

Facilities, however, may wish to solicit legal advice and develop procedures for situations where medications are on hold or have been discontinued. Facilities may also decide to adopt procedures whereby a resident is provided information about discharge and medications prior to the time of discharge. Adopting such procedures and informing residents early can help eliminate confusion and arguments at the time of discharge.