

CT-ASCP



CHAPTER NEWSLETTER A SENIOR CARE PERSPECTIVE



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TWENTY FIVE SURE FIRE THINGS THAT WILL WORK TO MAKE YOUR FACILITY MED SAFE AND JCAHO COMPLIANT * *Sheldon Sones, RPh, FASCP*

I grew up in pharmacy amongst the best culture...one that was three-pronged. I learned early on that you need three elements for a great pharmacy service: good clinical aptitude, good distributive strategies, and safe process. The pharmacy program limps along if any of the three are missing. In this abbreviated paper, I take 25 of the ideas brought forth in my text, in no particular order, which spell success for all of the stakeholders.

1. Written orders are clear and transcribed accurately. *Comment:* I see in the not too distant future that orders will be required to be electronically entered or printed. In 2005 and beyond, the way we did it in 1965 just won't fly. Consultants should reflect on poorly written orders.

2. Allergies are noted and follow a trail through the chart. *Comment:* Consultants would do well to assure that allergies are real, and not simply side effects, thereby eliminating possibly viable therapy. You know the guy who says he's allergic to Benadryl® because it makes him drowsy...

3. Foster two patient identifiers prior to meds or tests. *Comment:* Shame on us in 2005 and beyond if med error reports continue to state, "wrong patient."

4. Push for nursing to have a reasonable understanding of the purpose for each med. *Comment:* Consultants should encourage nurses to know the basic indication and nursing implications of all drugs administered. Most importantly, they should know how to search for that information when they are not aware.

5. Turn error reports into educational op-

portunities. *Comment:* Do it in a non-punitive way...no names...not of residents or nurses.

6. Trend error reports to define root cause and prevent reoccurrence. *Comment:* Think in terms of fault-moding.

7. Discourage bottles in med carts being labeled on their caps. *Comment:* Too many times these caps get inadvertently switched, and the warfarin patient gets aspirin instead of acetaminophen...

8. Challenge verbal orders as a routine scenario. *Comment:* Verbal orders are acceptable if they do not predominate the way orders are received. They should be minimized.

9. Be obsessive about verbal orders being reduced to writing and REPEATED BACK. *Comment:* Just today, I was booking a trip and the person on the other end of the phone got my charge card number wrong THREE TIMES! The main reason for med errors, statistically, is poor communications.

10. Assure that there exists a FUNCTIONAL recall procedure. *Comment:* "Functional" is the pivotal term.

11. Be alarmists!!! *Comment:* We have a role in promoting IV pump and equipment accuracy, including alarms. Any stakeholder would agree.

12. Ask yourself: in your facility, what do they know about "Prohibited Abbreviations." *Comment:* If they don't...they should. Too many root cause revelations relating to these archaic abbreviations.

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CT-ASCP Chapter Communications Committee:

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- Kevin Chamberlin, PharmD
- Anna Egle, RPh, FASCP
- Tom Lachapelle, PharmD

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What is a Senior Care Pharmacist?

Senior care pharmacists engage in practice that recognizes and addresses the unique health care needs of the senior population wherever they reside.

Senior care pharmacists have specialized knowledge in geriatrics, geriatric pharmacotherapy, and the unique medication-related needs of the senior population, which they apply in the provision of pharmaceutical care.

Senior care pharmacists look at their patients holistically—as individuals for whom quality of life and quality of care are mutually significant and necessary.

In cooperation with patients [consumers], caregivers, and other health care professionals, senior care pharmacists take responsibility for their patients' medication-related needs by ensuring that their patients' medications are the most appropriate, the most effective available, the safest possible, and are used correctly. This is accomplished by identifying, resolving, and preventing [medication-related problems](#) that may cause, aggravate, or contribute to common geriatric problem areas, or interfere with the goals of therapy.

An important goal of therapy is the achievement of the highest level of functioning possible. Senior care pharmacists apply their clinical competence, observational skills, and assessment expertise to ensure that the senior patient's medication regimen is not contributing to [common geriatric problem areas](#) that may lead to excess disability, loss of independence, and decreased quality of life.

Senior care pharmacy practice is unique in that it is population rather than environment specific.

- Senior care pharmacists' specialized knowledge in geriatrics encompasses diseases and disorders [conditions] common in the senior population; geriatric syndromes or problem areas; medication-related problems that can cause, aggravate, or contribute to common geriatric problems; observational skills and assessment expertise; health promotion, disease prevention, and wellness; ethical issues, such as end of life care, in-

formed decision-making, and death and dying; financial considerations for access to and delivery of health care services; the role of the caregiver and health consequences of caregiving; relevant cultural and ethnic considerations; and service delivery, including acute care, ambulatory care, long-term care, community based care, and geriatric care management.

- Senior care pharmacists' specialized knowledge in geriatric pharmacotherapy focuses on medications used to treat diseases and conditions common in the senior population, and encompasses age-related biologic, physiologic, pharmacokinetic, and pharmacodynamic changes and their impact on selection and dosing of medications; relevant gender and ethnic variations; medications potentially inappropriate for use in the senior population; and identification, prevention, and resolution of medication-related problems.
- Senior care pharmacists' specialized knowledge of the unique medication-related needs of the senior population encompasses selection of appropriate packaging and dosage forms; adequate and readable labeling; understandable patient and caregiver information; unique barriers to adherence; compliance packaging; consideration of the role of the caregiver in medication use management; consideration of the patient's functional and cognitive status in the pharmacist's decision-making; and communication skills.

Senior care pharmacists develop, maintain, and enhance their clinical competence in geriatrics, geriatric pharmacotherapy, and the unique medication-related needs of the senior population through life-long learning, including post-graduate residencies and experiential traineeship; the current geriatrics literature; and continuing pharmaceutical education focused on geriatrics and senior care pharmacy.

Senior care pharmacists may formalize their competency in geriatrics, geriatric pharmacotherapy, and the unique medication-related needs of the senior population through recognized certification and credentialing programs.

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Looking for 50 Great Medicare Trainers!!

Irma Pomales-Connors

I want you to know -- and have the opportunity to apply for -- a new joint program with the American Society on Aging's Medicare Advisors Program (ASA MAP)!

The ASA MAP has trained a voluntary network of 5,000 advisers from across the United States who assist Medicare beneficiaries to understand the benefits of the new Medicare prescription drug discount cards and help older adults to choose the most appropriate card. Teachable Moments augments the ASA MAP by involving senior care pharmacists to train the advisers about medication issues.

The ASCP Foundation is recruiting fifty (50) senior care pharmacists from the ASCP membership from the targeted states (see list below) to become part of a team of trainers. Selected ASCP members will be linked with a ASA MAP participant in their region to form a team. Each team will be trained on the screening tool being developed by the ASCP Foundation that helps Medicare advisors identify Medicare beneficiaries who may be at risk for medication-related problems (MRPs). Because the interaction between the ASA MAP and older adults is a "teachable moment," advisers can alert older adults about MRPs and refer them to community resources, including senior care pharmacists and certified geriatric pharmacists listed on:

www.seniorcarepharmacists.com and www.ccgp.org.

The ASCP Foundation is recruiting ASCP members who can:

- Serve as a team member with a MAP participant from his/her region from the following states: CA, CT, FL, IL, MD, MI, NC, NY, OH, or PA
- Participate in a Web-based "train the trainer" program
- Recruit and train at least twenty-five (25) members from his/her local aging network

We are offering a year's complimentary membership in ASA and other benefits to those who are accepted as trainers. Project begins in early 2005!

To learn more about the Teachable Moments initiative or to sign up as a trainer, log onto:

www.asaging.org/medicareneeds

Irma Pomales-Connors is the Program Officer and Senior Grant Writer for the American Society of Consultant Pharmacists Research and Education Foundation in Alexandria, Virginia.

 *Season's Greetings* 



2nd Annual Senior Care Pharmacy Student Scholarship

The Arnold S. Feldman Memorial Senior Care Pharmacy Scholarship Program was created to honor Arnold S. Feldman and his lifelong commitment to serving the senior population regardless of setting of care.

Supported by contributions from family members and friends of Arnold S. Feldman and ASCP members, the new scholarship program will recognize one pharmacy student in his/her third professional year of pharmacy school who, upon graduation, has studied geriatrics, geriatric pharmacotherapy, and is committed to developing and implementing a specific research or educational project related to geriatric pharmacotherapy that will be completed during his/her final year of pharmacy school. One award of **\$500** will be given on an annual basis.

The application deadline is **April 29, 2004**. Applications can be downloaded from the ASCP Foundation Web site at www.ascpfoundation.org. For more information about the Arnold S. Feldman Memorial Senior Care Pharmacy Scholarship Program, please contact the American Society of Consultant Pharmacists Research and Education Foundation at 800-355-2727, extension 107.



Precepting 101

Whether you are a *seasoned* preceptor of a geriatrics rotation, or a novice interested in establishing a geriatrics rotation site for colleges of pharmacy in your region and other states across the country, the ASCP Foundation Senior Care Pharmacy Student Rotation Program awaits to hear from you.

Submit an application for peer-review before one of these dates: **December 15**; **March 15**; **June 15**; or **September 15**. To learn more, check out information on the Web at www.ascpfoundation.org or contact Irma Pomales-Connors, Program Officer/Grantwriter at iconnors@ascp.com or call 800-355-2727, extension 252.



SONES: 25 Safety Tips, (cont.)

Continued from page 1:

13. Subscribe to ISMP Med safety Newsletters and share them with staff. *Comment:* Simply the best!

14. No meds at the bedside. *Comment:* I continue to see no compelling reasons to have meds at the bedside in virtually all cases in LTC.

15. Outlaw “vague orders.” *Comment:* No more, “Same meds as yesterday,” “repeat same dose of insulin,” etc.

16. Post poison control center access. *Comment:* The Connecticut Poison Control Center supplied me with more than enough to share with all my sites. Already used very successfully in one untoward event!

17. Assure CURRENT drug reference access. *Comment:* No discussion needed.

18. Assure compliance with CDC Handwashing Guidelines. *Comment:* Again, no discussion necessary.

19. Assure good communications on drug therapies (usually a W-10) from other healthcare providers. *Comment:* This will be an enforced JCAHO expectation on January 1, 2006. We shouldn’t wait until then for this information from non-traditional transfers such as surgery centers.

20. Filter needles should be used for glass-ampule

drugs. *Comment:* One reference states that approximately 100 particles can be found in a 10mL opened ampule.

21. Support a med safety officer at each site. *Comment:* It’s a new specialty.

22. Assure site documentation for patches as well as attestation of removal.

23. Be an active fall reducer. *Comment:* Pharmacy Consultants should be accessible to review frequent fallers and the role their drug regimen may have played.

24. Direct med pass observations remain the age-tested success story. *Comment:* While we have to figure out who pays for it, Barker et al. have said for decades that it is still the most valuable strategy.

25. Nurses stay with patients until meds consumed. *Comment:* Just last week a nurse’s aid comes up to a med nurse with a tablet in her hand that she “found in the bed.” Moments before, the nurse had left the cup of meds on the night stand of another patient saying “she wants me to leave them,” ...enough said.

***Abstracted from:** “153 Ways To Make Your Nursing Home Med Safe and ... You Might Not Do Too Badly on Your Next Survey ©”, Sheldon S. Sones, RPh, FASCP.

Sheldon S. Sones, RPh., FASCP is Past President of CT-ASCP and the 2004 winner of the ASCP Foundation’s Leadership in Education National Award for his work in Med Safety Education.

From your CT-ASCP Board of Directors:

*We wish you a Safe and Happy
Holiday Season, and a Healthy
New Year!!*