



DEC. 2020 | EDITION 3

# The Messenger

Welcome to the December publication of **The Messenger**, a quarterly publication with helpful resources, links and information to support your facility's ongoing success. Learn more about MAC Rx's services by [visiting our website](#).

## MAC Rx YEAR IN REVIEW

Each year, MAC Rx takes time to look back and reflect on the year, both its successes and challenges, in order to adapt, prepare and plan for the year to come. This year especially, we are grateful.

In looking back, 2020 certainly presented more than its fair share of challenges, especially for our Long Term Care partners. From securing masks, gloves and hand sanitizer early in the COVID-19 outbreak, not only for our employees but also for our partners, to ensuring the most vulnerable had crucial medications, MAC Rx rose to the challenge, meeting it head-on.

We are so thankful and proud of our staff and how they always work tirelessly to ensure that our partners and residents have the best-in-class service at every turn.

Even though 2020 was one of the more difficult years we have all faced recently, it showed us the power of a united MAC Rx family. We have come out of this year stronger and ready for any new challenges that may arise, and are hopeful for a healthy, peaceful and prosperous year for all.

Thank you for your continued partnership and we look forward to serving you in 2021!

## IMMUNIZATIONS AWARENESS: Fight the Flu

### #SleeveUp to #FightFlu

National Influenza Vaccination Week (NIVW) marks an annual observance each December, reminding us all that there's still time to get vaccinated against flu to be protected during the upcoming season.

Vaccination is particularly important for people who are most vulnerable to developing serious flu complications, including people with certain chronic conditions such as asthma, diabetes and heart disease. In fact, last flu season 9 out of 10 adults that were hospitalized for flu had at least one reported underlying medical condition.

This year that message is more important than ever, especially given the possibility that both the flu viruses and the virus that causes COVID-19 will spread this winter. This situation could place a tremendous burden on the healthcare system and result in many more illnesses, hospitalizations and deaths than during a regular flu season—especially among people managing chronic conditions because many of them also are at higher risk from COVID-19. The good news is that there is a flu vaccine that is tried and true; it is proven to reduce the risk of flu illness, hospitalizations and death.

### Influenza Vaccine Resources:

- [Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination among Healthcare Personnel](#)
- [2020 NIVW Digital Media Toolkit - CDC](#)
- [Overview of Influenza Vaccination among Health Care Personnel - CDC](#)
- [CDC. Immunization of Health-Care Personnel. Recommendations of the Advisory Committee on Immunization Practices \(ACIP\). MMWR 2011;60\(RR07\):1-45](#)
- [Seasonal Influenza Vaccination Resources for Health Professionals](#)



**Our team is ready to support your facility to implement effective influenza outbreak mitigation strategies. [Contact us](#) to learn more.**

## SERVICES SPOTLIGHT: Regulatory Compliance Support

### Preparation is Key: The new LTCSP

The Long Term Care Survey Process (LTCSP) Procedure Guide, effective November 21, 2020, details medication administration and management areas that will be assessed during the survey.

[Click here to download a copy from CMS >](#)

Pre-survey preparation is important to address areas of risk in order to weather today's regulatory climate. The following F Tags related to pharmacy services include:

- F755 - Pharmacy Services/Procedures/Pharmacist/ Records
- F756 - Drug Regimen Review, Report Irregular, Act On
- F757 - Drug Regimen is Free From Unnecessary Drugs
- F758 - Free from Unnec Psychotropic Meds/PRN Use
- F759 - Free of Medication Error Rates of 5% or More
- F760 - Residents Are Free of Significant Med Errors
- F761 - Label/Store Drugs & Biologicals

[Download the revised F Tag list from CMS >](#)

### Regulatory Compliance Support

Did you know that the MAC Rx professionals are available to assist you with survey preparation? In a collaborative effort, our experts provide the following services to assist your team to maintain regulatory compliance:

- Survey preparation
- Mock surveys
- Medication cart audits
- Medication storage checks
- Medication room audits
- Education
- Assistance with compliance and Plans of Correction
- Medication Regimen Reviews performed by a consultant pharmacist
- Impact Medication Regimen Reviews
- Change in Condition Medication Reviews



[Contact us](#) to discuss how MAC Rx can support your survey preparation and response plan.

## THE CLINICAL CORNER: The Consultant Pharmacist's Role



**By: Kenyatta Grady, Director of Nursing and Customer Services**

The skilled nursing setting presents a very complex set of challenges to providing safe and high-quality care for a vulnerable patient population that frequently relies on a network of providers to successfully collaborate towards the goal of helping the resident attain the highest possible quality of well-being.

One key member of the treatment team is the consultant pharmacist, a licensed practitioner responsible for promoting safe and effective medication use through the provision of pharmaceutical services, including monthly medication regimen review (MRR), to identify irregularities that should be reviewed by the attending physician or nursing staff.

### Consultant Pharmacist: An integral member of the IDT

As a member of the Interdisciplinary team (IDT), the consultant pharmacist supports overall care, beginning with the process of MRR. The rest of the IDT closes the clinical loop by providing important additional perspectives and recommendations.

### What is involved in the MRR?

Each month, the consultant pharmacist begins the MRR by reading the resident's chart, taking particular note of any changes in condition, notes from other practitioners and results from lab work. Having constructed a clinical picture of the resident's status, the pharmacist dives into the medication regimen, considering any medication changes that may have occurred and response to previous recommendations. Using the clinical data gathered, the pharmacist begins to consider any potential irregularities of drug selection, dose, frequency or timing. The pharmacist must also consider any monitoring parameters that should be maintained within the clinical record for other practitioners to review and assess the resident and their medications.

During this process, the consultant pharmacist will consider potential irregularities and recommendations for correction. These recommendations will be provided in written form for the Director of Nursing to disperse to other members of the team for consideration and response. It's important to remember that the consultant pharmacist is generally working from an outside perspective, which is important but certainly not the entire clinical picture. The decision to accept or reject the recommendation should be considered with input from the entire treatment team, although the responsibility for that input ultimately lies with the practitioner to whom the recommendation is addressed.

### What is the consultant pharmacist's role during care transitions?

Consultant pharmacists can provide assistance with transitions of care, a point of particular vulnerability for residents, ensuring that medication errors don't occur between facilities; the same vulnerabilities that place residents at risk within the residential setting increase the risk of medication errors when transitioning from one care setting to another.

A consultant pharmacist may consider discharge paperwork, treatment notes, lab and testing results and other additional information when considering if medications begun or continued when transitioning into the skilled residential setting are appropriate in selection, dose, frequency or duration.

One example would be a resident who receives a cardiac stent during a hospitalization. It would be appropriate for this patient to receive dual antiplatelet therapy (generally aspirin 81 mg and Plavix, Brilinta or Effient) for a period of 12 months post stent placement. After 12 months, the increased risk of bleed should be considered with the benefit of continued therapy. The data generally supports discontinuing dual antiplatelet therapy at this time but patient-specific data may suggest continued use despite the risk of bleeding. The consultant pharmacist's role in assessing this therapy would be to ask the practitioner to consider the continued use of dual antiplatelet therapy. The practitioner is always in control of the medication regimen but should provide justification for continued use, which can be scanned into the electronic medical record for auditing purposes.

The consultant pharmacist is an engaged and important member of the IDT that can be utilized in many ways to assist in achieving the overall goal of resident safety and compliance.

**[Contact us](#) to discuss how our consultant pharmacist services can support your quality goals.**



**MAC Rx is focused on providing the best-in-class long-term care pharmacy service in the industry. Our employees strive every day to care for the residents and caregivers we serve and treat like family. With a service-first mentality, we provide the lowest pricing in the industry, as well as pharmacy consulting and nursing services to offer more value to our customers. [Contact us](#) to learn more.**