IOWA POST-ACUTE CARE COLLABORATIVE OFFICE HOURS - APRIL 29, 2020

SPEAKER: JENN CLAYTON, PHARMD, BCGP

WEBVTT

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00:03:51.600 --> 00:03:55.440

Gina Anderson: I'm sorry, I may have been on mute, and just spoke a whole bunch of information.

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00:03:57.120 --> 00:04:11.760

Gina Anderson: So I welcome everybody who's getting in. Today we will get started here in a few minutes. And I ask that you please enter your name and your organization name along if you're a rural or urban setting. We love to get to know who's our audience.

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00:04:12.810 --> 00:04:21.690

Gina Anderson: In addition to this, I really wanted to see a little bit of interest challenges from you related to code 19 and transfers.

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Gina Anderson: So we're interested in finding out if your organization has challenges with transferring patients or residents between settings.

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Gina Anderson: So, for example, do you have challenges from the hospital to the nursing home or from the nursing home to the hospital.

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00:04:35.280 --> 00:04:47.670

Gina Anderson: Or any types of those kinds of transfers. So we ask that you can chat in some of those challenges, while we're getting ready here to start and we can share those with each other. Thank you so much. And we have about three minutes before we get going.

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Gina Anderson: Okay, we're going to get started in about one minute here. So while everybody's getting settled into the zoom platform.

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Gina Anderson: I'd like to ask you to please enter your name and your organization, along with if you're a rural or urban setting. We'd love to know who our audiences.

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00:06:48.300 --> 00:06:57.390

Gina Anderson: And you'll see the chat icon down at the bottom of your screen. If you hover down below to the right hand side that should come up for you. You can submit questions there as well.

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00:06:58.170 --> 00:07:08.790

Gina Anderson: But we're asking a question just related to Kobe 19 and transfers and we're interested in finding out if your organization has challenges with transferring patients or residents between settings.

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00:07:09.360 --> 00:07:22.410

Gina Anderson: So how is that looking for you. Do you see any challenges between going from the hospital to the nursing home or vice versa. And you can chat those challenges into the chat box there. Thank you so much. And we'll get started here very shortly.

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00:07:37.710 --> 00:07:45.480

Gina Anderson: Okay, well, I want to welcome everybody. Good afternoon to elegance Iowa pack post acute care collaborative office hours.

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Gina Anderson: My name is Gina Anderson and I'm a senior quality improvement facilitator here, intelligent, and I will serve as your facilitator for this event.

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Gina Anderson: Will begin our time with our guest speaker Jennifer Clayton. She's from strawberry point here in Iowa and I will introduce her a little bit further in a moment.

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Gina Anderson: And from our intelligence team is Caitlin wallet. She will engage with her in a discussion during that time.

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Gina Anderson: This call today is being supported by intelligence staff and they include Mary to so Andres.

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Gina Anderson: And Kristin is they're both here to help us with our zoom platform and assisting in the chat. We have monitoring on Courtney right Ryan and Fran on it.

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00:08:23.640 --> 00:08:32.520

Gina Anderson: We also have our medical director Christina la Rocca available to help field questions as needed during our question and answer time so it's our pleasure to work with all of you today.

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00:08:33.330 --> 00:08:38.850

Gina Anderson: Please share your questions in the chat as you think of them and we'll address as many as them as we can during this call.

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00:08:40.980 --> 00:08:46.980

Gina Anderson: Now with this rapidly changing information. Today's content is ongoing to reflect information as we know it today.

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Gina Anderson: Please note that with the constantly evolving changes of the information, it is very important for you to continuously check CDC.

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Gina Anderson: And I would Department of Public Health websites for the most updated to date to guidance also listed here. Is it pH is 800 number

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00:09:04.410 --> 00:09:14.460

Gina Anderson: For healthcare providers for you to use to call with those clinical questions the content we share today is for informational purposes only and does not constitute medical advice.

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00:09:16.140 --> 00:09:26.640

Gina Anderson: Intelligent takes all available steps to provide secure use of this video conference platform we share this disclaimer regarding the links to other websites or third party content.

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Gina Anderson: So before we start with our topics we would like to take a moment to say thank you to all of you for ongoing commitment to safety of our Medicare beneficiaries and the staff that serve them here in Iowa.

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Gina Anderson: We hope that these office hours accomplish the objectives of identifying collaborative opportunities and facilitating the flow of information between statewide peers partners and stakeholders.

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Gina Anderson: As well as strengthening local community network by sharing our emergency emerging practices and some of our needs.

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Gina Anderson: Our strength come from networking and sharing with the community. And this is where we want to support you during these office hours.

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Gina Anderson: So my call to action for you is to share willingly, feel free to share what you are doing to mitigate challenges with the code of 19

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Gina Anderson: Issues, you have around you sharing your challenges or successes can help us as a community to learn from each other.

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Gina Anderson: At the beginning before we started. I encourage you to share your organizational challenges with transferring patients and residents between settings.

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Gina Anderson: So we're looking forward to learning those about those experiences as as you share them and chat so we can take a look at them and see where we have the greatest impact or maybe even some successes that you'd like to share

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Gina Anderson: Now in order to make the greatest impact we must come together in the community to support one another and intelligent, we hope to be one of those avenues to pull you together as a community.

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Gina Anderson: So I'd like to start off with introducing our guest speaker today. Jennifer Clayton graduated from the University of Iowa College of Pharmacy with her doctorate in pharmacy in 2008

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Gina Anderson: She spent the first two years of her pharmacy career as a home infusion pharmacist for care pro home health and Cedar Rapids, Iowa.

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Gina Anderson: Presently she is the owner and CEO of Clayton drug which consists of three independent rural pharmacies in Northeast Iowa.

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Gina Anderson: Jennifer gained her board certification and geriatric pharmacy in 2016. In addition, she owns Clinton pharmacy consultant company specializing in long term care pharmacy.

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Gina Anderson: Jennifer has been practicing as a retail ambulatory pharmacist and pharmacy consultant for the past 10 years

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Gina Anderson: Clinton's drug currently participates in the iOS CP se and network and has been selected to participate in the CP se inflict the pharmacy program.

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Gina Anderson: Clayton drug has been growing over the past eight years and now consist of over 30 employees between three locations.

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Gina Anderson: Jennifer husband and Jennifer's husband Chris Clayton is a pharmacist as well and as employed by unity point health together, they have over 30 years of pharmacy practice experience, experience and recite in Manchester, Iowa with their five boys, ranging from age nine to 17 years old.

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00:12:18.240 --> 00:12:34.050

Gina Anderson: So Jennifer plans to share a lot of her great experience and expertise and we're happy to have her with us and we will have Caitlin follow to join her in the discussion here too. So thank you, Jennifer, for joining us and taking your time to share with us today and the floor is yours.

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Jennifer Clayton: To speak today. So basically I just wanted to go over a few things that we've seen here in our small rural communities, which I think

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Jennifer Clayton: A lot of Iowa can relate to. Because most of our independent pharmacies are in rural communities and what we've seen and

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Jennifer Clayton: You know what we feel is going to best practice for when we potentially see a lot of these code cases coming in and I would also like to speak to my experience as a long term care pharmacy consultant

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Jennifer Clayton: For seeing those transfers of patients from the hospital to the long term care center, potentially, and what we would do to help minimize coven spread in those situations.

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Jennifer Clayton: So the first thing I wanted to touch on was pretty basic, but I think we need to remember to get back to the basics. We've added so many layers of workflow and all healthcare settings.

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Jennifer Clayton: That it can get very convoluted and confusing and sometimes I think what we have is our core health care providers like our pharmacists and our technician teams.

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Jennifer Clayton: Doing things that they normally wouldn't do which sends them out and then increases the likelihood for matters.

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Jennifer Clayton: So even though it's not specifically coven post care related. We need to make sure that we're still getting the right medications to the right patients, while still maintaining appropriate consulting practices.

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Jennifer Clayton: And doing the best thing that we can for the patient. So it took a little bit of time for us to hit the ground running and maintain a good workflow that allows our pharmacy team to do that.

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Jennifer Clayton: And I suppose if I could give any advice there. It's really relying your support staff, let them work the top of their scope, they can do so much for you. And a lot of the layers that we've

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Jennifer Clayton: Added aren't related to actually getting the medication to the patient after it's been dispensed so delivery duties taking medications to the curb.

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Jennifer Clayton: Running prescriptions to a point of sale. Those are things that your support staff can do

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Jennifer Clayton: And then the boards of pharmacy have really loosen things up a little bit for us and allowed us to pull in

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Jennifer Clayton: Members that maybe had an expired license on technicians that maybe had an expired license and allow them to help us out right now.

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Jennifer Clayton: So they've given us some leniency. So really utilize that and make sure that you have enough support staff on board that you can go ahead and keep doing your core duties and focusing on your duties.

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Jennifer Clayton: So just wanted to touch on that because I think it's so important that we continue to counsel patients and think about these things when we have a positive code patient that we're really taking the time to spend with them instead of running medications to the curb and back as a pharmacist.

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Jennifer Clayton: So that was the first thing that I kind of wanted to touch base on

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Jennifer Clayton: And secondly, you know, how do we recognize patients that have coven in the retail setting because we don't always know as a retail pharmacists.

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Jennifer Clayton: Why we're treating a patient, we get a prescription and we have to have an educated guess you know when we're counting the patient what it might be used for

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Jennifer Clayton: So when you're talking about co but let's let's talk to our local providers and see if they'd be willing to designate something on the prescription that says this patient is coven positive or give us a diagnosis code so that way we can

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Jennifer Clayton: Help best help the patient and then the caregivers as well to decrease minimize you know spread with the virus and also requesting to get discharge paperwork. When a patient leaves the hospital. So we can do

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Jennifer Clayton: medication reconciliation, especially for our older patients that have some polypharmacy going on and our long term care patients.

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Jennifer Clayton: So as a long term care pharmacists, that's where I'm going to spend most of my discussion because I as a geriatric pharmacist, I have

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Jennifer Clayton: A lot of interest in this area. And I think that's where we're going to really be concerned about cove. It isn't those high risk patients are geriatric patients.

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Jennifer Clayton: And also in that intimate long term care setting wanting to reduce the risk of spread because they're so close together and such a great likelihood that if one resident gets it. Another is going to get it.

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Jennifer Clayton: On. So a couple things that we can think about as both retail pharmacists and long term care pharmacists on how to reduce the spread of coven and usage of p p and that long term care settings is we want to really focus on reducing pastimes.

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Jennifer Clayton: So when we think about that one of the biggest things we can do is look at medications that are given more than once a day, twice a day and

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Jennifer Clayton: Try to reduce those frequencies. So changing to extended release formulations, if possible, you know, maybe if they have a low presser we can change it to a toe brawl.

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Jennifer Clayton: If we have a metformin, we can change it to a glucose projects are and decrease the amount of interaction that that nurse has with that patient and hopefully therefore reduce the risk of spread

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Jennifer Clayton: We can also look at medications and this is what we should be doing every time we're really concentrating on medications that have questionable benefit to those geriatric patients and

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Jennifer Clayton: Really when I'm referring to here. A lot of the OTC supplements that we see patients transferred from the hospital to the home on. Let's look at those and see it as a patient truly have

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Jennifer Clayton: An iron deficiency or retreating their anemia correctly. Do they truly have a vitamin D deficiency or neurological disorder and anemia.

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Jennifer Clayton: Or is it just a supplement that the patient started a while back, because they thought it offered health benefits, but it really doesn't offer any cost benefit for the patient.

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Jennifer Clayton: Another thing that we're going to look at our monitoring checks and the biggest thing here is going to be sliding scale insulin

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Jennifer Clayton: And this is another thing that as a long term care firm, since you know really try to get patients to just using fasting.

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Jennifer Clayton: And basal insulin and not using a sliding scale. So it's a good push for us to take this opportunity.

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Jennifer Clayton: To try and minimize sliding scale because in the long term. It's better for their disease state.

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Jennifer Clayton: And it's also going to decrease the amount of blood sugar checks that they need during the day. So looking at their total daily usage and deciding whether we need to add that to their pre meal insulin

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Jennifer Clayton: Or to their basal insulin, depending on what time of day they're needing it the most.

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Jennifer Clayton: Um, blood pressure and pulse checks. I know a lot of times we implement these and the state request that we implement these for certain medications like to Jackson, you know, certain beta blockers if necessary.

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Jennifer Clayton: Um, the state is actually offering us a little bit of grace right now to look at certain situations and see, you know, is this patient stable.

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Jennifer Clayton: You know, has this patient had consistently a pulse between 70 and 80 for the last like six months, there's no change in their medication. We really need to be checking

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Jennifer Clayton: Their pulse three times a day. Do we need to be checking their weights everyday still

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Jennifer Clayton: And so looking at those things to determine if it's still necessary and the benefit of performing those vital checks actually outweighs the risk of the interaction with patient

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Jennifer Clayton: And speaking to that on the other side of that, if we do make changes there once we get into a state where social distancing isn't as important. Um, do we need to re implement those practices. So is it just for a short term or could it be a long term thing for that patient.

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00:20:01.830 --> 00:20:16.380

Jennifer Clayton: A big thing. I know he worked in the hospital setting on that they're talking about is getting rid of nebulizer solutions because of the risk of our civilization without theater all and doing up and seeing if we can switch to a handheld device for some of these residents.

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Jennifer Clayton: And that can be tricky because some of these residents do not have the dexterity to use a handheld device. We really need to look at case by case, but I believe in a lot of these situations, we could get rid of the Wi Fi solution and transfer to a handheld device.

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Jennifer Clayton: Um, another thing that I think it's important to look at our outlier timing administration's a big one here is going to be like your thyroid medications that are given a half an hour before other medications.

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Jennifer Clayton: Fosamax which is supposed to be given 30 minutes before other medications.

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Jennifer Clayton: Is it still necessary and important that we give that medication at a separate dosing time or could we either add it into their normal dosing time with the rest of their medications or could we

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Jennifer Clayton: Hold that medication for, you know, three, four weeks, three, four months. I'm not quite sure how long are going to need to do this, but the big one. I think about is Fosamax

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Jennifer Clayton: And a lot of these residents, it would not make a big change if we were to hold that medication for three or four months and it completely eliminates a med pass at 630 verses seven o'clock for that nursing staff.

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Jennifer Clayton: Um, I spoke to this a little bit with the herbal supplements and some of the the over the counter supplements and getting ready things that that patient doesn't really need any more, but

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Jennifer Clayton: Um, sometimes we have medications that at one point offered benefit to the patient, but might not anymore like status or a big one.

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Jennifer Clayton: I know we've all been trying to get rid of aspirin and patients that don't need it lately but you know there's that patient that has, you know, kind of a

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Jennifer Clayton: Messy cardiovascular history and we're a little nervous about getting rid of that aspirin right now might be the time to really push for discontinuation of some of those things that we really feel like are not going to offer any benefit in patients with reduced life expectancy

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Jennifer Clayton: So those are the big things with long term care. I mean, there's so many ways that we can work with that nursing staff to help reduce med pass times and really reduce costs overall for Medicare and also reduce them the usage of p, p, which we know is limited and a lot of those settings.

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Jennifer Clayton: I can touch a little bit on

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Jennifer Clayton: The retail setting. You know, honestly, there hasn't been a lot of guidance on what kind of medications are going to be prescribed for patients.

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Jennifer Clayton: And retail fitting after they've been discharged from the hospital. So as far as you know what to recommend from a therapeutic perspective for those patients.

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Jennifer Clayton: You know, we know that steroids really aren't recommended right now. I know that they're using beta agonist, you know, they're using I'll buder all as far as I'm supportive measures for that patient.

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Jennifer Clayton: But I think about what kind of things could we help as far as monitoring so blood pressure machines pulse oximetry writers

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Jennifer Clayton: spectrometers and focusing on the monitoring piece of that patient so that way they know when they're safe when they're doing well and maybe when they need to seek out additional care.

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Jennifer Clayton: Something that I know a lot of my colleagues have talked about as well, both in the long term care setting and and the retail setting is of what are we doing to help make sure that we're not asking a fever or potential symptoms of hope.

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Jennifer Clayton: And one of the things is Tylenol, you know, like we have a lot of patients with osteoarthritis that are on Tylenol two or three times a day.

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Jennifer Clayton: Should we have patients that are caregivers that are, you know, patients being monitored. Should we still continue

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Jennifer Clayton: Those types of medications that could mask a fever or is it okay if we hold those for a little while, or potentially offer something different, like a diclofenac gel that isn't going to Mass. The fever.

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Jennifer Clayton: On that same note, I know yesterday when we ran through this. We talked a little bit about vaccines. We're not doing vaccines right now in the retail setting because we're still social distancing

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Jennifer Clayton: But looking at vaccines on the long term care setting that we might want to hold off on that could potentially cause or initiate a fever type of response.

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Jennifer Clayton: And confound things and concern us that maybe the patient has COPD, when they're just having a reaction from that vaccine.

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Jennifer Clayton: Are mounting a response to that vaccines. So things like sugar. It's we've decided to hold off in the long term setting. So those are some other things to think about. I'm

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00:24:43.470 --> 00:24:54.090

Jennifer Clayton: Still in the retail setting, we can think about, does this patient need to be on nebulizer computer or couldn't get, get them to a handheld device because those patients are going to have caregivers coming in.

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Jennifer Clayton: And the focus there is really for them to follow the CDC guidelines in making sure that the patients are aware of those guidelines and what they need to do after they've been diagnosed as positive

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00:25:05.520 --> 00:25:13.860

Jennifer Clayton: And they get home how they need to handle that and what their caregivers can and cannot do outside of that setting as well.

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00:25:15.570 --> 00:25:27.180

Jennifer Clayton: So that's just been my general experience and what I'm trying to implement both in our retail setting and in my long term care practice her so if anybody has any thoughts or questions on that would be great.

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Hi this is Kate.

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Kate LaFollette: Jim, you're a couple slides. I didn't know if you wanted to talk about what was on those as well.

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Jennifer Clayton: I'm actually I have my slides pulled up and I was kind of going through those as I was talking so I'm hitting the points about the long term care.

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Jennifer Clayton: Solutions that we could offer right now to decrease in the past times and some of the ambulatory solutions as well. So I think I've kind of gone through those points for the most part.

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Jennifer Clayton: Okay. Just want to make sure we didn't miss any

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Kate LaFollette: Good information. Sure. You have a question. Sure. How did you look. The last couple months in your communities that you serve. What have been some, some of the hardest thing you've had to address or had to face.

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Jennifer Clayton: Sure, um,

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Jennifer Clayton: I honestly think fear.

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Jennifer Clayton: You know we have a lot of elderly patients in our

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Jennifer Clayton: Community that we serve.

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Jennifer Clayton: And we have some high risk employees as well. And so as a store owner and a mother of a high risk, you know, son. I worry about what do we need to do to decrease the risk of

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Jennifer Clayton: My employees getting you know infected.

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Jennifer Clayton: Or our patients getting infected and how would we handle those situations.

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Jennifer Clayton: So trying to implement a workflow that allows us to both protect our employees, our patients to the best of our ability for the CDC guidelines.

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Jennifer Clayton: As well as maintain a solid pharmacy practice has been challenging

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Jennifer Clayton: But I think we're finally getting a momentum with using our support staff and getting back to the basics and allowing ourselves to do what we need to do.

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Jennifer Clayton: One thing that was kind of frustrating as we are a part of what's called a fluke, the pharmacy program. So we were starting to do a lot of med synchronization and still are on which is great.

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Jennifer Clayton: But trying to really create valuable interventions for when that patient did come into the pharmacy every 90 days as sitting down with them and getting their blood pressure, giving them immunizations and

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Jennifer Clayton: We were really gaining some great momentum with that. And just when we started to have some data.

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Jennifer Clayton: That was proving the value of those face to face interventions we get hit with co bid.

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Jennifer Clayton: And then we have to stop all of those

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00:27:50.910 --> 00:27:52.020

Jennifer Clayton: Interventions long

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Kate LaFollette: In their tracks.

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00:27:53.610 --> 00:27:56.880

Jennifer Clayton: And so I am a little nervous about

142

00:27:57.000 --> 00:28:04.380

Jennifer Clayton: What that's going to mean when this lifts are we going to have to start from ground zero again with the flip the pharmacy program or are we able to

143

00:28:04.650 --> 00:28:08.370

Jennifer Clayton: Take off where we left off. And I'm keep moving forward with that program.

144

00:28:11.340 --> 00:28:22.830

Christine LaRocca: Can I ask the whole patriarchy mind. So, you know. Oh, thank you. And thank you so much, Jennifer. This has been very valuable. This Christine Morocco medical director intelligence.

145

00:28:23.370 --> 00:28:30.930

Christine LaRocca: Which regard to a really, really with listening when you said about the immunisations you know having personally gotten this Ingrid.

146

00:28:31.260 --> 00:28:34.860

Christine LaRocca: Sure that one. Can you feel bad. A couple of days afterward.

147

00:28:36.270 --> 00:28:48.330

Christine LaRocca: So do you have any tips for the group about how you know there's going to be pent up demand for those immunizations and we don't want to miss them. Do you have tips for how the consultant pharmacist can help.

148

00:28:49.800 --> 00:28:52.950

Christine LaRocca: To make sure that those don't get Miss moving forward.

149

00:28:53.490 --> 00:28:57.900

Jennifer Clayton: You know, I think it's really important that the consultant pharmacist.

150

00:28:57.960 --> 00:29:02.430

Jennifer Clayton: Work with the dispensing pharmacy, you know, we need to work as a team.

151

00:29:03.630 --> 00:29:14.670

Jennifer Clayton: I'm lucky in that with one of my facilities. I am the dispensing pharmacy. So what I've done is basically gone into our software system and all those vaccines that the patient is supposed to get now.

152

00:29:15.060 --> 00:29:20.880

Jennifer Clayton: I put in as opposed to date to come up in our queue to fill like an up in four weeks from now.

153

00:29:21.360 --> 00:29:29.790

Jennifer Clayton: And that would be my reminder that hey, I need to see where we're at. And we need to see if we can now give these vaccines or if we need to continue post stating

154

00:29:30.180 --> 00:29:39.000

Jennifer Clayton: And I am playing that literally on a two to four week basis because I think that's about the amount of time that we're starting to gain more data.

155

00:29:39.300 --> 00:29:45.480

Jennifer Clayton: And able to see, you know, are we able to loosen things up a little bit, or do we need to keep these restrictions in place.

156

00:29:46.290 --> 00:29:55.890

Jennifer Clayton: So I think it is important. Like if you are the consultant pharmacist to talk to the director of nursing and say, Hey, do you guys have anything in place with your

157

00:29:56.760 --> 00:30:07.770

Jennifer Clayton: Supplier for notifications or some sort of system that, you know, these aren't going to get missed another thing that the long term care center can do

158

00:30:08.820 --> 00:30:12.180

Jennifer Clayton: Is they can post date when a vaccine is due

159

00:30:12.600 --> 00:30:26.100

Jennifer Clayton: So they can put in their system, you know, give this vaccine. On July six, and that will come up into their system. And then if they don't have that vaccine and stock that's going to be there reminder that they need to call the supplier pharmacy and get it in

160

00:30:26.490 --> 00:30:34.080

Jennifer Clayton: So post stating that and keeping it on the radar is very, very important, and I believe there are numerous amount of vaccines that

161

00:30:34.500 --> 00:30:43.140

Jennifer Clayton: Do not elicit that type of response that we need to continue giving in the long term care setting, even though it does create an interaction.

162

00:30:43.500 --> 00:30:48.720

Jennifer Clayton: On like the pneumococcal vaccines. I feel like that is one that we definitely should be giving right now.

163

00:30:49.530 --> 00:30:57.810

Jennifer Clayton: Because of the pulmonary rests with coven I feel like the benefit of giving that pneumonia vaccine outweighs the potential risk of that interaction.

164

00:30:58.200 --> 00:31:13.410

Jennifer Clayton: So it's really on a case by case basis. I believe with the type of vaccine that it is how important it is that we do it now. Can it wait and then yes, exactly what you said. What type of responses that going to listen and is it going to confound the symptoms of coven

165

00:31:15.690 --> 00:31:17.610

Christine LaRocca: Thank you so much. Yes, absolutely.

166

00:31:21.240 --> 00:31:24.900

Kate LaFollette: Jennifer different Kate again. I'm just wondering if you talk a little bit about

167

00:31:26.220 --> 00:31:28.470

Kate LaFollette: How and if your relationship with

168

00:31:29.580 --> 00:31:35.280

Kate LaFollette: Your local providers and your local nursing facilities, how, how has that changed in the last couple months.

169

00:31:37.050 --> 00:31:37.290

Jennifer Clayton: Um,

170

00:31:38.820 --> 00:31:46.590

Jennifer Clayton: It's changed that we're not having face to face interactions anymore. We're either zooming arm having multiple telephone calls

171

00:31:48.420 --> 00:31:56.100

Jennifer Clayton: So that piece is different. Right now I'm doing all my consulting remotely. So I think if you're a consultant. Most of the homes have

172

00:31:56.610 --> 00:32:01.320

Jennifer Clayton: Transition to an electronic documentation system which allows you to log in remotely.

173

00:32:01.920 --> 00:32:13.800

Jennifer Clayton: Um, you know, but it is different. You don't have the labs always right in front of you, if they're in the chart. And it's so nice when you're in the facility to be able to just walk up to the director of nursing and say, hey,

174

00:32:14.040 --> 00:32:16.860

Jennifer Clayton: Can I go in this patient's room and talk to them about this.

175

00:32:17.340 --> 00:32:21.750

Jennifer Clayton: There's something I think tangible about that face to face interaction that I

176

00:32:22.350 --> 00:32:35.520

Jennifer Clayton: Question the value of for so long. And now that we don't have that it's really solidifying in my mind that we need to have these face to face interactions in certain situations. And there's other situations that I feel like

177

00:32:37.350 --> 00:32:42.570

Jennifer Clayton: Maybe didn't necessarily add a lot of value and then it's okay to pick up the phone make more phone calls and

178

00:32:42.870 --> 00:32:43.830

Jennifer Clayton: And have that

179

00:32:43.920 --> 00:32:52.050

Jennifer Clayton: transfer of information via zoom or telephone call. But I think that it's it's definitely strengthened relationships.

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00:32:53.040 --> 00:32:55.830

Jennifer Clayton: Because of the fact that we're all in the same situation.

181

00:32:56.190 --> 00:33:05.340

Jennifer Clayton: And we all have the same goal and that's to keep the patients safe to keep employees safe. And so I feel like people have been more open minded.

182

00:33:05.850 --> 00:33:21.720

Jennifer Clayton: To other disciplines. We've had a lot of clinicians calling and asking questions here in the pharmacy that they normally wouldn't. And so in a way it's built a bridge so we can all connect together and help the patients achieve the same goals.

183

00:33:23.730 --> 00:33:25.200

Kate LaFollette: Very good. Thank you, Jennifer.

184

00:33:26.610 --> 00:33:28.290

Kate LaFollette: Gina, I'll turn it back over to you.

185

00:33:30.420 --> 00:33:31.560

Kate LaFollette: Hey, thank you so much.

186

00:33:31.560 --> 00:33:36.900

Gina Anderson: And thank you, Jennifer. Very good information. I love what you've had to share with us today.

187

00:33:38.250 --> 00:33:47.250

Gina Anderson: So we'll move on to our question time and we encourage you to be interactive. We want you to share your challenges and ask questions.

188

00:33:48.210 --> 00:34:04.290

Gina Anderson: You can enter your questions in the chat box there. We encourage you to share approaches or your current state of preparedness ask Jennifer her those pharmacy questions. We have our medical director standing by. So I'm going to call him friend who is monitoring the chat.

189

00:34:04.320 --> 00:34:06.240

Gina Anderson: If there are any questions for us there.

190

00:34:08.130 --> 00:34:21.150

Frann Otte: Hi, Gina, there's a question, really, to the group to all any of the nursing homes that are on the call asking if they are going to change in pharmacy practice in their facilities and if they could describe that please

191

00:34:24.720 --> 00:34:32.550

Gina Anderson: Excellent. So it's to the group. I wonder if Jennifer has seen any of those as well. In her experience.

192

00:34:34.380 --> 00:34:49.830

Gina Anderson: And that she can share. While some people may be putting that in chat or if somebody wants to speak up and share that experience Star six to unmute your line, you may have to unmute your webinar soon platform so you can speak up. We'd love to hear from you.

193

00:34:52.170 --> 00:34:59.580

Gina Anderson: So Fran. Is there anything piling in chat about those responses are well there is one that came in from Deborah.

194

00:34:59.580 --> 00:35:02.520

Frann Otte: Saying we are doing remote pharmacist reviews.

195

00:35:04.080 --> 00:35:05.820

Frann Otte: Excellent. You actually. Yeah.

196

00:35:05.850 --> 00:35:07.800

Frann Otte: Thank you. And I've actually heard

197

00:35:07.800 --> 00:35:18.240

Gina Anderson: That term recently with somebody who reached out to me about those pharmacy reviews. How did they occur remotely maybe Jennifer has some more insight on that as well.

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00:35:19.110 --> 00:35:21.300

Jennifer Clayton: Sure. So the state has

199

00:35:21.300 --> 00:35:25.710

Jennifer Clayton: Given us a little bit of grace right now with certain things that we normally do one more on site.

200

00:35:26.370 --> 00:35:37.350

Jennifer Clayton: We still have to do the reviews. We have to make sure that medications are appropriate. We don't have medications that you know have an unrelated diagnosis or what have you. So we're still doing our reviews but I'm able to

201

00:35:37.830 --> 00:35:57.300

Jennifer Clayton: Log into the platform that my long term care centers us and actually put my notes right in the platform. So I go into progress notes and I put my pharmacy note in there as a pharmacist review. So what's really nice is it's all there under the same platform. And then if I have a question.

202

00:35:57.300 --> 00:35:59.340

Jennifer Clayton: As far as like a lab value.

203

00:35:59.340 --> 00:36:15.240

Jennifer Clayton: Or maybe an interaction that occurred that isn't standing to the electronic chart I just pick up the phone and call the deal and say, hey, could you Fax me those labs or, you know, could you answer this question for me. So it's actually worked really well.

204

00:36:16.260 --> 00:36:20.250

Jennifer Clayton: You know, we're talking a little bit. The other day about the bedroom checks and

205

00:36:21.300 --> 00:36:22.200

Jennifer Clayton: Right now we

206

00:36:22.230 --> 00:36:32.730

Jennifer Clayton: Are not able to be on site, and we can't physically go and do that. But I don't know if the other long term care pharmacists have like a platform or some kind of template that they use to go through and do the bedroom checks.

207

00:36:33.180 --> 00:36:38.520

Jennifer Clayton: I think it's great if you want to share that with the director of nursing, so that way.

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00:36:38.970 --> 00:36:41.310

Jennifer Clayton: Their staff has a template to look at

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00:36:42.210 --> 00:36:53.730

Jennifer Clayton: Even though it really isn't mandated, they can still be going down and checking those boxes at least once a month to ensure they don't have any expired meds are so separating their internals and their externals, you know that things are

210

00:36:54.210 --> 00:37:02.460

Jennifer Clayton: Dated appropriately when open because even though we're not doing and it's not required. It's still patient safety at the end of the day, so they can definitely help us out with that.

211

00:37:04.110 --> 00:37:09.450

Gina Anderson: Thank you so much. And I have a question just relating to that as you say you have access to their

212

00:37:10.020 --> 00:37:27.480

Gina Anderson: Platform. So I'm very familiar with point. Click care. So this is the nursing home, giving you that remote access to. Yes, a point of care. Okay. Right. Yes. That's, that's a very good idea. So you can keep review and I like that. Thank you. Absolutely. Any other questions, Fran.

213

00:37:29.100 --> 00:37:30.450

Gina Anderson: Or comments, either way.

214

00:37:33.570 --> 00:37:35.040

Frann Otte: No. Not at this time.

215

00:37:36.630 --> 00:37:41.790

Gina Anderson: Thank you so much. If you do have any questions will give you just another minute to

216

00:37:42.270 --> 00:37:56.400

Gina Anderson: Ask those because we want the opportunity out there, so please feel free to put them in chat. You can press star six to unmute your phone or unmute your phone by pressing the icon within the zoom platform as well.

217

00:38:00.330 --> 00:38:01.350

Christine LaRocca: Fran anything else.

218

00:38:02.070 --> 00:38:04.350

Gina Anderson: And then we'll move on. If we don't hear anything else.

219

00:38:04.980 --> 00:38:19.410

Frann Otte: Oh, one just came in. We have been working on reviewing if it is possible change nebulisers to inhalers for some residents. They've also been trying to discontinue some unnecessary medications. So thank you, Nicole for that.

220

00:38:21.570 --> 00:38:23.160

Frann Otte: Those are some great strategies.

221

00:38:24.060 --> 00:38:25.830

Gina Anderson: Any thoughts or comments on that.

222

00:38:29.100 --> 00:38:29.520

Okay.

223

00:38:31.740 --> 00:38:32.280

Gina Anderson: I get that.

224

00:38:33.060 --> 00:38:35.910

Frann Otte: One word Gina had one more just popping.

225

00:38:36.990 --> 00:38:37.260

Frann Otte: Okay.

226

00:38:37.620 --> 00:38:43.800

Gina Anderson: Kristen want to just Christine want to respond, real quick to selling services, you have a question or white light.

227

00:38:44.040 --> 00:38:51.270

Christine LaRocca: I just wanted to make sure that I clarified that with the CDC guidance, you know, we were talking a little bit about

228

00:38:52.290 --> 00:39:03.870

Christine LaRocca: Frequency of vital signs but it's it's but it's individuals are sick, the CDC is recommending three times a day vital signs with the pulse ox. So just differentiating whether

229

00:39:05.280 --> 00:39:08.040

Christine LaRocca: Asymptomatic assessment versus a sick person.

230

00:39:09.390 --> 00:39:10.140

Christine LaRocca: Okay, excellent.

231

00:39:11.640 --> 00:39:13.380

Gina Anderson: Fran. Do you want to ask that question, then.

232

00:39:14.130 --> 00:39:23.610

Frann Otte: Yes, from Deborah. She's asking is, Jennifer, or elegant would have a checklist that she was referring to about having the staff do the on site portion of the review.

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00:39:26.610 --> 00:39:33.780

Jennifer Clayton: I have a template that I would definitely be willing to share on that just has different portions of the bedroom check

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00:39:33.780 --> 00:39:41.100

Jennifer Clayton: Separated on that I go down and actually sign off on and give to the deal. And every time that I'm there. And then I personally do it.

235

00:39:41.670 --> 00:39:43.620

Jennifer Clayton: So yeah, I would definitely be willing to share that

236

00:39:45.960 --> 00:39:56.310

Gina Anderson: And on that note of while you're doing those bedroom checks potentially for your pharmacist if they can't get in the facility, I advise you to reach out to department of inspections and a pills.

237

00:39:56.760 --> 00:40:06.780

Gina Anderson: On their take with it. We did have a nursing home, who asked that question and they they did advise that they fill out a waiver form so that you

238

00:40:07.800 --> 00:40:18.480

Gina Anderson: Have those pharmacy reviews that are supposed to be physically within your facility waived and there won't be any deficiency for that, just as a little side note for you there.

239

00:40:20.040 --> 00:40:21.090

Gina Anderson: Anything else, Fran.

240

00:40:27.360 --> 00:40:30.000

Frann Otte: Okay, so none right now. Thank you. Okay.

241

00:40:30.060 --> 00:40:37.860

Gina Anderson: So we'll go ahead and finish up the last few slides. I think we have some good valuable information coming up here so I'll get my slides to move

242

00:40:38.550 --> 00:40:51.000

Gina Anderson: This. These are just some helpful resources for you, moving forward, you can take a look at them and learn more grow with them develop more policies, procedures, things like that.

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00:40:53.640 --> 00:40:59.700

Gina Anderson: We would also like to share upcoming events. We have our long term care office hours next week on May 7

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00:41:00.150 --> 00:41:06.510

Gina Anderson: So you can join in on that. We also have on May 13 of diabetes management screening and preventive services.

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00:41:06.930 --> 00:41:26.340

Gina Anderson: covered by Medicare, as well as another Iowa post acute care collaborative office hours on May 20 so you can go to the events that's being posted in the chat for you and you can go there and register for each of those events. So make sure you go there and we don't want you to miss out.

246

00:41:27.600 --> 00:41:38.580

Gina Anderson: And I wanted to take a little time for you today just to end on a positive note. Every day you have difficult decisions about treatment options. You're under stressful conditions that require some urgency.

247

00:41:38.970 --> 00:41:44.370

Gina Anderson: The ethical emotional, spiritual and psycho social impact you and your families really wears you down.

248

00:41:44.850 --> 00:41:50.160

Gina Anderson: So you must find new ways of thinking. You have to be creative handle staff and pee pee shortages.

249

00:41:50.820 --> 00:41:57.900

Gina Anderson: Healthcare workers are incredible and amazing and we often say hero a lot these days because you are courageous and selfless and kind

250

00:41:58.230 --> 00:42:09.300

Gina Anderson: And your determination to help others at risk and risk to yourself. It's truly inspiring. So please say safe and let the community know how we can all help each other.

251

00:42:09.810 --> 00:42:19.410

Gina Anderson: Now make this is just around the corner. The World Health Organization save lives cleaner held hands campaign is promoted as hand hygiene World Day.

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00:42:19.830 --> 00:42:27.660

Gina Anderson: So hand hygiene is one of the most efficient actions to reduce the spread of pathogens and prevent infections including code 19 virus.

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00:42:28.110 --> 00:42:36.750

Gina Anderson: So at the link provided understate hand challenge. This is a poster to promote hand hygiene and provides rapid technical guidance specific to cope with 19

254

00:42:37.230 --> 00:42:51.450

Gina Anderson: So I'm going to challenge you to take on the task of creating some special events and fun for your staff on this day that's centered around hand hygiene and the links that you have here on the slide will give you some ideas of some fun tasks that you can have within your facility.

255

00:42:52.980 --> 00:43:05.220

Gina Anderson: Intelligence bringing you many opportunities, all at no cost, known as intelligent. Q I connect and we span the spectrum of all healthcare providers and it also includes beneficiaries. The patients and residents that make up the community.

256

00:43:05.820 --> 00:43:13.470

Gina Anderson: We are asking you to take two minutes to join intelligence. If you have not done so already, and the link is being provided in the chat as well.

257

00:43:13.830 --> 00:43:23.850

Gina Anderson: This way you don't miss out on communication piece for intelligent of our offerings through webinars or resources and it will be much easier for us to offer our assistance to you through telecinco I connect

258

00:43:24.450 --> 00:43:29.520

Gina Anderson: Unfortunately, the opportunity to join intelligence you I connect is directed at those intelligence four states.

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00:43:30.120 --> 00:43:35.460

Gina Anderson: So the great news is, is that if you do not resign in Colorado, Oklahoma, Iowa, Illinois.

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00:43:35.760 --> 00:43:45.750

Gina Anderson: You do have a state QA. Oh, that would be more than happy to work with you so you can visit the link posted here to find who your Q IO, is it only takes a just a minute.

261

00:43:46.530 --> 00:43:52.140

Gina Anderson: For you to join us. And again, it's in the chat to ease that registration.

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00:43:52.710 --> 00:43:59.370

Gina Anderson: Now we do have this option for you to join intelligent. Q I connect. We know you're extremely busy at the facility and don't really have time

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00:43:59.730 --> 00:44:07.200

Gina Anderson: So you can simply email me and let me know you want to join till July. Next, and I will work out those details and complete the registration for you.

264

00:44:08.670 --> 00:44:19.260

Gina Anderson: So I want to end by thanking you all so much for allowing us your time today. Thank you Jennifer for sharing your expertise and Kate for engaging that conversation.

265

00:44:19.800 --> 00:44:25.590

Gina Anderson: Your experiences both great please complete the evaluation of the link that's posted in chat.

266

00:44:26.310 --> 00:44:32.280

Gina Anderson: We can improve unless we know from you. So we hope that you do take a moment to go there to fill out that evaluation.

267

00:44:32.760 --> 00:44:42.450

Gina Anderson: You can contact the intelligence team for questions or if you'd like to register for q i connect, and we encourage you to send those clinical questions to the CDC or your state local departments.

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00:44:42.870 --> 00:44:52.110

Gina Anderson: I've also included the CMS email here for those cobras 19 related guidance is that you may have questions as well. Thank you so much, and

269

00:44:52.530 --> 00:44:54.600

Gina Anderson: Have a really good remainder of your week

270

00:44:55.140 --> 00:44:56.910

Gina Anderson: I enjoyed today's session.

271

00:44:58.890 --> 00:44:59.370

Gina Anderson: Thank you.

272

00:45:00.540 --> 00:45:01.350

Jennifer Clayton: Thanks, everyone.

273

00:45:02.640 --> 00:45:03.090

Kate LaFollette: Thank you.