



PHARMACY NEWSCAPSULE

DEPARTMENT OF HEALTH SERVICES / DIVISION OF QUALITY ASSURANCE

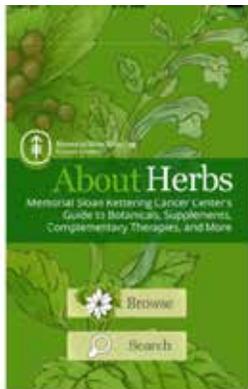
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APP FOR THAT



About Herbs. This app provides general health information for over 200 herbs including information on the proposed use, adverse effects, and potential drug interactions. If you see or use herbal products in facilities or use them personally, this may be a helpful application for you.

PNEUMOCOCCAL VACCINATIONS

Standards

On September 19, 2014, the Centers for Disease Control and Prevention (CDC) published new Advisory Committee on Immunization Practices (ACIP) recommendations pertaining to pneumococcal vaccination. These recommendations were updated in September 2015 and incorporated into the 2016 ACIP Adult Immunization Schedule.

ACIP now recommends that adults aged 65 years and older receive the pneumococcal conjugate vaccine (PCV13, Prevnar-13®) followed by the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23). The full recommendations are available at <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>.

Federal nursing home regulation 42 CFR § 483.25(n)—(F334) for influenza and pneumococcal immunizations requires that each facility must offer influenza and pneumococcal immunizations that the resident is eligible to receive. Current standards of practice for pneumococcal immunizations include PCV13 and, therefore, residents who are eligible must be offered the vaccine.

Nursing homes that have not incorporated PCV-13 into their pneumococcal immunization program must work with their medical director and infection preventionist to do so. As a

(continued)

surveyor, if you identify a facility that is not offering pneumococcal immunizations in accordance with the current standards of practice, you should investigate and consider compliance issues at F334 Pneumococcal Immunizations, F501 Medical Director, and F441 Infection Control.

PNEUMOCOCCAL RESOURCES

Standing Orders

Standing orders allow for facilities to implement a pneumococcal immunization process within a facility, without having to obtain a written order for each resident. In fact, Federal tag F386—483.40(b)(3) Physician Visits, allows standing orders for influenza and pneumococcal vaccines.

Facilities also do not need to reinvent the wheel, as there are many standing order examples available that they can modify to their specific environment. One great standing order is available from the Immunization Action Coalition. For a sample standing order for vaccinating adults with PCV13 and PPSV23, see <http://www.immunize.org/catg.d/p3075.pdf>.

As a surveyor you may want to review this standing order, paying close attention to the section regarding who receives the vaccine. Some questions have come up related to administration in the deltoid only, as opposed to other muscles. As a second choice, the anterolateral thigh can be used and you may see standing orders with this option.

Standards of Practice

- Morbidity and Mortality Weekly Report (MMWR - 09/19/14)
- Use of PCV-13 and PPSV-23 Vaccine Among Adults Aged 65 and Older: Recommendations of the ACIP; MMWR 2014; 63(37); 822-5.
- Morbidity and Mortality Weekly Report (MMWR – 09/04/2015)
- Intervals Between PCV13 and PPSV23 Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR 2015; 64(34): 944-7.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a4.htm>
- Pneumococcal Vaccine Timing for Adults (CDC 11/30/2015)
<http://www.cdc.gov/vaccines/vpd-vac/pneumo/downloads/adult-vax-clinician-aid.pdf>

- Department of Health Services, Division of Public Health (DPH) Letters to Providers

The following are two letters sent from the DPH informing providers of the changes in standards, as well as initial issues with Medicare billing.

- Wisconsin DPH – New Recommendations for Pneumococcal Vaccination of Adults (11/21/14)
<https://www.dhs.wisconsin.gov/immunization/newpneumorecs.pdf>
- Wisconsin DPH – Change in Medicare Coverage of Pneumococcal Vaccination (01/22/15)
<https://www.dhs.wisconsin.gov/immunization/pneumomedicare.pdf>
- USP 797: Surveyor Tip

USP 797 is the United States pharmacopeial standard for sterile compounding. Since 2012, the New England Compounding Center fungal contamination and outbreak, USP 797, has taken more

prominence. See <http://www.cdc.gov/hai/outbreaks/meningitis.html>. The action of the Food and Drug Administration, the CDC, and the Centers for Medicare and Medicaid (CMS) have all increased. For surveyors, one point of emphasis will be facility use of outside compounding **pharmacies** (503A) or outsourcing compounding facilities (503B).

The FDA inspects and registers outsourcing facilities (503B). Healthcare entities in Wisconsin who use outsourcing facilities should be able to provide surveyors with evidence of using a registered outsourcing compounding facility, if they are purchasing compounded products. See <http://www.fda.gov/drugs/guidancecomplianceregulatoryinformation/pharmacycompounding/ucm378645.htm>.

Alternatively, if the healthcare facility is using a compounding pharmacy (503A), the healthcare facility should have evidence that they are ensuring that the compounding pharmacy meets the USP 797 compounding standards. This issue mainly affects hospital surveyors.

CONSULTANT CORNER

by Doug Englebert, R.Ph.



We were in a facility where hospice was taking metronidazole tablets, crushing them up, and sprinkling the powder in the wound to treat wound odor? We also see sprinkling of the crushed tablet into a paste which is then mixed up and applied to the wound. Is this appropriate?

Questions to ask:

- 1) ***Is this the most appropriate treatment?*** Antibiotic stewardship is paramount these days and questions must be asked. For instance, does metronidazole, used in this way, contribute to resistance in your facility and, if so, are there alternatives to treat wound odor? There *are* other alternatives but, in the end, topical metronidazole may be the best option. Nevertheless, all options should be discussed.

See Palliative Care Network of Wisconsin, Fast Facts #218, at:
<http://www.mypcnow.org/#!/blank/jigxu>

- 2) ***Is bedside sprinkling of metronidazole into a wound or application by paste supported in the literature?*** Topical metronidazole compounded to a specific concentration or purchased commercially is supported in the literature. There are some resources that suggest crushing and sprinkling on the wound bed. The National Pressure Ulcer Advisory Panel (NPUAP) clinical guideline on the Prevention and Treatment of Pressure Ulcers indicates metronidazole as a recommendation with indirect evidence, with a weak recommendation for individuals receiving palliative care.

See the NPUAP website at: <http://www.npuap.org/?gclid=cimq366lmmwcfqiuqod-lojppaa>

- 3) ***Is bedside compounding within the scope of practice of a nurse (e.g., mixing the tablet with ointment)?*** Although the Wisconsin definition of “compounding” is subject to change, Wis. Stat. § 450.01(3) currently states that “compound” means to mix, combine, or put together various ingredients or drugs for the purpose of dispensing.

Other definitions, including federal definitions, do not use the phrase “purpose of dispensing.” That being said, nurses at bedside routinely take a “prepared” product and mix; for instance, an IV antibiotic that is reconstituted or activated into a mini IV bag. Another example is when two vials of nebulizer drugs are mixed into the solution for the nebulizer treatment. Under certain definitions, these activities could be considered compounding.

In most bedside compounding situations, premeasured items are being mixed by the nurse. In the case of mixing metronidazole into a paste, that may not be the case. So, there could be a question as to whether or not this practice is within the scope of the nurse.

If you observe this practice as a surveyor, at a minimum, there should be clear orders from the physician. You should also review policy and procedures and training for those individuals who are administering the metronidazole. Finally, due to concerns with antibiotic stewardship, this practice should be evaluated within the facility infection control program.