

ICP Consultant Connection

Institutional Care Pharmacy • Tiffin, Ohio • Mason, Ohio • Sharpsville, Pennsylvania

Institutional Care Pharmacy of Tiffin Awarded Accreditation From The Joint Commission

Institutional Care Pharmacy of Tiffin, Ohio has earned The Joint Commission's Gold Seal of Approval® for accreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in home care. The accreditation award recognizes ICP's dedication to continuous compliance with The Joint Commission's state of the art standards.

ICP of Tiffin underwent a rigorous unannounced on-site survey in September 2012. A team of Joint Commission expert surveyors evaluated ICP for compliance with standards of care specific to the needs of patients, including infection prevention and control, leadership and medication management.

The Joint Commission's standards address the organization's performance in specific areas and specify requirements to ensure that patient care and services are provided in a safe manner.

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

With Joint Commission accreditation, ICP of Tiffin is making a significant investment in quality on a day-to-day basis from the top down. Joint Commission accreditation provides a framework to take our organization to the next level and helps create a culture of excellence. Achieving accreditation demonstrates ICP's commitment to excellence and continually improving the care provided.

Martha Somers, Performance Improvement Coordinator



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Mission Statement:

ICP is committed to exceeding our customers' and employees' expectations through quality health-care service, continuous education, and effective communication.

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Honesty Ratings of Pharmacists Second Only to Nurses!

Three fourths of Americans rated the honesty and ethical standards of pharmacists as “very high” or “high” in Gallup Inc.’s recent poll of the public’s perceptions of various professions. The pharmacy profession finished in second place in the poll, right behind the honesty rating of nurses.

Congress Retains Low Honesty Rating - Nurses have highest honesty rating; car salespeople, lowest

PRINCETON, NJ -- One in 10 Americans rate the honesty and ethical standards of Congress as very high or high. This puts the lawmaking body second lowest on a list of 22 professions measured -- higher only than car salespeople.

These results are from Gallup’s Nov. 26-29 update of the perceived honesty and ethical standards of professions. Survey respondents rated each profession on a five-point honesty and ethical scale ranging from “very high” to “very low.”

Americans’ views of the 22 professions tested vary widely -- extending from the 85% who rate nurses’ ethics and honesty as very high or high to a low of 8% rating car salespeople the same.

Among Politicians, State Officials Outperform Federal

Members of Congress have never fared well in the 36 years of these ratings. The high point for congressmen and congresswomen came in November 2001, after the 9/11 terrorist attacks, when 25% of Americans rated their honesty and ethical standards as very high or high. Last year’s 7% honesty rating for members of Congress was the lowest on record.

Senators and state governors receive slightly higher honesty ratings than members of Congress do, as is typical. The highest honesty rating for senators was 25% in November 2001. State governors were not rated in 2001, but their highest rating was 31% in 2000.

Members of Congress (54%) have the dubious distinction of having the largest “very low”/“low” rating of any profession tested this year -- higher than car salespeople (49%) and senators (45%).

Nurses Outperform Medical Doctors

Six medical professional categories were included in this year’s update. Nurses’ high rating this year is not unexpected; they have scored at the top of all professions every year since they were first included in the list in 1999 -- apart from 2001, when Gallup asked about “firefighters” on a one-time basis after the Sept. 11 terrorist attacks. Nurses receive a 10-percentage-point higher rating than pharmacists, who in turn are five points above medical doctors.

The honesty ratings of all of these medical professions are at the highest levels in Gallup’s history, albeit by slim margins. Doctors’ 70% honesty rating this year is the same as last year’s, but up from as low as 47% in the mid-1990s. Nurses are now up one point from their previous high, and pharmacists are two points higher than their previous record. Pharmacists routinely topped the list before Gallup began including nurses.

Americans give dentists honesty ratings of 62% this year -- slightly lower than doctors, pharmacists, or nurses, but tied with their 2006 high score. Psychiatrists (41%) and chiropractors (38%) have lower ratings still, although both are above the median rating for the 22 professions tested and are at their highest levels in Gallup history. Psychiatrists, who are also medical doctors, have been measured separately in Gallup’s honesty and ethics ratings going back to 1976.

Implications

These ratings technically measure Americans’ perceptions of the honesty and ethical standards of various professions, but most likely stand for an overall, broad assessment of the image of each profession tested. As such, the results continue to be bad news for politicians, who remain in the bottom half of the list, particularly including members of Congress -- who this year are better than only car salespeople.

These ratings are in line with other indications showing the low esteem in which politicians are held, including a generally negative image of the “federal government,” and continuing low congressional job approval ratings.

These data hold better news for members of the medical profession -- particularly nurses, who have topped the list all but once over the last 13 years. Pharmacists and medical doctors also do well, and both of these professions equaled or exceeded their previous high points this year.

Americans also appear to have a growing appreciation for engineers, at least as far as perceptions of their honesty and ethics are concerned.

December 3, 2012 - by Frank Newport
<http://www.gallup.com/poll/159035/congress-retains-low-honesty-rating.aspx>

Please tell me how you would rate the honesty and ethical standards of people in these different fields – very high, high, average, low, or very low?

Sorted by % very high/high

	%Very high/ High	% Average	%Very low/ Low
Nurses	85	12	3
Pharmacists	75	21	3
Medical doctors	70	26	4
Engineers	70	25	3
Dentists	62	33	4
Police officers	58	32	10
College teachers	53	34	10
Clergy	52	33	9
Psychiatrists	41	43	11
Chiropractors	38	46	11
Bankers	28	48	24
Journalists	24	45	30
Business executives	21	50	27
State governors	20	48	31
Lawyers	19	42	38
Insurance salespeople	15	49	36
Senators	14	39	45
HMO Managers	12	52	27
Stockbrokers	11	48	39
Advertising practitioners	11	50	36
Members of Congress	10	34	54
Car salespeople	8	43	49

Gallup, Nov. 26-29, 2012

Nursing Role in Reducing Unnecessary Medications

A resident's drug regimen must be free from unnecessary drugs. That's what the regulations say, F329 to be more specific. Nurses don't need regulations to tell us this! A nurse in the profession taking care of people uses every opportunity, every contact with the resident, and every interaction with care givers to ascertain information in determining the correct drug regimen is being provided.

A nurse's responsibility is a comprehensive clinical assessment--on admission, re-admission, or significant change, including the physical, mental & psychosocial condition. It is through these reported and documented assessments the resident receives only clinically indicated medications.

Understanding medication indications and uses: along with the aforementioned clinical assessments, ongoing monitoring, team meetings and clinical discussions, the nurse is able to identify the medication actions, side effects, allergies, effectiveness, and resident response. The nurse must be aware of other potential safety risk/hazards, or other adverse consequences, with appropriate follow-up.

These assessments will assist in identifying behaviors or reactions signifying medications that may have excessive dose, excessive duration, inadequate monitoring, inadequate indications for use, and possibly, an indication to reduce or discontinue medication.

Passing medications is not just a task. It is huge opportunity to assess the resident. While doing the med pass, a brief assessment such as vital signs, noting resident awareness, behavior, skin condition, physical functioning, and symptoms related to diagnoses can be observed and documented.

The nurse also greets the resident, asking how they are—

any concerns, pain, medication effectiveness, tolerance or side effects. Meal consumption, hydration and bowel regimen can also be assessed throughout the day.

The nurse also reviews & assesses the drug regimen, lab values, relative to the medications and condition. He/she assesses nursing interventions, implementation, and care being provided.

Communicate with the resident, family members, direct caregivers, members of the interdisciplinary team (pharmacy, dietary, social services, therapy, activities, etc.) to provide further input on what has been happening, to ensure the success of the medication regimen. Look at the lab values--know what relates to which medication or condition Re-assess the resident.

For example, a male resident is receiving routine Coumadin for a diagnosis of atrial fibrillation. While performing routine AM care, the resident complains that there is a moderate amount of blood present after brushing his teeth. What is the nurse's responsibility? Do a comprehensive assessment: vital signs, O2 saturation, difficulty breathing, bruising, pale skin, edema, dizziness, hematuria, tarry stools,

hemoptysis, abd. cramping, bleeding with shaving, nosebleed, rash. etc., and check with direct caregivers, and members of the team. What is the last Coumadin dose? What is the date and results of the last PT/INR?

The pharmacist can assist with the specifics of the medications, if needed, evaluating the drug regimen and/or any reductions or changes that may be needed.

The physician should be notified as soon as possible, of the assessment findings, for any pertinent new orders and adjustment of the medication regimen.

Identification for any further assessments should occur for any other clinically significant change in condition-- a new, persistent, or recurrent symptom or problem, worsening of existing problem, or unexplained decline in function or cognition. Review med orders—new, renewed, irregularity in current orders.

In summary, remember that performing an individual, accurate assessment accompanied by communication with the team will enhance resident outcomes and keep in compliance with the regulations, specifically, F329.

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Skin Basics

by Susan M Cleveland BSN, RN, WCC

Wound prevention is and should be the number one concern in our skin care protocol arsenals for long term care. But when it comes to wound healing, a knowledge of fundamentals is essential. Basic anatomy and physiology takes priority, then an understanding of the functions of the skin and third the phases of wound healing.

Skin being the largest organ of the body comprises about 10% of the adult's total body weight-2 square yards for the average adult. It is made up of two major layers-the epidermis and the dermis-each with different functions.

The skin acts as a physical barrier to microorganisms and other foreign matter protecting against infections and excessive loss of fluids for one function. Regulating the body temperature through vasoconstriction, vasodilation, and sweating as well as excretion of certain waste materials is another function. A third function of metabolism for example happens as the synthesis of vitamin D occurs when skin is exposed to sunlight. Skin performs cosmetic, identification, communication roles in its function of body image. Finally the skin is a portal to the immune system with resident immune cells in both the epidermis and the dermis. In addition the dermis provides strength, support, blood, and oxygen to the epidermis. So you can see with the age related changes our skin goes through outside of disease processes, paying attention to the skin is vitally important and becomes even more important with illness compounding aging.

Wound healing occurs in four phases beginning with hemostasis. Hemostasis is immediately after the injury occurs and platelets come to release cytokines. Then the inflammatory phase begins, also called the defensive or reactive phase, it typically lasting 4-6 days. Proliferative phase follows and can last several weeks. In an open wound, granulation tissue forms as red, beefy buds of tissue. During the fourth and final phase, maturation or remodeling, collagen fibers reorganize, remodel, and mature, gaining tensile strength. This phase can last up to 21 days and continues until the scar tissue regains about 80% of the skin's original strength and is always at risk for breakdown.

Always remember two things:

1. It is not about the hole in the resident, it is about whole resident.
2. Once a wound, always a wound.

Contact your wound care consultant for further information on skin care prevention and treatments.