

ICP Consultant Connection

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Richard Sandilands, ICP Executive Vice President Retires

ICP would like to announce the retirement of Richard Sandilands as Executive Vice President.

Richard's 45 year career spanned from a clothing salesperson for Robert Hall Clothes, to a representative for Proctor & Gamble to ICP's Executive Vice President. His career in long-term-care pharmacy began in 1975 and progressed from a sales representative for Westhaven Institutional Pharmacy in Toledo Ohio, to Marketing Director for Anderson Medical in Dover Ohio, and in 1997 joined ICP Inc. as their Executive Vice President.

When asked what the biggest changes he has seen in the industry over the years he replied, "Computerization, unit dose medications, and geriatric education are the main areas of change. In long-term-care pharmacy, we have advanced from manual typewriters to computers, hand written orders to electronic MAR's, and amber vials to unit dosed medications. Typical nursing home classifications were, ICF, SNF, and ICFMR's. Pharmacies would deliver medications in amber vials in brown paper bags to the facilities. Facility nurses would preset medications from these

amber vials into soufflé cups accompanied by hand written medication cards for administration to the resident. Today we offer unit dose medications, electronic medical records, geriatric certified pharmacists and nurses, and 24 hour 7 days a week service to our customers."



In his letter to the staff of ICP Richard stated, "It takes a loyal and talented team to manage a successful company and ICP has a great one. The support from the executive management team of Craig Meier, Penny Kitzler, Jane Robertson, Martha Somers, and Bill Bertsch as well as our Director of Marketing Lori Earnhart made my job much easier and I can't thank them enough for all the help they have given me".

During his tenure, ICP has increased the number of facilities served, created 120 new job slots, added a branch pharmacy in Sharpsville Pennsylvania, and a respiratory company in Mason Ohio,

ICP's board of directors accepted Richard's request to retire, as of December 31, 2014 and at that, time will promote Craig Meier RPh as the Executive Vice President.

Introducing Craig Meier RPh, ICP Executive Vice President

Craig Meier, RPh will assume the position of ICP Executive Vice President on January 1, 2015 following the retirement of Richard Sandilands. Craig joined ICP 14 years ago as Administrator of Clinical Services, overseeing the medical records, nursing, consulting, and dispensing pharmacy departments. He brings a wealth of knowledge to his new role, and his experience in long term care pharmacy provides our employees and customers the commitment to excellence and customer service that is important to ICP's long term goals and success. Prior to ICP, Craig's previous experience was in hospital pharmacy management.

Craig has a passion for the profession of pharmacy, a strong knowledge of the health care environment, and possesses skills in personal and professional leadership, strategic planning and project management. He will assume the responsibilities of maximizing ICP's operating performance, improving resident health outcomes, and promoting cost-effective medication use, while continuing to strengthen the partnership between ICP and our customers.



Craig will continue to promote ICP's mission to exceed our customers' and employees' expectations through quality healthcare services, continuous education and effective communication.

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Storage of Refrigerated Medications

Angie McClenathan, B.S., CPhT., ICP Consulting Pharmacy Technician

It is important to understand the guidelines and proper storage of refrigerated medications. All medication temperature requirements can be found in the manufacturer's package insert or directly on the container's label. If unavailable through the package insert or labeling, storage conditions can be obtained by calling the manufacturer directly or via their website.

The "cold chain" is a system of maintaining the stability and viability of a medication while in transit from the manufacturer to the patient.¹ This cold chain starts at the manufacturing plant then goes to the distributor, to the provider facility and finally to the patient. Any break in the cold chain could result in the instability and loss of efficacy of the product. Excessive heat, cold, moisture and light are elements that can cause possible damage to the product and decrease the products efficacy. Some medications may visibly show a compromised medication through cloudiness and/or clumping. However, other medications may not show any signs of alteration, thereby leaving the impression the medications are fine.

It is the provider's responsibility to maintain proper storage and to monitor the temperature on a regular basis. The temperature parameter for refrigerated medication is 36-46 degrees Fahrenheit. Refrigerated medications should be positioned within the unit in such a way to allow proper air flow and not allow temperature fluctuations. The National Institute of Standards and Technology (NIST) conducted a study to determine the best practice for storage and temperature control of refrigerated vaccines.² This study helps to explain the positioning, types of thermometers and types of refrigerators used for vaccine storage. This information can be extrapolated to include all refrigerated medication control. Medication being stored in the door shelves, on the refrigerator floor or directly against the wall of the refrigerator could result in fluctuations in temperature. Medications should remain in the original package and be stored in the center of the refrigerator for optimal temperature control. Keeping a working thermometer in both the refrigerator and freezer and maintaining a daily temperature log will also help to guarantee the cold chain. Thermometers should be placed next to the medication in the refrigerator.

Knowledge of the temperature guidelines and proper storage of refrigerated medications ensures the viability of the medication upon dispensing. Another important responsibility of the provider is establishing an emergency protocol in case of power failure, fire or any other type of natural disaster. This emergency protocol should be updated annually.

The last step in the cold chain is the patient. It is important to give proper patient education. The patient needs to understand the temperature guidelines of their temperature specific medications and the possibility of decreased efficacy of the medication by not following proper storage conditions. Their disease state/treatment will be affected if the medication efficacy is not ensured. Talking to the patient about where/how they are storing the medication will help diminish an issue with temperature instability. Insulin can be kept at room temperature to make an injection more comfortable for the patient. Any insulin stored outside the refrigerator is subject to the manufacture's expiration guidelines for being stored outside the refrigerator.

The best way of ensuring the efficacy of the medication is by following the temperature guidelines set by the manufacturer and documenting the maintenance of that temperature.³ Not ensuring the proper temperature could result in a damaged product, increase costs to both consumer and supplier, repeat administration of the medication due to decreased efficacy, provider liability and damage to the reputation of the facility

1. Rogers B, Dennison K, Adepoju N, et al. Vaccine cold chain: Part 2. Training personnel and program management. AAOHN J. 2010;58(9):391-400

2. Chojnacky M, Miller W, Strouse G. thermal Analysis of Refrigeration systems Used for Vaccine Storage: Report on Pharmaceutical Grade Refrigerator and Household Refrigerator/Freezer. Sept 2010.

3. Konrad W. Mistakes in Storage May Alter Medication. The New York Times. August 15, 2011.

Changes with heparin labels

NurseAdviseERR July 2014

We recently received a report about a close call involving 30 mL multi-dose vials of heparin containing 1,000 units per mL. These vials were stocked in an automated dispensing cabinet in a hospital's emergency department. A nurse needed to give a patient a 5,000 unit IV loading dose, but she thought the vials contained 10,000 units per mL. She was confused because she was not familiar with the new heparin labels. The labels now list the total amount of drug per vial on the primary display panel with the amount per mL immediately below in parentheses (Figure 1). The nurse thought she should administer 0.5 mL from the vial, which she believed would yield a 5,000 unit dose. (It would have yielded a 500 unit dose.) Instead, she discussed her concerns with the pharmacist before administering the drug. The pharmacist pointed out the label change on the vial, noting that the concentration was, in fact, 1,000 units per mL.

While we published information about the heparin label changes in our November 2013 newsletter, and also activated a National Alert Network announcement in June 2013 (www.ismp.org/sc?id=249), we feel this information is worth repeating given the recent close call. It is apparent from this report that all nurses may not be aware of the label change. Formerly, only the amount per mL and container volume appeared on the label. Now, the total amount of drug must appear first, with the per mL amount below it. These changes were made in response to ongoing reports of heparin overdoses when individuals believed the amount per mL was the amount in the entire container. Please inform all of your colleagues, including doctors, pharmacists, and nurses, who use heparin about the label change.



Figure 1. Example of new label style (right) with total amount of heparin per vial, next to older label style (left). Each vial holds the same amount of heparin. All manufacturers of heparin must use the new label style.

Helping Them Adapt Making The Transition To The Nursing Home Easier

By Teresa Koch CPhT, ICP

Placing an aging parent or loved one in a nursing home does not mean the end of their life or relationships. How can you make this transition easier? Rather than spending energy on feelings of guilt or sadness use that energy to find creative ways to remind your loved one that you still care.

The following are some tips that may help with the transition to their new home:

Include your parent or loved one in the decision making regarding his or her property and possessions. Often the family home is being sold and items from the home are being scattered among family members or sold as well. Familiar touches can make a room seem less sterile and more like home. Encouragement to bring special items along to their new home may be helpful. A special quilt, chair, bureau and of course photos can help a room feel "more like home"

Listen. Allow your loved one to voice his or her concerns, opinions, and questions. Acknowledge how they feel and stay focused on the positives such as around the clock care, meeting new people, getting proper medication and activities.

Consider corresponding with staff about the personal history of the new resident. Personality characteristics, jobs, marriage, nicknames, military service and family info can provide conversation topics.

If your loved one is healthy enough for outings, encourage them to do so often. Shopping trips, grandchildren's events, and family or holiday dinners can all be a great joy to them. If unable to venture out encourage participation in activities that the nursing home provides having family or friends attend with the resident also.

Take comfort in that nursing homes/long term care facilities have come a long way. They are brighter, cheerier, and warmer and more home-like.

Don't lose your sense of humor. Look for an opportunity to laugh - and do so.

Take a break. Do not expect to do all the work that may be needed to help with the adjustment. Some things will need to be handled by the nursing staff, the doctor, and the resident. Do what you can and leave the rest to the experts.

References

1. "Moving your loved one to a nursing home: What can you do?" Ohio Dept of Aging (<http://www.goldenbuckeye.com>)
2. "Life in a nursing home; What can you do to help your loved one adjust" Inter-Generations: Social Services (<http://www.intergens.com/leofx.html>)
3. "Helping a loved one adapt to a nursing home" Record Publishing Newspaper Kent, Ohio (<http://www.essortment.com/loved-one-adapt-nursing-home.35630.html>)



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

Future devices for U-500 insulin

NurseAdviseERR July 2014

A Lilly representative confirmed that two projects are underway in an effort to meet the needs of patients using U-500 insulin. Lilly is working to develop a prefilled pen designed to deliver HUMULIN R U-500 (insulin regular), and the company is also working with a development partner on the design of a dedicated U-500 insulin syringe. These dedicated devices, if approved, will allow administration of HumuLIN R U-500 in actual units without dose conversion to non-dedicated syringe markings (unit markings with a U-100 insulin syringe or volume [mL] markings with a volumetric syringe). Due to the complexity and risks inherent in device development and regulatory review, the company is unable to speculate on the timing of availability of these devices. Until then, HumuLIN R U-500 must be administered using a U-100 insulin syringe or a volumetric (tuberculin or allergy) syringe.

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