

PharMerica Follow Up Quality of Care, Behavioral Health Services, and Food and Nutrition Webinar

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Thank you for attending our recent webinar on September 27. Our expert speakers Linda Savage and Marti Wdowicki would like to share additional educational content on this important topic.

Follow Up Questions & Answers

Q. What was the name of the "community" assessment mentioned with regard to residents leaving the facility?

A. CMS has created a "Community Safety Awareness" assessment. This assessment includes questions related to resident safety in the community and what concerns the IDT may have with the resident going into the community (this does not include residents who are wanderers or who are elopement risks—these are residents who are able to go into the community).

Q. Does the 679 activities regulation actually reference the Eden alternative?

A. Yes. The regulation specifically references the Eden modalities. Please see the regulation for exact verbiage.

Q. Who do we contact for assessment tools, e.g. bed rail, etc.?

A. Maven Healthcare Consulting at lsavage@mavenhc.org.

Q. Do you have any examples of a trauma or cultural competency?

A. Reach out to Maven Healthcare Consulting at lsavage@mavenhc.org.

Q. With the subject of bed rails, does this include upper 1/4 rails for mobility or is it just full rails?

A. It includes all devices (half, full, etc).

Q. What can you do for a resident that is on both and desires to wean off of one or both? Detox from both is difficult and can cause extreme anxiety for the resident. What is the best practice to address this?

A. When a patient is on both a benzodiazepine and an opioid and you want to wean off one or both, the following should be considered:

- Taper slowly: Slow tapers are more likely to be successful than fast tapers. Use scheduled rather than prn doses. Halt or reverse taper if severe anxiety or depression occurs.
- Schedule follow-up assessments (every 1-2 weeks depending on the patient's response to taper).
- Be open to the idea that a full taper may be extremely challenging, and that substantial dose reduction may be an adequate outcome.

There are many different approaches to exact dosing for the taper. Collaboration with your consultant pharmacist and prescriber are important in determining optimal patient-specific dosing strategies.

Be sure to document the taper strategy in the patient's clinical record.

For more learning opportunities for the long-term care industry, [view our upcoming webinars](#).