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Greater New York Health Care Facilities Association

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Preparing for the Next Pandemic

Hon. Michael Balboni, Executive Director, GNYHCFA, discusses lessons learned from the life-altering COVID-19 pandemic, which should serve as a warning, and motivate us to prepare for the next pandemic.

Life Safety Review

John Kerney, Life Safety Consultant, encourages facilities to review their refrigeration policies. Included are general rules for storing refrigerated or frozen medications to keep them safe and effective.

April 22, 2021 Webinar Recap

Our latest webinar opened with a legislative update and explored several topics including vaccination, visitation, medication uses in long-term care, polypharmacy, the role of a Medical Director and more. Please find a summary of the topics on page 7.

Upcoming Webinar

Look out for details regarding our next webinar in May. Please be sure to visit our website at www.gnyhcfa.org for additional information.

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Preparing for the Next Pandemic: Op-ed

Hon. Michael Balboni, Executive Director, GNYHCFA

The tide may be slowly going out on COVID-19 but its lasting legacy may well be defined by whether our society can recognize the lessons learned in how to respond to a worldwide health care crisis before the next pandemic.

Regrettably, America has historically demonstrated that it has no institutional memory. Consider: Before World War II, the Navy war-gamed an attack on Pearl Harbor, yet was unable to defend the base during the actual attack. Repeated hurricanes over generations have devastated Long Island, but superstorm Sandy was a shock to many. Disease pathogens like SARS and H1N1 have emerged at an alarming pace, but we were stunned into disbelief that our nation would face a 21st-century pandemic.

And yet the warnings have always been there.

In the 1990s, consensus emerged among the global health community that the threat of deadly infectious diseases was increasing. Accelerated globalization increases the interaction between humans and animals, which facilitates the rapid spread of these zoonotic diseases. The outbreak of the SARS virus in 2003 exposed the difficulty of identifying and responding to an emerging and novel disease. In an attempt to create better global surveillance and response, in 2005, the World Health Organization created a program designed to "prevent, protect against, control and provide a public health response to the international spread of disease."

Identifying a disease is not enough, especially if the disease was previously unknown, like COVID. Quickly understanding how a disease spreads, what the successful treatment protocols are, and the assets needed to mitigate worldwide impacts is incredibly difficult even for wealthy and technologically sophisticated countries. The challenge with the pre-positioning of assets is that the responding nation does not know what disease or treatment protocols will be required.

Following the 2001 anthrax attacks, the U.S. created Project Bioshield, which authorized $5 billion for the purchase of medical countermeasures to be used in the event of a weapon of mass destruction attack. In addition, there exists a Strategic National Stockpile, which is designed to resupply states with essential medical material in the event of a health emergency. New York State has a Medical Emergency Response Cache, which provides support for local governments as well.

Although this system is focused on responding to a terrorist event and not a pandemic, there is obvious utility here for a pandemic. These programs were designed for the short term and presumed a far stronger supply chain. They failed to imagine the possibility of a multiyear event that would engulf the world.

So where do we go from here? Let’s build on what we already have, but do it for the long term. Following the Sept. 11 attacks, states created homeland security programs designed to integrate security, emergency preparedness and response, and public health. Billions of dollars were spent to train, equip and plan for an "all hazards event." Many of those assets and plans

exist today, but they lack sufficient personnel. After 21 years, most of the leadership and institutional memory has retired. We need to refocus and recreate these programs.

We should also recognize that we can do great things when we need to. Consider that within months of the pandemic hitting New York, we created testing sites and programs for millions of New Yorkers. We also distributed millions of vaccines that were developed in a timeline that would have never been imagined 12 months ago. Lastly, we developed a surge capacity for hospitals that relies on mutual aid and surveillance.

We also need to think of the unthinkable because in this post-COVID paradigm, we learned that what we never thought would happen, can and will. Nor can we allow ourselves to believe that the next pandemic will either be the same type of disease or that it will be far off in the future. Under a nightmare scenario, instead of an airborne virus, it could involve the compromise and degradation of our food supplies. The Department of Defense, the Centers for Disease Control and Prevention and the White House have already considered this and many other disturbing scenarios. The challenge is to get preparation buy-in from the nation as a whole at a time when we can't agree on masks and vaccines.

One of the reasons we have not prepared for future emergencies the way we should is because of the cost. But consider this: The World Economic Forum estimates that $11 trillion has been spent worldwide on COVID response.

And then there is the issue of our collective mental health. Millions of Americans may take months or years to feel safe going outside again. In nursing homes and assisted living facilities across the country, the use of psychotropic drugs has skyrocketed as more and more residents have succumbed to depression and paranoia.

For all of us around the world, COVID-19 has been an intensely personal and life-altering event. That searing experience should serve as a warning, and motivate us to develop the strategies, resources and fortitude to prepare for the next pandemic. Otherwise, we will pay perhaps an even more terrible cost the next time the world experiences such a crisis.

Life Safety Review

John Kerney, Life Safety Consultant, GNYHCFA

Storing Refrigerated or Frozen Medications

As warmer temperatures are arriving and summer is approaching, we are not the only ones needing cooler conditions. In your pharmacy/med room, some medications require refrigeration or even freezing to maintain their integrity. As you know, storage at the wrong temperature can alter the potency, shelf life and physical composition of a drug. Spring is the perfect time to review your refrigeration policies and educate staff on proper handling prescriptions. Proper storage of refrigerated products is important to keep medications safe and effective.

Here are some general rules for storing refrigerated medications or frozen medications:

Know how to store frozen medications

- Frozen medications should be stored at 5F (-15C) or colder.

Know how to store refrigerated medications

- Refrigerated medications should be stored at temperatures between 35F and 46F (2C and 8C).

Maintain refrigerator settings

- Refrigerator settings should be mid-range, at 41F (5C), to allow the largest safety margin or level of fluctuation within the acceptable range.

Understand what doesn't require refrigeration

- Never store medications in the refrigerator or freezer unless they are meant to be stored this way.

Find a balance

- Temperatures that are too warm or too cold can harm drugs.

Keep a chart

- Post a chart of the medications that require either refrigeration or freezing somewhere in your med room, preferably near or on the fridge. This can limit improper refrigeration errors from you and your staff.

Stand-alone units are best

Avoid using the refrigerator-freezer combinations that are popular in households or dorm-style fridges

- These styles are more likely to have significant fluctuations in temperature. This is especially true if you are storing vaccines. You should always use a stand-alone freezer to store frozen meds. The refrigerator only of a combo unit can be used to store vaccines if necessary, but a stand-alone refrigerator unit is best.
- Store refrigerated medications in their original packaging. This helps protect them from light and keeps them visually distinct to avoid mix-ups. For medications with similar names or packaging (e.g. insulins,), use shelf tags or store in different locations within the refrigerator.

Avoid overcrowding

- Do not crowd drugs in the refrigerator. Leaving plenty of space for air circulation between items results in more consistent temperatures.

Keep everything in the center

- Store products on the central shelves of the fridge, not in bins and never in door compartments (medication refrigerators should have blank doors with no way to store on door). Also, keep medications at least two to three inches away from the floor, coils, walls, ceiling, and vents to limit fluctuations in temperature.

Do not store personal items

- Do not store items unrelated to pharmacy, such as personal food and beverages, in the same refrigerator as medications.

Check temperatures regularly

- To keep temperatures stable, regularly check the seal on your fridge and the amount of frost build-up in your freezer. Set up a schedule for cleaning and defrosting this equipment.

Put away refrigerated medicines immediately

- Always examine arriving orders for refrigerated packaging and unpack these items immediately.

Log temperatures regularly

- Develop and follow a policy for checking and logging the refrigerator temperature. Temperatures should be logged at middle and end of each shift. There are now digital thermometers which can record on USB for uploading. These also have alarms for high and low temperatures. If finding fluctuations, you can label and store water as a mass to regulate the temperature swings

Set a policy for out-of-range temperatures

- Create and adhere to a policy for dealing with out-of-range temperatures. If drugs are exposed to conditions that are too hot or cold, you may need to act, such as checking with the drug manufacturer to find out if a medication should be discarded.

Webinar Recap
April 22, 2021

Skilled Nursing Facilities: Moving Forward

April 2021 Webinar Recap

On April 22, 2021, Greater New York Health Care Facilities put forward a webinar to provide updates on the latest information relating to Skilled Nursing Facilities. Hosted by Hon. Michael Balboni, Executive Director, GNYHCFA, the webinar included Mary Gracey-White, Dr. Hallett, and Dr. Grossman.

Hon. Michael Balboni, Executive Director, GNYHCFA, opened the webinar with recent legislative updates. The updates will be challenging for the industry, in an already unprecedented time. GNYHCFA encourages you all to reach out to your local legislatures, introduce yourself and remind them of the value your facility offers to the community.

Mary Gracey-White, RN, GNYHCFA, Director of Regulatory Compliance, reminded attendees that the annual re-certification survey process has resumed as of April 2021. Mary addressed the topics that the Association receives most frequently, vaccination and visitation, CDC guidance for admissions and residents going out of the facility. While there are some components of visitation still being worked through, the main goal is to have visitation open safely and as frequently as possible. Mary reviewed the new guidance regarding residents leaving out on pass and additional vaccination regulations. Our team at GNYHCFA have been continuously updating sample policies and procedures as well as sample risk assessments and signage based on CDC, CMS and NYSDOH advisories. All of which can be found on our website. In addition, our Team offers both remote and facility onsite support and education.

Dr. William C. Hallett, Pharm.D., MBA, BCG, President/CEO, Guardian Consulting Services, Inc., spoke of medication use issues in long-term care, delving into survey implications and more. Dr. Hallett reminded all that there are medication use issues surveyors focus on. As F tags have not changed, surveyors will look at antipsychotics and psychotropics use, narrow therapeutic index drugs, medication storage areas such as medication pass, where they look at medication availability and polypharmacy. He explained that “antipsychotics” have expanded to “psychotropics.” These drugs have been targeted because of a history of misuse, side effects profile and CMS concerns about “class shifting.” Gradual dose reduction rules apply.

Dr. Martin Grossman, MD, Board Certified Palliative Care and Internal Medicine, concentrated on Quality Care Focus: Polypharmacy including Antipsychotic medications. Dr. Grossman focused on the evolution of a Medical Director’s role, explaining past, current and future indications of change. This included a discussion on the many changes that have transpired in the profession as well as the direction it is headed in. Dr. Grossman went on to further talk about psychotropics, reminding all attendees to establish regular meetings between the clinical team, and emphasized the importance of diagnostic accuracy as well as gradual dose reduction. He also further explained other medication management, tips to prevent falls and pharmacy cost containment.

Greater New York Health Care Facilities Association would like to thank all attendees for joining us. All presentation slides and full-length webinar recording will be made readily available.