



UC Health Advanced Practice News

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Contributing Author
Jamie L. Meyers MSN, AGACNP-C

IN THIS ISSUE

appropriate follow-up care at discharge. Follow-up care instructions shall be documented in the homeless patient's AHS or AVS.

- Document in the AHS or AVS and the physician discharge summary when the patient is provided with a prescription (if needed) and an appropriate supply of all necessary medications at discharge (if available from the hospital's onsite outpatient pharmacy).

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1152

Upcoming APP events!

Grand Rounds- Decision Making Capacity
Cancer Center Auditorium

Tuesday, February 5th from 12-1 PM.

Lunch and continuing medical education credit will be provided. Register today!

<https://www.eventbrite.com/e/february-advanced-practice-grand-rounds-tickets-54448883075>.

Meet & Mingle

Main Hospital room 1204,
January 31st from 5:00 pm - 6:30 pm
Meet our three inaugural APP fellows **Susan Cayturo, AGACNP-BC joining neurosurgery, Patrick Nguyen PA-C joining radiology and Lars Gjerde AGACNP-BC joining trauma/acute care surgery**. Please come welcome these three and share in the excitement of our growing fellowship program here at UCDMC. Refreshments will be provided!

New Requirements When Discharging Homeless Patients

In response to nationwide reports of patient dumping, California Senate Bill 1152 was passed into law on January 1, 2019. The purpose of the bill is to reform the discharge process and improve delivery of care for the homeless population. To meet the new standards, we have revised our hospital policy IV-89: Discharge Plan. The new policy requires a multidisciplinary approach to ensure compliance with the new legislation. A new dot phrase was also made to guide documentation of these requirements ".homlesspatientdischarge"

New requirements:

- Refer each homeless patient who requires medical discharge planning services at discharge to Clinical Case Management by placing a Clinical Case Management consultation order in EMR.
- Refer each homeless patient to Clinical Social Services for non-medical discharge planning by placing a Clinical Social Services consultation order in EMR.
- A referral to the psychiatric consultation service shall be made if it is determined that the results of the medical screening examination and evaluation indicate that follow-up behavioral health care is needed per hospital policy 2716: Psychiatric Consultations. Document the results of the medical screening

examination and need for follow-up behavioral health care in the EMR physician discharge summary.

- Offer or refer the homeless patient for screening of infectious disease common to the region, as determined by the Sacramento County Public Health Department. All infectious disease screening and referral resources shall be documented in the EMR After Hospital Summary (AHS) or the After Visit Summary (AVS) and the physician discharge summary. Refer to policy 2000, Process for Infection Prevention and Control and Patient Care Standards section XI.
- Offer those vaccinations appropriate to the homeless patient's presenting medical condition. All vaccinations offered and/or administered shall be documented in the EMR AHS or the AVS and the physician discharge summary. Refer to policy 2000, Process for Infection Prevention and Control and Patient Care Standards section XI.
- Document in EMR the homeless patient's clinical stability for discharge, including, but not limited to, an assessment as to whether the homeless patient is alert and oriented to person, place, and time, and post-discharge needs have been communicated to the homeless patient or their designated representative.
- Work with Clinical Social Services and Clinical Case Management to identify and coordinate

New regulations to offer Naloxone with high risk opiate prescriptions

to a high dose of opioid medication to which the patient is no longer tolerant



The rising epidemic of opioid abuse and overdose urged lawmakers to take action. Assembly bill 2760 was signed into law and went into effect January 1st, 2019. Dr. Kirk's email outlined the new state legislation that came into effect on January 1, 2019, that requires the prescriber to "offer" a naloxone prescription when patients are being prescribed opiates and meet any of the following criteria:

- The prescription dose for the patient is 90 or more morphine equivalents of opioid medication per day
- An opioid medication is prescribed concurrently with a prescription for benzodiazepine
- The patient presents an increased risk for overdose, including a patient with a history of overdose, a history of substance abuse, or risk of returning

The recommended adult dose and route of naloxone is the 4 mg intranasal given for two doses. If ordered here at UC Davis Pavilion pharmacy it comes with instructions and pictures for the patient to follow.

If the patient is an adult, they must be provided education on naloxone administration and if the patient is a minor the patient's parents/guardian must be provided with the education. The education must be documented. The current patient educational materials that are available on naloxone are through discharge navigator by clicking on "Go to Reference/Attachments" once you are there click on "Additional Search" and then type in "narcan." Nasal naloxone and opioid overdose information are available to attach to the discharge instructions.

UC Davis Health is working on best practice alert in EMR to help with workflow and documentation. This regulation also applies if a patient is being discharged to a skilled nursing facility and meets any of the above criteria. One last tool to know you are prescribing 90 or more morphine equivalents

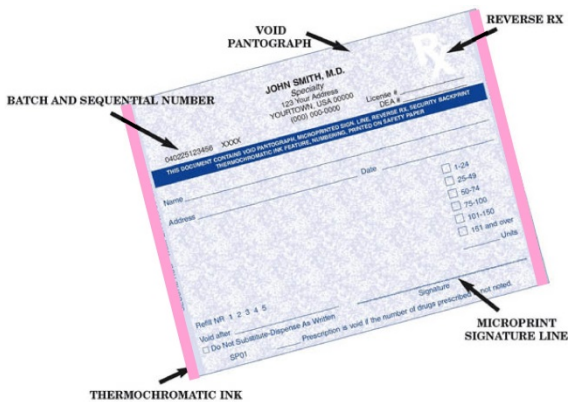
of opioid per day here is a useful calculator: <https://www.oregonpainguidance.org/opioidmedcalculator/>

IMPACT TO YOUR PRACTICE

Calculate the total morphine equivalents and look for combined benzodiazepine use. If the patient meets one of the three criteria listed above:

Please educate your patients about Naloxone and the ability to reverse overdose.

Offer a prescription for Naloxone nasal spray. If the patient declines, document that the patient declined.



Change in prescription pad requirements for controlled substances

As of January 1, 2019, Assembly Bill 1753 came into effect that will change controlled substance security prescription forms requiring the addition of a unique serialized number to be added to each form approved in a format regulated by the Department of Justice. Per state regulation you are not permitted to prescribe a controlled substance on a prescription form unless it contains the new unique serialized number and if you do not utilize the new prescription pads then the prescription will be found to be invalid by not fillable.

Our prescription pad vendor is now ready to replace your old script pads with the new compliant ones. Please reach out to your department to order new pads.

UC Living Fit Forever in the New Year!

If one of your new years' resolutions is to get back in shape or develop a lifestyle focused on wellness. UC Living Fit Forever can help you commit to making the change. Lasting change is most effective when it's rooted in positive thinking, so join your colleagues to make the change with a mindfulness course, on-site group fitness classes and "Lunch and Learn" educational seminars and Free Health Coaching to all members. Learn more <mailto:hs-uclivingfitforever@ucdavis.edu>

