

ISDH Long Term Care
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Survey Outcomes

At yesterday's Long Term Care Leadership Conference, the Indiana State Department of Health (ISDH) congratulated health care providers on their accomplishment of significantly reducing the number of immediate jeopardy findings along with increasing the number of deficiency-free surveys. This has occurred over the past two years at the same time as deficiencies and immediate jeopardies have increased in many other states. The ISDH appreciates that the survey standards are challenging and comprehensive. The improved survey finding data is a positive indication of quality of care and reflects the substantial efforts of many.

This has been a collaborative effort. Over the past two years the ISDH has worked closely with health care provider associations, resident advocacy organizations, quality improvement organizations, and academic institutions to develop and implement quality improvements. The ISDH thanks nursing homes, along with other health care providers, who have actively participated in quality improvement activities and successfully implemented improved quality of care systems.

In 2007 there was considerable concern among many individuals and groups pertaining to survey findings on nursing home surveys. In 2006, Indiana ranked 4th highest nationally in the number of immediate jeopardy findings. In 2007, Indiana ranked 5th. In discussing this issue, there were several issues identified. There was a high staff turnover rate. There was minimal collaboration on quality between providers resulting in poor care coordination. There were no patient safety coalitions crossing provider types.

The ISDH worked with the collaborative team to identify ways to improve quality of care. Resulting from these discussions were activities such as collaborative team meetings, survey consistency workgroups, root cause analysis of survey findings, leadership conferences providing best practices, formation of patient safety coalitions, Indiana Pressure Ulcer Initiative, and Health Care Quality Resource Center.

Corroborated with data such as a decrease in pressure ulcers and restraints, the achievement of decreased immediate jeopardy findings combined with improved quality indicators demonstrates that Indiana has improved health care quality by diligently focusing on care issues. The following tables provide data on deficiency-free surveys and immediate jeopardy findings.

Percentage of Immediate Jeopardy Citations

Federal Fiscal Year (FY) 2006-2009

Source: PDO 08/24/09

Region	FY06	FY07	FY08	FY09
(V) Chicago	1.7%	2.1%	1.6%	1.4%
Illinois	4.2%	3.9%	2.8%	1.9%
Indiana	2.0%	2.2%	1.4%	0.6%
Michigan	1.0%	2.6%	1.6%	1.3%
Minnesota	0.4%	0.2%	0.5%	0.6%
Ohio	0.5%	0.4%	0.7%	0.7%
Wisconsin	2.9%	4.0%	2.8%	4.1%
National	1.3%	1.5%	1.6%	1.6%

Percentage of Surveys with Immediate Jeopardy Citations

Federal Fiscal Year (FY) 2006-2009

Source: PDO 08/24/09

Region	FY06	FY07	FY08	FY09
(V) Chicago	2.47%	3.22%	2.58%	2.37%
Illinois	3.56%	3.80%	2.50%	1.88%
Indiana	3.08%	4.34%	2.99%	1.30%
Michigan	2.22%	6.71%	4.55%	3.27%
Minnesota	1.99%	0.62%	2.26%	2.19%
Ohio	0.89%	0.88%	1.35%	1.46%
Wisconsin	2.58%	4.49%	4.05%	7.39%
National	1.46%	1.59%	1.73%	1.64%

Number of Immediate Jeopardy Citations - Indiana

Calendar Years 2006-2009

Source: PDO 08/24/09

	2006	2007	2008	2009
Number of immediate jeopardy	103	107	69	18
Rank in Nation	4 th	5 th	12 th	20 th
Rank in Six State Region	2 nd	2 nd	3 rd	5 th

Percent of Facilities with Deficiency Free Surveys

Source: OSCAR Data

	2008 Q2	2009 Q2
Indiana	10.16%	12.25%
Region V	9.31%	8.77%
U.S.	8.00%	7.83%

H1N1 Update

September 15, 2009

STATE HEALTH COMMISSIONER SAYS INFLUENZA VACCINES ARE SAFE AND EFFECTIVE

INDIANAPOLIS---State Health Commissioner Judy Monroe, M.D. is urging Hoosiers to get the seasonal influenza (flu) vaccine now and to plan to get the 2009 H1N1 flu vaccine when it is offered in Indiana.

"Flu vaccine is safe and effective, and prevents thousands of hospitalizations and deaths every year," said Dr. Monroe. "Influenza vaccines have been used for more than 60 years and have an established record of safety in all age groups."

According to the U.S. Food and Drug Administration (FDA), the 2009 H1N1 influenza A vaccines approved today underwent the same rigorous FDA manufacturing oversight, product quality testing, and lot release procedures that apply to seasonal influenza vaccines.

"Now is the time to get a seasonal flu vaccine and to talk with your doctor about getting the 2009 H1N1 Influenza A vaccine when supplies are available," said Dr. Monroe.

Because different flu virus strains circulate every year, it is necessary to develop and distribute a "new" seasonal flu vaccine annually. Dr. Monroe says the lack of immunity to this flu strain in the general public due to it being novel made it necessary to develop a separate vaccine just for the 2009 H1N1 Influenza A strain.

"Eventually, there should be enough vaccine available for all adults to get vaccinated against 2009 H1N1 flu, but when it first becomes available this fall, we are encouraging certain high-risk groups to get the vaccine first," said Dr. Monroe.

Dr. Monroe says these targeted high-risk groups include the following:

- Pregnant women
- People who live with or care for children 0-6 months
- All people 6 months to 24 yrs
- Health care workers and emergency medical services personnel
- People 25-64 with health conditions that make them have a higher risk of medical complications from influenza.

These at-risk groups are also encouraged to get the seasonal flu vaccine as soon as it is offered to them locally and not to wait until the 2009 H1N1 Influenza A vaccine is available. In addition, although they are not a high-risk group for 2009 H1N1, people over the age of 65 should be sure to get the seasonal flu vaccine.

Local health departments will determine how to deliver 2009 H1N1 Influenza A vaccinations to the target

groups and community at large, using guidance from the Indiana State Department of Health and the Centers for Disease Control and Prevention (CDC).

Dr. Monroe reminds the public of the following key facts about ALL flu vaccine:

- Flu vaccine does not contain whole flu virus, and cannot cause the flu. Flu vaccine is safe and effective, and prevents thousands of hospitalizations and deaths every year
- Flu vaccination is always voluntary. The seasonal flu vaccine and the 2009 H1N1 flu vaccine will both be offered as an option for the prevention of influenza.
- Children are NEVER vaccinated against flu or any other disease without the consent of their parent or legal guardian.

To learn more about the 2009 H1N1 Influenza A, visit www.in.gov/flu. To receive "tweets" about the 2009 H1N1 Flu vaccine, become a follower of the state public safety Twitter site at: <http://twitter.com/inpublicsafety>.

CMS Update

In May 2009, the Centers for Medicare and Medicaid Services (CMS) issued a survey and certification letter related to the H1N1 virus. The survey and certification letter (CMS S&C 09-36) provided guidance related to infection control practices that need to be present. With the continuing activity of the H1N1 virus, it seems like a good time to remind everyone about infection control practices in health care facilities. The following is an excerpt from the CMS guidance. Additional information is updated on the CDC Pandemic Flu Website at <http://www.pandemicflu.gov/>.

CMS 2009 H1N1 Virus Infection Surveyor Guidance [excerpt]

Much of the guidance that has been developed for regular seasonal and pandemic flu is useful. Additionally CDC has issued interim H1N1 virus infection guidance, which is available on the CDC website (see <http://www.cdc.gov/h1n1flu/specimencollection.htm>).

To help prevent the transmission of all respiratory infections in healthcare settings, including the H1N1 virus infection, respiratory hygiene and cough etiquette infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of standard precautions. For more information, see <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>.

Healthcare facilities should establish mechanisms to screen patients and caregivers for signs and symptoms of febrile respiratory illness who are presenting to any point of entry to the facility for care or making appointments to be seen at the facility. Provisions should be made to allow for prompt segregation and assessment of symptomatic patients.

During the survey process, surveyors should look for the following:

- Visual Alerts
 - o Facilities should have signage at entry points instructing patients/residents and visitors about facility policies, including the need to notify staff immediately if they have signs and symptoms of febrile respiratory illness.
 - o Facilities should have signage emphasizing appropriate respiratory hygiene/cough etiquette and hand hygiene.
- Adherence to respiratory hygiene/cough etiquette
 - o Facilities should ensure the availability of materials for adhering to respiratory hygiene/cough etiquette including:

- Tissues and receptacles for used tissue disposal.
- Conveniently located dispensers of alcohol-based hand rub and/or adequate soap and disposable towels where sinks are available.
- o Staff, patients, and visitors should cover their nose/mouth when coughing or sneezing (the insides of elbows are preferable to hands when covering noses and mouths).
- o Staff, patients, and visitors should use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
- o Staff, patients, and visitors should perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Patient Placement/Transport/Personal Protective Equipment (PPE)
 - o Facilities should have a plan in place to appropriately manage patients with confirmed, probable or suspected cases of H1N1 virus infection.
 - Nonsterile gloves, gowns, eye protection, and fit-tested disposable N95 respirators or equivalent.
 - o Facilities should have a policy for communicating information about confirmed, probable or suspected cases of H1N1 virus infection to other facilities.
- Management of ill healthcare personnel
 - o Facilities should have a policy for management of ill healthcare personnel. Guidance related to H1N1 virus infection can be found at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.



Best wishes for the coming week.

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Visit the ISDH home page at <http://www.in.gov/isdh/> for the latest public health information.

Visit the ISDH Division of Long Term Care home page at <http://www.in.gov/isdh/23260.htm> for information on long term care.