

ISDH Long Term Care
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In Memory

Linda Woolley

The ISDH is saddened by the passing of Linda Woolley. Linda passed away on August 7, 2010. Linda served as Vice President of Health Policy for the Indiana Association of Homes and Services for the Aging (IAHSA) and Executive Director of the Indiana Hospice & Palliative Care Organization. She was a Board Member and Vice President of the Indiana Culture Change Coalition, a Board member of the Indiana Nursing Workforce Development Coalition, a member of Sigma Theta Tau, and a member of several other professional and advocacy groups.

Linda has been an important state health care leader for many years. She was widely recognized and respected for her expertise, knowledge and understanding of long term care. Hoosiers should all be grateful to Linda for her tireless efforts to improve health care quality.

Linda was a wonderful and valued partner of the ISDH. For the past several years, we met every month to discuss challenges in long term care and ways to improve quality of care. Whenever there was an issue to solve, Linda was always there to help find a solution. Whenever there was a need to work on a quality improvement initiative, Linda was the first to volunteer and contribute. The health care community lost an important leader and we will miss her wisdom and positive leadership.

Our thoughts are with Linda's family, her colleagues at IAHSA, and her many friends from health care facilities and organizations.

Karla Whitaker-Pearson

Karla M. Whitaker-Pearson, R.N., of Mooresville, passed away on July 22, 2010 at St. Francis Hospital, Mooresville. Karla had been employed at the Indiana State Department of Health as a Nurse Surveyor in the Division of Long Term Care since March 2003. She generally worked on a team that surveyed facilities located southern Marion, Johnson, Shelby, Morgan, and Brown counties. She had previously worked at the State of Indiana Girls School Facility, Community Hospital South Campus as a caseworker, and Richard Roudebush V.A. Medical Center. Karla is survived by her parents, husband, daughter, step-daughter, and grandchildren. We are grateful for her service to the state. Our thoughts are with her family and colleagues.

Gary Couch

The ISDH is also mourning the loss of Gary Couch who passed away on September 9 after a battle with cancer. For the past several years, Gary served as the ISDH Public Health Preparedness and Emergency Response Director. Last year he worked closely with health care providers in responding to the H1N1 pandemic. In the previous year he had helped to coordinate ISDH response to statewide flooding.

CMS Updates

The Centers for Medicare and Medicaid Services (CMS) issued [Survey and Certification Letter 10-28-NH](#) pertaining to Point of Care Devices and Infection Control in Nursing Homes. Point-of-care testing is diagnostic testing that is performed at or near the site of resident care. This may be accomplished through use of portable, handheld instruments such as blood glucose meters or prothrombin time meters. This testing may involve obtaining a blood specimen from the resident using a fingerstick device. The guidance in this document regarding fingerstick devices and blood glucose meters is applicable to other point-of-care devices where a blood specimen is obtained (e.g., prothrombin time meters).

Court Decision on Discrimination

The United States Court of Appeals for the Seventh Circuit recently released a decision on a case that, in the Court's words, "pits a health-care worker's right to a non-discriminatory workplace against a patient's demand for white-only health care providers." [Chaney v. Plainfield Healthcare Center](#), 2010 WL 2813644 (7th Cir. July 20, 2010). The ISDH recommends that health care facilities review this decision.

Discrimination is strictly prohibited under Title VII of the Civil Rights Act of 1964. The decision reinforces the position that Indiana's regulations do not require or allow a health care facility to accede to the racial preferences of its residents. Pages 12-13 of the decision are particularly instructive on a practical level for employers facing this issue. The decision provides some guidance on things facilities may do to prevent discrimination from occurring.

Advanced Wound Care Symposium

Wound Care Specialists of Indiana is providing an [Advanced Wound Care Symposium](#). The Symposium will be conducted on Thursday, October 14, 2010 at the Indianapolis Marten House.

State Urges Hoosiers To Learn The Warning Signs Of Suicide

INDIANAPOLIS – Suicide was the 11th leading cause of death in Indiana from 2003-2007, and the 2nd leading cause of death for those Hoosiers between 15 and 34 years of age. According to the 2009 Youth Risk Behavior Survey, 3.6 percent of Indiana students in grades 9-12 reported making a suicide attempt during the past 12 months that required treatment by a doctor or nurse.

"Suicide is devastating to families, and a serious public health issue. But most suicides are preventable," said Joan Duwve, M.D., medical director for injury prevention at the Indiana State Department of Health. "Suicide occurs across all economic, racial/ethnic, age, and social boundaries.

It is important for all Hoosier families to be able to recognize risk factors and possible warning signs." Individuals are encouraged to seek help as soon as possible by calling a mental health professional or the National Suicide Prevention Lifeline at 1-800-273-TALK if they or someone they know shows any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself;
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means;
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person;
- Feeling hopeless;
- Feeling rage or uncontrolled anger or seeking revenge;
- Acting reckless or engaging in risky activities - seemingly without thinking;
- Feeling trapped - like there's no way out;
- Increasing alcohol or drug use;
- Withdrawing from friends, family, and society;
- Feeling anxious, agitated, or unable to sleep or sleeping all the time;
- Experiencing dramatic mood changes;
- Seeing no reason for living or having no sense of purpose in life.

"It is a common misperception that talking about suicide can lead to an attempt," commented Gina Eckart, Director of the Division of Mental Health and Addiction. "In fact, by discussing thoughts of suicide openly, a person can access necessary supports to assist them with their crisis. That is why awareness events like those occurring throughout the state are so important."

Dr. Duwve says state officials are working to raise awareness and prevent suicides. Earlier in 2010, the state hosted a symposium to address suicide prevention, during which attendees were provided data on suicide in Indiana and state officials gathered information on suicide prevention programs and resources across the state.

The Indiana State Department of Health and the Family and Social Services Administration have formed the Suicide Prevention Advisory Committee to draft a state Suicide Prevention Plan and to develop guidelines on suicide prevention training for teachers. The Committee will begin meeting this fall.

September 5-11, 2010 is National Suicide Prevention Week. The following communities in Indiana are hosting walks in September and October to promote the prevention of suicide:

Sept. 19, 2010, Fowler
 Sept. 25, 2010, Munster
 Sept. 25, 2010, Richmond
 Oct. 10, 2010, Bloomington
 Oct. 23, 2010, Fort Wayne

For more information visit the Indiana Suicide Prevention Coalition Web site at:

www.indianasuicidepreventioncoalition.org.

Recalls and Advisories

Fingerstick Devices to Obtain Blood Specimens: Initial Communication
 Risk of Transmitting Bloodborne Pathogens

Reusable fingerstick (blood lancing) devices and point of care (POC) blood testing devices (e.g., blood glucose meters, PT/INR anticoagulation meters, cholesterol testing devices)

ISSUE: FDA and CDC have noted a progressive increase in the reports of bloodborne infection transmission over the past 10 to 15 years (primarily hepatitis B virus), resulting from the shared use of fingerstick and point-of-care [POC] blood testing devices.

Fingerstick and POC blood testing devices used on more than one patient may not be safe for several reasons. Improper use or device malfunction can lead to the use of the contaminated lancet blade on more than one patient. It is difficult for healthcare staff to ensure that all blood has been removed from POC blood testing devices and the reusable portions of the fingerstick device. If POC blood testing devices are used on multiple patients and are not cleaned and disinfected correctly and thoroughly between each patient, contaminated blood left on them could result in bloodborne pathogen transmission among patients.

BACKGROUND: Fingerstick devices are instruments equipped with a lancet. These devices are used for making skin punctures to obtain small blood specimens which are tested for blood glucose, hemoglobin, and other blood components. Some fingerstick devices are packaged with POC blood testing devices, such as blood glucose meters and PT/INR anticoagulation meters, while other fingerstick devices and lancet blades are sold separately.

RECOMMENDATION: Fingerstick devices should never be used for more than one person. Whenever possible, POC blood testing devices, such as blood glucose meters and PT/INR anticoagulation meters, should be used only on one patient and not shared. If dedicating POC blood testing devices to a single patient is not possible, the devices should be properly cleaned and disinfected after every use as described in the device labeling.

[Read the MedWatch safety alert, including links to the FDA Initial Communication and CDC web pages regarding use of fingerstick devices,](#)

Huber Needles: Recall - Risk of Coring

Multi-Med, Inc., 22 Gauge x 1 inch Straight and Right Angle Huber Needles

Navilyst Medical Inc., Vaxcel Implantable Vascular Access Systems Containing Huber Needles

Infusion Set Needles [Manufactured by Nipro for Exelint]

ISSUE: FDA notified healthcare professionals of the Class I Recall of certain Huber needles that were determined by FDA testing to produce cores when inserted into ports. Coring may lead to infection, damage or death of tissue, swelling, or other serious adverse health consequences, occurring as a result of the core travelling through blood vessels into the patient's lungs. These issues may potentially cause death.

BACKGROUND: Following hospital reports to the FDA of leakage after accessing the port with a Huber needle (labeled to be non-coring), FDA conducted its own laboratory testing of Huber needles from multiple manufacturers. Huber needles are safety needles used on vascular access ports implanted in patients in need of repeated intravenous therapy. A "coring" Huber needle could damage the implanted port by removing silicone slivers from the access membrane. The defect in the port as a result of coring can cause the ports to leak. The core can also potentially enter a patient's body when the port is initially accessed if it is not flushed correctly.

RECOMMENDATION: Clinicians should immediately discontinue use of the recalled products. If you must use the kit, consider using an alternative, unaffected non-coring needle if possible.

Healthcare professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Complete and submit the report Online: www.fda.gov/MedWatch/report.htm
- [Download form](#) or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

[Read the MedWatch safety alert, including links to FDA Class I Recall notices,](#)

Coming Events

October 14, 2010: ISDH Indiana Healthcare Leadership Conference, Caring for Alzheimer's and Dementia, Indiana Convention Center, Indianapolis, Indiana. Watch for information in your mailbox.

October 14, 2010: Indiana Advanced Wound Care Symposium, Provided by Wound Care Specialists of Indiana, Indianapolis Marten House.

Although I doubt that too many of you missed the additional biweekly reading materials, I think it has been a couple of months since our last Long Term Care Newsletter. I apologize for falling a little behind. The good thing is that there were not many updates released over the summer and no major emergencies. I expect a lot of exciting things going on this fall so will do my best to keep you informed.

The ISDH began its online Long Term Care Newsletter on January 2, 2008. My intent was to publish it every other week and we were successful in doing that for over two years. A few people kidded me at the time as to how long I could keep up with that schedule so it kind of became a challenge to see how long I could keep up. The answer was a little over two years. The ISDH published between 35 and 40 long term care newsletters in both 2008 and 2009. With the loss of some key staff this year, I finally fell a little behind.

Best wishes for the coming week.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health