

ISDH Long Term Care  
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## ISDH Staffing Updates

The Indiana State Department of Health (ISDH) would like to provide an agency staffing update for the Division of Long Term Care. Attached is a [map](#) of the long term care survey areas with the supervisor for each area.

Survey Supervisor for Area 4

The ISDH is pleased to announce the promotion of Becky Lemon to Public Health Nurse Survey Supervisor for the Division of Long Term Care. Becky will be responsible for LTC Survey Area 4.

Rebecca joins the survey management team with many years of clinical nursing experience as well as supervisory experience. After graduating from a three year diploma program in Champaign, IL, she spent twenty plus years in clinical nursing. After raising a family, she returned to academia and received a BS from St. Francis University, Joliet, IL, and an MSM from Indiana Wesleyan University.

Rebecca became a state employee in 1985 and worked at the Indiana Veterans' Home. As Assistant Director of Nursing of this large facility, she was responsible for overseeing the care of veterans and the staff who provided direct care. In September 2001, Rebecca became a Public Health Nurse Surveyor and served on a team that surveyed in the Indianapolis area. In 2005, Rebecca transferred to an in-house position in complaint and incidents intake.

Rebecca is looking forward to being back out in the field and looks forward to becoming acquainted and re-acquainted with the facilities and providers in Area 4.

New Long Term Care Surveyors

The ISDH welcomes the following new surveyor staff to the Division of Long Term Care:

Elizabeth Harper, start date July 26, 2010, assigned to LTC Survey Area 5  
Cheryl Groth, returning August 9, 2010, assigned to LTC Survey Area 4  
Kristy Landers, start date August 9, 2010, assigned to LTC Survey Area 6  
Leia Alley, start date August 23, 2010, assigned to LTC Survey Area 6  
Christi Jo Davidson, start date October 4, 2010, assigned to LTC Survey Area 4

Intra-Agency Transfers

Mary Jane Fischer transferred to the Division of Acute Care effective July 23, 2010 and will be a state surveyor for the Home Health, Hospice, End Stage Renal Disease, and Rural Health Clinic licensing and certification program. Mary Jane was previously a surveyor in LTC Area 4.

Charles Stevenson returned to a long term care surveyor position in LTC Survey Area 4 effective August 2, 2010 and will serve as a complaint surveyor. He previously served as a LTC Survey Supervisor.

Kelly Hemmelgarn was promoted to a supervisor position effective August 23, 2010 in the Division of Acute Care. Kelly will serve as the Program Director for the Home Health Agency, Hospice Agency, End Stage Renal Disease Clinic, and Rural Health Clinic Licensing and Certification Program. Kelly was previously a surveyor in LTC Survey Area 3.

#### Departures

The following staff are no longer employed by the ISDH as a long term care surveyor. The ISDH wishes each of them well in their new endeavours and thanks them for their service to the state.

Debra Bishop, last day July 2, 2010, assigned to LTC Survey Area 1  
Judy Ray, last day July 2, 2010, assigned to LTC Survey Area 6  
Sandra Haws, last day July 30, 2010, assigned to LTC Survey Area 1  
Jennifer Long, last day August 2, 2010, assigned to LTC Survey Area 6  
Stephanie Toomey, last day August 26, 2010, assigned to LTC Survey Area 0

## Security Advisory

The ISDH has recently received several reports of breakins at long term care facilities. Most recently, there were several breakins in south Indianapolis around the Madison Avenue and Keystone Avenue area. These breakins targeted the facility's business offices. Facilities are recommended to review their security measures and procedures.

## CMS Updates

#### Special Focus Facilities

The Centers for Medicare and Medicaid Services (CMS) issued [Survey and Certification Letter 10-32-NH](#) regarding special focus facility procedures. The number of special focus facilities has been adjusted to reflect nursing home population changes in each State and provide for a ten percent increase in special focus facility slots.

Effective October 1, 2010, Indiana will have five special focus facility slots. That is an increase of one facility. The size of candidate list will increase from 15 to 25.

The CMS letter includes a description of new progressive enforcement procedures for special focus facilities. The letter also includes an introduction of the review process for special focus facilities.

## State Preparedness

September 20, 2010

INDIANAPOLIS—A recent report from the Centers for Disease Control and Prevention (CDC) indicates Indiana has made significant progress toward building and strengthening its and the nation's public health emergency preparedness and response capabilities.

The report, *Public Health Preparedness: Strengthening the Nation's Emergency Response State by State*,

presents data on a broad range of preparedness and response activities taking place at state and local health departments across the nation. Being prepared to prevent, respond to, and recover from all types of public health threats such as disease outbreaks, chemical releases, or natural disasters – requires that public health departments improve their capabilities in surveillance and epidemiology, laboratories, and response readiness.

"Indiana has always strived to be one of the leaders in public health preparedness and response, and the 2009 H1N1 flu pandemic was a lesson we won't soon forget," said State Health Commissioner Gregory N. Larkin, M.D. "The CDC's report is validation of the progress we've made, and I'm confident we will continue to work even harder to ensure we are even better prepared in the future than we are today."

Accomplishments highlighted in the report for Indiana include:

- The Indiana State Department of Health had a 24/7 reporting system that could receive urgent disease reports at any time.
- Indiana received a perfect score of 100 from the CDC for its plans to receive, stage, distribute, and dispense medical assets received from CDC's Strategic National Stockpile or other sources. (Note: a score of 69 or higher was acceptable.)
- To improve readiness to respond, Indiana activated its public health emergency operations center (EOC) as part of an exercise or drill three times, and staff reported three out of three times to the EOC within the target time of 2.5 hours.
- The Indiana State Department of Health developed four AAR/IPs (after action report/improvement plans) following assessments of our response capabilities during exercises or real incidents.
- The biological LRN laboratory could test for specific biological agents. The laboratory passed four out of four proficiency tests to evaluate their abilities to receive, test, and report on one or more suspected biological agents to CDC.
- The chemical LRN laboratory had capabilities for responding if the public was exposed to chemical agents. The laboratory successfully demonstrated proficiency in six out of six core methods for rapidly detecting and measuring certain chemical agents that can cause severe health effects.

"The Indiana State Department of Health Preparedness Laboratory division responds to a variety of public health threats by accurately testing environmental materials, food, and human specimens sent by first responders, Federal and Indiana law enforcement agencies, and our public health partners," said Assistant Commissioner for Laboratory Services Judy Lovchik, Ph.D. "This report shows we can accurately detect biological and chemical threats."

Public health threats are always present, whether caused by natural, accidental, or intentional means. Incidents such as the 2009 H1N1 influenza pandemic and other disease outbreaks and natural disasters that have occurred recently underscore the importance of communities being prepared for all types of hazards.

The 2010 CDC report indicates that the surge in effort needed to respond to the 2009 H1N1 influenza pandemic placed an increased strain on a public health system already weakened by workforce shortages and budget shortfalls. Preparing adequately for future outbreaks – and other public health emergencies that are inevitable and may occur simultaneously – requires predictable and adequate long-term funding to sustain and improve the public health infrastructure, staffing, and training.

The report and state specific information on Indiana is available on CDC's website at:

<http://emergency.cdc.gov/publications/2010phprep>

## Office of Women's Health

September 20, 2010

MORGAN MCGILL NAMED NEW OFFICE OF WOMEN'S HEALTH DIRECTOR

INDIANAPOLIS—State Health Commissioner Gregory Larkin, M.D. today announced the appointment of Morgan McGill, J.D. as the director of the Office of Women's Health at the Indiana State Department of

Health, effective September 20, 2010. She replaces Tanya Parrish, M.P.H., who accepted a position at Little Red Door.

"Morgan's experience in public health, and in particular women's health issues, through her work as an attorney here at the agency makes her an ideal fit for director of the Office of Women's Health, said State Health Commissioner Gregory N. Larkin, M.D. "She has a lot of great ideas, and I know she will help this agency continue to have a positive impact on the health of Indiana's women."

McGill has served as staff attorney for the Office of Legal Affairs at the Health Department since June, 2007. Her responsibilities included drafting data share agreements, and being a member and collaborator with the Health Information Security and Privacy Collaboration (HISPC) project, collecting state laws and issuing standards and guidance to health information exchange stakeholders.

She has also represented the Indiana State Department of Health in administrative proceedings involving the Children's Special Health Care Services program, the Environmental Public Health Division, and the Long Term Care Division.

"I am very excited to assume this position and continue working on strategies to advance women's health in Indiana," McGill said. "One of my primary goals is to continue the work of my predecessor, Tanya Parrish, in focusing the resources of the Office of Women's Health even more on the promotion of positive behaviors to help prevent chronic disease, working in collaboration with other agency divisions and stakeholders."

"My goal is for the Office of Women's Health to improve its position as a key policy leader among stakeholders and be a vocal and visible advocate for women's health and wellness," McGill said. "Both my parents worked in the health industry and it has been something I've wanted to continue throughout my career."

McGill earned a Bachelor of Arts at Barnard College, Columbia University, and her professional doctorate in law from the Indiana University School of Law in Indianapolis.

## Recalls

Avandia (rosiglitazone): REMS - Risk of Cardiovascular Events

**ISSUE:** FDA notified healthcare professionals and patients that it will significantly restrict the use of the diabetes drug Avandia (rosiglitazone) to patients with Type 2 diabetes who cannot control their diabetes on other medications. These new restrictions are in response to data that suggest an elevated risk of cardiovascular events, such as heart attack and stroke, in patients treated with Avandia.

**BACKGROUND:** Avandia is in a class of drugs known as thiazolidinediones, or TZDs. It is intended to be used in conjunction with diet and exercise to improve glucose (blood sugar) control in patients with Type 2 diabetes mellitus. Rosiglitazone also is available in combination with other diabetes medications, metformin under the brand name Avandamet or glimepiride under the brand name Avandaryl.

**RECOMMENDATION:** FDA will require that GSK develop a restricted access program for Avandia under a risk evaluation and mitigation strategy, or REMS. Under the REMS, Avandia will be available to new patients only if they are unable to achieve glucose control on other medications and are unable to take Actos (pioglitazone), the only other drug in this class. Current users of Avandia who are benefiting from the drug will be able to continue using the medication if they choose to do so.

Doctors will have to attest to and document their patients' eligibility; patients will have to review statements describing the cardiovascular safety concerns associated with this drug and acknowledge they understand the risks. The agency anticipates that the REMS will limit use of Avandia significantly.

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](http://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

## Coming Events

October 14, 2010: ISDH Indiana Healthcare Leadership Conference, Caring for Alzheimer's and Dementia, Indiana Convention Center, Indianapolis, Indiana. The agenda and registration information is posted on the ISDH Website at <http://www.in.gov/isdh/23260.htm>.

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

That is all for this week. Have a nice weekend.

Terry Whitson  
Assistant Commissioner  
Indiana State Department of Health