Long Term Care NEWSLETTER

Indiana State Department of Health

ISDH Long Term Care
Newsletter Issue # 09-02
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The ISDH Long Term Care Newsletter

This issue of the Indiana State Department of Health (ISDH) Long Term Care Newsletter represents the first anniversary of these biweekly electronic newsletters. The ISDH implemented this initiative in January 2008 as a means of providing timely communications at less cost than the previous paper newsletter while increasing access. The ISDH also wanted a means of quickly communicating with providers and other long term care interests on short notice for important issues such as recalls and disasters.

There are now approximately 1,645 subscribers to the newsletter. The newsletter is free and available to any interested individual. Subscription information is available on the ISDH Division of Long Term Care Web site.

The ISDH has been very pleased with the electronic newsletters. We believe that we have been able to provide information much more readily than in the past so it has attained our initial goal. The system was helpful particularly during the several disasters that occurred in Indiana this past year. Producing each edition has been a learning opportunity for us in learning the technical workings of the mass mailing system. We believe however that the quality and appearance of the newsletters has improved over the past year and we look forward to further improvements in the coming year.

Producing these newsletters on a biweekly, and sometimes more often, basis is a time consuming process. Our plan was originally to send a newsletter at least every other Friday. We actually produced 35 newsletters in 2008 so well exceeded our goal. We missed the Friday date only once. Ideas for articles are contributed by many sources including ISDH administrative staff and surveyors, provider associations, and other organizations. Matt Doades is instrumental in the design and technical side of working with the system. Matt and Burton Garten assist with creating and sending each newsletter. Sue Hornstein, Nancy Adams, and Debbie Beers are instrumental in the content development for each newsletter. It is truly a team effort and I sincerely thank all of the contributors to this effort.

We hope that you have found the newsletters beneficial. If there are things that you would like to see in future newsletters or recommendations as to content or design, please let us know. We look forward to continuing and improving this effort and, in fact, hope to develop a similar electronic newsletter this year for acute care.

Terry Whitson
Assistant Commissioner

Indiana State Department of Health

QMA Certification Renewal

All qualified medication aide (QMA) certifications will be expiring on March 31, 2009. The QMA certification renewal process requires two steps:

1) Payment of $10.00 renewal fee **AND**

2) Submission of the QMA Record of Annual Inservice Training form

All QMAs should receive a renewal notice. This notice has instructions for both online and mail renewal. QMA's are reminded that if they renew online they must mail the QMA Record of Annual Inservice Training to the ISDH at:

Indiana State Department of Health
Training Department – 4B
2 North Meridian Street
Indianapolis, IN 46204

The QMA certification will not be renewed until the fee is paid and the QMA Record of Annual Inservice Training form has been submitted and approved by the ISDH Long Term Care staff.

Renewal Tips:

- CNA certification must be current

- Inservice dates must be between 03/31/2008 and 02/28/2009

- Inservice topic must be specific to medications or medication administration (i.e. specific medications, any procedure within the QMAs scope of practice, specific conditions and medications that relate, actual medication administration time not to exceed 1 hour)

- Topics such as, charting, documentation, vital signs will not be counted toward the 6 hours for QMA.

- QMA rules can be found at: http://www.in.gov/legislative/iac/T04120/A00020.PDF.

- QMA Record of Annual Inservice Training form can be found at: http://www.in.gov/isdh/files/QMA_Record_Annual_Inservice_Training.pdf.

If you have any questions, please contact Nancy Gilbert (ngilbert@isdh.in.gov) 317-233-7616 or Nancy Adams (nadams@isdh.in.gov) at 317-233-7480.

CDC Recommendations for Immunizations

Recommended Adult Immunization Schedule --- United States, 2009

The Recommended Adult Immunization Schedule has been approved by the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Physicians.

The Advisory Committee on Immunization Practices (ACIP) annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the licensed vaccines. In October 2008, ACIP approved the Adult Immunization Schedule for 2009. No new vaccines were added to the schedule; however, several indications were added to the pneumococcal polysaccharide vaccine footnote, clarifications were made to the footnotes for human papillomavirus, varicella, and meningococcal vaccines, and schedule information was added to the hepatitis A and hepatitis B vaccine footnotes.

The following is the link to the CDC Recommended Adult Immunization Schedule:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5753a6.htm?s_cid=mm5753a6_e

CDC Issues Interim Recommendations for the Use of Influenza Antiviral Medications

CDC has issued Interim Recommendations for the Use of Influenza Antiviral Medications in the Setting of Oseltamivir Resistance among Circulating Influenza A (H1N1) Viruses for the 2008-09 Influenza Season.

The following is the link to the CDC Interim Recommendations:
http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00279

Clostridium Difficile Infection (CDI) Information

Clostridium difficile (C. difficile) is a bacterium that causes diarrhea and more serious intestinal conditions such as colitis (inflammation of the colon). *C. difficile* is a spore forming bacterium, a trait that allows it to protect itself and survive under unfavorable conditions (dryness, heat, exposure to chemicals, etc.).

The development of CDI is most commonly associated with two essential requirements: 1) exposure to antimicrobial agents and 2) new acquisition of the *C. difficile* bacterium, usually occurring through the fecal-oral route. The acquisition of *C. difficile* occurs most often in health care settings such as hospitals and nursing homes.

CDI usually occurs when antibiotics disrupt the normal flora of the intestine and allow *C. difficile* to overgrow. As *C. difficile* grows, it produces toxins. These toxins can damage the colon, causing diarrhea and other intestinal problems.

The most common symptom of CDI is watery diarrhea (at least three bowel movements per day for two or more days). Other symptoms include:

- fever
- loss of appetite
- nausea
- abdominal tenderness

CDI can also cause more serious problems that require hospitalization and surgery, such as pseudomembranous colitits (which can lead to toxic megacolon) and sepsis. In rare instances, death may occur.

Transmission occurs via the fecal-oral route. Persons, including patients and healthcare workers, can transmit and/or acquire *C. difficile* from contact with contaminated surfaces (contamination can occur from both vegetative cells and spores).

Surveillance

CDI has been well recognized as a health care facility-associated onset (HO-HCFA) infection for many years, but studies have shown that rates of morbidity and mortality have increased in recent years. Other studies have shown evidence of increased community-associated CDI (CA-CDI), which may be an indication of a changing epidemiology related to CDI.

U.S. death certificate data show that mortality from CDI increased from 5.7 deaths per million in 1999 to 23.7 deaths per million population in 2004. CDC analysis of National Hospital Discharge Survey data found that CDI incidence rates increased from 3.1 per 1,000 hospital population in 1996 to 6.1 per 1,000 hospital population in 2003.

A recent prevalence study released in November, 2008 by the Association of Professionals in Infection Control and Epidemiology (APIC) showed that hospital infection rates may be higher than previously thought. Data from this survey shows that 13 out every 1,000 inpatients in the survey were either infected

(94.4%) or colonized (5.6%) with *C. difficile*, which represents a 6.5-20% higher incidence than previous estimates.

The emergence of a new strain of *C. difficile* may, in part, be responsible for the increased incidence of CDI. This strain has been responsible for many of the severe and hard-to-treat cases of CDI in North America. The new strain appears to be more virulent due to it's ability to produce greater quantities of toxins A and B as well as a third toxin known as binary toxin. In addition, it is more resistant to the antibiotic group known as floroquinolones.

The Indiana State Department of Health (ISDH) is currently analyzing hospital discharge summary data to determine the incidence of infection in Indiana hospitals. Indiana death certificate information is also being reviewed to determine mortality rates due to CDI.

CDI is not a reportable condition in Indiana nor is it reportable in most other states. CDI is not nationally notifiable.

Risk Factors

CDI rarely occurs in healthy people or those without antimicrobial exposure. Individuals who have other illnesses or conditions requiring prolonged use of antibiotics, the immunocompromised, and the elderly are at greater risk of acquiring this disease.

Risk for CDI increases in patients with:

- recent or current antibiotic use
- gastrointestinal surgery/manipulation
- long length of stay in health care settings
- a serious underlying illness
- conditions that weaken the immune system
- advanced age (studies indicate that over 2/3 of patients with CDI are over 65).

Prevention

Hospitals and nursing homes have specific recommendations and guidelines to follow when patients are known to be infected with CDI. In health care settings, some basic practices used to minimize spread of infection include:

- surveillance and early recognition of cases
- placing the patient under contact precautions
- vigilant disinfection procedures
- strict adherence to hand hygiene procedures

Washing hands is the best way to prevent infections spread by the fecal-oral route. Proper hand washing technique, especially after using the restroom and before eating, is the primary way to prevent transmission of CDI. (See Quick Facts about Handwashing at http://www.in.gov/isdh/21926.htm.)

Frequent cleaning of household surfaces in bathrooms, kitchens, and other areas with household detergent/disinfectants (bleach-containing disinfectants may provide the best results) can also prevent spread.

Treatment

The health care provider will normally discontinue current antimicrobial therapy. Health care providers may initiate different antibiotic therapies and monitor the patient closely for any signs of progression of the infection. Other therapies are used in the most severe or reoccurring cases.

Diagnosis

Health care providers will consider the diagnosis of CDI if a patient has been on antibiotics and has watery diarrhea and fever. A sample of stool is collected and sent to the laboratory for analysis. The ISDH Laboratory does not currently test for this organism.

Additional Information

For more information on *Clostridium difficile,* please see:

http://www.cdc.gov/ncidod/dhqp/id_Cdiff.html or

http://www.in.gov/isdh/24295.htm

Recall Information

Hydromorphone HCl 2 mg Tablets

ETHEX and FDA notified heathcare professionals of a nationwide recall of a single lot of Hydromorphone HCl 2 mg Tablets due to potential for oversized tablets. Hydromorphone is a drug used for pain management. If someone were to take a higher than expected dose of Hydromorphone, the risk of adverse effects known to be associated with the drug may be increased, including respiratory depression (difficulty or lack of breathing), low blood pressure, and sedation. The recalled tablets are a blue, round tablet with a script "E" on one side and a "2" on the other side.

The parent company of ETHEX Corporation, KV Pharmaceutical has advised FDA that it is voluntarily suspending shipments of all FDA-approved drug products in tablet form. This action is being taken as a precautionary measure, to allow KV to address manufacturing issues that have come to management's attention.

Read the complete MedWatch 2008 Safety summary, including links to the Ethex and KV press releases and a list of KV products affected by the suspension, at:

http://www.fda.gov/medwatch/safety/2008/safety08.htm#Hydromorphone

Preparedness Seminar Information

Mather LifeWays Institute on Aging has launched a PREPARE Webinar Series aimed at assisting health care facilities with disaster preparedness planning. The topics are replications of PREPARE modules broken down into one-hour webinars. The following are available topics in the series.

January 13 10:00 AM CST	Using the Incident Command System in Senior Living and Long-Term Care
January 15 12:00 PM CST	Psychological First Aid
January 29 2:00 PM CST	Tabletop Exercises for Disaster Preparedness
February 3 10:00 AM CST	Tabletop Exercises for Disaster Preparedness
February 11 10:00 AM CST	Creating Effective Disaster Plans for Senior Living and Long-Term Care
February 19 2:00 PM CST	Pandemic Influenza Planning for Senior Living and Long-Term Care
February 24	

2:00 PM CST Psychological First Aid

The cost is $195 per webinar. Unlimited attendance per dial-in site. Continuing Education Units (CEUs) are provided to registered nurses and nursing home administrators who complete the webinar (1 contact hour).

Download a registration form or learn more at http://www.matherlifeways.com/re_prepare_elearning.asp or contact Theresa Sangram at tsangram@matherlifeways.com or (847) 492-6790.