Indiana State Department of Health

Long Term Care Newsletter

ISDH Long Term Care
Newsletter Issue # 09-35
November 20, 2009

In Today's Issue:
- Pressure Ulcer Update
- H1N1 Influenza Update
- Consumer Alert

Pressure Ulcer Initiative Update

GPRA Pressure Ulcer Rates Decline in 2009 Q2

In June 2008 the Indiana State Department of Health (ISDH) implemented the Indiana Pressure Ulcer Initiative. This initiative was part of a continuing effort to prevent pressure ulcers. The first group of participants included 95 nursing homes, 40 hospitals, and 28 home health agencies. The first group concluded the learning sessions in August 2009.

One of the measures for the pressure ulcer initiative is data from the Centers for Medicare and Medicaid Services (CMS). As part of the Government Performance Responsibility Act (GPRA), CMS established pressure ulcers and restraints as their two GPRA goals. The GPRA data includes all Indiana nursing homes. Since the beginning of the GPRA pressure ulcer data report going back to 2003, Indiana has had the highest pressure ulcer rate in CMS Region V. At the beginning of the CMS GPRA initiative in the fourth quarter of 2005, Indiana had a pressure ulcer rate in nursing homes 8.6%. In the first quarter of 2007, the Indiana rate was 8.7% and continued to be the highest rate in region.

The first learning sessions for nursing homes in the Indiana Pressure Ulcer Initiative occurred in October and November 2008. At the end of the fourth quarter of 2008, the Indiana pressure ulcer rate in nursing homes was 8.3% and still the highest in the region. By the end of the first quarter of 2009, the pressure ulcer rate dropped to 8.0% and Indiana dropped to third highest in the six state region.

New data was just obtained for the second quarter of 2009. Indiana's rate has dropped to 7.6%. Indiana is tied with Ohio for second and third in the region for the highest rate of pressure ulcers. This data includes all nursing homes in Indiana not just facilities participating in the initiative. Over the past six months, there are only three states and the District of Columbia that have had a larger decrease in pressure ulcers.

Since the last quarter of 2008, Indiana has improved nationally from 34th to 26th in national ranking of

lowest pressure ulcer rates. The most recent Indiana data shows 281 fewer residents with pressure ulcers as compared to the end of 2008. Assuming one pressure ulcer per resident and a cost of $20,000 to heal per pressure ulcer, the cost savings over the past six months is $5.2 million.

This recent data demonstrates wonderful progress in the prevention of pressure ulcers. Many nursing homes participating in the initiative experienced a significant decrease in pressure ulcers. The ISDH congratulates all nursing homes who have successfully prevented pressure ulcers.

GPRA Restraint Rates Also Declined

While we are talking about GPRA rates, the Indiana restraint rate also declined in the second quarter of 2009. The Indiana restraint rate was 2.6% for the second quarter of 2009. This compares favorably with the national rate of 3.4% and the Region V rate of 3.1%. The Indiana rate at the end of 2008 was 3.1% and was 2.8% at the end of the first quarter of 2009. Congratulations to Indiana nursing homes on the continued efforts to reduce restraints.

H1N1 Influenza Update

CDC Health Advisory: November 16, 2009, 13:51 EST (01:51 PM EST)
2009 H1N1 Pandemic Update: Pneumococcal Vaccination Recommended to Help Prevent Secondary Infections

Summary of Recommendations: CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza. Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions for pneumococcal disease; PPSV coverage among this group is low and this group may be more likely to develop secondary bacterial pneumonia after an influenza infection. All children younger than 5 years of age should continue to receive pneumococcal conjugate vaccine (PCV7) according to existing recommendations.

Situation:

Streptococcus pneumoniae (pneumococcus) remains a leading cause of vaccine-preventable illness and death in the United States. Some of CDC's Active Bacterial Core surveillance (ABCs) sites have seen greater than expected numbers of cases of invasive pneumococcal disease coincident with increases in influenza-associated hospitalizations. A causal relationship between 2009 H1N1 influenza and this increase has not yet been established, but CDC is pursuing that question with state and local public health officials.

Influenza predisposes individuals to developing bacterial community-acquired pneumonia. During each of the influenza pandemics of the 20th century, secondary bacterial pneumonia was a frequent cause of illness and death and S. pneumoniae was reported as the most common etiology. These findings also apply to seasonal influenza. Recently, pneumococcal infections have been identified as an important complication in severe and fatal cases of 2009 H1N1 influenza virus infection. A key difference between this pandemic and those of the past is that now we have two pneumococcal vaccines that may help to prevent these infections.

Recommendations:

During the 2009-2010 influenza season, pneumococcal vaccines can be useful in preventing secondary pneumococcal infections and reducing illness and death among those infected with influenza viruses.

CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. For those 19 through 64 years of age, these include: having asthma or smoking cigarettes. For those 2 through 64 years of age, high-risk conditions include: chronic cardiovascular disease (congestive heart failure and cardiomyopathies), chronic pulmonary disease (including chronic obstructive pulmonary disease and emphysema), diabetes mellitus,

alcoholism, chronic liver disease (including cirrhosis), cerebrospinal fluid leaks, cochlear implant, functional or anatomic asplenia including sickle cell disease and splenectomy, immunocompromising conditions including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome; those receiving immunosuppressive chemotherapy (including corticosteroids); and those who have received an organ or bone marrow transplant, and residents of nursing homes or long-term care facilities.

Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza.A single pneumococcal revaccination at least five years after initial vaccination is recommended for people 65 years and older who were first vaccinated before age 65 years. A single pneumococcal revaccination also is recommended for people at highest risk of disease, such as those who have functional and anatomical asplenia, and those who have HIV infection, AIDS or malignancy and have at least five years elapsed from receipt of first vaccination.

All people who have existing indications for PPSV should continue to be vaccinated according to current ACIP recommendations during the 2009 H1N1 influenza pandemic. Special emphasis should be placed on vaccinating adults under 65 years of age who have established high-risk conditions for pneumococcal disease; PPSV coverage among this group is low and this group may be more likely to develop secondary bacterial pneumonia after an influenza infection. PPSV is available for ordering through the usual process; ordering PPSV is not linked to placing orders for monovalent 2009 H1N1 influenza vaccine.

Use of PPSV among people without current indications for vaccination is not recommended at this time.

All children younger than 5 years of age should continue to receive pneumococcal conjugate vaccine (PCV7) according to existing recommendations.

According to existing guidelines, the use of a commercially available urine antigen test (Binax NOW®) is recommended for the diagnosis of pneumococcal pneumonia in adults. Such testing, along with blood cultures and testing for influenza infection, can assist clinicians in determining whether secondary pneumococcal pneumonia is occurring.

CDC recommends a yearly seasonal influenza vaccine as the first and most important step in protecting against seasonal influenza. Annual influenza vaccination is especially important for people at high risk of serious influenza complications, including young children, pregnant women, older adults, and people with certain chronic health conditions such as asthma, diabetes, heart or lung disease, and neurologic conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury]. Seasonal influenza vaccine also is important for health care workers and other people who live with or care for high risk people to prevent giving the influenza to those at high risk.

A new monovalent vaccine against 2009 H1N1 influenza is available and is our best option for prevention of 2009 H1N1 infection. People at greatest risk for 2009 H1N1 infection or serious complications and recommended to receive the first available doses of vaccine include children, young adults age 19-24, pregnant women, and people age 25-64 with chronic health conditions. Monovalent 2009 H1N1 influenza vaccine is important for close contacts of infants younger than 6 months of age and health care and emergency medical services personnel. While vaccine supply is currently less than demand, additional doses are becoming available daily and supply will increase through November and December.

In communities where 2009 H1N1 is circulating, treatment with influenza antiviral agents is recommended for all hospitalized patients with confirmed, probable or suspected 2009 H1N1 or seasonal influenza and for outpatients who are at higher risk for influenza-related complications. Empiric treatment of patients hospitalized with community acquired pneumonia should include both influenza antiviral agents and appropriate antibiotic therapy. For more information on treatment of influenza, see http://www.cdc.gov/h1n1flu/recommendations.htm.

For More Information:

- For Clinicians: Prevention Of Pneumococcal Infections Secondary To Seasonal And 2009 H1N1 Influenza Viruses Infection (http://www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm)

- Pneumococcal Vaccine Website (http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm)

- Interim guidance for use of 23-valent pneumococcal polysaccharide vaccine during novel influenza A (H1N1) outbreak (http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm)

- Nov 10 Letter to Providers Promoting PPSV for Adults (http://www.cdc.gov/h1n1flu/vaccination/provider/lettertoprovider.htm)

- CDC's Morbidity and Mortality Weekly Report (MMWR):

Bacterial Coinfections in Lung Tissue Specimens from Fatal Cases of 2009 Pandemic Influenza A (H1N1) --- United States, May--August 2009; September 29, 2009 / 58(Early Release);1-4 (http://www.cdc.gov/mmwr/PDF/wk/mm5838.pdf)

- Table: ACIP Recommendations for Use of Pneumococcal Polysaccharide Vaccine (http://www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm#table1)

- Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults (http://www.journals.uchicago.edu/doi/pdf/10.1086/511159?)

- Preventing Seasonal Flu With Vaccination (http://www.cdc.gov/flu/protect/vaccine/index.htm)

- General Information About 2009 H1N1 Vaccines (http://www.cdc.gov/h1n1flu/vaccination/general.htm)

- Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season (http://www.cdc.gov/h1n1flu/recommendations.htm)

- Interim Recommendations for Clinical Use of Influenza Diagnostic Tests During the 2009-10 Influenza Season (http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm)

- Active Bacterial Core surveillance (http://www.cdc.gov/abcs)

Consumer Alert

Negative Pressure Wound Therapy (NPWT) systems - Preliminary Public Health Notification

[Posted 11/16/2009] The U.S. Food and Drug Administration (FDA) notified healthcare professionals of a Preliminary Public Health Notification describing deaths and serious complications associated with the use of Negative Pressure Wound Therapy (NPWT) systems. FDA has received reports of six deaths and 77 injuries associated with NPWT systems over the past two years.

NPWT systems are generally indicated for the management of wounds, burns, ulcers, flaps and grafts. They apply negative pressure to the wound in order to remove fluids, including wound exudates, irrigation fluids, and infectious materials. Healthcare professionals were advised to select patients for NPWT carefully, after reviewing the most recent device labeling and instructions. Patients should be monitored frequently in an appropriate care setting by a trained practitioner, and practitioners should be vigilant for potentially life-threatening complications, such as bleeding, and be prepared to take prompt action if they occur.

Cardiac Science Corp. Powerheart and CardioVive Automated External Defibrillators: Initial Communication

[Posted 11/19/2009] Cardiac Science Corporation has received multiple complaints related to defective components in these AEDs that indicate the affected devices may not deliver electric shocks and that the devices' self-test may not detect the defect in advance of their use. 300,000 Cardiac Science AEDs worldwide are potentially affected by this problem. The G3 Series devices were manufactured between August 2003 and August 2009. Affected models include the following:

- Powerheart models 9300A, 9300C, 9300D, 9300E, 9300P, 9390A, 9390E; and

- CardioVive 92531, 92532 , and 9253

Because the AED display screen and/or audible indicators may not accurately indicate whether the device is functioning properly or will function properly at time of use, FDA encourages users of the affected AEDs to follow the additional precautions provided in this communication. FDA is gathering more data about this situation to better understand its potential public health impact and will make available any new information that might affect the use of these AED devices. Prompt reporting of adverse events can help FDA identify and better understand the risks associated with medical devices. FDA encourages anyone who suspects any electronic or mechanical problem(s) with an AED to file a voluntary report through MedWatch, the FDA Safety Information and Adverse Event Reporting Program.

Thank you for your efforts to improve the health of Hoosiers. Happy Thanksgiving.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health