ICF/MR BRANCH NEWSLETTER

Mental Health Licensure and Certification Section

Division of Health Service Regulation

NC Department of Health and Human Services

November, 2008 — Volume 6, Issue 2

This Newsletter provides information and updates on Intermediate Care Facilities/Mental Retardation (ICF/MR) issues in North Carolina. We ask that you pass it on to the homes, facilities and organizations that serve your clients. Additionally, if you have any questions, comments or suggestions, do not hesitate to contact us at jay.silva@ncmail.net or denise.erwin@ncmail.net. You may also contact us by calling (919) 855-3795 and asking for an ICF/MR facility consultant or writing to:

ICF/MR Survey Team
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

IN THIS ISSUE

ICF/MR Surveys for North Carolina Statistics for January 01, 2008 through June 30, 2008:

Total number of surveys: 110
Total number of citations: 727

The most frequently cited deficiencies :

TAGS	Total Times Cited	TAGS	Total Times Cited
W-154 Incidents must be thoroughly investigated	25	W-350 Dental Services	20
W-227 IPP contains objectives for relevant training	34	W-436 Provide/maintain equipment & devices	24
W-249 IPP provided as written	118	W-104 Governing Body responsible for oversight	14
W-288 Management of Inappropriate Behavior	22	W-242 IPP includes training in personal skills	14
W-331 Nursing Services to meet client needs	17	W-252 Data collected in measurable format	14
W-369 All Drugs Administered without Error	29	W-263 Restrictive Programs must have Prior Consent	14

The information listed above does not include citations from life safety code (LSC) surveys. (Note: All tags may be evaluated and cited by the General Health Survey)

continued, next page

ICF/MR Surveys for North Carolina continued:

Notes of Interest Related to Deficiencies:
The following citations have significantly increased in frequency compared to the first half of 2007:

W-249 IPP provided as written	W-350 Dental Services
W-255 IPP Revision when Objective Completed	W-369 All Drugs Administered without Error
W-331 Nursing Services to meet client needs	

The following citations have decreased (reflecting improvement) when compared to the first half of 2007:

W-126/130/136/137 Protection of Client Rights	W-242 IPP includes training in personal skills
W-154 Incidents must be thoroughly investigated	W-257 IPP Revision when Failing to Make Progress
W-159 QMRP	W-263 Restrictive Programs must have Prior Consent
W-195 Condition in Active Treatment Services	W-288 Management of Inappropriate Behavior
W-240 Supporting Client Independence	W-368 Drug Administration per Physician Orders

Information Related to Conditions of Participation

W102		0
W122	Client Protections	8
W158		0
W195	Active Treatment Services	4
W266		0
W318	Health Care Services	4
W406		0
W459		0

The following facilities had deficiency-free annual recertification surveys:

1. Airport Road Group Home, Goldsboro	9. Marie G. Smith Group Home, Albemarle
2. Carolina Farms #1, Albemarle	10. Penny Lane 2, Claremont
3. Carolina Living and Learning Center, Pittsboro	11. Playmore Group Home, Morganton
4. Chesterfield Group Home, Morganton	12. RHA/Howells/Lakeview, Charlotte
5. Dal-Wan Heights Home, Statesville	13. Rolling Meadows Group Home, Raleigh ***
6. Eastbrook Home, Red Springs	14. Rouse's Group Home, Stoneville
7. Lakewood, Wilkesboro	15. VOCA-Young, Shelby
8. Macon ICF/MR Group Home, Franklin ***	16. Yadkin I, Hamptonville

*** deficiency free facilities 3 years in a row. We apologize for the following oversight. Laurelwood Group Home, Marin, deficiency free in 2007

If you received a deficiency-free annual survey (General and Life Safety) and we failed to identify your facility, please notify us at joyce.cooper@ncmail.net for inclusion in the next edition of the newsletter.

General Information

Included is an article addressing "Multi-Dose Medications and Reuse of Syringes: A Patient Safety Threat in Your Facility." The purpose of this information is to notify you of potential threats to patient safety in the event your facility deals with parenteral medications for multiple clients. Several outbreaks of healthcare-associated hepatitis C infections have been identified in recent months, including one in North Carolina.

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch
1902 Mail Service Center • Raleigh, North Carolina 27699-1902
Tel 919-733-7301/3419 • Fax 919-733-1020

Michael F. Easley, Governor
Dempsey Benton, Secretary

Leah Devlin, DDS, MPH
State Health Director

September 5, 2008

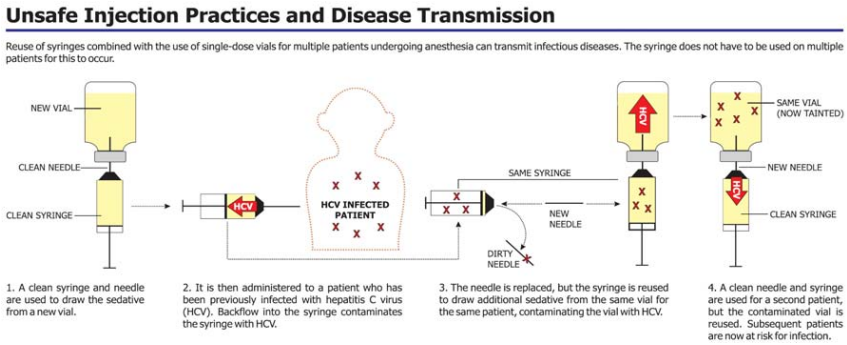
TO: All Licensed Healthcare Facilities, Ambulatory Surgery Centers, Specialty Care Clinics, and Primary Care Clinics

FROM: Jeffrey Engel, MD, State Epidemiologist

SUBJECT: Multi-Dose Medications and Reuse of Syringes: A Patient Safety Threat in Your Facility?

The purpose of this letter is to notify you of a potential threat to patient safety if your facility uses unsafe injection practices when dealing with parenteral medications for multiple patients. Several outbreaks of healthcare-associated hepatitis C infections have been identified in recent months, including one in North Carolina. In early 2008, a large outbreak of hepatitis C infection was detected among persons who received anesthesia at an endoscopy center in Nevada. An investigation indicated that the infected patients were most likely exposed to hepatitis C in the following manner:

- A clean syringe and needle were used to draw sedative from a new, single-use medication vial.
- The sedative was then administered to a hepatitis C infected patient and backflow of blood from the patient into the syringe- not necessarily visible to the healthcare worker- presumably contaminated the syringe with hepatitis C virus.
- A new, sterile needle was placed on the syringe, but the contaminated syringe was reused to draw additional sedative from the same vial for the same patient, presumably contaminating the vial with blood containing hepatitis C virus.
- A clean needle and syringe were used for subsequent patients, but the contaminated vial was reused, exposing subsequent patients to hepatitis C virus.



Source: Southern Nevada Health District (www.southernnevadahealthdistrict.org/outbreaks/index.htm)

North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

Location: 225 N. McDowell Street • Raleigh, N.C. 27603

continued, next page

General Information, continued from page 3:

Although these practices have since been corrected, they were the prevailing practices of the clinic for an extended period. As result, nearly 40,000 Nevada residents have been notified by letter to recommend that they visit their primary care provider to be tested for hepatitis C, hepatitis B, and HIV.

Outbreaks of hepatitis B and hepatitis C among patients in ambulatory care facilities in the United States have identified a need to reinforce safe injection practices. In addition to endoscopy clinics, outbreaks have occurred in private medical practices, pain clinics, and a hematology/oncology clinic. The recent North Carolina outbreak occurred in a private cardiology practice, most likely as a result of unsafe injection practices involving multi-dose vials. Among the deficiencies identified in these outbreaks were a lack of oversight of personnel and failure to follow-up on reported breaches in infection control practices in ambulatory settings. Data from a survey of U.S. healthcare workers who provide medication through injection indicate that some healthcare personnel are unaware of, do not understand, or do not adhere to basic principles of infection control and aseptic technique. This survey found that 1% to 3% reused the same needle and/or syringe on multiple patients.

To ensure that all healthcare workers understand and adhere to recommended practices, **North Carolina law requires each health care organization that performs invasive procedures (including any use of needles to puncture skin) to have a written infection control policy.** The law also requires that each health care organization designate a staff member to direct infection control activities, and that this person must complete an approved course in infection control.

We strongly recommend that you immediately observe and review injection practices in your facility to determine if multidose medication vials are used, or if single–use vials are being used for multiple patients. One hospital recently discovered that multidose lidocaine vials were used for placement of intravenous lines prior to surgery. These vials were not purchased through the pharmacy and were being used without the knowledge of infection control personnel. Therefore, we recommend visual inspection of any unit where multidose vials are likely to be used, particularly local anesthetics, insulin, heparin, or vaccines. Use of single-dose medication vials should be observed to ensure they are not used for multiple patients. Personnel administering these medications should be observed for current injection practices and asked about past practices. Injection practices should be consistent with CDC recommended safe injection practices that are part of Standard Precautions (see attached). A CDC fact sheet regarding syringe reuse is also attached.

Whenever possible, the Centers for Disease Control and Prevention (CDC) and the North Carolina Division of Public Health recommend that single-use vials be used. Single-use vials should be restricted to one patient. If multidose vials of medication are used, they should be restricted to a centralized medication area or assigned to a single patient to reduce the risk of disease transmission.

If you have any questions about the use of multidose medication vials or safe injection practices, please contact the North Carolina Statewide Program for Infection Control and Epidemiology (NC SPICE) at (919) 966-3242.

cc: Leah Devlin, North Carolina State Health Director
Steve Cline, North Carolina Deputy State Health Director
Chris Hoke, Chief Regulatory and Legal Affairs, NC DPH
Robert Seligson, North Carolina Medical Society
Janelle Rhyne, North Carolina Medical Board
Julie George, North Carolina Nursing Board
William Pully, North Carolina Hospital Association
Rosemary Summers, North Carolina Association of Local Health Directors
John Morrow, Epi-Liaison Committee, NC ALHD
William Rutala, Director, Statewide Program for Infection Control and Epidemiology

continued, next page

General Information, continued from page 4:

Safe Injection Practices

The following recommendations apply to the use of needles, cannulae that replace needles, and, where applicable, intravenous delivery systems

1. Use aseptic technique to avoid contamination of sterile injection equipment.
2. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient or to access a medication or solution that might be used for a subsequent patient.
3. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
4. Use single-dose vials for parenteral medications whenever possible.
5. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
6. If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
7. Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
8. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

From Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007, Standard Precautions (http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html).

continued, next page

General Information, continued from page 5:

Fact Sheet
A Patient Safety Threat – Syringe Reuse

Patients need to be aware of a very serious threat to their health – the reuse of needles or syringes, and the misuse of medication vials. Healthcare providers (doctors, nurses, and anyone providing injections) should never reuse a needle or syringe either from one patient to another or to withdraw medicine from a vial. Both needle and syringe must be discarded once they have been used. It is not safe to change the needle and reuse the syringe – this practice can transmit disease.

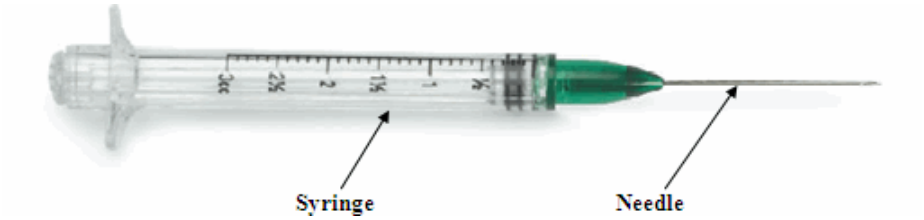


Figure 1. Picture of a needle and syringe.

A single-use vial is a bottle of liquid medication that is given to a patient through a needle and syringe. Single-use vials contains only one dose of medication and should only be used once for one patient, using a clean needle and clean syringe.

A **multidose vial** is a bottle of liquid medication that contains more than one dose of medication and is often used by diabetic patients or for vaccinations. A new, clean needle and clean syringe should always be used to access the medication in a multidose vial. Reuse of needles or syringes to access medication can result in contamination of the medicine with germs that can be spread to others when the medicine is used again.

Figure 2. Picture of a multidose vial.

Whenever possible, CDC recommends that single-use vials be used and that multidose vials of medication be assigned to a single patient to reduce the risk of disease transmission.

Healthcare providers should always adhere to **Safe Injection Practices** under **Standard Precautions** to prevent disease transmission from needles, syringes, or multidose vials.

Reusing a needle or syringe puts patients in danger of contracting hepatitis B, hepatitis C, and possibly HIV. When it is discovered that reuse of a needle or syringe has occurred, all patients who may have been affected should be notified and informed to get tested.

From: Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion (http://www.cdc.gov/ncidod/dhqp/PS_SyringeReuseFS.html#)

Creative Corner Kudos

This portion of the newsletter highlights a facility's creativity in providing services for individuals. The intent is not to outline "best practices," but to acknowledge unique events/services/approaches provided to or for consumers in ICF/MR facilities.

The clients at Park and Sydnor Street Group Homes, Mt. Airy work in their own gallery and store in the downtown area. They were the recipients of the 2007 small business award through the Chamber of Commerce.

VOCA-Mallard Drive clients (all VOCA ICF/MR group homes that participate in the Charlotte area) deliver meals to the elderly and disabled. They have added homes to their delivery routes as other volunteers have cut back due to increased gas prices.

A new type of "surround" toothbrush was used at Tammy Lynn Center, Adult Group Home. The "surround" toothbrush has opposing brush heads positioned at a 45-degree angle to clean all teeth surfaces and gums at the same time. The toothbrush is available online at www.specializedcare.com or call 1-800-722-7375.

O'Berry State Center has built a log cabin to house retail crafts made by the ICF/MR clients; pottery, soaps, lotions, baked goods etc. and is open to the public.

Miscellaneous

Specific additional information about ICF/MR programs can be found at the CMS ICF/MR Home Page: http://cms.hhs.gov/medicaid/icfmr/default.asp. All regulations and manuals are on-line and available on CD's.

Providers: Remember the Complaint section contact information is: (800) 624-3004 or (919) 733-8499. You may also Fax the section at (919) 715-7724.

We hope that you have found all the information we have provided helpful and educational. The ICF/MR Branch has a common goal with the various ICF/MR facilities in North Carolina to ensure the clients have the best life experience available to them.

Please forward any questions/comments to michele.brandow@ncmail.net or joyce.cooper@ncmail.net.

nc department of health and human services