

ISDH Long Term Care
Newsletter Issue # 11-09
March 18, 2011

In Today's Issue:

- Colorectal Cancer Awareness Month
- AHRQ Resource Helps Improve Nursing Home Care
- Recalls
- ISDH Staff Changes
- Coming Events

National Colorectal Cancer Awareness Month

SCREENING FOR COLORECTAL CANCER SAVES LIVES MEN AND WOMEN AGED 50 AND OLDER URGED TO GET SCREENED

INDIANAPOLIS – March 8, 2011: First Lady Cheri Daniels, State Health Commissioner Gregory Larkin, M.D. and the Indiana Rural Health Association are asking men and women aged 50 and over to get screened for colorectal cancer. About 1,200 Hoosiers die from colorectal cancer each year.

"Screening for colorectal cancer saves lives," said Daniels. "If you're 50 or older, this message is for you. Over time, if undetected, colorectal cancer becomes a killer. But screening tests can find it early, when treatment is most effective."

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer is one of the most commonly diagnosed cancers in the United States. Between 2004 and 2008, nearly 17,000 people in Indiana were diagnosed with colorectal cancer.

"This is one cancer you *can* prevent," said Dr. Larkin. "Screening finds pre-cancerous polyps that can be removed before they turn into colorectal cancer. So, stop this disease. See your doctor and get screened for colorectal cancer."

Dr. Larkin says individuals younger than 50 who are at increased risk for colorectal cancer should talk to their doctor about at what age and how often they should be screened. Risks factors include:

- If you or a close relative has had colorectal polyps or colorectal cancer;
- Having inflammatory bowel disease; or
- Certain genetic syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer.

Medicare and most insurance plans help pay for colorectal cancer screening. The public can also call 1 (800) 4-CANCER or 1 (800) ACS-2345 to learn more about screening options in their community.

The CDC monitors colorectal cancer screening rates over time through the Behavioral Risk Factor Surveillance System and through the National Health Interview Survey. Findings from these two surveys show testing among adults aged 50 or older in the United States is low. Only about 64 percent of those eligible received screening tests for colorectal cancer within the recommended screening intervals.

The 2008 Behavioral Risk Factor Surveillance System showed Indiana has improved in recent years on the percentage of adults aged 50 and older who had been screened for colorectal cancer, with 40.6 percent reporting *not* having been screened.

"We are encouraged by the overall increase in colorectal cancer screenings in Indiana, but there is still much work to be done to increase awareness," said Dr. Larkin. "Too many people are dying from this preventable form of cancer. Survival from colorectal cancer is more than 90 percent when the cancer is diagnosed before it has extended beyond the intestinal wall."

Cancer mortality rates represent the number of new deaths of cancer per 100,000 population during the specified time period. The state mortality (death) rate for colorectal cancer is 20.7 per 100,000 population between 1998 and 2007. The nine counties in Indiana with the highest mortality rates from colorectal cancer are (in order):

1. Scott County (31.9)
2. Cass County (28.4)
3. Pulaski County (28.3)
4. Martin and Switzerland counties (27.2)
6. Perry County (26.7)
7. Union County (26.6)
8. Newton (25.9)
9. Dearborn and Sullivan counties (25.5)

March is National Colorectal Cancer Awareness Month. The Indiana Comprehensive Cancer Control program and the Office of Primary Care are partnering with the Indiana Rural Health Association to launch a statewide effort to encourage adults 50 and older to get screened. As part of this effort, the Indiana State Health Department will run a media campaign in Scott County, Indiana with television, radio, and print ads produced by the CDC's "Screen for Life: National Colorectal Cancer Awareness Action" campaign.

"The Indiana Rural Health Association's most important mission is to support rural health providers like the Scott Memorial Critical Access Hospital and clinics in the area who can provide life-saving screenings," said Don Kelso, executive director of the Indiana Rural Health Association. "We all avoid what we know we should do to keep healthy, and this is more often true if it's difficult to find a doctor in the area. Don't let this be an excuse not to do what's best for you. Find a doctor and get screened. Prevention and wellness will be the key for truly lowering the cost of healthcare and to improve the life of our family, friends, and neighbors."

State health officials say Scott County was chosen because it has the highest incidence rate (73.7 per 100,000 population versus the state rate of 54.5) and the highest mortality rate (31.9 per 100,000 population versus the state rate of 20.7) of colorectal cancer. The Comprehensive Cancer Control program and the Office of Primary Care at the State Health Department are providing federal funds for the campaign.

Originally launched in March 1999, this multimedia campaign educates and informs men and women aged 50 and older about the importance of regular colorectal cancer screenings. TV newscaster and co-founder Katie Couric, as well as actors Morgan Freeman, Terrence Howard, and Diane Keaton have served as celebrity spokespeople for the campaign.

As part of its efforts to implement the Indiana Cancer Control Plan 2010-2014, and ultimately reduce the burden of cancer in the state, the Indiana Comprehensive Cancer Control Program is partnering with the Office of Primary Care at the Indiana State Department of Health and the Indiana Rural Health Association to launch a statewide effort to encourage adults 50 and older to get screened.

The Indiana Comprehensive Cancer Program is working to reduce the burden of cancer as set forth in the state's cancer control plan. Their charge involves:

- Individuals preventing cancer through screening;
- Communities supporting local resources for screening; and
- Businesses supporting employees' prevention efforts.

Download a copy of the Indiana Cancer Control Plan 2010-2014 at www.indianacancer.org and learn how you can help reduce the burden of cancer in Indiana and in your community. For more information on colorectal cancer, visit www.statehealth.in.gov.

New AHRQ Resource Helps to Improve Nursing Home Care

A new resource from the Federal Agency for Healthcare Research and Quality could help nursing homes improve the service they provide to those most in need of care. The [On-Time Quality Improvement Program Manual](#) presents a practical approach to establish and maintain quality improvement. The manual provides an overview of the tools, key action steps, implementation tips, and firsthand knowledge from current program users about what works best. It targets state health departments, Quality Improvement Organizations or QIOs, nursing home decision makers addressing quality improvement priorities and the frontline staff providing the care.

Another key component is the effective use of health information technology for clinical decision-making to identify and treat high-risk residents much earlier. The manual helps to reorganize nursing home operations and identify essential quality improvement elements needed in coordinating members of a multidisciplinary team. With clear performance roles to improve efficiency and promote better clinical outcomes. One outcome of using the On Time Quality Improvement Program Manual is the reduced incidence of pressure ulcers, a condition that affected 11% of the 1.5 million nursing home residents in 2004, according to 2010 data from the National Center for Health Statistics.

To find out more about the On-Time Quality Improvement program, click [here](#).

Recall Information

American Regent Injectable Products: Recall - Visible Particulates in Products (UPDATE)

- Bacteriostatic Sodium Chloride Injection, USP, 0.9%, 30 mL Multiple Dose Vials
- Concentrated Sodium Chloride Injection, USP 23.4%, 30 mL Single Dose Vials and 100mL Pharmacy Bulk Packages
- Sodium Thiosulfate Injection USP 10%
- Potassium Phosphates Injection, USP

ISSUE: Recall initiated because some vials exhibit translucent visible particles consistent with glass delamination. Potential adverse events after intravenous administration include damage to blood vessels in the lung, localized swelling, and granuloma formation.

BACKGROUND: Glass delamination can occur with high pH solutions when the surface glass from the vial separates into thin layers, resulting in glass particles with a flaky appearance.

RECOMMENDATION: Hospitals, Home Health Care Agencies, Emergency Rooms, Infusion Centers, Clinics and other healthcare facilities should not use the recalled American Regent products. Recalled products should be immediately quarantined for return. Refer to Press Releases for specific lot numbers recalled.

Warfarin Sodium Tablets (Jantoven), 3mg: Recall - Mislabeled Bottles Containing Higher Dosage

ISSUE: Upsher-Smith Laboratories and FDA notified healthcare professionals of the recall of one lot of Jantoven Warfarin Sodium, USP, 3mg Tablets, an anticoagulant, after a single bottle labeled as Jantoven Warfarin Sodium, USP, 3mg Tablets was found to contain tablets at a higher 10mg strength. To date, the company has identified no additional mislabeled bottles.

BACKGROUND: The recalled lot is numbered as #284081, with an expiration date of September 2012. The product lot was distributed to wholesalers, retail chains and independent pharmacies throughout the United States. The primary risk of substituting 10mg warfarin for 3mg warfarin is overdosing more than 3 times the labeled amount which leads to excessive anticoagulation that could be expected to result in

life-threatening hemorrhage in patients.

RECOMMENDATION: The two Jantoven tablets (see photo at link below) can be readily identified by color: the 3mg tablet is tan and the 10mg tablet is white. In addition, the 3mg tablet is imprinted with the letters WRF, a line, and the number 3 below the line. The reverse side of the 3mg tablet carries the number 832. The 10mg tablet is imprinted with the letters WRF, a line, and the number 10 below the line. The reverse side of the 10mg tablet carries the number 832. Consumers and pharmacists can call the Upsher-Smith medical information line at 1-888-650-3789 for more information and to access product details, Monday-Friday between 8:00 a.m. and 5:00 p.m. (CST).

Medtronic SynchroMed II and SynchroMed EL Implantable Infusion Pump and Refill Kits: Class 1 Recall

ISSUE: Pocket fills (the unintended injection of drugs or fluids into the patient's subcutaneous tissue at the pump pocket site instead of the pump) may result in patient harm, serious injury, and/or death due to drug overdose or underdose.

Products Affected:

- SynchroMed II (Model No: 8637)
- SynchroMed EL (Model No: 8626 and 8627)
- Refill Kits (Model No: 8551, 8555, 8561, 8562, 8564, 8565, and 8566)

BACKGROUND: The SynchroMed II Programmable Pump and the SynchroMed EL Infusion System are used in patients undergoing therapy that requires the constant delivery of drugs or fluids into a patient's body. The Medtronic refill kit is used in refilling Medtronic implantable infusion pumps, with the exception of Medtronic MiniMed Infusion Pumps.

RECOMMENDATION: Medtronic reminded healthcare professionals to check needle placement within the pump septum during the drug refill procedure. According to Medtronic, it is essential that the needle be inserted through the refill septum until it has reached the needle stop in the pump reservoir. At every refill, patients and caregivers should be reminded about the signs and symptoms of drug overdose, underdose, and withdrawal.

Triad Sterile Lubricating Jelly: Recall - Product May Not Be Sterile

Product may be contained in kits, packs, or trays that have been packaged after December 2010 by other firms, including brand names Allegiance, Select Medical Products, Novaplus, Triad, Triad Plus, IMCO, McKesson Medi-Pak Performance, Henry Schein

ISSUE: These products may not be sterile. Patients who are immuno-compromised, such as those with diabetes, cancer and certain other chronic diseases, may be at potential risk for infection.

BACKGROUND: Triad lubricating jelly products were distributed by Triad from January, 2007 through December 2010. These products may be contained in kits, packs, or trays that have been packaged after December 2010 by other firms.

RECOMMENDATION: Immediately contact your kit, pack or tray suppliers to determine whether the products stocked at your facility are impacted by the Triad recall. Your supplier should provide you with documentation on whether your products are affected by the recall.

Hydrocodone Bitartrate And Acetaminophen Tablets, Phenobarbital Tablets by Qualitest: Recall - Incorrect Package Labeling

ISSUE: An individual bottle of Hydrocodone Bitartrate and Acetaminophen Tablets, USP 10mg / 500mg, NDC 0603-3888-20, 60 count was found incorrectly labeled with a Phenobarbital Tablets, USP 32.4 mg, NDC 0603-5166-32, 1000 count label, printed with Lot Number T150G10B. Both products are manufactured by Qualitest Pharmaceuticals.

As a result of this mix-up, patients may unintentionally take Hydrocodone and acetaminophen tablets, instead of the intended dose of Phenobarbital. Unintentional administration of Hydrocodone can lead to

serious adverse events including respiratory depression, CNS depression, coma and death, especially in opioid naïve patients and patients on other CNS depressants. Unintentional administration of acetaminophen may result in liver toxicity in patients on other acetaminophen containing medications, patients with liver dysfunction, or people who consume more than 3 alcoholic beverages a day. Additionally, missing doses of Phenobarbital could result in loss of seizure control.

BACKGROUND: The recall includes the following products:

- Hydrocodone Bitartrate and Acetaminophen Tablets, USP 10mg / 500mg, NDC 0603-3888-20, 60 count, Lot Numbers T150G10B, T120J10E and T023M10A
- Phenobarbital Tablets, USP 32.4 mg, NDC 0603-5166-32, 1000 count, Lot Numbers T150G10B, T120J10E and T023M10A

Recalled lots were distributed between Sept. 21, 2010 and Dec. 29, 2010 to wholesale and retail pharmacies nationwide (including Puerto Rico).

RECOMMENDATION: Consumers who have affected product should stop using the product and contact Qualitest at 1-800-444-4011 for reimbursement. Lot numbers can be found on the side of the bottle.

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

ISDH Staff Changes

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.

New Long Term Care Surveyors

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

Dorothy "Dottie" Navetta, Public Health Nurse Surveyor - Survey Area 5, Started February 7, 2011

Retirements

The following staff have retired from state employment. The ISDH especially thanks these individuals for their contributions to the state throughout their career.

Nancy Pence, Public Health Nurse Surveyor - Survey Area 0, Retired effective January 28, 2011 after 11 years of service

Howard Cundiff, Director of Division of Healthcare Engineering and Measurement, Retired effective January 28, 2011 after 39 1/2 years of service

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.

Kristy Landers, Public Health Nurse Surveyor - Survey Area 6, Resigned effective January 21, 2011

Mellissa Bowling, Public Health Nurse Surveyor - Survey Area 0, Resigned effective January 21, 2011

Coming Events

March 31, 2011: ISDH Indiana Healthcare Leadership Conference, *Improving Nutrition for Long Term Care Residents*, Indiana Convention Center, Indianapolis, Indiana. The agenda and registration information will be posted closer to the event.

October 27, 2011: ISDH Indiana Healthcare Leadership Conference, *Improving Care Coordination and Transition*, Indiana Convention Center, Indianapolis, Indiana.

Best wishes for the coming week.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health