

ISDH Long Term Care
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Lung Cancer Awareness Month

November 2, 2012
Indianapolis,

LUNG CANCER REMAINS A TOP KILLER IN INDIANA ***Celebrate Lung Cancer Awareness Month by Quitting Tobacco for Good***

INDIANAPOLIS-Lung cancer is the leading cause of cancer deaths in Indiana, killing approximately 4,000 Hoosiers each year. However, lung cancer burden can be reduced by up to 90 percent through a decreased use of tobacco, according to *The Health Consequences of Smoking: A Report of the Surgeon General (2004)*. To help raise awareness of this deadly disease and how it can be prevented, November is recognized as Lung Cancer Awareness Month.

According to *Indiana Facts and Figures 2012*, more than 5,200 new cases of lung cancer are diagnosed each year. Smoking is the greatest risk factor for the disease, accounting for nearly 87 percent of all lung cancer deaths. Approximately 25 percent of Hoosiers smoke cigarettes.

"In Indiana, we have much room for improvement where smoking and tobacco use are concerned," said State Health Commissioner Gregory N. Larkin, M.D. "It's well known that individuals who quit smoking significantly reduce their risk of developing cancer and many other chronic diseases and conditions. It's time for Hoosiers who use tobacco to take that first step and make a positive change for themselves and their families."

The effects of quitting smoking begin immediately. Within 20 minutes, blood pressure and pulse return to normal levels. Within 72 hours, the chance of a heart attack drops and sense of smell and taste begin to return. In three months, lung capacity increases and in one year, risk of heart attack is cut in half. Within five years, heart disease rate drops to that of a non-smoker.

"We have an excellent free resource for smokers in Indiana who want to quit," said Dr. Larkin. "The Indiana Tobacco Quitline provides one-on-one support with a trained Quit Coach and nicotine replacement therapy, like the nicotine patch or gum, when appropriate. Anyone who wants to quit should call 1-800-QUIT-NOW (1-800-784-8669) and give it a chance."

Earlier this year, Indiana enacted the first statewide smoke free air law. The law covers nearly all public places in the state, including restaurants and other workplaces. Eighteen communities statewide and the

Indianapolis International Airport have passed even stronger smoke free air ordinances. Visit www.breatheindiana.com for more information on Indiana's state and local smoke free air policies.

As part of Lung Cancer Awareness Month, the American Cancer Society will celebrate the 37th Great American Smokeout on Nov. 15. Local community events will be held by tobacco control coalitions that day at worksites, schools, hospitals and community businesses. For more information on local events, or to contact local tobacco control coalitions, visit www.in.gov/isdh/tpc/2350.htm.

To learn more about lung cancer risks in Indiana, check out *Indiana Cancer Facts and Figures 2012* (<http://www.in.gov/isdh/22689.htm>), a comprehensive report on the burden of cancer in Indiana.

Pneumococcal Vaccine Recommendations

ACIP (the Advisory Committee on Immunization Practices) has released new guidelines for the use of 13-Valent Pneumococcal Conjugate vaccine and 23-Valent Pneumococcal Polysaccharide vaccine for adults with immunocompromising conditions: "Adults with specified immunocompromising conditions who are eligible for pneumococcal vaccine should be vaccinated with PCV13 during their next pneumococcal vaccination opportunity."

Pneumococcal Vaccine-naïve Persons

ACIP recommends that adults aged greater than 19 years with immunocompromising conditions, functional or anatomic asplenia, CSF leaks, or cochlear implants, and who have not previously received PCV13 or PPSV23, should receive a dose of PCV13 first, followed by a dose of PPSV23 at least 8 weeks later. Subsequent doses of PPSV23 should follow current PPSV23 recommendations for adults at high risk. Specifically, a second PPSV23 dose is recommended 5 years after the first PPSV23 dose for persons aged 19-64 years with functional or anatomic asplenia and for persons with immunocompromising conditions. Additionally, those who received PPSV23 before age 65 years for any indication should receive another dose of the vaccine at age 65 years, or later if at least 5 years have elapsed since their previous PPSV23 dose.

Previous Vaccination with PPSV23

Adults aged greater than 19 years with immunocompromising conditions, functional or anatomic asplenia, CSF leaks, or cochlear implants, who previously have received ≥1 doses of PPSV23 should be given a PCV13 dose =1 year after the last PPSV23 dose was received. For those who require additional doses of PPSV23, the first such dose should be given no sooner than 8 weeks after PCV13 and at least 5 years after the most recent dose of PPSV23.

The entire article can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm?s_cid=mm6140a4_e.

CMS Updates

Medication Errors and Pharmacy Services

The Centers for Medicare and Medicaid Services (CMS) released [Survey and Certification Letter 13-02-NH](#) Clarification of Guidance related to Medication Errors and Pharmacy Services to provide clarification on three specific topics related to medication errors and pharmacy services.

- Medication Errors: Potential medication errors related to medication administration via feeding tube and administration timing for metered dose inhalers and proton pump inhibitors and survey implications.
- Medication Administration Practices: The practice of "borrowing" medications and issues related to diversion, control, reconciliation and disposal of medications, including fentanyl

patches.

- Medication Regimen Reviews for Stays under 30 days and/or Changes in Condition: The need for pharmacist medication regimen reviews when a resident experiences a change in condition and/or for residents admitted for less than 30 days.

Medical Error Report for 2011

The Indiana State Department of Health (ISDH) posted the Indiana Medical Error Report for 2011. The report is based on the National Quality Forum's 28 Serious Adverse Events. Hospitals and ambulatory surgery centers are required to report those events.

A total of 100 events were reported for 2011. Hospitals reported 94 events with ambulatory surgery centers reporting 6 events. The most reported event was stage 3 or 4 pressure ulcers acquired after admission to a hospital. There were 41 pressure ulcer events.

In addition to the pressure ulcer reportable event, the top four reported events include surgery performed on the wrong body part (18 events), retention of foreign object in patient after surgery (17 events), and death or serious disability associated with a fall (12 events).

The Medical Error Report for 2011 is posted on the ISDH Web site at

<http://www.in.gov/isdh/23433.htm>.