



POLARIS PULSE

A Bi-monthly Informational Bulletin Brought To You By Polaris Group

Hepatitis B Transmission in Nursing Homes

Are you at risk of an Infection Control Citation related to finger stick Blood Glucose Testing practices in your facility?

In a recent edition of the Morbidity and Mortality Weekly Report (MMWR), the Center for Disease Control (CDC) reported the outbreak of Hepatitis B among diabetic residents in Nursing Homes and Assisted Living Centers. The article identified deficient infection control practices as the root cause for the transmission. The staff used the same finger stick and glucose monitoring devices for multiple residents, failed to clean the glucose monitoring devices between residents and failed to use standard precautions, including hand washing and change of gloves between residents.

The article reports that two residents died from acute Hepatitis B infections in one nursing home. Subsequent investigation identified that 14 of 38 residents who received finger sticks for glucose monitoring had Acute Hepatitis B Virus (HBV) infections compared to only 1 of 106 residents who did not receive finger sticks. The facility practice was to provide one glucometer and one spring loaded, pen-like finger stick device to each of the four nurses stations in the facility. All 14 residents with Acute HBV infections had blood glucose monitoring performed by staff members based at the same nursing station. It was found that one resident on this unit was chronically infected with Hepatitis B.

In an assisted living community, of the 8 of 9 residents who had daily exposure to finger sticks performed by nursing staff had Acute HBV infection, compared to 0 among the 7 residents who performed their own finger sticks. In this setting, finger stick procedures were often performed by the nursing staff members in a central living area, with the diabetic residents seated at a common table. Although the residents had their own equipment, nurses reported using a

pen-like finger stick device barrel from a common kit to collect the blood samples and a single glucometer was used for all residents.

At a second nursing home, 8 of 45 residents who received finger sticks for glucose monitoring had Acute HBV infection, compared to 3 of 117 residents without this exposure. At this location, single use lancets were used; however, each wing of the facility used a single glucometer for all residents and the glucometers were not routinely cleaned between residents. On some days, a single healthcare worker performed up to 20 finger sticks during a single work shift.

The CDC article titled *Transmission of Hepatitis B Virus Among Persons Undergoing Blood Glucose Monitoring in Long Term Care Facilities* includes the following reminders:

- HBV is stable at ambient (environmental) temperatures;
- infected individuals, who often lack clinical symptoms of hepatitis, can have a high concentration of HBV in their blood or body fluids;
- health care providers should avoid carrying supplies from resident to resident and avoid sharing devices, including glucometers, among residents.

CDC RECOMMENDATIONS

Practices for Preventing Patient-to-Patient Transmission of Hepatitis Virus from Diabetes Care Procedures in Long Term Care

Diabetes Care Procedures and Techniques

1. Prepare medications such as insulin in a centralized medication area; multidose insulin vials should be assigned to individual residents and labeled appropriately.
2. Never reuse needles, syringes or lancets.
3. Restrict use of finger stick capillary blood sampling devices to individual residents.

For more information, please contact your Polaris Group representative.

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| <ol style="list-style-type: none"> 4. Consider using single-use lancets that permanently retract upon puncture. 5. Dispose of used finger stick devices and lancets at the point of use in approved sharps containers. 6. Assign separate glucometers to individual residents. If a glucometer used for one resident must be reused for another resident, the device must be cleaned and disinfected. Glucometers and other environmental surfaces should be cleaned regularly and whenever contamination with blood or body fluids occurs or is suspected. 7. Store individual patient supplies and equipment, such as finger stick devices and glucometers, within resident rooms when possible. 8. Keep trays or carts used to deliver medications or supplies to individual residents outside residents rooms. Do not carry supplies or medications in pockets. 9. Because of possible inadvertent contamination, unused supplies and medications taken to a resident's bedside during finger stick monitoring or insulin administration should not be used for another patient. | <ol style="list-style-type: none"> 3. Consider diagnosis of acute viral hepatitis infection in residents with illness that includes hepatic dysfunction or elevated liver transaminase (serum alanine aminotransferase and aspartate aminotransferase). 4. Provide full Hepatitis B Vaccination series to all previously unvaccinated staff members with exposure to blood or body fluids. Check and document post vaccination titers 1-2 months after completion of the vaccination series. 5. Establish responsibility for oversight of infection control activities. Investigate and report any suspected case of newly acquired infection. 6. Require staff members to know standard precautions with procedures involving potential blood or body fluid exposures. 7. Provide staff members who perform percutaneous procedures with infection control training that includes practical demonstration of aseptic techniques and instruction regarding reporting exposure or breaches. Conduct annual retraining of all staff members who perform procedures with exposure to blood or body fluids. 8. Assess compliance with infection control recommendations (e.g. hand hygiene or glove changes) by periodic observation of staff and tracking use of supplies. |
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Hand Hygiene and Gloves

1. Wear gloves during finger stick blood glucose monitoring, administration of insulin, and any other procedure involving potential exposure to blood or body fluids.
2. Change gloves between resident contacts and after every procedure that involves potential exposure to blood or body fluids, including finger stick blood sampling. Discard gloves in appropriate receptacles.
3. Perform hand hygiene (i.e. hand washing with soap and water or use of an alcohol based hand rub) immediately after removal of gloves and before touching other medical supplies intended for use on other residents.

Medical Management, Training, and Oversight Measures to Prevent Resident-to-Resident Transmission of Hepatitis Viruses from Diabetes Care Procedures in Long Term Care Settings

1. Regularly review resident schedules for finger stick blood glucose sampling and insulin administration and reduce the number or percutaneous procedures to the minimum necessary for appropriate medical management of diabetes and its complications.
2. Ensure that adequate staffing levels are maintained to perform all scheduled diabetes care procedures, including finger stick blood glucose monitoring.

CMS Guidance to Surveyors Related to HBV

In a June 10, 2005 Regional Survey and Certification letter, CMS provides the following guidance to surveyors: "Although noncompliance with infection control regulations is not automatically immediate jeopardy, the deaths of the 2 nursing home residents meet the definition. When citing the facility, the surveyor may utilize the (CDC) article (CDC: MMWR March 11, 2005 *Transmission of Hepatitis B Virus Among Persons Undergoing Blood Glucose Monitoring in Long Term Care Facilities*). When citing above Level 2 in nursing homes or at the Condition Level for non-long term care providers, the surveyor should include evidence regarding the level of harm or the potential for harm to the resident/patient, the number of residents/patients harmed or at risk, their medical conditions, and evidence that their immune systems are compromised."

It is likely the state surveyors will focus on Finger stick Glucose Testing Policy, Procedures and Practices during the coming months.

For more information, please contact your Polaris Group representative.

CMS Reaffirms Expanded Criteria for Inpatient Rehabilitation Facilities

On June 21, 2005, The Centers for Medicare & Medicaid Services (CMS) announced that it will implement the revised classification criteria for inpatient rehabilitation facilities (IRFs) adopted in a May 7, 2004, final rule. The rule also provides for a four-year transition period during which the required percentage of patients with a qualifying condition (the "compliance threshold") increases gradually from 50 percent to 75 percent.

"CMS is committed to ensuring that Medicare beneficiaries receive the care they need in the most appropriate setting, and we are supporting a full range of settings of care based on patient needs," said CMS Administrator Mark B. McClellan, M.D., Ph.D. "The criteria we adopted in 2004 for the first time takes into account not just the patient's diagnosis, but in knee or hip joint replacement cases also considers other patient characteristics such as advanced age and obesity."

The May 2004 final rule expanded the number of qualifying medical conditions that are listed in the regulations to include stroke, spinal cord injury, congenital deformity, amputation, major multiple traumas, fracture of the femur, brain injury, three types of arthritis, neurological disorder, and burns. The revised regulations also added certain joint replacement cases as a new qualifying medical condition, and allow a facility, in certain circumstances, to count toward the percentage threshold patients who have a secondary medical condition that meets one of the qualifying diagnoses.

Medicare beneficiaries can receive high quality rehabilitation care in a variety of settings, including the home, outpatient centers, skilled nursing facilities, and hospitals. According to expert analyses, these alternative settings are generally most appropriate for the categories of patients with medical conditions not included in the current regulations. This rule has the potential to have a positive impact on SNF admissions in the coming years.

SOLUTION CENTER Q&A "Where No Question Goes Unanswered"

Q: Is it true that the facility can receive additional reimbursement for a resident with the diagnosis of AIDS? If yes, how does the facility apply for the additional funds.

A: The ICD -9 diagnosis code on the Medicare Claim will entitle the 128% add-on payment allowed for residents with AIDS. This increase applies to services furnished on or after October 1, 2004. Claims with diagnosis code 042 will receive the additional payment.

TELECONFERENCE TRAININGS

Polaris Group is pleased to present the following *CEU approved* teleconference trainings

Live Teleconference Trainings

<u>Topic</u>	<u>Date</u>
<i>New SNF Proposed Rules</i>	7/12
<i>Pressure Ulcer Program and Protocol</i>	7/14
<i>New Process for SNF Denial Letters</i>	7/19
<i>Fall Prevention and Management</i>	7/21
<i>Revised Medicare Appeals Process</i>	7/26
<i>Urinary Continence</i>	7/28

*Please join us in our Teleconferences .
For further information regarding these seminars, please contact the Seminar Department at:
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