

# Safe Injection Practices Subcommittee Update

Dawn Terashita, Chair

Healthcare Associated Infections Advisory Committee

May 12, 2016

# Mission

To provide recommendations to the California Department of Public Health on implementing a statewide injection safety campaign and activities

To identify, evaluate, and determine how best to target settings at increased risk for unsafe injection practices

# Meetings

Nine monthly meetings thus far:

July 23<sup>rd</sup>

September 3<sup>rd</sup>

October 1<sup>st</sup>

November 5<sup>th</sup>

January 7<sup>th</sup>

February 4<sup>th</sup>

March 3<sup>rd</sup>

April 7<sup>th</sup>

May 5<sup>th</sup>

Minutes available online

(<http://www.cdph.ca.gov/programs/hai/Pages/SafeInjectionPracticesSubcommittee.aspx>)

# Membership

Inclusion criteria: expertise in the area of injection safety and/or knowledge of target group

Current members:

- Dawn Terashita, Los Angeles County Department of Public Health
- David Witt, Kaiser Permanente Medical Center, San Rafael, CA
- Karen Anderson, California Pacific Medical Center
- Matt Zahn, Orange County Health Care Agency
- Samantha Tweeten, San Diego County Health & Human Services Agency
- Kelsey OYong, Los Angeles County Department of Public Health
- Zachary Rubin, University of California, Los Angeles
- Jeffrey Silvers, Sutter Health Castro Valley
- Beth LaBouyer, California Ambulatory Surgery Association
- Kimberly Kirchmeyer, Medical Board of California
- Jill Silverman, Institute for Medical Quality
- Lisa Quan, Sutter Health

CDPH : Zoe Langdon and Jorge Palacios

Members of public include representatives from Health Services Advisory Group, HONOReform

# Identifying target settings and professions for Safe Injection Campaign

Surveyed group members to help identify priority facility types and medical professions based on professional experience

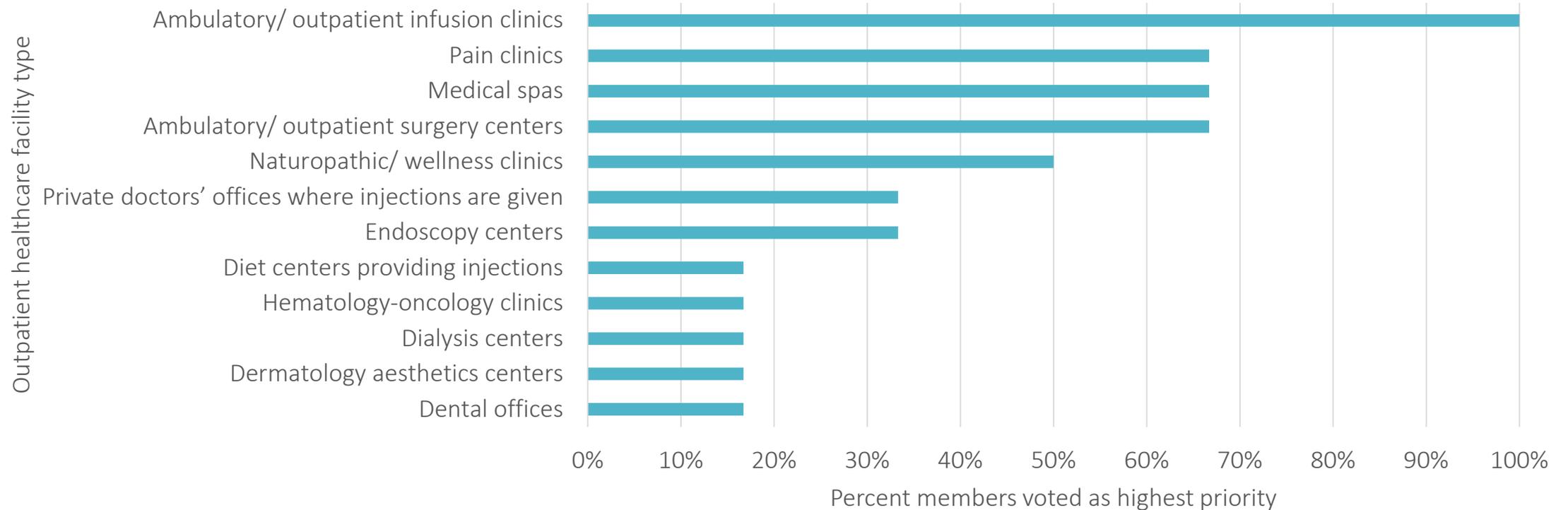
Results of online survey will help guide recommendations

Members prioritized:

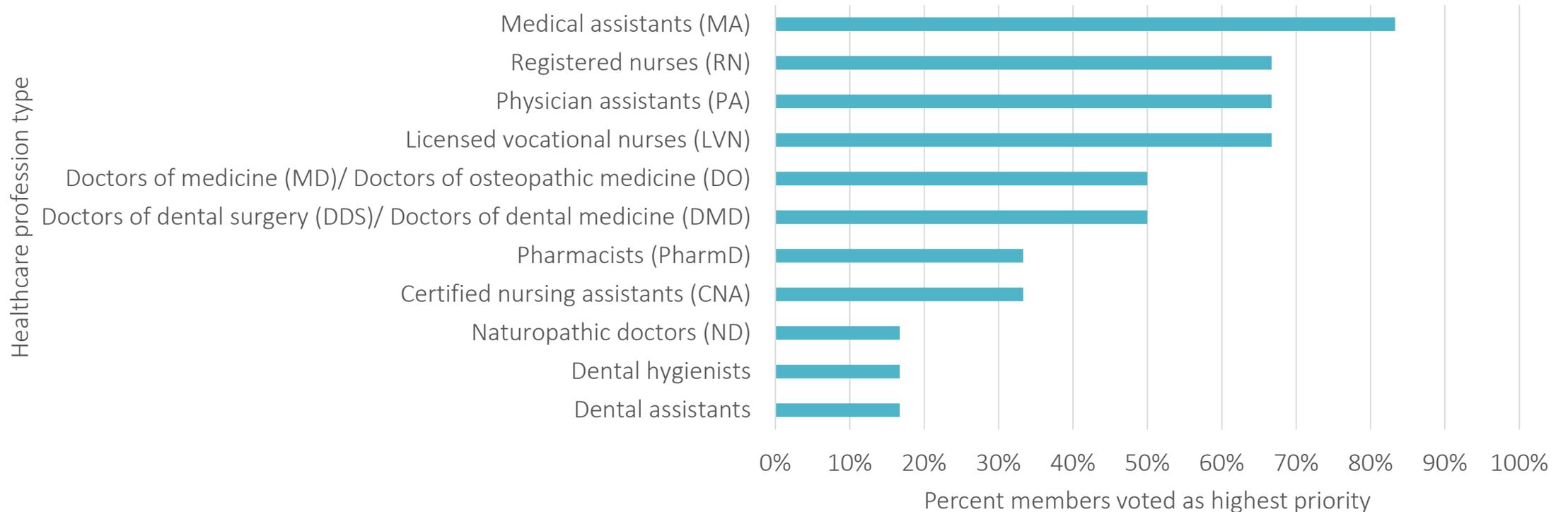
Outpatient settings, including ambulatory surgery centers, pain clinics, and infusion practices and clinics

Several professions: MD/DO, medical assistants, RNs

# Outpatient healthcare facilities voted as highest priority by Subcommittee members



# Healthcare professions voted as highest priority by Subcommittee members



# Identifying strategies for Safe Injection Campaign

Tailored toward identified targeted professions and settings

Based on members' input, review of other states' campaign strategies

Separated into general and setting- and profession-specific strategies

- Ambulatory surgery centers

- Diabetes educators

- Dialysis centers

- Consumers

- Medical assistants

- Physicians

- Pharmacists

# Survey of providers: Injectable medication use

Have piloted survey of CA providers regarding single-dose and multi-dose injectable medication use

- Waste monitoring

- Appropriate sizing

- Use of single-dose vials for more than one patient

- Barriers to selecting appropriately-sized single-dose vials

Plan to distribute to providers in ambulatory surgery centers, Sutter Health

# Next steps

Approve and finalize of recommendations

Complete survey of providers

# Motion

CDPH HAI Advisory Committee approves the recommendations of the Safe Injection Practices Subcommittee, “Recommendations for the Implementation of a Statewide Injection Safety Campaign”.



# RECOMMENDATIONS FOR THE IMPLEMENTATION OF A STATEWIDE INJECTION SAFETY CAMPAIGN

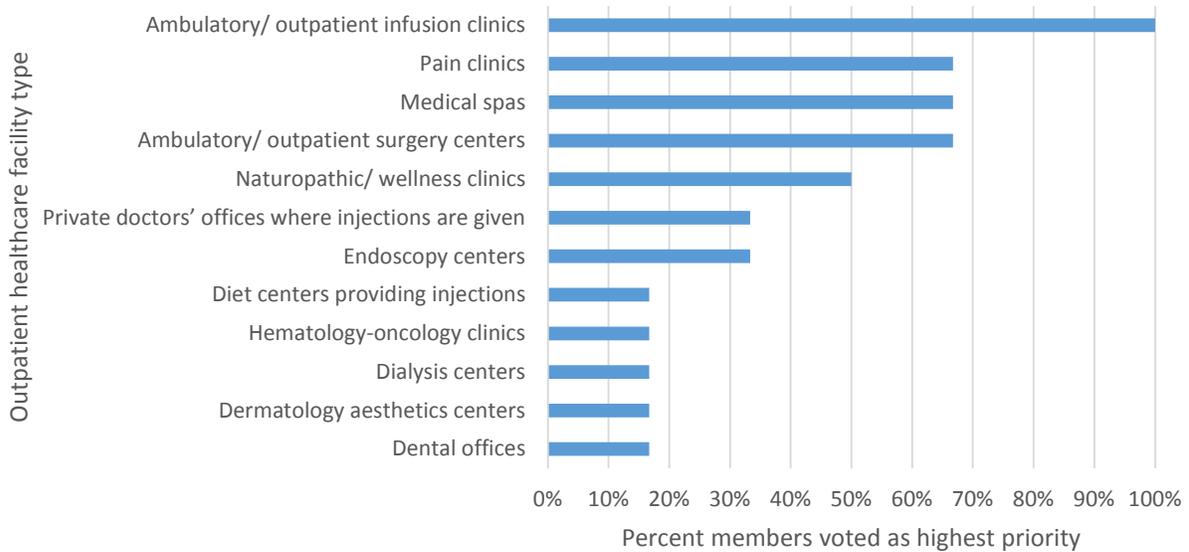
4/27/16

Safe Injection Practices Subcommittee, California Department of  
Public Health (CDPH) Healthcare-Associated Infections Advisory  
Committee

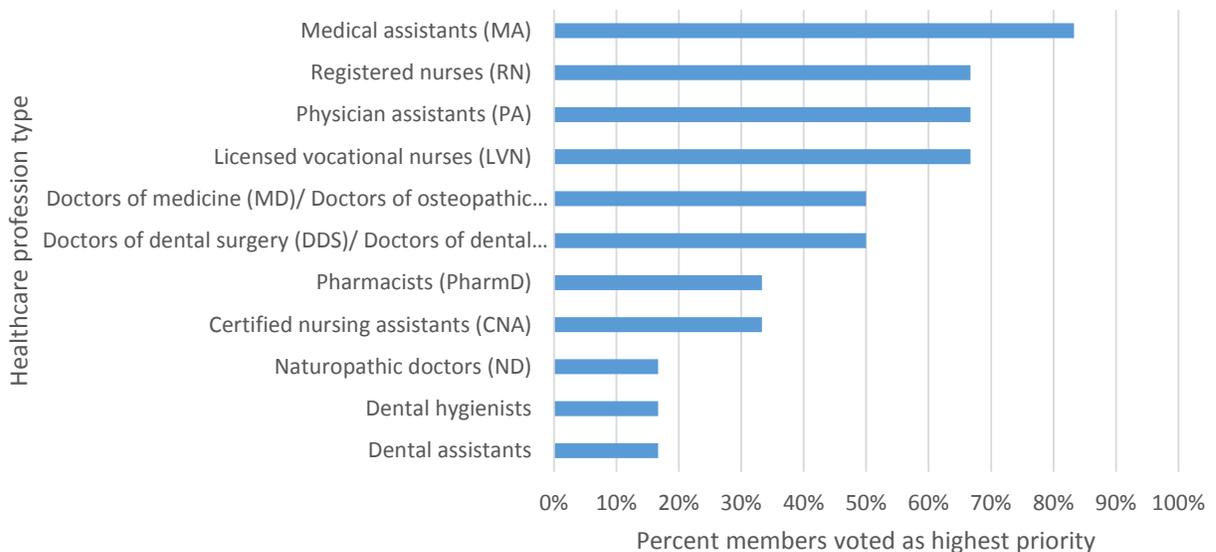
## Proposed Strategies for Targets of CDPH One and Only Campaign

The Subcommittee has prioritized the following outpatient healthcare facilities<sup>1</sup> and healthcare professions for targets of the CDPH One and Only Campaign. For each, proposed strategies are presented.

### Outpatient healthcare facilities voted as highest priority by Subcommittee members



### Healthcare professions voted as highest priority by Subcommittee members



## For all healthcare setting types and professions:

- Display consumer education in facilities
- Work with schools and training programs to incorporate safe injection practices into curriculums
- Create/ post standard webinar/ presentation
- Join speakers bureaus throughout state to speak at various conferences/ meetings, including state specialty society meetings and California Ambulatory Surgery Association
- Set up outreach exhibits at various conferences/ meetings
- Via Medical Board contacts, develop strategies with several state licensing and certification healthcare professional boards to promote campaign
- Target large healthcare systems to reach several facility and profession types simultaneously (e.g. Sutter Health, Kaiser Permanente)
- Integrate Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) into outreach
- Collaborate with national nonprofit patient advocacy agencies and patient safety organizations to safe guard the injection process for caregivers and patients
- Reach out to professionals via medical malpractice insurers
- Distribute links for HSAG (Health Services Advisory Group, the Medicare Quality Improvement Organization for California) led webinars addressing safe injection and handwashing practices for ASCs
- Provide guidance on appropriate production, ordering, and usage of r single-dose injectable medications to purchasers and producers (forthcoming results of survey of providers should guide efforts)

### EXAMPLES OF EXISTING STRATEGIES:

- The Sutter Health system has made system-wide changes to promote safe injection practices in their facilities. Sutter Health purchases single-dose medication vials rather than multi-dose, when available. The health system is determining methods of improving facility workflow patterns to allow for multi-dose vials to remain in a centralized medication preparation area and away from patient care areas. To further enhance injection practices, the system is considering system-wide education, competency evaluation, and audit of compliance with the One and Only Campaign checklist.
- The New Jersey One and Only Campaign developed a webinar with MedPro, a malpractice insurance company, regarding injection safety for a number of different professionals and healthcare facilities. In New York, medical malpractice carriers have distributed campaign materials to those they insure.
- The New Jersey One and Only Campaign has developed stock PowerPoint presentations (one 20 minute, one 30-40 minute, and one 60 minute presentation) for speakers to give
- The New York and New Jersey One and Only campaigns both created an ambassador program, in which a group of speakers were trained to present campaign presentations. Members were recruited from infection control associations, medical boards, healthcare professional boards, and ambulatory surgery centers
- One and Only campaign workgroup members in New York State have written letters to the editor of local newspapers regarding injection safety to reach the public
- HONORreform educates providers and the public regarding injection safety from manufacturing through disposal. The HONORreform mission is shaped by a three-pronged safety commitment: Safety by Design, Safety by Incentives, and Safety by Education and Empowerment of patients to

ask questions and report concerns. Resources include a video of Evelyn McKnight's personal story and Compassionate Response Toolkit.

## Specific strategies:

### Ambulatory surgery centers (ASCs)/ outpatient surgery settings

- Send campaign materials and updates through ASC accrediting agencies (via Medical Board)
- Send campaign materials and updates through California Ambulatory Surgery Association and specialty society newsletters
- Ask Professional Liability carriers to distribute campaign materials and updates through their communications to policyholders
- Ask insurers and systems, including large medical groups and accountable care organizations, to distribute campaign materials and updates to their contracting outpatient Surgery settings and providers
- Support implementation of the Centers for Medicare & Medicaid Services (CMS) Special Innovation Project related to safe injection and handwashing practices in California ASCs Encourage ASC participation in face to face as well as virtual Learning and Action Network events sponsored by HSAG

### Doctors of medicine (MD)/ Doctors of osteopathic medicine (DO)

- Send periodic campaign materials and updates to all physicians through Medical Board newsletter or direct emails
- Focus on Medical Directors to distribute campaign materials and updates via facility newsletters, department meetings

### Medical assistants

- Contact MA certifying agencies
- Promote injection safety as part of MA program curriculum at colleges and universities
- Inform all licensees that supervise medical assistants, via their licensing boards, of the importance of the MA following injection safety
- Ask Professional Liability Carriers to direct MAs to an on-line course or webinar

### EXAMPLES OF EXISTING STRATEGIES:

- Some schools have incorporated the publication, *A Never Event: Exposing the Largest Outbreak of Hepatitis C in American Healthcare History*, authored by Evelyn McKnight of HONORreform, into their curriculum to educate about injection safety

### Diabetes educators

- Contact Certified Diabetes Educators via the American Association of Diabetes Educators
- Engage American Diabetes Association in promoting diabetes-related safe injection practices
- Promote injection safety as part of DE program curriculum at colleges and universities

## Dialysis centers

- Engage End Stage Renal Disease Network (Networks 17 and 18 in CA) as Campaign partner; Health Services Advisory Group is currently overseeing Network 17
- Engage large corporations as partners (Fresenius, DaVita)

## Pharmacists

- Contact pharmacists through Board of Pharmacy to send periodic campaign materials and updates

## Consumers

- Collaborate with Public Reporting and Education Subcommittee for consumer and public education campaign
- Create/ fund Public Service Announcements
- Create social media campaign (e.g. Facebook, YouTube, Twitter, Instagram, etc.)
- Provide education through Speakers Bureau (create and provide standard presentations and trainings)
- Local health department websites link to CA One and Only Campaign site

### EXAMPLES OF EXISTING STRATEGIES:

- The Nevada and New Jersey One and Only Campaigns each created video PSAs, which were then posted on their respective YouTube Channels
- The national One and Only Campaign and some member states have created YouTube and Facebook pages specific to the campaign

---

<sup>1</sup> Note that facility types may overlap. The following definitions were used by the subcommittee:

Ambulatory/ outpatient surgery centers: may include endoscopy centers, cosmetic surgery centers, and pain clinics; defined as, “any facility, clinic, center, office or other setting that is not part of a general acute care facility, where anesthesia, except local anesthesia or peripheral nerve blocks, or both, is used in compliance with the community standard of practice in doses that, when administered have the probability of placing a patient at risk for loss of the patient’s life-preserving protective reflexes.”

Ambulatory infusion clinics: may include hematology-oncology clinics, other IV medication infusions [e.g. antimicrobials, biologics, fluids], etc.

Pain clinics: outpatient facilities performing pain management procedures; may not fall under definition of outpatient surgery center if only provide injections, local anesthesia, and nerve blocks

Facilities where autologous blood injections are given: outpatient facilities providing (but not limited to the following): autologous conditioned plasma, platelet rich plasma injections

Medical spas: Per California Business and Professions Code §2417.5. (a), “A business organization that offers to provide, or provides, outpatient elective cosmetic medical procedures or treatments, that is owned or operated in violation of Section 2400, and that contracts with, or otherwise employs, a physician and surgeon to facilitate its offers to provide, or the provision of, outpatient elective cosmetic medical procedures or treatments that may be provided only by the holder of a valid physician’s and surgeon’s certificate is guilty of violating paragraph (6) of subdivision (a) of Section 550 of the Penal Code.”; often provide laser treatments, injections for cosmetic reasons

Vein centers: outpatient facilities that may perform laser therapies, vein injection [sclerotherapy], microphlebectomy

Endoscopy centers: outpatient facilities performing endoscopic procedures; may not fall under definition of outpatient surgery center if only provide injections, local anesthesia, and nerve blocks

## List of Safe Injection Practices Subcommittee Members

Dawn Terashita, Chair, Los Angeles County Department of Public Health  
Karen Anderson, California Pacific Medical Center  
Beth LaBouyer, California Ambulatory Surgery Association  
Kimberly Kirchmeyer, Medical Board of California  
Kelsey OYong, Los Angeles County Department of Public Health  
Zachary Rubin, University of California, Los Angeles  
Jill Silverman, Institute for Medical Quality  
Jeffrey Silvers, Sutter Health Castro Valley  
Samantha Tweeten, San Diego County Health & Human Services Agency  
David Witt, Kaiser Permanente Medical Center, San Rafael, CA  
Matt Zahn, Orange County Health Care Agency  
Lisa Quan, Sutter Health

### California Department of Public Health Staff:

Zoe Langdon  
Jorge Palacios