

Advanced Registered Nurse Practitioner Care

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Official Newsletter of ARNPs United of Washington State

September 2013

Join Us At Conference

It's that time of year again! Time to register for our region's annual advanced practice conference, designed by and for nurse practitioners in all specialties. This year's conference is from October 31-November 2 in downtown Seattle at the Washington State Convention Center.

Call UW-CNE at 206.543.1047 or email them at cne@u.washington.edu for more information or go to www.uwcne.org.

Seeking Board of Directors Members for ARNPs United of Washington State

We need your help. This October, at the Primary Care Conference, we will hold an election for a new board of directors. 4 BOD positions are open; the old board members have the option for running, as does every AUWS member. The bylaws call for 12 members on the BOD, with 4 of them serving as Board officers – President, Vice-President, Treasurer, and Secretary. The Chair of the Legislative Committee is automatically on BOD as well (Legislative Committee members meet separately.) Board officers are determined by the board at their January retreat. The term of the service for board members is 2 years. The time involvement is approximately 5-10 hours per month, as we have board meetings every 2 months (which can be attended via conference call) and subcommittee work based on your area of interest.

If you are interested, know someone you would like to nominate, or have any questions about this opportunity to serve Washington's ARNPs and their clients, please feel free to email tracy@nurse.net.

National NP Week Nov 10-16, 2013

National NP Week will be held November 10 – 16, 2013. NP Week is a great time to build awareness in your community of the many benefits of NP-delivered health care. To assist you in doing this, AANP has prepared a resource guide for your use in planning activities and promotions in your community. The resource guide includes a press release, community activity suggestions, talking points, public service announcements and other tools to help you build a great campaign in your local area. Additional resources will be added to the guide over the next few weeks, so check aanp.org for updates. Link to the AANP resource guide is <http://www.aanp.org/images/documents/press-room/npweekbinder.pdf>

Proposed Bylaws Changes

There are proposed changes to the AUWS Bylaws which will be voted on at our annual meeting Thursday 10/31/13 at 12:15pm at the Advanced Practice in Primary and Acute Care Pacific Northwest 36th Annual National Conference.

Proposed changes are on the AUWS website at www.auws.org.

Recurrent Nationwide Shortage of Tuberculin Skin Test Antigen Solutions: CDC Recommendations for Patient Care and Public Health Practice

Summary: In HAN 345

(<http://emergency.cdc.gov/HAN/han00345.asp>), April 2013, CDC reported that TUBERSOL, a product of Sanofi Pasteur Limited, was in shortage nationwide. Although supplies were restored in early June 2013, TUBERSOL is in shortage again until at least the middle of October 2013. At the current time, the 5 tuberculin units/0.1 mL, 5 mL (50 tests), multiple dose vials are unavailable. The 5 tuberculin units/0.1 mL, 1 mL (10 tests), multiple dose vials are in limited supply. **This notice updates and supersedes the advice in HAN 345 and advises public health officials, clinicians, and workers in occupational health and infection control about how to adapt testing protocols to the recurrent shortage.**

TUBERSOL is one of two purified-protein derivative (PPD) tuberculin antigen solutions that are licensed by the United States Food and Drug Administration (FDA). JHP Pharmaceuticals, LLC, manufactures APLISOL, the other PPD tuberculin product that is licensed by FDA. JHP Pharmaceuticals, LLC, has notified FDA that APLISOL is on allocation, meaning that historical customers have precedence for buying the product, and APLISOL is available in restricted quantity. Regional shortages of APLISOL have been reported since healthcare providers switched from TUBERSOL to APLISOL.

Background

Two kinds of immunological methods are used for detecting *Mycobacterium tuberculosis* infection: tuberculin skin tests (TSTs) and interferon- γ release assay (IGRA) blood tests. The indications for using these tests are the same for both methods, although one or the other method is preferred for certain populations (1). When setting testing priorities because of the current shortage of antigen, these preferences may be considered as factors when one of the methods is unavailable. Together, these tests are the only means for detecting

latent M. tuberculosis infection, and they contribute to diagnosing tuberculosis (TB) disease. When findings such as chest radiography and mycobacterial cultures are sufficient for confirming or excluding the TB diagnosis, the results from a TST or an IGRA blood test might be unnecessary (2). Nevertheless, most TB cases in the United States are diagnosed with a set of findings including results from one of these tests. When TB disease is strongly suspected, specific treatment should be started regardless of results from TST or an IGRA blood test (1,3).

In cross-sectional controlled studies, TUBERSOL and APLISOL give similar results for most patients. The agreement between results from a TST and an IGRA blood test or between results from the two commercial IGRA blood tests is lower (1).

Recommendations

CDC recommends any of three general approaches for addressing the shortages of tuberculin skin test antigens:

1. Substitute IGRA blood tests for TSTs. The cost associated with using the blood tests can be greater than the cost of TST because the per-unit cost of the IGRA test materials is greater than for those of TST and, unlike TST, IGRAs entail services external to the point of care in some settings. The blood tests require phlebotomy, preparation of blood specimens, and specific laboratory services for analysis; therefore, these tests are not available in all practice settings. Clinicians who use the IGRA blood tests should be aware that the criteria for test interpretation are different from the criteria for interpreting TSTs (1). IGRAs do not utilize the risk-stratified cut-off measurements that are used for TST. Both IGRA products that are licensed in the United States can give indeterminate results, and one of these can also give borderline results (results between positive and negative). TST does not yield indeterminate or borderline results (1).

2. Substitute APLISOL for TUBERSOL for skin testing if APLISOL is available. In studies, the two products give similar results for most patients. The fixed availability of APLISOL has created a relative shortage because of increased demand at sites where TUBERSOL is unavailable, thus limiting the feasibility of this approach.

3. Allocate TSTs to priority usages, such as TB contact investigations, as determined by public health authorities. Priorities can be set in accordance to relative TB risks (4) and local TB epidemiology. A priority strategy might require deferment of testing some persons, and it might require modification of public health rules, regulations, or policies. CDC does not recommend testing persons who are not at risk for TB (4).

Some surveillance programs for TB infection control rely on routine serial TSTs. Switching products or methods might make serial changes in test results difficult to interpret. The apparent conversions of results from negative to positive or reversions from positive to negative could be caused by inherent inter-product or inter-method discordance (1,5). In settings with a low likelihood of TB exposure, the deferment of routine serial testing should be considered in consultation with public health and occupational health authorities.

Updates about the shortages of tuberculin skin test solutions are posted by the FDA Center for Biologics Evaluation and Research at <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/Shortages/ucm351921.htm>.

References

1. CDC. Updated guidelines for using interferon gamma release assays to detect Mycobacterium tuberculosis infection — United States, 2010. MMWR 2010;59(RR-5). <http://www.cdc.gov/mmwr/PDF/rr/rr5905.pdf>.
2. American Thoracic Society. Diagnostic standards and classification of tuberculosis in adults and children. Am J Respir Crit Care Med 2000;161:1376–95. <http://www.cdc.gov/tb/publications/PDF/1376.pdf>.
3. CDC. Treatment of tuberculosis. MMWR 2003;52(RR-11). <http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf>.
4. CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. MMWR 2000;49(RR-6). <http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf>.
5. CDC. Guidelines for preventing the transmission of Mycobacterium tuberculosis in health-care settings, 2005. MMWR 2005;54(RR-17). <http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Prescription Monitoring Program – Promoting Patient Safety

by Chris Baumgartner, Washington State DOH

“This program has changed my practice. No single thing in the last 10 years has had such a positive impact on my practice and my patients as this program, so thank you!” These words from a Washington State emergency room physician are typical of the feedback we’ve received about a relatively new program called the **Prescription Monitoring Program (PMP)**.

Another physician told us: “I believe this program has literally saved the lives of several of my patients. I have been floored by the number of narcotics that dozens of teenage girls have been obtaining (1,500 to 2,000 pills in six months). I have now been able to have meaningful interventions with them and their families.”

The department has established several prevention initiatives including the Prescription Monitoring Program. A main reason was to help combat drug overdose deaths

due mostly to the misuse or abuse of prescription drugs, the leading cause of accidental deaths here in Washington State.

The program collects information on the purchases of pain medications and other potentially dangerous medicines. The information comes from pharmacies and health care providers. It is then used to help improve patient safety and reduce prescription drug misuse.

Actual data collection began in October 2011, and health care providers started requesting information in January 2012. By the end of June 2013, more than 9,000 prescribers and 2,900 pharmacists were using the program, which averages more than 900,000 records per month. It now holds more than 22.8 million prescription records. So far, pharmacists, prescribers, and prescriber delegates have made more than 700,000 patient history requests.

In 2012, more than 2.3 million Washingtonians filled at least one prescription for a controlled substance. Hydrocodone/Acetaminophen (the generic form of Vicodin, a pain reliever) is the most dispensed controlled substance and makes up roughly 25 percent of all the prescriptions we collect. There were more than 156 million pills dispensed for this drug in 2012, enough for each person in the state to receive 23 pills.

Who Can Access Data

The law allows health care providers, patients, and others to view the prescription records for certain reasons. Prescribers and pharmacists can use the data to intervene with patients earlier. They can also identify dangerous drug interactions, address issues of misuse, and recognize under-managed pain or the need for substance abuse treatment. Health professional licensing boards and law enforcement can view the records based on authorized investigations.

What the Future Holds

The department is pleased with the success of the program so far. With additional grant funding recently received, there are plans for several improvements. We plan to share data on patients filling prescriptions across borders, to connect with our health information exchange to provide more seamless access for providers, and make other improvements.

A third physician shared with us: "I really am grateful to have the PMP active. It is absolutely essential for any pain management practice and essential for any physician prescribing controlled substances".

You can find more information on the program, also known as [Prescription Review](http://www.doh.wa.gov/PMP), online (www.doh.wa.gov/PMP). Contact program director [Chris Baumgartner](mailto:Chris.Baumgartner@washingtonstate.gov), 360.236.4806, for more information.

CE Opportunities

Have a few hours available? Help cure breast cancer! Earn CEU's!

On September 20-22, 2013 The Susan G. Koman Breast Cancer 3 Day is coming to the streets of Seattle (exact locations still to be announced) and the Medical Crew is looking for volunteers for a few hours (or a few days) to help make the event successful. All you need is a positive attitude, compassionate heart and an RN or ARNP license to participate. All training to be a team member will be provided prior to the event and most of the training can be done online. RN's who participate in all 3 days of the event can earn 27 CEU's. Medical crews are stationed every 3-4 miles along the 20 mile route each day to assist walkers along their journey as well as a larger facility at camp. Last year over 1200 bold walkers walked 60 miles raising over 4.2 million dollars; 75 percent of which directly go to fund breast cancer research projects (many of which are conducted here in the Seattle area) and 25 percent are used for local screening and outreach programs for the Puget Sound affiliate. This is an uplifting, inspirational event with many healthcare providers from around the state coming together to make a difference in the lives of walkers and those struck by breast cancer. Please feel free to contact the Medical Director, Cyd Marckmann, ARNP: arnpcyd@comcast.net or the Medical Crew Captain, Wendy Murchie, RN: Wendy.Murchie@seattlechildrens.org if you have questions. If you are ready to participate in the boldest breast cancer event ever contact Robin Shapiro: rshapiro@event360.com to get signed up

EPHT Online CE

Are you looking for some continuing education credits? Do you have an interest in environmental hazards and health outcomes? If yes, the CDC has a free online class available for nurses and nurse practitioners worth four CEUs.

Visit the [National Environmental Public Health Tracking Network \(EPHT\)](http://www.nceh.gov/epht) with the CDC to take the free online class "Tracking 101".

This course gives an overview of the major components of EPHT. EPHT is the ongoing collection, integration, analysis, interpretation, and dissemination of data on environmental hazards, exposures to those hazards, and health effects that may be related to the exposures. The goal of tracking is to provide information that can be used to plan, apply, and evaluate actions to prevent and control environmentally related diseases. CDC is currently leading the initiative to build a National EPHT Network, to integrate these three types of data into a standardized electronic network.

For more information about EPHT or the training, please contact the CDC Tracking Program: 1-877-923-TRACK trackingsupport@cdc.gov

UW Health Care and Social Work Certificates

Advance your skills, expand your network or earn contact hours and CEUs. UW Professional & Continuing Education offers the following certificate programs: Gerontology (online), Geriatric Mental Health (classroom), Medical Management (classroom), Psychological Trauma: Effective Treatment and Practice (online & classroom), Integrated Behavioral Health (online), and Infant Mental Health (classroom). Visit our website for full descriptions and start dates: www.keeplearning.uw.edu.

Pediatric Obesity Prevention in Primary Care FREE 1 hr AANP CE Opportunity:

Please allow me to invite you to complete an online CE program about: Pediatric Obesity Prevention in Primary Care

The program will take an hour or less, and has a research component/survey, so your participation is highly valued!

To access the program, please access the following link:

www.unco.edu/nhs/nines/HesslerCEforWeb2011/HesslerCEforWeb2011.html

Service Ads

Guiding the Future... Love to teach...

Precept an FNP, ANP or PNP student!

Precepting involves 1 to 2 days a week for the 10-week quarter, Fall, Winter and/or Spring.

Preceptors needed for beginning to advanced students.

Contact Fiona Shannon, fiona@uw.edu for more information on precepting University of Washington students.

Interested in Mentoring the Next Generation of ARNPs?

Pacific Lutheran University in Tacoma, WA is looking for preceptors in the south Puget Sound area for the Family Nurse Practitioner program. Your commitment requires a minimum of 1 day a week for a semester. We need preceptors Fall (Sep to Dec), Spring (Feb to May) and Summer (May to August) semesters. If interested, please contact Dr. Lorena Guerrero at guerrelc@plu.edu or call (253) 535-7374.

Meetings

Puget Sound Nurse Practitioners Association

Join us! Puget Sound Nurse Practitioners Association is a non-profit organization supporting ARNPs in Puget Sound since 1998. We meet every other month and offer a social hour/networking and a speaker presentation.

Annual dues are \$40/\$20 for students. \$20 per meeting for guests. Apply for membership and find meeting information at <http://PSNPA.org>

West Sound Advanced Practice Association

Meets the second Thursday of the month. Meetings include networking/dinner/educational session. E-mail Fionafnp@centurytel.net for more information.

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-available basis. Position Available and Continuing Education Ads of less than 66 words are \$45, of 66 to 130 words are \$75, 131-180 words are \$105, and greater than 181 words are \$175. Position Available Ads are priced per insertion. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75, more than 130 words are \$175. Ad Inserts are \$750 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to ARNP Care, 10024 SE 240th St, #230, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

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Ad rate sheet available on request.

Photograph of the Month



Part of the Seattle Komen 3-Day Walk Medical Team at lunch on day 1. Left to right: Heather Hokanson, ARNP, Christina Chamberlain, CNM, Courtney Albert, ARNP, Nancy Lawton, ARNP & Cyd Marckmann, ARNP, Medical Director.