



Patient Safety Quarterly

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Table of Contents

- [Work continues on medical marijuana issues](#)
- [Guideline addresses prescription drug epidemic](#)
- [HEALWA provides online resources for health professionals](#)
- [Back-to-school time means it's immunization time, too](#)
- [Grant to help expand work in understanding violent deaths](#)

Work continues on medical marijuana issues

On April 24, Governor Inslee signed Second Substitute Senate Bill (2SSB) 5052. The law will align unregulated medical marijuana with the highly regulated marijuana framework created under Initiative 502. I-502 requires licensing by the Liquor and Cannabis Board (LCB) for producers, processors, and retailers of marijuana. It also requires safety measures such as pesticide restrictions, laboratory testing, and labeling requirements. None of these safeguards did exist for marijuana sold in the medical market.

The measure will fold medical marijuana into the LCB's existing regulation of marijuana under I-502. In addition, it requires the department to adopt rules defining "medical grade" marijuana; creates special requirements for patients under the age of 18; establishes a medical marijuana consultant credential for people working in a marijuana retail store that sells medical marijuana; and directs the department to create and maintain a database for patients authorized by their healthcare practitioners to use medical marijuana. Entry into the database will be voluntary but will grant additional rights and protections.

The bill will be implemented in stages. Although it will be fully implemented until July 1, 2016, several sections relevant to healthcare practitioners who may authorize the medical use of marijuana took effect on July 24, 2015, including:

All new medical marijuana authorizations must be written on a [standard form](#) created by the department.

- A healthcare practitioner who writes more than 30 authorizations in a single calendar month must [report](#) that number to the department.
- A healthcare practitioner must examine the patient in-person before writing an authorization.

- A healthcare practitioner may not have a practice that consists solely of authorizing the medical use of marijuana, and may not write authorizations at any location other than his or her practice's permanent business location.
- All authorizations must expire in 12 months for adults and six months for minors.
- Posttraumatic stress disorder and traumatic brain injury are added as qualifying conditions.

This is just a sample of the many changes. All healthcare practitioners who authorize the medical use of marijuana should read and understand the new law. A link to the bill is on the department's medical marijuana webpage [under the heading "What's New."](#) The webpage has been updated to include new information for healthcare practitioners and patients. We will continue to update this page as the bill is implemented.

Guideline addresses prescription drug epidemic

A new edition of a guideline aimed at reducing Washington's prescription drug epidemic is available to healthcare practitioners.

The [Interagency Guideline on Prescribing Opioids for Pain](#) is a product of the Washington State Agency Medical Directors Group. It collaborated with experts, active practitioners, interested members of the public and senior state officials to create the third edition of the guideline.

Washington is among many states in the midst of prescription drug misuse, abuse and overdoses. Hospitalizations for opioid dependence, abuse and overdoses have more than doubled in the past decade. Unintentional prescription opioid overdose deaths in Washington rose from 24 in 1995 to 512 in 2008.

Washington was one of the first states to recognize and respond to the epidemic. In 2007 the medical directors group collaborated with clinicians to develop and implement opioid dosing guidelines. It was the first effort in the United States to reduce prescribing of high opioid doses associated with unintentional overdoses.

The guidelines are part of statewide efforts that led to a 29 percent decrease in prescription opioid-related deaths from 2008 to 2013. Hospitalizations declined by the same percentage from 2011 to 2013.

Opioids can be useful to manage pain, but inappropriate use can lead to significant harm – including addiction and death. Following the updated guidelines can help reduce the risk.

The 2015 guidelines include new and modified sections with a balanced approach to pain management. That includes opioid use when appropriate, as well as other forms of therapy. The guidelines supplement the Washington State Department of Health's pain management rules.

HEALWA provides online resources for health professionals

Members of many health professions groups licensed in Washington State can access a suite of online resources through [HEALWA](#). This is made possible through a contract between the Department Of Health and the University of Washington's Health Science Library. Twenty-three health professions groups participate. HEALWA provides resources such as full-text

journals, full-text electronic books, and evidence-based care databases, including DynaMed and the Joanna Briggs Institute Library. HEALWA's mission is to ensure affordable, anytime online access to current, authoritative clinical information and educational resources to eligible health-care practitioners in Washington State.

What does it take to get started if you want to have access to these resources?

- First, you need to have a current license in one of the 23 eligible health professions groups: chiropractors; dietitians; East Asian medicine practitioners; licensed marriage and family therapists; licensed practical nurses; massage therapists; mental health counselors; midwives; naturopathic physicians; nutritionists; occupational therapists; occupational therapy assistants; optometrists; osteopathic physicians and osteopathic physician assistants; podiatrists; psychologists; registered nurses; social workers; and speech language pathologists.
- Have a current email address on file with the Department of Health.
- On the [HEALWA home page](#), select the "Getting Started" link to set up an account.
- Start searching!

Members of the eligible health professions groups pay a small add-on fee (maximum of \$25) when they get or renew their license in Washington. Those fees pay for the program.

If you want more information, you can contact [Gail Kouame](#), the assistant director for HEALWA, at the University of Washington Health Sciences Library, 206-221-2452.

Back-to-school time means it's immunization time, too

Immunizations are the best tool to protect kids from serious diseases that can spread quickly through schools and child care centers. When kids stay healthy, they miss less school, and can learn and play more. Please be aware there are new [chickenpox vaccine requirements](#) this year for students in kindergarten through eighth grade. [School](#) and [child care](#) immunization requirements are on the Department of Health [website](#).

Ensure that kids are completely vaccinated to be able to attend school and child care. Please make sure you are giving the right vaccine, vaccinating at the correct time, with the correct dose, and using the correct route. Prevent vaccine administration errors and invalid vaccine doses! Invalid doses may occur if a vaccine is given when a patient is too young or not enough time was allowed between doses.

Why do invalid doses matter?

- Vaccines may not work as well when given at the wrong ages and intervals.
- Children with invalid doses on their immunization records may not meet school and child care immunization requirements.
- Patients given invalid doses may need to get extra doses of vaccine and injections.
- Providers have to use extra vaccine, schedule revaccination visits, and use extra staff time to repeat invalid doses.

The following examples show some of the more common reasons for invalid doses:

- Giving the fourth dose of DTaP vaccine less than six months after the third dose.

- Third dose of hepatitis B given at less than 24 weeks old.
- Giving MMR or chickenpox vaccine to children less than a year old.
- Giving two live virus vaccines less than four weeks apart (if not given on the same day).

Use the following clinic resources to prevent vaccine administration errors:

- Look at the [Washington Immunization Information System](#) forecast for every patient scheduled for an office visit.
- [ACIP Recommended and Minimum Ages and Intervals Between Doses](#).
- [CDC Epidemiology and Prevention of Vaccine-Preventable Diseases \(Pink Book\)](#).
- [Immunization Action Coalition: Vaccine Information for Health Care Professionals](#).

Grant to help expand work in understanding violent deaths

More than 1,300 Washington State residents died as a result of violence in 2014. The Washington State Department of Health has information about these deaths that it gathers from death certificates. This tells us some demographic information about the people who died, such as their age, where they lived, and their race and ethnicity. However, there is no information about the circumstances surrounding the death, information about the person's life before death, or any suspect who may have been involved.

The department recently received a grant from the federal Centers for Disease Control and Prevention (CDC) to participate in the National Violent Death Reporting System (NVDRS), which will help us to gather this additional information about violent deaths.

The major sources of data include coroner, medical examiner and law enforcement reports. The information gathered through this system will provide a clearer understanding of violent deaths and their circumstances by:

- Describing the magnitude of and trends for specific types of violence;
- Identifying risk factors associated with violence at state and local levels;
- And targeting and guiding state and local violence prevention programs, policies and practices.

The department is gathering information on violent deaths that have occurred in 2015 in nine counties including Cowlitz, King, Kitsap, Mason, Pierce, Skagit, Snohomish, Thurston and Whatcom. Over the next few years, the reporting system will expand until all counties are included.