

Injection Safety Newsletter



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Later this year, the national One & Only Campaign (“One Needle, One Syringe, Only One Time”) and the New York One & Only Campaign both celebrate 10 years of existence. We hope you have received and benefited from our NY One & Only Campaign updates and communications promoting safe injection practices in the ensuing decade. Since 2001, over 150,000 patients have been notified of potential exposure to hepatitis B virus (HBV), hepatitis C virus (HCV) or human immunodeficiency virus (HIV), due to lapses in basic infection control practices.

For this issue of the Injection Safety Newsletter, we are doing something a bit different. As part of our “Profiles in Injection Safety,” series, we have asked a patient who contracted hepatitis C due to healthcare providers’ failure to follow safe injection practices, to talk about how it affected her life.

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We hope all healthcare providers think of the following interview each time they prepare and administer an injection

This Question & Answer session was conducted via email with Karen Morrow, who contracted hepatitis C virus (HCV) in 2008 after a Las Vegas NV outbreak stemming from reuse of syringes at a colonoscopy/endoscopy clinic. Her reflections are a powerful commentary on how lapses in safe practice, either intentional or unintentional, can alter a patient's life forever.



QUESTION 1:

Karen, we'll start with your experience contracting hepatitis C due to unsafe injection practices at an endoscopy/colonoscopy clinic in Las Vegas in 2008. This was one of the biggest outbreak investigations related to unsafe injection practices in the US. 10 years later, what are some of your reflections on where we have come since then, and the fact that unsafe injections still make headlines in communities throughout the US?



ANSWER:

I have read and re-read this question no less than 100 times now. It seems easy enough to answer, but when I put my fingers on the keyboard, my thoughts scatter in all directions. I have answered it 50 different ways and eventually scrapped what I wrote and started all over again. This is what I have decided upon. Since the Las Vegas outbreak in 2008, injection safety is in the forefront of infection prevention worldwide. The potential hazards resulting from unsafe injections are being widely discussed. Specific programs have been created in universities and medical schools to train students in the critically important aspects of the safe injection process. Educational materials for both health care providers and patients have been developed. Webinars and videotaped presentations discussing the importance of safe injections are now commonplace. Medical device manufacturers have developed single-use syringes. And, of course, the formation of the One and Only Campaign led by the CDC and the Safe Injection Practices Coalition, the goal of which is to raise awareness about safe injection practices and eliminate infections resulting from unsafe injections.

It is terribly disappointing, however, that unsafe injections continue to occur given the enormity of the Las Vegas, Nevada Hepatitis C outbreak. In 2008 approximately 60,000 patients were notified by the Southern Nevada Health District that during a procedure they underwent at an outpatient surgical center they may have been potentially exposed to Hepatitis B, Hepatitis C and HIV.

Not long after having received one of those letters, I tested positive for Hepatitis C. After undergoing 11 months of treatment recommended by the CDC, I decided to become a patient advocate for safe injections. Through advocacy work, time and time again I relive the very painful and sad details of my illness and the circumstances surrounding how I was infected. And I do this voluntarily, wholly because patients and their families deserve a voice.



Karen Morrow



QUESTION 2:

Karen, you were instrumental in helping to create the One & Only Pledge used by NY and several of our partner states. It says: "I will use a new needle. I will use a new syringe. For you. This is the one and only time they will be used." Why was it important to you that this be the language on the pledge? As a patient, would you like to hear a provider say this, each and every time you get an injection? How do you feel when you know nursing schools and other training sessions are using this pledge?



ANSWER:

I was honored to be asked to participate in the development of the Pledge. An injection is a very personal act. It involves a tremendous amount of trust between a patient and health care provider. This is why I felt that it was so important to include the word "You" within the Pledge; so that the patient knows they are being spoken to directly. Many patients find injections unnerving for a variety of reasons. For some it may be the pain of being pricked with the needle, for others it could be that they do not like the sight of blood. And for those of us who know what can happen from an unsafe injection, it can be terrifying. To put the patient's mind at ease, health care providers may talk or do something else to divert the patient's attention in order to alleviate the tension and distract him or her from the unpleasantness about to happen. My thought is, what if the doctor or nurse personally pledges right then and there to the patient that what they are about to do will not harm them in any way? The entire injection process can be completed in the time that it takes to recite the pledge to a patient: "This is the one and only time this needle will be used. This is the one and only time this syringe will be used. YOU are the one and only patient that they will be used for." Reciting these few words instills an immeasurable amount of trust between the provider and patient, and serves to reaffirm the practice of safe injections. The cost breakdown to make the pledge is this:

**I WILL USE A NEW NEEDLE.
I WILL USE A NEW SYRINGE.
FOR YOU.**

**THIS IS THE ONE AND ONLY
TIME THEY WILL BE USED**

#1andonlypledge

Signature _____

Cost Breakdown of Making O&O Pledge to Patient:

Reciting the O&O Pledge at the time injections are given:	\$0.00
Daily reaffirmation by providers to adhere to safe injection practices:	\$0.00
Instill invaluable trust between health professionals and patients:	\$0.00

SAVING A PATIENT'S LIFE:

PRICELESS

**QUESTION 3:**

Karen, in the CDC “Safe Healthcare Blog,” where you wrote about your experience, you said, “Even as I write this, I’m crying.” What don’t most providers realize regarding the “fallout” from contracting hepatitis C as a patient, due to lapses in safe injection practices? Are the repercussions still being felt by you, years later?

**ANSWER:**

I don’t feel sorry for myself, but I do cry for what happened to not only me, but all of us. I am an emotional person, but I am also a strong woman. My husband was very concerned for me when I told him of my decision to become a patient advocate for safe injection practices. He knew first-hand the physical and emotional pain I had endured over the previous 18 months and how much the experience had changed me. For me though, the decision to become a patient advocate was in some ways difficult, but in others a no-brainer.

(Editor’s Note: Karen’s doctor died in April 2017, while still serving a prison sentence for second degree murder and insurance fraud. Three months later his murder conviction was overturned by the Nevada Supreme Court.)

Publicly, the fallout from the Las Vegas outbreak lasted for a very long time, mainly due to the lengthy criminal trial of Dr. Dipak Desai. He was sentenced in 2013, five years after the outbreak, to life in prison with the possibility of parole after 18 years. Privately, the fallout never ends, especially for me in light of my involvement with patient advocacy. I remember one particularly difficult event that I attended early on in my advocacy work. I was asked to attend the annual meeting of the Nevada State Medical Association. I was approached by a local physician who asked me what organization I was affiliated with. I told him that I was a patient advocate and that I had been invited to the event to bring awareness to safe injection practices.

He fully turned his entire body to face me and, raising his voice, said “What Dr. Desai did was a one-time thing and the matter is over now since he is in jail.” After making this statement, he abruptly turned his back and purposefully walked away from me, leaving me standing there amidst people I did not know and was not sure if they felt the same way that he did. The others silently drifted away, leaving me standing alone. I had just been shunned and humiliated in public by a physician. That was a hard day. I wondered to myself, “How do I, as a lay person, even begin to speak to a medical professional who is so clearly adamant that unsafe injections are not happening?”

Immediately upon learning that I was intentionally infected with a deadly disease by my doctor, my mental health could be compared to that of someone afflicted with post-traumatic stress disorder. Every time I was administered an injection I re-experienced the distress. For a very long time I suffered from anxiety and panic disorders, as well as nightmares. My kind and gentle demeanor was shattered and I was considerably more prone to anger. I was alone when I endured a year of treatment. Even after my medical treatment had concluded, I preferred to stay in the safe environment of my home, avoiding people altogether. Every time I reach into my soul to share something meaningful, I relive it. I have to. If I don’t, my message will not be heard. So bringing these memories and feelings to the surface is a blessing and a curse. I hope that the readers will feel my pain, my strength, my hope and my admiration for those who strive to excel in their efforts toward patient safety.

The New York Times

77 New Cases of Hepatitis Are Identified in Las Vegas

By JENNIFER STEINHAEUER MAY 9, 2008





QUESTION 4:

Sometimes when we speak to providers about unsafe injection practices, they don't want to believe that they really happen. They are in a sort of "denial" because they simply can't believe needles and syringes would be reused or single-dose/multi-dose vials mis-used by providers. How do we get through to them, that this is real, and recent and could happen in their practices?



ANSWER:

As I mentioned earlier, I actually personally experienced the incredulous reaction from a Las Vegas physician that since Dipak Desai was no longer practicing medicine, the entire subject of unsafe injections should be dropped. As a patient advocate, I believe I am obliged to speak to the fact that unsafe injections—regardless of the reason—are a reality. The Centers for Disease Control's website informs us that between the years of 2008 and 2017 there have been 61 reports of viral hepatitis outbreaks (2 or more cases) related to healthcare associated settings. It is extremely important to note, however, that these statistics may be considerably underestimated due to the fact that state and local health departments are not required to report either the outbreaks detected and investigated by them, or the number of at-risk persons notified for screening. So, you see, there is still much work to be done in the realm of promoting accountability and raising awareness. These facts should not be ignored and we beseech health care providers to approach this with an open mind.



QUESTION 5:

What is the obligation of healthcare providers to speak up when they see unsafe practices in their facilities?

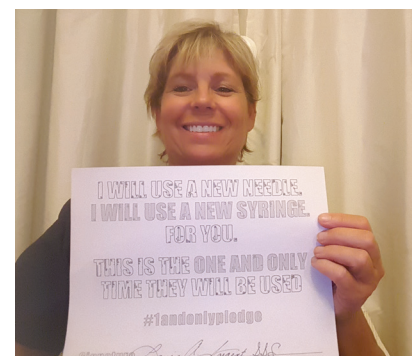


ANSWER:

My sisters Laurie and Kimberly are health care professionals. Laurie is a dentist and Kimberly is a nurse. Both of them have related to me specific instances during their careers where they have spoken up for injection safety on behalf of their patients. None of these scenarios was easy for them. They were challenged and questioned. So I do realize that curing potential unsafe injection settings is most likely going to be difficult. But ultimately, I do not think it is unreasonable to expect the person treating me to choose my safety over a co-worker's actions which may put my health—and life—at risk. We all have choices, and from the moment we open our eyes in the morning we begin making them. The choices made by health care professionals can be life-altering for their patients and a safe injection should not be a choice, but an expectation.



Kimi Sargent, RN



Laurie Sargent, DDS

**QUESTION 6:**

Do you ever think of the danger that might have been averted had some provider spoken up in the facility where you contracted hepatitis C?

**ANSWER:**

The thought is never far from my mind. The close proximity between the offices of the outpatient surgical center where I was infected with Hepatitis C and the Southern Nevada Health District is but a stone's throw. Both are situated on the same street at the same intersection. After the outbreak occurred, the investigation into the practices of the OSC (Outpatient Surgery Center) revealed that there were multiple individuals, ranging in position from CRNA's to the clinic's business manager, who knew of the reuse of medical devices and single dose vials of medication. Over the course of at least three years, any one of these individuals could have simply walked across the street and informed health officials that "Hey, something not right is going on over there." We will never fully understand what motivated each one of these people separately to choose not to take that walk.

**QUESTION 7:**

Why do healthcare professionals need to keep talking about safe injection practices, even if there has been an office "in-service" or training a year or two years ago?

**ANSWER:**

Infection prevention should always be in the forefront of every medical setting. Ongoing efforts must be routinely undertaken to ensure best practices are in place to prevent the potential exposure to patients of deadly infections through any source, including the injection process. Every health care professional who is tasked with giving an injection should commit—or pledge—to do so with the utmost import given to their patient's safety. For this there can be no concession.

The NY One & Only Campaign thanks Karen Morrow for her candor and unwavering devotion to the global fight for safe injection practices whenever a medical injection is given.

CONTACT US!

At the **New York One & Only Campaign**, we are always interested in hearing from healthcare professionals and learning about ways you might be using **New York One & Only Campaign** educational materials in your facility.

Please let us know how we might help you by emailing

Project Coordinator Mary Beth Wenger at marybeth.wenger@health.ny.gov or calling **(518)-474-1036**.

Membership in the **New York One & Only Campaign** is "automatic" once you share your email with us. You'll get updates about free CE-credit webinars from CDC, advance word on new **One & Only**

materials coming from the national **One & Only Campaign** and access to NYSDOH subject matter experts, should questions about injection safety arise in your facility.

Contact marybeth.wenger@health.ny.gov, to learn more about membership in the **New York One & Only Campaign**.