

Poison Control Program UPDATE



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National Poison Prevention Week, March 2008

MARK YOUR CALENDARS! National Poison Prevention Week is March 16-22, 2008! As National Poison Prevention Week approaches, find out what events may be occurring in your community by calling 1-800-222-1222. You can also learn how local poison control centers can assist you in disseminating poison prevention information in the places you visit, such as schools, libraries, senior centers, etc. Find out more about National Poison Prevention Week at www.poisonprevention.org.

Poison Help Web site Launch

The HRSA Poison Control Program will soon be launching their new Poison Help Web site: PoisonHelp.hrsa.gov. On the site are educational materials (e.g., brochure and tip sheets) and digital ads that are downloadable from the internet. The Web site will also link to each poison control center and to other poison information resources. Tips for health professionals and educators on implementing educational activities are also provided. The audience is anyone interested in learning more about poison prevention including those interested in implementing poison prevention activities or programs within their community.

Winter Safety Tips

The HRSA Poison Control Program wishes you a poison-free winter season. Below please find some tips to help keep you and your family healthy and safe.

- Store salt used on driveways and sidewalks out of reach and in a locked cabinet.
- Keep antifreeze in the container it came in, capped tightly, and in a locked cabinet.
- Carbon Monoxide (CO) is the number one cause of poison deaths. All fuel-burning devices make CO. Have at least one CO alarm in your home.

Patient Management Guidelines

Through the American Association of Poison Control Centers (AAPCC), HRSA is supporting the development of patient management guidelines. As part of these activities, uniform, evidence-based guidelines have been developed to assist poison control centers in managing patients out-of-the hospital. Seventeen uniform guidelines have been developed with one focusing on the treatment of 35 non-toxic substances and 16 for the treatment of toxic substances. These guidelines have been completed, and an evaluation is currently being conducted to determine the usefulness of the guidelines. All poison control centers have been provided with copies of the patient management guidelines.

HRSA and Health Literacy

According to Healthy People 2010, health literacy is defined as *the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions*. Here are two HRSA funded projects focusing on improving health literacy.

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Introducing New Incentive Grantees

HRSA funded nine grants under the Poison Control Centers Stabilization and Enhancement Grant Program starting September 1, 2007. The purpose of this 3-year grant program is to encourage and support the development and implementation of innovations or improvements that enhance or improve the quality and accessibility of poison education, prevention and treatment programs, and of PCC services. The following grants were awarded under this program.

Banner Poison Control Center (Phoenix, AZ)

Banner Poison Control Center is partnering with the Home Safety Council to develop a national training program for poison center educators to enhance outreach activities to low literacy populations.

Carolinas Medical Center (Charlotte, NC)

The Carolinas Poison Center, in partnership with the Children's Hospital of Michigan Regional Poison Control Center, will create a program to train Poison Information Providers to handle lower acuity poisoning exposure calls and certain types of information calls through a curriculum that focuses on toxicological, knowledge and critical thinking skills.

Children's Hospital, Inc. (Columbus, OH)

The Central Ohio Poison Center's newly-developed *Be Poison Wise!*SM program that targets seniors, will be expanded into the entire service region. The Center will also adapt its poison prevention education program *Be Poison Smart! & Be Poison Wise!* to address the cultural needs of residents in Appalachia.

MCHC-Chicago Hospital Council (Chicago, IL)

The Illinois Poison Center plans to intensify its outreach efforts in Chicago and rural Illinois. The Center's goals are to strengthen partnerships in Latino Communities and to update their online Poison Prevention Education Resource Center to include the information in Spanish.

University Hospitals of Cleveland (Cleveland, OH)

The Greater Cleveland Poison Control Center will implement a new program entitled IMPACT (Increasing Methods of Prevention for At-Risk Children Today) to provide training, blood lead sample collection supplies and analysis to local physicians in targeted communities.

National Capital Poison Center (Washington, DC)

This project will identify and implement currently marketed telephone, Web, and database technologies that have already been deployed in major commercial enterprises. It will then integrate them into routine poison center operations.

Regents of the University of New Mexico (Albuquerque, NM)

The New Mexico Poison Center will create a comprehensive exotic antivenom availability system and a database of exotic antivenom use. This grant will also provide incentives for zoos to provide non-expired antivenom in acute envenomations.

Maine Medical Center (Portland, ME)

The Northern New England Poison Center will build upon a previously developed system used to share poison center data with other public health agencies by creating an infrastructure that will facilitate data portability. This will enable public health agencies to access data internally or remotely in real-time.

University of Utah (Salt Lake City, UT)

The Utah Poison Center will develop a Collaborative Communication Training Program for Specialists in Poison Information and other Poison Control Center professionals.

Poison Control Program 2008 Grantee Meeting

The HRSA Poison Control Program's 2008 Grantee meeting will take place the evening of February 5 and all-day February 6, 2008 in Nashville, TN at the Doubletree. Please contact Lori Roche at lorche@hrsa.gov with questions.

National Data System Training

The American Association of Poison Control Centers held the last of four HRSA funded National Poison Data System (NPDS) trainings on November 29 and 30 in Jacksonville, Florida. The training, prepared by CIBER for poison centers, consisted of a review of the NPDS, (e.g., reports generation, examining different aspects of toxicosurveillance, monitoring anomalies and working with fatal cases).

Patient Safety/Clinical Pharmacy Services Initiative

HRSA is in the primary stages of planning a HRSA Initiative on Patient Safety and Clinical Pharmacy. The goals of the Initiative are to improve patient safety; to increase high quality, cost-effective pharmacy services; and to improve health outcomes (particularly around the HRSA Core Measures). The Initiative will identify HRSA grantees, including poison centers, and their partners (e.g., service delivery programs) that are currently working in this field to learn from them and to partner with them in sharing promising practices through a collaborative care model. These efforts are also part of a national improvement initiative. For more information on the Initiative, please contact Krista Scardina in the HRSA Office of Pharmacy Affairs at kscardina@hrsa.gov

Taking Medications Safely

The report of the HRSA-funded pilot program for older adults, *Taking Your Medicines Safely*, was previewed to poison center educators at the October 2007 North American Congress of Clinical Toxicology in New Orleans, Louisiana. This theory-based poison education curriculum and intervention for older adults was developed, implemented and evaluated by a subgroup of poison center educators with assistance from the Pacific Institute for Research and Evaluation. The program begins to address recommendations made in the 2004 IOM report, *Forging a Poison Prevention and Control System*. In this report, the IOM recommends an increase in the number of poison prevention programs to reach older adults, a study on the effectiveness of programs through evidence-based research, and increased collaboration among poison centers nationally. Additionally, the IOM reported that with the exception of medication management, education efforts to date have largely overlooked older adults, even though they have a high incidence of serious effects related to poisonings. The HRSA study correctly hypothesizes that the poison prevention education program would improve the knowledge of seniors. It further suggests use of such interventions as an effective tool in reducing the number of unintentional drug poisonings among this cohort. Analysis of the pre- and post-tests and the four-week follow-up questions revealed that seniors who participated did indeed learn something about the dangers of combining medicines, herbals and vitamins. Several seniors even noted changes (i.e., take medicines with water instead of grapefruit juice) that they have or will be making in this regard. Virtually all participants seemed well-informed about the importance of communicating with one's doctor, pharmacist or poison center, but each participant was still given concrete questions to ask during these encounters and a way to remember the questions. Participants were also given tips on identifying reputable sources of information, ways to organize medication information and medicine management techniques. Ninety-three percent of participants found some aspect of the program useful. The report is currently in clearance with HRSA prior to public dissemination.

AHRQ Report Recommends Use of Existing Call Centers to Expand Communications in Public Health Emergencies

The Agency for Healthcare Research and Quality (AHRQ) has released a new report entitled, *Adapting Community Call Centers for Crisis Support: A Model for Home-based Care and Monitoring*. The report recommends expanding the capabilities of poison control centers, nurse advice lines, drug information centers, and health agency hotlines to assist persons at home or in public shelters in the event of public health

emergencies (e.g., biological attacks, pandemic influenza). The report and its appendices include strategies for using these types of community call centers in the event of aerosol anthrax attacks, disease outbreaks, or food contamination. The report was developed by Denver Health, a member of the AHRQ-funded Accelerating Change and Transformation in Organizations and Networks (ACTION) project and is available electronically: <http://www.ahrq.gov/prep/callcenters/callcenters.pdf>. A print copy is available via e-mail: ahrqpubs@ahrq.hhs.gov.

Trends in Youth Medication Use for Recreation

The Substance Abuse and Mental Health Services Administration (SAMHSA) annual **National Survey on Drug Use & Health (NSDUH)** provides information on the incidence, prevalence and problems associated with substance use in the population. Based on 67,500 respondents, the survey is a sample of persons aged 12 and older. Highlights from the 2006 *National Survey on Drug Use and Health*:

- Seven million (2.8 percent) persons aged 12 or older who used prescription-type psychotherapeutic drugs nonmedically in the month prior to the survey. Of these, 5.2 million used pain relievers, an increase from 4.7 million in 2005; and
- Among persons aged 12 or older who used pain relievers nonmedically in the past 12 months, 55.7 percent reported that the drug they used most recently was obtained for free from a friend or relative. Another 19.1 percent reported they obtained the drug from just one doctor. In addition, the NSDUH oversampled persons aged 12 to 25 and studied the use of over-the-counter (OTC) cold and cough (C/C) medications "to get high" in this population. The main ingredient in OTC C/C medications is dextromethorphan (DXM). It is found in over 140 products. In large doses, DXM can produce hallucinations, heat stroke, and other serious adverse reactions. In this survey, 5.3 percent of 12 to 25-year-olds reported using OTC C/C meds to get high in their lifetime. Past year use of OTC C/C medications to get high increases rapidly from age 12 to 16. The peak is at ages 16 to 18, after which it falls.

The *NSDUH: Results From the 2006 National Survey on Drug Use and Health: National Findings* is available at <http://www.oas.samhsa.gov/copies.cfm>. Hard copies are available free. A report on the findings of the recreation use of over-the-counter cold and cough medications will be available at <http://oas.samhsa.gov/facts.cfm>

HRSA and Health Literacy

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Home Safety Council

The HRSA Poison Control Program has teamed up with the Home Safety Council to develop poison prevention education materials for use in a Home Safety Literacy Project. Through this project, an interactive learning program (DVD) will be developed to supplement the easy-to-read and comprehensive poison prevention education materials. Upon completion, the products will be disseminated through poison control centers, literacy providers, public health educators, and other public health officials, to reach adults with low literacy levels and who speak English as a second language. The products will be developed and ready for National Poison Prevention Week in March, 2008.

Unified Health Communication training program

HRSA has launched a new training course, *Unified Health Communication: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency (LEP)*. The goal of the course is to improve patient-provider communication skills by increasing participants' awareness and knowledge of the three main factors contributing to unified health communication: health literacy, cultural competency, and LEP. The primary target audiences for this course are individuals and teams who provide health services and health information. CEUs are available for many disciplines. Participants can access the interactive Web-based course through the HRSA Web site at www.hrsa.gov/healthliteracy and through the Public Health Foundation at www.train.org.

1-800-222-1222 and Language Line Usage

The majority of poisonings happen at home, and can be appropriately handled in the home. The HRSA Poison Control Program operates a national 1-800 number (1-800-222-1222) that connects callers directly to their local poison control center where an expert in poison prevention and treatment can assist the caller. Poison Control Centers handle calls 24 hours per day, 7 days per week. All calls are free. Approximately 4.4 million calls have been received on the 1-800-222-1222 line since August 2006. While many poison control centers have bilingual staff, a language line is accessible for all poison control centers to support callers speaking any non-English language.

Percent of Poison Control Center Calls Received on the Toll-Free Number



In Fiscal Year 2007, 66% of calls received by poison control centers were made using the 1-800-222-1222 toll-free number operated by HRSA. The remaining 34% of calls were received on other telephone numbers that poison control centers operate locally.

Language Line Usage in Poison Control Centers

2007 Month	Calls received	Average call time in minutes	% of Spanish-speaking callers	# of PCCs served
July	278	6.25	94%	19
August	292	6.94	95.9%	20
September	266	7.05	97%	18
October	303	6.94	93.4%	22
November	355	6.52	99.9%	24