

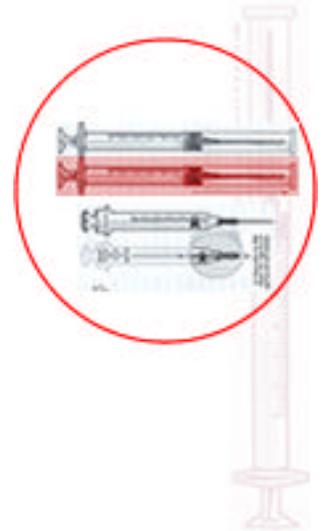
NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities are required to use safer medical devices.



## SAFER MEDICAL DEVICE IMPLEMENTATION IN HEALTH CARE FACILITIES

### SHARING LESSONS LEARNED

NIOSH has asked a small number of health care facilities to share their experiences on how they implemented safer medical devices in their settings. These facilities have agreed to describe how each step was accomplished, and also to discuss the barriers they encountered and how they were resolved, and most importantly, lessons learned.



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## Phase 2 Report – Identifying Priorities

### Facility Background

Priorities were identified by the Sharp injury protection team within our small home health agency. Daily census for the agency averages 25 patients. Our patient population is primarily geriatric. This agency is Medicare and Medicaid certified. Our Medicare license is for one county. We have a multi-cultural work force, consisting of 11 employees. One fulltime RN case manager, one RN on call, one Physical Therapist, two Occupational Therapists, two Home Health Aides (one does primarily office billing, referral coordination, etc.). The Medical Social Worker, and Dietitian are shared staff with the parent company and work out of their offices. The agency contracts for a Speech Language Pathologist staff as needed. The home health agency office is located on the administrative floor of a skilled nursing facility. The skilled nursing facility is our parent company. The home health agency utilizes the parent company for supply management and other additional support.

### Identifying Priorities

The sharps injury prevention team utilized multiple information sources to identify and select a priority for evaluating safer medical devices. The type of information included:

- Needle stick injury rate: Our needle stick injury rate was zero over the last several years. This rate is documented through internal tracking logs and also verified through interviewing the previous Executive Director. If there had been injuries, useful information regarding equipment use and environmental conditions would have been available.
- Agency practice: Within our agency, sharps are used during the following procedures: IV therapy, lab blood draws, blood sugar testing. The agency rarely does IV therapy and our blood sugar testing equipment already utilizes safety lancets. Our highest use of sharps involve lab blood draws. The most common type of lab draw we perform is for Protime and INR for patients on an anticoagulation therapy. Even though our past needle stick injury rate was zero, the Protime lab draw is the clinical modality that puts clinicians at the most risk.
- Input from employees: Input from facility staff during meetings were organized as open discussions. Two main issues were brought up by staff. First, they indicated a need for safer blood drawing equipment.

The second issue expressed was that our sharp containers filled up too quickly and that the containers seemed too small.

- Patient requests for medical devices / Agency mission: Clinician's have experienced patients requesting specific types of blood draw equipment. This prompted us to focus on our mission statement and wanting to enhance patient's quality of life. These requests were reported from the clinician to myself
- Professional publications: Professional publications addressing safer medical equipment, trends in needle stick accidents, and safety awareness, proved valuable. The agency subscribes to several administrative, nursing, and health care journals. I also receive information over the Internet from state and national home health care list serve. This helps me stay current with health care trends and safety issues

## Results

I agreed with staff we needed to evaluate safer medical devices for blood drawing first. The sharp injury prevention team was readily agreeable to focus our priority on the lab drawing equipment of Protimed / INRs. This included safety lancets and a portable PT/INR blood testing machine. Our greatest occupational risk occurs during this type of lab draw and where the greatest amount of safety improvement could be made. An additional benefit would be increased patient satisfaction by demonstrating that we are utilizing the most current blood draw machines / supplies

## Lessons Learned and Recommendations

This was a smooth process for us. Clinical staff felt their needs were heard, their safety a priority, and overall increased their sense of value. Clinician needs and requests were validated by the information as being the highest risk of occupational exposure. This positive experience highlighted the importance of developing the Sharps Injury Protective Team. Decisions were reached easily and quickly by having a small team.

Table of hours for Identifying Priorities

Type of Staff	Hours
Administrative / Management	2.5
Clinical	1