

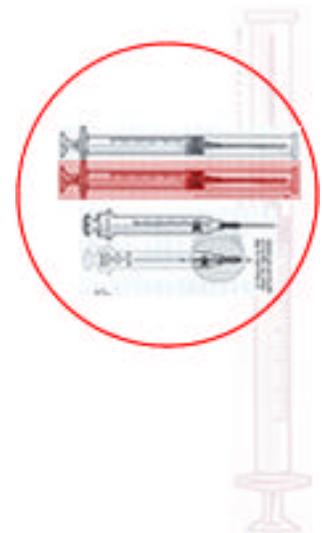
NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities 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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Identifying Priorities For Implementing Safer Medical Devices In the Long Term Care Setting

Identifying Priorities is an important component in the process for selecting and evaluating safer medical devices. Medical devices differ according to practice settings. The Long Term Care Facility has specific devices that are commonly used within its setting that differ from other practice settings such as hospitals and clinics. Additionally, Long Term Care Organizations with more than one facility may present differences in medical devices according to the services that are offered. These services may include; skilled nursing, rehabilitation, intermediate care and services for the mental retarded. The following report identifies the priorities utilized for a privately owned long-term care organization that includes nine facilities with total census capacity of 800 beds. The services offered differ among each of the nine facilities.

Prior to identifying priorities for implementing safer medical devices among the facilities, governing body authorization was obtained to begin the Safe Medical Device Project. A Sharps Injury Prevention Team and Primary Project Chairperson was established that included management, administrative and front line staff from each facility. The teams were designed to include representatives of the organization that are involved in the planning, purchasing, and use of any type of sharp utilized within each of the facilities. The teams met and reported goals and progress monthly to the governing body and corporate compliance officer.

Team Project

Goal: Identify safer medical devices that will have the greatest impact on preventing occupational exposure.

Identifying Priorities

1. Employee Exposure Determination

The following is a list of all job classifications within our organization in which all employees have occupational exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
Nurses (all)	Nursing
Nursing Assistants (all)	Nursing
Therapy	Therapy Department (contracted Service)
Respiratory Therapy	Per contracted Services
Laboratory Services	Per contracted services
Physicians	Per physician credentialed list

The following is a list of job classifications in which some employees within our organization have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>	<u>TASK/PROCEDURE</u>
Housekeeper	Environmental Services	Handling regulated waste
Laundry	Environmental Services	Handling of linen
Maintenance	Environmental Services	Resident equipment services and repair
Dietary	Nutritional Services	Handling of resident meal trays
Activities	Activities	Resident contact

2. Identify currently utilized medical devices for each facility.

The Corporate Purchasing Director provided the team with a list of all medical devices ordered and delivered to each of the nine facilities. Each medical device was categorized as utilized universally throughout all facilities or utilized specific to an individual facility. This information was compared to the information from exposure reports.

3. Identification of current medical device costs for each facility

The corporate purchasing director identified and reported each facility's current medical device cost and current budget. This established a baseline for establishing future budgeted costs of safer medical devices.

4. Exposure reports.

Each facility team compared their exposure reports to the currently utilized medical device list provided by the corporate purchasing director. The teams identified and reported medical devices that were associated with exposure incidents.

5. Data collection

Each team was assigned a specific task to collect data that included:

- a. Current regulation
- b. Current organization policies that relate to exposure control
- c. Safe medical device supplier information
- d. Estimated budgeted cost for safe medical devices
- e. Front line (direct care) staff recommendations, suggestions

6. Determination of targeted safe medical devices.

After the review of the above data, several medical devices were determined for the projects next phase "Identifying and Screening Safer Medical Devices".

7. Facility and staff education of project phase.

Each team's education members determined how the information from this phase would be communicated to facility staff.

Lessons Learned

After the completion of this project phase, the team delineated the following as lessons learned when identifying safer medical devices priorities:

1. Assure that safe medical devices are available from the medical device supplier for piloting before proceeding to screening and piloting.
Example: Some of the medical devices chosen for screening and pilot were not available in ample supply by the supplier. This delayed the screening of some devices by several weeks and in one case several months.
2. Upon exposure policy investigation we found that:
 - a. Many facilities' exposure policies had not been updated to current annual review. Identified areas of needed improvement were reported to the corporate policy committee for improvement action plan.
 - b. Many facilities' exposure policies were not accessible to front line staff. This area of needed improvement was reported to the corporate policy committee for improvement action plan.
3. Each team's education members determined how the information from this phase would be communicated to facility staff. Some of this information was communicated after requesting recommendations and suggestions from front-line staff. This caused confusion for those staff members who had just been hired and did not receive the initial education on the project. In order to prevent this occurrence in future project phases, each facility's human resource department was given a summary of the organization's project for the selection and evaluation of safer medical devices. Each new employee will receive this summary upon initial orientation.

To date all phases of the project for Selecting and Evaluating Safer Medical Devices are complete. The primary committee team continues to meet quarterly. The continued monitoring and evaluation of the plan is ongoing. The secondary subcommittee meets bi-annually. They continue to report outcomes to the primary committee team.

Staffing Hours (approximate)

<p align="center">Type of Staff</p>	<p align="center">Hours Spent on Phase 2 Identifying Priorities for Implementing Safer Medical Devices in the Long Term Care Setting</p>
<p>Management</p>	<p>3 hours= Phase 2 meeting</p> <p>4 hours= Identify currently utilized medical devices for each facility.</p> <p>4 hours=Identify current medical device cost for each facility</p> <p>5 hours=data collection-safe medical device suppliers</p> <p>1 hour= x each facility education of phase</p>
<p>Administrative</p>	<p>2 hours=preparation for phase 2 meeting</p> <p>3 hours= Phase 2 meeting</p> <p>1 hour= identifying current regulation</p> <p>2 hours=identifying current exposure policy</p> <p>3 hours=estimated budgeted costs for safe medical devices</p> <p>8 hours=review of exposure control reports and compare with current utilized medical devices</p> <p>2 hours=preparation of education objectives for project 2 phase</p>
<p>Front Line</p>	<p>3 hours=Phase 2 meeting</p> <p>1 hour= x each facility education of phase</p>
<p>Total</p>	<p>42 hours</p>

Other, non-labor items

<p>Catered lunch for Phase 2 meeting</p>
<p>Office supplies- copies of meeting invitations, regulations, agendas, posters, and minutes.</p>