

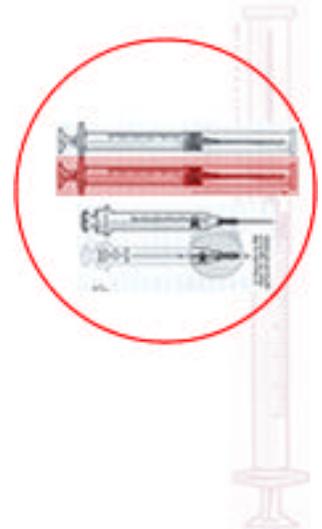
NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities 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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This free-standing, not-for profit, 300+ bed hospital is accredited by JCAHO and offers acute and subacute inpatient care, including a cardiac center, cancer center, rehabilitation unit, skilled nursing facility, and residential hospice. The wide range of outpatient and community outreach programs includes home health care, hospice, adult day care, community health screenings, occupational health, and a health education center. 450 physicians on staff represent more than 20 medical specialties and the organization employs 2000+ health care workers.

Phase 4 - Evaluate Safer Medical Devices

Describe the Safer Medical Device

Information obtained from the staff sharps safety education programs, sharps safety rounds, and employee injury data was used by the Sharps Taskforce to identify the following priorities:

- Arterial blood gas kits (used by Respiratory Therapy)
- Disposable safety scalpels (for minor procedure trays used on the inpatient/outpatient units)
- Products for IV catheter needleless blood draws (used in all clinical areas)
- Sharps disposal containers (used in all clinical areas)
- Sharps safe IM/IV syringes (used in all clinical areas)

The taskforce chose to address the sharps disposal containers because it would have the largest impact throughout the hospital clinical areas as a "building block" following the extensive staff sharps safety education programs already held.

Describe Staff Training on the Device

The taskforce Chair and Co-Chair conducted safety rounds, which took eight (8) hours, in all clinical areas to identify the number and type of sharps disposal containers needed. The clinical staff were shown the types of containers available and made the decisions on the number, type, and location of the

containers that they needed during their daily operations. Key safety steps were reviewed with staff that included the following:

- Secure mounting of the container on wall, counter, or wheeled floor dolly.
- Direct line of vision when placing any sharps into the container.
- How to avoid over-filling of containers.
- Identification of responsibility for replacement of full containers
Note: This step led to an overall hospital evaluation and change in procedure for replacement of full containers by the Housekeeping Manager.

Describe the Process to Evaluate the Device

The process used to evaluate the effectiveness began with the initial rounds conducted by the leaders of the taskforce. The rounds resulted in identification of seventy-four (74) areas of improvement related to the use of sharps disposal containers throughout all the clinical areas. The initial rounds served as the baseline measurement for performance improvement. Subsequent rounds were scheduled and conducted periodically based on the ordering and implementation schedule of additional sharps disposal containers.

Criteria and Measure Used in Evaluation

The established areas of measurement for performance improvement were:

- Secure mounting of the container
- Use of adequate sized container (size of sharp matched size of container)
- Absence of furniture and equipment beneath wall mounted containers
- Entry ports of containers clear of any obstruction
- Size of floor containers match size of dolly
- Absence of overfilling of containers

The information collected from subsequent rounds by the leaders of the taskforce was collated by them and analyzed by the full taskforce. Memos were written to department directors regarding the results of these rounds along with taskforce recommendations on how to improve the results.

The following represents performance improvement measurement of the sharps safety rounds pertaining to the sharps disposal containers:

<u>Date of Rounds</u>	<u># Improvements Needed</u>
March 2001	74
February 2002	35
May 2002	26
September 2002	11

This evaluation process did provide sufficient information to determine the effectiveness of the containers and reinforced the need to use the sharps disposal containers. The leaders of the taskforce were able to identify varying staff knowledge and practice related to the containers and address this during the rounds. Unclear department policies and procedures were clarified with the department directors who then reviewed revised procedures with their staff members. The updated devices replaced outdated ones in some situations.

Use of the Sharps Disposal Containers

The clinical staff, over a period of time, did acclimate to the containers. The reinforcement by taskforce members and management regarding the personal benefits to staff in the proper use of the containers assisted this process. The number of needed improvements decreased and demonstrated the staff acceptance of this change in work practice.

What Lessons Were Learned/Advice to Others

1. Department Director and staff involvement is vital in order to keep sustained interest and participation in their own work safety.
2. Frequent and consistent communication to the department director/manager and medical staff regarding anything involving their practice areas is needed to ward off any resistance and misunderstandings.
3. All communication with staff highlighted the personal benefits attained in creating a sharps safe work environment.
4. The Sharps Taskforce members should be the recipients of appreciative gestures in whatever form is appropriate in your organization.

Materials Used/Timeframe

The materials used : writing tablets and pens

The communication systems used: e-mail
staff meetings

The time spent making rounds was twenty (20) hours.