

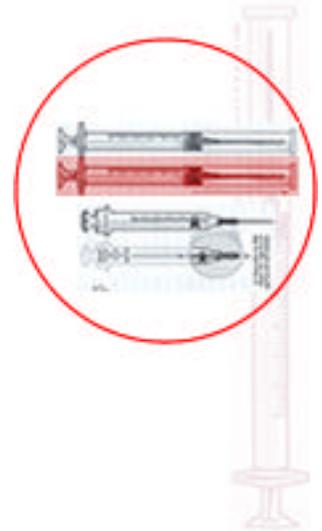
NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities 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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Team Phase 1: Form a Sharps Injury Prevention

Facility Description:

Community, not-for-profit, Level III Trauma Center with 249 in-patient beds and 3 outpatient sites. The hospital is part of a large healthcare system. The facility employees approximately 1,100 employees, and approximately 600 physicians.

I. Describe the process used to identify sharps injury prevention team members:

The laws governing the reporting and investigating of needle sticks have improved, but the threat to employees remains high. Implications of the law were not fully understood by the hospital administration. At the same time the hospital was experiencing an unusually high number of needlesticks as a result of over full sharps containers. The formation of the committee was originally called as an emergency rapid cycle team to address this increase in needle sticks. The rapid cycle team was called and chaired by the Assistant Vice President (AVP) for Patient Care Services/ Chief Nursing Officer.

As a rapid cycle team the committee was mostly made up of senior leadership and mid-level managers. After the rapid cycle team met for 6 months to address the immediate problem, it was decided to continue with a Needle Stick Reduction Committee to focus on the following items:

- the Needlestick Safety and Prevention Act;
- processes to reduce employee risk; and
- reducing the number of needle sticks.

As an on-going committee, a chair person was appointed by the AVP for Patient Care Services and Chief Nursing Officer (CNO). She appointed a member of the initial rapid cycle committee because the individual was already involved in the process and had a reputation of being proactive with Performance Improvement (PI) Projects. In order to address the process from every angle, it was decided to involve staff nurses who use needles and sharps in their daily practice, the Occupational Health Nurse responsible to follow employees after an incident, the Infection Control Nurse for her

knowledge of Infectious Disease, the Supply Director for his expertise in getting the appropriate supplies, and the Environmental Services Director because his employees change out sharps containers.

2. Describe the sharps injury prevention team.

Job Title	Department	Role Responsibilities	Why selected
Director	ICU, IMCU, PCU	Administration and Chair person	Selected for history of successful PI Projects.
Director	Environmental Services	Administration	Selected because housekeepers change out sharps boxes when they clean in-patient rooms.
Director	Central Supply	Administration	Selected for knowledge and expertise of available supplies through the vendor.
Director	Peri-operative Services	Administration	Selected for knowledge and expertise of the unique needs of surgery and sharps injuries.
Specialty Coordinator	Occupational Health Nurse	Staff	Selected for her knowledge of employee injuries from sharps and needles.

Specialty Coordinator	Infection Control Nurse	Staff	Selected for knowledge and expertise of Infectious Diseases.
Chief Operating Officer (COO)	Senior Leadership	Administration	Selected as the Senior Leadership Sponsor.
Clinical Manager	Med-Surg Telemetry	Manager	Selected because she is on the unit and close to the issues.
Registered Nurse	Ortho, Rehab	Staff	Selected because she has first had expertise.
Registered Nurse	ICU, IMCU	Staff	Selected as a first line user of needles.
Registered Nurse	Emergency Center	Staff	Selected as a first line user of needles.
Registered Nurse	PCU	Staff	Selected as a first line user of needles.

3. Describe team coordinator

The Team Coordinator (Chair) is the Nurse Director for the ICU, IMCU and PCU. She has 21 years of nursing experience with a Master Degree in Nursing (MSN). She is certified in Med-Surg Nursing and Nursing Administration by the American Nurse Credentialing Center (ANCC) and in Nephrology Nursing. She has worked on and chaired several successful Performance Improvement Projects for years. She is known to be a risk taker and not afraid to challenge the status quo. She has managed several change projects at the unit level, hospital level and worked on some system wide change projects.

4. Recommendations regarding the composition of the sharps injury team.

Once the goal is established, look at the existing process in the organization. Involve employees from all levels of the organization and those involved in the process. If changes are going to be made that involve money, make sure senior leadership is on board. The best way to have them on board is to have a representative on the committee or as a liaison.

Invite Ad Hoc members as needed. Change membership of the committee as the goals change.

At first, the team seemed too big, but once the training was over and the team had some knowledge, the team became energized. As problems started to be identified and the work of the committee began, the members were needed as they represented key areas of responsibility in the process.

5. Describe the lessons learned or problems and resolutions.

Not everyone assigned to the committee understood the role they played in the initial process or the importance of their role. Getting their buy-in to take the project seriously and to invest their time in the process took longer because of this barrier. No one fully understood the law. The chairperson was studying the law and teaching the rest of the committee. Because they did not see the role they played, they were not invested in investigating and learning on their own time. This slowed down any move forward.

Staff nurses assigned to direct patient care are challenged when their time is divided between patients and committees. There is some guilt involved by committee members assigned to direct patient care when they ask a peer to look out for their assigned patient while they attend meetings. Everyone is caught up in a culture of business.

6. Improving the process.

Establish the goals of the committee in the beginning with the entire group involved.

Flowchart the process was beneficial to all parties when looking at the big picture. While flowcharting is time consuming, it makes quick work of identifying the areas where break downs occur.

In looking back, I would assign the same people to the committee. Senior administration assigned the initial employees to the committee, but the chair person had the authority to change the membership, invite ad hoc members, and to control the meetings.

7. Advice to similar facilities just starting the process.

Give the chair person the information, time or support to learn the laws, guidelines and regulations around needlesticks and sharps injuries. There is OSHA, CDC, FDA, JCAHO, Departments of Health, etc to consider. Assign a chair person who is driven to succeed, because this project is time consuming. Employees closest to the problems often have advice on how to handle or improve the process. Look at the literature and on the web for success stories, evidence based practice, research, and references.

Choose the chair person carefully and thoughtfully. Once you are assured you have made a good selection, give them the authority to totally manage the project.

Establish ground rules and post them at each meeting as a reminder. Some examples are:

- The meetings start and end on time;
- Attendance is required, unless excused in advance;
- Everyone has a voice;
- No idea is a bad idea; and

- Assignments are completed on time.

Establish a set meeting date, time and location and provide all members with the information, so that members can plan their schedules.

8. Other relevant information about the process you used or the problems you encountered.

The meetings were on site and set up during normal administrative hours to make attendance at the meetings easier for all. If the meeting is held on a day when a staff member is not scheduled, they are paid to come in for the meeting.

9. Estimated Time to complete Phase I:

Explanation of Time
Initial rapid cycle meetings
AVP/CNO and Chair meeting to plan
Letter to new committee members
Research
Meeting with Occupational Health Nurse and Supply Director
Training Committee members
Typing, minutes, sign in sheets, copying, e-mailing, distributing

Type of Staff	Time in hours
Administrative	19
Management	40.5
Staff	28
Total	87.5

10. References:

ANA., Applauds House Passage of Needlestick Prevention Legislation
www.nursingworld.org.

Perry, J., Needle Safety Laws Now on Books in 16 States.
www.infectioncontrolday.com 2001.

Ream, K., Inside Washington. *Journal of Emergency Nursing*, 2000, pp23A-26A

Wilburn, S., Preventing Needlestick Injuries, www.needlestick.org/ajn 1999
www.thaonline.org, February 5, 2001, OSHA Revises Needlestick Rules
www.cdc.gov
www.jcaho.org
www.osha.gov

11. One Attachment:

Letter to committee members.

Hospital Name

To: Committee Member

From: Chairperson, Needlestick Reduction Committee

Date: January, 2001

Re: Appointment to the Committee

Cc: Hospital Directors

Congratulations on your appointment to the NeedleStick Reduction Committee. Your participation in this committee is important as we strive to make improvements at our hospital. Your knowledge and expertise are vital to the success of this organization and to the goals of this committee.

The committee will meet monthly at 9am on the third Wednesday of each month in the Dining Room. A calendar will be coming via e-mail with in the week. Please mark your calendars appropriately. Your ideas are valued. I look forward to seeing you at the meeting.