

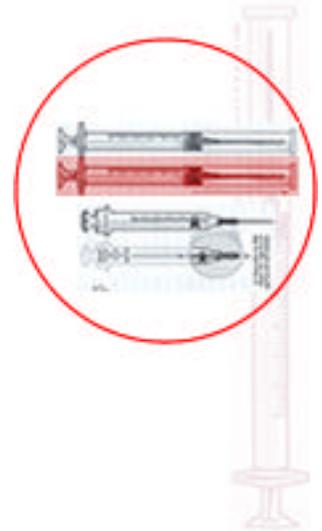
NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities 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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Our agency is one of the largest Community Mental Health/Retardation Centers in the United States. The agency provides an array of services for eligible residents of this County in the form of mental health/mental retardation services, early childhood intervention services, crises stabilization, psychiatric emergency services, forensic psychiatry, residential programs, psychiatric rehabilitation services and community outreach. Services for adults, adolescents and children are provided in outpatient clinics, inpatient/residential programs and group homes and in natural environments within the community. Approximately 30,000 consumers are served annually within the various programs and services of this agency.

Phase 1: Form a Sharps Injury Prevention Team (SIPT)

1. Process used to identify sharps injury prevention team members.

The Project Coordinator and Director of Nurses chose the members of the team, according to their areas of expertise and job duties. Health-Care workers are at higher risk for occupational exposure to blood borne pathogens due to the nature of their work. Our 67 full time nurses and 15 Relief nurses perform large numbers of blood draws and injections monthly. Among the primary members, the goal was to include a nurse (Registered Nurses (RN), or Licensed Vocational Nurse (LVN)) from each unit within the Mental Health (MH), Mental Retardation (MR) and Psychiatric Emergency Services (PES) Divisions of our Agency. Since Nursing Practice is our area of expertise we chose Advisory Members from Accounting, Statistics, and Risk Management Departments who could provide support and expertise in completing the non- medical tasks for this project. We also have access to staff in the Public Relations and Information Technology Departments who have provided support to the team with assistance in disseminating information through our internal newspaper and through mass e-mail. We have completed Phase 1 and are in the process of completing Phase 2.

2. Description of the Sharps Injury Prevention Team.

Physician (Advisory Member)	Administration/MR Medical Director
Accountant (Advisory Member)	Administration/CFO's office
Statistician (Advisory Member)	Administration/ will assist us with our questionnaires and interpretation of data
Risk Management (Advisory Member)	Administration/Risk Manager
DON	Director of Nurses
Infection Control/Emp Health	Adm./Wellness program for employees, Infection Control education of all staff; Exposure Control
LVN(Licensed Vocational Nurse)	Direct care, Mental Health Out Patient Clinic, Northwest
LVN	Direct care ,MR(Mental Retardation) Programs
RN	Direct Care-MH, Charge RN Adult Forensics
RN	Direct Care AMH, Neuro Psychiatric Center, includes a Psychiatric Emergency and 24Hour Crisis

	Stabilization Unit
RN	Direct Care, AMH, Out Patient Clinic, Southwest
RN	Direct Care, AMH, Out Patient Clinic
RN	Direct Care, MR, Day Program for Children
RN	Direct Care, AMH, Aggressive Community Treatment
LVN	Direct Care, MR, Home and Community Services Program

3. SIPT Coordinator

Our SIPT has a designated coordinator, the Infection Control Professional for this agency. She has been a RN for 30+ years, has a BS in Nursing and is certified in Adult Mental Health. She is a member of the American Professionals of Infection Control (APIC), State Infection Control Professionals, and American Nurses Association (ANA). She is responsible for the Infection Control Training for all staff in the agency. She monitors each potential exposure and interacts with all departments, providing specific training to prevent further incidents. She administers the TB tests and other immunizations as needed to our 1400 staff on a yearly basis and this qualifies and enables her to evaluate different types of safety sharps. She has worked as a RN for the agency since 1995 in both the Adult Mental Health and Mental Retardation Divisions and is knowledgeable about evaluating and differentiating what safety sharps features would work well in our facilities. She is an advocate for using safer medical products and actively monitors the healthcare supply industry for new products. She has evaluated several of these devices for potential use within this agency while immunizing staff.

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

- Primary Members should be staff whose duties involve using safety sharps.
- Representation from Administration helps give support and lends credibility.
- Accounting representation assists the members in understanding the business side of the project. These members may be advisory.
- Public Relations representation could help in disseminating information to employees.
- Information Technology representation could assist in broadcasting information electronically.
- Enlist the support of upper level management through presentations at Management meetings and Staff Forums.
- A Statistician as an Advisory member can help the team interpret the data obtained.

5. Lessons learned during the process of identifying/developing a sharps injury prevention team.

It was necessary for the coordinator to adjust her hours to focus on the project. The 1st hour of each workday is used for the study.

- The initial meeting of the team was delayed due to the organizational restructuring that occurred within the agency at the beginning of our fiscal year on 9/1/03. We were unsure what impact this restructuring would have on the staff selected as team members.
- September vacations and conferences delayed the initial meeting of the team until October 8, 2003.
- More information needed to be posted about the project. It was discovered that not all staff had access to e-mail.
- The focus on revenue generation and hours of productivity for staff impacted the primary team member's availability to attend the meetings, resulting in fewer members attending. Educating Unit Managers about the project and the impact that preventing needlestick injuries can have on their Units' bottom line will hopefully increase participation in future meetings. Each Nurse is aware of the expected total hours of productivity he or she needs per month and is encouraged to adjust their schedules accordingly during the rest of the month.
- Reminding Team Members and Unit Managers of scheduled meetings at least 2 weeks in advance has allowed team members to block that time in their schedules.

6. What we would you do differently.

Have more planning meetings to select SIPT Members.

- Advertise on our website, emails etc., that the study has started, thus increasing support.
- Meet with the Unit Managers in their administrative meetings to describe the project and the benefits to the units.
- To enlist the Primary members, have the Coordinator scheduled to present information at staff meetings.
- Get materials and links to web-sites to team members earlier.

7. Advice for similar facilities

- Get staff excited about the study! Have blurbs about the project on the Intranet and in newsletters. When on the units, talk about the project.
- Have it announced at meetings. Meet with Managers to present how the study will decrease safety concerns.
- Get support from the Executive Director and top administrative staff.

8. Other information about the process used or problems encountered in forming a SIPT.

Although considered a worthwhile project, getting staff from direct care service to participate was difficult. In discussions with management and nursing staff, the coordinator emphasized the potential cost to the agency of one needle stick injury and

the resulting risk management issues for the agency. Having the support of agency legal council has helped lend credence to the project.

TYPE OF STAFF	HOURS SPENT ON PHASE I
MANAGEMENT	
ADMINISTRATIVE (ADVISORY)	6 HOURS
ADMINISTRATIVE (PRIMARY)	65 HOURS
FRONT-LINE	18 HOURS
TOTAL	89 HOURS

OTHER, NON-LABOR ITEMS

ITEM
1. Food for meetings
2. Copies
3. Secretarial Assistance with Scheduling meetings