

Memorandum:

TO: Joyce Majonos MA MT(ASCP)  
Administrative Director, Pathology Services

From: Daniel E. Haun, MT(ASCP)H  
Chairman, Pathology Safety Committee

Date: November 24, 2003

RE: Annual review of the Departmental Safety Management Program

**Introductory comments:**

The Pathology Safety Committee has reviewed the Safety program from the standpoint of overall effectiveness and progress toward meeting goals.

Regarding our goals in 2003:

1. "Improve our needlestick response web site by providing more forms and instructions on-line." We completed this by adding two post-exposure follow-up testing forms and we completed special health-care provider support pages. We also packaged instructions for use in the physician's PDA. These improvements have been well-received and we were able to publish on this topic in the *Joint Commission Journal on Quality and Safety* and in *Medical Laboratory Observer*.

2. "Address the unsafe practices in phlebotomy with awareness vehicles and develop strategies to reengineer how phlebotomy services are delivered." Supervisory changes were made and we are hopeful that this year's compliance measurement will show some improvement.

Overall, it is our committee's assessment that our program is effective, continues to provide for the detection and correction of safety issues and provides for continued instruction and employee competence in safety.

**Incident Review Summary:**\_(Full report attached)

Incidents, November 2002- October 2003

**Total reports 25**  
Employee incidents- 24

**Employee incidents by work area:**

UNIT	#		
Administrative Office	1	Histopathology	4*
Bacteriology	2	Receiving	3
Blood Bank	3	Phlebotomy	4
Cytology	1	RIA	0
Core Lab	1	Toxicology	1
Serology	0	Virology	0
Special Hematology	0	Send outs	1
Client services	3		

\* 2 histo incidents were House Officers

Total 24

**By Major Category: (review since 1992)**

	03	02	01	00	99	98	97	96	95	94
Needle sticks:	2	0	1	1	3	1	2	1	2	4
Falls	0	3	10	3	3	4	3	4	2	2
Cuts	5*	7**	4	2	5	3	4	4	4	5
Face Splash	3	1	0	2	5	1	2	3	0	3

\* 2 in Histo- 2 grossing / dissecting

\*\* 6 in Histo - 4 grossing / dissecting

**Repeaters in 2002-2003:**

**02-03 incident**

**Previous incidents**

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reagent eye splash

cut on clean blade

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Injured thumb on window

Splashed by water

cut hand on blade

**Training Report:**

**Annual training :**

Training reports are up to date and the 2003 personnel files are audited with the new EOC checklist procedure for full compliance.

**Other training activities:**

- A search toll was added to the just-in-time pages to allow for faster access to the pages. The new access allows random access rather than menu driven access.
- Training in ergonomics was added to the fall meeting schedule.
- Our personnel participated in needlestick training activities for the hospital.
- The training modules were all converted from .html files to .pdf files to ensure that formatting would not be altered on printing.
- A new web index to all safety pages was devised and implemented.

**Review of the individual aspects of the Safety Program**

(including the written manual)

**BBP / Infection Control:** No new treats or risk activities were identified by the committee. There was one instance of possible CJD and our procedure was able to quarantine samples and materials until the test result came back negative. No tissue was involved in this incident.

**Highs:**\* revised needlestick web site, forms and tutorials

\* added needlestick information for PDA

\* Only one phlebotomy needlesticks is reported

**Lows:** \* Splashes are the major source of exposure

**Chemical Management:**

\* all monitoring measurements were within acceptable limits.

\* A new tutorial is to educate house officers was developed and implemented and we had no related spills in 2003 (we had two in 2002)

**Physical Safety:**

Fire: Fire drills are adequate and reporting is good from department coordinators. The alarms continue to be audible.

**Thermal Safety:**

No changes.

**Electrical Safety:**

No changes.

**Section-specific regulations:**

No changes this year.

**Emergency response:**

The department program to meet MCL requirements was further developed in 2002. There were two emergency drills in 2003. The department did well in all aspects. Will change to meet MCL requirements.

**Goals for 2002-2003**

Modernize the record-keeping databases for accidents and chemical inventory which are running on 1991 software platforms.

Address the patient safety goal of improving patient identification in phlebotomy (i.e. address issues identified in the phlebotomy performance measurements of 2002).