

MINUTES
Standardization Committee
Friday, October 10, 2003

Bordner, Mary Ann, RN, HES
Chandler Axelrod, Karen, RN, Nsg.
Daine, Virginia, RN, Nursing
Evans, Michele, OD
Fahey, Barbara, RN, MMD
Feigenbaum, Kathy, RN, Nsg.
Geyer, Christopher, RN, Nursing
Goldspiel, Barry, RPh, Pharmacy

Kessinger, Theresa, RN, Nursing
Lang, David, MD, Peds
Peduzzi, Teresa, RN, Nursing
Price, Mary, RN, Nursing
Ram, David, BIOMED
Row, Chung-Hee, DLM
Tarr, Linda, RN, Nursing
Taylor, Jerry, RN, MEd. Chair

GUESTS:

Matlock, Ann Marie, RN, Nursing
Fuller, Barbara, RN, Nursing

Andrews, Felicia, RN, Nursing
House, Kimberly, RN, DASS

Minutes of September 2003 – Approved

COST UTILIZATION REPORTS: The reports were a hand out to all the committee members.

IV LABELS: RAINBOW OF COLORS/DAY OF THE WEEK: 10D has been using the Rainbow of Color Labels since our last meeting. There are no complaints as of today. IV Labels Monday – Sunday are also being used. 13W states that these labels have improved practice. The biggest confusion right now is the date change. The solution is to put the date that the tubing goes up. 10D, 2J seem to have issues with space but are working this out. The black and white IV Tubing label is still in inventory. The 24 pink and 72 orange were discontinued. Color of the day is optional to each unit. The original approval from the committee was as follows: “implementation for day of the week labels was the one to be used; 24, 48 and 72 discontinued. Black and white inactivated when used up”. The Committee agreed that, given continued usage, the black and white labels should remain as an inventory item. This decision will promote some flexibility for nursing to work out label storage issues, IV tubing labeling practice.

AVAGARD D

Pump Dispenser Wall-Mounting Project: In September 2003 NFTA met with American Hospital Association, Joint Commission, and CDC. These documents are available via the internet. All hospitals have to get approval from their local fire authority/county jurisdiction. Dr’s Evans/Henderson per the Fire Marshall has approved housewide installation of wall-mounted Avagard D in the Clinical Center, with special installation considerations to be given to the Behavioral Health Nursing Units. Dr. Evans has national installation measurements which include specifications for ADA requirements. Facilities Management will install, MMD will supply product/brackets.

Relation to Hospital-Associated Infection: The infection rate for several units was compared for the times periods before and after installation of the waterless hand hygiene products. No changes in the rates of infection were noted. During the safety surveys, Bacti-Foam product was found in showers. This was a concern since contact with mucous membranes should be avoided. Office of Facilities Management plans to wall-mount Bacti-Foam dispensers. Hospital Epidemiology Service will be plan and conduct educational classes for everyone. New Employee Orientation includes CC hand hygiene

procedures and images of CC-approved hand hygiene pro. In DLM they came up with a policy that only the products that are allowed can be used. If they have a question they have to go to OMS to be approved. Infections Control is invited back next meeting to find out what their findings are through their act of surveillance for hand hygiene products. They will indicate the number of in-services and share what is given in orientation.

SPECIMEN CARRIERS: 9W has been trialing a red, medical grade specimen carrier for serial blood draws going to DLM. As many as 40 tubes may be sent from one draw. Foam tube holders were originally supplied. They are not satisfactory and metal tube racks were tried with success. 9W, 8W, 9EDH and Special Procedures will be the main users of this system. Ms. Taylor will procure a metal, medically approved tube carrier system.

BD CONVERSION GLASS TO PLASTIC: DTM, DLM and MMD recently met with the BD rep to review BD conversion plan from glass tubes to plastic ones. The CC continues to use 3 BD glass tubes for clinical care (blue top citrate 4.5 mL glass coag tube; 5 mL-draw evacuated preservative tube for urine C&S, and red top (glycerine coated no additive). The 5 mL-draw evacuated preservative tube for urine C&S now is available in plastic. DLM is reviewing the plastic product and will forward recommendation to replace glass product if the plastic product is OK. The 3ml glass tube is not available in plastic yet but will be changed eventually. (when the product is available with the same type -glycerine coated as glass tube not silicon coated. It is important for Ionized Magnesium and Ionized Calcium assay.) A plastic glass coag product is available but the volume is not sufficient for CC needs. DLM will re-assess this item. There are many hospitals that are using 2.7ml plastic tubes to substitute the 4.5ml for now. DLM would like to evaluate the percentage of samples that require extra volume. If it's less than 3% or a miniscule number then we might be able to switch to the 2.7ml before the 4.5ml plastic tube is available. If it's greater than 10% then we might have to stay with the 4.5ml glass until its available in plastic.

BD has introduced the BD Vacutainer Push Button Blood Collection Set. This safety device provides in-vein needle activation at the push of a button. Whereas phlebotomy identifies no problems with the current safety-engineered BD Vacutainer Blood Collection Set, phlebotomy has expressed interest in evaluating this newer product. The Push Button Blood Collection Set is only available in gauge sizes 21, 23 and 25. The CC uses about 4000 of gauge size 19. Availability of the Push Button Blood Collection Set is gauge 19 is expected during 2004. The Committee recommended product evaluation when gauge size 19 is available.

GEMSTAR AMBULATORY PUMP IMPLEMENTATION STATUS: A re-implementation meeting is planned for November 24th@1:00pm in MMD.

BD HEPARIN AND SALINE PRE-LABELED PRE-FILLED SYRINGES: The implementation of these new products was done by Pharmacy and Teresa Peduzzi, RN. The BD nurse and staff provided in services. Currently Nursing and Pharmacy are deciding which Nursing Units need to maintain vials of NSS/Heparin, e.g, for sterile procedures.

VISISTAT SURGICAL STAPLERS ON 5W PCU (trial started February 2003): Usage of surgical staplers in non-operating room environments has averaged two uses each month with no complications. A motion was made and approved to bring a surgical stapler into regular inventory. The distribution would be restricted to 5W, 2J, 10D, 9W, 13W and 2E. OR is replacing the Visistat product with Ethicon; so the product brought into inventory will be Ethicon for standardization purposes.

ENT: A handout was distributed that provided detailed information on three ENT recommendations. The Committee considered, reviewed and approved each recommendation.

Recommendation One was to replace Item #02333, the Xomed Epistat Nasal Catheter with the Xomed Epistat Nasal Catheter Kit. Supporting rationale was that the Silione Epistaxis Kit promotes nursing efficiency and provides enhanced patient safety because it contains instructions and all component parts (syringe, gauze and instructions). The current product does not have all component parts and lacks detailed instructions. The Committee approved this recommendation for inventory product replacement.

Recommendation Two was to evaluate RhinoRocket Wideline Nasal Packing sizes small, medium and large as candidate nasal pack for regular inventory. The rationale was that MMD has no nasal pack in regular inventory. ENT already successfully uses RhinoRocket. The Committee approved this recommendation for product evaluation.

Recommendation Three was to enhance the current MMD Shiley Tracheostomy Product Line per discussion from the September 2003 Standardization Committee meeting. ENT has satisfied identified criteria—the CPR Committee has approved ENT tracheostomy crash cart modifications; ENT has determined inventory quantity for each requested product addition; ENT has reviewed current inventory and has identified two low usage Shiley products for deletion. The Committee approved this recommendation for product line enhancement and current inventory deletion.

DTM INVENTORY REQUEST: This item was deferred.

ORAL SYRINGES (BAXA EXACT MED (current) VS BD ORAL): The Committee was informed that Pharmacy had completed review of Baxa Vs BD oral syringes and assessment of increased staff access to oral syringes.

Three recommendations were presented. First, that the Baxa Exact Med Oral Syringe product line replace the BD Oral Syringe product line. The text on the BD products is easier to read (ORAL ONLY), the measure lines are clear and contain both ml and Tsp. Second, that inventory for oral syringes be transferred from Pharmacy to MMD so that oral syringe products will be available 24/7 via the Visual Supply Catalog and CHS on-call staff. Third, that the amber-colored oral syringe be available and not the clear-colored oral syringe. The amber-colored oral syringe can be used for photo-sensitive and non-photo-sensitive medications whereas the clear-colored syringe cannot be used for photo-sensitive medications. The Committee considered and approved each of the three recommendations.

AED PEDI ELECTRODES: These electrodes will be installed into AED boxes. CPR classes will be teaching this technique. The joules that come from the AED machine to 50-55. American Heart Association and FDA has approved this for children 8 years and younger and up to 55 pounds. The trainers for CPR will also be trained with this new product. Respiratory Therapy is also included.

FLASHLIGHT PROJECT: Ginnie Daine, RN requested the Standardization Committee to evaluate flashlight. One of the new flashlights can be used as a spot light or a room lamp. This uses four “D” batteries and cost under \$15.00. The other flashlight is a spot light only that can be worn around the neck. This runs \$14.99 each. These will be assigned one per person. The committee will ask the Safety Committee for review and project participation.

WAFFLE CUSHION UP DATE: These have been trialed in 2J, 10D and OR. OR reported that this was not effective for their use. These cushions are used to reduce risk for occipital ulcer development. They are very cumbersome. The company has indicated that they will make straps to make it easier for use and more professional to the eye. These cushions were effective on 2J and 10D. The Committee agreed to maintain availability of this item via the Special Order pathway.

PRODUCT IMPLEMENTATION/6 MONTHS REPORT: A summary handout was reviewed. From April—September 2003 a total of 37 products were implemented. The service intensity for these products (one being lowest and four being highest) were: 30 were categorized as ‘1’ (e.g., cath lab items); six were categorized as ‘2’ (e.g., Hill Rom Beds); one was categorized as ‘3’ (Posi-Flush). Two product implementation procedure changes were suggested and approved by the Committee. These were: (1) Institute monthly meeting, 3rd Monday 1PM, MMD Conference Room to review ongoing/planned evaluations and ongoing/planned product implementations. Attendees: Teresa Peduzzi, Teresa Kessinger, Jerry Taylor, Barbara Fahey, and (2) Modify ‘Implementation Needs Assessment Form’ item ‘Prod Update needed’ to ‘Prod Update/ Info needed.’

MEDLINE STERILE COTTON TIP APPLICATORS: Recommendation from the WOCN is to change the cotton, sterile q-tip applicators to Medline’s product. The new ones are two cents each and the old ones cost three cents each. One of the reasons this products is liked is that this has a ruler on the front of the wrapper. Approved for Inventory.

J & J DELETIONS: J & J is changing and deleting a lot of their products. MMD will be working with Inventory, WOCN and DASS. Will keep you posted about the products.

SAGE PERINEAL WIPES WITH ZINC OXIDE: This was deferred.

ON “Q” PAIN PUMP: Dr. Walters will be using this pump for evaluation. OR and the vendor met. There are 5 pumps and Catheters here. The drug that is being used is Markaine which has Antibacterial properties. When it lays on the incision it promotes healing while decreasing incisional pain. There will be a catheter on either side of the incision. This technology has been available since the “80’s”. It has been well documented to decrease length of stay in the hospital. It has also been associated to decrease the risk of infections. The cost is \$500.00 for each unit. This needs to stay on for five days. This can be used with other pain and PCA drugs. Dr. Walther, IRB and OR have approved this pump. Will do in-services. Evaluation will be going to each unit with written instructions. Implementation will got involve the nursing units; 2E, 2J, 10D and all ICU’s. In November, Ms. House will be return to further discussion.

Next Meeting: December 12th@11:00am in the Room 2C-310.