



Safe Sharp Program: A Culture of Prevention

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Sharp Injury Prevention: Commitment

- Leadership Commitment:** System and all Care Sites
 - System Goal: Reduce OSHA Injuries: ↓ 25%
- Development of BEST Practices using HRO Methodology**
 - Prevention, Detection and Correction
 - Safety and HRO Toolkit



Safe Sharps: A Culture of Prevention

- Today's Objectives:**
 - Establish Program Foundation
 - Describe Key Components of a Sharp Injury Prevention Campaign and Program
 - Present Strategies
 - Demonstrate Results
 - Sustainable Culture of Prevention



Safety and HRO Toolkit: Commitment to Safety

Tones to reduce power distance and level authority gradient.


- Smile and greet others (eye contact, say hello).
- Refer to others by preferred (usually first) name.
- Listen with empathy and intent to understand.
- Provide opportunities for others to ask questions.

Tools for evidence-based human error prevention.

1. Commit to right culture.	<ul style="list-style-type: none"> Peer checking and coaching 200% accountability Report problems, errors, events
2. Commit to using and promoting a questioning attitude.	<ul style="list-style-type: none"> Stop, reflect and resolve Speak up/Listen up
3. Commit to clear and complete communication.	<ul style="list-style-type: none"> Repeat backs/Teach back Clarifications: Phonetic, numeric, clarifying question SBAR (situation, background, assessment, recommendations)
4. Commit to being focused.	<ul style="list-style-type: none"> Self check using STAR (stop, think, act, review)

Sharp Injury Prevention: Program Foundation

- Culture (attitude):**
 - Support Safety Core Value: Zero Harm
 - One is too many
- Purpose:**
 - Cultivate A Sharp Handling Program that = Zero Harm
- Goals**
 - ▼ Sharp injuries by 50% in 24 months
 - Cultivate High Reliable Organizational (HRO) Methodologies into Safety Culture
- Benchmark:** System/Care Site: 16,000 FTE's
- Metric:** Sharp injury > OSHA definition



Sharp Injury Prevention: Program Components

- Sharp Injury Prevention Committee**
 - All Care Sites, Clinics, System
 - Diversity: RN's, Physicians, Safety, Employee Health, Supply Chain, PI, Infection Control
 - Leadership: Executive CNO, VP-HR
 - Charter: written plan
 - Data: weekly/monthly/Common Cause Analysis-Trend
 - Weekly-Monthly meetings-report
 - Costs
- The High Price of Sharps Injuries:**
 - According to CDC the average (non-conversion) sharp injury is \$500-\$3,000.
 - Mental Stress
 - Productivity
 - Conversion: Large scale impact



Weekly Meeting Report

Medical Center	Sharp Injuries YTD	Days since last sharp	Details: SBAR	Action plan for correction	Learning opportunities	Update on Care Site prevention activities
Oct 14	7	46	No new sharp injuries this week	N/A	Promote near-miss reporting Reduce inventory Additional super users Increase training	Activities in process: <ul style="list-style-type: none"> Continuing to integrate sharp prevention into our HRO journey. Reporting near-miss injuries at Huddle. Shared lessons learned at Daily Check-in for Safety (DCIS) meeting. Improved accountability and real time intelligence. Revised sharp safety devices inventory with nursing and SC Committee Scheduling additional unit based super user sharp prevention training Ongoing new hire "hands on" training Bloodborne Pathogen e-learning Awareness Campaign continues Demonstration at next meeting

- ### Sharp Injury Prevention: Program Components
- Standardized Equipment/Process**
 - Supply Chain: reduce inventory = <\$ + > Efficiency
 - Sharp Containers/Disposal/Service
 - Education – Standardized, Progressive Training:**
 - Orientation: Sharp Prevention Initiative: Competency
 - Unit-Level: Device Instruction & Competency
 - Resources: Vendor, Safety Coach, Educators, Super User
 - HRO: Detection, Correction, Prevention 2 Hour Training
 - Residents: Prevention Team, Huddle: Simulation
 - Clinics, Home Health, Senior Care
 - Monthly Promotional Topic/Focus
 - Annual CBT
 - Executive and Unit Leadership Rounding**
 - Great Involvement and supports changes
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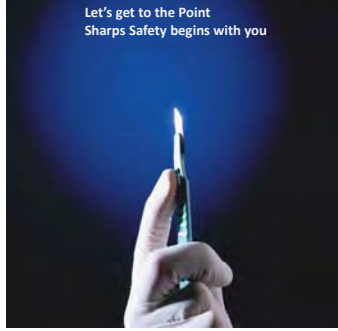
Weekly Sharp and OSHA Data Report

Care Site	Sharps					All Other OSHA Recordable Events			
	# Sharps 9/20 - 9/27/16	# Sharps - Sept	YTD Sharps	Sharps as of 9/27/16	Days Since Last Sharp	# All Other Recordables 9/20 - 9/27/16	# All Others - Sept	YTD All Other Recordables	Other-Than-Sharps as of 9/27/15
SBC	0	0	14	17	87	0	0	11	20
HHR	0	0	1	1	94	0	0	1	3
MCB	0	1	7	3	46	1	1	13	15
SAR	0	0	10	19	40	0	0	21	8
ELO	0	0	6	3	94	0	0	2	11
BTO	0	2	21	24	6	1	0	12	26
DTE	0	0	17	24	14	0	1	23	17
SHH	0	0	5	7	40	1	2	8	9
TOTALS	0	3	81	108	Avg. 52.6	3	4	91	109

- ### Sharp Injury Prevention: Campaign Methods
- Identify Positive Improvements:**
 - Contributions, Recognition: Staff, Units, Care Sites
 - Awareness Campaign:**
 - Promotions: Marketing, Awards
 - Daily Reporting-Huddle: Focused Topic
 - Presentations: Status and Data Reports
 - Campaign Promotions:**
 - Videos, Posters, Give-Aways, Prizes, Web Page Resources
 - SOS=Shout out for Sharps
 - 1=2 (one is too many)
 - Safety Week, Fair, Cart
 - Click it Don't Stick it
 - 1 Minute Messages

- ### Sharp Injury Prevention: Program Components
- Committee:** Identify Best Practices = Safety Excellence
 - Report All Events- Near-Miss (Good Catch)**
 - SWARM Team:** 100% w/n shift-24 hours
 - Include Senior leader
 - Huddle: real time accountability
 - Awareness and Promotional Campaign**
 - Communication:** Meetings, Reports, Data, Daily-huddle
 - Surgery, Emergency Department, Residents
 - Lessons Learned/Shared: System, Units-Care Sites
 - Daily reporting of **Days since last Sharp Injury**
 - Safety Board
 - Weekly call: asking and sharing information
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CDC Poster: www.cdc.gov/sharpssafety



Let's get to the Point
Sharps Safety begins with you

BE PREPARED: Prepare the patient and organize the work area with prevention in mind.

Be Focused: Do Not Multi-task with a Sharp; Say (out loud): "Sharp in hand" SOS = Shout out for Sharps

BE AWARE: Keep exposed sharps in view and under your control. Visually inspect for unprotected sharps in trays, beds and waste receptacles. Use Safe Zones.

DISPOSE WITH CARE. Be responsible for the sharps you use. Activate safety features. Dispose in sharps containers.

Using HRO TACTICS

- Cause Analysis Results
 - Target > Prevention
- Peer Checking
- Teach back
- 5:1 Feedback
- 200% Accountability
- Reporting All Events
- Good Catch (Near-Miss)
- SBAR
- STAR= stop, think, act, review/reflect/respond
- Resiliency



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Challenges and Lessons Learned

- Culture Shift: Use Change Management, Keep Positive!!
- Inventory/Changes
 - Tier 1-2; Tier 3: Just in Time Inventory/Training
- Training:
 - Residents
 - Competency Training/checking
- Unstable Patients: Use 2 or >
- Surgery: Active Champion
- Common Cause: Data Analysis Resources
- Continuous Learning Attitude: Use Resources
- Compliancy!!! Just say NO and Refuse to Give in!

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1M Message: One Minute Message

Eliminate Sharp Injuries in 2016!

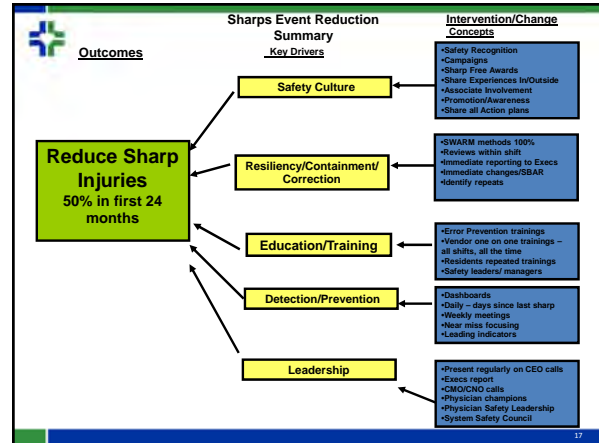
Risk of Infection (from a contaminated sharps injury)

HIV	0.3% (1 in 333)
Hepatitis C	1.8% (1 in 55)
Hepatitis B	23-42% (1 in 2-4) in 30%

@HIV vaccine is 92% effective

Preventing sharps injuries is the best way to protect yourself from infection!

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Sharp Injury Prevention: Results

- Process Improvements
 - Surgery
 - Resident Program
 - Training
 - Leading Indicators
- Data: OSHA RIR
 - RIR: 2016 YTD 2.38/10 Locations
 - Sharps: <57%; 28 months
- Data/metrics and **Positive Results**:
 - Daily reporting of **Days since last Sharp Injury**
 - Weekly call and Report: asking and sharing information
 - Monthly Dashboard: Are we meeting our goals?



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Sustainable Culture of Prevention

- **Safety Culture = Zero Harm Mindset**
 - Providing Safety Excellence to Patients and Staff
- **Continually Learning**: Near-Miss Reporting, CCA
 - Communications, Education: simulation and competency
- **Unit based/task focus – HRO microsystems**
 - Service Level Ownership and Accountabilities
 - Improved Process for CQI, Sustainability
 - Real time huddles/Education-peer checking
- **Observations and Behaviors: 200% Accountability**
- **Just Culture = Accountability**

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