



The Patient Safety Forum

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New Jersey's Patient Safety Reporting System

JoAnn Spears, RN, MSN, MPA, CPHQ

The New Jersey Patient Safety Act of 2004 requires all hospitals in New Jersey to report serious adverse patient events to the New Jersey Department of Health and Senior Services (NJDHSS), and to perform root cause analysis of the events and develop action plans.

A higher number of reported events does not necessarily mean that a hospital is unsafe, or that its staff are careless. Often, it indicates vigilance about identifying and reporting serious adverse events, and an overall culture of safety at the hospital. In a culture of safety, the focus is on acknowledging human error, and learning from mistakes.

New Jersey Patient Safety Act reporting is not designed to identify, punish, or embarrass involved hospitals or their staff. Every year, NJDHSS publishes a report to inform New Jersey healthcare consumers about the number and type of reports they receive. Specific hospitals are not mentioned in the report; in the spirit of a culture of safety, the report focuses on trends in patient harm events in New Jersey and successful ways to prevent them happening again.

According to the March, 2010 report:

- Event reporting is increasing year by year.
- In 2008, 533 events were reported in New Jersey.
- 95% of New Jersey Hospitals reported at least one event in 2008.
- In the majority of hospitals in New Jersey, the number of reports that the hospital submitted to DHSS in 2008 was between one and ten.

The most frequently reported events in New Jersey are:

- falls
- pressure ulcers
- surgical events
- suicide attempts

You can contribute to a culture of safety by being aware of the NJDHSS reporting mandates. In general, preventable adverse patient events are reportable under the NJ Patient Safety Act if a patient experiences harm that results in loss of life or function, or harm lasting more than seven days.

Serious adverse events, as well as any adverse event, near miss, or safety concern, can be reported, confidentially if you wish, to JoAnn Spears, Patient Safety Officer, at spearsjo@umdnj.edu or through the Patient Safety Net electronic reporting system at <http://uhclinicalinks.core.umdnj.edu/>

The full NJDSS Patient Safety Reporting System 2008 Summary Report is available at http://www.state.nj.us/health/ps/documents/2008_summary_report.pdf

OSHA Bloodborne Pathogens Regulations on Personal Protective Equipment (PPE)

BeverlyAnn Collins, RN, MS, CIC

THE PATIENT SAFETY FORUM

What is OSHA's definition of personal protective equipment (PPE)?

OSHA defines PPE as specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses), not intended to function as a protection against a hazard, are not considered to be PPE. For the purposes of the Bloodborne pathogens regulations, PPE must protect against blood and other potentially infectious material (OPIM).

What types of specialized clothing/equipment are included among PPE?

PPE includes clothing such as gloves, fluid-resistant gowns, face protection (masks, goggles, splashguards), head and shoe covers, aprons. Lab coats may also be used as PPE to protect against exposure to blood and OPIM. Non-clothing PPE includes resuscitation devices.

When must PPE be worn?

PPE must be worn when an employee anticipates exposure to blood or OPIM to prevent these substances from passing through to, or contacting, the employee's work or street clothes, skin, eyes, mouth or other mucous membranes.

When must PPE be removed?

To minimize the migration (transfer) of contamination beyond the work area, employees must remove any PPE used during a task before leaving the work area. As per OSHA, this includes before entry into designated lunchrooms or breakrooms. Employees are also expected to perform hand hygiene after removal of PPE.

So what is a work area?

OSHA defines a work area as a location where work involving occupational exposure occurs or where contamination of surfaces may occur. For example, a laboratory tech may wear gloves when traveling from one lab area to another provided there is a connecting wall. However, an employee will be cited if he/she leaves the lab wearing contaminated gloves to use a public telephone located in a public hallway. Under such circumstances, it can be reasonably anticipated that another employee could use the telephone and unwittingly become contaminated.

Are employees allowed to take PPE garments home for cleaning and laundering?

Both OSHA and NJ Health Department regulations require PPE to be cleaned and laundered by the hospital. As per OSHA, home laundering is unacceptable because the employer (hospital) cannot ensure that proper handling or laundering procedures are being followed and because contamination could migrate to the homes of employees. An employee who chooses to wear and maintain his/her own uniform must put on hospital-controlled PPE when performing exposure-prone tasks.

Violations by employees of any of the above standards can result in OSHA (and NJ Health Department) penalties against the hospital.

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Announcement

Save the Date

Patient Safety Grand Rounds

"Adverse Events"

Gerald Hickson, M.D.

MSB-C600 @ 12:00pm

September 15, 2010

Special Thanks

The UMDNJ-NJMS Patient Safety Team would like to thank you for your participation in our first Grand Rounds.

Thank for completing the Patient Safety Culture Survey. Results to follow.