Accuracy from bedside to lab...while medication errors and surgical mistakes often grab the headlines, there is another cause for serious concern in the care and treatment of hospitalized patients—specimen-related errors. These errors can adversely affect patient outcomes, and they can have a significant financial impact on hospitals. In the late 1990s, national study results showed that specimen-related errors could cost $200 million to $400 million per year.¹

The BD.id™ Patient Identification System platform enables hospitals to positively impact their bottom line through operating efficiencies in the laboratory, as well as improving patient outcomes. Right at the patient’s bedside, the wireless, simple-to-use BD.id™ Patient Identification System for Specimen Management identifies:

- The healthcare provider
- The patient
- The specimen container
- The order of draw

The system then prints instrument-readable labels only for specimens actually collected, with both the actual time of collection and the collector’s ID printed on the label. The BD.id™ System, when used in conjunction with BD Vacutainer® Plus Plastic tubes incorporating BD’s patented V-notch alignment technology, reduces misalignment errors, creating instrument-readable labels the first time, minimizing your need to relabel.

For more information about the BD.id™ Patient Identification System for Specimen Management, or for copies of the article, “Technology to Reduce Specimen Collection Errors,” (excerpted from Laboratory Medicine, August 2004), please contact Dana Cogan at dana_cogan@bd.com.

¹Bologna L, Hardy G, Mutter M. Reducing specimen and medication error with handheld technology. Presented at: 2001 Annual Conference and Exhibition of Healthcare Information and Management Society; February 4-8, 2001; Chicago, IL.
From the Editor

It is with great pleasure that I introduce myself as the newest editor of LabNotes. This opportunity—to continue to provide a newsletter that is beneficial to you, our readers, as well as to contribute some new input and ideas—is an exciting challenge. As a long-time advocate for patient safety, I hope that LabNotes will help you make timely and relevant improvements in your laboratory that will positively impact patient care.

In this issue, we pay special tribute to former LabNotes Editor Dr. Jeffry Lawrence. We are grateful for his contributions to LabNotes over the past three years and wish him the best of luck in his ongoing work in cell analysis at BD.

We also take a look at the ever-challenging problem of correct specimen identification. Our feature article highlights the BD.id™ Patient Identification System for Specimen Management.

This issue of LabNotes will also keep you abreast of important healthcare news, including a name change for NCCLS and a statement from the National Phlebotomy Association (NPA) regarding holder reuse.

Please continue to provide us with your comments. Your feedback helps ensure that every issue of LabNotes is focused on the topics you deem most important.

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The Vacutainer® Brand and Trademark

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The Vacutainer® Brand is represented with the registered trademark symbol ® in LabNotes, in other material you receive from BD, and on our Web site. Vacutainer is a registered trademark of Becton, Dickinson and Company. This brand name is officially registered with the US Trademark office and many other local trademark authorities worldwide, and is legally owned by BD.
In a statement issued in July 2005 at the International Congress of Clinical Chemistry in Orlando, the National Phlebotomy Association (NPA) urged phlebotomists and other healthcare workers to stop reusing blood tube holders for patient blood collections.

The statement cited a study completed by the NPA, which revealed that 99 percent of sampled reusable holders were contaminated with blood, creating an unnecessary risk of exposure to HIV, hepatitis C virus, hepatitis B virus, and other bloodborne pathogens for healthcare workers and patients. (The complete statement along with more information about this organization is available at www.nationalphlebotomy.org).

According to NPA Chief Executive Officer Diane Crawford, the association has always supported single-use devices. However, the results of the NPA study, the rise in antibiotic-resistant pathogens, and the prevalence of healthcare-associated infections prompted the association to strengthen its stance against reusing blood tube holders.

“We'd like to see all phlebotomists, nurses, and physicians use blood collection needles and holders that are designed for single use—preferably with pre-attached holders,” Crawford says. “There is simply no reason to jeopardize the safety of healthcare workers or patients when devices that can virtually prevent reuse are readily available. Holders that are pre-attached to safety-engineered blood collection needles and sets may offer the highest level of infection prevention and control.”

The NPA joins other prominent healthcare associations and regulatory agencies that have recognized the risks of reusing blood collection holders.

- A 2003 OSHA Safety and Health Information Bulletin prohibited the reuse of tube holders to protect healthcare workers from contaminated back-end needles (SHIB 10-15-03).

- That same year, the Society for Healthcare Epidemiology of America recommended the adoption of single-use medical devices to prevent the spread of microbes and to deter the rise of new antibiotic-resistant infections.

On average, for every 100 BD Vacutainer® Blood Collection Needles or Sets sold, only 51 BD Vacutainer® Single-use Holders were sold as well. This implies that up to 49 percent of blood collection needles and sets are used with holders that have been previously used. A study conducted by the NPA revealed that 99 percent of sampled reusable holders were contaminated with blood, potentially exposing healthcare workers and patients to a variety of bloodborne pathogens, including HIV, hepatitis C virus, and hepatitis B virus. Since tube holders that are reused are not disinfected or sterilized between uses, potential contamination by airborne pathogens and other microbes may occur.

1 National Phlebotomy Association: www.nationalphlebotomy.org
NCCLS is now CLSI

On 1 January 2005, NCCLS officially changed its name, becoming Clinical and Laboratory Standards Institute (CLSI).

Between 1967 and 2005, NCCLS grew into the patient-testing community's leading resource for standardized best practices. By the beginning of 2005, the organization had developed into a truly global body, with over 4,000 of the healthcare world's corporations, governmental bodies, and laboratories counting themselves as members or volunteers who contribute to the development of consensus documents on topics ranging from molecular methods to automation and informatics.

So, why change the name, and why now?

Extensive market research found that a name change was imperative for more accurate representation of the organization on several different fronts:

1 Brand identity studies conducted in 2003 showed that many people were confused by the "N" in the organization's name, which had stood for "national" when NCCLS was known by its full name, National Committee on Clinical Laboratory Standards.

2 With the development of documents on such topics as point-of-care testing and respiratory care, the scope of the organization's work could no longer be accurately defined as the clinical laboratory but had now become the clinic and the laboratory.

3 With a vast, global member and volunteer base, the term "committee" no longer fairly described the diverse participation and worldwide reach of the organization's consensus process.

“Our organizational values will remain the same... only our name is changing.”

Did you know...

A CDC study showed that 61% of percutaneous injuries occurred within seconds after the device was removed from the vein (e.g., before activation of the safety feature was possible).*

Visit www.bd.com/vacutainer to learn about the only blood collection system with push-button technology and in-vein activation.


Related Industry Web Site

aabb.org

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Established in 1947, AABB (formerly known as American Association of Blood Banks) is an international, not-for-profit association dedicated to the advancement of science and the practice of transfusion medicine and related biological therapies. The association is committed to improving health by developing and delivering standards, accreditation, and educational programs and services that optimize patient and donor care and safety. The mission of the AABB is to advance the practice and standards of transfusion medicine and related biological therapies. The association is dedicated to encouraging the voluntary donation of blood and other tissues and organs through education, public information, and research.

AABB membership consists of approximately 1,800 institutions and 8,000 individuals, including physicians, scientists, administrators, medical technologists, nurses, researchers, blood donor recruiters, and public relations personnel. The membership spans all 50 states and 80 countries.

Learn more about the AABB, including the following, at their Web site:

- Membership Information
- Standard Setting
- Accreditation
- Regulatory, Legislative, Legal
- Education
- Publications
- E-mail and Contact Information

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Responding to the need…

In 2004, BD partnered with the Clinical Laboratory Management Association (CLMA) to support an annual scholarship to the ThinkLab Conference & Exhibition, created to honor the legacy of Lyle Rosser, Jr., a longtime CLMA member and champion of education. Laboratory professionals like you have been the recipients of these scholarships and have accomplished lifelong educational and career goals that might have once been out of reach.

At BD we pledge to support the healthcare professional’s need for continuing educational opportunities that enable us to pursue our purpose of “Helping all people live healthy lives.”

For more information on the 2006 Lyle Rosser, Jr. Continuing Education Scholarship Program, please visit www.clmathinklab.org.

NEW FOR 2006!

Learn How to Improve Specimen Handling and Lab Efficiency at www.bd.com/vacutainer

"The only way to continually improve patient care and our laboratory processes is by continually educating everyone involved in the laboratory profession.”

Derek Langner, Blood Bank Supervisor Brookwood Medical Center, Birmingham, AL 2005 Lyle Rosser, Jr. Scholarship Recipient