What 5 reasons switched the United Hospitals of Newark, N.J. to B-D syringes and needles?

The Standards Committee of the hospital—charged with the responsibility for the quality of products used throughout the institution—became concerned about several serious problems associated with the single-use syringes and needles then used. Specifically...

4. Decreased Space in radiology syringes
Excessive dead space in the insulin syringes used caused concern about dosage error, medication waste, and air bubbles.

5. Patient difficulty in purchasing insulin syringes
The insulin syringes then used were not widely available in local pharmacies, thus causing distress or dosage error for diabetic patients who change to an unknown product.

The Problems
1. Needle and syringe destruction
The manufacturer does not supply a destruction device for safely dispose of syringes and needles at the point of use. The Standards Committee was concerned about the consequent possibility of accidental injury, cross-contamination, or theft reuse.

2. Inadequate syringe markings
Non-uniform syringe markings became a serious problem, especially for the outpatients, the pharmacy, and the pediatrics services.

3. Accidental needle separation
Previous products lacked a safe locking mechanism for assuring needle attachment during use. The pressure required to inject viscous materials, especially with large syringes, blew needles off and brought complaints from the special procedures area in radiology and other departments.

About the United Hospitals of Newark...
One of the largest hospital facilities in New Jersey, United Hospitals is in the forefront of medical care in the state. It is a unique medical complex made up of four specialties, formerly separate institutions: Children’s Hospital, United Hospitals’ Orthopedic Center, the Newark Eye and Ear Infirmary, and the general unit, Presbyterian Hospital. This is a teaching hospital affiliated with the College of Medicine and Dentistry of New Jersey...

...and the Standards Committee
The quality and appropriateness of the products used by the United Hospitals of Newark is the direct responsibility of the Standards Committee. An active group, it is a hospital organization of all relevant departments.

Finally an Invitation
If you too are concerned about any product—insulin, for instance—with single-use syringes and needles, or any other product, contact the United Hospitals of Newark as representative of the Department of Clinical Pharmacy. It may be a useful experience to you.

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“Nursing” the Organization
Janine Robert Marcus

Outside consultation may be an answer for arthritic nursing service departments.

In order for a body, a machine, or an organization to function well, all parts must be operating at their most effective (economic and effective) level. When something goes wrong, symptoms appear. Sometimes, the symptoms are gross and immediate; but frequently they are subtle and evolving. We are well aware that, in the fields of medicine and mechanics, the professionals teach us to keep ourselves and our machines in the best shape, to be alert to all operational signs for symptoms, and to conduct preventive maintenance to avoid the radical and devastating harm which results from breakdowns.

In organizations, however, the field is far less advanced. The sophistication which allows physicians and mechanics to observe symptoms before they are critical and to prescribe the early counter measures is only beginning. Any organization is as vulnerable to breakdowns in the communication and the coordination of its parts as a person; and may require “doctoring and nursing” to restore it to “health.”

Some organizations spend hundreds of hour and tens of thousands of dollars on “training” (“training” for local “in-service,” “in-service,” “in-service,” etc.) to try to put themselves in shape (if the administration really cares) or else to give the appearance that they value the morale and the coordination, on a creative, responsible level, of all staff up through middle and top-management. This paper is an effort to recognize one symptom of pathology in one specific “organ”—the nursing department—of one particular kind of organization—a hospital.

A hospital is a place which brings together a variety of professionals for the purpose of providing care and treatment to its clients. In this “place” (which may be consolidated on one campus or decentralized into main buildings and clinics, etc.), groups of people interact to provide the complex administrative, clinical, professional, and supportive services which make up the totality of hospital services.

The nursing department is one arm of the organizational life of a hospital. It is necessary that the individuals who constitute the department recognize their individual roles within the system and determine a method of creative and dynamic cooperative implementation of the nursing department mission.

The interplay among different groups and individuals within the nursing department often produces conflicting situations resulting in feelings of anxiety and frustration. Often the individual or group perceives an inability to control or change the situation. This potency produces anxiety which results in “fight or flight” behavior and can negatively influence the delivery of nursing care. One mechanism for “flight” is to retreat into a traditional, passive role. Futhering our analogy to human physiology, a disease function might lead to atrophy and disease.

A review of the literature on psychogenic theories of disease helps us to characterize arthritis as they, feeling inadequate and inferior, self-sacrificing, over-conscientious, unable to express anger openly, oblivious, and compulsive. However, Kosi and Robertson stress that factors frequently termed psychogenic are really objective. The nature of hospital nursing is such that all those character traits cited above seem to be valued and rewarded in an appropriate behavior.

In a social organizational sense, arthritis is manifested by a reluctance to assert creativity and independence activity, since to do so would be thought of as being outside normal parameters of the group. Arthritis patients are usually defenseless, are under their own control, and are not able to protect themselves from physicians, administration, and probably for the patient who has perceived nothing about the role of the nurse in his hospital care. A critical stage in total health care is being reached. Because of the growth of hospital expenses, the limited movement of the nursing staff must be expanded and the pain of exercising those “arthritic joints” must be attended to.

An environment must be created where the nurse is encouraged to test out her ability to move, to respond creatively and to initiate activities which contribute to the efficacious delivery of health care to the patient. A change in the client’s perception of the problem facilitates a change in the manifested behavior. This intervention can be accomplished by a nurse consultant who is skilled in behavioral and organizational assessment. Therefore, the nurse consultant administers to:

1. The individual nurse, to encourage movement and remove confidence in the nurse’s sense of professional competence (and to ease the pain inevitable to these exercises).

2. The nursing department as a whole, to revitalize its role in the overall hospital organization, and

3. The hospital as a whole, in an effort to help create the environment which will most appropriately utilize the nurse and the nursing department being restored to health.

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The goal of the nursing department is to provide quality care to patients, and those persons hired to achieve the goal are presumed to be capable, responsible, and competent.

This agenda offers each participant an immediate sense of purpose and an opportunity to conceive of herself as significant, competent, and powerful.

The consultant acts as a facilitator for the give and take of discussion and for the clarification of all the information the participants present. This activity serves to identify those aspects of the presented problems which, on the surface, seem unrelated to patient care and thus unrelated to nursing. It is imperative that the consultant aid the participants in recognizing their roles in the development and the resolution of these problems.

In one instance, such a problem which the nurses felt was unrelated to nursing and thus out of their ability to resolve concerned the use of a unit phone for outside callers requesting clinical physician appointments. The focus of the workshop served to identify what influence this had on nursing activity and the resulting effect on patient care. After determining the nurses’ role in the perpetuation of the difficulty, the participants developed a plan for action. The solution served to decrease the staff’s annoyance at physicians, the callers, and the telephone company. The nurses also assumed the responsibility of the problem, which is an essential and indivisible nature of their mission. Such issues as had been previously perceived as outside the realm of potential intervention have become viewed as enhancing the nurses’ role and function.

The process described is a valuable method for the creative directing of staff efforts and a means for the nurse in the realization of the organizational purpose. By directing the ways individuals communicate and the content of the messages, the consultant offers methods for alleviating anxiety and frustration. She thus assists the nurse to do the work necessary to fulfill the objectives of the Department.

After assistance from the nurse consultant in determining those aspects of organizational life which influence the utilization of the nursing process, the nurse is better able to effect the methods for delivery of Health Care to the consumer and the patient. By involving with a “working group” (the staff) in the manner presented, the nurse consultant can economically influence the care of a large number of consumers.
The administrative hierarchy must also be assisted by the nurse consultant to assume responsibility for directing the ideas and the solutions produced during the workshop. This is accomplished by the follow-up meetings with the appropriate individuals to share and to clarify the concepts and strategies necessary for continuation of the process begun during the workshop.

In effect, the nurse consultant acts as a resource for organizational problem solving. Ongoing training in this area, through exposure to a Nurse Consultant, clearly communicates to other nursing personnel and to other professional members of the hospital community a responsive philosophy of management within the nursing service administration whose purpose is efficient health care delivery to the consumer.

References

Bibliography

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