THE FIRST PHLEBOTOMY STUDY AFTERNOON IN NORTH EAST WALES NHS TRUST

June 16th 2006

Jenny Rodger, Transfusion Practitioner & Deborah Brockely, Senior Phlebotomist.

The meeting was held on a very hot June afternoon in the Medical Institute building in Wrexham. The Phlebotomy Manager opened the meeting by welcoming everyone to the first educational meeting in North Wales. Hoping that this first small step in facilitating a more responsive service to staff will encourage them to think about their role and new ways of working to improve the delivery of service. The overall aim that eventually phlebotomy services will at last move to centre stage within the framework of Healthcare Science. Unfortunately our Head Phlebotomist was unable to attend but her deputy had done a splendid job in putting an interesting and informative programme together for the delegates.

Proceedings kicked off with a brief overview of the changes in the service and in particular those that had taken place in the North East Wales NHS Trust over the last 12 months. Discussing the difficult question of where are we now and where are we going in phlebotomy services?

The first speaker, Ms Honess, KSF Facilitator, spoke about Knowledge and Skills (KSF) and how Performance Review relates to KSF. Highlighting that it is designed to identify the knowledge and skills that phlebotomists need to apply in their posts and how this process will guide and develop them through a fair and objective framework thus helping them progress the gateways for pay progression. The message clearly identifying that Phlebotomy was no longer a little part time job but a recognised part of the well-oiled machine the Health Service has become. According to Lord Warner a new modernised healthcare science workforce, being liberated, developed and rewarded. We can only hope that time will prove this to be so.

Ms J Williams National Vocational Qualification (NVQ) administrator, our second speaker discussed how staff can now achieve an NVQ in Health, which will be recognised by the National Vocational Standards. She encouraged all delegates to explore this with their supervisors, giving a light-hearted view on the true meaning of reflection, however reinforcing valuable hints on how to learn more effectively in an honest and heartfelt way. She reported a number of changes being made to vocational qualifications to make them more acceptable and user friendly to phlebotomists
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Eileen Redman, Product Support Representative for Sarstedt presented the latest safety aspects of the monovette system and demonstrated the range of products available from the company.

The final speaker was Mr Gordon Hurst, Chairperson of the National Association of Phlebotomist (NAP), he provided feedback on how the Association had progressed and their plans for the future. Launching an appeal for members to be patient and to support the committee members. He told the delegates there were a number of changes being made to the NAP but these things all take time and at a cost, and whilst there had been an increase to annual subscriptions this year these barely covered overheads. This was an illuminating lecture for a first attendee such as myself and revealed the differences that the post "phlebotomist" means nationally.

The afternoon I felt covered a spectrum of topics, giving staff the opportunity to meet the experts. It imbued me to go away and look more closely at certain aspects of phlebotomy science. I hope that the NAP will accept our invitation to host a North West Phlebotomy meeting here in North Wales some time in the next twelve months.

More than just talking - Are you Listening?

The K.S.F. (Knowledge and Skills Framework) describes the 6 core dimensions that will be mandatory part of your Job Profile. As Phlebotomists, it is of paramount importance that we can be effective in our communication skills, and in order to do this we must be good communicators – we all know that this is not just about talking and listening, but let us explore some more:

Facial expression, Body Language, Position, Dress and Gestures

Remember the patient that fainted, with no prior warning, they did not tell you that they felt faint – it was all a big shock for everyone – or did they? - How did the patient enter the room? What was the patient doing with their hands? Were they fiddling with their clothes, twisting their fingers, a signal of tension and worry? How did they sit? Where they tense or perched on the edge of the seat?

As phlebotomists we encounter this type of human behaviour known as non-verbal communication in all aspects of our work and by understanding the importance of it, we can use it to improve our skills.

Test your skills - write down emotions on pieces of paper e.g. worry, anxiety, nervous, tense, anger etc. Let a colleague take one from the pile and through role play and non verbal communication express the emotion to you, for you to decide which emotion is being demonstrated and why. Then reverse roles.

NAP

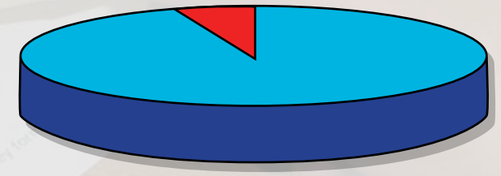
The Newsletter of the National Association of Phlebotomists March 2007 Volume 8.1

Survey Receives Fantastic Support

Saby Chetcuti

The NAP received a fantastic response in support of its efforts to achieve full professional recognition through the 2006 survey. From 1,283 respondents a staggering 94% supported the development of a phlebotomy NVQ or formal qualification.

Support for a formal NVQ qualification for Phlebotomy



The results were returned across the UK from all professions, providing the NAP with essential information on roles, training and qualification.

The largest response rates were received from Nurses and Phlebotomists in General Practice (55%) providing some additional insights into GP service responsibilities and an opportunity to expand the membership of the NAP.

The survey data will provide much needed statistics on diversity, development and training needs, supporting the NAP campaign to raise the profile of phlebotomy with the Institute of Biomedical Scientists and Skills for Health. Additionally, the information will help to provide a body of evidence to the Health Professions Council to implement NVQ level 3 qualification standards and achieve full professional recognition.

News of the overwhelming support of NAP efforts hit the Medical Laboratory World (MLW) headlines with an on-line bulletin on the 31st January. Interviews with Cathy Williams (NAP President) and Alan Wainwright (IBMS) added to the collective phlebotomy voice that is now being heard.

Thank you to all who have contributed in making this survey a success.

IN THIS EDITION

Take A Big Step

With so much going on right now; the launch of National Occupational Standards throughout the country and the progress those new changes will enact, it is imperative that phlebotomists from all over the U.K. unite in a single voice to share their own opinions, recommendations and concerns for the future of their profession. Those who are members of the NAP are doing just that. By being members you add to the collective voice and find the resources you need through the organization.

David Lloyd George once said "Do not be afraid to take a big step if one is required, you can't cross a chasm in two small jumps".

David Lloyd George

AGM & CONFERENCE 2007

THIS YEARS AGM & CONFERENCE WILL TAKE PLACE

ON

SATURDAY 21st APRIL 2007

at

UNIVERSITY HOSPITAL BIRMINGHAM
Postgraduate Centre
QUEEN ELIZABETH MEDICAL CENTRE
METCHLEY PARK ROAD
EDGBASTON
BIRMINGHAM
B15 2TQ

A BOOKING FORM IS ENCLOSED WITH THIS EDITION OF NAP NEWS
PLEASE USE THIS FORM TO PRE-BOOK YOUR PRESENCE AT THE CONFERENCE - SPACE IS LIMITED SO BOOK EARLY - FEE £10

PLEASE ALSO FILL OUT YOUR CATERING REQUIREMENT DETAILS ON THE BOOKING FORM

Following the AGM all committee members will be available for questions and comments from members and would like to invite all attendees to join us for an informal lunch at 12 noon

Please remember the AGM is only for registered members.
Unpaid/lapsed members or guests will be refused entry

TRAIN THE TRAINER DATES

March 3rd & 4th - St Peters Hospital, Chertsey, Surrey
April 14th & 15th - Princess Royal, Telford Midlands
May 19th & 20th - Ashford Hospital, Middlesex (near Heathrow)
June 30th July 1st - Princess Royal, Telford, Midlands
September 8th & 9th - Princess Royal, Telford, Midlands

PAEDIATRIC TRAINING

June 23rd - Princess Royal, Telford, Midlands

DAY OF SCIENCE

June 3rd - Ashford Hospital, Middlesex

ANATOMY, PHYSIOLOGY & COMMUNICATION FOR PHLEBOTOMY

September 22nd - Ashford Hospital, Middlesex

For more details contact Jacqui via email jacqui.hough@asph.nhs.uk

Failure to Draw Blood

It happens to us all. One day we are able to draw every patient on the first attempt. You feel invincible! You ARE super-phleb! It's an exhilarating experience to be good at your job, when your job is so challenging. But then it comes. . . like it or not . . . that one day that creeps up on you and no matter how hard you try, you can't seem to draw even the easiest of veins. No one is immune to this phenomenon. If you stay in this field and work as a phlebotomist for any length of time, this will happen to you.

You know the feeling: your heart beats harder and faster, you feel the adrenaline run full force through your bloodstream and you begin to sweat. You just missed the vein and now you have to tell the patient. You have to attempt the draw again. The patient wants to know what happened and you may or may not know. What happened?

Needle positioning is a major consideration when you fail to draw the blood. There are many considerations as to the problem:

- Needle inserted too far
  - You may pull back slightly to recover
- Needle not inserted far enough
  - You may advance slightly to recover
- Collapsed vein
  - If using a syringe you may apply less pressure when pulling on the plunger.
- Bevel against the wall of the vein (lower wall or upper wall of vein)
  - You may reposition the needle as you would for improper insertion
- Needle is partially inserted
  - This can cause a haematoma. If a haematoma begins to form you must remove the needle and apply pressure to the site.
- Completely missed the vein
  - Only two sticks per phlebotomist. An overall set number of sticks per patient should be addressed by your facility.
- Tubes should be considered as well:
  - Is it pushed in all the way?
  - Has the tube lost its vacuum, or has it expired?

There are a variety of things to consider when you don't get the blood. It is up to the phlebotomist to learn what the possibilities are, use their best judgment in determining what went wrong and respond appropriately. All this whilst the phlebotomist interacts with the patient. Phlebotomy is not an easy job. Skill, customer service skills, good judgment and good attitude are all important. But at the end of the day, you still have to get the blood.

Dennis J. Ernst MT (ASCP)
USA

The Fainting Patient

A Case Study and Discussion

A 25 year old female presents herself for routine blood work to an experienced phlebotomist working alone at a phlebotomy clinic. It is lunch time and the other phlebotomists are in the break room in the back. The patient announces to the phlebotomist that she has a history of fainting.

The phlebotomist, who is currently running behind and hasn't eaten yet, tells the patient, "It'll be fine. Just sit down and look the other way." The patient, thinking that the healthcare professional knows best, does as she is told. The phlebotomist goes through her routine, takes the blood without any problems and tells the patient to hold the site while she writes on the tube.

The phlebotomist notices that the patient looks pale and is sweating right before the patient announces that she feels faint. The tubes are labelled. What to do?

The phlebotomist doesn't want to put the tubes down since they don't have a name on them yet. So, she tells the patient, "We have a room where you can lay down. It's two doors down on the left. You can go in there and I'll be with you in a minute." The phlebotomist points down the hall.

The patient can hardly stand. She says she is too dizzy to carry her purse. The phlebotomist, put out because she's now being interrupted, begrudgingly picks up the purse, tubes still in hand, and follows behind the patient to the designated room.

The room has a bed that protrudes from the wall. It's a hard plastic with a thinly padded plastic covered mattress on it. Two feet from the bed the patient faints. The phlebotomist can only watch in mute horror. On the way down, the patient hits her face, she reaches out in front of her to stop the fall. She lands with two broken fingers, a broken jaw, a fractured skull and a rip to her lower lip.

What could have been done differently in this case?

It is important to know your departmental policy and procedures. How to deal with a fainting patient should be something that every phlebotomist knows by heart. When a patient faints during a blood draw, you do NOT have time to run and get the manual to see what you should do about it. You must know that procedure in advance to drawing any patient.

What does your laboratory policy say about fainting patients? Do you know? What do you know about fainting? Here is some information you should know about fainting. Read it carefully and ask the question again—what could have been done differently in this case?

Fainting (syncope):

- Occasionally a patient will faint during a draw. This can happen for a number of reasons, including fear, illness, or fasting.
- If the patient feels faint during the procedure you should take the following steps:

1. Remove the tourniquet
2. Withdraw the needle
3. Talk to the patient to divert their attention from the procedure and to keep them alert
4. Put the patient's head down (usually to their knees) and have them breathe deeply. You should physically support them so they do not collapse and injure themselves.
5. Loose a tight collar or tie if possible
6. Apply a cold compress or washcloth to the forehead and back of the neck
7. Use smelling salts (only if necessary)
8. Alert the lab pathologist (or other designated authority) if the patient does not respond.

- Note: Once the patient recovers they should remain in the area under supervision for at least 15 minutes or until they have fully recovered. They should be instructed NOT to operate a vehicle for at least 30 minutes.
- Document the incident
  - If the patient appears apprehensive you should inquire as to whether or not they feel they may faint. If they respond in the positive you should lay them down for the procedure.

There are many things that could have been done. The first of which is to take a patient seriously when they say they have a history of fainting or feel faint. The phlebotomist should have laid the patient down to do the blood draw.

The phlebotomist should have called for help. The patient should have NEVER been told to walk to the other room. The patient should have been assisted to the room. There were a great number of opportunities afforded to the phlebotomist that could have prevented this from happening. The phlebotomist didn't follow facility policy. The phlebotomist didn't follow any common sense. What the phlebotomist did do was get that facility sued for hundreds of thousands of dollars.

Often we are pressed for time and overworked. We are asked to see patients in less than five minutes in many places. The fact is that WE are the people making the judgment call on how we treat our patients. It is up to US to determine if more time is needed with a patient. Issues such as those addressed in this case study can happen in an instant. It is our responsibility to be prepared for such events.

The case study above occurred in a hospital in California. The hospital was sued and had to pay the woman thousands of dollars. The young woman suffered pain and an injury that left a scar on her face. To add to the horrible event, this occurred the week before her wedding.

Patients rely on us to know how to treat them. They rely on us to know our job and to do it to the best of our ability, keeping their health and best interest in mind.

NB: It is interesting to note that in California Phlebotomists now have to be state regulated.

Dennis J Ernst is -

- *Director of the Center for Phlebotomy Education, Inc.*
- *Author of Applied Phlebotomy (Lippincott Williams & Wilkins, 2005).*
- *Author of Phlebotomy for Nurses and Nursing Personnel (HealthStar Press, 2001).*
- *Member of MLO's "Tips From the Clinical Experts" panel.*
- *Editor of Phlebotomy Today, an online phlebotomy newsletter.*
- *Coordinator of the Coalition for Phlebotomy Personnel Standards.*
- *Chairperson/Participant in the revision of several CLSI (formerly NCCLS) specimen collection standards and guidelines.*

NAP