

Chapter 1 : Phlebotomy Curriculum Information | Gadsden State Community College

Phlebotomy for Health Care Personnel, Second has been updated to include the CLSI standards and OSHA regulations. The text is now four-color and includes all new photographs and illustrations.

Our phlebotomy programs are continuing education programs designed for nurses, nursing personnel and other health care professionals that are allowed by state regulations to draw blood samples as part of their work duties and professional practice. Some examples of attendees are: If you have questions about the course requirements, feel free to contact us. Nurses, nursing personnel and other health care professionals that are allowed to draw blood samples per state regulations as part of their job. Activity Goals and Objectives- Upon successful completion of this activity the attendee will be able to: Describe the effects of venipuncture on the vein wall. Describe veins appropriate for phlebotomy procedures. List two devices used for collection of blood samples 4: State the rationale for drawing into tubes in the correct order. Describe methods to prevent test result errors. Describe three potential complications of a phlebotomy procedure. Describe how to choose a viable vein for venipuncture. List two steps in obtaining a blood sample utilizing the vacutainer or syringe method 9: List two steps of the Skin Puncture technique for capillary blood sampling Phlebotomy for Nursing Personnel-1 online class: There is no commercial support or conflict of interest for this activity: Our online phlebotomy program is given in a 2 session webinar followed by a post test. A total of 12 class hours are scheduled divided into 3 separate sessions. This offer is only for group classes held at our office and training center in Shelton, Connecticut. The Fee charged is for the group for the full course all 3 sessions regardless of the number of attendees. All 3 sessions must be completed. For details and to register online: [Click here to contact us via email](#) Or call us: How does the online class compare to taking an in-person course? After the class, what is next? How many supervised phlebotomy procedures are required before I can do the procedures on my own? Is this a phlebotomy certification program, and how do I become phlebotomy certified? How long is the online class enrollment period? Additionally our online course includes interactive tools such as games and, videos to further enhance the learning experience. The hands on simulation lab component of the in-person class can be performed after an online class by performing simulated procedures with a clinical preceptor chosen by your employer at your employing organization. This is done prior to performing your initial live phlebotomy procedures on patients under the supervision of your clinical preceptor. We schedule hands-on phlebotomy programs for groups at our class site in Shelton, Connecticut for groups of up to six people per class. [Click here to fill in our consult form to request more information.](#) As soon as possible, arrange to be clinically precepted in phlebotomy while the course information is still fresh in your mind. A preceptor should be experienced, independent, and competent in the procedure. Ideally the same preceptor would supervise the novice clinician in the procedure until the novice is deemed competent in performance of the procedure. Precepting is done in-person with the novice during the performance of phlebotomy on live patients. This type of supervision is a requirement for patient safety and to verify clinician competence prior to independently performing phlebotomy procedures. Number of supervised phlebotomy procedures required: In general organizational requirements will include successful completion of an acceptable phlebotomy education program, review of organizational policies and procedures, and a designated number of supervised clinical procedures with a favorable competency evaluation. PICC Resource Associates, LLC provides sample tools that can be used as is or modified by employers for hands on simulation, or live supervised procedures on patients. We also offer an added option to organizations to contract with us for clinical precepting if needed. Is our Phlebotomy for Nursing Personnel program a phlebotomy certification program, and how do I get certified? If you wish to obtain a national phlebotomy certification, apply for our Phlebotomy Certification Class. [Click here for more details on our Phlebotomy Certification Class.](#) The online class enrollment period is for one year. Our disclaimer, refund, exchange, returns, and cancellation policies are included on our website at this page link: [Please click on the link to review these policies.](#)

Chapter 2 : Phlebotomy for Health Care Personnel 2/e

This second edition of Phlebotomy for Health Care Personnel was designed not just for classroom but also independent and distance learning. Checkpoint questions and Student CD exercises have been added to make the learning process interactive and to promote increased comprehension.

HPB pick - Out of stock Loading HPB condition ratings New: Item is brand new, unused and unmarked, in flawless condition. No defects, little usage. May show remainder marks. Older books may show minor flaws. Shows some signs of wear and is no longer fresh. Used textbooks do not come with supplemental materials. Average used book with all pages present. Possible loose bindings, highlighting, cocked spine or torn dust jackets. Obviously well-worn, but no text pages missing. May be without endpapers or title page. Markings do not interfere with readability. All text is legible but may be soiled and have binding defects. Reading copies and binding copies fall into this category. Mint condition or still sealed SS. Absolutely perfect in every way. No defects, little sign of use, well cared for. Not necessarily sealed or unused, but close. Could be an unopened promotional or cut item. Will show some signs that it was played and otherwise handled by a previous owner who took good care of it. Attractive and well cared for, but no longer fresh. Minor signs of wear, scuffing or scratching, but will play almost perfectly. This item is in okay condition. Obviously well-worn and handled. Most vinyl collectors will not buy good or below, but some tracks on CD or vinyl will play. This movie is unopened and brand new. No defects, little sign of use. No skipping; no fuzzy or snowy frames in VHS. Attractive and well cared for but no longer fresh. Minor signs of wear, but will play almost perfectly. This item is in okay condition and basically works well. Basically plays, but may be obviously well-worn with some scratching or tape distortion. Disc or tape is intact, but may be scratched or stretched. There may be skips or distortion or product defects. Sign up for bookish emails And get a coupon for your first purchase.

Chapter 3 : Phlebotomy for health care personnel | Open Library

Phlebotomy Personnel is the only UK-wide specialist recruitment company working with individuals, the public sector and private healthcare companies to provide the best in recruitment, training and consultancy services.

This is an open access article distributed under the Creative Commons Attribution License , which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. Blood specimen collection is a common procedure in health care, and the results from specimen analysis have essential influence on clinical decisions. Errors in phlebotomy may lead to repeated sampling and delay in diagnosis and may jeopardise patient safety. This study aimed to describe the experiences of, and reflections on, phlebotomy practices of phlebotomy personnel working in primary health care after participating in an educational intervention programme EIP. Thirty phlebotomists from ten primary health care centres participated. Their experiences were investigated through face-to-face interviews. Findings were analysed using qualitative content analysis. The participants perceived the EIP as having opened up opportunities to reflect on safety. The EIP had made them aware of risks in relation to identification procedures, distractions from the environment, lack of knowledge, and transfer of information. The EIP also resulted in improvements in clinical practice, such as a standardised way of working and increased accuracy. Some said that the training had reassured them to continue working as usual, while others continued as usual regardless of incorrect procedure. The findings show that EIP can stimulate reflections on phlebotomy practices in larger study groups. Increased knowledge of phlebotomy practices improves the opportunities to revise and maximise the quality and content of future EIPs. Educators and safety managers should reflect on and pay particular attention to the identification procedure, distractions from the environment, and transfer of information, when developing and implementing EIPs. The focus of phlebotomy training should not solely be on improving adherence to practice guidelines. Introduction Collection of blood by venipuncture is one of the most frequent procedures in health care [1]. Results from specimen analysis are essential for diagnosis and treatment and have essential influence on clinical decisions. Errors in phlebotomy can lead to patient suffering and jeopardise patient safety [2 , 3]. The present study interviewed phlebotomy personnel working in primary health care centres PHCs in Sweden. The focus was on their experiences of performing venipuncture after participating in an educational intervention programme EIP. Blood specimen collection is performed following a clinical decision and request for patient testing. Phlebotomy includes processes of patient identification and specimen collection, handling, transportation, and analysis, with the results eventually being reported back to the patient [4]. Phlebotomy is, in line with other practical skills in health care, a complex procedure. Theoretical knowledge and manual skills, accuracy, and caring comportment, as well as good interaction between the health care personnel and the patient are essential when performing complex procedures [5]. To increase patient safety, as well as give the patient the optimal attention, these skills should be performed with good ethical intentions, based on solid practical and theoretical nursing skills [5 , 6]. Previous studies have shown that blood specimen collection from the wrong patient, insufficient volume, and clotted specimens are common, and these errors may be a reason for rejection of specimens [3 , 8]. Adherence to blood collection practice guidelines has been investigated [9 – 12] in Sweden using a validated questionnaire [9 , 13]. These studies document several important preanalytical errors such as incorrect patient identification, incorrect test request management, and incorrect tube labelling. Therefore, these areas need to be given attention to improve patient safety [9 – 12]. One way of improving patient safety is by developing effective training programmes for health care personnel. Curriculum designers and instructors need to employ appropriate pedagogical strategies for these programmes [14]. However, most of the studies on EIPs on phlebotomy only include a small number of participants. During recent years the use of e-learning has increased, especially in rural areas, and it appears to be achieving positive outcomes [20]. Few studies have evaluated whether phlebotomy training courses in larger study groups increase adherence to guidelines and improve practices [21]. Based on several studies showing poor phlebotomy practices [9 – 12 , 22], we developed and implemented an EIP to improve, update and sustain phlebotomy practices. Given

restricted premises, the EIP focused on the implementation of phlebotomy guidelines according to the Swedish Handbook of Health Care [23] and how to avoid haemolysis as well [24]. The EIP consisted of three parts: On evaluation of the EIP, we found minor to medium improvements in sample quality and phlebotomy guideline adherence [19 , 25].

Method We performed a qualitative, descriptive study based on face-to-face interviews analysed using qualitative content analysis [26]. The sample included phlebotomy personnel who had completed a phlebotomy questionnaire in , participated in an EIP in , and answered the same questionnaire as follow-up between September and June . In total, 30 phlebotomy personnel from ten PHCs agreed to participate. They worked at different PHCs in urban or rural areas and varied in respect of gender three were men , age, working years, and profession. The median age was 57 years range 32–65 years , and median of PHC working years was 20 range 1–37 years. Among the 30 participants, 18 were enrolled nurses, eleven were registered nurses, and one was a biomedical technician.

Interviews The invited personnel were informed about the study by a postal letter, followed by a phone call asking them to participate. Before the interview started, participants were informed about the aim of the study. The interview questions were open-ended, with reflective elements, and informal in nature. The interview guide addressed experiences of phlebotomy after participating in an EIP. The interviews were tape-recorded and transcribed verbatim.

Data Analysis The text was analysed using qualitative content analysis [26] with an inductive approach [27]. The analysis was performed in several steps. Firstly, the interviews were read through to gain a sense of the whole. In this step, the tape recordings were also listened to in order to validate the text. Text that was not relevant to the aim of the study, that is, reflections on other forms of specimen collection, such as capillary or bacterial specimen collection, was excluded. Secondly, the text was divided into meaning units, that is, words, sentences, and paragraphs related to each other by content. Thirdly, the meaning units were condensed while still preserving their core and labelled with codes. The codes were compared for differences and similarities and sorted into eight categories at a manifest and descriptive level [29]. The codes were identification procedure, distractions from the environment, lack of knowledge, transfer of information, a standardised way of working, accuracy in clinical practice, continuing as usual in the right way, and continuing as usual regardless of incorrect procedure. In the next step, the categories were abstracted and formulated as three subthemes: Themes are threads of latent meaning running through several categories. After several discussions among the research team, consensus was reached and a theme was formulated: In addition to discussing the codes, categories, and theme, we present below a number of relevant quotations along with our findings to allow the reader to judge the authenticity of our interpretations. All participants received verbal and written information on the study. Participants gave their informed consent to participate and were able to choose the time and place of the interview. Also they had the opportunity to stop the interview if they wished.

Education Opens Up Opportunities for Reflection on Safety In this study we found that Education opens up opportunities for reflection on safety. This means that the EIP made participants aware of risks of and led to improvements in phlebotomy practice, and further reassured them regarding the phlebotomy procedure Table 1. Overview of the categories, subthemes, and theme revealed during the analysis.

Becoming Aware of Risks The participants reported that the EIP had made them aware of risks in relation to the identification procedure, distractions from the environment, lack of knowledge, and transfer of information.

The Identification Procedure Participants described situations in which they sometimes left a patient alone before the blood collection was finished. They also reflected that failure to follow identification procedures can lead to inaccuracy. Verifying the identity of someone they knew might feel unnecessary and might sometimes even be awkward or embarrassing; however, it needed to be done. Other experiences relating to the identification procedure were that identification of patients was affected by communication problems. The participants gave the example of difficulties in identifying immigrants, children, and people suffering from dementia. Experiences of risky identification practices are cited below:

Distractions from the Environment The participants described distractions from the surroundings. Rooms allowing blood specimen collection from several patients simultaneously were described as presenting a risk for errors and also as jeopardising patient integrity. The participants related that they were sometimes asked to register and sign test request forms from the municipality, when they had no control over the collection quality. Thus, they deviated

from phlebotomy guidelines by signing for others, which felt wrong. Two distractions from the environment are described below: Everyone will pass by [the lab], although they might not come to have samples taken. Doctors ask a lot of different things. It need not be about sampling, but it could be other things they want to know, about patients, reservations and appointments and there are people who call and are looking for doctors. It can affect patient safety in some cases. Because it is really stressful, so, when it becomes crazy, then I will be honest and say. Interview 20 It sometimes happened that parents who were in a hurry became angry because they had to wait for the analgesic to take effect on their child prior to sampling. There were also participants who sometimes had to hold a patient still during phlebotomy, which caused conflicting emotions for the participants: Yes, it is. You can do the collection directly, rather than having to try yourself, and the patient moves, and you must puncture them several times. Lack of Knowledge The participants reflected on lack of knowledge among phlebotomy personnel and described this as putting patients at risk. They also reported that sometimes, prior to the EIP, they had kept the phlebotomy tubes in their handbags, unaware of possible consequences. Also, how to label tubes and perform phlebotomy with a number of tubes using the correct order of draw had been new for several of the participants. After the EIP, the participants understood that test tube additives can be transferred between tubes and that shorter tourniquet use gives more reliable test results and less suffering for patients. Not knowing the guidelines and rarely performing phlebotomy were described as risky. Sometimes participants had to recall patients for repeated sampling. An example of lack of knowledge is given below: Nurses have some problems in the summer when we do not perform sampling. The phone rings every five minutes and they ask about a particular analysis and what it means. And like that. The patient should be fasting, I reply.

Chapter 4 : Phlebotomy For Healthcare Personnel | Phlebotomists

*Phlebotomy for Health Care Personnel 2nd Second edition BYFitzgerald [Fitzgerald] on www.nxgvision.com *FREE* shipping on qualifying offers.*

Whether this is your first choice career or you are cross-training, the demand for qualified phlebotomists is expanding. Flexibility is key to obtaining, maintaining, and improving your health career. The concept of cross-training, or multiskilling, although not a new one, has become the expected rather than the exception. Cross-training allows you to be able to function in a variety of workplace settings doing diverse tasks. The fact that you are currently reading this book means that you are willing to acquire new skills or specialize the skills you already possess. This willingness translates into your enhanced value, job security, marketability, and mobility. This second edition of *Phlebotomy for Health Care Personnel* was designed not just for classroom but also independent and distance learning. Checkpoint questions and Student CD exercises have been added to make the learning process interactive and to promote increased comprehension. The variety of materials included with the program provides for multiple learning styles and ensures that you will be a success. History, roles and responsibilities, safety and infection control, and legal and ethical issues are included in this chapter. Chapter 2, Blood Circulation, Function, and Composition, includes basic and essential information about the blood and circulatory system. This knowledge is necessary to understand the phlebotomy procedure and various tests that are performed on blood. Chapter 3, Equipment for Specimen Collection, details the types of equipment you will use during the practice of phlebotomy. Lots of figures have been included to ensure you are familiar with the equipment. An emphasis upon the need for safety equipment is stressed. Chapter 4, Performing Venipuncture and Dermal Puncture, includes the step-by-step process for both venipuncture and dermal puncture. Detailed descriptions, possible circumstances that can occur during the process, photographs, and interactive exercises on the Student CD prepare you to perform your first venipuncture or dermal puncture. Specific collection processes, urine specimens, blood smears, centrifuge operation, and point-of-care and waived testing are also included in this chapter. Certification, continuing education, quality assurance, quality control, factors that affect laboratory values, specimen rejection, and risk management are all addressed. These terms are in bold type within the chapter and are defined both in the chapter and in the glossary at the end of the book. Open the Student CD to hear the pronunciation of each key term, and practice learning the term with the Key Term Concentration game. Checkpoint Questions At the end of each main heading in the chapter are short-answer Checkpoint Questions. Answer these questions to make sure you have learned the basic concepts presented. CD activities After you have finished the Checkpoint Questions, you are sent to the interactive Student CD activity to further your review and practice of the concepts presented in each section. Be sure to complete the activities on the CD before you continue to the next section. Troubleshooting The Troubleshooting feature identifies problems and situations that may arise when you are caring for patients or performing a procedure. At the end of this feature, you are asked a question to answer in your own words. Safety and Infection Control You are responsible for providing safe care and preventing the spread of infection. This feature presents tips and techniques to help you practice these important skills relative to phlebotomy. Patient Education and Communication Patient interaction and education and intrateam communication are integral parts of health care. As part of your daily duties, you must communicate effectively both orally and in writing, and you must provide patient education. Use this feature to learn ways to perform these tasks. You must perform duties within established ethical practices. This feature helps you gain insight into how HIPAA, law, and ethics relate to the performance of your duties. Chapter Summary and Review Once you have completed each chapter, take time to read the summary and complete the chapter review questions, which are presented in a variety of formats. These questions help you understand the content presented in each chapter. The OLC provides links for you to complete research and activities relative to the information presented in the chapter. You will also find other review activities and materials on the OLC to assist you in learning phlebotomy. Review the material again with the Spin the Wheel game and then take the chapter test. You can print or e-mail your score to your instructor. PowerPoint presentations for each chapter

have Apply Your Knowledge questions at the end of each section and can be used for classroom presentation and discussion. An EZ-Test test bank that contains a variety of questions with graphics allows you to simply and easily create your own final or chapter exam. Anticipatory set activities for each chapter help stimulate and enhance student learning as you begin each new topic. Curriculum suggestions provide information on how to use the materials based on your course length and depth. They provided us a location for photography and videotaping for the textbook and software program. Suzanne Fielding gets special thanks for making all the arrangements and providing technical expertise throughout the photography. Also many thanks go to Leesa Whicker and her Medical Assistant students at Central Piedmont Community College in Charlotte, NC, for their time during the video and photography session at their facility. Antonio Wallace Thanks to Dr. Debbie Fitzgerald Thanks to the awesome editorial team at McGraw-Hill Higher Education for their tireless efforts and continued excellence.

Chapter 5 : Phlebotomy Technician

Table of Contents for Phlebotomy for health care personnel / Kathy Booth, Antonio Wallace, Debbie T. Fitzgerald, available from the Library of Congress. Bibliographic record and links to related information available from the Library of Congress catalog.

A standardised way of working Achieving improvements in clinical practice Accuracy in clinical practice Continuing as usual in the right way Feeling reassured to continue working as usual Continuing as usual regardless of incorrect procedure Open in a separate window 3. Becoming Aware of Risks The participants reported that the EIP had made them aware of risks in relation to the identification procedure, distractions from the environment, lack of knowledge, and transfer of information. The Identification Procedure Participants described situations in which they sometimes left a patient alone before the blood collection was finished. They also reflected that failure to follow identification procedures can lead to inaccuracy. Verifying the identity of someone they knew might feel unnecessary and might sometimes even be awkward or embarrassing; however, it needed to be done. Other experiences relating to the identification procedure were that identification of patients was affected by communication problems. The participants gave the example of difficulties in identifying immigrants, children, and people suffering from dementia. Experiences of risky identification practices are cited below: Distractions from the Environment The participants described distractions from the surroundings. Rooms allowing blood specimen collection from several patients simultaneously were described as presenting a risk for errors and also as jeopardising patient integrity. The participants related that they were sometimes asked to register and sign test request forms from the municipality, when they had no control over the collection quality. Thus, they deviated from phlebotomy guidelines by signing for others, which felt wrong. Two distractions from the environment are described below: Everyone will pass by [the lab], although they might not come to have samples taken â€ Doctors ask a lot of different things. It need not be about sampling, but it could be other things they want to know, about patients, reservations and appointments â€ and there are people who call and are looking for doctors â€. It can affect patient safety in some cases. Because it is really stressful, so, when it becomes crazy, then I will be honest and say. Interview 20 It sometimes happened that parents who were in a hurry became angry because they had to wait for the analgesic to take effect on their child prior to sampling. There were also participants who sometimes had to hold a patient still during phlebotomy, which caused conflicting emotions for the participants: Yes, it is â€. You can do the collection directly, rather than having to try yourself, and the patient moves, and you must puncture them several times â€. Lack of Knowledge The participants reflected on lack of knowledge among phlebotomy personnel and described this as putting patients at risk. They also reported that sometimes, prior to the EIP, they had kept the phlebotomy tubes in their handbags, unaware of possible consequences. Also, how to label tubes and perform phlebotomy with a number of tubes using the correct order of draw had been new for several of the participants. After the EIP, the participants understood that test tube additives can be transferred between tubes and that shorter tourniquet use gives more reliable test results and less suffering for patients. Not knowing the guidelines and rarely performing phlebotomy were described as risky. Sometimes participants had to recall patients for repeated sampling. An example of lack of knowledge is given below: Nurses have some problems in the summer when we do not perform sampling. The phone rings every five minutes and they ask about a particular analysis and what it means. And like that â€. The patient should be fasting, I reply. You need the knowledge when you are at home with the patient. Transfer of Information The participants pointed out that the transfer of information presented a risk for misunderstanding. Sometimes, when a patient came to the PHC for sampling, no order was available for that patient. In other cases, information and a referral had reached the patient but not the PHC staff. It could happen that the wrong test was ordered or entered onto computer. Often the phlebotomist had no control over this, since it was a physician, another colleague, or staff from another ward who often initiated the order. It is not difficult to make the sample collection or deal with the patients, but other things can be difficult. It can take a very long time when it is not mentioned if the patients have referrals from other clinics and there is no

information about which analysis has been ordered, or it is a weird order that nobody knows about. And to call and hunt down personnel at the clinic, or even to call the lab and find the person who performs the analysis. Interview 20 3. Achieving Improvements in Clinical Practice Participants reflected on safety and described how they had achieved improvements in clinical practice in relation to a standardised way of working and accuracy in clinical practice. A Standardised Way of Working To ensure quality, a standardised way of working was described as important, particularly in stressful or emergency situations. After having undergone the training, the participants described improvements in using the practice guidelines. That is the first thing I think of that has changed since the training. And to avoid stasis if possible. Participants also reported that since the EIP they had used the tourniquet for shorter periods, and they had changed details like the order of draw, in line with the national guidelines. They said they had had no problem changing procedure as the new methods were easy to understand and practical. They also reported that they had improved the preparation procedures for the PHC together with coworkers. One PHC had bought bags especially for phlebotomy, with space for all materials and a carrier to store the tubes standing as instructed. The participants described better routines, such as performing one thing at a time. If the phone rang, it was better to answer after finishing the sampling. This improved patient safety. The participants also reflected on developments in planning being well prepared, making systematic checks to ensure that you have all the material available, and not having to fetch anything during sampling. Since the EIP, participants had used the internal network more frequently when searching for specimen collection instructions; and they found that they had to ask colleagues less often. In addition to increasing patient safety, they also remembered to take all phlebotomy materials with them to the home of a patient. Patients who were sampled frequently were allowed to take care of their own referral labels, such as the name and birth registration number. A standardised way of working is outlined below: I always take standardised samples. I prepare what I can and I tell the patients and we go and take samples. The referrals are already prepared. You should have it done in advance, in fact, and yet, if it is children, it takes time. There may be stressful situations, and then it is particularly careful to work according to procedures. Accuracy in Clinical Practice A standardised way of working contributed to increased accuracy in clinical practice. Increased accuracy ensured patient safety, gave more accurate test results, and meant that repeated blood specimen collection was required less often. They recalled that previously they had approached the identification procedure fairly casually. The EIP motivated them to adhere to guidelines and had reminded them of the consequences of being careless. Improved accuracy in most cases meant labelling tubes in the presence of the patient and in accordance with the guidelines. The participants also described being more careful in general: That I have changed. Before, I used to let the patient walk out of the room without being ready. All referrals are completed, everything is ready, and I have posted the date and removed the name from the computer and I always bring just one patient at a time into the room. Interview 16 3. Feeling Reassured to Continue Working as Usual Feeling reassured to continue working as usual included continuing as usual in the right way and continuing as usual regardless of incorrect procedure. Some participants felt that they were already working as instructed, while others thought that they had not learnt anything new during the EIP or just did not want to change their routines. Continuing as Usual in the Right Way Participants in this group felt reassured that they were already working as instructed. Some said that the EIP had not taught them anything new and that patient identification procedures had always been important to them. Some reported that they had achieved updated knowledge and that the EIP had motivated them and reminded them of possible risks and complications in phlebotomy. With regard to ethical issues, they said it was no problem to adapt work according to different situations and find new information from the internal network. Phlebotomy had been made visible by the EIP. They thought that all phlebotomy personnel should receive the phlebotomy training, regardless of background, to ensure patient safety. After many years without training, the participants appreciated having been able to participate in the EIP: For me, it feels really good. In the 70s there was no education. The more education, the more I understand about what could go wrong. Continuing as Usual Regardless of Incorrect Procedure On the other hand, some participants did not change their routines; they continued as usual despite the knowledge that they were not following correct procedure. After the EIP, these participants reported that they were still not working according to the new

instructions. For example, one participant continued working without gloves, not thinking about safety. Instead, this phlebotomist thought of patient comfort and, also, of avoiding repeated sampling through accuracy in finding veins ungloved. Other participants said they had no intention of using the web-based internal network, as they would soon retire. The participants described changes in referral and identification procedures due to general development. Discussion Education opened up opportunities for reflection about safety. This was the main finding of our study. More specifically, participants in this study became aware of risks, experienced improvements in clinical practice, and felt reassured about the work they were doing. In addition, from a system and a patient perspective, all personnel involved should take responsibility for mistakes in health care [30 , 31], resulting in improved overall care and ensuring patient safety. Phlebotomy is performed similarly across the whole Swedish PHC system and is regulated by the Swedish National Board of Health and Welfare [32] and national guidelines [23], which indicates that there is probably the same risk for errors in other Swedish county councils. Our results suggest that educators, and safety managers, should focus on the identification procedure, distractions from the environment, and transfer of information, when developing and implementing EIPs, and should not focus solely on improving adherence to practice guidelines. Transfer of information between, for example, the county council and the municipality was described as a risk in our study. Transfer errors can be explained by deficiencies in the organisational structure [33 , 34], for example, communication failures [31], but this has not been addressed in our present study. In a previous intervention study performed by our research group [25], phlebotomists from the intervention group reported less use of printed, presumably outdated instructions and more use of information via the internal network. However, for implementation of an intervention aiming to improve transfer of information between units or people, more research is needed.

Chapter 6 : Special Topics in Phlebotomy

Buy Glencoe Phlebotomy for Health Care Personnel by McGraw-Hill at www.nxgvision.com ISBN/UPC: Save an average of 50% on the marketplace.

Chapter 7 : Phlebotomy - Wikipedia

We would like to show you a description here but the site won't allow us.

Chapter 8 : Phlebotomy for Health Care Personnel - PDF Free Download

Start studying Phlebotomy for health care personnel MAP Learn vocabulary, terms, and more with flashcards, games, and other study tools.

Chapter 9 : Table of contents for Phlebotomy for health care personnel

provide safe care, generate accurate data and communicate effectively to patients and other health care personnel. To effectively train phlebotomy professionals, the performance of these functions is incorporated throughout the program.