

Implementation of Blocking Label for PHI

The Problem

- Environment of Care (PACE) surveys & TJC identified storage of the large 96 gallon paper (including protected health information (PHI)) recycle bins in corridors were in violation of life safety egress standards.
- Upon investigation of overall trash container use, it was identified that non-paper PHI (items with patient identifier labels) was being disposed of in regular trash. PHI constitutes direct association of one or more of the following with the patient name: medical record number, DOB, medication, BIDMC name or any other clinical information.
- These unprotected items included: IV bags, patient ID bands and various specimen containers.
- This gap created a high risk of violating our privacy standards.
- The improvement effort was initiated upon clarification that the regular trash is not disposed of in a manner to protect patient confidentiality. Regular trash goes to landfill.
- The scope included all areas within BIDMC that provides or supports patient care.
- This problem links to IOM Dimensions of Quality Care for Effectiveness, Safety and Patient Centeredness.

Aim/Goal

To provide an easy, cost effective and acceptable method for protecting the PHI when disposing of items in the regular trash.

The Team

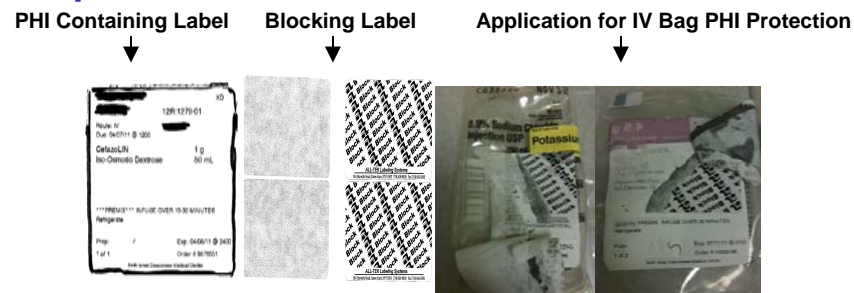
- Gary Schweon, Environmental Health and Safety
- Kim Sulmonte, PCS
- Bill Pyne, Distribution
- Eileen McCarthy, Norma Chitvanni- Compliance
- Pat Thomas and Jeff Berry - Contracting
- PHI/PI Disposal Task Force

The Interventions

- BIDMC administers over 700,000 IV's to patients annually. IV labels have 2 patient identifiers (Name & DOB) along with other medical information such as drug administered. Currently, empty IV bags are thrown out in regular trash. Exceptions are chemo and RCRA drugs which are collected in special containers.

- Best practice search of other hospitals to protect PHI determined that use of black marker to cover up PHI was the most common intervention. When piloted with our labels, it was proven ineffective since the PHI imprint still showed through.
- Further search for other options identified the "blocking label" as a more reliable intervention.
- Pilot by placing "blocking label" over the top of existing PHI label proved to be 89% effective in not being able to peel apart the 2 labels. In a very small number, if able to separate the 2 labels, the action of peeling the labels apart effectively made unreadable the PHI printed material underneath.
- Efficacy and findings presented to PCS Quality/Safety and NM Councils for approval. PHI /PI Disposal Task Force provided final approval.
- As of December, 2013 a monthly average of 149 rolls have been supplied to clinical areas (1000 labels per roll).

Examples



Lessons Learned

It is important to evaluate all options in order to identify the most cost effective and reliable method. One must also take into consideration clinician workflow in order to make sure this practice does not become a hindrance for meeting the intent of the law and compliance.

Next Steps/What Should Happen Next

- The "Blocking Labels" have been fully implemented throughout BIDMC.
- General observations and discussion with staff demonstrate that the use of the labels is occurring.
- Reinforcement of use to be included with other PHI collection initiatives coming in February, 2014



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