Dismay at non-action

I was most distressed to read your “Twinkletoes performs in ‘Art of the Draw’” (MLO, April 2006, p. 4) of your experiences with phlebotomy and communications. As a former medical technologist educator, I wonder why you, as a healthcare professional, did not take the opportunities mentioned to educate the persons who were assaulting your body? At the very least, as a health consumer, you should not have allowed such persons to perform any procedures on you. We have many regulations concerning the use of eye protection, gloves, and types of equipment, which are acceptable. I question if you even read the articles in the magazine of which you are the editor.

—Carol J. Wilson, MT(ASCP)
Grand Junction, CO

Editor’s Note: I truly do thank you for taking the time to express your opinion. As the editor of MLO, yes, I do read every article many times over before the magazine is printed. I am also very aware of the ‘rules and regulations’ associated with phlebotomy as I have had the good counsel of Dennis Ernst, director of The Center for Phlebotomy Education. When anyone at the office asked about my health situation, I put my “lighthearted spin” on these episodes and was encouraged to use the material in the magazine.

As quite a frail and still-medicated healthcare consumer at the time, I found it extremely difficult to be as direct as I should have been with the home nurses. You are absolutely right on this count.

I did make a verbal report to their superiors — not only about their lack of band-aids. After the first incident, I also verbally reported them to my surgeon who recommended their organization. I am still completing a written survey from the hospital, which also recommended this particular nursing service, along with a letter describing my experiences.

Here follow other comments regarding “Twinkletoes”:

■ “Hang in there health-wise — and stay away from that guy who likes to juggle needles and sample tubes on his shoe!”
■ “EGADS! How utterly appalling ... Can I pick my jaw up off the floor now, or do you have more stories?”
■ “There is an article in this.”
■ “The ‘Visiting Nurse Service’ stories ... differentiate the ‘duffers’ from the professionals.”
■ “What an ordeal. I can’t believe the phlebotomy stories (well, yes, I can believe them).”

Perhaps because of your letter, my answer has allayed any other readers’ fears that I took this experience lightly. Next is a different “take.”

Yes, we have band-aids

I recently read your editorial, “Twinkletoes performs in ‘The Art of Draw,’” and have been “pondering” it ever since. It really made me step back and think about how we are perceived by the general public. I am the outreach coordinator at a community hospital, and one of my duties is to oversee our home-draw program. We have a phlebotomist who travels around the county and draws people who are homebound and no longer under the care of a visiting nurse service. I have accompanied him on few occasions to observe and evaluate his performance, but I must admit that there are some points you made that I never considered.

For example, I got the impression that you were not impressed with the insulated lunch bucket that your visiting nurse used to carry his supplies. Many home medical services use these, and I never thought about how they looked. We now use a bag that has a medical emblem and looks much more professional. I realize it is just a bag, but at least it doesn’t look like we came for lunch.

Another point that you brought up was where in the home is the proper place to draw the patient. I talked to our home phlebotomist, and he said that he lets the patient decide. Some patients don’t like the idea of having their blood drawn in the dining room, because that is where they eat. Others don’t want to be drawn in their living room for fear that a drop of blood might get on their furniture. By letting the patients decide, he feels they will be more comfortable with the experience.

One change we are considering is due to the comment you made about the visiting nurse laying the filled tubes on your carpet. We plan to spread out an underpad to lay tubes, alcohol wipes, and other materials on, so they do not come into contact with the patient’s carpet, tablecloth, or furniture. We also talked about laying one under the patient’s arm also.

I realize that these changes have more to do with appearance than the actual quality of work (and I know they say that appearances can be deceiving), but I really feel that appearance is very important. If you, your supplies, or the way you do things don’t appear proper, then the public will never give you the opportunity to prove your quality. Even if you have band-aids.

—Gary Kirkbride
Laboratory Outreach Coordinator
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Editor’s note: Truthfully, I was not unimpressed with the lunch bucket until I realized it did not contain all of the supplies that a patient would expect a visiting

MLO welcomes letters to the editor. We ask that you include a phone number for verification. While we prefer to publish the writer’s name, we will publish a letter with “name withheld by request,” but our editorial staff must have the writer’s name confirmed for our files. MLO reserves the right to edit any letter for style and length.
healthcare professional to carry — like those band-aids. You are correct to say that poor grooming, a lack of supplies, and/or a sort of slapdash attitude about performing healthcare duties does not invite a good impression. This, often, will override forever the fact that the visiting nurse is a compassionate person with a good education and well-honed skills. Thank you for letting me know that my scary experience prompted your examination of your home-draw program — and you are welcome to come to lunch anytime.

**Drawing blood without a test order**

I would like to take a different approach to this issue than that advocated by Dennis Ernst in the April 2006 issue (“Tips from the clinical experts,” p. 30). Mr. Ernst pointed out potential problems associated with drawing blood without a test order and recommended working with physicians to minimize or eliminate such draws. From an immunology testing point of view, there are times when a physician may not be sure of which test to order (e.g., possible viral infection and does not want to screen for many viruses up front) but may want to obtain a specimen early in the disease process, or, for example, prior to a vaccination.

We have developed a process to handle this type of situation. We have a formal “hold serum” orderable test. All serum specimens submitted for immunology testing are logged into our freezer after testing and stored for two months. This allows us to add a test upon receipt of a physician’s order (e.g., adding an immunofixation following an electrophoresis, or pulling an acute specimen for paired follow-up testing with a convalescent specimen).

Our log system makes it easy for us to find and pull the original specimen. The “hold serum” specimen is sent to immunology and logged into our routine freezer storage. It will be discarded two months later — if no tests were requested — along with the other specimens from that particular date. If the physician contacts us in the interim, it is a simple process to pull the specimen and add on the requested assay. Our physicians appreciate this policy, and we have had no problems with it.

As an aside note, it is extremely rare for the “hold serum” to be ordered alone. Almost always, additional blood work is ordered at the same time as the “hold serum” test, so there is a venipuncture that is occurring regardless of the “hold serum” request. On the rare occasion that a “hold serum” is ordered alone, we have a phlebotomy charge built into the system.

—Thomas S. Alexander, PhD, D(ABMLI)
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**Dennis Ernst’s reply:** You have designed a very workable solution to a dilemma with which many labs struggle. MLO readers will benefit from knowing how you have successfully implemented a compromise that keeps everyone happy. Thanks for sharing it with us. —

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