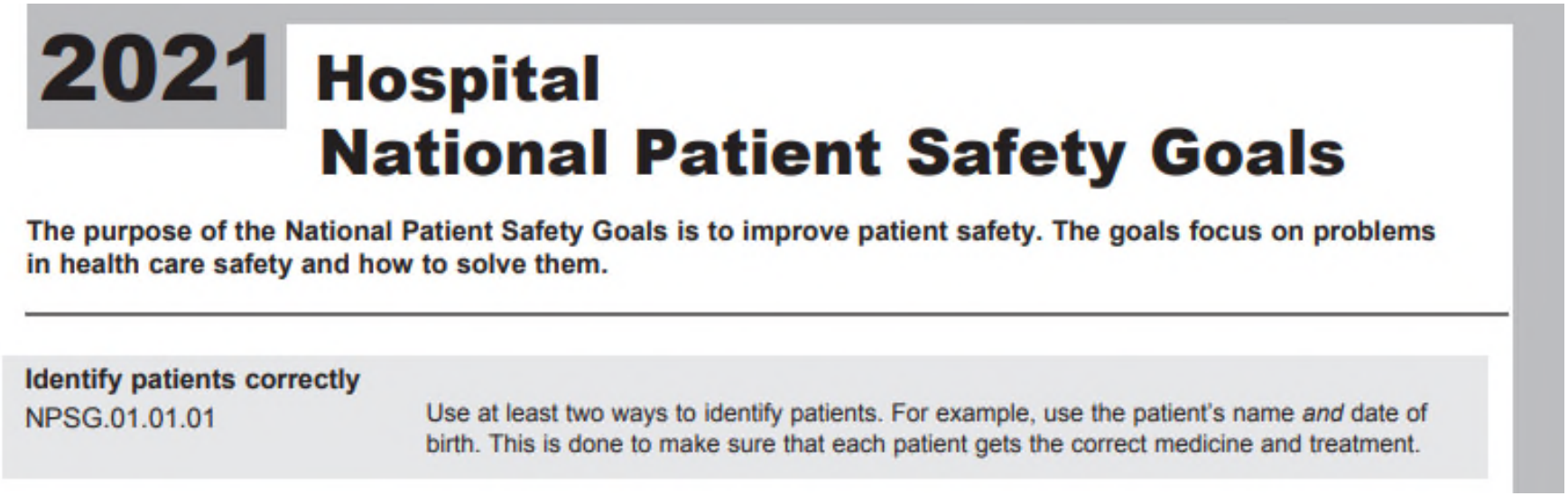
SAINT FRANCIS LABORATORY SAFETY TRAINING

Mislabeled or Unlabeled Specimen Reporting

SaintFrancis Health System

July 2021

TRAINING OBJECTIVES
WHY IS CORRECT SPECIMEN LABELING IMPORTANT?



2021 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly	
NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Identifying patients correctly is the #1 National Patient Safety Goal. As a part of the hospital team the laboratory ensures that we meet this goal by only accepting correct and accurately labeled specimens.

- To assist and track this important aspect of patient care the lab QSE department has developed workflows for reporting when specimens are sent to the Lab unlabeled or incorrectly labeled.

- This training module is intended to define reporting workflows for laboratory employees throughout the Saint Francis Health System.

UNLABELED SPECIMEN WORKFLOW

No label, unable to determine identification → Discard specimen

Label present but not affixed

Can the specimen be redrawn?

- Irretrievable specimen
- Outreach ID error

NO

- Inpatient (IP) → IP Mis/Unlabeled Specimen Report (Sup, Lead, Tech in charge only) → QSE Dept.
- Outreach → Outpatient Mis/Unlabeled Specimen Report → Customer Service → QSE Dept.
- Nursing Home (Main Lab Only) → Outpatient Mis/Unlabeled Specimen Report → Lab Support Office → QSE Dept.

YES

Redraw in EPIC with the reason "Specimen Unlabeled" → QSE runs reports to track

MISLABELED SPECIMEN WORKFLOW

Mislabeled Specimen (Wrong Patient ID)

Have results been charted?

YES

Result Correction Comm. Log communication required.

Nurse or Physician must reorder test, specimens are collected again and lab will credit the patient.

Verge the Incident (Sup, Lead, or Tech in charge only)

Always add Clinical Lab as secondary location in Verge report.

QSE Dept.

NO

- Irretrievable specimen
- Outreach ID error

Can the specimen be redrawn?

YES

Redraw in EPIC with the reason: "Drawn from Wrong Patient"

QSE runs reports to track

NO

Inpatient (IP)

IP Mis/Unlabeled Specimen Report (Sup, Lead, or Tech in charge only)

QSE Dept.

Outreach

Outpatient Mis/Unlabeled Specimen Report

Customer Service

QSE Dept.

Nursing Home (Main Lab Only)

Outpatient Mis/Unlabeled Specimen Report

Lab Support Office

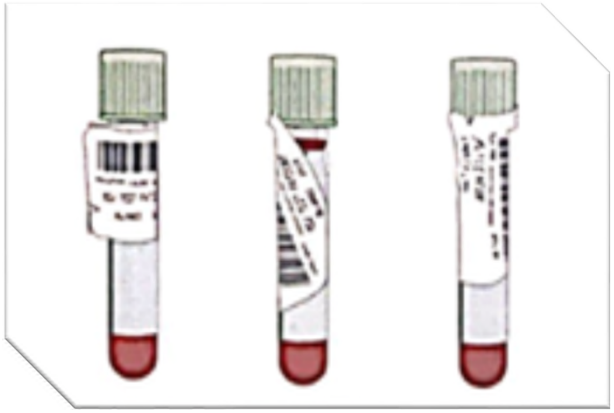
QSE Dept.

WHEN TO REPORT A MISLABELED SPECIMEN

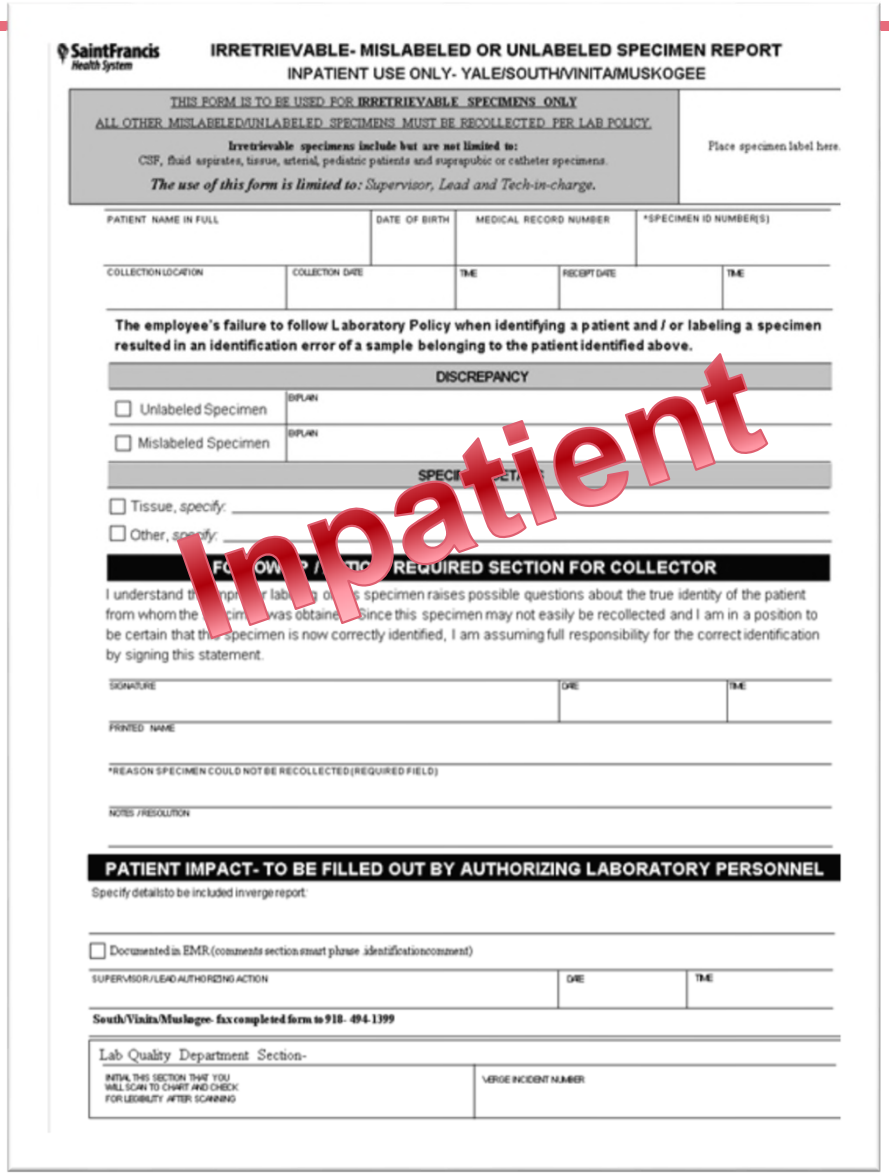
Clarification:
You should always follow the workflow defined in this training to report **patient ID related, mislabeling incidents**.

This workflow is **not intended** to address labeling issues that are un-related to ID incidents.

Labeling issues not covered under this process include but are not limited to: twisted labels, wrinkled labels, multiple test labels (for the same patient) on one tube or unreadable barcodes.



MISLABELED/UNLABELED SPECIMEN REPORTS



SaintFrancis Health System

IRRETRIEVABLE- MISLABELED OR UNLABELED SPECIMEN REPORT

INPATIENT USE ONLY- YALE/SOUTH/VINITA/MUSKOGEE

THIS FORM IS TO BE USED FOR **IRRETRIEVABLE SPECIMENS ONLY**
ALL OTHER MISLABELED/UNLABELED SPECIMENS MUST BE RECOLLECTED PER LAB POLICY.

Irretrievable specimens include but are not limited to:
CSF, fluid aspirates, tissue, arterial, pediatric patients and suprapubic or catheter specimens.

The use of this form is limited to: *Supervisor, Lead and Tech-in-charge.*

Place specimen label here.

PATIENT NAME IN FULL | DATE OF BIRTH | MEDICAL RECORD NUMBER | *SPECIMEN ID NUMBER(S)

COLLECTION LOCATION | COLLECTION DATE | TIME | RECEIPT DATE | TIME

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in an identification error of a sample belonging to the patient identified above.

DISCREPANCY

☐ Unlabeled Specimen — EXPLAIN

☐ Mislabeled Specimen — EXPLAIN

SPECIMEN DETAILS

☐ Tissue, *specify:* _____

☐ Other, *specify:* _____

FOLLOW-UP / ACTION - REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about the true identity of the patient from whom the specimen was obtained. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly identified, I am assuming full responsibility for the correct identification by signing this statement.

SIGNATURE | DATE | TIME

PRINTED NAME

*REASON SPECIMEN COULD NOT BE RECOLLECTED (REQUIRED FIELD)

NOTES / RESOLUTION

PATIENT IMPACT- TO BE FILLED OUT BY AUTHORIZING LABORATORY PERSONNEL

Specify details to be included in verge report:

☐ Documented in EMR (comments section smart phrase: identificationcomment)

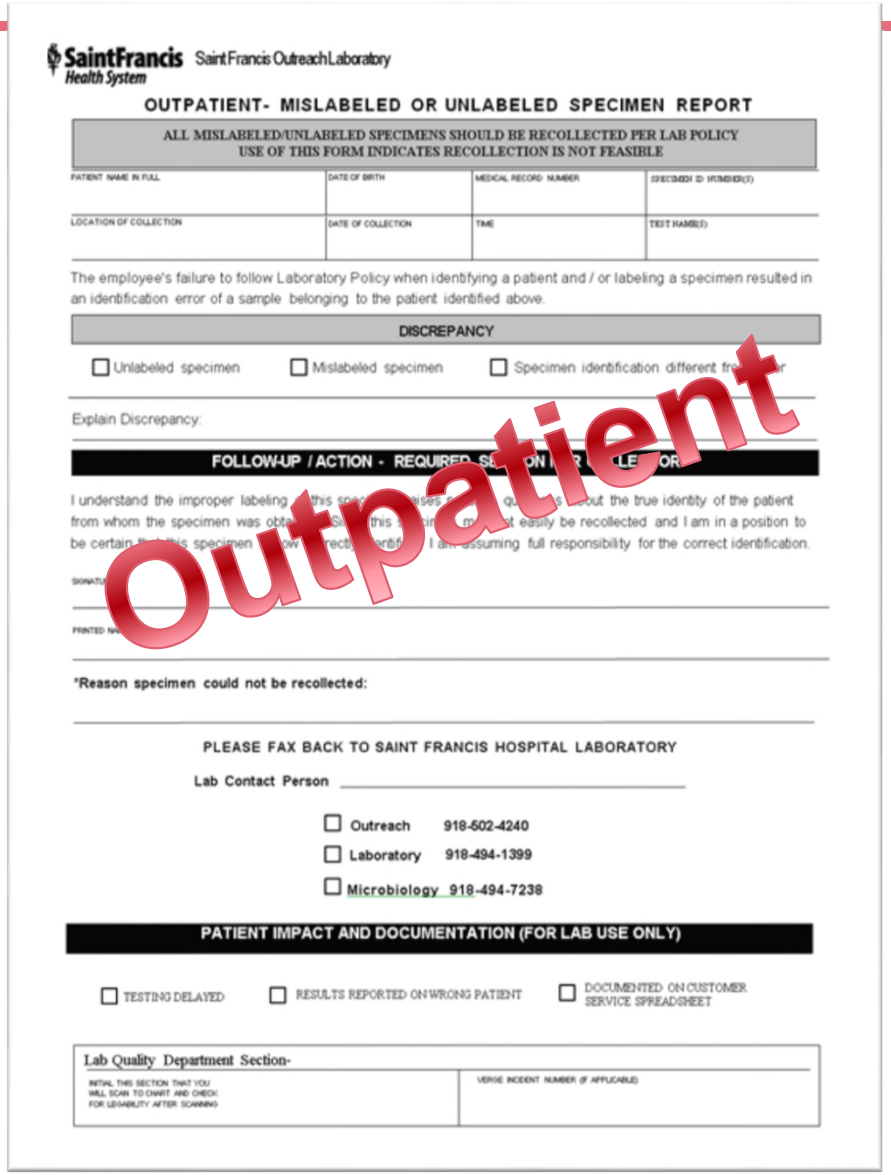
SUPERVISOR / LEAD AUTHORIZING ACTION | DATE | TIME

South/Vinita/Muskogee- fax completed form to 918- 494-1399

Lab Quality Department Section-

INITIAL THIS SECTION THAT YOU WILL SCAN TO CHART AND CHECK FOR LEGIBILITY AFTER SCANNING | VERGE INCIDENT NUMBER

Inpatient



SaintFrancis Health System — Saint Francis Outreach Laboratory

OUTPATIENT- MISLABELED OR UNLABELED SPECIMEN REPORT

ALL MISLABELED/UNLABELED SPECIMENS SHOULD BE RECOLLECTED PER LAB POLICY
USE OF THIS FORM INDICATES RECOLLECTION IS NOT FEASIBLE

PATIENT NAME IN FULL | DATE OF BIRTH | MEDICAL RECORD NUMBER | SPECIMEN ID NUMBER(S)

LOCATION OF COLLECTION | DATE OF COLLECTION | TIME | TEST NAME(S)

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in an identification error of a sample belonging to the patient identified above.

DISCREPANCY

☐ Unlabeled specimen ☐ Mislabeled specimen ☐ Specimen identification different fr[om]

Explain Discrepancy:

FOLLOW-UP / ACTION - REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises questions about the true identity of the patient from whom the specimen was obtained. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly identified, I am assuming full responsibility for the correct identification.

SIGNATURE

PRINTED NAME

***Reason specimen could not be recollected:**

PLEASE FAX BACK TO SAINT FRANCIS HOSPITAL LABORATORY

Lab Contact Person _____

☐ **Outreach** 918-502-4240
☐ **Laboratory** 918-494-1399
☐ **Microbiology** 918-494-7238

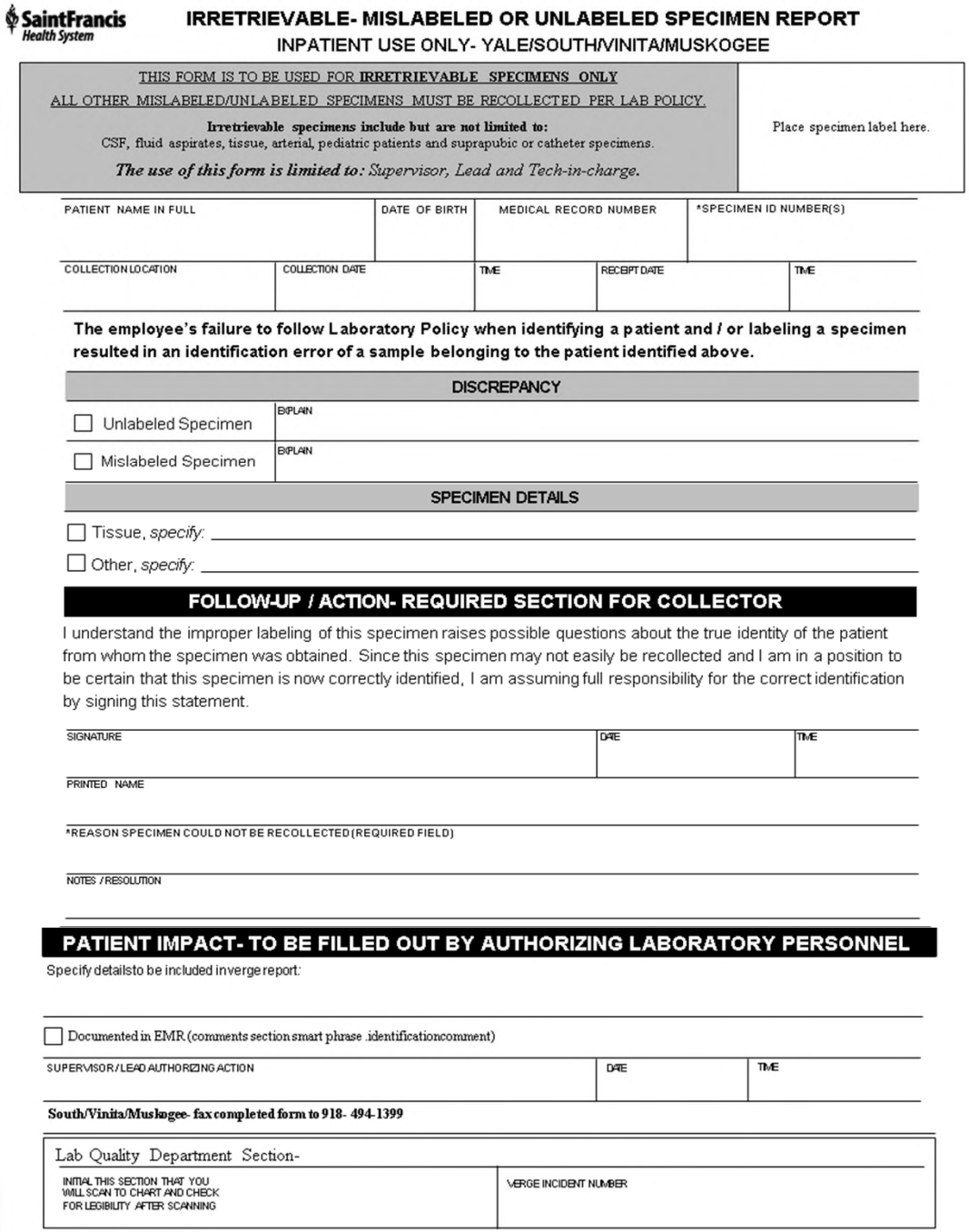
PATIENT IMPACT AND DOCUMENTATION (FOR LAB USE ONLY)

☐ TESTING DELAYED ☐ RESULTS REPORTED ON WRONG PATIENT ☐ DOCUMENTED ON CUSTOMER SERVICE SPREADSHEET

Lab Quality Department Section-

INITIAL THIS SECTION THAT YOU WILL SCAN TO CHART AND CHECK FOR LEGIBILITY AFTER SCANNING | VERGE INCIDENT NUMBER (IF APPLICABLE)

Outpatient



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THIS FORM IS TO BE USED FOR **IRRETRIEVABLE SPECIMENS ONLY**

ALL OTHER MISLABELED/UNLABELED SPECIMENS MUST BE RECOLLECTED PER LAB POLICY.

Irretrievable specimens include but are not limited to:
CSF, fluid aspirates, tissue, arterial, pediatric patients and suprapubic or catheter specimens.

The use of this form is limited to: *Supervisor, Lead and Tech-in-charge.*

Place specimen label here.

PATIENT NAME IN FULL	DATE OF BIRTH	MEDICAL RECORD NUMBER	*SPECIMEN ID NUMBER(S)

COLLECTION LOCATION	COLLECTION DATE	TIME	RECEIPT DATE	TIME

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in an identification error of a sample belonging to the patient identified above.

DISCREPANCY

☐ Unlabeled Specimen	EXPLAIN
☐ Mislabeled Specimen	EXPLAIN

SPECIMEN DETAILS

☐ Tissue, *specify:* _____

☐ Other, *specify:* _____

FOLLOW-UP / ACTION- REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about the true identity of the patient from whom the specimen was obtained. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly identified, I am assuming full responsibility for the correct identification by signing this statement.

SIGNATURE	DATE	TIME

PRINTED NAME

*REASON SPECIMEN COULD NOT BE RECOLLECTED (REQUIRED FIELD)

NOTES / RESOLUTION

PATIENT IMPACT- TO BE FILLED OUT BY AUTHORIZING LABORATORY PERSONNEL

Specify details to be included in verge report:

☐ Documented in EMR (comments section smart phrase .identificationcomment)

SUPERVISOR/LEAD AUTHORIZING ACTION	DATE	TIME

South/Vinita/Muskogee- fax completed form to 918- 494-1399

Lab Quality Department Section-

INITIAL THIS SECTION THAT YOU WILL SCAN TO CHART AND CHECK FOR LEGIBILITY AFTER SCANNING	VERGE INCIDENT NUMBER

INPATIENT
MISLABELED/UNLABELED SPECIMEN REPORTS

- ✓ The decision to allow use of this form for relabeling instead of redrawing the specimen must be made by a Supervisor, Lead or Tech in Charge.
- ✓ This form is only used for Irretrievable specimens including but not limited to: CSF, fluid aspirates, tissue, arterial, pediatric patients and suprapubic or catheter specimens.
- ✓ For Blood Bank related specimen labeling errors refer to Blood Bank policies and training.
- ✓ This report is signed by a nurse or phlebotomist who can attest to the identification of the patient and physically label or correct the specimen error.
- ✓ The form must be filled out completely and must be signed by the authorizing lab personnel.
- ✓ There must be documentation in the EMR that testing was completed on a specimen verified by this process. Document in the comment section using the smart phrase (.identificationcomment).
- ✓ Submit form to QSE department by leaving in mailbox (main lab) or faxing (entities).

SaintFrancis Health System Saint Francis Outreach Laboratory

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PATIENT NAME IN FULL	DATE OF BIRTH	MEDICAL RECORD NUMBER	SPECIMEN ID NUMBER(S)
LOCATION OF COLLECTION	**DATE OF COLLECTION**	**TIME**	**TEST NAME(S)**

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in an identification error of a sample belonging to the patient identified above.

DISCREPANCY

☐ Unlabeled specimen ☐ Mislabeled specimen ☐ Specimen identification different from order

Explain Discrepancy:

FOLLOW-UP / ACTION - REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about the true identity of the patient from whom the specimen was obtained. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly identified, I am assuming full responsibility for the correct identification.

SIGNATURE

PRINTED NAME

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Lab Quality Department Section-	
INITIAL THIS SECTION THAT YOU WILL SCAN TO CHART AND CHECK FOR LEGABILITY AFTER SCANNING	VERGE INCIDENT NUMBER (IF APPLICABLE)

OUTREACH
MISLABELED/UNLABELED SPECIMEN REPORTS

- ✓ This form is used for Outreach and Nursing Home identification issues.
- ✓ The form must be signed by a nurse or phlebotomist who can attest to the identification of the patient.
- ✓ If the error is found after transport to the Main Lab perform testing offline:
  Outreach- Enter a follow up task in Epic "Outreach Specimen Issue". Perform testing offline, print results and leave the specimen and paperwork for customer service to contact the collector for attestation.
  Nursing Home (Montereau, Aberdeen Heights)- fax form to nursing home for nurse to sign attesting to patient ID.
- ✓ Remember to **include specimen ID numbers** and explain the discrepancy (issue).
- ✓ Submit completed form to the QSE department.

WHAT HAPPENS AFTER WE SUBMIT THE REPORT?

- ✓ The report is scanned onto the Patient's chart for documentation. Remember this when filling out the report. This is a VERY transparent process so be professional and fill out the report completely.

- ✓ Follow up is completed:
  - Inpatients- All reports are Verged (Safety Reporting Database).
  - Outreach- All reports are entered into the Outreach Customer Service tracking spreadsheet for follow up by Leadership. This incorporates Physician offices that are not available in Verge.

- ✓ All incidents are included in the monthly Accurate Identification Study published by the QSE department.

- ✓ The Accurate ID Study includes:
  - Redrawn specimens noted to have an ID issue.
  - Verged Result Corrections due to ID issues.
  - Specimen Reports from Inpatients and Outpatients.

QUESTIONS?

If questions arise please direct them to your Supervisor for immediate resolution or your QSE coordinators for follow up.

Coordinators:

Meredith Butcher- 918-494-6369

Amanda Coe- 918-494-6379